Continuing Viability Survey 2014 for Behavioral Health Providers
Interviewer Helpsheet
js FINAL

NO CHANGES FOR 2015

If respondent has a question about the survey

   Congress is interested in whether family members of active duty military, and military retirees and their families have sufficient access to the health care they need. Much of their care is delivered at military facilities. However, a substantial amount of health care is delivered by private, civilian providers. The Department of Defense health care benefits program is known as TRICARE. To determine the adequacy of private health care access, Congress has directed the TRICARE program to survey civilian providers across the U.S. The TRICARE program has contracted Ipsos to conduct this very short survey. ____ was randomly selected to participate in this very important survey.

How long the survey will take or has comments or suggestions about the survey.

   We estimate this survey will take an average five (5) minutes to complete, but is based on your answers.

   You may send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing the completion time, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division (OMB Number 0720-0031).   ~~The OMB number above is currently valid until December 31ˢᵗ, 2011~~.

Respondent has questions about TRICARE, its specific health plans or benefits it provides

   Direct respondents to the TRICARE web site at **www.tricare.osd.mil** for assistance.

Respondent has questions about the Privacy Act Statement.

Privacy Act Statement:
   According to the Privacy Act of 1974 (Public law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Authority: Section 723(a) of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108-136; Section 711 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109-163). **~~Purpose:~~ Mandated by Congress, this confidential survey of civilian physicians helps TRICARE health policy makers gauge civilian physician awareness and acceptance of the TRICARE Standard health care benefit option, and will provide valuable aggregated input to help improve the Military Health System.** ~~Routine Uses~~: Those disclosures generally permitted under 5.U.S.C. 552a(b) of the Privacy Act. ~~Disclosure:~~ Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. **However, maximum participation is encouraged so that data will be as complete and representative as possible.** ~~You may notice a number on this survey: this number is used only to let us know if you returned the survey to minimize sending you reminders.~~

Intro: Hi, my name is _____ and I'm calling on behalf of the Department of Defense TRICARE health benefits Program.   May I speak with the person who is most familiar with billing and insurance for **[Insert Provider Name]**?

1 – RESPONDENT on phone ➔ Congress has directed the TRICARE program to survey civilian providers across the U.S. to determine the adequacy of private health care access for its military beneficiaries. The DoD has contracted Ipsos to conduct this very short survey. _____ was randomly selected to participate in this very important survey.**Go to Q1.**
2 - Is not respondent, but available ➔ Go to Intro
3 - Not available ➔ "*Do you know when the person most familiar with billing and insurance for X will be available?"* **SET CALLBACK** *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**, enter date and time for return call; then "Thank you for your time. I will call back then."*
4 - Dr [Insert Provider Name] no longer with this office ➔ Check to see if additional information is available, code in alternate phone number if Dr is in same state otherwise continue for next provider listed.
THANK AND TERMINATE if no further provider or info available.
If another provider is listed **RESCREEN** for the person most familiar with billing and insurance for that doctor.
5 - Refused ➔ Thank and TERM
6 – Already returned survey – go to B2

B1 – IF NEEDED On behalf of the Department of Defense, I'm calling from Ipsos, the healthcare survey firm contracted to perform this survey. Congress has directed the TRICARE program to survey civilian providers across the U.S. _____ was randomly selected to participate in this very important survey.
1 – IF RESPONDENT MENTIONS THE SURVEY WAS ALREADY RETURNED ➔ Go to B2.
2 - OTHERWISE ➔ Go to B3.

B2 -   Thank you for returning the survey. For verification purposes we would like to ask a few questions. **(continue to B3)**

B3:   Your participation will help the Department of Defense gain valuable aggregated input to help improve the Military health System.

If needed: *Ipsos has been contracted to conduct a short survey about the level of participation by civilian practitioners in the TRICARE Program. "Section 723(a) of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108-136) and Section 711 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109-163) a*re the statutes governing this survey. Your participation is voluntary and your answers will be kept private and your name and the doctor's kept confidential.   Let me assure you that I am not trying to sell anything. Do you have a few minutes to answer some questions regarding how your office works with the TRICARE program?*   **Continue to Q1**

Q1.   Does [Title] [Insert Provider Name] provide treatment or counseling to patients through private practice?
            (IF NEEDED: Is he/she working in a setting where providers, individually or as a group, decide or
            influence which health insurance to accept?)

            1.   Yes   [Go to Q2]
            2.   No, does not provide treatment or counseling, or has retired [Thank and Term]
            3.   No, not in private practice [Goto Q1a]
            8.   DK [Goto Q1a]
            9.   REF [Goto Q1a]

Q1a. What type of practice is [Title] [Insert Provider Name] in?

            1.   Government: Federal, State or other municipality
            2.   School, University or other academic institution
            3.   Hospital staff
            4.   Contractor providing services exclusively to government clients
            5.   Closed Panel HMO
            6.   Rehab Facility, Nursing Home, or Home Health Provider
            7.   Other (SPECIFY)
            8.   DK
            9.   REF

Q2.   What type of health care provider is [Title] [Insert Provider Name]?
            Select all that apply

            1.   Certified Clinical Social Worker
            2.   Certified Psychiatric Nurse Speacialist
            3.   Clinical Psychologist
            4.   Certified Marriage and Family Therapist
            5.   Pastoral Counselor
            6.   Mental Health Counselor
            7.   Other (SPECIFY)
            8.   DK
            9.   REF

Q3.   Is [Title] [Insert Provider Name] aware of the TRICARE health care program?

            1.   Yes
            2.   No
            8.   DK
            9.   REF

Q4.   As of today, is [Title] [Insert Provider Name] a contracted member of the TRICARE network of healthcare
        providers?

            1.   Yes
            2.   No
            8.   DK
            9.   REF

Q5.   As of today, is [Title] [Insert Provider Name] <u>accepting new TRICARE STANDARD</u> patients?

1.   No   [Go to Q6]
2.   Yes, on a claim by claim basis only [Go to Q7]
3.   Yes, for all claims [Go to Q7]
8.   DK [Go to Q7]
9.   REF [Go to Q7]

Q6.   Why is [Title] [Insert Provider Name] <u>not accepting new TRICARE STANDARD</u> patients?
[INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Ex: What did you mean by…? Why else does [Title] [Insert Provider Name] not accepting new TRICARE STANDARD patients?]

Q7.   What percentage of patients seen by [Title] [Insert Provider Name] <u>use any form of TRICARE</u>?

[INTERVIEWER NOTE: If necessary, say, "Please give your best guess. Please use a whole number and not a range."

1.   None
2.   000-100 Percent
8. DK
9. REF

Q8.   Does [Title] [Insert Provider Name] accept ~~any~~ <u>Medicare patients</u>?

1.   Yes
2.   No
8.   DK
9.   REF

Q9.   As of today, is [Title] [Insert Provider Name] accepting <u>NEW Medicare Patients</u>?

1.   Yes (Thank and Term)
2.   No (Go to Q10)
8.   DK (Go to Q11)
9.   REF (Go to Q11)

Q10.   Why is [Title] [Insert Provider Name] not accepting <u>new Medicare patients</u>?

[INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Ex: What did you mean by…? Why else does [Title] [Insert Provider Name] not accepting new MEDICARE patients?]

Q11.   Does [Title] [Insert Provider Name] accept payment from government or private health insurance plans?

1.   Yes
2.   No
8.   DK
9.   REF

Q12.   As of today, is [Title][Insert Provider name] accepting ~~any~~ <u>new</u> patients?

1.   Yes
2.   No
8.   DK
9.   REF

D.   [ASK Q1-12 FOR NEXT provider listed for this phone number]
If NONE, That concludes our survey. Thank you for taking the time to complete this survey.