OMB 0938-1331 - CMS Computer-Based Training (CBT) Evaluation Form

Below is a sample Computer-Based Training Survey. The surveys are electronically distributed to participants who complete the CBT. Surveys evaluating CBTs in a series may include multiple CBTs to evaluate or may include individual surveys for each CBT. Surveys are voluntary, and participants can opt out of completing evaluations.

CMS Computer Based Training (CBT) Evaluation Form
[CBT Title]

Instructions:

The following instructions will appear on all surveys.

Please take a moment to answer the following questions regarding your experience with the **<insert Topic> CBT.** 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 trainings. 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: Overall Satisfaction

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

1. Please rate your level of **overall satisfaction** with this **<insert Topic>** CBT.
   a. Very satisfied
   b. Satisfied
   c. Dissatisfied
   d. Very Dissatisfied

Additional Comments:

Section B: Content

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

1. 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
The learning objectives of the **<insert Topic>** CBT were clearly explained.	O	O	O	O	O	O

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure	Not Applicable
The information in the **<insert Topic>** CBT was arranged in a clear and logical way.	○	○	○	○	○	○
In general, the **<insert Topic>** CBT met the stated learning objectives.	○	○	○	○	○	○
As a result of this CBT, I clearly understand the concept of **<insert Topic>.**	○	○	○	○	○	○
The information provided in this **<insert Topic>** CBT will be useful to my organization.	○	○	○	○	○	○
The **<insert Topic>** CBT was engaging and interactive.	○	○	○	○	○	○

Additional Comments:

3. To what extent will you utilize the information provided during the **<insert Topic>** CBT?

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

4. To what extent will the information provided during the **<insert Topic>** CBT help 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 questions in Section C will appear on all surveys.

1. Please rate your level of satisfaction with each of the following **user experience** aspects of the CBT. *Select **one** response for each aspect.*

Aspect	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Ease of navigation	O	O	O	O	O
Narration, screen quality, functionality, and notes **<if applicable>**	O	O	O	O	O
Audibility	O	O	O	O	O

Additional Comments:

Section D: Comments and Suggestions

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

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

CBT User Experience: **CBT Content:**

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

3. What do you believe would help improve future **<insert Topic>** trainings?

[ ]

4. What suggestions do you have for future **<insert Topic>** CBT topics?

[ ]

5. Do you have any additional comments regarding the **<insert Topic>** CBT training session?

[ ]

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.*)

Agents and Brokers
☐ Agents and Brokers
☐ Web-brokers/Enhanced Direct Enrollment Entities (EDEs)
Assisters
☐ Certified Application Counselors (CAC) Designated Organizations (CDO)
☐ Enrollment Assister Personnel (EAP)
☐ Federally-Certified Navigators and Navigator Grantee Organizations
☐ Other Assister Organization
☐ Primary Care Associations (PCA)
☐ State-Based Marketplace (SBM) Organization
☐ State-Based Marketplace - Federal Platform (SBM-FP) Marketplace Assisters
Plans/Issuers/TPAs/PBMs
☐ CO-OP
☐ Dental Plan
☐ Federal Employees Health Benefits (FEHB) Carrier
☐ Federally Facilitated Marketplace (FFM) Issuers
☐ Group Health Plan
☐ Issuer Vendors
☐ Large Group Market
☐ Non-Federal Governmental Plan
☐ Non-Marketplace Issuers

☐ Off Exchange Individual or Small Group Market
☐ Other Plan or Issuer Organization
☐ Pharmacy Benefit Managers (PBMs)
☐ State Partnership Marketplace (SPM) Issuers
☐ State-Based Marketplace (SBM) Issuers
☐ State-Based Marketplace - Federal Platform (SBM-FP) Issuers
☐ Student Health Plan
☐ Third Party Administrators (TPAs)

Providers/Facilities
☐ Air Ambulance Providers
☐ Ancillary Services
☐ Community Health Center (CHC)
☐ Federally Qualified Healthcare Center (FQHC)
☐ Ground Ambulance
☐ Health System
☐ Hospital
☐ Long-Term Care
☐ Medical Billing or Revenue Cycle Management
☐ Medical Specialty Society or Membership Association
☐ Mental Health Provider
☐ Other Healthcare Provider
☐ Physician Office or Group
☐ Skilled Nursing Facility (SNF)
☐ Specialist
☐ Tribal Health Organization

States
☐ State Administering Entities (AE) - CMS Internal Support
☐ State Administering Entities (AE) - Security
☐ State Administering Entities (AE) - Third Party Auditor
☐ State Agency/State Regulator
☐ State Reinsurance Entities

Other
☐ Associations
☐ Auditor/Potential Initial Validation Auditor (IVA)
☐ CMS
☐ Consultant/Contractor
☐ Employer
☐ Independent Dispute Resolution Entity (IDRE)
☐ Independent Review Organization (IRO)
☐ Law Firm
☐ Research/Education/Advocacy Organization/Non-Profit
☐ Other (Specify): _____

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. State Regulator
t. Issuer Vendor
u. Other (specify):

Thank you for completing the CMS CBT evaluation.
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