

2014 Physician Quality Reporting System Qualified Clinical Data Registries

CMS is pleased to announce the Qualified Clinical Data Registries (QCDRs) that will be able to report quality measure data to CMS, on behalf of individual eligible professionals (EPs) for the 2014 Physician Quality Reporting System (PQRS) program year. These entities have self-nominated and indicated that they meet the requirements as outlined by CMS in the 2014 Physician Fee Schedule (PFS) final rule. In addition to PQRS, the data submitted by QCDRs may also be used by the Value-based Payment Modifier and EHR Incentive Program. QCDRs must be considered Certified Electronic Health Record Technology (CEHRT) to allow their EPs to receive credit for the Clinical Quality Measure (CQM) component of **Meaningful Use (MU)** for the EHR Incentive Program.

In the table below, each of the 2014 QCDRs has provided detailed information regarding the measures they support, the services they offer their clients, and the costs incurred by their clients. The QCDRs must support at least 9 measures covering 3 National Quality Strategy (NQS) domains and at least 1 outcome measure for at least 50 percent of an eligible professional's (EPs) patients. Additional information, including QCDR reporting details and the steps an EP should take in selecting a QCDR can be found in the 2014 PQRS: QCDR Participation Made Simple in the Qualified Clinical Data Registry Reporting section at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html>. EPs wishing to participate in 2014 PQRS through a QCDR, may contact the entities listed below for additional details.

Disclaimer: Each QCDR has reviewed their organization's information below and provided confirmation of accuracy. Information included in this document was accurate at the time posting; however CMS cannot guarantee that these services will be available or that the QCDR will be successful uploading their files during the submission period. CMS cannot guarantee an eligible professionals success in providing data for the program. Successful submission is contingent upon following the PQRS program requirements, timeliness, quality, and accuracy of the eligible professionals data provided for reporting, and the timeliness, quality, and accuracy of the XML programming of the QCDR.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	414-272-6071 QCDR@aaaai.org	No	No	<ul style="list-style-type: none"> • Asthma: Pharmacologic Therapy for Persistent Asthma • Asthma: Assessment of Asthma Control • Asthma: Tobacco Use: Screening • Asthma: Tobacco Use: Intervention • Allergy Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment • Documentation of Clinical Response to Allergy Immunotherapy within One Year • Documented Rationale to Support Long-Term Aeroallergen Immunotherapy beyond Five years, as Indicated • Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergy Immunotherapy for at Least One Year • Assessment of Asthma Symptoms Prior to Administration of Allergy Immunotherapy Injection(s) • Documentation of the Consent Process for Subcutaneous Allergy Immunotherapy in the Medical Record • Asthma Assessment and Classification • Lung Function/Spirometry Evaluation • Influenza Immunization • Patient Self-Management Plan • Body Mass Index • Optimal Asthma Care: Control Component 	The AAAAI non-PQRS Measure Specifications are located here: http://www.medconcert.com/AAAAIQIR	<p>The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity is intended to foster performance improvement.</p> <p>Who should enroll? Physicians in Allergy/Immunology; AAAAI members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AAAAIQIR</p> <p>Annual Member Fee: \$500-\$800 per provider</p> <p>PQRS Reporting: Auto-generated report on up to 16 quality measures, including asthma, immunotherapy, & more for PQRS and VBM</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies) and Bridges to Excellence™. Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve population health and manage VBM quality scores • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American College of Cardiology Foundation FOCUS Registry	Jenissa Haidari 800-253-4636, Ext 5445 focus@acc.org	No	No	<ul style="list-style-type: none"> • Cardiac stress imaging not meeting appropriate use criteria: Asymptomatic, low risk patients • Cardiac stress imaging not meeting appropriate use criteria: Symptomatic, low pre-test probability patients who can exercise and have an interpretable ECG • Cardiac stress imaging not meeting appropriate use criteria: Low risk surgery preoperative testing • Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI) • Cardiac stress imaging not meeting appropriate use criteria: Routine surveillance testing after an interpretable prior SPECT MPI or stress echo in asymptomatic patients • Ratio: Rarely appropriate tests ordered per physician compared to the national average • Disparities in appropriate patient selection for cardiac imaging between men and women • Cardiac stress imaging not meeting appropriate use criteria in patients less than 50 years old • Ratio: initial evaluations to post procedure/follow-up evaluations with cardiac stress imaging • Ratio: initial evaluations with cardiac stress imaging for symptomatic patients to initial evaluations for asymptomatic patients 	The American College of Cardiology-FOCUS non-PQRS Measure Specifications are located here: http://www.cardiosource.org/~media/Files/2014/05/Focus/ACC-FOCUS-QCDR-Measure-Narrative.ashx	Decision support, registry, national benchmarking, quality improvement, lab accreditation AUC metrics, and MOC Part IV services are provided to support QCDR measure reporting. No additional fees for FOCUS registry participants.
American College of Cardiology Foundation PINNACLE Registry	800-257-4737 ncdr@acc.org http://www.ncdr.com/webncdr/pinnacle/	No	Individual Measures: 5, 6, 7, 8, 118, 197, 198, 226, 242, 243, 326	<ul style="list-style-type: none"> • Hypertension: Blood Pressure Management 	The American College of Cardiology-PINNACLE non-PQRS Measure Specifications are located here: https://www.ncdr.com/webncdr/pinnacle/pqrs	No additional fees for current PINNACLE Registry participants.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American College of Physicians Genesis Registry™ in collaboration with CECity	support@medconcert.com	Please contact the QCDR for specific CEHRT and MU submission information.	Individual Measures: 1, 2, 5, 7, 8, 9, 12, 18, 19, 65, 66, 71, 72, 102, 104, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 241, 317 eCQMs: All eCQMs	No	N/A	<p>The American College of Physicians Genesis Registry™ in collaboration with CECity is intended for internists and other specialists to foster performance improvement and quality care.</p> <p>Who should enroll? Internists (open to ACP members & non-members), physicians in other specialties, as well as nurse practitioners, and physician assistants.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/Genesis</p> <p>PQRS Reporting: Auto-generated report on all quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies) and Bridges to Excellence™. Connect your EHR to achieve MU2 eCQM, MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$299-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American College of Radiology National Radiology Data Registry	<p>For QCDR questions: 800-227-5463, Ext 3535 nrd@acr.org</p> <p>For PQRS reporting questions: p4p@acr.org http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry</p>	No	<p>Individual Measures: 20, 21, 22, 23, 76, 145, 146, 147, 195, 225</p> <p>Measures Group Only Measures: 359, 360, 362, 363, 364</p>	<ul style="list-style-type: none"> • CT Colonography True Positive Rate • CT Colonography Clinically Significant Extracolonic Findings • Screening Mammography Cancer Detection Rate (CDR) • Screening Mammography Invasive Cancer Detection Rate (ICDR) • Screening Mammography Abnormal Interpretation Rate (Recall Rate) • Screening Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended) • Screening Mammography Node Negativity Rate • Screening Mammography Minimal Cancer Rate • Median Dose Length Product for CT Head/Brain without contrast (single phase scan) • Median Size Specific Dose Estimate for CT Chest without contrast (single phase scan) • Median Dose Length Product for CT Chest without contrast (single phase scan) • Median Size Specific Dose Estimate for CT Abdomen-Pelvis with Contrast (single phase scan) • Median Dose Length Product for CT Abdomen-pelvis with contrast (single phase scan) • Participation in a National Dose Index Registry • Report Turnaround Time: Radiography • Report Turnaround Time: Ultrasound (Excluding Breast US) • Report Turnaround Time: MRI • Report Turnaround Time: CT • Report Turnaround Time: PET • CT IV Contrast Extravasation Rate (Low Osmolar Contrast Media) 	<p>The American College of Radiology non-PQRS Measure Specifications are located here: http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Qualified-Clinical-Data-Registry</p>	<p>Services: The National Radiology Data Registry (NRDR) is a clinical quality registry for radiology consisting of multiple databases. Participating facilities receive periodic feedback reports with comparisons to peer-facilities. Some databases offer on-demand individual reports to participants with facility's own data. The NRDR web site is located at: http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry NRDR will report NRDR and PQRS measures to CMS for physicians who opt to use NRDR for this purpose.</p> <p>Cost: The Reporting fee for performance measures submission to CMS for PQRS will be as follows: For physicians at facilities registered in NRDR with a signed Participation Agreement by June 30, 2014: No reporting fee; only NRDR participation fee For physicians at facilities that register on or after July 1, 2014, the following reporting fees will apply (in addition to NRDR participation fees): ACR Member rate: \$199 per physician per year Non-Member rate: \$299 per physician per year The NRDR Registration Process and Fee Structure is located at: http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Registration-Process-and-Fee-Structure</p>

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American College of Rheumatology Rheumatology Informatics System for Effectiveness	rise@rheumatology.org	No	Individual Measures: 24, 39, 40, 41, 130, 226, 236	<ul style="list-style-type: none"> • Disease Activity Measurement for Patients with Rheumatoid Arthritis (RA) • Functional Status Assessment for Patients with Rheumatoid Arthritis (RA) • Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Active Rheumatoid Arthritis (RA) • Tuberculosis (TB) Test Prior to First Course Biologic Therapy • Glucocorticosteroids and Other Secondary Causes 	The American College of Rheumatology non-PQRS Measure Specifications are located here: http://www.rheumatology.org/Practice/Clinical/Rcr/Rheumatology_Clinical_Registry/	There is currently no charge for ACR members.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity	Thomas Murray tmurray@gastro.org	No	Individual Measures: 128, 173, 185, 226, 317, 320, 343	<ul style="list-style-type: none"> • Colonoscopy Assessment (Procedure adequacy) - Assessment of Bowel Preparation • Colonoscopy Assessment (Cecum reached) – Cecal Intubation / Depth of Intubation • Hospital Visit Rate After Outpatient Colonoscopy • Performance of Upper Endoscopic Examination With Colonoscopy • Unnecessary Screening Colonoscopy in Older Adults 	<p>The American Gastroenterological Association Colorectal Cancer Screening non-PQRS Measure Specifications are located here: http://www.medconcert.com/AGACRCQIR</p>	<p>American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes.</p> <p>Who should enroll? Specialty of gastroenterology. Open to AGA members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AGACRCQIR</p> <p>PQRS Reporting: Auto-generated report on up to 12 quality measures, for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$300-\$750 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American Gastroenterological Association Digestive Health Recognition Program™ Registry in collaboration with CECity	Thomas Murray tmurray@gastro.org	No	<p>Individual Measures: 83, 84, 85, 87, 128, 173, 183, 185, 226, 317, 320, 343</p> <p>Measures Group Only Measures: 269, 270, 271, 273, 274, 275</p>	<ul style="list-style-type: none"> • Colonoscopy Assessment (Procedure adequacy) - Assessment of Bowel Preparation • Colonoscopy Assessment (Cecum reached) – Cecal Intubation / Depth of Intubation • Hospital Visit Rate After Outpatient Colonoscopy • Performance of Upper Endoscopic Examination With Colonoscopy • Unnecessary Screening Colonoscopy in Older Adults • Hepatitis B Vaccination in Patients with HCV • Discontinuation of Antiviral Therapy for Inadequate Viral Response • Sustained Virological Response (SVR) (Quality Improvement Only) • One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk • Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis 	<p>The American Gastroenterological Association Digestive Health Recognition non-PQRS Measure Specifications are located here: http://www.medconcert.com/AGADHRPQIR</p>	<p>American Gastroenterological Association Digestive Health Recognition Program™ Registry in collaboration with CECity, aims to measure, report & improve patient outcomes.</p> <p>Who should enroll? Specialty of gastroenterology, and other EPs reporting on HCV and IBD measures. Open to AGA members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AGADHRPQIR</p> <p>PQRS Reporting: Auto-generated report on up to 28 quality measures, for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for Bridges to Excellence™. Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$300-\$750 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American Joint Replacement Registry	Caryn D. Etkin, PhD, MPH Director of Analytics 847-430-5032 etkin@ajrr.net http://www.ajrr.net	No	Individual Measures: 1, 21, 23 Measures Group Only Measures: 350, 351, 352, 353 eCQMs: CMS56v2, CMS66v2, CMS68v3, CMS122v2	No	N/A	The American Joint Replacement Registry (AJRR) offers PQRS submission as a benefit to surgeon participants. There will be an annual \$199 charge for the basic service to use AJRR for PQRS reporting. For additional information and regular updates, please see the AJRR website at http://www.ajrr.net
American Society of Breast Surgeons Mastery of Breast Surgery Program	Contact Information: 877-992-5470 masterybreastsurgery@breastsurgeons.org	No	Individual Measures: 20, 21, 22, 262, 263, 264	<ul style="list-style-type: none"> • Surgeon assessment for hereditary cause of breast cancer • Surgical Site Infection and Cellulitis After Breast and/or Axillary Surgery • Specimen orientation for partial mastectomy or excisional breast biopsy 	The American Society of Breast Surgeons Mastery of Breast Surgery non-PQRS Measure Specifications are located here: https://www.breastsurgeons.org/new_layout/program/mastery/pqrs.php	Open to eligible members of the American Society of Breast Surgeons only. Cost:\$0

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI®)	571-483-1660 gopi@asco.org	No	No	<ul style="list-style-type: none"> • Staging documented within one month of first office visit • Pain intensity quantified by second office visit • Chemotherapy intent documented • Performance status documented prior to initiating non-curative chemotherapy regimen • Chemotherapy administered to patients with metastatic solid tumors and performance status of 3, 4, or undocumented (lower score – better) • Smoking status/tobacco use documented in past year • Antiemetic therapy prescribed for highly emetogenic chemotherapy • Antiemetic therapy prescribed for moderately emetogenic chemotherapy • Pain intensity quantified on either of the last two visits before death • Hospice enrollment and enrolled more than 3 days before death • Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer • Test for Her2/neu overexpression or gene amplification • Trastuzumab received by patients with AJCC stage I (T1c) to III Her2/neu positive breast cancer • Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage I (T1c) to III ER or PR positive breast cancer • GCSF administered to patients who received chemotherapy for metastatic cancer (Lower score-better) • Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer • Location of death documented (*paired measure) • Death from cancer in intensive care unit (*paired measure) • Chemotherapy administered within last 2 weeks of life • Documentation of patient's advance directives by the third office visit 	The Quality Oncology Practice Initiative non-PQRS Measure Specifications are located here: http://www.qopi.asco.org/documents/QOPIQCDR2014.PDF	ASCO offers QOPI participation free to members and their practices. Charges for use of QOPI for PQRS reporting are: ASCO members \$200 Non-members \$275 10 or more providers from one group: \$175 each for members and \$200 for non-members 20 or more providers from one group: \$150 each for members and \$175 for non-members

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry	For more information contact Lance Mueller at l.mueller@asahq.com or askAQI@asahq.com	No	Individual Measures: 30, 44, 76, 130, 143, 226, 342, 358	<ul style="list-style-type: none"> • Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU) • Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy (Adults) • Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics) • Anesthesiology: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit • Composite Anesthesia Safety • Immediate Perioperative Cardiac Arrest Rate • Immediate Perioperative Mortality Rate • PACU Reintubation Rate • Short-term Pain Management • Composite Procedural Safety for Central Line Placement • Composite Patient Experience Measure • Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention 	The Anesthesia Quality Institute non-PQRS Measure Specifications are located here: http://www.aqihq.org/PQRSReporting.aspx	AQI offers individual EP reporting. There is no cost for registry participants.
Chronic Disease Registry, Inc	Program Representative Chris Aufdenberg Clinical Representative Caroline Fife, MD Technical Representative Stephen Fogg 800-603-7986 gcdr@uswoundregistry.com	No	Individual Measures: 1, 2, 20, 21, 22, 23, 46, 47, 111, 117, 119, 126, 127, 128, 130, 131, 154, 155, 163, 173, 182, 197, 204, 226, 236, 241, 245, 246, 257, 265, 317	<ul style="list-style-type: none"> • Adequate Off-loading of Diabetic Foot Ulcers at each visit • Diabetic Foot Ulcer (DFU) Healing or Closure • Plan of Care Creation for Diabetic Foot Ulcer (DFU) Patients not Achieving 30% Closure at 4 Weeks • Diabetic Foot & Ankle Care: Comprehensive Diabetic Foot Examination • Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLU) • Venous Leg Ulcer: Healing or Closure • Plan of Care for Venous Leg Ulcer Patients not Achieving 30% Closure at 4 Weeks • Appropriate use of hyperbaric oxygen therapy for patients with diabetic foot ulcers • Appropriate use of Cellular or Tissue Based Products (CTP) for patients aged 18 years or older with a diabetic foot ulcer (DFU) or venous leg ulcer (VLU) • Vascular Assessment of patients with chronic leg ulcers • Wound Bed Preparation Through Debridement of Necrotic or Non-viable Tissue • Patient Reported Experience of Care: Wound Related Quality of Life 	The Chronic Disease Registry non-PQRS Measure Specifications are located here: http://www.uswoundregistry.com/Specifications.aspx	Benchmarking Only - \$199 PQRS Submission (Sign Up by July 31, 2014) - \$299 Late enrollment (August 1 – October 31, 2014) \$349

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
CUHSM.ORG	(888) 979-2499, Ext 2 Contact information for our D.C. Area and NV offices: clientservices@cuhsm.org http://www.cuhsm.org/contact_us.htm	Please contact the QCDR for specific CEHRT and MU submission information.	<p>Individual Measures: 1, 2, 5, 6, 7, 18, 20, 21, 22, 23, 30, 39, 45, 46, 47, 51, 52, 53, 65, 66, 111, 122, 128, 130, 134, 163, 182, 193, 197, 217, 218, 220, 221, 226, 236, 241, 266, 303, 317, 334, 335, 343, 358</p> <p>Measures Group Only Measures: 270, 281, 352, 354, 355, 356, 357, 359, 360, 361, 362, 363, 364</p> <p>GPRO/ACO Web Interface Measures: All GPRO/ACO Web Interface Measures</p> <p>eCQMs: CMS2v3, CMS22v2, CMS50v2, CMS68v3, CMS69v2, CMS75v2, CMS90v3, CMS117v2, CMS122v2, CMS123v2, CMS124v2, CMS126v2, CMS127v2, CMS135v2, CMS136v3, CMS138v2, CMS139v2, CMS145v2, CMS146v2, CMS149v2, CMS153v2, CMS154v2, CMS155v2, CMS156v2, CMS163v2, CMS165v2, CMS166v3, CMS167v2</p>	<ul style="list-style-type: none"> • Adherence to Statins • Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category • CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) • CAHPS Health Plan Survey v 4.0 - Adult questionnaire • Care for Older Adults (COA) – Medication Review 	The CUHSM.ORG non-PQRS Measure Specifications are located here: http://www.cuhsm.org/2014_qcdr cuhsm.htm	<p>CUHSM is a QCDR collaborative that aims to improve patient outcomes by using efficient tools to compile aggregate healthcare quality reports.</p> <p>Our unique QRDA Report Engine abstracts and analyzes clinical data. Benefits of participation include:</p> <ul style="list-style-type: none"> -- Easy to interpret benchmark reports -- Multiple methods of data submission that fit into practice workflow -- Minimum data collection that delivers maximum clinical value -- Multiple report options <ul style="list-style-type: none"> Practice/Location, Institution, ACO -- Efficient CMS submission process -- Measure sets supported: <ul style="list-style-type: none"> CMS Core Measures (Adult &Ped.); Specialty Outcome measures; Patient Adherence NQF measures; QCDR defined measure set (HQMF) <p>We offer a spectrum of services from consultation to turnkey operation. Our QRDA Report Engine is available via HIPAA secure Cloud or licensed module.</p> <p>Pricing per report year:</p> <ul style="list-style-type: none"> Per EP - CUHSM.org member \$125 Per EP - Non-member \$195 <p>Group and Peer QCDR rates available. Please contact us for details. CUHSM fee structure information at: http://www.cuhsm.org/fee1.htm QRDA Report Engine information at: http://www.cuhsm.org/grdaeng.htm</p>

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry	Roshan Hussain, MPH MBA Director of Analytics & Public Reporting Boston Medical Center Room 2003, BCD Building 800 Harrison Avenue Boston, MA 02118 617-414-1716 Fax: 617-638-8501	No	Individual Measures: 1, 2, 5, 6, 7, 8, 9, 20, 21, 22, 23, 24, 28, 31, 32, 33, 36, 39, 41, 44, 45, 47, 51, 52, 53, 54, 55, 56, 59, 64, 65, 66, 76, 91, 93, 99, 100, 102, 104, 106, 107, 108, 109, 110, 111, 112, 113, 116, 118, 119, 121, 122, 128, 130, 131, 134, 137, 138, 142, 143, 144, 146, 154, 155, 159, 160, 163, 164, 165, 166, 167, 169, 170, 171, 176, 177, 178, 180, 183, 185, 187, 193, 194, 197, 198, 204, 205, 224, 225, 226, 228, 231, 232, 236, 241, 243, 249, 250, 251, 255, 257, 263, 264, 265, 317, 320, 323, 325, 326, 331, 332, 333, 334, 336, 338, 339, 342, 343	No	N/A	Service provided without charge to Faculty Practice Foundation members.
Geriatric Practice Management LTC Qualified Clinical Data Registry	828-348-2888 sales@gEHRImed.com	Please contact the QCDR for specific CEHRT and MU submission information.	Individual Measures: 1, 2, 5, 6, 7, 8, 9, 12, 14, 18, 19, 46, 47, 48, 49, 50, 56, 59, 106, 107, 110, 111, 113, 117, 118, 119, 121, 122, 123, 126, 127, 128, 130, 131, 134, 140, 141, 154, 155, 163, 173, 181, 197, 198, 226, 242, 245, 246, 247, 248, 266, 267, 268, 317, 325, 326, 331, 332, 333, 334, 342 eCQMs: All eCQMs	No	N/A	Available for gEHRImed clients. Standard pricing of \$400 per eligible professional.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
GI Quality Improvement Consortium's GIQuIC Registry	301-263-9000 info@giquic.org http://www.giquic.org	No	No	<ul style="list-style-type: none"> • Adenoma Detection Rate • Adequacy of bowel preparation • Photodocumentation of the cecum (also known as cecal intubation rate) – All Colonoscopies • Photodocumentation of the cecum (also known as cecal intubation rate) – Screening Colonoscopies • Incidence of perforation • Appropriate follow-up interval for normal colonoscopy in average risk patients • Repeat colonoscopy recommended due to poor bowel preparation • Age appropriate screening colonoscopy • Documentation of history and physical rate – Colonoscopy • Appropriate management of anticoagulation in the peri-procedural period rate – EGD • <i>Helicobacter pylori</i> (<i>H. pylori</i>) status rate • Appropriate indication for colonoscopy • Colonoscopy interval for patients with a history of adenomatous polyps – avoidance of inappropriate use 	<p>The GI Quality Improvement Consortium non-PQRS Measure Specifications are located here: http://www.giquic.org/docs/GIQuIC_Measure_Submission.pdf</p>	<p>Services: The GIQuIC registry is a clinical quality registry for gastroenterology currently collecting data and benchmarking performance relative to colonoscopy and esophagogastroduodenoscopy (EGD) procedures. Participating facilities can generate measure reports on-demand and can benchmark performance of physicians within the facility to one another and in comparison to the study as a whole. Data comes into the registry from electronic data capture or manual entry. Ten endoscopic report writers are currently certified with GIQuIC. Measure data from GIQuIC can be used to support the completion of a self-directed Practice Improvement Module (PIM) to meet American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) requirements. GIQuIC is an approved Qualified Clinical Data Registry (QCDR). GIQuIC will report select colonoscopy and EGD measures to CMS for physicians who opt to use GIQuIC for this PQRS reporting option. The GIQuIC website is located at http://www.GIQuIC.org.</p> <p>Cost: There will be no additional fees beyond existing subscription rates for GIQuIC registry participants to use GIQuIC for measure reporting to CMS.</p>

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
ICLOPS	888-4-ICLOPS 312-258-8004 partnering@iclops.com	No	<p>Individual Measures: All Individual Measures</p> <p>Measures Group Only Measures: 148, 149, 150, 151, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 317, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364</p> <p>GPRO/ACO Web Interface Measures: All GPRO/ACO Web Interface Measures</p> <p>eCQMs: CMS50v2, CMS56v2, CMS61v3, CMS62v2, CMS64v3, CMS65v3, CMS66v2, CMS74v3, CMS75v2, CMS77v2, CMS82v1, CMS90v3, CMS117v2, CMS124v2, CMS126v2, CMS136v3, CMS137v2, CMS148v2, CMS153v2, CMS155v2, CMS156v2, CMS158v2, CMS159v2, CMS160v2, CMS166v3, CMS169v2, CMS177v2, CMS179v2</p>	<ul style="list-style-type: none"> • Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment • Patients Treated with an Opioid who are Given a Bowel Regimen • Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated • Patients Admitted to ICU who Have Care Preferences Documented • Patients with Advanced Cancer Screened for Pain at Outpatient Visits • Hospice and Palliative Care -- Pain Screening • Hospice and Palliative Care -- Pain Assessment • Hospice and Palliative Care -- Dyspnea Treatment • Hospice and Palliative Care -- Dyspnea Screening • Hospice and Palliative Care – Treatment Preferences • Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss • Cholecystectomy Outcomes after 90 Days • Unexpected Outcomes for Breast Cancer Surgery • Post-operative Sepsis Rate • Excess Days Rate and Degree of Excess (Including Physician Response) • Re-Admission Rate within 30 Days (Including Physician Response) • Rate of Follow Up Visits within 7 Days of Discharge (including Physician Response) • CG-CAHPS Clinician/Group Survey 	<p>The ICLOPS non-PQRS Measure Specifications are located here: http://www.iclops.com/ic/misc/2014-QCDR-Measures/</p>	<p>ICLOPS offers technology and consultative services by top tier professionals and researchers to help practices measure performance and improve patient outcomes. ICLOPS Registry solutions support clinical integration, PQRS, ACOs, and population health. ICLOPS fosters collaboration with clients in PQRS reporting, including services to optimize the cost-quality score used to calculate the Quality Tier under the Value-Based Payment Modifier. Our work draws on extensive experience as one of the first registries to aggregate data from disparate sources, making it easier to focus physicians on outcomes and not data collection. Platform pricing is based on volume, with per-provider equivalents ranging from \$130 for large groups to \$900 for small groups, along with a one-time setup fee. Please contact partnering@iclops.com for more information.</p>
IRIS™ Registry	irisregistry@aao.org	No	<p>Individual Measures: 12, 14, 18, 19, 117, 130, 137, 138, 140, 141, 191, 192, 224, 226, 265</p>	No	N/A	Free to American Academy of Ophthalmology members practicing in the United States

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Louisiana State University Health Care Quality Improvement Collaborative (Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)	support@medconcert.com	No	<p>Individual Measures: 1, 2, 5, 8, 53, 64, 111, 112, 113, 117, 119, 121, 122, 123, 128, 143, 146, 159, 160, 163, 205, 226, 231, 232, 317, 333, 338, 339</p> <p>eCQMs: CMS22v2, CMS52v2, CMS69v2, CMS122v2, CMS123v2, CMS124v2, CMS125v2, CMS127v2, CMS130v2, CMS131v2, CMS134v2, CMS135v2, CMS138v2, CMS144v2, CMS157v2, CMS163v2, CMS166v3</p>	No	N/A	<p>The Louisiana State University Health Care Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report & improve patient outcomes.</p> <p>Who should enroll? All providers across specialties. Open to LSU-employed providers, LSU affiliates and other providers.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/LSUQIR</p> <p>PQRS Reporting: Auto-generated report on up to 45 quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies).</p> <p>Annual Fee: no charge up to \$599 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to available national benchmarks and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Massachusetts eHealth Collaborative Quality Data Center QCDR	860 Winter Street Waltham, MA 02451 781- 434-7905 contact@maehc.org	Please contact the QCDR for specific CEHRT and MU submission information.	Individual Measures: 1, 2, 110, 111, 236 GPRO/ACO Web Interface Measures: CAD-2, CAD-7, DM-2, DM-13, DM-14, DM-15, DM-16, DM-17, HF-6, HTN-2, IVD-1, IVD-2, PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, PREV-12 eCQMs: CMS2v3, CMS50v2, CMS62v2, CMS65v3, CMS68v3, CMS69v2, CMS74v3, CMS75v2, CMS77v2, CMS82v1, CMS117v2, CMS122v2, CMS123v2, CMS124v2, CMS125v2, CMS126v2, CMS127v2, CMS130v2, CMS131v2, CMS134v2, CMS136v3, CMS138v2, CMS146v2, CMS147v2, CMS148v2, CMS149v2, CMS153v2, CMS154v2, CMS155v2, CMS157v2, CMS158v2, CMS163v2, CMS164v2, CMS165v2, CMS166v3, CMS177v2, CMS182v3	No	N/A	Integrated clinical quality measurement services. MU Certified modular EMR, consultative services for integration with EMR and electronic reporting to CMS for ACO, PQRS, and MU programs. Costs vary with complexity. Range: \$30 - \$150 pp/pm. Please call for details.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR	Rasa Krapikas rkrapikas@facs.org	No	No	<ul style="list-style-type: none"> • Risk standardized rate of patients who experienced a postoperative complication within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced an unplanned readmission (likely related to the initial operation) to any hospital within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced a reoperation (likely related to the initial operation) within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced an anastomotic/staple line leak within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced a bleeding/hemorrhage event requiring transfusion, intervention/operation, or readmission within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced a postoperative surgical site infection (SSI) (superficial incisional, deep incisional, or organ/space SSI) within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced postoperative nausea, vomiting or fluid/electrolyte/nutritional depletion within 30 days following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Risk standardized rate of patients who experienced extended length of stay (> 7 days) following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure • Percentage of patients who had complete 30 day follow-up following any metabolic and bariatric procedure 	The Metabolic and Bariatric Surgery non-PQRS Measure Specifications are located here: http://www.mbsaqip.info/wp-content/uploads/2014/03/MBSAQIP-QCDR-specifications.pdf	MBSAQIP will submit approved measures to CMS on behalf of consenting surgeons participating in the MBSAQIP Data Registry. Services are provided to participants at no cost.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Michigan Bariatric Surgery Collaborative QCDR	Amanda O'Reilly, RN, MS Senior Project Manager MBSC 2800 Plymouth Rd, Building 16 Room 141E Ann Arbor, MI 48109-2800 734-998-7481 Fax: 734-998-7473 aoreilly@med.umich.edu	No	No	<ul style="list-style-type: none"> Medical Complications Surgical Site Complications Serious Complications MBSC Venous Thromboembolism prophylaxis adherence rates for Perioperative Care MBSC Venous Thromboembolism prophylaxis adherence rates for Postoperative Care MBSC Venous Thromboembolism prophylaxis adherence rates for Post-discharge Care Extended Length of Stay (LOS) Unplanned Emergency Room (ER) visits Unplanned Hospital Readmission within 30 Days of Principal Procedure 	The Michigan Bariatric Surgery Collaborative non-PQRS Measure Specifications are located here: https://www.michiganbsc.org/Registry/static/mbsc/content/MBSC_QCDR.pdf	Services offered: The Michigan Bariatric Surgery Collaborative (MBSC) QCDR will report on our approved measures for participating surgeons who agree to have their data submitted. Cost: No charge for the service.
Michigan Urological Surgery Improvement Collaborative QCDR	Susan Linsell, MHSA Senior Project Manager Michigan Urological Surgery Improvement Collaborative (MUSIC) University of Michigan - Department of Urology Building 16, 1st Floor, 149S 2800 Plymouth Road Ann Arbor, MI 48109-2800 734-232-2398 Fax: 734-232-2400 slinsell@med.umich.edu	No	Individual Measures: 102, 104, 194, 250	<ul style="list-style-type: none"> Prostate Biopsy: Compliance with AUA best practices for antibiotic prophylaxis for transrectal ultrasound-guided (TRUS) biopsy Unplanned Hospital Admission within 30 Days of TRUS Biopsy Prostate Cancer: Avoidance of Overuse of CT Scan for Staging Low Risk Prostate Cancer Patients Prostate Cancer: Proportion of patients with low-risk prostate cancer receiving active surveillance Prostate Cancer: Percentage of prostate cancer cases with a length of stay > 2 days Unplanned Hospital Readmission within 30 Days of Radical Prostatectomy 	The Michigan Urological Surgery Improvement non-PQRS Measure Specifications are located here: https://musicurology.com/Registry/static/music/content/MUSIC%20QCDR.pdf?menuId=2062	In regards to services offered, the Michigan Urological Surgery Improvement Collaborative (MUSIC) QCDR will report to PQRS on the approved measures for all participating eligible professionals who agree to have their data submitted. At this time, there is no cost to participants for this service

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity	Debbie Zeldow, Senior Director, Clinical Programs, National Bone Health Alliance debbie.zeldow@nbha.org	No	Individual Measures: 24, 39, 40, 41, 154, 155	<ul style="list-style-type: none"> Laboratory Investigation for Secondary Causes of Fracture Risk Assessment/Treatment After Fracture Discharge Instructions: Emergency Department Osteoporosis management in women who had a fracture Osteoporosis testing in older women Hip Fracture Mortality Rate (IQI 19) Osteoporosis: percentage of patients, regardless of age, with a diagnosis of osteoporosis who are either receiving both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months Osteoporosis: percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months 	The National Osteoporosis Foundation non-PQRS Measure Specifications are located here: http://www.medconcert.com/FractureQIR	<p>The NOF and NBHA Quality Improvement Registry, in collaboration with CECity, is the only QCDR focused on measuring, reporting and improving patient outcomes in osteoporosis and post-fracture care.</p> <p>Who should enroll? All providers and specialties caring for patients with osteoporosis.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/FractureQIR</p> <p>PQRS Reporting: Auto-generated report on up to 14 meaningful and relevant osteoporosis and post-fracture quality measures.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board-specific policies). Connect your EHR to achieve MU2 Specialized Registry. Annual Fee: \$499-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores Comparison to available national benchmarks and peer-to-peer comparison Performance gap analysis & patient outlier identification Links to targeted education, tools and resources for improvement (free and fee-based) Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
OBERD QCDR	OBERD QCDR 800 Cherry Street 2 nd Floor Columbia, MO 65201 573-442-7101 QCDR@oberd.com	No	Individual Measures: 20, 21, 22, 23, 110, 111, 128, 130, 154, 163 eCQMs: CMS56v2, CMS66v2, CMS156v2, CMS159v2, CMS160v2	<ul style="list-style-type: none"> • Back Pain: Mental Health Assessment • Back Pain: Patient Reassessment • Back Pain: Shared Decision Making • Pain Assessment and Follow-Up • Back Pain: Surgical Timing • Orthopedic Pain: Mental Health Assessment • Orthopedic Pain: Patient Reassessment • Orthopedic Pain: Shared Decision Making • Orthopedic Pain: Assessment and follow-up • Quality of Life (VR-12 or Promis Global 10) Monitoring • Quality of Life (VR-12 or Promis Global 10) Outcomes • CG-CAHPS Adult Visit Composite Tracking • Orthopedic Functional and Pain Level Outcomes 	The OBERD QCDR non-PQRS Measure Specifications are located here: http://www.oberd.com/our_products/pgars/	Electronic Data Collection, Calculation and Submission of Measure Scores. No charge to users of OBERD System.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Oncology Nursing Society Quality Improvement Registry in collaboration with CECity	research@ons.org	No	No	<ul style="list-style-type: none"> • Symptom Assessment • Intervention for Psychosocial Distress • Intervention for Fatigue • Intervention for Sleep -Wake Disturbance • Assessment for Chemotherapy Induced Nausea and Vomiting • Education on Neutropenia Precautions • Post-Treatment Symptom Assessment • Post-Treatment Symptom Intervention • Post-Treatment Education • Post-Treatment Goal Setting • Post-Treatment Goal Attainment • Post-Treatment Follow Up Care • Fatigue Improvement • Psychosocial Distress Improvement 	<p>The Oncology Nursing Society non-PQRS Measure Specifications are located here: http://www.medconcert.com/ONSQIR</p>	<p>The Oncology Nursing Society Quality Improvement Registry, in collaboration with CECity, aims to measure, report and improve patient outcomes in oncology.</p> <p>Who should enroll? Specialty of oncology. Open to ONS members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/ONSQIR</p> <p>PQRS Reporting: Auto-generated report on up to 14 quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$499 to \$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve population health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis and patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
<p>Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)</p>	<p>mshsupport@mckesson.com support@medconcert.com</p>	<p>Please contact the QCDR for specific CEHRT and MU submission information</p>	<p>Individual Measures: 39, 41, 47, 48, 67, 68, 69, 70, 71, 72, 76, 99, 100, 102, 104, 108, 109, 110, 111, 112, 113, 128, 130, 131, 134, 137, 138, 142, 143, 144, 145, 146, 147, 154, 155, 156, 157, 173, 176, 177, 178, 179, 180, 194, 224, 225, 226, 234, 250, 251, 262, 263, 264, 265, 317 eCQMs: CMS2v3, CMS22v2, CMS68v3, CMS69v2, CMS75v2, CMS125v2, CMS126v2, CMS127v2, CMS129v3, CMS130v2, CMS138v2, CMS140v1*, CMS141v3, CMS146v2, CMS147v2, CMS153v2, CMS154v2, CMS155v2, CMS156v2, CMS157v2, CMS165v2</p>	<ul style="list-style-type: none"> • Hospital emergency room chemotherapy related visits • Hospital admissions related to complications of chemotherapy • Hospital days • Advance Care Planning in Stage 4 disease • Chemotherapy in the last two weeks of life • In Hospital Deaths • In ICU Deaths • Hospice admission rate for patients dying with a cancer diagnosis • PET utilization in Breast Cancer surveillance • CEA and Breast Cancer • GCSF Utilization of GCSF in Metastatic Colon Cancer • Appropriate antiemetic usage • Appropriate trastuzumab use in women with HER2/neu gene over expression • Appropriate use of antibody therapy in Colon cancer • Appropriate use of late line chemotherapy in metastatic lung cancer • Intensity-modulated radiation therapy (IMRT) 	<p>The Oncology Quality Improvement Collaborative non-PQRS Measure Specifications are located here: http://www.mshregistry.com/</p>	<p>The Oncology Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report & improve patient outcomes in oncology and specialty care.</p> <p>Who should enroll? All providers and practices in applicable specialties.</p> <p>Where to enroll? Learn more at http://www.mshregistry.com/</p> <p>PQRS Reporting: Auto-generated report on up to 76 quality measures, for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies).</p> <p>Annual Fee: \$399-\$599 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Physician Health Partners QCDR	Larry Field DO, MBA CHCQM, CPC, CHC, LHRM Director PHP QCDR at MRMC 352-895-9546 Dr.LarryField@MRHS.org	No	Individual Measures: 1, 2, 5, 6, 8, 9, 12, 14, 20, 21, 22, 23, 32, 33, 35, 40, 41, 46, 47, 51, 52, 53, 54, 55, 64, 65, 66, 67, 68, 69, 70, 71, 72, 76, 81, 85, 87, 91, 99, 100, 106, 107, 108, 110, 111, 112, 113, 116, 117, 118, 119, 121, 130, 131, 134, 137, 138, 140, 143, 144, 145, 146, 147, 156, 159, 160, 163, 173, 177, 178, 179, 181, 185, 191, 192, 193, 194, 195, 197, 198, 204, 226, 241, 247, 248, 250, 262, 326	No	N/A	Physician Members of Physician Health Partners only. Cost \$0.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Premier Healthcare Alliance Physician Registry™	Lori Harrington, MHA Director, Regulatory Solutions Lori_Harrington@premierinc.com	No	No	<ul style="list-style-type: none"> • 30 day Readmission for Acute Myocardial Infarction • 30 day Readmission for Heart Failure • 30 day Readmission for Pneumonia • 30 day Mortality for Acute Myocardial Infarction • 30 day Mortality for Heart Failure • 30 day Mortality for Pneumonia • Venous Thromboembolism (VTE) Prophylaxis • Discharged on Antithrombotic Therapy • Anticoagulation Therapy for Atrial Fibrillation/Flutter • Elective Delivery • Aspirin at arrival • Evaluation of LVS function • Initial antibiotic selection for CAP immunocompetent patients • Prophylactic antibiotic received within 1 hour prior to surgical incision • Prophylactic antibiotic selection for surgical patients • Prophylactic antibiotics discontinued within 24 hours after surgery end (48 hrs for CABG/Other Cardiac Surgery) • Surgery patients on beta blocker therapy who receive a beta blocker during the perioperative period • Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery up to 24 hours after surgery end time • Antibiotic Timing • Antibiotic Selection 	<p>The Premier Healthcare Alliance Physician Registry™ non-PQRS Measure Specifications are located here: https://www.premierinc.com/wps/wcm/connect/bfc695a2-ca6e-4233-ae69-428e0e922777/Premier_Healthcare_Alliance_QCDR_Measure_Specifications-052014.pdf?MOD=AJPERES</p>	<p>Services: The Premier Healthcare Alliance Physician Registry will be reporting NQF-endorsed and custom measures for a variety of physician specialties.</p> <p>Benefits: Administrative access to on-demand individual, peer and facility level reports Web-based access for physicians to view up-to-date personal performance dashboards at any time Ability to participate in collaborative activities fostering peer-to-peer learning including a hosted online Physician Registry community and formal collaborative committee groups Ability to view physician performance for the entire acute care setting regardless of EHR, payor, or specialty. Comparison to national benchmarks Access to educational sessions provided by industry-leading subject matter experts on the rapid changes to the regulatory reporting landscape.</p> <p>Cost: Premier members who currently subscribe to Premier Quality Solutions can submit measure through the Premier Healthcare Alliance Physician Registry™ for \$225/NPI.</p>

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Renal Physicians Association Quality Improvement Registry in collaboration with CECity	301-468-3515 rpa@renalmd.org	Please contact the QCDR for specific CEHRT and MU submission information.	<p>Individual Measures: 1, 2, 46, 47, 81, 82, 110, 111, 119, 121, 122, 123, 126, 127, 128, 130, 154, 155, 226, 327, 328, 329, 330</p> <p>eCQMs: CMS68v3, CMS69v2, CMS122v2, CMS127v2, CMS134v2, CMS138v2, CMS139v2, CMS147v2, CMS163v2, CMS165v2</p>	<ul style="list-style-type: none"> • Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (PCPI Measure #: AKID-2) • Adequacy of Volume Management (PCPI Measure #: AKID-4) • ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL (PCPI Measure #: AKID-6) • Arteriovenous Fistula Rate (PCPI Measure #: AKID-8) • Transplant Referral (PCPI Measure #: AKID-13) • Advance Care Planning (PCPI Measure #: AKID-14a) • Advance Directives Completed (PCPI Measure #: AKID-14b) • Referral to Hospice (PCPI Measure #: AKID-15) • Advance Care Planning (Pediatric Kidney Disease) (PCPI Measure #: PKID-4) 	The Renal Physicians Association non-PQRS Measure Specifications are located here: http://www.medconcert.com/RPAQIR	<p>The Renal Physicians Association Quality Improvement Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes in renal care.</p> <p>Who should enroll? Nephrologists and nephrology practitioners. Open to RPA members (discount available) & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/RPAQIR</p> <p>PQRS Reporting: Auto-generated report on up to 34 measures, including CKD, Adult/Pediatric ESRD, Palliative Care, Vascular Access, and Patient Safety for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies). Connect your EHR to achieve MU2 eCQM, and MU2 Specialized Registry.</p> <p>Annual Fee: \$499-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to available national benchmarks and peer-to-peer comparison • Performance gap analysis and patient outlier identification • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Society of Thoracic Surgeons National Database	Donna McDonald dmcDonald@sts.org Laura Medek lmedek@sts.org	No	Individual Measures: 20, 21, 43, 44, 45, 164, 165, 166, 167, 168, 169, 170, 171	<ul style="list-style-type: none"> • CABG- Prolonged Length of Stay • CABG- Short Length of Stay • CABG + Valve Prolonged Length of Stay • CABG + Valve Short Length of Stay • Valve- Prolonged Length of Stay • Valve- Short Length of Stay 	The Society of Thoracic Surgeons non-PQRS Measure Specifications are located here: http://www.sts.org/quality-research-patient-safety/quality-physician-quality-reporting-system	STS will submit PQRS data to CMS on behalf of consenting surgeons participating in the STS Adult Cardiac Surgery Database. PQRS participation is free to Adult Cardiac Surgery Database Participants.
The Guideline Advantage™ (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManager®	Laura Jansky 214-706-1701	No	Individual Measures: 1, 2, 6, 110, 112, 113, 119, 128, 197, 204, 226, 236, 241, 317, 326 eCQMs: CMS124v2	No	N/A	PQRS measures will be submitted to CMS for consenting physicians that participate in The Guideline Advantage. There is no fee for participants of The Guideline Advantage for this service.
Vancouver Clinic	Kathy Fritz, JD, BSN, Director of Quality & Medical Affairs 360-397-5527 kfritz@tvc.org Eric Lowe, IS Manager 360-397-3471 elowe@tvc.org	Please contact the QCDR for specific CEHRT and MU submission information.	Individual Measures: 1, 2, 5, 65, 66, 110, 111, 112, 113, 119, 128, 130, 163, 204, 226, 236 eCQMs: CMS61v3, CMS68v3, CMS69v2, CMS117v2, CMS122v2, CMS123v2, CMS124v2, CMS125v2, CMS127v2, CMS130v2, CMS134v2, CMS135v2, CMS138v2, CMS146v2, CMS147v2, CMS148v2, CMS153v2, CMS154v2, CMS156v2, CMS163v2, CMS164v2, CMS165v2	<ul style="list-style-type: none"> • Use of High-Risk Medications in the Elderly • Childhood Immunization Status • Chlamydia Screening for Women • Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed • Cervical Cancer Screening • Hemoglobin A1c Test for Pediatric Patients • CG-CAHPS Clinician / Group Survey 	The Vancouver Clinic non-PQRS Measure Specifications are located here: http://www.tvc.org/Site/Content/News/Qualified%20Clinical%20Data%20Registry%20Documentation.pdf	Eligible professional members of The Vancouver Clinic only. Cost \$0.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Wisconsin Collaborative for Healthcare Quality	Mary Gordon 608-775-4519 mgordon@wchq.org	Please contact the QCDR for specific CEHRT and MU submission information.	<p>Individual Measures: 20, 21, 22, 110</p> <p>eCQMs: CMS2v3, CMS22v2, CMS50v2, CMS65v3, CMS69v2, CMS122v2, CMS125v2, CMS127v2, CMS130v2, CMS138v2, CMS139v2, CMS147v2, CMS156v2, CMS159v2, CMS160v2, CMS164v2, CMS165v2, CMS166v3</p>	<ul style="list-style-type: none"> • Diabetes Care - A1C Blood Sugar Testing • Diabetes Care - A1C Blood Sugar Control • Diabetes Care - LDL Cholesterol Testing • Diabetes Care - LDL Cholesterol Control • Diabetes Care - Kidney Function Monitored • Diabetes Care - Blood Pressure Control • Diabetes Care - Tobacco Free • Diabetes Care - Daily Aspirin or Other Antiplatelet • Diabetes Care - All or None Process Measure: Optimal Testing • Diabetes Care - All or None Process Measure: Optimal Outcomes • Controlling High Blood Pressure: Blood Pressure Control • Ischemic Vascular Disease Care: Daily Aspirin or Other Antiplatelet • Ischemic Vascular Disease Care: Blood Pressure Control • Preventive Care: Adults with Pneumococcal Vaccinations • Preventive Care: Screening for Osteoporosis • Adult Tobacco Use: Screening for Tobacco Use (2) • Preventive Care: Breast Cancer Screening • Preventive Care: Cervical Cancer Screening • Preventive Care: Colorectal Cancer Screening • CG-CAHPS Clinician / Group Survey 	The Wisconsin Collaborative for Healthcare Quality non-PQRS Measure Specifications are located here: http://onlinecommunity.wchq.org/?page=qcdr	No additional fees for current WCHQ members. Price varies for non-WCHQ members.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)	support@medconcert.com	No	<p>Individual Measures: 126, 127, 163, 245, 246</p> <p>eCQMs: CMS50v2</p>	<ul style="list-style-type: none"> Chronic wound care: assessment of wound characteristics in patients undergoing debridement Chronic wound care: patient education regarding diabetic foot care Chronic wound care: offloading (pressure relief) of diabetic foot ulcers Chronic wound care: patient education regarding long term compression therapy Chronic wound care: use of compression system in patients with venous ulcers Effective use of biologic dressings Peripheral artery disease (PAD) screening 	<p>The Wound Care Quality Improvement non-PQRS Measure Specifications are located here: http://www.medconcert.com/WoundQIR</p>	<p>The Wound Care Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report & improve patient outcomes in wound care treatment and management.</p> <p>Who should enroll? All providers across specialties involved in wound care treatment and management. Open to all EHRs and practice management organizations. Where to enroll? Learn more at http://www.medconcert.com/WoundQIR</p> <p>PQRS Reporting: Auto-generated reporting on up to 13 quality measures, including diabetic wound care and PAD for PQRS and VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies).</p> <p>Annual Fee: \$349-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores. Comparison to national benchmarks (where available) and peer-to-peer comparison Performance gap analysis & patient outlier identification (where available) Links to targeted education, tools and resources for improvement Performance aggregation at the practice and organization level available

ⁱ QCDRs, using Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eQMs as required under the EHR Incentive Program, may submit eQM data for the purposes of meeting the eQM reporting component for the EHR Incentive Program. The product or module must be CEHRT for the eligible professional to satisfy the eQM component of meaningful use.

ⁱⁱ The *2014 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures* (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>) must be used to report individual measures.

ⁱⁱⁱ Measures group only measures are the measures within a measures group that do not have a correlating individual measure within the individual measures. The *2014 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual* (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>) must be used for these measures group only measures.

^{iv} The Group Practice Reporting Option (GPRO)/Accountable Care Organizations (ACO) Web Interface Narrative Measures are the measures defined for the web interface reporting option for GPROs and ACOs. The *2014 GPRO/ACO Web Interface Narrative Measure Specifications* (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html) must be used for these GPRO/ACO web interface measures. Please note that GPRO's and ACOs who have select the web interface reporting option must report through the web interface and not a QCDR. While QCDRs are able to support the GPRO Web Interface Measures, they are **NOT** able to submit on behalf of a GPRO or ACO for the 2014 program year.

^v Only the Electronic Clinical Quality Measures (eQMs) are able to be utilized for the EHR Incentive Program. The June 2013 version of the eQMs (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eQM_Library.html) must be used when supporting the EHR Incentive Program. *Please note that a substantive error which would result in a, erroneous zero percent performance rate when reported was found in the June 2013 version of CMS140v2, Breast Cancer Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387), CMS will require the use of the prior, December 2012 version of this measure, which is CMS140v1.