OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 5/31/2024

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**TRICARE Beneficiary Satisfaction Surveys**

### **Beneficiary Survey – East: Humana Government Business**

1. In the past month, have you used Humana Government Business’stoll-free numbers? [If YES proceed, if NO, go to question #2]

How satisfied were you with their courtesy, timeliness, or quality of the answers to questions? 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

[IF 0 OR 99, skip to #3, otherwise continue]

2. How satisfied were you with the resolution of your question/issue (i.e. transferred more than once; follow-up contact was necessary; information received was accurate and complete to meet your needs)? 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. In the past 60 days, were you referred to a specialist? [If YES proceed, If NO, go to question #4)

How satisfied were you with Humana Government Business’scoordination of the referral? 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. In the past month, have you submitted a claim? [If YES proceed, If NO, go to question #5]

How satisfied were you with Humana Government Business’s processing of your claim? 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

5. In the past month, have you received services from a Civilian Network Provider? [If YES proceed, If NO, end survey]

How would you rate the service you received? 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

### **Beneficiary Survey – West: TriWest**

1. In the past month, have you used TriWest’stoll-free numbers? [If YES proceed, if NO, go to question #2]

How satisfied were you with their courtesy, timeliness, or quality of the answers to questions? 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

[IF 0 OR 99, skip to #3, otherwise continue]

2. How satisfied were you with the resolution of your question/issue (i.e. transferred more than once; follow-up contact was necessary; information received was accurate and complete to meet your needs)? 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. In the past 60 days, were you referred to a specialist? [If YES proceed, If NO, go to question #4)

How satisfied were you with TriWest’s coordination of the referral? 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. In the past month, have you submitted a claim? [If YES proceed, If NO, go to question #5]

How satisfied were you with TriWest’sprocessing of your claim? 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

5. In the past month, have you received services from a Civilian Network Provider? [If YES proceed, If NO, end survey]

How would you rate the service you received? 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

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## TRICARE Provider Satisfaction Surveys

### **Provider Survey – East: Humana Government Business**

1. All things considered, how satisfied were you with the timeliness of claims payment by Humana Government Business? 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 Humana Government Business? Examples of customer service support are your ease and ability to reach Humana Government Business 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 Humana Government Business? 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 Humana Government Business’s 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 6

(Don’t Read) Not applicable 0

(Don’t Read) No Response 99

### **Provider Survey – West: TriWest**

1. All things considered, how satisfied were you with the timeliness of claims payment by TriWest? 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 TriWest? Examples of customer service support are your ease and ability to reach TriWest 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 TriWest? 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 TriWest’s 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 6

(Don’t Read) Not applicable 0

(Don’t Read) No Response 99

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## **TRICARE Dental Care Satisfaction Survey**

*May I speak with* ***[insert name]****?*

*Hello, I’m \_\_\_\_\_\_\_\_\_ calling from Zogby International. We are a research company conducting a short 5 question survey for the Department of Defense TRICARE Dental Program. Let me assure you that I am* ***not*** *trying to sell anything. The Department of Defense wants to know how satisfied you were with the civilian dental care and administrative support you recently received. This is for services that you or a minor child received through the TRICARE Dental Program contractor, and not those from a military dental treatment facility. Your participation will help the Department of Defense gain valuable information for evaluating our military-sponsored health services.*

For Interviewer Only

Interviewer code -- Reason the sample member is not available

* Deceased
* Incapacitated
* Deployed and not available
* Temporarily unavailable, such as on vacation or on a business trip
* Relocated, new location unknown
* Incarcerated
* Refused call

If asked about privacy:

*Any information you provide is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996, the RCS number (Report Control Symbol) is DD-HA(M) 2185.  Your identity will not be released for any reason.  Answering is voluntary; you may ask to skip any questions with which you are not comfortable, and you can stop the survey at any time.*

C. Our records indicate that you or a minor child received civilian dental care within the past 3 months. Is this correct?

Yes……………………………1

No/not sure **(End)**.……2

As you may already know, United Concordia is the dental contractor that coordinates your civilian dental services for TRICARE. United Concordia oversees customer service, to include, the civilian dental network, dental claims processing, and information on TRICARE dental benefits via telephone, newsletters and website.

1. All things considered, how satisfied were you with the overall service you or the minor child received through United Concordia during the past 3 months, that is, from [DATE] until now? Would you say you were…

Completely dissatisfied…………………………………………………………1

Very dissatisfied……………………………………. 2

Somewhat dissatisfied……………………………… 3

Neither satisfied nor dissatisfied…………………… 4

Somewhat satisfied………………………………… 5

Very satisfied………………………………………………………………………..6

Completely satisfied………………………………... 7

Not sure/Refused (Do not read)…………………… 8

We would like some additional information about which parts of the dental services could be improved. I’m going to read some service descriptions to you. For each one, I’d like you to tell me your level of satisfaction.

2. All things considered, how satisfied were you with the wait time between making appointments and actually seeing a civilian dental provider? Would you say you were…

Completely dissatisfied…………………………………… 1

Very dissatisfied………………………………………….. 2

Somewhat dissatisfied……………………………………. 3

Neither satisfied nor dissatisfied………………………………………… 4

Somewhat satisfied………………………………………. 5

Very satisfied…………………………………………...... 6

Completely satisfied……………………………………... 7

Not sure/Refused (Do not read)……………………………………….... 8

Did not make any appointments (Do not read)…………….……….9

3. All things considered, how satisfied were you with United Concordia’s handling of your dental claims during the past 3 months? Would you say you were…

Completely dissatisfied………………………………….. 1

Very dissatisfied…………………………………………. 2

Somewhat dissatisfied…………………………………… 3

Neither satisfied nor dissatisfied……………………………………...… 4

Somewhat satisfied…………………………………….... 5

Very satisfied……………………………………………. 6

Completely satisfied…………………………………….. 7

Not sure/Refused (Do not read)…………………………………………… 8

No claims (Do not read)………………………………… 9

4. TRICARE Dental Program newsletters are mailed to enrollees four (4) times per year. Have you received a TDP newsletter in the mail within the last six months?

1. Yes

2. No/not sure

3. Not sure **(Do not read)**

5. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care you *or* a minor child received in the past 3 months?

Worst dental care possible 1

2

3

4

5

6

7

8

9

Best dental care possible 10

Thank you for sharing that information about your recent experience. The Department of Defense would also like your help as it considers possible changes to the TRICARE Dental Program. Your feedback on the following 5 questions will provide valuable information for evaluating future dental services.

6. If you could change one thing about your current dental plan (also called “dental coverage”), what would it be?

A. Access to more in-network dentists

B. Different network dentists

C. Less expensive network dentists

D. None of the above, I have the dentist I want in current dental coverage

7. If cost is important to you, which of the following would you prefer:

A. Lower out-of-pocket expenses for specialty benefits, excluding orthodontics

B. Lower out-of-pocket expenses for orthodontic benefits

C. Lower out-of-pocket expenses for plan charges such as co-pays and premiums

D. Other, please specify

8. What one factor about your dental plan is most important to you?

A. My network provider

B. My premium payment

C. My co-pays

D. My dental coverages for routine care, such as cleanings and x-rays

E. The specialty care, excluding orthodontics covered by my dental plan

F. The orthodontic care covered by my dental plan.

G. Other, please specify

9. The dental plan covers full benefits such as annual exams, cleanings, and emergency care. How much additional dental coverage, in dollars, do you need from your plan per year for each person in your household covered by your dental plan?

A. $1000-1999 B. $2000-3999 C. $4000-7999 D. $8000-12000 E. More than $12000

10. How much would you be willing to pay out of pocket, per year, for orthodontics, such as braces and retainers?

A. Less than $200 B. $200-399 C. $400-799 D. $800-999 E. $1000-1500 F. Not applicable

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

Interviewer:   
If respondent has a question, or needs information, please read the following:

*For eligibility or benefits questions: Call the TRICARE Information Center at 888-DOD-CARE or 888-363-2273.*

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## **TRICARE Medicare Eligible Program (TMEP) Survey**

Wisconsin Physicians Service (WPS) processes claims and provides customer support for the TRICARE for Life (TFL) program according to TRICARE guidelines. WPS also provides Explanation of Benefits (EOB) and assists customers with inquiries about their claims. Benefit coverage, pharmacy programs, and provider interactions are examples of items outside of WPS’ control.

1. All things considered, how satisfied were you with their processing of your TRICARE for Life claim, their customer service or any other services you may have received from Wisconsin Physicians Services during the past 3 months? Would you say you were…
2. Completely satisfied [SKIP TO END]
3. Very satisfied [SKIP TO END]
4. Somewhat satisfied [SKIP TO END]
5. Neither satisfied nor dissatisfied
6. Somewhat dissatisfied
7. Very dissatisfied
8. Completely dissatisfied
9. [IF Q1= D, E, F, OR G] Please explain the reason for you rating. [open-ended]
10. [IF Q1= D, E, F, OR G] All things considered, how satisfied were you with timeliness of the processing of your claims by Wisconsin Physicians Services’ during the past 3 months? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied
11. [IF Q1= D, E, F, OR G] All things considered, how satisfied were you with the Explanation of Benefits from Wisconsin Physicians Services during the past 3 months? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied
12. [IF Q1= D, E, F, OR G] In the past 3 months, have you used Wisconsin Physicians Services’ toll-free telephone number for assistance?
    1. Yes
    2. No (SKIP TO Q9)
13. [IF Q1= D, E, F, OR G; IF Q5=A] Regarding your call to the toll-free number, how satisfied were you with the respectfulness of the person you talked with? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied
14. [IF Q1= D, E, F, OR G; IF Q5=A] Regarding your call to the toll-free number, how satisfied were you with the wait time to speak with a representative? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied
15. [IF Q1= D, E, F, OR G; IF Q5=A] Regarding your call to the toll-free number, how satisfied were you with the clarity of the information provided to you? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied
16. [IF Q1= D, E, F, OR G] In the past 3 months, have you submitted a question to Wisconsin Physicians Services in writing or through the Wisconsin Physicians Services web portal?
    1. Yes
    2. No (SKIP TO END)
17. [IF Q1= D, E, F, OR G; IF Q9=A] Regarding the question you submitted to Wisconsin Physicians Services, how satisfied were you with the timeliness of the response? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied
18. [IF Q1= D, E, F, OR G; IF Q9=A] Regarding the question you submitted to Wisconsin Physicians Services, how satisfied were you with the clarity of the response? Would you say you were…
    1. Completely satisfied
    2. Very satisfied
    3. Somewhat satisfied
    4. Neither dissatisfied nor satisfied
    5. Somewhat dissatisfied
    6. Very dissatisfied
    7. Completely dissatisfied

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## **TRICARE Pharmacy Beneficiary Survey (PBS)**

Introduction

*A. Hello, I’m \_\_\_\_\_\_\_\_\_ of Zogby International, an international research company conducting a survey on behalf of the Department of Defense TRICARE Program. We are conducting a survey regarding the pharmacy services you receive. The survey will take about 5 minutes. May I please speak with (name on list)?*

YES On the line 🡺 Proceed

Not available 🡺 “*Do you know when (Rank, Mr. or Ms. and 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 and terminate the interview
* Refused 🡺 Thank and terminate the interview

For Interviewer Only

Interviewer code -- Reason the sample member is not available

* Deceased
* Incapacitated
* Deployed and not available
* Temporarily unavailable, such as on vacation or on a business trip
* Relocated, new location unknown
* Incarcerated
* Refused call

*Do you have a few minutes to answer some questions regarding your recent pharmacy experiences? You may skip any questions you wish.*If YES 🡪 proceed

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 🡪 Thank and terminate the interview

Screener:

*Our records indicate that you filled a prescription within the past 90 days at a retail network pharmacy, TRICARE mail order pharmacy, or non-network pharmacy. Is this correct?*

If NO or DO NOT KNOW, then THANK AND TERMINATE

If YES 🡪 proceed

To all respondents:

*Any information you provide is protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. The RCS number is DD-HA(M) 2185. Your identity will not be released and responses will only be reported in the aggregate. Your responses will be used to help the Department of Defense gain valuable information for evaluating our military-sponsored health services. Answering is voluntary. You may ask to skip any questions with which you are not comfortable, and you can stop the survey at any time. Would you like to receive a copy of this survey’s full Privacy Act Statement?*

[If YES, email or mail the full statement]

*I would like to ask you just a few questions regarding your recent pharmacy experiences.*

**Pharmacy Beneficiary Survey Questions**

1. Which pharmacy(s) have you used to fill your prescriptions within the past three (3) months? Have you used…

**A retail network pharmacy?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**The TRICARE Mail Order pharmacy?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**A non-network pharmacy?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

1. Considering all your experiences during the past three (3) months, overall, how satisfied are you with your pharmacy or pharmacies?

1 Completely satisfied

2 Very satisfied

3 Somewhat satisfied

4 Neither dissatisfied nor satisfied

5 Somewhat dissatisfied

6 Very dissatisfied

7 Completely dissatisfied

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

1. Please explain the reason for your rating.

[Open-ended]

1. I’m going to read you a list of six considerations that people find important when choosing where to fill their prescriptions. After I read the list, please tell me which three are your top three considerations when choosing where to fill your prescriptions. The considerations are convenient location, reputation or relationship of pharmacy, prescription cost, medication availability, requirement by TRICARE, or requirement by my insurance (other than TRICARE). Which of those would you say are your top three considerations?

1 Convenient location

2 Reputation of pharmacy

3 Prescription cost

4 Medication availability

5 Required by TRICARE

6 Required by my insurance (other than TRICARE)

77 (DO NOT READ) N/A—no choice in pharmacy

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

1. What information regarding your pharmacy benefits would help you make the best decisions for you and your family’s pharmacy needs? Would you say it would be helpful to have…

**Help with pharmacy selection?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Detail on copayments/medication costs?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**General benefits information including coverage rules, prior authorizations, and EOBs?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Information on upcoming benefit changes?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Tools to help manage your medications?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Is there any other information regarding your pharmacy benefits would help you make the best decisions for you and your family’s pharmacy needs?** (record open-ended response)

1. Which of the following would you be most likely to use to find information regarding your pharmacy benefits? Would you be likely to…

**Visit Websites, such as the TRICARE website or the Express Scripts website?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Attend Webinars?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Receive information by email?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Receive information by phone?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Receive information by text?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Receive information by social media?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Use the Express Scripts mobile app?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Receive information by mail?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Refer to your Explanation of Benefits?**

1 Yes

2 No

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

**Is there any other way that you would be likely to use to find information regarding your pharmacy benefits?** (record open-ended response)

Screener:

Have you received a prescription from the TRICARE Mail Order Pharmacy (TMOP) or interacted with Express Scripts in the past three months?

If NO or DO NOT KNOW, then THANK AND TERMINATE

If YES 🡪 proceed

1. Considering all your experiences during the past three (3) months, how satisfied are you with Express Scripts? Would you say you are…

1 Completely satisfied

2 Very satisfied

3 Somewhat satisfied

4 Neither dissatisfied nor satisfied

5 Somewhat dissatisfied

6 Very dissatisfied

7 Completely dissatisfied

88 (DO NOT READ) Don’t know/Not sure

99 (DO NOT READ) Refused

1. Please explain the reason for your rating.

[Open-ended]