

Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Clinical Data Registries (QCDRs)

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) streamlined a collection of quality programs into a single system where Medicare physicians and other clinicians have a chance to be rewarded for better care. There are two paths in the Quality Payment Program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Under MIPS, there are four performance categories- Quality, Clinical Practice Improvement Activities (referred to as “Improvement Activities”), meaningful use of certified EHR technology (referred to as “Advancing Care Information”), and Resource Use (referred to as “Cost”).

Using a QCDR for MIPS Data Submission

Under MIPS, there are several data submission methods, one of which is a Qualified Clinical Data Registry (QCDR). A Centers for Medicare & Medicaid Services (CMS)-approved QCDR is an entity that collects clinical data from MIPS clinicians (both individual and groups) and submits it to CMS on their behalf for purposes of MIPS. The QCDR reporting option is different from a qualified registry because it is not limited to measures within the Quality Payment Program. The QCDR can develop and submit for CMS approval, QCDR measures (formally referred to as non-MIPS measures within the CY 2017 Quality Payment Program final rule). A measure is considered to be a QCDR (non-MIPS) measure if:

- It is not contained in the annual list of Quality Payment Program measures for the applicable performance period; or
- It is a measure that may be in the annual list of Quality Payment Program measures but has substantive differences in the population covered by the measure or the manner it is submitted by the QCDR.

The QCDR qualified posting lists the QCDR (non-MIPS) measures that are approved by CMS. **Please note that this is the final version of the QCDR qualified posting for the 2017 MIPS performance period.** CMS is pleased to announce the QCDRs may elect to report data (measures and/or activities) for the Quality, Advancing Care Information, and Improvement Activities performance categories, on behalf of individual MIPS clinicians and groups (depending on the QCDR) for the 2017 MIPS performance period. These entities have self-nominated and demonstrated that they meet the

applicable requirements outlined by CMS at 42 CFR §414.1400 and in the CY 2017 Quality Payment Program final rule with comment period. Individual MIPS clinicians and groups wishing to submit MIPS data via a QCDR for the 2017 performance period are encouraged to review the list below before making a selection. Each of the 2017 QCDRs has provided detailed information, including their contact information, the measures, activities and performance categories they support, services offered, and costs incurred by their clients. QCDR measure specifications can also be found on the QCDR's website for QCDR measures supported by that organization. Information included in the tables below of the qualified posting is sourced and provided verbatim by the approved QCDRs. The information provided in the tables below does not represent an endorsement by CMS of any QCDR. For more information on qualified registries, please visit the Quality Payment Program [website](#).

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
AAAAI American Academy of Allergy, Asthma, and Immunology QCDR	555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823 414.272.6071 http://www.medconcert.com/AAAAIQIR	The annual QCDR registration is \$500 for member eligible clinicians and \$650 for non-member providers. This fee includes annual use of the data for quality improvement purposes and QPP quality	Individual MIPS clinicians, Groups	Clinicians and groups may select from 27 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase	Advancing Care Information, Improvement Activities, Quality	Q065, Q066, Q110, Q111, Q128, Q130, Q226, Q238, Q317, Q331, Q332, Q333, Q334, Q398, Q402	<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 	Q065, Q066, Q110, Q111, Q128, Q130, Q226, Q238, Q240, Q317, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
		reporting to CMS.		both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!			<ul style="list-style-type: none"> • Documentation of Clinical Response to Allergen Immunotherapy within One Year • 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) • Asthma Assessment and Classification 	

Quality Payment Program

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Lung Function/Spirometry Evaluation • Asthma Control: Minimal Important Difference Improvement • Penicillin Allergy: Appropriate Removal or Confirmation Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
AAD's DataDerm™	American Academy of Dermatology 930 East Woodfield Road Schaumburg, IL 60173 (866) 503-SKIN (7546) https://www.aad.org/dataderm	DataDerm™ is an AAD member benefit; MIPS is \$295.	Individual MIPS clinicians, Groups	I. Quality Category: A. Quality performance dashboard: Key features: i. Continuous performance feedback reports. ii. Comparison to registry and national benchmarks (where available) and peer-to-peer comparison. iii. Performance gap analysis iv. Information on Standard practices/ tools to improve performance on supported quality measure B. Electronic submission of measures under quality category C. Manual reporting of quality measures via web tool II. Advancing Care Information (ACI) Category A. Attestation module B. Electronic submission C. Bonus for clinical data registry reporting III. Improvement Activity (IA) category	Advancing Care Information, Improvement Activities, Quality	Q046, Q047, Q110, Q111, Q128, Q130, Q131, Q137, Q138, Q205, Q224, Q226, Q265, Q317, Q337, Q358, Q374, Q397, Q402, Q410, Q431, Q440	<ul style="list-style-type: none"> •Psoriasis: Assessment of Psoriasis Disease Activity •Psoriasis: Screening for Psoriatic Arthritis •Basal Cell Carcinoma/Squamous Cell Carcinoma: Mohs Surgery for Superficial Basal Cell Carcinoma of the Trunk for Immune Competent Patients •Basal Cell Carcinoma/Squamous Cell Carcinoma: Mohs Surgery for Squamous Cell Carcinoma in Situ or 	Q374

Quality Payment Program

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				A. Attestation module B. Electronic submission C. Optional Practice Improvement Modules, Resources, and Tools			Keratoacanthoma Type Squamous Cell Carcinoma 1 cm or Smaller on the Trunk •Biopsy Reporting Time - Clinician to Patient	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
ABFM PRIME	1648 McGrathiana Parkway, Ste. 550 Lexington, KY	Free to participants of the ABFM Prime Registry	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> • MIPS Reporting • Clinical Measure Dashboard including peer comparisons • Reporting for Continuing Certification purposes. • EHR Incentive Program/MU2, including Objective 10 • CPC+ • TCPI • EvidenceNOW! (AHRQ) 	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q007, Q008, Q023, Q065, Q066, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q369, Q370, Q371, Q372, Q373, Q374, Q402, Q431, Q438	None	Q001, Q005, Q007, Q008, Q065, Q066, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317,

Quality Payment Program

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
								Q318, Q366, Q369, Q370, Q371, Q372, Q373, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Able Health	50 Hawthorne Street San Francisco, CA 94105 804-537-2253 ablehealth.com	\$199-\$899 per eligible clinician per year (varies based on number of eligible clinicians and frequency of EHR data pull - e.g. quarterly, monthly, nightly).	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> Extracting patient-level EHR data Calculating performance scores on any MIPS quality measures Easily entering data and attesting for Improvement Activities and Advancing Care Information performance categories Modeling Composite Performance Score to help estimate financial impact of performance Displaying performance results in clickable dashboard to explore results at the practice, provider, and patient levels Ability to validate measure results against source data for each patient Exporting automatically generated performance scorecards for clinicians Data submission to CMS via new Application Programming Interface 	Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q009, Q012, Q014, Q018, Q019, Q021, Q023, Q024, Q032, Q039, Q043, Q044, Q046, Q047, Q048, Q050, Q051, Q052, Q065, Q066, Q067, Q068, Q069, Q070, Q076, Q091, Q093, Q099, Q100, Q102, Q104, Q107, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137,	None	Q001, Q005, Q007, Q008, Q009, Q012, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				submission mechanism, enabling continuous data submission and feedback from CMS		Q138, Q140, Q141, Q143, Q144, Q145, Q146, Q147, Q154, Q155, Q156, Q160, Q163, Q164, Q165, Q166, Q167, Q168, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q185, Q187, Q191, Q192, Q195, Q204, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q224, Q225, Q226, Q236, Q238, Q239, Q240, Q243, Q249, Q250, Q251, Q254, Q255, Q257, Q258, Q259, Q260,		Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q261, Q262, Q263, Q264, Q265, Q268, Q271, Q275, Q276, Q277, Q278, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q290, Q291, Q293, Q294, Q303, Q304, Q305, Q309, Q310, Q312, Q317, Q318, Q320, Q321, Q322, Q323, Q324, Q325, Q326, Q327, Q328, Q329, Q330, Q331, Q332, Q333, Q334, Q335, Q336, Q337, Q338, Q340, Q342, Q343, Q344, Q345, Q346, Q347,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q348, Q350, Q351, Q352, Q353, Q354, Q355, Q356, Q357, Q358, Q359, Q360, Q361, Q362, Q363, Q364, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382, Q383, Q384, Q385, Q386, Q387, Q388, Q389, Q390, Q391, Q392, Q393, Q394, Q395, Q396, Q397, Q398, Q400, Q401, Q402, Q403, Q404, Q405, Q406, Q407, Q408, Q409,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q410, Q411, Q412, Q413, Q414, Q415, Q416, Q417, Q418, Q419, Q420, Q421, Q422, Q423, Q424, Q425, Q426, Q427, Q428, Q429, Q430, Q431, Q432, Q433, Q434, Q435, Q436, Q437, Q438, Q439, Q440, Q441, Q442, Q443, Q444, Q445, Q446, Q447, Q448, Q449, Q450, Q451, Q452, Q453, Q454, Q455, Q456, Q457, Q458		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Academic Research for Clinical Outcomes (ARCO) in Collaboration with ReportingMD, Inc.	1294 Route 11 P. O. Box 1014 Georges Mills NM http://www.reportingmd.com/	Pricing starting at \$299/ provider Volume discounts available.	Individual MIPS clinicians, Groups	Academic Research for Clinical Outcomes (ARCO) in collaboration with ReportingMD ingests, aggregates and defines the gaps in care needed to successfully manage patient care, identify and facilitate the adoption of evidence-based medicine. ARCO can connect to your EHR or can receive all data formats for ease of aggregation and submission on behalf of the provider, group practice or specialty organization. Key features of our Total Outcomes Management (TOM) application: <ul style="list-style-type: none"> Aggregates data appropriately at the group or individual provider level Network down to patient/visit level detail reporting Peer-to-peer performance review through national benchmarking 	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q009, Q012, Q014, Q018, Q019, Q021, Q023, Q024, Q032, Q039, Q043, Q044, Q046, Q047, Q048, Q050, Q051, Q052, Q065, Q066, Q067, Q068, Q069, Q070, Q076, Q091, Q093, Q099, Q100, Q102, Q104, Q107, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137,	<ul style="list-style-type: none"> Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 minutes of ED Arrival Venous Thromboembolism (VTE) Prophylaxis Antipsychotic Use in Persons with Dementia Laboratory Investigation for Secondary Causes of Fracture Gout: Serum Urate Target 	Q001, Q005, Q007, Q008, Q009, Q012, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<ul style="list-style-type: none"> MIPS decile scoring at network, practice, and provider level ONC EHR certified for all 64 eCQMs <p>Manage your patients with our population health solution that boasts the quickest implementation in the industry. All products come with programmatic support including webinars, newsletters and personal consulting to successfully guide you through the development and submission. Our products can be viewed at: http://www.ReportingMD.com/products.html.</p> <p>Total Outcomes Management (TOM™) is ideal for large practices needing a population health solution that receives data from EHRs, Labs, PMSS, and other applications to our secure client web portal. This solution provides the ability to</p>		Q138, Q140, Q141, Q143, Q144, Q145, Q146, Q147, Q154, Q155, Q156, Q160, Q163, Q164, Q165, Q166, Q167, Q168, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q185, Q187, Q191, Q192, Q195, Q204, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q224, Q225, Q226, Q236, Q238, Q239, Q240, Q243, Q249, Q250, Q251, Q254, Q255, Q257, Q258, Q259, Q260,	<ul style="list-style-type: none"> Gout: ULT Therapy Risk Standardized Mortality Rate within 30 days following Trauma Operation Ischemic stroke patients management Median Time to Pain Management in Long Bone Fracture 	Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				manage singular or multiple TINs for GPRO practices or individual EPs. Interfaces available for all EHRs. Contact us for a demo and customized pricing. Make reporting easy by using ARCO/ReportingMD - the one company for all QPP programs with all submission pathways.		Q261, Q262, Q263, Q264, Q265, Q268, Q271, Q275, Q276, Q277, Q278, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q290, Q291, Q293, Q294, Q303, Q304, Q305, Q309, Q310, Q312, Q317, Q318, Q320, Q321, Q322, Q323, Q324, Q325, Q326, Q327, Q328, Q329, Q330, Q331, Q332, Q333, Q334, Q335, Q336, Q337, Q338, Q340, Q342, Q343, Q344, Q345, Q346, Q347,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q348, Q350, Q351, Q352, Q353, Q354, Q355, Q356, Q357, Q358, Q359, Q360, Q361, Q362, Q363, Q364, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382, Q383, Q384, Q385, Q386, Q387, Q388, Q389, Q390, Q391, Q392, Q393, Q394, Q395, Q396, Q397, Q398, Q400, Q401, Q402, Q403, Q404, Q405, Q406, Q407, Q408, Q409,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q410, Q411, Q412, Q413, Q414, Q415, Q416, Q417, Q418, Q419, Q420, Q421, Q422, Q423, Q424, Q425, Q426, Q427, Q428, Q429, Q430, Q431, Q432, Q433, Q434, Q435, Q436, Q437, Q438, Q439, Q440, Q441, Q442, Q443, Q444, Q445, Q446, Q447, Q448, Q449, Q450, Q451, Q452, Q453, Q454, Q455, Q456, Q457, Q458		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Acmeware, Inc	333 Elm Street Suite 225 Dedham, MA http://www.acmeware.com (781) 329-4300 x215 info@acmeware.com	Requires a one-time cost, plus annual service fee	Individual MIPS clinicians, Groups	Acmeware's OneView QCDR is designed to allow our clients to improve the quality of care, reduce penalties and maximize reimbursements. Our QCDR includes reporting capabilities for Eligible Clinicians that provide Medicare Part B services in a hospital acute care setting and/or ambulatory setting. Organizations can compare their performance measures for all applicable MIPS and non-MIPS measures, analyze data against specifications for a variety of quality measure and process improvement programs, and submit data to multiple programs via electronic data submission. Acmeware's OneView QCDR includes benchmarking and performance feedback reports to help improve overall population health and manage quality scores.	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q032, Q066, Q091, Q093, Q102, Q110, Q134, Q191, Q192, Q204, Q238, Q250, Q370, Q383, Q391, Q404, Q407, Q411, Q415, Q416, Q424, Q426, Q427, Q430, Q449, Q450, Q451, Q453, Q454, Q455, Q456, Q457, Q007, Q044, Q111, Q143, Q226, Q254, Q452, Q008, Q065, Q112, Q236, Q255, Q012, Q113, Q317, Q019, Q117, Q119, Q128, Q130	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				Optional services include a dedicated Project Manager to help with measure validation and optimization and Clinical Informaticist for facilitating workflow, documentation builds and nomenclature mapping. These services ensure the highest possible return on investment. http://www.acmeware.com/mips.aspx				Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Advance QCDR	PO Box 15024 Nashville, TN 37215 www.medaxion.com	\$100/clinician	Individual MIPS clinicians, Groups	Quantifying and submitting QCDR measures on behalf of the participating clinician or group	Advancing Care Information, Improvement Activities, Quality	Q044, Q076, Q130, Q317, Q404, Q424, Q426, Q427, Q430	<ul style="list-style-type: none"> • Prevention of Post-Operative Vomiting – Pediatric Patients • Anesthesia Safety • Case Delay • Perioperative Cardiac Arrest • Perioperative Mortality Rate • PACU Re-intubation Rate • Assessment of Post Op Pain • Surgical Safety Checklist • Corneal Abrasion Not Diagnosed in Recovery Area or PACU • Dental Trauma 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American Academy of Neurology	201 Chicago Ave Minneapolis, MN 55415 800.879.1960 https://www.aan.com/practice/axon-registry/	\$0 for AAN members	Individual MIPS clinicians	Collects clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. The Axon Registry platform is designed to support integration with more than 80 EHRs and PM systems. Services offered under MIPS reporting: I. Quality Category: A. Quality performance dashboard: Key features: i. Continuous performance feedback reports. ii. Comparison to registry and national benchmarks (where available) and peer-to-peer comparison. iii. Performance gap analysis iv. Information on Standard practices/ tools to improve performance on supported quality measure B. Electronic submission of measures under quality category II. Advancing Care Information	Advancing Care Information, Improvement Activities, Quality	Q047, Q130, Q154, Q155, Q268, Q276, Q282, Q290, Q318, Q374 Q419, Q435	<ul style="list-style-type: none"> Screening for Psychiatric or Behavioral Health Disorders Querying about Symptoms of Autonomic Dysfunction Falls screening Diabetes/Pre-Diabetes Screening for Patients with DSP Medication prescribed for acute migraine attack Overuse of Opioid and Barbiturate Containing Medications for Primary Headache Disorders 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				(ACI) Category A. Attestation module B. Electronic submission C. Bonus for clinical data registry reporting III. Improvement Activity (IA) category A. Attestation module B. Electronic submission			<ul style="list-style-type: none"> Exercise and Appropriate Physical Activity Counseling for Patients with MS Screening for Unhealthy Alcohol Use 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American Academy of Ophthalmology IRIS® Registry	655 Beach Street San Francisco, CA 94109 415.561.8500 http://www.aaopt.org/iris-registry/	Free to AAO members practicing in the US	Individual MIPS clinicians, Groups	IRIS Registry is a clinical data registry which supports reporting for the Quality, Advancing Care Information and Improvement Activities for the QPP MIPS Program. IRIS Registry integrates with practices' Electronic Health Records to collect data needed to calculate and report quality measures, and also has a web portal for data collection. IRIS Registry provides feedback to participants on their patient population and quality performance, enabling them to identify areas for improvement. Participating in the IRIS Registry can enable physicians and practices to achieve several clinical practice improvement activities. In addition, IRIS Registry is a specialized registry, which may enable participants to qualify for that ACI measure.	Advancing Care Information, Improvement Activities, Quality	Q001, Q012, Q014, Q019, Q110, Q111, Q117, Q130, Q137, Q138, Q140, Q141, Q191, Q192, Q224, Q226, Q236, Q238, Q265, Q317, Q384, Q385, Q388, Q389, Q397, Q402, Q419	<ul style="list-style-type: none"> • Corneal Graft Surgery - Post-operative improvement in visual acuity of 20/40 or greater • Glaucoma – Intraocular (IOP) Reduction • Glaucoma – Visual Field Progression • Glaucoma - Intraocular Pressure Reduction Following Laser Trabeculoplasty • Surgery for Acquired Involutional Ptosis - Patients with an Improvement of Marginal Reflex Distance 	Q012, Q018, Q019, Q110, Q111, Q117, Q128, Q130, Q191, Q192, Q226, Q236, Q238, Q318, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> • 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 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Nonexudative Age-Related Macular Degeneration - Loss of Visual Acuity • 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- 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							treatment Grade 0 anterior chamber cells <ul style="list-style-type: none"> • 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 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							<ul style="list-style-type: none"> corticosteroid treatment • Refractive Surgery: Postoperative Improvement in Uncorrected Visual Acuity of 20/20 or better • Refractive Surgery: Postoperative correction within + 0.5 Diopter of the Intended Correction • Adenoviral Conjunctivitis: Avoidance of Antibiotics • Intravitreal Injections: Avoidance of Routine Antibiotic Use 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
American College of Cardiology Foundation-CathPCI	2400 N St NW, Washington, DC www.acc.org/	Up to \$500 per physician per year.	Individual MIPS clinicians	The ACCF's program the National Cardiovascular Data Registry (NCDR) provides evidence based solutions for cardiologists and other medical professionals committed to excellence in cardiovascular care. NCDR hospital participants receive confidential benchmark reports that include access to measure macro specifications and micro specifications, the eligible patient population, exclusions, and model variables (when applicable). In addition to hospital sites, NCDR Analytic and Reporting Services provides consenting hospitals' aggregated data reports to interested federal and state regulatory agencies, multi-system provider groups, third party payers, and other organizations that have an identified quality improvement initiative that supports NCDR-participating facilities. Members	Quality	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 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				of ACC can access the physical level dashboard for free, however, the submission of the data to CMS may have a cost associated with providing that service.			during admission <ul style="list-style-type: none"> • 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 • Percutaneous Coronary Intervention (PCI): Post- 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							procedural Optimal Medical Therapy <ul style="list-style-type: none"> • PCI procedures that were inappropriate for patients with Acute Coronary Syndrome (ACS) • Cardiac Rehabilitation Patient Referral From an Inpatient Setting 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
American College of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR)	4950 West Royal Lane Irving, TX 75063-2524 800.798.1822 www.acep.org/cedr	\$0.25 per visit + \$100 annual participant fees for ACEP non-members for 2017 reporting year. Discounts available.	Individual MIPS clinicians, Groups	The American College of Emergency Physicians is offering the ACEP MIPS Registry to emergency physicians and emergency clinicians to promote the highest quality of emergency care. Who should enroll? Emergency Physicians and Emergency Clinicians. Services Offered: <ul style="list-style-type: none"> Reporting for emergency physicians and clinicians Report as an individual or report as a group Tools and resources to support Quality Initiatives Complete MIPS reporting including Quality and IA activities ABEM MOC Part IV Integration Frequent feedback reports to compare performance to both registry and QPP benchmarks 	Advancing Care Information, Improvement Activities, Quality	Q066, Q076, Q091, Q093, Q116, Q187, Q254, Q255, Q317, Q326, Q415, Q416, Q419	<ul style="list-style-type: none"> Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding Appropriate Emergency Department 	Q066, Q317

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
				<ul style="list-style-type: none"> Performance measures developed specifically for Emergency Medicine Data extraction and transformation services to calculate measures. 			<ul style="list-style-type: none"> Utilization of CT for Pulmonary Embolism Pregnancy Test for Female Abdominal Pain Patients Tobacco Use: Screening and Cessation Intervention Sepsis Management: Septic Shock: Lactate Level Measurement Sepsis Management: Septic Shock: Blood Cultures Ordered Sepsis Management: Septic Shock: Antibiotics Ordered Sepsis Management: 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Septic Shock: Fluid Resuscitation • Sepsis Management: Septic Shock: Repeat Lactate Level Measurement • Sepsis Management: Septic Shock: Lactate Clearance Rate $\geq 10\%$ • Emergency Medicine: Appropriate Foley Catheter Use in the Emergency Department • ED Median Time from ED arrival to ED departure for discharged ED	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							<p>patients for Adult Patients</p> <ul style="list-style-type: none"> • ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Supercenter EDs (80k +) • ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in High Volume EDs (60k-79,999) • ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							<ul style="list-style-type: none"> in Average Volume EDs (40k-59,999) • ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Moderate Volume EDs (20k-39,999) • ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Low Volume EDs (19,999 and less) • ED Median Time from ED arrival to ED departure for discharged ED 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							<p>patients for Adult Patients in Freestanding EDs</p> <ul style="list-style-type: none"> • ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients • ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Supercenter EDs (80k +) • ED Median Time from ED arrival to ED departure for discharged ED patients for 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							Pediatric Patients in High Volume EDs (60k-79,999) <ul style="list-style-type: none"> • ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Average Volume EDs (40k-59,999) • ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Moderate Volume EDs (20k-39,999) • ED Median Time from ED 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<p>arrival to ED departure for discharged ED patients for Pediatric Patients in Low Volume EDs (19,999 and less)</p> <ul style="list-style-type: none"> • ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Freestanding Eds • Emergency Medicine: Appropriate Use of Imaging for Recurrent Renal Colic 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American College of Physicians Genesis Registry, Powered by Premier, Inc.	190 North Independence Mall West Philadelphia, PA http://www.medconcord.com/Genesis	\$299-\$699	Individual MIPS clinicians, Groups	The annual ACP Genesis QCDR registration cost per provider is \$299-\$699. Health Systems, ACOs, IDNs and large group practices should inquire for special financing. This subscription fee includes annual use of the data for quality improvement purposes and submission to CMS. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$100. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!	Advancing Care Information, Improvement Activities, Quality	None	<ul style="list-style-type: none"> High Risk Pneumococcal Vaccination Herpes Zoster (Shingles) Vaccination Tdap (Tetanus, Diphtheria, Acellular Pertussis) Vaccination Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> Opioid Therapy Follow-up Evaluation Evaluation or Interview for Risk of Opioid Misuse 	Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American College of Radiology National Radiology Data Registry	1891 Preston White Drive Reston, VA www.acr.org/qcdr	Cost: ACR Member rate: \$199 per physician per year and Non-Member rate: \$1299 per physician per year for QCDR. There are fees associated with participation in the National Radiology Data Registry itself.	Individual MIPS clinicians, Groups	Manage submission of MIPS and Non-MIPS measure data to CMS Assist with measure and data registry selections Provide direct assistance with compiling the needed data for quality improvement Provide feedback to registry participants at least quarterly	Advancing Care Information, Improvement Activities, Quality	Q012, Q021, Q023, Q024, Q046, Q047, Q076, Q099, Q100, Q102, Q104, Q110, Q111, Q112, Q113, Q128, Q130, Q131, Q134, Q143, Q144, Q145, Q146, Q147, Q156, Q195, Q225, Q226, Q236, Q251, Q259, Q265, Q317, Q322, Q323, Q324, Q342, Q344, Q345, Q358, Q359, Q360, Q361, Q362, Q363, Q364, Q404, Q405, Q406, Q409, Q413, Q418,	<ul style="list-style-type: none"> Report Turnaround Time: Mammography Percent of CT Head/Brain exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level Percent of CT Chest exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level. Percent of CT Abdomen- 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q420, Q421, Q436, Q437	<p>pelvis exams with contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level.</p> <ul style="list-style-type: none"> • Appropriate venous access for hemodialysis • Uterine artery embolization technique: Documentation of angiographic endpoints and interrogation of ovarian arteries • Rate of early peristomal infection following fluoroscopically guided 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							gastrostomy tube placement <ul style="list-style-type: none"> • Rate of percutaneous nephrostomy tube replacement within 30 days secondary to dislodgement • Rate of Adequate Percutaneous Image-Guided Biopsy • CT Colonography True Positive Rate • CT Colonography Clinically Significant Extracolonic Findings (Inverse Measure) 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							<ul style="list-style-type: none"> • Screening Mammography Cancer Detection Rate (CDR) • Screening Mammography Abnormal Interpretation Rate (Recall Rate) (Inverse Measure) • Screening Mammography Positive Predictive Value 2 (PPV2 – Biopsy Recommended) • Screening Mammography Node Negativity Rate • Screening Mammography Minimal Cancer Rate 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Report Turnaround Time: Radiography (modified) (Inverse Measure) • Report Turnaround Time: Ultrasound (Excluding Breast US) (Inverse Measure) • Report Turnaround Time: MRI (Inverse Measure) • Report Turnaround Time: CT (Inverse Measure) • Report Turnaround Time: PET 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							(Inverse Measure) <ul style="list-style-type: none"> • Lung Cancer Screening Cancer Detection Rate (CDR) • Lung Cancer Screening Positive Predictive Value (PPV) • Lung Cancer Screening Abnormal Interpretation Rate 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American College of Rheumatology	2200 Lake Boulevard NE Atlanta, GA http://www.rheumatology.org/I-Am-A/Rheumatologist/Registries/RISE	Free	Individual MIPS clinicians, Groups	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	Advancing Care Information, Improvement Activities, Quality	Q024, Q039, Q047, Q110, Q111, Q128, Q130, Q131, Q176, Q177, Q178, Q179, Q180, Q226, Q236, Q238,	<ul style="list-style-type: none"> Gout: Serum Urate Target 	Q110, Q111, Q128, Q130, Q226, Q236, Q238, Q317
American College of Surgeons (ACS) Surgeon Specific Registry (SSR) Surgical Phases of Care	633 N Saint Clair St. Chicago, IL 60611 1-312-202-5696 SSR@facs.org www.facs.org	For 2016, the SSR is currently available to ACS surgeon members free of charge. It is available to non-ACS surgeon members for an annual fee of \$299.	Individual MIPS clinicians	ACS SSR will submit approved measures to CMS on behalf of consenting surgeons participating in the SSR data registry.	Improvement Activities, Quality	Q021, Q023, Q130, Q358	<ul style="list-style-type: none"> Preoperative Composite Preventative Care and Screening: Tobacco Screening and Cessation Intervention Preoperative Key Medications Review for Anticoagulation Medication Patient Frailty Evaluation Intraoperative Composite 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Optimal Postoperative Communication Plan and Patient Care Coordination Composite • Post-Acute Recovery Composite • Unplanned Reoperation within the 30 Day Postoperative Period • Unplanned Hospital Readmission within 30 Days of Principal Procedure • Surgical Site Infection (SSI) 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
American Physical Therapy Association	1111 North Fairfax Street Alexandria, VA http://www.ptoutcomes.com	Annual fee of \$299 per APTA member user, \$399 per non APTA member user	Individual MIPS clinicians, Groups	Physical Therapy (PT) Outcomes Registry collects clinical data for patient & disease tracking to foster improvement in quality of care. Platform supports integration with EHRs and PMs. Only required data will be extracted & used to compute clinical quality measures. Services under MIPS reporting: I. Quality Category: A. Quality performance dashboard: Key features: i. Continuous perform feedback reports; ii. Comparison to Registry & national benchmarks (where available) & peer-to-peer comparison; iii. Performance gap analysis; iv. Info on standard practices/tools to improve performance on supported quality measure. B. Electronic submission of pathology related QPP and non-QPP measures.	Advancing Care Information, Improvement Activities, Quality	Q126, Q127, Q128, Q130, Q131, Q154, Q155, Q182	None	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				<p>C. Manual reporting of pathology related QPP and non-QPP measures via web tool.</p> <p>II. ACI Category:</p> <p>A. Attestation module.</p> <p>B. Electronic submission.</p> <p>C. Bonus for clinical data registry reporting.</p> <p>III. IA Category:</p> <p>A. Attestation module.</p> <p>B. Electronic submission.</p> <p>C. Optional Modules to qualify & complete for additional IA activities:</p> <p>a. Practice Improvement Activity Module;</p> <p>b. Patient portal;</p> <p>c. PRO module</p>				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American Podiatric Medical Association	9312 Old Georgetown Road Bethesda, MD www.apma.org	No charge for APMA members	Individual MIPS clinicians, Groups	Quality measure and data collection Submission of quality measures to CMS Submission of CPIAs to CMS	Advancing Care Information, Improvement Activities, Quality	Q110, Q111, Q126, Q127, Q128, Q154, Q155, Q226, Q317	<ul style="list-style-type: none"> Comprehensive Diabetic Foot Examination Diabetic Foot Ulcer Healing or Closure 	Q110, Q111, Q128, Q226, Q317
American Society of Clinical Oncology	2318 Mill Road #800 Alexandria, VA http://www.institutequality.org/	\$ 300	Individual MIPS clinicians, Groups	MIPS Submission	Advancing Care Information, Improvement Activities, Quality	Q102, Q104, Q130, Q143, Q226, Q250, Q317, Q449, Q450, Q451, Q452, Q453, Q457	<ul style="list-style-type: none"> Chemotherapy administered to patients with metastatic solid tumors and performance status of 3,4, or undocumented (lower score-better) Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> GCSF administered to patients who received chemotherapy for metastatic cancer (Lower score-better) 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
American Society of Plastic Surgeons	444 E Algonquin, Arlington Heights, IL 60005 https://www.plasticsurgery.org/for-medical-professionals/quality-and-registries	Data entry into the stand-alone QCDR module will be \$299 for members and \$499 for non-members. ASPS members who choose to submit additional outcomes data via the TOPS registry portal will be able to submit their QCDR data at a reduced cost of \$49.	Individual MIPS clinicians	ASPS offers members: Submission of QPP and non-QPP measures to meet MIPS Quality requirement; ability to attest to CPIA; benchmarking data in real time as well as quarterly performance reports are available on the dashboard; support for registration and data entry issues if encountered.	Advancing Care Information, Improvement Activities, Quality	Q021, Q023, Q046, Q047, Q110, Q112, Q128, Q130, Q131, Q134, Q137, Q138, Q182, Q222, Q224, Q226, Q236, Q263, Q265, Q312, Q317, Q355, Q356, Q357, Q358, Q374, Q402	<ul style="list-style-type: none"> •Adequate Off-loading of DFUs each visit •Breast Reconstruction: Return to OR •Breast Reconstruction: Flap Loss 	Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
American Urogynecologic Society (AUGS)	1100 Wayne Ave Suite 670 Silver Spring, MD 20910 https://www.augso.org/	Basic participation in AQUIRE is a benefit of AUGS membership with no additional fee charged.	Individual MIPS clinicians, Groups	Web data entry portal including with 9 QPP approved measures and 11 non-QPP approved measures with manual, electronic reporting and submission of quality measures via web tool. Benchmarking report/dashboard to monitor and compare outcomes to their peers. Services include: continuous performance feedback reports, comparison to registry and national benchmarks (where available) and peer-to-peer comparison; performance gap analysis Fulfills the requirements for Maintenance of Certification Part IV	Advancing Care Information, Improvement Activities, Quality	Q021, Q023, Q358, Q422, Q428, Q429, Q432, Q433, Q434	<ul style="list-style-type: none"> Complete assessment and evaluation of patient's pelvic organ prolapse prior to surgical repair Preoperative utilization of pessary prior to Pelvic Organ Prolapse surgery Preoperative assessment of sexual function prior to pelvic organ prolapse repair Performing an intraoperative rectal examination at the time of prolapse repair Performing vaginal apical 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<p>suspension at the time of hysterectomy to address pelvic organ prolapse</p> <ul style="list-style-type: none"> • Route of Hysterectomy • Documentation that conservative management was offered prior to fecal incontinence surgery or procedures • Documentation of weight loss counseling prior to surgery for stress urinary incontinence procedures for obese women • Over-utilization of synthetic 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							mesh in the posterior compartment	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
American Urological Association Quality (AQUA) Registry	1000 Corporate Boulevard, Linthicum, MD 21090 www.auanet.org	Costs range from \$0-\$1,000 per practice and per provider, depending on selected services and membership status. Please email AQUA@auanet.org for more details.	Individual MIPS clinicians, Groups	Services include: <ul style="list-style-type: none"> MIPS reporting with validation checks prior to submission 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 Potential to receive some MOC credit if certain conditions are met 	Advancing Care Information, Improvement Activities, Quality	Q023, Q046, Q047, Q048, Q050, Q102, Q104, Q110, Q113, Q119, Q128, Q130, Q131, Q226, Q236, Q265, Q317, Q431	<ul style="list-style-type: none"> 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 not order creatinine lab for patients Benign Prostate Hyperplasia: Do not order upper-tract imaging Benign Prostate Hyperplasia: 	Q102, Q110, Q113, Q128, Q130, Q226, Q236, Q317

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							IPSS improvement after diagnosis • Hospital re-admissions/complications 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 • Stress Urinary Incontinence (SUI): Revision	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<p>surgery within 12 months of incontinence procedure</p> <ul style="list-style-type: none"> • Stones: Repeat Shock Wave Lithotripsy (SWL) within 6 months of treatment • Stones: Urinalysis documented 30 days before surgical stone procedures • Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 Disease • Non-Muscle Invasive Bladder Cancer: Initiation of BCG 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							3 months of diagnosis of high-grade T1 bladder cancer and/or CIS <ul style="list-style-type: none"> • Non-Muscle Invasive Bladder Cancer: Early surveillance cystoscopy within 4 month of initial diagnosis 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Americas Hernia Society Quality Collaborative	4582 S Ulster St, Suite 201, Denver, CO 80237 www.ahsqc.org	No charge for the service.	Individual MIPS clinicians	<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>	Improvement Activities, Quality	Q355, Q357, Q358	<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 Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Postoperative Period <ul style="list-style-type: none"> • Abdominal Wall Reconstruction Preoperative Diabetes Assessment • Ventral Hernia Repair: Biologic Mesh Prosthesis Use in Low Risk Patients • Ventral Hernia Repair: Pain and Functional Status Assessment 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
Anesthesia Business Group	68 S. Service Road, Suite 350, Melville, NY https://www.anesthesiabg.com	\$150 per provider per year	Individual MIPS clinicians, Groups	Fee includes data warehousing, continuously available online reports, support, and submission of data to CMS. Benchmarking and participation in federally qualified PSO available to ABG members. Mobile electronic data capture device available at additional cost.	Improvement Activities, Quality	Q044, Q076, Q109, Q128, Q130, Q131, Q145, Q226, Q404, Q424, Q426, Q427, Q430	<ul style="list-style-type: none"> • Pre-Operative Screening for GERD • Pre-Operative Screening for Glaucoma • Pre-Operative Screening for PONV Risk • Pre-Operative Screening for Excessive Alcohol and Recreational Drug Use • Pain Related Quality of Life Interference • Lower Body Functional Impairment (LBI) • Mood Assessment Screening and treatment 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> • Pre-Operative Screening for PONV Risk • Intra-operative anesthesia safety • Perioperative mortality rate • PACU tracheal intubation Rate • Composite Procedural Safety for All Vascular Access Procedures • Immediate Adult Post-Operative Pain Management • Anesthesia: Patient Experience Survey • Corneal Abrasion • Dental Injury 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> Planned use of difficult airway equipment Pre-operative OSA assessment 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)	1061 American Lane, Schaumburg, IL 60173 847-168-9192 AskAQI@asahq.org https://www.aqihq.org/index.aspx	NACOR Quality Reporting is a complimentary benefit provided to ASA members. Non-member Physician anesthesiologists and independent nurse anesthetists will be charged a \$150 quality reporting fee plus registry participation fees. Details are at www.asahq.org/feechart	Individual MIPS clinicians, Groups	In addition to collecting MIPS and QCDR quality measures, AQI provides participating providers with custom continuous performance monitors; performance gap analysis, outlier identification, and peer-to-peer benchmarks.	Improvement Activities, Quality	Q039, Q044, Q046, Q047, Q076, Q109, Q110, Q111, Q128, Q130, Q131, Q134, Q145, Q154, Q155, Q181, Q226, Q238, Q276, Q317, Q342, Q402, Q404, Q408, Q412, Q414, Q424, Q426, Q427, Q430, Q435	<ul style="list-style-type: none"> Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite Application of Lung-Protective Ventilation during General Anesthesia Assessment of Patients for Obstructive Sleep Apnea Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure - INVERSE MEASURE 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Coronary Artery Bypass Graft (CABG): Prolonged Intubation - INVERSE MEASURE • Coronary Artery Bypass Graft (CABG): Stroke - INVERSE MEASURE • Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) • Procedural Safety for Central Line Placement • Surgical Safety Checklist – Applicable Safety Checks Completed 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Before Induction of Anesthesia <ul style="list-style-type: none"> • New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care • Anesthesia: Patient Experience Survey • Perioperative Cardiac Arrest – Inverse Measure • Perioperative Mortality Rate • Postanesthesia Care Unit (PACU) Re-intubation Rate 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> – Inverse Measure • Treatment of Hyperglycemia with Insulin 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)	ASPIRE 2800 Plymouth Road Building 16 G023W Ann Arbor, MI 48105 734.936.7525 www.aspirecqi.org	\$250/provider	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> • Monthly feedback reports to all participating providers. • Distribution of electronic consent forms to all providers wishing to participate with QCDR. • At least 2 summary reports distributed to the practice leader. • Submission of measure data to CMS by March 31, 2018. • Changes to service will be communicated and documented to all practice leaders (ASPIRE QCDR). • If utilizing QCDR for Improvement Activity submission: Attestation of improvement activities on behalf of each provider to CMS. 	Improvement Activities, Quality	Q424, Q426, Q430	<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 • Avoiding excessively high tidal volumes during positive 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							pressure ventilation <ul style="list-style-type: none"> • Core temperature measurement for all general anesthetics • Transfusion goal of hematocrit less than 30 or hemoglobin less than 10 • Avoiding intraoperative hypotension • Avoiding myocardial Injury • Avoiding acute kidney injury • Avoiding medication overdose 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
AOA MORE - Measures and Outcomes Registry for Eyecare	243 N Lindbergh Blvd St. Louis, MO 63141 QualityImprovement@aoa.org 800-365-2219 www.aoa.org	Included as an AOA member benefit; \$1,800 per year for non-members	Individual MIPS clinicians, Groups	AOA MORE will provide: • Data Collection • Quality Payment 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) o QPP measures o Diagnoses o Procedures o Demographics AOA MORE will support individual and GPRO reporting. Enroll at www.aoa.org/MORE	Improvement Activities, Quality	Q012, Q019, Q117, Q130	None	Q001, Q012, Q018, Q019, Q117, Q130, Q226, Q236, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Applied Research Works	1000 Elwell Court #238 Palo Alto, CA 808-347-2113	\$249 per provider per year.	Individual MIPS clinicians, Groups	Cozeva QCDR supports performance measurement and reporting, performance improvement and population health, and clinical effectiveness research through registry technology and services. This includes performance measure adherence reports to groups, practices, and individual clinicians. These performance reports provide measure calculation at both the practice site level and individual clinician level and include national averages for benchmarking. This ensures that the quality care for each individual clinician is adequately benchmarked against other clinicians and against performance rates at multiple levels of aggregation. Cozeva QCDR will report measures to CMS on behalf of individual clinicians and groups for APMS and MIPS.	Advancing Care Information, Improvement Activities, Quality	Q001, Q008, Q046, Q066, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q321, Q370, Q374, Q402, Q438	None	Q001, Q005, Q008, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q370, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Best Practices Academy	2301 Research Park Way Brookings, SD 877-788-2883 karen.korth@bestpracticesacademy.com www.bestpracticesacademy.com	\$349/pr-ovider /year	Individual MIPS clinicians, Groups	Practice consulting services in compliance and clinic management, clinical and business training, and electronic health record system for the chiropractic practice.	Advancing Care Information, Improvement Activities, Quality	Q001, Q047, Q109, Q110, Q128, Q130, Q131, Q134, Q154, Q155, Q163, Q182, Q226, Q236, Q238, Q239, Q240, Q276, Q281, Q282, Q288, Q312, Q317, Q318, Q371, Q402, Q414, Q431	None	Q110, Q163, Q238, Q239, Q240, Q281, Q312, Q318, Q371, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Bivarus, Inc.	2525 Meridian Pkwy, Suite 460 Durham, NC 27713 919-336-9142 www.Bivarus.com	\$100	Individual MIPS clinicians, Groups	Reporting for all Quality and Quality Improvement Activities for practices.	Advancing Care Information, Improvement Activities, Quality	Q047	<ul style="list-style-type: none"> •Patient Reported Comprehensive Assessment of Safety •Patient Reported Experience and Care Coordination •Patient Reported Care Team Communication •Patient Reported Pain Treatment Effectiveness •Patient Reported Communication and Care Coordination 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Blue Nine Systems, LLC	32 Commerce St. Asheville, NC www.blueninesystems.com	\$150/ user of web service-free to Neptune AIMS user	Individual MIPS clinicians	Blue Nine Systems, LLC has developed and deployed Neptune, a mobile anesthesia information management system (AIMS). Our AIMS is designed not only to document the recorded intraoperative events related to the anesthetic but also is unique in facilitating automated material and drug cost collection and patient quality data. In addition, our complimentary online portal (Triton) is specifically dedicated to facilitate pre- and post-operative data collection including quality measures data in a simple, provider-friendly manner. These two systems combined provide full perioperative throughput data collection. By working coordinately, Neptune and Triton are able to ensure that data is submitted accurately and is a direct representation of the care documented by healthcare	Improvement Activities, Quality	Q044, Q076, Q130, Q424, Q426, Q427, Q430	•Preoperative notification of risk of developing ischemic optic neuropathy (ION) during prone spine procedures	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				providers. This coordination allows for a seamless transmission of remote data from each provider regardless of location that is synchronized to our central HIPAA-secure relational data repository. This secure repository houses all the information needed to calculate and transmit each of the Blue Nine QCDR quality measures associated with each individual provider TIN/ NPI.				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Citiustech Inc	2 Research way 2nd floor Princeton, NJ www.citiustech.com	\$275 per Provider Per Year per QCDR Service	Individual MIPS clinicians, Groups	<p>CitiusTech provides solutions & services for integrated healthcare performance management, including:</p> <ul style="list-style-type: none"> • Managing clinical quality performance • Driving population health management • Managing finance and operational efficiencies • Complying with regulatory/ P4P / MIPS reporting <p>CitiusTech's BI-Clinical solution is a certified ONC 2015 Modular EHR also certified for HEDIS 2017 program by NCQA</p> <p>Our QCDR Services include</p> <ul style="list-style-type: none"> • PQRS reporting • MU CQM and Objective reporting • GRPO reporting <p>Our Specialized services include enabling</p> <ul style="list-style-type: none"> • Compliance with HEDIS and CMS Star programs 	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q009, Q012, Q014, Q018, Q019, Q021, Q023, Q024, Q032, Q039, Q043, Q044, Q046, Q047, Q048, Q050, Q051, Q052, Q065, Q066, Q067, Q068, Q069, Q070, Q076, Q091, Q093, Q099, Q100, Q102, Q104, Q107, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137, Q138, Q140,	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<ul style="list-style-type: none"> • Building Custom reports for performance tracking using quality dashboards • Gaps-in-care analysis • Data aggregation services (QRDA, HL7, 837, CCDA) 		Q141, Q143, Q144, Q145, Q146, Q147, Q154, Q155, Q156, Q160, Q163, Q164, Q165, Q166, Q167, Q168, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q185, Q187, Q191, Q192, Q195, Q204, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q224, Q225, Q226, Q236, Q238, Q239, Q240, Q243, Q249, Q250, Q251, Q254, Q255, Q257, Q258, Q259, Q260, Q261, Q262,		Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q263, Q264, Q265, Q268, Q271, Q275, Q276, Q277, Q278, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q290, Q291, Q293, Q294, Q303, Q304, Q305, Q309, Q310, Q312, Q317, Q318, Q320, Q321, Q322, Q323, Q324, Q325, Q326, Q327, Q328, Q329, Q330, Q331, Q332, Q333, Q334, Q335, Q336, Q337, Q338, Q340, Q342, Q343, Q344, Q345, Q346, Q347, Q348, Q350,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q351, Q352, Q353, Q354, Q355, Q356, Q357, Q358, Q359, Q360, Q361, Q362, Q363, Q364, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382, Q383, Q384, Q385, Q386, Q387, Q388, Q389, Q390, Q391, Q392, Q393, Q394, Q395, Q396, Q397, Q398, Q400, Q401, Q402, Q403, Q404, Q405, Q406, Q407, Q408, Q409, Q410, Q411,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
						Q412, Q413, Q414, Q415, Q416, Q417, Q418, Q419, Q420, Q421, Q422, Q423, Q424, Q425, Q426, Q427, Q428, Q429, Q430, Q431, Q432, Q433, Q434, Q435, Q436, Q437, Q438, Q439, Q440, Q441, Q442, Q443, Q444, Q445, Q446, Q447, Q448, Q449, Q450, Q451, Q452, Q453, Q454, Q455, Q456, Q457, Q458		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Cleveland Clinic OME	9500 Euclid Avenue TR101 Attn: MORC Cleveland, OH 44195 http://ccf.org	Exclusiv-ely for CC ortho- paedic practices at no cost	Individual MIPS clinicians	Collection and submission of OME data for CC eligible clinicians.	Quality	None	<ul style="list-style-type: none"> • 1-Year Patient-Reported Pain and Function Improvement after Total Knee Arthroplasty, • 1-Year Patient-Reported Pain and Function Improvement after Total Hip Arthroplasty, • 1-Year Patient-Reported Pain and Function Improvement after Total Shoulder Arthroplasty, • 1-Year Patient-Reported Pain and Function Improvement after ACLR Surgery, • Extent of Osteoarthritis 	Q375, Q376

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							Observed in Arthroscopic Partial Meniscectomy	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Clinicspectrum, Inc.	2222 Morris Ave. 2 nd Floor Union, NJ https://qcdr.cli	\$275 per provider	Individual MIPS clinicians, Groups	<p>QCDR Website for manual data entry, file upload/download facility, score calculations based on reported measures and validations/suggestions.</p> <p>Services Included in Cost: Basic Account related questions, Individual Measures Selection assistance, Data input assistance.</p> <p>Services will be provided to log in to your certified EHR Technology, extract Quality data and Import into Clinicspectrum QCDR Registry.</p> <p>*EHR Integration can be offered to extract data from Certified EHR Technology. Custom Development for data extract from EHR/PM or other interfaces will be additional charge calculated per hour basis.</p> <p>Clinicspectrum offers specialized services and technology platforms to</p>	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<p>empower cost effective hybrid workflow in Healthcare.</p> <p>Email us at Q _____</p> <p>_____ r visit our website: _____</p>				<p>Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382</p>

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
CODE Technology	515 E. Grant Street Phoenix, AZ 85004 ATTN: Ben Hernandez https://www.codetechnology.com/	\$399/EP annual fee	Individual MIPS clinicians, Groups	CODE Technology offers Patient-Reported Outcome (PRO) data collection as a service, which includes survey administration, every aspect of data collection, and provides robust reports with benchmarking-- all on the behalf of eligible providers. Requiring no additional hardware or staff investment, CODE harnesses the combination of humans and tech to collect data, outside of clinic, at unparalleled capture rates.	Advancing Care Information, Improvement Activities, Quality	Q024, Q109, Q128, Q130, Q143, Q154, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q226, Q350, Q351, Q352, Q353, Q355, Q356, Q357, Q431	<ul style="list-style-type: none"> Improved Functional Outcome Assessment for Hip Replacement Improved Functional Outcome Assessment for Knee Replacement Improved Global Physical Health Assessment for Shoulder Replacement Improved Functional Outcome Assessment for Foot/Ankle Repair Improved Global Physical Health Assessment for Cervical Surgery 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> • Improved Global Physical Health Assessment for Hand/Wrist/Elbow Repair • Improved Global Physical Health Assessment for Spine Surgery • Improved Global Physical Health Assessment for Shoulder Arthroscopy • Improved Functional Outcome Assessment for Knee Arthroscopy • Improved Functional Outcome Assessment for ACL Repair • Improved Functional Outcome 	

Quality Payment Program

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Assessment for Hip Arthroscopy	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Collaborative Endocrine Surgery Quality Improvement Program (CESQIP) QCDR, powered by Arbor-Metrix	339 E Liberty St. Suite 210 Ann Arbor, Michigan cesqip.org	Included in CESQIP membership	Individual MIPS clinicians, Groups	QCDR submission is included for participating CESQIP members. The Collaborative Endocrine Surgery Quality Improvement Program (CESQIP) aims to improve the value of care delivered to patients. Formed in 2012 by endocrine surgery leaders from the American Association of Endocrine Surgeons (AAES) with expertise in outcomes tracking, CESQIP utilizes concepts of continuous quality improvement to improve outcomes and optimize costs. This is accomplished through patient-centered data collection, ongoing performance feedback to clinicians, and improvement based on analysis of collected data and collaborative learning. The CESQIP QCDR offers a robust MIPS solution for endocrine surgeons that includes:	Improvement Activities, Quality	Q130, Q357, Q358	<ul style="list-style-type: none"> • Post-operative hypocalcemia after thyroidectomy surgery • Related readmission for thyroid related problems • Pre-operative ultrasound exam of patients with thyroid cancer • Persistent hypercalcemia • Related readmission for adrenal related problems • Evaluation and Integration of anti-coagulant medication prior to surgery 	Q130

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				<ul style="list-style-type: none"> • Flexible data collection to best work with your internal workflows and data systems (i.e., practice management, EHR, etc.) • Live MIPS dashboards to help understand your performance and its underlying drivers • Continuous updates that provide timely and accurate reports with your most recent data • Support to help you along the process from data collection to final review 				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
CUHSM Consortium for Universal Health Systems Metrics	109 East 17th Street, Suite 4 Cheyenne, WY www.cuhsm.org 1-888-979-2499 X2	\$75-\$595/EP EH/CAH External Audit Services \$1000 \$8000 per eCQM Submission	Individual MIPS clinicians, Groups	CUHSM is a cross-specialty registry that expedites your organization's compliance with 2017 QPP and IPPS/IQR, while improving patient adherence processes. Key features and benefits: > Increase your confidence level through our pre-audit of your QPP or IQR eCQM submissions. > Our Submission Audit Engine analyzes eCQM audit trails to verify data integrity of your CMS quality submission. > Save resources with our process that merges multiple CMS report programs: - Part B EP QPP support for MIPS & APM entities - Part A EH and CAH support for 2017 IPPS/IQR eCQMs See http://www.cuhsm.org/2017MACRAsupportprograms.htm CUHSM fee structure covers the following services: Consultation,	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) CAHPS Health Plan Survey v 4.0 - Adult questionnaire Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder Cardiovascular Health Screening for People with Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				Secure HIPAA data reception, eCQM submission generation, Review & Transmission to CMS. Terms of Service that apply to fee schedule: See http://www.cuhsm.org/2017CUHSMserviceterms.htm				Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
CureMD	120 Broadway, 35th floor New York, NY www.curemd.com	\$199 per file submission per Individual NPI.	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> \$199 per file submission per Individual NPI. MIPS Consulting services available. Customized packages available for large group. 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q001, Q066, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q369,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
								Q370, Q373, Q374, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Doctors Quality Reporting Network sponsored by KHIN	623 S.W 10th Avenue Topeka, KS www.khinonline.org	Cost \$285/per Eligible Clinician Member/per year: Group dis-counts available	Individual MIPS clinicians, Groups	The Doctors Quality Reporting Network seamlessly extracts, aggregates, analyzes and reports MIPS and APM requirements in the QRDA 1 and QRDA 3 format through a partnership with KaMMCO Health Solutions and Diameter Health, developer of the “Quality” reporting module. Analytics and reporting includes quality measures, improvement activities, advancing care information and HEDIS measures for individual physicians, groups, IDNs, CINs, alternative payment models and payers. Contact Laura McCrary Ed.D at lmccrary@khinonline.org for more information.	Advancing Care Information, Improvement Activities, Quality	Q001, Q009, Q065, Q066, Q111, Q112, Q113, Q117, Q119, Q134, Q163, Q204, Q236, Q238, Q239, Q240, Q305, Q309, Q310, Q312, Q366, Q370, Q371, Q372, Q379	None	Q001, Q009, Q065, Q066, Q111, Q112, Q113, Q117, Q119, Q134, Q163, Q204, Q236, Q238, Q239, Q240, Q305, Q309, Q310, Q312, Q366, Q370, Q371, Q372, Q379

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
ePreop, Inc.	909 Electric Avenue Suite 202 Seal Beach, CA 90740 http://www.epreop.com	\$50 -\$150 per eligible provider	Individual MIPS clinicians, Groups	Eligible Provider (anesthesiologist, CRNA, AA, resident) fee is dependent on capture tool/format and is subject to change at ePreop's sole discretion.	Advancing Care Information, Improvement Activities, Quality	Q044, Q076, Q128, Q130, Q131, Q145, Q154, Q404, Q408, Q412, Q414, Q424, Q426, Q427, Q430	<ul style="list-style-type: none"> •Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics) •Surgical Safety Checklist: Applicable Safety Checks Completed Before Induction of Anesthesia •Short-term Pain Management/M aximum Pain Score •Prophylactic Antibiotic Administration •Ultrasound Guidance for Central Venous Catheter Placement •Ultrasound Guidance for 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Peripheral Nerve Block • Perioperative Cardiac Arrest • Perioperative Mortality Rate • Postanesthesia Care Unit (PACU) Re-intubation Rate • Composite Procedural Safety for Central Line Placement • Composite Patient Experience • New Corneal Injury Not Diagnosed in the PACU/Recovery Area after Anesthesia Care • Dental Injury	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Ergo Sum Health	229 Avenue I Second Floor Redondo Beach, CA www.eshportal.com	The cost is fixed at \$200 a year for non-subscribers.	Individual MIPS clinicians, Groups	Ergo Sum Healthcare provides a turnkey MACRA software solution that includes a suite of products and services that incorporates both preventative and personalized diagnostic tools. Specifically, a medical provider will have access to an easy to use electronic Health Risk Assessment for completion of an Annual Wellness Visit. In addition, the software contains modules to facilitate the physicians' performance of mental health exams, preventative screens for obesity, alcohol and depression, neurocognitive assessments and Chronic Care Management (CCM). All of these services can be used to help the medical provider meet MACRA compliance requirements.	Advancing Care Information, Improvement Activities, Quality	Q009, Q021, Q046, Q047, Q065, Q093, Q107, Q109, Q116, Q128, Q130, Q131, Q134, Q140, Q154, Q155, Q182, Q226, Q236, Q238, Q239, Q276, Q277, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q305, Q310, Q317, Q318, Q325, Q331, Q332, Q336, Q342, Q355, Q356, Q358, Q366, Q367, Q370, Q371, Q372, Q373, Q379, Q382, Q383, Q390, Q391, Q402, Q407, Q408,	None	Q065, Q107, Q128, Q130, Q134, Q372

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
						Q411, Q412, Q414, Q424, Q438, Q444, Q447, Q451, Q452		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
FIGmd POLARIS QCDR	6952 Rote Road 400 Rockford 61107 IL http://www.figmd.com Eligibility: Providers who do not participate in other FIGmd Managed Specialty Societies' QRs/QCDRs. Contact us at polaris@figmd.com to find out if you are eligible for participation	\$360 per Clinician per report-ing year ACI category: \$50/ provider /year; and IA category: \$50/ provider /year	Individual MIPS eligible clinicians, Groups	Integration with more than 100 EHR/PM systems *2015 ONC HIT certified registry platform. I. Quality Category: A. Quality performance dashboard: Key features: (1) Continuous performance feedback reports (2) Comparison to registry and CMS national benchmarks (where available) (3) Tips to improve performance on supported quality measure B. Electronic submission of measures C. Manual reporting of related QPP measures via web tool II. Advancing Care Information A. Attestation module B. Electronic submission III. Improvement Activity A. Attestation module B. Electronic submission	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				Additional Optional Modules like a. Practice Improvement Activity Module b. Patient Portal c. Patient Reported Outcomes (PRO) d. Care Plan also becoming available in POLARIS in 2017 (priced separately).				Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
FORCE-QI Registry	55 Lake Avenue North Worcester, MA Celeste Lemay, celeste.lemay@umassmed.edu or 774-455-4481	\$299 for members	Individual MIPS clinicians, Groups	Quarterly feedback reports and reporting for QCDR.	Quality	Q109, Q350, Q351, Q352, Q353, Q358, Q375, Q376	<ul style="list-style-type: none"> •Improvement in Function after Knee Replacement •Improvement in Pain after Knee Replacement •Improvement in Function after Hip Replacement •Improvement in Pain after Hip Replacement •Functional Status Assessment for Patients with musculoskeletal disease •Pain Status Assessment for Patients with musculoskeletal disease •Mental Health Assessment for Patients with 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							orthopedic conditions	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Forward Health Group's Quality Renal Registry	1 S. Pinckney Street Suite 301 Madison, WI 53703 608-729-7530 www.forwardhealthgroup.com maximize@forwardhealthgroup.com	\$299-\$499 per submission per clinician	Individual MIPS eligible clinicians	2017 individual eligible clinician MIPS submission; Requires Forward Health Group's PopulationManager platform; implementation fee varies based on number of measures and data sources and availability of data.	Advancing Care Information, Improvement Activities, Quality	Q001, Q076, Q111, Q130, Q145, Q226, Q236, Q238, Q329, Q330	<ul style="list-style-type: none"> •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 	Q001, Q111, Q130, Q226, Q236, Q238

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> •CKD 3-5 Patients Seen at the Recommended Frequency Levels •Patients with a Visit to a Nephrologist Prior to 6 Months of Dialysis Onset •CKD 3-5 Patients with a Urine ACR or Urine PCR Lab Test •CKD 4-5 Patients with Transplant Referral •End Stage Renal Disease (ESRD) Initiation of Home Dialysis or Self-Care •End Stage Renal Disease (ESRD) Missed Dialysis Treatments 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> •Improved Access •Site Bleeding •Post Procedure Bleeding •Post Procedure Infection •Upper Extremity Edema Improvement 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Geriatric Practice Management LTC QCDR	16 Biltmore Ave, Suite 300, Asheville, NC 28801, 828-333-4460, 828-348-2867, http://www.gEHRiMed.com	Single User list price is \$600 per clinician, per year, which includes support.	Individual MIPS clinicians, Groups	Registry and QCDR integrated for gEHRiMed™ subscribers; offered to other Practitioners by agreement.	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	All available eCQMs
GI Quality Improvement Consortium (GIQuIC)	6400 Goldsboro Road Suite 200 Bethesda, MD 20817 301.263.9000 info@giquic.org www.giquic.org	There will be no additional fees beyond existing subscription rates for GIQuIC registry participants to use GIQuIC for measure reporting to CMS.	Individual MIPS clinicians, Groups	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	Advancing Care Information, Improvement Activities, Quality	Q320, Q343, Q425	<ul style="list-style-type: none"> • Appropriate follow-up interval of 3 years recommended based on pathology findings from screening colonoscopy in average-risk patients • Appropriate indication for colonoscopy • Appropriate management of 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				ten endoscopic report writers are currently certified with GIQuIC. The GIQuIC website is located at GIQuIC.org . Other Quality Reporting Programs Available: The MIPS eligible clinician who is in active engagement to submit data to a clinical data registry can earn a 5 % bonus in the advancing care information performance category score for submitting to GIQuIC, a clinical data registry. Clinicians can reuse registry data for Maintenance of Certification (according to board-specific policies).			anticoagulation in the peri-procedural period rate – EGD <ul style="list-style-type: none"> • Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/ • poor bowel preparation 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Health-Advanta	651 E. Townshipline Rd. #572 Blue Bell, PA www.healthadvanta.com	Starting at \$300 per provider	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> Full spectrum of QPP / MIPS services for healthcare providers Analytics software accurately calculates reporting and performance metrics Web based registry dashboard shows real time status of QPP performance, and offers drill down to provider, measure and encounter level details Performance reports provided 4 times per year and are always available to the user via the web interface Additional services offerings: <ul style="list-style-type: none"> Our team will determine the best reporting options for your practice by performing in-depth analysis of claims and/or EHR extracts, 	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q009, Q012, Q014, Q018, Q019, Q021, Q023, Q024, Q032, Q039, Q043, Q044, Q046, Q047, Q048, Q050, Q051, Q052, Q065, Q066, Q067, Q068, Q069, Q070, Q076, Q091, Q093, Q099, Q100, Q102, Q104, Q107, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137, Q138, Q140,	<ul style="list-style-type: none"> Use of high risk sleep medications in the elderly Atrial fibrillation (afib) prevention and treatment: Patients with afib who are assessed for lifestyle and disease factors that contribute to uncontrolled afib 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<ul style="list-style-type: none"> impact analysis and stakeholder interviews Custom automation services for denominator management Custom automation of numerator quality code assignment for EHR data Facilitate vendor dialog to obtain clinical quality data Abstraction of clinical quality data by qualified HIM professionals EMR documentation template and clinical workflow optimization Custom dashboards and reports 		Q141, Q143, Q144, Q145, Q146, Q147, Q154, Q155, Q156, Q160, Q163, Q164, Q165, Q166, Q167, Q168, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q185, Q187, Q195, Q204, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q224, Q225, Q226, Q236, Q238, Q239, Q240, Q243, Q249, Q250, Q251, Q254, Q255, Q257, Q258, Q259, Q260, Q261, Q262, Q263, Q264,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q265, Q268, Q271, Q275, Q276, Q277, Q278, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q290, Q291, Q293, Q294, Q305, Q309, Q310, Q312, Q317, Q318, Q320, Q321, Q322, Q323, Q324, Q325, Q326, Q327, Q328, Q329, Q330, Q331, Q332, Q333, Q334, Q335, Q336, Q337, Q338, Q340, Q342, Q343, Q344, Q345, Q346, Q347, Q348, Q350, Q351, Q352, Q353, Q354,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q355, Q356, Q357, Q358, Q359, Q360, Q361, Q362, Q363, Q364, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382, Q383, Q384, Q385, Q386, Q387, Q390, Q391, Q392, Q393, Q394, Q395, Q396, Q397, Q398, Q400, Q401, Q402, Q403, Q404, Q405, Q406, Q407, Q408, Q409, Q410, Q411, Q412, Q413, Q414, Q415, Q416, Q417,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q418, Q419, Q420, Q421, Q422, Q423, Q424, Q425, Q426, Q427, Q428, Q429, Q430, Q431, Q432, Q433, Q434, Q435, Q436, Q437, Q438, Q439, Q440, Q441, Q442, Q443, Q444, Q445, Q446, Q447, Q448, Q449, Q450, Q451, Q452, Q453, Q454, Q455, Q456, Q457, Q458		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
HealthEC LLC	371 Hoes Ln Piscataway, NJ 1-877-444-7194 gpp@healthec.com www.healthec.com	\$199 - \$399 per EP per sub-mission. Please contact us for volume discounts. Contact HealthEC for a quote for Data Aggregation from EMR, Reporting for ACO (GPRO), DSRIP, OCM, Million Hearts, CPC+, CJR and other quality programs	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> Online self-registration for EPs. Reporting for all specialties including Allergy, Anesthesiology, Cardiology, Dermatology, Radiology, Emergency Medicine, ENT, Gastroenterology, Oncology, General Practice/Family Medicine, General Surgery, Hospitalists, Internal Medicine, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedics, Pathology, Pediatrics, Rheumatology, Urology, Vascular Surgery Secured HIPAA compliant web portal. Continuous performance feedback reports and on demand dashboard Comparison to national benchmarks (where available) and peer-to-peer comparison 	Advancing Care Information, Improvement Activities, Quality	All registry eligible quality measures	None	All available eCQMs

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				<ul style="list-style-type: none"> • Performance gap analysis • Enable attestation for IA and ACI performance categories included • Customized report for large organization • Consultation services for selection of measures. • Data extraction strategy. • Data collection templates. • Training & education. <p>https://www.healthec.com/quality_reporting.html</p>				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Health-Loop, Inc.	605 Ellis Street, Suite 100 Mountain View, CA www.healthloop.com	\$20-\$40 per case	Individual MIPS clinicians, Groups	Implementation services furnished on an as-requested basis	Improvement Activities, Quality	Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q375, Q376	None	None
Image-Guide Registry	4340 East-West Highway Ste. 1120 Bethesda, MD www.asnc.org	\$500/ASNC Member \$750/Non-member	Individual MIPS clinicians	MIPS Quality and Improvement Activities reporting, benchmark reports at the national, practice/hospital, location, and provider levels	Improvement Activities, Quality	None	<ul style="list-style-type: none"> 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 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients <ul style="list-style-type: none"> • Utilization of standardized nomenclature and reporting for nuclear cardiology imaging studies • SPECT-MPI studies meeting appropriate use criteria • PET-MPI studies meeting appropriate use criteria • SPECT-MPI studies not Equivocal • PET-MPI studies not Equivocal 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> • Imaging Protocols for SPECT and PET MPI studies - Use of stress only protocol • SPECT-MPI studies performed without the use of thallium • SPECT and PET MPI studies reporting Left Ventricular Ejection Fraction • SPECT-MPI study clinical utilization of Attenuation Correction image acquisition • SPECT-MPI study utilization of exercise as a stressor 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • SPECT-MPI study adequate exercise testing performed • SPECT-MPI study appropriate imaging protocol selection for morbidly obese patients 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Integrated Medicine Alliance	30 Shrewsbury Plz, Shrewsbury, NJ www.imamd.com support@imamd.com	Billing Customers Only	Individual MIPS eligible clinicians	Monthly practice and provider performance reports Data Collection, Measure Calculation, Dashboard for checking EP performance, reporting to CMS for MIPS and/or eQIMs. Cost: No Cost to IMA billing customers	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q001, Q005, Q007, Q008, Q012, Q019, Q065, Q066, Q102, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q191, Q192, Q204, Q226, Q236, Q238, Q317, Q370

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
KPN Health, Inc.	12750 Merit Drive Suite 815 Dallas, TX 75251 www.kpnhealth.com	Base package pricing ranges from \$299-\$499.00 per Clinician (EC).	Individual MIPS clinicians, Groups	<p>KPN Health offers several solutions to meet a provider and/or groups' Quality Payment Program needs (MIPS and/or APMs).</p> <ul style="list-style-type: none"> • Set up and maintenance of client Clinical Data Repository (CDR) • Data extraction of all Medicare Part B FFS data from client's EMR/PMS system • Analysis of Quality Payment Program client data output or actual performance on measures • Recommendation on which Quality Payment Program measures should be reported to CMS • Preparation of client data output to XML for client review and final sign off • Submit XML to CMS on behalf of client • Provide a summary report of submitted measures and 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q001, Q005, Q007, Q008, Q012, Q019, Q065, Q066, Q102, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q191, Q192, Q204, Q226, Q236, Q238, Q317, Q370

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				scores submitted with brief recommendations for improvement				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Lumeris Inc.	13900 Riverport Dr Maryland Heights, MO www.Lumeris.com	Contact Vendor	Individual MIPS clinicians, Groups	Tools and workflows to satisfy population health management requirements.	Advancing Care Information, Improvement Activities, Quality	Q001, Q066, Q112, Q117, Q119, Q128, Q130, Q134, Q163, Q226, Q236, Q238, Q239, Q240, Q309, Q310, Q318	None	Q001, Q066, Q112, Q117, Q119, Q128, Q130, Q134, Q163, Q226, Q236, Q238, Q239, Q240, Q309, Q310, Q318
Maine Health Management Coalition in	24B Market Square	Discounts available to members of MHMC. Choice	Individual MIPS	MIPS submission for all three categories: Quality, Advancing Care Information, Improvement Activities. Data	Advancing Care Information,	All QPP Registry	•Patient Reported Comprehensive	Q001, Q005, Q007, Q008,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
collaboration with Mingle Analytics	South Paris, ME 04281 866-359-4458 www.mingleanalytics.com hello@mingleanalytics.com Gay De Hart: Gay.Dehart@mingleanalytics.com Daniel Mingle, MS, MD: Daniel.Mingle@mingleanalytics.com	of pricing: \$699 continuous feedback \$399, feedback four times per year Data collection for QCDR measures may incur additional cost	clinicians, Groups	collection in a variety of ways to meet multiple programmatic quality reporting and submission needs.	Improvement Activities, Quality	Eligible Measures	Assessment of Safety • Patient Reported Experience and Care Coordination • Patient Reported Care Team Communication Patient Reported Pain Treatment Effectiveness • Patient Reported Communication and Care Coordination	Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236, Q238, Q239, Q240,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
								Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Maine Osteopathic Association in Collaboration with Patient360	29 Bowdoin St, Manchester, ME http://patient360.com/QCDR info@patient360.com 1-800-537-4473	Starting at \$399/pr-ovider http://patient360.com/#pricing	Individual MIPS clinicians, Groups	Association member and volume discounts available Focus on Orthopedic, NMM/OMM, Sport Medicine, Chiropractic, Physiatry, PT/OT, Podiatry, Other physical medicine practices <ul style="list-style-type: none"> Submission across all MIPS categories at any of the CMS Pick your Pace options (beginner, 90 day, or full year) Data submission conducted by P360 QCDR, FOR YOU, using CMS' s new API (Application Programming Interface) submission mechanism Data analytics, dashboard, and “report cards” provided for easy understanding of performance so you can create actionable, 	Advancing Care Information, Improvement Activities, Quality	Q009, Q039, Q046, Q107, Q128, Q130, Q131, Q134, Q145, Q154, Q155, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q226, Q276, Q277, Q278, Q279, Q305, Q312, Q342, Q350, Q351, Q352, Q353, Q357, Q358, Q361, Q362, Q363, Q364, Q371, Q374, Q375, Q376, Q404, Q408, Q411, Q412, Q414, Q419, Q424, Q426, Q427,	<ul style="list-style-type: none"> Objectifying pain and/or functionality to determine manipulative medicine efficacy with correlative treatment adjustment. Appropriate use of advanced imaging by ordering provider with glucocorticoid management to spare motor neuron loss when physical findings suggest neuropathic etiology. Appropriate controlled substance 	Q009, Q107, Q128, Q130, Q134, Q226, Q305, Q312, Q371, Q374, Q375, Q376

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				<p>tangible improvements in outcome</p> <ul style="list-style-type: none"> Multiple data import options Advocacy and collaboration with CMS on your behalf and individualized consultation with P360's team of clinical QCDR measure stewards to optimize measure comprehension and performance 		Q430, Q431, Q435, Q458	<p>prescribing (definitive diagnosis(es)) via adherence to Controlled Substance Agreements (CSA) or (OA's) with corrective action taken for pain and/or substance use disorder patients when violations occur.</p> <ul style="list-style-type: none"> Urine Drug Screen Utilization in Pain Management and Substance Use Disorders; no less than quarterly for pain and no less than monthly for 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							substance use disorders. <ul style="list-style-type: none"> Addressing anxiety in pain patients with SNRI and SSRIs and reducing/eliminating benzodiazepines for chronic anxiety. Weight loss in pain patients with BMI >30 with opiate utilization for weight related pain conditions rather than opiate dose escalation for improved pain control. Treatment of spinal stenosis with manipulative 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							medicine and alternative medicine modalities.	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Massachusetts eHealth Collaborative Quality Data Center	860 Winter Street Waltham, MA https://maehc.org/	Costs vary with complexity. Range: \$30 - \$150 pp/pm.	Individual MIPS clinicians, Groups	Integrated clinical quality measurement services. MU Certified modular EHR, consultative services for integration with EHR and electronic reporting to CMS for ACO, QPP, and MU programs.	Quality	Q001, Q007, Q008, Q009, Q012, Q018, Q065, Q066, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q163, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q309, Q310, Q312, Q318, Q366, Q369, Q372, Q373, Q374, Q375, Q376, Q379, Q382	<ul style="list-style-type: none"> Hemoglobin A1c Test for Pediatric Patients 	Q134, Q163, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q309, Q310, Q312, Q318, Q366, Q369, Q372, Q373, Q374, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
E-CPR (Emergency-Clinical Performance Registry)	MedAmerica 2100 Powell Street Suite 900 Emeryville, CA http://www.medamerica.com/Expertise/EmergencyMedicine/ECPR.aspx	\$300 per provider, with volume discounts available	Individual MIPS clinicians, Groups	Services and Benefits: <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 education regarding MIPS and quality improvement 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> • Mean Time from Emergency Department (ED) Arrival to ED Departure for Discharged Lower Acuity ED Patients • Mean Time from Emergency Department (ED) Arrival to ED Departure for Discharged Higher Acuity ED Patients • Three Day All Cause Return ED Visit Rate – All Patients • Avoid Head CT for Patients with Uncomplicated Syncope • Initiation of the Initial Sepsis Bundle 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> • Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding • Door to Diagnostic Evaluation by a Provider – Emergency Department (ED) Patients • Three Day All Cause Return ED Visit Rate with Admission on Re-Visit • Door to Diagnostic Evaluation by a Provider – Urgent Care Patients • Rh Status Evaluation and Treatment of Pregnant Women 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							at Risk of Fetal Blood Exposure • Restrictive Use of Blood Transfusions • Median Time to Pain Management for Long Bone Fracture	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
H-CPR (Hospitalist-Clinical Performance Registry)	MedAmerica 2100 Powell Street Suite 900 Emeryville, CA http://www.medamerica.com/Expertise/HospitalMedicine/H-CPR.aspx	\$300 per provider, with volume discounts available	Individual MIPS clinicians, Groups	Services and Benefits: <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 education regarding MIPS and quality improvement 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> • Mean Length of Stay for Inpatients – Pneumonia • Mean Length of Stay for Inpatients – CHF • Mean Length of Stay for Inpatients – COPD • Venous Thromboembolism (VTE) Prophylaxis • Physician's Orders for Life-Sustaining Treatment (POLST) Form • Pressure Ulcers – Risk Assessment and Plan of Care • 30 Day All Cause Readmission Rate for Discharged Inpatients 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> •Stroke Venous Thromboembolism (VTE) Prophylaxis •Restrictive Use of Blood Transfusions •Unintentional Weight Loss – Risk Assessment and Plan of Care 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Medical Compan-ion LLC dba [m]pirik	240 N Milwaukee Street, Ste 101 Milwaukee, WI www.mpirik.com	FREE for [m]pirik license holders	Individual MIPS clinicians, Groups	Data Collection: PROM and Registry, reporting to CMS for PQRS and/or MACRA and MIPS	Advancing Care Information, Improvement Activities, Quality	Q005, Q006, Q007, Q008, Q021, Q023, Q047, Q109, Q118, Q128, Q130, Q178, Q179, Q180, Q204, Q226, Q236, Q312, Q317, Q322, Q323, Q324, Q326, Q350, Q351, Q352, Q353, Q358, Q374, Q375, Q376, Q402, Q431, Q438	None	Q001, Q110, Q111, Q019, Q128, Q130, Q134, Q236, Q238, Q317

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Meditab Software Inc.	2233 Watt Avenue, Suite 360 Sacramento, CA www.meditab.com	\$300	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> Provide quality measure education and advise EP's on and during the reporting process Help them select the right applicable measures Track the performance and the progress through the report screen and will add or edit the measure at anytime with no extra cost Analyze the data against CMS requirements for successful QCDR reporting Communicate with CMS for alternatives to prevent penalty in case you can't comply with the requirements Keep you up- to-date with new options and the latest regulations <p>Assurance: report with confidence as our system uses a validation tool from CMS to assess compliance to CMS requirements</p>	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q009, Q012, Q014, Q018, Q019, Q021, Q023, Q024, Q032, Q039, Q043, Q044, Q046, Q047, Q048, Q050, Q051, Q052, Q065, Q066, Q067, Q068, Q069, Q070, Q076, Q091, Q093, Q099, Q100, Q102, Q104, Q107, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137, Q138, Q140,	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				Submit the data on your behalf		Q141, Q143, Q144, Q145, Q146, Q147, Q154, Q155, Q156, Q160, Q163, Q164, Q165, Q166, Q167, Q168, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q185, Q187, Q191, Q192, Q195, Q204, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q224, Q225, Q226, Q236, Q238, Q239, Q240, Q243, Q249, Q250, Q251, Q254, Q255, Q257, Q258, Q259, Q260, Q261, Q262,		Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q263, Q264, Q265, Q268, Q271, Q275, Q276, Q277, Q278, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q290, Q291, Q293, Q294, Q303, Q304, Q305, Q309, Q310, Q312, Q317, Q318, Q320, Q321, Q322, Q323, Q324, Q325, Q326, Q327, Q328, Q329, Q330, Q331, Q332, Q333, Q334, Q335, Q336, Q337, Q338, Q340, Q342, Q343, Q344, Q345, Q346, Q347, Q348, Q350,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q351, Q352, Q353, Q354, Q355, Q356, Q357, Q358, Q359, Q360, Q361, Q362, Q363, Q364, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382, Q383, Q384, Q385, Q386, Q387, Q388, Q389, Q390, Q391, Q392, Q393, Q394, Q395, Q396, Q397, Q398, Q400, Q401, Q402, Q403, Q404, Q405, Q406, Q407, Q408, Q409, Q410, Q411,		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q412, Q413, Q414, Q415, Q416, Q417, Q418, Q419, Q420, Q421, Q422, Q423, Q424, Q425, Q426, Q427, Q428, Q429, Q430, Q431, Q432, Q433, Q434, Q435, Q436, Q437, Q438, Q439, Q440, Q441, Q442, Q443, Q444, Q445, Q446, Q447, Q448, Q449, Q450, Q451, Q452, Q453, Q454, Q455, Q456, Q457, Q458		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
MEDNAX Services, Inc.	1301 Concord Terrace Sunrise, FL www.mednax.com	The QCDR does not directly expense cost to these MEDNAX-employed and affiliated clinicians	Individual MIPS clinicians, Groups	The MEDNAX Quantum QCDR provides support to MEDNAX-employed, affiliated, and contracted clinicians in meeting their regulatory reporting requirements. The QCDR does not directly expense cost to these MEDNAX-employed, affiliated, and contracted clinicians.	Improvement Activities, Quality	Q008, Q044, Q047, Q076, Q128, Q130, Q131, Q145, Q146, Q147, Q195, Q225, Q236, Q259, Q265, Q344, Q345, Q359, Q360, Q361, Q362, Q363, Q364, Q404, Q405, Q406, Q408, Q412, Q424, Q426, Q427, Q430, Q436	<ul style="list-style-type: none"> •Central Line Ultrasound Guidance •Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) •Assessment of Acute Post-Operative Pain •Planned Use of Difficult Airway Equipment •Gastric Aspiration •Case Cancellation on Day of Surgery •Postanesthesia Care Unit (PACU) Re-intubation Rate •Perioperative Mortality Rate •Unplanned Hospital 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Admission After An Intended Outpatient Procedure •Unplanned ICU Admission •Perioperative Cardiac Arrest	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
MedTrak, Inc.	1100 East Hector St. Suite 419 Conshohocken, PA www.caresense.com	Free for CareSense users	Individual MIPS clinicians, Groups	CareSense is a HIPAA compliant, web-based data collection and analysis solution. The system allows for the collection of standard surveys and custom questions through tablets, smartphones web-based forms, email links, text messages and automated phone calls. CareSense supports validation rules, branching logic, CAT surveys, and email/text reminders for data entry; custom/standard reports, queries, dashboards and benchmarking tools for analysis; and has the capability to import and export information from EMR systems, run research studies, and work with satisfaction, marketing, and financial data. The system is a proven solution in the medical data collection space and has collected surveys from over a million patients worldwide.	Quality	Q109, Q111, Q128, Q130, Q131, Q154, Q155, Q178, Q182, Q217, Q218, Q220, Q226, Q317, Q350, Q351, Q352, Q353, Q358	<ul style="list-style-type: none"> •General Health Postoperative Improvement •Surgery Specific Postoperative Improvement in Pain Levels •Surgery Specific Postoperative Improvement in Function Levels 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Med-Xpress Registry, div. ICS Software, Ltd.	3720 Oceanside Road W Oceanside, NY 11572 877-624-3250 www.medxpressregistry.net	\$599 per provider per year	Individual MIPS eligible clinicians, Groups	<ul style="list-style-type: none"> QPP and Specialized Registry Reporting Automated validation of your data submission against each measure specification Live fast and friendly support from a company that has been in the field for over 31 years Live chat feature available on our website 	Advancing Care Information, Improvement Activities, Quality	Q001, Q006, Q012, Q014, Q019, Q023, Q039, Q047, Q048, Q050, Q051, Q066, Q067, Q068, Q069, Q070, Q091, Q093, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q119, Q126, Q127, Q128, Q130, Q131, Q134, Q138, Q140, Q143, Q144, Q154, Q155, Q179, Q180, Q181, Q182, Q195, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q226, Q236, Q261, Q265, Q276,	<ul style="list-style-type: none"> Heel Pain Treatment Outcomes for Adults Heel Pain Treatment Outcomes for Pediatric Patients Identification of Flat Foot in Pediatric Patients 	Q001, Q012, Q019, Q066, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q226, Q236, Q317, Q369, Q374, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
						Q277, Q278, Q279, Q282, Q283, Q284, Q286, Q290, Q291, Q293, Q294, Q317, Q320, Q331, Q332, Q333, Q338, Q343, Q350, Q351, Q353, Q357, Q358, Q369, Q374, Q378, Q379, Q382, Q402, Q439, Q440		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)	633 N. Saint Clair Street Chicago, IL 312-202-5646 https://www.facs.org/quality-programs/mbsaqip/resources/data-registry mbsaqip@facs.org	No additional cost for MBSAQIP Participants	Individual MIPS clinicians	MBSAQIP will submit approved measures to CMS on behalf of consenting surgeons participating in the MBSAQIP Data Registry.	Improvement Activities, Quality	None	<ul style="list-style-type: none"> • Risk standardized rate of patients who experienced a postoperative complication within 30 days • Risk standardized rate of patients who experienced an unplanned readmission within 30 days • Risk standardized rate of patients who experienced a reoperation within 30 days • Risk standardized rate of patients who experienced an 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							anastomotic/ staple line leak within 30 days <ul style="list-style-type: none"> • Risk standardized rate of patients who experienced a postoperative surgical site infection (SSI) within 30 days • Risk standardized rate of patients who experienced postoperative nausea, vomiting or fluid/electrolyte/ nutritional depletion within 30 days • Risk standardized rate of patients who 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							experienced extended length of stay (> 7 days)	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Michigan Spine Surgery Improvement Collaborative	Lisa Pietrantoni, Program Manager Henry Ford Health System 1 Ford Place (3A) Detroit, MI 48202 313-874-5454, lpietra1@hfhs.org http://mssic.org	No cost to participants	Individual MIPS eligible clinicians, Groups	MSSIC supports a statewide registry for spine surgery patients; financial support through Blue Cross Blue Shield of Michigan supports the local costs of data abstraction, patient surveys, and data entry. A project dashboard provides real-time comparative information on a variety of quality measures. A Coordinating Center supports all the registry and data analysis activity, and hosts regular conference calls and 3-4 in-person meetings each year for participants. Staff in the MSSIC Coordinating Center provide support to hospital-based data abstractors, who are responsible for data collection and data entry. A Manual of Operations and Master Variable List provide the necessary guidance to abstractors. Coordinating Center staff respond	Quality	Q001	<ul style="list-style-type: none"> Pre-surgical screening for depression Follow-up (90 day) assessment of myelopathy (cervical only) Percent of patients achieving MCID for back or neck pain Percent of patients achieving MCID for leg or arm pain Percent of patients achieving MCID for pain-related disability (ODI/NDI) Risk-adjusted rate of hospital readmission 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				to questions from abstractors about problem, and there are monthly abstractor conference calls and quarterly in-person abstractor meetings to continually refine the process.			<ul style="list-style-type: none"> • Risk-adjusted rate of surgical site infection • Unplanned Return to OR Rate • Assessment of back or neck pain • Assessment of arm or leg pain • Assessment of pain-related disability (ODI/NDI) • Percent same-day ambulation • Rate of use of Pre-op skin preparation/ wash • Percent Satisfied with Result • Risk-adjusted rate of urinary retention 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Michigan Urological Surgery Improvement Collaborative (MUSIC)	2800 Plymouth Road Building 16, 149S Ann Arbor, MI www.musicurology.com	No cost to participating sites	Individual MIPS clinicians	The Michigan Urological Surgery Improvement Collaborative (MUSIC) is a physician-led quality improvement collaborative focused on improving the quality and cost-efficiency of urologic care for patients in Michigan. Participating practices submit data to a clinical registry maintained by the MUSIC Coordinating Center and tri-annual consortium-wide meetings are held each year to discuss data, review risk-adjusted measures of processes of care and patient outcomes, and identify strategies and best practices for quality improvement. In regards to services offered as a QCDR, MUSIC will report to CMS on the supported measures for all participating eligible professionals who agree to have their data submitted. At this time, there is	Improvement Activities, Quality	Q102, Q130, Q250, Q265	<ul style="list-style-type: none"> Prostate Cancer: Unplanned Hospital Readmission After Radical Prostatectomy Prostate Cancer: Radical Prostatectomy Cases LOS Prostate Cancer: Avoidance of Overuse of CT Scan for Staging Low Risk Prostate Cancer Patients Prostate Biopsy: Unplanned Hospital Admission within 30 Days of TRUS Biopsy Prostate Cancer: Confirmation Testing in low risk AS eligible patients 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				no cost to participants for this service.			<ul style="list-style-type: none"> Prostate Cancer: Follow-Up Testing for patients on active surveillance for at least 30 months Prostate Biopsy Antibiotic Compliance Prostate Cancer: Active Surveillance / Watchful Waiting for Low Risk Prostate Cancer Patients Prostate Biopsy: Repeat Biopsy for Patients with Atypical Small Acinar Proliferation (ASAP) 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
MiraMed	255 W. Michigan Ave Jackson, MI http://www.miramedgs.com	\$100 for ABC members	Individual MIPS clinicians, Groups	Creation, management, collection, and reporting on quality measure answers. Submission to CMS and compliance tracking against all measures.	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> • Postanesthesia Care Unit (PACU) Re-intubation Rate • Adult PACU Pain Management • Planned use of difficult airway equipment • Perioperative Pain Plan • Screening and patient education for patients meeting guidelines for Colorectal Cancer screening • Screening and patient education for high risk patients meeting guidelines for Lung Cancer Screening with CT 	Q102, Q110, Q111, Q112, Q113, Q128, Q130, Q226, Q236, Q238, Q312, Q317, Q318, Q373, Q375, Q376, Q377

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> • Screening and patient education for high risk patients meeting guidelines for Abdominal Aortic Ultrasound Screening • Screening and patient education for high risk patients meeting guidelines for Breast Cancer screening with MIR • Screening and patient education for high risk patients meeting guidelines for osteoporosis screening 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Patient Experience Survey • Perioperative Cardiac Arrest Rate • Dental Injury • Perioperative Mortality Rate • Corneal Abrasion • Case Delay Rate 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
MN Community Measurement	3433 Broadway St NE, Suite 455, Minneapolis, MN www.mncm.org 612-455-2911 Russ Rolfzen rolfzen@mncm.org Tony Weldon	\$200 per provider-lower fees available for members	Groups	Data submission, validation, aggregation and reporting on certain MIPS and NQF endorsed measures including outcome measures. Outcome results, comparison and ranking to other participating practices.	Improvement Activities, Quality	Q113, Q370, Q411	<ul style="list-style-type: none"> Optimal Diabetes Care Optimal Vascular Care Optimal Asthma Control Diabetes Hemoglobin A1c Poor Control (>9.0%) Ischemic (IVD): Use of Aspirin or Another Antiplatelet 	None
MSN Healthcare Solutions, LLC	717 20th Street Columbus, GA www.msnullc.com	\$350 per year	Individual MIPS clinicians, Groups	MSN Healthcare Solutions will provide QCDR reporting of QPP and non-QPP quality measures, Improvement Activities and Advancing Care. MSN is a third-party billing and management company that has been in business for more than 20 years. This service will primarily report for its billing clients but will report for others as well. MSN Healthcare Solutions	Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> Perioperative Cardiac Arrest Perioperative Mortality Rate Post-anesthesia Care Unit (PACU) Re-intubation Rate Surgical Safety Checklist – Applicable Safety Checks 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				provides services to over 2000 Eligible Clinicians in over 120 individual practices.			Completed Before Induction of Anesthesia • Composite Patient Experience • New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care • Report Turnaround Time: Facility Radiography (Excluding Mammography) • Report Turnaround Time: Facility Ultrasound (Excluding Breast US) • Report Turnaround	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> Time: Facility MRI • Report Turnaround Time: Facility CT • Report Turnaround Time: Facility PET • Report Turnaround Time: Non-Facility Radiography (Excluding Mammography) • Report Turnaround Time: Non-Facility Ultrasound (Excluding Breast US) • Report Turnaround Time: Non-Facility MRI 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> • Report Turnaround Time: Non-Facility CT • Report Turnaround Time: Non-Facility PET 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
MUSE Collaborative	<p>24B Market Square, South Paris, ME 04281 866-359-4458</p> <p>Daniel.Mingle@mingleanalytics.com Gay.Dehart@mingleanalytics.com</p> <p>www.mingleanalytics.com hello@mingleanalytics.com</p>	<p>Choice of pricing: \$699 continuous feedback \$399, feedback four times per year</p> <p>Data collection for QCDR measures may incur additional cost</p>	Individual MIPS clinicians, Groups	<p>MIPS submission for all three categories: Quality, Advancing Care Information, Improvement Activities.</p> <p>Data collection in practices in a variety of ways to meet multiple programmatic quality reporting and submission needs.</p> <p>Comparative analysis across MUSE participants for process improvement programs.</p>	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> • Patient Reported Comprehensive Assessment of Safety • Patient Reported Care Team Communication Patient Reported Pain Treatment Effectiveness • Patient Reported Communication and Care Coordination • Patient Reported Experience and Care Coordination 	<p>Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,</p>

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
								Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
MyHealth Access Network	16 East 16th Street, Suite 405 Tulsa, OK 74119 918-236-3434 www.myhealthaccess.net	Fees begin at \$60 per provider per month	Individual MIPS clinicians, Groups	MyHealth Access Network Services can include: <ul style="list-style-type: none"> • Data extraction • Data quality evaluation and enhancement • Continuous Performance evaluation and feedback • Performance reporting • Care gap alerting • Performance Benchmarking • Risk stratification • Care coordination support • Admission, Discharge, Transfer Alerting • Active Panel Monitoring • 30-day Readmission Monitoring • Secure messaging • Provider Portal 	Advancing Care Information, Improvement Activities, Quality	Q001, Q006, Q007, Q008, Q110, Q111, Q112, Q113, Q117, Q128, Q130, Q134, Q204, Q226, Q236, Q238, Q281, Q305, Q309, Q312, Q318, Q348, Q370, Q373, Q374, Q458	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate • Heart Failure Admission Rate • Plan All Cause Readmissions 	Q001, Q005, Q007, Q008, Q110, Q111, Q112, Q113, Q117, Q128, Q130, Q134, Q204, Q226, Q236, Q238, Q281, Q305, Q309, Q312, Q318, Q370, Q373, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine, Powered by Premier	10350 N. Torrey Pines Road La Jolla, CA 92037 www.medconcurrent.com/NHBCPCR	The annual QCDR registration begins at \$350. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS clinicians, Groups	Clinicians and groups may select from 30 registry, QCDR and eQm measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from	Advancing Care Information, Improvement Activities, Quality	Q047, Q048, Q050, Q110, Q130, Q155, Q226, Q238, Q342, Q408	<ul style="list-style-type: none"> 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 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 	Q110, Q130, Q226, Q238

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!			<ul style="list-style-type: none"> • 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 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> • Interdisciplinary Team Assessment for Home-Based Primary care and Palliative Care Patients • Cognitive Assessment for Home-Based Primary Care and Palliative Care Patients • A Functional Assessment (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients (Multi-performance Measure) • Pain Screen for Home-Based Primary Care and 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							Palliative Care Patients <ul style="list-style-type: none"> • Delirium Assessment in Home-Based Primary Care and Palliative Care Patients: Medication List Reviewed and Offending Medications Discontinued (Multiperformance-Rate Measure) • Patient Reported Outcome for Home-Based Primary Care and Palliative Care Practices: After Hours Contact Process and Provider Trust (Multi-performance Measure) 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
National Osteoporosis Foundation and National Bone Health Alliance QCDR	251 18 th St Suite 630 Arlington, VA 22202 855.742.8179 www.medconcert.com/FractureQIR	The annual QCDR registration is \$499 for member eligible clinicians and \$699 for non-member providers. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS clinicians, Groups	Clinicians and groups may select from 33 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from Certified Electronic Health	Advancing Care Information, Improvement Activities, Quality	Q021, Q023, Q024, Q039, Q046, Q047, Q109, Q110, Q111, Q128, Q130, Q131, Q134, Q154, Q155, Q178, Q181, Q182, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q238, Q418	<ul style="list-style-type: none"> Hip Fracture Mortality Rate 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. Median Time to Pain Management for Long Bone Fracture Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women 	Q110, Q111, Q128, Q130, Q134, Q226, Q236, Q238

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				Record Technology (CEHRT). Contact us to learn more!			Aged 50 Years and Older	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
NeuroPoint Alliance, Inc – Quality Outcomes Database (QOD) Registry	5550 Meadowbrook Drive Rolling Meadows, IL www.neuropoint.org	No additional fee for QOD registry participants	Individual MIPS clinicians, Groups	Services: • Access to HIPPA compliant database; • Ability to review site specific data in real time; • Data entry and patient screening support services; • Collaborative learning network involving interactive, webinar based educational programs; • Data analytics and development of risk-adjusted, site specific outcomes; • Robust quality control mechanisms including on-site audits; • Affiliation with specialty board and development of methods to satisfy • MOC Part IV requirements.	Quality	Q046, Q128, Q134, Q226, Q431	<ul style="list-style-type: none"> • Complication Following Spine-Related Procedure • Referral for Post-Acute Care Rehabilitation Following Spine Procedure • Unplanned Readmission Following Spine Procedure within the 30-day Postoperative Period • Selection of Prophylactic Antibiotic Prior to Spine Procedure • Medicine Reconciliation Following Spine Related Procedure 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> • Risk Assessment for Elective Spine Procedure • Depression and Anxiety Assessment Prior to Spine-Related Therapies • 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 • Spine/Extremity Pain Assessment 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Functional Outcome Assessment for Spine Intervention • Quality-of-Life Assessment for Spine Intervention • Patient Satisfaction with Spine Care • Spine-Related Procedure Site Infection • Narcotic Pain Medicine Management Prior to and Following Spine Therapy 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
NeuroPoint Alliance, Inc. AAPM&R AANS's Spine Quality Outcomes Database (SQOD)	5550 Meadowbrook Drive Rolling Meadows, IL www.neuropoint.org/en/NPA-SQOD/	Partial Member Benefit. Inquire for details.	Individual MIPS eligible clinicians, Groups	<ul style="list-style-type: none"> • Access to HIPAA compliant database • Ability to review site-specific data in real time • Data entry and patient screening support services • Collaborative learning network involving interactive, webinar based educational programs • Data analytics and development of risk-adjusted, site specific outcomes • Affiliation with specialty board and development of methods to satisfy MOC Part IV requirements 	Advancing Care Information, Improvement Activities, Quality	Q021, Q023, Q047, Q109, Q110, Q111, Q128, Q130, Q131, Q182, Q226, Q312, Q317, Q374, Q402, Q408, Q412, Q414, Q431	<ul style="list-style-type: none"> • Depression and Anxiety Assessment Prior to Spine-Related Therapies • Unplanned Admission to Hospital Following Percutaneous Spine Procedure within the 30-Day Post-procedure Period • Quality-of-Life Assessment for Spine Intervention • Patient Satisfaction with Spine Care • Spine/Extremity Pain Assessment • Narcotic Pain Medicine Management 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Prior to and Following Spine Therapy <ul style="list-style-type: none"> • Functional Outcome Assessment for Spine Intervention • Complication Following Percutaneous Spine-Related Procedure 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
New Hampshire Colonoscopy Registry	46 Centerra Parkway, Evergreen Building Suite 105 Lebanon, NH 1-800-249-9908 NHColonoscopyRegistry@hitcock.org https://www.nhcoloregistry.org	No cost associated with participation in the NHCR	Individual MIPS clinicians, Groups	Participating providers will receive reports, including measures such as Adenoma Detection Rate, at the individual, practice, and state level, four times a year.	Advancing Care Information, Improvement Activities, Quality	Q100, Q185, Q320, Q343, Q425, Q439	<ul style="list-style-type: none"> Repeat screening or surveillance colonoscopy recommended within one year due to inadequate / poor bowel preparation Colonoscopy: Repeat colonoscopy recommended due to piecemeal resection 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Northern New England Practice Transformation Network in Collaboration with Mingle Analytics	24B Market Square South Paris, ME www.mingleanalytics.com	No cost to PTN participants	Individual MIPS eligible clinicians, Groups	MIPS submission for all three categories: Quality, Advancing Care Information, Improvement Activities. Data collection in practices in a variety of ways to meet multiple programmatic quality reporting and submission needs. Comparative analysis across PTN participants for process improvement programs.	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> • Patient Reported Comprehensive Assessment of Safety • Patient Reported Experience and Care Coordination • Patient Reported Care Team Communication • Patient Reported Pain Treatment Effectiveness • Patient Reported Communication and Care Coordination • Substance Use Screening • Transforming Clinical Practice Initiative 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							Common Measure Name: Substance Use Screening and Intervention Composite • Transforming Clinical Practice Initiative Common Measure Name: TCPI 01: Documentation of a Comprehensive Health and Life Plan Developed Collaboratively by the Patient and the Health Professional Team • Transforming Clinical Practice Initiative Common Measure Name: TCPI 02: Referral	Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							of At-Risk Patients to Community Based Prevention and Support Resources	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Office Medicine QCDR	714 Casey Key Rd Nokomis, FL www.officemedicine.com (888) 927-7774	\$495.00 per submission per EP.	Individual MIPS clinicians, Groups	Services: Measure selection guidance, data entry guidance, data collection, error resolution and submission.	Advancing Care Information, Improvement Activities, Quality	None	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
								Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
Oncology Quality Clinical Data Registry Powered by Premier	125 Enterprise Drive Pittsburgh, PA 15275 https://www.medconcert.com/onsqir	The annual QCDR registration is \$499 for eligible clinicians. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS clinicians, Groups	Clinicians and groups may select from 23 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from	Advancing Care Information, Improvement Activities, Quality	Q046, Q130, Q131, Q143, Q144, Q342	<ul style="list-style-type: none"> Assessment and Intervention for Psychosocial Distress in Adults Receiving Cancer Treatment Recommendation for Exercise to Adult Cancer Survivors Assessment and Intervention for Sleep-Wake Disturbance During Cancer Treatment Education on Neutropenia Precautions Goal Setting and Attainment for Cancer Survivors Post-Treatment Education Fatigue Improvement 	Q130, Q143, Q318

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
OEIS National Registry	2800 W Higgins Rd, Suite 440 Hoffman Estates, IL http://www.oeisociety.org/	\$295 for each physician/NPI number per reporting year	Individual MIPS eligible clinicians	Data collection tool, provider level reporting, benchmarking, on-demand reporting dashboard, downloadable reports, QCDR data submission	Improvement Activities, Quality	Q110, Q111, Q226	<ul style="list-style-type: none"> Optimal vascular care Emergent transfer from an outpatient, ambulatory surgical center, or office setting Appropriate non-invasive arterial testing for patients with critical limb ischemia who are undergoing a LE peripheral vascular intervention Appropriate non-invasive arterial testing for patients with intermittent claudication who are undergoing a LE peripheral vascular intervention 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Antiplatelet Therapy • Lipid-Lowering Medications for Patients with PAD 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Persivia, Inc.	900 Chelmsford St, Tower 3, 7th Floor Lowell, MA 01851 508-612-3872 www.persivia.com	\$499 per eligible clinician, per year	Individual MIPS clinicians, Groups	Our solutions incorporate all patient data, including both clinical and claims information to enable earlier clinical interventions and manage costs. Persivia's advanced analytics and real-time clinical decision support addresses the growing need of managing complex patient populations and providing valuable insights into improving care quality. Persivia's services and products include care gap analysis, data integration, risk stratification and MU, QPP (MIPS), GPRO, CPC+, ORYX, IQR reporting including chart abstraction and eCQM to TJC and CMS. Persivia also offers MACRA/MIPS, APMs and ACO advisory services	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
								Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Philips Wellcentive	100 North Point Center East, Suite 320 Alpharetta, GA 30022 877-295-0886 www.wellcentive.com	Pricing begins at \$299* *Ask about volume discounts	Individual MIPS clinicians, Groups	Philips Wellcentive provides comprehensive solutions for value-based care and revenue optimization, enabling focused population health management. Our solutions transform clinical and administrative data into meaningful information that supports critical healthcare initiatives, provide fully customizable and actionable analytics, and deliver workflow tools designed to help providers proactively transform care delivery and improve outcomes. Philips Wellcentive solutions support manual or uploaded data entry, as well as full integration with clinical and billing vendors. Key Features and Benefits: Real-time benchmarking and performance feedback reports. Improve overall population health and manage quality scores. Measure optimization	Advancing Care Information, Improvement Activities, Quality		None	Q001, Q110, Q111, Q112, Q113, Q117, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q312, Q318, Q370, Q378, Q379

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				to ensure you have selected the highest performing measures throughout your organization. www.wellcentive.com/macra/				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Physician Compass	P.O Box 628134 Middleton, WI http://physiciancompass.org	Starting at \$225 per EC for Individual and GPRO reporting	Individual MIPS clinicians, Groups	Physician Compass utilizes a convenient data extraction process to compile data from various sources within the client organization to report MIPS on behalf of your EC's. Physician Compass supports the Group Practice Reporting Option (GPRO) and Individual Reporting for MIPS through our QCDR. Physician Compass also utilizes the registry data to help your organization achieve the Meaningful Use Stage 2 Specialized Registry Objective.	Advancing Care Information, Improvement Activities, Quality	Q001, Q021, Q023, Q024, Q039, Q046, Q047, Q066, Q076, Q091, Q093, Q110, Q111, Q112, Q113, Q117, Q119, Q122, Q128, Q130, Q131, Q134, Q145, Q154, Q155, Q163, Q181, Q204, Q205, Q226, Q236, Q238, Q254, Q255, Q265, Q312, Q317, Q318, Q332, Q333, Q334, Q358, Q374, Q402, Q415, Q416, Q418, Q424, Q431	<ul style="list-style-type: none"> Controlling High Blood Pressure: eGFR Test Annually Screening for Osteoporosis Ischemic Vascular Disease Care Blood Pressure Control Diabetes Care All or None Process Measure: Optimal Testing Diabetes Care All or None Outcome Measure: Optimal Control 	Q001, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q163, Q204, Q226, Q236, Q238, Q240, Q312, Q317, Q318, Q370, Q371, Q373, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Pinnacle Registry and Diabetes Collaborative Registry	2400 N Street NW Suite 732 Washington, DC www.acc.org	Free	Individual MIPS clinicians, Groups	The PINNACLE Registry, part of the National Cardiology Data Registry (NCDR) is the largest ambulatory registry of its kind with over 49 million patient encounters from 12 million unique patients. The Diabetes Collaborative Registry, also part of NCDR, is the first global, cross-specialty clinical registry designed to track and improve the quality of diabetes and cardiometabolic care across the primary care and specialty care continuum. An interdisciplinary effort in partnership with the American Diabetes Association, the American College of Physicians, the American Association of Clinical Endocrinologists and the Joslin Diabetes Center. Participants receive access to our physician dashboard which includes performance results to help validate the quality care provided and pinpoint opportunities for improvement.	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q047, Q118, Q119, Q130, Q163, Q204, Q226, Q243, Q326, Q411, Q441	<ul style="list-style-type: none"> CAD: Blood Pressure Control HF: Patient Self Care Education AFIB: CHA2DS2-VASc Score Risk Score Documented Hypertension: Blood Pressure Control 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				We also offer seamless participation in MIPS Reporting and offer submission.				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
PPRNet	MUSC_Department of Family Medicine 5 Charleston Center, Suite 263 MSC 192 Charleston, SC http://academicedepartments.musc.edu/pprnet	\$200-\$1000 per EP based on PPRNet member status	Individual MIPS clinicians, Groups	Services: • Monthly practice and provider performance reports and patient registries on evidence-based clinical quality measures. Includes peer and national benchmark comparisons. • Engagement in quality improvement research in which research team members collaborate with practices to improve care • Participation in national educational meetings and webinars to learn “best practices” for implementing improvement strategies in practice.	Advancing Care Information, Improvement Activities, Quality	Q001, Q111, Q112, Q113, Q236, Q326	<ul style="list-style-type: none"> • Antiplatelet Medication for High Risk Patients • Screening for albuminuria in patients at risk for CKD (DM and/or HTN) • Chronic Kidney Disease (CKD): eGFR Monitoring • Chronic Kidney Disease (CKD): Hemoglobin Monitoring • Screening for Type 2 Diabetes • Avoiding Use of CNS Depressants in Patients on Long-Term Opioids 	Q236

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • 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 Creatinine • Treatment of Hypokalemia • Appropriate Treatment for Adults with Upper Respiratory Infection • Zoster (Shingles) Vaccination 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
PPS Analytics, LLC	4807 Rockside Road, Suite 720 Independence, OH 44131 www.ppsanalytics.com	Depends on selected services \$199 - \$799/physician	Individual MIPS clinicians, Groups	<p>PPS Analytics is a full service healthcare data analytics firm that provides end to end assistance with data collection and analysis for the purposes of population management, patient identification & navigation as well as quality metrics tracking and reporting.</p> <p>We provide the following services:</p> <ul style="list-style-type: none"> • QPP Program Quality Metrics Analysis, Tracking and Reporting • Practice-to-Practice and Peer-to-Peer Comparisons for diagnosis, treatment utilization and protocol adherence • Physician protocol adherence reporting and dashboards • Provides a full suite of patient analysis and disease state specific query tools 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	Q143

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Practice Fusion, Inc. www.practicefusion.com	731 Market Street, Suite 400, San Francisco, CA qualityprograms@practicefusion.com	No charge for EHR subscription customers	Individual MIPS clinicians, Groups	Practice Fusion EHR customers should email qualityprograms@practicefusion.com for more details.	Advancing Care Information Improvement Activities, Quality	Q005, Q007, Q009, Q008, Q066, Q065, Q111, Q110, Q113, Q112, Q119, Q117, Q130, Q128, Q163, Q134, Q226, Q204, Q238, Q236, Q281, Q239, Q310, Q309, Q317, Q312, Q370, Q318, Q377, Q374	None	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
								Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Practice Insights (McKesson Specialty Health)	10101 Woodloch Forest Dr. The Woodlands, TX 77380 800-482-6700 http://bit.ly/mckanalytics	Starting at \$500 per clinician, per year	Individual MIPS clinicians, Groups	Acquisition of information from source systems, measure performance calculations, reporting, submission to regulatory body.	Improvement Activities, Quality	Q047, Q104, Q110, Q128, Q130, Q134, Q143, Q144, Q226, Q236, Q238, Q374, Q450, Q451, Q452, Q457	None	Q226, Q110, Q143, Q130, Q236, Q238, Q128, Q134, Q374
Premier Clinician Performance Registry	13034 Ballantyne Corporate Place Charlotte, NC AdvisorSupport@Premierinc.com www.premierinc.com	\$299-\$499	Individual MIPS clinicians, Groups	Premier's core purpose is to improve the health of our communities. The primary mission of our quality reporting program is to provide access to meaningful data and subject matter experts to support healthcare organizations in providing high-quality, cost-effective healthcare services to all communities. Premier's Clinical Performance Registry encompasses the collection, calculation, and reporting to satisfy the Merit-based Incentive Payment	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> Risk-adjusted Mortality for Acute Myocardial Infarction Risk-adjusted Mortality for Heart Failure Risk-adjusted Mortality for Pneumonia Risk-Adjusted Average Length of Inpatient Hospital Stay for Acute 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<p>System (MIPS) for a variety of clinicians.</p> <p>Benefits:</p> <p>2017 web-based application reporting options</p> <p>Continuous on-demand performance feedback reports</p> <p>Comparison to national benchmarks (where available)</p> <p>Up-to-date provider performance dashboards</p> <p>Links to targeted educational resources and tools for improvement regardless of care setting, EHR, payor, or specialty</p> <p>Additional optional reporting: Clinicians may satisfy the public health reporting objective through this specialized registry through participating EHR vendors for an additional fee. Please note pricing may vary.</p>			<p>Myocardial Infarction (AMI)</p> <ul style="list-style-type: none"> Risk-Adjusted Average Length of Inpatient Hospital Stay for Heart Failure (HF) Risk-Adjusted Average Length of Inpatient Hospital Stay for Pneumonia (PN) Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite Application of Lung-Protective Ventilation 	<p>Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371,</p>

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							during General Anesthesia <ul style="list-style-type: none"> • Assessment of Patients for Obstructive Sleep Apnea • Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure • Coronary Artery Bypass Graft (CABG): Prolonged Intubation • Coronary Artery Bypass Graft (CABG): Stroke • New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after 	Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Anesthesia Care <ul style="list-style-type: none"> • Risk-adjusted 30 day Readmission for Acute Myocardial Infarction • Risk-adjusted 30 day Readmission for Heart Failure • Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) • Risk-adjusted 30 day Readmission for Pneumonia • Perioperative Cardiac Arrest • Perioperative Mortality Rate 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
							<ul style="list-style-type: none"> • Postanesthesia Care unit (PACU) Re-intubation Rate • Procedural Safety for Central Line Placement • Treatment of Hyperglycemia with Insulin • Sepsis Management: Septic Shock: Lactate Level Measurement • Sepsis Management: Septic Shock: Antibiotics Ordered • Sepsis Management: Septic Shock: Fluid Resuscitation • AHRQ Patient Safety Indicator 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							13 (PSI 13) Postoperative Sepsis Rate • AHRQ Patient Safety Indicator 06 (PSI 06) Iatrogenic Pneumothorax	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
QCDR Plus by SPH Analytics	<p>SPH Analytics 11545 Wills Road, Ste. 100 Alpharetta, GA 30009 866-460-5681 info@sphanalytics.com www.sphanalytics.com</p> <p>Sara Zywicki, MPH MBA Sara.Zywicki@sphanalytics.com</p> <p>Laurel Borowski, MPH Laurel.Borowski@sphanalytics.com</p>	<p>Quality performance dashboard and MIPS submission starting at \$399/year/ clinician depending on volume and additional services.</p> <p>Custom pricing for consulting, non-QPP QCDR measure build and attestations for Improvement Activities (IA) and Advancing Care Information (ACI)</p>	Individual MIPS eligible clinicians, Groups	<p>Rated #1 for MACRA & MIPS Support Technology by Black Book Research in 2017, SPH Analytics is a leader in transformative solutions supporting value-based care. QCDR Plus will help you maximize your MIPS Composite Score and serve as a multi-payer quality performance solution.</p> <ul style="list-style-type: none"> DASHBOARD - Continuous performance feedback refreshed weekly MIPS POINTS - Estimated quality points based on CMS benchmarks and bonus points earned TOP 6 - Recommendation of top 6 measures to submit, including outcome/high priority CMS DECILE - Calculated patients/visits needed to achieve next CMS decile 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	All available eQCMs

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQIMs Supported
				<ul style="list-style-type: none"> MEASURE CRITERIA - Alerts for measures falling below MIPS measure criteria PATIENTS - Drill down to patient lists (Performance Met or Not Met) PROVIDER RANK - Compare performance and contribution across providers CMS SUBMISSION - MIPS data submission <p>Additional Services</p> <ul style="list-style-type: none"> Consulting guidance on selecting measures and performance optimization Attestations for IA and ACI categories <p>Black Book Research report for MACRA & MIPS technology solutions download:</p> <p>http://www.sphanalytics.com/mips-report-2017</p>				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
QCMetrix	1101 Worcester Road Framingham, MA https://www.qcmetrix.com	\$350.00 Per Provider - Free with QCM Registry	Individual MIPS clinicians, Groups	<p>The centerpiece of QCMetrix offering is the surgical data registry platform for data management, analysis and reporting, and dissemination of actionable information. This information is crucial for improving treatment processes, achieving better patient outcomes, and lowering healthcare costs.</p> <ul style="list-style-type: none"> Manual and automated data collection using our secured web platform Real-time risk and reliability adjusted reports and dashboards for hospital and surgeon level comparisons Data submission to CMS after user approval (available to eligible professionals and group practices) 	Quality	Q021, Q023, Q047, Q128, Q130, Q226, Q236, Q258, Q259, Q260, Q317, Q344, Q345, Q347, Q354, Q355, Q356, Q357, Q358, Q402	None	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
QualityStar LLC	17117 Oak Dr. Suite A Omaha, NE www.qualitystar.net	Approximately \$300.00 per month	Individual MIPS clinicians, Groups	QualityStar provides confidential Quality Assurance Case Review by sub-specialist for surgical pathology. QualityStar generates clinical data for the purpose of continuous improvement of diagnostic proficiency to foster better quality of care for patients. Services offered in support of MIPS reporting: I. Quality Category: A. Quality performance metrics i. Continuous performance feedback reports. ii. Comparison to CAP and national published benchmarks and peer-to-peer comparison. iii. Performance multivariate analysis. iv. Information on Standard practices/ tools to improve performance on supported quality measure.	Improvement Activities, Quality	Q099, Q100, Q249, Q250, Q251, Q345, Q346, Q347, Q395, Q396, Q397	None	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				B. Electronic submission of pathology related QPP under quality category. C. Manual reporting of pathology related QPP quality measures via web tool. II. IA category A. Attestation module B. Electronic submission				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
REG-ENT The American Academy of Otolaryngology Head and Neck Surgery Foundation Clinical Data Registry	1650 Diagonal Road Alexandria, VA www.entnet.org	1 time app.fee \$250; \$295 yr. subs. fee per EP	Individual MIPS clinicians, Groups	The cost to participate in REG-ENT requires membership in AAO-HNS; a one-time application fee of \$250 per clinician and a yearly subscription fee of \$295 per clinician. The core products and services of REG-ENT are as follows and by category: Quality Category: Quarterly performance measure adherence reports for individual providers and practices and the REG-ENT Registry quality performance dashboard. These regular performance reports coupled with the performance dashboard provide measure calculation at both the practice location and individual clinician provider level and include national averages for benchmarking. REG-ENT will report AAO-HNSF and QPP measures to CMS. Other services offered under this category include: a.	Advancing Care Information, Improvement Activities, Quality	Q023, Q046, Q047, Q065, Q066, Q091, Q093, Q110, Q111, Q128, Q130, Q131, Q154, Q155, Q226, Q238, Q265, Q276, Q277, Q278, Q279, Q317, Q331, Q332, Q333, Q334, Q355, Q356, Q357, Q358, Q398, Q402, Q404, Q408, Q412, Q414, Q431, Q435	<ul style="list-style-type: none"> Otitis Media with Effusion: Antihistamines or Decongestants - Avoidance of Inappropriate Use Otitis Media with Effusion: Systemic Corticosteroids - Avoidance of Inappropriate Use Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use Otitis Media with Effusion: Avoidance of Topical 	Q065, Q066, Q110, Q111, Q128, Q130, Q226, Q238, Q317

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				Comparison to registry and national benchmarks (where available) and peer-to-peer comparison. b. Individual and practice performance gap analysis c. Electronic submission of measures under the quality category d. Manual reporting of quality measures via web-based tool. Advancing Care Information (ACI) Category a. Attestation module b. Electronic submission c. Bonus for clinical data registry reporting. Improvement Activity (IA) category a. Attestation module b. Electronic submission.			Intranasal Corticosteroids	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Renal Physicians Association QCDR	1700 Rockville Pike, Suite 220 Rockville, MD http://www.medconcert.com/RPAQIR	The annual QCDR registration is \$499 for member eligible clinicians and \$699 for non-member providers. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS clinicians, Groups	Clinicians and groups may select from 40 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from Certified Electronic Health	Advancing Care Information, Improvement Activities, Quality	Q001, Q046, Q047, Q076, Q110, Q111, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q145, Q154, Q155, Q163, Q182, Q226, Q236, Q238, Q318, Q327, Q328, Q329, Q330, Q357, Q358, Q400, Q403	<ul style="list-style-type: none"> • Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy • Transplant Referral • Advance Care Planning (Pediatric Kidney Disease) • Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia • Arterial Complication Rate Following Arteriovenous Access Intervention 	Q001, Q110, Q111, Q119, Q128, Q130, Q163, Q226, Q236, Q238, Q318

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				Record Technology (CEHRT). Contact us to learn more!			<ul style="list-style-type: none"> • 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 • Adequacy of Volume Management • Arteriovenous Fistula Rate 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> Advanced Directives Completed 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Roji Health Intelligence LLC	641 W Lake St, Suite 103 Chicago, IL rojihealthintel.com (312) 258-8004	Volume based pricing; supplemental fees may apply	Individual MIPS clinicians, Groups	The Roji Health Intelligence QCDR (qualified since 2014 as ICLOPS, LLC) harnesses the power of our ONC-certified Roji Clinical Data Registry Platform to measure and improve performance across all payers, and Medicare, Medicaid, or health plan specifically. The QCDR aggregates discrete data and tracks quality, outcomes and costs over time, and measures the effect of improvement interventions. We help providers meet all four components of MIPS and transition to risk with APM services. The Roji Health Intelligence QCDR is a comprehensive approach for MIPS, risk, and organizational efforts to improve performance by involving providers in learning curriculums with their patient data. Roji Health Intelligence CDR volume-based pricing for the	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> Excess Days Rate and Degree of Excess (Including Physician Response) Rate of Follow Up Visits Within 7 Days of Discharge (Including Physician Response) Diabetic patients with significant change in HgbA1C level or mean change in HgbA1C Hypertensive patients with significant change in systolic blood pressure or mean change in systolic pressure 	Q001, Q005, Q007, Q008, Q009, Q012, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				platform, quality reporting, simple IA attestation, and related consultation services is equivalent to \$900 per provider for groups up to 15 providers, \$700 pp for groups 17-100, and \$500 pp and lower for groups over 100. Additional fees apply based on scope for Roji Health Intelligence Performance Improvement, which includes a customized project interface for design and implementing improvement. Supplemental fees also apply to Cost Performance services and Advancing Care Information services. Please contact partnering@rojihealthintel.com to take the first step in providing better value.			<ul style="list-style-type: none"> • Patients who have a change in tobacco use status (Improvement) • Patients with Change in BMI • Low back pain patients who undergo an operative procedure on the spine within 12 weeks after a referral from a primary care physician • Breast Mass Follow Up: Percent of patients with a breast mass who do not have follow-up physician contact • Uncontrolled chronic disease 	Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							patients without a follow-up office visit	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
SaferMD, LLC in collaboration with SunCoast RHIO.	<p>Brian Gale, MD SaferMD, LLC Box 1101 Bronx, NY 10471 info@safermd.com 718 682-2664</p> <p>Lou Galterio, Suncoast RHIO info@suncoastrhio.org 855-MIPS EHR (855 647-7347)</p>	<ul style="list-style-type: none"> • One measure: \$400 • Six Quality + Practice IA and ACI attestations: \$1,000 • More than six measures: \$1,200 	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> • MIPS registry for MIPS and non-MIPS measures, and Advancing Care Information and Practice Improvement attestations • Near real-time decile performance feedback • Help with measures strategy • Data extraction advice • Feedback reports 4x annually 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> • Critical Result Protocol • Result Requiring Follow Up Protocol • Critical Finding: Cord Compression • Critical test: OR Foreign Body • Critical test: Stroke • Critical test: Intracranial Hemorrhage • Critical test: Aortic Dissection • Critical Test Protocol • Critical Result: Pulmonary Embolism • Critical Result: ICH • Critical Result: Aortic Dissection • Critical Result: Occlusive Intracranial Stroke • Critical Result: Placental abruption 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Critical Result: Ruptured Ectopic Pregnancy • Critical Result: New Deep Venous Thrombosis (DVT) • Critical Result: Ectopic Pregnancy • Urgent Result Protocol • Unexpected Result Protocol • Critical Finding: CTA of GI Bleed • Critical Finding: Positive bleeding scan • Critical Finding: Acute Ocular injury 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Searfoss Consulting Group	135 Featherbed Lane Winchester, VA www.SCGHealth.com	Annual MIPS reporting subscriptions start at \$199 per eligible clinician. See SCGhealth.com for more information.	Individual MIPS clinicians, Groups	<p>Annual subscription fees cover an entire calendar year through finalized reporting to CMS. Base subscriptions include self-service submission of quality data to SCG Health, live on-shored call center and online support, data submission, data verification and communication to CMS as required. Upgraded solutions include integrated and auditable documentation of submission for Advancing Care Information (ACI) and Improvement Activity (IA) data to CMS. Contact pqrs@scghealth.com for more information or visit SCGhealth.com/QPP.</p> <p>Annual subscription starts at \$199 per eligible clinician (EC) for at-your-pace reporting of 1 quality measure for 90 days. \$275 for at-your-pace reporting of 6 quality measures. A non-refundable set up fee of \$500 for ECs reporting IA and/or ACI</p>	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q009, Q012, Q014, Q018, Q019, Q021, Q023, Q024, Q039, Q044, Q046, Q047, Q048, Q050, Q051, Q052, Q065, Q066, Q067, Q068, Q069, Q070, Q076, Q091, Q093, Q102, Q104, Q107, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137, Q140, Q141, Q143, Q144, Q145, Q146,	<ul style="list-style-type: none"> Evaluation of High Risk Pain Medications for Morphine Milligram Equivalents (MME) Outcome Assessment for Patients Prescribed Ankle Orthosis for Ambulation and Functional Improvement Outcome Assessment for Patients Prescribed Foot Orthosis for Ambulation and Functional Improvement Prevention of Antibiotic or Herbal Supplement 	Q001, Q005, Q007, Q008, Q009, Q012, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226, Q236,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				with an additional \$100 for reporting IA only or \$550 for IA & ACI with specialized registry support. Discounts available for existing subscribers. MIPS web-based reporting, ACO and facility quality reporting support available. Please inquire for pricing at pqrs@scghealth.com and see www.SCGhealth.com for more information.		Q147, Q154, Q155, Q156, Q176, Q177, Q178, Q179, Q180, Q181, Q182, Q185, Q191, Q192, Q195, Q204, Q205, Q217, Q218, Q219, Q220, Q221, Q222, Q223, Q224, Q225, Q226, Q236, Q238, Q239, Q240, Q276, Q277, Q278, Q279, Q281, Q282, Q283, Q284, Q286, Q288, Q305, Q309, Q310, Q312, Q317, Q318, Q320, Q325, Q327, Q328, Q329, Q330, Q331, Q332, Q333,	Impairment of Anesthesia • Improvement in Quality of Life from Partial Foot, Prosthetics	Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
						Q334, Q335, Q336, Q338, Q340, Q350, Q351, Q352, Q353, Q366, Q367, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382, Q383, Q387, Q390, Q391, Q394, Q400, Q401, Q402, Q403, Q404, Q405, Q406, Q408, Q412, Q414, Q418, Q424, Q426, Q427, Q430, Q431, Q436, Q438, Q442, Q443, Q444, Q447, Q448		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Dermatology PA QCDR	8400 Westpark Drive, 2nd Floor McLean, VA http://www.dermpa.org/	Lite \$229, Basic \$269, Standard \$359, Plus \$459	Individual MIPS clinicians, Groups	Basic: Quality component Standard: Quality and Advancing Care Information reporting Plus: All components of MIPS for 2017	Quality	Q047, Q110, Q128, Q130, Q131, Q137, Q138, Q224, Q226, Q 265, Q337, Q358, Q410, Q431	<ul style="list-style-type: none"> • Education of patients with inflammatory diseases regarding increased cardiovascular risk and the need for PCP evaluation • HCV testing in Lichen Planus • Avoiding antibiotic use in ruptured cysts • Appropriate Testing and Treatment of Nail Dystrophy 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Society of Thoracic Surgeons	633 N St. Clair, 23 rd Floor Chicago, IL www.sts.org	\$500 for non-STS mem-bers, no cost to STS mem-bers	Individual MIPS clinicians	Data Collection Quarterly Reports Submission to CMS	Quality	Q021, Q043, Q044, Q164, Q165, Q166, Q167, Q168, Q226, Q445	<ul style="list-style-type: none"> • Prolonged Length of Stay Following Coronary Artery Bypass Grafting • Prolonged Length of Stay for Coronary Artery Bypass Grafting (CABG) + Valve Replacement • Prolonged Length of Stay following Valve Surgery • Patient Centered Surgical Risk Assessment and Communication for Cardiac Surgery 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Sovereign QCDR Registry	85 Harris Town Rd Glen Rock, NY http://sovereignhealthmedicalgroup.com/	\$350 per provider NPI. For PQRS consultation and for larger groups contact us for pricing.	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> · Self-service online tool for solo providers and groups of any size. · Step-by-step guide to rapidly collect, validate and submit results to CMS. · Monthly Updated Provider Performance Dashboard · Bespoke services may also be available at an additional fee for complex/challenging data extraction scenarios (subject to data quality requirements) 	Advancing Care Information, Improvement Activities, Quality	Q001, Q005, Q006, Q007, Q008, Q012, Q019, Q039, Q046, Q047, Q048, Q051, Q052, Q091, Q093, Q102, Q109, Q110, Q111, Q112, Q113, Q116, Q117, Q118, Q119, Q122, Q126, Q127, Q128, Q130, Q131, Q134, Q137, Q138, Q143, Q144, Q154, Q155, Q178, Q181, Q182, Q185, Q204, Q217, Q218, Q224, Q226, Q236, Q238, Q249, Q251, Q263, Q264, Q265, Q268, Q317,	None	Q110, Q111, Q128, Q130, Q134, Q226, Q236, Q238, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
						Q320, Q322, Q325, Q335, Q336, Q337, Q342, Q343, Q358, Q390, Q397, Q398, Q431		

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Spectra-Medix Q 360	50 Millstone Road, Building 400, Suite 110 East Windsor, NJ 08520 http://www.spectramedix.com/	\$249 to \$699 per EP based on services offered. Consulting services are priced separately.	Individual MIPS clinicians, Groups	Company Overview: SpectraMedix assists health systems and ambulatory care providers transition to "fee for value" and "risk-based models". Our enterprise-wide clinical and business intelligence solutions are powered by core competencies in: • Advanced data integration, warehousing and visualization • Measures calculation and regulatory reporting for hospital and ambulatory programs and custom initiatives • Predictive modeling and at-risk patient surveillance for performance initiatives from patient to population level, and for financial risk profiling and modeling. SpectraMedix eMeasures360™ product offers quality reporting and performance improvement capabilities and expertise to guide our clients and partners to succeed in MIPS. SpectraMedix eMeasures360™	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Use of Multiple Concurrent Antipsychotics in Children and Adolescents Metabolic Monitoring for Children and Adolescents on Antipsychotics Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				QCDR, complimented by our Consultation Services, streamlines the transition to MIPS and maximize payments. eMeasures360™ product provides over 500 measures to support value-based care and quality payment programs, including CMS MIPS, Hospital IQR, MU eCQM, TJC eCQM, DSRIP, TCPI, VBP, ACO MSSP, CA PRIME, WPC, NCQA P4P, Star rating and CIN reporting. eMeasures360™ product is ONC 2014 Edition certified for all 29 EH eCQMs and all 64 EP eCQMs				Q226, Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
The American Joint Replacement Registry Orthopedic Quality Resource Center Powered by Premier	9400 W. Higgins Road, Suite 210 Rosemont, IL 60018 https://www.medconcord.com/ajrr	The annual QCDR registration is \$439 for eligible clinicians. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS clinicians, Groups	Clinicians and groups may select from 34 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit	Advancing Care Information, Improvement Activities, Quality	Q001, Q021, Q023, Q024, Q039, Q109, Q130, Q131, Q154, Q155, Q217, Q218, Q223, Q226, Q318, Q350, Q351, Q352, Q353, Q355, Q356, Q357, Q358, Q418	<ul style="list-style-type: none"> Hip Arthroplasty: Health and Functional Improvement Hip Arthroplasty: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy Hip Arthroplasty: Venous Thromboembolic and Cardiovascular Risk Evaluation Hip Arthroplasty: Postoperative Complications within 90 Days Following the Procedure 	Q001, Q130, Q226, Q318, Q375, Q376

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
The American Psychiatric Association (APA)	1000 Wilson Blvd Arlington, VA 703-9007-7880 www.psychiatry.org	No cost for Amer. Psychiatric Assoc. members	Individual MIPS clinicians, Groups	<p>I. Quality Category:</p> <p>a. Performance dashboard with: Feedback reports; registry and national benchmarks and peer-to-peer comparisons; performance gap analysis; standard practices/tools to improve performance.</p> <p>b. Electronic submission of measures as well as manual reporting of measures via web tool.</p> <p>II. Advancing Care Information (ACI) Category:</p> <p>a. Attestation module and electronic submission</p> <p>b. Bonus for clinical data registry reporting</p> <p>III. Improvement Activity (IA) category:</p> <p>a. Attestation module and electronic submission</p> <p>b. Optional Modules for additional activities including: Patient Reported</p>	Advancing Care Information, Improvement Activities, Quality	Q009, Q047, Q107, Q128, Q130, Q134, Q154, Q155, Q182, Q226, Q239, Q281, Q282, Q305, Q366, Q367, Q370, Q371, Q382, Q383, Q391, Q402, Q411, Q414, Q431	<ul style="list-style-type: none"> Annual Monitoring for Patients on Persistent Medications (MPM) Follow-Up After Hospitalization for Schizophrenia (7- and 30-day) Antipsychotic Use in Persons with Dementia Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder 	Q128, Q130, Q134, Q226, Q370

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				Outcomes; Care Plan; Practice Improvement Activities				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
The American Society of Breast Surgeons	10330 Old Columbia Road Columbia, MD https://www.breastsurgeons.org	\$100 non-refund-able fee for 2017 participation.	Individual MIPS clinicians	<p>We will provide live feedback and reports to participants.</p> <p>We will send monthly reminders on incomplete data.</p> <p>We will verify their NPI/TIN combinations.</p> <p>We will provide a confirmation form and webinar to describe the new measures and the new Quality Payment Program requirements.</p>	Quality	Q262, Q263, Q264	<ul style="list-style-type: none"> • Management of the axilla in breast cancer patients undergoing breast conserving surgery with a positive sentinel node biopsy • Surgeon assessment for hereditary cause of breast cancer • Unplanned 30 day re-operation after mastectomy 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by Arbor-Metrix	81 Lakeview Drive Paducah, KY www.asipp.org	Annual fees vary based on membership type	Individual MIPS clinicians, Groups	<p>The ASIPP NIPM QCDR offers a robust MIPS solution for interventional pain physicians that includes:</p> <ul style="list-style-type: none"> Flexible data collection and interoperability approaches to best work with your internal workflows and data systems (i.e., practice management, EHR, etc.) Live MIPS dashboards to help understand your performance and its underlying drivers Continuous updates that provide timely and accurate reports with your most recent data <p>Support to help you along the process from data collection to final review</p>	Improvement Activities, Quality	Q009, Q021, Q039, Q047, Q107, Q109, Q110, Q111, Q116, Q126, Q127, Q128, Q130, Q131, Q134, Q145, Q154, Q155, Q177, Q178, Q182, Q220, Q226, Q236, Q238, Q261, Q276, Q278, Q312, Q317, Q318, Q357, Q370, Q371, Q373, Q374, Q408, Q411, Q412, Q414, Q418, Q419, Q431, Q435	<ul style="list-style-type: none"> Avoiding Excessive Use of Epidural Injections In Managing Chronic Pain Originating in the Lumbosacral Spine Rate of Caudal and Interlaminar Epidural Injections without Dural Puncture Avoiding Excessive Use of Therapeutic Facet Joint Interventions in Managing Chronic Lumbar Spinal Pain Appropriate Patient Selection for Diagnostic Facet Joint Procedures 	Q009, Q107, Q110, Q111, Q128, Q130, Q134, Q226, Q236, Q238, Q312, Q317, Q318, Q370, Q371, Q373, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> • Appropriate Patient Selection for Trial Spinal Cord Stimulation • Appropriate Patient Selection for Use of Epidural Injections In Managing Pain Originating in the Sacral, Lumbar, Thoracic, or Cervical Spine • Shared Decisions Making Regarding Anticoagulant and Antithrombotic Use in the Setting of Caudal or Interlaminar Epidural Injections 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							<ul style="list-style-type: none"> Avoiding Excessive Use of Epidural Injections in Managing Chronic Pain Originating in the Cervical and Thoracic Spine Avoiding Excessive Use of Therapeutic Facet Joint Interventions in Managing Chronic Cervical and Thoracic Spinal Pain 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
The College of American Pathologists	1001 G Street, NW, Suite 425, Washington, DC www.cap.org	Member: \$299/yr; Non-Member: \$799/yr	Individual MIPS clinicians, Groups	Pathologists Quality Registry platform is designed to support integration with more than 80 EHRs, LIS and PM systems. Services offered under Pathologists Quality Registry collects clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Pathologists Quality Registry platform is designed to support integration with more than 80 EHRs, LIS and PM systems. Services offered under MIPS reporting: I. Quality Category: A. Quality performance dashboard: Key features: i. Continuous performance feedback reports. ii. Comparison to CAP and national benchmarks (where available) and peer-to-peer comparison. iii. Performance gap analysis iv. Information on Standard practices/ tools to improve performance on supported quality measure	Improvement Activities, Quality	Q099, Q100, Q249, Q250, Q251, Q395, Q396, Q397	<ul style="list-style-type: none"> • Topic: Turnaround time (TAT) for standard biopsies • Cancer Checklist Elements for Carcinoma of the Endometrium Completed • Cancer Checklist Elements for Invasive Carcinoma of Renal Tubular Origin Completed • Cancer Checklist Elements for Carcinoma of the Intrahepatic Bile Ducts Completed • Cancer Checklist Elements for Hepatocellular 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<p>B. Electronic submission of pathology related QPP and non-QPP measures under quality category</p> <p>C. Manual reporting of pathology related QPP and non-QPP quality measures via web tool</p> <p>II. Improvement Activity (IA) category</p> <p>A. Attestation module</p> <p>B. Electronic submission</p> <p>C. Optional Modules to qualify and complete for additional IA activities</p>			<p>Carcinoma Completed</p> <ul style="list-style-type: none"> Cancer Checklist Elements for Carcinoma of the Pancreas Completed 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
The Hawkins Foundation Inc. in Collaboration with SunCoast RHIO	200 Patewood Dr., C-100 Greenville, SC 29615 www.orthoqcdr.com 864-585-4595	Standard Package for Quality Category Reporting: Cost: \$250 - \$500.00 Includes guidance and support with measures determination* and data collection processes, data collection tools; analysis of data for optimal value and merit-based performance; validation of data accuracy; Quality	Individual MIPS clinicians, Groups	Costs apply to quality component of QPP. We also offer registry services for the QPP Advancing Care Information and Clinical Improvement Activities. Standard Package for Quality Category Reporting: Includes guidance and support with measures determination* and data collection processes, data collection tools; analysis of data for optimal value and merit-based performance; validation of data accuracy; Quality Measures submission; general feedback before and after submission; communication with CMS as needed. Advanced Assistance with Measures	Advancing Care Information, Improvement Activities, Quality,	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> Change in a Validated Reported Outcome Measure for the following Sports Medicine Surgeries: <ol style="list-style-type: none"> Knee Arthroscopy for Meniscectomy Surgical Reconstruction for Anterior Cruciate Ligament (ACL) Injury Surgical Repair for Rotator Cuff Tear Shoulder Instability - Labral Reconstruction Shoulder Arthroscopy Shoulder Arthroplasty 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
		Measures Submission; general feedback before and after submission; communication with CMS as needed.		Determination (sometimes needed for providers with no previous experience in Quality reporting) is available for an additional fee of up to \$150.00 per provider. We also offer customized education, training, consultation, and support services for other QPP Categories and other Quality Reporting Programs, with fees based on client needs. Discounts are available for larger practices and for Clinicians who have needs for "submission only" services through a Qualified Registry. Call for details.			7. Knee Arthroscopy for Meniscal Repair	Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
The Health Collaborative	615 Elsinore Place Suite 500 Cincinnati, OH 513-618-3600 QCDR@HealthCollab.org http://healthcollab.org/	Approximately \$20 - \$200 per physician per month	Individual MIPS clinicians, Groups	<p>The Health Collaborative offers a secure and comprehensive solution for practice quality improvement and measure reporting. Services include:</p> <ul style="list-style-type: none"> hb/analytics A web based solution for all facets of the process: Data Submission – wide variety of standards based and custom formats accepted Data Quality Feedback Iterations – content and volume threshold based Data Reporting – individual, group, multi-group organization, or aggregate Standard or customized measures that align with providers’ priority and other valued based payment programs <p>hb/encounters</p> <ul style="list-style-type: none"> Identification and notification of high cost high risk readmissions 	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	All available eQCMs

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
				<ul style="list-style-type: none"> • Longitudinal and trending analyses to identify high-risk patients • Focused on care coordination for readmission reduction • hb/notify • Real-time notifications of hospital encounters of attributed patients • Complex matching algorithm for patient identity management across health care ecosystem to monitor patients' care activities • Timely and valuable information for providers to ensure proper care coordination and proactive efforts to reduce hospital admissions in the future • Trending analysis to identify high utilizers by geographic location, clinical condition or social risk score 				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
The Spine Institute for Quality Conservative Spine Care QCDR	PO Box 4731 Davenport, IA 52808 SpinelQ.org	\$499	Individual MIPS clinicians, Groups	<p>Clinicians and groups may select from 28 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement.</p> <p>Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit</p>	Advancing Care Information, Improvement Activities, Quality	Q109, Q110, Q111, Q128, Q130, Q131, Q134, Q154, Q155, Q182, Q226, Q236, Q238, Q239, Q240, Q281, Q312, Q317, Q318, Q371, Q374, Q402, Q414, Q431	<ul style="list-style-type: none"> Change in Functional Outcomes Change in Pain Intensity Repeated X-ray Imaging 	Q110, Q111, Q128, Q130, Q134, Q226, Q236, Q238, Q239, Q240, Q281, Q312, Q317, Q318, Q371, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
				data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!				

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
U.S. Wound Registry	2700 Research Forest Dr The Woodlands, TX www.uswoundregistry.com	\$200 - \$1000	Individual MIPS eligible clinicians	Services include various levels of engagement within Registry Participation, Quality Reporting, Benchmarking, etc.	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<ul style="list-style-type: none"> •Adequate Off-loading of Diabetic Foot Ulcers at each visit •Diabetic Foot Ulcer (DFU) Healing or Closure •Plan of Care Creation for Diabetic Foot Ulcer (DFU) Patients not Achieving 30% Closure at 4 Weeks •Venous Leg Ulcer outcome measure: Healing or Closure •Plan of Care for Venous Leg Ulcer Patients not Achieving 30% Closure at 4 Weeks 	Q001, Q005, Q007, Q008, Q009, Q012, Q018, Q019, Q065, Q066, Q102, Q107, Q110, Q111, Q112, Q113, Q117, Q119, Q128, Q130, Q134, Q143, Q160, Q163, Q191, Q192, Q204, Q226,

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							<ul style="list-style-type: none"> •Appropriate use of hyperbaric oxygen therapy for patients with diabetic foot ulcers •Appropriate use of Cellular and/or Tissue Based Product (CTP) in diabetic foot ulcers (DFUs) or venous leg ulcer (VLUs) among patients aged 18 years or older •Healing or Closure of Wagner Grade 3, 4 or 5 Diabetic Foot Ulcers (DFUs) Treated with HBOT •Major Amputation in Wagner Grade 3, 4 or 5 Diabetic 	Q236, Q238, Q239, Q240, Q281, Q305, Q309, Q310, Q312, Q317, Q318, Q366, Q367, Q369, Q370, Q371, Q372, Q373, Q374, Q375, Q376, Q377, Q378, Q379, Q382

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							Foot Ulcers (DFUs) Treated with HBOT <ul style="list-style-type: none"> •Wound Outcome •Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers •Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLU) •Vascular Assessment of patients with chronic leg ulcers •Patient Vital Sign Assessment and Blood Glucose Check Prior to Hyperbaric 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
							Oxygen Therapy (HBOT) Treatment •Patient Reported Nutritional Assessment In Patients with Wounds and Ulcers	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Universal Research Solutions, LLC	800 Cherry Street, Second Floor Columbia, MO http://www.oberd.com	\$25 per month for a provider licensed to use OBERD services	Individual MIPS clinicians, Groups	MIPS reporting, including Quality, CPIA. and ACI components; online dashboard providing current ytd performance data, including all measures, projected composite score, and supplementary analytics	Advancing Care Information, Improvement Activities, Quality	Q181, Q226, Q236, Q238, Q317, Q318, Q373, Q374, Q402, Q412, Q431, Q438	<ul style="list-style-type: none"> •Post-Stroke Outcome and Follow-up •Health Related Quality of Life: Patient Defined Outcomes •Inflammatory Bowel Disease: Follow-up and Outcomes •Patient Satisfaction: CG-CAHPS Composite Tracking •Patient Satisfaction: Tracking Satisfaction Improvement with CG-CAHPS 	Q001, Q110, Q111, Q113, Q128, Q130, Q134, Q226, Q236, Q317, Q318, Q373, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Vascular Quality Initiative QCDR	12 Commerce Ave, West Lebanon, NH 03784 603-298-6717 vgi@m2s.com http://www.vascularqualityinitiative.org/	Open to VQI PATH-WAYS™ members. \$549 per individual provider (NPI).	Individual MIPS clinicians	Data submission, quality feedback reports and reporting to CMS on behalf of consenting providers.	Quality	Q021, Q257, Q258, Q259, Q260, Q344, Q345, Q346, Q347, Q423	<ul style="list-style-type: none"> • Absence of unplanned reoperation after major lower extremity amputation • Absence of serious technical complications during peripheral arterial intervention • Venous clinical severity score (VCSS) assessment before varicose vein treatment • Proper patient selection for perforator vein ablation • Procedures with statin and antiplatelet agents 	None

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<p>prescribed at discharge</p> <ul style="list-style-type: none"> • Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication • Infra-inguinal 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 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							assessed at least 9 months following Peripheral Vascular Intervention for intermittent claudication <ul style="list-style-type: none"> 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 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQCMs Supported
							<ul style="list-style-type: none"> Ipsilateral stroke-free survival assessed at least 9 months following isolated Carotid Endarterectomy 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 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
							aortic diameter assessed at least 9 months following Endovascular AAA Repair procedures <ul style="list-style-type: none"> • Survival at least 9 months after elective repair Endovascular AAA Repair of small abdominal aortic aneurysms • Survival at least 9 months after elective Open AAA repair of small abdominal aortic aneurysms 	

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eCQMs Supported
Visualize Health	504 Autumn Springs Court, Suite A7 Franklin, TN http://visualizehealth.co/	150 PPM	Individual MIPS clinicians, Groups	Dashboarding and Quality scoring	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	None	None
Wound Care Collaborative Registry QCDR	445 Hamilton Avenue, Suite 800, White Plains, NY https://www.medconcert.com/WoundQIR	The annual QCDR registration is \$399 - \$599, depending on group discounts. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS clinicians, Groups	Clinicians and groups may select from 22 registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2017 Improvement Activities and Advancing Care Information	Advancing Care Information, Improvement Activities, Quality	Q001, Q110, Q111, Q117, Q119, Q126, Q127, Q128, Q130, Q131, Q154, Q155, Q226, Q236, Q420, Q437	<ul style="list-style-type: none"> Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers Adequate Offloading of Diabetic Foot Ulcers at Each Visit 	Q001, Q110, Q111, Q117, Q119, Q128, Q130, Q163, Q226, Q236, Q238, Q318, Q374

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
				performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!				