

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)

TITLE OF INFORMATION COLLECTION:

VA Community Care Provider Satisfaction Survey

PURPOSE:

The Veterans Health Administration Office of Community Care (VHA CC) will use the information gathered as a result of this survey to focus specifically on the satisfaction of community providers who deliver health care services to Veterans through the Department of Veterans Affairs (VA) Community Care program in order to identify problems or complaints that require attention and to improve the satisfaction and quality of services delivered to community providers by VHA CC.

The resulting data will be used to demonstrate that VHA CC is providing timely, high-quality services to community care providers and to measure improvement in the efficiencies of VA Community Care processes and communications toward the goal of meeting or exceeding internal benchmark performance.

DESCRIPTION OF RESPONDENTS:

The pool of respondents will consist of a bi-annual sampling of approximately 10,000 community providers delivering health care services to Veterans through VA Community Care within the 3 months leading up to the bi-annual data extraction.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Douglas Katason, Stakeholder Outreach Manager

To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [✓] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [✓] No

BURDEN HOURS

Category of Respondent: Individuals & Households	No. of Respondents	Participation Time	Burden
VA Form 10-XXXXXX (VA Community Care Provider Satisfaction Survey)	2,000	10 minutes	334
Totals			334

FEDERAL COST: The estimated annual cost to the Federal government is \$20,619.00. Cost includes burden hours (\$8,016.00) plus supplies, printing, mailing and processing of the survey (\$12,603.00).

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[✓] Yes [] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Inclusion criteria:

Sampling will be from all community providers who provided healthcare services to Veterans through VA Community Care during the 3 months prior to the bi-annual data extraction.

Sample size:

The sample size will be a maximum of 10,000 community providers who provided health care services to Veterans through VA Community Care. It is anticipated that there will be a response rate of approximately 20 percent. The provider names, addresses, and services provided will be extracted from internal VA databases in accordance with existing approved standards ensuring privacy and security of the data.

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
 - [✓] Web-based or other forms of Social Media
 - [] Telephone
 - [] In-person

- Mail
 Other, Explain

2. Will interviewers or facilitators be used? Yes No

A survey invitation letter will be sent to the sampling of community providers who provide healthcare services to Veterans through VA Community Care. The invitation letter will contain a Web link to the VA Community Care Web site in order to access the survey instrument which resides in the Web-based survey tool, Survey Monkey. A phone number will also be provided in the letter for the provider to request a paper copy of the survey instrument, in lieu of using the Web-based option.

A survey reminder letter will be sent to the same sampling of providers approximately two weeks after the invitation was sent to either remind the provider to take the survey or thank them for taking the survey.

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Survey Invitation/Instructions:

NAME
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
UIC 1234567

Dear Provider,

The Department of Veterans Affairs (VA) is committed to achieving the highest level of customer satisfaction with community providers who deliver health care services to Veterans through traditional VA Community Care. Please note this survey is not related to any services that may have been provided under the Veterans Choice Program (VCP) but rather through traditional VA Community Care options.

As a community provider identified as providing health care services to Veterans under VA Community Care, we request that you complete an online survey regarding your satisfaction with the services you currently receive from the Veterans Health Administration (VHA) Office of Community Care. Your participation will help improve the quality of services received by you and many other community providers from the VHA Office of Community Care.

The survey should take about ten minutes to complete and we ask that you complete it within a week of receipt, so that we may begin to take action on the results. We value your honest and forthright feedback. Please note the survey is voluntary and completely anonymous.

To access the survey, enter the following address into your Web browser and then choose **Provider Survey** under the heading **HOT TOPICS!**:

[www.va.gov/purchasedcare/programs/provider info](http://www.va.gov/purchasedcare/programs/provider%20info)

Important – Once you access the online survey, you will be asked to enter the Unique Identifier Code (**UIC**) listed above under your business name, which is used to let us know you completed the survey.

If you do not have access to the internet, please call **1-877-466-7124** toll-free to request that a paper copy of this Survey be mailed to you.

If you have a specific question or need assistance with VA Community Care, you may contact VA:

1. By email: HACProviderFeedback@va.gov
2. Online: www.va.gov/purchasedcare/programs/providerinfo

Thank you for your time and interest in helping us to serve you better.

Sincerely,

Douglas Katason
Stakeholder Outreach Manager

Survey Reminder Letter:

NAME
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
UIC 1234567

Dear Provider,

You should have received an invitation to participate in an online survey regarding your satisfaction with the services you receive from the Veterans Health Administration (VHA) Office of Community Care through traditional VA Community Care. Thank you so much for taking the time to complete the survey. Your feedback is critical and your participation will help improve the quality of services received by you and other community providers from the VHA Office of Community Care.

If you have not yet completed the survey, please do! The survey will take about ten minutes to complete and is available until **[DATE]**. Please note the survey is voluntary and completely anonymous.

To access the survey, enter the following address into your Web browser and then choose **Provider Survey** under the heading **HOT TOPICS!**:

www.va.gov/purchasedcare/programs/providerinfo

Important - Once you access the online survey, please enter the Unique Identifier Code (**UIC**) listed above under your business name. This number will help us track our response rate.

If you do not have access to the internet, please call **1-877-466-7124** toll-free to request that a paper copy of the survey be mailed to you.

Thank you for your time and interest in helping us to serve you better.

Sincerely,

Douglas Katason
Stakeholder Outreach Manager