

HIPAA SUMMIT AUDIO CONFERENCE

Evaluation Form for Continuing Education Credit

This form must be completed in order to receive continuing education credit.

HIPAA AND MEDICARE September 26, 2002, Audioconference

This evaluation must be completed and faxed to the HIPAA Summit Office at 760-418-8084 in order to receive CE credit.

Name _____

License State _____ License/Bar Number (Nurses and Attorneys) _____

Company Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

1: PLEASE RATE THE OVERALL QUALITY OF THIS PROGRAM

	Excellent	Very Good	Fair	Poor
1. The presentations were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The illustrative materials were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The audio quality was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The registration process was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2: HOW WELL WAS EACH COURSE OBJECTIVE MET?

	Excellent	Very Good	Fair	Poor
5. To describe CMS initiatives for Medicare FFS and CMS business partner (carriers and fiscal intermediaries) HIPAA compliance :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To provide an overview of testing and certification of Medicare transactions and data code sets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To render advice to Medicare trading partners regarding CMS HIPAA compliance initiatives:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To compare and contrast trading partner agreement, chain of trust agreements, limited data set/data use agreements, and business associate agreement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To review the Administrative Simplification Compliance Act provisions regarding the Medicare program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Based on the information presented in the colloquium, will you make any changes to your practice? If so, what changes? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Did you feel that this presentation was free of bias?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12. Comments and/or Suggestions for future topics: _____				

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3: PLEASE RATE EACH SPEAKER

Janis Nero-Phillips	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kathy Simmons	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alan S. Goldberg, JD, LLM	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____
