

Onsite Post-Training Survey

Below is a sample Onsite Post-Training Survey. The surveys are provided to event participants electronically and hardcopy. Surveys evaluating multiple sessions and dates will include the dates and titles of all sessions to be evaluated. Surveys are voluntary and training participants can opt out of completing evaluations for sessions they did not attend.

Stakeholder Training Evaluation Form

[Session Title]

[Dates] ▪ [Location]

Day [X]

Please take a few minutes to complete the relevant section(s) of this evaluation form. Your feedback will assist CMS in determining the content and direction of subsequent 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 — Sessions

Please indicate your level of agreement with the following statements regarding [Session Title]

(Select **one** response per statement.)

[Session Title]	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Content was presented in an organized manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information regarding resources related to the topic of this session was provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session met the stated learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information provided during this session will be useful to my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, the session met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B— Training Logistics

<ONSITE RESPONDENT INSTRUMENT> How satisfied were you with each of the following aspects of the [Event Title] training? (Select **one** response for each aspect.)

Aspect	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Helpfulness of onsite staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration check-in process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session location and accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break(s) provided during the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visibility of presentation slides and visual aids	<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"/>

<INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE > How satisfied were you with each of the following aspects of the [Event Title] training? (Select **one** response for each aspect.)

Aspect	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Webinar log-in	<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"/>

Section C - General Comments and Recommendations

<ONSITE RESPONDENT INSTRUMENT> If you expressed dissatisfaction with any aspect of this training, please provide a brief description of why you were dissatisfied in the space below.

<p>Session Logistics:</p> <p>Session Facilitation and Content:</p>

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<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE AND WERE DISSATISFIED OR VERY DISSATISFIED WITH ANY ASPECT> You expressed dissatisfaction with at least one aspect of this training. Please provide a brief description of why you were dissatisfied in the space below.

<p>Training Logistics:</p> <p>Session Facilitation and Content:</p>
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What did you like most about this training?

What recommendations, if any, do you have for future [Event Title] training topics?

Do you have any general comments regarding the [Event Title] training?

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Section D – Background Information

Which of the following **best** describes your organization? (Select **one** response only.)

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

<ONSITE INSTRUMENTS—ISSUERS ONLY>:

Which of the following best describes your organization's issuer status? (Select the category that best describes your status.)

- New Issuer (1 year or less)
- Existing Issuer (More than 1 year)
- Not sure

<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE— If ISSUER SELECTED ABOVE...>

Which of the following best describes your organization's issuer status? (Select the category that best describes your status.)

- New Issuer (1 year or less)
- Existing Issuer (More than 1 year)
- Not sure

State represented (States will be prelisted on hardcopy instruments, and will be included in dropdown format on electronic surveys.)

Which of the following best describes your role within your organization? (Select **one** response only.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Compliance Staff |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Broker | <input type="checkbox"/> CMS Staff |
| <input type="checkbox"/> Business/Program Analyst | <input type="checkbox"/> Third Party Submitter | <input type="checkbox"/> CMS Contractor |
| <input type="checkbox"/> Finance/Revenue Staff | <input type="checkbox"/> Coder/Data Analyst | <input type="checkbox"/> Operations Staff |
| <input type="checkbox"/> Risk Adjustment Staff | <input type="checkbox"/> Program/Project Manager | <input type="checkbox"/> Information |
| <input type="checkbox"/> Technology Staff | <input type="checkbox"/> Consultant | |
| <input type="checkbox"/> Industry Association Representative | <input type="checkbox"/> Quality Assurance/Quality Control Staff | |
| <input type="checkbox"/> Other (Specify): _____ | | |

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Evaluation forms will be collected at the conclusion of the training.

Thank you for completing the [Event Title] Evaluation Form.

*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 **0938-1185**. 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.*

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