

Appendix A:

Form CMS-10764 - Survey Instrument

Evaluation of Risk Adjustment Data Validation (RADV) Appeals/Health Insurance Exchange Outreach Training Sessions	OMB Number: 0938-NEW Expiration Date: XX/XX/XXX
<i>[TITLE OF TRAINING EVENT]</i>	

Please take a few minutes to answer the following questions regarding the ***[TITLE OF TRAINING EVENT]*** training event. Your feedback will assist CMS in determining the extent to which we achieved the goals of the training and will help make improvements for future training sessions. Your responses will remain confidential and will be reported in aggregate form only. Please do not include any personally identifiable information (PII) in your responses.

- Please indicate your level of agreement with the following statements regarding the ***[TITLE OF TRAINING EVENT]***? (Select one response per statement.)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Content was presented in an organized manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding resources related to the topic of this session was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session met the stated learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided during this session will be useful to my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, the session met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied were you with each of the following aspects of the *[TITLE OF TRAINING EVENT]*? (Select one response for each aspect.)

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Webinar log-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webinar functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audibility of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions and Answer (Q&A) process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If 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.

4. What did you like most about this training?

5. What recommendations, if any, do you have for future *[TITLE OF TRAINING EVENT]* training event topics?

6. Do you have any general comments regarding the *[TITLE OF TRAINING EVENT]* training event?

[Q7 AND Q8-RADV SURVEY]

7. Which of the following best describes your organization?

- CMS
- Cost Plan
- Consulting Firm
- Employer Group Waiver Plan
- MA only
- MA-PDP
- PACE
- SNP
- Third Party Submitter
- Other (please specify)

8. Which of the following best describes your role within your organization?

- Business Program Analyst
- Chief Executive Officer
- Claims Processing Staff
- CMS Staff
- Coder/Data Analyst
- Compliance Staff
- Consultant
- Finance/Revenue Staff
- Information Technology Staff
- Operations Staff
- Program/Project Manager
- CMS Contractor
- Industry Association Representative
- Quality Assurance/Quality Control Staff
- Risk Adjustment/Encounter Data Staff
- Third Party Submitter
- Other (please specify)

[Q7 AND Q8 -EXCHANGE SURVEY]

7. Which of the following best describes your organization?

- CMS
- Cost Plan
- Consulting Firm
- Employer Group Waiver Plan
- MA only
- MA-PDP
- PACE
- SNP
- Third Party Submitter
- SBE Regulator
- FFE Regulator
- Federal Law Enforcement Agency
- State Law Enforcement Agency
- Industry Association
- National Stakeholder (e.g. AARP, AMA, NAACP)
- Insurance Agency or Brokerage
- Other (please specify)

8. Which of the following best describes your role within your organization?

- Business Program Analyst
- Chief Executive Officer
- Claims Processing Staff
- CMS Staff
- Coder/Data Analyst
- Compliance Staff
- Consultant
- Finance/Revenue Staff
- Information Technology Staff
- Operations Staff
- Program/Project Manager
- CMS Contractor
- Industry Association Representative
- Quality Assurance/Quality Control Staff
- Risk Adjustment/Encounter Data Staff
- Third Party Submitter
- Law Enforcement Agent
- Agent/Broker
- State Regulator/DOI Staff
- Other (please specify)

For onsite attendees, webinar specific items in Question 2 will be replaced with the following items:

Aspect
Helpfulness of onsite staff
Registration check-in process
Session location and accessibility

For CBT participants, webinar specific items in Question 2 will be replaced with the following items:

Aspect
Ease of navigation, functionality
Narration and notes (if applicable)
Screen quality

Thank you for completing the [TITLE OF TRAINING EVENT] Training Event 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 collection is 0938-NEW. 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:

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