



VA Community Care Provider Satisfaction Survey

OMB No. 2900-0770

Estimated Burden: 10 minutes

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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 by the Veterans Health Administration (VHA) Office of Community Care under traditional VA Community Care. 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.

VA uses a Hierarchy of Care to determine how care in the community should be provided. VA Community Care purchases health care for eligible Veterans when their local VA Medical Center cannot readily provide the needed care. Under the current VA hierarchy structure, the Veterans Choice Program (VCP) is the primary mechanism used when Veterans use community care. If services are not available under VCP, or a Veteran is not eligible for or declines such care, VA staff may utilize other traditional Community Care options pending availability of funds. The VHA Office of Community Care administers VCP in addition to traditional VA Community Care for VA.

The statements and questions in this survey are regarding your experience with the VHA Office of Community Care through traditional VA Community Care and are not related to health care services delivered through VCP.

Unique Identifier Code (UIC)

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

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

Experience with VHA Office of Community Care and Staff

VHA Office of Community Care Staff

Courteous

- | | | | | |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Always | <input type="radio"/> Most of the Time | <input type="radio"/> Sometimes | <input type="radio"/> Rarely | <input type="radio"/> Never |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|

Competent

- | | | | | |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Always | <input type="radio"/> Most of the Time | <input type="radio"/> Sometimes | <input type="radio"/> Rarely | <input type="radio"/> Never |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|

Provide consistently good service

- | | | | | |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Always | <input type="radio"/> Most of the Time | <input type="radio"/> Sometimes | <input type="radio"/> Rarely | <input type="radio"/> Never |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|

Adequately accessible for advice and assistance

- | | | | | |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Always | <input type="radio"/> Most of the Time | <input type="radio"/> Sometimes | <input type="radio"/> Rarely | <input type="radio"/> Never |
|------------------------------|--|---------------------------------|------------------------------|-----------------------------|

VHA Office of Community Care

Keeps me informed of conditions and changes that affect me

Always Most of the Time Sometimes Rarely Never

Works with me to ensure I get what I need

Always Most of the Time Sometimes Rarely Never

Policies and procedures are easy to understand

Always Most of the Time Sometimes Rarely Never

Authorizations for Care and Payments

Authorizations for Care

Issued in a timely manner

Always Most of the Time Sometimes Rarely Never

Accurate and error-free

Always Most of the Time Sometimes Rarely Never

Easy to understand

Always Most of the Time Sometimes Rarely Never

Provide enough information for care and treatment

Always Most of the Time Sometimes Rarely Never

Payments

Issued in a timely manner

Always Most of the Time Sometimes Rarely Never

Accurate and error-free

Always Most of the Time Sometimes Rarely Never

Satisfaction with Services

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

Document Submission

<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Payments					
<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Response to Inquiries					
<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Somewhat Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied

Problems and Complaints

Have you experienced a problem in the last 3 months?
 Yes No (Please skip to the next section, **Overall Satisfaction**)

Problems and complaints

Resolved quickly
 Always Most of the Time Sometimes Rarely Never

Resolved with minimal effort on your part
 Always Most of the Time Sometimes Rarely Never

VHA Office of Community Care Staff

Flexible in finding solutions to problems
 Always Most of the Time Sometimes Rarely Never

Effectively handle problems or mistakes
 Always Most of the Time Sometimes Rarely Never

In which of the following areas did you experience the problem(s)? Mark all that apply
 Authorizations for Care Billing (excluding document submission)
 Payments Response to Inquiries
 Other – please specify _____

Describe the problem(s) and how the problem(s) was resolved.

Overall Satisfaction with VHA Office of Community Care

Overall, how satisfied are you with the VHA Office of Community Care?
 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

What is the VHA Office of Community Care doing well? _____

How can the VHA Office of Community Care improve? _____

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?

- Rural
 Urban
 Suburban

END OF SURVEY Thank you for your time!