

OFFICIAL GOVERNMENT BUSINESS

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<RANKCD> <FNAME> <LNAME> <PNCDNCY>
<NADD1>
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<NCITY> <NSTATE> <NZIP10>
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1 #

Complete the Survey Online!

<https://www.health.mil/Patient-Surveys>

Password: <PASSWORD>



Dear <RANK NAME> <FNAME> <LNAME> <PNCDNCY>:

We really do read your survey responses and have not yet heard from you on the 2023 [TRICARE Select Survey](#). This survey asks about your experiences getting health care services through TRICARE. Without your feedback, we have no way of knowing which elements of health care service we should keep the same or what should change. We report the feedback we receive to Congress and also use it to inform future changes to the TRICARE benefit. This is different from other TRICARE surveys you may have received.

REPLY TODAY!

There are two easy ways to respond to this important 15 minute survey:

1. Complete the enclosed survey and return it in the postage-paid envelope.

OR

2. Complete the survey online:

Web site: <https://www.health.mil/Patient-Surveys>

Select Survey #2: TRICARE Select Survey

Your password: **<PASSWORD>**

We hope to hear from you. The information you provide is important and will be used in reports to Congress and by working groups within the Defense Health Agency who are committed to bring you better, faster services to improve your health. Help us drive change!

Thank you for your valuable time. It is greatly appreciated.

Sincerely,

Melissa S. Gliner

Melissa Gliner, Ph.D.

Analytics and Evaluation Division/Defense Health Agency
Office of the Assistant Secretary of Defense (Health Affairs)

To verify the legitimacy of this survey, please go to <https://www.health.mil/Patient-Surveys>, and click on “Current Active Surveys”. You can locate the survey by name or by its DoD RCS License Number - RCS# DD-HA(A) 1942.

DOA-000788-01



001-000001

Access the survey in 4 easy steps

1

Please **open a web browser**. Here are some common browser icons:

MICROSOFT
INTERNET EXPLORER



APPLE SAFARI



GOOGLE CHROME



MOZILLA FIREFOX



2

Locate the browser's address box, which is at the top of the window, and **type the web address as follows**. <https://www.health.mil/Patient-Surveys>



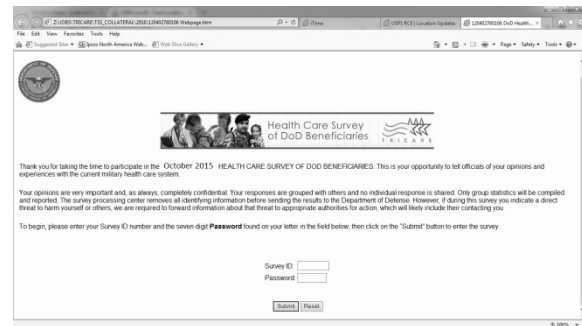
3

Press the Enter key on your keyboard and you will go to the Health Survey Portal. Click the **"Select Survey #2"** in the center box, Survey #2: TRICARE Select Survey of Beneficiaries (TSS-B).



4

This will take you to the survey home page, which looks like the image below. Once there, **enter your password** to begin the survey.



Frequently Asked Questions

What is this survey about?

This survey is not about a particular health care visit, but about your health care experiences overall. Even if you don't use TRICARE now, either on a military installation or in a civilian provider's office, we still want to understand your health care experiences.

Why should I respond to this Survey?

We need your responses, not just responses from other people. The results are used to evaluate the services you have received in meeting your health care needs either through TRICARE or any other health insurance plan. Your feedback will benefit not only you and your family, but also other fellow military families. DoD takes this survey very seriously and your input is truly critical to our efforts.

What happens to my answers?

Your answers will be kept confidential, and the survey vendor DoD has contracted with to field this survey will not share any information that could identify you. Your participation is voluntary and will not affect your health benefits.

Who do I contact if I want more information before responding?

If you have questions about the survey or don't want to participate, please send an email to TSSB@altarum.org; or please call **1-866-387-9015**; For prompt assistance, please include your survey ID number. For questions related to TRICARE, please go to www.tricare.mil/contactus, or for the East Region call 1-800-444-5445, West Region call 1-844-866-9378.