

# Provider Service Agreement

Health Quality Innovators (HQI) serves as the Southeast Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Your organization was selected by CMS to participate in the QIN-QIO program, signifying the importance of your facility in advancing the following CMS priority focus areas:

- Quality Management Infrastructure
- Prevention and Chronic Disease Management
- Behavioral Health
- Care Coordination
- Patient Safety

The table below outlines our mutual commitments.

HQI Commitment	Provider Commitment
Designate a Quality Improvement Consultant (QIC) to provide customized support tailored to your needs.	Designate a primary point of contact to coordinate with HQI's QIC.
Co-design an engagement strategy to reflect your preferred communication methods (e.g., phone, email, text, or on-site visits) and desired frequency.	Maintain regular communication with HQI based on the engagement strategy.
Conduct an assessment and root cause analysis to identify gaps in meeting QI goals aligned with CMS priorities.	Participate in QI activities that promote a culture of safety through quality management systems, leadership engagement and prioritizing safety and quality.
Co-design an action plan with QI interventions aligned with CMS priorities to address assessment gaps.	Implement QI activities co-designed and identified in the action plan.
Provide training and data collection tools to help staff use data for improvement.	Provide feedback on your experience working with HQI as the QIN-QIO.
Ensure data are protected in full compliance with CMS privacy and security standards and applicable laws.	Submit de-identified data for QI purposes, as needed.
Share CMS-approved tools and resources to help meet QI goals with minimal administrative burden.	
Reduce reporting burden by providing support on CMS data requirements, deadlines and submissions.	

By signing this agreement, you will gain access to no-cost expert guidance, technical assistance and resources tailored to support your quality improvement journey.

This agreement is for multiple facilities; see the accompanying list for individual names and contacts.

**My organization agrees to voluntarily participate in the QIN-QIO Program through May 2030.**

Organization Name:

HQI Contact: Virginia Brooks, MHA, CPHQ, FACHE

Point of Contact:

Title: Chief Operating Officer & Principal

Title:

Signature: *Virginia Brooks*

Email:

Phone:

Signature:

Date:

**Please submit this completed form to  
Questions@HQI.Solutions**