VIVA MEDICARE Event Evaluation Form

Sales Presenter: _____ **Observer:** _____

Event Date: _____**Time:** _____ **Location Name:** _____

Event Type: ☐ Educational ☐ Formal ☐ Informal **Event ID #:** _____

Address: _____ **City:** _____ **State:_____ Zip:_____**

Event Details

Was the event east to locate? ☐ Yes ☐ No **If no, please describe:** _____

Location type (e.g. hospital, health fair, senior center, etc.)**:** _____

Did the event start on time? ☐ Yes ☐ No   **Number of attendees:** _____ **Number of presenters:_____**

Event Sign-In

Sign-in sheet or roster present? ☐ Yes ☐ No   **If yes, what information was requested and did it clearly indicate that providing contact information is optional?** _____

Did presenter pressure attendees to complete the sign-in sheet/roster? ☐ Yes ☐ No

Was any kind of contact/event registration form distributed (including scope)? ☐ Yes ☐ No

If yes, what information was requested?_____

Food/Refreshments

Was food and/or beverage offered or served? ☐ Yes ☐ No   **If no, skip to the next section.**

If yes, could the food be considered meal? ☐ Yes ☐ No   **Describe the food and/or beverage served: _____**

_____

Gifts

Were gifts provided? ☐ Yes ☐ No   **If no, skip to next section. If yes, what was provided?** _____

_____

Were the gifts valued at over $15 per attendee? ☐ Yes ☐ No   **Were gifts available to all attendees?** ☐ Yes ☐ No

Were the gifts provided as a raffle, drawing, or contest? ☐ Yes ☐ No ☐ N/A – No gift provided

If yes, was any contact information required to enter the raffle, drawing, or contest? ☐ Yes ☐ No

Marketing Materials

Were any printed marketing materials available at the event? ☐ Yes ☐ No

 If yes, did they include the CMS marketing identification #? ☐ Yes ☐ No

 Did the presenter use any marketing materials during the presentation? ☐ Yes ☐ No **If yes, what marketing materials were used/referenced during the presentation?** _____

Were any marketing materials provided for other products (such as Value Added Benefits)? ☐ Yes ☐ No

If yes, which ones? _____

VIVA MEDICARE Event Evaluation Form

Enrollment Forms

Were enrollment forms provided or available? ☐ Yes ☐ No **Star ratings document?** ☐ Yes ☐ No **Summary of Benefits?** ☐ Yes ☐ No **Multi-language insert?** ☐ Yes ☐ No **Did the presenter accept, collect or hold any completed Enrollment forms?** ☐ Yes ☐ No

Election Periods

Did presenter describe/explain AEP? ☐ Yes ☐ No **Did the presenter describe/explain MADP?** ☐ Yes ☐ No

Did the presenter describe/explain SEPs? ☐ Yes ☐ No **If yes, did the presenter give examples of what may create an SEP?** ☐ Yes ☐ No **Did the presenter explain the Late Enrollment Penalty?** ☐ Yes ☐ No

Comments: _____

Prescription Drugs – Costs/Formulary/Coverage Gap/Other

Were the prescription drugs covered in the presentation? ☐ Yes ☐ No **If yes, did the presenter use handouts, slides, or refer attendees to a website to explain the plan's drug costs?** ☐ Yes ☐ No **If yes, specify:** _____

_____

Did the presenter **use handouts, slides or refer attendees to a website to explain how/where to find which drugs are covered by the plan?** ☐ Yes ☐ No **…describe how/where to view the formulary?** ☐ Yes ☐ No **...explain Step Therapy, Quantity Limits, Prior Auth?** ☐ Yes ☐ No **…explain how to request an exception?** ☐ Yes ☐ No **…explain the transition process if a drug they are taking is not on the plan formulary?** ☐ Yes ☐ No **…explain that Part D drugs must be obtained from a network pharmacy unless in an emergency?** ☐ Yes ☐ No

Comments: _____

Coverage Gap/Donut Hole

Did the presenter **describe or use materials to describe the Donut Hole?** ☐ Yes ☐ No **...explain the total amount the beneficiary must spend to reach the Donut Hole?** ☐ Yes ☐ No **…discuss the 55% discount applied to brand name drugs during the Donut Hole?** ☐ Yes ☐ No **…explain the enrollee's MOOP expense to exit the Donut Hole?** ☐ Yes ☐ No **…explain the cost of Part D prescriptions once the catastrophic coverage level is met?** ☐ Yes ☐ No

Comments: _____

Medical Coverage

Did the presenter **discuss when members must use network providers?** ☐ Yes ☐ No **…discuss that there may be a higher cost-sharing or no payment from the plan if the member receives care from a non-network provider?** ☐ Yes ☐ No **…discuss that members were always allowed to use non-network providers during an emergency or to obtain urgent care when out of the plan's service area?** ☐ Yes ☐ No **…discuss the plan's prior auth. Process for some services?** ☐ Yes ☐ No

Comments: _____

VIVA MEDICARE Event Evaluation Form

Special Needs Plans (SNPs)

Were SNPs presented at the event? ☐ Yes ☐ No   If no, skip to the next section. If yes, *did the presenter* ...explain the eligibility limitations for SNP enrollment? ☐ Yes ☐ No …explain the SEPs to enroll in/change/leave a SNP? ☐ Yes ☐ No …explain the process for involuntary disenrollment from the SNP if the beneficiary's eligibility status changes due to loss of his/her Medicaid or institutional status, or ineligibility for their Chronic SNP? ☐ Yes ☐ No …describe how drug coverage works with the SNP? ☐ Yes ☐ No **Comments:** _____

_____

Star Ratings

Did the presenter discuss and/or provide information on the ratings of one or more individual measures? ☐ Yes ☐ No

If no, skip to the next section. If yes, *did the presenter* …direct attendees to Medicare.gov website for more information on plan ratings? ☐ Yes ☐ No …provide their Plan Ratings handout and make reference to it? ☐ Yes ☐ No If yes, did the handout provide the year, plan name, and contract # at the top of the page and the CMS ID at the bottom? ☐ Yes ☐ No

Comments: _____

Presenter Conduct

Did the presenter make any absolute statements about the plan? ☐ Yes ☐ No   If yes, did the absolute statement(s) include a reference to the source of information? ☐ Yes ☐ No If yes, what absolute statements were made? _____

_____

Did the presenter make any statements that were inappropriate or inaccurate, or use "scare tactics" to pressure beneficiaries to enroll in the plan? ☐ Yes ☐ No If yes, what statements were made? _____

_____

Did the presenter make remarks about Medicare or PDPs in order to encourage attendees to join their plan? ☐ Yes ☐ No

If yes, what remarks were made? _____

Did the presenter make remarks about Medicare and/or Health Care Reform in order to encourage attendees to join the plan being marketed? ☐ Yes ☐ No If yes, what remarks were made? _____

_____

Was the presenter rude to attendees? ☐ Yes ☐ No If yes, describe the rude statements/actions made: _____

_____

Did the presenter speak clearly and at the level of understanding of the audience? ☐ Yes ☐ No Describe any issues with language with the audience (if any): _____

_____

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Presentation Overview

Did the presenter **…use slides as hand-outs and/or in a slide show?** ☐ Yes ☐ No **…skip any slides or appear to go throughany part of the presentation too quickly?** ☐ Yes ☐ No **How were slides used and what areas did they cover?___**

_____

_____

Was a DVD or other recording shown or played as part of the presentation? ☐ Yes ☐ No **If a DVD/recording was shown, what areas were covered and how long was it?** _____

_____

Was the event recorded? ☐ Yes ☐ No **If yes, how?** _____

Describe the event room setup: _____

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_____

Summary, Comments, and Additional Observations

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