

## OMB 0938-1331 - CMS Onsite Conference Post-Training Evaluation

Below is a sample Conference Post-Training Survey. The surveys are provided to event participants electronically and in hardcopy. Surveys evaluating multiple sessions and dates will include the dates and titles of all sessions to be evaluated. Surveys are voluntary and only provided to training participants who attended the event.

### CMS 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"/>

Additional Comments:

## 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"/>
Question and Answer (Q&A) process or mechanism (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch logistics (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakout session registration (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner tables (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

**<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"/>

Additional Comments:

### 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.

**Event Logistics:**

**Event Facilitation and Content:**

**<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.

**Event Logistics:**

**Event Facilitation and Content:**

**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?**

## **Section D – Background Information**

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

**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): \_\_\_\_\_

**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): _____              |  |   |

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

**<ONSITE RESPONDENT INSTRUMENT> What is your home state?**

- |   |                                   |  |   |   |  |
|---|-----------------------------------|--|---|---|--|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Florida  | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Texas         |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Georgia  | <input type="checkbox"/> Maine         | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Utah          |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Hawaii   | <input type="checkbox"/> Maryland      | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Vermont       |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Idaho    | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> California           | <input type="checkbox"/> Illinois | <input type="checkbox"/> Michigan      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> Washington    |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Indiana  | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> New York       | <input type="checkbox"/> South Carolina | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Iowa     | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota   | <input type="checkbox"/> Wisconsin     |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Kansas   | <input type="checkbox"/> Missouri      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Tennessee      | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Montana       |   |   |  |

**<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS**

**PARTICIPATING ONLINE>**

- |   |                                   |  |   |   |  |
|---|-----------------------------------|--|---|---|--|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Florida  | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Texas         |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Georgia  | <input type="checkbox"/> Maine         | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Utah          |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Hawaii   | <input type="checkbox"/> Maryland      | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Vermont       |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Idaho    | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> California           | <input type="checkbox"/> Illinois | <input type="checkbox"/> Michigan      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> Washington    |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Indiana  | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> New York       | <input type="checkbox"/> South Carolina | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Iowa     | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota   | <input type="checkbox"/> Wisconsin     |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Kansas   | <input type="checkbox"/> Missouri      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Tennessee      | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Montana       |   |   |  |

**Thank you for completing the CMS [Event Title] evaluation.**

**OMB 0938-1331**

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0938-1331. Survey responses to CMS are public information, and there is no personal identifying information collected within this survey. Survey participation and responses are voluntary. CMS uses this information from the data collection activities to determine the extent to which the goals of each training and support session were achieved and to help CMS make improvements for future training sessions. 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 and/or email [registrar@regtap.cms.gov](mailto:registrar@regtap.cms.gov). Analysis of data from the evaluations of Computer Based Training (CBT), webinars, and conferences ("events") address Federal reporting requirements, and goals and objectives for the Affordable Care Act, including: The Government Performance and Results Act (GPRA) Modernization Act of 2010 (Office of Management and Budget, n.d.); The U.S. Department of Health and Human Services' (HHS) Strategic Plan FY 2022-2026 (HHS, n.d.); and The Center for Medicare and Medicaid Services (CMS) goals for the ACA (2013).*