Performance Measures (MAP) Questionnaire

This questionnaire explores how your site monitors and uses the Medical Assistance Program (MAP) Dashboards to improve your performance.

Some questions may have multiple parts, so please be sure to answer each part. Please be thorough and detailed in your responses.

* Indicates required question

1. Email *

2. Organization Name *

3. Name and Title *

Eligibility Site MAP Dashboards

This series of questions explores your County/Eligibility Site use and monitoring of the MAP Dashboards. Please be thorough and detailed in your responses.

4. Who is responsible for monitoring your MAP Dashboards in Tableau? *

5.   How often are you monitoring the MAP Dashboards? *

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6.   What do you do with the information you learn from the MAP Dashboards? *

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7.   Who do you turn to for assistance if you have questions about the data on the MAP *
     Dashboard?

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8.   Who do you reach out to if you would like assistance in reviewing your internal   *
     performance improvement processes?

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9.   What is your procedure for accessing the Overflow Processing Center (OPC) for   *
     support?

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