

**HCTC Health Plan Administrator
Operations Guide Evaluation Form**

Let us know what you think . . .

Our goal is to make participation with the HCTC Program as easy as possible for you and your enrolled participants. Your feedback is essential as we work to continuously support you and improve the HCTC Program. Please take a moment to complete this evaluation form and fax it to the HCTC Finance and Accounting Center: 1-800-675-9602.

PAPERWORK REDUCTION ACT NOTICE. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The estimated average time to complete this form is 20 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Name: <i>(optional)</i>	Date:
Organization: <i>(optional)</i>	Position:

	Please check the most appropriate choice.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I understand the purpose and objectives of this guide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I understand the concepts presented in this guide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I understand how the concepts in this guide are relevant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The guide is organized in a way that allows me to access information quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The length of the guide is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The processes (enrollment, receiving payments, etc.) are easy to understand and follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I will use the guide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer each question in the space provided.

8	Which topic(s) does the guide address effectively?
9	Which topic(s) does the guide NOT address effectively?
10	Do you have any suggestions for improving this guide?
11	General comments?