TSS-PROVIDERS INTERNET SURVEY – 2019 ADMINISTRATION

[PN: Use image in upper-left corner of all screens]

[PN: Use image in the center of all screens]

OMB NO.: 0720-0031
EXPIR. DATE: MM/DD/YYYY

[PN: Display text above in the upper-right corner of all screens]

(PN: WHEN "INSERT" IS INDICATED IN THE QUESTION TEXT, WE NEED TO POP-IN THE PROVIDER'S NAME AND CREDENTIALS [IF APPLICABLE] FROM THE "FULL_CL" AND "CREDENTIALS_CL" VARIABLES FROM THE SAMPLE RECORD. GROUP 0101 (PHYSICIANS) WILL HAVE "FULL_CL" AND "CREDENTIALS_CL" POPULATED, WHEREAS GROUP 0201 (MENTAL HEALTH) WILL ONLY HAVE "FULL_CL" POPULATED.

EXAMPLE 1: Respondent 123 is from group 0101, has "JOHN DOE" in FULL_CL, and has "MD" in CREDENTIALS_CL. His pop-in for provider name should read "JOHN DOE, MD". NOTE THE COMMA SEPARATES THE INFORMATION.

EXAMPLE 2: Respondent 2 is from group 0201, has "JOHN DOE" in FULL_CL, and CREDENTIALS_CL is blank. His pop-in for provider name should read "JOHN DOE". NOTE THAT THERE ARE <u>NO</u> CREDENTIALS AND <u>NO</u> COMMA IN THE POP-IN TEXT.

<u>INTRO1</u>

Thank you in advance for participating in the Department of Defense's effort to survey civilian health care providers across the U.S. to determine whether military service members and their families have access to the health care they need.

We recognize that there may be more than one provider in your office and ask that you please answer this survey only on behalf of the provider indicated on the letter that you received in the mail. Since we may survey more than one provider in your office, please complete this survey only for the appropriate provider listed on the letter you received. If you have received more than one survey for other providers, you will be able to login at the end of this questionnaire to complete the survey for those providers.

The survey that follows should only take five minutes of your time. After logging in, simply select the button that best represents your response. Once you have completed the survey, all you need to do is click on the "Submit" button and your completed survey will automatically be sent.

To begin, please enter your unique login name (including any leading zeros) and password indicated on the letter that you received in the mail in the boxes below and click "Submit".

Login Name: [PN: Add box for this]
Password: [PN: Add box for this]

[PN: Add "Submit" button]

TRANSITION

[PN: Add "Next" button]

Q1
(PN: ASK OF ALL GROUPS)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101.
IF GROUP 0201, INSERT 'FULL_CL')
SINGLE RESPONSE

Does [INSERT] provide health care to patients through _private practice_? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

Yes [PN: Go to Instructions before Q1b]

No, does not provide treatment, or has retired   [PN: Go to End screen]

No, not in private practice   [PN: Go to Q1A]

[PN: Add "Next" button]

Q1A
(PN: ASK IF 'NO, NOT IN PRIVATE PRACTICE' AT Q1)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101.
IF GROUP 0201, INSERT 'FULL_CL')
SINGLE RESPONSE

What type of practice is [INSERT] 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]

[PN: Add "Next" button]

Q1B
(PN: ASK IF GROUP = 0201 (MENTAL HEALTH PROVIDER) AND ('YES' OR 'NO, NOT IN PRIVATE PRACTICE' AT Q1))
(PN: INSERT 'FULL_CL' FOR INSERT)
MULTIPLE RESPONSE

What type of health care provider is [INSERT]? 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]

[PN: Add "Next" button]

Q2
(PN: ASK ALL)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')
SINGLE RESPONSE

Is [INSERT] _aware_ of the TRICARE health care program?
    Yes
    No
    I Don't Know

[PN: Add "Next" button]

Q3
(PN: ASK ALL)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')
SINGLE RESPONSE

As of today, is [INSERT] _a contracted member_ of the TRICARE network of health care providers?
    Yes
    No
    I Don't Know
[PN: Add "Next" button]

Q4
(PN: ASK ALL)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101.
IF GROUP 0201, INSERT 'FULL_CL')
SINGLE RESPONSE

As of today, is [INSERT] _accepting new TRICARE Select (formerly known as_
TRICARE Standard or Extra) **patients?**

No	[PN: Go to Q5]
Yes, on a claim by claim basis only	[PN: Go to Q6]
Yes, for all claims	[PN: Go to Q6]
I Don't know	[PN: Go to Q6]

[PN: Add "Next" button]

Q5
(PN: ASK IF 'NO' AT Q4)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101.
IF GROUP 0201, INSERT 'FULL_CL')
OPEN-END RESPONSE

You answered "no" to the previous question. Why is [INSERT] _not accepting new_
TRICARE Select **patients? Please list all the reasons.**

[PN: Include box for open-ended response]

[PN: Add "Next" button]

Q6
(PN: ASK ALL)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101.
IF GROUP 0201, INSERT 'FULL_CL')
SINGLE RESPONSE

**What percentage of patients** **seen by [INSERT] use** _**any form of TRICARE**_**? If unsure,**
please enter your best guess. If none, please enter 0.

> [PN: Capture numeric response, 0-100]
> I Don't Know

[PN: Do not allow for a numeric answer to be provided and 'I Don't Know' marked]

[PN: Add "Next" button]

Q7
(PN: ASK ALL)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')

Does [INSERT] accept _Medicare patients_?
> Yes
> No
> I Don't Know

[PN: Add "Next" button]

Q8
(PN: ASK ALL)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')

As of today, is [INSERT] accepting _new Medicare patients_?
> Yes   [PN: Go to END]
> No   [PN: Go to Q9]
> I Don't Know [PN: Go to Q10]

[PN: Add "Next" button]

Q9
(PN: ASK IF 'NO' AT Q8)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')
OPEN-END RESPONSE

You answered "no" to the previous question. Why is [INSERT] _not accepting new Medicare patients_? Please list all the reasons.

[PN: Include box for open-ended response]

[PN: Add "Next" button]

Q10
(PN: ASK IF 'NO' OR 'I DON'T KNOW' AT Q8)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')

Does [INSERT] accept payment from government or private health insurance plans?

    Yes
    No

[PN: Add "Next" button]

Q11
(PN: ASK IF 'NO' OR 'I DON'T KNOW' AT Q8)
(PN: INSERT 'FULL_CL, CREDENTIALS_CL' FROM SAMPLE IF GROUP 0101. IF GROUP 0201, INSERT 'FULL_CL')

As of today, is [INSERT] accepting _new_ patients?

    Yes
    No
    I Don't Know

[PN: Add "Next" button]

END

[PN: Mark interview as Complete]

Thank you for taking the time to complete this survey.

If you have questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.mil for assistance.

To take this survey for another provider, please click on the link below.

 [PN: Add "Begin Another Survey" link. This should redirect the respondent to the splash page.