



SNP Model of Care Evaluation - 2017

Please take a few minutes to complete the Model of Care Evaluation. Check the box that matches how you feel about the following questions.

The rating scale is 1 – 4: A rating of 4 = Very Satisfied; 3 = Satisfied; 2 - Dissatisfied, 1 - Very Dissatisfied

	4 Very Satisfied	3 Satisfied	2 Dissatisfied	1 Very Dissatisfied
1. Was the online SNP Model of Care Training PowerPoint easy to use (i.e., user-friendly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Was the training content easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you find the PowerPoint Training Presentation helpful in understanding the MOC processes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did the HRA, Care Plan and Interdisciplinary Care Team sections in the MOC Presentation provide the appropriate guidance to understand your role and responsibilities for this process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Please provide additional comments or suggestions:				

Medical Group or Provider Name: _____

License: _____

Signature: _____

NPI/Tax _____

Date: _____

County: _____

You may fax or e-mail this form to Provider Network Operations:
 Fax number: 619/528-4820 or E-mail: SDsnpmoc@care1st.com