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 eligible professionals (EPs) for the 2016 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 2016 Medicare Physician Fee Schedule (MPFS) final rule. The 2016 QCDRs are able to report quality measure data to CMS, on behalf of individual EPs, Group Practice Reporting Organization (GPRO) group practices, or both for the PY 2016 PQRS (please check your specific QCDR to ensure they support your reporting method). In addition to PQRS, the data submitted by QCDRs may also be used for other CMS Initiatives like the Value-based Payment Modifier, Physician Compare, and the EHR Incentive Program. If the EP is attempting to receive credit for the Clinical Quality Measure (CQM) component of meaningful use for the EHR Incentive Program the QCDR must be considered Certified Electronic Health Record Technology (CEHRT) and the measure data must come from the EP’s CEHRT. For more information on reporting via QCDR, please review the Qualified Clinical Data Registry Reporting page of the PQRS website.

Individual EPs and PQRS group practices wishing to participate in a QCDR for PY 2016 should review the qualified entities listed in the table below. Each of the 2016 QCDRs have provided detailed information including their contact information, the measures they support, the services they offer and the costs incurred by their clients.

Disclaimer: Each vendor 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 vendor will be successful uploading their files during the submission period. CMS cannot guarantee an eligible professional’s success in providing data for the program. Successful submission is contingent upon following the PQRS program requirements, the timeliness, quality, and accuracy of the eligible professional’s data provided for reporting, and the timeliness, quality, and accuracy of the XML programming of the vendor.
<table>
<thead>
<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures(^{a}), Measures Group Only Measures(^{b}), Electronic Clinical Quality Measures [eCQMs](^{c}))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAAAI American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry in Collaboration with CECity</td>
<td>555 E. Wells Street, Suite 1100, Milwaukee, WI, 53222</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 374</td>
<td>Asthma: Assessment of Asthma Control - Ambulatory Care Setting</td>
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<td>NQS Domain 2 Community/Population Health: 110, 111, 128, 226, 240, 317, 402</td>
<td>Allergen Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment</td>
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<td>NQS Domain 3 Effective Clinical Care: 053, 311, 398</td>
<td>Documentation of Clinical Response to Allergen Immunotherapy within One Year</td>
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<td>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 331, 332, 333, 334</td>
<td>Documented Rationale to Support Long-Term Aeroallergen Immunotherapy Beyond Five Years, as Indicated</td>
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<td>NQS Domain 5 Patient Safety: 130, 238</td>
<td>Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year</td>
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<td>Documentation of the Consent Process for Subcutaneous Allergen Immunotherapy in the Medical Record</td>
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<td>Asthma Assessment and Classification</td>
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<td>Lung Function Spirometry Evaluation</td>
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<td>Patient Self-Management and Action Plan</td>
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<td>Asthma Control: Minimal Important Difference Improvement</td>
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<td>Penicillin Allergy: Appropriate Removal or Confirmation</td>
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<td>The AAAAI non-PQRS Measure Specifications are located here: <a href="https://www.medconcert.com/content/medconcert/AAAAIQIR/">https://www.medconcert.com/content/medconcert/AAAAIQIR/</a></td>
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<td>This QCDR collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.</td>
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<td>Services: The AAAAI Allergy, Asthma &amp; Immunology Quality Clinical Data Registry in collaboration with CECity is intended to foster performance improvement.</td>
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<td>Where to enroll? Physicians in Allergy/Immunology; AAAAI members &amp; nonmembers.</td>
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<td>Where to enroll? Learn more at <a href="http://www.medconcert.com/AAAAIQIR">http://www.medconcert.com/AAAAIQIR</a></td>
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<td>PQRS Reporting: Auto-generated report on up to 31 quality measures, including asthma, allergen immunotherapy, &amp; more for PQRS and VBM Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies). Connect your EHR to achieve MU2</td>
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<td>Specialized Registry reporting. Key features and Benefits:</td>
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<td>Continuous performance feedback reports</td>
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<td>Comparison to national benchmarks (where available) and peer-to-peer comparison</td>
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<td>Performance gap analysis &amp; patient outlier identification (where available)</td>
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<td>Links to targeted education, tools and resources for improvement</td>
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<td>Improve population health and manage quality measures component of the VBM</td>
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<td>Performance aggregation at the practice and organization level available.</td>
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<td>Cost: Annual Member Fee: $500 per AAAAI member, $650 per non-member.</td>
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<tr>
<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported</td>
<td>EHR Incentive Program Supported</td>
<td>PQRS Measures Supported (Individual Measures&lt;sup&gt;3&lt;/sup&gt;, Measures Group Only Measures&lt;sup&gt;4&lt;/sup&gt;, Electronic Clinical Quality Measures [eCQMs]&lt;sup&gt;5&lt;/sup&gt;)</td>
<td>Non-PQRS Measures Supported</td>
<td>Non-PQRS Measures Information</td>
<td>Services Offered &amp; Cost</td>
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</table>
NQS Domain 3 Effective Clinical Care: 001, 002, 005, 007, 008, 112, 113, 117, 119, 163, 204, 236, 241, 281, 309, 311, 316, 366, 369, 371, 373  
NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 312  
NQS Domain 5 Patient Safety: 023, 130, 238, 318, 380  
**Services:**  
- PQRS Reporting  
- Clinical Measure Dashboard including peer comparisons  
- Reporting for MOC purposes.  
- EHR Incentive Program/MU2, including Objective 10  
**Cost:** Free to participants of the AFBM Prime Registry |
<table>
<thead>
<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported Individual EP and/or GPRO Group Practice</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures[^3], Measures Group Only Measures[^4], Electronic Clinical Quality Measures [eCQMs][^5])</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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</thead>
<tbody>
<tr>
<td>ABG Anesthesia Data Safety Group, LLC</td>
<td>P.O. Box 777 Waddell, AZ 85355 844-944-4224</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician</td>
<td>NQS Domain 1 Communication and Care Coordination: 047, 131 NQS Domain 2 Community/Population Health: 111, 128, 134, 226, 317, 431 NQS Domain 3 Effective Clinical Care: 408, 412, 414 NQS Domain 5 Patient Safety: 130, 145, 238 NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109</td>
<td></td>
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<td>The ABG Anesthesia Data Safety Group non-PQRS Measure Specifications are located here: <a href="https://abgadmin1.files.wordpress.com/2016/04/abg-qcdr-measures-2016-new4.pdf">https://abgadmin1.files.wordpress.com/2016/04/abg-qcdr-measures-2016-new4.pdf</a></td>
<td>This is a longstanding, anesthesia focused, quality improvement database. The Data Warehouse and QCDR are managed by clinicians who understand the importance of patient safety. The QCDR is designed to optimize accurate data collection in a manner that is minimally intrusive to workflow.</td>
</tr>
</tbody>
</table>


NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 0931, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439


NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 050, 109, 143, 144, 303, 304, 321, 342, 358, 375, 376, 377, 386, 390, 403, 410


- Neurology: Stroke/Transient Ischemic Attack (TIA): STK-06: Discharged on Statin Medication
- Neurology: Behavioral Health: Screening, Neurology: Delirium: Persistent Indicators of Dementia without a Diagnosis—Short Stay
- Behavioral Health: Neurology: Antipsychotic Use in Persons with Dementia
- Musculoskeletal: Median Time to Pain Management for Long Bone Fracture
- Musculoskeletal, Musculoskeletal: Low Back Pain: MRI Lumbar Spine for Low Back Pain
- Musculoskeletal: Improvement in Ambulation/Locomotion
- Endocrine, Gastrointestinal (GI): Screening, Musculoskeletal: Osteoporosis: Laboratory Investigation for Secondary Causes of Fracture
- Endocrine, Musculoskeletal: Osteoporosis: Risk Assessment/Treatment After Fracture
- Musculoskeletal: Gout: Serum Urate

TOM is ONC Certified for Stage 2 Meaningful Use for all PQRS and eCQM and facilitates single submission for both PQRS, VBM, and MU. This solution provides the ability to manage singular or multiple TNs for GPRO or individual EPs from single or disparate systems. In addition, track your VBM performance, optimize and manage patient outcomes, and maximize VBM quality scores. Interfaces available for all EHRs. Program navigation for PQRS, MU, and VBM is free for TOM users! Contact us for a demo and customized pricing.

Medical Informatics Calculator (MIC): Our MIC product is a data entry application starting at $249/provider for up to 9 individual measures or 1 measure group. This tool is primarily designed for solo EPs or small group practices that can report on Measures Groups or Individual Measures.

Services:
- Unlimited consultancy for VBM, MU, and PQRS
- Free Data Submission to CMS
- Chronic Care Management
- Meaningful Use Public Health Reporting
- Continuous Feedback and Benchmarking
- Risk Adjusted Data
- Rapid implementation cycle
- Measures Optimization Evaluation
- Patient Care Management.

The Academic Research for Clinical Outcomes Non-PQRS Measure Specifications are located here: http://reportingmd.com/programs/QCDR/

ARCO is open to all ambulatory care practices. Total Outcomes Management (TOM) is a population health and disease management reporting solution for healthcare organizations that need to manage Medical Intelligence™ (MI) and clinical performance. TOM is ideal for large practices that want to manage patient outcomes through our secure client web portal. TOM™ is ONC Certified HIT for Stage 2 Meaningful Use for all 64 eCQMs and facilitates single submission for both PQRS, VBM, and MU. This solution provides the ability to manage singular or multiple TNs for GPRO or individual EPs from single or disparate systems. In addition, track your VBM performance, optimize and manage patient outcomes, and maximize VBM quality scores. Interfaces available for all EHRs. Program navigation for PQRS, MU, and VBM is free for TOM users! Contact us for a demo and customized pricing.
<table>
<thead>
<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported Individual EP and/or GPRO Group Practice</th>
<th>EHR Incentive Program Supported</th>
<th>PQRS Measures Supported (Individual Measures(^a), Measures Group Only Measures(^b), Electronic Clinical Quality Measures [eCQMs](^c))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures(^6), Measures Group Only Measures(^5), Electronic Clinical Quality Measures [eCQMs](^4))</td>
<td>Non-PQRS Measures Supported</td>
<td>Non-PQRS Measures Information</td>
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<tr>
<td>American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight)</td>
<td>655 Beach Street, San Francisco, CA, 94109 415-561-8500 415-561-8533 <a href="http://www.aao.org/iris-registry/">http://www.aao.org/iris-registry/</a></td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>Cornal Graft Surgery - Postoperative Improvement in Visual Acuity to 20/40 or greater&lt;br&gt;Glucoma - Intraocular Pressure (IOP) Reduction&lt;br&gt;Glucoma - Visual Field Progression&lt;br&gt;Glucoma - Intraocular Pressure Reduction Following Laser Trabeculectomy&lt;br&gt;Surgery for Acquired Involutional Ptosis - Patients with an Improvement of Marginal Reflex Distance&lt;br&gt;Acquired Involutional Entropion - Normalized Lid Position After Surgical Repair&lt;br&gt;Ambylopia - Intercocular Visual Acuity&lt;br&gt;Surgical Esotropia - Postoperative Alignment&lt;br&gt;Diabetic Retinopathy - Documentation of the Presence or Absence of Macular Edema and the Level of Severity of Retinopathy&lt;br&gt;Exudative Age-Related Macular Degeneration - Loss of Visual Acuity&lt;br&gt;Nonexudative Age-Related Macular Degeneration - Loss of Visual Acuity&lt;br&gt;Age-Related Macular Degeneration - Disease Progression&lt;br&gt;Diabetic Macular Edema - Loss of Visual Acuity&lt;br&gt;Acute Anterior Uveitis - Post-treatment visual acuity&lt;br&gt;Acute Anterior Uveitis - Post-treatment Grade 0 anterior chamber cells&lt;br&gt;Chronic Anterior Uveitis - Post-treatment visual acuity&lt;br&gt;Chronic Anterior Uveitis - Post-treatment Grade 0 anterior chamber cells&lt;br&gt;Idiopathic Intracranial Hypertension: No worsening or improvement of mean deviation&lt;br&gt;Ocular Myasthenia Gravis: Improvement of ocular deviation or absence of diplopia or functional improvement&lt;br&gt;Large Cell Arteritis: Absence of fellow eye involvement after corticosteroid treatment</td>
<td>The American Academy of Ophthalmology IRIS® Registry utilizes a web-based reporting tool to allow participating members the ability to submit data to the Physician Quality Reporting System (PQRS). The IRIS Registry offers reporting to both individual eligible professionals and group practices.</td>
<td>Cost: Free to American Academy of Ophthalmology members in good standing practicing in the United States.</td>
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<tr>
<td>Qualified Clinical Data</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
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<tr>
<td>American Academy of Otolaryngology - Head and Neck Surgery Foundation Regent Registry</td>
<td>650 Diagonal Road, Alexandria, VA, 22314 703-535-3748 <a href="http://www.eentnet.org">http://www.eentnet.org</a></td>
<td>No</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 046, 047, 331, 155, 265  NQS Domain 2 Community/Population Health: 110, 111, 128, 226, 317, 402  NQS Domain 3 Effective Clinical Care: 053, 091, 276, 277, 278, 279, 398  NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 331, 332, 333, 334  NQS Domain 5 Patient Safety: 021, 022, 023, 130, 154</td>
<td>• Otitis Media with Effusion: Diagnostic Evaluation - Assessment of Tympanic Membrane Mobility  • Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Children  • Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Adults  • Tonsillectomy: Primary Post-Tonsillectomy Hemorrhage in Children  • Tonsillectomy: Primary Post-Tonsillectomy Hemorrhage in Adults  • Tonsillectomy: Secondary Post-Tonsillectomy Hemorrhage in Children  • Tonsillectomy: Secondary Post-Tonsillectomy Hemorrhage in Adults</td>
<td>The American Academy of Otolaryngology - Head and Neck Surgery Foundation Regent Registry non-PQRS Measure Specifications are located here: <a href="http://www.eentnet.org/content/otoregistry">http://www.eentnet.org/content/otoregistry</a></td>
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<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures(^i), Measures Group Only Measures(^ii), Electronic Clinical Quality Measures (\text{eCQMs})^iii)</td>
<td>Non-PQRS Measures Supported</td>
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| American College of Cardiology Foundation - CathPCI Registry | 2400 N St NW Washington, DC, 20037 800-257-4737 202-375-7000 http://www.acc.org/ | Yes Individual EPs No | | | | Stroke intra or post PCI procedure in patients without CABG or other major surgeries during admission
New requirement for dialysis post PCI in patients without CABG or other major surgeries during admission
Vascular access site injury requiring treatment or major bleeding post PCI in patients without CABG or other major surgeries during admission
Cardiac tamponade post PCI in patients without CABG or other major surgery during admission
STEMI patients receiving immediate PCI within 90 minutes
ACE-I or ARB prescribed at discharge for patients with an ejection fraction < 40% who had a PCI during the episode of care
Beta-blockers prescribed at discharge for AMI patients who had a PCI during admission
Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy
PCI procedures that were inappropriate for patients with Acute Coronary Syndrome (ACS)
Median length of stay post PCI procedure for patients with STEMI and without CABG or without other major surgery during admission
Median length of stay post PCI procedure for patients with a PCI indication that is STEMI and without CABG or without other major surgery during admission
Stress testing with SPECT MPI performed and the results were available in the medical record
Cardiac Rehabilitation Patient Referral From an Inpatient Setting
Contrast dose monitored and recorded during the procedure
Stress testing with SPECT MPI performed and the results were available in the medical record | The CathPCI Registry\(^\text{®}\) collects electronic data capture and serves to foster quality improvement. We intend to submit data for the 2016 reporting period starting 1/1/16 to 9/30/16 for those seeking to leverage the registry for PQRS submission.

**Services:** The ACCF’s 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.

**Cost:** $500 per physician per year. |
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<tr>
<td>American College of Cardiology Foundation (ACCF)-PINNACLE Registry and Diabetes Collaborative Registry</td>
<td>2400 N Street NW, Washington, DC, 20037, 202-375-6595, <a href="http://cvquality.acc.org/">http://cvquality.acc.org/</a></td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>The American College of Cardiology Foundation (ACCF)-PINNACLE Registry and Diabetes Collaborative Registry Public Reporting</td>
<td>NQS Domain 1 Communication and Care Coordination: 047, NQS Domain 2 Community/Population Health: 226, NQS Domain 3 Effective Clinical Care: 001, 005, 006, 008, 118, 119, 163, 326</td>
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<td>The PINNACLE Registry, part of the National Cardiology Data Registry (NCDR) is the largest ambulatory registry of its kind with over 26 million patient encounters from 6.3 million unique patients. The Diabetes Collaborative Registry, also part of NCDR, is the first global, cross-specialty clinical registry designed to track and improve the quality of diabetes and cardiometabolic care across the primary care and specialty care continuum. An interdisciplinary effort in partnership with the American Diabetes Association, the American College of Physicians, the American Association of Clinical Endocrinologists and the Joslin Diabetes Center. Services: Participants receive access to our physician dashboard which includes performance results to help validate the quality care provided and pinpoint opportunities for improvement. We also offer seamless participation in PQRS Reporting and submission. Cost: No Cost</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported (Individual EP and/or Group Practice)</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
<td>Non-PQRS Measures Supported</td>
<td>Services Offered &amp; Cost</td>
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</table>
| ACEP clinical emergency physicians   | cep.org/cedr        | Individual EPs, GPRO Group Practice   | Yes                                                              | QNS Domain 2 Community/Population Health: 317                      |                         | ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18+  
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2-17  
Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding  
Appropriate ED Utilization of CT for PE  
Anti-coagulation for Acute PE Patients  
Pregnancy Test for Female Abdominal Pain Patients  
Tobacco Screening and Cessation intervention for ED patients with cardiovascular and pulmonary conditions  
Septic Shock: Lactate Level Measurement  
Septic Shock: Antibiotics Ordered  
Septic Shock: Fluid Resuscitation  
Septic Shock: Repeat Lactate Level Measurement  
Septic Shock: Lactate Clearance Rate of >=10%  
Appropriate Foley Catheter Use in the ED  
ED LOS for Adult Patients Discharged from All EDs  
ED LOS for Adult Patients Discharged from Supercenter EDs  
ED LOS for Adult Patients Discharged from Very High Volume EDs  
ED LOS for Adult Patients Discharged from High Volume EDs  
ED LOS for Adult Patients Discharged from Average Volume EDs  
ED LOS for Adult Patients Discharged from Moderate Volume EDs  
ED LOS for Adult Patients Discharged from Low Volume EDs  
ED LOS for Adult Patients Discharged from Freestanding EDs  
ED LOS for Pediatric Patients Discharged from All EDs  
ED LOS for Pediatric Patients Discharged from Supercenter EDs  
ED LOS for Pediatric Patients Discharged from Very High Volume EDs  
ED LOS for Pediatric Patients Discharged from High Volume EDs  
ED LOS for Pediatric Patients Discharged from Average Volume EDs  
ED LOS for Pediatric Patients Discharged from Moderate Volume EDs  
ED LOS for Pediatric Patients Discharged from Low Volume EDs  
ED LOS for Pediatric Patients Discharged from Freestanding EDs | The American College of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR) | Non-PQRS Measures Information |_services:  
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 from the CEDR Registry will provide clinicians with a definitive resource for informing and advancing the highest quality emergency care. Additional services include:  
Continuous performance feedback reports to manage value modifier quality scores  
Performance gap analysis and outlier identification  
Links to targeted education, tools and resources for improvement  
MOC Part IV verifications (in accordance with ABEM and ABOEM board specific policies)  
All services are included in the quoted cost including feedback reports on specific measures, custom queries from end users, comparison of performance to national benchmarks, PQRS reporting, MOC attestation, patient engagement module, and participation in ACEP’s Transforming Clinical Practice Initiative (TCPI), the Emergency Quality (E-QUAL) Network (http://www.acep.org/equal). | Cost:  
There will be no additional fees beyond existing subscription rates for CEDR to submit approved measures to CMS for PQRS on behalf of emergency physicians and groups who choose that option. The cost of participation is $0.10 (10 cents) per ED visit with all discounts and incentives for small, rural or underserved practices may also be available. |
<table>
<thead>
<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported Individual EP and/or GPRO Group Practice</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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</thead>
<tbody>
<tr>
<td>American College of Physicians Genesis Registry in Collaboration with CECity</td>
<td>Yes</td>
<td></td>
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<tr>
<td><strong>Participated as a QCDR in Previous PY</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>PQRS Measures Supported</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>Non-PQRS Measures Supported</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>Services Offered &amp; Cost</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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**This QCDR collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.**

**Services:** 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.

Who should enroll? Internists (open to ACP members & non-members), physicians in other specialties, as well as nurse practitioners, and physician assistants.

Where to enroll? Learn more at [http://www.medconcert.com/Genesis](http://www.medconcert.com/Genesis)

**PQRS Reporting:** Auto-generated report on all quality measures for PQRS and the VBM. Other Quality Reporting Programs Available: Use registry data for MOC (according to board specific policies). Connect your EHR to achieve MU2 eCQM, MU2 specialized Registry reporting.

**Key Features and Benefits:**
- Continuous performance feedback reports. Improve pop health and manage VBM quality scores.
- Comparison to national benchmarks (where available) and peer-to-peer comparison.
- Performance gap analysis & patient outlier identification (where available).
- Links to targeted education, tools and resources for improvement.
- Performance aggregation at the practice and organization level available.

**Cost:** Annual Fee: $299-$699 per provider; Health Systems, ACOs, IDNs and large group practices should inquire for special financing.
<table>
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<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures(^a), Measures Group Only Measures(^b), Electronic Clinical Quality Measures [eCQMs](^c))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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</thead>
<tbody>
<tr>
<td>American College of Radiology National Radiology Data Registry (NRDR)</td>
<td>1891 Preston White Drive Reston, VA, 20191</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>CT Colonography True Positive Rate</td>
<td>The American College of Radiology National Radiology Data Registry non-PQRS Measure Specifications are located here: <a href="http://www.acr.org/~/media/ACR/Documents/PDF/QualitySafety/NRDR/CDR/ACR">http://www.acr.org/~/media/ACR/Documents/PDF/QualitySafety/NRDR/CDR/ACR</a> QCDR Measures Supported 2016_NonPQRS.pdf</td>
<td>Cost: ACR Member rate: $199 per physician per year and Non-Member rate: $499 per physician per year for CDR/PQRS submission. There are fees associated with participation in the National Radiology Data Registry itself.</td>
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</tbody>
</table>

\(^a\) NQS Domain 1 Communication and Care Coordination: 024, 147, 225, 265, 359, 362, 363, 364

\(^b\) NQS Domain 2 Community/Population Health: 110, 226

\(^c\) NQS Domain 3 Effective Clinical Care: 071, 072, 104, 195, 344, 345, 405, 406, 409, 413, 418, 420, 421, 436

\(^d\) NQS Domain 4 Efficiency and Cost Reduction: 102, 146, 322, 323, 324

\(^e\) NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 156, 359, 360, 437

\(^f\) NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 143, 144
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<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures(^i), Measures Group Only Measures(^ii), Electronic Clinical Quality Measures [eCQMs](^iii))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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<tr>
<td>American College of Surgeons</td>
<td>Yes</td>
<td>Individual EPs</td>
<td>No</td>
<td>Public Reporting</td>
<td>American College of Surgeons Public Reporting</td>
<td>NQS Domain 1 Communication and Care Coordination: 047</td>
<td>Prophylactic Antibiotics in Abdominal Trauma</td>
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<tr>
<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported (Individual EP and/or GPRO Group Practice)</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures only, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
<td>Non-PQRS Measures Supported</td>
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<tr>
<td>American Gastroenterological Association Qualified Clinical Data Registry in Collaboration with CECity</td>
<td>4930 Del Ray Avenue, Bethesda, MD, 20814</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 185, 320 &lt;br&gt; NQS Domain 2 Community/Population Health: 110, 111, 128, 226, 317, 431 &lt;br&gt; NQS Domain 3 Effective Clinical Care: 270, 271, 275, 343, 400, 401, 425 &lt;br&gt; NQS Domain 4 Efficiency and Cost Reduction: 439 &lt;br&gt; NQS Domain 5 Patient Safety: 130 &lt;br&gt; NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 390</td>
<td>eCQMs: 110, CMS147v5; 111, CMS127v4; 128, CMS69v4; 130, CMS68v5; 226, CMS138v4; 317, CMS22v4.</td>
<td>Hepatitis C Virus (HCV) - Sustained Virological Response</td>
<td>The American Gastroenterological Association Qualified Clinical Data Registry collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Services: American Gastroenterological Association Qualified Clinical Data Registry, in collaboration with CECity, aims to measure, report &amp; improve patient outcomes. Who should enroll? Specialty of gastroenterology. Open to AGA members &amp; non-members. Where to enroll? Learn more at <a href="http://www.medconcert.com/AGAQIR">http://www.medconcert.com/AGAQIR</a>. PQRS Reporting: Auto-generated report on up to 12 quality measures, for PQRS and the VBM. Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 - Specialized Registry reporting. Key Features and Benefits: • Continuous performance feedback reports. Improve pop health and manage VBM quality scores, • Comparison to national benchmarks (where available) and peer-to-peer comparison, • Performance gap analysis &amp; patient outlier identification (where available) • Links to targeted education, tools and resources for improvement, • Performance aggregation at the practice and organization level available. Cost: Annual Fee: $300 for members; $550 for non-members</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Indvual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
<td>Non-PQRS Measures Supported</td>
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| American Optometric Association- AOA MORE Registry | 243 N Lindbergh Boulevard, Saint Louis, MO, 63141 800-365-2219 http://http://www.aoa.org/MORE | No | Individual EPs Yes | Physician Compare | PQS Domain 1 Communication and Care Coordination: 019 PQS Domain 3 Effective Clinical Care: 012, 117 PQS Domain 5 Patient Safety: 130 eCQM's: 001, CMS122v4, 018, CMS167v4, 226, CMS138v4, 236, CMS165v4, 374, CMS50v4 | None | N/A | Recognizing the movement towards quality reporting and its value in improving health care outcomes, the American Optometric Association (AOA) is proud to support optometrists and the advancement of the profession through AOA MORE - Measures and Outcomes Registry for Eyecare. AOA MORE will provide:  
- Data Collection  
- PQRS reporting and EHR Meaningful Use program support  
- Data analysis of clinical outcomes for the benefit of improving care  
- Demographic analysis to ensure greatest patient access to care  
- Benchmarking against national performance rates of all registry participants (dashboards updated weekly)  
  - PQRS measures  
  - Diagnoses  
  - Procedures  
  - Demographics  
  - AOA MORE currently supports EPs, but will support the GPRO requirements at a future date. Register at http://www.aoa.org/MORE | Cost: Free to AOA members (average dues of approximately $1,800 per year) Non-member fee is $1,800 per year.
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<th>Qualified Clinical Data Registry Name</th>
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<th>EHR Incentive Program Supported</th>
<th>PQRS Measures Supported (Individual Measures(^a), Measures Group Only Measures(^b), Electronic Clinical Quality Measures [eCQMs](^c))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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</table>
| American Society of Clinical Oncology | 2318 Mill Road, Suite 800, Alexandria, VA, 22314 571-483-1300 [http://www.asco.org](http://www.asco.org) | Yes Individual EPs, GPRO Group Practice | No Individual EPs, GPRO Group Practice | American Society of Clinical Oncology Public Reporting | • Pain intensity quantified by second office visit
• Chemotherapy intent documented before or within two weeks after administration
• Performance status documented prior to initiating chemotherapy
• Chemotherapy administered to patients with metastatic solid tumors and performance status of 3, 4, or undocumented (lower score – better)
• Smoking status/tobacco use documented in past year
• Antemetic therapy prescribed for highly emetogenic chemotherapy
• Antemetic therapy prescribed for moderately emetogenic chemotherapy
• Pain intensity quantified on either of the last two visits before death
• Hospice enrollment and enrolled more than 3 days before death
• Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer
• Test for Her2/neu overexpression or gene amplification
• Trastuzumab received by patients with AJCC stage I (T1c) to III Her2/neu positive breast cancer
• Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage I (T1c) to III ER or PR positive breast cancer
• GCSF administered to patients who received chemotherapy for metastatic cancer (Lower score - better)
• Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer
• Location of death documented (*paired measure)
• Death from cancer in intensive care unit (*paired measure)
• Chemotherapy administered within last 2 weeks of life (lower score is better)
• Documentation of patient’s advance directives by the third office visit
• Staging documented within one month of first office visit

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<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures a, Measures Group Only Measures b, Electronic Clinical Quality Measures [eCQMs] c)</th>
<th>Non-PQRS Measures Supported</th>
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</table>
• SPECT-MPI studies meeting appropriate use criteria  
• PET-MPI studies meeting appropriate use criteria  
• SPECT-MPI study quality excellent or good  
• PET-MPI study quality excellent or good  
• SPECT-MPI studies not equivocal  
• PET-MPI studies not equivocal  
• Utilization of standardized nomenclature and reporting for SPECT and PET-MPI studies  
• Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients  
• Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)  
• Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients  
• SPECT-MPI studies performed without the use of thallium  
• Imaging Protocols for SPECT and PET-MPI studies – Use of stress only protocol | The American Society of Nuclear Cardiology ImageGuide Registry non-PQRS Measure Specifications are located here: http://www.asnc.org/im ageguidemeasures | | | |
| American Society of Plastic Surgeons Qualified Clinical Data Registry | 444 E. Algonquin Road, Arlington Heights, IL, 60005 847-228-3349 847-981-5442 | No | Individual EPs | No | Physician Compare | NQS Domain 1 Communication and Care Coordination: 046, 131, 137, 138, 182, 222, 265, 374  
NQS Domain 2 Community/Population Health: 110, 128, 134, 226  
NQS Domain 3 Effective Clinical Care: 112, 236 , 263, 356, 357  
NQS Domain 4 Efficiency and Cost Reduction: 224  
NQS Domain 5 Patient Safety: 021, 022, 023, 130, 355  
NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 358  
• Use of wound surface culture technique in patients with chronic skin ulcers (overuse measure)  
• Use of wet to dry dressings in patients with chronic skin ulcers (overuse measure)  
• Use of compression system in patients with venous ulcers  
• Offloading (pressure relief) of diabetic foot ulcer  
• Breast Reconstruction: Return to OR  
<table>
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<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous FY</th>
<th>Reporting Options Supported</th>
<th>Reporting Program Supported</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported</th>
<th>Non-PQRS Measures Supported</th>
<th>Services Offered &amp; Cost</th>
</tr>
</thead>
</table>
| American Urological Association Quality (AQUA) Registry | 100 Corporate Boulevard, Linthicum, MD, 21090 1-866-889-5700 | No | Individual EPs, Group Practice | No | Physician Compare | NQS Domain 1 Communication and Care Coordination: 046, 047, 131, 265 | [PQRS Measures](http://www.ahuqc.org/Resources/QCDR) | [Non-PQRS Measures](http://www.ahuqc.org/Resources/QCDR) | The AUA Quality (AQUA) Registry is a national, specialty-wide urologic disease registry designed to measure and report urologic care quality. The goal of the AQUA Registry is to provide urologists with the information they need to improve their clinical practices and patient outcomes. Services to provide include:  
- PQRS reporting with validation checks prior to submission  
- MU2 Specialized Registry reporting  
- National benchmarks for diagnosis, treatment and performance  
- Patient Reported Outcomes (PRO) portal to report directly by patients about their experience of treatment and care  
- Physician performance reports based on clinically validated and comparative data. Cost: Costs range from $299 - $799, depending upon services selected and membership status. Please email AQUA@AuAnet.org for more details. |
<p>| Americas Hernia Society Quality Collaborative | 4582 S Ulster Street, Suite 201 Denver, CO 80237 303-772-5156 | No | Individual EPs | No | Physician Compare | NQS Domain 3 Effective Clinical Care: 357 | <a href="http://www.ahuqc.org/Resources/QCDR">PQRS Measures</a> | <a href="http://www.ahuqc.org/Resources/QCDR">Non-PQRS Measures</a> | The Americas Hernia Society Quality Collaborative is a multi-stakeholder registry with the mission to provide health care professionals real-time information for maximizing value in hernia care. Services: The Americas Hernia Society Quality Collaborative (AHSCQC) QCDR will report on our approved measures for participating surgeons who agree to have their data submitted. Cost: No charge for the service. |</p>
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<tr>
<th>Qualified Clinical Data Registry Name</th>
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<th>Reporting Options Supported Individual EP and/or GPRO Group Practice</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures\textsuperscript{a}, Measures Group Only Measures\textsuperscript{b}, Electronic Clinical Quality Measures [eCQMs]\textsuperscript{c})</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Cost: The American Society of Anesthesiologists (ASA) offers PQRS submission as a benefit to ASA members. There will be an annual fee of $150 for QCDR reporting on behalf of non-ASA member providers. For additional information please see <a href="http://www.asahq.org/">http://www.asahq.org/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia Quality Institute (AQI)</td>
<td>1061 American Lane, Schaumburg, IL 60173</td>
<td>847-825-5586</td>
<td>847-825-2085</td>
<td><a href="https://www.aqihq.org/index.aspx">https://www.aqihq.org/index.aspx</a></td>
<td>Yes</td>
<td>Individual EPs</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 046, 047, 331, 155, 426, 427</td>
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<td>PQRS Measures Supported (Individual Measures(^i), Measures Group Only Measures(^ii), Electronic Clinical Quality Measures [eCQMs](^iii))</td>
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| ASPIRE (Anesthesiology Performance Improvement and Reporting Exchange) | 2800 Plymouth Road, Building 16 G1525, Ann Arbor, MI, 48109 734-936-8081 http://www.aspirecqi.org/aspire-qcdr | Yes | Individual EPs | No | Physician Compare | None | • Train of Four Monitor Documented After Last Dose of Non-depolarizing Neuromuscular Blocker  
  • Administration of Neostigmine before Extubation for Cases with Nondepolarizing Neuromuscular Blockade  
  • Administration of insulin or glucose recheck for patients with hyperglycemia  
  • Administration of dextrose containing solution or glucose recheck for patients with perioperative glucose < 60  
  • Avoiding excessively high tidal volumes during positive pressure ventilation  
  • Active warming for all patients at risk of intraoperative hypothermia  
  • Core temperature measurement for all general anesthetics  
  • At-risk adults undergoing general anesthesia given 2 or more classes of anti-emetics  
  • At-risk pediatric patients undergoing general anesthesia given 2 or more classes of anti-emetics  
  • Colloid use limited in cases with no indication  
  • Hemoglobin or hematocrit measurement for patients receiving discretionary intraoperative red blood cell transfusions  
  • Transfusion goal of hematocrit less than 30  
  • Appropriate intraoperative handoff performed  
  • Appropriate postoperative transition of care handoff performed  
  • Avoiding intraoperative hypotension  
  • Avoiding gaps in systolic or mean arterial pressure measurement  
  • Avoiding myocardial injury  
  • Avoiding acute kidney injury  
  • Preventing uncontrolled post-operative pain  
  • All cause 30-day mortality  
  • Avoiding medication overdose | The Anesthesiology Performance Improvement and Reporting Exchange non-PQRS Measure Specifications are located here: https://www.aspirecqi.org/aspire-qcdr-2016 | No cost to ASPIRE members |  

ASPIRE collects clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Currently, only ASPIRE members that utilize an electronic anesthesia record can participate in ASPIRE QCDR. For further questions on membership, please go to http://www.aspirecqi.org.
<table>
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<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures(^1), Measures Group Only Measures(^2), Electronic Clinical Quality Measures [eCQMs](^3))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
</tr>
</thead>
</table>
• Medication Reconciliation Performed at My Visit  
• Practice Asked Me About Allergies  
• Practice Explained Medications Before Giving Them  
• Coordination of Care Among Physicians and Nurses  
• I Was Told How To Arrange An Appointment For Follow-up Care  
• Overall Assessment of Safety  
• The Doctor Provided Follow-up Care Instructions in a Way I Could Understand  
• I Was Involved in Developing My Care or Follow-up Plan  
• My Pain Was Treated Effectively  
• My Doctor Listened to Me  
• My Doctor Made Me Feel Comfortable About Asking Questions  
• My Doctor Explained My Final Diagnosis  
• I Understood What the Physician Told Me  
• My Doctor Informed Me of My Treatment Options  
• My Doctor Told Me How Long Things Would Take  
• My Doctor Did Not Seem Rushed While With Me  
• While In My Room, My Doctor Was Focused on My Issues  
• I Was Involved in Choosing My Treatment Options  
• Would You Recommend This Physician to Your Family and Friends  | | | | |
| CODE Technology                      | P. O. Box 2139 Phoenix, AZ, 85004 602-586-1602 http://www.codetechnology.com | No Individual EPs, GPRO Group Practice | No | CODE Technology Public Reporting | | • NQS Domain 1 Communication and Care Coordination: 217, 218, 350  
• NQS Domain 2 Community/Population Health: 128, 226  
• NQS Domain 3 Effective Clinical Care: 357  
• NQS Domain 5 Patient Safety: 021, 022, 023, 130, 154, 318, 351, 352, 353, 355  
• Improved Functional Outcome Assessment for Shoulder Replacement  
• Improved Functional Outcome Assessment for Anterior Cruciate Ligament Repair  
• Improved Functional Outcome Assessment for Foot and Ankle Surgery  
• Improved Functional Outcome Assessment for Hand Surgery  | | | | |

---

**Services:**  
• Reporting collected data to CMS  
• Posting Data to the Bivarus QCDR webpage  

**Cost:** $100 per provider.

**CODE Technology** helps physicians, hospitals, and group practices collect patient-reported outcome data efficiently, accurately and securely.

**PQRS Reporting Annual Fee:** $399 per eligible provider.
<table>
<thead>
<tr>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual EPs, GPPO Group Practice</td>
<td>Yes</td>
<td>Public</td>
<td>Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures (eCQMs)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 121, 131, 137, 141, 147, 155, 182, 185, 197, 218, 219, 220, 221, 222, 223, 225, 243, 261, 265, 288, 293, 294, 320, 325, 336, 350, 359, 362, 363, 364, 374, 391, 395, 396, 397, 411, 426, 427</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 050, 109, 143, 144, 170, 304, 321, 342, 358, 375, 376, 377, 386, 390, 403, 410</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

Key features and benefits:

- Adherence to Statistics
- Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category
- CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)
- CAHPS Health Plan Survey v 4.0 - Adult questionnaire
- Care for Older Adults (COA) – Medication Review
- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications

CUHSM provides EHR Incentive Services that help practices gain from PQRS participation.

- CUHSM's Clinical Measure Management (CMM) services help practices identify and select measures, prepare PQRS reports, and submit reports to CMS.
- CUHSM's QRDA (Quality Reporting and Data Analysis) tools support the generation and review, transmission, and submission to CMS.
- CUHSM's PQRS reviews and feedback services help practices identify opportunities for improvement.
- CUHSM's reporting services include comprehensive, detailed reports to help practices identify opportunities for improvement.
<table>
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<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures[^1], Measures Group Only Measures[^2], Electronic Clinical Quality Measures [eCQMs][^3])</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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<tbody>
<tr>
<td>E-CPR (Emergency – Clinical Performance Registry)</td>
<td>MedAmerica: 2100 Powell Street, Suite 300, Emeryville, CA, 94608</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>Yes</td>
<td>Location: MedAmerica E-CPR</td>
<td>Door to Diagnostic Evaluation by a Provider – All ED Patients</td>
<td>Door to Diagnostic Evaluation by a Provider – Adult ED Patients</td>
<td>Mean Time from ED Arrival to ED Departure for All Discharged ED Patients</td>
<td>Mean Time from ED Arrival to ED Departure for Discharged Lower Acuity ED Patients</td>
</tr>
<tr>
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<tr>
<td>ePreop Anesthesia Quality Registry</td>
<td>610 Pacific Coast Highway, Suite 209, Seal Beach, CA, 90740</td>
<td>No</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>Overall Anesthesia Safety, Overall Cardiac Arrest, Overall Mortality, PACU Intubation Rate, Short-term Pain Management/Maximum Pain Score, Procedural Safety for Central Venous or Arterial Catheterization, Patient Experience, Surgical Safety Checklist/&quot;Timeout&quot;, Corneal Injury, Failed Airway, Prophylactic Antibiotic Administration, Intraoperative Fire, Case Delay, Anaphylaxis, Malignant Hyperthermia, Dental Injury, Unplanned admission to ICU, Unplanned admission to Hospital, PONV Pediatric, Procedural Site Infection, Documentation of Current Medications in the Medical Record, Pain Assessment and Follow-Up, Tobacco Use: Screening and Cessation Intervention, Preoperative Fluid Intake for Elective Intra-Abdominal Procedures, Unplanned Readmission Within 30 Days of Principal Procedure</td>
<td>The ePreop Anesthesia Quality Registry Specifications are located here: <a href="http://epreop.com/aqrqcdr/">http://epreop.com/aqrqcdr/</a></td>
<td>Services: Eligible Provider (anesthesiologist, CRNA, AA, resident) fee is dependent on capture tool/format and is subject to change at ePreop’s sole discretion.</td>
<td>Cost: $50-$150 per eligible provider.</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry Name</td>
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<td>Participated as a QCDR in Previous PY</td>
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<td>EHR Incentive Program</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures$^a$, Measures Group Only Measures$^b$, Electronic Clinical Quality Measures [eCQMs]$^c$)</td>
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<tr>
<td>FORCE-TJR QI</td>
<td>University of Massachusett's Medical School, 55 Lake Avenue North, Worcester, MA, 01655 855-993-6723 508-856-2581 <a href="http://http://www.force-tjr.org/">http://http://www.force-tjr.org/</a></td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice Yes</td>
<td>FORCE-TJR QI</td>
<td>FORCE-TJR QI Public Reporting</td>
<td>NQS Domain 1 Communication and Care Coordination: 131, 182, 217, 218, 220, 350, 351, 352, 353&lt;br&gt;NQS Domain 2 Community/Population Health: 226&lt;br&gt;NQS Domain 3 Effective Clinical Care: 178&lt;br&gt;NQS Domain 5 Patient Safety: 023, 130, 351, 352, 353&lt;br&gt;NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 358</td>
<td>• Functional Status Assessment for Knee Replacement&lt;br&gt;• Pain Status Assessment for Knee Replacement&lt;br&gt;• Mental Health Assessment for Knee Replacement&lt;br&gt;• Improvement in Function after Knee Replacement&lt;br&gt;• Improvement in Pain after Knee Replacement&lt;br&gt;• Functional Status Assessment for Hip Replacement&lt;br&gt;• Pain Status Assessment for Hip Replacement&lt;br&gt;• Mental Health Assessment for Hip Replacement&lt;br&gt;• Improvement in Function after Hip Replacement&lt;br&gt;• Improvement in Pain after Hip Replacement&lt;br&gt;• Functional Status Assessment for Patients with Knee OA&lt;br&gt;• Pain Status Assessment for Patients with Knee OA&lt;br&gt;• Mental Health Assessment for Patients with Knee OA&lt;br&gt;• Functional Status Assessment for Patients with Hip OA&lt;br&gt;• Pain Status Assessment for Patients with Hip OA&lt;br&gt;• Mental Health Assessment for Patients with Hip OA</td>
<td>The FORCE-TJR QI 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></td>
<td>FORCE-TJR QI Registry has been collecting patient reported standardized outcome data using patient surveys since 2011. We collect implant data &amp; medical record data from participants reporting adverse events. We have complete outcomes on more than 25,000. 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; • We offer a spectrum of services from web-based reporting to turnkey operation. Cost: PQRS reporting for $299 year for members.</td>
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<td>PQRS Measures Supported (Individual Measures), Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs]</td>
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<tr>
<td>NQS Domain 4 Efficiency and Cost Reduction:</td>
<td>065, 066, 069, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</td>
<td>N/A</td>
<td>Services: Available to gEHRiMed customers at $600 per eligible provider.</td>
<td>Cost: $600 per eligible provider.</td>
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<tr>
<td>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes:</td>
<td>050, 109, 143, 144, 303, 304, 321, 342, 358, 375, 376, 377, 386, 390, 403, 410</td>
<td>N/A</td>
<td>Services: Available to gEHRiMed customers at $600 per eligible provider.</td>
<td>Cost: $600 per eligible provider.</td>
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</table>

Services Offered & Cost: Available to gEHRiMed customers at $600 per eligible provider.

Cost: $600 per eligible provider.

Services: Available to gEHRiMed customers at $600 per eligible provider.

Cost: $600 per eligible provider.

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Cost: $600 per eligible provider.
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</thead>
<tbody>
<tr>
<td>GI Quality Improvement Consortium's GIQuIC</td>
<td>6400 Goldsboro Road, Suite 200, Bethesda, MD, 20817</td>
<td>Yes</td>
<td>Individual EPs</td>
<td>No</td>
<td>Physician Compare</td>
<td>None</td>
<td>Adequacy of bowel preparation</td>
<td>The GIQuIC non-PQRS Measure Specifications are located at <a href="http://giquic.gi.org/docs/GIQICnonpqrsmeasureinformation_references.pdf">http://giquic.gi.org/docs/GIQICnonpqrsmeasureinformation_references.pdf</a></td>
<td>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. Over ten endoscopic report writers are currently certified with GIQuIC. 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>.</td>
</tr>
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</table>

The organization will foster quality improvement for the purpose of patient and disease tracking. We will collect medical and clinical data from participating providers in the field of sports medicine orthopaedic surgery and related specialties. Services: Consultation - No Charge; Non-PQRS Measures Specifications are located here: http://www.orthoQCDR.com
<table>
<thead>
<tr>
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<th>Reporting Options Supported Individual EP and/or GPRO Group Practice</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures(^i), Measures Group Only Measures(^{ii}), Electronic Clinical Quality Measures [eCQMs](^{iii}))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
</tr>
</thead>
</table>
| H-CPR (Hospitalist - Clinical Performance Registry) | MedAmerica: 2100 Powell Street, Suite 900, Emeryville, CA, 94608 510-350-2600 Email: Registry@medamerica.com | Yes | Individual EPs, GPRO Group Practice | Yes | Public Reporting Registry Public Reporting | NQS Domain 1 Communication and Care Coordination: 047, 155 | NQS Domain 2 Community/Population Health: 110, 317 | NQS Domain 3 Effective Clinical Care: 005, 008, 032 | NQS Domain 5 Patient Safety: 076, 130, 154 | • Mean Length of Stay for Inpatients – All Patients
• Mean Length of Stay for Inpatients – Pneumonia
• Mean Length of Stay for Inpatients – CHF
• Mean Length of Stay for Inpatients – COPD
• 30 Day All Cause Readmission Rate for All Discharged Inpatients
• 30 Day All Cause Readmission Rate Following Pneumonia Hospitalization
• 30 Day All Cause Readmission Rate Following CHF Hospitalization
• 30 Day All Cause Readmission Rate Following COPD Hospitalization for Inpatients with Pneumonia
• In-Hospital Mortality Rate for Inpatients with Pneumonia
• In-Hospital Mortality Rate for Inpatients with CHF
• In-Hospital Mortality Rate for Inpatients with COPD
• Stroke Venous Thromboembolism (VTE) Prophylaxis
• Stroke Patients Discharged on Statin Medication
• Venous Thromboembolism (VTE) Prophylaxis
• Venous Thromboembolism (VTE) Patients with Anticoagulation Overlap Therapy

The Hospitalist - Clinical Performance Registry non-PQRS Measure Specifications are located here: http://www.medamerica.com/Expertise/HospitalMedicine/HCPR.aspx

H-CPR (Hospitalist – Clinical Performance Registry) is dedicated to improving the quality of hospitalist care across the country by reporting and sharing performance and quality metrics.

Services:
• Support for data collection, analysis, and reporting
• Feedback reports with benchmarks (when available) and comparative analysis
• Educational webinars, online resources, regional educational symposia and workshops
• Opportunities for continuing medical education (CME).

Cost: $265-$450 per provider.
Qualified Clinical Data Registry Name: Qualified Clinical Data Registry

Contact Information: http://www.iclops.com/resources/

Participated as a QCDR in Previous PQRS: No

Reporting Options Supported: Individual EP and/or GPRO Group Practice

EHR Incentive Program Supported: No

Public Reporting Location: No

PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])

Non-PQRS Measures Supported

Non-PQRS Measures Information

Services Offered & Cost

Services: ICLOPS offers technology and consultative services by top tier professionals and researchers to help practices measure performance and improve patient outcomes. ICLOPS Registry solutions support performance measurement and reporting, performance improvement and population health, and clinical effectiveness research through Registry technology and services. This includes services for ACOS and other Alternative Payment Models, Clinical Integration, Public Health Reporting to a Specialized Registry under Meaningful Use, Clinical Data Registry (CDR), PQRS Reporting, and consultations using the QRUR and other data to improve results under the Value-Based Payment Modifier, ACOS, and APMs. ICLOPS CDCR Services may be offered for PQRS reporting and other engagements, and are available as customized multi-practice implementations. ICLOPS aggregations data from disparate sources for PQRS reporting and Population Health. PQRS Enterprise solutions for groups 100 and up includes PQRS reporting plus VBPM enhancement., with maximum pricing equivalent of $350 per provider, and lower depending on volume. Practices 80-99 priced at Platform Price equivalent of $350-$420 per provider for PQRS Reporting, with option for VBPM consultation extra. Pracives 100+ are priced at $500 per provider. Additional fees of $250 per data source for data collection, processing, and maintenance. Customized implementations for networks and associations are priced per scope of services. Please contact partnering@iclops.com for more information.

Cost: Volume-based platform price, plus a data fee.

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<table>
<thead>
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<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
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</tr>
</thead>
</table>
| MBSAQIP QCDR                         | 333 North Saint Clair Street, Chicago, IL, 60611 | Yes | Individual EPs | No | MBSAQIP QCDR | - Risk standardized rate of patients who experienced a postoperative complication within 30 days following primary Laparoscopic Roux-en-Y Gastric Bypass (LRYGB) or Laparoscopic Sleeve Gastrectomy (LSG) operation
- Risk standardized rate of patients who experienced an unplanned readmission within 30 days following primary LRYGB or LSG operation.
- Risk standardized rate of patients who experienced a reoperation within 30 days following primary a LRYGB or LSG operation
- Risk standardized rate of patients who experienced an anastomotic/staple line leak within 30 days following primary LRYGB or LSG operation
- Risk standardized rate of patients who experienced a bleeding/hemorrhage event requiring transfusion, intervention/operation, or readmission within 30 days following primary LRYGB or LSG operation
- 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 primary LRYGB or LSG operation
- Risk standardized rate of patients who experienced postoperative nausea, vomiting or fluid/electrolyte/nutritional depletion within 30 days following primary LRYGB or LSG operation
- Risk standardized rate of patients who experienced extended length of stay (>7 days) following primary LRYGB or LSG operation.
- 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: https://www.facs.org/~media/files/quality_programs/bariatric/2016%20mbsaqip%20qcdr%20specifications.ashx | Services: MBSAQIP will submit approved measures to CMS on behalf of consenting surgeons participating in the MBSAQIP Data Registry.
Cost: No additional cost to MBSAQIP participants.
<table>
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<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported: Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>PQRS Measures Supported (Individual Measures(^a), Measures Group Only Measures(^b), Electronic Clinical Quality Measures [eCQMs](^c))</td>
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<tr>
<td>MEDNAX Services, Inc.</td>
<td>1301 Concord Terrace, Sunrise, FL, 33323 954-384-0175 855-623-2193 <a href="http://www.mednax.com/">http://www.mednax.com/</a></td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>NQS Domain 1 – Communication and Care Coordination: PQRS 426, PQRS 427 NQS Domain 2 Community/Population Health: 128 NQS Domain 3 Effective Clinical Care: 044, 404 NQS Domain 5 Patient Safety: 076, 130, 424, 430</td>
<td>• Central Venous Line: ultrasound used for placement • Unplanned Hospital Admission • Procedural Safety for Central Line Placement • Difficult Intubation due to unrecognized difficult airway • PACU Intubation Rate • Laryngospasm • Dental Damage/Loss • Inadvertent Dural Puncture during Epidural • High Spinal requiring intubation and/or assisted ventilation • Major Systemic Local Anesthetic Toxicity • Failed Regional Requiring General Anesthesia • Medication Error by Anesthesia Care Team • Anaphylaxis • Aspiration of Gastric Contents • Surgical Fire • Immediate Perioperative Cardiac Arrest • Immediate Perioperative Mortality • Unplanned ICU Admission • Surgical Case Cancellation • Functional Outcome Assessment; Overall Pain control during Episode of care: General, Regional Anesthesia • Prevention of Post Operative Vomiting with an appropriate medical regimen guided by risk assessment in patients aged 3 to 18 years of age</td>
<td>The MEDNAX 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></td>
<td>MEDNAX Inc attests that it’s a QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Services: The Quantum Clinical Navigation System QCDR will complete the collection and submission of quality measures data on behalf of individual eligible professionals and group practices to meet the PQRS for CMS. Cost: There is no cost to the EP as this is a service provided to EPs who are affiliated with MEDNAX.</td>
<td></td>
</tr>
<tr>
<td>Michigan Bariatric Surgery Collaborative</td>
<td>2800 Plymouth Road, Building 16, Room 141E, MI, 48109 734-998-7481 734-998-7473 <a href="http://www.michiganbsc.org">http://www.michiganbsc.org</a></td>
<td>Yes</td>
<td>Individual EPs</td>
<td>No</td>
<td>Physician Compare</td>
<td>None</td>
<td>The Michigan Bariatric Surgery Collaborative non-PQRS Measure Specifications are located here: <a href="http://michiganbsc.org/mbsc-qcdr/">http://michiganbsc.org/mbsc-qcdr/</a></td>
<td>The MBSC is a regional consortium of hospitals and surgeons that submit 30 day and longitudinal outcomes data on patients undergoing bariatric surgery in the state of Michigan. This data is submitted to a clinical outcomes registry and is audited yearly. Cost: There is no additional cost to hospitals or physicians to participate in the MBSC QCDR.</td>
<td></td>
</tr>
<tr>
<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
<td>Non-PQRS Measures Supported</td>
<td>Non-PQRS Measures Information</td>
<td>Services Offered &amp; Cost</td>
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<tr>
<td>Michigan Urological Surgery Improvement Collaborative (MUSIC) QCDR</td>
<td>2800 Plymouth Road, Building 16, Suite 1-495, Ann Arbor, MI, 48109</td>
<td>Yes</td>
<td>Individual EPs</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 265</td>
<td>• Prostate Biopsy: Compliance with ALARA best practices for antibiotic prophylaxis for transrectal ultrasound-guided (TRUS) biopsy</td>
<td>The Michigan Urological Surgery Improvement Collaborative non-PQRS Measure Specifications are located here: <a href="http://musicurology.com/qcdr/">http://musicurology.com/qcdr/</a></td>
<td>Services: The MUSIC QCDR will report to PQRS on the approved measures for all participating eligible professionals who agree to have their data submitted. Cost: The 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.</td>
</tr>
<tr>
<td>MiraMed</td>
<td>255 West Michigan Avenue, Jackson, MI, 49201</td>
<td>No</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109</td>
<td>• Perioperative Cardiac Arrest Rate</td>
<td>The MiraMed QCDR will collect medical and clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to anesthesia and pain management patients. Services: • Creation, management, collection, and reporting on quality measures answers. • Submission to CMS and compliance tracking against all measures. Cost: $50 for ABC members and $100 for non-ABC members.</td>
<td></td>
</tr>
<tr>
<td>National Healthcare Quality Institute, Inc.</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 426, 427</td>
<td>NQS Domain 3 Effective Clinical Care: 044, 404</td>
<td>NQS Domain 5 Patient Safety: 076, 424, 430</td>
<td>• Perioperative Aspiration Pneumonia Rate</td>
<td>• Post-dural puncture headache rate</td>
</tr>
<tr>
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<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
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<tr>
<td>National Home-Based Primary Care &amp; Palliative Care Registry &amp; CECity</td>
<td>10350 N. Torrey Pines Road, La Jolla, CA, 92037 858-412-8702</td>
<td>No</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 047, 155 NQS Domain 2 Community/Population Health: 110 NQS Domain 3 Effective Clinical Care: 048, 408 NQS Domain 5 Patient Safety: 130, 238 NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 50, 342 eCQM's: CMS147v5, CMS68v5, CMS138v4, CMS156v4</td>
<td></td>
<td></td>
<td>This QCADR is offered to improve patient care and provide a reporting mechanism for home-based medical providers, while engaging practices in a learning community focused on quality improvement.</td>
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</table>

**Services:**

- The National Home-Based Primary Care & Palliative Care Registry is intended to measure, report & improve patient outcomes.
- Who should enroll?: Physicians, Nurse Practitioners, and Physician Assistants who provide home-based medical care, home-based primary care, and/or home-based palliative care.

*PQRS Reporting: Auto-generated report on 16 non-PQRS custom quality measures, along with relevant PQRS measures, to support home-based primary and palliative care and value-based management.*

*Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.*

*Key Features and Benefits:*

- Continuous performance feedback reports, improve population health and VBM quality scores, compare to national benchmarks (where available) and peer-to-peer comparison,
- Performance gap analysis & patient outlier identification (where available),
- Links to targeted education, tools and resources for improvement,
- Performance aggregation at the practice and organization level available

*Cost: Annual Fee: $350 per provider.*
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<th>EHR Incentive Program Supported</th>
<th>Reporting Options Supported Individual EP and/or GPRO Group Practice</th>
<th>PQRS Measures Supported (Individual Measures[^1], Measures Group Only Measures[^2], Electronic Clinical Quality Measures [eCQMs][^3])</th>
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<tbody>
<tr>
<td>National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement in Collaboration with CECity</td>
<td>251 18th Street, South, Suite 630, Arlington, VA, 22202</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 024, 046, 347, 131, 155, 182, 217, 218, 219, 220, 221, 222, 223 NQS Domain 2 Community/Population Health: 110, 111, 128, 134 NQS Domain 3 Effective Clinical Care: 039, 041, 178, 418 NQS Domain 5 Patient Safety: 021, 022, 023, 130, 154, 181, 238 NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109 eCQM's: 110, CMS147v5, 111, CMS127v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4</td>
<td>• Laboratory Investigation for Secondary Causes of Fracture • Risk Assessment/Treatment after Fracture • Discharge Instructions: Emergency Department • Osteoporosis Testing in Older Women • Hip Fracture Mortality Rate (IQI 19) • Communication with the physician or other clinician managing on-going care post fracture for men and women aged 50 years and older • Advance Care Plan • Care for Older Adults (COA) – Medication Review • Median Time to Pain Management for Long Bone Fracture • Osteoporosis Management in Women Who Had a Fracture • Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older • Screening for Osteoporosis for Women 65-85 Years of Age • Osteoporosis: percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months • Osteoporosis: percentage of patients, any age, with a diagnosis of osteoporosis who are either receiving both calcium &amp; vitamin D intake, &amp; exercise at least once within 12 months</td>
<td>The National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement non-PQRS Measure Specifications are located here: <a href="https://www.medconcert.com/content/medconcert/FractureQIR/">https://www.medconcert.com/content/medconcert/FractureQIR/</a></td>
<td>This QCDR collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Services: 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. Who should enroll? All providers and specialties caring for patients with osteoporosis. Where to enroll? Learn more at <a href="http://www.medconcert.com/FractureQIR">http://www.medconcert.com/FractureQIR</a>. PQRS Reporting: Auto-generated report on up to 38 meaningful and relevant osteoporosis and post-fracture quality measures. Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board-specific policies). Connect your EHR to achieve MU2 specialized Registry. Annual Fee: $499-$699 per provider. Key Features and Benefits: • Continuous performance feedback reports. Improve pop health and manage VBM quality scores, • Comparison to available national benchmarks and peer-to-peer comparison, • Performance gap analysis &amp; patient identification • Links to targeted education, tools and resources for improvement (free and fee based), • Performance aggregation at the practice and organization level available.</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry Name</td>
<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported(^1)</td>
<td>Public Reporting Location(^2)</td>
<td>PQRS Measures Supported (Individual Measures(^3), Measures Group Only Measures(^4), Electronic Clinical Quality Measures [eCQMs](^5))</td>
<td>Non-PQRS Measures Supported</td>
<td>Non-PQRS Measures Information</td>
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| New Hampshire Colonoscopy Registry    | 46 Centerra Parkway, Evergreen Center, Suite 105, Lebanon, NH, 03766 603-653-3427 fax: 603-650-9425 http://www.nhcoloregistry.org; nhcr@dartmouth.edu | Yes | Individual EPs, GPRO Group Practice | No | Physician Compare | NQS Domain 1 Communication and Care Coordination: 185, 320 NQS Domain 3 Effective Clinical Care: 343 | • Adequacy of Bowel Preparation  
• Successful Cecal Intubation  
• Incidence of Perforation  
• Repeat Colonoscopy recommended due to poor bowel preparation  
• Repeat colonoscopy recommended due to piecemeal resection  
• Age inappropriate screening colonoscopy  
• Documentation of family history  
• Documentation of indication for exam | The New Hampshire Colonoscopy Registry Non-PQRS Measure Specifications are located here: http://www.nhcoloregistry.org | The NHCR is a clinical quality and research registry for physicians who practice colonoscopy in the state of NH, collecting data from colonoscopies in order to improve the effectiveness of colonoscopy in preventing and detecting colorectal cancer.  
Services: Participating providers will receive reports, including measures such as Adenoma Detection Rate, at the individual, practice, and state level, four times a year.  
Cost: No fees associated with NHCR participation. |
Qualified Clinical Data Registry Name  |  Contact Information  |  Participated as a QCDR in Previous PY |  Reporting Options Supported Individual EP and/or GPRO Group Practice |  EHR Incentive Program Supported |  Public Reporting Location |  PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs]) |  Non-PQRS Measures Supported |  Non-PQRS Measures Information |  Services Offered & Cost
---|---|---|---|---|---|---|---|---|---

**NQI QCDR Services becomes FREE** for qualified providers when you join Practice Transformation Network. NQI, as a PTH funded by CMS through the TCPI Program, is a regional quality collaborative helping practices develop and implement quality improvement strategies to support chronic care management, patient safety, care coordination, and reduce costs. The 10 PTN quality measures align with PQRS and Non-PQRS measures supported by our QCDR.

Read more about the TCPI initiative here: Contact NJII for more information on eligibility.

**Services:**
- $199 per EP includes:
  - On-demand educational/planning resources including data collection templates and measure selection
  - Unlimited support offered via Live Help, Phone, Email, 2x/month webinars, and tutorial videos
  - Instant feedback reports including Value Modifier (VM) analysis

**Personalized, hands-on planning and support offered via "Premium" support packages starting at $199 per practice:**
- Assistance collecting data from EHR/PM, and submitting data
- Custom data collection templates
- Now offering MU Stage 2 Specialized Registry: Highlander Clinical Data Registry

Contact NJII for a quote for: Hospital reporting, Volume discounts (50+ EPs), GPRO reporting, or Data Aggregation reporting, Volume discounts (50+ EPs), NJII for more information on eligibility:

**Discounts available for large groups**
- Eligible providers when you join NJII

**QCDR Services:**
- The 10 PTN quality measures
- Custom data collection templates and measure selection
- State-of-the-art reporting templates and data collection resources including data collection templates and measure selection, and measure selection
- Live Help, Phone, Email, 2x/month webinars, and tutorial videos
- On-demand educational/planning resources including data collection templates and measure selection
- Unlimited support offered via Live Help, Phone, Email, 2x/month webinars, and tutorial videos
- Instant feedback reports including Value Modifier (VM) analysis
- Personalized, hands-on planning and support offered via "Premium" support packages starting at $199 per practice:
  - Assistance collecting data from EHR/PM, and submitting data
  - Custom data collection templates
  - Now offering MU Stage 2 Specialized Registry: Highlander Clinical Data Registry
  - Contact NJII for a quote for: Hospital reporting, Volume discounts (50+ EPs), GPRO reporting, or Data Aggregation reporting, Volume discounts (50+ EPs), NJII for more information on eligibility:

**Services offered:**
- On-demand educational/planning resources including data collection templates and measure selection
- Unlimited support offered via Live Help, Phone, Email, 2x/month webinars, and tutorial videos
- Instant feedback reports including Value Modifier (VM) analysis

**Personalized, hands-on planning and support offered via "Premium" support packages starting at $199 per practice:**
- Assistance collecting data from EHR/PM, and submitting data
- Custom data collection templates
- Now offering MU Stage 2 Specialized Registry: Highlander Clinical Data Registry

Contact NJII for a quote for: Hospital reporting, Volume discounts (50+ EPs), GPRO reporting, or Data Aggregation reporting, from multiple EMRs and/or billing systems.

**Cost:** $199 per Eligible Professional / Discounts available for large groups.


NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 216, 146, 224, 312, 322, 323, 324, 331, 332, 333, 340, 415, 416, 419, 439


NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 050, 109, 143, 144, 303, 304, 321, 342, 358, 375, 376, 377, 386, 390, 403, 410

• Critical Result: Pulmonary Embolism
• Critical Result: ICH
• Critical Result: Aortic Dissection
• Critical test: OR Foreign Body
• Critical test: Stroke
• Critical test: Intracranial Hemorrhage
• Critical test: Aortic Dissection
• Critical Result: Occlusive intracranial stroke
• Critical Result: Placental abruption
• Critical Result: Ruptured ectopic pregnancy
• Critical Result: New DVT
• Critical Result: Ectopic Pregnancy
• Critical Test Protocol
• Critical Result Protocol
• Urgent Result Protocol
• Unexpected Result Protocol
• Result Requiring Follow Up Protocol
• Premium support packages

Nill is partnering with SaferMD, an organization that helps providers increase patient safety and care coordination by measuring, reporting, and improving communication performance diagnostic tests results.

Services:
• On-demand educational/planning resources including data collection templates and measure selection
• Support offered via Phone, Email, 2x/month webinars, and tutorial videos
• Instant feedback reports including Value Modifier (VM) analysis
• Customized, planning and support for Data collection and submission offered via

Nill-SaferMD
http://www.safermd.com/qcdr
Cost: $400 per Eligible Professional.
<table>
<thead>
<tr>
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<th>Contact Information</th>
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<th>EHR Incentive Program Supported</th>
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<th>PQRS Measures Supported (Individual Measures(^3), Measures Group Only Measures(^4), Electronic Clinical Quality Measures [eCQMs](^5))</th>
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<th>Non-PQRS Measures Information</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PTN</td>
<td>ptn@mainequalitycounts org</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>All Individual Measures, All Measures Group Only Measures, All eCQMs</td>
<td>None</td>
<td>N/A</td>
<td>The NNE-PTN promotes, supports and accelerates the pace of change as health care shifts to a model rewarding improved care coordination and healthier outcomes. The overall goal: better health and lower costs.</td>
</tr>
</tbody>
</table>
| Mingle Analytics: Daniel B. Mingle, MD | Daniel.mingle@mingleanalytics.com | Yes                              | Yes                                                            | No                            | Yes                   | All Individual Measures, All Measures Group Only Measures, All eCQMs                                                            | None                         | N/A                         | Services:  
  - Collect clinical quality data from practices in a variety of ways  
  - Analyze data against specifications of a variety of measures and quality reporting and process improvement programs  
  - Compare performance levels to a variety of benchmarks  
  - Meet multiple programmatic quality reporting and submission needs of participants including PQRS, MIPS, and PTN.  
Cost: PQRS submission is a benefit of Northern New England PTN participation. |
| Gay De Hart                          | Gay.DeHart@mingleanalytics.com | Yes                              | Yes                                                            | No                            | Yes                   | All Individual Measures, All Measures Group Only Measures, All eCQMs                                                            | None                         | N/A                         |  

Northern New England Practice Transformation
Collaboration with Mingle Analytics
24 B Market Square, P. O. Box 82, South Paris, ME, 04281
866-359-4458
http://mingleanalytics.com

*Live Chat available on the website*

http://nneptn

Individual EPs, GPRO Group Practice
Physician
All Individual Measures
All Measures Group Only Measures
All eCQMs
<table>
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<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported</th>
<th>PQRS Measures Supported (Individual Measures(^a), Measures Group Only Measures(^b), Electronic Clinical Quality Measures [eCQMs](^c))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
<th>Cost: No additional fee for N2QOD registry participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPA-N2QOD General Care Spine QCDR</td>
<td>5550 Meadowbrook Dr, Rolling Meadows, IL, 60008 847-378-0500 847-378-0649 <a href="http://www.neuropoint.org">http://www.neuropoint.org</a></td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>NPA-N2QOD General Care Spine QCDR Public Reporting None</td>
<td>Spine Pain Assessment  Extremity (Radicular) Pain Assessment  Functional Outcome Assessment for Spine Intervention  Quality-of-Life Assessment for Spine Intervention  Patient Satisfaction with Spine Care  Depression and Anxiety Assessment Prior to Spine-Related Therapies  Narcotic Pain Medicine Management Prior to and Following Spine Therapy  Complication Following Percutaneous Spine-Related Procedure  Unplanned Admission to Hospital Following Percutaneous Spine Procedure within the 30-Day Post-procedure Period</td>
<td>The NPA-N2QOD General Care Spine QCDR non-PQRS Measure Specifications are located here: <a href="http://www.aans.org/pdfs/NPA/Supplemental_non-PQRS_Measure_Documentation_NPA-N2QOD-NonSurgicalQCDR2016.pdf">http://www.aans.org/pdfs/NPA/Supplemental_non-PQRS_Measure_Documentation_NPA-N2QOD-NonSurgicalQCDR2016.pdf</a></td>
<td>Services:  • Access to HIPAA 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.</td>
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<td>Qualified Clinical Data Registry Name</td>
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<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported Individual EP and/or GPRO Group Practice</td>
<td>EHR Incentive Program Supported</td>
<td>Public Reporting Location</td>
<td>PQRS Measures Supported (Individual Measures, Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs])</td>
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<td>Non-PQRS Measures Information</td>
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| NPA-N2QOD Surgical Spine QCDR       | 5550 Meadowbrook Dr, Rolling Meadows, IL 60008 847-378-0500 http://www.nepuropoint.org | Yes Individual EPs, GPRO Group Practice | NPA-N2QOD Surgical Spine QCDR Public Reporting | None | None | - Spine Pain Assessment  
- Extremity (Radicular) Pain Assessment  
- Functional Outcome Assessment for Spine Intervention  
- Quality-of-Life Assessment for Spine Intervention  
- Patient Satisfaction With Spine Care  
- Spine-Related Procedure Site Infection  
- Complication Following Spine-Related Procedure  
- Hospital Mortality Following Spine Procedure  
- Referral for Post-Acute Care Rehabilitation Following Spine Procedure  
- Unplanned Reoperation Following Spine Procedure within the 30-Day Postoperative Period  
- Unplanned Readmission Following Spine Procedure within the 30-Day Postoperative Period  
- Selection of Prophylactic Antibiotic Prior to Spine Procedure  
- Discontinuation of Prophylactic Parenteral Antibiotics Following Spine Procedure  
- Medication Reconciliation Following Spine Related Procedure  
- Risk Assessment for Elective Spine Procedure  
- Depression and Anxiety Assessment Prior to Spine-Related Therapies  
- Narcotic Pain Medicine Management Following Elective Spine Procedure  
- Smoking Assessment and Cessation Coincident With Spine-Related Therapies  
- Body Mass Assessment and Follow-up Coincident With Spine-Related Therapies  
- Unhealthy Alcohol Use Assessment Coincident With Spine Care  
- Participation in a Systematic National Database for Spine Care Interventions | Services:  
- 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.  
- Cost: No additional fee for N2QOD registry participants. |
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<td>Contact Information</td>
<td>Participated as a QCDR in Previous PY</td>
<td>Reporting Options Supported</td>
<td>EHR Incentive Program Supported</td>
<td>PQRS Measures Supported (Individual Measures(^a), Measures Group Only Measures(^b), Electronic Clinical Quality Measures ([\text{eCQMs}]^c)</td>
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<tr>
<td>Oncology Quality Clinical Data Registry in Collaboration with CECity</td>
<td>125 Enterprise Drive Pittsburgh, PA, 15275 412-859-6385</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare eCQM’s: 318, CMS139v4</td>
<td>Symptom Assessment, Intervention for Psychosocial Distress, Intervention for Fatigue, Intervention for Sleep-Wake Disturbance, Assessment for Chemotherapy Induced Nausea and Vomiting, Education on Neutropenia Precautions, Post-Treatment Symptom Assessment, Post-Treatment Symptom Intervention, Post-Treatment Education, Post-Treatment Goal Setting, Post-Treatment Goal Attainment, Post-Treatment Follow Up Care, Fatigue Improvement, Psychosocial Distress Improvement</td>
<td>The Oncology Quality Clinical Data Registry PQRS Measure Specifications are located here: <a href="https://www.medicore.com/content/medconcert/ONSQIR">https://www.medicore.com/content/medconcert/ONSQIR</a></td>
<td>Services: The Oncology Quality Clinical Data Registry in collaboration with CECity, aims to measure, report and improve patient outcomes in Oncology. Who should enroll? Specialty of oncology. Open to ONS members &amp; non-members. Where to enroll? Learn more at <a href="http://www.medicore.com/ONSQIR">http://www.medicore.com/ONSQIR</a></td>
<td>PQRS Reporting: Auto-generated report on up to 17 quality measures for PQRS and the VBM. Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting. Annual Fee: $499 per provider Key Features and Benefits: • Continuous performance feedback reports improve population health and manage VBM quality scores; • Comparison to national benchmarks (where available) and peer-to-peer comparison; • Performance gap analysis and patient outlier identification (where available); • Links to targeted education, tools and resources for improvement; • Performance aggregation at the practice and organization level available. Cost: Annual Fee: $499.00 per provider</td>
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</table>
## Qualified Clinical Data Registry Name

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<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures‡, Measures Group Only Measures§, Electronic Clinical Quality Measures [eCQMs]¶)</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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<tbody>
<tr>
<td>Physician Compass</td>
<td>Physician Compass</td>
<td>Yes Ind. EPs, GPRO Group Practice</td>
<td>Physician Compass Utilizes a Convenient Data Extraction Process to Compile Data from Various Sources Within the Client Organization to Report PQRS on Behalf of Your EP's. Physician Compass Supports the Group Practice Reporting Option (GPRO) and Individual Reporting for PQRS Through our QCDR. Physician Compass also utilizes the registry data to help your organization achieve the Meaningful Use Stage 2 Specialized Registry Objective.</td>
<td>Yes.</td>
<td>Physician Compass</td>
<td>No.</td>
<td>Physician Compass</td>
<td>Physician Compass Utilizes a Convenient Data Extraction Process to Compile Data from Various Sources Within the Client Organization to Report PQRS on Behalf of Your EP's. Physician Compass Supports the Group Practice Reporting Option (GPRO) and Individual Reporting for PQRS Through our QCDR. Physician Compass also utilizes the registry data to help your organization achieve the Meaningful Use Stage 2 Specialized Registry Objective.</td>
<td>Starting at $225 per EP for Individual and GPRO reporting.</td>
</tr>
</tbody>
</table>

### Physician Compass

**Qualified Clinical Data Registry Name**: Physician Compass

**Contact Information**: Yes Ind. EPs, GPRO Group Practice

**Participated as a QCDR in Previous PY**: Yes

**Reporting Options Supported Individual EP and/or GPRO Group Practice**: Yes

**EHR Incentive Program Supported**: Yes

**Public Reporting Location**: Physician Compass

**PQRS Measures Supported (Individual Measures‡, Measures Group Only Measures§, Electronic Clinical Quality Measures [eCQMs]¶)**

- Diabetes Care: A1C Blood Sugar Testing
- Diabetes Care: A1C Blood Sugar Control
- Diabetes Care: Kidney Function Monitored
- Diabetes Care: Blood Pressure Control
- Diabetes Care: Tobacco Free
- Diabetes Care: Daily Aspirin or Other Antiplatelet Unless Contraindicated
- Diabetes Care: All or None Process Measure Optimal Testing
- Diabetes Care: All or None Outcome Measure Optimal Control
- Diabetes Care: Statin Use
- Controlling High Blood Pressure
- Ischemic Vascular Disease Care: Daily Aspirin or Other Antiplatelet Unless Contraindicated
- Ischemic Vascular Disease Care: Blood Pressure Control
- Adults with Pneumococcal Vaccinations
- Screening for Osteoporosis
- Adult Tobacco Use: Screening for Tobacco Use
- Adult Tobacco Use: Tobacco User Receiving Cessation Advice
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Ischemic Vascular Disease-Statin Use
- Ischemic Vascular Disease: Tobacco Free
- Ischemic Vascular Disease: All or None Outcome Measure-Optimal Control
- Screening for CKD
- CKD Care in Stages I, II, III: Annual eGFR
- CKD Care in Stages I, II, III: Blood Pressure Control
- Adolescent Immunizations
- Childhood Immunizations

**Non-PQRS Measures Supported**: None

**Non-PQRS Measures Information**: None

**Services Offered & Cost**: Starting at $225 per EP for Individual and GPRO reporting.

---

‡ PQRS Domain 1 Communication and Care Coordination: 024, 046, 047, 131, 155, 265, 374

§ PQRS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 317, 402, 431

¶ PQRS Domain 3 Effective Clinical Care: 001, 039, 041, 054, 091, 112, 113, 117, 119, 121, 122, 163, 204, 205, 236, 254, 255, 418

**Services**: Physician Compass utilizes a convenient data extraction process to compile data from various sources within the client organization to report PQRS on behalf of your EP’s. Physician Compass supports the Group Practice Reporting Option (GPRO) and Individual Reporting for PQRS through our QCDR. Physician Compass also utilizes the registry data to help your organization achieve the Meaningful Use Stage 2 Specialized Registry Objective.

**Cost**: Starting at $225 per EP for Individual and GPRO reporting.
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<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported ( ^1 )</th>
<th>Public Reporting Location ( ^2 )</th>
<th>PQRS Measures Supported (Individual Measures ( ^3 ), Measures Group Only Measures ( ^4 ), Electronic Clinical Quality Measures ( ^5 ))</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
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<tbody>
<tr>
<td>PPRNet</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>No</td>
<td>Physician Compare None</td>
<td>None</td>
<td>Diabetes Mellitus (DM): Hemoglobin A1c Control (&lt; 8%)</td>
<td>Chronic Kidney Disease (CKD): eGFR Monitoring</td>
<td>The PPRNet non-PQRS Measure Specifications are located here: <a href="http://academicdepartments.musc.edu/PPRNet/QCDR/PPRNet_nonpqrs_measurespecifications2016.xlsx">PPRNet_nonpqrs_measurespecifications2016.xlsx</a></td>
<td>$200 reporting fee per provider for PPRNet members. Member fees $295-$550 per provider.</td>
</tr>
</tbody>
</table>

PPRNet (Postgraduate Proctoring) is a practice-based learning and research organization designed for primary care QI. Users of Stage 2 certified EHRs able to generate and submit batch exported clinical summary documents in cCDA format can join and receive CQM performance reports.

**Services:**
- Monthly practice and provider performance reports and patient registries on evidence-based clinical quality measures. Includes peer and national benchmark comparisons.
- Engagement in quality improvement research in which research team members collaborate with practices to improve care.
- Participation in national educational meetings and webinars to learn "best practices" for implementing improvement strategies in practice.
<table>
<thead>
<tr>
<th>NQS Domain 1 Communication and Care Coordination:</th>
<th>NQS Domain 2 Community/Population Health:</th>
<th>NQS Domain 3 Effective Clinical Care:</th>
<th>NQS Domain 4 Efficiency and Cost Reduction:</th>
<th>NQS Domain 5 Patient Safety:</th>
<th>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes:</th>
<th>Non-PQRS Measures Supported</th>
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<td>PQRS Measures Supported (Individual Measures[^1], Measures Group Only Measures[^2], Electronic Clinical Quality Measures [eCQMs][^3])</td>
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</table>

This QCDR collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.

Services: The Renal Physicians Association Quality Improvement Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes in renal care.

Who should enroll? Nephrologists and nephrology practitioners. Open to RPA members (discount available) & nonmembers.


PQRS Reporting: Auto-generated report on up to 42 measures, including CKD, Adult/Pediatric ESRD, Palliative Care, Vascular Access, and Patient Safety for PQRS and the VBM. Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies). Connect your EHR to achieve MU2 eCQM, and MU2 Specialized Registry.

Annual Fee: $499-$699 per provider.

Features and Benefits:
- Continuous performance feedback reports improve pop health and manage VBM quality scores;
- Comparison to available national benchmarks and peer-to-peer comparison;
- Performance gap analysis and patient outlier identification;
- Links to targeted education, tools and resources for improvement.

*Performance aggregation at the practice and organization level available.

Cost: Annual Fee: $499 - $699 per provider.
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<tbody>
<tr>
<td>SCG Health, LLC</td>
<td>43150 Broadlands Center Plaza, Suite 124, Mailstop 4186, Broadlands, VA, 20148 888-886-8054 443-628-9178 <a href="http://www.scghealth.com">http://www.scghealth.com</a></td>
<td>No</td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice</td>
<td>SCG Health/Public Reporting</td>
<td>NQS Domain 1 Communication and Care Coordination: 047, 131, 155, 374  NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 431  NQS Domain 3 Effective Clinical Care: 107, 281, 305, 408, 412, 514  NQS Domain 4 Efficiency and Cost Reduction: 312  NQS Domain 5 Patient Safety: 130, 145, 154, 238, 318  eCQM's: 107, CMS156v4, 111, CMS127v4, 112, CMS125v4, 128, CMS69v4, 130, CMS68v5, 226, CMS138v4, 238, CMS156v4, 281, CMS147v4, 305, CMS157v4, 312, CMS166v5, 317, CMS55v4, 375, CMS56v4, 376, CMS55v4, 377, CMS50v4</td>
<td>Evaluation of high risk pain medications patient prescribed in last 6 months (polypharmacy)</td>
<td>The SCG Health Informatics System for Effectiveness (RISE) Registry - Non-PQRS Measure Specifications are located here: <a href="http://www.scghealth.com/pqrs">http://www.scghealth.com/pqrs</a></td>
<td>Services:  Annual subscription fees cover an entire reporting year through reporting to CMS. Base subscriptions include self-service submission of data to SCG Health, portal support, data submission, data verification and communication to CMS as required.  Additional services increase the real-time support and consulting services available to the group in order to improve data collection, ease workflow problems and enable near-time reporting. Prices range on the intensity of support required starting at $150 per annual reporting physician subscriber. Subscriptions include one non-physician practitioner that currently bills Medicare incident-to for the majority of covered services (as shown in reporting year claims data). Volume discounts are available. Contact <a href="mailto:pqrs@scghealth.com">pqrs@scghealth.com</a> for more information or visit <a href="http://www.scghealth.com/PQRS">http://www.scghealth.com/PQRS</a></td>
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<tr>
<td>Stryker Performance Solutions</td>
<td>550 North Orleans Street, Suite 550, Chicago, IL 60654 112-386-9780 <a href="http://www.strykerperformancesolutions.com">http://www.strykerperformancesolutions.com</a></td>
<td>No</td>
<td>Individual EPs No</td>
<td>Physician Compare</td>
<td>All Individual Measures</td>
<td>All eCQMs</td>
<td>None</td>
<td>N/A</td>
<td>Who should enroll? SPS participating surgeons and interested orthopedic providers. Cost: Annual fee: $400 per existing physician participant in SPS PRO offering.</td>
</tr>
<tr>
<td>The American Joint Replacement Registry Orthopaedic Quality Resource Center in Collaboration with CECity</td>
<td>4400 W. Higgins Road, Suite 210, Rosemont, IL 60018 847-292-0530 <a href="http://www.ajrr.net">http://www.ajrr.net</a></td>
<td>Yes</td>
<td>Individual EPs, GPRO Group Practice No</td>
<td>Physician Compare</td>
<td>NQS Domain 1 Communication and Care Coordination: 024, 131, 217, 350  NQS Domain 2 Community/Population Health: 226  NQS Domain 3 Effective Clinical Care: 001, 356, 357, 418  NQS Domain 5 Patient Safety: 021, 022, 023, 130, 351, 352, 353, 355  NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 358, 375, 376  eCQM's: 001, CMS122v4, 226, CMS138v4, 376, CMS56v4, 375, CMS66v4  • Postoperative Complications within 90 Days Following the Procedure  • Health and Functional Improvement  • Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy  • Venous Thromboembolic and Cardiovascular Risk Evaluation</td>
<td>The American Joint Replacement Registry Orthopaedic Quality Resource Center Non-PQRS Measure Specifications are located here: <a href="https://www.medconcert.com/ajrr">https://www.medconcert.com/ajrr</a></td>
<td>Annual Member Fee: $439 per Eligible Professional PQRS Reporting: Auto-generated report on up to 36 quality measures for PQRS and VBM. Key Features and Benefits: • Continuous performance feedback reports. • Improve population health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison. • Performance gap analysis &amp; patient outlier identification (where available). • Links to targeted education, tools and resources for improvement. • Performance aggregation at the practice and organization level available. Cost: Annual Fee: $439 per provider.</td>
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<tr>
<td>The American Society of Breast Surgeons</td>
<td>10330 Old Columbia Road, Suite 100 Columbia, MD, 20146 410-381-9500 <a href="http://www.breastsurgeons.org">http://www.breastsurgeons.org</a></td>
<td>Yes</td>
<td>Individual EPs</td>
<td>No</td>
<td>The American Society of Breast Surgeons Public Reporting</td>
<td>NQS Domain 3 Effective Clinical Care: 263, 264</td>
<td>NQS Domain 5 Patient Safety: 262</td>
<td>• Surgeon Assessment for Hereditary Cause of Breast Cancer • Surgical Site Infection and Cellulitis After Breast and/or Axillary Surgery • Specimen orientation for partial mastectomy or excisional breast biopsy • Unplanned 30-day re-operation after mastectomy • Management of the axilla in breast cancer: patients undergoing breast conserving surgery with a positive sentinel node biopsy • Documentation of clinical stage</td>
<td>The American Society of Breast Surgeons Masters 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></td>
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</table>
| US Wound Registry                    | Yes                  | Individual EPs                         | Yes                                             | All Individual Measures | All Measures Group Only Measures | Process Measure: Adequate Off-loading of Diabetic Foot Ulcers (DFU) at each visit  
Outcome measure: DFU Healing or Closure  
Process measure: Plan of Care Creation for DFU Patients Achieving 30% Closure at 4 Weeks  
Diabetic Foot & Ankle Care: Comprehensive Diabetic Foot Examination  
Process measure: Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLU)  
VLU outcome measure: Healing or Closure  
Process measure: Plan of Care for VLU Patients Achieving 30% Closure at 4 Weeks  
Appropriate use of hyperbaric oxygen therapy for patients with diabetic foot ulcers  
Appropriate use of Cellular or Tissue Based Products (CTP) for patients aged 18 years or older with a DFU or VLU  
Process Measure: Vascular Assessment of patients with chronic leg ulcers  
Process measure: Wound Bed Preparation Through Debridement of Necrotic or Non-viable Tissue  
Patient Reported Experience of Care: Wound Related Quality of Life  
Process: Patient Vital Sign Assessment Prior to HBOT  
Process: Blood glucose check prior to HBOT treatment  
Outcome measure: Healing or Closure of Wagner Grade 3, 4 or 5 DFUs Treated with HBOT  
Outcome measure: Major Amputation in Wagner Grade 3, 4 or 5 DFUs Treated with HBOT  
Outcome measure: Preservation of Function with a minor amputation among patients with Wagner Grade 3, 4, or 5 DFUs Treated with HBOT  
Outcome measure: Complications or Side Effects among patients undergoing Treatment with HBOT  
Process Measure: Completion of a Risk Assessment at the time of HBOT Consultation  
Process Measure: Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers  
Patient Reported Experience of Care: Wound Outcome  
Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers  
Appropriate use of Hyperbaric Oxygen Therapy for Patients with Diabetic Foot Ulcers  
Appropriate use of Cellular or Tissue Based Products (CTP) for Patients aged 18 years or older with a DFU or VLU  
Vascular Assessment of Patients with Chronic Leg Ulcers  
Wound Bed Preparation Through Debridement of Necrotic or Non-viable Tissue  
Patient Reported Experience of Care: Wound Related Quality of Life  
Process: Patient Vital Sign Assessment Prior to HBOT  
Process: Blood glucose check prior to HBOT treatment  
Outcome measure: Healing or Closure of Wagner Grade 3, 4 or 5 DFUs Treated with HBOT  
Outcome measure: Major Amputation in Wagner Grade 3, 4 or 5 DFUs Treated with HBOT  
Outcome measure: Preservation of Function with a minor amputation among patients with Wagner Grade 3, 4, or 5 DFUs Treated with HBOT  
Outcome measure: Complications or Side Effects among patients undergoing Treatment with HBOT  
Process Measure: Completion of a Risk Assessment at the time of HBOT Consultation  
Process Measure: Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers  
Patient Reported Experience of Care: Wound Outcome  | Cost:  
PQRS Submission - $399; APMA Members $349.  
US Wound Registry is a CMS-approved entity that collects medical and clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care that is provided to patients.  |
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<tbody>
<tr>
<td>Vascular Quality Initiative QCDR</td>
<td>12 Commerce Avenue, West Lebanon, NH, 03784</td>
<td>Yes</td>
<td>Individual EPs, No</td>
<td>Physician Compare</td>
<td>NQS Domain 3 Effective Clinical Care: 257, 344, 345, 346, 423</td>
<td>• Procedures with statin and antiplatelet agents prescribed at discharge • Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication • Intrainguinal bypass for claudication patency assessed at least 9 months following surgery • Amputation-free survival assessed at least 9 months following Supra-Inguinal Bypass for claudication • Amputation-free survival assessed at least 9 months following Peripheral Vascular Intervention for intermittent claudication • Peripheral Vascular Intervention patency assessed at least 9 months following infrainguinal PVI for claudication • Ipsilateral stroke-free survival assessed at least 9 months following Carotid Artery Stenting for asymptomatic procedures • Ipsilateral stroke-free survival assessed at least 9 months following isolated CEA for asymptomatic procedures • Imaging-based maximum aortic diameter assessed at least 9 months following Thoracic and Complex EVAR procedures • Survival at least 9 months after elective repair of small thoracic aortic aneurysms • Imaging-based maximum aortic diameter assessed at least 9 months following Endovascular AAA Repair procedures • Survival at least 9 months after elective repair of small abdominal aortic aneurysms • Survival at least 9 months after elective open repair of small abdominal aortic aneurysms • Disease specific patient-reported outcome surveys for Varicose Vein procedures • Appropriate management of retrievable IVC filters • Cost: Open to VQI PATHWAYS™ members. $349 per individual provider (NPI).</td>
<td></td>
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<td></td>
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</tbody>
</table>


VQI PATHWAYS™
<table>
<thead>
<tr>
<th>Qualified Clinical Data Registry Name</th>
<th>Contact Information</th>
<th>Participated as a QCDR in Previous PY</th>
<th>Reporting Options Supported</th>
<th>EHR Incentive Program Supported</th>
<th>Public Reporting Location</th>
<th>PQRS Measures Supported (Individual Measures), Measures Group Only Measures, Electronic Clinical Quality Measures [eCQMs]</th>
<th>Non-PQRS Measures Supported</th>
<th>Non-PQRS Measures Information</th>
<th>Services Offered &amp; Cost</th>
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**Wellcentive**

- Participated as a QCDR in a previous year.
- Supported Various types of Organizations: Standard PQRS, GPRO and QCDR.
- Offers an enterprise PQRS solution.
- This model provides a dedicated PQRS Consultant who will monitor your data through live feeds and will assist you as you select your measures based on your organization’s performance rates, ensuring the highest possible return on investment.

- **Measures Group Only Measures**

- **Specications are non-PQRS measures.**

- **Services Offered & Cost**

- **Features and Benefits**
  - Real-time benchmarking and performance feedback reports.
  - Improve overall population health and manage quality scores.
  - Measure optimization to ensure you have selected the highest performing measures.
  - Multiple initiatives, multiple payers, 1 submission. We can compare your performance measures for all applicable PQRS, CQM, ACO and NQF measures.

- **ACO GPRO, Meaningful Use and PHM solutions.**

- **Cost: PQRS fees begin at $299 per provider yearly subscription. *Ask about volume discounts.**
Qualified Clinical Data Registry Name | Contact Information | Participated as a QCDR in Previous PY | Reporting Options Supported Individual EP and/or GPRO Group Practice | EHR Incentive Program Supported | Public Reporting Location | PQRS Measures Supported (Individual Measures\(^1\), Measures Group Only Measures\(^2\), Electronic Clinical Quality Measures [eCQMs]\(^3\)) | Non-PQRS Measures Supported | Non-PQRS Measures Information | Services Offered & Cost

Wound Care Collaborative Registry in Collaboration with CECity | 445 Hamilton Avenue, Suite 800, White Plains, NY, 10601 | Yes | Individual EPs, GPRO Group Practice | No | Physician Compare | NQS Domain 1 Communication and Care Coordination: 131, 374, 155 \(\text{NQS Domain 2 Community/Population Health: 110, 111 128, 226} \) NQS Domain 3 Effective Clinical Care: 001, 002, 117, 119, 126, 227, 236, 420 NQS Domain 4 Public Health and Environmental Health: 130, 154, 318 NQS Domain 5 Patient Safety: 130, 154, 318 NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 321, 437 eCQMs: 001, CMS122v4, 002, CMS163v4, 110, CMS147v5, 111, CMS127v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 330, CMS68v5, 226, CMS138v4, 236, CMS165v4, 318, CMS139v4, 374, 50v4 | Hyperbaric Oxygen Therapy: Timeliness of Starting HBOT \(\text{Chronic Wound Care: Non-Invasive Arterial Testing in Patients with Lower Extremity Ulcer(s)} \) Chronic Wound Care: Timeliness of Referral of Pressure Ulcer Patients to Plastic/Reconstructive Surgeon \(\text{Chronic Wound Care: The Gold Standard of Offloading of plantar Diabetic Foot Ulcers} \) Process Measure: Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers \(\text{Efficacy of human amnion/chorion membrane allograft} \) The Wound Care Collaborative Registry non-PQRS Measure Specifications are located here: https://www.medconcert.com/content/medconcert/WoundQIR/WoundQIR/ | Services: The Wound Care Collaborative Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes in wound care treatment and hyperbaric oxygen therapy management. Who should enroll? All providers and related clinics, across specialties involved in wound care treatment and hyperbaric oxygen therapy management. Open to all EHRs and practice management organizations. Where to enroll? Learn more at http://www.medconcert.com/WoundQIR PQRS Reporting: 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). Other Quality Reporting Programs Available: Reuse registry data for Maintenance of Certification (MOC) (according to board specific policies). Annual Fee: $349 per provider includes PQRS submission and benchmarking. Key Features and Benefits: • Continuous performance feedback reports. improve population health and manage Value Based Modifier quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison. • Performance gap analysis & patient outlier identification (where available). • Links to targeted education, tools and resources for improvement. Enterprise solution for clinics available for additional $199 per provider, per year includes performance aggregation at the practice and organization level. Cost: Annual Fee: $399 per provider.
iQCDRs may submit eCQM data for the purposes of meeting the eCQM reporting component for the EHR Incentive Program. In order for QCDRs to satisfy the eCQM reporting component for the EHR Incentive program, they must use Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the Program. The product or module must be CEHRT for the eligible professional to satisfy the eCQM component of meaningful use.

The Public Reporting Location column will designate the location the QCDR has selected for the data to be publically reported.

The 2016 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures must be used to report individual measures.\(^2\)

Measures group only measures are the measures within a measures group that do not have a correlating individual measure within the individual measures. The 2016 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual must be used for these measures group only measures.

Only the Electronic Clinical Quality Measures (eCQMs) are able to be utilized for the EHR Incentive Program. The June 2014 version of the eCQMs located in the eCQM Library must be used when supporting the EHR Incentive Program.