

**NMTP PARTNER NEEDS ASSESSMENT SURVEY**

DRAFT SURVEY

TELEPHONE VERSION

4/21/2009

ITEMS IN CAPS ARE INSTRUCTIONS TO THE ONLINE SURVEY PROGRAMMER OR TO THE TELEPHONE INTERVIEWER

INTRODUCTION

Hello, I'm (NAME) calling from **Pacific Consulting Group**. We have been hired by the Centers for Medicare and Medicaid Services (CMS) to speak with organizations that use the resources provided by the National Medicare Training Program to educate staff and volunteers who work with seniors and people with disabilities. A few weeks ago, we sent you an email signed by [CMS REPRESENTATIVE] notifying you of this survey process. The overall goal of the research is to provide information that will help CMS understand your education and training needs and the effectiveness of the materials they provide to meet your needs.

This interview will take approximately 15 minutes. Your individual responses will be kept confidential to the extent provided by law, and the results will be presented to CMS only in aggregate form. No individual names or organizations will be reported. We would like to understand your own experiences, and needs, so please feel free to be open and frank with us. Please keep in mind that this discussion is about your opinions of the National Medicare Training Program, and not about Medicare policies and requirements.

May we continue with the interview?

- Yes.....1 (GO TO Q1)
- Bad time.....2 (SCHEDULE CALLBACK)
- Want to think about it.....3 (SCHEDULE CALLBACK)
- Refused.....4 (THANK AND END)

**RESPONDENT INFORMATION (INTERVIEWER: NOTE A-B FROM LIST)**

A. Respondent Name: \_\_\_\_\_

B. Organization Name: \_\_\_\_\_

Thank you.

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 (DO NOT READ ON PHONE VERSION)
  
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 (DO NOT READ ON PHONE VERSION)
  
7. What is your primary 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

QUESTIONS 11 AND 12 ARE SKIPPED.

13. In the past year, did you attend an **In Person Training or Workshop** sponsored by the National Medicare Training Program?
- 1) Yes
  - 2) No (SKIP TO Q14)

13A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

13B. How satisfied are you that the **In Person Training or Workshop** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

14. In the past year, did you participate in an **Audio-conference or Conference Call** sponsored by the National Medicare Training Program?
- 1) Yes
  - 2) No (SKIP TO Q15)

14A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

14B. How satisfied are you that the **Audio-conference or Conference Call** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

15. In the past year, did you use the **Quick Start Guide to the Medicare Prescription Drug Plan Finder**?

- 1) Yes
- 2) No (SKIP TO Q16)

15A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

15B. How satisfied are you that the **Quick Start Guide to the Medicare Drug Plan Finder** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

16. In the past year, did you use **NMTP Videos or CD ROMs**?

- 1) Yes
- 2) No (SKIP TO Q17)

16A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

16B. How satisfied are you that the **NMTP Videos or CD ROMs** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

17. In the past year, did you use **NMTP PowerPoint Modules**?

- 1) Yes
- 2) No (SKIP TO Q18)

17A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

17B. How satisfied are you that the **NMTP PowerPoint Modules** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

18. In the past year, did you use the **Resource Guide for Partners**?

- 1) Yes
- 2) No (SKIP TO Q19)

18A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

18B. How satisfied are you that the **Resource Guide for Partners** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

19. In the past year, did you use the **National Medicare Training Program Listserv**?

- 1) Yes
- 2) No (SKIP TO Q20)

19A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

19B. How satisfied are you that the **National Medicare Training Program Listserv** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

20. In the past year, did you use **NMTP Toolkits**?

- 1) Yes
- 2) No (SKIP TO Q21)

20A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

20B. How satisfied are you that the **NMTP Toolkits** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

21. In the past year, did you use **CMS Fact Sheets or Tip Sheets**?

- 1) Yes
- 2) No (SKIP TO Q22)

21A. Did you use these materials to educate:

- 1) Yourself
- 2) Others
- 3) Both

21B. How satisfied are you that the **CMS Fact Sheets or Tip Sheets** provided you with the information you needed?

- 1) Very Dissatisfied
- 2) Dissatisfied
- 3) Neither Satisfied nor Dissatisfied
- 4) Satisfied
- 5) Very Satisfied

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? (OPEN-END, OKAY TO PROBE)

INTERVIEWER WILL CODE RESPONSES INTO ONE OF THE CATEGORIES BELOW.

- MEDICARE ELIGIBILITY AND ENROLLMENT, GENERAL
  - ENROLLMENT PERIODS
  - PART A OR B PREMIUMS, INCLUDING PART B PENALTY
- MEDICARE COVERAGE, GENERAL
  - HOSPICE BENEFITS
  - NURSING HOME COVERAGE
  - HOME HEALTH CARE
- ORIGINAL MEDICARE PLAN
  - PARTICIPATING PROVIDERS, ASSIGNMENT
  - MEDIGAP
  - RIGHTS AND APPEALS
- MEDICARE ADVANTAGE, GENERAL
  - ELIGIBILITY AND ENROLLMENT; SWITCHING PLANS
  - PLAN RULES, MARKETING
  - RIGHTS AND APPEALS
- 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
- 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
- COORDINATION OF BENEFITS
  - PEOPLE WITH MEDICARE AND MEDICAID ("DUAL ELIGIBLES")
  - PEOPLE WITH EMPLOYER/RETIREMENT PLANS
  - DRUG COVERAGE (PARTS A/B/D)
- OTHER (SPECIFY) \_\_\_\_\_

27. 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)\_\_\_\_\_

28. 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

29. 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.

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