NMTP PARTNER NEEDS ASSESSMENT SURVEY
DRAFT SURVEY
ONLINE VERSION
4/21/2009
ITEMS IN CAPS ARE INSTRUCTIONS TO THE ONLINE SURVEY PROGRAMMER OR
TO THE TELEPHONE INTERVIEWER

INTRODUCTION

Welcome to the Centers for Medicare and Medicaid (CMS) National Medicare Training Program Partner Needs Assessment Survey. CMS is interested in understanding your education and training needs and the effectiveness of the materials they provide to meet those needs. We expect this survey will take approximately 15 minutes to complete. Your individual responses will be kept confidential to the extent provide by law, and the results will be presented to CMS only in aggregate form. No individual names or organizations will be reported. We hope that you will find this survey interesting. Thanks very much for your responses.

PARTNER DEMOGRAPHICS

If you are part of a larger organization, we are asking about the level of the organization **where you work** (e.g. national, regional, state, community or neighborhood).

1. Which of the following best describes your organization? (Check only one)
    1) State Health Insurance Assistance Program (SHIP)
    2) Aging Network (e.g., AoA, AAA)
    3) Faith-Based Organization
    4) Provider (healthcare plan, facility, employer health plan or intermediary)
    5) Senior Center/Community Center
    6) Advocacy (such as coalitions or disease-specific organizations)
    7) Medical Assistance Programs (e.g., Medicaid, SPAPs)
    8) Other Assistance Programs (e.g., food stamps, subsidized housing)
    9) CMS
    10) Other Federal Agency
    11) Other State Agency
    12) Other (specify)_____

2. Please describe the geographic area that your organization serves. (Check only one)
    1) Neighborhood
    2) City
    3) County
    4) Region within a state
    5) Statewide
    6) Multi-State
    7) National

3. What Medicare population(s) does your organization serve? (Check all that apply)

1) Low income
2) Disabled
3) Disease-specific (specify) _____
4) Seniors
5) Non-English speakers
6) Caregivers
7) Minority (specify) _____
8) Other (specify)_____

4. What types of Medicare services does your organization provide to people with Medicare? (Check all that apply)
    1) Information and referral
    2) Outreach and education
    3) Direct assistance and counseling
    4) None of the above

Now we'll ask you some questions about your individual role and experience:

5. In the past year approximately how many people did you educate about Medicare or assist with Medicare issues? (Check only one)
    1) None (SKIP TO Q7)
    2) 1-99 people
    3) 100-499 people
    4) 500-999 people
    5) 1000 or more people
    6) Don't know

6. About how many of these people do you think used the Medicare information you gave them to educate others about Medicare? (for example, trainers and counselors)
    1) None
    2) 1-25 people
    3) 26-50 people
    4) 51-75 people
    5) 76-100 people
    6) 101-500 people
    7) More than 500 people
    8) Don't know

7. What is your <u>primary</u> role in the organization? (Check only one)
      1) Executive Director/Other Senior Leadership
      2) Human Resources/Benefits Administration
      3) Public Affairs/ Communications
      4) First-line Management
      5) Staff Training and Development
      6) Counseling/Direct services provider
      7) Policy Advocacy/Analysis
      8) Other (specify) _____

8. What is your role regarding Medicare education and outreach? (Check all that apply)
      1) Provide direct assistance or counseling to seniors and/or people with disabilities
      2) Present to groups of people with Medicare or caregivers
      3) Train other professionals and/or volunteers within your organization
      4) Train other professionals and/or volunteers outside your organization
      5) Create newsletters, publications, or other written materials
      6) Other (specify) _____

9. How many years of work-related experience (professional and/or volunteer) do you have with the Medicare program? *(This is throughout your career, regardless of how many years you have been in your current position)* (Check only one)
      1) One year or less
      2) 2-5 years
      3) 6-10 years
      4) More than 10 years

FEEDBACK ON MEDICARE TRAINING MATERIALS PROVIDED BY CMS

10. In the past year, did you use any training or education resources provided by the CMS National Medicare Training Program (NMTP)?
      1) Yes (GO TO Q11)
      2) No (GO TO Q10A THEN SKIP TO Q24)

   10A. Why didn't you use any of the training or education resources provided by the CMS National Medicare Training Program in the past year? OPEN-END

11. Which of the following CMS **National Medicare Training Program** resources did you use in the past year (check all that apply)?
        1) In person training/Workshops sponsored by NMTP
        2) Audio-Conferences/Conference Calls
        3) Quick Start Guide to the Medicare Drug Plan Finder
        4) Videos/CD Rom
        5) PowerPoint Modules
        6) Resource Guide for Partners
        7) Fact Sheets/Tip Sheets
        8) National Medicare Training Program Listserv or Email Notification
        9) Tool Kits (e.g., LIS, enrollment)
        10) None of the above (SKIP TO QUESTION 24)

FOR EACH OF THE MATERIALS SELECTED IN Q11 ABOVE, ASK:
12. Did you use THIS MATERIAL/THESE MATERIALS to educate:
        1) Yourself
        2) Others
        3) Both

[THE PROGRAM WILL SKIP TO THE SATISFACTION RATING ITEMS ACCORDING TO WHICH MATERIALS WERE SELECTED IN Q11]

How satisfied are you that the _____ provided you with the information you needed?	Very Dis-satisfied	Dis-satisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
13A. In person training/Workshop sponsored by NMTP	1	2	3	4	5
14A. Audio-conferences/ conference calls	1	2	3	4	5
15A. Quick Start Guide to the Medicare Prescription Drug Plan Finder	1	2	3	4	5
16A. NMTP Videos/CD ROMs	1	2	3	4	5
17A. NMTP PowerPoint Modules	1	2	3	4	5
18A. NMTP Resource Guide for Partners	1	2	3	4	5
19A. NMTP Listserv	1	2	3	4	5
20A. NMTP Toolkits	1	2	3	4	5
21A. Fact Sheets/Tip Sheets	1	2	3	4	5

22. Overall, how satisfied are you with the National Medicare Training Program resources that you used this past year to educate yourself and/or others?
   1) Very Dissatisfied
   2) Dissatisfied
   3) Neither satisfied nor dissatisfied
   4) Satisfied
   5) Very satisfied

23. How satisfied were you with the ease of obtaining the Medicare training and education resources you needed?
   1) Very Dissatisfied GO TO Q23A
   2) Dissatisfied GO TO Q23A
   3) Neither satisfied nor dissatisfied SKIP TO Q24
   4) Satisfied SKIP TO Q24
   5) Very satisfied SKIP TO Q24

23A. Why were you dissatisfied with the ease of obtaining the Medicare training and education resources you needed? OPEN END

24. Did you use the CMS National Medicare Training Program Web site?
   1) Yes
   2) No (Skip to Q26)

25. How satisfied are you with the ease of locating the Medicare training and education resources you need on the CMS National Medicare Training Program Web site?
   1) Very Dissatisfied
   2) Dissatisfied
   3) Neither satisfied nor dissatisfied
   4) Satisfied
   5) Very satisfied

26. In the past year, was there any Medicare training or education resource that you needed and could not find?
   1) Yes (IF YES, GO TO 26A)
   2) No (IF NO, GO TO 27)

26A. What Medicare training or education resource did you need? (OPEN END)

INFORMATION NEEDS FOR THE NEXT YEAR

27. For the coming year, what are the top five Medicare topics you need more information about? (CHOOSE FIVE)
    - Medicare eligibility and enrollment, general
        - Enrollment periods
        - Part A or B premiums, including Part B penalty
        - Other _____
    - Medicare coverage, general
        - Hospice benefits
        - Nursing home coverage
        - Home health care
        - Other _____
    - Original Medicare Plan
        - Participating providers, assignment
        - Medigap
        - Rights and appeals
        - Other _____
    - Medicare Advantage, general
        - Eligibility and enrollment; switching plans
        - Plan rules, marketing
        - Rights and appeals
        - Other _____
    - Medicare Prescription Drug Coverage (Part D), general
        - Comparing plans, benefit designs, formularies
        - Coverage gap, calculating out-of-pocket costs
        - Joining/switching plans, enrollment periods
        - Low-income subsidy/LIS ("extra help"), auto-enrollment, facilitated enrollment, reassignment
        - Rights and appeals
        - Other _____
    - Medicare rules for special groups
        - People with a mental impairment
        - People with end-stage renal disease
    - Online tools
        - Medicare Prescription Drug Plan Finder
        - Medicare Options Compare (online search tool)
        - MyMedicare.gov
        - Other _____
    - Coordination of benefits
        - People with Medicare and Medicaid ("dual eligibles")
        - People with employer/retirement plans
        - Drug coverage (Parts A/B/D)
        - Other _____

28. How would you prefer to receive the information on your top five Medicare topics? (Check all that apply)
   1) PowerPoint module
   2) Fact sheet/worksheet
   3) Video/CD-ROM
   4) Webinar
   5) Audio-conference training
   6) In-person training workshop
   7) Podcast
   8) Other (specify)_____

29. How do you intend to use these materials? (Check all that apply)
   1) To enhance my own knowledge of the subject
   2) To train staff/volunteers/co-workers in my organization
   3) To train staff/volunteers in another organization
   4) To make public presentations (e.g., briefings, outreach events)
   5) In one-on-one counseling with Medicare beneficiaries
   6) To design newsletters or other public information materials

30. Please let us know if you have any additional suggestions or comments regarding the National Medicare Training Program. (OPEN END)

Thank you for your participation.

_____