

Florida Statewide Quality Assurance Program Provider Feedback Survey

We are seeking your feedback on Delmarva Foundation's Provider Discovery Review (PDR) process. Your feedback is very important to us. Thank you for participating.

Type of Provider (choose one): Solo Agency
 Waiver (choose all the apply): Tier 1 Tier 2
 Tier 3 Tier 4 CDC+

APD Area _____ Month/Year of Review (MM/YYYY) _____

Please check the box that best describes your answers to the questions below.	Yes	No	NA
1. Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?			
2. Did the QAR explain the purpose of the review?			
3. Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?			
4. Did the QAR answer any questions you had in preparation for the review?			
5. Did the QAR refer you to the FSQAP website, including the tools and procedures?			
6. Did the QAR arrive at the review at the scheduled time?			
7. If no, did the QAR call to notify you he/she might be a little late?			
8. Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?			
9. If you scored Not Met on any of the standards, did the QAR explain why? Comments? Is there anything you would like to see done differently? If yes, please describe here.			
Would you like a return phone call from a manager?			

Return your survey using one of the following methods:

Mail: Delmarva Foundation 2039 Centre Pointe Blvd, Ste 202 Tallahassee, FL 32308	Fax: Re: Provider Survey (850) 878-2958	Email: Re: Provider Survey florida@dfmc.org
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