

<p><b>Disclaimer:</b> Each vendor has reviewed their organization's information and provided confirmation of accuracy. Information included in this document was accurate at the time of posting, however, the Centers for Medicare &amp; Medicaid Services (CMS) cannot guarantee that these services will be available or that the vendor will be successful uploading their files during the submission period. CMS cannot guarantee a clinician's success in providing data for the program. Successful submission is contingent upon following the Merit-based Incentive Payment System (MIPS) program requirements, the timeliness, quality, and accuracy of the data provided for reporting by the clinician, group, virtual group, and/or Alternative Payment Model (APM) entity and the timeliness, quality, and accuracy of the vendor. These requirements include that the QCDRs provide performance category feedback at least four times a year for all clinicians. Please note if a QCDR has virtual group specialty parameters, participation in the QCDR's virtual groups will be limited to the indicated parameters.</p>																
QCDR Name	Remedial Action/Involved as Third-Party Intermediary	Organization Type	Specialty	New QCDR/Years QCDR Previously Participated in MIPS	Contact Information	Website	Cost	Last Date to Accept New Clinics for 2020 MIPS Performance Period	Reporting Options Supported	Virtual Groups Specialty Parametering (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MIPS Clinical Quality Measures (CCMs) Supported	MIPS Electronic Clinical Quality Measures (eCCMs) Supported	QCDR Measures Supported
AAAA QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by AllurMedia	Not Applicable	Specialty Society	Allergy, Asthma, Immunology	2017, 2018, 2019, 2020	AAAA - American Academy of Allergy, Asthma, and Immunology 655 E. Wells Street Suite 1100 Milwaukee, WI 53202 (414) 273-6071	<a href="http://www.aaaai.org/practice/qcdr">http://www.aaaai.org/practice/qcdr</a>	Complimentary annual subscription for AAAAI member practices and providers.	3/15/2022	APM Entity, Group, Individual Clinician, Virtual Group	Allergy, Asthma, Immunology	Measure monitoring, performance feedback, benchmarking, and measure submission.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 069, 086, 110, 111, 128, 130, 238, 239, 317, 331, 332, 374, 380, 402	Quality IDs: 065, 066, 110, 111, 128, 130, 228, 238, 240, 317, 374	- Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year - Allergen Control: Allergen Exposure Reduction Improvement - Asthma: Assessment of Asthma Control - Ambulatory Care Setting - Documentation of Clinical Response to Allergen Immunotherapy within One Year - Pustular Allergy: Appropriate Removal or Confirmation
AAD's DataDerm™	Not Applicable	Specialty Society	Dermatology	2017, 2018, 2019, 2020	American Academy of Dermatology 3500 S. Bryn Mawr Avenue Suite 200 Rosemont, IL 60018 (847) 245-1489	<a href="http://www.aad.org/practicecenter/quality/qcdr.htm">http://www.aad.org/practicecenter/quality/qcdr.htm</a>	Enrollment in DataDerm™ is a free American Academy of Dermatology (AAD) Member Benefit; the MIPS Module is \$295 per national provider identifier (NPI) per performance year for AAD Members only	12/3/2021	Group, Individual Clinician	Not Applicable	I. Quality Category: A. Quality performance dashboard 1. Continuous performance feedback reports. 2. Comparison to registry and national benchmarks (where available) and peer-to-peer comparison. II. Performance gap analysis 1. Information on Standard practices/ tools to improve performance on supported quality measure B. Electronic submission of measures under quality category C. Manual reporting option of quality measures via web tool D. Promoting Interoperability Category A. Alteration module B. Electronic submission C. Possible bonus for clinical data registry reporting depending on final program fee III. Improvement Activity category A. Alteration module B. Electronic submission C. Optional Practice Improvement Modules, Resources, and Tools IV. Additional Services A. Group and Individual File Submission to CMS B. MIPS and Reporting Consulting Services C. Quality and Improvement Resources and Tools D. AAD and QCDR Measure Licensing	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 047, 110, 111, 128, 130, 137, 139, 205, 228, 265, 317, 337, 358, 374, 397, 402, 410, 431, 440	Quality IDs: 374	- Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection - Avoidance of Postoperative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures - Chronic Skin Conditions: Patient Reported Quality-of-Life - Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection Procedures - Dermatitis - Improvement in Patient-Reported Itch Severity - Melanoma - Appropriate Surgical Margins - Psoriasis - Improvement in Patient-Reported Itch Severity - Psoriasis: Screening for Psoriatic Arthritis - Skin Cancer Surgery: Post-Operative Complications - Skin Cancer: Biopsy Reporting Time - Clinician to Patient
AACS Orthopaedic Quality Resource Center	Not Applicable	Specialty Society	Orthopaedic Surgeons	2017, 2018, 2019, 2020	American Academy of Orthopaedic Surgeons (AAOS) Registry program 3400 W. Higgins Road Rosemont, IL 60018-4976 (847) 823-8125	<a href="http://www.aaos.org">http://www.aaos.org</a>	When participating in an American Academy of Orthopaedic Surgeons (AAOS) Registry program the submission for the QCDR is included for any AAOS Registry program participant that has a full license. Additional sites that wish to submit via the AAOS QCDR but do not have a full license to Registry Insights can participate in the AAOS QCDR for a cost of \$495 per year per site.	3/31/2022	Group, Individual Clinician	Not Applicable	Services that are included in the cost include reporting on the selection of measures per site, calculation of performance measure on behalf of site and reporting back to the site.	Improvement Activity IDs: IA_AHE_3, IA_BE_8, IA_BE_12, IA_BMH_8, IA_PMA_14, IA_PSPM_15	Promoting Interoperability Measures IDs: PI_PHCDR_5	Quality IDs: 021, 023, 024, 039, 047, 164, 150, 178, 180, 350, 351, 355, 356, 357, 358, 418	Quality IDs: 001, 128, 130, 134, 226, 318, 374, 375, 376	- Hip Arthroplasty: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy - Hip Arthroplasty: Venous Thromboembolism and Cardiovascular Risk Evaluation - Hip/Knee Arthroplasty: Upstream Readmission within 90 Days Following the Primary Procedure - Hip/Knee Replacement: Postoperative Antibiotic - Patient satisfaction following spinal fusion surgery - Percent of patients meeting SGB thresholds for back or neck pain - Percent of patients meeting SGB thresholds for leg or arm pain - Percent of patients meeting SGB thresholds for pain-related disability (CCI/NDI) - Quality of Life - Physical Health Outcomes - Unplanned hospital readmission following spinal fusion surgery
Abdominal Core Health Quality Collaborative (ACHQC) Foundation	Not Applicable	Specialty Society	Hernia Surgery	2017, 2018, 2019, 2020	Abdominal Core Health Quality Collaborative (ACHQC) Foundation 4582 S. Ulster Street Suite 201 Denver, CO 80237 (866) 799-5486	<a href="http://www.achqc.org/">http://www.achqc.org/</a>	Annual CMS reporting fee \$500 per eligible clinician TIN/PIN per year. Contact us for volume discounts	11/1/2021	Individual Clinician	Not Applicable	The Abdominal Core Health Quality Collaborative (ACHQC) QCDR will report on our approved measures for participating surgeons who agree to have their data submitted.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 021, 047, 128, 228, 355, 358, 357, 359	None	- Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period - Venous Thromboembolism: Pain and Functional Status Assessment
ABFM PRIME	Not Applicable	Other Specialty Certification Board	Family Medicine, Internal Medicine, Mental Health, OB/GYN, Occupational Therapy, Palliative Care, Pediatrics, Sports Medicine	2017, 2018, 2019, 2020	American Board of Family Medicine, Inc. 1416 McCallum Parkway Suite 550 Levittown, KY 40511 (877) 223-7437	<a href="http://www.abfm.org/quality">http://www.abfm.org/quality</a>	EMR integrated \$400 per clinician per year Manual Webtool submission \$81 per clinician per year	10/1/2021	Group, Individual Clinician	Not Applicable	Patient data will be periodically extracted from EHR systems and used to generate clinical quality measures. Quality measures and peer comparisons can be viewed and used in improving clinical practice and for Continuing Certification Activities. NOTE: The last date to enroll is 10/1/2021 to be EHR integrated. If intending to utilize the webtool for data submission, to minimize the data entry burden you should enroll as early in the year as possible.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 001, 005, 007, 008, 021, 023, 024, 030, 047, 048, 065, 066, 110, 111, 112, 113, 117, 118, 128, 130, 134, 181, 212, 217, 218, 220, 221, 222, 226, 238, 239, 282, 283, 296, 298, 317, 326, 370, 374, 394, 402, 418, 431, 438	Quality IDs: 001, 005, 007, 008, 065, 066, 110, 111, 112, 113, 117, 118, 128, 130, 134, 226, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 370, 374, 377, 379, 438	- Measuring the Value-Functions of Primary Care: Provider Level Continuity Measure - Person-Centered Primary Care Measure Performance Measure (PCPCM PRD PM)
ABO QCDR	Not Applicable	Collaborative	Anesthesiology	2017, 2018, 2019, 2020	Anesthesia Business Group 3900 N. Causeway Boulevard Suite 625 Melville, LA 70002 (844) 344-4224	<a href="http://www.anesthesiology.com/">http://www.anesthesiology.com/</a>	\$175 per clinician per year. Discounts available.	9/30/2021	Group, Individual Clinician	Not Applicable	Updating and storage of data, instructions for improvement activities and promoting interoperability selections and attestations, access to dashboard, calculation of QCDR measure results, transfer of results to CMS.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 044, 047, 076, 128, 130, 145, 154, 155, 182, 226, 404, 424, 430, 431, 463, 466, 477	None	- Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) - Composite - Avoidance of Cerebral Hypothermia for Procedures Involving Cardiopulmonary Bypass - Central Line: Bloodstream Infection - Consultation for Final Patients - Coronary Artery Bypass Graft (CABG): Prolonged Intubation - Inverse Measure - Hypotension Prevention After Spinal Placement for Elective Cesarean Section - Inverse or Suspected Difficult Airway Mitigation Strategies - Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia - Obstructive Sleep Apnea: Mitigation Strategies - Obstructive Sleep Apnea: Patient Education - Patient-Reported Experience with Anesthesia - Safe Opioid Prescribing Practices - Team-based Implementation of a Care-and-Communication Bundle for ICU Patients - Upper Extremity Nerve Blocks in Shoulder Surgery - Use of a PRISQ Tool to Manage Patients Receiving Opioids - Use of Capnography for Non-Operating Room Anesthesia - Use of Muscular Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)
ACEP's Clinical Emergency Data Registry (CEDR)	Not Applicable	Specialty Society	Emergency Medicine	2017, 2018, 2019, 2020	American College of Emergency Physicians 4950 W. Royal Lane Irving, TX 75063 (972) 550-0911	<a href="http://www.acep.org/qcdr">http://www.acep.org/qcdr</a>	Data Processing Fee \$0.35 per patient visit + \$300 annual Clinician Fee; multiple discounts available.	10/31/2021	APM Entity, Group, Individual Clinician	Not Applicable	Data collection, measure calculation, reporting, online dashboard, and MIPS submission	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 005, 006, 008, 047, 065, 068, 078, 080, 116, 118, 130, 154, 187, 254, 317, 328, 331, 332, 415, 416, 419	None	- Appropriate Emergency Department Utilization of CT for Pulmonary Embolism - Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain - Appropriate Foley catheter use in the emergency department - Appropriate Treatment for Adults with Upper Respiratory Infection (URI) - Appropriate Treatment of Psychosis and Agitation in the Emergency Department - Appropriate Use of Imaging for Recurrent Renal Colic - Appropriate Utilization of FAST Exam in the Emergency Department - Avoid Head CT for Patients with Uncomplicated Syncope - Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions and Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain - Avoidance of Opioid therapy for Low Back Pain and Migraine - Avoidance of Opioid therapy for migraine, low back pain, dental pain - Clinician Reporting of Loss of Consciousness to State Department of Public Health or Department of Motor Vehicles - Coagulation Studies in Patients Presenting with Chief Pain with No Coagulopathy or Bleeding - Discharge Prescription of Naloxone after Opioid Poisoning or Overdose - Door to Diagnostic Evaluation by a Provider Within 30 Minutes - Urgent Care Patients - ED Median Time from ED arrival to ED departure for all Adult Patients - ED Median Time from ED arrival to ED departure for all Pediatric Patients - Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older - Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years - Follow-Up Care Coordination Documented in Discharge Summary - Initiation of the Initial Trauma Bundle - RH Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure - Sepsis Management: Sepsis Shock: Lactate Clearance Rate of < 2.0% - Sepsis Management: Sepsis Shock: Lactate Level Measurement, Antibiotics Ordered, and Fluid Resuscitation - Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD
Acute Care Quality Registry	Not Applicable	Collaborative	Critical Care, Emergency Medicine, Hospitalist	2018, 2019, 2020	Acute Care Quality Registry 339 E. Liberty Street Suite 210 Ann Arbor, MI 48104 (734) 661-7844	<a href="http://www.achmc.org/quality/qcdr">http://www.achmc.org/quality/qcdr</a>	\$200 per eligible clinician per year with discounts based on organization size	3/15/2022	APM Entity, Group, Individual Clinician, Virtual Group	All Specialists	Registry based collaborative, quality improvement, QCDR reporting	All Improvement Activities	All Promoting Interoperability Measures	All MIPS CCMs	All MIPS eCCMs	- ADOPED Bundle - Early mobility for ICU patients - COPD Exacerbation or CHF Exacerbation requiring Hospital Admission: Palliative Care Evaluation - COPD: Steroids for no more than 5 days in COPD Exacerbation - Sepsis: Hour One bundle - Use of a risk stratification tool in patients with CAP - Use of ACE-I or ARB and beta blockade in CHF

QCDR Name	Renewed Action/Terminated as Third Party Intermediary	Organization Type	Specialty	New QCDR/Year QCDR Previously Participated in MPS	Contact Information	Website	Cost	Last Date to Accept New Clinics for 2020 MPS Performance Period	Reporting Options Supported	Virtual Groups Specialty Practices (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MPS Clinical Quality Measures (COMs) Supported	MPS Electronic Clinical Quality Measures (eCOMs) Supported	QCDR Measures Supported
American Academy of Ophthalmology RIBB Registry (Inaugural Research in Sight)	Not Applicable	Specialty Society	Ophthalmology	2017, 2018, 2019, 2020	American Academy of Ophthalmology 655 Beach Street San Francisco, CA 94109 (415) 561-6000	<a href="http://www.aao.org/ribs-registry">http://www.aao.org/ribs-registry</a>	Free to American Academy of Ophthalmology (AAO) members practicing in the U.S.	9/1/2021	Group, Individual Clinician	Not Applicable	MPS Reporting: Quality measurement, Practice assessment, Improve care coordination, Feedback reports	Improvement Activity IDs: IA_AHE_1, IA_AHE_3, IA_AHE_5, IA_AHE_6, IA_AHE_7, IA_BE_1, IA_BE_3, IA_BE_4, IA_BE_5, IA_BE_6, IA_BE_12, IA_BE_13, IA_BE_14, IA_BE_15, IA_BE_16, IA_BE_17, IA_CC_1, IA_CC_2, IA_CC_3, IA_CC_8, IA_CC_9, IA_CC_12, IA_CC_13, IA_CC_14, IA_CC_18, IA_EPA_1, IA_EPA_2, IA_EPA_3, IA_EPA_4, IA_EPA_5, IA_ERP_1, IA_ERP_2, IA_ERP_3, IA_PM_3, IA_PM_5, IA_PM_8, IA_PM_7, IA_PM_11, IA_PM_17, IA_PSPA_1, IA_PSPA_2, IA_PSPA_4, IA_PSPA_6, IA_PSPA_7, IA_PSPA_8, IA_PSPA_9, IA_PSPA_11, IA_PSPA_12, IA_PSPA_13, IA_PSPA_16, IA_PSPA_17, IA_PSPA_18, IA_PSPA_19, IA_PSPA_20, IA_PSPA_21, IA_PSPA_22, IA_PSPA_23, IA_PSPA_24, IA_PSPA_26, IA_PSPA_28, IA_PSPA_31, IA_PSPA_32	All Promoting Interoperability Measures	Quality IDs: 001, 014, 019, 110, 111, 117, 128, 130, 137, 138, 141, 154, 191, 226, 236, 238, 265, 317, 374, 384, 385, 395, 397, 402, 419	Quality IDs: 012, 019, 110, 111, 117, 128, 130, 191, 226, 238, 318, 374	<ul style="list-style-type: none"> <li>• Acquired Involitional Ectropion: Normalized lid position after surgical repair</li> <li>• Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells</li> <li>• Acute Anterior Uveitis: Post-treatment visual acuity</li> <li>• Add Diplopia: Improvement of ocular deviation or absence of diplopia or functional improvement</li> <li>• Add: Binocular Esotropia: Postoperative alignment</li> <li>• Amblyopia: Intracranial visual acuity</li> <li>• Avoidance of Routine Antibiotic Use in Patients Before or After Intravitreal Injections</li> <li>• Chronic Anterior Uveitis - Post-treatment visual acuity</li> <li>• Complications After Cataract Surgery</li> <li>• Diabetic Macular Edema - Loss of Visual Acuity</li> <li>• Endothelial Keratopathy - Dislocation Following Surgical Intervention</li> <li>• Endothelial Keratoplasty - Post-operative improvement in best corrected visual acuity to 20/40 or better</li> <li>• Evidence of anatomic closure of nuclear hole within 90 days after surgery as documented by OCT</li> <li>• Exudative Age-Related Macular Degeneration: Loss of Visual Acuity</li> <li>• Glaucoma - Intraocular Pressure Reduction</li> <li>• Hypertensive Intracranial Hemorrhage: Improvement of mean deviation or stability of mean deviation</li> <li>• Improved visual acuity after optical membrane treatment within 120 days</li> <li>• Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days</li> <li>• Improvement of Macular Edema in Patients with Uveitis</li> <li>• Intraocular Pressure Reduction Following Laser Trabeculoplasty</li> <li>• Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure</li> <li>• Post-operative optical management following ocular surgery</li> <li>• Refractive Surgery: Patients with a postoperative correction within + or - 0.5 Diopter (D) of the intended correction</li> <li>• Refractive Surgery: Patients with a postoperative uncorrected visual acuity (UCVA) of 20/20 or better within 30 days</li> <li>• Regaining Vision After Cataract Surgery</li> <li>• Surgery for Acquired Involitional Ptosis: Patients with an improvement of marginal reflex distance (MRD)</li> <li>• Surgical Pediatric Esotropia: Postoperative alignment</li> <li>• Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery</li> <li>• Visual Acuity Improvement Following Cataract Surgery Combined with a Trabeculectomy or an Aqueous Shunt Procedure</li> <li>• Visual Field Assessment as a Diagnostic</li> </ul>
American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) Reg-enHNS Registry	Not Applicable	Specialty Society	Otolaryngology Head and Neck Surgery	2017, 2018, 2019, 2020	American Academy of Otolaryngology Head and Neck Surgery Foundation (AAO-HNSF) 1650 Diagonal Road Alexandria, VA 22314 (703) 535-9143	<a href="http://www.aao.org">http://www.aao.org</a>	1 Time App. Fee \$250/Annual Participation Fee of \$295 per provider	7/31/2021	APM Entity, Group, Individual Clinician, Virtual Group	Otolaryngology Head and Neck Surgery	The Reg-enHNS registry collects clinical data for the purpose of patient and disease management and to foster improvement in the quality of care provided to patients. Include Practice Improvement Activity Module and Patient Reported Outcomes tool. MPS Reporting: Quality Performance Category: a. Quality Performance Dashboard b. Continuous performance feedback c. Comparison to Reg-enHNS registry and national benchmarks (where available) and peer-to-peer comparison. d. Information on standard practices/tools to improve performance e. Quality Performance Reporting Promoting Interoperability Category Reporting: a. Attention module b. Electronic submission c. Optimal Modules to qualify and complete for additional Improvement Activities	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 021, 023, 047, 065, 066, 090, 110, 111, 118, 128, 130, 154, 191, 226, 238, 261, 267, 279, 317, 331, 332, 344, 355, 356, 357, 358, 369, 402, 404, 431, 440, 444, 464, 468	Quality IDs: 065, 066, 110, 111, 128, 130, 228, 238, 317, 374	<ul style="list-style-type: none"> <li>• Age-related Hearing Loss: Audiotape Evaluation</li> <li>• Anway Assessment for patients undergoing Rhinoplasty</li> <li>• Allergic Rhinitis: Avoidance of Leukotriene Inhibitors</li> <li>• Allergic Rhinitis: Intra-nasal Corticosteroids or Oral Antihistamines</li> <li>• Avoidance of Optical Prescriptions for Closure and Reconstruction After Skin Cancer Resection</li> <li>• Avoidance of Post-operative Sympatric Antibiotics for Office-based Closure and Reconstruction After Skin Cancer Resection</li> <li>• B-Cell Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan (Inverse Measure)</li> <li>• Benign Paroxysmal Positioning Vertigo (BPPV): Du-Roy's and Canalis Repositioning</li> <li>• Confirmation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection Procedures</li> <li>• Confirmation of Cases for Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection</li> <li>• Dysphonia: Postoperative Laryngeal Examination</li> <li>• Otitis Media with Effusion (OME): Avoidance of Inappropriate Use of Medications</li> <li>• Otitis Media with Effusion: Hearing Test for Chronic OME &gt; 3 months</li> <li>• Patient Satisfaction with Information Prior to Facial Reconstruction After Skin Cancer Resection Procedures</li> <li>• Patient Satisfaction with Rhinoplasty Procedure</li> <li>• Quality of Life for Patients with Neurology Disorders</li> <li>• Shared-decision making for post-operative management of discomfort following Rhinoplasty</li> <li>• Standard BPPV Management</li> <li>• Tympanostomy Tubes: Hearing Test</li> <li>• Tympanostomy Tubes: Resolution of Otitis Media with Effusion in Adults and Children</li> <li>• Tympanostomy Tubes: Topical Ear Drop Monotherapy Acute Otitis</li> <li>• Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection</li> </ul>
American Academy of Sleep Medicine Clinical Data Registry	Not Applicable	Specialty Society	Anesthesiology, Family Medicine, Internal Medicine, Neurology, Otolaryngology, Pediatrics, Psychiatry, Sleep Medicine	New QCDR	American Academy of Sleep Medicine 1810 N Preston Road Durham, NC 27616 (919) 737-7100	<a href="http://www.aasm.org">http://www.aasm.org</a>	The CMS submission fee of \$250 for American Academy of Sleep Medicine (AASM) members would be assessed annually, at the time of data submission	5/31/2022	APM Entity, Group, Individual Clinician, Virtual Group	Anesthesiology, Family Medicine, Internal Medicine, Neurology, Otolaryngology, Pediatrics, Psychiatry, Pulmonology, Sleep Medicine, Thoracic	The cost will include CMS data submission only.	All Improvement Activities	All Promoting Interoperability Measures	All MPS eCOMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>• Adult OSA: Screening for Adult OSA by Primary Care Physicians</li> <li>• Adult OSA: Objective Assessment of OSA Signs and Symptoms in Children with Complex Medical Conditions</li> <li>• Pediatric OSA: Objective Assessment of Positive Airway Pressure Therapy Adherence</li> </ul>
American College of Radiology National Registry Data Registry	Not Applicable	Specialty Society	Radiology	2017, 2018, 2019, 2020	American College of Radiology 1891 Preston White Drive Reston, VA 20191 (703) 716-7550	<a href="http://www.acr.org">http://www.acr.org</a>	Annual CMS reporting fee: American College of Radiology (ACR) member: \$190/clinician; Non-member: \$1200/clinician. Reporting fee is in addition to National Registry Data Registry (NRDR) participation fee.	9/30/2021	Group, Individual Clinician, Virtual Group	All Specialties	Manage submission of MPS and QCDR 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	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 021, 023, 042, 047, 076, 102, 104, 110, 111, 112, 113, 128, 130, 154, 143, 144, 145, 147, 154, 155, 195, 225, 226, 236, 259, 265, 317, 322, 353, 354, 344, 355, 356, 357, 358, 369, 384, 374, 404, 405, 406, 408, 419, 418, 420, 421, 436, 438, 465	None	<ul style="list-style-type: none"> <li>• Incidental Coronary Artery Calcification Reported on Chest CT</li> <li>• Interpretation of CT for Pulmonary Angiography (CTPA) for Pulmonary Embolism</li> <li>• Multi-slice weighted average for 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific Diagnostic reference level for CT Abdomen/pelvis with contrast/single phase scan, CT Chest without contrast/single phase scan and CT Head/Brain without contrast/single phase scan</li> <li>• Report Turnaround Time: CT</li> <li>• Report Turnaround Time: Mammography</li> <li>• Report Turnaround Time: PET</li> <li>• Report Turnaround Time: Radiography</li> <li>• Report Turnaround Time: Ultrasound (Excluding Breast US)</li> <li>• Surveillance Imaging for Liver Lesions &lt;10mm in Patients at Risk for Hepatobiliary Carcinoma (HCC)</li> <li>• Use of Low Dose Cranial CT or MRI Examinations for Patients with Ventricular Shunts</li> <li>• Use of Low Dose CT Studies for Adults with History of Unlithotripsy or Nephrolithiasis</li> <li>• Use of Quantitative Criteria for Oncologic FDG PET Imaging</li> <li>• Use of Structured Reporting in Prostate MRI</li> </ul>
American Urological Association Quality (AQUA) Registry	Not Applicable	Specialty Society	Urology	2017, 2018, 2019, 2020	American Urological Association 1000 Corporate Boulevard Linthicum, MD 21090 (410) 689-4076	<a href="http://www.aaua.org">http://www.aaua.org</a>	\$4,540/clinician annually, based on the optional MPS services selected	7/1/2021	Group, Individual Clinician	Not Applicable	Services include: MPS reporting with validation checks prior to submission Clinical Data Registry (CDR) reporting National benchmarks for diagnosis, treatment and performance Physician performance reports based on clinically validated and comparative data Potential to receive some Life Long Learning (formerly Maintenance of Certification [MOC]) credit if certain conditions are met	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 001, 023, 047, 048, 050, 102, 104, 110, 111, 112, 113, 117, 119, 128, 130, 134, 226, 238, 265, 317, 357, 358, 370, 431, 438	Quality IDs: 001, 102, 110, 111, 112, 113, 117, 119, 128, 130, 134, 228, 236, 317, 318, 370, 438, 462, 476	<ul style="list-style-type: none"> <li>• Benign Prostatic Hyperplasia (BPH): Inappropriate Lab &amp; Imaging Services for Patients with BPH</li> <li>• Hospital admissions/complications within 30 days of TURP Biopsy</li> <li>• Non-Muscle Invasive Bladder Cancer: Early Surveillance Cystoscopy for Non-Muscle Invasive Bladder Cancer</li> <li>• Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease</li> <li>• Prostate Cancer: Active Surveillance/Watchful Waiting for Low Risk Prostate Cancer Patients</li> <li>• Prostate Cancer: Confirmation Testing in low risk AS eligible patients</li> <li>• Prostate Cancer: Follow-Up Testing for patients on active surveillance for at least 30 months</li> <li>• Stones: Inappropriate Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment</li> <li>• Stones: Unnecessary Performed Before Surgical Stone Procedures</li> </ul>
Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)	Not Applicable	Specialty Society	Anesthesiology	2017, 2018, 2019, 2020	Anesthesia Quality Institute (AQI) 1061 American Lane Schmiedel, IL 60173 (847) 268-9192	<a href="http://www.aqi.org/nacor.aspx">http://www.aqi.org/nacor.aspx</a>	American Society of Anesthesiologists (ASA) Member physician anesthesiologists: \$100 annual quality reporting fee. Non-ASA Member care team members: \$75 annual quality reporting fee. Non-ASA Member Independent Certified Registered Nurse Anesthetists (CRNAs): \$100 annual quality reporting fee. Non-ASA member physician anesthesiologists: \$200 annual quality reporting fee + plus annual NACOR registry participation fees. Non-ASA Member care team members: \$200 annual quality reporting fee + plus annual NACOR registry participation fees, if any Non-ASA Member Independent CRNA: \$200 annual quality reporting fee + plus annual NACOR registry participation fees.	10/1/2021	Group, Individual Clinician	Not Applicable	AQI NACOR provides participants with the option to report individually or as a group, continuous 24/7 performance feedback via a dashboard, peer-to-peer benchmarking, performance gap analysis and patient outlier identification, and targeted education.	Improvement Activity IDs: IA_AHE_1, IA_BE_1, IA_BE_6, IA_BE_12, IA_BE_13, IA_BE_14, IA_BE_15, IA_BE_16, IA_BE_20, IA_BE_21, IA_BE_22, IA_BE_25, IA_BMH_2, IA_BMH_4, IA_BMH_9, IA_CC_2, IA_CC_8, IA_CC_15, IA_CC_16, IA_CC_19, IA_EPA_1, IA_EPA_2, IA_EPA_3, IA_ERP_1, IA_ERP_2, IA_ERP_3, IA_PM_11, IA_PM_14, IA_PM_15, IA_PM_16, IA_PM_17, IA_PM_18, IA_PM_21, IA_PSPA_1, IA_PSPA_2, IA_PSPA_3, IA_PSPA_4, IA_PSPA_6, IA_PSPA_7, IA_PSPA_8, IA_PSPA_9, IA_PSPA_10, IA_PSPA_11, IA_PSPA_12, IA_PSPA_16, IA_PSPA_18, IA_PSPA_19, IA_PSPA_20, IA_PSPA_21, IA_PSPA_22, IA_PSPA_23, IA_PSPA_25, IA_PSPA_27, IA_PSPA_28, IA_PSPA_29, IA_PSPA_30, IA_PSPA_31, IA_PSPA_32	All Promoting Interoperability Measures	Quality IDs: 004, 047, 076, 080, 110, 111, 113, 116, 182, 226, 317, 404, 424, 430, 463, 466, 477	None	<ul style="list-style-type: none"> <li>• Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite</li> <li>• Antibiotic Glucose Management</li> <li>• Avoidance of Central Hypertension for Procedures Involving Cardiopulmonary Bypass</li> <li>• Central Line Ultrasound Guidance</li> <li>• Consultation for Frail Patients</li> <li>• Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure</li> <li>• Intraoperative Antibiotic Redosing</li> <li>• Intraoperative Hypertension among Non-Emergent Noncardiac Surgical Cases</li> <li>• Obstructive Sleep Apnea: Mitigation Strategies</li> <li>• Obstructive Sleep Apnea: Patient Education</li> <li>• Patient-Reported Experience with Anesthesia</li> <li>• Perioperative Anemia Management</li> <li>• Prevention of Arterial Line-Related Bloodstream Infections</li> <li>• Safe Opoid Prescribing Practices</li> <li>• Team-based Implementation of a Care and Communication Bundle for ICU Patients</li> <li>• Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)</li> </ul>
Anesthesia Quality Registry (AQR QCDR)	Not Applicable	Health IT Vendor	Anesthesiology	2017, 2018, 2019, 2020	ePhrap, Inc. 809 Electric Avenue Suite 202 San Diego, CA 92161 (619) 538-7571	<a href="http://www.epproq.com">http://www.epproq.com</a>	\$50 - \$150 per eligible clinician per year	11/1/2021	Group, Individual Clinician	Not Applicable	Analytics – Population Health: Provider Compliance statistics and other reports MPS Measure Calculations, Performance Dashboards, Benchmarking Improvement Activity Tracking MPS Submission to CMS and archiving of data submission	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 001, 005, 008, 021, 023, 024, 044, 047, 086, 076, 080, 110, 111, 113, 116, 128, 130, 134, 145, 154, 155, 178, 180, 182, 185, 187, 226, 236, 254, 264, 265, 275, 317, 320, 331, 332, 350, 351, 354, 355, 356, 357, 358, 374, 401, 402, 404, 415, 416, 418, 424, 425, 430, 439, 450, 461, 463, 465, 469, 470, 471, 473, 477	None	<ul style="list-style-type: none"> <li>• Antibiotic Glucose Management</li> <li>• Avoidance of Central Hypertension for Procedures Involving Cardiopulmonary Bypass</li> <li>• Central Line Ultrasound Guidance</li> <li>• Consultation for Frail Patients</li> <li>• Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure</li> <li>• Intraoperative Antibiotic Redosing</li> <li>• Intraoperative Hypertension among Non-Emergent Noncardiac Surgical Cases</li> <li>• Obstructive Sleep Apnea: Mitigation Strategies</li> <li>• Obstructive Sleep Apnea: Patient Education</li> <li>• Patient-Reported Experience with Anesthesia</li> <li>• Perioperative Anemia Management</li> <li>• Prevention of Arterial Line-Related Bloodstream Infections</li> <li>• Safe Opoid Prescribing Practices</li> <li>• Ultrasound Guidance for Peripheral Nerve Block with Patient Experience</li> <li>• Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)</li> </ul>

QCDR Name	Remodel Action/Terminated as Third Party Intermediary	Organization Type	Specialty	New QCDR/Year QCDR Previously Participated in MPS	Contact Information	Website	Cost	Last Date to Accept New Clients for 2020 Performance Period	Reporting Options Supported	Virtual Groups Specialty Partnerships (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MPS Clinical Quality Measures (COMs) Supported	MPS Electronic Clinical Quality Measures (eCOMs) Supported	QCDR Measures Supported
ASPS TOPS-QCDR	Not Applicable	Specialty Society	Plastic Surgery	2017, 2018, 2019, 2020	American Society of Plastic Surgeons 444 E. Argonne Road Arlington Heights, IL 60005 (847) 228-3349	<a href="http://www.asps.org/tops-qcdr">http://www.asps.org/tops-qcdr</a>	Pricing is annual and is per clinician, except for new EHR integrated practices. Group pricing is the total of individual members. EHR integration for previously integrated practices (Group or individual). American Society of Plastic Surgeons (ASPS) members and affiliate members: \$499 for all 3 components Non-Members: \$699 for all 3 components Manual Data Entry (individual only): Members: \$299 for all 3 components \$99 for Improvement Activities only or Promoting Interoperabilities only Non-Members: \$499 for all 3 components EHR integration for new practices: Member or non-member: \$3,400 for all 3 components per practice	1/31/2022	Group, Individual Clinician	Not Applicable	ASPS offers members: Submission of Quality Payment Program and QCDR measures to meet MPS Quality requirements; ability to attest to Improvement Activities; and submission of Promoting Interoperability measures, 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.  Last Date to Accept New Clients: Jan 31, 2022 for manual entry; July 29, 2021 for EHR integration.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 021, 023, 047, 110, 111, 112, 128, 130, 132, 136, 137, 138, 226, 236, 238, 265, 267, 305, 366, 367, 368, 374, 402, 431	Quality IDs: 110, 111, 112, 128, 130, 226, 236, 238, 317, 374	<ul style="list-style-type: none"> <li>-Adequate Offloading of Diabetic Foot Ulcer at each visit</li> <li>-Anxiety Assessment for patients undergoing Rhinoplasty</li> <li>-Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection</li> <li>-Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures</li> <li>-Breast Reconstruction: Return to CR</li> <li>-Closing the Mammography Referral Loop: Transmission of Surgical Report</li> <li>-Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection Procedures</li> <li>-Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection</li> <li>-Patient Satisfaction with Information Prior to Field Reconstruction After Skin Cancer Resection Procedures</li> <li>-Patient Satisfaction with Information Provided During Breast Reconstruction</li> <li>-Patient Satisfaction with Rhinoplasty Procedure</li> <li>-Shared-decision making for post-operative management of discomfort following Rhinoplasty</li> <li>-Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection</li> </ul>
Axon Registry	Not Applicable	Specialty Society	Neurology	2017, 2018, 2019, 2020	American Academy of Neurology 201 Chicago Avenue Minneapolis, MN 55415 (612) 928-6000	<a href="http://www.aan.org/quality-data">http://www.aan.org/quality-data</a>	Free of charge to US-based American Academy of Neurology (AAN) members. If there are American Board of Psychiatry and Neurology (ABPN) diplomates who are non-AAN members, they will have the same access to services as the AAN members after they have paid the cost of \$1000/year per year.	9/30/2021	Group, Individual Clinician	Not Applicable	Quality reporting - free of charge to members. Improvement Activity reporting - free of charge to members. Interoperability reporting - free of charge to members.  If there are American Board of Psychiatry and Neurology (ABPN) diplomates who are non-AAN members, they will have the same access to services as the AAN members after they have paid the cost of \$1000/year per year.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 047, 268, 277, 279, 282, 288, 298, 299, 291, 293, 366, 419, 431	Quality IDs: 130, 134, 238, 281, 370	<ul style="list-style-type: none"> <li>-Activity counseling for back pain</li> <li>-Acute Treatment Prescribed for Cluster Headache</li> <li>-Bridg Positional Provocative Vector (BPPV): Diagnostics and Canalith Repositioning</li> <li>-Comprehensive Epilepsy Case Center Referral or Discussion for Patients with Epilepsy</li> <li>-Diabetes/HbA1c Screening for Patients with T2D</li> <li>-Erectile and Appropriate Physical Activity Counseling for Patients with MS</li> <li>-Falgas Screening and Follow-up for Patients with MS</li> <li>-Medication Prescribed For Acute Migraine Attack</li> <li>-Migraine Preventive Therapy Management</li> <li>-Patient reported falls and plan of care</li> <li>-Pulsatile Medication reconciliation</li> <li>-Preventive Treatment Prescribed for Cluster Headache</li> <li>-Quality of Life Outcome for Patients with Neurologic Conditions</li> <li>-Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinsons Disease</li> </ul>
Collaborative Endocrine Surgery Quality Improvement Program (CESQP) of the Endocrine Quality Foundation, powered by ActOnMeds	Not Applicable	Specialty Society	Endocrine Surgery	2017, 2018, 2019, 2020	Collaborative Endocrine Surgery Quality Improvement Program (CESQP) of the Endocrine Quality Foundation, powered by ActOnMeds 339 E. Liberty Street Suite 210 Ann Arbor, MI 48104 (734) 963-4176	<a href="http://www.cesqp.org">http://www.cesqp.org</a>	Included in CESQP membership of \$1000 per surgeon per year	1/1/2022	Group, Individual Clinician	Not Applicable	Registry based collaborative quality improvement, QCDR reporting.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>-Post operative hypocalcemia after thyroidectomy surgery</li> <li>-Pre-operative ultrasound exam of patients with thyroid cancer</li> <li>-rPTH +50% Reduction at End of Procedure</li> <li>-Reduced reoperation for adverse related problems</li> </ul>
East Tennessee State University Department of Health Services Management & Policy in Collaboration with Patient360	Not Applicable	Collaborative	Cancer, Cardiovascular Diseases (CVD), Chronic/Obstetric, Diabetes, Focus on Otolaryngology, Neuromusculoskeletal Medicine and Otolaryngology, Reproductive Medicine (RM/COM), Occupational Therapy and Physical Therapy (OT/PT), Other Physical Medicine Practices, Physiatry, Podiatry, Respiratory/Pulmonary Diseases, Sport Medicine, Substance Use Disorders	2017, 2018, 2019, 2020	East Tennessee State University Department of Health Services Management & Policy in Collaboration with Patient360 1637 Mission Avenue Building A Suite # PMB 11941 Carmichael, CA 95650 (909) 537-4473	<a href="http://www.patient360.com">http://www.patient360.com</a>	Starting at \$99/clinician (per clinician annually). Monthly subscriptions available for larger entities needing payment plans.	2/28/2022	APM Entity, Group, Individual Clinician, Virtual Group	All Specialties	Full Performance Dashboard and Analytics with Quality Payment Program data submission (Measurements, Quality, Promoting Interoperability and Improvement Activities Categories, and Cost Estimator/Calculator). All MPS eCOMs and MPS COMs available. No cap on measure tracking; option to track and add non-MPS quality data to P360 portal for additional outcome analytics and performance feedback to improve quality of care. Multiple data formats accepted and ingested: Quality Reporting Document Architecture (QRDA) R3, QRDA v1, Common Data Element (CDE) v3.0, HL7, FHIR, Template, Manual Encounter upload. Multiple data transfer options available: Direct Upload, Import, Secure File Transfer Protocol (SFTP) file transfers, Application Programming Interface (API) available, or consult with us for Customized Integration options. Electronic Health Record (EHR) Integration available. Active use of the CDE submission API for score previewing and CME Open Authentication (CME). Access to P360's MPS live, recorded and interactive educational material. Ability to submit email and online query with answers as part of group training and online Question and Answers.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with arm, shoulder, or hand injury.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) 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.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with knee injury pain.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with low back pain.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with neck pain/injury.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with neck pain/injury measured via the validated Neck Disability Index (NDI).</li> <li>-Injury 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 MCI.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with arm, shoulder, and/or hand injury measured via the validated Disability of Arm Shoulder and Hand (DASH) score, Quick Disability of Arm Shoulder and Hand (QDASH) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCI.</li> <li>-Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MBDQ) score.</li> <li>-Failure to Progress (FTP): Proportion of patients not achieving a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with hip, leg or ankle injury using the validated Lower Extremity Function Scale (LEFS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCI.</li> <li>-Prostate Cancer: Active Surveillance/Watchful Waiting for Low Risk Prostate Cancer Patients</li> </ul>
ECPR (Emergency - Clinical Performance Registry)	Not Applicable	Other: Multi-Specialty Practice Management Organization	Emergency Medicine, Urgent Care	2017, 2018, 2019, 2020	MedAmerica 2100 Powell Street Suite 400 Emeryville, CA 94608 (919) 360-2600	<a href="https://www.vitality.com/services/emergency-clinical-performance-registry">https://www.vitality.com/services/emergency-clinical-performance-registry</a>	\$500 per clinician per year plus initial start-up fee; discounts available	9/30/2021	Group, Individual Clinician, Virtual Group	Emergency Medicine, Urgent Care	Services and Benefits: Support for data collection, analysis, and reporting. Feedback reports with benchmarks and comparative analysis. Educational materials, webinars, online resources	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	None	<ul style="list-style-type: none"> <li>-Appropriate Treatment of Psychosis and Agitation in the Emergency Department</li> <li>-Avoid Head CT for Patients with Uncomplicated Syncope</li> <li>-Avoidance of Co-Prescribing of Opioid Analgesics and Benzodiazepines</li> <li>-Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions and Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain</li> <li>-Avoidance of Opiates for Low Back Pain or Migraines</li> <li>-Clinician Reporting of Loss of Consciousness to State Department of Public Health or Department of Motor Vehicles</li> <li>-Discharge Prescription of Naloxone after Opioid Poisoning or Overdose</li> <li>-Over to Diagnostic Evaluation by a Provider Within 30 Minutes - Urgent Care Patients</li> <li>-ED Median Time from ED arrival to ED departure for all Adult Patients</li> <li>-ED Median Time from ED arrival to ED departure for all Pediatric Patients</li> <li>-Initiation of the Initial Seizure Bundle</li> <li>-Opioid Withdrawal: Initiation of Medication-Assisted Treatment (MAT) and Referral to Outpatient Opioid Treatment</li> <li>-RBI Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure</li> </ul>
Emergency and Acute Care Clinical Registry (EACCR) in collaboration with Healthmatics	Not Applicable	Collaborative	Anaphylaxis, Emergency Medicine, Family Medicine, Hospitalist Medicine, Internal Medicine, Post-Acute Care	New QCDR	Alison Health (Mid-Atlantic), LLC 12425 Medicine Center Drive Suite 200 Germantown, MD 20876 (240) 886-2330  Healthmatics 172 E Sandeakford Road Noblesville, PA 19355 sales@healthmatics.com (888) 720-4100	<a href="http://www.alisonhealth.com">http://www.alisonhealth.com</a>	Starting at \$289 per provider per year, additional discounts available for group participation.	3/18/2022	APM Entity, Group, Individual Clinician	Not Applicable	Real-time performance and MPS Scoring feedback allows you to update just one measure (or all at once!) and immediately see the impact it has on your MPS score.  Our proprietary engine validates your data and determines how to maximize your score and guides your submission.  Use your reporting data for practice improvement - Address patient care and improve measure performance with our gap-in-care report.  Peer comparison delivers industry leading analytics bringing valuable real-time insight into performance. Identify areas of high quality, share best practices, and improve with actionable insights.  Practice improvement tools include chronic care management, quality improvement tools, CME credits, coaching, and cost-of-care analytics.  Data integration with leading EMRs enables seamless data exchange and removes reporting burden.  File your report for updates include QRDA, Quality Reporting Data Architecture (QRDA) v3, Interoperability, billing files - U.S. based multi-channel support delivers one-on-one hands on training and problem resolution, including self-service materials, live system tutorials, and our help desk. We also provide Quality Performance Category Webinars throughout the year.  Report with us as a group and receive free individual reporting for any/all National Provider Identifiers (NPIs) in that Tax Identification Number (TIN) data validation and submission included	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>-Ambulatory Glucose Management</li> <li>-Appropriate Treatment of Psychosis and Agitation in the Emergency Department</li> <li>-Avoid Head CT for Patients with Uncomplicated Syncope</li> <li>-Avoidance of Co-Prescribing of Opioid Analgesics and Benzodiazepines</li> <li>-Avoidance of Opiates for Low Back Pain or Migraines</li> <li>-Cardiac/Diagnostic - Risk Assessment and Plan of Care</li> <li>-Discharge Prescription of Naloxone after Opioid Poisoning or Overdose</li> <li>-Initiation of the Initial Seizure Bundle</li> <li>-Intraoperative Antibiotic Redosing</li> <li>-Preoperative Anemia Management</li> <li>-Physician's Orders for Life-Sustaining Treatment (POLST) Form</li> <li>-Pressure Ulcers - Risk Assessment and Plan of Care</li> <li>-Prevention of Antral Line-Related Bloodstream Infections</li> <li>-RBI Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure</li> <li>-Safe Opioid Prescribing Practices</li> <li>-Team-based implementation of a Care and Communication Bundle for ICU Patients</li> <li>-Unintentional Weight Loss - Risk Assessment and Plan of Care</li> <li>-Venous Thromboembolism (VTE) Prophylaxis</li> </ul>
FOTO QCDR	Not Applicable	Other: Patient Outcomes Data Collection and Reporting Service	Occupational Therapy, Physical Therapy, Speech Language Pathologists	2017, 2018, 2019, 2020	FOTO Patient Outcomes, Powered by Net Health 40 24th Street Suite E Pittsburgh, PA 15222 (800) 411-6261	<a href="http://www.fotopac.com">http://www.fotopac.com</a>	The cost for registry services through the FOTO QCDR is \$300 per clinician annually.	10/30/2021	Group, Individual Clinician	Not Applicable	The FOTO QCDR provides dedicated support personnel and a user-friendly feedback dashboard. Services include fully automated registry services to promote reduced burden for the provider and allow for seamless electronic connections (i.e., no human manipulation of data) with other sources. The provider's electronic health record (EHR) vendor connects with the FOTO QCDR to provide relevant data from the medical and billing records and a portion of the data for certain process quality measures. The FOTO Patient Outcomes system provides data collection and score calculations for patient reported outcome quality measures, including the calculations for risk-adjusted residual scores. Improvement Activities data is collected within the FOTO QCDR. The FOTO QCDR gathers data from these sources and transmits the data to CMS via the CMS Quality Payment Program Submission application programming interface (API). Thus, the fully automated nature of the FOTO QCDR is achieved via seamless connection with the provider's EHR, the FOTO Patient Outcomes system, and the CMS Quality Payment Program Submission API.	Improvement Activity IDs: IA_AHE_3, IA_BE_6, IA_BE_7, IA_BE_13, IA_BE_22	None	Quality IDs: 127, 129, 130, 134, 154, 155, 161, 162, 217, 218, 219, 220, 221, 222, 226, 402, 476	None	<ul style="list-style-type: none"> <li>-Functional Status Change for Patients Post Stroke: Lower Body</li> <li>-Functional Status Change for Patients Post Stroke: Upper Body</li> <li>-Functional Status Changes for Patients with Upper or Lower Extremity Regional Swelling</li> </ul>
Genetics Practice Management QCDR	Not Applicable	Health IT Vendor	Family, Geriatric, Internal	2017, 2018, 2020	QPM Corp. 16 Blinnmore Avenue Suite 300 Asheville, NC 28801 (828) 258-2288	<a href="http://www.qpm.net">http://www.qpm.net</a>	\$600 to \$600 per provider, annually	10/31/2021	Group, Individual Clinician	Not Applicable	QCDR integrated for GEMRMD™ subscribers. Customer support provided	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 006, 047, 110, 130, 134, 154, 155, 242, 283, 286, 288, 326	Quality IDs: 107, 111, 130, 134, 281, 318	None

QDDR Name	Remodel Action/Terminated as Third Party Intermediary	Organization Type	Specialty	New QDDR/Year QDDR Previously Participated in MPS	Contact Information	Website	Cost	Last Date to Accept New Clinics for 2020 MPS Performance Period	Reporting Options Supported	Virtual Groups Specialty Partnerships (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MPS Clinical Quality Measures (COMs) Supported	MPS Electronic Clinical Quality Measures (eCOMs) Supported	QDDR Measures Supported
GIQIUC	Not Applicable	Specialty Society	Gastroenterology	2017, 2018, 2019, 2020	GIQIUC 8400 Oatboro Road Suite 200 Bethesda, MD 20817 (301) 263-9030	<a href="http://www.giqiuc.org">http://www.giqiuc.org</a>	No additional fees beyond annual license fees. Annual License Fees: 1-5 physicians: \$4,000, 6-10 physicians: \$5,400, 11-15 physicians: \$6,400, 16-20 physicians: \$10,800, over 20 physicians, contact GIQIUC.	6/30/2021	Group, Individual Clinician, Virtual Group	Gastroenterology	Services: The GIQIUC registry is a clinical quality registry for gastroenterology currently collecting data and benchmarking performance relative to colonoscopy and esophago-gastroenterology (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. Our ten endoscopic report authors are currently certified with GIQIUC. The GIQIUC website is located at <a href="http://giqiuic.org">http://giqiuic.org</a> . Other Quality Reporting Programs Available: The MPS eligible clinician who is in active engagement to submit data to GIQIUC, a clinical data registry, may use GIQIUC registry participation to support reporting by the promoting interoperability clinical data registry reporting measure. GIQIUC participation supports quality improvement projects that can qualify as activities in the Improvement Activities performance category.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 320, 425, 419	None	• Appropriate follow-up interval based on pathology findings in screening colonoscopy • Appropriate management of anticoagulation in the pre-procedural period - EGD • Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/prep bowel preparation • Screening Colonoscopy Adenoma Detection Rate
Hawkins Foundation in Collaboration with Shirecare	Not Applicable	Collaborative	Orthopedic Surgery, Physical Therapy	New QDDR	Hawkins Foundation, Inc. 300 Piedmont Drive Suite C 100 Greenville, SC 29615 (864) 494-2020	<a href="http://www.hawkinsfd.com">http://www.hawkinsfd.com</a>	Standard Package: \$500 - \$800 per year per eligible clinician - Group Discounts Available.	3/2/2022	Group, Individual Clinician, Virtual Group	All Specialties	Covers apply to quality component of Quality Payment Program. We also offer registry services for the OPP Promoting Interoperability and Clinical Improvement Activities. Standard Package for Quality Category Reporting includes guidance and support with measure identification and data collection processes, data collection tools, analysis of data for optimal value and metric based performance validation of data accuracy. Quality Measures Submission: general feedback before and after submission; communication with CMS as needed. Advanced Assistance with measure. Determination (sometimes needed) to provide 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 Quality Payment Program 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. Targeted Review is separate if requested and Dashboard which relates score to reimbursement graphics is available at \$75 per year.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	• Extent of Osteoarthritis Observed in Anteroposterior Partial Meniscectomy • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with arm, shoulder, or hand injury. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) 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 (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with knee injury pain. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with low back pain. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with neck injury. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional 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 MCI. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with arm, shoulder, and hand injury measured via the validated Disability of Arm Shoulder and Hand (DASH) score. Quick Disability of Arm Shoulder and Hand (QDASH) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCI. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with neck injury measured via the validated Neck Disability Index (NDI). • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MDCQ) score. • Failure to Progress (FTP): Proportion of patients not achieving a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with hip, leg or ankle injuries using the validated Lower Extremity Function Scale (LEFS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCI. • Patient-Reported Pain and/or Function Improvement after ACLR Surgery • Patient-Reported Pain and/or Function Improvement after APN Surgery • Patient-Reported Pain and/or Function Improvement after Total Hip Arthroplasty • Patient-Reported Pain and/or Function Improvement after Total Knee Arthroplasty
HQPR (Hospitalist) - Clinical Performance Registry	Not Applicable	Other Multi-Specialty Practice Management Organization	Critical Care, Hospital Medicine, Post-Acute Care	2017, 2018, 2019, 2020	MediMetrica 2100 Power Street Suite 400 Emeryville, CA 94608 (510) 550-2600	<a href="http://www.healthpartners.com/resources/medimetrica-clinical">http://www.healthpartners.com/resources/medimetrica-clinical</a>	\$200 per clinician per year plus start-up fee, discounts available	6/30/2021	Group, Individual Clinician, Virtual Group	Critical Care, Hospital Medicine, Post-Acute Care	Services and Benefits: Support for data collection, analysis, and reporting. Support for benchmarking and comparative analysis. Educational materials, webinars, online resources	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	None	• Anticipation of Echocardiogram and Central Ultrasound for Syncope • Clostridium Difficile - Risk Assessment and Plan of Care • Critical Care Transfer of Care - Use of Virtual Checklist or Protocol • Discharge Prescription of Naloxone after Opioid Poisoning or Overdose • Clinical Workflow: Initiation of Medication-Assisted Treatment (MAT) and Referral to Outpatient Opioid Treatment • Physician's Orders for Life-Sustaining Treatment (POLST) Form • Physician Orders - Risk Assessment and Plan of Care • Unintentional Weight Loss - Risk Assessment and Plan of Care • Venous Thromboembolism (VTE) Prophylaxis
Imagelink Registry	Not Applicable	Specialty Society	Cardiology	2017, 2018, 2019, 2020	American Society of Nuclear Cardiology 3032 Lee Highway Suite 1210 Falls Church, VA 22031 (703) 459-2555	<a href="http://www.imagelinkregistry.org">http://www.imagelinkregistry.org</a>	Free for American Society of Nuclear Cardiology (ASNC)/ASE members \$70/member/provider annually	10/31/2021	Group, Individual Clinician	Not Applicable	MPS Quality, Improvement Activities, and Promoting Interoperabilities reporting benchmark reports at the national, practice/hospital, location, and clinician levels.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 322, 323, 324	None	• Appropriate diagnosis verification and severity grading for valve disease through transthoracic echocardiography (TTE) quantitative parameters. • Appropriate Evaluation of Left Ventricular Structure and Systolic Function with Transthoracic Echocardiography (TTE) to Guide Heart Failure and Cardiomyopathy Management • Comprehensive TTE studies reporting a measured value of LVEF AND wall motion findings with LVEF < 50% • Myocardial Perfusion Imaging (MPI) or Stress Echocardiography Imaging Studies - Adequate Exercise Protocol • Myocardial Perfusion Imaging (MPI) or Stress Echocardiography Imaging studies - Imaging Image Quality • Myocardial Perfusion Imaging (MPI) studies - Radiation Reduction Strategies • Myocardial Perfusion Imaging (MPI) Studies, Transthoracic Echo (TTE), or Stress Echocardiography Imaging Studies - Adequate Reporting for Appropriate Interventions • Parameters in stress echocardiography dobutamine testing for low flow, low gradient aortic stenosis • Stress echo performance for absence of breathers per ASE guidelines • Transthoracic Echo (TTE) performance per ASE guidelines
Keel Outcomes	Not Applicable	Health IT Vendor	Occupational Therapy, Physical Medicine, Physical Therapy	2019, 2020	Keel Health 805 W. 9th Street Austin, TX 78704 (512) 710-2008	<a href="http://www.keelhealth.com/">http://www.keelhealth.com/</a>	\$450/month per clinic, regardless of the number of clinicians in the clinic.  Reduced per provider pricing will be considered for small clinics with less than 4 clinicians on a per case basis.	3/31/2022	Group, Individual Clinician	Not Applicable	Keel is a patient engagement platform used to deliver rehab therapy focused care plans and provision, score and report QDDR Quality Measure approved patient reported outcome surveys (PROs). The combined capabilities of the platform meet both the Quality and Improvement Activities categories under the Medicare MIPS program. Keel offers a convenient, web-based and mobile platform that allows patients to easily complete PROs both inside and outside of the clinic. Keel tracks the number of initial evaluation patients through EHR integrations or appointment reports to ensure that all patients seen throughout the year are evaluated for MIPS eligibility based on that region of treatment. The software automatically scores and trends patient reported outcome surveys on the patient account throughout treatment as providers can track the patients' progress and inform treatment strategies at the individual patient level. The software also provides aggregate reporting of all patient outcomes at both the provider and clinic/organization level for both MIPS reporting and to inform continuous quality improvement activities. Keel Outcomes includes access to a patient engagement platform that allows providers to assign automated care plans, including home exercise plans and education, based on the patient's specific treatment strategy. Keel submits all Quality Measure data to Medicare on an annual basis in accordance with the Quality Payment Program final rule.	Improvement Activity ID: IA_BE_6, IA_BE_7, IA_BE_8, IA_BE_22	None	None	None	• Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with arm, shoulder, or hand injury. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) 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 (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with knee injury pain. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with low back pain. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional 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 MCI. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with arm, shoulder, and hand injury measured via the validated Disability of Arm Shoulder and Hand (DASH) score. Quick Disability of Arm Shoulder and Hand (QDASH) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCI. • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with neck injury measured via the validated Neck Disability Index (NDI). • Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MDCQ) score. • Failure to Progress (FTP): Proportion of patients not achieving a Minimal Clinically Important Difference (MCI) to indicate functional improvement in rehabilitation of patients with hip, leg or ankle injuries using the validated Lower Extremity Function Scale (LEFS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCI.
MSHR Mental and Behavioral Health Registry	Not Applicable	Specialty Society	Mental and Behavioral Health	2018, 2019, 2020	American Psychological Association 750 First Street NE Washington, DC 20002-4242 (202) 336-6500  HealthMetric 72 E Swedeshoff Road Edison, NJ 08855 sales@healthmetric.com (888) 720-4100	<a href="http://www.mshrregistry.com/">http://www.mshrregistry.com/</a>	Starting at \$289/clinician/year	3/18/2022	Group, Individual Clinician	Not Applicable	• Real-time dashboard and MPS Scoring provides valuable and timely insight into provider and business performance • Offer down capabilities and advanced analytics: Provide gap analysis, identify areas of high quality, and actionable insights for areas needing improvement • Peer comparison delivers industry leading analytics bringing valuable Real-time insight into performance • Data integration with leading EMRs enables seamless data exchange and removes the reporting burden • Data validation and submission included • U.S. based support includes hands on training and problem resolution	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 044, 046, 076, 093, 116, 128, 154, 155, 181, 182, 239, 282, 293, 298, 299, 317, 342, 370, 374, 383, 391, 402, 431	Quality IDs: 009, 107, 239, 281, 305, 366, 382	• Alcohol Use Disorder Outcome Response • Anxiety Response of e-Forms • Cognitive Assessment with Counseling on Safety and Potential Risk • Outcome monitoring of ADHD functional impairment in children and youth • Pain Interference Response utilizing PROMIS • Patient Feedback of Test Results Following Cognitive or Mental Status Assessment • Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children • Screening and monitoring for psychosocial problems among children and youth • Sleep Quality Assessment and Sleep Response at 3-months • Social Risk Functioning Outcome utilizing PROMIS • Symptom Improvement in adults with ADHD • Use of Anxiety Severity Measure
MEDNAX QDDR	Not Applicable	Other MEDNAX National Medical Group- Nation-wide Group of MEDNAX-Affiliated Physicians for Multiple Different Specialties	Anesthesiology, Diagnostic Radiology, Emergency Medicine, Interventional Pain, Interventional Radiology	2017, 2018, 2019, 2020	MEDNAX Services, Inc. 1301 Concord Terrace Baltimore, FL 33323 (800) 243-3839 ext. 5266	<a href="http://www.mednax.com">http://www.mednax.com</a>	No cost to MEDNAX employees and affiliates. If the MEDNAX QDDR were to be made available to non-MEDNAX affiliated clinicians, the QDDR would assess cost based on complexity and resource utilization incurred for such reporting.	12/31/2021	Group	Not Applicable	Submission of Quality Data. Submission of Improvement Activity attestation. Reporting of quarterly feedback reports. Randomized and Detailed auditing of QDDR data.	All Improvement Activities	None	Quality IDs: 044, 046, 076, 093, 116, 128, 130, 145, 147, 187, 195, 225, 226, 254, 310, 317, 331, 332, 360, 364, 374, 404, 406, 408, 409, 413, 415, 416, 420, 421, 431, 432, 436, 465, 477	None	• Appropriate Follow-up Recommendations for Chest/Abdominal Lesions using the Chest/Abdominal Reporting and Data System (C-RADS) • Central Line (Bleed/Unsafe) Duration • Central Line (Break/Fracture Risk Assessment) for Patients with Osteoporosis • IVC Filter Management Confirmation • Latent Spinal Fracture when Converting from Labor Analgesia to Cesarean Section Anesthesia • Operating Pressure in Lumbar Puncture • Use of a PREC Tool to Manage Patients Receiving Opioids • Use of ASPECTS (Alberta Stroke Program Early CT Score) for non-contrast CT Head performed for suspected acute stroke. • Use of Breast Cancer Risk Scale to Monitor Patients • Use of Capnography for Non-Operating Room Anesthesia • Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA) • Kidney Stones: Alpha-blockers at discharge for patients undergoing uroterostomy or shockwave lithotripsy • Kidney Stones: ED visit within 30 days of uroterostomy • Kidney Stones: Opoid titration after uroterostomy and shockwave lithotripsy • Kidney Stones: Post-uroterostomy and shockwave lithotripsy imaging for any stones • Kidney Stones: Readmission within 30 days of uroterostomy • Kidney Stones: SWL in patients with target renal stone > 2 cm or lower pole stone > 1 cm • Prostate Cancer: Active Surveillance/Active Waiting for Low Risk Prostate Cancer Patients • Prostate Cancer: Complications within 30 days of radical prostatectomy • Prostate Cancer: Confirmation Testing in low risk all eligible patients • Prostate Cancer: Follow-Up Testing for patients on active surveillance for at least 30 months • Prostate Cancer: Operative duration after radical prostatectomy • Prostate Cancer: Radical Prostatectomy Caves LOB • Prostate Cancer: Urinary incontinence at 12 months post-radical prostatectomy • Renal Mass: Documentation of the RENAL score for patients with small renal mass diagnoses • Renal Mass: ED visit or readmission within 30 days of partial nephrectomy • Renal Mass: ED visit or readmission within 30 days of radical nephrectomy
Michigan Urological Surgery Improvement Collaborative (MUSIC) QDDR	Not Applicable	Collaborative	Urology	2017, 2018, 2019, 2020	Michigan Urological Surgery Improvement Collaborative (MUSIC) 6500 Plymouth Road Building 16, Suite 1485 Ann Arbor, MI 48109 (734) 232-2398	<a href="http://www.musicurology.com">http://www.musicurology.com</a>	No cost to participating sites	12/31/2021	Individual Clinician	Not Applicable	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 Coordinators. Center and/or 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 QDDR, MUSIC will report to CMS on the supported measures for all participating eligible professionals who agree to have their data submitted. MUSIC will also attest to these providers participation in the supported improvement activities, as appropriate. At this time, there is no cost to participants for this service.	Improvement Activity ID: IA_BE_7, IA_BE_8, IA_BE_12, IA_PA_16, IA_PA_17, IA_PA_21, IA_PA_7, IA_PA_8, IA_PA_18, IA_PA_19, IA_PA_20A	All Promoting Interoperability Measures	Quality IDs: 104, 130, 250, 265	None	

QDDR Name	Remodel Action/Terminated as Third Party Intermediary	Organization Type	Specialty	New QDDR/Year QDDR Previously Participated in MPS	Contact Information	Website	Cost	Last Date to Accept New Clinics for 2020 MPS Performance Period	Reporting Options Supported	Virtual Groups Specialty Partnerships (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MPS Clinical Quality Measures (COMs) Supported	MPS Electronic Clinical Quality Measures (eCOMs) Supported	QDDR Measures Supported
<b>MPSPRO ENTERPRISE</b>	Not Applicable	Health Information Exchange/Regional Health Information Organization	Audiologists, Occupational Therapists, Physical Therapists, Primary Care	2016, 2019, 2020	Healthmore (formerly Diabetes OCDR) 72 E. Swedeland Road Suite 110 Mahan, PA 15555 (810) 599-2229 ext. 14	<a href="http://www.oah-rtmco.com">http://www.oah-rtmco.com</a>	Starting at \$269 per clinician per year, additional discounts available for group participation.	3/18/2022	APM Entity, Group, Individual Clinician	Not Applicable	Real-time performance and MPS Scoring feedback allow you to update just one measure (or all of them) and immediately see the impact it has on your MPS score. Our proprietary engine validates your data and determines how to maximize your score and guide your submission. Use your reporting data for practice improvement. Address patient GAPS in CARE. View ALL Medicare claims data about your patients as part of our Qualified Entry program. PEER COMMISSION delivers industry leading analytics, bringing valuable real-time insight into performance. Identify areas of high quality, share best practices, and improve with actionable insight. Practice improvement tools include chronic care management, quality improvement tools, CME, coaching, and cost-of-care analytics. Data integration with leading EMRs enables seamless data exchange and removes reporting burden. File type support for uploads include Clinical Document Architecture (CDA), Quality Reporting Document Architecture (QRDA) I, spreadsheets, billing files (X12), based multi-channel support delivers one-on-one hands on training and problem resolution, including self-service materials, like system tutorials and our help desk. We also provide Quality Performance Category Webinars throughout the year. Report with us as a group and individuals to maximize your scores. Data validation and submission included. Access to all Medicare patient claims data to drill into your COST category score and learn more about care patterns.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>Functional Benefit of a Cochlear Implant</li> <li>Functional Status Change for Patients With Low Back Functional Status Deficit</li> <li>Functional Status Change for Patients With Lower Extremity Functional Status Deficit</li> <li>Functional Status Change for Patients With Neck Functional Status Deficit</li> <li>Functional Status Change for Patients With Upper Limb Functional Status Deficit</li> <li>Functional Status Change for Patients with Vestibular Dysfunction</li> <li>Outcomes of Hearing Loss Treatment</li> <li>Outcomes of Treatment of Benign Parosymal Positional Vertigo</li> <li>Outcomes of Treatment of Subjective Tinnitus</li> <li>Pain Interference Response utilizing PROMIS</li> </ul>
<b>MohsAID</b>	Not Applicable	Specialty Society	Dermatology	2019, 2020	American College of Mohs Surgery 665 E. Wolk Street Suite 1100 Milwaukee, WI 53202 (414) 347-1103	<a href="http://www.mohscollege.org/ajdr">http://www.mohscollege.org/ajdr</a>	Included in American College of Mohs Surgery (ACMS) membership	3/15/2022	APM Entity, Group, Individual Clinician, Virtual Group	Dermatology	** We are celebrating our 11th year as a CMS-certified registry and look forward to continued growth of our network around the world and our clients. Registry based collaborative, quality improvement, QDDR reporting	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>Antibiotic Prophylaxis for High Risk Cardiac / Orthopedic Cases prior to Mohs micrographic surgery - Prevention of Ovarian Avoidance of Ovarian Prescriptions for Closure and Reconstruction After Skin Cancer Resection</li> <li>Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures</li> <li>Closing the Mohs Surgery Referral Loop: Transmission of Surgical Report</li> <li>Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection</li> <li>Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection</li> <li>Documentation of High-Risk Squamous Cell Carcinoma Stage in Mohs Micrographic Surgery Record</li> <li>Limit quantity of opioids prescribed for pain management in patients following Mohs micrographic surgery</li> <li>Surgical Site Infection Rate - Mohs Micrographic Surgery</li> <li>Valid to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection</li> </ul>
<b>MEN Healthcare Solutions, LLC</b>	Not Applicable	Collaborative	Anesthesia, Interventional Radiology, Nuclear Medicine, Orthopedic Surgery, Pathology, Radiation Oncology, Radiology	2017, 2018, 2019, 2020	MEN Healthcare Solutions, LLC 717 20th Street Columbia, GA 31104 (410) 538-6891	<a href="http://www.menhc.com">http://www.menhc.com</a>	Up to \$550 per provider per Tax Identification Number (TIN) per year.	9/1/2021	Group, Individual Clinician	Not Applicable	MEN Healthcare Solutions will provide QDDR reporting of Electronic Health Record (EHR), MPS Clinical Quality Measures (COM) and QDDR Quality Measures and Improvement Activities. MEN is a billing and management company that has been in business for more than 20 years. MEN Healthcare Solutions provides services to over 1,000 Eligible Clinicians in over 150 individual practices.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>Arbitratory Glucose Management</li> <li>Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)</li> <li>Avoidance of Central Hypertension for Procedures Involving Coronary Bypass</li> <li>Central Line Ultrasound Guidance</li> <li>Consultation for Fetal Patients</li> <li>Coronary Artery Bypass Graft (CABG): Prolonged Intubation - Inverse Measure</li> <li>DEXA/DXA and Fracture Risk Assessment for Patients with Osteoporosis</li> <li>Intraoperative Antibiotic Redosing</li> <li>Unresponsive Hypertension among Non-Emergent Non-emergent Surgical Cases</li> <li>IVC Filter Management Confirmation</li> <li>Obstructive Sleep Apnea Mitigation Strategies</li> <li>Obstructive Sleep Apnea - Patient Education</li> <li>Opening Pressure in Lumbar Puncture</li> <li>Patient-Reported Experience with Anesthesia</li> <li>Patient-Reported Pain and/or Function Improvement after Total Hip Arthroplasty</li> <li>Patient-Reported Pain and/or Function Improvement after Total Knee Arthroplasty</li> <li>Preoperative Anemia Management</li> <li>Prevention of Arterial Line-Related Bloodstream Infections</li> <li>Screening Abdominal Aortic Aneurysm Reporting with Recommendations</li> <li>Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring</li> <li>Ultrasound Guidance for Peripheral Nerve Block with Patient Experience</li> <li>Use of ASPECTS (Alberta Stroke Program Early CT Score) for non-contrast CT Head performed for suspected acute stroke.</li> <li>Use of Breast Cancer Risk Score on Mammography</li> <li>Use of Capnography for Non-Operating Room Anesthesia</li> <li>Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)</li> <li>Use of Thyroid Imaging Reporting &amp; Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk</li> </ul>
<b>MyHealth Access Network</b>	Not Applicable	Health Information Exchange/Regional Health Information Organization	All Specialties	2017, 2018, 2019, 2020	MyHealth Access Network P.O. Box 95 Tulsa, OK 74101 (918) 236-3434	<a href="http://www.myhealthaccess.net">http://www.myhealthaccess.net</a>	Fees begin at \$60 per provider per month. This is per clinician i.e. if there are 5 providers in a group then the annual fee would be \$3,000	8/30/2021	Group, Individual Clinician, Virtual Group	All Specialties	MyHealth Access Network Services can include: <ul style="list-style-type: none"> <li>Data extraction</li> <li>Data quality evaluation and enhancement</li> <li>Continuous Performance evaluation and feedback</li> <li>Performance reporting</li> <li>Care gap alerting</li> <li>Performance Benchmarking</li> <li>Risk stratification</li> <li>Care coordination support</li> <li>Admission, Discharge, Transfer Alerting</li> <li>Active Panel Monitoring</li> <li>30-day Readmission Monitoring</li> <li>Secure messaging</li> <li>Provider Portal</li> </ul>	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	None
<b>National Pathology Quality Registry (NPQR)</b>	Not Applicable	Specialty Society	Pathology	2017, 2018, 2019, 2020	The American Society for Clinical Pathology (ASCP) 1235 New York Avenue NW Suite 350 Washington, DC 20005 (202) 735-2282	<a href="http://www.ascp.org/npqr">http://www.ascp.org/npqr</a>	Free for eligible clinicians at NPQR institutions	12/31/2021	Group, Individual Clinician	Not Applicable	NPQR provides pathologists and laboratory professionals with guideline-driven performance measurement, benchmarking, and quality improvement capabilities. It enables laboratories to identify areas for improvement, integrate results into educational programs, and measure adherence to appropriate use criteria.	All Improvement Activities	None	Quality IDs: 249, 250, 306, 308, 397	None	<ul style="list-style-type: none"> <li>Non-small cell lung carcinoma (NSCLC) ancillary biomarker testing status and turnaround time (TAT) from point of specimen accession date to ancillary biomarker testing completion and reporting date should be &lt; 10 days</li> <li>Notification to the ordering provider requesting ampicillin testing in the diagnosis of suspected acute pericarditis</li> <li>Notification to the ordering provider requesting myoglobin or CK-MB in the diagnosis of suspected acute myocardial infarction (AMI)</li> <li>Notification to the provider ordering repeat blood chemistry panels in critically ill/acute patients within four days</li> <li>Notification to the provider ordering repeat C- office stool toxin testing within seven days</li> <li>Notification to the provider ordering repeat CBC in critically ill/acute patients within four days</li> <li>Notification to the provider ordering repeat Hepatitis C serology testing on a patient with previously positive results</li> <li>Rate of communicating results of an amended report with a major discrepancy to the responsible provider</li> <li>Rate of notification to clinical provider of a new diagnosis of malignancy</li> <li>Time interval critical value reporting for cerebrospinal fluid - white blood cell (CSF - WBC)</li> <li>Time interval critical value reporting for chemistry</li> <li>Time interval critical value reporting for toxicology</li> <li>Time interval critical value reporting for urinalysis</li> </ul>
<b>Nebraska Health Information Initiative</b>	Not Applicable	Other: NEHI is a Regional Health Collaborative, Health Information Organization, Health Data Bioresearch Collaborative, and a Population Health Utility	All Specialties	2017, 2018, 2019, 2020	Nebraska Health Information Initiative P.O. Box 27842 Omaha, NE 68127 (402) 506-9900 (402) 653-2427	<a href="http://www.nhihi.org">http://www.nhihi.org</a>	Costs start at \$100 per reporting clinician annually	11/1/2021	APM Entity, Group, Individual Clinician, Virtual Group	All Specialties	Health Information Exchange (HIE), Qualified Registry, Other Analytics, Data Extraction and Collection including Electronic Health Record (EHR) integration, measure calculation, performance feedback reports, CMS OPI submission via the CMS Quality Payment Program Submissions API for Merit Based Incentive Payment System (MIPS), Primary Care First (PCF) and other APMA, Admission Discharge, Transfer Notification, Event Notification Services, Risk Stratification.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	None
<b>New Hampshire Colonoscopy Registry (NHCR)</b>	Not Applicable	Other: State-wide Colonoscopy Registry	Gastroenterology	2017, 2018, 2019, 2020	New Hampshire Colonoscopy Registry At: Centerra Parkway 2400 Elm Street Suite 105 Lebanon, NH 03768 (603) 853-2427	<a href="http://www.nhcolonoscopy.org">http://www.nhcolonoscopy.org</a>	No Fees are associated with NHCR participation	7/1/2021	Group, Individual Clinician	Not Applicable	Participating providers will receive reports, including measures such as Adenoma Detection Rate, at the individual, practice, and state level, four times a year.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 185, 320, 425, 439	None	<ul style="list-style-type: none"> <li>Appropriate follow-up interval based on pathology findings in screening colonoscopy</li> <li>Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation</li> <li>Screening Colonoscopy Adenoma Detection Rate</li> </ul>
<b>OME</b>	Not Applicable	Other: Hospital	Orthopaedic surgery	2017, 2018, 2019, 2020	Cleveland Clinic 9500 Euclid Avenue Cleveland, OH 44195 (216) 448-8751	<a href="https://www.clevelandclinic.org">https://www.clevelandclinic.org</a>	No cost to Cleveland Clinic clinicians for the 2021 reporting year.	12/31/2021	Individual Clinician	Not Applicable	Collection and submission of OME data. Available exclusively to Cleveland Clinic clinicians.	Improvement Activity IDs: (A_AHE_3, A_PM_7, A_PM_17, A_PSPA_7, A_PSPA_15)	None	None	None	<ul style="list-style-type: none"> <li>Extent of Osteoarthritis Observed in Arthroscopic Partial Meniscectomy</li> <li>Patient-Reported Pain and/or Function Improvement after ACLR Surgery</li> <li>Patient-Reported Pain and/or Function Improvement after APN Surgery</li> <li>Patient-Reported Pain and/or Function Improvement after Total Hip Arthroplasty</li> <li>Patient-Reported Pain and/or Function Improvement after Total Knee Arthroplasty</li> <li>Patient-Reported Pain and/or Function Improvement after Total Shoulder Arthroplasty</li> </ul>
<b>Outpatient Endovascular and Interventional Society National Registry</b>	Not Applicable	Specialty Society	Cardiothoracic Surgery, General Surgery, Interventional Cardiology, Interventional Nephrology, Interventional Neurology, Interventional Radiology, Vascular Surgery	2017, 2018, 2019, 2020	Outpatient Endovascular and Interventional Society 3900 W. Higgins Road Suite 440 Hoffman Estates, IL 60119 (860) 586-7500	<a href="http://www.outpatientregistry.com">http://www.outpatientregistry.com</a>	\$300/Physician	9/1/2021	Group, Individual Clinician, Virtual Group	All Specialties	Data collection tool, provider level reporting, benchmarking, on-demand reporting dashboard, downloadable reports, QDDR data submission.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 047, 110, 111, 130, 145, 226	None	<ul style="list-style-type: none"> <li>Appropriate non-invasive alternative for patients with intermittent claudication who are undergoing a LE peripheral vascular intervention</li> <li>Structured Waking Program Prior to Intervention for Claudication</li> <li>Use of ultrasound guidance for vascular access</li> </ul>
<b>Pathologists Quality Registry</b>	Not Applicable	Specialty Society	Pathology	2017, 2018, 2019, 2020	College of American Pathologists 1001 G Street NW Suite 425 West Washington, DC 20001 (202) 354-7119	<a href="https://www.ccapathology.org/pathologists-quality-registry">https://www.ccapathology.org/pathologists-quality-registry</a>	\$299 individual College of American Pathologists (CAP) membership/year OR \$759 individual Non-CAP membership/year	9/31/2021	Group, Individual Clinician	Not Applicable	The Pathologists Quality Registry can report on the MPS Quality and Improvement Activities Performance Categories. Data capture methods include: Manual data entry via web portal, Common Data Element (CDE) Bulk Upload (excel template), data upload via a secured File Transfer Protocol (FTP) site or installation of the Registry Practice Connector where data can be extracted nightly. In addition, CAP provides practice-specific assistance with understanding MPS, measures, and reporting requirements.	All Improvement Activities	None	Quality IDs: 249, 250, 306, 396, 397, 440	None	<ul style="list-style-type: none"> <li>Biomarker Status to Inform Clinical Management and Treatment Decisions in Patients with Non-small Cell Lung Cancer</li> <li>Cancer Protocol and Turnaround Time for Gastrointestinal Carcinomas: Gastric, Esophageal, Colorectal and Hepatobiliary Carcinomas</li> <li>Cancer Protocol and Turnaround Time for Gynecologic and Genitourinary Carcinomas: Carcinoma of the Endometrium, Prostate, and Renal Tubular Origin</li> <li>Histologic tumor type Status and Turnaround Time</li> <li>Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma</li> <li>p16 Immunohistochemistry Reporting for Human Papillomavirus in Patients with Oropharyngeal Squamous Cell Carcinoma (OPSCC)</li> <li>Prostate Cancer Gleason Pattern, Score, and Grade Group</li> <li>Turnaround Time (TAT) - Biopsies</li> <li>Urinary Bladder Biopsy Diagnostic Requirements For Appropriate Patient Management</li> </ul>





QCDR Name	Renewed Action/Terminated as Third-Party Intermediary	Organization Type	Specialty	New QCDR/Year QCDR Previously Participated in MPS	Contact Information	Website	Cost	Last Date to Accept New Clinics for 2020 MPS Performance Period	Reporting Options Supported	Virtual Groups Specialty Participation (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MPS Clinical Quality Measures (COMs) Supported	MPS Electronic Clinical Quality Measures (eCOMs) Supported	QCDR Measures Supported
<b>Renal and Vascular Outcomes Improvement Program, powered by Forward Health Group</b>	Not Applicable	Other: Clinical Informatics Company	Nephrology	2017, 2018, 2019, 2020	Forward Health Group 1 S. Pinckney Suite 301 Madison, WI 53703 (608) 729-7530	<a href="https://www.forwardhealthgroup.com">https://www.forwardhealthgroup.com</a>	The annual QCDR subscription cost is \$449 - \$659 per provider, per year. Final cost dependent upon assessment of complexity, including number of data sources and presence of existing group agreements. Additional technical and interface fees may apply. Promoting Interoperability and Improvement Activity attestation collection and reporting may be added to MPS quality reporting for an additional \$75 per clinician.	1/31/2022	APM Entity, Group, Individual Clinician, Virtual Group	All Specialties	2021 Individual Eligible Clinicians, Group and Virtual Group MPS submissions, Requires engagement of Forward Health Groups (FHCs) data services. Technical and implementation fees vary based on number of measures, data sources and availability of data.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>• Advance Directives Completed</li> <li>• Arteriovenous Fistulae Thrombectomy Success Rate</li> <li>• Arteriovenous Graft Thrombectomy Success Rate</li> <li>• End Stage Renal Disease (ESRD) Initiation of Home Dialysis or Self-Care</li> <li>• Improved Access Site Readings</li> <li>• Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate</li> <li>• Percutaneous Arteriovenous Fistula Success Rate</li> <li>• Rate of Timely Documentation: Transmission to Dialysis Unit/Referring Physician</li> <li>• Transplant Referral</li> <li>• Tunneled Hemodialysis Catheter Success</li> <li>• Upper Extremity Edema Improvement</li> </ul>
<b>RSE (Rheumatology Informatics System for Effectiveness)</b>	Not Applicable	Specialty Society	Rheumatology	2017, 2018, 2019, 2020	American College of Rheumatology 2200 Lake Boulevard NE Atlanta, GA 30319 (404) 633-3777	<a href="https://www.rheumatology.org/Adv-Adv/Rheumatology/Targeting/RISE">https://www.rheumatology.org/Adv-Adv/Rheumatology/Targeting/RISE</a>	The cost of the registry is included as a benefit of the American College of Rheumatology (ACR) membership. There is a fee of \$249 annually for users who only report Promoting Interoperability and/or Improvement Activity categories.	12/31/2021	Group, Individual Clinician, Virtual Group	Rheumatology	Access to benchmarked data for practice improvement  Annual MPS 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.	All Improvement Activities	All Promoting Interoperability Measures	Quality IDs: 024, 039, 047, 110, 111, 128, 130, 134, 154, 155, 176, 177, 178, 180, 226, 236, 238, 317, 374	Quality IDs: 110, 111, 128, 130, 134, 226, 236, 238, 317, 318, 374	<ul style="list-style-type: none"> <li>• Disease Activity Measurement for Patients with PsA</li> <li>• Gout: Serum Urate Target</li> <li>• Health/B-S Safety Screening</li> <li>• Rheumatoid Arthritis Patients with Low Disease Activity or Remission</li> <li>• Safe Hydroxychloroquine Dosing</li> </ul>
<b>STS National Database</b>	Not Applicable	Specialty Society	Cardiothoracic Surgery	2017, 2018, 2019, 2020	The Society of Thoracic Surgeons 628 N. St. Clair 21st floor Chicago, IL 60611 (312) 205-2800	<a href="http://www.sts.org">http://www.sts.org</a>	\$500/yr for non-IR Society of Thoracic Surgeons (STS) members, no fee to STS members who participate in the STS National Database	10/30/2021	Individual Clinician	Not Applicable	Data Collection Quantity Reports Submission to CMS	Improvement Activity IDs: IA_AHE_5, IA_BE_12, IA_BMH_2, IA_PSPA_7	Promoting Interoperability Measures IDs: PI_EP_1, PI_PHCDRR_3	Quality IDs: 021, 044, 164, 167, 168, 228, 445	None	<ul style="list-style-type: none"> <li>• Patient-Centered Surgical Risk Assessment and Communication for Cardiac Surgery</li> <li>• Prolonged Length of Stay Following Coronary Artery Bypass Grafting</li> </ul>
<b>The PQR-ANES</b>	"CMS has taken Renewal Action against this QCDR for 2020. Please note, this renewal action may be rescinded during the 2021 MIPS performance period, and updated information may be posted in future iterations of this qualified posting"	Other: The Physicians Quality Registry (The PQR - ANES) is a wholly owned subsidiary of Envision Healthcare (Envision). The PQR - ANES facilitates the submission of quality performance data to CMS on behalf of all Envision clinicians and groups.	Ambulatory Surgical Services, Anesthesiology, Critical Care Medicine, Emergency Medicine, Hospital Medicine, Pain Management Services, Radiology, Surgical Services, Women's and Children's Services	2019, 2020	The Physicians Quality Registry (The PQR) an Envision Healthcare Corporation 7700 West Sunrise Blvd Plantation, FL 33322 (844) 607-6815	<a href="http://www.thepqr.com">http://www.thepqr.com</a>	Costs include annual provider registration fee of \$100 per NP. Transaction/renewal fee of \$0.10 per transaction. Additional fees may be required for data integration if needed.	11/30/2021	APM Entity, Group, Individual Clinician, Virtual Group	Ambulatory Surgical Services, Anesthesiology, Cardiology, Critical Care Medicine, Emergency Medicine, Hospital Medicine, Pain Management Services, Radiology, Surgical Services, Women's and Children's Services	Data validation, data collection and measures consulting, Data analytics, Performance feedback dashboard and reporting, and patient and disease tracking, Error reporting, Audit assistance, Data submission to CMS	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>• Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite</li> <li>• Avoidance of Central Hypertension for Procedures Involving Cardiopulmonary Bypass</li> <li>• Central Line Ultrasound Guidance</li> <li>• Consultation for Frail Patients</li> <li>• Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure</li> <li>• Lower Extremity Pains when Converting from labor Analgesia to Caesarian Section Anesthesia</li> <li>• Obstructive Sleep Apnea Mitigation Strategies</li> <li>• Obstructive Sleep Apnea: Patient Education</li> <li>• Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients</li> <li>• Use of Capnography for Non-Operating Room Anesthesia</li> <li>• Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)</li> </ul>
<b>U.S. Wound Registry</b>	Not Applicable	Health IT Vendor	Podiatry, Wound Care	2017, 2018, 2019, 2020	U.S. Wound Registry 2700 Research Forest Drive The Woodlands, TX 77381 (281) 771-9627	<a href="http://www.uswoundregistry.com">http://www.uswoundregistry.com</a>	\$200-\$2500 annual cost per provider	2/18/2022	Group, Individual Clinician, Virtual Group	Podiatry, Wound Care	Services include various levels of engagement with Registry Participation, Quality Reporting, Benchmarking, Promoting Interoperability Reporting, Improvement Activity Reporting, Attestation, etc.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>• Adequate Compression of each visit for Patients with VLU</li> <li>• Adequate Offloading of Diabetic Foot Ulcer at each visit</li> <li>• Appropriate Use of Hyperbaric Oxygen Therapy for patients with diabetic foot ulcers</li> <li>• Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian</li> <li>• National</li> <li>• Diabetic Foot Ulcer (DFU) Healing or Closure</li> <li>• Non-Invasive Arterial Assessment of patients with lower extremity wounds or ulcers for determination of healing potential</li> <li>• Obtaining Preoperative Nutritional Recommendations from a Registered Dietitian Nutritionist (RDN) in Nutritionally At-Risk Surgical Patients</li> <li>• Patient Reported Experience of Care: Wound Outcome</li> <li>• Patient Reported Nutritional Assessment in Patients with Wounds and Ulcers</li> <li>• Patient Reported Outcome of late effects of radiation symptoms following treatment with Hyperbaric Oxygen Therapy (HBOT)</li> <li>• Pressure Ulcer (PU) Healing or Closure for decub on the torso/body</li> <li>• Venous Leg Ulcer (VLU) outcome measure: Healing or Closure</li> </ul>
<b>UREQA (United Rheumatology Effectiveness and Quality Analytics)</b>	Not Applicable	Other: Rheumatology	Rheumatology	2018, 2019, 2020	United Rheumatology 160 Motor Parkway Suite 108 E Hempstead, NY 11788 (631) 686-7199	<a href="http://www.ureqaforrheumatology.com">http://www.ureqaforrheumatology.com</a>	Free for United Rheumatology (UR) members, \$2500/provider/yr non-members	2/1/2022	Group, Individual Clinician	Not Applicable	UREQA (United Rheumatology Effectiveness and Quality Analytics) is a clinical quality registry created to help health care providers deliver exceptional rheumatology care. UREQA includes multiple specialized quality measures that span the categories of rheumatic disease and are explicitly derived from United Rheumatology's Clinical Practice Guidelines. In addition, the full library of MPS quality measures and Electronic Clinical Quality Measures (eCOMs) is replicable through UREQA. The MPS Eligible Provider using UREQA will be able to compare individual National Provider Identifier (NPI) level and group (Tax Identification Number (TIN) level) performance to the performance of all UREQA participants in aggregate. UREQA also includes Promoting Interoperability and Improvement Activity attestation capabilities, and a dashboarding tool providing estimated MPS scoring throughout the performance period. Data submitted to UREQA via certified electronic health record technology satisfies the Promoting Interoperability scoring opportunity for reporting to a specialized registry.	All Improvement Activities	All Promoting Interoperability Measures	All MPS COMs	All MPS eCOMs	<ul style="list-style-type: none"> <li>• Any/anything Spondylitis: Appropriate Pharmacologic Therapy</li> <li>• Any/anything Spondylitis: Controlled Disease</li> <li>• Folic or Folate Acid Therapy for Patients Treated with Methotrexate</li> </ul>