

Provider Assessment

Frequently Asked Questions

What is the timeline for completing the assessment?

We are asking organizations to complete the assessment within 20 days of receiving the initial email (Subject: Next Steps: Complete Your Provider Assessment).

What do you mean by the total number of staff? (Profile Section)

Total staff refers to the approximate number of people employed by your organization across all roles (clinical and non-clinical combined).

Why do you ask for two points of contact? (Profile Section)

The top of the page is for the Facility Assessment Point of Contact – the primary individual responsible for completing the assessment or coordinating input across the organization.

The point of contact at the bottom of the page should be someone who understands your electronic health record (EHR) system, data exchange capabilities, and quality reporting processes.

Starting in section 10, how many priority areas does my facility need to select?

At least one of the Centers for Medicare & Medicaid Services (CMS) measures must be identified as a top priority for us to focus on together this year. For example, in the Infection Prevention and Control section, there are the following measures:

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line Associated Bloodstream Infection (CLABSI)
- Facility-wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI)
- Harmonized Procedure Specific Surgical Site Infection (SSI)

At least one needs to be selected as a priority area.

Who do we identify as a point of contact for this question?

Please provide the name and contact information for the individual at your organization who is most knowledgeable about your technical, operational, and administrative systems and can accurately complete the CMS Advancing Healthcare Quality Through Technology (AHQT) Readiness Assessment.

All organizations engaged with the Superior Health Quality Alliance (Superior Health) will be asked to complete the AHQT assessment. The assessment evaluates an organization's current health IT infrastructure, interoperability, and EHR use. The point of contact for this should be someone in the organization familiar with their EHR system, data exchange capabilities, and quality data reporting processes.

The AHQT assessment is still in development by CMS. We anticipate that organizations will start receiving communication from Superior Health in mid-May.