

## Veterans Choice Program Provider Satisfaction Survey

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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 nonths Courteous o Always o Most of the Time Sometimes o Rarely o Never Able to answer my Veterans Choice Program related questions the first time o Most of the Time o Always o Sometimes o Rarely o Never Adequately accessible for advice and assistance o Always o Most of the Time o Sometimes o Rarely o Never Keep me informed of conditions and changes that affect me o Always o Most of the Time o Sometimes o Rarely o Never Now think about your experience with Health Net/TriWest Staff in the last 3 onths

Courteous				
o Always	o Most of the Time	o Sometimes	o Rarely	o Never
Able to answer my	/ Veterans Choice Program re	lated questions the first t	ime	
o Always	o Most of the Time	o Sometimes	o Rarely	o Never

Adequately accessible for advice and assistance

o Always	o Most of	the Time	o S	ometimes	o Rarely	o Never	
Keep me informed of conditions and changes that affect me							
o Always	o Most of			ometimes	o Rarely	o Never	
,					•		
The next quest Payments in th			itions	for Care, Clin	ical Documentat	ion, Billing and	
Authorizationo	for core						
Authorizations f		mnlete for all ser	vices	including ancil	llary requests in o	rder to provide the	
necessary care		-	vices,	including and	iiary requests, iir o	rder to provide the	
o Always	o Most of	•	o S	ometimes	o Rarely	o Never	
Authorizations f	or care provid	e enough informa	ation f	or care and tre	atment.		
o Always	o Most of			ometimes	o Rarely	o Never	
	4 . 4						
Clinical Docum		toot roculta imag	ina a	upporting door	umanta ata naada	d to evaluate and	
		m patients when			ıments etc. needed office.	i to evaluate and	
o Always	o Most of			ometimes	o Rarely	o Never	
o Always	ntation is rece o Most of	eived in a timely n the Time		er Sometimes	o Rarely	o Never	
o / iiiiayo	5 most 61		0 0		5a. 5.y	3 11010.	
I understand the Net/TriWest.	e process to s	ubmit clinical doc	umen	tation (includin	g the time requirer	ments) to <u>Health</u>	
o Always	o Most of	the Time	o S	ometimes	o Rarely	o Never	
Dilling and Day	monto						
Billing and Pay		ss to submit claim	ne to L	Joalth Not/Tri\\	Jost		
o Always	o Most of			ometimes	o Rarely	o Never	
Payments by He	alth Nat/Tri\\	lest for error-free	claim	s are issued w	ithin 30 days of re	ceint	
o Always	O Most of			ometimes	o Rarely	o Never	
		r Satisfaction e last 3 month		i Services p	rovided by <u>He</u>	alth_	
	-	the following sei	rvices	6?			
Authorizations f	or Care o Satisfied	o Somewhat	0	Somewhat	o Dissatisfied	o Very	
Satisfied	o Salisileu	Satisfied	U	Dissatisfied	O Dissatisfied	Dissatisfied	
Billing (excludin o Very	g document s o Satisfied	ubmission) o Somewhat	0	Somewhat	o Dissatisfied	o Very	
O VOIY	o outioned	O Somewhat			o Dissuisiicu	O VCI y	
			3	ì			

Satisfied		Satisfied		Dissatisfied		Dissatisfied
Document Sul o Very Satisfied	omission o Satisfied	o Somewh Satisfied		Somewhat Dissatisfied	o Dissatisfied	o Very Dissatisfied
Payments						
o Very Satisfied	o Satisfied	o Somewh Satisfied		Somewhat Dissatisfied	o Dissatisfied	o Very Dissatisfied
Response to I	nguiries					
o Very Satisfied	o Satisfied	o Somewh Satisfied		Somewhat Dissatisfied	o Dissatisfied	o Very Dissatisfied
The next que	estions are reg	arding any P	roblems	and Complain	its you may ha	ve encountered
-lave you exp	erienced a prob	lem in the las	t 3 month	s?		
o Yes		o No (Pleas	e skip to	the next section	n, <b>Overall Satis</b>	sfaction)
Problems and	d complaints					
Resolved quid		the Times	o 0		o Donah	o Navan
o Always	o Most of	the time	0.5	ometimes	o Rarely	o Never
	minimal effort of					
o Always	o Most of	the Time	o S	ometimes	o Rarely	o Never
VA Medical C	enter Staff					
	ling solutions to			- 5	- 11	- 5
o Always	o Most of the	e time o s	Sometime	s o Rarely	o Never	o Does not apply
Effectively har	ndle problems o	r mistakes.				
o Always	o Most of the	e time o s	Sometime	s o Rarely	o Never	o Does not apply
Health Net Tr	i/West Staff					
		nroblomo				
Flexible in find	iiriy solulloris to	problems				
lexible in find O Always	O Most of the	•	Sometime	s o Rarely	o Never	o Does not apply
o Always	o Most of the	e time os	Sometime	s o Rarely	o Never	o Does not apply
•		e time o s	Sometime Sometime	,		o Does not apply  o Does not apply
o Always Effectively har o Always	O Most of the adle problems o O Most of the	r mistakes.	Sometime	s o Rarely	o Never	o Does not apply
o Always Effectively har o Always	o Most of the ndle problems o o Most of the e following areas ons for Care	r mistakes.	Sometime erience th O Billin	s o Rarely e problem(s)?	o Never Mark all that ap ocument submis	o Does not apply

Overall Satisfa	action					
Overall, how sat Choice Program		ith your intera	ction with V	A Medical C	enter staff reg	arding the Veterar
o Very of Satisfied		o Somewhat Satisfied	o Somo Dissa	ewhat c atisfied	Dissatisfied	o Very Dissatisfied
Overall, how sat Choice Program		ith your intera	ction with <u>He</u>	ealth Net/Tri	<u>West staff</u> reg	arding the Veterar
o Very of Satisfied		o Somewhat Satisfied		ewhat c atisfied	Dissatisfied	o Very Dissatisfied
Will you continue o Definitely Yes					Definitely No	o Not Sure
Is there anything	you would like	to share abou	ıt the Vetera	ns Choice F	rogram?	
What is your gre	atest pain point	with the Vete	rans Choice	Program? _		
Overall Experi	ence with Dep	artment of Ve	eterans Affa	irs (VA)		
Now think abou healthcare, ben				s provided	by the VA (w	nich includes
Please tell us ho	w you feel abou	ut the following	g statements	:		
I got the service		o Noith	or Agroo	o Diocar	00 0	Ctrongly
o Strongly Agree	o Agree		er Agree Disagree	o Disagr	ee C	Strongly Disagree
It was easy to ge	ot the consider La	noodod				
O Strongly Agree	o Agree	o Neith	er Agree Disagree	o Disagr	ee c	Strongly Disagree
I felt like a value	d customer.					
o Strongly Agree	o Agree		er Agree Disagree	o Disagr	ee c	Strongly Disagree
I trust VA to fulfil	l our country's a	rommitment to	) Veterans			
o Strongly Agree	o Agree	o Neith	er Agree Disagree	o Disagr	ee c	Strongly Disagree

About You							
Where do you work?							
o Independent Medical Office o University Hospital			o Private Hospital o Other – please specify				
What is your occupati	on?						
o Clinician o Office Manager or Office Staff			O Billing and Accounts Receivable Personnel     Other – please specify				
Within the last 3 months how many Veterans did you provide care for?							
o Fewer than 10	0 10-39	0 40-69	0 70-99	o 100 or more	o Do not know		
How would you describe the geographic area where you provide care?							
o Urban o Rural			o Highly Rural				

END OF SURVEY Thank you for your time!