Introductory Email:

Subject Line: **Request for your feedback on QualityNet.org and QualityNet Secure Portal**

The Centers for Medicare and Medicaid (CMS) is improving the user experience of QualityNet.org and the QualityNet Secure Portal and invites you participate in a survey that will help us in this process. Your opinion and experience are important in defining future improvement efforts.

Your survey responses are anonymous, and will help CMS evaluate and improve QualityNet.org and the QualityNet Secure Portal. The survey should take approximately 10 minutes to complete. Please only complete the survey once, and provide your feedback by [INSERT DATE].

Thank you!

QualityNet User Survey – DRAFT

Thank you for your participation in the QualityNet.org and QualityNet Secure Portal survey!

The Centers for Medicare and Medicaid (CMS) is improving the user experience of QualityNet.org and the QualityNet Secure Portal. Your opinion and experience matter to us.

Your responses are anonymous, and will help CMS evaluate and improve QualityNet.org and the QualityNet Secure Portal. The survey should take approximately 10 minutes to complete.

Thank you!

1. **What type of facility do you represent? (radio buttons, multiple answers)**
   a. Inpatient Hospital
   b. Outpatient Hospital
   c. Ambulatory Surgical Center
   d. Physician's Office
   e. PPS-Exempt Cancer Hospital
   f. ESRD Facility
   g. Inpatient Psychiatric Facility
   h. Quality Improvement Organization
   i. Other _____

2. **What is your quality program affiliation? (radio buttons, multiple answers)**
   a. Inpatient Hospital Quality Reporting Programs (IHQR)
   b. Outpatient Hospital Quality Reporting Programs (OHQR)
   c. Physician Quality Reporting Program (PQRS)
   d. Ambulatory Surgical Center Quality Reporting Program (ASC)
   e. PPS-Exempt Cancer Hospital Quality Reporting Program
   f. ESRD Quality Incentive Program (QIP)
   g. Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
   h. Quality Improvement Organization (QIO)
   i. Other _____

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QualityNet.org

3. **How frequently do you visit QualityNet.org? (radio buttons, one answer)**
   a. Daily
   b. Weekly
   c. Monthly
   d. Quarterly
   e. Annually
   f. I don't visit QualityNet.org

4. **Please look at the following list and choose the top 5 reasons that you visit QualityNet.org.**
   Give a score of 1 to the MOST IMPORTANT to you, 2 to the next most important, then 3, 4, and 5.
   Please give ONLY one score of 1, one 2, one 3, one 4, and one 5. Leave the rest blank.
   Please trust your first instincts and spend no more than a couple of minutes on this question.

Rank	
	Program overview
	Benchmarks of care
	Specification manuals
	Measure(s) information
	Program requirements and eligibility
	Program reporting timelines
	Program news (alerts, notifications, known issues)
	E-mail notifications
	Training and events (videos, user guides, recorded webinars)
	HelpDesk contact information
	QualityNet Secure Portal registration information
	Log in link to the QualityNet Secure Portal
	Data collection and CART
	Program forms (reconsideration, etc.)
	Question & Answer tools
	Program support contact information
	QIO contact information
	Other _____

5. **Please select the appropriate answer below based on your experience(s) with QualityNet.org.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
QualityNet.org is fast and easy-to-use.						
I can quickly and easily find the information I need on QualityNet.org.						
QualityNet.org is organized in a way that makes sense to me.						
I am able to find the most up-to-date information about my quality reporting program on QualityNet.org.						
QualityNet.org meets my expectations.						

Additional comments on QualityNet.org: (open text field, 1,000 character limit)

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QualityNet Secure Portal

6. **How frequently do you log in and access QualityNet Secure Portal? (radio buttons, one answer)**
    a. Daily
    b. Weekly
    c. Monthly
    d. Quarterly
    e. Annually
    f. I don't use QualityNet Secure Portal

7. **Do you have an active QualityNet Secure Portal log in? (radio buttons, one answer)**
    g. Yes
    h. No
    i. I'm not sure

8. **Please look at the following list and choose the top 5 reasons that you use the QualityNet Secure Portal.**
    Give a score of 1 to the MOST IMPORTANT to you, 2 to the next most important, then 3, 4, and 5.

Please give ONLY one score of 1, one 2, one 3, one 4, and one 5. Leave the rest blank.
Please trust your first instincts and spend no more than a couple of minutes on this question.

Rank	Reason
	Secure file transfer to CMS
	Secure email (send, receive)
	Vendor authorization
	Report authorization
	Collab tool
	CCSQ data dictionary
	Measure selection intention
	Denominator declaration
	Notice of participation
	Population and sampling
	Manage measures
	Manage multifactor credential
	Edits contacts or campuses
	Data submission
	Reports (run, search)
	Update account password
	Update my account
	News and announcements
	Other _____

9. **Please select the appropriate answer below based on your experience(s) with QualityNet Secure Portal**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Logging into QualityNet Secure Portal is clear and easy.						
I find it difficult to navigate through QualityNet Secure Portal.						
Navigation links and labels are clear and concise in QualityNet Secure Portal.						
I can easily switch back and forth between QualityNet.org and QualityNet Secure Portal.						
QualityNet Secure Portal meets my expectations.						

Additional comments on QualityNet Secure Portal: (open text field, 1,000 character limit)

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10. **If you could choose one thing to improve about QualityNet.org or the QualityNet Secure Portal, what would it be? (open text field, 1,000 character limit)**

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More Information (Optional)

11. **What is your gender? (radio buttons, one possible answer, optional)**
    a. Male
    b. Female

12. **How old are you? (radio buttons, one possible answer, optional)**
    a. 25 or younger
    b. 26-35
    c. 36-45
    d. 46-55
    e. 56-65
    f. 66 or older

13. **Which of these accessibility features do you use?**
    a. Screen reader
    b. Enlarged text
    c. High-contrast display
    d. I don't use any accessibility features
    e. Other _____