DIAL.SCREEN
DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH THE NAMED RESPONDENT OR OFFICE MANAGER.

(IWER: PROXY INTERVIEWS ARE ALLOWED, INCLUDING IF R DOES NOT SPEAK ENGLISH.)

Hello, my name is _____ and I'm calling on behalf of the Department of Defense TRICARE health benefits Program.

Portions of this call may be monitored and recorded for quality control.

May I speak with the office manager for [[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]]?

(IWER IF NEEDED: "We have a few questions regarding how your office works with the TRICARE program.")

(IWER IF NEEDED: "I'm calling from DataStat, a healthcare survey firm and would like to speak with the office manager for [[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]]?)"

01. CONTINUE
02. NEW PHONE NUMBER
03. RING NO ANSWER (LET PHONE RING 6 TIMES - RC 41)
04. VOICE MAIL / ANSWERING MACHINE (RC 43)
30. CONTACT - APPTS / CODE OUTS / REFUSALS
40. NO CONTACT - NON WORKING NUMBER / RING STOP / CALL BLOCKING
60. LANGUAGE REQUEST / PROBLEM
70. CONTINUE WITH OFFICE MANAGER/PROXY
80. RETURN TO CS
90. RC ASSIST SYSTEM
95. R DOES NOT WANT TO BE RECORDED (VOLUNTEERED)

IF DIAL.SCREEN = 01, GO TO LANGVAR
IF DIAL.SCREEN = 02, ENTER NEW NUMBER ON COVERSHEET AND RE-DIAL
IF DIAL.SCREEN = 70 AND ADULT PROXIES ARE ALLOWED THEN GO TO PROX.INTRO
RETURN TO COVERSHEET

MAIL.SCREEN
MS.

Thank you for completing the survey

Do you know if the survey for [[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]] was completed and returned by fax, mail, or through the web?

1. FAXED
2. MAIL
3. WEBSITE
9. NOT SURE

GO TO ALL.DONE
RETURN TO COVERSHEET

PROX.INTRO
PROX.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED PHONE OR HAS NOT HEARD IT YET.)

(Hello, we were told that you might be able to answer some survey questions for [[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]].)

We have a few questions regarding how your office works with the TRICARE program.

(Portions of this call may be monitored and recorded for quality control.)

(My name is _____ and I'm calling on behalf of the Department of Defense TRICARE health benefits Program. I'm calling from DataStat, a healthcare survey firm and would like to speak with the office manager for [[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]]?)

("DK" NOT ALLOWED)

01. CONTINUE
02. NEW PHONE NUMBER
03. GENERAL CALLBACK (RC 16)
04. REQUESTS SPECIFIC APPOINTMENT (RC 12)
05. REFUSAL (RC 30)
60. LANGUAGE REQUEST/PROBLEM
80. RETURN TO CS
95. PROXY - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)

IF PROX.INTRO = 1, GO TO PROX.INFO

RETURN TO COVERSHEET

REFUSAL.REASON

(IWER DO NOT READ.)
(PLEASE SELECT TO THE BEST OF YOUR ABILITY WHY THEY COULDN'T COMPLETE THE SURVEY)

001. Initial refusal
002. No private practice
003. No office practice
004. Veterans medical system employee
005. State hospital employee
006. University/student physician
007. Military - only sees Tricare
008. Medical school
009. Hospital accreditation surveyor
010. Out of business
011. No longer employed
012. Deceased
013. Left practice
014. Retired
015. Not practicing
016. Moved practice
017. Not at this address
018. Out of area address change
019. No billing accepts walk-ins
020. Billing contact unavailable permanently
021. No such person
022. Only received messages
023. Out source billing
024. PUHU-Pick up Hang up

DK

RETURN TO COVERSHEET

PROX.INFO
PROX.INFO

Thank you for helping [TFNAME$] [TLNAME$] complete this survey. May I have your first and last name please?

PX.FNAME
INTERVIEWER: ENTER PROXY FIRST NAME

_____

PX.LNAME
INTERVIEWER: ENTER PROXY LAST NAME

_____

LANG.VAR
(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

01. ENGLISH
02. SPANISH
03. Arabic
04. Cantonese
05. Farsi
06. Ilocano
07. Korean
08. Mandarin
09. Portuguese
10. Russian
11. Vietnamese

QB1

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 DataStat to conduct this very short survey.

([[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]] was randomly selected to participate in this very important survey.)

(PRESS SPACE TO CONTINUTE)

QB3.

[Thanks for helping [[FIRST NAME] [LAST NAME]/DR. ([FIRST NAME]) [LAST NAME]] complete this survey. Your/Your] participation will help the Department of Defense gain valuable aggregated input to help improve the Military Health System.

(IWER NOTE, READ IF NEEDED: DataStat 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?)

(PRESS SPACE TO CONTINUE)

IF RESPONDENT IS PART OF THE PHYSICIAN SAMPLE THEN GO TO PYQ1

****
********** BEHAVIORAL HEALTH SURVEY **********
****

BHQ1
Q1. / BHQ1

On average, [does [TFNAME$] [TLNAME$]/do you] provide treatment to patients at least 20 hours per week?

1. YES
2. NO (DOES NOT PROVIDE TREATMENT, HAS RETIRED, --> ALL.DONE
PROVIDES TREATMENT LESS THAN 20 HOURS PER WEEK)
3. DON'T KNOW (NO LONGER HERE) ----------> ALL.DONE

BHQ2
Q2. / BHQ2

Which of the following best describes [[FIRST NAME] [LAST NAME]'s/your] principal employer?

(READ LIST)

(PLEASE SELECT ONE)

01. GOVERNMENT SPONSORED FACILITY OR GOVERNMENT RUN PROGRAM
02. MILITARY OR VETERAN TREATMENT FACILITY,
03. SCHOOL, UNIVERSITY, OR OTHER ACADEMIC INSTITUTION,
04. CONTRACTOR PROVIDING SERVICES FOR EMPLOYMENT, INSURANCE, OR LEGAL PROCEEDINGS,
05. CLOSED PANEL HMO,
06. OPEN PANEL HMO,
07. PRISON OR JAIL, OR
08. SOME OTHER TYPE OF EMPLOYER? _____ (SPECIFY)

DK

BHQ3
Q3. / BHQ3

[Is [TFNAME$] [TLNAME$]/Are you] a case manager or a medical student?

(MARK ALL THAT APPLY)

1. CASE MANAGER -----> ALL.DONE
2. MEDICAL STUDENT --> ALL.DONE
3. NEITHER (NO)

DK

BHQ4
Q4. / BHQ4

Are you aware of TRICARE Select?

(IWER IF NEEDED: FORMERLY KNOWN AS TRICARE STANDARD OR EXTRA)

1. YES
2. NO

DK

BHQ5
Q5. / BHQ5

As of today, [does [TFNAME$] [TLNAME$]/do you] accept any of the following forms of health insurance?

(READ LIST)

(MARK ALL THAT APPLY)

1. MEDICARE,
2. MEDICAID,
3. TRICARE SELECT,
4. PRIVATE INSURANCE,
5. SOME OTHER INSURANCE, _____ (SPECIFY)
6. [DOES/DO] NOT ACCEPT ANY INSURANCE, OR
7. [PROVIDES/YOU PROVIDE] TREATMENT FREE OF CHARGE? --> ALL.DONE

DK (DO NOT READ)

BHQ6
Q6. / BHQ6

As of today, [does [TFNAME$] [TLNAME$]/do you] accept TRICARE Select as payment in full?

1. YES
2. NO ----------> BHQ8
3. DON'T KNOW

BHQ7
Q7. / BHQ7

As of today, [is [TFNAME$] [TLNAME$]/are you] a TRICARE Select network member?

1. YES
2. NO
3. DON'T KNOW

BHQ8
Q8. / BHQ8

As of today, [is [TFNAME$] [TLNAME$]/are you] accepting new TRICARE Select patients?

1. YES ---------> BHQ10
2. NO
3. DON'T KNOW --> BHQ10

BHQ9
Q9. / BHQ9

Why [is [TFNAME$] [TLNAME$]/are you] NOT ACCEPTING new TRICARE Select patients?

(MARK ALL THAT APPLY)

01. REIMBURSEMENT TOO LOW
02. CUSTOMER SERVICE/PAPERWORK PROBLEMS
03. PROBLEMS WITH TRICARE IN THE PAST
04. NOT AWARE OF TRICARE SELECT
05. INCONVENIENCE
06. SPECIALTY OR CREDENTIAL NOT COVERED
07. PREFERS TRICARE PRIME OR TRICARE PLUS
08. TOO BUSY
09. ONLY TAKES PRIVATE INSURANCE
10. PROBLEMS GETTING INTO PROGRAM/APPLICATION IN PROGRESS
11. NOT ACCEPTING NEW PATIENTS
12. OTHER _____ (SPECIFY)

DK

BHQ10
Q10. / BHQ10

As of today, [is [TFNAME$] [TLNAME$]/are you] accepting new Medicare patients?

1. YES ---------> ALL.DONE
2. NO
3. DON'T KNOW --> BHQ12

BHQ11
Q11. / BHQ11

Why [is [TFNAME$] [TLNAME$]/are you] NOT ACCEPTING new Medicare patients?

(MARK ALL THAT APPLY)

01. REIMBURSEMENT TOO LOW
02. CUSTOMER SERVICE/PAPERWORK PROBLEMS
03. PROBLEMS WITH MEDICARE IN THE PAST
04. INCONVENIENCE
05. SPECIALTY OR CREDENTIAL NOT COVERED
06. TOO BUSY
07. ONLY TAKES PRIVATE INSURANCE
08. PROBLEMS GETTING INTO PROGRAM/APPLICATION IN PROGRESS
09. NOT ACCEPTING NEW PATIENTS
10. OTHER _____ (SPECIFY)

DK

BHQ12
Q12. / BHQ12

As of today, [is [TFNAME$] [TLNAME$]/are you] accepting new patients?

1. YES
2. NO
3. DON'T KNOW

IF RESPONDENT IS PART OF THE BEHAVIORAL/MENTAL HEALTH SAMPLE THEN GO TO ALL.DONE

****
********** PRIMARY CARE SURVEY **********
****

PYQ1
Q1. / PYQ1

On average, [does Dr. ([TFNAME$]) [TLNAME$]/do you] provide Treatment to patients at least 20 hours per week?

1. YES
2. NO (DOES NOT PROVIDE TREATMENT, HAS RETIRED, --> ALL.DONE
PROVIDES TREATMENT LESS THAN 20 HOURS PER WEEK)
3. DON'T KNOW (NO LONGER HERE) ----------> ALL.DONE

PYQ2
Q2. / PYQ2

Which of the following best describes [Dr. ([FIRST NAME]) [LAST NAME]'s/your] principal employer?

(READ LIST)

(PLEASE SELECT ONE)

01. GOVERNMENT SPONSORED FACILITY OR GOVERNMENT RUN PROGRAM
02. MILITARY OR VETERAN TREATMENT FACILITY,
03. SCHOOL, UNIVERSITY, OR OTHER ACADEMIC INSTITUTION,
04. CONTRACTOR PROVIDING SERVICES FOR EMPLOYMENT, INSURANCE, OR LEGAL PROCEEDINGS,
05. CLOSED PANEL HMO,
06. OPEN PANEL HMO,
07. PRISON OR JAIL, OR
08. SOME OTHER TYPE OF EMPLOYER? _____ (SPECIFY)

DK

PYQ3
Q3. / PYQ3

[Is Dr. ([TFNAME$]) [TLNAME$]/Are you] a case manager or a medical student?

(MARK ALL THAT APPLY)

1. CASE MANAGER -----> ALL.DONE
2. MEDICAL STUDENT --> ALL.DONE
3. NEITHER (NO)

DK

PYQ4
Q4. / PYQ4

Are you aware of TRICARE Select?

(IWER IF NEEDED: FORMERLY KNOWN AS TRICARE STANDARD OR EXTRA)

1. YES
2. NO

DK

PYQ5
Q5. / PYQ5

As of today, [does Dr. ([TFNAME$]) [TLNAME$]/do you] accept any of the following forms of health insurance?

(READ LIST)

(MARK ALL THAT APPLY)

1. MEDICARE,
2. MEDICAID,
3. TRICARE SELECT,
4. PRIVATE INSURANCE,
5. SOME OTHER INSURANCE, _____ (SPECIFY)
6. [DOES/DO] NOT ACCEPT ANY INSURANCE, OR
7. [PROVIDES/YOU PROVIDE] TREATMENT FREE OF CHARGE? --> ALL.DONE

DK (DO NOT READ)

PYQ6
Q6. / PYQ6

As of today, [does Dr. ([TFNAME$]) [TLNAME$]/do you] accept TRICARE Select as payment in full?

1. YES
2. NO ----------> PYQ8
3. DON'T KNOW

PYQ7
Q7. / PYQ7

As of today, [is Dr. ([TFNAME$]) [TLNAME$]/are you] a TRICARE Select network member?

1. YES
2. NO
3. DON'T KNOW

PYQ8
Q8. / PYQ8

As of today, [is Dr. ([TFNAME$]) [TLNAME$]/are you] accepting new TRICARE Select patients?

1. YES ---------> PYQ10
2. NO
3. DON'T KNOW --> PYQ10

PYQ9
Q9. / PYQ9

Why [is Dr. ([TFNAME$]) [TLNAME$]/are you] NOT ACCEPTING new TRICARE Select patients?

(MARK ALL THAT APPLY)

01. REIMBURSEMENT TOO LOW
02. CUSTOMER SERVICE/PAPERWORK PROBLEMS
03. PROBLEMS WITH TRICARE IN THE PAST
04. NOT AWARE OF TRICARE SELECT
05. INCONVENIENCE
06. SPECIALTY OR CREDENTIAL NOT COVERED
07. PREFERS TRICARE PRIME OR TRICARE PLUS
08. TOO BUSY
09. ONLY TAKES PRIVATE INSURANCE
10. PROBLEMS GETTING INTO PROGRAM/APPLICATION IN PROGRESS
11. NOT ACCEPTING NEW PATIENTS
12. OTHER _____ (SPECIFY)

DK

PYQ10
Q10. / PYQ10

As of today, [is Dr. ([TFNAME$]) [TLNAME$]/are you] accepting new Medicare patients?

1. YES ---------> ALL.DONE
2. NO
3. DON'T KNOW --> PYQ12

PYQ11
Q11. / PYQ11

Why [is Dr. ([TFNAME$]) [TLNAME$]/are you] NOT ACCEPTING new Medicare patients?

(MARK ALL THAT APPLY)

01. REIMBURSEMENT TOO LOW
02. CUSTOMER SERVICE/PAPERWORK PROBLEMS
03. PROBLEMS WITH MEDICARE IN THE PAST
04. INCONVENIENCE
05. SPECIALTY OR CREDENTIAL NOT COVERED
06. TOO BUSY
07. ONLY TAKES PRIVATE INSURANCE
08. PROBLEMS GETTING INTO PROGRAM/APPLICATION IN PROGRESS
09. NOT ACCEPTING NEW PATIENTS
10. OTHER _____ (SPECIFY)

DK

PYQ12
Q12. / PYQ12

As of today, [is Dr. ([TFNAME$]) [TLNAME$]/are you] accepting new patients?

1. YES
2. NO
3. DON'T KNOW

ALL.DONE
THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.

RETURN TO COVERSHEET

EDIT.FLG
(IWER: DO YOU NEED TO TYPE AN EDIT?)

5. YES

7. NO

IF EDIT.FLG = 7 THEN GO TO CK.END.EDIT

EDIT.OTH
EDIT.OTH. (IWER: PLEASE TYPE YOUR EDIT-BE SPECIFIC-INCLUDE:

1) QUESTION NUMBER(S)
2) WHAT WAS ENTERED
3) WHAT NEEDS TO BE CHANGED

_____

CK.END.EDIT
LANG.DID
LANG.DID. IWER: DID YOU DO THIS INTERVIEW IN...

("DK" NOT ALLOWED)

01. ENGLISH
02. SPANISH
03. Arabic
04. Cantonese
05. Farsi
06. Ilocano
07. Korean
08. Mandarin
09. Portuguese
10. Russian
11. Vietnamese

END.SCREEN

COVERSHEET NOT NEEDED

I may need to contact you again later, but today we are only interviewing patients of the Department of Defense TRICARE health benefits program, so those are all the questions I have. Thank you very much for your help.

(RC = [RC%])

RETURN TO COVERSHEET