



Follow-Up Form
Proposed Rule: Mental Health Parity & Addiction Equity Act
Medicaid MCOs/ABPs, and CHIP
May 6, 2015

1. Is there any information you would like to receive to follow up from the call?

2. What remaining / additional questions or comments do you have from the call?

3. I can apply what was shared in my organization: Yes No

4. Evaluation:

	Excellent		Fair	
A. The call was informative and worthwhile.	4	3	2	1
B. The call addressed issues I expected to hear about.	4	3	2	1
C. There was ample time on the call to ask questions or make comments.	4	3	2	1

Please provide your contact information, especially if you wish to receive a reply to a question above.

Name:

Title:

Institution:

City/State:

Email:

Phone:

Please return this form to Camille Fernands at 312.278-0619 (fax) or to
cfernands@aha.org

Thank You.