



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

<<topline(1)>>
<<First Name(1)>> <<Last Name(1)>>
<<Address Line 1(1)>> <<Sort Position(1)>>
<<Address Line 2(1)>> <<Tray Number(1)>>
<<City(1)>> <<State(1)>> <<ZIP Code(1)>>

Dear Veteran,

Our records show that you were recently a patient at <<Facility Name>> and discharged on <<Discharge Date>>. The VHA has partnered with [REDACTED], a well-known survey firm, to conduct this important survey. Hospital results will be publicly reported in the future and will be made available through Hospital Compare – a quality tool provided by Medicare. These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-25 of the enclosed survey questions are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. The rest of the questions are intended to ask about other topics important to your VA health care. The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to. If you would like to see the results of the survey for veterans who get care at the facility where you get care, please contact staff at your local VA facility.

VA values your frank and honest feedback to help us improve your care. Participation is voluntary and your answers to the survey will not affect the healthcare you receive or your eligibility for VA benefits. VA staff will not use comments made through this survey against you.

If you have specific concerns about the care you receive at your facility, please contact the facility's Patient Advocate. If this does not resolve your issue, contact the Medical Center Director who has a process to help with your concerns.

If you have questions about your health care benefits or claims please call the number below.

Questions about health care benefits or claims: 1-877-222-[REDACTED]

Questions about other VA benefits: 1-800-827-[REDACTED]

Questions about the HCAHPS survey: 1-866-594-[REDACTED]

We look forward to hearing from you and thank you for helping us to understand your opinion. Please place the completed questionnaire in the return envelope provided. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

Department of Veterans Affairs, c/o [REDACTED], P.O. Box [REDACTED], [REDACTED]

Please return only the survey in the return envelope provided.

Sincerely,

[REDACTED]

MD, MPH

Office of Analytics and Business Intelligence (10P2B)
Department of Veterans Affairs

[REDACTED] SHEP_LH_10.13

VA_SHEP_IP_COVER LETTER_1stMAILING_ENG_<<mailing_list_id(1)>>