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 **Veterans Choice Program**

**Provider Satisfaction Survey**

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

**Expiration Date: 9/30/2020**

**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 from Department of Veterans Affairs (VA) Medical Center staff and from health care networks Health Net and TriWest staff through the Veterans Choice Program. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.



**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 https://www.va.gov/communitycare, 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.

 **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

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

Able to answer my Veterans Choice Program related questions the first time

|  |
| --- |
| 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  |

Keep me informed of conditions and changes that affect me

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

 **Now think about your experience with Health Net/TriWest Staff in the last 3 months**

Courteous

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

Able to answer my Veterans Choice Program related questions the first time

|  |
| --- |
| 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  |

Keep me informed of conditions and changes that affect me

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο 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.

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

Authorizations for care provide enough information for care and treatment.

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο 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.

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

Clinical documentation is received in a timely manner

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

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

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

**Billing and Payments**

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

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

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

|  |
| --- |
| Ο Always Ο Most of the Time Ο Sometimes Ο Rarely Ο 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

|  |
| --- |
| 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 |

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

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  |

**VA Medical Center Staff**

Flexible in finding solutions to problems

|  |
| --- |
| Ο Always Ο Most of the time Ο Sometimes Ο Rarely Ο Never Ο Does not apply |

Effectively handle problems or mistakes.

|  |
| --- |
| Ο Always Ο Most of the time Ο Sometimes Ο Rarely Ο Never Ο Does not apply |

**Health Net Tri/West Staff**

Flexible in finding solutions to problems

|  |
| --- |
| Ο Always Ο Most of the time Ο Sometimes Ο Rarely Ο Never Ο Does not apply |

Effectively handle problems or mistakes.

|  |
| --- |
| Ο Always Ο Most of the time Ο Sometimes Ο Rarely Ο Never Ο Does not apply |

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**

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

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

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

|  |
| --- |
| 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  |

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.

|  |
| --- |
| 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 Urban Ο Rural Ο Highly Rural |

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