

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 CONTINUE)

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
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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?

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Q2. / PYQ2

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(READ LIST)

(PLEASE SELECT ONE)

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- 06. OPEN PANEL HMO,
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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)

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PYQ5

Q5. / PYQ5

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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)

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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

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(MARK ALL THAT APPLY)

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03. PROBLEMS WITH MEDICARE IN THE PAST
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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