

# VA Veterans Health Administration

## Office of Community Care

### CHAMPVA Beneficiaries

### Customer Satisfaction Survey 2019

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#### Introduction

**[Items in BOLD are interviewer instructions, and are not intended to be read to the respondent]**

INTRO1. Hello, my name is \_\_\_\_\_ calling on behalf of the Department of Veterans Affairs Office of Community Care, CHAMPVA program. May I please speak with \_\_\_\_\_?

- 1 Yes [**Continue to INTRO2**]
- 2 Person not available [**Schedule a callback**]
- 3 No such person [**Go to CLOSE - “Thank you and have a nice day!”**]
- 4 Refusal/Hung Up [**Go to CLOSE - “Thank you and have a nice day!”**]

**[Programmer Note/PN: Read when the person named in INTRO1 comes to the phone]**

INTRO2. Hello, my name is \_\_\_\_\_ calling on behalf of the Veterans Health Administrations' Civilian Health and Medical Program of the Department of Veterans Affairs, which you know as the CHAMPVA program. We are conducting research on how satisfied users of this program are with services provided in partnership with the federal government as part of the American Customer Satisfaction Index. The Department of Veterans Affairs is committed to premier customer service and is conducting this research to help improve its services to you and others like you. Your answers are voluntary and we will not ask any questions about confidential information. If at any time you do not feel comfortable answering a question, please say so. Your responses will be held completely anonymous, and you will never be identified by name. This interview is authorized by the Office of Management and Budget Control No. 1090-0007 which expires September 30, 2021. This interview will take approximately 10 minutes.

Is this a good time?

- 1 Yes [**Continue to Q1**]
- 2 No “Can we schedule a time that is more convenient for you?”

Just as a reminder, the questions we will ask you are related specifically to your satisfaction with services provided by the CHAMPVA program, not services you may have been provided through a VA regional office, a VA medical center or Department of Defense's TRICARE program.

**[Interviewer Note: If respondent inquires about the purpose or validity of the survey, please record respondent information and inform that a representative from CHAMPVA will contact them to discuss their concerns].**

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## **Screener**

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Q1. A report generated from the beneficiary database indicates that you are currently receiving health care benefits through the CHAMPVA program. Is this correct?

- 1 Yes [**Continue to Q2**]
- 2 No [**Terminate and go to CLOSE**: “Thank you for your time. Have a nice day!”]
- 3 Don’t know [**Do not read. (Terminate and go to CLOSE)**: “Thank you for your time. Have a nice day!”]
- 4 Refusal/Hung up [**Terminate**]

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## **Application Process**

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Q2. Did you apply to receive benefits from the CHAMPVA in the past 12 months?

- 1 Yes [**Continue to Q3**]
- 2 No [**Skip to CLAIMS**]
- 3 Don’t Know [**Skip to CLAIMS**]

Q3. What methods did you use to obtain information and application forms for the CHAMPVA?  
(Please select all that apply)

- 1 Veterans Health Administration, Office of Community Care (toll free number 1-800-733-8387)
- 2 Veterans Health Administration website  
(<https://www.va.gov/COMMUNITYCARE/programs/dependents/champva/index.asp>)
- 3 VA Regional Office
- 4 Veterans Service organization (DAV, VFW, etc.)
- 5 Other (please specify): \_\_\_\_\_

Please think about the process that you went through to apply for CHAMPVA health care benefits. On a scale from 1 to 10 where 1 means “*Poor*” and 10 means “*Excellent*”, please rate the:

- Q4. Clarity of the instructions and application form
- Q5. Ease of completing the form
- Q6. Amount of supporting documents required
- Q7. Amount of time it took to complete the application form

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## **Post Application Process**

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Now please think about the application process after you sent your application forms and supporting documents to the CHAMPVA. On a scale from 1 to 10, where 1 means “*Poor*” and 10 means “*Excellent*”, please rate the CHAMPVA on the following:

- Q8. Keeping you informed on the status of your application
- Q9. Allowing adequate time for you to respond to requests for additional information
- Q10. Sending your Welcome Packet in a timely manner
- Q11. Sending the CHAMPVA Handbook in a timely manner

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## Claims

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Please think about the process to file a CHAMPVA claim for health care services that have been received from a physician, pharmacy, or other medical care provider. Using the same 1 to 10 scale, where 1 means “*Poor*” and 10 means “*Excellent*”, please rate the CHAMPVA on:

Q12. Processing claims for health care services in a timely manner

Q13. Accurately processing claims

Q13.1. Do you have other health insurance such as Medicare, Blue Cross Blue Shield or Humana?

1 Yes [**Continue to Q14**]

2 No [**Skip to STAFF**]

3 Don’t Know [**Skip to STAFF**]

Now please think about CHAMPVAs’ claims processing for beneficiaries with other health insurance coverage. Using the same 1 to 10 scale, please rate the:

Q14. Ease of completing or updating Other Health Insurance (OHI) information (please note that this can now also be done over the phone)

Q15. Amount of supporting documents required

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## Staff

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Please consider the CHAMPVA personnel you have interacted with via phone, email or in person. Using the same 1 to 10 scale, where 1 means “*Poor*” and 10 means “*Excellent*”, please rate the CHAMPVA staff on the following:

Q16. Courtesy

Q17. Availability

Q18. Professionalism

Q19. Knowledge about the CHAMPVA program

Q20. Timeliness of responses

Q21. Consistency of responses from staff member to staff member

Q22. Helpfulness

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## Provider

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Please consider the provider you have interacted with relating to the SB Program. Using the same 1 to 10 scale, where 1 means “*Poor*” and 10 means “*Excellent*”, please rate your satisfaction with the provider on the following:

Q23. Knowledge of your specific medical needs and condition

Q24. Overall quality of care

Q25. Timeliness of the scheduled appointment

Q26. Overall availability

Q27. Overall courtesy of the provider’s office

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## **ACSI Benchmark Questions**

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Q28. Again, thinking of your experiences with CHAMPVA, and using a 10-point scale where 1 means "Very Dissatisfied" and 10 means "Very Satisfied", how satisfied are you with the services provided by the CHAMPVA?

Q29. Using a 10-point scale where 1 now means "*Falls short of your Expectations*" and 10 means "*Exceeds your Expectations*," to what extent have the services provided by the CHAMPVA met your expectations?

Q30. Imagine what an ideal program providing health care benefits would be like. How well do you think the CHAMPVA compares with that ideal institution you just imagined? Please use a 10-point scale where 1 means "*Not at all close to the Ideal*," and 10 means "*Very close to the Ideal*."

Q31. Please explain your reason for rating CHAMPVA as you did in the previous question. **[Capture verbatim]**

CLOSE: Thank you and have a nice day!