

SUPPORTING STATEMENT

VHA CUSTOMER SATISFACTION SURVEY OF NON-VA HEALTHCARE PROVIDERS Millennium Bill Emergency Care Provider Satisfaction Survey VA FORM 10-0473

OMB 2900-XXXX

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.

In response to Executive Order 12862, the Veterans Health Administration (VHA) conducts both centrally and locally administered surveys to determine the level of satisfaction with existing services among VHA's customers. The surveys solicit voluntary opinions and are not intended to collect information required to obtain or maintain eligibility for a Department of Veterans Affairs (VA) program or benefit. In an effort to improve service delivery, reduce program costs, minimize payment errors and increase the timeliness of reimbursements to non-VA healthcare providers and Veterans, VHA Chief Business Office (CBO) has reengineered its end-to-end automated process for healthcare claims processing for claims from non-VA providers. CBO is evaluating the performance of the VA Financial Service Center (FSC), a franchise fund organization of the VA where non-VA claims processing efforts have been consolidated for two Veterans Integrated Service Networks (VISN). Presently, the Office of Health Information (OHI) Product Effectiveness (PE) organization is collaborating with the CBO to evaluate the effectiveness of the claims processing centralization effort and to determine if the expected benefits of the business process reengineering project are realized. One of the performance measures is improved customer satisfaction with the process; thus, CBO is interested in surveying non-VA healthcare providers who are participating in the claims processing centralization project.

An anticipated benefit of the FSC claims processing centralization effort is improved timeliness and increased compliance with VHA Directive 2007-10 and the Prompt Payment Act, requiring VHA to pay non-VA providers within 30 days of receipt of an eligible claim for reimbursement. This proposed customer satisfaction survey will also help VHA to gauge whether this objective is being met. Legal authority for this data collection is found under 38 USC, Part I, Chapter 5, Section 527 that authorizes the collection of data that will allow measurement and evaluation of the Department of Veterans Affairs Programs, the goal of which is improved health care for veterans.

2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.

The VHA OHI/PE project team is seeking OMB approval to survey third-party (non-VA) healthcare providers in the Long Beach, CA (VISN 22) and White City, OR (VISN 20) who currently participate in the Millennium Bill Fee Reimbursement/Purchased Care program to gauge the providers' level of satisfaction with VHA claims processing activities. These third-party providers are reimbursed for services rendered to eligible Veterans in accordance with the Millennium Bill legislation (Title 38 U.S.C. Section 1725), and presently these claims for reimbursement are adjudicated and processed for payment at 138 different VHA claims processing centers nationwide. In an effort to improve service, VHA Chief Business Office is conducting a business process reengineering project to consolidate claims processing services at the VA Financial Services Center (FSC). The VHA CBO wants to evaluate customer

satisfaction with the claims processing services provided by the FSC; the results of the healthcare provider satisfaction survey will be used to improve service to Veterans and healthcare providers. The surveys are designed to be distributed electronically via email and shall solicit voluntary opinions. The proposed customer satisfaction survey of the non-VA (third party) healthcare providers that currently participate in the Millennium Bill medical claim reimbursement program will enable VHA to learn about agency services from the customer's prospective; this survey will help VHA leadership determine whether external customers are satisfied overall with the changes to the claims adjudication, processing and payment system that is currently being piloted by CBO. The surveys are well-designed, well-defined, low-burden data collection tools which are intended to help VHA to evaluate customer perceptions, preferences, and related opinions about FSC's performance in the Millennium Bill -FSC claims processing pilot. The proposed customer satisfaction surveys will not be used to collect information required to obtain or maintain eligibility for a VA program or benefit. The results of the proposed customer satisfaction surveys will only be shared internally with stakeholders of the Millennium Bill-FSC claims processing pilot project, and the results will help VHA to improve the Millennium Bill claims processing program and service delivery.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

In accordance with Government Paperwork Elimination Act (GPEA), VHA will leverage electronic data collection methods to reduce respondent burden as well as reducing VHA OHI PE staff members' time and effort related to the proposed survey. A standard letter will be mailed to non-VA healthcare providers in the Long Beach, CA (VISN 22) and White City, OR (VISN 20) service areas inviting them to participate in a customer satisfaction survey that addresses the changes to the claims adjudication, pricing and reimbursement process that have been implemented as a result of the proof-of-concept project sponsored by VHA CBO. Approximately 10 business days after the informational letter is sent to each targeted healthcare provider, an electronic questionnaire (customer satisfaction survey instrument) will be sent via email to 110 randomly selected non-VA (third party) healthcare providers from the Long Beach, CA and White City, OR service areas. The email will include a link to an easily-accessed online provider satisfaction survey – the responses to which will be recorded and submitted with a simple click of one's mouse or by hitting "enter" on a computer keyboard. These healthcare providers' opinions are important as they are presently sending claims to the FSC and have also had experience with the claims adjudication and payment process at the VISN facilities. These providers' responses will help CBO to streamline processes, improve customer service, and improve efficiency in claims processing.

The Millennium Bill healthcare provider satisfaction survey will be conducted electronically by sending a data collection instrument (i.e., a 16-question customer satisfaction survey) to participants' business email addresses. The customer satisfaction survey instrument, VA Form 10-0473, was developed using well-documented customer satisfaction survey methodology. Each question has been vetted through the VHA Millennium Bill -FSC Steering Committee, and has been thoroughly tested for readability and applicability to the project. A standard set of 15 questions with a balanced, bipolar agree-disagree rating scale will be used to gauge the level of satisfaction among healthcare providers in the Long Beach, CA (VISN 22) and White City, OR (VISN 20) network service areas with the new Millennium Bill healthcare claims processing system. An additional open-ended question (for a total of 16 questions) has been included to allow participants to provide additional comments or suggestions to VHA. These suggestions

will help VHA to improve service to Veterans, and improve timeliness of reimbursement and accuracy of payments to non-VA healthcare providers.

All questions in the survey instrument are within the scope of one of VA's Programmatic Customer Satisfaction Surveys topic areas (i.e., Clearance 2900-0570 for Veteran/Patient Satisfaction Surveys), and each question has been designed for maximum efficiency and usefulness to VHA leadership in determining customer perception and preferences related to healthcare claims processing.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

VHA OHI PE will utilize internal review processes to prevent duplication of effort or redundancy in all information collected. The information to be gathered from the proposed non-VA healthcare provider surveys, as a whole, is unique and not available from any other sources with the appropriate level of specificity required.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

Every effort has been made to minimize the burden to small businesses by keeping the non-VA healthcare provider satisfaction questions simple and to an absolute minimum.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.

If CBO does not receive information related to the non-VA healthcare providers' level of satisfaction with the new claims consolidation project, CBO will not have the information needed to determine whether it would benefit VHA and its customers to expand the claims consolidation project to other service areas. Without provider perceptions and feedback, VHA would not be responsive to the needs of the non-VA providers and the Veterans served by these providers and emergent care facilities. Frequency of data collection is not an issue as CBO only intends to survey these participating providers once.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.

There are no special circumstances that require the collection of information to be conducted in a manner that is inconsistent with the guidelines in 5 CFR 1320.6.

8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The notice of Proposed Information Collection Activity was published in the Federal Register on September 9, 2009, pages 46485-46486. We received no comments in response to this notice.

b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.

Outside consultation will be conducted with the public through 30-day Federal Register notice. Additionally, VA, through the office of Quality and Performance, has expert staff available for advising, consulting, and working with individual facilities regarding local survey efforts. In addition, during the development of the survey questions, OHI PE consulted with private sector professionals experienced with customer satisfaction survey implementation and with staff of the Federal Consulting Group, the organization authorized by OMB to conduct the American Customer Satisfaction Index (ACSI) surveys for federal agencies.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payment or gift is provided to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

The data collected from participating non-VA healthcare providers will be used in aggregate. Identities of survey providers will be carefully protected and names/addresses/email addresses and any other personally identifiable information will not be shared with any other entity or organization. Names and personal identifiers used to locate survey participants will thereafter be stripped from any files as well as reports. The survey results will not be shared publically. The information collected will be included in a PE Benefits Realization performance management report to the VHA CBO on the effectiveness of transitioning Millennium Bill claims from the VHA VISN processing stations to the FSC. The audience for the Benefits Realization report is the Millennium Bill pilot project Steering Committee, comprised of CBO staff, VA Medical Center Directors, and the FSC staff involved in the pilot project. All information obtained from these providers will become part of a system of records which complies with the Privacy Act of 1974. This system is identified as "Veteran, Patient, Employee and Volunteer Research and Development Project Records-VA (34VA11)" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>

11. Provide additional justification for any questions of a sensitive nature (Information that, with a reasonable degree of medical certainty, is likely to have a serious adverse effect on an individual's mental or physical health if revealed to him or her), such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered

private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature.

12. Estimate of the hour burden of the collection of information:

- a. The number of respondents, frequency of responses, annual hour burden, and explanation for each form is reported as follows:**

The total burden hours is not expected to exceed 9 hours. This figure is calculated by multiplying the 110 targeted participants by 5 minutes to account for the estimate that it would take to complete the satisfaction survey.

VA Form	No. of respondents	x No. of responses	x No. of minutes	÷ by 60	Number of Hours
10-0473	110	1	5		9

- b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.**

This request covers only one form.

- c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

There is no cost to the respondents for completing the customer satisfaction survey online.

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

- a. There are no capital, start-up, operation or maintenance costs.
- b. Cost estimates are not expected to vary widely.
- c. There are no anticipated capital start-up cost components or requests to provide information.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

The annual costs to the government can be measured in hours needed to analyze and report the survey results. The hours to analyze and report the results of the survey is \$75,000. This is an aggregated estimate of personnel and operational expenses based on historical data for performing other similar surveys.

15. Explain the reason for any burden hour changes since the last submission.

This is a new collection and all burden hours are considered a program increase.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

CBO has no plans to publish this data.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

VA also seeks to minimize its cost to itself of collecting, processing and using the information by not displaying the expiration date. VA continues to seek an exemption that waives the displaying of the expiration date on the VA Forms.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB 83-I.

There are no exceptions.