



Veterans Choice Program Provider Satisfaction Survey

OMB No. 2900-0770

Estimated Burden: 10 minutes

Expiration Date: 9/30/2020

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U.S. Department of Veterans Affairs

Veterans Health Administration
Community Care

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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

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

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

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

Adequately accessible for advice and assistance

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

Keep me informed of conditions and changes that affect me

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

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

Courteous

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

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

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

Adequately accessible for advice and assistance

Always Most of the Time Sometimes Rarely Never

Keep me informed of conditions and changes that affect me

Always Most of the Time Sometimes Rarely 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.

Always Most of the Time Sometimes Rarely Never

Authorizations for care provide enough information for care and treatment.

Always Most of the Time Sometimes Rarely 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.

Always Most of the Time Sometimes Rarely Never

Clinical documentation is received in a timely manner

Always Most of the Time Sometimes Rarely Never

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

Always Most of the Time Sometimes Rarely Never

Billing and Payments

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

Always Most of the Time Sometimes Rarely Never

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

Always Most of the Time Sometimes Rarely 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

Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Billing (excluding document submission)

Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Overall Satisfaction

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

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

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

- Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied Very Dissatisfied

Will you continue to provide care to Veterans on behalf of VA?

- Definitely Yes Probably Yes Probably No Definitely No 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.

- 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

About You

Where do you work?

- Independent Medical Office Private Hospital
 University Hospital Other – please specify _____

What is your occupation?

- Clinician Billing and Accounts Receivable Personnel
 Office Manager or Office Staff Other – please specify _____

Within the last 3 months how many Veterans did you provide care for?

- Fewer than 10 10-39 40-69 70-99 100 or more Do not know

How would you describe the geographic area where you provide care?

- Urban Rural Highly Rural

END OF SURVEY Thank you for your time!