

2016 Physician Quality Reporting System Qualified Clinical Data Registries

CMS is pleased to announce the Qualified Clinical Data Registries (QCDRs) that will be able to report quality measure data to CMS, on behalf of 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 professionals 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 professionals data provided for reporting, and the timeliness, quality, and accuracy of the XML programming of the vendor.

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
AAAAI American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry in Collaboration with CECity	555 E. Wells Street, Suite 1100, Milwaukee, WI, 53222 414-918-3029 http://www.aaai.org	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 374</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 226, 240, 317, 402</p> <p>NQS Domain 3 Effective Clinical Care: 053, 311, 398</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 331, 332, 333, 334</p> <p>NQS Domain 5 Patient Safety: 130, 238</p> <p>eCQM's: 065, CMS154v4, 066, CMS146v4, 110, CMS147v5, 111, CMS127v4, 128, CMS69v4, 130, CMS68v5, 226, CMS138v4, 238, CMS156v4, 240, CMS117v4, 311, CMS126v4, 317, CMS22v4, 374, CMS50v4</p>	<ul style="list-style-type: none"> Asthma: Assessment of Asthma Control - Ambulatory Care Setting Allergen Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment Documentation of Clinical Response to Allergen Immunotherapy within One Year Documented Rationale to Support Long-Term Aeroallergen Immunotherapy Beyond Five Years, as Indicated Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year Assessment of Asthma Symptoms Prior to Administration of Allergen Immunotherapy Injection(s) Documentation of the Consent Process for Subcutaneous Allergen Immunotherapy in the Medical Record Asthma Assessment and Classification Lung Function/Spirometry Evaluation Patient Self-Management and Action Plan Asthma Control: Minimal Important Difference Improvement Penicillin Allergy: Appropriate Removal or Confirmation 	The AAAAI non-PQRS Measure Specifications are located here: https://www.medconcert.com/content/medconcert/AAAAIQIR/	<p>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.</p> <p>Services: The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity is intended to foster performance improvement.</p> <p>Who should enroll? Physicians in Allergy/Immunology; AAAAI members & nonmembers.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AAAAIQIR</p> <p>PQRS Reporting: Auto-generated report on up to 31 quality measures, including asthma, allergen immunotherapy, & 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</p> <p>Specialized Registry reporting. Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports 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 Improve population health and manage quality measures component of the VBM Performance aggregation at the practice and organization level available. <p>Cost: Annual Member Fee: \$500 per AAAAI member, \$650 per non-member.</p>

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ABFM PRIME	1648 McGrathiana Parkway, Suite 550, Lexington, KY, 40511 859-269-5626 859-335-7501 https://www.theabfm.org/primeregistry/	No	Individual EPs, GPRO Group Practice	Yes	Physician Compare	<p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 239, 240, 310, 317, 372</p> <p>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</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 312</p> <p>NQS Domain 5 Patient Safety: 023, 130, 238, 318, 380</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 065, CMS154v4, 066, CMS146v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 163, CMS123v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 366, CMS136v5, 369, CMS158v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 380, CMS179v4</p>	None	N/A	<p>Patient data will be periodically extracted from EHR systems and used to compute clinical quality measures. Quality measures and peer comparisons can be viewed and used in improving clinical practice and for MOC activities.</p> <p>Services:</p> <ul style="list-style-type: none"> • PQRS Reporting • Clinical Measure Dashboard including peer comparisons • Reporting for MOC purposes. • EHR Incentive Program/MU2, including Objective 10 <p>Cost: Free to participants of the ABFM Prime Registry</p>

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ABG Anesthesia Data Safety Group, LLC	P.O. Box 777 Waddell, AZ 85355 844-944-4224 http://www.anesthesiabg.com/	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 047, 131</p> <p>NQS Domain 2 Community/Population Health: 111, 128, 134, 226, 317, 431</p> <p>NQS Domain 3 Effective Clinical Care: 408, 412, 414</p> <p>NQS Domain 5 Patient Safety: 130, 145, 238</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109</p>	<ul style="list-style-type: none"> Intra-operative anesthesia safety Intra-operative Cardiac Arrest Rate Intra-operative Mortality Rate PACU tracheal intubation Rate Composite Procedural Safety for All Vascular Access Procedures Rate of Unplanned Use of Difficult Airway Equipment and/or Failed Airway Immediate Adult Post-Operative Pain Management Use of Checklist or Protocol for Transfer of Care in Phase I recovery From Anesthesia Provider to PACU or ICU OR Fire Day of Surgery Case Cancellation Rate Anaphylaxis During Anesthesia Care in the Operating Room Anesthesia: Patient Experience Survey Malignant Hyperthermia Corneal Abrasion Dental Injury Planned use of difficult airway equipment Medication errors during surgery Pre-operative Attestation of documentation of current medications in the medical record Unplanned hospital admission post-op, including 23 hr. stay Unplanned transfer ASC to hospital Pre-operative OSA assessment Intraoperative Airway Fire Intraoperative patient fall Time out error- surgical Time out error- regional block Myocardial Ischemia requiring intervention during the operative period Dysrhythmia requiring intervention during the operative period 	<p>The ABG Anesthesia Data Safety Group non-PQRS Measure Specifications are located here: https://abgadmin1.files.wordpress.com/2016/04/abg-qcdr-measures-2016-new4.pdf</p>	<p>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 work flow.</p> <p>Services:</p> <ul style="list-style-type: none"> Practical and relevant non-PQRS Measures list with a large number to select from. Guidance for data collection and submission Mobile device data collection tool available (optional and at additional cost) Easy data transfer via web site using excel spreadsheet Customized reports continuously available on line for feedback Data submission to CMS after approval by user Reporting available for EPs and GPRO practices <p>Additional services and support available on request.</p> <p>Cost: Annual cost of \$150 per provider per year with discounts available through membership.</p>

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Academic Research for Clinical Outcomes (ARCO) in Collaboration with ReportingMD, Inc.	1294 Route 11, P. O. Box 1014, Georges Mills, NH, 03751 888-783-5280 888-428-3413 http://www.reportingmd.com	No	Individual EPs, GPRO Group Practice	Yes	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> Neurology: Stroke/Transient Ischemic Attack (TIA): STK-06: Discharged on Statin Medication 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 Target Trauma- Risk Standardized Mortality Rate within 30 days following Trauma Operation 	<p>The Academic Research for Clinical Outcomes non-PQRS Measure Specifications are located here: http://reportingmd.com/programs/QCDR/</p>	<p>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 eCQM's and facilitates single submission for both PQRS, VBM, and MU. This solution provides the ability to manage singular or multiple TINs 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. Volume Discounts Available</p> <p>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.</p> <p>Services:</p> <ul style="list-style-type: none"> 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. <p>Cost: Starting at \$249/per provider</p>

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American Academy of Neurology	201 Chicago Avenue, Minneapolis, MN, 55415 612-928-6081 612-454-2744 http://www.aan.com	No	Individual EPs	Yes	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 047, 374</p> <p>NQS Domain 3 Effective Clinical Care: 268, 276, 280, 282, 290, 292, 435</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 419</p> <p>NQS Domain 5 Patient Safety: 130, 318</p>	<ul style="list-style-type: none"> • Distal Symmetric Polyneuropathy: Prediabetes screening • Distal Symmetric Polyneuropathy: Screening for Unhealthy Alcohol Use • Epilepsy: Seizure Frequency and Seizure Intervention • Epilepsy: Screening for Psychiatric or Behavioral Health Disorders • Headache: Medication prescribed for acute migraine attack • Headache: Overuse of Barbiturate Containing Medications for Primary Headache Disorders • Headache: Overuse of Opioid Containing Medications for Primary Headache Disorders • Multiple Sclerosis: Exercise and Appropriate Physical Activity Counseling for Patients with MS 	The American Academy of Neurology non-PQRS Measure Specifications are located here: https://www.aan.com/practice/axon-registry	Axon Registry collects data on quality measures for neurologists and provides real-time feedback on performance. Cost: None.

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American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight)	655 Beach Street, San Francisco, CA, 94109 415-561-8500 415-561-8533 http://www.aao.org/iris-registry/	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 131, 137, 138, 141, 265, 397</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 226, 317, 402</p> <p>NQS Domain 3 Effective Clinical Care: 001, 012, 014, 117, 140, 191, 236, 384, 385, 389</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 224</p> <p>NQS Domain 5 Patient Safety: 130, 192, 238, 388</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 303, 304</p>	<ul style="list-style-type: none"> • Corneal Graft Surgery - Postoperative Improvement in Visual Acuity to 20/40 or greater • Glaucoma - Intraocular Pressure (IOP) Reduction • Glaucoma - Visual Field Progression • Glaucoma - Intraocular Pressure Reduction Following Laser Trabeculoplasty • Surgery for Acquired Involitional Ptosis - Patients with an Improvement of Marginal Reflex Distance • Acquired Involitional Entropion - Normalized Lid Position After Surgical Repair • Amblyopia - Interocular Visual Acuity • Surgical Esotropia - Postoperative Alignment • Diabetic Retinopathy - Documentation of the Presence or Absence of Macular Edema and the Level of Severity of Retinopathy • Exudative Age-Related Macular Degeneration - Loss of Visual Acuity • Nonexudative Age-Related Macular Degeneration - Loss of Visual Acuity • Age-Related Macular Degeneration - Disease Progression • Diabetic Macular Edema - Loss of Visual Acuity • Acute Anterior Uveitis - Post-treatment visual acuity • Acute Anterior Uveitis - Post-treatment Grade 0 anterior chamber cells • Chronic Anterior Uveitis - Post-treatment visual acuity • Chronic Anterior Uveitis - Post-treatment Grade 0 anterior chamber cells • Idiopathic Intracranial Hypertension: No worsening or improvement of mean deviation • Ocular Myasthenia Gravis: Improvement of ocular deviation or absence of diplopia or functional improvement • Giant Cell Arteritis: Absence of fellow eye involvement after corticosteroid treatment 	<p>The American Academy of Ophthalmology IRIS® Registry non-PQRS Measure Specifications are located here: http://www.aao.org/iris-registry/general-faqs</p>	<p>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.</p> <p>Cost: Free to American Academy of Ophthalmology members in good standing practicing in the United States.</p>

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American Academy of Otolaryngology - Head and Neck Surgery Foundation Regent Registry	1650 Diagonal Road, Alexandria, VA, 22314 703-535-3748 http://www.entnet.org	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 046, 047, 131, 155, 265</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 226, 317, 402</p> <p>NQS Domain 3 Effective Clinical Care: 053, 091, 276, 277, 278, 279, 398</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 331, 332, 333, 334</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 130, 154</p>	<ul style="list-style-type: none"> 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 	The American Academy of Otolaryngology - Head and Neck Surgery Foundation Regent Registry non-PQRS Measure Specifications are located here: http://www.entnet.org/content/otoregistry	<p>Regent empowers clinicians to create a cyclical quality improvement process that involves transmitting patient data to the registry, receiving frequent benchmarking reports, analyzing results, identifying targeted interventions, and enabling QI.</p> <p>Services: The cost to participate in Regent requires membership in AAO-HNSF; a one-time application fee of \$250 and yearly fees of \$295 per participating physician. To encourage participation in Regent, the AAO-HNSF is waiving the one-time application fee and the first year's participation fee for the initial 1,000 participants in Regent.</p> <p>The core products and services of Regent are monthly and quarterly performance measure adherence reports for groups, practices, and individual providers. These regular performance reports provide measure calculation at both the practice location and individual clinician provider level and include national averages for benchmarking. This ensures that the quality care for each individual provider is adequately benchmarked against other providers and against performance rates at multiple levels of aggregation. Regent will report AAO-HNSF and PQRS measures to CMS.</p>

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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.a cc.org/	Yes	Individual EPs	No	American College of Cardiology Foundation CathPCI Registry Public Reporting	None	<ul style="list-style-type: none"> 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 	<p>The American College of Cardiology Foundation - CathPCI Registry non-PQRS Measure Specifications are located here: http://cvquality.acc.org/NCDR-Home/About-NCDR/Benefits-of-Participating.aspx</p>	<p>The CathPCI Registry® 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 9/20/16 for those seeking to leverage the registry for PQRS submission.</p> <p>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.</p> <p>Cost: \$500 per physician per year.</p>

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American College of Cardiology Foundation (ACCF)-PINNACLE Registry and Diabetes Collaborative Registry	2400 N Street NW, Washington, DC, 20037 202-375-6595 http://cvquality.acc.org/	Yes	Individual EPs, GPRO Group Practice	No	The American College of Cardiology Foundation (ACCF)-PINNACLE Registry and Diabetes Collaborative Registry Public Reporting	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	<ul style="list-style-type: none"> Hypertension: Blood Pressure Control CAD: Blood Pressure Control CAD: Beta-blocker Therapy: Prior MI or LVSD CAD: Cardiac Rehabilitation Patient Referral from an Outpatient Setting HF: Patient Self Care Education AFIB: CHA2DS2–VASc Score Risk Score Documented 	The American College of Cardiology Foundation (ACCF)-PINNACLE Registry and Diabetes Collaborative Registry non-PQRS Measure Specifications are located here: http://cvquality.acc.org/PQRS	<p>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.</p> <p>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.</p> <p>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 offer submission.</p> <p>Cost: No Cost</p>

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American College of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR)	Contact Us: cedr@acep.org 1-800-320-0610 ext. 3041 http://www.acep.org/cedr	Yes	Individual EPs, GPRO Group Practice	No	American College of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR) Public Reporting	NQS Domain 2 Community/Population Health: 317 NQS Domain 3 Effective Clinical Care: 091, 187, 254, 255, 326 NQS Domain 4 Efficiency and Cost Reduction: 066, 093, 116, 415, 416 NQS Domain 5 Patient Safety: 076	<ul style="list-style-type: none"> 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 Measure Specifications are located here: https://www.acep.org/globalassets/cedr_pdfs/CEDR-Measures-CMS-PQRS-Reporting.pdf	<p>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 the CEDR Registry will provide clinicians with a definitive resource for informing and advancing the highest quality emergency care. Additional services include:</p> <ul style="list-style-type: none"> •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) <p>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).</p> <p>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 clinicians and groups who choose that option. The cost of participation is \$0.10 (10 cents) per ED visit : volume discounts and incentives for small, rural or underserved practices may also be available.</p>

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American College of Physicians Genesis Registry in Collaboration with CECity	25 Massachusetts Avenue NW, Suite 700 Washington, DC, 20001 202-261-4500 http://www.acponline.org	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 374</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 239, 240, 310, 317, 372, 378</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 007, 008, 009, 012, 018, 071, 072, 107, 112, 113, 117, 119, 160, 163, 191, 204, 236, 241, 281, 305, 309, 311, 316, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 102, 312</p> <p>NQS Domain 5 Patient Safety: 130, 192, 238, 318, 380, 382</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 143, 375, 376, 377</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	None	N/A	<p>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.</p> <p>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.</p> <p>Who should enroll? Internists (open to ACP members & non-members), physicians in other specialties, as well as nurse practitioners, and physician assistants.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/Genesis</p> <p>PQRS Reporting: Auto-generated report on all quality measures for PQRS and the VBM. 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.</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison. • Performance gap analysis & patient outlier identification (where available). • Links to targeted education, tools and resources for improvement. • Performance aggregation at the practice and organization level available. <p>Cost: Annual Fee: \$299-\$699 per provider; Health Systems, ACOs, IDNs and large group practices should inquire for special financing</p>

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American College of Radiology National Radiology Data Registry (NRDR)	1891 Preston White Drive Reston, VA, 20191 703-648-8900 http://www.acr.org	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 024, 147, 225, 265, 359, 362, 363, 364</p> <p>NQS Domain 2 Community/Population Health: 110, 226</p> <p>NQS Domain 3 Effective Clinical Care: 071, 072, 104, 195, 344, 345, 405, 406, 409, 413, 418, 420, 421, 436</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 102, 146, 322, 323, 324</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 156, 259, 360, 437</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 143, 144</p>	<ul style="list-style-type: none"> CT Colonography True Positive Rate CT Colonography Clinically Significant Extracolonic Findings Screening Mammography Cancer Detection Rate (CDR) Screening Mammography Invasive Cancer Detection Rate (ICDR) Screening Mammography Abnormal Interpretation Rate (Recall Rate) Screening Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended) Screening Mammography Node Negativity Rate Screening Mammography Minimal Cancer Rate Median Dose Length Product for CT Head/Brain without contrast (single phase scan) Median Size Specific Dose Estimate for CT Chest without contrast (single phase scan) Median Dose Length Product for CT Chest without contrast (single phase scan) Median Size Specific Dose Estimate for CT Abdomen-Pelvis with Contrast (single phase scan) Median Dose Length Product for CT Abdomen-pelvis with contrast (single phase scan) Participation in a National Dose Index Registry Report Turnaround Time: Radiography Report Turnaround Time: Ultrasound (Excluding Breast US) Report Turnaround Time: MRI Report Turnaround Time: CT Report Turnaround Time: PET CT IV Contrast Extravasation Rate (Low Osmolar Contrast Media) Lung Cancer Screening Cancer Detection Rate (CDR) Lung Cancer Screening Positive Predictive Value (PPV) Lung Cancer Screening Abnormal Interpretation Rate Timing of Antibiotics-Ordering Physician 	<p>The American College of Radiology National Radiology Data Registry non-PQRS Measure Specifications are located here: http://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/NRDR/QCDR/ACR_QCDR_Measures_Supported_2016_NonPQRS.pdf</p>	<p>Cost: ACR Member rate: \$199 per physician per year and Non-Member rate: \$499 per physician per year for QCDR/PQRS submission. There are fees associated with participation in the National Radiology Data Registry itself.</p>

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American College of Surgeons	633 North Saint Clair Street, Chicago, IL, 60611 312-202-5635 312-202-5062 http://www.facs.org/quality-programs/ssr	Yes	Individual EPs	No	American College of Surgeons Public Reporting	NQS Domain 1 Communication and Care Coordination: 047	<ul style="list-style-type: none"> • Prophylactic Antibiotics in Abdominal Trauma • Discontinuation of Prophylactic Antibiotics in Abdominal Trauma • Venous Thromboembolism (VTE) Prophylaxis in Abdominal Trauma • Assessment of INR in Geriatric TBI • Documentation of Glasgow Coma Score at Time of Initial Trauma Evaluation • Trauma Surgeon Response within 30 Minutes of Hospital Arrival • Risk Standardized In-hospital Mortality Rate in Abdominal Trauma • Risk Standardized In-hospital UTI Rate in Abdominal Trauma • Risk Standardized In-hospital Decubitus Ulcer Rate in Abdominal Trauma • Risk Standardized In-Hospital Superficial SSI Rate in Abdominal Trauma • Risk Standardized Unplanned ICU Transfer Rate in Abdominal Trauma • Risk Standardized Unplanned Abdominal Re-Operation in Abdominal Trauma 	The American College of Surgeons non-PQRS Measure Specifications are located here: https://www.facs.org/quality-programs/ssr/pqrs/options	Cost: Free for ACS Members; Non-ACS Members for \$299

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American Gastroenterological Association Qualified Clinical Data Registry in Collaboration with CECity	4930 Del Ray Avenue, Bethesda, MD, 20814 301-654-2055 http://www.agarecognition.org	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 185, 320</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 226, 317, 431</p> <p>NQS Domain 3 Effective Clinical Care: 270, 271, 275, 343, 400, 401, 425</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 439</p> <p>NQS Domain 5 Patient Safety: 130</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 390</p> <p>eCQMs: 110, CMS147v5; 111, CMS127v4; 128, CMS69v4; 130, CMS68v5; 226, CMS138v4; 317, CMS22v4.</p>	<ul style="list-style-type: none"> Hepatitis C Virus (HCV) - Sustained Virological Response 	<p>The American Gastroenterological Association non-PQRS Measure Specifications are located here: https://www.medconcert.com/content/medconcert/AGAQIR/</p>	<p>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.</p> <p>Services: American Gastroenterological Association Qualified Clinical Data Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes.</p> <p>Who should enroll? Specialty of gastroenterology. Open to AGA members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AGAQIR</p> <p>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.</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores, Comparison to national benchmarks (where available) and peer-to-peer comparison, Performance gap analysis & patient outlier identification (where available) Links to targeted education, tools and resources for improvement, Performance aggregation at the practice and organization level available. <p>Cost: Annual Fee: \$300 for members; \$550 for non-members</p>

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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	NQS Domain 1 Communication and Care Coordination: 019 NQS Domain 3 Effective Clinical Care: 012, 117 NQS Domain 5 Patient Safety: 130 eCQM's: 001, CMS122v4, 018, CMS167v4, 226, CMS138v4, 236, CMS165v4, 374, CMS50v4	None	N/A	<p>Services: 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.</p> <p>AOA MORE will provide:</p> <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ○ PQRS measures ○ Diagnoses ○ Procedures ○ Demographics ○ AOA MORE currently supports EP's, but will support the GPRO requirements at a future date. <p>Register at http://www.aoa.org/MORE</p> <p>Cost: Free to AOA members (average dues of approximately \$1,800 per year) Non-member fee is \$1,800 per year.</p>

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American Society of Clinical Oncology	2318 Mill Road, Suite 800, Alexandria, VA, 22314 571-483-1300 http://www.asco.org	Yes	Individual EPs, GPRO Group Practice	No	American Society of Clinical Oncology Public Reporting	None	<ul style="list-style-type: none"> 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 Antiemetic therapy prescribed for highly emetogenic chemotherapy Antiemetic therapy prescribed for moderately emetogenic chemotherapy Pain intensity quantified on either of the last two visits before death Hospice enrollment and enrolled more than 3 days before death Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer Test for Her2/neu overexpression or gene amplification Trastuzumab received by patients with AJCC stage I (T1c) to III Her2/neu positive breast cancer Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage I (T1c) to III ER or PR positive breast cancer GCSF administered to patients who received chemotherapy for metastatic cancer (Lower score-better) Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer Location of death documented (*paired measure) Death from cancer in intensive care unit (*paired measure) Chemotherapy administered within last 2 weeks of life (lower score is better) Documentation of patient's advance directives by the third office visit Staging documented within one month of first office visit 	The American Society of Clinical Oncology non-PQRS Measure Specifications are located here: http://www.instituteforquality.org/sites/instituteforquality.org/files/QOPI%20Spring%202016%20Measures%20and%20Reporting%20Pathways_Public%20website.xlsx	QOPI intends to collect medical & clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients and participate as a QCDR in 2016 to support EPs for data submission. Services: PQRS submission Cost: 0

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American Society of Nuclear Cardiology ImageGuide Registry	4340 East-West Highway, Suite 1120, Bethesda, MD, 20814 301-215-7575 http://www.asnc.org ImageGuide@asnc.org	Yes	Individual EPs	No	American Society of Nuclear Cardiology ImageGuide Registry Public Reporting	None	<ul style="list-style-type: none"> SPECT and PET MPI studies signed within two business days 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/imageguidemeasures	<p>Services: PQRS reporting, benchmark reports at the national, practice/hospital, location, and provider levels.</p> <p>Cost: Annual fee of \$500/ ASNC member, \$750/nonmember</p>
American Society of Plastic Surgeons Qualified Clinical Data Registry	444 E. Algonquin Road, Arlington Heights, IL, 60005 847-228-3349 847-981-5442 Direct Line: 847-228-3349 http://http://www.plasticsurgery.org/	No	Individual EPs	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 046, 131, 137, 138, 182, 222, 265, 374</p> <p>NQS Domain 2 Community/Population Health: 110, 128, 134, 226</p> <p>NQS Domain 3 Effective Clinical Care: 112, 236 , 263, 356, 357</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 224</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 130, 355</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 358</p>	<ul style="list-style-type: none"> 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 Breast Reconstruction: Flap Loss 	The American Society of Plastic Surgeons non-PQRS Measure Specifications are located here: http://www.plasticsurgery.org/for-medical-professionals/quality-and-health-policy/asps-qualified-clinical-data-registry.html	<p>Our 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.</p> <p>Services: The American Society of Plastic Surgeons ASPS-QCDR will include PQRS reporting as a service.</p> <p>Cost</p> <p>TOPS users: No charge</p> <p>Members: \$299</p> <p>Non-members: \$499</p>

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American Urological Association Quality (AQUA) Registry	1000 Corporate Boulevard, Linthicum, MD, 21090 410-689-3700 http://www.aquanet.org	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 046, 047, 131, 265</p> <p>NQS Domain 2 Community/Population Health: 110, 128, 226, 317, 431</p> <p>NQS Domain 3 Effective Clinical Care: 048, 104, 113, 119, 236</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 102</p> <p>NQS Domain 5 Patient Safety: 023, 130</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 050</p>	<ul style="list-style-type: none"> Prostate Cancer: Documentation of PSA, Gleason score and clinical stage for risk stratification Prostate Cancer: Documentation of extent of biopsy involvement in the MD note Cryptorchidism: Inappropriate use of scrotal/groin ultrasound on boys Hypogonadism: Testosterone lab ordered / reported within 6 months of starting testosterone replacement Benign Prostate Hyperplasia: Do order creatinine lab for patients Benign Prostate Hyperplasia: Do not order upper-tract imaging Benign Prostate Hyperplasia: IPSS change 6 months after diagnosis Hospital re-admission / complication rate within 30 days of TRUS biopsy Prostate Cancer: Use of active surveillance / watchful waiting for low-risk prostate cancer Prostate Cancer: Patient report of Urinary function after treatment Prostate Cancer: Patient report of Sexual function after treatment 	The American Urological Association Quality (AQUA) Registry non-PQRS Measure Specifications are located here: http://www.aquanet.org/resources/QCDR-Reporting.cfm	<p>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.</p> <p>Services to provide include:</p> <ul style="list-style-type: none"> 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. <p>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 866-798-5406 303-771-2550 http://www.ahsqc.org	No	Individual EPs	No	Physician Compare	<p>NQS Domain 3 Effective Clinical Care: 357</p> <p>NQS Domain 5 Patient Safety: 355</p> <p>NQS Domain 6 Person and Caregiver-Centered Experience and Outcomes: 358</p>	<ul style="list-style-type: none"> Ventral Hernia Repair: Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period Unplanned Hospital Readmission or Observation Visit within the 30 Day Postoperative Period Emergency Room Visit within the 30 Day Postoperative Period Ventral Hernia Repair: Pain Status Assessment Ventral Hernia Repair: Functional Status Assessment Ventral Hernia Repair with Myofascial Release Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period Ventral Hernia Repair: Myofascial Release Preoperative Diabetes Assessment Ventral Hernia Repair: Biologic Mesh Prosthesis Use in Low Risk Patients 	The Americas Hernia Society Quality Collaborative non-PQRS Measure Specifications are located here: http://www.ahsqc.org/images/uploads/general_images/AHSQC_QCDR_Posting_to_website_4.27.16.pdf	<p>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.</p> <p>Services: The Americas Hernia Society Quality Collaborative (AHSQC) QCDR will report on our approved measures for participating surgeons who agree to have their data submitted.</p> <p>Cost: No charge for the service.</p>

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Anesthesia Quality Institute (AQI)	1061 American Lane, Schaumburg, IL, 60173 847-825-5586 847-825-2085 https://www.aqihq.org/index.aspx	Yes	Individual EPs	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 046, 047, 131, 155, 426, 427</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226</p> <p>NQS Domain 3 Effective Clinical Care: 039, 044, 404, 408, 412, 414</p> <p>NQS Domain 5 Patient Safety: 076, 130, 145, 154, 181, 424, 430</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 342</p>	<ul style="list-style-type: none"> Coronary Artery Bypass Graft (CABG): Prolonged Intubation Unplanned Transfer or Admission to Hospital New Corneal Injury Diagnosed in the Post Anesthesia Care Unit/Recovery Area after Anesthesia Care Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics) Composite Anesthesia Safety Perioperative Cardiac Arrest Perioperative Mortality Rate Post anesthesia Care Unit (PACU) Re-intubation Rate Assessment of Acute Postoperative Pain Composite Procedural Safety for Central Line Placement Composite Patient Experience Surgical Safety Checklist – Applicable Safety Checks Completed Before Induction of Anesthesia Coronary Artery Bypass Graft (CABG): Stroke Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure Rate of Post-operative stroke or death in asymptomatic patients undergoing Carotid Artery Stenting (CAS) Rate of Post-operative stroke or death in asymptomatic patients undergoing Carotid Endarterectomy (CEA) Rate of Endovascular aneurysm repair (EVAR) of small or moderate non-ruptured abdominal aortic aneurysms (AAA) who die while in the hospital Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet 	The Anesthesia Quality Institute non-PQRS Measure Specifications are located here: https://www.aqihq.org/files//2016_AQI_non-PQRS_Measure_Narrative_Final_2016-05-04.pdf	<p>In addition to collecting 19 Non-PQRS QCDR measures and 26 PQRS measures, AQI provides participating providers with custom continuous performance monitors; performance gap analysis, outlier identification, and peer-to-peer benchmarks.</p> <p>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 http://www.asahq.org/</p>

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ASPIRE (Anesthesiology Performance Improvement and Reporting Exchange)	2800 Plymouth Road, Building 16 G152S, Ann Arbor, MI, 48109 734-936-8081 http://www.aspirecqi.org/aspire-qcdr	Yes	Individual EPs	No	Physician Compare	None	<ul style="list-style-type: 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	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 Cost: No cost to ASPIRE members

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Bivarus	318 Blackwell Street, Suite 120, Durham, NC, 27701 919-578-7348 http://www.Bivarus.com	Yes	Individual EPs, GPRO Group Practice	No	Bivarus Public Reporting	None	<ul style="list-style-type: none"> Hand Sanitation Performed by My Provider 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 Me/My Issues How Likely Are You To Recommend This Physician to Your Family and Friends 	The Bivarus non-PQRS Measure Specifications are located here: http://bivarus.com/wp-content/uploads/2015/04/2016_Bivarus_SAPE_QCDR.pdf	Services: <ul style="list-style-type: none"> Reporting collected data to CMS Posting Data to the Bivarus QCDR webpage Cost: \$100 per provider.
CODE Technology (Clinical Outcomes and Data Engineering Technology)	P. O. Box 2129 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 NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 375, 376	<ul style="list-style-type: none"> 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 Improved Functional Outcome Assessment for Spine Surgery 	The CODE Technology non-PQRS Measure Specifications are located here: https://www.codetechnology.com/regulatory-quality-measures	CODE Technology helps physicians, hospitals, and group practices collect patient-reported outcome data efficiently, accurately and securely. Cost: PQRS Reporting Annual Fee: \$399 per eligible provider.

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Consortium for Universal Health System Metrics	109 East 17th Street, Suite 4, Cheyenne, WY, 82001 888-979-2499 855-333-3567 http://www.cuhsm.org	Yes	Individual EPs, GPRO Group Practice	Yes	Consortium for Universal Health System Metrics Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> Adherence to Statins Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) CAHPS Health Plan Survey v 4.0 - Adult questionnaire Care for Older Adults (COA) – Medication Review 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 	The Consortium for Universal Health System Metrics non-PQRS Measure Specifications are located here: http://www.cuhsm.org/2016_cuhsm_non_pqrs.htm	<p>Services: Mental Health providers (such as psychiatrists, psychologists, LCSW, and other professionals) and Geriatric providers use CUHSM services to both prepare PQRS reports and foster improvement in patient care.</p> <p>Key features and benefits:</p> <ul style="list-style-type: none"> Increases quality of healthcare delivery while optimizing VBM payment adjustment with CUHSM's clinical measure dashboard. Minimizes PQRS administrative costs and practice interruptions through CUHSM's targeted use of billing company reports, EHR or Practice Management software. Improves PQRS reporting compliance with CUHSM's expanded set of Mental Health QI Measures (NQF listed and CMS approved) to offset PQRS measure reduction. <p>Peer QCDR Services:</p> <ul style="list-style-type: none"> CUHSM processes lower data acquisition costs associated with multiple QI reports and clients Our QRDA tools optimize the selection of measures, patient panels and risk adjustment. <p>For further information, go to http://www.cuhsm.org/2016peer_qcdr_services.htm</p> <p>Cost: \$95-\$295/provider. CUHSM fee structure covers the following services: Consultation, HIPAA data reception, PQRS Submission generation & review, transmit submission to CMS. Terms of Service apply to fee schedule: See http://www.cuhsm.org/2016qcdrfees.htm</p> <p>- MU3 beta program - No charge for first 100 Mental Health providers that apply. See http://www.cuhsm.org/2016MU3beta_program.htm</p>

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E-CPR (Emergency – 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	Emergency – Clinical Performance Registry Public Reporting	<p>NQS Domain 2 Community/Population Health: 317</p> <p>NQS Domain 3 Effective Clinical Care: 054, 091, 187, 254, 255, 326</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 066, 093, 332</p> <p>NQS Domain 5 Patient Safety: 076</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> • Door to Diagnostic Evaluation by a Provider – All ED Patients • Door to Diagnostic Evaluation by a Provider – Adult ED Patients • Door to Diagnostic Evaluation by a Provider – Pediatric ED Patients • Mean Time from ED Arrival to ED Departure for All Discharged ED Patients • Mean Time from ED Arrival to ED Departure for Discharged Lower Acuity ED Patients • Mean Time from ED Arrival to ED Departure for Discharged Higher Acuity ED Patients • Three Day All Cause Return ED Visit Rate – All Patients • Three Day All Cause Return ED Visit Rate – Adults • Three Day All Cause Return ED Visit Rate – Pediatric Patients • Initiation of the Initial Sepsis Bundle • Door to Diagnostic Evaluation by a Provider – All Urgent Care Patients • Door to Diagnostic Evaluation by a Provider – Adult Urgent Care Patients • Door to Diagnostic Evaluation by a Provider – Pediatric Urgent Care Patients • Mean Time from Urgent Care Clinic (UCC) Arrival to UCC Departure for All Discharged UCC Patients • Mean Time from UCC Arrival to UCC Departure for Adult Discharged UCC Patients • Mean Time from UCC Arrival to UCC Departure for Pediatric Discharged UCC Patients • Mean Time from ED Arrival to ED Departure for All Admitted ED Patients • Mean Time from ED Arrival to ED Departure for Admitted Adult ED Patients • Mean Time from ED Arrival to ED Departure for Admitted Pediatric ED Patients • Three Day All Cause Return ED Visit Rate with Admission on Re-Visit • Avoid Head CT for Patients with Uncomplicated Syncope • Pain Management for Long Bone Fracture • Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding 	The Emergency – Clinical Performance Registry non-PQRS Measure Specifications are located here: http://www.medamerica.com/Expertise/EmergencyMedicine/ECPR.aspx	<p>E- CPR (Emergency – Clinical Performance Registry) is dedicated to improving the quality of emergency care and urgent care across the country by reporting and sharing performance and quality metrics.</p> <p>Services:</p> <ul style="list-style-type: none"> • Services and Benefits: 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). <p>Cost: \$265-\$450 per provider.</p>

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ePreop Anesthesia Quality Registry	610 Pacific Coast Highway, Suite 209, Seal Beach, CA, 90740 888-328-7871 http://www.epreop.com	No	Individual EPs, GPRO Group Practice	No	Physician Compare	NQS Domain 1 Communication and Care Coordination: 426, 427 NQS Domain 3 Effective Clinical Care: 044, 404 NQS Domain 5 Patient Safety: 076, 424, 430	<ul style="list-style-type: none"> 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/"Timeout" 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 	The ePreop Anesthesia Quality Registry non-PQRS Measure Specifications are located here: http://epreop.com/aqr-gcdr/	Services: Eligible Provider (anesthesiologist, CRNA, AA, resident) fee is dependent on capture tool/format and is subject to change at ePreop's sole discretion. Cost: \$50 -\$150 per eligible provider.

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FORCE-TJR QI	University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA, 01655 855-993-6723 508-856-2581 http://www.force-tjr.org/	Yes	Individual EPs, GPRO Group Practice	Yes	FORCE-TJR QI Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 131, 182, 217, 218, 220, 350</p> <p>NQS Domain 2 Community/Population Health: 226</p> <p>NQS Domain 3 Effective Clinical Care: 178</p> <p>NQS Domain 5 Patient Safety: 023, 130, 351, 352, 353</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 358</p>	<ul style="list-style-type: none"> Functional Status Assessment for Knee Replacement Pain Status Assessment for Knee Replacement Mental Health Assessment for Knee Replacement Improvement in Function after Knee Replacement Improvement in Pain after Knee Replacement Functional Status Assessment for Hip Replacement Pain Status Assessment for Hip Replacement Mental Health Assessment for Hip Replacement Improvement in Function after Hip Replacement Improvement in Pain after Hip Replacement Functional Status Assessment for Patients with Knee OA Pain Status Assessment for Patients with Knee OA Mental Health Assessment for Patients with Knee OA Functional Status Assessment for Patients with Hip OA Pain Status Assessment for Patients with Hip OA Mental Health Assessment for Patients with Hip OA 	The FORCE-TJR QI non-PQRS Measure Specifications are located here: http://www.force-tjr.org/hospitals-surgeons.html	<p>FORCE-TJR QI Registry has been collecting patient reported standardized outcome data using patient surveys since 2011. We collect implant data & medical record data from participants reporting adverse events. We have complete outcomes on more than 25,000.</p> <p>Services: FORCE-TJR QI captures patient-reported outcomes, post-operative adverse events, and implant revision measures for orthopedic surgeons in 23 states. Additional surgeons joining now.</p> <p>Benefits of membership include:</p> <ul style="list-style-type: none"> 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. <p>Cost: PQRS reporting for \$299 year for members.</p>

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Geriatric Practice Management, LLC	16 Biltmore Avenue, Suite 300, Asheville, NC, 28801 828-333-4460 828-348-2867 http://www.gEHRiMed.com	Yes	Individual EPs, GPRO Group Practice	Yes	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 242, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	None	N/A	<p>Services: Available to gEHRiMed customers at \$600 per eligible provider.</p> <p>Cost: \$600 per eligible provider.</p>

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GI Quality Improvement Consortium's GIQuIC	6400 Goldsboro Road, Suite 200, Bethesda, MD, 20817 301-263-9000 http://www.giquic.org	Yes	Individual EPs	No	Physician Compare	None	<ul style="list-style-type: none"> Adequacy of bowel preparation Photodocumentation of the cecum – All Colonoscopies Photodocumentation of the cecum – Screening Colonoscopies Incidence of perforation Appropriate follow-up interval for normal colonoscopy in average risk patients Age appropriate screening colonoscopy Documentation of history and physical rate – Colonoscopy Appropriate management of anticoagulation in the peri-procedural period rate – EGD Helicobacter pylori (H. pylori) status rate Appropriate indication for colonoscopy Repeat screening colonoscopy recommended within one year due to inadequate bowel preparation Appropriate follow-up interval of 3 years recommended based on pathology findings from screening colonoscopy in average-risk patients Adenoma detection rate 	The GIQuIC non-PQRS Measure Specifications are located at http://giquic.gi.org/docs/GIQuICnonpqrsmeasureinformationreferences.pdf	<p>Services: The GIQuIC registry is a clinical quality registry for gastroenterology currently collecting data and benchmarking performance relative to colonoscopy and esophagogastroduodenoscopy (EGD) procedures. Participating facilities can generate measure reports on-demand and can benchmark performance of physicians within the facility to one another and in comparison to the study as a whole. Data comes into the registry from electronic data capture or manual entry. 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 http://www.GIQuIC.org.</p> <p>Other Quality Reporting Programs Available: Connect your CEHRT to achieve MU Specialized Registry reporting. Reuse registry data for Maintenance of Certification (according to board-specific policies).</p> <p>Cost: There will be no additional fees beyond existing subscription rates for GIQuIC registry participants to use GIQuIC for measure reporting to CMS.</p>

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Hawkins Foundation/CERortho Orthopaedic Sports Medicine Registry in collaboration with SunCoast RHIO	200 Patewood Drive, Suite C100, Greenville, SC, 29615 888-666-2904 http://www.orthoQCDR.com http://www.hawkinsfoundation.com	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 046, 131, 155, 182, 217, 218, 219, 220, 221, 222, 223, 350, 374</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 317, 431</p> <p>NQS Domain 3 Effective Clinical Care: 032, 039, 041, 126, 127</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 312</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 130, 154, 238, 318, 351, 352, 353</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 358, 375, 376</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> Modified Functional Outcome Assessment with Additional Sports Medicine and Related Speciality Encounter Codes 	The Hawkins Foundation/CERortho Orthopaedic Sports Medicine Registry non-PQRS Measure Specifications are located here: http://www.orthoQCDR.com	<p>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.</p> <p>Services: Consultation - No Charge;</p> <ul style="list-style-type: none"> Chargeable items include: Interpretation, tabulation, and validation for reporting, up to \$250; Measure Testing, Reporting, and Live Submission, up to \$300; 100% data collection related to measures, up to \$300. <p>Quantity Discounts Apply for 8 or more eligible providers; other combinations are negotiable. With EHR and/or GPRO = 15% Discount</p> <p>Cost: \$ 400 per provider, additional charges may apply.</p>

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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	Hospitalist - Clinical Performance Registry Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 047, 155</p> <p>NQS Domain 2 Community/Population Health: 110, 317</p> <p>NQS Domain 3 Effective Clinical Care: 005, 008, 032</p> <p>NQS Domain 5 Patient Safety: 076, 130, 154</p>	<ul style="list-style-type: none"> • 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 	<p>The Hospitalist - Clinical Performance Registry non-PQRS Measure Specifications are located here: http://www.medamerica.com/Expertise/HospitalMedicine/HCPDR.aspx</p>	<p>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.</p> <p>Services:</p> <ul style="list-style-type: none"> • 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). <p>Cost: \$265-\$450 per provider.</p>

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ICLOPS, LLC	641 W. Lake Street, Suite 103, Chicago, IL, 60661 312-258-8004 312-258-8018 http://www.iclops.com	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 242, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> • Post-Operative Sepsis Rate • Excess Days Rate and Degree of Excess, and Physician Response • Re-Admission Rate Within 30 Days, and Physician Response • Rate of Follow Up Visits Within 7 Days of Discharge, and Physician Response • Physician Response to ACSC Admission: Diabetes • Physician Response to ACSC Admission: Cardiopulmonary • Physician Response to ACSC Admission: Acute Conditions • Physician Response for Re-operation/Complication Following a Procedure • Patient seen in Emergency Department within 7 days after discharge from a hospital • Patient seen in Emergency Department within 90 days after discharge from a hospital • Screening for Clinical Depression • Medical Visit/ Telemedicine Contact Frequency: Diabetes • Medical Visit/ Telemedicine Contact Frequency: Heart Failure • Medical Visit/ Telemedicine Contact Frequency: COPD • Medical Visit/ Telemedicine Contact Frequency: Coronary Artery Disease (CAD) • Proactive treatment: Diabetes • Proactive treatment for patients: Heart Failure • Proactive treatment: COPD • Proactive treatment: Coronary Artery Disease (CAD) • Pain Brought Under Control within 2 Encounters • Patients Treated With an Opioid Who Are Given a Bowel Regimen • Patients Who Die an Expected Death within ICD That Has Been Deactivated • Patients Admitted to the ICU Who Have Care Preferences Documented • Patients With Advanced Cancer Screened For Pain at Outpatient Visits • Palliative Care: Pain Screening • Palliative Care: Pain Assessment • Palliative Care: Dyspnea Treatment • Palliative Care: Dyspnea Screening • Palliative Care: Treatment Preferences • Palliative Care: Documentation in the Clinical Record of a Discussion of Spiritual/Religious Concerns 	The ICLOPS non-PQRS Measure Specifications are located here: https://www.iclops.com/resources/	<p>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 QCDR Services may be offered for PQRS Reporting and other engagements, and are available as customized multi-practice implementations. ICLOPS aggregate 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 40-99 priced at Platform Price equivalent of \$350-\$420 per provider for PQRS Reporting, with option for VBPM consultation extra. Practices 10-40 are priced at \$500 per provider. Additional fees of \$2500 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.</p> <p>Cost: Volume-based platform price, plus a data fee.</p>

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MBSAQIP QCDR	633 North Saint Clair Street, Chicago, IL, 60611 312-202-5646 https://www.facs.org/quality-programs/mb-saqip	Yes	Individual EPs	No	MBSAQIP QCDR Public Reporting	None	<ul style="list-style-type: none"> 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 LGS 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%20programs/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.

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MDinsight QCDR by SPHAnalytics.com	11545 Wills Road, Suite 100, Alpharetta, GA, 30009 866-460-5681 678-689-0326 http://www.sphanalytics.com	No	Individual EPs, GPRO Group Practice	No	MDinsight QCDR Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 218, 219, 220, 221, 222, 223, 225, 243, 261, 265, 288, 293, 294, 320, 325, 336, 350, 359, 362, 363, 364, 391, 395, 396, 397, 411, 426, 427</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 317, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 005, 006, 007, 008, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 242, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 370, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 050, 109, 143, 144, 303, 304, 342, 358, 386, 390, 403, 410</p>	<ul style="list-style-type: none"> Chronic Kidney Disease - Optimal Care Ischemic Vascular Disease - Optimal Vascular Care Diabetes - Optimal Care COPD - Pneumococcal Vaccine Tobacco Free Status 	The MDinsight non-PQRS Measure Specifications are located here: http://www.sphanalytics.com/mdinsight-qcdr-non-pqrs-measures/	<p>SPH Analytics (SPHA), a leader in action analytics, has more than 14 years' experience providing physicians with clinical measures and currently services more than 3000 providers. SPHA recently partnered with the Consortium for Southeastern Hypertension Control (COSEHC) to participate in the Transforming Clinical Practice Initiative (TCPI) funded by the Department of Health and Human Services.</p> <p>Services:</p> <ul style="list-style-type: none"> Data extraction and analysis Measure calculation Data review with provider Report submission <p>Cost:</p> <ul style="list-style-type: none"> \$299 - \$699 per NPI submitted. Volume discounts available Data connection fee \$5000 for new clients.

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MEDNAX Services, Inc.	1301 Concord Terrace, Sunrise, FL, 33323 954-384-0175 855-623-2193 http://www.mednax.com/	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 -- Communication and Care Coordination: PQRS 426, PQRS 427</p> <p>NQS Domain 2 Community/Population Health: 128</p> <p>NQS Domain 3 Effective Clinical Care: 044, 404</p> <p>NQS Domain 5 Patient Safety: 076, 130, 424, 430</p>	<ul style="list-style-type: none"> 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 	<p>The MEDNAX non-PQRS Measure Specifications are located here: http://www.mednax.com/why-mednax/health-it/</p>	<p>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</p> <p>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.</p> <p>Cost: There is no cost to the EP as this is a service provided to EPs who are affiliated with MEDNAX.</p>
Michigan Bariatric Surgery Collaborative	2800 Plymouth Road, Building 16, Room 141E, MI, 48109 734-998-7481 734-998-7473 http://www.michiganbsc.org	Yes	Individual EPs	No	Physician Compare	None	<ul style="list-style-type: none"> Medical Complications Surgical Site Complications Serious Complications MBSC Venous Thromboembolism Prophylaxis Adherence Rates for Perioperative Care MBSC Venous Thromboembolism Prophylaxis Adherence Rates for Postoperative Care MBSC Venous Thromboembolism Prophylaxis Adherence Rates for Post-Discharge Care Extended Length of Stay (LOS) Unplanned Emergency Room (ER) Visits Unplanned Hospital Readmission Within 30 Days of the Principal Procedure 	<p>The Michigan Bariatric Surgery Collaborative non-PQRS Measure Specifications are located here: http://michiganbsc.org/mbsc-qcdr/</p>	<p>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.</p> <p>Cost: There is no additional cost to hospitals or physicians to participate in the MBSC QCDR.</p>

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Michigan Urological Surgery Improvement Collaborative (MUSIC) QCDR	2800 Plymouth Road, Building 16, Suite 149S, Ann Arbor, MI, 48109 734-232-2398 http://www.musicurology.com	Yes	Individual EPs	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 265</p> <p>NQS Domain 3 Effective Clinical Care: 104, 250</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 102</p> <p>NQS Domain 5 Patient Safety: 130</p>	<ul style="list-style-type: none"> Prostate Biopsy: Compliance with AUA best practices for antibiotic prophylaxis for transrectal ultrasound-guided (TRUS) biopsy Unplanned Hospital Admission within 30 Days of TRUS Biopsy Prostate Cancer: Avoidance of Overuse of CT Scan for Staging Low Risk Prostate Cancer Patients Prostate Cancer: Proportion of patients with low-risk prostate cancer receiving active surveillance Prostate Cancer: Percentage of prostate cancer cases with a length of stay > 2 days Unplanned Hospital Readmission within 30 Days of Radical Prostatectomy Prostate Biopsy: Proportion of patients undergoing initial prostate biopsy in the registry found to have prostate cancer Prostate Biopsy: Proportion of patients undergoing a prostate biopsy with a PSA < 4 Prostate Biopsy: Proportion of patients undergoing a repeat prostate biopsy within 12 months of their initial biopsy in the registry as a result of a finding of atypical small acinar proliferation (ASAP) as per the NCCN guidelines 	The Michigan Urological Surgery Improvement Collaborative non-PQRS Measure Specifications are located here: http://musicurology.com/qcdr/	<p>Services: The MUSIC QCDR will report to PQRS on the approved measures for all participating eligible professionals who agree to have their data submitted.</p> <p>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.</p>
MiraMed	255 West Michigan Avenue Jackson, MI, 49201 866-544-6647 781-989-8117 http://http://www.mirameds.com	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 047, 131, 426, 427</p> <p>NQS Domain 2 Community/Population Health: 111, 128, 134, 226, 317, 431</p> <p>NQS Domain 3 Effective Clinical Care: 044, 404, 408, 412, 414</p> <p>NQS Domain 5 Patient Safety: 076, 130, 145, 238, 424, 430</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109</p>	<ul style="list-style-type: none"> Perioperative Cardiac Arrest Rate PACU Intubation Rate Dental Injury Perioperative Mortality Rate Adult PACU Pain Management Anaphylaxis During Anesthesia Care Corneal Abrasion Case Cancellation Rate Case Delay Rate Unplanned Use of Difficult Airway Equipment and/or Failed Airway 	The MiraMed non-PQRS Measure Specifications are located here: http://www.mirameds.com/qcdr	<p>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.</p> <p>Services:</p> <ul style="list-style-type: none"> Creation, management, collection, and reporting on quality measures answers. Submission to CMS and compliance tracking against all measures. <p>Cost: \$50 for ABC members and \$100 for non-ABC members.</p>

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National Healthcare Quality Institute, Inc.	265 Brookview Center Way, Suite 400, Knoxville, TN, 37919 865-693-1000 http://www.teamhealth.com	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	NQS Domain 1 Communication and Care Coordination: 426, 427 NQS Domain 3 Effective Clinical Care: 044, 404 NQS Domain 5 Patient Safety: 076, 424, 430	<ul style="list-style-type: none"> • Perioperative Aspiration Pneumonia Rate • Post-dural puncture headache rate • Perioperative Peripheral Nerve Injury rate • Pneumothorax rate as a complication of central line placement • Ultrasound guidance for central line placement • Perioperative Myocardial Infarction rate in low risk patients • Perioperative Myocardial Infarction rate in high risk patients • New perioperative central neurologic deficit • Postoperative nausea and vomiting rate – Adults • Postoperative nausea and vomiting rate – Pediatrics • Post-obstructive Pulmonary Edema rate following endotracheal intubation • Respiratory Arrest in PACU rate • Dental Injury Rate following airway management • Patient Experience: Post-anesthesia follow up • Patient Experience: Did the Patient Receive Adequate Instructions • Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics) • Perioperative Cardiac Arrest • Perioperative Mortality Rate • Postanesthesia Care Unit (PACU) Re-intubation Rate • Assessment of Acute Postoperative Pain • Day of Surgery Case Cancellation Rate - Adult • Day of Surgery Case Cancellation Rate – Pediatric • Unplanned Transfer or Admission to Hospital 	The National Healthcare Quality Institute non-PQRS Measure Specifications are located here: https://www.teamhealth.com/our-company/national-healthcare-quality-institute-2016	Collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of patient care. Services: Registry reporting services Cost: Submit PQRS and QCDR measures, free of cost, for eligible affiliated providers.

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National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine and CECity	10350 N. Torrey Pines Road, La Jolla, CA, 92037 858-412-8702	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 047, 155</p> <p>NQS Domain 2 Community/Population Health: 110</p> <p>NQS Domain 3 Effective Clinical Care: 048, 408</p> <p>NQS Domain 5 Patient Safety: 130, 238</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 50, 342</p> <p>eCQM's: CMS147v5, CMS68v5, CMS138v4, CMS156v4</p>	<ul style="list-style-type: none"> Functional Assessment (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients Abuse or Neglect Assessment for Home-Based Primary Care and Palliative Care Patients Alcohol Problem Use Assessment for Home-Based Primary Care and Palliative Care Patients Depression Symptom Assessment for Home-Based Primary Care and Palliative Care Patients Pain Screen for Home-Based Primary Care and Palliative Care Patients Depression Treatment Plan for Home-Based Primary Care and Palliative Care Patients Who Screen Positive for Depression Screen for Risk of Future Fall for Home-Based Primary Care and Palliative Care Patients New Cognitive Decline in Home-Based Primary Care and Palliative Care Patients: Medication List Reviewed & Offending Medications Discontinued Documented Discussion of Preferences for Health Care Decision Making / Life Sustaining Treatment with Home-Based Primary Care and Palliative Care Patients Referral to Hospice for Appropriate Home-Based Primary Care and Palliative Care Patients Telephone Contact, Virtual, or In-person Visit Within 48 Hours of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients Medication Reconciliation Within 2 Weeks of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients Patient Reported Outcome for Home-Based Primary Care and Palliative Care Practices: After Hours Contact Process and Provider Trust (Multiperformance Measure) Management of Suspected Abuse or Neglect Interdisciplinary Team Assessment for Home-based Primary care and Palliative Care Patients Cognitive Assessment for Home-Based Primary Care and Palliative Care Patients 	<p>The National Home-Based Primary Care & Palliative Care Registry non-PQRS Measure Specifications are located here: http://www.medconcert.com/NHBCPCR</p>	<p>This QCDR 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.</p> <p>Services: The National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine and CECity is intended to measure, report & improve patient outcomes.</p> <p>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</p> <p>Where to enroll?: Learn more at http://www.medconcert.com/NHPCPCR</p> <p>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.</p> <p>Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve population health and 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 <p>Cost: Annual Fee: \$350 per provider.</p>

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National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement in Collaboration with CECity	251 18th Street, South, Suite 630, Arlington, VA, 22202 703-414-3742 http://www.medconcert.com/content/medconcert.com/content/fractureQIR/	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 024, 046, 047, 131, 155, 182, 217, 218, 219, 220, 221, 222, 223</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134</p> <p>NQS Domain 3 Effective Clinical Care: 039, 041, 178, 418</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 130, 154, 181, 238</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109</p> <p>eCQM's: 110, CMS147v5, 111, CMS127v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4</p>	<ul style="list-style-type: none"> 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 & vitamin D intake, & exercise at least once within 12 months 	<p>The National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement non-PQRS Measure Specifications are located here: https://www.medconcert.com/content/medconcert/Content/FractureQIR/</p>	<p>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</p> <p>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.</p> <p>Who should enroll? All providers and specialties caring for patients with osteoporosis.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/FractureQIR</p> <p>PQRS Reporting: Auto-generated report on up to 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.</p> <p>Annual Fee: \$499-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores, Comparison to available national benchmarks and peer-to-peer comparison, Performance gap analysis & patient identification Links to targeted education, tools and resources for improvement (free and fee based), Performance aggregation at the practice and organization level available. <p>Cost: Annual Fee; \$499 - \$699.</p>

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New Hampshire Colonoscopy Registry	46 Centerra Parkway, Evergreen Center, Suite 105, Lebanon, NH, 03766 603-653-3427 fax: 603-650-3415 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	<ul style="list-style-type: none"> • 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.

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New Jersey Innovation Institute	<p>Annacler Harris-Blevin, MS qcdr@njii.com 211 Warren Street, Suite 308, Newark, NJ, 07103 973-642-4055 http://www.njii.com</p>	No	Individual EPs, GPRO Group Practice	Yes	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 242, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> Potentially Preventable ER Visits Increase Transitional Care Management 30-day Rehospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries Increase in billing for wellness visits Increase in billings for chronic care management (CCM) services 	<p>The New Jersey Innovation Institute non-PQRS Measure Specifications are located here: http://njii.com/wp-content/uploads/2016/04/NJII-QCDR-measures.pdf</p>	<p>NJII QCDR Services becomes FREE for qualified providers when you join Practice Transformation Network. NJII, as a PTN 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.</p> <p>Read more about the TCPI initiative here.</p> <p>Contact NJII for more information on eligibility.</p> <p>Services: \$199 per EP includes:</p> <ul style="list-style-type: none"> 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 <p>Personalized, hands-on planning and support offered via "Premium" support packages starting at \$199 per practice:</p> <ul style="list-style-type: none"> Assistance collecting data from EHR/PM, and submitting data Custom data collection templates Now offering MU Stage 2 Specialized Registry: Highlander Clinical Data Registry <p>Contact NJII for a quote for: Hospital reporting, Volume discounts (50+ EPs), GPRO reporting, or Data Aggregation from multiple EMRs and/or billing systems.</p> <p>Cost: \$199 per Eligible Professional / Discounts available for large groups.</p>

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NJII-SaferMD	Brian Gale, MD gcdr@safermd.com 211 Warren Street, Suite 308, Newark, NJ, 07103 845 790-6970 http://www.safermd.com	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 242, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS-122v4, 002, CMS-163v4, 005, CMS-135v4, 007, CMS-145v4, 008, CMS-144v4, 009, CMS-128v4, 012, CMS-143v4, 018, CMS-167v4, 019, CMS-142v4, 065, CMS-154v4, 066, CMS-146v4, 071, CMS-140v4, 072, CMS-141v5, 102, CMS-129v5, 107, CMS-161v4, 110, CMS-147v5, 111, CMS-127v4, 112, CMS-125v4, 113, CMS-130v4, 117, CMS-131v4, 119, CMS-134v4, 128, CMS-69v4, 130, CMS-68v5, 134, CMS-2v5, 143, CMS-157v4, 160, CMS-52v4, 163, CMS-123v4, 191, CMS-133v4, 192, CMS-132v4, 204, CMS-164v4, 226, CMS-138v4, 236, CMS-165v4, 238, CMS-156v4, 239, CMS-155v4, 240, CMS-117v4, 241, CMS-182v5, -281, CMS-149v4, 305, CMS-137v4, 309, CMS-124v4, 310, MS-153v4, 311, CMS-126v4, 312, CMS-166v5, 316, CMS-61v5, 316, CMS-64v5, 317, CMS-22v4, 318, CMS-139v4, 365, CMS-148v4, 366, CMS-136v5, 367, CMS-169v4, 368, CMS-62v4, 369, CMS-158v4, 370, CMS-159v4, 371, CMS-160v4, 372, CMS-82v3, 373, CMS-65v5 374, CMS-50v4, 375, CMS-66v4, 376, CMS-56v4, 377, CMS-90v4, 378, CMS-75v4, 379, CMS-74v5, 380, CMS-179v4, 381, CMS-77v4, 382, CMS-177v4</p>	<ul style="list-style-type: none"> 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 Follow Up Exam Obtained 	The NJII-SaferMD non-PQRS Measure Specifications are located here: http://safermd.com/qcdr	<p>NJII 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.</p> <p>Services:</p> <ul style="list-style-type: none"> 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 Premium support packages <p>Cost: \$400 per Eligible Professional.</p>

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Northern New England Practice Transformation Network in Collaboration with Mingle Analytics	PTN: ptn@maineqqualitycounts.org Mingle Analytics: Daniel B. Mingle, MD Daniel.mingle@mingleanalytics.com Gay De Hart Gay.DeHart@mingleanalytics.com Inquiry@mingleanalytics.com Live Chat available on the website 24 B Market Square, P. O. Box 82, South Paris, ME, 04281 866-359-4458 http://mingleanalytics.com /nneptn	No	Individual EPs, GPRO Group Practice	Yes	Physician Compare	All Individual Measures All Measures Group Only Measures All eCQMs	None	N/A	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. Services: <ul style="list-style-type: none"> 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.

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NPA-N2QOD General Care Spine QCDR	5550 Meadowbrook Drive, Rolling Meadows, IL, 60008 847-378-0500 847-378-0649 http://www.neuropoint.org	Yes	Individual EPs, GPRO Group Practice	No	NPA-N2QOD General Care Spine QCDR Public Reporting	None	<ul style="list-style-type: 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 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 	The NPA-N2QOD General Care Spine QCDR non-PQRS Measure Specifications are located here: http://www.aans.org/pdf/NPA/Supplemental_n-PQRS_Measure_Documentation_NPA-N2QOD-NonSurgicalQCDR2016.pdf	Services: <ul style="list-style-type: none"> 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.

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
NPA-N2QOD Surgical Spine QCDR	5550 Meadowbrook Drive, Rolling Meadows, IL, 60008 847-378-0500 http://www.neuropoint.org	Yes	Individual EPs, GPRO Group Practice	No	NPA-N2QOD Surgical Spine QCDR Public Reporting	None	<ul style="list-style-type: 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 Medicine 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 	The NPA-N2QOD Surgical Spine QCDR non-PQRS Measure Specifications are located here: http://www.aans.org/pdf/NPA/Supplemental_n-PQRS_Measure_Documentation_NPA-N2QOD-SurgicalQCDR2016.pdf	<p>Services:</p> <ul style="list-style-type: none"> Access to HIPPA compliant database; Ability to review site specific data in real time; Data entry and patient screening support services; Collaborative learning network involving interactive, webinar based educational programs; Data analytics and development of risk-adjusted, site specific outcomes; Robust quality control mechanisms including on-site audits; Affiliation with specialty board and development of methods to satisfy MOC Part IV requirements. <p>Cost: No additional fee for N2QOD registry participants.</p>

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
OBERD QCDR	Universal Research Solutions,800 Cherry Street, Second Floor Columbia, MO, 65201 573-874-3206 http://www.oberd.com/products/qcdr-pqrs	Yes	Individual EPs, GPRO Group Practice	Yes	OBERD QCDR Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 155</p> <p>NQS Domain 2 Community/Population Health: 111, 128, 226, 317</p> <p>NQS Domain 3 Effective Clinical Care: 163, 236 , 370 , 371, 373</p> <p>NQS Domain 5 Patient Safety: 130, 154, 238, 318</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 376</p> <p>eCQM's: 111, CMS127v4, 128, CMS69v4, 130, CMS68v5, 163, CMS123v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 317, CMS22v4, 318, CMS139v4, 370, CMS159v4, 371, CMS160v4, 373, CMS65v5, 375, CMS66v4, 376, CMS56v4</p>	<ul style="list-style-type: none"> • Back Pain: Mental Health Assessment • Back Pain: Patient Reassessment • Back Pain: Shared Decision Making • Pain Assessment and Follow-Up • Back Pain: Surgical Timing • Orthopedic Pain: Mental Health Assessment • Orthopedic Pain: Patient Reassessment • Orthopedic Pain: Shared Decision Making • Orthopedic Pain: Assessment and follow-up • Quality of Life (VR-12 or Promis Global 10) Monitoring • Quality of Life (VR-12 or Promis Global 10) Outcomes • CG-CAHPS Adult Visit Composite Tracking • Orthopedic Functional and Pain Level Outcomes • Orthopedic 3-Month Surgery Follow-up • Orthopedic 3-Month Surgery Outcome • Orthopedic 3-Month Surgery Success Rate • CG-CAHPS Patient Rating • Orthopedic 3-Month Surgery Outcome With PROMIS • Orthopedic Surgery 3-Month QoL Changes (VR-6D) • Orthopedic Surgery 3-Month QoL Changes (EQ-5D) • Provider Follow-up of Patient Post-Acute Self-care 	The OBERD QCDR non-PQRS Measure Specifications are located here: http://www.oberd.com/products/qcdr-pqrs	<p>Universal Research Solutions LLC (URS) operates the OBERD QCDR. Since 2010, Universal Research Solutions LLC has provided a fully hosted (aka SaaS or “cloud”) internet environment for interactive collection, storage, and analysis of patient and clinician.</p> <p>Services: Data Collection, Measure Calculation, Dashboard for checking EP performance, reporting to CMS for PQRS and/or eCQMs for EHR Incentive Program.</p> <p>Cost: No Cost to OBERD users.</p>

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Oncology Quality Clinical Data Registry in Collaboration with CECity	125 Enterprise Drive Pittsburgh, PA, 15275 412-859-6385 http://www.ons.org	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	NQS Domain 1 Communication and Care Coordination: 046, 131 NQS Domain 5 Patient Safety: 318 eCQM's: 318, CMS139v4	<ul style="list-style-type: none"> Symptom Assessment Intervention for Psychosocial Distress Intervention for Fatigue Intervention for Sleep -Wake Disturbance Assessment for Chemotherapy Induced Nausea and Vomiting Education on Neutropenia Precautions Post-Treatment Symptom Assessment Post-Treatment Symptom Intervention Post-Treatment Education Post-Treatment Goal Setting Post-Treatment Goal Attainment Post-Treatment Follow Up Care Fatigue Improvement Psychosocial Distress Improvement 	The Oncology Quality Clinical Data Registry non-PQRS Measure Specifications are located here: https://www.medconcert.com/content/medconcert/ONSQIR	<p>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</p> <p>Services: The Oncology Quality Clinical Data Registry in collaboration with CECity, aims to measure, report and improve patient outcomes in Oncology.</p> <p>Who should enroll? Specialty of oncology. Open to ONS members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/ONSQIR</p> <p>PQRS Reporting: Auto-generated report on up to 17 quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$499 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports improve population health and manage VBM quality scores; Comparison to national benchmarks (where available) and peer-to-peer comparison; Performance gap analysis and patient outlier identification (where available); Links to targeted education, tools and resources for improvement; Performance aggregation at the practice and organization level available. <p>Cost: Annual Fee: \$499.00 per provider.</p>

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Patient360 QCDR in Collaboration with Maine Medical Association	29 Bowdoin Street, Manchester, ME, 04531 310-713-9895 207-622-5452 http://www.patient360.com/QCDR/MMA	No	Individual EPs, GPRO Group Practice	No	Patient360 QCDR in Collaboration with Maine Medical Association Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 024, 046, 047, 131, 155, 182, 217, 218, 219, 220, 221, 222, 223, 265, 350, 359, 374, 411, 426, 427</p> <p>NQS Domain 2 Community/Population Health: 111, 128, 134, 226, 239, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 009, 032, 039, 041, 054, 069, 071, 108, 119, 163, 176, 177, 178, 179, 180, 356, 357, 387, 404, 408, 412, 414, 418, 435</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 312, 322, 419</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 181, 192, 318, 351, 352, 353, 355, 361, 424, 430</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 143, 321, 342, 358, 375, 376, 386</p> <p>eCQM's: 009, CMS128v4, 071, CMS140v4, 111, CMS127v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 163, CMS123v4, 192, CMS132v4, 226, CMS138v4, 239, CMS155v4, 312, CMS166v5, 318, CMS139v4, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4</p>	<ul style="list-style-type: none"> Utilization of Objective Scale to Measure Pain & Functionality Appropriate Use of Advanced Imaging by Ordering Provider Glucocorticoid Use for Symptom Management and Motor Neuron Sparing while Awaiting Advanced Imaging Manipulative Medicine Treatment Adjustment Due to Clinical Improvement Inappropriate Use of Urgent/Emergent Care in Chronic Pain Definitive Diagnosis for Chronic Pain Controlled Substance Utilization Adherence to Controlled Substance Agreement/Opiate Agreement with Corrective for Violations Urine Drug Screen Utilization in Pain Management Urine Drug Screen Utilization in Substance Use Disorder Management Risk Assessment in Opiate Naïve Patients Risk Assessment Patients Tolerant to Controlled Substances Due to Chronic Utilization in a Therapeutic Setting Efficacy of Manipulative Medicine with Treatment Adjustment 	The Patient360 QCDR non-PQRS Measure Specifications are located here: http://www.patient360.com/QCDR/MMA	While Patient360 continues to offer PQRS submission for all specialties, The Maine Medical Association, in collaboration with Patient360's QCDR will have a specialty focus on pain, physical medicine, orthopedics, musculoskeletal medicine, manipulative medicine, and osteopathy. While continuing to offer PQRS submission for all specialties, The Maine Medical Association in collaboration with Patient360's QCDR will have a specialty focus on pain, physical medicine, orthopedics, musculoskeletal medicine, and osteopathy. Cost: Starting at \$399/provider.
Patient360 QCDR in Collaboration with Maine Osteopathic Association	29 Bowdoin Street, Manchester, ME, 04351 310-713-9895 207-622-5452 http://www.patient360.com/QCDR/MO	No	Individual EPs, GPRO Group Practice	No	Patient360 QCDR in Collaboration with Maine Osteopathic Association	<p>NQS Domain 1 Communication and Care Coordination: 024, 046, 047, 131, 155, 182, 217, 218, 219, 220, 221, 222, 223, 265, 350, 359, 374, 411, 426, 427</p> <p>NQS Domain 2 Community/Population Health: 111, 128, 134, 226, 239, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 009, 032, 039, 041, 054, 069, 071, 108, 119, 163, 176, 177, 178, 179, 180, 356, 357, 387, 404, 408, 412, 414, 418, 435</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 312, 322, 419</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 181, 192, 318, 351, 352, 353, 355, 361, 424, 430</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 109, 143, 321, 342, 358, 375, 376, 386</p> <p>eCQM's: 009, CMS128v4, 071, CMS140v4, 111, CMS127v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 163, CMS123v4, 192, CMS132v4, 226, CMS138v4, 239, CMS155v4, 312, CMS166v5, 318, CMS139v4, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4</p>	<ul style="list-style-type: none"> Utilization of Objective Scale to Measure Pain & Functionality Appropriate Use of Advanced Imaging by Ordering Provider Glucocorticoid Use for Symptom Management and Motor Neuron Sparing while Awaiting Advanced Imaging Manipulative Medicine Treatment Adjustment Due to Clinical Improvement Inappropriate Use of Urgent/Emergent Care in Chronic Pain Definitive Diagnosis for Chronic Pain Controlled Substance Utilization Adherence to Controlled Substance Agreement/Opiate Agreement with Corrective for Violations Urine Drug Screen Utilization in Pain Management Urine Drug Screen Utilization in Substance Use Disorder Management Risk Assessment in Opiate Naïve Patients Risk Assessment Patients Tolerant to Controlled Substances Due to Chronic Utilization in a Therapeutic Setting Efficacy of Manipulative Medicine with Treatment Adjustment 	The Patient360 QCDR non-PQRS Measure Specifications are located here: http://www.patient360.com/QCDR/MOA	While Patient360 continues to offer PQRS submission for all specialties, The Maine Osteopathic Association, in collaboration with Patient360's QCDR will have a specialty focus on pain, physical medicine, orthopedics, musculoskeletal medicine, manipulative medicine, and osteopathy. Cost: Starting @ \$399/provider.

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Physician Compass	P. O. Box 628134, Middleton, WI, 53562 608-444-9606 http://www.physiciancompass.org	Yes	Individual EPs, GPRO Group Practice	Yes. Product and Version #: RBS #3446. CHPL Product Number: IG-3330-14-0097	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 024, 046, 047, 131, 155, 265, 374</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 317, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 039, 041, 054, 091, 112, 113, 117, 119, 121, 122, 163, 204, 205, 236, 254, 255, 418</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 066, 093, 312, 332, 333, 334, 415, 416</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 154, 181, 238, 318, 424</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 358</p> <p>eCQM's: 001, CMS122v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 163, CMS123v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 240, CMS117v4, 312, CMS166v5, 317, CMS22v4, 318, CMS139v4, 370, CMS159v4, 371, CMS160v4, 373, CMS65v5, 374, CMS50v4</p>	<ul style="list-style-type: none"> 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 	The Physician Compass non-PQRS Measure Specifications are located here: http://onlinecommunity.wchq.org/default.asp?page=qcdr	<p>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.</p> <p>Cost: Starting at \$225 per EP for Individual and GPRO reporting.</p>

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PPRNet	5 Charleston Center, Suite 263; MSC 192 Charleston, SC, 29425 843-876-1212 843-876-1211 http://academicdepartments.musc.edu/pprnet	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	None	<ul style="list-style-type: none"> Diabetes Mellitus (DM): Hemoglobin A1c Control (< 8%) Diabetes Mellitus (DM): Nephropathy Assessment Hypertension (HTN): Appropriate Diagnosis Hypertension (HTN): Controlling Blood Pressure Concordance with ACC/AHA Cholesterol Guidelines for ASCVD Risk Reduction Antiplatelet Medication for High Risk Patients Antithrombotic Medication for Patients with Atrial Fibrillation Heart Failure (HF): ACEI or ARB Therapy Heart Failure (HF): Beta-Blocker Therapy Screening for Abdominal Aortic Aneurysm Chronic Kidney Disease (CKD): eGFR Monitoring Chronic Kidney Disease (CKD): Hemoglobin Monitoring Osteoporosis Screening for Women Cervical Cancer Screening Breast Cancer Screening Colorectal Cancer screening Pneumococcal Vaccination in Elderly Zoster (Shingles) Vaccination Depression Screening Alcohol Misuse Screening Tobacco Use: Screening and Cessation Intervention Appropriate Treatment for Adults with Upper Respiratory Infection Appropriate Antibiotic Use Use of High-Risk Medications in the Elderly Use of Benzodiazepines in the Elderly NSAID or Cox 2 Inhibitor Use in Patients with Heart Failure (HF) or Chronic Kidney Disease (CKD) Monitoring Serum Potassium Treatment of Hypokalemia Screening for Type 2 Diabetes 	<p>The PPRNet non-PQRS Measure Specifications are located here: http://academicdepartments.musc.edu/PPRNet/QCDR/PPRNet_nonpqrs_measurespecifications2016.xlsx</p>	<p>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.</p> <p>Services:</p> <ul style="list-style-type: none"> 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. <p>Cost: \$200 reporting fee per provider for PPRNet members. Member fees \$295-\$550 per provider.</p>

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Premier Clinical Performance Registry Suite	advisor_support@premierinc.com	Yes	Individual EPs, GPRO Group Practice	Yes	Premier Clinical Performance Registry Suite Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 242, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 005, CMS135v4, 007, CMS145v4, 008, CMS144v4, 009, CMS128v4, 012, CMS143v4, 018, CMS167v4, 019, CMS142v4, 065, CMS154v4, 066, CMS146v4, 071, CMS140v4, 072, CMS141v5, 102, CMS129v5, 107, CMS161v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 143, CMS157v4, 160, CMS52v4, 163, CMS123v4, 191, CMS133v4, 192, CMS132v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 305, CMS137v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 316, CMS61v5, 316, CMS64v5, 317, CMS22v4, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 367, CMS169v4, 368, CMS62v4, 369, CMS158v4, 370, CMS159v4, 371, CMS160v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4</p>	<ul style="list-style-type: none"> 30 day Readmission for Acute Myocardial Infarction 30 day Readmission for Heart Failure 30 day Readmission for Pneumonia 30 day Mortality for Acute Myocardial Infarction 30 day Mortality for Heart Failure 30 day Mortality for Pneumonia Venous Thromboembolism (VTE) Prophylaxis Thrombolytic Therapy Discharged on Statin Medication Stroke Education VTE Warfarin Therapy Discharge Instructions Tobacco Use Treatment Provided or Offered Median Time from ED Arrival to ED Departure for Admitted ED Patients Admit Decision Time to ED Departure Time for Admitted Patients Median Time from ED Arrival to ED Departure for Discharged ED Patients Door to Diagnostic Evaluation by a Qualified Medical Professional Risk-Adjusted Average Length of Inpatient Hospital Stay for Acute Myocardial Infarction (AMI) Risk-Adjusted Average Length of Inpatient Hospital Stay for Heart Failure (HF) Risk-Adjusted Average Length of Inpatient Hospital Stay for Pneumonia (PN) Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy (Pediatrics) Composite Anesthesia Safety Post Anesthesia Care Unit (PACU) Re-intubation Rate Short-term Pain Management Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics Surgical Site Infection Immediate Perioperative Cardiac Arrest Immediate Perioperative Mortality Rate Total Knee Replacement: Venous thromboembolic and Cardiovascular Risk Evaluation 	<p>Premier Clinical Performance Registry Suite non-PQRS Measure Specifications are located here: https://www.premierinc.com/transforming-healthcare/healthcare-performance-improvement/quality-improvement/</p>	<p>Premier's core purpose is to improve the health of our communities. The primary mission of our quality reporting program is to provide access to meaningful data and subject matter experts to support healthcare organizations in providing high-quality care</p> <p>Services:</p> <ul style="list-style-type: none"> Single data feed to satisfy VBP programs - PQRS, eCQM (all 64 EP and 29 EH eCQMs), Meaningful Use Public Health Reporting (Specialized Registry) Satisfy PQRS/VBM/eCQM/MU Public Health Reporting Measure scoring & analysis, feedback & benchmark reports and submission Web-based access to view up-to-date provider performance dashboards at any time Identify provider quality improvement opportunities regardless of care setting, EHR, payer, or specialty to mitigate impact of the Value Modifier. <p>Cost: \$250 - 400 per provider based on data.</p>

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Renal Physicians Association Kidney Quality Improvement Registry in Collaboration with CECity	1700 Rockville Pike, Suite 220, Rockville, MD, 20770 301-468-3515 http://www.renalmd.org	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 046, 047, 155</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 226</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 119, 121, 122, 126, 127, 236, 327, 328, 329, 357</p> <p>NQS Domain 5 Patient Safety: 076, 130, 145, 154, 238, 318, 330</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 403</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 110, CMS147v5, 111, CMS127v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 318, CMS139v4</p>	<ul style="list-style-type: none"> • Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy • Adequacy of Volume Management • Arteriovenous Fistula Rate • Transplant Referral • Advance Care Planning (Pediatric Kidney Disease) • ESRD Patients Receiving Dialysis: Hemoglobin Level <9g/dL • Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia • Arterial Complication Rate Following Arteriovenous Access Intervention • Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician • Arteriovenous Graft Thrombectomy Success Rate • Arteriovenous Fistulae Thrombectomy Success Rate • Peritoneal Dialysis Catheter Success Rate • Peritoneal Dialysis Catheter Exit Site Infection Rate • Advance Directives Completed 	<p>The Renal Physicians Association Kidney Quality Improvement Registry non-PQRS Measure Specifications are located here: https://www.medconcert.com/content/medconcert/rpaQIR/</p>	<p>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.</p> <p>Services: The Renal Physicians Association Quality Improvement Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes in renal care.</p> <p>Who should enroll? Nephrologists and nephrology practitioners. Open to RPA members (discount available) & nonmembers.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/RPAQIR</p> <p>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.</p> <p>Annual Fee: \$499-\$699 per provider Key</p> <p>Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports improve pop health and manage VBM quality scores; • Comparison to available national benchmarks and peer-to-peer comparison; • Performance gap analysis and patient outlier identification; • Links to targeted education, tools and resources for improvement. <p>*Performance aggregation at the practice and organization level available.</p> <p>Cost: Annual Fee: \$499 - \$699 per provider.</p>

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Rheumatology Informatics System for Effectiveness (RISE) Registry	American College of Rheumatology 2200 Lake Boulevard NE, Atlanta, GA, 30319 404-633-3777 404-633-1870 http://www.rheumatology.org/I-Am-A/Rheumatologist/Registries/RISE	Yes	Individual EPs, GPRO Group Practice	Yes	Rheumatology Informatics System for Effectiveness (RISE) Registry Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 024, 131, 222</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 226</p> <p>NQS Domain 3 Effective Clinical Care: 039, 041, 236</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 312</p> <p>NQS Domain 5 Patient Safety: 130, 238</p> <p>eCQM's: 110, CMS147v5, 111, CMS127v4, 128, CMS69v4, 130, CMS68v5, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 312, CMS166v5, 317, CMS22v4</p>	<ul style="list-style-type: none"> Disease Activity Measurement for Patients with Rheumatoid Arthritis (RA) Functional Status Assessment for Patients with Rheumatoid Arthritis (RA) Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Active Rheumatoid Arthritis (RA) Tuberculosis Test Prior to First Course Biologic Therapy Glucocorticosteroids and Other Secondary Causes Gout: Serum Urate Monitoring Gout: Serum Urate Target Gout: ULT Therapy 	The Rheumatology Informatics System for Effectiveness (RISE) Registry non-PQRS Measure Specifications are located here: http://www.rheumatology.org/I-Am-A/Rheumatologist/Registries/RISE/Qualified-Clinical-Data-Registry	<p>Services:</p> <ul style="list-style-type: none"> Access to benchmarked data for practice improvement; Annual PQRS reporting with validation checks prior to submission; Technical support during all phases of connecting with RISE; Dedicated ACR staff to answer clinical and technical questions <p>Cost: Free.</p>
SCG Health, LLC	43150 Broadlands Center Plaza, Suite 124, Mailstop 4186 Broadlands, VA, 20148 888-886-8054 443-628-9178 http://www.scghealth.com	No	Individual EPs, GPRO Group Practice	Yes	SCG Health Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 047, 131, 155, 374</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 431</p> <p>NQS Domain 3 Effective Clinical Care: 107, 281, 305, 408, 412, 414</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 312</p> <p>NQS Domain 5 Patient Safety: 130, 145, 154, 238, 318</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 321, 358, 375, 376, 377</p> <p>eCQM's: 107, CMS161v4, 111, CMS127v4, 112, CMS125v4, 128, CMS69v4, 130, CMS68v5, 226, CMS138v4, 238, CMS156v4, 281, CMS149v4, 305, CMS137v4, 312, CMS166v5, 374, CMS50v4, 375, CMS66v4, 376, CMS56v4, 377, CMS90v4</p>	<ul style="list-style-type: none"> Evaluation of high risk pain medications patient prescribed in last 6 months (polypharmacy) 	The SCG Health non-PQRS Measure Specifications are located here: http://www.scghealth.com/pqrs	<p>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 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 pqrs@scghealth.com for more information or visit http://www.SCGhealth.com/PQRS .)</p> <p>Cost: Annual subscription starts at \$150 per EP.</p>

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Spine IQ in Collaboration with CECity	741 Brady Street Davenport, IA, 52803 563-884-5150 http://www.spineiq.org	No	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: 131, 182, 374</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 239, 240, 317</p> <p>NQS Domain 3 Effective Clinical Care: 281</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 312</p> <p>NQS Domain 5 Patient Safety: 130, 238, 318</p> <p>eCQM's: 110, CMS147v5, 111, CMS127v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 226, CMS138v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 281, CMS149v4, 312, CMS166v5, 317, CMS22v4, 318, CMS139v4, 374, CMS50v4, 236 CMS165v2</p>	<ul style="list-style-type: none"> Change in Functional Outcome Change in Pain Intensity Repeated X-Ray Imaging Patient Satisfaction Assessment 	The Spine IQ non-PQRS Measure Specifications are located here: http://www.spineiq.org/	<p>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.</p> <p>Services: The Spine IQ Registry™ in collaboration with CECity is intended for practitioners who provide spine related care including Doctors of Chiropractic.</p> <p>Who should enroll? Practitioners who provide spine related care including Doctors of Chiropractic</p> <p>Where to enroll? Learn more at http://www.spineiq.org</p> <p>PQRS Reporting: Auto-generated report on all quality measures for PQRS and the VBM. . Connect your EHR to achieve MU2 eCQM, MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$549 per provider;</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports improve pop health and manage VBM quality scores. Comparison to national benchmarks (where available) and peer-to-peer comparison. Performance gap analysis & patient outlier identification (where available). Links to targeted education tools and resources for improvement. Performance aggregation at the practice and organization level available. <p>Cost: Annual Fee: \$549 per provider.</p>

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Stryker Performance Solutions	350 North Orleans Street, Suite 650 S, Chicago, IL, 60654 312-386-9780 http://www.strykerperformancesolutions.com	No	Individual EPs	No	Physician Compare	All Individual Measures All eCQMs	None	N/A	Who should enroll? SPS participating surgeons and interested orthopedic providers. Cost: Annual fee: \$400 per existing physician participant in SPS PRO offering.
The American Joint Replacement Registry Orthopaedic Quality Resource Center in Collaboration with CECity	9400 W. Higgins Road, Suite 210, Rosemont, IL, 60018 847-292-0530 http://www.ajrr.net	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	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	<ul style="list-style-type: none"> 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 	The American Joint Replacement Registry Orthopaedic Quality Resource Center non-PQRS Measure Specifications are located here: https://www.medconcert.com/ajrr	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 AJRR Orthopaedic Quality Resource Center in collaboration with CECity is intended to foster performance improvement for orthopaedic surgeons. Who should enroll? Orthopaedic Surgeons, including AJRR current participants and nonparticipants. Where to enroll? Learn more at http://www.medconcert.com/ajrr 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: <ul style="list-style-type: none"> Continuous performance feedback reports. Improve population health and manage VBM quality scores. Comparison to national benchmarks (where available) and peer-to-peer comparison. Performance gap analysis & patient outlier identification (where available). Links to targeted education, tools and resources for improvement. Performance aggregation at the practice and organization level available. Cost: Annual Fee: \$439 per provider.

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
The American Society of Breast Surgeons	10330 Old Columbia Road, Suite 100 Columbia, MD, 20146 410-381-9500 http://www.breastsurgeons.org	Yes	Individual EPs	No	The American Society of Breast Surgeons Public Reporting	NQS Domain 3 Effective Clinical Care: 263, 264 NQS Domain 5 Patient Safety: 262	<ul style="list-style-type: none"> Surgeon Assessment for Hereditary Cause of Breast Cancer Surgical Site Infection and Cellulitis After Breast and/or Axillary Surgery Specimen orientation for partial mastectomy or excisional breast biopsy 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 	The American Society of Breast Surgeons Mastery of Breast Surgery Program non-PQRS Measure Specifications are located here: https://www.breastsurgeons.org/new_layout/programs/mastery/pqrs.php	Services: ASBRs will submit PQRS data to CMS on behalf of consenting surgeons participating in The American Society of Breast Surgeons Mastery of Breast Surgery Program. Cost: The American Society of Breast Surgeons will charge a \$100 nonrefundable submission fee.
The Guideline Advantage™ (American Heart Association, American Cancer Society, American Diabetes Association) supported by Forward Health Group's PopulationManager®	7272 Greenville Avenue, Dallas, TX, 75231 214-706-1284 http://www.GuidelineAdvantage.org	Yes	Individual EPs	No	Physician Compare	eCQM's: 001, CMS122v4, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 119, CMS134v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 309, CMS124v4	None	N/A	The Guideline Advantage(TM) QCDR, supported by Forward Health Group's PopulationManager®, reports eCQM measures that support strategies for the prevention and early detection of cancer, cardiovascular disease and diabetes. Services: eCQM measures will be submitted to CMS for consenting physicians that participate in The Guideline Advantage. Cost: There is no cost to participants of The Guideline Advantage for this service.
The MAeHC QDC	860 Winter Street, Waltham, MA, 02451 781-434-7905 http://www.maehc.org	Yes	Individual EPs	No	The MAeHC QDC Public Reporting	NQS Domain 1 Communication and Care Coordination: 374 NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 226, 239, 240, 310, 317, 372 NQS Domain 3 Effective Clinical Care: 001, 002, 007, 008, 009, 012, 018, 112, 113, 117, 119, 163, 204, 236, 241, 281, 309, 311, 365, 366, 368, 369, 371, 373, 379, 381 NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 312 NQS Domain 5 Patient Safety: 130, 238, 318, 380, 382 NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 143, 375, 376 eCQM's: 134, CMS2v5, 163, CMS123v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 240, CMS117v4, 241, CMS182v5, 281, CMS149v4, 309, CMS124v4, 310, CMS153v4, 311, CMS126v4, 312, CMS166v5, 318, CMS139v4, 365, CMS148v4, 366, CMS136v5, 368, CMS62v4, 369, CMS158v4, 372, CMS82v3, 373, CMS65v5, 374, CMS50v4, 378, CMS75v4, 379, CMS74v5, 380, CMS179v4, 381, CMS77v4, 382, CMS177v4	None	N/A	The MAeHC QDC is a centrally managed (hosted) clinical data warehouse solution which collects relevant clinical information using industry standard content and transports. Services: Integrated clinical quality measurement services. MU Certified modular EMR, consultative services for integration with EMR and electronic reporting to CMS for ACO, PQRS, and MU programs. Cost: Costs vary with complexity. Range: \$30 - \$150 pp/pm.

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The Society of Thoracic Surgeons	633 N. Saint Clair Street, 23rd Floor Chicago, IL, 60611 312-202-5842 312-202-5867 http://www.sts.org	Yes	Individual EPs	No	Physician Compare	NQS Domain 2 Community/Population Health: 226 NQS Domain 3 Effective Clinical Care: 043, 044, 164, 165, 166, 167, 168 NQS Domain 5 Patient Safety: 021, 022	<ul style="list-style-type: none"> Prolonged Length of Stay following CABG Short Length of Stay following CABG Prolonged Length of Stay following CABG + Valve Surgery Short Length of Stay following CABG + Valve Surgery Prolonged Length of Stay following Valve Surgery Short Length of Stay following Valve Surgery Patient centered surgical risk assessment and communication using the STS Risk Calculator 	The Society of Thoracic Surgeons non-PQRS Measure Specifications are located here: http://www.sts.org/quality-research-patient-safety/quality/physician-quality-reporting-system	Services: Data submission, analysis, quality feedback reports and reporting to CMS on behalf of consenting providers. Cost: No separate QCDR cost. The cost is included in STS National Database participation fees.

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
U. S. Wound Registry	2700 Research Forest Drive, Suite 100, The Woodlands, TX, 77381 800-603-7896 832-550-2941 http://www.USWoundRegistry.com	Yes	Individual EPs	Yes	U. S. Wound Registry Public Reporting	All Individual Measures All Measures Group Only Measures All eCQMs	<ul style="list-style-type: none"> 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 	The U. S. Wound Registry non-PQRS Measure Specifications are located here: http://www.uswoundregistry.com/Specifications.aspx	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. Cost: PQRS Submission - \$399; APMA Members \$349.

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 ⁱ	Public Reporting Location ⁱⁱ	PQRS Measures Supported (Individual Measures ⁱⁱⁱ , Measures Group Only Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information	Services Offered & Cost
Vascular Quality Initiative QCDR	12 Commerce Avenue, West Lebanon, NH, 03784 603-298-5509 http://http://www.vascularqualityinitiative.org/	Yes	Individual EPs	No	Physician Compare	NQS Domain 3 Effective Clinical Care: 257, 344, 345, 346, 423 NQS Domain 5 Patient Safety: 021, 022, 258, 259, 260, 347	<ul style="list-style-type: none"> Procedures with statin and antiplatelet agents prescribed at discharge Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication Infrainguinal 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 	The Vascular Quality Initiative QCDR non-PQRS Measure Specifications are located here: http://www.m2s.com/wp-content/uploads/2016/02/VQI-QCDR-Non-PQRS-Measures.pdf	Cost: Open to VQI PATHWAYS™ members. \$349 per individual provider (NPI).

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Wellcentive, Inc	100 North Point Center East, Suite 320, Alpharetta, GA, 30022 877-295-0886 678-710-2005 http://www.wellcentive.com	Yes	Individual EPs, GPRO Group Practice	Yes	Wellcentive Public Reporting	<p>NQS Domain 1 Communication and Care Coordination: 019, 024, 046, 047, 131, 137, 138, 141, 147, 155, 182, 185, 217, 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</p> <p>NQS Domain 2 Community/Population Health: 110, 111, 128, 134, 183, 226, 239, 240, 310, 317, 372, 378, 394, 402, 431</p> <p>NQS Domain 3 Effective Clinical Care: 001, 002, 005, 006, 007, 008, 009, 012, 014, 018, 032, 039, 041, 043, 044, 048, 051, 052, 053, 054, 067, 068, 069, 070, 071, 072, 084, 085, 087, 091, 099, 100, 104, 107, 108, 112, 113, 117, 118, 119, 121, 122, 126, 127, 140, 160, 163, 164, 165, 166, 167, 168, 176, 177, 178, 179, 180, 187, 191, 195, 204, 205, 236, 241, 249, 250, 251, 254, 255, 257, 263, 264, 268, 270, 271, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 287, 289, 290, 291, 292, 305, 309, 311, 316, 326, 327, 328, 329, 337, 338, 339, 343, 344, 345, 346, 356, 357, 365, 366, 367, 368, 369, 370, 371, 373, 379, 381, 384, 385, 387, 389, 398, 399, 400, 401, 404, 405, 406, 407, 408, 409, 412, 413, 414, 418, 420, 421, 423, 425, 428, 435, 436, 438</p> <p>NQS Domain 4 Efficiency and Cost Reduction: 065, 066, 093, 102, 116, 146, 224, 312, 322, 323, 324, 331, 332, 333, 334, 340, 415, 416, 419, 439</p> <p>NQS Domain 5 Patient Safety: 021, 022, 023, 076, 130, 145, 154, 156, 181, 192, 238, 258, 259, 260, 262, 286, 318, 330, 335, 347, 348, 351, 352, 353, 354, 355, 360, 361, 380, 382, 383, 388, 392, 393, 417, 422, 424, 429, 430, 432, 433, 434, 437</p> <p>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</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 110, CMS147v5, 111, CMS127v4, 112, CMS125v4, 113, CMS130v4, 117, CMS131v4, 128, CMS69v4, 130, CMS68v5, 134, CMS2v5, 163, CMS123v4, 204, CMS164v4, 226, CMS138v4, 236, CMS165v4, 238, CMS156v4, 239, CMS155v4, 241, CMS182v5, 309, CMS124v4, 311, CMS126v4, 312, CMS166v5, 318, CMS139v4, 365, CMS148v4, 378, CMS75v4, 379, CMS74v5</p>	<ul style="list-style-type: none"> Chlamydia Screening for Women Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Use of Imaging Studies for Low Back Pain Adults' Access to Preventive/Ambulatory Health Services Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Children and Adolescents' Access to Primary Care Practitioners Follow-Up After Hospitalization for Mental Illness Osteoporosis Management in Women Who Had a Fracture 	The Wellcentive non-PQRS Measure Specifications are located here: http://www.wellcentive.com/wp-content/uploads/2016/03/2016-QCDR-Wellcentive-Measures.pdf	<p>Established: Chosen by CMS in 2007 to test Registry submission process; delivering healthcare intelligence solutions since 2005. Expanded subscription to meet the needs of various types of organizations: Standard PQRS, GPRO and QCDR.</p> <ul style="list-style-type: none"> PQRS Enterprise For our larger and GPRO clients, Wellcentive 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. QCDR Wellcentive's QCDR model is designed to allow our clients to improve quality of care, reduce penalties and open additional streams of revenue. Multiple initiatives, multiple payers, 1 submission. We can compare your performance measures for all applicable PQRS, CQM, ACO and NQF measures. <p>ACO GPRO, Meaningful Use and PHM solutions.</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> 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. http://www.wellcentive.com/pqrs/ <p>Cost: PQRS fees begin at \$299 per provider yearly subscription. *Ask about volume discounts.</p>

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Wound Care Collaborative Registry in Collaboration with CECity	445 Hamilton Avenue, Suite 800, White Plains, NY, 10601 914-372-3150	Yes	Individual EPs, GPRO Group Practice	No	Physician Compare	<p>NQS Domain 1 Communication and Care Coordination: , 131, 374, 155</p> <p>NQS Domain 2 Community/Population Health: 110, 111 128, 226</p> <p>NQS Domain 3 Effective Clinical Care: 001 , 002, 117, 119, 126, 127, 236 , 420</p> <p>NQS Domain 5 Patient Safety:130, 154, 318</p> <p>NQS Domain 6 Person and Caregiver Centered Experience and Outcomes: 321, 437</p> <p>eCQM's: 001, CMS122v4, 002, CMS163v4, 110, CMS147v5, 111, CMS127v4, , 117, CMS 131v4, 119, CMS134v4, 128, CMS69v4, 130, CMS68v5, 226, CMS138v4, 236, CMS165v4, 318, CMS139v4, 374, 50v4</p>	<ul style="list-style-type: none"> Hyperbaric Oxygen Therapy: Timeliness of Starting HBOT 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 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 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/	<p>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.</p> <p>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.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/WoundQIR</p> <p>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).</p> <p>Annual Fee: \$349 per provider (includes PQRS submission and benchmarking)</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> 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. <p>Cost: Annual Fee: \$399 per provider.</p>

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.

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

iiiThe [2016 Physician Quality Reporting System \(PQRS\) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures](#) must be used to report individual measures.ⁱⁱⁱ

ivMeasures 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.

vOnly 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.