

## TRICARE AWARD FEE PROVIDER SATISFACTION SURVEY

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**A. Greeting:**

*Hello, my name is \_\_\_\_\_ calling from Deloitte/Zogby International, an international research company conducting a survey on behalf of the Department of Defense TRICARE Program. May I please speak with (Provider's name or office manager or billing supervisor on List)?*

YES On line → Go to B.

Not available → "Do you know when (Name) will be available?" 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, then "Thank you for your time. I will call back then."

No such person → Thank you and terminate the interview

Refused → Thank you and terminate the interview

For Interviewer Only

Interviewer code -- Reason the sample member is not available

- Deceased
- Temporarily unavailable
- Relocated, new location unknown
- Refused call

If person asks what the phone call is about, answer:

*We have been contracted to conduct a short survey to get your opinions about dealing with TRICARE claims and reimbursement. Let me assure you that I am not trying to sell anything. May I please speak with (name on list)?*

**B. When qualified respondent is on the phone:**

*Hello, I'm \_\_\_\_\_ calling from Deloitte/Zogby International. We are a research company conducting a survey for the Department of Defense TRICARE Program. Let me assure you that I am not trying to sell anything. The Department of Defense is asking your opinion of the TRICARE claims and reimbursement process. Your participation helps the Department of Defense evaluate the process. This survey takes less than 5 minutes.*

Answering the questions is voluntary. You may ask to skip any question you don't want to answer and you can stop at any time. We would like to know what you think. Your answers will be confidential and any identifying information will be used and protected by the research team, and will not be tied to your answers when the results are released

*Do you have five minutes to answer some questions regarding your experience with the TRICARE claims and reimbursement process?*

If YES → proceed to C.

If NO, then ask "Is there a time that would work better?"

If a time is given, then "Thank you for your time, we will call back then".

If respondent refuses → then THANK AND TERMINATE

C. *As you may already know, TRICARE is the United States Department of Defense health care insurance.*

1. All things considered, how satisfied were you with the timeliness of claims payment by XXX (name the specific TRO region)? Would you say you were...

- Completely dissatisfied..... 1
- Very dissatisfied ..... 2
- Somewhat dissatisfied..... 3
- Somewhat satisfied ..... 4
- Very satisfied, or ..... 5
- Completely satisfied..... 6
- (Don't Read) Not applicable..... 0
- (Don't Read) No Response ..... 99

2. All things considered, how satisfied were you with the customer service support provided by XXX (name the specific TRO region)? Examples of customer service support are your ease and ability to reach the contractor and timely and professional services. Would you say you were...

- Completely dissatisfied..... 1
- Very dissatisfied ..... 2
- Somewhat dissatisfied..... 3
- Somewhat satisfied ..... 4
- Very satisfied, or ..... 5
- Completely satisfied..... 6
- (Don't Read) Not applicable..... 0
- (Don't Read) No Response ..... 99

3. All things considered, how satisfied were you with the training, guidance, and informational assistance provided by XXX (name the specific TRO region)? Would you say you were...

- Completely dissatisfied..... 1
- Very dissatisfied ..... 2
- Somewhat dissatisfied..... 3
- Somewhat satisfied ..... 4
- Very satisfied, or ..... 5
- Completely satisfied..... 6
- (Don't Read) Not applicable..... 0
- (Don't Read) No Response ..... 99

4. All insurance companies considered, please rate your satisfaction with XXX (name the specific TRO region) overall support within your practice for TRICARE beneficiaries? Would you say you were...

- Completely dissatisfied..... 1
- Very dissatisfied ..... 2
- Somewhat dissatisfied..... 3
- Somewhat satisfied ..... 4

Very satisfied, or .....	5
Completely satisfied.....	7
(Don't Read) Not applicable .....	0
(Don't Read) No Response .....	99

D. That concludes our survey. Thank you very much for your time this morning/afternoon/evening.

E. Interviewer:  
If respondent has a question, or needs information, please read the following:  
“For *eligibility or benefits questions*, please call your regional health plan toll free number: [Contractor’s name] North region 1-877-874-2273. South region 1-800-444-5445. West Region 1-888-874-9378.

*For survey related questions: Call survey contractor’s toll free number at  
XXXXXXXXXXXX*

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.