



ALABAMA QUALITY ASSURANCE FOUNDATION  
Medical Quality Assurance

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**QIO GENERAL MEMORANDUM 0205-01**  
**For Immediate Distribution**

**TO:** **Alabama Hospitals**  
Administrator  
Chief of Staff  
Directors of Nursing  
Medical Records Director  
Utilization/Review Staff  
Quality Assurance Chairman  
Health Care Quality Improvement  
(HCQIP) Contact  
Hospital Compliance Officer  
Payment Monitoring Program (PEPP)  
Contact

**FROM:** Henry W. Koehler  
Chief Executive Officer

**DATE:** November 12, 2002

**SUBJECT:** Quality Net Exchange

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Alabama Quality Assurance Foundation is pleased to announce the anticipated release of the **Quality Net (QNet) Exchange**, an interactive website that provides for the private exchange of data between healthcare providers and AQAF. The Centers for Medicare & Medicaid Services (CMS) recognizes QNET Exchange as the only approved method for the electronic transmission of data between QIOs and healthcare providers. QNet Exchange provides a variety of features, such as customized content, secure data collection, advanced reports and more. Its greatest advantage is that it allows providers and QIOs to securely exchange data files of any type via the Internet at no cost to providers other than the training of personnel.

Several benefits can be gained from implementing the QNET Exchange at your hospital.

**File Exchange:** Files of any type can be securely and instantly exchanged over the internet, including medical record requests, reports, spreadsheets, text files, etc. The minute the QIO sends a file to you, it will be available in your QNet Exchange "inbox" for you to download. Likewise, QIO staff will have immediate access to any files sent by your hospital. QNet Exchange uses advanced security mechanisms ensuring that only proper, authorized users can log into the site and that only the intended recipient of the file can download the file. All files exchanged via the File Exchange portion of QNet Exchange are encrypted (scrambled) before they leave the sender's computer, safeguarding any patient level data from unintended recipients. A file is stored in this encrypted format until it is decrypted (unscrambled), which occurs when the intended recipient downloads the file.

**Project Data Collection:** An online abstraction tool will be available through the QNet Exchange for the collection of Quality Improvement Project data. Through the use of advanced data encryption as mentioned above, the data is exchanged securely and swiftly. Healthcare providers participating in this program will receive feedback featuring comparisons to regional and national norms, as well as predetermined benchmarks.

**Reporting:** In addition to the project data feedback mentioned above, management reports that provide information, such as abstraction counts down to the abstractor level, will be provided. Designated hospital staff will also be able to monitor usage of the QNet Exchange site by all of their registered users.

**Collaboration and Education:** QNet Exchange includes an area for active online collaboration between healthcare providers and QIOs, including threaded discussions and documents exchange. In addition, Interactive education and training opportunities will be provided through online “Webinars”.

We are very excited about the potential QNet Exchange has for streamlining communication and data exchange between hospitals and QIOs, and hope that you will give every consideration to your hospital’s participation.

**You will find attached documents that must be signed and notarized by your hospital Administrator. These should be returned to Marilyn Ireland at AQAF (address below) by November 22, 2002.**

Marilyn Ireland, Web Administrator  
Alabama Quality Assurance Foundation  
Two Perimeter Park South, Suite 200 West  
Birmingham, AL 35243  
(205) 970-1600 Ext. 3120

**If you have any questions** about the QNet Exchange or would like further information, you may contact AQAF and/or the QNet Exchange Help Desk as follows:

Bill deShazo, QIO QNet Exchange Administrator  
Alabama Quality Assurance Foundation  
2 Perimeter Park South, Suite 200 West  
Birmingham, Alabama 35243  
800-760-4550 (Ext. 3431)

QualityNet Exchange Help Desk  
6000 Westown Parkway, Suite 350E  
West Des Moines, IA 50255  
866-288-8912

Attachments

**cc:** Provider contact person; AQAF Board of Directors; FMQAI; Region VI Project Officer, M. Horsley/ALAHA; Cary Kuhlmann/MASA; Frazer Rolen/ALAHA-B’ham; Carl Bocchicchio/OIG-DHHS; Lynda Northcutt/BCBS; HCQIP/PEPP Advisory Committee.

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## QualityNet Exchange Administrator Authorization

I, \_\_\_\_\_ give authorization to \_\_\_\_\_  
to be  
(Hospital Administrator) (IT Systems Person)

the QualityNet Exchange Administrator for \_\_\_\_\_ as  
indicated  
(Name of Hospital)

in the attached QualityNet Administrator Registration form.

I understand that they will be responsible for the following:

- Validate which users at our organization should have access to the QualityNet Exchange site,
- Validate what type of QualityNet Exchange access each user should have,
- Complete and/or approve each new user's online registration form according to QualityNet Exchange registration instructions,
- Terminate and revoke QualityNet Exchange user accounts and digital certificates for users no longer requiring access to QualityNet Exchange,
- Monitor QualityNet Exchange usage at our organization to maintain proper security and confidentiality measures, and
- Serve as the point of contact at our organization for information regarding QualityNet Exchange.

I understand that as a security measure I may be contacted on a future date by the QualityNet Exchange Help Desk to verify my position and who I have authorized to be QualityNet Exchange Administrator. I may also be asked to verify those individuals that have been given access to privacy data via QualityNet Exchange.

\_\_\_\_\_  
(Hospital Administrator Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## QualityNet Exchange Administrator Registration Form

**\*NOTE: All fields marked with asterisks are required and must be completed to obtain approval.**

### Access Request

**\*Request Date:**

**\*First Name:**

**Middle Initial:**

**\*Last Name:**

**\*E-Mail Address:**

**\*Job Title:**

**\*Employer Name:**

**Medicare Provider # (if applic.):**

**\*Employer Addr:**

Street

City

State

Zip

**\*Work Phone #:**

**Extension #:**

**Fax #:**

**\*Security Question (answer only one):** City of birth \_\_\_\_\_  
Pet's name \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_

### Signatures Required

**\*Requestor:**

**\*Date:**

**\*Notary Public:**

**\*Date:**

### QualityNet Exchange Security Use Only

**Group:**

**Homepage:**