

TRICARE Award Fee Provider Satisfaction Survey

A. Greeting:

Hello, My name is _____ calling from Deloitte/Zogby International, an international research company conducting a survey on behalf of the Department of Defense TRICARE Program. May I please speak with (Rank, Mr. or Ms. and Name on Sample)? (IF LESS THAN 18 YEARS OLD: “the parent or guardian of (name on list)”)?

YES On line → Go to B.

Not available → “Do you know when (Rank, Mr. or Ms. and Name) will be available?” If no time is given or they don’t know, then “Thank you for your time. I will call back later.”

If a time is given, then “Thank you for your time. I will call back then.”

- No such person → Thank you and terminate the interview
- Refused → Thank you and terminate the interview

For Interviewer Only

Interviewer code -- Reason the sample member is not available

- Deceased
- Incapacitated
- Deployed and not available
- Temporarily unavailable, such as on vacation or on a business trip
- Relocated, new location unknown
- Incarcerated
- Refused call

If person asks what the phone call is about, answer:

We have been contracted to conduct a short survey to get your opinions about dealing with TRICARE claims and reimbursement. Let me assure you that I am not trying to sell anything. May I please speak with (name on list)?

B. When qualified respondent is on the phone:

Hello, I’m _____ calling from Deloitte/Zogby International. We are a research company conducting a survey for the Department of Defense TRICARE Program. Let me assure you that I am not trying to sell anything. The Department of Defense is asking your opinion of the TRICARE claims and reimbursement process. Your participation helps the Department of Defense evaluate the process.

Any information you provide is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996, the OMB control number is 0720-0048; expiration date 4/30/2014. Your identity will not be released for any reason. Answering is voluntary; you may ask to skip any questions with which you are not comfortable, and you can stop the survey at any time.

Do you have five minutes to answer some questions regarding your experience with the TRICARE claims and reimbursement process?

If YES → proceed to C.

If NO, then ask “*Is there a time that would work better?*”

If a time is given, then “*Thank you for your time, we will call back then*”.

If respondent refuses → then THANK AND TERMINATE

C. *As you may already know, TRICARE is the United States Department of Defense health care insurance.*

1. All things considered, how satisfied were you with the timeliness of claims payment by XXX (Humana/HealthNet/United Healthcare/International SOS)? Would you say you were...

Completely dissatisfied.....	1
Very dissatisfied	2
Somewhat dissatisfied.....	3
Somewhat satisfied.....	4
Very satisfied, or.....	5
Completely satisfied.....	6
(Don't Read) Not applicable.....	0
(Don't Read) No Response.....	99

2. All things considered, how satisfied were you with the customer service support provided by XXX (Humana/HealthNet/United Healthcare/International SOS)? Examples of customer service support are your ease and ability to reach the contractor and timely and professional services. Would you say you were...

Completely dissatisfied.....	1
Very dissatisfied	2
Somewhat dissatisfied.....	3
Somewhat satisfied.....	4
Very satisfied, or.....	5
Completely satisfied.....	6
(Don't Read) Not applicable.....	0
(Don't Read) No Response.....	99

3. All things considered, how satisfied were you with the training, guidance, and informational assistance provided by XXX (Humana/HealthNet/United Healthcare/International SOS)? Would you say you were...

Completely dissatisfied.....	1
Very dissatisfied	2
Somewhat dissatisfied.....	3
Somewhat satisfied.....	4
Very satisfied, or.....	5
Completely satisfied.....	6
(Don't Read) Not applicable.....	0
(Don't Read) No Response.....	99

4. All insurance companies considered, please rate your satisfaction with XXX (Humana/HealthNet/United Healthcare/International SOS) overall support within your practice for TRICARE beneficiaries? Would you say you were...

Completely dissatisfied.....	1
Very dissatisfied	2
Somewhat dissatisfied.....	3
Somewhat satisfied.....	4
Very satisfied, or.....	5
Completely satisfied.....	7
(Don't Read) Not applicable.....	0
(Don't Read) No Response.....	99

D. That concludes our survey. Thank you very much for your time this morning/afternoon/evening.

E. Interviewer:

If respondent has a question, or needs information, please read the following:

“For eligibility or benefits questions, please call your regional health plan toll free number: [Contractor’s name] North region 1-877-874-2273. South region 1-800-444-5445. West Region 1-888-874-9378.

For survey related questions: Call survey contractor’s toll free number at 877-462-7655.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB

OMB No. 0720-0048
Expiration: 0X/XX/2014

No. 0720-0048). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.