

Training Evaluation Form

Webinars, Webinar-based Q&A Sessions, and User Groups

Instructions:

The following instructions will appear on all surveys.

Please take a moment to answer the following questions regarding to the Stakeholder Training <Webinar/Q&A Session/User Group>, <Complete Title of Session (including series name, if applicable)> held on <mm/dd/yyyy>. Your feedback will assist CMS in determining the extent to which we achieved the goals of the training and will help CMS to make improvements for future training sessions. Your responses will remain confidential and will be reported in aggregate form only. Please do not include in your responses any personally identifiable information (PII).

Section A: Session Logistics

The following questions will appear in Section A for **Webinars and Webinar-based Question & Answer (Q&A) Sessions**.

1. Please rate your level of satisfaction with each of the following **logistical** aspects of the webinar. Select **one** response for each aspect.

Aspect	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Ease of the webinar log-in process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinar functionality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audibility of the speaker(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question and Answer (Q&A) process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure	Not Applicable
stated learning objectives						
The information provided during this session will be useful to my organization	○	○	○	○	○	○

Additional Comments:

3. **<FINAL SESSION OF THE MONTH ONLY>** To what extent have you utilized the information provided during **<Title of Series>**, during the month of **[Month Year]**?

- a. To a great extent
- b. To a moderate extent
- c. To little extent
- d. Not at all

4. **<FINAL SESSION OF THE MONTH ONLY>** To what extent has the information provided during **<Title of Series>**, during the month of **[Month Year]** helped you in your role?

- a. To a great extent
- b. To a moderate extent
- c. To little extent
- d. Not at all

Section C: Overall Satisfaction

The following question will appear in Section C for all sessions.

1. Please rate your level of **overall satisfaction** with this **<Webinar/Q&A Session/User Group>** session.
 - a. Very satisfied
 - b. Satisfied
 - c. Dissatisfied
 - d. Very Dissatisfied

Additional Comments:

The following question will appear in Section C for the **final session of the month** for Webinar, Webinar Q&A or User Group sessions.

2. Please rate your **general level of satisfaction** with the <Title of Series> sessions held during the month of <Month/Year>.
 - a. Very satisfied
 - b. Satisfied
 - c. Dissatisfied
 - d. Very Dissatisfied
 - e. Don't Know/Not Applicable

Additional Comments:

Section D: Comments and Suggestions

The following questions will appear in Section D for all sessions.

1. (**PROGRAMMER INSTRUCTION: IF DISSATISFIED OR VERY DISSATISFIED WITH ANY ASPECT...**) You expressed dissatisfaction with at least one **specific aspect** of this session, in the space below, please provide a brief description of why you were dissatisfied.

Session Logistics:

Session Facilitation and Content:

2. What did you like **most** about this session?

3. What suggestions do you have for future <Title of Session/Title of Series> topics?

4. Do you have any additional comments regarding the <Title of Session> training session or the <Title of Series> series as whole <for a series>?

Section E: Background Information

The following questions in Section E will appear on all surveys.

1. Which of the following **best** describes your organization? (Select **one category** that best describes your organization.)

- | | |
|--|---|
| <input type="checkbox"/> Agent/Broker/Web-Broker | <input type="checkbox"/> Non-Marketplace Issuer |
| <input type="checkbox"/> Association | <input type="checkbox"/> Pharmacy Benefit Manager (PBM) |
| <input type="checkbox"/> Auditor/Potential Initial Validation Auditor (IVA) | <input type="checkbox"/> State Agency/State Regulator |
| <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) and other Federal Agencies | <input type="checkbox"/> State-Based Marketplace (SBM) Issuer |
| <input type="checkbox"/> Consultant/Contractor | <input type="checkbox"/> State-Based Marketplace-Federal Platform (SMB-FP) Issuer |
| <input type="checkbox"/> Cooperatives (CO-OP) | <input type="checkbox"/> State Partnership Marketplace (SPM) Issuer |
| <input type="checkbox"/> Dental Plan | <input type="checkbox"/> State Reinsurance Entity |
| <input type="checkbox"/> Federally Facilitated Marketplace (FFM) Issuer | <input type="checkbox"/> Third Party Administrator (TPA) |
| <input type="checkbox"/> Issuer Vendor | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Navigators and Marketplace Assistor | |

2. (Location of organization (State) (Select **one category from dropdown list.**) (PROGRAMMER INSTRUCTION: INSERT DROPDOWN LIST.)

3. Which of the following best describes your role within your organization? (Select **one category** that best describes your role.)
- a. Chief Executive Officer
 - b. Chief Financial Officer
 - c. Compliance Staff
 - d. Agent
 - e. Broker
 - f. CMS Staff
 - g. CMS Contractor
 - h. Business/Program Analyst
 - i. Third Party Submitter
 - j. Finance/Revenue Staff
 - k. Coder/Data Analyst
 - l. Operations Staff
 - m. Risk Adjustment Staff
 - n. Program/Project Manager
 - o. Information Technology Staff
 - p. Consultant
 - q. Industry Association Representative
 - r. Quality Assurance/Quality Control Staff
 - s. Other (specify):

Thank you for completing the Stakeholder Training evaluation.

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 0938-1331. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. 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.