

Provider Satisfaction Survey
Draft Date: May 11, 2010

Hello, I'm _____ calling from Zogby International, a research company conducting a survey for the Department of Defense TRICARE Program.

May I speak with (Title & Last Name (provider or office manager)?)

Yes CONTINUE

No one here by that name/ Wrong number END

Not available right now/ Not a good time DISPOSITION FOR APPOINTMENT

IF NEEDED:

What is this about?

We are conducting a short survey to find out how satisfied TRICARE providers are with the administrative processes and services provided by the managed care support contractors (MCSC). Let me assure you that I am not selling anything. May I speak with (Title & Last Name /)?

What is the TRICARE Program?

TRICARE is the Office of the Department of Defense that manages health care for the military services.

How did you get (my/his/her) name?

The TRICARE program sends us a list of civilian network providers who have submitted a claim for healthcare in one of the TRICARE CONUS regions.

Name now on telephone:

Hello, I'm _____ calling from Zogby International, a research company conducting a survey for the Department of Defense TRICARE Program.

CONTINUE WITH TEXT BELOW

Let me assure you that I am not selling anything. The purpose of this survey is to find out how satisfied TRICARE providers are with the administrative processes and services provided by the managed care support contractors (MCSC). You can help make these services better by answering a few questions. The survey takes less than 5 minutes.

According to the Privacy Act of 1974, the Department of Defense is required to inform you of the purposes and use of this survey. The survey aims to provide regional Administrative Contracting Officers (ACOs) with information on provider-use satisfaction with the administrative processes/ services of managed care support contractors (MCSC). Answering the questions is voluntary, and you may ask to skip any question that you do not want to answer and you can stop at any time. There is no penalty if you choose not to be in the survey. Your participation in this survey effort is very important. Your responses will be protected to the extent provided by law. However, maximum participation is encouraged so that data will be as complete and representative as possible.

BEGIN

1. CLAIMS PAYMENT: All things considered, how satisfied were you with the timeliness of claims payment by [Contractor X]?

Completely Dissatisfied.....1
Very Dissatisfied.....2
Somewhat Dissatisfied.....3
Somewhat Satisfied.....4
Very Satisfied.....5
Completely Satisfied.....6
NOT APPLICABLE/NO RESPONSE.....0

2. CUSTOMER SERVICE: All things considered, how satisfied were you with the customer service support provided by [Contractor X]? Examples of customer service support are your ease and ability to reach the contractor, and timely and professional services.

Completely Dissatisfied.....1
Very Dissatisfied.....2
Somewhat Dissatisfied.....3
Somewhat Satisfied.....4
Very Satisfied.....5
Completely Satisfied.....6
NOT APPLICABLE/NO RESPONSE.....0

3. INFORMATIONAL SERVICES: All things considered, how satisfied were you with the training, guidance, and informational assistance provided by [Contractor X]?

Completely Dissatisfied.....1
Very Dissatisfied.....2
Somewhat Dissatisfied.....3
Somewhat Satisfied.....4
Very Satisfied.....5
Completely Satisfied.....6
NOT APPLICABLE/NO RESPONSE.....0

4. OVERALL SERVICES: All insurance companies considered, how satisfied are you with [Contractor X's] overall support within your practice for TRICARE beneficiaries?

- Completely Dissatisfied.....1
- Very Dissatisfied.....2
- Somewhat Dissatisfied.....3
- Somewhat Satisfied.....4
- Very Satisfied.....5
- Completely Satisfied.....6
- NOT APPLICABLE/NO RESPONSE.....0

Those are all the questions I have for you, thank you for your help. Goodbye.