|  |  |  |  |
| --- | --- | --- | --- |
| **Survey: Medicaid.gov Feedback Survey** |  |  |   |
| **IA#: 30724** |  |  |   |
| **Date: 11/08/2021** |  |  |   |
|  |  |  |  |
| **SURVEY TYPE:** | Feedback |   |
|  |  |  |  |
| **Survey Q#** | **Type#** | **Topic Type** |   |

1 Feedback Star rating

2 Feedback Role

3 Feedback Open-ended comment