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<td>Uses validated structural echocardiographic images or reports to guide treatment decisions for heart failure and outcomes. This measure encourages the use of echocardiography to assess left ventricular function and volume, as well as to identify the presence and severity of valvular heart disease, which can impact heart failure outcomes. Patients should have clinical indications for echocardiography, such as symptoms of heart failure, such as dyspnea, edema, or signs of congestion, and should have an echocardiogram performed within the appropriate time frame (e.g., within 90 days of hospital discharge or at the time of a scheduled echocardiography visit). The measure includes assessment of both systolic and diastolic function, with specific focus on left ventricular ejection fraction (LVEF) and left atrial volume index (LAVI). It also evaluates the presence of valvular heart disease, including the assessment of valve regurgitation and stenosis. The measure supports improved patient outcomes through early detection and timely intervention for heart failure.</td>
</tr>
<tr>
<td>Name</td>
<td>Type</td>
<td>Eligible Clinicians</td>
<td>MIPS Registry</td>
<td>Type</td>
<td>Core Measure Definitions</td>
<td>Measure IDs</td>
<td>Measure IDs</td>
<td>Measure IDs</td>
<td>Measure IDs</td>
<td>Measure IDs</td>
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<tr>
<td>Keet Health</td>
<td>ENTERPRISE</td>
<td>Therapists, Occupational Therapists, Speech Therapists</td>
<td>Individual MIPS</td>
<td>All Promoting Interoperability</td>
<td>Keet Health is a patient engagement platform used to deliver rehab therapy</td>
<td>Website</td>
<td>Included in ACMS membership</td>
<td>Quality IDs: 044, 112, 113, 116, 128, 047, 066, 076, 093, 402, 414, 431</td>
<td>3/14/2021 version 1.0</td>
<td>Keet Health</td>
<td>Other: MEDNAX</td>
</tr>
</tbody>
</table>

**We are celebrating our 10th year as a CMS-certified registry and look forward to continuing to provide our clients on an annual basis in accordance with the QPP final rule.**

- Data validation and submission included
- Webinars throughout the year.
- Billing files
- File type support for uploads include CCDA, QRDA-1, spreadsheets, and Excel.
- Use your reporting data for practice improvement:
  - Peer comparison delivers industry leading analytics bringing valuable Real-time actionable insights.
  - Use your reporting data for practice improvement:
    - Renal Mass: Documentation of The RENAL Score for Patients with Small Renal Mass Diagnoses
    - Prostate Cancer: Radical Prostatectomy Cases LOS
    - Prostate Cancer: Complications Within 30 Days of Radical Prostatectomy
    - Kidney Stones: SWL In Patients with Largest Renal Stone > 2 Cm or Lower Pole Stone > 1 Cm
    - Kidney Stones: Readmission Within 30 Days of Ureteroscopy
    - Kidney Stones: Post-Ureteroscopy And Shockwave Lithotripsy Imaging for Any Stones
    - Kidney Stones: Antibiotics Should Not Be Provided at The Time Of SWL
    - Use of a "PEG Test" to Manage Patients Receiving Opioids
    - Anxiety Screening
    - Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with neck pain/injury measured via the validated Neck Disability Index (NDI).
    - Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with hip, leg or ankle (lower extremity except knee) injury.
    - Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in knee rehabilitation of patients with knee injury measured via their validated Knee Outcome Survey (KOS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.

In this table, the data is organized with columns for Name, Type, Eligible Clinicians, MIPS Registry, Type, Core Measure Definitions, Measure IDs, and Measure IDs. Each row provides specific information about the offerings of Keet Health, including measure definitions and measure IDs. The table format allows for easy reference and comparison of different categories and their associated details.
<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Eligible Clinicians</th>
<th>Eligible Measures</th>
<th>Eligible Parameters</th>
<th>Service Offered</th>
<th>Maintenance Activity Required</th>
<th>Reporting System/Environment</th>
<th>MIPS Registry Reporting</th>
<th>QCDR Resources Available</th>
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<tbody>
<tr>
<td>Name of Registry</td>
<td>Specialties Supported</td>
<td>Measures</td>
<td>Measures</td>
<td>Reporting Options</td>
<td>MIPS Reporting Options</td>
<td>Reporting Options</td>
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<tr>
<td>Outcomes Registry</td>
<td>Vascular Surgery, General Surgery</td>
<td>Cardiology, Radiology, Pathology, Oncology</td>
<td>Adenoma Detection Rate, at the individual, practice, and state level, four times a year.</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
</tr>
<tr>
<td>Physical Therapy Outcomes Registry</td>
<td>Physical Therapy, Outpatient Endovascular and Interventional Surgery</td>
<td>Patient-Reported Pain and/or Function Improvement after Total Hip Arthroplasty</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
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<tr>
<td>Physician Compass</td>
<td>Internal Medicine, Family Medicine, General Surgery, Obstetrics and Gynecology</td>
<td>High Risk HPV Testing and p16 Scoring in Surgical Specimens for Patients with Oropharyngeal Squamous Cell Carcinoma (OPSCC)</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
<td>FMS-like Tyrosine 3-Internal Tandem Duplication (FLT3-ITD) Biomarker Testing to Inform Clinical Management and Treatment Decisions in Patients with Acute Myeloid Leukemia and Other Hematologic Malignancies</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
<td>BRAF Biomarker Testing to Inform Clinical Management and Treatment Decisions in Patients with Metastatic Colorectal Adenocarcinoma</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
<td>Anaplastic Lymphoma Kinase (ALK) Biomarker Testing to Inform Clinical Management and Treatment Decisions in Patients with Non-small Cell Lung Cancer</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
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<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
<td>Turnaround Time (TAT) - Lactate</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
<td>Turnaround Time (TAT) - Troponin</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
<td>All Improvement Activities</td>
<td>All Improvement Activities</td>
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<tr>
<td>Outcomes Registry</td>
<td>General Surgery, General Radiology</td>
<td>Improvement In Knee Rehabilitation Of Patients With Knee Injury Measured Via Their Validated Knee Outcome Survey (KOS) Score, Or Equivalent</td>
<td>All Improvement Activities</td>
<td>Electronic submission</td>
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<td>Numerically Relevant</td>
<td>Eligible Measures</td>
<td>Services Offered</td>
<td>Reporting Approach</td>
<td>Registry Clearinghouse LLC</td>
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<td>Clinical Performance Registry</td>
<td>I. Quality Category</td>
<td>A. Attestation module</td>
<td>B. Electronic submission</td>
<td>C. Optional Modules to qualify and complete for additional IA activities: a. Patient Reported Outcome module, b. Practice Improvement Activity Module, c. Performance gap analysis, d. Patient portal</td>
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<tr>
<td>Name</td>
<td>Action/Termination</td>
<td>New QCDR/Years</td>
<td>Measures</td>
<td>Service/Offices</td>
<td>Reporting Options</td>
<td>Maintenance/Services Required</td>
<td>MIPS Registry Version</td>
<td>QPP Resource Available</td>
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<td>2020 QCDR_Qualified_Posting_v2.0</td>
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<tr>
<td>Name</td>
<td>Remedial Action/Terminated as Third-Party Intermediary Organization Type</td>
<td>Specialty</td>
<td>New QCDR/Years</td>
<td>QCDR Previously Participated in MIPS</td>
<td>Contact Information</td>
<td>Website</td>
<td>Cost</td>
<td>Last Date to Accept New Clients for 2020 MIPS Performance Period</td>
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<tr>
<td>UREQA (United Rheumatology Effectiveness and Quality Analytics)</td>
<td>Not Applicable</td>
<td>Rheumatology</td>
<td>2018, 2019</td>
<td>United Rheumatology</td>
<td>521 Hauppauge Road/Route 111, Suite 307, Hauppauge, NY 11788</td>
<td>(631) 656-7199</td>
<td>Free for UR members. $2500/provider/yr</td>
<td>2/1/2021</td>
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<tr>
<td>U.S. Wound Registry</td>
<td>Not Applicable</td>
<td>Wound Care, Podiatry</td>
<td>2017, 2018, 2019</td>
<td>U.S. Wound Registry</td>
<td>2700 Research Forest Dr, The Woodlands, TX 77381</td>
<td>(281) 771-3627</td>
<td>$200-$2500 annual cost per provider</td>
<td>2/15/2021</td>
</tr>
</tbody>
</table>