

We're always looking for ways to improve your experience. Please take a few minutes to share your thoughts with us regarding our Comparative Billing Reports.

1. The clarity of information presented in this Comparative Report was:
 - a. Excellent
 - b. Good
 - c. Adequate
 - d. Fair
 - e. Poor
2. The information presented to help me evaluate my own billing practice was:
 - a. Excellent
 - b. Good
 - c. Adequate
 - d. Fair
 - e. Poor
3. Have you attended any of our educational events?
 - a. Yes
 - b. No
4. Have you visited the website links itemized on the Comparative report?
 - a. Yes
 - b. No
5. If yes to Q4: The information on the website links was:
 - a. Excellent
 - b. Good
 - c. Adequate
 - d. Fair
 - e. Poor
6. Have you taken our web-based interactive training modules?
 - a. Yes
 - b. No
7. If yes to Q6: The information on the training modules was:
 - a. Excellent
 - b. Good
 - c. Adequate
 - d. Fair
 - e. Poor
8. Are you familiar with CERT and the goal of reducing the claims payment error rate?
 - a. Yes
 - b. No
9. Have you or your practice had any type of audit for the codes on this analysis?
 - a. Yes
 - b. No
10. If yes to Q9: What was the outcome of the audit?

Please do not include any Protected Health Information (PHI) or Personally Identifiable Information (PII). Instead, use our resources such as the portal, IVR or contact center to resolve your questions.

 - a. Open comments:
11. Please provide any suggestions or recommendations for changes or additions for future Comparative reports:
 - a. Open comments:
 - b. Nothing additional to share
12. If we have questions about your feedback, may we contact you?

- a. Yes
 - b. No
13. If yes to Q12: Please provide the following:
- a. Name
 - b. Work email
 - c. NPI

We thank you for your time spent taking this survey. Your response has been recorded.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0938-1459]. This information collection will be used on targeted CMS web pages to webpages to gather insight from visitors to deliver an improved user experience. The time required to complete this information collection is estimated to be [5 minutes] per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is strictly voluntary and does not collect any personally identifiable information. CMS does not pledge confidentiality as no confidential information is being collected. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.