



# Community Care Network Program

## Region 4

### 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 staff through the Community Care Network 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 **<\_\_\_\_TPA PROVIDERS SURVEY WEB ADDRESS\_\_\_\_>**, 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](http://www.va.gov/privacy).

**TPA** will add text introducing themselves, the survey, etc.

**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 **in the last three months** as a Provider within the Community Care Network (CCN) Program in Region 4.

Please respond to this survey from the perspective of your relationship and experiences when providing care to Veterans under your contractual relationship with us, (insert name of TPA).

**The following questions are regarding your interactions with the Community Care Network Contractor's customer service department when providing care to Veterans under your contractual relations with <insert name of TPA>.**

The majority of the interactions with customer service were questions around:

- Referral
- Payment status
- ADD OTHER
- Other

Interactions with the customer service department were courteous.

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

Customer service department had the knowledge to answer CCN Program related questions.

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

Customer service department was adequately accessible for advice and assistance.

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

What is your level of satisfaction or dissatisfaction for responses to inquiries using **telephone customer service**?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Dissatisfied
- Very Dissatisfied

What is your level of satisfaction or dissatisfactions for response to inquiries using **website customer service**.

- Very Satisfied       Satisfied       Somewhat Satisfied       Somewhat Dissatisfied       Dissatisfied       Very Dissatisfied

**The following questions are regarding transfer of documentation and Billing and Payments with the Community Care Network Contractor when providing care to Veterans under your contractual relations with <insert name of TPA>.**

**Clinical Documentation**

Do you use the HealthShare Referral Manager (HSRM)?

- Yes       No       Unsure      (If No or Not Applicable, please skip to **Billing and Payments**)

It was easy to use the HSRM.

- Always       Most of the Time       Sometimes       Rarely       Never

If HSRM ease of use was **Rarely** or **Never**, please describe issue(s) you had: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Billing and Payments**

I understand the billing process to submit claims to the CCN Contractor.

- Always       Most of the Time       Sometimes       Rarely       Never

Payments by the CCN Contractor for “clean claims” were issued within 30 days of receipt.

- Always       Most of the Time       Sometimes       Rarely       Never

The EOB I receive from the CCN Contractor fully explains the adjudication of the claim(s).

- Always       Most of the Time       Sometimes       Rarely       Never

The EOB I receive from the CCN Contractor is easy to understand.

- Always       Most of the Time       Sometimes       Rarely       Never

The EOB I receive from the CCN Contractor provides what I need to reconcile my Accounts Receivables.

- Always       Most of the Time       Sometimes       Rarely       Never

**The next questions are regarding any Problems and Complaints you may have encountered with the Community Care Network Contractor when providing care to Veterans under your contractual relations with <insert name of TPA>.**

Have you experienced a problem with, or had a complaint about, the CCN Contractor?  
 Yes  No (Please skip to the next section, **Overall Satisfaction**)

Problems or complaints with the CCN Contractor were resolved quickly.  
 Always  Most of the Time  Sometimes  Rarely  Never

Problems or complaints were resolved within:  
 0 to 3 day  4 to 7 days  7 to 10 days  10 days or longer  Never

Problems with the CCN Contractor were resolved with minimal effort on your part?  
 Always  Most of the Time  Sometimes  Rarely  Never

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

**The following questions are about your overall experience with the Community Care Network Contractor when providing care to Veterans under your contractual relations with <insert name of TPA>.**

Please tell us how you feel about the following statements:

I received 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 the CCN Contractor to fulfill our country's commitment to Veterans.  
 Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree

**The following questions are about your overall satisfaction with the Community Care Network Contractor.**

Overall, how satisfied are you with your interaction with CCN Contractor regarding the CCN Program?

- Very Satisfied       Satisfied       Somewhat Satisfied       Somewhat Dissatisfied       Dissatisfied       Very Dissatisfied

Will you continue to provide care to Veterans on behalf of VA using the CCN program?

- Definitely Yes       Probably Yes       Probably No       Definitely No       Not Sure

Is there anything you would like to share about your experience with the CCN Program or the CCN Contractor?

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**Miscellaneous questions follow.**

I receive adequate training.

- Strongly Agree       Agree       Neither Agree nor Disagree       Disagree       Strongly Disagree

If your answer is "Disagree" or "Strongly Disagree" what could be clarified:

- Payment Process       Referral/Authorization Process       Veteran Culture       Other

Is other please state what training could be clarified: \_\_\_\_\_

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**Please tell us 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       Highly Rural

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