OMB NO.: 0720-0031

**Continuing Viability (TSS-P) Survey 2019 – Physician/Mental Health Version**

**TELEPHONE SCRIPT**

INTROHi, 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], [Insert Credentials]?

 (INTERVIEWER NOTE: I'm calling from Ipsos, a healthcare survey firm and would like to speak with the billing manager or the person most familiar with billing and insurance for [Insert Provider Name], [Insert Credentials]? We have a few questions regarding how your office works with the TRICARE program. REINTRODUCE AS NECESSARY.) [PROGRAMMING NOTE: TALLY THE NUMBER OF PROVIDERS TO BE ASKED FROM THE SAMPLE AND DISPLAY AS A NUMERIC VALUE 1-99]

 (IF UNAVAILABLE: Do you know when the (billing manager or the person most familiar with billing and insurance) will be available?" ARRANGE CALLBACK IF POSSIBLE.)

 Respondent on phone

 Not available

 Go to SMS

 [Insert Provider], [Insert Credentials] no longer works at this office

 Already returned survey

 Alternate phone number

 Respondent refuses

 Refused – already returned survey

 Medical school

 Only receives messages

 Billing contact unavailable permanently

 Moved practice

 No Billing – accepts walk-ins

 Outsource billing

 Military (unspecified)

 Not at this address

 ER (Emergency Room) doctor

 Out of area address change

 Left practice

 Retired

 Not practicing

 Military leave

 Resident/Doctor in training

 Radiologist

 Anesthesiologist

 Fellow

 Military – only sees TRICARE patients

 Pathologist

 Hospitalist

 Pediatrician

 Interservist

 Hospital accreditation surveyor

 Covering provider only

 No office practice

 Healthplan/Network provider (Kaiser)

 Veterans Medical System employee (VA)

 State hospital employee

 University/student physicians

 No private practice

 Deceased

 [IF INTRO=’RESPONDENT ON PHONE’, GO TO QB1]

 [IF INTRO=’ALREADY RETURNED SURVEY’, GO TO QB2]

 [IF INTRO=’NOT AVAILABLE’, INTERVIEWER SHOULD ASK ‘Do you know when the person familiar with billing and insurance for this provider will be available?’] SET CALLBACK.

 [IF INTRO=ANY OTHER RESPONSE NOT LISTED ABOVE, RESCREEN FOR NEXT AVAILABLE PROVIDER. IF NO ADDITIONAL PROVIDERS, THANK AND END.]

QB1. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT FOR INITIAL PROVIDER, GO TO Q1 FOR ALL SUBSEQUENT PROVIDERS ASKED: 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 Department of Defense has contracted Ipsos to conduct this very short survey. [Insert Provider Name], [Insert Credentials] was randomly selected to participate in this very important survey.]

[GO TO QB3]

QB2. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Thank you for returning the survey. For verification purposes we would like to ask a few questions.]

 (INTERVIEWER NOTE: READ 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. [Insert Provider Name], [Insert Credentials] was randomly selected to participate in this very important survey.)

[GO TO QB3]

QB3. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT FOR INITIAL PROVIDER, GO TO Q1 FOR ALL SUBSEQUENT PROVIDERS ASKED: Your participation will help the Department of Defense gain valuable aggregated input to help improve the Military Health System.]

(INTERVIEWER NOTE: READ IF NEEDED: Ipsos has been contracted to conduct a short survey about the level of participation by civilian practitioners in the TRICARE Program. Section 712 of the National Defense Authorization Act for Fiscal Year 2015 is the statute governing this survey. Your participation is voluntary and your answers will be kept private and your name and the provider’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?)

[GO TO Q1]

Q1. Does [Insert Provider Name], [Insert Credentials] provide treatment to patients through private practice?

 (INTERVIEW NOTE: READ IF NEEDED: Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

Yes

No, does not provide treatment or counseling, or has retired

No, not in private practice

DK

 REF

[IF Q1=YES, GO TO INSTRUCTIONS BEFORE Q1AB]

[IF Q1=’NO, DOES NOT PROVIDE TREATMENT OR COUNSELING, OR HAS RETIRED’, GO TO INSTRUCTIONS AFTER Q11]

[IF Q1=’NO, NOT IN PRIVATE PRACTICE’, DK, OR REF, GO TO Q1A]

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

Government: Federal, State or other municipality

School, University or other academic institution

Hospital staff

Contractor providing services exclusively to government clients

Rehab Facility, Nursing Home, or Home Health Provider

Closed Panel HMO

Other (SPECIFY)

DK

REF

[IF PROVIDER TYPE=’MD’, GO TO Q2]

Q1ab. What type of health care provider is [Insert Provider Name], [Insert Credentials]?

 [SELECT ALL THAT APPLY]

Certified Clinical Social Worker

Certified Psychiatric Nurse Specialist

Clinical Psychologist

Certified Marriage and Family Therapist

Pastoral Counselor

Mental Health Counselor

Other (SPECIFY)

DK (exclusive)

REF (exclusive)

Q2. Is [Insert Provider Name], [Insert Credentials] aware of the TRICARE health care program?

Yes

No

DK

REF

Q3. As of today, is [Insert Provider Name], [Insert Credentials] a contracted member of the TRICARE network of health care providers?

Yes

No

DK

REF

INTRO TO Q4. The next question asks about the health plan known as TRICARE Select. TRICARE Select was previously TRICARE Standard and Extra. TRICARE Select replaced TRICARE Standard and Extra on January 1, 2018.

Q4. As of today, is [Insert Provider Name], [Insert Credentials] accepting new TRICARE SELECT patients?

No

Yes, on a claim by claim basis only

Yes, for all claims

DK

REF

 [IF Q4=NO, GO TO Q5]

 [IF Q4=’YES, ON A CLAIM BY CLAIM BASIS ONLY’, ‘YES, FOR ALL CLAIMS’, DK, REF, GO TO Q6]

Q5. Why is [Insert Provider Name], [Insert Credentials] not accepting new TRICARE Select patients?

 (INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Example: What did you mean by…? Why else does [Insert Provider Name], [Insert Credentials] not accepting new TRICARE Select patients?)

Q6. What percentage of patients seen by [Insert Provider Name], [Insert Credentials] use any form of TRICARE?

 (INTERVIEWER NOTE: If necessary, say, “Please give your best guess. Please use a whole number and not a range”.)

 (INTERVIEWER NOTE: IF RESPONSE IS ‘NONE’, ENTER ‘0’)

 [PROGRAMMING NOTE: COLLECT DATA AS A NUMERIC VARIABLE, NOT AS AN OPEN-END. RESERVE ‘998’ FOR DK AND ‘999’ FOR REF]. INTERVIEWER NOTE: IF ‘NONE’, ENTER ‘0’. IF ‘DON’T KNOW’, ENTER ‘998’. IF ‘REFUSED’, ENTER ‘999’.

[0]

[1-100]

[998] - DK

[999] - REF

Q7. Does [Insert Provider Name], [Insert Credentials] accept Medicare patients?

Yes

No

DK

REF

Q8. As of today, is [Insert Provider Name], [Insert Credentials] accepting NEW Medicare Patients?

Yes

No

DK

 REF

 [IF Q8 = YES, SKIP TO INSTRUCTIONS AFTER Q11]

 [IF Q8 = NO, GO TO Q9]

 [IF Q8 = DK OR REF, GO TO Q10]

Q9. Why is [Insert Provider Name], [Insert Credentials] not accepting new Medicare patients?

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

Q10. Does [Insert Provider Name], [Insert Credentials] accept payment from government or private health insurance plans?

Yes

No

DK

REF

Q11. As of today, is [Insert Provider name], [Insert Credentials] accepting new patients?

Yes

No

 DK

 REF

 [ASK Q1-11 FOR NEXT Physician listed for this phone number]

 [If NONE] That concludes our survey. Thank you for taking the time to complete this survey.

 (INTERVIEWER NOTE: IF RESPONDENT HAS ANY QUESTIONS ABOUT TRICARE, IT’S SPECIFIC

 HEALTH PLANS, OR THE BENEFITS IT PROVIDES, PLEASE MENTION THAT THEY CAN VISIT

 THE TRICARE WEB SITE AT www.tricare.mil)