VA Veterans Health Administration Foreign Medical Program Customer Satisfaction Survey 2013

Introduction

(Items in BOLD are interviewer instructions, and are not intended to be read to the respondent)

- INTRO1. Hello, my name is ______ calling on behalf of the Department of Veterans Affairs Chief Business Office Purchased Care, Foreign Medical Program. May I please speak with _____?
 - 1 Yes (Continue to INTRO2)
 - 2 Person not available (Schedule a callback)
 - 3 No such person "Thank you and have a nice day!"
 - 4 Refusal/Hung Up "Thank you and have a nice day!"

(Programmer instructions: Read when the person named in INTRO1 comes to the phone)

- INTRO2. Hello, my name is _______ calling on behalf of the Veterans Health Administrations' Foreign Medical Program of the Department of Veterans Affairs, which you know as the FMP program. We are conducting research on how satisfied users of this program are with services provided in partnership with the federal government as part of the American Customer Satisfaction Index. The Department of Veterans Affairs is committed to premier customer service and is conducting this research to help improve its services to you and others like you. Your answers are voluntary and we will not ask any questions about confidential information. If at any time you do not feel comfortable answering a question, please say so. Your responses will remain anonymous and you will never be identified by name. This interview is authorized by the Office of Management and Budget Control No. 1090-0007 which expires on March 31, 2015. This interview will take approximately 10 minutes. Is this a good time?
 - 1 Yes (Continue)
 - 2 No "Can we schedule a time that is more convenient for you?"

Just as a reminder, the questions we will ask you are related specifically to your satisfaction with services provided by the FMP program, not services you might have been provided through a VA regional office, a VA hospital or DOD's TRICARE program.

(If respondent inquires about the purpose or validity of the survey, please record respondent information and inform that a representative from FMP will contact them to discuss their concerns).

Screener

- Q1. A random report generated from the beneficiary database indicates that you are currently receiving health care benefits through the FMP program. Is this correct?
 - 1 Yes (Continue)

- 2 No (Terminate: "Thank you for your time. Have a nice day!")
- 3 Don't know (Do not read) (Terminate: "Thank you for your time. Have a nice day!")
- 4 Refusal/Hung up (Terminate)

Enrollment Process

- Q2. Did you enroll for benefits from the FMP in the past 12 months?
 - 1 Yes (Continue)
 - 2 No (Skip to CLAIMS)
 - 3 Don't Know (Skip to CLAIMS)
- Q3. What methods did you use to obtain information and enrollment forms for the FMP? (Please select all that apply)
 - 1 Chief Business Office, Purchased Care (toll free number 1-800-733-8387)
 - 2 Chief Business Office, Purchased Care website (<u>www.va.gov/hac</u>)
 - 3 VA Regional Office
 - 4 Veterans Service organization (DAV, VFW, etc.)
 - 5 Other (please specify): _____

Please think about the process that you went through to enroll for FMP health care benefits. On a scale from 1 to 10 where 1 means "*Poor*" and 10 means "*Excellent*", please rate the:

- Q4. Clarity of the instructions and enrollment form
- Q5. Ease of completing the form
- Q6. Amount of supporting documents required
- Q7. Amount of time it took to complete the enrollment form

Post Enrollment Process

Now please think about the enrollment process after you sent your enrollment forms and supporting documents to the FMP. On a scale from 1 to 10, where 1 means "*Poor*" and 10 means "*Excellent*", please rate the FMP on the following:

- Q8. Keeping you informed on the status of your enrollment
- Q9. Sending the FMP Handbook in a timely manner

Claims

Please think about the process to file a FMP claim for health care services that have been received from a physician, pharmacy, or other medical care provider. Using the same 1 to 10 scale, where 1 means "*Poor*" and 10 means "*Excellent*", please rate the FMP on:

- Q10. Processing claims for health care services in a timely manner
- Q11. Accurately processing claims

Staff

Please consider the FMP personnel you have interacted with via phone, email or in person. Using the same 1 to 10 scale, where 1 means "*Poor*" and 10 means "*Excellent*", please rate the FMP staff on the following:

- Q12. Courtesy
- Q13. Availability
- Q14. Professionalism
- Q15. Knowledge about the FMP program
- Q16. Timeliness of responses
- Q17. Consistency of responses from staff member to staff member
- Q18. Helpfulness

ACSI Benchmark Questions

- Q19. Again, thinking of your experiences with FMP, and using a 10-point scale on which 1 means "*Very Dissatisfied*" and 10 means "*Very Satisfied*", how satisfied are you with the services provided by the FMP?
- Q20. Using a 10-point scale on which 1 now means "*Falls short of your Expectations*" and 10 means "*Exceeds your Expectations*," to what extent have the services provided by FMP met your expectations?
- Q21. Imagine what an ideal program providing health care benefits would be like. How well do you think FMP compares with that ideal institution you just imagined? Please use a 10-point scale on which 1 means "*Not at all close to the Ideal*," and 10 means "*Very close to the Ideal*."
- Q22. Please explain your reason for rating FMP as you did in the previous question. (Capture verbatim)