



Medi-Cal Managed Care Collaborative Health Plans Post PARS Satisfaction Survey

California | Anthem Blue Cross | Medi-Cal Managed Care

To continually enhance the *Physical Accessibility Review Survey (PARS)* review process, we would appreciate your responses on the survey below. Please mark those responses that best indicate your level of satisfaction with today's *PARS* review. Confidentiality of this survey will be maintained; only the aggregate report will be provided to the health plan and involved associates.

Please return this survey by email to Anthem Blue Cross in California Medicaid Business at PARS@anthem.com, or you can mail this form to:

Facility Site Review Unit
Anthem Blue Cross in California Medicaid Business
21215 Burbank Blvd. Suite 100
Woodland Hills, CA 91367

Date of review:	
Name of reviewer:	
Health plan name:	Anthem Blue Cross

Please indicate (check) your level of agreement with the following statements.	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree
The auditor					
The review started on time.					
The reviewer was courteous.					
The reviewer was knowledgeable and able to answer questions.					
The reviewer asked for your input to ensure review responses were accurate.					
The audit					
Our office received information explaining what the <i>PARS</i> survey is and what to expect at the time of the review.					
The review was conducted efficiently.					

During the review exit conference, the reviewer and I discussed the review results and recommendations.					
The process					
I was provided with sufficient information about the PARS survey.					

Thank you for participating in this survey.

Comments

Provider name (optional): _____

Please contact me.