



Veterans Millennium Act Emergency Care Benefit Satisfaction Survey

OMB No. 2900-0770
Estimated Burden: 7 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 7 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 Department of Veterans Affairs (VA) services as well as customer expectations and desires. The results of this online/mail survey will help VA to more effectively tailor education efforts and service delivery processes in order to increase yours and other Veterans' satisfaction with emergency treatment received in the community and knowledge regarding eligibility for the Veterans Millennium Health Care and Benefits Act (Millennium Act) emergency care benefit. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Community Care

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

The Veterans Millennium Health Care and Benefits Act (Millennium Act) authorizes VA to cover emergency care for conditions not related to Veterans' service-connected disabilities when eligible Veterans who have no other health plan coverage receive care at a community medical facility because their local VA Medical Center cannot readily provide the needed care.

The statements and questions in this survey are regarding your experience with the emergency treatment you received in a community medical facility under the Millennium Act emergency care benefit.

Unique Identifier Code (UIC)

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

Any reference to your emergency treatment in this survey will refer to the emergency treatment you sought and received in a community medical facility under the Millennium Act benefit in the last 3 months.

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

Your Emergency Treatment

Have you received emergency treatment in a community medical facility in the last 3 months?

- Yes No (Thank you for completing this survey)

Seeking Emergency Treatment

Did VA provide you with the information necessary to receive emergency treatment prior to your admission?

- Yes No

If your answer was no, what information was lacking?

How satisfied are you with the information provided to you by VA in order to receive emergency treatment?

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

I understand the process for seeking emergency treatment.

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Experience with VA Staff Regarding Emergency Treatment

Courteous

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Adequately accessible for advice and assistance

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Keep me informed of conditions and changes that affect me

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Able to answer my questions

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Able to resolve my issues

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Claim for Reimbursement of Emergency Treatment

Submission of a Claim

VA provided me with the necessary resources to submit my claim for reimbursement.

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

I understand the process to submit a claim for reimbursement.

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Approval and Reimbursement

Reimbursement of my claim was paid to the provider in a timely manner.

- Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree

Did you experience a problem(s) regarding your claim for reimbursement?

- Yes No

If yes, in which of the following areas was your problem(s)?

Mark all that apply.

- Service Connected Condition Other Health Insurance
 Non-Emergent Timely Filing
 No Treatment in the past 24 months Other – please specify _____

Inquiries to VA

Did you place any inquiries to VA concerning your claim?

- Yes No (Please skip to the next section – **Overall Satisfaction**)

How satisfied are you with the timeliness in which VA contacted you regarding your inquiry(s)?

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

How satisfied are you with the resolution of your inquiry(s)?

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Overall Satisfaction with VA Regarding Emergency Treatment

Overall, how satisfied are you with the level of service you received from VA in regard to seeking emergency treatment?

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Overall, how satisfied are you with the level of service you received from VA regarding reimbursement of your claim?

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Overall, how satisfied are you with your interaction with VA?

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Is there anything you would like to share regarding your emergency treatment at the community medical facility under the Millennium Act benefit?

What could VA do to improve the process of receiving emergency treatment at a community medical facility under the Millennium Act benefit?

Overall Experience with all Services Provided by 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

END OF SURVEY Thank you for your time!