# 0938-1331 OMB control number: 0938-1331

Expiration Date: XX/XX/XXXX

# 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 | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Webinar functionality | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Audibility of the speaker(s) | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Question and Answer (Q&A) process | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |

## Additional Comments:

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*The following questions will appear in Section A for* ***User Groups*** (*as applicable).*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Aspect** | **Very Satisfied** | **Satisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable** |
| Ease of audio access | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Audibility of the speaker(s) | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Question and Answer (Q&A) process | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |

## 

## Additional Comments:

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## Section B: Session Facilitation and Content

*The following questions will appear in Section B for all sessions.*

1. Please rate your level of satisfaction with the **facilitation** of the **<Webinar/ Q&A Session/User Group>**.
   1. Very satisfied
   2. Satisfied
   3. Dissatisfied
   4. Very Dissatisfied

## Additional Comments:

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2. Please indicate your level of agreement with **each** the following statements regarding the current session. Select **one** response per statement.

| **Statement** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Sure** | **Not Applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| As a result of this session, I clearly understand the concept of **<pre-specified topic>**. | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| In general, the session met the stated learning objectives | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| The information provided during this session will be useful to my organization | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |

## Additional Comments:

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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]**?

1. To a great extent
2. To a moderate extent
3. To little extent
4. 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.

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very Dissatisfied

## Additional Comments:

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*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>**.

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very Dissatisfied
5. Don’t Know/Not Applicable

## Additional Comments:

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## 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?

|  |
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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>**?

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## 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.)*

❒ Agent/Broker/Web-Broker ❒ Non-Marketplace Issuer

❒ Association ❒ Pharmacy Benefit Manager (PBM)

❒ Auditor/Potential Initial Validation Auditor (IVA) ❒ State Agency/State Regulator

❒ Centers for Medicare & Medicaid Services (CMS) ❒ State-Based Marketplace (SBM) Issuer

and other Federal Agencies ❒ State-Based Marketplace-Federal Platform (SMB-FP) Issuer

❒ Consultant/Contractor ❒ State Partnership Marketplace (SPM) Issuer

❒ Cooperatives (CO-OP) ❒ State Reinsurance Entity

❒ Dental Plan ❒ Third Party Administrator (TPA)

❒ Federally Facilitated Marketplace (FFM) Issuer ❒ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Issuer Vendor

❒ Navigators and Marketplace Assistor

* + 1. **(**Location of organization (State) (Select***one category from dropdown list****.)* **(PROGRAMMER INSTRUCTION: INSERT DROPDOWN LIST.)**
    2. Which of the following best describes your role within your organization? *(Select* ***one category*** *that best describes your role.)*

1. Chief Executive Officer
2. Chief Financial Officer
3. Compliance Staff
4. Agent
5. Broker
6. CMS Staff
7. CMS Contractor
8. Business/Program Analyst
9. Third Party Submitter
10. Finance/Revenue Staff
11. Coder/Data Analyst
12. Operations Staff
13. Risk Adjustment Staff
14. Program/Project Manager
15. Information Technology Staff
16. Consultant
17. Industry Association Representative
18. Quality Assurance/Quality Control Staff
19. Other (specify):

**Thank you for completing the Stakeholder Training evaluation.**

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| *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.* |