



# Texas Health Steps (THSteps) Medical Workshop Evaluation Form

Presented by:



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR



## Workshop Information

Workshop City: \_\_\_\_\_

Presenter 1: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Presenter 2: \_\_\_\_\_

## Participant Demographics

1. Which of the following best describes your role?

- Healthcare Provider (e.g. Physician, Nurse)  
 Medical Biller  
 Medical Office Manager/Staff (non-billing staff)  
 State Agency Employee

2. How many years of experience do you have in medical billing?

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10+</b>
<input type="radio"/>										

3. Have you attended this workshop previously?

Y  N

4. Have you attended other workshops offered by TMHP?

Y  N

5. Approximately how many miles did you travel to attend this workshop?

Example							
	2	7	mi				mi
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Workshop Feedback

**Instructions:** Please read each item carefully, then mark the bubble that best shows reflects your opinion.

Item		Response						N/A		
EX.	Overall, I am satisfied with my practice's participation in the programs of the Texas Health and Human Services System.	Strongly Disagree	<input type="radio"/>	<input checked="" type="radio"/>	Strongly Agree	<input type="radio"/>				

The following items relate to your overall satisfaction with the *healthcare programs*.

Item		Response						N/A		
6.	Overall, I am satisfied with the services and assistance that I receive as an enrolled provider.	Strongly Disagree	<input type="radio"/>	Strongly Agree	<input type="radio"/>					

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Before the workshop, please rate your understanding of the following.

Item			Response						
7.	Program Policies	Very Weak	①	②	③	④	⑤	⑥	Very Strong
8.	Program Benefits	Very Weak	①	②	③	④	⑤	⑥	Very Strong
9.	Authorization/Prior Authorization Requirements	Very Weak	①	②	③	④	⑤	⑥	Very Strong
10.	Client Eligibility	Very Weak	①	②	③	④	⑤	⑥	Very Strong
11.	Claim Filing Procedures	Very Weak	①	②	③	④	⑤	⑥	Very Strong
12.	Appeals Process	Very Weak	①	②	③	④	⑤	⑥	Very Strong
13.	Available Resources	Very Weak	①	②	③	④	⑤	⑥	Very Strong

The following items relate to *presenters* of today's workshop.

Item			Response						
14.	The presenters were...	Dull	①	②	③	④	⑤	⑥	Engaging
15.		Confusing	①	②	③	④	⑤	⑥	Clear & Articulate
16.	The presenters kept the workshop focused.	Strongly Disagree	①	②	③	④	⑤	⑥	Strongly Agree
17.	The presenters answered questions...	Inadequately	①	②	③	④	⑤	⑥	Clearly & Completely
18.	The presenters care about our success.	Strongly Disagree	①	②	③	④	⑤	⑥	Strongly Agree

The following items relate to the *content* of today's workshop.

Item			Response						
19.	The workshop presented information clearly and concisely.	Strongly Disagree	①	②	③	④	⑤	⑥	Strongly Agree
20.	The information presented in this workshop was...	Useless	①	②	③	④	⑤	⑥	Useful
21.		Boring	①	②	③	④	⑤	⑥	Interesting
22.		Inadequate	①	②	③	④	⑤	⑥	Adequate

At the *end of the workshop*, rate how this workshop improved your knowledge of the following.

Item			Response						
23.	Program Policies	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved
24.	Program Benefits	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved
25.	Authorization/Prior Authorization Requirements	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved
26.	Client Eligibility	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved
27.	Claim Filing Procedures	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved
28.	Appeals Process	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved
29.	Available Resources	Not Improved	①	②	③	④	⑤	⑥	Significantly Improved

The following items relate to the *materials* for today's workshop (i.e. slides and workbooks)

Item			Response						
30.	The workbooks for this course are...	Useless	①	②	③	④	⑤	⑥	Useful
31.		Confusing	①	②	③	④	⑤	⑥	Clear
32.	When I return to my office, I will use this workbook as a reference tool.	Strongly Disagree	①	②	③	④	⑤	⑥	Strongly Agree

The following items apply to the *overall workshop*.

Item			Response						
33.	Attending this workshop was...	Inconvenient	①	②	③	④	⑤	⑥	Convenient
34.	This length of this workshop was...	Too Short	①	②	③	④	⑤	⑥	Too Long
35.	The pace of this workshop was...	Too Slow	①	②	③	④	⑤	⑥	Too Fast
36.	I feel confident in my ability to apply the information presented.	Strongly Disagree	①	②	③	④	⑤	⑥	Strongly Agree
37.	Overall, I was satisfied with the workshop.	Strongly Disagree	①	②	③	④	⑤	⑥	Strongly Agree

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38. What did you find most valuable about this workshop?

39. What, if anything, did you find unclear or confusing?

40. How would you improve the effectiveness of this workshop?

Additional Comments: