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

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], [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)