

# WELCOME TO CCSQ SUPPORT CENTRAL

## Your one-stop Customer Service



**Survey Invitation**
✕ Close

**Would you like to participate in a quick survey?**

*This should take about 2 minutes to complete.*

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX (Expires XX/XX/XXXX)**. This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **two minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

*CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850*

**\*\*\*\*CMS Disclosure\*\*\*\***

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact John Vancil – John.Vancil@cms.hhs.gov.

[Start Survey](#)

### Create a ticket

To send a question or issue, click the button below and complete the page. A ticket will be generated and you will be contacted by a support specialist.

[Create Ticket](#)

### Requesting ticket

At the CCSQ Service Center, enter your email address to receive an email with your ticket number.

[Request Ticket](#)

## Quality Program websites



- End-Stage Renal Disease Quality Reporting System (EQRS)**
- HCQIS Access Roles and Profile (HARP)**
- Hospital Quality Reporting (HQR)**
- Internet Quality Improvement & Evaluation System (iQIES)**
- Quality Improvement & Evaluation System (QIES)**
- Quality Payment Program (QPP)**

## General CMS Information

- |   |   |  |   |
|---|---|--|---|
| <p><b>CMS.gov</b></p> <p>The official website of the Centers for Medicare &amp; Medicaid Services, including information about Medicare, Medicaid, and Medicare-Medicaid coordination, etc.</p> | <p><b>Quality Reporting Center</b></p> <p>Resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting</p> | <p><b>QualityNet</b></p> <p>Healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others</p> | <p><b>HARP</b></p> <p>HCQIS Access Roles and Profile (HARP) is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS)</p> |
| <p><b>HealthCare.gov</b></p> <p>Information for people who need health insurance and want to apply for or enroll in the Marketplace</p>   | <p><b>Medicare.gov</b></p> <p>Information for people with Medicare, Medicare open enrollment, and benefits</p>  | <p><b>eCQI</b></p> <p>Electronic Clinical Quality Improvement (eCQI) Resource Center: The eCQM one-stop shop</p>   |   |

### Subscribe to a CMS Newsletter

Sign up to receive the latest news and updates from the CCSQ Service Center or related programs.

[Sign Me Up](#)

### Provide Site Feedback

Help us improve this website by providing your feedback in a short survey.

[Give Feedback](#)



WELCOME TO CCSQ SUPPORT CENTRAL

# Your one-stop shop for Customer Support



## Create a new ticket

To send a question or issue to the Service Center, click the button below and complete the form on the next page. A ticket will be generated on the next page and we will contact you.

[Create Ticket](#)

## Track an existing ticket

Enter your ticket number with the Service Center, enter your email address and phone number to receive an email with your ticket status.

[Track Ticket](#)



**End-Stage Renal Disease Quality Reporting System (EQRS)**

**HCQIS Access Roles and Profile (HARP)**

**Quality Improvement & Evaluation System (QIES)**

**Quality Payment Program (QPP)**

### CMS.gov

The official website of the Centers for Medicare & Medicaid Services, including information about Medicare, Medicaid, and Medicare-Medicaid coordination, etc.

### HealthCare.gov

Information for people who need health insurance and want to apply for or enroll in the Marketplace

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Information for people with Medicare, Medicare open enrollment, and benefits

### eCQI

Electronic Clinical Quality Improvement (eCQI) Resource Center: The eCQM one-stop shop

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**We appreciate your feedback!** ✕

**\*How would you rate your call scheduling experience?**  
How was your overall call scheduling experience today?

Excellent  Neutral  Bad

---

**\*Were the provided times slots and dates convenient for you?**

Yes  No

Please specify:

---

**\*How easy was it to schedule a call request?**

Easy  Normal  Challenging

Please specify:

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We appreciate your feedback! X

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Track Ticket

You're Almost Done. X Close

Are you sure you want to exit the survey?

We'd like for you to stay. Your feedback is important to us.

Exit

Continue Survey

Yes

No

Please specify:

Text input field for specifying feedback details.

\*How easy was it to schedule a call request?



Easy



Normal



Challenging

Please specify:

Text input field for specifying feedback details.

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### Create a new ticket

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[Track Ticket](#)

**Thank you for your feedback!** [Close](#)

Thank you for completing our survey. Your opinions matter to us and will help improve the overall experience.

## Quality Program Websites



- [End-Stage Renal Disease Quality Reporting System \(EQRS\)](#)
- [HCQIS Access Roles and Profile \(HARP\)](#)
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**\*How would you rate your call scheduling experience?**

How was your overall call scheduling experience today?



Excellent



Neutral



Bad

**\*Were the provided times slots and dates convenient for you?**

Yes

No

Please specify:

**\*How easy was it to schedule a call request?**



Easy



Normal



Challenging

Please specify:

**\*Which program are you affiliated with?**

Please select the program you are apart of:

- EPCS - Electronic Prescribing for Controlled Substances
- EQRS - End Stage Renal Disease Quality Reporting System
- HQR - Hospital Quality Reporting
- iQIES/QIES - Quality Improvement/Internet Quality Improvement & Evaluation System
- QPP - Quality Payment Program
- CCSQ Services and Operations Support - QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow & Slack
- Other: (Please specify)

**\*Would you use Call Scheduling again for your next visit?**



Yes



Not Sure



No

Please specify:

**\*Can we contact you with further questions?**

May we contact you if we have additional questions?

Yes.

Please provide your contact details below:

Full Name:

Email Address:

No, thank you.

Complete