



# Medi-Cal Managed Care Collaborative Health Plans Post Site Review Satisfaction Survey

California | Anthem Blue Cross | Medi-Cal Managed Care

To continually enhance the health plan facility and medical record review process, we would appreciate your responses to the survey below. Please mark those responses that best indicate your level of satisfaction with today's facility and/or medical record 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 [FSRTools@anthem.com](mailto:FSRTools@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, California 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
<b>The auditor</b>					
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.					
<b>The audit</b>					
Our office received information explaining what to expect and what the office needed to prepare for the review.					

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The review was conducted efficiently.					
During the review exit conference, the reviewer and I discussed the review results and corrective action requirements.					
<b>The process</b>					
I was provided with sufficient information to complete the corrective actions.					
The facility review process has been improved by the health plan collaboration.					

Thank you for participating in this survey.

<b>Comments</b>

Provider name (optional): \_\_\_\_\_

Please contact me.