#



 **VA Community Care**

**Provider Satisfaction Survey**

**OMB No. 2900-0770
Estimated Burden: 10 minutes**

**Expiration Date: 08/31/2017**

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this online/mail survey will lead to improvements in the quality of service delivery to community providers by the Veterans Health Administration (VHA) Office of Community Care under traditional VA Community Care. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**VA Form 10-
APR 2014**



**Privacy Act Statement:** This survey is not a collection of personal information; please do not enter any personal information in the open text fields. By voluntarily providing information on www.va.gov/purchasedcare/programs/provider info, you are consenting to VA’s use and disclosure of that information in the manner described in this limited policy. The VA general Web privacy policy is available at www.va.gov/privacy.

VA uses a Hierarchy of Care to determine how care in the community should be provided. VA Community Care purchases health care for eligible Veterans when their local VA Medical Center cannot readily provide the needed care. Under the current VA hierarchy structure, the Veterans Choice Program (VCP) is the primary mechanism used when Veterans use community care. If services are not available under VCP, or a Veteran is not eligible for or declines such care, VA staff may utilize other traditional Community Care options pending availability of funds. The VHA Office of Community Care administers VCP in addition to traditional VA Community Care for VA.

**The statements and questions in this survey are regarding your experience with the VHA Office of Community Care through traditional VA Community Care and are not related to health care services delivered through VCP.**

 **Unique Identifier Code (UIC)**

Please enter the Unique Identifier Code (UIC) that is printed under your business name on the survey invitation letter (7-8 characters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For each question, please check the box that best matches your experience.**

 **Experience with VHA Office of Community Care and Staff**

**VHA Office of Community Care Staff**

Courteous

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Competent

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Provide consistently good service

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Adequately accessible for advice and assistance

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

**VHA Office of Community Care**

Keeps me informed of conditions and changes that affect me

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Works with me to ensure I get what I need

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Policies and procedures are easy to understand

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

 **Authorizations for Care and Payments**

**Authorizations for Care**

Issued in a timely manner

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Accurate and error-free

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Easy to understand

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Provide enough information for care and treatment

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

**Payments**

Issued in a timely manner

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Accurate and error-free

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

**Satisfaction with Services**

**How satisfied are you with the following services?**

 Authorizations for Care

|  |
| --- |
| Ο Very Ο Satisfied Ο Somewhat Ο Somewhat Ο Dissatisfied Ο Very  Satisfied Satisfied Dissatisfied Dissatisfied |

Billing (excluding document submission)

|  |
| --- |
| Ο Very Ο Satisfied Ο Somewhat Ο Somewhat Ο Dissatisfied Ο Very  Satisfied Satisfied Dissatisfied Dissatisfied |

Document Submission

|  |
| --- |
| Ο Very Ο Satisfied Ο Somewhat Ο Somewhat Ο Dissatisfied Ο Very  Satisfied Satisfied Dissatisfied Dissatisfied |

Payments

|  |
| --- |
| Ο Very Ο Satisfied Ο Somewhat Ο Somewhat Ο Dissatisfied Ο Very  Satisfied Satisfied Dissatisfied Dissatisfied |

Response to Inquiries

|  |
| --- |
| Ο Very Ο Satisfied Ο Somewhat Ο Somewhat Ο Dissatisfied Ο Very  Satisfied Satisfied Dissatisfied Dissatisfied |

 **Problems and Complaints**

Have you experienced a problem in the last 3 months?

|  |
| --- |
| Ο Yes Ο No (Please skip to the next section, **Overall Satisfaction**)  |

**Problems and complaints**

 Resolved quickly

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Resolved with minimal effort on your part

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

**VHA Office of Community Care Staff**

Flexible in finding solutions to problems

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

Effectively handle problems or mistakes

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο Never  |

In which of the following areas did you experience the problem(s)? Mark all that apply

|  |
| --- |
| Ο Authorizations for Care Ο Billing (excluding document submission)Ο Payments Ο Response to InquiriesΟ Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Describe the problem(s) and how the problem(s) was resolved.

 **Overall Satisfaction with VHA Office of Community Care**

Overall, how satisfied are you with the VHA Office of Community Care?

|  |
| --- |
| Ο Very Ο Satisfied Ο Somewhat Ο Somewhat Ο Dissatisfied Ο Very  Satisfied Satisfied Dissatisfied Dissatisfied |

Will you continue to provide care to Veterans on behalf of VA?

|  |
| --- |
| Ο Definitely Yes Ο Probably Yes Ο Probably No Ο Definitely No Ο Not Sure  |

What is the VHA Office of Community Care doing well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How can the VHA Office of Community Care improve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Overall Experience with Department of Veterans Affairs (VA)**

Now think about your experiences with all the services provided by the VA (which includes healthcare, benefits programs or memorial services).

**Please tell us how you feel about the following statements:**

I got the service I needed.

|  |
| --- |
| Ο Strongly Ο Agree Ο Neither Agree Ο Disagree Ο Strongly  Agree nor Disagree Disagree  |

It was easy to get the service I needed.

|  |
| --- |
| Ο Strongly Ο Agree Ο Neither Agree Ο Disagree Ο Strongly  Agree nor Disagree Disagree  |

I felt like a valued customer.

|  |
| --- |
| Ο Strongly Ο Agree Ο Neither Agree Ο Disagree Ο Strongly  Agree nor Disagree Disagree  |

I trust VA to fulfill our country’s commitment to Veterans.

|  |
| --- |
| Ο Strongly Ο Agree Ο Neither Agree Ο Disagree Ο Strongly  Agree nor Disagree Disagree  |

 **About You**

Where do you work?

|  |
| --- |
|  Ο Independent Medical Office Ο Private Hospital Ο University Hospital Ο Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

What is your occupation?

|  |
| --- |
| Ο Clinician Ο Billing and Accounts Receivable PersonnelΟ Office Manager or Office Staff Ο Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Within the last 3 months how many Veterans did you provide care for?

|  |
| --- |
| Ο Fewer than 10 Ο 10-39 Ο 40-69 Ο 70-99 Ο 100 or more Ο Do not know |

How would you describe the geographic area where you provide care?

|  |
| --- |
| Ο Rural Ο Urban Ο Suburban |

**END OF SURVEY Thank you for your time!**