TRICARE SELECT SURVEYS-PROVIDERS (TSS-P)

FY2019 WEB SURVEY

1. MD SURVEY

INTRO1:





OMB NO.: 0720-0031 EXPIR. DATE: 11/30/2018

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.

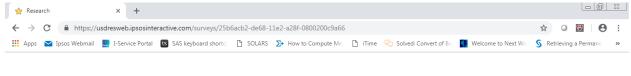
We recognize that there may be more than one provider in your office and ask that you please answer this survey only on behalf of the provider indicated on the letter that you received in the mail. Since we may survey more than one provider in your office, please complete this survey only for the appropriate 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:		
Password:		
	Submit	

TRANSITION:







OMB NO.: 0720-0031 EXPIR. DATE: 11/30/2018

OMB Number 0720-0031 (Expiration Date: 11/30/2018)

We estimate this survey will take an <u>average five (5) minutes to complete</u>, including the time for reviewing instructions, getting the needed data, and completing and reviewing the survey. Please 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, whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. The OMB number above is currently valid, and you are not required to respond, unless this number is displayed.

Privacy Advisory Statement

Information is being collected for this Survey under the authority of the FY2015 National Defense Authorization Act (NDAA), Section 712 and will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Select health care benefit option, and provide aggregated input to improve the Military Health System. TRICARE Select replaced TRICARE Standard and Extra as of January 1, 2018 – bringing together features of both Standard and Extra into a single plan. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.

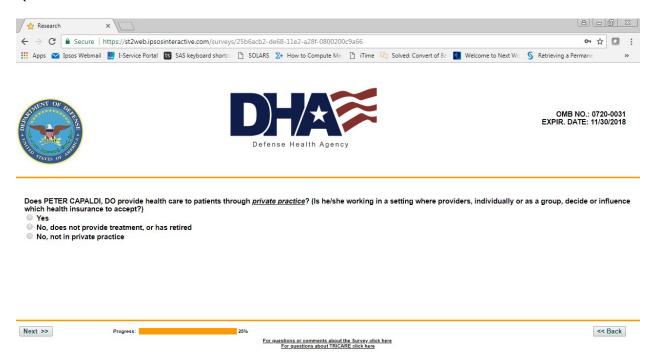
Next >>

Progress: 09

For questions or comments about the Survey click here
For questions about TRICARE click here

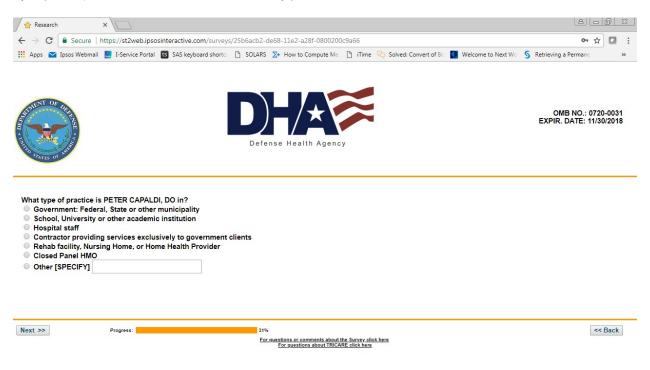


Q1:



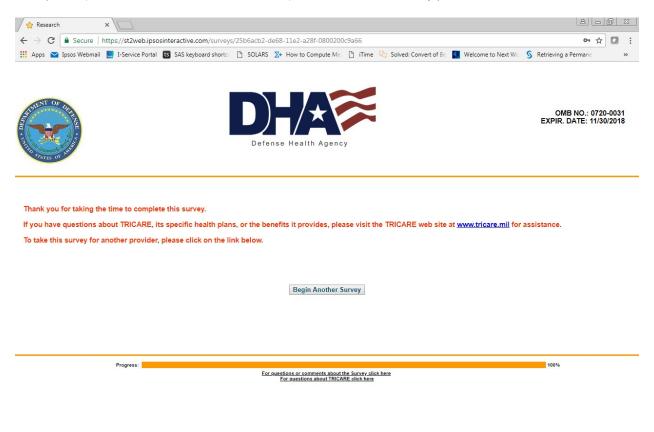


Q1A (IF 'NO, NOT IN PRIVATE PRACTICE' AT Q1):



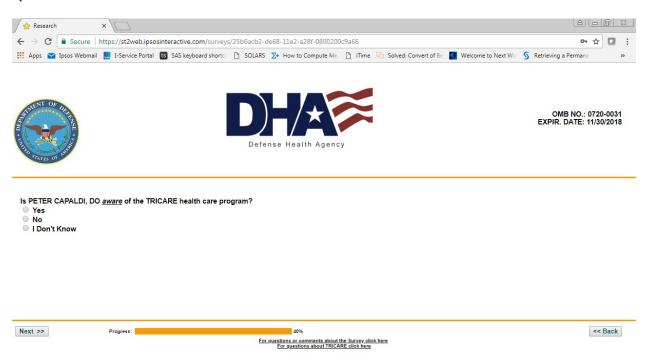


END (IF 'NO, DOES NOT PROVIDE TREATMENT, OR HAS RETIRED' AT Q1):



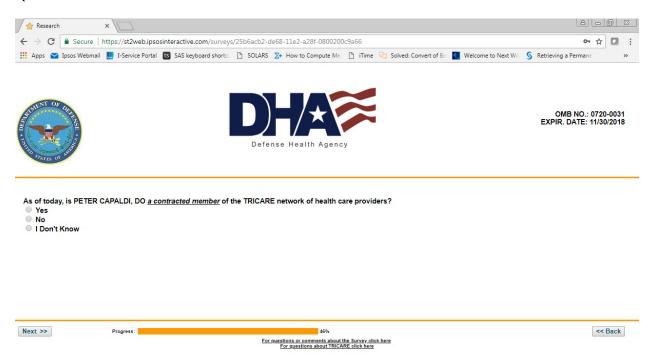


Q2:

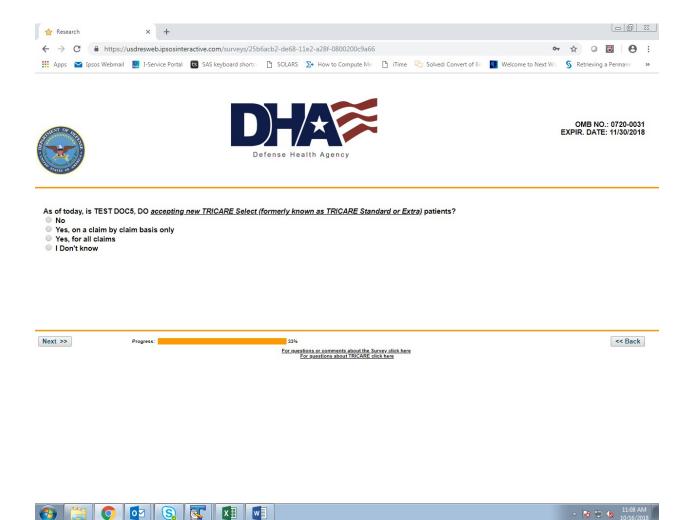




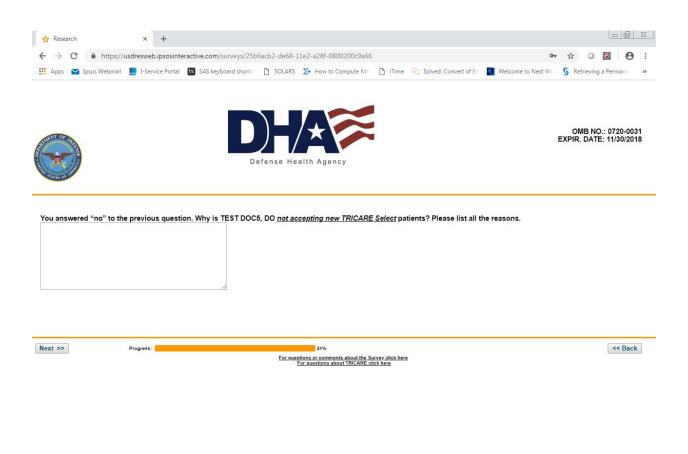
Q3:





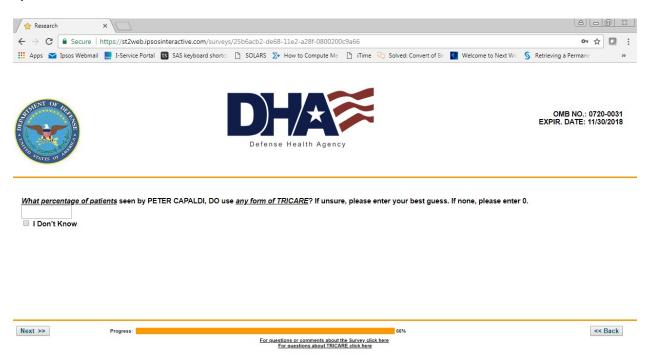


Q5 (IF 'NO' AT Q4):



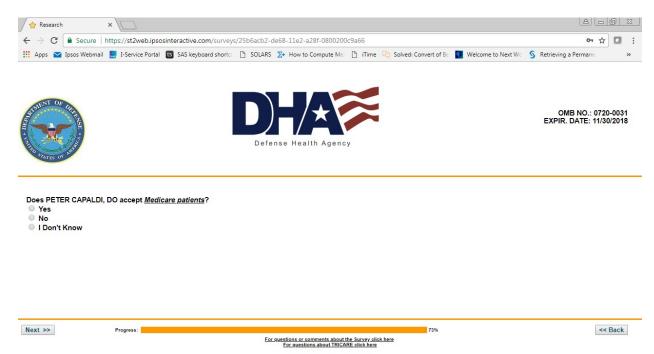
- № 🖫 👈 11:08

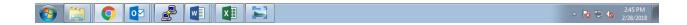
Q6:



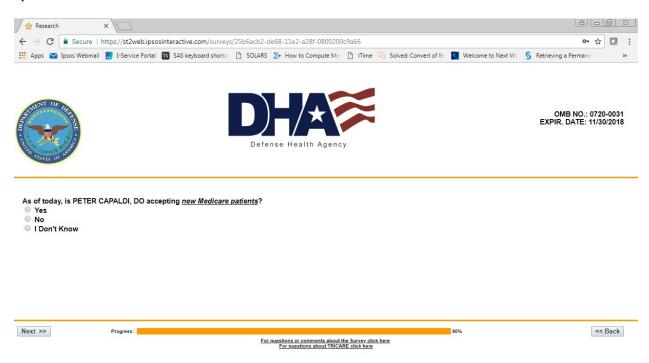


Q7:



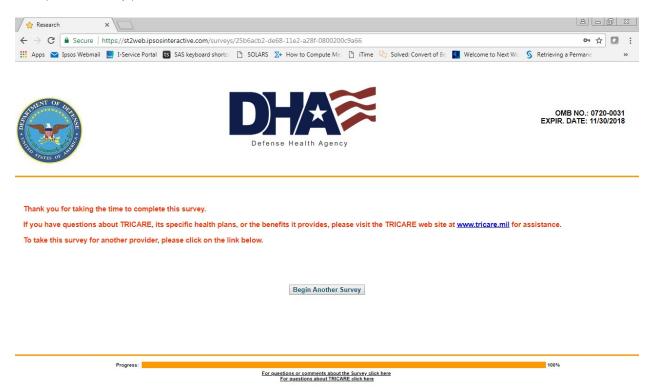


Q8:



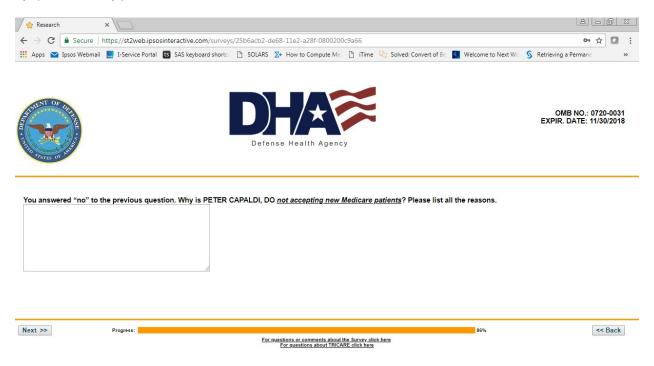


END (IF 'YES' TO Q8):





Q9 (IF 'NO' TO Q8):



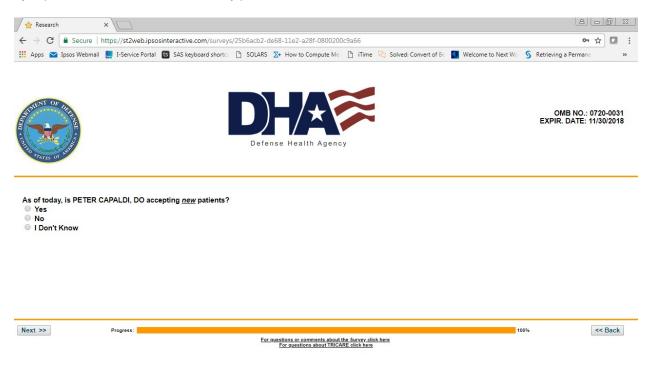


Q10 (IF 'NO' OR 'DON'T KNOW' AT Q8):



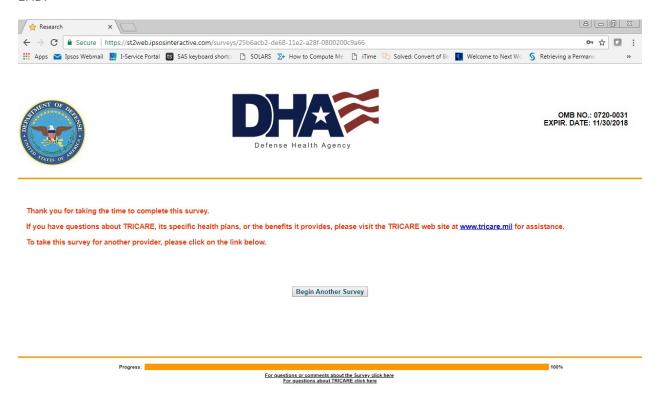


Q11 (IF 'NO' OR 'DON'T KNOW' AT Q8):





END:





END OF MD SURVEY

2. BEHAVIORAL HEALTH PROVIDER SURVEY

INTRO1:





OMB NO.: 0720-0031 EXPIR. DATE: 11/30/2018

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Login Name:		
Password:		
1	Submit	

TRANSITION:







OMB NO.: 0720-0031 EXPIR. DATE: 11/30/2018

OMB Number 0720-0031 (Expiration Date: 11/30/2018)

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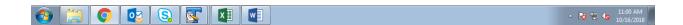
Privacy Advisory Statement

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Next >>

Progress: 0%

For questions or comments about the Survey click here For questions about TRICARE click here











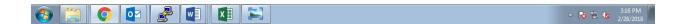
OMB NO.: 0720-0031 EXPIR. DATE: 11/30/2018

Does WILLIAM HARTNELL 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?)

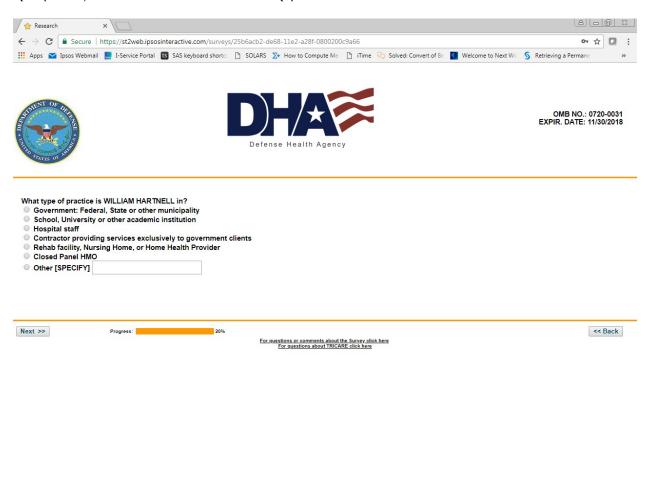
Yes

- No, does not provide treatment, or has retired
 No, not in private practice

Next >> Progress: << Back For questions or comments about the Survey click here For questions about TRICARE click here

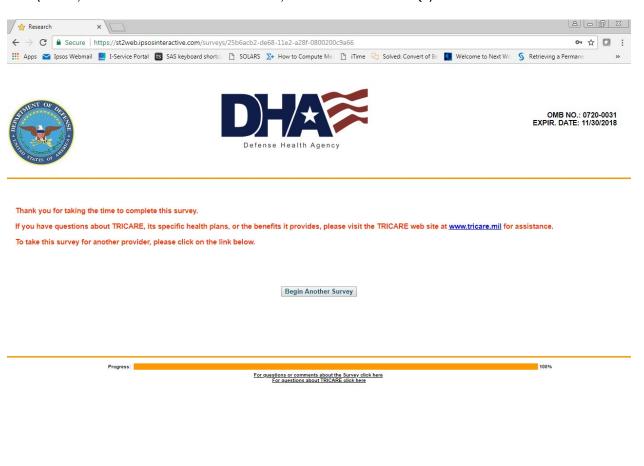


Q1A (IF 'NO, NOT IN PRIVATE PRACTICE' AT Q1):



△ 😼 🖫 👈 3:17 PM

END (IF 'NO, DOES NOT PROVIDE TREATMENT, OR HAS RETIRED' AT Q1):

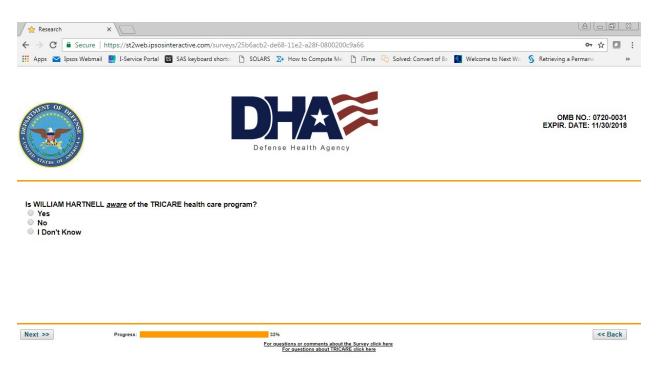


△ 😼 🖫 👈 3:06 PM

Q1B (IF SAMPLE TYPE = 'BEHAVIORAL HEALTH PROVIDER'):

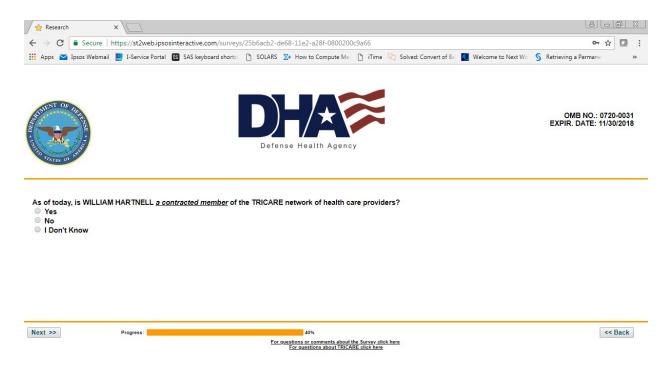


Q2:

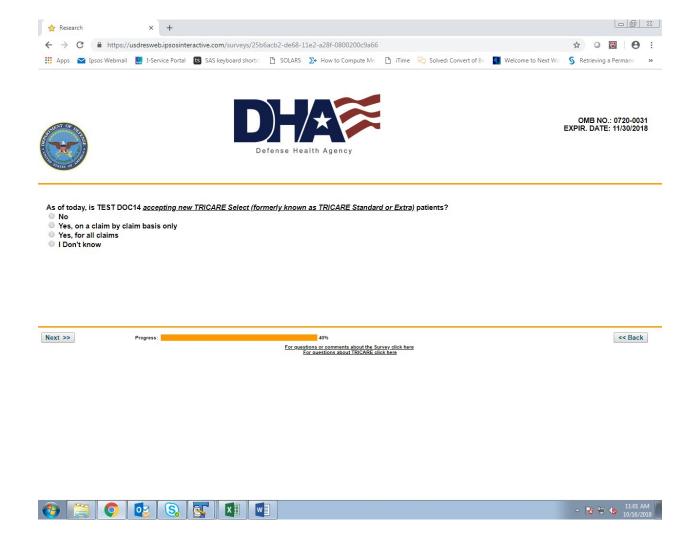




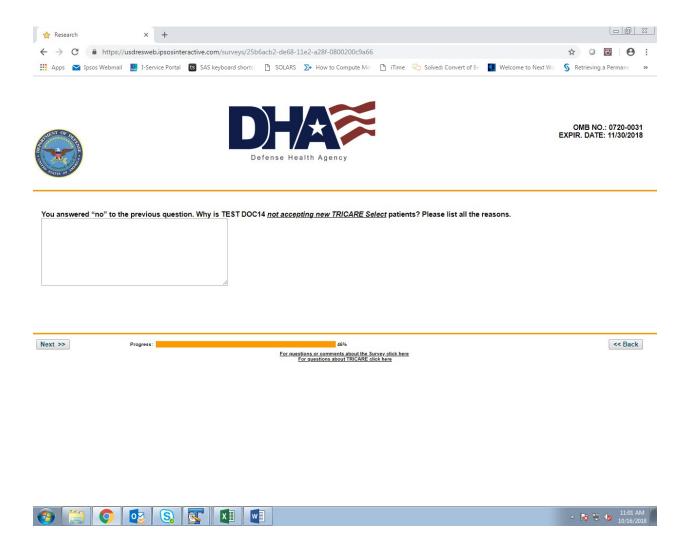
Q3:



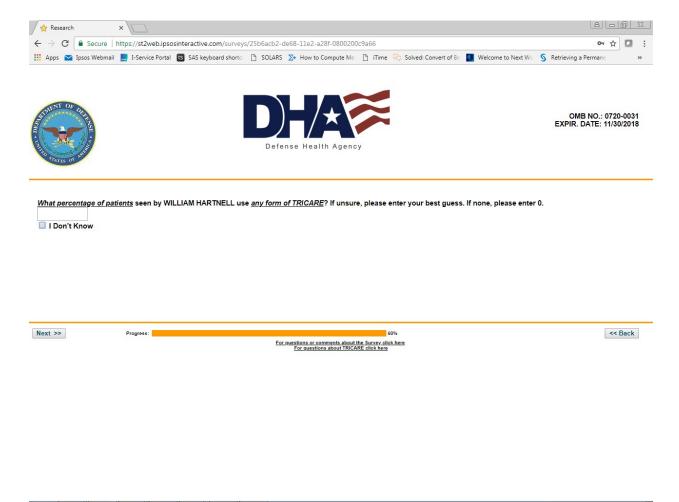




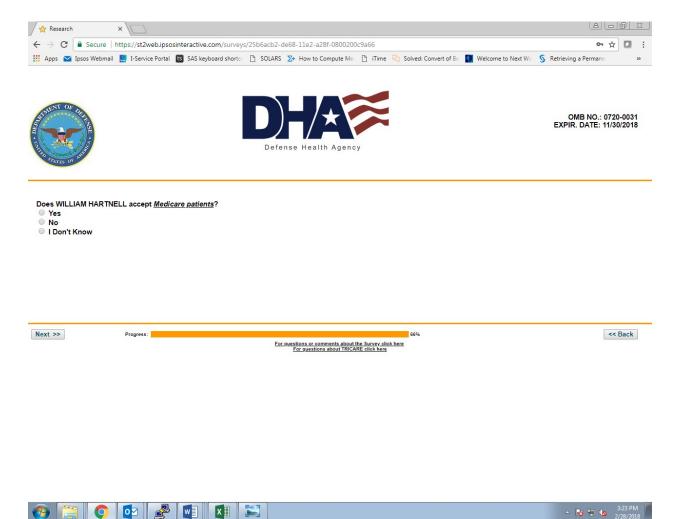
Q5 (IF 'NO' AT Q4):



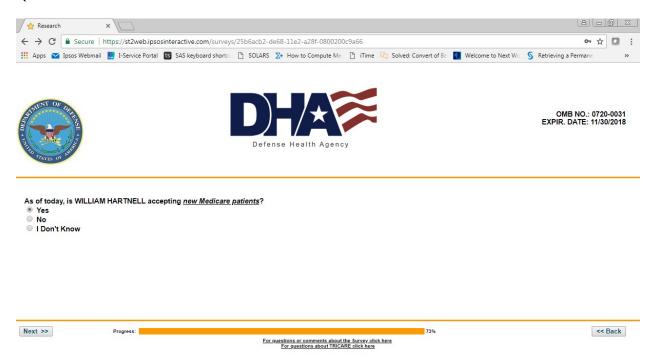
Q6:



Q7:

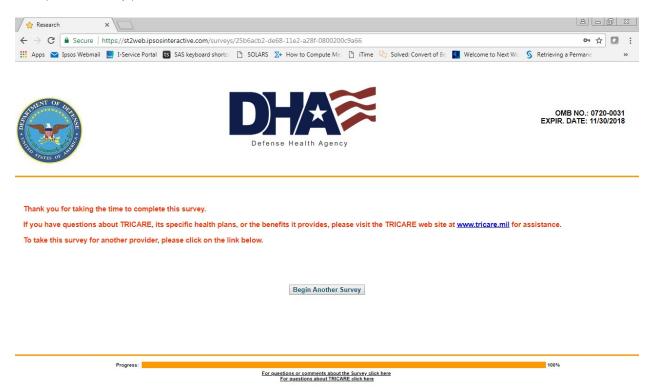


Q8:



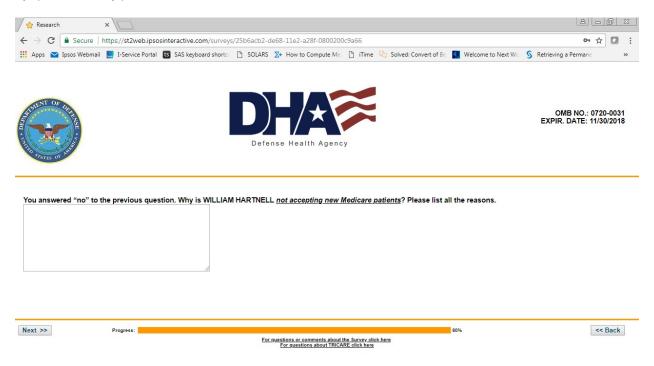


END (IF 'YES' TO Q8):





Q9 (IF 'NO' TO Q8):

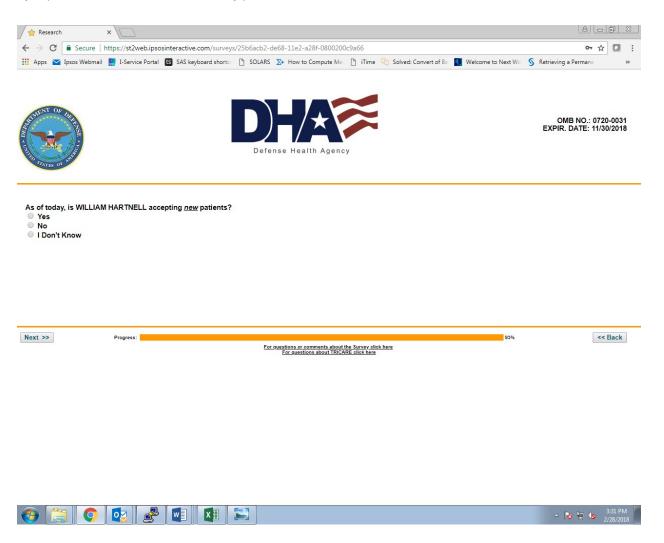




Q10 (IF 'NO' OR 'DON'T KNOW' AT Q8):



Q11 (IF 'NO' OR 'DON'T KNOW' AT Q8):



END:

