

## 2015 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 2015 Physician Quality Reporting System (PQRS) program year (PY). These entities have self-nominated and indicated that they meet the requirements as outlined by CMS in the 2015 Medicare Physician Fee Schedule (MPFS) 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 for the EHR Incentive Program.

In the table below, each of the 2015 QCDRs have 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 2 outcome measures for at least 50 percent of an eligible professional's (EPs) patients. If the QCDR does not support 2 outcome measures, then the QCDR must have and report at least 1 outcome measure and 1 of the following other types of measure: 1 resource use, OR patient experience of care, OR efficiency appropriate use, OR patient safety measure.\*

Additional information, including QCDR reporting details and the steps an EP should take in selecting a QCDR can be found in the 2015 PQRS QCDR Participation Made Simple on the [Qualified Clinical Data Registry Reporting](#) section of the [CMS PQRS website](#). EPs wishing to participate in 2015 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 and Contact Information	Participated as a QCDR in Previous PY	EHR Incentive Program Supported <sup>i</sup>	Public Reporting Location	PQRS Measures Supported (Individual Measures <sup>ii</sup> , Measures Group Only Measures <sup>iii</sup> , GPRO/ACO Web Interface Measures <sup>iv</sup> , Electronic Clinical Quality Measures [eCQMs] <sup>v</sup> )	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 <a href="mailto:QCDR@aaaai.org">QCDR@aaaai.org</a>	Yes	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 53, 111, 130, 226, 331, 332, 333, 334, 402	<ul style="list-style-type: none"> <li>• Optimal Asthma Control</li> <li>• Asthma: Assessment of Asthma Control – Ambulatory Care Setting</li> <li>• Asthma Control: Minimal Important Difference Improvement</li> <li>• Asthma Assessment and Classification</li> <li>• Lung Function/Spirometry Evaluation</li> <li>• Patient Self-Management and Action Plan</li> <li>• Allergen Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment</li> <li>• Documentation of Clinical Response to Allergen Immunotherapy within One Year</li> <li>• Documented Rationale to Support Long-Term Aeroallergen Immunotherapy Beyond Five Years, as Indicated</li> <li>• Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year</li> <li>• Assessment of Asthma Symptoms Prior to Administration of Allergen Immunotherapy Injection(s)</li> <li>• Documentation of the Consent Process for Subcutaneous Allergen Immunotherapy in the Medical Record</li> <li>• Penicillin Allergy: Appropriate Removal or Confirmation</li> <li>• Body Mass Index</li> <li>• Influenza Immunization</li> </ul>	The AAAAI non-PQRS Measure Specifications are located here: <a href="http://www.medconcert.com/AAAAIQIR">http://www.medconcert.com/AAAAIQIR</a>	<p>The AAAAI Allergy, Asthma &amp; Immunology Quality Clinical Data Registry in collaboration with CECity is intended to foster performance improvement.</p> <p><b>Who should enroll?</b> Physicians in Allergy/Immunology; AAAAI members &amp; non-members.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/AAAAIQIR">http://www.medconcert.com/AAAAIQIR</a></p> <p><b>Annual Member Fee:</b> \$500 per AAAAI member, \$650 per non-member</p> <p><b>PQRS Reporting:</b> Auto-generated report on up to 24 quality measures, including asthma, allergen immunotherapy, &amp; more for PQRS and VBM</p> <p><b>Other Quality Reporting Programs Available:</b> 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><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports</li> <li>• Comparison to national benchmarks (where available) and peer-to-peer comparison</li> <li>• Performance gap analysis &amp; patient outlier identification (where available)</li> <li>• Links to targeted education, tools and resources for improvement</li> <li>• Improve population health and manage quality measures component of the VBM</li> <li>• Performance aggregation at the practice and organization level available</li> </ul>

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<p>ABG Anesthesia Data Group, LLC</p> <p>Dr. Ross Musumeci, Medical Director  <a href="mailto:musumeciross@gmail.com">musumeciross@gmail.com</a>            (regarding clinical matters)</p> <p>Administrative Questions:            Joy Ketchum, CEO  <a href="mailto:jketchum@anesthesiabusinessgroup.com">jketchum@anesthesiabusinessgroup.com</a>            (for enrollment and general information)</p>	No	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 44, 76, 130, 193	<ul style="list-style-type: none"> <li>• Anesthesia Safety in the Peri-Operative Period</li> <li>• Total Perioperative Cardiac Arrest Rate</li> <li>• Total Perioperative Mortality Rate</li> <li>• PACU Intubation Rate</li> <li>• Composite Procedural Safety for All Vascular Access Procedures</li> <li>• Rate of Unplanned Use of Difficult Airway Equipment and/or Failed Airway</li> <li>• Immediate Adult Post-Operative Pain Management</li> <li>• Use of Checklist for Transfer of Care From Anesthesia Provider</li> <li>• OR Fire</li> <li>• Day of Surgery Case Cancellation Rate</li> <li>• Anaphylaxis During Anesthesia Care</li> <li>• Anesthesia: Patient Experience Survey</li> <li>• Malignant Hyperthermia</li> <li>• Corneal Abrasion</li> <li>• Dental Injury</li> </ul>	<p>The ABG Anesthesia Data Group non-PQRS Measure Specifications are located here:  <a href="http://www.anesthesiabusinessgroup.com/index.php/non-pqrs-measures/">http://www.anesthesiabusinessgroup.com/index.php/non-pqrs-measures/</a></p>	<ol style="list-style-type: none"> <li>1. Anesthesia related data.</li> <li>2. Data submitted electronically.</li> <li>3. Participation cost per year for non ABG Members is \$150 per provider.</li> <li>4. ABG Affiliates cost is \$125 per provider.</li> <li>5. ABG Equity Members cost for reporting is \$50 per provider.</li> <li>6. Custom app available to collect required data. Runs on iPad/Smartphone. Cost is expected to be between \$50 and \$25 per provider/month. Collects all data necessary for ABG QCDR.</li> <li>7. Reporting of anesthesia related PQRS and ABG specially approved Non PQRS measures for 2015</li> <li>8. Web based reports for participant direct access to data.</li> </ol>

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<p>ACR National Radiology Data Registry (NRDR)</p> <p>For QCDR questions: 800-227-5463, Ext 3535 <a href="mailto:nrd@acr.org">nrd@acr.org</a></p> <p>For PQRS reporting questions: <a href="mailto:p4p@acr.org">p4p@acr.org</a> <a href="http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry">http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry</a></p>	Yes	No	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> 21, 22, 23, 76, 145, 146, 147, 195, 225</p> <p><b>Measures Group Only Measures:</b> 359, 360, 362, 363, 364</p>	<ul style="list-style-type: none"> <li>•CT Colonography True Positive Rate</li> <li>•CT Colonography Clinically Significant Extracolonic Findings</li> <li>•Screening Mammography Cancer Detection Rate (CDR)</li> <li>•Screening Mammography Invasive Cancer Detection Rate (ICDR)</li> <li>•Screening Mammography Abnormal Interpretation Rate (Recall Rate)</li> <li>•Screening Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended)</li> <li>•Screening Mammography Node Negativity Rate</li> <li>•Screening Mammography Minimal Cancer Rate</li> <li>•Median Dose Length Product for CT Head/Brain without contrast (single phase scan)</li> <li>•Median Size Specific Dose Estimate for CT Chest without contrast (single phase scan)</li> <li>•Median Dose Length Product for CT Chest without contrast (single phase scan)</li> <li>•Median Size Specific Dose Estimate for CT Abdomen-Pelvis with Contrast (single phase scan)</li> <li>•Median Dose Length Product for CT Abdomen-pelvis with contrast (single phase scan)</li> <li>•Participation in a National Dose Index Registry</li> <li>•Report Turnaround Time: Radiography</li> <li>•Report Turnaround Time: Ultrasound (Excluding Breast US)</li> <li>•Report Turnaround Time: MRI</li> <li>•Report Turnaround Time: CT</li> <li>•Report Turnaround Time: PET</li> <li>•CT IV Contrast Extravasation Rate (Low Osmolar Contrast Media)</li> <li>•Lung Cancer Screening Cancer Detection Rate (CDR)</li> <li>•Lung Cancer Screening Positive Predictive Value (PPV)</li> <li>•Lung Cancer Screening Abnormal Interpretation Rate</li> <li>•Timing of Antibiotics-Ordering Physician; Formerly PQRS #20</li> </ul>	<p>The ACR National Radiology Data Registry non-PQRS Measure Specifications are located here: <a href="http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Qualified-Clinical-Data-Registry">http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Qualified-Clinical-Data-Registry</a></p>	<p><b>Services:</b></p> <p>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: <a href="http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry">http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry</a></p> <p>NRDR will report NRDR and PQRS measures to CMS for physicians who opt to use NRDR for this purpose.</p> <p><b>Cost:</b></p> <p>The following reporting fees will apply (in addition to NRDR participation fees):</p> <ul style="list-style-type: none"> <li>- ACR Member rate: \$199 per physician per year</li> <li>- Non-Member rate: \$299 per physician per year</li> </ul> <p>The NRDR Registration Process and Fee Structure is located at: <a href="http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Registration-Process-and-Fee-Structure">http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Registration-Process-and-Fee-Structure</a></p>

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American College of Surgeons (ACS) Surgeon Specific Registry (SSR) QCDR  Bianca Reyes Agregado <a href="mailto:ssr@facs.org">ssr@facs.org</a>	No	No	<a href="#">Surgeon Specific Registry Public Reporting</a>	<b>Individual Measures: 47</b>	<ul style="list-style-type: none"> <li>• Prophylactic Antibiotics in Abdominal Trauma</li> <li>• Discontinuation of Prophylactic Antibiotics in Abdominal Trauma</li> <li>• Venous Thromboembolism (VTE) Prophylaxis in Trauma Patients</li> <li>• Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections in Elective CVC Insertions following Trauma</li> <li>• Documentation of Anticoagulation Use in the Medical Record</li> <li>• Documentation of Glasgow Coma Score at Time of Initial Evaluation</li> <li>• Risk Standardized Mortality Rate within 30 Days Following Trauma Operation</li> <li>• Risk Standardized Pneumonia Rate within 30 Days Following Operation</li> <li>• Risk Standardized Urinary Tract Infection Rate within 30 Days Following Operation</li> <li>• Risk Standardized Decubitus Ulcer Rate within 30 Days Following Operation</li> </ul>	The American College of Surgeons (ACS) Surgeon Specific Registry (SSR) QCDR non-PQRS Measure Specifications are located here: <a href="https://www.facs.org/quality-programs/ssr/pqrs/options">https://www.facs.org/quality-programs/ssr/pqrs/options</a>	Free for ACS surgeon members; \$299 per year for non-ACS surgeon members

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American College of Cardiology Foundation CathPCI Registry	No	No	<a href="http://www.acc.org/About-Us/Our-Work/Quality-Improvement/Quality-Reporting">American College of Cardiology Foundation CathPCI Registry Public Reporting</a>	Individual Measures: 130	<ul style="list-style-type: none"> <li>• Stroke intra or post PCI procedure in patients without CABG or other major surgeries during admission</li> <li>• New requirement for dialysis post PCI in patients without CABG or other major surgeries during admission</li> <li>• Vascular access site injury requiring treatment or major bleeding post PCI in patients without CABG or other major surgeries during admission</li> <li>• Cardiac tamponade post PCI in patients without CABG or other major surgery during admission.</li> <li>• STEMI patients receiving immediate PCI within 90 minutes</li> <li>• ACE-I or ARB prescribed at discharge for patients with an ejection fraction &lt; 40% who had a PCI during the episode of care</li> <li>• Beta-blockers prescribed at discharge for AMI patients who had a PCI during admission</li> <li>• Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy</li> <li>• PCI procedures that were inappropriate for patients with Acute Coronary Syndrome (ACS).</li> <li>• Median length of stay post PCI procedure for patients with STEMI and without CABG or without other major surgery during admission</li> <li>• Median length of stay post PCI procedure for patients with a PCI Indication that is not STEMI and without CABG or without other major surgery during admission</li> <li>• Stress testing with Spect MPI performed and the results were not available in the medical record.</li> <li>• Cardiac Rehabilitation Patient Referral From an Inpatient Setting</li> <li>• Contrast dose monitored and recorded during the procedure</li> </ul>	The American College of Cardiology Foundation CathPCI Registry non-PQRS Measure Specifications are located here: <a href="http://cvquality.acc.org/NCDR-Home/About-NCDR/Benefits-of-Participating.aspx">http://cvquality.acc.org/NCDR-Home/About-NCDR/Benefits-of-Participating.aspx</a>	The ACCF's program the National Cardiovascular Data Registry (NCDR) provides evidence based solutions for cardiologists and other medical professionals committed to excellence in cardiovascular care. NCDR hospital participants receive confidential benchmark reports that include access to measure macro specifications and micro specifications, the eligible patient population, exclusions, and model variables (when applicable). In addition to hospital sites, NCDR Analytic and Reporting Services provides consenting hospitals' aggregated data reports to interested federal and state regulatory agencies, multi-system provider groups, third-party payers, and other organizations that have an identified quality improvement initiative that supports NCDR-participating facilities. Lastly, the ACCF also allows for licensing of the measure specifications outside of the Registry for a fee of \$200 per physician per year.

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American College of Cardiology Foundation FOCUS Registry  Jenissa Haidari 800-253-4636, Ext 5445 <a href="mailto:focus@acc.org">focus@acc.org</a>	Yes	No	<a href="http://www.acc.org/focus">American College of Cardiology Foundation FOCUS Registry Public Reporting</a>	None	<ul style="list-style-type: none"> <li>• Cardiac stress imaging not meeting appropriate use criteria: Asymptomatic, low risk patients</li> <li>• Cardiac stress imaging not meeting appropriate use criteria: Symptomatic, low pre-test probability patients who can exercise and have an interpretable ECG</li> <li>• Cardiac stress imaging not meeting appropriate use criteria: Low risk surgery preoperative testing</li> <li>• Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)</li> <li>• Cardiac stress imaging not meeting appropriate use criteria: Routine surveillance testing after an interpretable prior SPECT MPI or stress echo in asymptomatic patients</li> <li>• Ratio: Rarely appropriate tests ordered per physician compared to the national average</li> <li>• Disparities in appropriate patient selection for cardiac imaging between men and women</li> <li>• Cardiac stress imaging not meeting appropriate use criteria in patients less than 50 years old</li> <li>• Ratio: initial evaluations to post procedure/follow-up evaluations with cardiac stress imaging</li> <li>• Ratio: initial evaluations with cardiac stress imaging for symptomatic patients to initial evaluations for asymptomatic patients</li> </ul>	The American College of Cardiology Foundation FOCUS Registry non-PQRS Measure Specifications are located here: <a href="http://www.acc.org/tools-and-practice-support/quality-programs/imaging-in-focus/resources-and-related-programs">http://www.acc.org/tools-and-practice-support/quality-programs/imaging-in-focus/resources-and-related-programs</a>	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 and Diabetes Collaborative Registry  800-257-4737 <a href="mailto:ncdr@acc.org">ncdr@acc.org</a> <a href="http://cvquality.acc.org/en/NCDR-Home/Registries/Outpatient-Registries.aspx">http://cvquality.acc.org/en/NCDR-Home/Registries/Outpatient-Registries.aspx</a>	Yes	No	<a href="http://www.acc.org/pinnacle">American College of Cardiology Foundation PINNACLE Registry Public Reporting</a>	<b>Individual Measures:</b> 1, 5, 6, 7, 8, 47, 117, 118, 163, 226, 242, 326	<ul style="list-style-type: none"> <li>• Hypertension: Blood Pressure Management</li> <li>• Coronary Artery Disease: Blood Pressure Management</li> </ul>	The American College of Cardiology Foundation PINNACLE Registry and Diabetes Collaborative Registry non-PQRS Measure Specifications are located here: <a href="http://cvquality.acc.org/en/NCDR-Home/PQRS.aspx">http://cvquality.acc.org/en/NCDR-Home/PQRS.aspx</a>	No additional fees for current PINNACLE Registry and Diabetes Collaborative Registry participants

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<p>American College of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR)  <a href="mailto:cedr@acep.org">cedr@acep.org</a>  <a href="http://www.acep.org/cedr">http://www.acep.org/cedr</a></p> <p>For questions contact:  800-320-0610, Ext 3040</p>	No	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 54, 76, 91, 93, 187, 254, 255, 317, 326	<ul style="list-style-type: none"> <li>•Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</li> <li>•Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</li> <li>•Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding</li> <li>•Appropriate Emergency Department Utilization of CT for Pulmonary Embolism</li> <li>•ED Median Time from ED arrival to ED departure for discharged ED patients – Overall Rate</li> <li>•ED Median Time from ED arrival to ED departure for discharged ED patients – General Rate</li> <li>•ED Median Time from ED arrival to ED departure for discharged ED patients – Psych Mental Health Patients</li> <li>•ED Median Time from ED arrival to ED departure for discharged ED patients – Transfer Patients</li> <li>•Door to Diagnostic Evaluation by a Qualified Medical Personnel</li> <li>•Anti-coagulation for Acute Pulmonary Embolism Patients</li> <li>•Pregnancy Test for Female Abdominal Pain Patients</li> <li>•Three day return rate for ED visits</li> <li>•Three day return rate for UC visits</li> <li>•tPA Considered: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration</li> <li>•Tobacco Screening and Cessation Intervention: Percentage of asthma and COPD patients aged 18 years and older who were screened for tobacco use AND who received cessation counseling intervention if identified as a tobacco user.</li> <li>•Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis</li> <li>•Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis</li> <li>•Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</li> </ul>	<p>The American College of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR) non-PQRS Measure Specifications are located here:  <a href="http://www.acep.org/cedr">http://www.acep.org/cedr</a></p>	<p><b>Services:</b>  CEDR is the first Emergency Medicine specialty-wide registry at a national level, designed to measure and report healthcare quality. CEDR will provide emergency physicians and clinicians with patient outcomes and quality benchmarks to their ED and national levels. Through the aggregation of data on clinical effectiveness, patient safety, care coordination, patient experience, and efficiency, the CEDR Registry will provide clinicians with a definitive resource for informing and advancing the highest quality of emergency care. Additional services include:</p> <ul style="list-style-type: none"> <li>•Continuous performance feedback reports to manage value modifier quality scores</li> <li>•Performance gap analysis and outlier identification</li> <li>•Links to targeted education, tools and resources for improvement</li> <li>•MOC Part IV verifications (in accordance with ABEM and ABOEM board specific policies)</li> </ul> <p><b>Costs:</b>  There will be no additional fees beyond existing subscription rates for CEDR to submit approved measures to CMS for PQRS on behalf of emergency clinicians who choose that option. The existing subscription rate is up to \$295 per emergency clinician per year. CEDR is also offering a limited number of incentives and subsidies of up to 100% for ACEP 100% Club groups and those groups who previously participated in the CEDR pilot test phase. For additional information on incentives, please see the CEDR website at <a href="http://www.acep.org/cedr">http://www.acep.org/cedr</a>.</p>

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<p>American College of Physicians Genesis Registry™ in collaboration with CECity</p> <p><a href="mailto:support@medconcert.com">support@medconcert.com</a></p>	Yes	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> 1, 2, 5, 7, 8, 9, 12, 18, 19, 65, 66, 71, 72, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 241, 281, 309, 310, 311, 312, 316, 317, 318, 366, 368, 371, 374, 377, 379, 380, 381</p> <p><b>eCQMs:</b> 122v3, 163v3, 135v3, 145v3, 144v3, 128v3, 143v3, 167v3, 142v3, 154v3, 146v3, 140v3, 141v3, 129v3, 161v3, 147v4, 127v3, 125v3, 130v3, 131v3, 134v3, 69v3, 68v4, 2v4, 157v3, 52v3, 123v3, 133v3, 132v3, 164v3, 138v3, 165v3, 156v3, 182v4, 149v3, 124v3, 153v3, 126v3, 166v4, 61v4 &amp; 64v4, 22v3, 139v3, 136v4, 62v3, 160v3, 50v3, 90v4, 74v4, 179v3, 77v3</p>	None	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><b>Who should enroll?</b> Internists (open to ACP members &amp; non-members), physicians in other specialties, as well as nurse practitioners, and physician assistants.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/Genesis">http://www.medconcert.com/Genesis</a></p> <p><b>PQRS Reporting:</b> Auto-generated report on all quality measures for PQRS and the VBM.</p> <p><b>Other Quality Reporting Programs Available:</b> 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><b>Annual Fee: \$299-\$699 per provider; Health Systems, ACOs, IDNs and large group practices should inquire for special financing</b></p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports. Improve pop health and manage VBM quality scores.</li> <li>• Comparison to national benchmarks (where available) and peer-to-peer comparison</li> <li>• Performance gap analysis &amp; patient outlier identification (where available)</li> <li>• Links to targeted education, tools and resources for improvement</li> <li>• Performance aggregation at the practice and organization level available</li> </ul>

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<p>American College of Rheumatology's Rheumatology Informatics System for Effectiveness Registry</p> <p>404 633 3777, Ext 116  <a href="mailto:rise@rheumatology.org">rise@rheumatology.org</a></p>	Yes	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">ACR Public Reporting</a>	<p><b>Individual Measures:</b> 24, 39, 40, 41, 110, 111, 128, 130,131, 222, 226, 236, 238, 312</p> <p><b>eCQMs:</b> CMS165v3, CMS156v3, CMS138v3, CMS147v4, CMS127v3, CMS166v4, CMS68v4, CMS69v3, CMS56v3</p>	<ul style="list-style-type: none"> <li>•Disease Activity Measurement for Patients with Rheumatoid Arthritis (RA)</li> <li>•Functional Status Assessment for Patients with Rheumatoid Arthritis (RA)</li> <li>•Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Active Rheumatoid Arthritis (RA)</li> <li>•Tuberculosis (TB) Test Prior to First Course Biologic Therapy</li> <li>•Glucocorticosteroids and Other Secondary Causes</li> <li>•Gout: Serum Urate Monitoring</li> <li>•Gout: Serum Urate Target</li> <li>•Gout: Urate Lowering Therapy</li> </ul>	<p>The American College of Rheumatology's Rheumatology Informatics System for Effectiveness Registry non-PQRS Measure Specifications are located here:  <a href="http://www.rheumatology.org/Practice/Clinical/Rcr/Rheumatology_Clinical_Registry/">http://www.rheumatology.org/Practice/Clinical/Rcr/Rheumatology_Clinical_Registry/</a></p>	<p>The RISE Registry provides rheumatologists and rheumatology health professionals an infrastructure for robust quality improvement activities leading to improved patient outcomes, patient population management, and quality reporting related to rheumatic diseases and drug safety. RISE provides physicians and researchers the information they need to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate value for rheumatology with key influencers;</li> <li>2. Optimize patient outcomes</li> <li>3. Meet reporting requirements</li> <li>4. Make discoveries that advance rheumatology.</li> </ol> <p>There is currently no charge for ACR/ARHPmembers.</p> <p>Key Benefits:</p> <ul style="list-style-type: none"> <li>•Seamless PQRS reporting with full access to the data sets submitted</li> <li>•Achieve Meaningful Use 2 specialized registry reporting</li> <li>•Meet Meaningful Use eQCM reporting requirement</li> <li>•Access to custom feedback reports at the practice/organization and individual provider level</li> <li>•Comparison to national benchmarks (when available) and comparison with RISE participants</li> <li>•Performance gap analysis with drilldown capabilities to the patient outlier level</li> <li>•Aggregate performance reports at the practice/organization level</li> <li>•Customizable PRO modules</li> </ul>

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<p>American Gastroenterological Association Clinical Data Registry in collaboration with CECity</p> <p>Chris Chernicki  <a href="mailto:cchernicki@gastro.org">cchernicki@gastro.org</a></p>	Yes	No	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> 128, 173, 185, 226, 317, 320, 343</p>	<ul style="list-style-type: none"> <li>• Colonoscopy Assessment (Procedure adequacy) - Assessment of Bowel Preparation</li> <li>• Colonoscopy Assessment (Cecum reached) – Cecal Intubation / Depth of Intubation</li> <li>• Hospital Visit Rate After Outpatient Colonoscopy</li> <li>• Performance of Upper Endoscopic Examination With Colonoscopy</li> <li>• Unnecessary Screening Colonoscopy in Older Adults</li> </ul>	<p>The American Gastroenterological Association Clinical Data Registry non-PQRS Measure Specifications are located here:  <a href="http://www.medconcert.com/AGAQIR">http://www.medconcert.com/AGAQIR</a></p>	<p>American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry, in collaboration with CECity, aims to measure, report &amp; improve patient outcomes.</p> <p><b>Who should enroll?</b> Specialty of gastroenterology. Open to AGA members &amp; non-members.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/AGAQIR">http://www.medconcert.com/AGAQIR</a></p> <p><b>PQRS Reporting:</b> Auto-generated report on up to 12 quality measures, for PQRS and the VBM.</p> <p><b>Other Quality Reporting Programs Available:</b> Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p><b>Annual Fee:</b> \$300-\$750 per provider</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports. Improve pop health and manage VBM quality scores.</li> <li>• Comparison to national benchmarks (where available) and peer-to-peer comparison</li> <li>• Performance gap analysis &amp; patient outlier identification (where available)</li> <li>• Links to targeted education, tools and resources for improvement</li> <li>• Performance aggregation at the practice and organization level available</li> </ul>

Qualified Clinical Data Registry Name and Contact Information	Participated as a QCDR in Previous PY	EHR Incentive Program Supported <sup>i</sup>	Public Reporting Location	PQRS Measures Supported (Individual Measures <sup>ii</sup> , Measures Group Only Measures <sup>iii</sup> , GPRO/ACO Web Interface Measures <sup>iv</sup> , Electronic Clinical Quality Measures [eCQMs] <sup>v</sup> )	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
<p>American Joint Replacement Registry (AJRR) Orthopaedic Quality Resource Center (in collaboration with CECity)</p> <p>Caryn D. Etkin, PhD, MPH Director of Analytics 847-430-5032 <a href="mailto:etkin@ajrr.net">etkin@ajrr.net</a> <a href="http://www.ajrr.net">http://www.ajrr.net</a></p>	Yes	No	<a href="#">American Joint Replacement Registry Public Reporting</a>	<p><b>Individual Measures:</b> 1, 130, 131, 182, 217, 226, 358, 375</p> <p><b>Measures Group Only Measures:</b> 21, 22, 23, 109, 350, 351, 352, 353</p> <p><b>eCQMs:</b> CMS66v2, CMS68v3, CMS122v2</p>	None	N/A	<p>The AJRR Orthopaedic Quality Resource Center (in collaboration with CECity) is intended to foster performance improvement for orthopaedic surgeons..</p> <p><b>Who should enroll?</b> Orthopaedic Surgeons, including AJRR current participants and non-participants.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/ajrr">http://www.medconcert.com/ajrr</a></p> <p><b>Annual Member Fee:</b> \$439 per Eligible Professional.</p> <p><b>PQRS Reporting:</b> Auto-generated report on up to 22 quality measures for PQRS and VBM.</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports.</li> <li>• Improve population health and manage VBM quality scores</li> <li>• Comparison to national benchmarks (where available) and peer-to-peer comparison</li> <li>• Performance gap analysis &amp; patient outlier identification (where available)</li> <li>• Links to targeted education, tools and resources for improvement</li> <li>• Performance aggregation at the practice and organization level available</li> </ul>

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American Society of Nuclear Cardiology ImageGuide Registry  301-215-7575 <a href="mailto:ImageGuide@asnc.org">ImageGuide@asnc.org</a>	No	No	No Measures Available for Public Reporting (All first year measures)	None	<ul style="list-style-type: none"> <li>• Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients</li> <li>• Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)</li> <li>• Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients</li> <li>• Utilization of standardized nomenclature and reporting for nuclear cardiology imaging studies</li> <li>• Single-Photon Emission Computed Tomography (SPECT) Myocardial Perfusion Imaging (MPI) study report turnaround time &lt; 24 hours</li> <li>• Positron Emission Tomography (PET) imaging study report turnaround time &lt; 24 hours</li> <li>• Nuclear cardiac stress imaging not meeting appropriate use criteria</li> <li>• Laboratory accreditation for nuclear cardiology imaging studies</li> <li>• Physician reader is CBNC certified in nuclear cardiology</li> <li>• Nuclear cardiology imaging studies terminated due to technical problems</li> <li>• Overall study quality</li> </ul>	The American Society of Nuclear Cardiology ImageGuide Registry non-PQRS Measure Specifications are located here: <a href="http://www.asnc.org/content_18940.cfm">http://www.asnc.org/content_18940.cfm</a>	<p><b>To enroll:</b>  <a href="https://imageguide.asnc.org/SignUp/Registry.aspx">https://imageguide.asnc.org/SignUp/Registry.aspx</a></p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Web-based performance measure dashboard/feedback reports.</li> <li>• Performance reporting at the provider, location and practice/hospital levels.</li> <li>• Performance measure gap analysis to target studies meeting and not meeting measures.</li> <li>• National aggregates/benchmarks available for all performance measures and other key metrics.</li> </ul> <p><b>Cost:</b>            There are no additional fees for ImageGuide to submit PQRS data to CMS on behalf of consenting physicians enrolled in the registry. In 2015, participation in the ImageGuide Registry is free to American Society of Nuclear Cardiology members and \$500 for non-members..</p>

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<p>American Urogynecologic Society Pelvic Floor Disorders Registry (AUGS PFDR)</p> <p>Kate Detweiler Director, Registry and Quality Improvement 202-321-8819 <a href="mailto:kate@augus.org">kate@augus.org</a></p>	No	No	<a href="#">AUGS Public Reporting</a>	<p><b>Individual Measures:</b> 48, 358</p>	<ul style="list-style-type: none"> <li>• Preoperative pessary for pelvic organ prolapse offered;</li> <li>• Preoperative pessary for pelvic organ prolapse attempted;</li> <li>• Proportion of patients sustaining a bladder injury at the time of any pelvic organ prolapse repair;</li> <li>• Proportion of patients sustaining a ureter Injury at the time of any pelvic organ prolapse repair;</li> <li>• Proportion of patients sustaining a major viscus injury at the time of any pelvic organ prolapse repair;</li> <li>• Preoperative evaluation for stress urinary incontinence prior to hysterectomy for pelvic organ prolapse;</li> <li>• Preoperative exclusion of uterine malignancy prior to any pelvic organ prolapse repair;</li> <li>• Performing an intraoperative rectal examination at the time of prolapse repair.</li> <li>• Performing cystoscopy at the time of hysterectomy for pelvic organ prolapse to detect lower urinary tract injury. (NQF 2063)</li> <li>• Performing vaginal apical suspension at the time of hysterectomy to address pelvic organ prolapse. (NQF 2038)</li> <li>• Complete assessment and evaluation of patient's pelvic organ prolapse prior to surgical repair. (NQF c2037)</li> <li>• Preoperative assessment of sexual function prior to any pelvic organ prolapse repair</li> </ul>	<p>The American Urogynecologic Society Pelvic Floor Disorders Registry non-PQRS Measure Specifications are located here: <a href="http://www.pfdr.org/p/cm/ld/fid=439">http://www.pfdr.org/p/cm/ld/fid=439</a></p>	<p>The Pelvic Floor Disorders Registry (PFDR) is the American Urogynecologic Society's (AUGS) national registry for patients undergoing treatment for pelvic organ prolapse (POP).</p> <p><b>Who should enroll?</b> Healthcare providers of women with PFD, including gynecologists, urologists and Female Pelvic Medicine and Reconstructive Surgery (FPMRS) specialists including urogynecologists and female urologists in both academic and private practice settings, will be eligible to participate in the PFDR. The population for the Registry will include adult female patients who have newly elected to receive surgical or non-surgical treatment for PFD, and will initially focus on patients receiving surgical and non-surgical treatments for POP.</p> <p><b>Where to enroll?</b> <a href="http://www.pfdr.org">http://www.pfdr.org</a></p> <p><b>Annual Fee:</b> There is a fee of \$195 for physicians to participate in the registry</p> <p><b>PQRS Reporting:</b> QCDR Measure Reports are in development and will be available in time for 2015 data submission.</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Evaluate the effectiveness and safety associated with surgical and non-surgical (pessary) options for POP</li> <li>• Allow healthcare providers to track surgeon volume, patient outcomes, and quality measures for quality improvement activities and fulfill upcoming CMS PQRS requirements</li> </ul>

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<p>Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)</p> <p>Lance Mueller at <a href="mailto:l.mueller@asahq.com">l.mueller@asahq.com</a></p> <p>Additional Contact: <a href="mailto:qcdr@asahq.org">qcdr@asahq.org</a></p>	Yes	No	<a href="#">Anesthesia Compare</a>	<p><b>Individual Measures:</b> 44, 76, 109,130, 131,193, 226, 342, 358</p>	<ul style="list-style-type: none"> <li>• Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)</li> <li>• Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy (Adults)</li> <li>• Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)</li> <li>• Anesthesiology: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit</li> <li>• Composite Anesthesia Safety</li> <li>• Immediate Perioperative Cardiac Arrest Rate</li> <li>• Immediate Perioperative Mortality Rate</li> <li>• PACU Reintubation Rate</li> <li>• Short-term Pain Management</li> <li>• Composite Procedural Safety for Central Line Placement</li> <li>• Composite Patient Experience Measure</li> <li>• Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics</li> <li>• Perioperative Temperature Management</li> <li>• Perioperative Use of Aspirin for Patients with Drug-Eluting Coronary Stents</li> <li>• Surgical Safety Checklist – Applicable Safety Checks Completed Before induction of Anesthesia</li> <li>• Smoking Abstinence Measure</li> <li>• Corneal Injury Diagnosed in the Post-Anesthesia Care Unit/Recovery Area after Anesthesia Care</li> <li>• Coronary Artery Bypass Graft (CABG): Prolonged Induction</li> <li>• Coronary Artery Bypass Graft (CABG): Stroke</li> <li>• Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure</li> <li>• Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)</li> <li>• Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Endarterectomy (CAE)</li> <li>• Rate of Endovascular aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital Moderate Non-Ruptured</li> <li>• Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation</li> <li>• Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet</li> <li>• Unplanned Hospital Readmission within 30 Days of Principal Procedure</li> <li>• Surgical Site Infection</li> </ul>	<p>The Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)</p> <p>non-PQRS Measure Specifications are located here: <a href="https://www.aqihq.org/PQRSOverview.aspx">https://www.aqihq.org/PQRSOverview.aspx</a></p>	<p>The American Society of Anesthesiologists (ASA) offers PQRS submission as a benefit to ASA members. There will be an annual fee of \$295 for QCDR reporting on behalf of non-ASA member providers. For additional information please see <a href="http://www.asahq.org/qcdr">http://www.asahq.org/qcdr</a></p>

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<p>Anesthesiology Performance Improvement and Reporting Exchange/Multicenter Perioperative Outcomes Group (ASPIRE/MPOG)</p> <p>Tory Lacca  <a href="mailto:lacca@med.umich.edu">lacca@med.umich.edu</a></p> <p>MPOG information:  <a href="mailto:anes-mpog@med.umich.edu">anes-mpog@med.umich.edu</a></p>	No	No	<a href="#">Physician Compare</a>	<p><b>Individual Measures: 76</b></p>	<ul style="list-style-type: none"> <li>• Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</li> <li>• Train of Four Monitor Documented After Last Dose of Non-depolarizing Neuromuscular Blocker</li> <li>• Administration of Neostigmine before Extubation for Cases with Nondepolarizing Neuromuscular Blockade</li> <li>• Administration of insulin or glucose recheck for patients with hyperglycemia</li> <li>• Administration of dextrose containing solution or glucose recheck for patients with perioperative hypoglycemia</li> <li>• Avoiding excessively high tidal volume during positive pressure ventilation</li> <li>• Active warming for all patients at risk of intraoperative hypothermia</li> <li>• Core temperature measurement for all general anesthetics</li> <li>• At-risk adults undergoing general anesthesia given 2 or more classes of anti-emetics</li> <li>• At-risk pediatric patients undergoing general anesthesia given 2 or more classes of anti-emetics</li> <li>• Colloid use limited in cases with no indication</li> <li>• Hemoglobin or hematocrit measurement for patients receiving discretionary intraoperative red blood cell transfusions</li> <li>• Transfusion goal of hematocrit less than 30</li> <li>• Appropriate intraoperative handoff performed</li> <li>• Appropriate postoperative transition of care handoff performed</li> <li>• Avoiding intraoperative hypotension</li> <li>• Avoiding gaps in systolic or mean arterial pressure measurement</li> <li>• Avoiding myocardial Injury</li> <li>• Avoiding acute kidney Injury</li> <li>• Preventing uncontrolled post-operative pain</li> <li>• All cause 30-day mortality</li> <li>• Avoiding medication overdose</li> </ul>	<p>The ASPIRE/MPOG non-PQRS Measure Specifications are located here:  <a href="https://www.aspirecqi.org/aspire-qcdr">https://www.aspirecqi.org/aspire-qcdr</a></p>	<p>The Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) offers PQRS reporting for EPs whose institutions are members of the Multicenter Perioperative Outcomes Group. Detailed information about ASPIRE and ASPIRE QCDR at <a href="http://aspirecqi.org">aspirecqi.org</a>.</p> <p>Cost: None for MPOG contributing members</p>

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<p>Consortium for Universal Health System Metrics – (CUHSM)</p> <p>888-979-2499, Ext 2</p> <p>Contact information for our <b>D.C. Area</b>, and <b>WY</b> offices:  <a href="mailto:clientservices@cuhsm.org">clientservices@cuhsm.org</a>  <a href="http://www.cuhsm.org/contact_us.htm">http://www.cuhsm.org/contact_us.htm</a></p>	Yes	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">Consortium for Universal Health System Metrics Public Reporting</a>	<p><b>Individual Measures:</b>  1,39,46,47,111,117,126,128,130,131,134,144,154,155,163,164,173,178,181,182,187,194,218,219,220,221,222,223,226,236,238,242,261,270,271,303,317,325,336,342,358,370,383,386,390,391,402</p> <p><b>Measures Group Only Measures:</b>  176,177,179,180,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,350</p> <p><b>GPRO/ACO Web Interface Measures:</b>  All GPRO/ACO Web Interface Measures</p> <p><b>eCQMs:</b> All eCQMs</p>	<ul style="list-style-type: none"> <li>• Adherence to Statins</li> <li>• Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category</li> <li>• CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)</li> <li>• CAHPS Health Plan Survey v 4.0 - Adult questionnaire</li> <li>• Care for Older Adults (COA) – Medication Review</li> <li>• Adherence to Mood Stabilizers for Individuals with Bipolar Disorder</li> <li>• Monitoring for People with Diabetes and Schizophrenia (SMD)</li> <li>• Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications</li> </ul>	<p>The CUHSM non-PQRS Measure Specifications are located here:  <a href="http://www.cuhsm.org/2015_cuhsm_non_pqrs_v2.htm">http://www.cuhsm.org/2015_cuhsm_non_pqrs_v2.htm</a></p>	<p>CUHSM is a QCDR that efficiently integrates the PQRS submission process with the workflow of organizations providing healthcare services.</p> <p><u>Advantages of CUHSM processes:</u></p> <ul style="list-style-type: none"> <li>-- Empower your organization to <b>Coordinate multiple CMS QI programs</b>, including:  VBM, Physician Compare, eCQM, MOC and Medicare/Medicaid EHR incentive programs</li> <li>-- <b>Optimize payment adjustments</b> with our Quality Tier VBM assessment tool</li> <li>-- Tailor clinical data mining processes to fit into practice workflow</li> <li>-- Provide multiple report options, including:  Practice, Practice site, Institution, ACO</li> <li>-- Support multiple QCDR measure sets:  Behavioral Health/NQF measures  Patient Adherence/NQF measures  <b>Geriatric Care and Physical Therapy.</b></li> <li>-- <b>Lower the cost of multiple QI reporting mandates</b></li> </ul> <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><b>Pricing per report year:</b>  Annual fee - \$99 - \$399 per provider  - Group and Peer QCDR rates available. Please contact us for details.  CUHSM fee structure information at:  <a href="http://www.cuhsm.org/fee2015.htm">http://www.cuhsm.org/fee2015.htm</a>  QRDA Report Engine information at:  <a href="http://www.cuhsm.org/qrdaengine.htm">http://www.cuhsm.org/qrdaengine.htm</a></p>

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<p>E-CPR (Emergency – Clinical Performance Registry)</p> <p>Andrew Smith 510-350-2793 <a href="mailto:Registry@MedAmerica.com">Registry@MedAmerica.com</a></p>	No	No	<a href="http://www.MedAmerica.com/PublicReporting">MedAmerica Public Reporting</a>	<p><b>Individual Measures:</b> 54, 66, 76, 91, 93, 187, 254, 255, 317, 326, 332</p>	<ul style="list-style-type: none"> <li>• Door to Diagnostic Evaluation by Provider – All ED Pts.</li> <li>• Door to Diagnostic Evaluation by Provider – Adult ED Pts.</li> <li>• Door to Diagnostic Evaluation by Provider – Pediatric ED Pts.</li> <li>• ED LOS - All Discharged Pts.</li> <li>• ED LOS - Discharged Lower Acuity Pts.</li> <li>• ED LOS - Discharged Higher Acuity ED Pts.</li> <li>• ED LOS - Discharged Psychiatric/Mental Health Pts.</li> <li>• ED LOS - All Inpatient or Observation Status Pts.</li> <li>• ED LOS - Adult Inpatient or Observation Status Pts.</li> <li>• ED LOS - Pediatric Inpatient or Observation Status Pts.</li> <li>• Three Day All Cause Return ED Visit Rate – All Patients</li> <li>• Three Day All Cause Return ED Visit Rate – Adults</li> <li>• Three Day All Cause Return ED Visit Rate – Pediatrics</li> <li>• Three Day All Cause Return ED Visit Rate – CAP</li> <li>• Three Day All Cause Return ED Visit Rate – CHF</li> <li>• Three Day All Cause Return ED Visit Rate – COPD</li> <li>• Three Day All Cause Return ED Visit Rate – With Placement Into Inpatient or Observation Status on Re-Visit</li> <li>• Avoid Head CT in Patients with Uncomplicated Syncope</li> <li>• CT for Minor Blunt Head Trauma in Pts. ≥ 18 Years of Age</li> <li>• CT for Minor Blunt Head Trauma for Pts. 2-17 Years of Age</li> <li>• Avoid Imaging with X-Rays in Non-Traumatic Low Back Pain</li> <li>• CT for Acute Sinusitis (Overuse)</li> <li>• Appropriate Treatment for Children with URI (No Abx Rx)</li> <li>• Initiation of the Initial Sepsis Bundle</li> <li>• Pain Management for Long Bone Fracture</li> <li>• Pregnancy Test for Female Abdominal Pain Patients</li> <li>• Rh Evaluation of Pregnant Pts. at Risk of Fetal Blood Exposure</li> <li>• Coagulation Studies in ED Chest Pain Patients</li> </ul>	<p>The E-CPR non-PQRS Measure Specifications are located here: <a href="http://www.MedAmerica.com/Expertise/EmergencyMedicine/ECPR.aspx">http://www.MedAmerica.com/Expertise/EmergencyMedicine/ECPR.aspx</a></p>	<p><b>E- CPR</b> (Emergency – Clinical Performance Registry) is dedicated to improving the quality of emergency care across the country by reporting and sharing performance and quality metrics. We believe that direct to provider feedback on performance and quality indicators improves patient care.</p> <p><b>Who should enroll?</b> Emergency Medicine Specialties</p> <p><b>Annual Fee:</b> Varies depending upon complexity and arrangement however typically ranges from \$0-\$799. Please email <a href="mailto:Registry@MedAmerica.com">Registry@MedAmerica.com</a> for more details.</p> <p><b>Services and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Support for data collection, analysis, and reporting</li> <li>• Feedback reports with benchmarks (when available) and comparative analysis utilizing a systemwide practice management dashboard</li> <li>• Educational webinars, online resources, regional educational symposia and workshops</li> <li>• Opportunities for continuing medical education (CME)</li> <li>• Initiatives for improving practice and cross-departmental integration</li> <li>• Knowledge sharing through Communities of Practice</li> <li>• Collaborative meetings and consultation aimed at improving quality and performance</li> </ul>

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FORCE-TJR QI Registry 855-993-6723 <a href="mailto:force-tjr@umassmed.edu">force-tjr@umassmed.edu</a> or Celeste A. Lemay 508-856-4251 <a href="mailto:celeste.lemay@umassmed.edu">celeste.lemay@umassmed.edu</a> or <a href="http://www.force.org">http://www.force.org</a>	No	No	<a href="#">FORCE Public Reporting</a>	<b>Individual Measures:</b> 23, 30, 109, 130, 131, 178, 182, 217, 218, 220, 226, 358 <b>Measures Group Only Measures:</b> 350, 351, 352, 353	<ul style="list-style-type: none"> <li>• Functional Status Assessment for Knee Replacement</li> <li>• Pain Status Assessment for Knee Replacement</li> <li>• Mental Health Assessment for Knee Replacement</li> <li>• Improvement in Function after Knee Replacement</li> <li>• Improvement in Pain after Knee Replacement</li> <li>• Functional Status Assessment for Hip Replacement</li> <li>• Pain Status Assessment for Hip Replacement</li> <li>• Mental Health Assessment for Hip Replacement</li> <li>• Improvement in Function after Hip Replacement</li> <li>• Improvement in Pain after Hip Replacement</li> <li>• Functional Status Assessment for Patients with Knee OA</li> <li>• Pain Status Assessment for Patients with Knee OA</li> <li>• Mental Health Assessment for Patients with Knee OA</li> <li>• Functional Status Assessment for Patients with Hip OA</li> <li>• Pain Status Assessment for Patients with Hip OA</li> <li>• Mental Health Assessment for Patients with Hip OA</li> </ul>	The FORCE-TJR non-PQRS Measure Specifications are located here: <a href="http://www.force-tjr.org/hospitals-surgeons.html">http://www.force-tjr.org/hospitals-surgeons.html</a>	FORCE-TJR captures patient-reported outcomes, post-operative adverse events, and implant revision measures for orthopedic surgeons in 23 states. Additional surgeons joining now. Benefits of membership include: -- Easy to interpret risk-adjusted comparative reports with national norms; -- Real-time, trended patient-reported measures to guide patient care; -- Multiple methods of data submission to minimize burden on office practices; PQRS reporting for \$299 year for members. We offer a spectrum of services from web-based reporting to turnkey operation. <a href="http://www.force-tjr.org">http://www.force-tjr.org</a>

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GI Quality Improvement Consortium's GIQuIC  301-263-9000 <a href="mailto:info@giquic.org">info@giquic.org</a> <a href="http://www.giquic.org">http://www.giquic.org</a>	Yes	No	<a href="#">Physician Compare</a>	None	<ul style="list-style-type: none"> <li>• Adenoma Detection Rate</li> <li>• Adequacy of bowel preparation</li> <li>• Photodocumentation of the cecum (also known as cecal intubation rate) – All Colonoscopies</li> <li>• Photodocumentation of the cecum (also known as cecal intubation rate) – Screening Colonoscopies</li> <li>• Incidence of perforation</li> <li>• Appropriate follow-up interval for normal colonoscopy in average risk patients</li> <li>• Age appropriate screening colonoscopy</li> <li>• Documentation of history and physical rate – Colonoscopy</li> <li>• Appropriate management of anticoagulation in the peri-procedural period rate – EGD</li> <li>• Helicobacter pylori (H. pylori) status rate</li> <li>• Appropriate indication for colonoscopy</li> <li>• Repeat screening colonoscopy recommended within one year due to inadequate bowel preparation</li> <li>• Appropriate follow-up interval of 3 years recommended based on pathology findings from screening colonoscopy in average-risk patients</li> </ul>	The GIQuIC non-PQRS Measure Specifications are located here: <a href="http://giquic.gi.org/docs/GIQuICnonpqrsmeasureinformation_references.pdf">http://giquic.gi.org/docs/GIQuICnonpqrsmeasureinformation_references.pdf</a>	<p><b>Services:</b> 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. 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 <a href="http://www.GIQuIC.org">http://www.GIQuIC.org</a>.</p> <p><b>Cost:</b> There will be no additional fees beyond existing subscription rates for GIQuIC registry participants to use GIQuIC for measure reporting to CMS.</p>
GPM LTC QCDR  828-348-2888 <a href="mailto:sales@gEHRiMed.com">sales@gEHRiMed.com</a>	Yes	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> All Individual Measures  <b>Measures Group Only Measures:</b> All Measures Group Only Measures  <b>eCQMs:</b> All eCQMs</p>	None	N/A	Available to gEHRiMed customers at \$400 per eligible provider; non gEHRiMed customers at \$450 per eligible provider.

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<p>H-CPR (Hospitalist – Clinical Performance Registry)</p> <p>Andrew Smith 510-350-2793 <a href="mailto:Registry@MedAmerica.com">Registry@MedAmerica.com</a></p>	No	No	<a href="http://www.MedAmerica.com/PublicReporting">MedAmerica Public Reporting</a>	<p><b>Individual Measures:</b> 5, 8, 32, 33, 47, 76, 130</p>	<ul style="list-style-type: none"> <li>• ED LOS - All Inpatient or Observation Status Pts.</li> <li>• Hospital LOS - All Patients</li> <li>• Hospital LOS - Pneumonia</li> <li>• Hospital LOS - CHF</li> <li>• Hospital LOS - COPD</li> <li>• 30 Day Re-Admission Rate - All Discharged Inpatients</li> <li>• 30 Day Re-Admission Rate - Pneumonia</li> <li>• 30 Day Re-Admission Rate - CHF</li> <li>• 30 Day Re-Admission Rate - COPD</li> <li>• In-Hospital Mortality Rate for Inpatients with Pneumonia</li> <li>• In-Hospital Mortality Rate for Inpatients with CHF</li> <li>• In-Hospital Mortality Rate for Inpatients with COPD</li> <li>• Stroke Venous Thromboembolism (VTE) Prophylaxis</li> <li>• Stroke Patients Discharged on Statin Medication</li> <li>• Venous Thromboembolism (VTE) Prophylaxis</li> <li>• Venous Thromboembolism (VTE) Patients with Anticoagulation Overlap Therapy</li> </ul>	<p>The H-CPR non-PQRS Measure Specifications are located here: <a href="http://www.MedAmerica.com/Expertise/HospitalMedicine/HCPDR.aspx">http://www.MedAmerica.com/Expertise/HospitalMedicine/HCPDR.aspx</a></p>	<p><b>H-CPR</b> (Hospitalist – Clinical Performance Registry) is dedicated to improving the quality of hospitalist care across the country by reporting and sharing performance and quality metrics. We believe that direct to provider feedback on performance and quality indicators improves patient care.</p> <p><b>Who should enroll?</b> Hospitalist Medicine Specialties</p> <p><b>Annual Fee:</b> Varies depending upon complexity and arrangement however typically ranges from \$0-\$699. Please email <a href="mailto:Registry@MedAmerica.com">Registry@MedAmerica.com</a> for more details.</p> <p><b>Services and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Support for data collection, analysis, and reporting</li> <li>• Feedback reports with benchmarks (when available) and comparative analysis utilizing a systemwide practice management dashboard</li> <li>• Educational webinars, online resources, regional educational symposia and workshops</li> <li>• Opportunities for continuing medical education (CME)</li> <li>• Initiatives for improving practice and cross-departmental integration</li> <li>• Knowledge sharing through Communities of Practice</li> <li>• Collaborative meetings and consultation aimed at improving quality and performance</li> </ul>

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ICLOPS 888-4-ICLOPS 312-258-8004 <a href="mailto:partnering@iclops.com">partnering@iclops.com</a>	Yes	No	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> All Individual Measures  <b>Measures Group Only Measures:</b> 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 317, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382</p> <p><b>GPRO/ACO Web Interface Measures:</b> All GPRO/ACO Web Interface Measures  <b>eCQMs:</b> 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"> <li>• Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment</li> <li>• Patients Treated with an Opioid who are Given a Bowel Regimen</li> <li>• Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated</li> <li>• Patients Admitted to ICU who Have Care Preferences Documented</li> <li>• Patients with Advanced Cancer Screened for Pain at Outpatient Visits</li> <li>• Hospice and Palliative Care -- Pain Screening</li> <li>• Hospice and Palliative Care -- Pain Assessment</li> <li>• Hospice and Palliative Care -- Dyspnea Treatment</li> <li>• Hospice and Palliative Care -- Dyspnea Screening</li> <li>• Hospice and Palliative Care -- Treatment Preferences</li> <li>• 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</li> <li>• Cholecystectomy Outcomes after 90 Days</li> <li>• Unexpected Outcomes for Breast Cancer Surgery</li> <li>• Post-operative Sepsis Rate</li> <li>• Excess Days Rate and Degree of Excess (Including Physician Response)</li> <li>• Re-Admission Rate within 30 Days (Including Physician Response)</li> <li>• Rate of Follow Up Visits within 7 Days of Discharge (including Physician Response)</li> <li>• Medical Visit Frequency: Diabetes</li> <li>• Medical Visit Frequency: Heart Failure</li> <li>• Medical Visit Frequency: Chronic Obstructive Pulmonary Disease (COPD)</li> <li>• Medical Visit Frequency: Coronary Artery Disease (CAD)</li> <li>• Physician Response to ACSC Admissions: Diabetes Composite</li> <li>• Physician Response to ACSC Admissions: Cardiopulmonary Composite</li> <li>• Physician Response to ACSC Admissions: Acute Conditions Composite</li> <li>• Proactive Treatment for Patients with Diabetes</li> <li>• Proactive Treatment for Patients with Heart Failure</li> <li>• Proactive Treatment for Patients with Chronic Obstructive Pulmonary Disease (COPD)</li> <li>• Proactive Treatment for Patients with Coronary Artery Disease (CAD)</li> <li>• Physician Response for Re-operation or Complication Following a Procedure</li> <li>• Physician Response to Emergency Department Care: Chronic Conditions Composite</li> </ul>	The ICLOPS non-PQRS Measure Specifications are located here: <a href="http://iclops.com/resources">http://iclops.com/resources</a>	ICLOPS offers technology and consultative services by top tier professionals and researchers to help practices measure performance and improve patient outcomes. ICLOPS QCDR solutions support Population Health, PQRS, ACOs, and Value Based Payment Modifier. ICLOPS also includes services to optimize Quality Tiering under the Value-Based Payment Modifier to avoid VBPM penalties. ICLOPS was one of the first registries approved by CMS. We aggregate data from disparate sources for PQRS reporting and Population Health. PQRS Enterprise solution for groups 100 and up includes PQRS reporting plus VBPM enhancement. Contact us for Enterprise pricing PQRS-VBPM platform quote, with maximum pricing equivalent of \$310 per provider, and lower depending on volume. Other practices priced at Platform Price equivalents of \$400 to \$900 per provider, depending on size and scope. Additional fees of \$2500 per data source for data collection, processing and maintenance. Please contact <a href="mailto:partnering@iclops.com">partnering@iclops.com</a> for more information.

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InVivoLink, Inc	No	No	<a href="#">InvivoLink, Inc Public Reporting</a>	<b>Individual Measures:</b> 21, 22, 23, 109,226 <b>Measures Group Only Measures:</b> 350, 352, 353, 375, 376	<ul style="list-style-type: none"> <li>• Back Pain: Patient Reassessment</li> <li>• Patient Education Documentation</li> <li>• General PROMIS Assessment over Time</li> <li>• ODI Assessment over Time</li> <li>• NDI Assessment over Time</li> </ul>	The InvivoLink non-PQRS Measure Specifications are located here: <a href="http://www.invivoli nk.com/overview/surgeon/">http://www.invivoli nk.com/overview/surgeon/</a>	<p>InVivoLink offers implant registry, care optimization, and patient engagement software and services to providers and surgeons.</p> <p><b>Who should enroll?</b> InVivoLink participating surgeons and interested providers.</p> <p><b>Annual fee</b> - \$199 annual</p> <p><b>Key features &amp; benefits</b></p> <ul style="list-style-type: none"> <li>• Real-time performance metrics (incl. risk stratification, outlier identification and patient group isolation)</li> <li>• Care coordinations tools improve processes with hospitals and staff</li> <li>• Integration to legacy systems available but not required</li> <li>• Aggregated performance data</li> <li>• Next generation patient engagement tools</li> </ul>

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IRIS™ Registry <a href="mailto:irisregistry@aao.org">irisregistry@aao.org</a>	Yes	No	<a href="#">Iris Registry Public Reporting</a>	Individual Measures: 12, 14, 19, 110, 111, 117, 130, 137, 138, 140, 141, 191, 192, 224, 226, 236, 238, 265, 303, 304, 384, 385, 388, 389, 397, 402	<ul style="list-style-type: none"> <li>• Corneal Graft: 20/40 or Better Visual Acuity within 90 Days Following Corneal Graft Surgery</li> <li>• Open-Angle Glaucoma: Intraocular Pressure Reduction</li> <li>• Open-Angle Glaucoma: Visual Field Progression</li> <li>• Open-Angle Glaucoma: Intraocular Pressure Reduction Following Laser Trabeculoplasty</li> <li>• Acquired Involitional Ptosis: Improvement of Marginal Reflex Distance Within 90 Days Following Surgery for Acquired Involitional Ptosis</li> <li>• Acquired Involitional Entropion: Normalization of Eyelid Position Within 90 Days Following Surgery for Acquired Involitional Entropion</li> <li>• Amblyopia: Improvement of Corrected Interocular Visual Acuity Difference to 2 or Fewer Lines</li> <li>• Surgical Esotropia: Patients with Postoperative Alignment of 15 PD or Less</li> <li>• Diabetic Retinopathy: Dilated Eye Exam</li> <li>• Exudative Age-Related Macular Degeneration: Loss of Visual Acuity</li> <li>• Nonexudative Age-Related Macular Degeneration: Loss of Visual Acuity</li> <li>• Age-Related Macular Degeneration: Disease Progression</li> <li>• Diabetic Macular Edema: Loss of Visual Acuity</li> <li>• Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement within 90 Days of Surgery</li> <li>• Rhegmatogenous Retinal Detachment Surgery: Return to the Operating Room within 90 Days of Surgery</li> <li>• Acute Anterior Uveitis: Post-Treatment Visual Acuity</li> <li>• Acute Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells</li> <li>• Chronic Anterior Uveitis: Post-Treatment Visual Acuity</li> <li>• Chronic Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells</li> </ul>	The IRIS™ Registry non-PQRS Measure Specifications are located here: <a href="http://www.aao.org/irisregistry">http://www.aao.org/irisregistry</a>	Free to American Academy of Ophthalmology members practicing in the United States

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M2S, Inc. <a href="mailto:PQRS@m2s.com">PQRS@m2s.com</a>	No	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 21, 22, 257, 258, 259, 260, 346, 347	<ul style="list-style-type: none"> <li>• Procedures with statin and antiplatelet agents prescribed at discharge</li> <li>• Amputation-free survival at one-year following Infra-Inguinal Bypass for intermittent claudication</li> <li>• Infrainguinal bypass for claudication patency assessed at least 9 months following surgery</li> <li>• Amputation-free survival at one-year following Supra-Inguinal Bypass for claudication</li> <li>• Amputation-free survival at one-year following Peripheral Vascular Intervention for intermittent claudication</li> <li>• Peripheral Vascular Intervention patency assessed at one-year following infrainguinal PVI for claudication</li> <li>• Ipsilateral stroke-free survival at one-year following isolated Carotid Artery Stenting for asymptomatic procedures</li> <li>• Ipsilateral stroke-free survival at one-year following isolated CEA for asymptomatic procedures</li> <li>• Imaging-based maximum aortic diameter assessed at one-year following Thoracic and Complex EVAR procedures</li> <li>• One-year survival after elective repair of small thoracic aortic aneurysms</li> <li>• Imaging-based maximum aortic diameter assessed at one-year following Endovascular AAA Repair procedures</li> <li>• One-year survival after elective repair of small abdominal aortic aneurysms</li> <li>• One-year survival after elective open repair of small abdominal aortic aneurysms</li> <li>• Disease specific patient-reported outcome surveys for Varicose Vein procedures</li> <li>• Appropriate management of temporary IVC filters</li> </ul>	The M2S, Inc. non-PQRS Measure Specifications are located here: <a href="https://www.m2s.com/resources/downloads">https://www.m2s.com/resources/downloads</a> .	Open to PATHWAYS™ participants. \$349 per individual provider (NPI).

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Massachusetts eHealth Collaborative Quality Data Center QCDR  860 Winter Street Waltham, MA 02451 781-434-7905 <a href="mailto:contact@maehc.org">contact@maehc.org</a>	Yes	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">Physician Compare</a>	<b>GPRO/ACO Web Interface Measures:</b> CARE-2, 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 <b>eCQMs:</b> CMS2v3, CMS50v2, CMS62v2, CMS65v3, CMS68v3, CMS69v2, CMS74v3, CMS75v2, CMS77v2, CMS82v1, CMS117v2, CMS122v2, CMS123v2, CMS124v2, CMS125v2, CMS126v2, CMS127v2, CMS130v2, CMS131v2, CMS134v2, CMS136v3, CMS138v2, CMS139v2, CMS146v2, CMS147v2, CMS148v2, CMS149v2, CMS153v2, CMS154v2, CMS155v2, CMS156v2, CMS157v2, CMS158v2, CMS163v2, CMS164v2, CMS165v2, CMS166v3, CMS177v2, CMS179v2, CMS182v3	• None	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.

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Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR  Rasa Krapikas <a href="mailto:rkrpikas@facs.org">rkrpikas@facs.org</a>	Yes	No	<a href="#">MBSAQIP Public Reporting</a>	None	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Risk standardized rate of patients who experienced extended length of stay (&gt; 7 days) following a Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation, performed as a primary procedure</li> </ul> Percentage of patients who had complete 30 day follow-up following any metabolic and bariatric procedure	The MBSAQIP non-PQRS Measure Specifications are located here: <a href="https://www.facs.org/quality-programs/mbsaqip/resources/data-registry">https://www.facs.org/quality-programs/mbsaqip/resources/data-registry</a>	MBSAQIP will submit approved measures to CMS on behalf of consenting surgeons participating in the MBSAQIP Data Registry. QCDR services are provided to participants at no additional cost.

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<p>Michigan Bariatric Surgery Collaborative (MBSC) QCDR</p> <p>Amanda Stricklen, RN, MS Senior Project Manager 734-998-7481 Fax: 734-998-7473 <a href="mailto:aoreilly@med.umich.edu">aoreilly@med.umich.edu</a></p>	Yes	No	<a href="#">Physician Compare</a>	None	<ul style="list-style-type: none"> <li>• Medical Complications</li> <li>• Surgical Site Complications</li> <li>• Serious Complications</li> <li>• MBSC Venous Thromboembolism prophylaxis adherence rates for Perioperative Care</li> <li>• MBSC Venous Thromboembolism prophylaxis adherence rates for Postoperative Care</li> <li>• MBSC Venous Thromboembolism prophylaxis adherence rates for Post-discharge Care</li> <li>• Extended Length of Stay (LOS)</li> <li>• Unplanned Emergency Room (ER) visits</li> <li>• Unplanned Hospital Readmission within 30 Days of Principal Procedure</li> </ul>	The MBSC non-PQRS Measure Specifications are located here: <a href="http://michiganbsc.org/mbsc-qcdr/">http://michiganbsc.org/mbsc-qcdr/</a>	<p>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.</p> <p>Cost: No charge for the service.</p>
<p>Michigan Urological Surgery Improvement Collaborative (MUSIC) QCDR</p> <p>Susan Linsell, MHSA Senior Project Manager 734-232-2398 Fax: 734-232-2400 <a href="mailto:slinsell@med.umich.edu">slinsell@med.umich.edu</a></p>	Yes	No	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> 102, 104, 130, 194, 250, 265</p>	<ul style="list-style-type: none"> <li>• Prostate Biopsy: Compliance with AUA best practices for antibiotic prophylaxis for transrectal ultrasound-guided (TRUS) biopsy</li> <li>• Prostate Biopsy: Proportion of patients undergoing initial prostate biopsy in the registry found to have prostate cancer</li> <li>• Prostate Biopsy: Proportion of patients undergoing a prostate biopsy with a PSA &lt; 4</li> <li>• Prostate Biopsy: Proportion of patients undergoing a repeat prostate biopsy within 12 months of their initial biopsy in the registry as a result of a finding of atypical small acinar proliferation (ASAP) as per the NCCN guidelines</li> <li>• Prostate Cancer: Avoidance of Overuse of CT Scan for Staging Low Risk Prostate Cancer Patients</li> <li>• Prostate Cancer: Proportion of patients with low-risk prostate cancer receiving active surveillance</li> <li>• Prostate Cancer: Percentage of prostate cancer cases with a length of stay &gt; 2 days</li> <li>• Unplanned Hospital Readmission within 30 Days of Radical Prostatectomy</li> </ul>	The MUSIC non-PQRS Measure Specifications are located here: <a href="http://musicurology.com/qcdr/">http://musicurology.com/qcdr/</a>	<p>The MUSIC 2015 quality measure information will be posted to the MUSIC website located at <a href="http://www.musicurology.com">http://www.musicurology.com</a>.</p> <p>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</p>

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<p>National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity</p> <p>Debbie Zeldow, Senior Director, Clinical Programs, National Bone Health Alliance  <a href="mailto:debbie.zeldow@nbha.org">debbie.zeldow@nbha.org</a></p>	Yes	No	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> 21, 22, 23, 24, 39, 40, 41, 46, 47, 109, 110, 111, 128, 130, 131, 134, 154, 155, 181, 182, 226, 238</p>	<ul style="list-style-type: none"> <li>• Communication with the physician or other clinician managing on-going care post fracture for men and women aged 50 years and older</li> <li>• Advance Care Plan</li> <li>• Care for Older Adults (COA) – Medication Review</li> <li>• Median Time to Pain Management for Long Bone Fracture</li> <li>• Laboratory Investigation for Secondary Causes of Fracture</li> <li>• Risk Assessment/Treatment After Fracture</li> <li>• Discharge Instructions: Emergency Department</li> <li>• Osteoporosis Management in Women Who Had a Fracture</li> <li>• Osteoporosis Testing in Older Women</li> <li>• Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older</li> <li>• Hip Fracture Mortality Rate (IQI 19)</li> <li>• Payment-Standardized Medicare Spending Per Beneficiary (MSPB) (Resource Use Measure)</li> <li>• Screening for Osteoporosis for Women 65-85 Years of Age</li> <li>• 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</li> <li>• Osteoporosis: percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</li> <li>• Glucocorticosteroids and Other Secondary Causes (“ACR5”)</li> </ul>	<p>The National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry non-PQRS Measure Specifications are located here:  <a href="http://www.medconcert.com/fractureqir">http://www.medconcert.com/fractureqir</a></p>	<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><b>Who should enroll?</b> All providers and specialties caring for patients with osteoporosis.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/FractureQIR">http://www.medconcert.com/FractureQIR</a></p> <p><b>PQRS Reporting:</b> Auto-generated report on up to 38 meaningful and relevant osteoporosis and post-fracture quality measures.</p> <p><b>Other Quality Reporting Programs Available:</b> Reuse registry data for MOC (according to board-specific policies). Connect your EHR to achieve MU2 Specialized Registry.  <b>Annual Fee:</b> \$499-\$699 per provider</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports. Improve pop health and manage VBM quality scores</li> <li>• Comparison to available national benchmarks and peer-to-peer comparison</li> <li>• Performance gap analysis &amp; patient outlier identification</li> <li>• Links to targeted education, tools and resources for improvement (free and fee-based)</li> </ul> <p>Performance aggregation at the practice and organization level available</p>

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<p>NeuroPoint Alliance’s (NPA) N2QOD (National Neurosurgery Quality &amp; Outcomes Database) Registry</p> <p>Irene Zyung NPA Manager 847-378-0549 <a href="mailto:icz@aans.org">icz@aans.org</a></p> <p>Kathleen Craig Deputy Executive Director 847-378-0537 <a href="mailto:ktc@aans.org">ktc@aans.org</a></p> <p>Anthony Asher, MD Clinical Questions Only <a href="mailto:Tony.Asher@cnsa.com">Tony.Asher@cnsa.com</a></p>	No	No	No Measures Available for Public Reporting (All first year measures)	None	<ul style="list-style-type: none"> <li>• Spine Pain Assessment</li> <li>• Extremity (Radicular) Pain Assessment</li> <li>• Functional Outcome Assessment for Spine Intervention</li> <li>• Quality of Life Assessment for Spine Intervention</li> <li>• Patient Satisfaction with Spine Care</li> <li>• Spine-related procedure site infection</li> <li>• Complication Following Spine-Related Procedure</li> <li>• Hospital Mortality following Spine Procedure</li> <li>• Referral for post-acute care rehabilitation</li> <li>• Unplanned Reoperation Following Spine Procedure Within the 30 Day Post-Operative Period</li> <li>• Unplanned Readmission Following Spine Procedure Within the 30 Day Post-Operative Period</li> <li>• Selection of Prophylactic Antibiotic-First or Second Generation Cephalosporin Prior to Spine Procedure</li> <li>• Discontinuation of Prophylactic Parenteral Antibiotics Following Spine Procedure</li> <li>• Medicine Reconciliation Following Spine Related Procedure</li> <li>• Risk –assessment for elective spine procedure</li> <li>• Depression and Anxiety Assessment Prior to Spine-Related Therapies</li> <li>• Narcotic Pain Medicine Management Following Elective Spine Procedure</li> <li>• Smoking Assessment and Cessation Coincident with Spine Related Therapies</li> <li>• Body Mass Assessment and Follow-up Coincident with Spine Related Therapies</li> <li>• Unhealthy Alcohol Use Assessment Coincident With Spine Care</li> <li>• Participation in a Systematic National Database for Spine Care Interventions</li> </ul>	<p>The NeuroPoint Alliance’s (NPA) N2QOD (National Neurosurgery Quality &amp; Outcomes Database) Registry non-PQRS Measure Specifications are located here: <a href="http://www.neuropoint.org/NPA%20N2QOD%20Physician%20Quality%20Reporting%20System.html">http://www.neuropoint.org/NPA%20N2QOD%20Physician%20Quality%20Reporting%20System.html</a></p>	<p>Access to HIPPA compliant database; ability to review site specific data in real time; data entry and patient screening support services; collaborative learning network involving interactive, webinar based educational programs; data analytics and development of risk-adjusted, site specific outcomes; robust quality control mechanisms including on-site audits, affiliation with specialty board and development of methods to satisfy MOC Part IV requirements.</p> <ul style="list-style-type: none"> <li>• Cost: No additional fee for N<sup>2</sup>QOD Registry participants.</li> </ul>

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New Hampshire Colonoscopy Registry (NHCR)  Christina M. Robinson, 603-653-3427 <a href="mailto:Christina.m.robinson@dartmouth.edu">Christina.m.robinson@dartmouth.edu</a>	No	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 185, 320, 343	<ul style="list-style-type: none"> <li>• Adequacy of Bowel Preparation</li> <li>• Successful Cecal Intubation Rate</li> <li>• Incidence of perforation</li> <li>• Repeat colonoscopy recommended within a year due to poor bowel preparation</li> <li>• Repeat colonoscopy recommended within a year due to piecemeal resection</li> <li>• Age Inappropriate screening colonoscopy</li> <li>• Documentation of family history of colorectal cancer</li> <li>• Documentation of Indication for exam</li> </ul>	The NHCR non-PQRS Measure Specifications are located here: <a href="https://www.nhcoloregistry.org">https://www.nhcoloregistry.org</a>	The New Hampshire Colonoscopy Registry (NHCR) is a clinical quality and research registry for physicians who practice colonoscopy in the state of New Hampshire. Participating providers will receive reports, including measures such as Adenoma Detection Rate, at the individual, practice, and state level, four times a year. Data comes into the registry through standardized forms which are efficient to complete, and through pathology reports, which are requested from pathology laboratories and abstracted by NHCR staff.  Cost: There are currently no fees associated with participating in the NHCR.
OBERD QCDR  573-442-7101 <a href="mailto:QCDR@oberd.com">QCDR@oberd.com</a>	Yes	Yes	<a href="#">OBERD Public Reporting</a>	<b>Individual Measures:</b> 21, 22, 23, 24, 111, 128, 130, 154, 155, 163, 226, 238, 317, 318, 370, 371, 373, 375, 376 <b>eCQMs:</b> CMS56v3(376) CMS66v3(375) CMS156v3(238), CMS159v3(370) CMS160v3(371), CMS127v3(111), CMS69v3(128), CMS68v4(130), CMS123v3(163), CMS138v3(236), CMS22v3(317), CMS139v3(318) CMS65v4(373)	<ul style="list-style-type: none"> <li>• Back Pain: Mental Health Assessment</li> <li>• Back Pain: Patient Reassessment</li> <li>• Back Pain: Shared Decision Making</li> <li>• Pain Assessment and Follow-Up</li> <li>• Back Pain: Surgical Timing</li> <li>• Orthopedic Pain: Mental Health Assessment</li> <li>• Orthopedic Pain: Patient Reassessment</li> <li>• Orthopedic Pain: Shared Decision Making</li> <li>• Orthopedic Pain: Assessment and follow-up</li> <li>• Quality of Life (VR-12 or Promis Global 10) Monitoring</li> <li>• Quality of Life (VR-12 or Promis Global 10) Outcomes</li> <li>• CG-CAHPS Adult Visit Composite Tracking</li> <li>• Orthopedic Functional and Pain Level Outcomes</li> <li>• Orthopedic 3-Month Surgery Follow-up</li> <li>• Orthopedic 3-Month Surgery Outcome</li> <li>• Orthopedic Surgery 3-Month Success Rate</li> <li>• CG-CAHPS Patient Rating</li> <li>• Orthopedic 3-Month Surgery Outcome with Promis</li> <li>• Orthopedic Surgery 3-Month QoL Changes (VR-6D)</li> <li>• Orthopedic Surgery 3-Month QoL Changes (EQ-5D)</li> </ul>	The OBERD non-PQRS Measure Specifications are located here: <a href="http://oberd.com/productportfolio/pqr">http://oberd.com/productportfolio/pqr</a>	Electronic Data Collection, Calculation and Submission of Measure Scores. No charge to users of OBERD System.

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<p>Oncology Nursing Society Quality Improvement Registry in collaboration with CECity</p> <p><a href="mailto:research@ons.org">research@ons.org</a></p>	Yes	No	<p><a href="#">Physician Compare</a></p>	<p>Individual Measures: 46, 131, 318</p>	<ul style="list-style-type: none"> <li>• Symptom Assessment</li> <li>• Intervention for Psychosocial Distress</li> <li>• Intervention for Fatigue</li> <li>• Intervention for Sleep -Wake Disturbance</li> <li>• Assessment for Chemotherapy Induced Nausea and Vomiting</li> <li>• Education on Neutropenia Precautions</li> <li>• Post-Treatment Symptom Assessment</li> <li>• Post-Treatment Symptom Intervention</li> <li>• Post-Treatment Education</li> <li>• Post-Treatment Goal Setting</li> <li>• Post-Treatment Goal Attainment</li> <li>• Post-Treatment Follow Up Care</li> <li>• Fatigue Improvement</li> <li>• Psychosocial Distress Improvement</li> </ul>	<p>The Oncology Nursing Society non-PQRS Measure Specifications are located here: <a href="http://www.medconcert.com/onsqir">http://www.medconcert.com/onsqir</a></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><b>Who should enroll?</b> Specialty of oncology. Open to ONS members &amp; non-members.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/ONSQIR">http://www.medconcert.com/ONSQIR</a></p> <p><b>PQRS Reporting:</b> Auto-generated report on up to 17 quality measures for PQRS and the VBM.</p> <p><b>Other Quality Reporting Programs Available:</b> Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p><b>Annual Fee:</b> \$499 to \$699 per provider</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports. Improve population health and manage VBM quality scores.</li> <li>• Comparison to national benchmarks (where available) and peer-to-peer comparison</li> <li>• Performance gap analysis and patient outlier identification (where available)</li> <li>• Links to targeted education, tools and resources for improvement</li> </ul> <p>Performance aggregation at the practice and organization level available</p>

Qualified Clinical Data Registry Name and Contact Information	Participated as a QCDR in Previous PY	EHR Incentive Program Supported <sup>i</sup>	Public Reporting Location	PQRS Measures Supported (Individual Measures <sup>ii</sup> , Measures Group Only Measures <sup>iii</sup> , GPRO/ACO Web Interface Measures <sup>iv</sup> , Electronic Clinical Quality Measures [eCQMs] <sup>v</sup> )	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><a href="mailto:mshsupport@mckesson.com">mshsupport@mckesson.com</a>  <a href="mailto:support@medconcert.com">support@medconcert.com</a></p>	Yes	Please contact the QCDR for specific CEHRT and MU submission information	<a href="#">Physician Compare</a>	<p><b>Individual Measures:</b> 39, 41, 47, 48, 67, 68, 69, 70, 71, 72, 76, 99, 100, 102, 104, 109, 110, 111, 112, 113, 128, 130, 131, 134, 137, 138, 143, 144, 145, 146, 147, 154, 155, 156, 173, 194, 224, 225, 226, 250, 251, 262, 263, 264, 265, 317</p> <p><b>eCQMs:</b> CMS140v1, CMS141v3, CMS129v3, CMS147v2, CMS127v2, CMS125v2, CMS130v2, CMS69v2, CMS68v3, CMS2v3, CMS157v2, CMS138v2, CMS22v2</p>	<ul style="list-style-type: none"> <li>Hospital emergency room chemotherapy related visits</li> <li>Hospital admissions related to complications of chemotherapy</li> <li>Hospital days</li> <li>Advance Care Planning in Stage 4 disease</li> <li>Chemotherapy in the last two weeks of life</li> <li>In Hospital Deaths</li> <li>In ICU Deaths</li> <li>Hospice admission rate for patients dying with a cancer diagnosis</li> <li>PET utilization in Breast Cancer surveillance</li> <li>CEA and Breast Cancer</li> <li>GCSF Utilization in Metastatic Colon Cancer</li> <li>Appropriate antiemetic usage</li> <li>Appropriate trastuzumab use in women with HER2/neu gene over expression</li> <li>Appropriate use of antibody therapy in Colon cancer</li> <li>Appropriate use of late line chemotherapy in metastatic lung cancer</li> <li>Intensity-modulated radiation therapy (IMRT)</li> <li>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer</li> <li>Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer</li> <li>Recording of Performance Status prior to Lung or Esophageal Cancer Resection</li> <li>Palliative Care Consultation</li> <li>Psychosocial screening and intervention</li> <li>Cancer Care: Assessment Using a Patient-Reported Outcomes Tool</li> <li>Cancer Care: Electronic Documentation of IOM Care Management Plan</li> <li>Cancer Care: Patient Access to Appropriate Clinician</li> <li>Cancer Care: Guideline-Compliant Treatment</li> <li>Cancer Care: Patient Navigation</li> </ul>	<p>The Oncology Quality Improvement Collaborative non-PQRS Measure Specifications are located here: <a href="http://www.medconcert.com/oncqir">http://www.medconcert.com/oncqir</a></p>	<p>The Oncology Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report &amp; improve patient outcomes in oncology and specialty care.</p> <p><b>Who should enroll?</b> All providers and practices in applicable specialties.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/oncqir">www.medconcert.com/oncqir</a></p> <p><b>PQRS Reporting:</b> Auto-generated report on up to 73 quality measures, for PQRS and the VBM.</p> <p><b>Other Quality Reporting Programs Available:</b> Reuse registry data for MOC (according to board specific policies).</p> <p><b>Annual Fee:</b> \$399-\$599 per provider</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>Continuous performance feedback reports. Improve pop health and manage VBM quality scores.</li> <li>Comparison to national benchmarks (where available) and peer-to-peer comparison</li> <li>Performance gap analysis &amp; patient outlier identification (where available)</li> <li>Links to targeted education, tools and resources for improvement</li> <li>Performance aggregation at the practice and organization level available</li> </ul>

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PPRNet -- - MUSC Department Of Family Medicine  843-876-1212 <a href="mailto:pprnet@musc.edu">pprnet@musc.edu</a> <a href="http://www.musc.edu/pprnet">http://www.musc.edu/pprnet</a>	No	No	No Measures Available for Public Reporting (All first year measures)	None	<ul style="list-style-type: none"> <li>• Diabetes Mellitus (DM): Hemoglobin A1c Control (&lt; 8%)</li> <li>• Diabetes Mellitus (DM): Nephropathy Assessment</li> <li>• Diabetes Mellitus (DM): Dilated Eye Exam</li> <li>• Hypertension (HTN): Appropriate Diagnosis</li> <li>• Hypertension (HTN): Controlling Blood Pressure</li> <li>• Concordance with ACC/AHA Cholesterol Guidelines for ASCVD Risk Reduction</li> <li>• Screening for Lipid Disorders in Adults</li> <li>• Antiplatelet Medication for High Risk Patients</li> <li>• Antithrombotic Medication for Patients with Atrial Fibrillation</li> <li>• Heart Failure (HF): ACEI or ARB Therapy</li> <li>• Heart Failure (HF): Beta-Blocker Therapy</li> <li>• Screening for Abdominal Aortic Aneurysm</li> <li>• Chronic Kidney Disease (CKD): eGFR Monitoring</li> <li>• Chronic Kidney Disease (CKD): Hemoglobin Monitoring</li> <li>• Osteoporosis Screening for Women</li> <li>• Cervical Cancer Screening</li> <li>• Breast Cancer Screening</li> <li>• Colorectal Cancer screening</li> <li>• Pneumococcal Vaccination in Elderly</li> <li>• Zoster (Shingles) Vaccination</li> <li>• Depression Screening</li> <li>• Alcohol Misuse Screening</li> <li>• Tobacco Use: Screening and Cessation Intervention</li> <li>• Appropriate Treatment for Adults with Upper Respiratory Infection</li> <li>• Appropriate Antibiotic Use</li> <li>• Use of High-Risk Medications in the Elderly</li> <li>• Use of Benzodiazepines in the Elderly</li> <li>• NSAID or Cox 2 Inhibitor Use in Patients with Heart Failure (HF) or Chronic Kidney Disease (CKD)</li> <li>• Monitoring Serum Potassium               <ul style="list-style-type: none"> <li>• Treatment of Hypokalemia</li> </ul> </li> </ul>	The PPRNet non-PQRS Measure Specifications are located here: <a href="http://academicdepartments.musc.edu/pprnet/QCDR/QCDR">http://academicdepartments.musc.edu/pprnet/QCDR/QCDR</a>	<ul style="list-style-type: none"> <li>• PPRNet is a practice-based learning and research organization designed to improve quality in primary care.</li> <li>• Membership is open to users of any Stage 2 certified EHR that is able to generate and submit batch exported data files in cCDA format of Clinical Summary Documents as prescribed in the final rule of Meaningful Use Stage 2.</li> <li>• Member benefits:</li> <li>• Monthly practice and provider performance reports and patient registries on evidence-based clinical quality measures. Includes peer and national benchmark comparisons.</li> <li>• Engagement in quality improvement research in which research team members collaborate with practices to improve care</li> <li>• Participation in national educational meetings and webinars to learn “best practices” for implementing improvement strategies in practice.</li> <li>• <b>Annual Member Fee:</b> \$295 per provider</li> <li>• No additional reporting fee for members.</li> </ul>

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<p>Premier Clinical Performance Registry™</p> <p>Lori Harrington, MHA Director, Regulatory Solutions <a href="mailto:Lori_Harrington@premierinc.com">Lori_Harrington@premierinc.com</a></p>	Yes	Yes	<a href="#">Premier Public Reporting</a>	<p><b>Individual Measures:</b> 1, 5, 6, 7, 8, 12, 14, 19, 21, 22, 23, 24, 32, 33, 39, 40, 43, 44, 46, 47, 51, 52, 53, 54, 65, 66, 67, 68, 69, 70, 71, 72, 76, 81, 82, 91, 93, 99, 100, 102, 104, 110, 111, 112, 113, 116, 117, 118, 119, 126, 127, 128, 130, 131, 134, 137, 140, 141, 143, 144, 145, 146, 147, 154, 155, 156, 163, 164, 165, 166, 167, 168, 185, 191, 192, 193, 194, 195, 204, 205, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 236, 238, 242, 240, 241, 242, 243, 249, 250, 254, 265, 303, 317, 320, 322, 323, 324, 326, 328, 331, 332, 333, 334, 344, 345, 358, 391, 395, 396, 397, 398</p> <p><b>Measures Group Only Measures:</b> 84, 85, 87, 108, 160, 183, 281</p> <p><b>GPRO/ACO Web Interface Measures:</b> All GPRO/ACO Web Interface Measures</p> <p><b>eCQMs:</b> CMS2v4, CMS22v3, CMS50v3, CMS52v3, CMS56v3, CMS61v4, CMS62v3, CMS64v4, CMS65v4, CMS66v3, CMS68v4, CMS69v3, CMS74v4, CMS75v3, CMS77v3, CMS82v2, CMS90v4, CMS117v3, CMS122v3, CMS123v3, CMS124v3, CMS125v3, CMS126v3, CMS127v3, CMS128v3, CMS129v3, CMS130v3, CMS131v3, CMS132v3, CMS133v3, CMS134v3, CMS135v3, CMS136v4, CMS137v3, CMS138v3, CMS139v3, CMS140v3, CMS141v3, CMS142v3, CMS143v3, CMS144v3, CMS145v3, CMS146v3, CMS147v4, CMS148v3, CMS149v3, CMS153v3, CMS154v3, CMS155v3, CMS156v3, CMS157v3, CMS158v3, CMS159v3, CMS160v3, CMS161v3, CMS163v3, CMS164v3, CMS165v3, CMS166v4, CMS167v3, CMS169v3, CMS177v3, CMS179v3, CMS182v4</p>	<ul style="list-style-type: none"> <li>• 30 day Readmission for Acute Myocardial Infarction</li> <li>• 30 day Readmission for Heart Failure</li> <li>• 30 day Readmission for Pneumonia</li> <li>• 30 day Mortality for Acute Myocardial Infarction</li> <li>• 30 day Mortality for Heart Failure</li> <li>• 30 day Mortality for Pneumonia</li> <li>• Venous Thromboembolism (VTE) Prophylaxis</li> <li>• Thrombolytic Therapy</li> <li>• Discharged on Statin Medication</li> <li>• Stroke Education</li> <li>• Venous Thromboembolism (VTE) Prophylaxis</li> <li>• ICU VTE Prophylaxis</li> <li>• VTE Patients With Anticoagulation Overlap Therapy</li> <li>• VTE Warfarin Therapy Discharge Instructions</li> <li>• Tobacco Use Treatment Provided or Offered</li> <li>• Median Time from ED Arrival to ED Departure for Admitted ED Patients</li> <li>• Admit Decision Time to ED Departure Time for Admitted Patients</li> <li>• Median Time from ED Arrival to ED Departure for Discharged ED Patients</li> <li>• Door to Diagnostic Evaluation by a Qualified Medical Professional</li> <li>• Risk-Adjusted Average Length of Inpatient Hospital Stay for Acute Myocardial Infarction (AMI)</li> <li>• Risk-Adjusted Average Length of Inpatient Hospital Stay for Heart Failure (HF)</li> <li>• Risk-Adjusted Average Length of Inpatient Hospital Stay for Pneumonia (PN)</li> <li>• Timeliness of Prenatal Care</li> <li>• Human Papillomavirus Screening (HPV) Vaccine</li> <li>• Adolescent Well Care Visit</li> <li>• Well-Child Visits in the 1st 15 Months of life</li> <li>• Developmental Screening in 1st 3 years of life</li> <li>• Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</li> <li>• Access to Primary Care Practitioners – Children</li> <li>• Follow-up office visit within 7 days or 14 days after hospitalization</li> </ul>	<p>The Premier Clinical Performance Registry non-PQRS Measure Specifications are located here: <a href="https://www.premierinc.com/download/quality-measures-reporter/">https://www.premierinc.com/download/quality-measures-reporter/</a></p>	<p>Premier’s core purpose is to improve the health of our communities. The primary mission of our quality reporting program is to provide access to meaningful data and subject matter experts to support healthcare organizations in providing high-quality, cost-effective healthcare services to all communities.</p> <p>Premier’s Clinical Performance Registry encompasses the collection, calculation, and reporting to satisfy the Physician Quality Reporting System (PQRS) and Meaningful Use programs for a variety of physician specialties.</p> <p><b>Benefits:</b> Access to on-demand web-based individual, peer and facility level reports to track provider performance. Web-based access to view up-to-date provider performance dashboards at any time Ability to participate in monthly collaborative activities fostering peer-to-peer learning including a hosted online registry community and formal collaborative committee groups where educational sessions are provided by industry-leading subject matter experts on the rapid changes to the regulatory reporting landscape. Identify provider quality improvement opportunities regardless of care setting, EHR, payor, or specialty to mitigate impact of the Value Modifier.</p> <p><b>Cost:</b> Open to PremierConnect Quality members and non-members ranging in price from \$250-\$400 per provider based on data sources.</p>

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Physician Compass (WCHQ)  Mary Gordon 608-775-4519 <a href="mailto:mgordon@wchq.org">mgordon@wchq.org</a>	Yes	Yes. Product and Version #: RBS #3446. CHPL Product Number: IG-3330-14-0097	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 1, 21, 22, 23, 24, 39, 40, 41, 46, 47, 48, 54, 76, 110, 111, 112, 113, 117, 119, 121, 122, 128, 130, 131, 134, 154, 155, 163, 173, 181, 193, 194, 204, 205, 226, 236, 265, 317, 332, 333, 334, 358, 402 <b>eCQMs:</b> CMS2v4, CMS22v3, CMS50v3, CMS65v4, CMS68v4, CMS69v3, CMS117v3, CMS122v3, CMS123v3, CMS125v3, CMS127v3, CMS130v3, CMS131v3, CMS134v3, CMS138v3, CMS139v3, CMS147v4, CMS156v3, CMS159v3, CMS160v3, CMS164v3, CMS165v3, CMS166v4	<ul style="list-style-type: none"> <li>• Diabetes Care - A1C Blood Sugar Testing</li> <li>• Diabetes Care - A1C Blood Sugar Control</li> <li>• Diabetes Care - Statin Use for patients ages 40 through 75 or patients with IVD of any age</li> <li>• Diabetes Care - Kidney Function Monitored</li> <li>• Diabetes Care - Blood Pressure Control</li> <li>• Diabetes Care - Tobacco Free</li> <li>• Diabetes Care - Daily Aspirin or Other Antiplatelet, Unless Contraindicated</li> <li>• Diabetes Care - All or None Process Measure: Optimal Testing</li> <li>• Diabetes Care - All or None Process Measure: Optimal Control</li> <li>• Controlling High Blood Pressure: Blood Pressure Control</li> <li>• Ischemic Vascular Disease Care: Daily Aspirin or Other Antiplatelet, Unless Contraindicated</li> <li>• Ischemic Vascular Disease Care: Blood Pressure Control</li> <li>• Ischemic Vascular Disease Care: Tobacco Free</li> <li>• Ischemic Vascular Disease Care: Statin use</li> <li>• Ischemic Vascular Disease: All or None Outcome Measure Optimal Control</li> <li>• Preventive Care: Adults with Pneumococcal Vaccinations</li> <li>• Preventive Care: Screening for Osteoporosis</li> <li>• Adult Tobacco Use: Screening for Tobacco Use</li> <li>• Adult Tobacco Use: Tobacco User Receiving Cessation Advice</li> <li>• Preventive Care: Breast Cancer Screening</li> <li>• Preventive Care: Cervical Cancer Screening</li> <li>• Preventive Care: Colorectal Cancer Screening</li> <li>• Preventive Care: Adolescent Immunizations</li> <li>• Preventive Care; Childhood Immunizations</li> <li>• Preventive Care: CKD Screening</li> <li>• CKD Care in Stages I, II, III-Annual eGFR Test</li> <li>• CKD Care in Stages I, II, III-LDL Cholesterol Testing</li> <li>• CKD Care in Stages I, II, III-LDL Cholesterol Control</li> <li>• CKD Care in Stages I, II, III-Blood Pressure Control</li> </ul>	The Physician Compass non-PQRS Measure Specifications are located here: <a href="http://onlinecommunity.wchq.org/?page=qcdr">http://onlinecommunity.wchq.org/?page=qcdr</a>	No additional fees for current Wisconsin Collaborative for Healthcare Quality (WCHQ) members. For practices with greater than 25 providers, the fees can range from \$200-\$310 per provider. For practices with less than 25 providers, or for an exact quote for your organization, contact WCHQ.

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Quality Oncology Practice Initiative (QOPI®)  571-483-1660 <a href="mailto:gopi@asco.org">gopi@asco.org</a>	No	No	<a href="#">Quality Oncology Practice Initiative Public Reporting</a>	None	<ul style="list-style-type: none"> <li>• Staging documented within one month of first office visit</li> <li>• Pain intensity quantified by second office visit</li> <li>• Chemotherapy intent documented before or within two week after administration</li> <li>• Performance status documented prior to initiating chemotherapy</li> <li>• Chemotherapy administered to patients with metastatic solid tumors and performance status of 3, 4, or undocumented (lower score – better)</li> <li>• Smoking status/tobacco use documented in past year</li> <li>• Antiemetic therapy prescribed for highly emetogenic chemotherapy</li> <li>• Antiemetic therapy prescribed for moderately emetogenic chemotherapy</li> <li>• Pain intensity quantified on either of the last two visits before death</li> <li>• Hospice enrollment and enrolled more than 3 days before death</li> <li>• Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and 1B- III ER/PR negative breast cancer</li> <li>• Test for Her2/neu overexpression or gene amplification</li> <li>• Trastuzumab received by patients with AJCC stage I (T1c) to III Her2/neu positive breast cancer</li> <li>• Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage IA (T1c) and 1B- III ER or PR positive breast cancer</li> <li>• GCSF administered to patients who received chemotherapy for metastatic cancer (Lower score-better)</li> <li>• Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer</li> <li>• Location of death documented (*paired measure)</li> <li>• Death from cancer in intensive care unit (*paired measure)</li> <li>• Chemotherapy administered within last 2 weeks of life (Lower score-better)</li> <li>• Documentation of patient's advance directives by the third office visit</li> </ul>	The QOPI non-PQRS Measure Specifications are located here: <a href="http://gopi.asco.org/program.html">http://gopi.asco.org/program.html</a>	ASCO offers QOPI participation free to members and their practices. Charges for use of QOPI for PQRS reporting are: <ul style="list-style-type: none"> <li>• ASCO members \$200</li> <li>• Non-members \$275</li> <li>• 10 or more providers from one group: \$175 each for members and \$200 for non-members</li> <li>• 20 or more providers from one group: \$150 each for members and \$175 for non-members</li> </ul>

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"Quantum" Clinical Navigation System  954-384-0175, Ext 5145 <a href="mailto:Michele_wallace@mednax.com">Michele_wallace@mednax.com</a> 954-384-0175, Ext 6060 <a href="mailto:katherine_grichnik@mednax.com">katherine_grichnik@mednax.com</a>	No	No	<a href="#">Mednax National Medical Group Public Reporting</a>	<b>Individual Measures:</b> 44, 76, 193	<ul style="list-style-type: none"> <li>• Timely administration of prophylactic parenteral antibiotics</li> <li>• Central Venous Line: ultrasound used for placement</li> <li>• Procedural safety for central line placement</li> <li>• Difficult intubation due to unrecognized difficult airway</li> <li>• Failed airway; requiring surgical tracheostomy or wakeup</li> <li>• PACU reintubation rate</li> <li>• Laryngospasm</li> <li>• Dental damage or loss</li> <li>• Inadvertent dural puncture with epidural</li> <li>• Spinal anesthetic resulting in unintentional need to intubate or assist ventilation</li> <li>• Major systemic local anesthetic toxicity</li> <li>• Failed regional anesthetic requiring general anesthesia</li> <li>• Medication error by anesthesia care team</li> <li>• Anaphylaxis</li> <li>• Aspiration of gastric contents</li> <li>• Surgical fire</li> <li>• Immediate perioperative cardiac arrest</li> <li>• Immediate perioperative mortality</li> <li>• Unplanned hospital admission</li> <li>• Unplanned ICU admission</li> <li>• Blood pressure support requiring pressor infusion</li> <li>• Post-anesthetic transfer of care protocol to PACU</li> <li>• Post-anesthetic transfer of care protocol to ICU</li> <li>• Surgical case cancellation</li> <li>• Overall pain control during episode of care: general, regional anesthesia or labor and delivery</li> <li>• Overall assessment of anesthetic care quality by patient</li> <li>• Use of a postoperative nausea and vomiting risk assessment protocol aged 3 - 18 years</li> <li>• Use of a postoperative nausea and vomiting risk assessment protocol aged 18 years or older</li> <li>• Prevention of post operative nausea and vomiting with an appropriate medical regimen guided by risk assessment in patients aged 3 to 18 years of age</li> <li>• Prevention of post operative nausea and vomiting with an appropriate medical regimen guided by risk assessment in patients aged 18 years or older</li> </ul>	The "Quantum" Clinical Navigation System non-PQRS Measure Specifications are located here: <a href="http://www.mednax.com/why-mednax/health-it/">http://www.mednax.com/why-mednax/health-it/</a>	Mednax, Inc offers the use of the Quantum Clinical Navigation System for PQRS and non-PQRS quality metric submission to CMS as a benefit to its clinicians who participate in the registry. Services are provided to its clinicians who participate in the registry at no cost.

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Renal Physicians Association Kidney Quality Improvement Registry in collaboration with CECity  301-468-3515 <a href="mailto:rpa@renalmd.org">rpa@renalmd.org</a>	Yes	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 1, 2, 46, 47, 76, 81, 82, 110, 111, 119, 121, 122, 123, 126, 127, 128, 130, 145, 154, 155, 226, 236, 238, 318, 327, 328, 329, 330, 357 <b>eCQMs:</b> 122v3, 163v3, 147v4, 127v3, 134v3, 69v3, 68v4, 138v3, 165v3, 156v3, 139v3	<ul style="list-style-type: none"> <li>• NHSN Bloodstream Infection in Hemodialysis Outpatients</li> <li>• Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (PCPI Measure #: AKID-2)</li> <li>• Adequacy of Volume Management (PCPI Measure #: AKID-4)</li> <li>• ESRD Patients Receiving Dialysis: Hemoglobin Level &lt;9g/dL (PCPI Measure #: AKID-6)</li> <li>• Arteriovenous Fistula Rate (PCPI Measure #: AKID-8)</li> <li>• Transplant Referral (PCPI Measure #: AKID-13)</li> <li>• Advance Care Planning (PCPI Measure #: AKID-14a)</li> <li>• Advance Directives Completed (PCPI Measure #: AKID-14b)</li> <li>• Referral to Hospice (PCPI Measure #: AKID-15)</li> <li>• Advance Care Planning (Pediatric Kidney Disease) (PCPI Measure #: PKID-4)</li> </ul>	The Renal Physicians Association Kidney Quality Improvement Registry non-PQRS Measure Specifications are located here: <a href="http://www.medconcert.com/RPAQIR">http://www.medconcert.com/RPAQIR</a>	<p>The Renal Physicians Association Quality Improvement Registry, in collaboration with CECity, aims to measure, report &amp; improve patient outcomes in renal care.</p> <p><b>Who should enroll?</b> Nephrologists and nephrology practitioners. Open to RPA members (discount available) &amp; non-members.</p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/RPAQIR">http://www.medconcert.com/RPAQIR</a></p> <p><b>PQRS Reporting:</b> 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><b>Other Quality Reporting Programs Available:</b> Reuse registry data for MOC (according to board specific policies). Connect your EHR to achieve MU2 eCQM, and MU2 Specialized Registry.</p> <p><b>Annual Fee:</b> \$499-\$699 per provider</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports. Improve pop health and manage VBM quality scores.</li> <li>• Comparison to available national benchmarks and peer-to-peer comparison</li> <li>• Performance gap analysis and patient outlier identification</li> <li>• Links to targeted education, tools and resources for improvement</li> </ul> Performance aggregation at the practice and organization level available

Qualified Clinical Data Registry Name and Contact Information	Participated as a QCDR in Previous PY	EHR Incentive Program Supported <sup>i</sup>	Public Reporting Location	PQRS Measures Supported (Individual Measures <sup>ii</sup> , Measures Group Only Measures <sup>iii</sup> , GPRO/ACO Web Interface Measures <sup>iv</sup> , Electronic Clinical Quality Measures [eCQMs] <sup>v</sup> )	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Society of Thoracic Surgeons (STS) National Database  Donna McDonald <a href="mailto:dmcDonald@sts.org">dmcDonald@sts.org</a> Laura Medek <a href="mailto:lmedek@sts.org">lmedek@sts.org</a>	Yes	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 43, 44, 164, 165, 166, 167, 168, 173, 226	<ul style="list-style-type: none"> <li>• STS 1 CABG- Prolonged Length of Stay</li> <li>• STS 2 CABG- Short Length of Stay</li> <li>• STS 3 CABG + Valve Prolonged Length of Stay</li> <li>• STS 4 CABG + Valve Short Length of Stay</li> <li>• STS 5 Valve- Prolonged Length of Stay</li> <li>• STS 6 Valve- Short Length of Stay</li> <li>• STS 7 Patient Centered surgical risk assessment and communication using the STS Risk Calculator</li> </ul>	The Society of Thoracic Surgeons (STS) National Database non-PQRS Measure Specifications are located here: <a href="http://www.sts.org/quality-research-patient-safety/quality/physician-quality-reporting-system">http://www.sts.org/quality-research-patient-safety/quality/physician-quality-reporting-system</a>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

Qualified Clinical Data Registry Name and Contact Information	Participated as a QCDR in Previous PY	EHR Incentive Program Supported <sup>i</sup>	Public Reporting Location	PQRS Measures Supported (Individual Measures <sup>ii</sup> , Measures Group Only Measures <sup>iii</sup> , GPRO/ACO Web Interface Measures <sup>iv</sup> , Electronic Clinical Quality Measures [eCQMs] <sup>v</sup> )	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Structured Assessment of the Patient Experience (SAPE)  David Levin 919-923-7801 <a href="mailto:dlevin@bivarus.com">dlevin@bivarus.com</a>	No	No	No Measures Available for Public Reporting (All first year measures)	None	<ul style="list-style-type: none"> <li>• Hand Sanitation Performed By My Provider</li> <li>• Medication Reconciliation Performed At My Visit</li> <li>• Practice Asked Me About Allergies</li> <li>• Practice Verified My Name Before Giving Medications</li> <li>• Practice Explained Medications Before Giving Them</li> <li>• Practice Verified Name Before Performing Tests</li> <li>• Coordination Of Care Among Physicians and Nurses</li> <li>• Explained Medications Told To Take At Home</li> <li>• I Was Told How To Arrange An Appointment For Follow-Up Care</li> <li>• Overall Assessment of Safety</li> <li>• The Doctor Provided Follow-Up Care Instructions In A Way I Could Understand</li> <li>• I Was Involved in Developing My Care or Follow-Up Plan</li> <li>• My Pain Was Treated Effectively</li> <li>• My Doctor Involved Me In Decisions About My Tests</li> <li>• My Doctor Involved Me In Decisions About My Treatment or Referrals</li> <li>• My Doctor Listened To Me</li> <li>• My Doctor Made Me Feel Comfortable About Asking Questions</li> <li>• My Doctor Included My Family In Decisions About My Care</li> <li>• My Doctor Explained My Final Diagnosis</li> <li>• I Understood What the Physician Told Me</li> <li>• My Doctor Explained What Tests He/She Was Ordering</li> <li>• My Doctor Informed Me Of My Treatment Options</li> <li>• My Doctor Told Me How Long Things Would Take</li> <li>• My Doctor Did Not Seem Rushed While With Me</li> <li>• While In My Room, My Doctor Was Focused On Me/My Issues</li> <li>• How Likely Are You to Recommend This Physician to Your Family and Friends</li> </ul>	The SAPE non-PQRS Measure Specifications are located here: <a href="http://bivarus.com/sapeqcdpublicreporting/">http://bivarus.com/sapeqcdpublicreporting/</a>	The Structured Assessment of the Patient Experience (SAPE) QCDR. was designed to enable a transformation in clinical care. This registry effort will uniquely bring actionable perspective of the patient to the physicians and care providers enrolled in this effort. This QCDR is structured around a powerful data collection and analytics platform designed to provide clinicians with actionable data about the patient experience in near real-time. The underlying Bivarus platform has transformed the data collection process using a novel but robust methodologic framework.  For EP's practicing at clinical sites using the Bivarus platform, there is a nominal charge of \$100 annually for using the SAPE QCDR to submit the SAPE data elements to CMS.

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TeamHealth Patient Safety Organization (THPSO)  Sara Davis <a href="mailto:Sara_davis@teamhealth.com">Sara_davis@teamhealth.com</a>  Ethan Bachrach <a href="mailto:Ethan_Bachrach@teamhealth.com">Ethan_Bachrach@teamhealth.com</a>	No	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 44, 76, 130, 193	<ul style="list-style-type: none"> <li>• Perioperative Aspiration Pneumonia Rate</li> <li>• Post-dural Puncture Headache Rate</li> <li>• Perioperative Peripheral Nerve Injury rate</li> <li>• Pneumothorax rate as a complication of central line placement</li> <li>• Ultrasound guidance for central line placement</li> <li>• Perioperative Myocardial Infarction rate in low risk patients</li> <li>• Perioperative Myocardial Infarction rate in high risk patients</li> <li>• New perioperative central neurologic deficit rate</li> <li>• Postoperative nausea and vomiting rate – Adults</li> <li>• Postoperative nausea and vomiting rate – Pediatrics</li> <li>• Post-obstructive Pulmonary Edema rate following endotracheal intubation</li> <li>• Respiratory Arrest in PACU rate</li> <li>• Dental Injury Rate following airway management</li> <li>• Patient Experience: Post anesthesia follow up</li> </ul>	The THPSO non-PQRS Measure Specifications are located here: <a href="http://teamhealth.com/About-TeamHealth/Patient-Safety-Organization-QCDR.aspx">http://teamhealth.com/About-TeamHealth/Patient-Safety-Organization-QCDR.aspx</a>	The TeamHealth Patient Safety Organization will submit PQRS and QCDR measures, free of cost, for eligible affiliated providers.
The American Society of Breast Surgeons Mastery of Breast Surgery Program  877-992-5470 <a href="http://masterybreastsurgery@breastsurgeons.org">masterybreastsurgery@breastsurgeons.org</a>	Yes	No	<a href="#">ASBrS Public Reporting</a>	<b>Individual Measures:</b> 262, 263, 264	<ul style="list-style-type: none"> <li>• Surgeon assessment for hereditary cause of breast cancer</li> <li>• Surgical Site Infection and Cellulitis After Breast and/or Axillary Surgery</li> <li>• Specimen orientation for partial mastectomy or excisional breast biopsy</li> <li>• Unplanned 30 day re-operation after mastectomy</li> <li>• Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin</li> <li>• Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)</li> </ul>	The American Society of Breast Surgeons Mastery of Breast Surgery Program non-PQRS Measure Specifications are located here: <a href="https://www.breastsurgeons.org/new_layout/programs/mastery/pqrs.php">https://www.breastsurgeons.org/new_layout/programs/mastery/pqrs.php</a>	ASBrS will submit PQRS data to CMS on behalf of consenting surgeons participating in The American Society of Breast Surgeons Mastery of Breast Surgery Program. PQRS participation is free to members of The American Society of Breast Surgeons.

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The Guideline Advantage™ (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManager®  Laura Jansky 214-706-1701	Yes	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 1, 2, 6, 110, 112, 113, 119, 128, 197, 204, 226, 236, 241, 317, 309, 326, 316 <b>eCQMs:</b> CMS124v2 CMS 122v3, CMS 163v3, CMS 147v4, CMS 125v3, CMS 130v3, CMS 134v3, CMS 69v3, CMS 164v3, CMS 138v3, CMS 165v3, CMS 182v4, CMS 22v3, CMS 124v3, CMS 156v3, CMS 139v3, CMS 146v3	•None	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.

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US Wound Registry (USWR)  Mandy Blessingame Caroline Fife, MD Stephen Fogg 800-603-7986 <a href="mailto:qcdr@uswoundregistry.com">qcdr@uswoundregistry.com</a>	Yes	No	<a href="http://uswoundregistry.com">US Wound Registry Website</a>	<b>Individual Measures:</b> 1, 2, 21, 22, 23, 46, 47, 111, 117, 119, 126, 127, 128, 130, 131, 154, 155, 163, 173, 182, 197, 204, 226, 236, 262, 263, 265, 317, 342, 358, 390, 395, 396	<ul style="list-style-type: none"> <li>• Adequate Off-loading of Diabetic Foot Ulcers at each visit</li> <li>• Diabetic Foot Ulcer (DFU) Healing or Closure</li> <li>• Plan of Care Creation for Diabetic Foot Ulcer (DFU) Patients not Achieving 30% Closure at 4 Weeks</li> <li>• Diabetic Foot &amp; Ankle Care: Comprehensive Diabetic Foot Examination</li> <li>• Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLU)</li> <li>• Venous Leg Ulcer: Healing or Closure</li> <li>• Plan of Care for Venous Leg Ulcer Patients not Achieving 30% Closure at 4 Weeks</li> <li>• Appropriate use of hyperbaric oxygen therapy for patients with diabetic foot ulcers</li> <li>• 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)</li> <li>• Vascular Assessment of patients with chronic leg ulcers</li> <li>• Wound Bed Preparation Through Debridement of Necrotic or Non-viable Tissue</li> <li>• Wound Related Quality of Life</li> <li>• Patient Vital Sign Assessment Prior to HBOT</li> <li>• Blood Glucose check prior to hyperbaric oxygen therapy treatment</li> <li>• Healing or Closure of Wagner Grade 3,4 or 5 Diabetic Foot Ulcers Treated with HBOT</li> <li>• Major Amputation in Wagner Grade 3,4 or 5 Diabetic Foot Ulcers Treated with HBOT</li> <li>• Preservation of Function with a minor amputation among patients with Wagner Grade 3,4, or 5 Diabetic Foot ulcers Treated with HBOT</li> <li>• Complications or Side Effects among patients undergoing Treatment with HBOT</li> <li>• Completion of a Risk Assessment at the time of HBOT Consultation</li> <li>• Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers</li> </ul>	The USWR non-PQRS Measure Specifications are located here: <a href="http://uswoundregistry.com/Specifications.aspx">http://uswoundregistry.com/Specifications.aspx</a>	Benchmarking Only - \$199 PQRS Submission (Sign Up by July 31, 2015) - \$299 Late enrollment (August 1 – October 31, 2015) \$349

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Wellcentive, Inc  Lindsey Bates 678-701-5025 <a href="mailto:Lindsey.Bates@wellcentive.com">Lindsey.Bates@wellcentive.com</a>	No	Please contact the QCDR for specific CEHRT and MU submission information.	<a href="#">Wellcentive Public Reporting</a>	<b>Individual Measures:</b> All Individual Measures <b>Measures Group Only Measures:</b> All Measures Group Only Measures <b>GPRO/ACO Web Interface Measures:</b> All GPRO/ACO Web Interface Measures	<ul style="list-style-type: none"> <li>• Risk standardized all condition readmission</li> <li>• Ambulatory Sensitive conditions admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults</li> <li>• Ambulatory sensitive conditions admissions: heart failure</li> <li>• Skilled Nursing Facility 30-Day All-Cause Readmission</li> <li>• All-cause unplanned admissions for patients with diabetes</li> <li>• All-cause unplanned admissions for patients with heart failure</li> <li>• All-cause unplanned admissions for patients with multiple chronic conditions</li> <li>• Depression Remission at 12 months</li> <li>• Closing the Referral Loop: Receipt of Specialist Report</li> <li>• HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</li> <li>• Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists</li> <li>• Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</li> <li>• Hemoglobin A1c Test for Pediatric Patients</li> <li>• Chlamydia Screening for Women</li> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</li> <li>• Low Density Lipoprotein (LDL) Management</li> <li>• Use of Imaging Studies for Low Back Pain</li> <li>• Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</li> <li>• Adults' Access to Preventive/Ambulatory Health Services</li> </ul>	The Wellcentive, Inc non-PQRS Measure Specifications are located here: <a href="http://www.wellcentive.com/qcdr">http://www.wellcentive.com/qcdr</a>	<p>Wellcentive provides comprehensive solutions for value-based care and revenue optimization, enabling focused population health management. Our solutions transform clinical and administrative data into meaningful information that supports critical healthcare initiatives, provide fully customizable and actionable analytics, and deliver workflow tools designed to help providers proactively transform care delivery and improve outcomes. Our extensive quality reporting options include PQRS, GPRO, QCDR and Meaningful Use. Wellcentive solutions go beyond quality reporting, combining clinical outcomes, financial and utilization outcomes, and patient experiences in the same database; a true triple aim-enabled solution for a healthier population.</p> <p>Wellcentive supports PQRS, GPRO, ACO GPRO and Meaningful Use. Our solutions support manual or uploaded data entry, as well as full integration with clinical and billing vendors.</p> <p>Fee: PQRS fees begin at \$299 per NPI.</p> <p>Key Features and Benefits: Real-time benchmarking and performance feedback reports. Improve overall population health and manage quality scores.</p> <p>Dedicated consultant team and support services to ensure quality improvement and effectiveness.</p> <p>Measure optimization to ensure you have selected the highest performing measures throughout your organization.</p>

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Wound Care Quality Improvement Collaborative (RestorixHealth, Patient Safety Education Network (PSEN), Net Health®, CECity)  <a href="mailto:support@medconcert.com">support@medconcert.com</a>	Yes	No	<a href="#">Physician Compare</a>	<b>Individual Measures:</b> 126, 127, 154, 155, 163, 238, 318, 355, 356, 357	<ul style="list-style-type: none"> <li>• Hyperbaric Oxygen Therapy: Timeliness of Starting HBOT</li> <li>• Chronic Wound Care: Misdiagnosis and Differential Diagnosis</li> <li>• Chronic Wound Care: Arterial Testing in Venous Leg Ulcer Prior to Compression Therapy.</li> <li>• Hyperbaric Oxygen Therapy: Following UHMS Protocols</li> <li>• Chronic Wound Care: Documentation of Assessment of Wound Healing Progress</li> <li>• Chronic Wound Care: Hospital Readmission in Patients After Wide Surgical Debridement For Pressure Ulcer Discharged Home With Air vs. Circulating Sand Bed</li> <li>• Chronic Wound Care: Timeliness of Referral of Pressure Ulcer Patients to Plastic/Reconstructive Surgeon</li> </ul>	The Wound Care Quality Improvement Collaborative non-PQRS Measure Specifications are located here: <a href="http://www.medconcert.com/woundqir">http://www.medconcert.com/woundqir</a>	<p>The Wound Care Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report &amp; improve patient outcomes in wound care treatment and hyperbaric oxygen therapy management.</p> <p><b>Who should enroll?</b> All providers and related clinics, across specialties involved in wound care treatment and hyperbaric oxygen therapy management.</p> <p><b>Open to all EHRs and practice management organizations.</b></p> <p><b>Where to enroll?</b> Learn more at <a href="http://www.medconcert.com/WoundQIR">http://www.medconcert.com/WoundQIR</a></p> <p><b>PQRS Reporting:</b> Auto-generated reporting on up to 17 quality measures, including chronic wound care and hyperbaric oxygen therapy for PQRS (Physician Quality Reporting System)and VBM (Value Based Modifier).</p> <p><b>Other Quality Reporting Programs Available:</b> Reuse registry data for Maintenance of Certification (MOC) (according to board specific policies).</p> <p><b>Annual Fee:</b> \$349 per provider (includes PQRS submission and benchmarking)</p> <p><b>Key Features and Benefits:</b></p> <ul style="list-style-type: none"> <li>• Continuous performance feedback reports. improve population health and manage Value Based Modifier quality scores.</li> <li>• Comparison to national benchmarks (where available) and peer-to-peer comparison.</li> <li>• Performance gap analysis &amp; patient outlier identification (where available).</li> <li>• Links to targeted education, tools and resources for improvement.</li> </ul> <p>Enterprise solution for clinics available for additional \$199 per provider, per year includes performance aggregation at the practice and organization level.</p>

Qualified Clinical Data Registry Name and Contact Information	Participated as a QCDR in Previous PY	EHR Incentive Program Supported <sup>i</sup>	Public Reporting Location	PQRS Measures Supported (Individual Measures <sup>ii</sup> , Measures Group Only Measures <sup>iii</sup> , GPRO/ACO Web Interface Measures <sup>iv</sup> , Electronic Clinical Quality Measures [eQMs] <sup>v</sup> )	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost

<sup>i</sup> 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 eQCM data for the purposes of meeting the eQCM reporting component for the EHR Incentive Program. The product or module must be CEHRT for the eligible professional to satisfy the eQCM component of meaningful use.

<sup>ii</sup> The *2015 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.

<sup>iii</sup> Measures group only measures are the measures within a measures group that do not have a correlating individual measure within the individual measures. The *2015 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.

<sup>iv</sup> 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 *2015 GPRO/ACO Web Interface Narrative Measure Specifications* ([http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](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 2015 program year.

<sup>v</sup> Only the Electronic Clinical Quality Measures (eQMs) are able to be utilized for the EHR Incentive Program. The July 2014 version of the eQMs ([http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eQCM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eQCM_Library.html)) must be used when supporting the EHR Incentive Program.