OMB NO.: 0720-0031
EXPIRATION DATE: 08/31/2025

Office of the Assistant Secretary of Defense (HA)
DHA Analytics and Evaluation Division
C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

**OFFICIAL GOVERNMENT BUSINESS**

**********AUTO**SCH 5-DIGIT 53562 1 #
<FNAME> <LNAME>
<NADD1>
<NADD2>
<NCITY> <NSTATE> <NZIP-10>

02/26/2025

DSW *001-00001*

Dear Office Manager,

A few weeks ago we contacted you regarding a Department of Defense survey of civilian physicians. Our goal, as directed by Congress, is to determine if military service members and their families have access to care outside of the military. We would like to know about health insurance and new patient acceptance for **Dr. <FNAME> <LNAME>**. Even if the provider named is no longer at this office, please reply to the first question in this survey so we may report accurate statistics to Congress.

If you have not yet responded, there are three easy ways to complete this 5-minute survey:

**1 Complete Online** https:www.health.mil/Patient-Surveys
Select Survey #3: TRICARE Select Survey for Civilian Providers
Password: <PASSWORD>

**2 Return by Mail** Use the enclosed pre-paid envelope

**3 Return by Fax** 1-734-663-9084

If you are not the appropriate person to answer these questions, please pass this on to the person in your office most familiar with billing and insurance. If you have questions about the survey, call 1-866-387-9018.

Thank you in advance for your cooperation. If you already completed this survey, thank you for your time!

Sincerely yours,

Melissa D. Gliner

Melissa D. Gliner, Ph. D.
Analytics and Evaluation Division, Defense Health Agency
Office of the Assistant Secretary of Defense (Health Affairs)

DSW-00469-02 *001-00001*

**SURVEY QUESTIONS ON REVERSE SIDE**



**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. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative. Personally identifying information (PII) includes names, addresses, phone numbers, email addresses, Social Security numbers, medical IDs, etc. and should not be included in survey responses.

**1. On average, does Dr. <LNAME> provide treatment to patients at least 20 hours per week?**

- ○ Yes ➔ ***Go to Question 2***
- ○ No, does not provide treatment, has retired, or provides treatment to patients less than 20 hours per week on average. ➔ ***Thank you, please return the questionnaire***
- ○ Don't know, no longer here. ➔ ***Thank you, please return the questionnaire***

**2. Which of the following best describes Dr. <LNAME>'s principal employer?**

- ○ Government-sponsored facility or Government- run program
- ○ Military or Veteran treatment facility
- ○ School, university, or other academic institution
- ○ Contractor providing services for employment, insurance, or legal proceedings
- ○ Closed Panel HMO
- ○ Open Panel HMO
- ○ Prison or jail
- ○ Other _____ (do not include PII)

**3. Is Dr. <LNAME> a case manager and/or medical student?**

MARK ALL THAT APPLY

- ○ Yes, case manager ➔ ***Thank you, please return the questionnaire***
- ○ Yes, medical student ➔ ***Thank you, please return the questionnaire***
- ○ No, neither a case manager nor medical student ➔ ***Go to Question 4***

**4. Are you aware of TRICARE Select *(formerly known as TRICARE Standard or Extra)*?**

- ○ Yes
- ○ No

**5. As of today, does Dr. <LNAME> accept any of the following forms of health insurance?**

| | Yes | No | |
|---|---|---|---|
| **Medicare** | ○ | ○ | |
| **Medicaid** | ○ | ○ | |
| **TRICARE Select** | ○ | ○ | ➔ ***Go to Question 9*** |
| **Private insurance** | ○ | ○ | |
| **Other:** _____ | ○ | ○ | (do not include PII) |

- ○ Does not accept any insurance
- ○ Not applicable, provides treatment free of charge ➔ ***Thank you, please return the questionnaire***

**6. As of today, does Dr. <LNAME> accept TRICARE Select as payment in full?**

- ○ Yes ➔ ***Go to Question 7***
- ○ No ➔ ***Go to Question 8***
- ○ Don't Know ➔ ***Go to Question 7***

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**7. As of today, is Dr. <LNAME> a TRICARE Select network member?**

- ○ No
- ○ Yes
- ○ Don't Know

**8. As of today, is Dr. <LNAME> accepting new TRICARE Select patients?**

- ○ Yes ➔ ***Go to Question 10***
- ○ No ➔ ***Go to Question 9***
- ○ Don't Know ➔ ***Go to Question 10***

**9. Why is Dr. <LNAME> not accepting new TRICARE Select patients?**

MARK ALL THAT APPLY

- ○ Reimbursement too low
- ○ Customer service/paperwork problems
- ○ Problems with TRICARE in the past
- ○ Not aware of TRICARE Select
- ○ Inconvenience
- ○ Specialty or credential not covered
- ○ Prefers TRICARE Prime or TRICARE Plus
- ○ Too busy
- ○ Only takes private insurance
- ○ Problems getting into program/application in progress
- ○ Not accepting new patients
- ○ Other _____ (do not include PII)

**10. As of today, is Dr. <LNAME> accepting new Medicare patients?**

- ○ Yes ➔ ***Thank you, please return the questionnaire***
- ○ No ➔ ***Go to Question 11***
- ○ Don't Know ➔ ***Go to Question 12***

**11. Why is Dr. <LNAME> not accepting new Medicare patients?**

MARK ALL THAT APPLY

- ○ Reimbursement too low
- ○ Customer service/paperwork problems
- ○ Problems with Medicare in the past
- ○ Inconvenience
- ○ Specialty or credential not covered
- ○ Too busy
- ○ Only takes private insurance
- ○ Problems getting into program/application in progress
- ○ Not accepting new patients
- ○ Other _____ (do not include PII)

**12. As of today, is Dr. <LNAME> accepting new patients?**

- ○ Yes
- ○ No
- ○ Don't Know

Thank you for taking the time to complete this survey. Please put this in the enclosed postage-paid envelope and return it to the Survey Processing Center or fax the survey to DataStat at 1-734-663-9084. If you have any questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.mil for assistance.