



2018 SNP Model of Care Evaluation

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 Model of Care Training PowerPoint easy to use (i.e., user-friendly)?	0	0	0	0
2. Was the training content easy to understand?	0	0	0	0
3. Did you find the PowerPoint Training Presentation helpful in understanding the MOC processes?	0	0	0	0
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?	0	0	0	0
5. Please provide additional comments or suggestions:				

Medical Group or Provider Name: _____ NPI: _____ County: _____

Signature: _____ Date: _____

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