

# DVA Veterans Health Administration

## Office of Community Care

### Spina Bifida Beneficiaries

### Customer Satisfaction Survey 2017

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#### **Introduction**

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(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 Office of Community Care, Spina Bifida 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’ Spina Bifida Program of the Department of Veterans Affairs. 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 May 31, 2018. 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 SB Program, not services you might have been provided through a VA regional office, a VA medical center 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 SB will contact them to discuss their concerns).

#### **Screener**

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- Q1. A random report generated from the beneficiary database indicates that you are currently receiving health care benefits through the SB 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)

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## Enrollment Process

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- Q2. Did you enroll for the SB Program 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 on the enrollment process for the SB Program?  
(Please select all that apply)
- 1 Office of Community Care (toll free number 1-800-733-8387)
  - 2 Office of Community Care website  
(<https://www.va.gov/COMMUNITYCARE/programs/dependents/spinabifida/index.asp>)
  - 3 VA Regional Office
  - 4 Veterans Service organization (DAV, VFW, etc.)
  - 5 Other (please specify): \_\_\_\_\_

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## Post Enrollment Process

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

- Q4. Sending your Welcome Packet in a timely manner
- Q5. Sending the SB Program Handbook in a timely manner

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## Claims

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Please think about the process to file a SB 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 SB Program on:

- Q6. Processing claims for health care services in a timely manner
- Q7. Accurately processing claims

Now please think about SBs' claims processing for beneficiaries with other health insurance coverage. Using the same 1 to 10 scale, please rate the:

- Q8. Ease of completing or updating Other Health Insurance (OHI) information (please note that this can now also be done over the phone)
- Q9. Amount of supporting documents required

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**Staff**

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Please consider the SB Program 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 SB Program staff on the following:

- Q10. Courtesy
- Q11. Availability
- Q12. Professionalism
- Q13. Knowledge about the SB Program program
- Q14. Timeliness of responses
- Q15. Consistency of responses from staff member to staff member
- Q16. Helpfulness

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**ACSI Benchmark Questions**

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- Q17. Again, thinking of your experiences with the SB program, 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 SB Program?
- Q18. 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 the SB program met your expectations?
- Q19. Imagine what an ideal program providing health care benefits would be like. How well do you think the SB program 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."
- Q20. Please explain your reason for rating the SB program as you did in the previous question.  
(Capture verbatim)