



# Veterans Choice Program Provider Satisfaction Survey

OMB No. 2900-0770

Estimated Burden: 10 minutes

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**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/providerinfo](http://www.va.gov/purchasedcare/programs/providerinfo), 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](http://www.va.gov/privacy).

**Unique Identifier Code (UIC)**

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

\_\_\_\_\_

**The statements and questions in this survey are regarding your experience with the Veterans Choice Program.**

**Please think about your experience with VA Medical Center Staff in the last 3 months**

- Courteous
 

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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- Able to answer my Veterans Choice Program related questions the first time
 

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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- Adequately accessible for advice and assistance
 

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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- Keep me informed of conditions and changes that affect me
 

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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**Now think about your experience with Health Net/TriWest Staff in the last 3 months**

- Courteous
 

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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- Able to answer my Veterans Choice Program related questions the first time
 

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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Adequately accessible for advice and assistance

- Always       Most of the Time       Sometimes       Rarely       Never

Keep me informed of conditions and changes that affect me

- Always       Most of the Time       Sometimes       Rarely       Never

**The next questions are regarding Authorizations for Care, Clinical Documentation, Billing and Payments in the last 3 months**

### Authorizations for care

Authorizations for care are complete for all services, including ancillary requests, in order to provide the necessary care for an authorized episode.

- Always       Most of the Time       Sometimes       Rarely       Never

Authorizations for care provide enough information for care and treatment.

- Always       Most of the Time       Sometimes       Rarely       Never

### Clinical Documentation

I have the necessary history, test results, imaging, supporting documents etc. needed to evaluate and treat Veterans Choice Program patients when they present at my office.

- Always       Most of the Time       Sometimes       Rarely       Never

Clinical documentation is received in a timely manner

- Always       Most of the Time       Sometimes       Rarely       Never

I understand the process to submit clinical documentation (including the time requirements) to Health Net/TriWest.

- Always       Most of the Time       Sometimes       Rarely       Never

### Billing and Payments

I understand the billing process to submit claims to Health Net/TriWest.

- Always       Most of the Time       Sometimes       Rarely       Never

Payments by Health Net/TriWest for error-free claims are issued within 30 days of receipt.

- Always       Most of the Time       Sometimes       Rarely       Never

**Please think about your Satisfaction with Services provided by Health Net/TriWest Staff in the last 3 months**

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

Authorizations for Care

- Very Satisfied       Satisfied       Somewhat Satisfied       Somewhat Dissatisfied       Dissatisfied       Very Dissatisfied

Billing (excluding document submission)

<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Document Submission					
<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Payments					
<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Response to Inquiries					
<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied

**The next questions are regarding any Problems and Complaints you may have encountered**

Have you experienced a problem in the last 3 months?  
 Yes  No (Please skip to the next section, **Overall Satisfaction**)

**Problems and complaints**

Resolved quickly  
 Always  Most of the Time  Sometimes  Rarely  Never

Resolved with minimal effort on your part  
 Always  Most of the Time  Sometimes  Rarely  Never

**VA Medical Center Staff**

Flexible in finding solutions to problems  
 Always  Most of the time  Sometimes  Rarely  Never  Does not apply

Effectively handle problems or mistakes.  
 Always  Most of the time  Sometimes  Rarely  Never  Does not apply

**Health Net Tri/West Staff**

Flexible in finding solutions to problems  
 Always  Most of the time  Sometimes  Rarely  Never  Does not apply

Effectively handle problems or mistakes.  
 Always  Most of the time  Sometimes  Rarely  Never  Does not apply

In which of the following areas did you experience the problem(s)? Mark all that apply  
 Authorizations for Care  Billing (excluding document submission)  
 Payments  Response to Inquiries  
 Other – please specify \_\_\_\_\_

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

## Overall Satisfaction

Overall, how satisfied are you with your interaction with VA Medical Center staff regarding the Veterans Choice Program?

- Very Satisfied       Satisfied       Somewhat Satisfied       Somewhat Dissatisfied       Dissatisfied       Very Dissatisfied

Overall, how satisfied are you with your interaction with Health Net/TriWest staff regarding the Veterans Choice Program?

- Very Satisfied       Satisfied       Somewhat Satisfied       Somewhat Dissatisfied       Dissatisfied       Very Dissatisfied

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

- Definitely Yes       Probably Yes       Probably No       Definitely No       Not Sure

Is there anything you would like to share about the Veterans Choice Program? \_\_\_\_\_

\_\_\_\_\_

What is your greatest pain point with the Veterans Choice Program? \_\_\_\_\_

\_\_\_\_\_

## 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.

- Strongly Agree       Agree       Neither Agree nor Disagree       Disagree       Strongly Disagree

It was easy to get the service I needed.

- Strongly Agree       Agree       Neither Agree nor Disagree       Disagree       Strongly Disagree

I felt like a valued customer.

- Strongly Agree       Agree       Neither Agree nor Disagree       Disagree       Strongly Disagree

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

- Strongly Agree       Agree       Neither Agree nor Disagree       Disagree       Strongly Disagree

## About You

Where do you work?

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

What is your occupation?

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

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

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

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

- Rural                       Urban                       Suburban

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