

# Ticket Created Successfully

**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**

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### Programs

QPP

iQIES/QIES

EQRS

HQR

### Accessibility

Accessibility

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Technical Support

Ticket Created Success

We appreciate your feedback! X

\*How easy was it to create a ticket? Please rate your ability to create a ticket on our website:

Easy Normal Challenging (with smiley, neutral, and frowny icons)

\*How much do you agree with this statement? The amount of time it took to create a ticket was reasonable.

Agree Neither Agree or Disagree Disagree

\*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,

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Ticket Created Success

We appreciate your feedback!

\*How easy was it to create a ticket?

Please rate your ability to create a ticket on our website:



You're Almost Done.

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

\*Which program are you affiliated with?

Please select the program you are apart of:

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Export PDF

**THANK YOU**

We've Received Your Ticket: CS######

Be on the folder will

Check your spam and an agent call further

If you have not received an email from zzz@zz.com, please [Contact Us](#) directly via phone or email.

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

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

[Return to homepage](#)

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## Provide Site Feedback

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## \*How easy was it to create a ticket?

Please rate your ability to create a ticket on our website:



Easy



Normal



Challenging

## \*How much do you agree with this statement?

*The amount of time it took to create a ticket was reasonable.*

Agree

Neither Agree or Disagree

Disagree

## \*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)

## \*How could we improve your next visit?

We value your insight!

I had a great experience!

I have a suggestion.

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