



Community Care Network Program

Region 2

Provider Satisfaction Survey

OMB No. 2900-0770
Estimated Burden: 10 minutes
Expiration Date: 9/30/2020

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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.

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 2.

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?

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: _____

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!