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Below is a list of the 2018 Qualified Clinical Data Registries for the Merit-based Incentive Payment System (MIPS)

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Vendor	Quality	Improvement Activities	Advancing Care Information
AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix	X	X	X
AAD's DataDerm™	X	X	X
AAOE Registry	X		
AAOS Orthopaedic Quality Resource Center, Powered by Premier, Inc.	X	X	X
AAPM&R-AANS's Spine Quality Outcomes Database (SQOD)	X	X	X
ABFM PRIME	X	X	X
ABG QCDR	X	X	X
Able Health	X	X	X
ACEP's Clinical Emergency Data Registry (CEDR)	X	X	X
AcmeWare OneView	X	X	X
Acurus Solutions, Inc.	X	X	X
Acute Care Quality Registry	X	X	X
Advance QCDR	X	X	X
AHSQC	X	X	
American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight)	X	X	X
American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) Reg-entSM Registry	X	X	X
American College of Medical Toxicology (ACMT) ToxIC Registry	X		
American College of Physicians Genesis Registry, Powered by Premier, Inc.	X	X	X
American College of Radiology National Radiology Data Registry	X	X	X
American Urological Association Quality (AQUA) Registry	X	X	X

Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)	X	X	
Anesthesia Quality Registry (AQR QCDR)	X	X	X
AOA MORE - Measures and Outcomes Registry for Eyecare	X	X	
APMA Registry	X	X	X
AQUIRE Quality Improvement Registry	X	X	X
Arcadia Analytics	X		
ASPS TOPS-QCDR	X	X	X
Axon Registry	X	X	X
Bivarus SAPE QCDR	X	X	X
Blue Nine QCDR	X	X	
BPA QCDR	X	X	X
CareSense	X		
CDR PRO	X	X	X
CitiusTech Inc	X	X	X
ClearPractice	X	X	X
Clinicspectrum QCDR Registry	X	X	X
Clinigence QCDR	X	X	X
CODE Technology	X	X	X
Coherent Health, LLC/DBA Coherent Eye Care	X	X	X
Collaborative Endocrine Surgery Quality Improvement Program (CESQIP) of the Endocrine Quality Foundation, powered by ArborMetrix	X	X	
Columbus Registry	X	X	X
Cozeva QCDR	X	X	X
CUHSM	X	X	X
CureOne	X		
CureMD QCDR	X	X	X
Cynapse Health	X	X	X
Dermatology PA QCDR	X	X	X
Diabetes QCDR	X	X	X
Digital Medical Solutions QCDR	X	X	X
Doctors Quality Reporting Network	X	X	X
E-CPR (Emergency - Clinical Performance Registry)	X	X	

Emergency Medicine Institute of Quality (EMIQ)	X	X	
FORCE Ortho QI	X		
Geriatric Practice Management LTC Registry	X	X	X
GIQuIC	X	X	X
Hawkins Foundation in Collaboration with Suncoast RHIO and CERortho	X	X	X
HealthAdvanta	X	X	X
HealtheConnections	X	X	X
HealthEC LLC	X	X	X
HEALTHeLINK	X		
HealthLoop, Inc.	X	X	
Health eFilings QCDR	X	X	X
H-CPR (Hospitalist –Clinical Performance Registry)	X	X	
iAtrO Healthcare	X	X	X
ImageGuide Registry	X	X	X
InPracSys	X	X	X
Integrated Medicine Alliance	X	X	X
Integra Connect™ QCDR	X	X	X
Intermountain ROMS	X		
IntrinsiQ Specialty Solutions (IQSS)	X		
KPN Health, Inc.	X	X	X
Maine Osteopathic Association in Collaboration with Patient360	X	X	X
Massachusetts eHealth Collaborative Quality Data Center	X	X	X
MBHR Mental and Behavioral Health Registry	X	X	X
MBSAQIP QCDR	X	X	
mdlogix QCDR	X	X	X
MedAI Registry	X	X	X
Meditab Software Inc.	X	X	X
MEDNAX QCDR	X	X	
MedXpress Registry	X	X	X
Michigan Spine Surgery Improvement Collaborative	X		
Michigan Urological Surgery Improvement Collaborative (MUSIC) QCDR	X	X	
Mingle Analytics in collaboration with Maine Health Management Coalition	X	X	X

MiraMed	X	X	X
MN Community Measurement	X	X	
MSN Healthcare Solutions, LLC	X	X	
MSO Great Lakes, Inc.	X		
Multicenter Perioperative Outcomes Group (MPOG)	X	X	
MUSE Collaborative	X	X	X
myCatalyst, INC.	X	X	X
MyHealth Access Network	X	X	X
National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine, Powered by Premier, Inc.	X	X	X
National Quality Pathology Registry (NPQR)	X	X	
Nebraska Health Information Initiative	X	X	X
New Hampshire Colonoscopy Registry (NHCR)	X	X	X
New Jersey Innovation Institute	X	X	X
NOF and NBHA Quality Improvement Registry - Powered by Premier, Inc.	X	X	X
Northern New England Practice Transformation Network in Collaboration with Mingle Analytics	X	X	X
OBERD QCDR	X	X	
OME	X		
Oncology QCDR Powered by Premier, Inc.	X	X	X
Ortho[m]atrix	X	X	X
Outpatient Endovascular and Interventional Society National Registry	X		
Pathologists Quality Registry	X	X	
Persivia, Inc.	X	X	X
Philips Wellcentive	X	X	X
Physical Therapy Outcomes Registry	X	X	X
Physician Compass	X	X	X
PINNACLE Registry and Diabetes Collaborative Registry	X	X	X
POLARIS	X	X	X
PPRNet	X	X	X
PPS Analytics LLC	X	X	X
Practice Fusion, Inc.	X	X	X

Practice Insights by McKesson Specialty Health in Collaboration with The US Oncology Network	X	X	X
Premier Clinician Performance Registry	X	X	X
PsychPRO	X	X	X
QCMETRIX QCDR	X		
QOPI® Reporting Registry (QCDR) Brought to you by ASCO and ASTRO	X	X	X
Quality Outcomes Database (QOD)	X		
QualityStar QA Case Review for Anatomic Surgical Pathology	X		
RCO Analytics	X	X	X
Reliance eHealth Collaborative	X	X	X
Renal and Vascular Outcomes Improvement Program, powered by Forward Health Group	X	X	X
Renal Physicians Association Kidney Quality Improvement Program - Powered by Premier, Inc.	X	X	X
ReportingMD	X	X	X
RISE (Rheumatology Informatics System for Effectiveness)	X	X	X
Roji Health Intelligence LLC	X	X	X
SaferMD in Collaboration with Suncoast RHIO	X	X	X
SCG Health	X	X	X
SilverVue	X	X	X
Sovereign Health Registry	X	X	X
SpectraMedix eMeasures360 QCDR	X	X	X
SPH Analytics QCDR	X	X	X
SpineTRACK Registry	X		
STS National Database	X		
Surgeon Specific Registry QCDR Surgical Phases of Care	X	X	
Surgeon Specific Registry QCDR Trauma Measures	X	X	
The American Society of Breast Surgeons Mastery of Breast Surgery Program	X		
The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix	X	X	X
The Health Collaborative	X	X	X
The PQR	X	X	X
The Spine Institute for Quality Conservative Care: QCDR - Powered by Premier, Inc.	X	X	X
UREQA (United Rheumatology Effectiveness and Quality Analytics)	X	X	X
UTHealth School of Public Health	X	X	X

U.S. Wound Registry	X	X	X
Vascular Quality Initiative (VQI) QCDR	X		
Ventura County Medical Association-HEMR Advance care planning and POLST eRegistry	X	X	X
Visualize Health, LLC	X	X	X
VitalHealth Software	X	X	X
Xpio Health, LLC	X	X	X

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix	AAAAI - American Academy of Allergy, Asthma, and Immunology 555 East Wells Street Suite 1100 Milwaukee, WI 53202 (414) 272-6071	www.aaaai.org	Annual subscription of up to \$650 per clinician	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Annual subscription of up to \$650, depending on AAAAI membership status and clinician level	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 065, 066, 110, 111, 128, 130, 226, 238, 240, 317, 331, 332, 333, 334, 374, 398, 402	Quality IDs: 065, 066, 110, 111, 128, 130, 226, 238, 240, 317, 374	<ul style="list-style-type: none"> • Penicillin Allergy: Appropriate Removal or Confirmation • Documentation of Clinical Response to Allergen Immunotherapy within One Year • Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year • Asthma Assessment and Classification • Lung Function/Spirometry Evaluation • Asthma: Assessment of Asthma Control – Ambulatory Care Setting • Assessment of Asthma Symptoms Prior to Administration of Allergen Immunotherapy Injection(s) • Asthma Control: Minimal Important Difference Improvement
AAD's DataDerm™	American Academy of Dermatology 930 East Woodfield Road Schaumburg, IL 60173 (847) 240-1469	www.aad.org/practicecenter/quality/dadaderm	DataDerm is a free AAD Member Benefit; the MIPS Module is \$295 per NPI per PY for AAD-Members only	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>I. Quality Category:</p> <p>A. Quality performance dashboard:</p> <p>i. Continuous performance feedback reports.</p> <p>ii. Comparison to registry and national benchmarks (where available) and peer-to-peer comparison.</p> <p>iii. Performance gap analysis</p> <p>iv. Information on Standard practices/ tools to improve performance on supported quality measure</p> <p>B. Electronic submission of measures under quality category</p> <p>C. Manual reporting of quality measures via web tool</p> <p>II. Advancing Care Information (ACI) Category</p> <p>A. Attestation module</p> <p>B. Electronic submission</p> <p>C. Possible bonus for clinical data registry reporting depending on final program rules</p> <p>III. Improvement Activity (IA) category</p> <p>A. Attestation module</p> <p>B. Electronic submission</p> <p>C. Optional Practice Improvement Modules, Resources, and Tools</p> <p>IV. Additional Services</p> <p>A. GPRO and Individual File Submission to CMS</p> <p>B. MIPS and Reporting Consulting Services</p> <p>C. Quality and Improvement Resources and Tools</p> <p>D. AAD and Non-MIPS Measure Licensing</p>	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 046, 047, 110, 111, 128, 130, 131, 137, 138, 205, 224, 226, 265, 317, 327, 358, 374, 397, 402, 410, 431, 440	Quality IDs: 374	<ul style="list-style-type: none"> • Basal Cell Carcinoma/Squamous Cell Carcinoma: Mohs Surgery for Superficial Basal Cell Carcinoma of the Trunk for Immune Competent Patients • Basal Cell Carcinoma/Squamous Cell Carcinoma: Mohs Surgery for Squamous Cell Carcinoma in Situ or Keratoacanthoma Type Squamous Cell Carcinoma 1 cm or Smaller on the Trunk • Biopsy Reporting Time- Clinician to Patient • Psoriasis: Assessment of Psoriasis Disease Activity • Psoriasis: Screening for Psoriatic Arthritis
AAOE Registry	American Association of Orthopaedic Executives 6602 E 75th St, Suite 112 Indianapolis, IN 46250 (800) 247-9699	www.aaoe.net/datawarehouse	\$200 per provider per year for AAOE Members	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Collection and analysis of quality data Quality assurance reports Comparative benchmarking reports to other participating orthopaedic practices Submission of quality data to CMS	Quality	None	None	Quality IDs: 021, 023, 024, 039, 046, 109, 128, 130, 131, 154, 155, 226, 350, 351, 352, 353, 355, 356, 357, 358, 374, 412, 414, 418, 429, 461, 463	None	None
AAOS Orthopaedic Quality Resource Center, Powered by Premier, Inc.	American Academy of Orthopaedic Surgeons QCDR 9400 West Higgins Road Rosemont, IL 60018 (847) 292-0530 ajrinfo@aaos.org	http://www.medconcert.com/aos	Annual QCDR registration is \$439 per clinician per reporting year. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>Clinicians and groups may select from registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2018 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement.</p> <p>Additional OPTIONAL Reporting Services: Registered/paid clinicians and groups engaging in annual QCDR quality reporting may purchase both the 2018 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy Specialized Registry Reporting when clinicians initiate active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!</p>	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 021, 023, 024, 039, 046, 047, 109, 128, 130, 131, 134, 154, 155, 178, 179, 180, 226, 318, 350, 351, 352, 353, 355, 356, 357, 358, 374, 375, 376, 408, 412, 414, 418	Quality IDs: 001, 128, 130, 134, 226, 318, 374, 375, 376	<ul style="list-style-type: none"> • Hip Arthroplasty: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy • Hip Arthroplasty: Postoperative Complications within 90 Days Following the Procedure • Hip Arthroplasty: Venous Thromboembolic and Cardiovascular Risk Evaluation

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
AAPM&R-AANS's Spine Quality Outcomes Database (SQOD)	American Academy of Physical Medicine & Rehabilitation and American Association of Neurological Surgeons 9700 West Bryn Mawr Avenue, Suite 200 Rosemont, IL 60018 (847) 737-6000	www.spineqod.org	Partial Member Benefit. Pricing is billed per provider annually. 2018 Pricing Structure (3-year contract) AANS and AAPM&R Members (membership status will be verified prior to contracting) Year 1 – \$295/participant Year 2 – \$295/participant Year 3 – \$500/participant Eligible physicians who are not AANS or AAPM&R Members (\$895 surcharge will be waived with membership renewal) Year 1 – \$295 + \$895/participant Year 2 – \$295 + \$895/participant Year 3 – \$500 + \$895/participant Practitioners who are not eligible to be AANS or AAPM&R Members Year 1 – \$500/participant Year 2 – \$500/participant Year 3 – \$500/participant	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	SQOD collects clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. The SQOD platform is designed to support integration with EHRs and PM systems. Only the required data will be periodically extracted and used to compute clinical quality measures. Services offered under MIPS reporting: IV. Quality Category: D. Quality performance dashboard: Key features: v. Continuous performance feedback reports. vi. Comparison to POLARIS and national benchmarks (where available) and peer-to-peer comparison. vii. Performance gap analysis viii. Information on Standard practices/ tools to improve performance on supported quality measure E. Electronic submission of QPP and non-QPP measures under quality category F. Manual reporting of QPP and non-QPP measures quality measures via web tool V. Advancing Care Information (AC) Category G. Attestation module H. Electronic submission I. Bonus for clinical data registry reporting VI. Improvement Activity (IA) category D. Attestation module E. Electronic submission	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 021, 023, 047, 109, 110, 111, 128, 130, 131, 154, 155, 182, 226, 317, 374, 402, 408, 412, 414, 431, 459, 460, 461	Quality IDs: 110, 111, 128, 130, 226, 317, 374	<ul style="list-style-type: none"> Management of Muscle Spasticity—Outpatient Assessment and Management of Muscle Spasticity—Inpatient Unplanned Admission to Hospital Following Percutaneous Spine Procedure within the 30-Day Post-procedure Period Complication Following Percutaneous Spine-Related Procedure Depression and Anxiety Assessment Prior to Spine-Related Therapies Functional Outcome Assessment for Spine Intervention Post-Acute Brain Injury: Depression Screening and Follow-Up Plan of Care Family Training—Inpatient Rehabilitation/Skilled Nursing Facility-Discharged to Home Functional Assessment to Determine Rehabilitation Needs Quality-of-Life Assessment for Spine Intervention Narcotic Pain Medicine Management Prior to and Following Spine Therapy Patient Satisfaction with Spine Care Spine/Extremity Pain Assessment
ABFM PRIME	American Board of Family Medicine 1648 McGrathiana Parkway, Suite 550 Lexington, KY 40511 (859) 269-5626	www.primenavigator.org	\$295-\$360/clinician/year & \$0/current ABFM Diplomate	Individual MIPS Eligible Clinicians, Groups	Patient data will be periodically extracted from EHR systems and used to compute clinical quality measures. Quality measures and peer comparisons can be viewed and used in improving clinical practice and for Continuing Certification activities. Included Services: • MIPS Manual Entry • Clinical Measure Dashboard including peer comparisons • Reporting for Continuing Certification purposes (ABFM Diplomates) • TCPI • CPC+ • EvidenceNOW! (AHRQ) • Population Health Assessment Tool Additional Modules available for additional cost: • MIPS Manual entry (see ABFM PRIME QR in the CMS Qualified Registry listing) • Patient Empanelment • Risk Stratification • Patient Reported Outcomes (PRO)	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 005, 007, 008, 023, 024, 039, 065, 066, 109, 110, 111, 112, 113, 117, 119, 128, 130, 131, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 305, 309, 310, 317, 318, 366, 369, 370, 371, 372, 373, 374, 377, 379, 394, 402, 418, 431, 438	Quality IDs: 001, 005, 007, 008, 065, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 369, 370, 371, 372, 373, 374, 377, 379	<ul style="list-style-type: none"> All Patients Who Die an Expected Death with an ICD that Has Been Deactivated Patients Admitted to ICU Who Have Care Preferences Documented Patients Treated with an Opioid Who Are Given a Bowel Regimen Palliative Care - Spiritual Assessment Palliative Care - Treatment Preferences Palliative Care Timely Dyspnea Screening & Treatment Pain Brought Under Control within the first three visits Measuring the Value-Functions of Primary Care: Provider Level Continuity Measure
ABG QCDR	Anesthesia Business Group 68 South Service Road, Suite 350 Melville, NY 11747 (844) 944-4224	www.anesthesiabg.com	\$160 per provider per year. Discounts available.	Individual MIPS Eligible Clinicians, Groups	Storage of data, calculation of QCDR measure results, transfer of results to CMS.	Advancing Care Information, Improvement Activities, Quality	Anesthesia specialty set	All	Quality IDs: 044, 076, 109, 128, 130, 131, 145, 226, 404, 424, 426, 427, 430	None	<ul style="list-style-type: none"> Intra-Operative Anesthesia Safety Immediate Adult Post-Operative Pain Management Anesthesia: Patient Experience Survey Planned Use of Difficult Airway Equipment Pre-Operative OSA assessment Pre-Operative Screening for Excessive Alcohol and Recreational Drug Use Pre-Operative Screening for GERD Pre-Operative Screening for Glaucoma Pre-Operative Screening for PONV Risk Mood Assessment Screening and Treatment Lower Body Functional Impairment (LBI) Pain Related Quality of Life Interference Preoperative Assessment of Frailty Corneal Abrasion

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
Able Health	Able Health 1516 Folsom Street Unit C San Francisco, CA 94103 (804) 537-2253 hello@ablehealth.com	www.ablehealth.com	\$249-\$599 per Eligible Clinician per year for Quality, ACI, and IA. Zero-cost self-service data upload available, or full-service data extraction available. Groups tracking other programs (e.g. HEDIS or ACO measures) in Able Health receive discounts.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	- Calculating quality scores on all 243 Registry Measures and all eCQMs, as well as eleven QCDR measures. Eligible Clinicians can view performance on broad set of measures and select 6 for reporting-Displaying performance results in a clickable dashboard, giving the user the ability to explore results at the practice, provider, or patient level - Ability to validate measure results against EHR source data for each patient - Ability to export automatically generated performance scorecard for providers, as well as patient gap lists with summary of care gaps for each patient- Ability to monitor performance at both the group and individual clinician level all year and select group/individual during submission - Ability to easily enter data for Improvement Activities and Advancing Care Information- Hands-on customer services and responses to questions from MIPS SMEs, and access to robust Able Health knowledge base complete with program information and documentation - Data submission to CMS through an easy five-step submission workflow in the dashboard	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Adequacy of Volume Management Arterial Complication Rate Following Arteriovenous Access Intervention Advance Directives Completed Angiotensin Converting Enzyme (ACE) Inhibitor or AngiotensinReceptor Blocker (ARB) Therapy Peritoneal Dialysis Catheter Success Rate Peritoneal Dialysis Catheter Exit Site Infection Rate Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician Advance Care Planning (Pediatric Kidney Disease) Arteriovenous Graft Thrombectomy Success Rate Arteriovenous Fistulae Thrombectomy Success Rate Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia
ACEP's Clinical Emergency Data Registry (CEDR)	American College of Emergency Physicians 4950 West Royal Lane Irving, TX 75063 (972) 550-0911	www.acep.org/cedr	Data Processing Fee \$0.25 per patient visit + \$100 annual Provider Fee; some discounts available.	Individual MIPS Eligible Clinicians, Groups	Data collection, measure calculation, reporting, online dashboard, and MIPS submission.	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 066, 076, 091, 093, 107, 116, 187, 226, 254, 255, 317, 326, 331, 332, 333, 402, 415, 416, 419, 431	Quality IDs: 066, 317	<ul style="list-style-type: none"> Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD Appropriate Foley Catheter Use in the Emergency Department Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Supercenter EDs (80k +) ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in High Volume EDs (60k-79,999) ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Average Volume EDs (40k-59,999) ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Moderate Volume EDs (20k-39,999) ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Low Volume EDs (19,999 and less) ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients in Freestanding EDs ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Supercenter EDs (80k +) ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in High Volume EDs (60k-79,999) ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Average Volume EDs (40k-59,999) ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Moderate Volume EDs (20k-39,999) ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Low Volume EDs (19,999 and less) ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients in Freestanding EDs Pregnancy Test for Female Abdominal Pain Patients Appropriate Emergency Department Utilization of CT for Pulmonary Embolism Sepsis Management: Septic Shock: Repeat Lactate Level Sepsis Management: Septic Shock: Lactate Clearance Rate of >=10% 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 Sepsis Management: Septic Shock: Lactate Level Management, Antibiotics Ordered, and Fluid Resuscitation

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
Acmeaware OneView	Acmeaware, Inc. 333 Elm Street, Suite 225 Dedham, MA 02026 (781) 329-4300	www.acmeaware.com	\$300 per provider annually for summary feedback reports four times per year. \$500 per provider annually for continuous summary feedback reports \$1,000 per provider annually for continuous summary feedback reports, interactive reports & validation reports Optional services available at an additional cost.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Acmeaware's OneView QCDR is designed to allow our clients to improve the quality of care, reduce penalties and maximize reimbursements. Reporting options include quarterly summary numbers or continuous summary numbers to monitor an Eligible Clinicians MIPS performance. Also available is the option for continuous reporting with summary numbers, detail reports, validation reports and an interactive environment. All reporting options include submission services. Acmeaware's OneView QCDR solution includes quality program training and education, benchmarking and performance feedback reports to help improve overall population health, and manage quality scores. Optional services include a dedicated Project Manager to help with measure validation and optimization, and Clinical Informaticist support to optimize workflow, documentation builds, and nomenclature mapping. These services ensure the best possible MIPS performance and reimbursements. Optional services include: -Project management -Measure Optimization -Regulatory Support -Quality Program Education and Training http://www.acmeaware.com/mips.aspx http://www.acmeaware.com/nomenclature-mapping.aspx	Advancing Care Information, Improvement Activities, Quality	Not specified	Not specified	Quality IDs: 001, 005, 007, 008, 012, 019, 044, 065, 066, 091, 093, 102, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 204, 226, 236, 238, 250, 254, 255, 317, 370, 383, 391, 407, 411, 415, 416, 424, 426, 427, 430, 449, 450, 451, 452, 453, 454, 455, 456, 457	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
Acurus Solutions, Inc.	Acurus Solutions, Inc. 160 S Old Springs Rd, Suite 280 Anaheim, CA 92808 (714) 221-6300	www.acurusolutions.com	\$249 per provider per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> • MACRA Measures Reporting • Account related questions • MACRA eligibility one-time assessment, individual measures selection assistance and data input assistance • Data extraction from EHR Technology and import into Acurus QCDR / Registry • MACRA maintenance and provide feedback on MACRA status on regular basis <p>*EHR Integration can be offered to extract data from Certified EHR Technology. Custom Development for data extract from EHR or other interfaces will be additional charge. Acurus enables our clients to integrate complex medical systems - data, technology and process. We focus on the building blocks of system implementation, software tools – Capella EHR, operational support of required administrative systems and analytics that drive interoperability within healthcare delivery.</p> <p>Visit our website: http://www.acurusolutions.com/what-is-macra.html and request info/demo</p>	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
Acute Care Quality Registry	ArborMetrix 339 East Liberty Street, Suite 210 Ann Arbor, MI 48104 (734) 661-7944	www.acqr-qcdr.org	Cost varies based on organization size, \$500 per clinician per reporting year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	With nearly 3,000 physician participants, ACQR offers a comprehensive range of capabilities to aid providers and hospitals in quality improvement and CMS reporting. In addition to data gathering and CMS submission, the QCDR offers performance tracking, peer benchmarking, improvement opportunity analysis, and case-level analytics. Additionally, it has full capabilities to provide attestation statements, and perform data validation and submission. The QCDR is powered by the ArborMetrix platform.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • COPD Exacerbation Requiring Hospital Admission: Palliative Care Evaluation • COPD Exacerbation: % of patients discharged from inpatient status on Long Acting Beta Agonist (LABA) bronchodilator • COPD: Steroids for no more than 5 days in COPD Exacerbation • CHF Exacerbation Requiring Hospital Admission: Palliative Care Evaluation • CHF: Document AHA/ACC staging of CHF (A-D) • POLST Utilization: POLST form reviewed or completed for any patients with limited code status (i.e. any status other than, "Attempt Resuscitation" if unresponsive, pulseless and not breathing; and "Full Treatment" if patient is pulseless and breathing) • Sepsis Management: Septic Shock: Repeat Lactate Level Measurement within 6 hours • Stroke/TIA: % of patients discharged on antithrombotic therapy
Advance QCDR	Medaxion, Inc. 3102 West End Avenue, Suite 400 Nashville, TN 37203 (615) 537-5509	www.medaxion.com	\$50/provider annually plus use of our EHR system	Individual MIPS Eligible Clinicians, Groups	Collection and dissemination of Quality Measures, Improvement Activities and ACl data to CMS.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 005, 008, 032, 044, 047, 076, 128, 130, 226, 317, 374, 402, 404, 407, 424, 426, 427, 429, 431, 462	None	<ul style="list-style-type: none"> • Case Delay • Immediate Adult Post-Operative Pain Management • Patient-Reported Experience with Anesthesia • Assessment of Patients for Obstructive Sleep Apnea • Application of Lung-Protective Ventilation during General Anesthesia • Corneal Abrasion

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
AHSQC	Americas Hernia Society Quality Collaborative Foundation 4582 S. Ulster Street, Suite 201 Denver, CO 80237 (866) 799-5406	www.ahsqc.org	No charge for QPP eligible clinician who is an AHS member	Individual MIPS Eligible Clinicians	The Americas Hernia Society Quality Collaborative (AHSQC) QCDR will report on our approved measures for participating surgeons who agree to have their data submitted.	Improvement Activities, Quality	Not Specified	None	Quality IDs: 355, 357, 358	None	<ul style="list-style-type: none"> Ventral Hernia Repair: Pain and Functional Status Assessment Unplanned Hospital Readmission or Observation Visit within the 30 Day Postoperative Period Ventral Hernia Repair: Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period Ventral Hernia Repair: Biologic Mesh Prosthesis Use in Low Risk Patients
American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight)	American Academy of Ophthalmology 655 Beach Street San Francisco, CA 94109 (415) 561-8500	www.aao.org/iris-registry	Free to AAO members practicing in the US	Individual MIPS Eligible Clinicians, Groups	MIPS Reporting, Quality measurement, Practice assessment, Improve care coordination, Feedback reports	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> Engagement of New Medicaid Patients and Follow-Up Regularly Assess the Patient Care Experience Use of Tools to Assist Patient Self-Management Engagement of Patients Via Improved Portal Collection and Follow-Up on Patient Engagement Feedback Tobacco Use Implementation of Use of Specialist Reports to Close Referral Loop Practice Improvements for Bilateral Exchange of Patient Information Implementation of Timely Communication of Test Results Use of QCDR to Promote Improvements in Quality and Care Coordination Implementation of Documentation Improvements Provide 24/7 Access Collection and Use of Access to Care Feedback Use of QCDR for Quality Improvement Across Patient Populations Use of QCDR Feedback Report Participation in CAHPS or Supplemental Questionnaire Implementation of Antibiotic Stewardship Standardized Treatment Protocols Measure and Improve Quality at the Practice Level Participation in MOC Part IV Leadership Engagement in Practice Improvement Use of QCDR for Practice Assessment and Improvements Annual registration in the Prescription Drug Monitoring Program TCPI participation 	All	Quality IDs: 001, 012, 014, 019, 110, 111, 117, 128, 130, 137, 138, 140, 141, 191, 192, 224, 226, 238, 265, 317, 384, 385, 388, 389, 397, 402, 419	Quality IDs: 012, 018, 019, 110, 111, 117, 128, 130, 191, 192, 226, 238, 318, 374	<ul style="list-style-type: none"> Adenoviral Conjunctivitis: Avoidance of Antibiotics Amblyopia - Interocular Visual Acuity Acute Anterior Uveitis - Post-Treatment Visual Acuity Acute Anterior Uveitis - Post-Treatment Grade 0 Anterior Chamber Cells Chronic Anterior Uveitis - Post-Treatment Visual Acuity Adverse Events After Cataract Surgery Regaining Vision After Cataract Surgery Diabetic Macular Edema - Loss of Visual Acuity Diabetic Retinopathy - Documentation of the Presence or Absence of Macular Edema and the Level of Severity of Retinopathy Improved Visual Acuity After Epiretinal Membrane Treatment Within 90 Days Return to OR within 90 days after epiretinal membrane surgical treatment Endothelial Keratoplasty: Post-Operative Improvement in Best Corrected Visual Acuity to 20/40 or Greater Surgery for Acquired Involutional Ptosis - Patients With an Improvement of Marginal Reflex Distance Acquired Involutional Entropion - Normalized Lid Position After Surgical Repair Surgical Esotropia - Postoperative Alignment Giant Cell Arteritis: Absence of Fellow Eye Involvement After Corticosteroid Treatment Glaucoma - Intraocular Pressure (IOP) Reduction Glaucoma - Intraocular Pressure Reduction Following Laser Trabeculectomy Glaucoma - Visual Field Progression Idiopathic Intracranial Hypertension: No Worsening or Improvement of Mean Deviation Intravitreal Injections: Avoidance of Routine Antibiotic Use Avoidance of Genetic Testing for Age-related Macular Degeneration Exudative Age-Related Macular Degeneration - Loss of Visual Acuity Nonexudative Age-Related Macular Degeneration - Loss of Visual Acuity Evidence of anatomic closure of macular hole within 90 days after surgery as documented by OCT. Return to OR within 90 Days After Macular Hole Surgery Refractive Surgery: Postoperative Improvement in Uncorrected Visual Acuity of 20/20 or Better Refractive Surgery: Postoperative Correction Within + 0.5 Diopter of the Intended Correction Ocular Myasthenia Gravis: Improvement of Ocular Deviation or Absence of Diplopia or Functional Improvement
American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) Reg-entSM Registry	American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) 1650 Diagonal Road Alexandria, VA 22314 (703) 535-3743	www.reg-ent.org	1 Time App. Fee \$250/Yearly Fee \$295 per clinician	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	The Reg-ent registry collects clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. The core products and services of Reg-ent are as follows and by category: I. Quality Category: a. Quality Performance Dashboard: b. Continuous performance feedback reports. c. Comparison to Reg-ent registry and national benchmarks (where available) and peer-to-peer comparison. d. Performance gap analysis e. Information on standard practices/tools to improve performance f. Electronic submission of QPP measures g. Manual reporting of QPP measures via web entry tool Advancing Care Information (ACI) Category: a. Attestation module b. Electronic submission c. Bonus for clinical data registry reporting Improvement Activity (IA) category: a. Attestation module b. Electronic submission c. Optional Modules to qualify and complete for additional IA activities: • Practice Improvement Activity Module • Patient portal • Care Plan • PRD	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 021, 023, 046, 047, 065, 066, 091, 093, 110, 111, 116, 128, 130, 131, 154, 155, 226, 238, 261, 265, 276, 277, 278, 279, 317, 331, 332, 333, 334, 355, 356, 357, 358, 374, 398, 402, 404, 408, 412, 414, 431, 435, 444, 464	Quality IDs: 065, 066, 110, 111, 128, 130, 226, 238, 317, 374	<ul style="list-style-type: none"> Age-Related Macular Degeneration: Disease Progression Otitis Media with Effusion: Diagnostic Evaluation - Assessment of Tympanic Membrane Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Children Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Adults Otitis Media with Effusion: Hearing Testing Otitis Media with Effusion: Antihistamines or Decongestants - Avoidance of Inappropriate Use Otitis Media with Effusion: Avoidance of Topical Intra-nasal Corticosteroids Percentage of Patients with Cerumen Impaction and a Suggestive History of a Non-intact Tympanic Membrane who Receive Just Manual Removal Percentage of Visits with Patients with Hearing Aids where Otoscopy is Routinely Performed Percentage of Patients with Allergic Rhinitis who do not Receive Sinonasal Imaging for Allergic Rhinitis Percentage of Patients with Allergic Rhinitis who do not Receive IgG-based Immunoglobulin Testing Percentage of Patients with Allergic Rhinitis who are Offered Intra-nasal Corticosteroids or Oral Antihistamines Percentage of Patients with Allergic Rhinitis who do not Receive Leukotriene Inhibitors Audiometric Evaluation for Older Adults with Hearing Loss Advanced Diagnostic Imaging of Bilateral Presbycusis or Symmetric Sensorineural Hearing Loss - Avoidance of Inappropriate Use Shared Decision Making for Treatment Options for Bilateral Presbycusis or Symmetric Sensorineural Hearing Loss Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan for Bell's Palsy (Inverse Measure) Inappropriate Use of Antiviral Monotherapy for Bell's Palsy (Inverse Measure) Audiometry for Chronic Otitis Media with Effusion in Children Topical Ear Drop Monotherapy for Children with Acute Tympanostomy Tube Otorrhea
American College of Medical Toxicology (ACMT) Toxic Registry	American College of Medical Toxicology 10645 North Tatum Blvd., Suite 200-111 Phoenix, AZ 85028 (623) 533-6340	www.acmt.net	Free to ACMT members	Individual MIPS Eligible Clinicians, Groups	MIPS reporting and benchmarking reports to track performance scores for the year and compare against peers	Quality	None	None	Quality IDs: 130, 226, 402, 431	None	<ul style="list-style-type: none"> Screening for risk of opioid misuse/overuse Pregnancy test in women who receive a toxicologic consult EKG assessment in acute overdoses Appropriate treatment for acetaminophen ingestions Assessment of suspected ethylene glycol or methanol exposures Repeat assessment of salicylate concentrations in overdose patients

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
American College of Physicians Genesis Registry, Powered by Premier, Inc.	American College of Physicians 190 North Independence Mall West Philadelphia, PA 19106-1572 888-669-7444 medconcertsupport@premierinc.com	www.medconcert.com/Genesis	The annual ACP Genesis Registry registration cost is \$299-\$699 per clinician per reporting year. This subscription fee includes annual use of the data for quality improvement purposes and QIP quality reporting to CMS. Additional OPTIONAL Reporting Services: registered/paid participants engaging in annual MIPS reporting may purchase both the 2018 Improvement Activities and Advancing Care Information category attestations for an additional \$99. Health Systems, ACOs, IDNs and large group practices should inquire for special pricing.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	The ACP Genesis Registry is a national, multi-specialty registry that can be used to support quality improvement and population health management that helps meet reporting requirements under the Quality Payment Program. The registry supports all MIPS eCQMs as well as several QCDR measures. The Genesis Registry supports the following services: - Automated data exchange from the EHR to the Genesis Registry through use of standard file formats - Near real-time performance feedback to support quality improvement and population health management - Benchmark performance with thousands of clinicians across multiple specialties - Identify patient outliers This registry also has the capability to satisfy Specialized Registry Reporting when clinicians initiate active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!	Advancing Care Information, Improvement Activities, Quality	All	All	None	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy High Risk Pneumococcal Vaccination Tdap (Tetanus, Diphtheria, Acellular Pertussis) Vaccination Herpes Zoster (Shingles) Vaccination
American College of Radiology National Radiology Data Registry	American College of Radiology 1891 Preston White Drive Reston, VA 20191 (703) 390-9842	www.acr.org	Annual CMS reporting fee: ACR mem \$199/phy; Non-mem \$1299/phy. Reporting fee is in addition to NRDR participation fees.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> Manage submission of MIPS and Non-MIPS measure data to CMS Assist with measure and data registry selections Provide direct assistance with compiling the needed data for quality improvement Provide feedback to registry participants at least quarterly 	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 012, 021, 023, 024, 046, 047, 076, 099, 100, 102, 104, 110, 111, 112, 113, 128, 130, 131, 134, 143, 144, 145, 146, 147, 156, 195, 225, 226, 236, 251, 259, 265, 317, 322, 323, 324, 342, 344, 345, 358, 359, 360, 361, 362, 363, 364, 404, 405, 406, 409, 413, 418, 420, 421, 436, 437, 465	None	<ul style="list-style-type: none"> Appropriate venous access for hemodialysis Rate of early peristomal infection following fluoroscopically guided gastrostomy tube placement Rate of Inadequate Percutaneous Image-Guided Biopsy CT Colonography True Positive Rate Percent of CT Abdomen-pelvis exams with contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level Percent of CT Chest exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level Percent of CT Head/Brain exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level Screening Mammography Node Negativity Rate Screening Mammography Minimal Cancer Rate Rate of percutaneous nephrostomy tube replacement within 30 days secondary to dislodgement Report Turnaround Time: CT Report Turnaround Time: Mammography Report Turnaround Time: MRI Report Turnaround Time: PET Report Turnaround Time: Radiography (modified) Report Turnaround Time: Ultrasound (Excluding Breast US) Lung Cancer Screening Cancer Detection Rate (CDR) Lung Cancer Screening Positive Predictive Value (PPV) Lung Cancer Screening Abnormal Interpretation Rate Screening Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended) Screening Mammography Cancer Detection Rate (CDR)
American Urological Association Quality (AQUA) Registry	American Urological Association 1000 Corporate Boulevard Linthicum, MD 21090 (410) 689-4076	www.augnet.org	\$0-\$1,000/provider annually, based on membership status	Individual MIPS Eligible Clinicians, Groups	<ul style="list-style-type: none"> Services include: MIPS reporting with validation checks prior to submission Specialized Registry reporting National benchmarks for diagnosis, treatment and performance Patient Reported Outcomes (PRO) portal to report directly by patients about their experience of treatment and care Physician performance reports based on clinically validated and comparative data Potential to receive some MOC credit if certain conditions are met 	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 023, 046, 047, 048, 050, 102, 104, 110, 113, 119, 128, 130, 131, 226, 236, 265, 317, 357, 358, 431, 462	Quality IDs: 102, 110, 113, 119, 128, 130, 226, 236, 317, 462	<ul style="list-style-type: none"> Diagnosis of Type of Azoospermia and Diagnostic Testing for Obstructive Azoospermia Genetic Testing of the Azoospermic Male Appropriate Management of Obstructive Azoospermia Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease Non-Muscle Invasive Bladder Cancer: Initiation of BCG 3 months of diagnosis of high-grade T1 bladder cancer and/or CIS Non-Muscle Invasive Bladder Cancer: Early surveillance cystoscopy within 4 months of initial diagnosis Prostate Cancer: Confirmation Testing in low risk active surveillance eligible patients Prostate Cancer: Follow-Up Testing for patients on active surveillance for at least 30 months Prostate Cancer: Active Surveillance/Watchful Waiting for Low Risk Prostate Cancer Patients Bone imaging and soft tissue imaging at the time of diagnosis of metastatic CRPC Blood work for patients receiving abiraterone Testosterone and PSA levels checked for CRPC patients Use of Prednisone for CRPC patients on abiraterone Prostate Cancer: Patient Report of Urinary function after treatment Prostate Cancer: Patient Report of Sexual function after treatment Benign Prostate Hyperplasia Care: Benign Prostate Hyperplasia Benign Prostate Hyperplasia: IPSS improvement after diagnosis Stones: Urinalysis documented 30 days before surgical stone procedures Hospital admissions/complications within 30 days of TRUS Biopsy Stones: Repeat Shock Wave Lithotripsy (SWL) within 6 months of treatment Cryptorchidism: Inappropriate use of scrotal/groin ultrasound on boys Stress Urinary Incontinence (SUI): Revision surgery within 12 months of incontinence procedure Appropriate Testing for Vasectomy Patients

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)	Anesthesia Quality Institute (AQI) 1061 American Lane Schaumburg, IL 60173 (847) 268-9192	https://www.aqihq.org/index.aspx	See "Services Included in Cost" for QCDR cost. Nonmember physician anesthesiologists, and independent nurse anesthetists, will be charged a \$150 annual quality reporting fee, plus annual registry participation fees.	Individual MIPS Eligible Clinicians, Groups	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 Activities, Quality	https://www.aqihq.org/files/2018_IA_Anesthesiology.pdf	None	Quality IDs: 039, 044, 046, 047, 076, 109, 110, 111, 128, 130, 131, 134, 145, 154, 155, 181, 226, 238, 276, 317, 342, 402, 404, 408, 412, 414, 424, 426, 427, 430, 435, 463	None	<ul style="list-style-type: none"> Documentation of Anticoagulant and Antiplatelet Medications when Performing Neuraxial Anesthesia/Analgesia or Interventional Pain Procedures Patient-Reported Experience with Anesthesia Use of Pencil-Point Needle for Spinal Anesthesia Assessment of Patients for Obstructive Sleep Apnea Application of Lung-Protective Ventilation during General Anesthesia Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure – Inverse Measure Coronary Artery Bypass Graft (CABG): Stroke – Inverse Measure Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite Central Line Ultrasound Guidance Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA) Safe Opioid Prescribing Practices Infection Control Practices for Open Interventional Pain Procedures Multimodal Pain Management New Corneal Injury Not Diagnosed Prior to Discharge
Anesthesia Quality Registry (AQR QCDR)	ePreop, Inc. 909 Electric Ave, Suite 202 Seal Beach, CA 90740 (888) 328-7871	https://www.epreop.com	\$50-\$150 per eligible provider per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Eligible Provider (Anesthesiologist, CRNA, AA, Resident) fee is dependent on capture tool/format and is subject to change at ePreop's sole discretion.	Advancing Care Information, Improvement Activities, Quality	All	Anesthesia related ACI Measures	Quality IDs: 044, 076, 128, 130, 131, 145, 154, 155, 404, 408, 412, 414, 424, 426, 427, 430, 463	None	<ul style="list-style-type: none"> Avoiding acute kidney injury Avoiding myocardial injury Short-term Pain Management/Maximum Pain Score Patient-Reported Experience with Anesthesia Assessment of Patients for Obstructive Sleep Apnea Documentation of Anticoagulant and Antiplatelet Medications when Performing Neuraxial Anesthesia/Analgesia or Interventional Pain Procedures Train of Four Monitor Documented After Last Dose of Non-depolarizing Neuromuscular Blocker Central Line Ultrasound Guidance Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA) Safe Opioid Prescribing Practices Infection Control Practices for Open Interventional Pain Procedures Multimodal Pain Management Patient Frailty Evaluation Preoperative Assessment for Opioid Dependence Risk New Corneal Injury Not Diagnosed Prior to Discharge
AOA MORE - Measures and Outcomes Registry for Eyecare	American Optometric Association 243 North Lindbergh Blvd St. Louis, MO 63141 (800) 365-2219 QualityImprovement@aoa.org	www.aoa.org	Included as an AOA member benefit; \$1,800/ per clinician / per year for non-member doctors of optometry	Individual MIPS Eligible Clinicians, Groups	Recognizing the movement towards quality reporting and its value in improving health care outcomes, the American Optometric Association (AOA) is proud to support optometrists and the advancement of the profession through AOA MORE - Measures and Outcomes Registry for Eyecare. AOA MORE will provide: Data Collection Quality Payment Program support Data analysis of clinical outcomes for the benefit of improving care Demographic analysis to ensure greatest patient access to care Benchmarking against national performance rates of all registry participants (dashboards updated weekly) QPP measures Clinical Practice Improvement Activities Diagnoses Procedures Demographics AOA MORE will support individual and group reporting. Enroll at www.aoa.org/MORE	Improvement Activities, Quality	Not specified	None	None	Quality IDs: 001, 012, 018, 019, 117, 130, 226, 236, 374	None
APMA Registry	American Podiatric Medical Association 9312 Old Georgetown Rd. Bethesda, MD 20814 (301) 581-9200 registry@apma.org	www.apma.org/registry	No Cost per year to APMA Members, \$499 per provider, per year for APMA non-member	Individual MIPS Eligible Clinicians, Groups	Collection of data and reporting to CMS	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 047, 109, 110, 111, 126, 127, 128, 130, 131, 154, 155, 226, 266, 317, 358	None	<ul style="list-style-type: none"> Outcome Assessment for Patients Prescribed Ankle Orthosis Outcome Assessment for Patients Prescribed Foot Orthoses for Ambulation and Functional Improvement Comprehensive Diabetic Foot Examination

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
AQUIRE Quality Improvement Registry	American Urogynecologic Society 1100 Wayne Avenue, Suite 670 Silver Spring, MD 20910 (301) 273-2635	https://www.augs.org/aquire/	AQUIRE is an AUGS membership benefit with no cost.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Web data entry portal including with 9 QPP approved measures and 11 non-QPP approved measures with manual, electronic reporting and submission of quality measures via web tool. - Benchmarking report/dashboard to monitor and compare outcomes to their peers. Services include: continuous performance feedback reports, comparison to registry and national benchmarks (where available) and peer-to-peer comparison; performance gap analysis - Fulfills the requirements for Maintenance of Certification Part IV -EMR integration capabilities (80 EHRs and PM systems). - Improvement Activity (IA) which include a Patient Reported Outcomes module and Practice Improvement Activity Module. - Advancing Care Information (ACI)	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 021, 023, 358, 422, 428, 429, 432, 433, 434	None	<ul style="list-style-type: none"> Documentation that conservative management was offered prior to fecal incontinence surgery or procedures Route of Hysterectomy Performing an intraoperative rectal examination at the time of prolapse repair Preoperative assessment of sexual function prior to pelvic organ prolapse repair Documentation of offering a preoperative pessary for Pelvic Organ Prolapse Complete assessment and evaluation of patient's pelvic organ prolapse prior to surgical repair Performing vaginal apical suspension at the time of hysterectomy to address pelvic organ prolapse Over-utilization of synthetic mesh in the posterior compartment Documentation that a trial of conservative management was offered prior to use of procedure based therapy for urgency urinary incontinence Documentation of weight loss counseling prior to surgery for stress urinary incontinence procedures for obese women
Arcadia Analytics	Arcadia Healthcare Solutions 20 Blanchard Road, Suite 10 Burlington, MA 01803 (781) 202-3600	www.arcadiasolutions.com	\$249/EP/submission for existing Arcadia customers	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Arcadia will provide customers with data acquisition and aggregation services, on-demand access to performance and reporting rates, and MIPS data submission for their selected measures. The services included pertain to all existing Arcadia Analytics customers already leveraging Data Connect	Quality	None	None	All QPP Registry Eligible Measures	None	None
ASPS TOPS-QCDR	American Society of Plastic Surgeons 444 E Algonquin Rd Arlington Heights, IL 60005 (847) 228-3349	https://www.plasticsurgery.org/qcdr	See Services Offered.	Individual MIPS Eligible Clinicians, Groups	All pricing is annual and collected at the time of submission. Pricing is per provider. Members: \$199 with concurrent participation in TOPS for all 3 components \$299 without participation in TOPS for all 3 components \$99 for ACI only \$99 for IA only Non-Members: \$499 for participation in TOPS or QCDR for all 3 components Group pricing will be the individual price per each member of the group. A combination of member and non-member pricing may be utilized. ASPS offers members: Submission of QPP and non-QPP measures to meet MIPS Quality requirement; ability to attest to CPIA; and submission of ACI 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.	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 021, 023, 046, 110, 112, 128, 130, 131, 134, 137, 138, 224, 226, 236, 238, 263, 265, 317, 355, 356, 357, 358, 374, 440	Quality IDs: 110, 112, 128, 130, 131, 134, 226, 236, 238, 317, 374	<ul style="list-style-type: none"> Rate of Blood Transfusion for Patients Undergoing Autologous Breast Reconstruction Coordination of Care for Patients Undergoing Breast Reconstruction Breast Reconstruction: Flap Loss Length of Stay Following Autologous Breast Reconstruction Patient Satisfaction with Information Provided during Breast Reconstruction Breast Reconstruction: Return to OR Operative Time for Autologous Breast Reconstruction Unplanned hospital admission after panniculectomy Wound disruption rate after primary panniculectomy in patients with BMI > or = to 35 Wound disruption rate after primary panniculectomy in patients with BMI < 35 Seroma rate after primary panniculectomy Adequate Off-loading of Diabetic Foot Ulcer at each visit
Axon Registry	American Academy of Neurology 201 Chicago Ave. Minneapolis, MN 55415 (612) 928-6000	www.aan.com/axon-registry/	Free of charge to AAN members	Individual MIPS Eligible Clinicians	Quality reporting - free of charge to members, Improvement activity reporting - free of charge to members, Advancing Care Information reporting - free of charge to members	Advancing Care Information, Improvement Activities, Quality	All	<ul style="list-style-type: none"> Clinical Data Registry Reporting Clinical Information Reconciliation Electronic Case Reporting e-Prescribing Immunization Registry Reporting Patient-Generated Health Data Patient-Specific Education Provide Patient Access Public Health Registry Reporting Request/Accept Summary of Care Secure Messaging Security Risk Analysis Send a Summary of Care Syndromic Surveillance Reporting View, Download, and Transmit (VDT) 	Quality IDs: 047, 130, 154, 155, 268, 276, 282, 286, 288, 290, 291, 293, 318, 370, 374, 386, 419, 435	None	<ul style="list-style-type: none"> Diabetes/Pre-Diabetes Screening for Patients with DSP DSP Screening for Unhealthy Alcohol Use Screening for Psychiatric or Behavioral Health Disorders Quality of Life Assessment for Patients with Epilepsy Giant Cell Arteritis: Absence of fellow eye involvement after corticosteroid treatment Medication prescribed for acute migraine attack Exercise and Appropriate Physical Activity Counseling for Patients with MS Current MS Disability Scale Score Quality of Life Assessment Ocular Myasthenia Gravis: Improvement of ocular deviation or absence of diplopia or functional improvement Falls Outcome for Patients with Parkinson's Disease Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease Falls screening (aggregation of AAN disease specific falls measures) First line treatment for infantile spasms (IS) Overuse of barbiturate and opioid containing medications for primary headache disorders Botulinum Toxin Serotype A (BoNT-A) for spasticity or dystonia Querying for co-morbid conditions of tic disorder (TD) and Tourette syndrome (TS)

Disclaimer: 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, CMS cannot guarantee that these services will be available or that the vendor will be successful uploading their files during the submission period. CMS cannot guarantee an eligible clinician success in providing data for the program. Successful submission is contingent upon following the MIPS program requirements: the timeliness, quality, and accuracy of the data provided for reporting by the eligible clinician, group, and/or virtual group, and the timeliness, quality, and accuracy of the vendor.

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
Bivarus SAPE QCDR	Bivarus, Inc. 2525 Meridian Parkway, Suite 460 Durham, NC 27713 (919) 336-9142	www.bivarus.com	\$100 annual fee per provider.	Individual MIPS Eligible Clinicians, Groups	Reporting for all Quality and Quality Improvement Activities for practices.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	None	<ul style="list-style-type: none"> • Patient Reported Comprehensive Assessment of Safety • Patient Reported Experience and Care Coordination • Patient Reported Procedure Readiness and Care
Blue Nine QCDR	Blue Nine Systems, LLC 32 Commerce St. Asheville, NC 28801 1 (800) 753-4350	www.blueninesystems.com	\$150/user per year of web service – free to Neptune	Individual MIPS Eligible Clinicians, Groups	Blue Nine Systems, LLC has developed and deployed Neptune, a mobile anesthesia information management system (AIMS). Our AIMS is designed not only to document the recorded intraoperative events related to the anesthetic but also is unique in facilitating automated material and drug cost collection and patient quality data. In addition, our complimentary online portal (Triton) is specifically dedicated to facilitate pre- and post- operative data collection including quality measures data in a simple, provider-friendly manner. These two systems combined provide full perioperative throughput data collection. By working coordinately, Neptune and Triton are able to ensure that data is submitted accurately and is a direct representation of the care documented by healthcare providers. This coordination allows for a seamless transmission of remote data from each provider regardless of location that is synchronized to our central HIPAA-secure relational data repository. This secure repository houses all the information needed to calculate and transmit each of the Blue Nine QCDR quality measures associated with each individual provider TIN/ NPI.	Improvement Activities, Quality	<ul style="list-style-type: none"> • Cost Effectiveness and Quality Improvement of Perioperative Antiemetic Use • Identification of Patients at Risk for Prolonged Opioid Dependence Post Elective Surgery • Target Specific Non-Narcotic Analgesia Strategies in the Perioperative Period • Cost Effectiveness and Quality Improvement of Intraoperative Inhalational Anesthetic Administration 	None	Quality IDs: 044, 076, 130, 404, 424, 426, 427, 430	None	<ul style="list-style-type: none"> • Use of Pencil-Point Needle for Spinal Anesthesia • Application of Lung-Protective Ventilation during General Anesthesia • Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA) • Multimodal Pain Management
BPA QCDR	Best Practices Academy 2301 Research Park Way Brookings, SD 57006 (877) 788-2883	http://bestpracticesacademy.com/	\$349/provider/year	Individual MIPS Eligible Clinicians, Groups	Practice consulting services in compliance and clinic management, clinical and business training, and electronic health record system for the chiropractic practice.	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 047, 109, 110, 128, 130, 131, 134, 154, 155, 163, 182, 226, 236, 238, 239, 240, 276, 281, 282, 288, 317, 318, 371, 402, 414, 431, 459, 460, 461	None	None

CareSense	MedTrak, Inc. 1100 East Hector St., Suite 419 Conshohocken, PA 19428 (484) 532-7587	www.caresense.com	Free for CareSense users	Individual MIPS Eligible Clinicians, Groups	CareSense is a HIPAA compliant, web-based data collection and analysis solution. The system allows for the collection of standard surveys and custom questions through tablets, smartphones web-based forms, email links, text messages and automated phone calls. CareSense supports validation rules, branching logic, CAT surveys, and email/text reminders for data entry; custom/standard reports, queries, dashboards and benchmarking tools for analysis; and has the capability to import and export information from EMR systems, run research studies, and work with satisfaction, marketing, and financial data. The system is a proven solution in the medical data collection space and has collected surveys from over a million patients worldwide.	Quality	None	None	Quality IDs: 109, 111, 128, 130, 131, 154, 155, 178, 182, 217, 218, 220, 226, 317, 350, 351, 352, 353, 358	None	<ul style="list-style-type: none"> General Health Postoperative Improvement Surgery Specific Postoperative Improvement in Pain Levels Surgery Specific Postoperative Improvement in Function Levels
CDR PRO	Healthmonix 101 Lindenwood Drive, Suite 430 Malvern, PA 19355 (610) 590-2229 contact@healthmonix.com 1 (888) 720-4100	http://www.cdrpro.com	Starting at \$229 per provider per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Real-time dashboards allow you to take control of your clinical performance. CDRPRO calculates your performance in real-time. Dashboards give you valuable insight into your performance, and allow you to adjust to ensure you reach the highest reimbursement rates. MIPS Scoring Peer Comparisons Analytics – Group vs. Individual Reporting Data validation and support Choose your pace. Integrated Data via our API, data upload service, or through manual entry. Improvement Resources & Consulting	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	None	None
CitiusTech Inc	CitiusTech Inc 2 Research Way, 2nd Floor Princeton, NJ 08540 (877) 248-4871	www.citiustech.com	\$299 per Eligible Clinician per Year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ol style="list-style-type: none"> 1. Provider Onboarding: Verify the eligibility of each Eligible Clinician and/or QPP group practice participating in QPP 2. Feedback Reports: Provide feedback reports to providers before actual data submission 3. Performance category: Support Quality, ACI and IA MIPS category for submission 4. Audits: Completion of a randomized audit of a subset of data prior to the submission to CMS for accuracy of reports based on the appropriate Measure Specifications (i.e. accuracy of numerator, denominator, and exclusion criteria etc.) 5. Data Submission: Automated submission of quality measures through APIs using QPP XML to CMS upon successful verification of Feedback Reports from the provider 6. Training: Self-help training material, in form of PDF documents, will be provided to providers on MIPS program requirements and on entire QCDR process for submission <p>Other Services (Additional cost):</p> <ol style="list-style-type: none"> 1. Data aggregation services (QRDA, HL7, 837, CCDA) 2. Measure processing against patient data from source like EHR and calculating performance and reporting rates 3. Calculating performance scores for each MIPS Quality category and calculating composite scores 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None

ClearPractice	Lumeris, Inc. 13900 Riverport Dr. Maryland Heights, MO 63043 (888) 586-3747	www.lumeris.com	This is a service we provide our existing EHR clients as part of their monthly subscription fees, which are paid on a per provider basis.	Individual MIPS Eligible Clinicians	Quality performance measures and reporting options for MIPS program.	Advancing Care Information, Improvement Activities, Quality	Not Specified	<ul style="list-style-type: none"> Clinical Information reconciliation ePrescribing, patient-generated health data Patient-specific education Provide patient access Secure messaging Send a summary of care View download or transmit 	Quality IDs: 001, 066, 112, 119, 128, 130, 134, 163, 226, 236, 238, 239, 240, 309, 310, 318	Quality IDs: 001, 066, 112, 119, 128, 130, 134, 163, 226, 236, 238, 239, 240, 309, 310, 318	None
Clinicspectrum QCDR Registry	Clinicspectrum, Inc. 2222 Morris Ave, 2nd Floor Union, NJ 07083 E-mail: qcdr@clinicspectrum.com Program Representative: Vishal Gandhi: (908) 834-1608 Technical Contact: Tushar Desai: (413) 822-9340 Support Team: (908) 206-4254, (908) 688-8810	https://qcdrregistry.clinicspectrum.com/	\$275 per provider per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>QCDR Website for Manual Data Entry, File Upload/download facility, Score calculation & Benchmark Comparison. Direct assistance for quality improvement and achieving better quality score. Periodic performance evaluation.</p> <p>Services will be provided to log in to your certified EHR Technology, extract Quality data and Import into Clinicspectrum QCDR Registry. EHR Integration can be offered to extract data from Certified EHR Technology.</p> <p>Clinicspectrum offers specialized services and technology platforms to empower cost-effective hybrid workflow in Healthcare. Email us at QCDR@clinicspectrum.com or visit our website: https://QCDRregistry.clinicspectrum.com</p>	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	All available eQCMs	<ul style="list-style-type: none"> Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
Clinigence QCDR	Clinigence LLC 1100 Spring St. NW, Suite 830 Atlanta, GA 30309 (678) 466-6650	www.clinigence.com	Starting at \$199 per eligible clinician, per year.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>As a part of the MACRA/MIPS reporting services Clinigence QCDR provides technology as well as professional clinical services to support:</p> <ul style="list-style-type: none"> Clinical EMR data integration and implementation; Daily score updates; Individual and peer-comparison progress reports and score cards; Measure-based Gaps in care analysis for score improvement; Patient-based Gaps in care analysis for care coordination; Daily gap in care based huddle reports to drive practice workflows; Population health based analytics to drive improved clinical workflows; Quality data submission based on EHR Reporting, Qualified Registry, and the CMS Web Interface. Support for some Improvement Activities. Support for specialty specific measures for Podiatry, Nephrology, Ob-Gyn, Orthopaedics, Oncology and Infectious Disease specialties as well as the full set of Registry measures and eQCMs. <p>QCDR direct submissions services are based on an automated EMR integration requiring no end user data entry.</p> <p>Clinigence QCDR also supports numerous other P4P, AAPM, and reporting programs, including PCMH, MSSP ACO, CPC+, HEDIS, etc.</p> <p>Please contact us for details and volume discounts.</p>	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Back Pain: Use of EMG & CNS Injections Morton's Neuroma - Avoidance of Alcohol Injections Cancer Patients - Survivorship Care Plan Foot Bone Infection Diagnosis Without MRI

CODE Technology	Clinical Outcomes and Data Engineering Technology 515 E Grant St Phoenix, AZ 85004 (888) 776-2838	https://www.codetechnology.com/	\$399/EP annual fee	Individual MIPS Eligible Clinicians, Groups	Reporting on behalf of health systems and/or eligible providers (EP)	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 021, 023, 047, 109, 128, 130, 178, 179, 180, 182, 226, 282, 317, 350, 351, 352, 353, 355, 356, 357, 358, 402	None	<ul style="list-style-type: none"> Improved Global Physical Health Outcome Assessment for Cervical Surgery Improved Functional Outcome Assessment for Foot/Ankle Repair Improved Global Physical Health Outcome Assessment for Hand/Wrist/Elbow Repair Improved Functional Outcome Assessment for Hip Arthroscopy Improved Functional Outcome Assessment for Hip Replacement Improved Functional Outcome Assessment for Knee Arthroscopy Improved Functional Outcome Assessment for ACL Repair Improved Functional Outcome Assessment for Knee Replacement Improved Global Physical Health Outcome Assessment for Shoulder Replacement Improved Global Physical Health Outcome Assessment for Shoulder Arthroscopy Improved Global Physical Health Outcome Assessment for Spine Surgery
Coherent Health, LLC/DBA Coherent Eye Care	Coherent Eye Care Registry 2220 Southerland Ave. Knoxville, TN 37919 (630) 292-6156	www.coherenteyecare.com	\$50 per month per doctor. One time set up fee \$250.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	MIPS QPP Reporting for optometry and ophthalmology (Medicare & Commercial), E.H.R. reporting	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> Participation in a QCDR, that promotes use of patient engagement tools. Care coordination agreements that promote improvements in patient tracking across settings 	<ul style="list-style-type: none"> Summary of Care Measure e-Prescribing Send Summary of Care Record 	Quality IDs: 001, 012, 018, 019, 117, 130, 191, 226, 374	Quality IDs: 001, 012, 018, 019, 117, 130, 191, 226, 374	None
Collaborative Endocrine Surgery Quality Improvement Program (CESQIP) of the Endocrine Quality Foundation, powered by ArborMetrix	Collaborative Endocrine Surgery Quality Improvement Program (CESQIP) of the Endocrine Quality Foundation, powered by ArborMetrix 339 E Liberty St., Suite 210 Ann Arbor, MI 48104 (734) 353-4176	cesqip.org	Included in CESQIP membership	Individual MIPS Eligible Clinicians, Groups	Registry based collaborative quality improvement, QCDR reporting.	Improvement Activities, Quality	All	None	Quality IDs: 130, 357, 358	None	<ul style="list-style-type: none"> Related readmission for adrenal Related problems Vocal cord dysfunction following thyroidectomy Persistent hypercalcemia Pre operative ultrasound exam of patients with thyroid cancer Hematoma requiring evacuation following thyroidectomy Post operative hypocalcemia after thyroidectomy surgery Related readmission for thyroid or parathyroid related problems
Columbus Registry	Columbus, LLC 2255 Glades Road, Suite 228W Boca Raton, FL 33431 (844) 377-2363	www.columbus.care	Initially available to members of AARA (American Arthritis and Rheumatology Associates) at no cost.	Individual MIPS Eligible Clinicians, Groups	Reporting services are offered only to members of AARA. Services included in the offering are only those pertaining to the submission of quality data as it pertains to the QPP program. Data that can be reported includes quality, advancing care information, and improvement activities.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 047, 128, 130, 176, 177, 178, 179, 180, 226, 317, 337, 402	Quality IDs: 065, 117, 130, 134, 160, 163	None

Cozeva QCDR	Applied Research Works Inc. 1003 Elwell Court Palo Alto, CA 94303 (808) 222-0803	www.cozeva.com	Starting at \$199 per provider per year. Contact info@cozeva.com for details	Individual MIPS Eligible Clinicians, Groups	Cozeva QCDR supports performance measurement and reporting, performance improvement and population health, and clinical effectiveness research through registry technology and services. This includes performance measure adherence reports to groups, practices, and individual clinicians. These performance reports provide measure calculation at both the practice site level and individual clinician level and include national averages for benchmarking. This ensures that the quality care for each individual clinician is adequately benchmarked against other clinicians and against performance rates at multiple levels of aggregation. Cozeva QCDR will report measures to CMS on behalf of individual clinicians and groups for Alternative Payment Models (APMs) and the Merit Based Incentive Payment System (MIPS).	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 001, 005, 008, 046, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 370, 374, 438	Quality IDs: 001, 005, 008, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 370, 374, 438	None
CUHSM	Consortium for Universal Health System Metrics 412 North Main Street, Suite 100 Buffalo, WY 82834 (888) 949-2499 x2	www.cuhsm.org	\$395-\$895/year per provider	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Consultation, Data extraction, Data integrity checks, QPP Submission generation & validation, Review process, automated submission, Log and audit trail	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 439	<ul style="list-style-type: none"> Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) CAHPS Health Plan Survey v 4.0 - Adult questionnaire
CureOne	Molecular Evidence Development Consortium dba CureOne 343 East 400 North, Suite 209 Rexburg, ID 83440 (202) 800-0611	www.cure-one.org	There is no cost to clinicians	Individual MIPS Eligible Clinicians, Groups	Patient registry for ordering next generation sequencing and data collection for evidence collections and fulfilling MIPS criteria for oncology providers	Quality	None	None	Quality IDs: 395, 396	None	<ul style="list-style-type: none"> CureOneEGFR CureOneALK CureOneROS1 CureOneNSCLCBRAF CureOnePDL1 CureOneMelBRAF CureOneEGFRTPP CureOneALKTPP CureOneROS1TPP CureOneNSCLCBRAFTPP CureOneMelBRAFTPP
CureMD QCDR	CureMD.com, Inc. 120 Broadway, 35th Floor New York, NY 10271 (718) 213-4870	http://www.curemd.com/	\$199 per file submission per Individual NPI	Individual MIPS Eligible Clinicians, Groups	<ul style="list-style-type: none"> \$199 per file submission per Individual NPI. MIPS Consulting services available. Customized packages available for large group. 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 066, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 369, 370, 373, 374, 378, 379, 382	None

Cynapse Health	Cynapse Health 4080 McGinnis Ferry Rd., Suite 402 Alpharetta, GA 30005 (404) 723-4671	www.cynapsehealth.com	\$150 per Clinician	Individual MIPS Eligible Clinicians, Groups	Collection and submission of Individual and Group as well as specialty specific custom quality metrics related to MIPS, HEDIS, and ACO's. Data can be extracted directly from EHR or submitted via CSV file upload.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 430, 463	None
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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQIMs Supported	QCDR Measures Supported	
Dermatology PA QCDR	Society of Dermatology Physician Assistants 8400 Westpark Drive, 2nd Fl McLean, VA 22102 (844) 337-6727	http://www.dermopa.org	Lite \$229, Basic \$269, Standard \$359, Plus \$459, Group discounts available	Individual MIPS Eligible Clinicians, Groups	Basic: Quality component Standard: Quality and Advancing Care Information reporting Plus: All components of MIPS for 2018	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 047, 110, 128, 130, 131, 137, 138, 224, 226, 265, 337, 358, 410, 431	None	<ul style="list-style-type: none"> Avoiding antibiotic use in rupture epidermal inclusion cyst HCV testing in Lichen Planus Education of patients with inflammatory diseases regarding increased cardiovascular risk and the need for PCP evaluation Appropriate Testing and Treatment of Nail tinea infection 	
Diabetes QCDR	Healthmonix 101 Lindenwood Drive, Suite 430 Malvern PA 19355 (610) 590-2229 1 (888) 720-4100 contact@healthmonix.com	http://www.healthmonix.com	Starting at \$289 per provider per year, additional discounts available for group participation.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> Real-time dashboard and MIPS Scoring provides valuable and timely insight into provider and business unit performance Drill 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 EMR's enables seamless data exchange and removes the reporting burden Data validation and submission included U.S. based support delivers hands on training 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	None	<ul style="list-style-type: none"> A1C Treatment ACE/ARB Use Screening for Albuminuria in Patients at Risk for CKD (DM and/or HTN) Measure 	
Digital Medical Solutions QCDR	Digital Medical Solutions QCDR 90 Washington Valley Road Bedminster, NJ 07921 (888) 927-7774 (888) 712-0091	www.officemedicine.com	\$495.00 per submission per EP annually	Individual MIPS Eligible Clinicians, Groups	Services: Measure selection guidance, data entry guidance, data collection, error resolution and submission.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382,	None	None

Doctors Quality Reporting Network	KaMMCO Health Solutions 623 SW 10th Ave Topeka, KS 66612 (785) 231-1367	www.kammcohealthsolutions.com	Cost: KHS Member Individual reporting rate: \$250 per clinician per year; KHS Member Group reporting rate: \$250 per clinician per year, up to a maximum of \$1000 per group per year.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	The Doctors Quality Reporting Network seamlessly extracts, aggregates, calculates and reports MIPS measures for individual physicians and groups. DQRN analytics and reporting includes QPP Quality measures, as well as Improvement Activities and Advancing Care Information attestation. DQRN staff provide clinicians with assistance in the selection of measures to be reported and physician developed dashboards provide actionable information to assist in meeting quality metrics and improvement activities.	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> Care transition standard operational improvements Chronic care and preventative care management for empaneled patients Engagement of community for health status improvement Engagement of patients through implementation of improvements in patient portal Implementation of formal quality improvement methods, practice changes or other practice improvement processes Implementation of methodologies for improvements in longitudinal care management for high risk patients Measurement and improvement at the practice and panel level Participation in a QCDR, that promotes use of patient engagement tools. Population empanelment Practice improvements for bilateral exchange of patient information Practice improvements that engage community resources to support patient health goals Regular review practices in place on targeted patient population needs Use of QCDR data for quality improvement such as comparative analysis reports across patient populations Use of QCDR for feedback reports that incorporate population health Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement. Care coordination agreements that promote improvements in patient tracking across settings Implementation of condition-specific chronic disease self-management support programs Implementation of improvements that contribute to more timely communication of test results Implementation of medication management practice improvements Improved practices that disseminate appropriate self-management materials Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes Participation in population health research Use of QCDR data for ongoing practice assessment and improvements Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination 	<ul style="list-style-type: none"> Send a Summary of Care Provide Patient Access e-Prescribing Security Risk Analysis Request/Accept Summary of Care Patient-Generated Health Data Secure Messaging View, Download and Transmit (VDT) Clinical Information Reconciliation Patient-Specific Education Immunization Registry Reporting Clinical Data Registry Reporting Public Health Registry Reporting Syndromic Surveillance Reporting Electronic Case Reporting 	Quality IDs: 001, 005, 007, 008, 009, 065, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 318, 366, 370, 371, 372, 373, 374, 377, 379	Quality IDs: 001, 005, 007, 008, 009, 065, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 318, 366, 370, 371, 372, 373, 374, 377, 379	None
E-CPR (Emergency Clinical Performance Registry)	MedAmerica 2100 Powell Street, Suite 900 Emeryville, CA 94608 (510) 350-2600	http://www.medamerica.com/Expertise/EmergencyMedicine/ECPB.aspx	\$500 per provider per year plus initial start-up fee; discounts available	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Services and Benefits: - Support for data collection, analysis, and reporting - Feedback reports with benchmarks (when available) and comparative analysis - Educational webinars, online resources	Improvement Activities, Quality	All	None	All QPP Registry Eligible Measures	None	<ul style="list-style-type: none"> Restrictive Use of Blood Transfusions Avoidance of Creatine Kinase-MB (CK-MB) Testing for Non-traumatic Chest Pain Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding Three Day All Cause Return ED Visit Rate Door to Diagnostic Evaluation by a Provider – Emergency Department (ED) Patients Mean Time from Emergency Department (ED) Arrival to ED Departure for Discharged Lower Acuity ED Patients Mean Time from Emergency Department (ED) Arrival to ED Departure for Discharged Higher Acuity ED Patients Avoidance of Opiate Prescriptions for Low Back Pain or Migraines Avoidance of Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions Avoidance of Tramadol or Codeine for Children Rh Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure Initiation of the Initial Sepsis Bundle Avoid Head CT for Patients with Uncomplicated Syncope Appropriate Use of Telemetry for Admission or Observation Placement Door to Diagnostic Evaluation by a Provider Within 30 Minutes – Urgent Care Patients
Emergency Medicine Institute of Quality (EMIQ)	Emergency Medicine Institute of Quality 5665 New Northside Drive, Suite 200 Atlanta, GA 30328 (770) 874-6836	Not available	Free for eligible affiliated providers	Groups	Registry Reporting at no cost for eligible affiliated providers	Improvement Activities, Quality	All	None	Quality IDs: 065, 076, 091, 093, 116, 254, 255, 415, 416	None	None

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
FORCE Ortho QI	FORCE Ortho 55 Lake Avenue North Worcester, MA 01655 Julianne Hunn Julianne.Hunn@umassmed.edu (774) 455-4207	forceortho.org	\$299/year per surgeon	Individual MIPS Eligible Clinicians, Groups	Submission of reports for QCDR and regular feedback reports to participating EPs/GPROs.	Quality	None	None	Quality IDs: 109, 375, 376	None	<ul style="list-style-type: none"> Improvement in Pain after Hip Replacement Improvement in Pain after Knee Replacement Review of Pain Status Assessment for Patients with Osteoarthritis Review of Functional Status Assessment for Patients with Osteoarthritis
Geriatric Practice Management LTC Registry	Geriatric Practice Management/gEHRiMed 16 Biltmore Ave, Suite 300 Asheville, NC 28801 (828) 348-2288	www.gehrimed.com	\$600 per provider, annually	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Registry integrated for gEHRiMed™ subscribers; offered to other Practitioners by agreement. Customer support provided.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	All available eCQMS	None
GIQuIC	GI Quality Improvement Consortium (GIQuIC) 6400 Goldsboro Road, Suite 200 Bethesda, MD 20817 (301) 263-9000 info@giquic.org	http://giquic.gi.org	No additional fees beyond annual license fee. Annual License Fees: 1-5 physicians=\$4,000, 6-10 physicians=\$5,400, 11-15 physicians=\$9,400, 16-20 physicians=\$10,800, over 20 physicians, contact GIQuIC.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Services: The GIQuIC registry is a clinical quality registry for gastroenterology currently collecting data and benchmarking performance relative to colonoscopy and esophagogastroduodenoscopy (EGD) procedures. Participating facilities can generate measure reports on-demand and can benchmark performance of physicians within the facility to one another and in comparison, to the study as a whole. Data comes into the registry from electronic data capture or manual entry. Over ten endoscopic report writers are currently certified with GIQuIC. The GIQuIC website is located at http://giquic.gi.org . Other Quality Reporting Programs Available: The MIPS eligible clinician who is in active engagement to submit data to a clinical data registry can earn a 5 % bonus in the advancing care information performance category score for submitting to GIQuIC, a clinical data registry. Clinicians can reuse registry data for Maintenance of Certification (according to board-specific	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 320, 343, 425	None	<ul style="list-style-type: none"> Appropriate indication for colonoscopy Appropriate follow-up interval of 3 years recommended based on pathology findings from screening colonoscopy in average-risk patients Appropriate follow-up interval of 10 years for colonoscopies with only hyperplastic polyp findings Appropriate follow-up interval of 5 years for colonoscopies with findings of sessile serrated polyps < 10 mm without dysplasia Appropriate follow-up interval of not less than 5 years for colonoscopies with findings of 1-2 tubular adenomas < 10 mm Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation Appropriate indication for esophagogastroduodenoscopy (EGD) Appropriate management of anticoagulation in the peri-procedural period rate – EGD

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQCMs Supported	QCDR Measures Supported
Hawkins Foundation in Collaboration with Suncoast RHIO and CERortho	Hawkins Foundation, Inc. 200 Patewood Drive, Suite C 100 Greenville, SC 29615 (864) 585-4595	www.orthoqcdr.com	Standard Package: \$250 - \$500 per year per EP - Group Discounts Available	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Costs apply to quality component of QPP. We also offer registry services for the QPP Advancing Care Information and Clinical Improvement Activities. Standard Package for Quality Category Reporting: Includes guidance and support with measures determination and data collection processes, data collection tools; analysis of data for optimal value and merit- based performance; validation of data accuracy; Quality Measures submission; general feedback before and after submission; communication with CMS as needed. Advanced Assistance with measures; Determination (sometimes needed for providers with no previous experience in Quality reporting) is available for an additional fee of up to \$150.00 per provider. We also offer customized education, training, consultation, and support services for other QPP Categories and other Quality Reporting Programs, with fees based on client needs. Discounts are available for larger practices and for Clinicians who have needs for "submission only" services through a Qualified Registry.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Surgical Reconstruction for Anterior Cruciate Ligament (ACL) Injury • Knee Arthroscopy for Meniscal Repair: Change in a Validated Knee Patient Reported Outcome Measure Following Knee Arthroscopy for Meniscal Repair • Shoulder Instability - Labral Reconstruction: Change in Validated Shoulder Patient Reported Outcome Measure Following Labral Reconstruction for Shoulder • Shoulder Arthroscopy: Measure of Change in a Validated Shoulder Patient Reported Outcome Following Shoulder Arthroscopy • Shoulder Arthroplasty: Change in a Validated Shoulder Patient Reported Outcome Measure Following Shoulder Arthroplasty • Surgical Repair for Rotator Cuff Tear: Change in a Validated Shoulder Patient Reported Outcome Measure Following Surgical Rotator Cuff Repair
HealthAdvanta	HealthAdvanta 651 E. Townshipline Rd., Suite #572 Blue Bell, PA 19422 (888) 507-2988	www.healthadvanta.com	Starting at \$315 per provider / year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> - Full library of MIPS quality measures and eQCMs is reportable through HealthAdvanta's registry - MIPS Quality reporting, Advancing Care Information, and Improvement Activities - Analytics software accurately calculates reporting and performance metrics - Web based registry dashboard shows real time status of QPP performance, and offers drill down to provider, measure and encounter level details - Performance reports provided 4 times per year and are always available to the user via the web interface <p>Additional services offerings:</p> <ul style="list-style-type: none"> - Custom automation services for denominator management - Custom automation of numerator quality code assignment from one or more clinical data sources - Abstraction of clinical quality data by qualified HIM professionals - Custom dashboards and reports 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Atrial Fibrillation Prevention and Treatment – Lifestyle and Disease Factor Assessment • Use of high risk sleep medications in the elderly

HealthConnections	Health Advancement Collaborative of Central New York, Inc d/b/a HealthConnections 443 North Franklin St, Suite 001 Syracuse, NY 13204 (315) 671-2241	http://www.healthconnections.org/	\$40-60 per eligible clinician per month	Individual MIPS Eligible Clinicians, Groups	HealthConnections provides a comprehensive suite of tools and services to support quality measurement and improvement activities across a broad range of value-based and alternative payment models for Medicare, Medicaid, and commercial health plans. Available services include: - Data integration and aggregation services - Continuous data quality - Performance monitoring for selected quality measures - Quality measure calculation and reporting/submission for VBP programs (i.e. QRDA-1 and QRDA-3 for MIPS/QPP reporting) - Advancing Care Information (ACI) and Improvement Activities (IA) reporting - Identify gaps in care and supplement reporting with broader community data - Reporting for individuals, group practices, Clinically Integrated Networks (CIN), Accountable Care Organizations (ACO), Integrated Delivery Networks (IDN), Health Systems, Community Segments and Health Plans. - Near-real-time dashboards and custom reporting available	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
HealthEC LLC	HealthEC LLC 371 Hoes Lane, Suite 300 A Piscataway, NJ 08854 (732) 271-0600	www.healthec.com	\$199 - \$399 per EP annually	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Data Submission for Quality, ACI and IA category. HealthEC is able to take data from the practice management system and EMR to build the measure profile that best suits the clinician/group in their submission.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
HEALTHeLINK	Western New York Clinical Information Exchange Inc. d/b/a HEALTHeLINK 2568 Walden Ave, Suite 107 Buffalo, NY 14225 (716) 206-0993	www.wnyhealthelink.com	Estimated to start at \$30 per physician per month	Individual MIPS Eligible Clinicians, Groups	HEALTHeLINK offers a spectrum of services to improve practice quality and assist with the reporting of quality measures through a secure and comprehensive solution suite as described below: - A web-based application that addresses all aspects of performance reporting - Data submission with a variety of standard and supported formats - Data quality evaluation, feedback, and reporting - Measures reporting aligned with providers' performance objectives and priorities	Quality	None	None	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None

HealthLoop, Inc.	HealthLoop, Inc. 605 Ellis St, Suite 100 Mountain View, CA 94043 (408) 418-0990	www.healthloop.com	\$40 per patient episode. Ex: if 500 patients have a colonoscopy and are enrolled on HealthLoop, the cost to the provider would be \$20,000.	Individual MIPS Eligible Clinicians, Groups	Implementation services furnished on an as-requested basis	Improvement Activities, Quality	<ul style="list-style-type: none"> Engage patients and families to guide improvement in the system of care. Evidenced-based techniques to promote self-management into usual care Integration of patient coaching practices between visits Participation in a QCDR, that promotes use of patient engagement tools. Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan. Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement. 	None	Quality IDs: 217, 218, 219, 220, 221, 222, 223, 375, 376	None	None
Health eFilings QCDR	Health eFilings, LLC 7617 Mineral Point Rd. Suite 200 Madison, WI 53717 (608) 492-1250	www.heathefilings.com	Starting at \$295 per Clinician, per year.	Individual MIPS Eligible Clinicians, Groups	Services offered range from submission of data to comprehensive dashboard for tracking all quality measures down to the patient level.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Exclusive Breast Milk Feeding
H-CPR (Hospitalist –Clinical Performance Registry)	MedAmerica 2100 Powell Street Suite 900 Emeryville, CA 94608 (510) 350-2600	http://www.medamerica.com/Expertise/HospitalMedicine/HPCR.aspx	\$500 per provider per year plus initial start-up fee; discounts available	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Services and Benefits: - Support for data collection, analysis, and reporting - Feedback reports with benchmarks (when available) and comparative analysis - Educational webinars, online resources	Improvement Activities, Quality	All	None	All QPP Registry Eligible Measures	None	<ul style="list-style-type: none"> Restrictive Use of Blood Transfusions Mean Length of Stay for Inpatients – COPD 30 Day All-Cause Readmission Rate for Discharged Inpatients Clostridium Difficile - Risk Assessment and Plan of Care Venous Thromboembolism (VTE) Prophylaxis Mean Length of Stay for Inpatients – Pneumonia Physician's Orders for Life-Sustaining Treatment (POLST) Form Unintentional Weight Loss - Risk Assessment and Plan of Care Appropriate Use of Telemetry for Admission or Observation Placement Critical Care Transfer of Care - Use of Verbal Checklist or Protocol Pressure Ulcers - Risk Assessment and Plan of Care Mean Length of Stay for Inpatients – CHF Stroke Venous Thromboembolism (VTE) Prophylaxis

iAtrio Healthcare	Right Angle Solutions, Inc. 710 Harbortown Blvd Perth Amboy, NJ 08861 (516) 902-9910	www.iatrohealth.com	\$300 year for submission, \$200/month for dashboard	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Monthly tracking - Robust BI dashboard showing scores across Quality Measures, Advancing Care Information, and Improvement Activities scores. - Allowing a drill down of Measures in each category, including down to a Patient Summary for Quality Measures. - iAtrio MIPS Audit Defense and consulting services. - Advisory Consulting Services for workflow and EHR configuration optimization. Yearly submission - Yearly submission of MIPS Quality, Advancing Care Information, and Improvement activities Measures	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
ImageGuide Registry	American Society of Nuclear Cardiology 4340 East-West Highway Suite 1120 Bethesda, MD 20814 (301) 215-7575	ImageGuideRegistry.org	Free for ASNC/ASE members \$750/nonmember providers annually	Individual MIPS Eligible Clinicians, Groups	MIPS Quality, Improvement Activities, and Advancing Care Information reporting; benchmark reports at the national, practice/hospital, location, and provider levels.	Advancing Care Information, Improvement Activities, Quality	All	All	None	None	<ul style="list-style-type: none"> • Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients • Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) • Cardiac Stress Nuclear Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients • SPECT and PET MPI studies meeting appropriate use criteria • SPECT and PET MPI studies not Equivocal • Effective dose less than or equal to 9 millisieverts as per ASNC guideline recommendations • Imaging Protocols for SPECT and PET MPI studies- Use of stress only protocol • SPECT-MPI study utilization of exercise as a stressor • SPECT-MPI study adequate exercise testing performed • SPECT-MPI studies performed without the use of thallium • SPECT-MPI study appropriate imaging protocol selection for morbidly obese patients • SPECT and PET MPI studies reporting Left Ventricular Ejection Fraction • SPECT-MPI study clinical utilization of Attenuation Correction image acquisition • SPECT and PET MPI study documentation of stress perfusion defects • Transthoracic Echo (TTE) studies failing to meet appropriate use criteria • Transthoracic Echo (TTE) studies reporting pulmonary artery pressures, 100% views, contrast use
InPracSys	Innovative Practice Systems INC 2225 Lyndale Ave S Minneapolis, MN 55405 (612) 455-6789 help@inpracsys.com	www.inpracsys.com	\$250 per provider setup + \$150 per provider/per year	Individual MIPS Eligible Clinicians, Groups	Individual Eligible Clinicians and Group Practices are supported whether they are using InPracSys as their EMR or not.	Advancing Care Information, Improvement Activities, Quality	Not Specified	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None

Integrated Medicine Alliance	IMA 30 Shrewsbury Plz Shrewsbury, NJ 07702 (732) 945-9760	www.imamd.com	Free to Billing Customers	Individual MIPS Eligible Clinicians	Not available	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 050, 051, 052, 065, 066, 067, 068, 069, 070, 076, 091, 093, 099, 100, 102, 104, 107, 109, 110, 111, 112, 113, 116, 117, 118, 119, 122, 126, 127, 128, 130, 131, 134, 137, 138, 140, 141, 143, 144, 145, 146, 147, 154, 155, 156, 160, 163, 164, 165, 166	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
Integra Connect™ QCDR	Integra Connect™ 501 South Flagler Drive Suite 600 West Palm Beach, FL 33401 (561) 768-7476	https://www.integraconnect.com/solutions/	From \$425 / yr per EC. Varies based on data needs	Individual MIPS Eligible Clinicians, Groups	<ul style="list-style-type: none"> Data extraction of clinical patient data – including mapping of data elements to specific reporting requirements – from disparate EHR systems. Documentation gap reports to identify missing data, invalid data or incompatible data element combinations. Interactive dashboard reporting at a group, practice site, physician and patient-level to identify performance outliers. Simplified entry of ACI and IA attestation. Generation of submission files and management of submissions to CMS or to another system. 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	All available eCQMS	None
Intermountain ROMS	Intermountain Healthcare 36 S. State St., Suite 1600 Salt Lake City, UT 84111 (801) 442-5727	www.IntermountainROMS.com	\$40/therapist/month	Individual MIPS Eligible Clinicians, Groups	Software platform to manage (under Intermountain Healthcare's Care Process) and improve patient reported outcomes, reporting and analytics via real-time online dashboard, online training in treatment based classification for low back pain. Submission of MIPS and QCDR measures under CMS's QPP.	Quality	None	None	Quality IDs: 109, 126, 127, 128, 130, 131, 154, 155, 182	None	<ul style="list-style-type: none"> Functional Improvement in knee rehabilitation of patients with knee injury measured via their validated Knee Outcome Survey (KOS) score. Functional Improvement in arm, shoulder, and hand rehabilitation in upper extremity injury measured via the validated Disability of Arm Shoulder and Hand (DASH) score. Functional Improvement in hip, leg or ankle rehabilitation in patients with lower extremity injury measured via the validated Lower Extremity Function Scale (LEFS) score. Functional Improvement in neck pain/injury patients' rehabilitation measured via the validated Neck Disability Index (NDI). Functional Improvement in low back rehabilitation of patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MDQ).
IntrinsiQ Specialty Solutions (IQSS)	IntrinsiQ Specialty Solutions 3101 Gaylord Parkway Frisco, TX 75034 (877) 570-8721	www.intrinsiq.com	\$199-\$699 per physician, per year based on practice size	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>Submission of MIPS and non-MIPS measures to CMS</p> <p>Dashboard for performance monitoring, performance gap analysis, and reporting</p> <p>Benchmarking against practice peers and program participants</p>	Quality	None	None	Quality IDs: 102, 111, 113, 119, 128, 130, 204, 226, 236, 238, 462	Quality IDs: 102, 111, 113, 119, 128, 130, 204, 226, 236, 238	<ul style="list-style-type: none"> Hypogonadism: Serum T, CBC, PSA, IPSS documented Prostate Cancer: Documented T, PSA, Gleason Prostate Cancer: Treatment Options Counseling BPH: Anticholinergics Counseling SUI Prostate Cancer: Follow-Up Testing For Patients On Active Surveillance For At Least 30 Months

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQDMs Supported	QCDR Measures Supported
KPN Health, Inc.	KPN Health, Inc. 12750 Merit Drive, Suite 815 Dallas, TX 75251 (214) 593-6990	www.kpnhealth.com	Base price is \$299-\$899.00 per EC annually	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>KPN Health offers several solutions to meet a provider and/or groups' Quality Payment Program needs (MIPS and/or APMs).</p> <ul style="list-style-type: none"> • Set up and maintenance of client Clinical Data Repository (CDR) • Data extraction of all Medicare Part B data from client's EMR/PMS system • Analysis of Quality Payment Program client data output or actual performance on measures • Recommendation on which Quality Payment Program measures should be reported to CMS • Preparation of client data output to XML for client review and final sign off • Submit measures to CMS on behalf of client • Provide a summary report of submitted measures and scores submitted with brief recommendations for improvement 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQCMs Supported	QCDR Measures Supported
Maine Osteopathic Association in Collaboration with Patient360	Patient360 LLC 29 Bowdoin St Manchester, ME 04351 (310) 713-9895	www.patient360.com	Starting at \$399/provider (per provider annually)	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Association member and volume discounts available, QPP data submission to CMS -Access to P360's PQRS live, recorded and interactive MIPS educational material -Ability to submit email and online query with answers as part of group training and online Q&A -Customized Integration options available -P360 consultant advice regarding optimal measures available as well as individual QPP consultation Focus on Orthopedic, NMM/OMM, Sport Medicine, Chiropractic, Physiatry, PT/OT, Podiatry, Other physical medicine practices.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	All available eQCMS	<ul style="list-style-type: none"> Urine Drug Screen Utilization in Pain Management and Substance Use Disorders; no less than quarterly for pain and no less than monthly for substance use disorders Appropriate controlled substance prescribing (definitive diagnosis(es)) via adherence to Controlled Substance Agreements (CSA) or (OA's) with corrective action taken for pain and/or substance use disorder patients when violations occur Objectifying pain and/or functionality to determine manipulative medicine efficacy with correlative treatment adjustment Addressing anxiety in pain patients with SNRI and SSRIs and reducing/eliminating benzodiazepines for chronic anxiety Weight loss in pain patients with BMI >30 with opiate utilization for weight related pain conditions rather than opiate dose escalation for improved pain control Appropriate use of advanced imaging by ordering provider with glucocorticoid management to spare motor neuron loss when physical findings suggest neuropathic etiology Treatment of spinal stenosis with manipulative medicine and alternative medicine modalities
Massachusetts eHealth Collaborative Quality Data Center	Massachusetts eHealth Collaborative 860 Winter Street Waltham, MA 02451 (781) 907-7200	www.maehc.org	Costs vary with complexity. Range: \$30 - \$150 per provider	Individual MIPS Eligible Clinicians, Groups	Integrated clinical quality measurement services. MU Certified modular EHR, consultative services for integration with EHR and electronic reporting to CMS for ACO, MIPS, and Meaningful Use programs.	Advancing Care Information, Improvement Activities, Quality	All	All	None	Quality IDs: 001, 007, 008, 009, 012, 018, 065, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 163, 204, 226, 236, 238, 239, 240, 281, 309, 310, 317, 318, 366, 369, 371, 372, 373, 374, 378, 379, 382	None
MBHR Mental and Behavioral Health Registry	American Psychological Association 750 First Street NE Washington, DC 20002-4242 (202) 336-5500	http://apapo.mipspro.com	Starting at \$229/provider/year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> Real-time dashboard and MIPS Scoring provides valuable and timely insight into provider and business unit performance Drill 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 EMR's enables seamless data exchange and removes the reporting burden data validation and submission included U.S. based support delivers hands on training 	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 009, 046, 047, 107, 110, 111, 128, 130, 131, 134, 154, 155, 181, 182, 226, 239, 281, 282, 283, 286, 288, 305, 317, 325, 342, 366, 367, 370, 371, 374, 382, 383, 391, 402, 411, 414, 431	None	<ul style="list-style-type: none"> Anxiety Utilization of the GAD-7 Tool Anxiety Response at 6 months

MBSAQIP QCDR	Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) 633 North St. Clair Street Chicago, IL 60611 (312) 202-5654	https://www.facs.org/quality-programs/mbsaqip/resources/data-registry	No additional cost to MBSAQIP participants	Individual MIPS Eligible Clinicians	No additional cost to MBSAQIP participants	Improvement Activities, Quality	https://www.facs.org/quality-programs/mbsaqip/resources/data-registry	None	Quality IDs: 354, 356	None	<ul style="list-style-type: none"> • Risk standardized rate of patients who experienced a postoperative complication following a primary Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation • Risk standardized rate of patients who experienced a postoperative escalation in care event following a primary Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation • Risk standardized rate of patients who experienced a pulmonary complication following a primary Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy • Risk standardized rate of patients who experienced an extended length of stay (> 3 days) following a primary Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation • Risk standardized rate of patients who experienced postoperative nausea, vomiting or fluid/electrolyte/nutritional depletion following a primary Laparoscopic Roux-en-Y Gastric Bypass or Laparoscopic Sleeve Gastrectomy operation
mdlogix QCDR	Medical Decision Logic, Inc. 10019 Reisterstown Road, Suite 301 Owings Mills, MD 21117 (410) 828-8948 info@mdlogix.com	www.mdlogix.com	\$400 annually per clinician	Individual MIPS Eligible Clinicians, Groups	Services include qualifying, quantifying, and submitting QCDR measures for participating clinicians or groups.	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> • Care coordination agreements that promote improvements in patient tracking across settings • Chronic care and preventative care management for empanelled patients • Depression screening • Implementation of practices/processes for developing regular individual care plans • Tobacco use • Unhealthy alcohol use • Leveraging a QCDR to standardize processes for screening • Collection and use of patient experience and satisfaction data on access 	<ul style="list-style-type: none"> • Clinical Data Registry Reporting • Clinical Information Reconciliation • Patient-Generated Health Data • Patient-Specific Education • Provide Patient Access • Public Health Registry Reporting • Request/Accept Summary of Care • Secure Messaging • View, Download and Transmit (VDT) 	Quality IDs: 047, 107, 134, 182, 226, 305, 325, 367, 370, 371, 372, 374, 382, 402, 408, 411, 431	Quality IDs: 107, 134, 226, 305, 367, 374, 382	None
MedAI Registry	Care Connectors, Inc 303 Twin Dolphin Drive, 6th Floor Redwood City, CA 94065 (415) 549-8580 qcdr@careconnectors.com	www.medairegistry.com	Services are provided to QCDR subscribers for a flat fee of \$200 annually per NPI if data is extracted and provided to MedAI from the Practice Management system and/or EMR by the practice in acceptable form. Additional fees apply depending upon EMR and extract effort required.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Ambulatory quality and RAF, preventive and screening services and assessments, transitions in care mgt, chronic disease management, risk adjustment training and optimization, HEDIS/ACO/STAR/MIPS reporting	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> • Assessment and improvement of HCC-RAF scores • HEDIS/STAR/ACO/MIPS quality metrics 	<ul style="list-style-type: none"> • State Registry reporting • CCD exchange 	Quality IDs: 001, 005, 006, 007, 008, 009, 014, 018, 019, 039, 046, 047, 051, 052, 067, 068, 069, 107, 109, 110, 111, 112, 113, 117, 118, 119, 122, 126, 127, 128, 130, 131, 134, 137, 138, 140, 143, 144, 154, 155, 156, 160, 163, 176, 177, 178, 179, 180, 182, 185, 204, 226, 236, 239, 257, 265, 271, 276, 277, 278, 279, 281, 282, 283, 286, 288, 290, 291, 317, 318, 325, 326, 338, 340, 343, 348, 367, 370, 371, 373, 377, 383, 387, 390, 391, 393, 397, 400, 401, 402, 408, 411, 412, 418, 431, 438, 439, 441, 442, 444, 449, 452, 453, 456,	None	None

Meditab Software Inc.	Meditab Software Inc. 2233 Watt Avenue, Suite 360 Sacramento, CA 95825 (510) 201-0130	http://www.meditab.com/	The cost is \$300/Provider/Year. It will remain same for all the practice/individual provider	Individual MIPS Eligible Clinicians, Groups	Services Included in Cost: - Provide quality measure education and advise EP's on and during the reporting process - Help clients select the right applicable measures - Track the performance and the progress through the report screen and will add or edit the measure at anytime with no extra cost - Analyze the data against CMS requirements for successful QCDR reporting - Communicate with CMS for alternatives to prevent penalty in case client/s can't comply with the requirements - Keep clients up-to-date with new options and the latest regulations - Assurance: report with confidence as our system uses a validation tool from CMS to assess compliance to CMS requirements - Submit the data on client's behalf	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality ID: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
MEDNAX QCDR	MEDNAX Services, Inc. 1301 Concord Terrace Sunrise, FL 33323 (800) 243-3939	www.mednax.com	No cost to MEDNAX employees and affiliates.	Individual MIPS Eligible Clinicians, Groups	Submission of Quality Data. Submission of Improvement Activity attestation.	Improvement Activities, Quality	All	None	Quality IDs: 044, 076, 128, 130, 131, 145, 146, 147, 195, 225, 236, 359, 360, 361, 362, 363, 364, 374, 405, 406, 408, 409, 412, 413, 420, 421, 424, 426, 427, 430, 436, 437, 462	None	<ul style="list-style-type: none"> Case Cancellation on Day of Surgery Central Line Ultrasound Guidance Immediate Adult Post-Operative Pain Management Use of a "PEG Test" to Manage Patients Receiving Opioids
MedXpress Registry	MedXpress Registry, div. ICS Software, Ltd. 3720 Oceanside Road W Oceanside, NY 11572 (877) 624-3250	www.mipsregistry.net	\$599 per NPI/TIN combination per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> QPP and Specialized Registry reporting Automated validation of your data submission against each measure specification Automated and up to date feedback reports are created every time data is uploaded to us Fast and friendly support from a company that has been in the field for over 30 years Live chat feature on our website 	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 006, 012, 014, 019, 023, 039, 047, 048, 050, 051, 066, 067, 068, 069, 070, 091, 093, 109, 110, 111, 112, 113, 116, 117, 119, 126, 127, 128, 130, 131, 134, 138, 140, 143, 144, 154, 155, 179, 180, 181, 182, 195, 205, 217, 218, 219, 220, 221, 222, 223, 226, 236, 261, 265, 276, 277, 278, 279, 282, 283, 286, 288, 290, 291, 293, 317, 320, 331, 332, 333, 338, 343, 350, 351, 353, 357, 358, 402, 439, 440	Quality IDs: 001, 012, 019, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 226, 236, 317	<ul style="list-style-type: none"> Heel Pain Treatment Outcomes for Pediatric Patients Identification of Flat Foot in Pediatric Patients Bunion Outcome - Adult and Adolescent Hammer Toe Outcome Heel Pain Treatment Outcomes for Adults Peripheral Vascular Assessment - Patients 70+ Foot Wound Outcome Non-Invasive Vascular Testing Follow-up in Patients After Revascularization Non-Invasive Vascular Testing in Patients Diagnosed with Intermittent Claudication Who Use Cilostazol or Pentoxifylline Vascular Testing Outcome Measure Supervised Programs Non-Invasive Vascular Testing in Patients with Abnormal CVI Screening That Completed Hyperbaric Oxygen Therapy Peripheral Vascular Assessment % of Diabetic Patients 50+ Patients with Lower Limb Ulceration with a Previously Abnormal Vascular Study Receiving Negative Pressure Wound Therapy
Michigan Spine Surgery Improvement Collaborative	Henry Ford Health System 1 Ford Place, Suite 3A Detroit, MI 48202 (313) 874-5454	www.mssc.org	There is no cost to participants for QCDR reporting.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	MSSIC supports data collection, data auditing, technical support to data abstractors, real-time dashboard reports on key performance metrics and other relevant variables, consultation and education on MIPS and QCDR reporting, selection of variables for MIPS reporting, preliminary testing of data accuracy and completeness, and actual submission of data to CMS.	Quality	None	None	Quality IDs: 023	None	<ul style="list-style-type: none"> Risk-adjusted rate of urinary retention Pre-surgical screening for depression Rate of use of Pre-op skin preparation/wash Risk-adjusted rate of surgical site infection Percent of patients achieving MCID for back or neck pain Percent of patients achieving MCID for myelopathy Percent of patients achieving MCID for pain-related disability (ODI/NDI) Percent of patients achieving MCID for leg or arm pain Percent Satisfied with Result Risk-adjusted rate of hospital readmission Percent same-day ambulation

<p>Michigan Urological Surgery Improvement Collaborative (MUSIC) QCDR</p>	<p>Michigan Urological Surgery Improvement Collaborative (MUSIC) 2800 Plymouth Road, Building 16, 1495 Ann Arbor, MI 48109 (734) 232-2398</p>	<p>www.musicurology.com</p>	<p>No cost to participating sites</p>	<p>Individual MIPS Eligible Clinicians</p>	<p>The Michigan Urological Surgery Improvement Collaborative (MUSIC) is a physician-led quality improvement collaborative focused on improving the quality and cost-efficiency of urologic care for patients in Michigan. Participating practices submit data to a clinical registry maintained by the MUSIC Coordinating Center and tri-annual consortium-wide meetings are held each year to discuss data, review risk-adjusted measures of processes of care and patient outcomes, and identify strategies and best practices for quality improvement. In regards to services offered as a QCDR, MUSIC will report to CMS on the supported measures for all participating eligible professionals who agree to have their data submitted. 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.</p>	<p>Improvement Activities, Quality</p>	<ul style="list-style-type: none"> • Participation in research that identifies interventions, tools or processes that can improve a targeted patient population. • Participation in a QCDR, clinical data registries, or other registries run by other government agencies such as FDA, or private entities such as a hospital or medical or surgical society. Activity must include use of QCDR data for quality improvement (e.g., comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcome). • Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups). • Participation in a QCDR, demonstrating performance of activities that promote implementation of shared clinical decision making capabilities. • Participation in a QCDR, that promotes use of patient engagement tools. • Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive. • Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan. • Use evidence-based decision aids to support shared decision-making. • Participation in Maintenance of Certification (MOC) Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of monthly activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results. • Use of tools that assist specialty practices in tracking specific measures that are meaningful to their practice, such as use of the Surgical Risk Calculator. • Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs. • Measure and improve quality at the practice and panel level (specific examples provided by CMS) • Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities (CMS provides examples, many of which relate to MUSIC) • Participation in a QCDR, demonstrating performance of activities for promoting use of patient-reported outcome (PRO) tools and corresponding collection of PRO data (e.g., use of PQH-2 or PHQ-9 and PROMIS instruments). 	<p>None</p>	<p>Quality IDs: 102, 130, 250, 265</p>	<p>None</p>	<ul style="list-style-type: none"> • Prostate Biopsy Antibiotic Compliance • Prostate Cancer: Confirmation Testing in low risk AS eligible patients • Prostate Cancer: Follow-Up Testing for patients on active surveillance for at least 30 months • Prostate Cancer: Active Surveillance/Watchful Waiting for Low Risk Prostate Cancer Patients • Prostate Cancer: Avoidance of Overuse of CT Scan for Staging Low Risk Prostate Cancer Patients • Prostate Biopsy: Repeat Biopsy for Patients with Atypical Small Acinar Proliferation (ASAP) • Prostate Cancer: Radical Prostatectomy Cases LOS • Hospital admissions/complications within 30 days of TRUS Biopsy
<p>Mingle Analytics in collaboration with Maine Health Management Coalition</p>	<p>Mingle Analytics, Inc. 248 Market Square South Paris, ME 04281 (866) 359-4458 Gay De Hart gay.dehart@mingleanalytics.com</p>	<p>mingleanalytics.com/QCDR-MHMC</p>	<p>Choice of pricing: \$759, frequent feedback \$469, feedback four times per year Data collection for QCDR measures may incur additional cost</p>	<p>Individual MIPS Eligible Clinicians, Groups, Virtual Groups</p>	<p>MIPS submission for all three categories: Quality, Improvement Activities, and Advancing Care Information Data collection in practices in a variety of ways to meet multiple programmatic quality reporting and submission needs.</p>	<p>Advancing Care Information, Improvement Activities, Quality</p>	<p>All</p>	<p>All</p>	<p>All QPP Registry Eligible Measures</p>	<p>Quality ID: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 383, 384</p>	<ul style="list-style-type: none"> • Patient Reported Comprehensive Assessment of Safety • Patient Reported Experience and Care Coordination • Patient Reported Care Team Communication
<p>MiraMed</p>	<p>MiraMed 255 W Michigan Ave. Jackson, MI 49201 (866) 544-6647 qcdr@anesthesiac.com</p>	<p>www.mirameds.com</p>	<p>\$100/year for existing clients of MiraMed</p>	<p>Individual MIPS Eligible Clinicians, Groups, Virtual Groups</p>	<p>Creation, management, collection, and reporting on quality measure answers. Submission to CMS and compliance tracking against all measures.</p>	<p>Advancing Care Information, Improvement Activities, Quality</p>	<p>All</p>	<p>All</p>	<p>All QPP Registry Eligible Measures</p>	<p>Quality IDs: 102, 110, 111, 112, 113, 128, 130, 226, 236, 238, 317, 318, 373, 375, 376, 377</p>	<ul style="list-style-type: none"> • Rate of witnessed gastric aspiration • Case Delay • Immediate Adult Post-Operative Pain Management • Perioperative Pain Plan • Patient-Reported Experience with Anesthesia • Planned use of difficult airway equipment • Prevention of Antibiotic or Herbal Supplement Impairment of Anesthesia • Unplanned Conversion to General Anesthesia from Regional or MAC for all scheduled cases • Central Line Ultrasound Guidance • Onset atrial fibrillation or dysrhythmia requiring unanticipated therapy • Perioperative cognitive function test in elderly • Use of a "PEG Test" to Manage Patients Receiving Opioids • New Corneal Injury Not Diagnosed Prior to Discharge
<p>MN Community Measurement</p>	<p>MN Community Measurement 3433 Broadway Street NE Suite 455 Minneapolis, MN 55413 (612) 746-4522 Registry.Services@MNCM.org</p>	<p>www.mncm.org</p>	<p>Improvement Activities Only: \$90 annual fee per provider; Quality Measures (6) Only_or_ Quality Measures (6) and Improvement Activities: \$225 annual fee per provider</p>	<p>Groups, Virtual Groups</p>	<p>Data submission, validation, aggregation and reporting on certain QPP and QCDR quality measures, including outcome measures for primary care. Outcome results, comparisons, and ranking to other participating practices along with feedback reporting.</p>	<p>Improvement Activities, Quality</p>	<p>All</p>	<p>None</p>	<p>Quality IDs: 113, 370, 398, 411</p>	<p>None</p>	<ul style="list-style-type: none"> • Optimal Diabetes Care • Optimal Vascular Care • Ischemic Vascular Disease Use of Aspirin or Anti-platelet Medication

MSN Healthcare Solutions, LLC	MSN Healthcare Solutions, LLC 717 20th Street Columbus, GA 31904 (443) 939-0172	www.msnlc.com	\$350 per EC per TIN per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	MSN Healthcare Solution will provide QCDR reporting of QPP and non-QPP quality measures, Improvement Activities and Advancing Care. MSN is a third-party billing and management company that has been in business for more than 20 years. This service will primarily report for its billing clients but will report for others as well. MSN Healthcare Solutions provides services to over 2500 Eligible Clinicians in over 130 individual practices.	Improvement Activities, Quality	Not Specified	None	All QPP Registry Eligible Measures	None	<ul style="list-style-type: none"> Report Turnaround Time: CT Report Turnaround Time: Mammography Report Turnaround Time: MRI Report Turnaround Time: PET Report Turnaround Time: Radiography (modified) Report Turnaround Time: Ultrasound (Excluding Breast US) New Corneal Injury Not Diagnosed Prior to Discharge
MSO Great Lakes, Inc.	MSO Great Lakes, Inc. 5860 West Higgins Avenue Chicago, IL 60630 (773) 695-4800	www.msogl.com	\$250 annual fee for members	Individual MIPS Eligible Clinicians	MSO Great Lakes (MSOGL) using its proprietary tool iCareView™ exposes gaps in care for most Hedis and like prospective and retrospective measures. iCareView™ can connect to your electronic medical record system and automatically transfer data into the clinical database. Specific algorithms related to each disease state measure are run with the necessary and customizable user reporting output. This enhances not only individual performance but allows for group comparatives within a clinical integration community framework. The clinical database also supports care management through the use of the iCareView™ tool. This assists care management staff in taking population management and care gap initiatives to the patient engagement level.	Quality	None	None	Quality IDs: 001, 009, 065, 066, 112, 113, 116, 117, 119, 236, 240, 305, 309, 310, 366, 391, 394, 442, 443, 444	Quality IDs: 001, 009, 065, 066, 112, 113, 117, 119, 236, 240, 305, 309, 310, 366	None
Multicenter Perioperative Outcomes Group (MPOG)	Regents of the University of Michigan 500 S. State St. Ann Arbor, MI 48109 (734) 936-7525	https://www.mpopg.org/	Annual Fee: \$250/provider	Individual MIPS Eligible Clinicians, Groups	<ol style="list-style-type: none"> Monthly feedback reports to all participating providers. EHR derived measure build completed centrally. No provider/administrator effort for measure build. Automated tools for feedback, provider contact management, consent. Audit tool included in cost. At least 2 summary reports distributed to the practice leader. Submission of measure data to CMS by March 31, 2019. Changes to service will be communicated and documented to all practice leaders (MPOG QCDR). If utilizing QCDR for Improvement Activity submission: Attestation of improvement activities on behalf of each provider to CMS. 	Improvement Activities, Quality	All	None	Quality IDs: 044, 424, 426, 427, 430, 463	None	<ul style="list-style-type: none"> Avoiding acute kidney injury Avoiding myocardial injury Train of Four Monitor Documented After Last Dose of Non-depolarizing Neuromuscular Blocker Application of Lung-Protective Ventilation during General Anesthesia
MUSE Collaborative	Mingle Analytics, Inc. 248 Market Square South Paris, ME 04281 1 (866) 359-4458 Gay De Hart gay.dehart@mingleanalytics.com	https://mingleanalytics.com/muse	Choice of pricing: \$759, frequent feedback \$469, feedback four times per year Data collection for QCDR measures may incur additional cost	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>MUSE is a learning community of healthcare providers focused on sharing strategies to succeed with value-based programs. Healthcare organizations are looking for information, ideas, and guidance to help them succeed. Among the most trusted sources of inspiration and expertise are fellow practitioners and healthcare organizations.</p> <p>Join the MUSE Collaborative to have access to a learning community of your peers and colleagues, guided and facilitated by Mingle Analytics experts.</p> <p>MIPS submission for all three categories: Quality, Improvement Activities, and Advancing Care Information and guidance to improve cost metrics.</p> <p>Data collection in a variety of ways to meet multiple programmatic quality reporting and submission needs.</p>	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Patient Reported Comprehensive Assessment of Safety Patient Reported Experience and Care Coordination Patient Reported Care Team Communication

myCatalyst, INC.	myCatalyst, INC. PO Box 258 Catawba, SC 29704 1 (803) 324-8626 help@mycatalyst.com	http://www.mycatalyst.com/	\$600 per EP Annually	Individual MIPS Eligible Clinicians, Groups	Submission and other quality measure platforms with additional cost for additional services. myCatalyst supports any type of clinically integrated network (Commercial, Medicare, Medicaid) through data integration, actionable analytics, meaningful reporting along with health information exchange, population health and care coordination platform, to ensure optimal healthcare and financial outcomes for the population served.	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> Assessments Transitions of Care Other 	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 383, 384	None
MyHealth Access Network	MyHealth Access Network 16 E 16th St., Suite 405 Tulsa, OK 74119 (918) 236-3434	http://myhealthaccess.net	Fees begin at \$60 per provider per month	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	MyHealth Access Network Services can include: <ul style="list-style-type: none"> Data extraction Data quality evaluation and enhancement Continuous Performance evaluation and feedback Performance reporting Care gap alerting Performance Benchmarking Risk stratification Care coordination support Admission, Discharge, Transfer Alerting Active Panel Monitoring 30-day Readmission Monitoring Secure messaging Provider Portal 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 383, 384	<ul style="list-style-type: none"> Plan All Cause Readmissions

Disclaimer: 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, CMS cannot guarantee that these services will be available or that the vendor will be successful uploading their files during the submission period. CMS cannot guarantee an eligible clinician's success in providing data for the program. Successful submission is contingent upon following the MIPS program requirements: the timeliness, quality, and accuracy of the data provided for reporting by the eligible clinician, group, and/or virtual group, and the timeliness, quality, and accuracy of the vendor.

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine, Powered by Premier, Inc.	West Health Institute 10350 N. Torrey Pines Road La Jolla, CA 92037 (858) 412-8702 medconcertsupport@premierinc.com	https://www.medconcert.com/NHBCPCR	Annual QCDR registration is \$350 per clinician per reporting year. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	The annual QCDR registration begins at \$350. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS. Clinicians and groups may select from custom QCDR measures, and/or designated standard QPP Registry and eCQM measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in QCDR quality reporting may purchase both the 2018 IA and ACI performance attestations for an additional \$99. This registry also has the capability to satisfy Specialized Registry Reporting when clinicians initiate active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Diplomates of the American Board of Internal Medicine (ABIM) in internal medicine, geriatric medicine, or hospice and palliative medicine, who use the National Home-Based Primary Care and Palliative Care Registry can earn 20 Maintenance of Certification (MOC) points per year for using the registry in quality improvement activities. To earn MOC points, Diplomates need to participate in a quality improvement project focused on at least one of the registry measures. Meaningful participation is defined as active participation in a quality improvement project and active participation with a practice-based team in the project, such as a Plan-Do-Study-Act cycle.	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 005, 046, 047, 048, 050, 110, 111, 118, 126, 127, 130, 131, 155, 181, 226, 238, 282, 286, 288, 317, 342, 408, 414	Quality IDs: 005, 110, 111, 130, 226, 238, 317	<ul style="list-style-type: none"> Screening for Depression and Follow-up Plan in Home-Based Primary Care and Palliative Care Patients A Functional Assessment (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients (Multiperformance Measure) Interdisciplinary Team Assessment for Home-Based Primary Care and Palliative Care Patients Screen for Risk of Future Fall for Home-Based Primary Care and Palliative Care Patients Telephone Contact, Virtual, or In-person Visit Within 48 Hours of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients Referral to Hospice for Appropriate Home-Based Primary Care and Palliative Care Patients Cognitive Assessment for Home-Based Primary Care and Palliative Care Patients Delirium Assessment in Home-Based Primary Care and Palliative Care Patients: Medication List Reviewed & Offending Medications Discontinued (Multiperformance-Rate Measure) Patient Reported Outcome for Home-Based Primary Care and Palliative Care Practices Alcohol Problem Use Assessment for Home-Based Primary Care and Palliative Care Patients
National Quality Pathology Registry (NPQR)	The American Society for Clinical Pathology (ASCP) 1225 New York Ave. NW, Suite 350 Washington, DC 20005 (202) 347-4450 x2902	www.ascp.org/NPQR	Free for EPs at NPQR institutions	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	NPQR provides pathologists and laboratory professionals with guidelines-driven performance measurement, benchmarking, and quality improvement capabilities. It enables laboratories to identify areas for improvement, participate in government-required pay for performance programs, integrate results into educational programs, and measure adherence to appropriate use criteria.	Improvement Activities, Quality	All	None	Quality IDs: 249, 250, 251, 395, 396, 397, 440	None	<ul style="list-style-type: none"> Notification to the ordering provider requesting myoglobin or CK-MB in the diagnosis of suspected acute myocardial infarction (AMI). Notification to the ordering provider requesting thyroid screening tests other than only a Thyroid Stimulating Hormone (TSH) test in the initial screening of a patient with a suspected thyroid disorder Notification to the ordering provider requesting amylase testing in the diagnosis of suspected acute pancreatitis Time interval: critical value reporting for chemistry Time interval: critical value reporting for cerebrospinal fluid-white blood cell (CSF - WBC) Time interval: critical value reporting for toxicology Time interval: critical value reporting for troponin Rate of review of slides with high-grade squamous intraepithelial lesion (HSIL) with negative cervical biopsies Rate of follow up letter after high-grade squamous intraepithelial lesion (HSIL) pap test Rate of amended pathology reports with a major discrepancy Rate of communicating results of an amended report with a major discrepancy to the responsible provider Rate of cytopathology case review Rate of notification to clinical provider of a new diagnosis of malignancy Frozen section diagnosis within 20 minutes of receipt in lab (in-state, high-press-section)
Nebraska Health Information Initiative	Nebraska Health Information Initiative PO Box 27842 Omaha, NE 68127 (402) 955-9504	www.nehii.org	Costs start at \$100 per reporting clinician.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	HIE, QCDR, Other Analytics	Advancing Care Information, Improvement Activities, Quality	TCPI	HIE	Quality IDs: 001, 039, 112, 236, 309, 373	Quality IDs: 001, 112, 236, 309, 373	None
New Hampshire Colonoscopy Registry (NHCR)	New Hampshire Colonoscopy Registry / Trustees of Dartmouth College 46 Centerra Parkway EverGreen Building Suite 105 Lebanon, NH 03766 (603) 653-3427	http://www.nhcoloregistry.org/	No Fees are associated with NHCR participation	Individual MIPS Eligible Clinicians, Groups	Services included: Participating providers will receive reports, including measures such as Adenoma Detection Rate, at the individual, practice, and state level, four times a year.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 185, 320, 343, 425, 439	None	<ul style="list-style-type: none"> Appropriate indication for colonoscopy Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation Repeat colonoscopy recommended due to piecemeal resection

New Jersey Innovation Institute	New Jersey Innovation Institute 211 Warren Street, Suite 308 Newark, NJ 07103 (973) 642-4055 qcdr@njii.com	www.njii.com/mips	Starting at \$299 per clinician annually	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Proudly supporting physicians, health systems, and administrators for a seventh consecutive year, NJII (formerly NJ-HITEC) introduces its 2018 MIPS QCDR. With the 2018 MIPS QCDR, the New Jersey Innovation Institute (NJII) continues its mission to simplify reporting by offering an all-inclusive MIPS Registry. The NJII MIPS QCDR allows you to submit your Quality, Advancing Care Information (ACI), Improvement Activities (IA) online. For all clinicians: Starting at \$299 per Eligible Professional; Discounts may apply for Group Practices. Special pricing is available for ACOs and APM providers. Services: - On-demand educational/planning resources including data collection templates and measure selection. - Unlimited support offered via Live Help, Phone, Email, 2x/month webinars, and tutorial videos. - Instant progress reports on each MIPS category. - Personalized, hands-on planning and support offered. - Assistance collecting data from EHR/PM, and submitting data. - Custom data collection templates. Contact NJII for a quote for: Hospital reporting, Volume discounts (50+ EPs), Data Aggregation from multiple EMRs and/or billing systems, GPRO reporting via Registry, GPRO reporting via Web Interface, ACO, DSRIP, or private payer	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
NOF and NBHA Quality Improvement Registry - Powered by Premier, Inc.	National Osteoporosis Foundation (NOF)/National Bone Health Alliance (NBHA) 251 18th Street South, Suite 630 Arlington, VA 22202 (703) 647-3008 debbie.zeldow@nbha.org	http://www.medconcert.com/fractureqir	\$499 for member and \$699 non-member per clinician per reporting year. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2017 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2018 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy Specialized Registry Reporting when clinicians initiate active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT).	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 039, 046, 047, 109, 110, 111, 112, 113, 128, 131, 134, 177, 178, 179, 180, 181, 182, 309, 317, 318, 342, 374, 375, 376, 418	Quality IDs: 110, 111, 112, 113, 128, 134, 309, 317, 318, 374, 375, 376	<ul style="list-style-type: none"> • Median Time to Pain Management for Long Bone Fracture • Hip Fracture Mortality Rate (IQ 19) • Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older • Osteoporosis: percentage of patients, any age, with a diagnosis of osteoporosis who are either receiving both calcium & vitamin D intake, & exercise at least once within 12 months.
Northern New England Practice Transformation Network in Collaboration with Mingle Analytics	Mingle Analytics 24B Market Square South Paris, ME 04281 1 (866) 359-4458 Gay De Hart gay.deHart@mingleanalytics.com	mingleanalytics.com/QCDR-NNEPTN	Cost included with PTN membership	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	MIPS submission for all three categories: Quality, Improvement Activities, and Advancing Care Information Data collection in practices in a variety of ways to meet multiple programmatic quality reporting and submission needs.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Transforming Clinical Practice Initiative Common Measure Name: TCP01: Documentation of a Comprehensive Health and Life Plan Developed Collaboratively by the Patient and the Health Professional Team • Patient Reported Comprehensive Assessment of Safety • Patient Reported Experience and Care Coordination • Patient Reported Care Team Communication • Transforming Clinical Practice Initiative Common Measure Name: Substance Use Screening and Intervention Composite • Substance Use Screening

OBERD QCDR	Universal Research Solutions LLC 414 Broadway, Suite 1 Columbia, MO 65201 (573) 864-3206	www.oberd.com	\$25 per month for a provider licensed to use OBERD	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	MIPS reporting, including Quality, and CPIA components; online dashboard providing current ytd performance data, including all measures, projected composite score, and supplementary analytics.	Improvement Activities, Quality	<ul style="list-style-type: none"> Collection and use of patient experience and satisfaction data on access Implementation of use of specialist reports back to referring clinician or group to close referral loop Leveraging a QCDR to promote use of standard questionnaires Leveraging a QCDR to promote use of patient-reported outcome tools Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan Participation in population health research Use of QCDR data for quality improvement such as comparative analysis reports across patient population Use of QCDR to support clinical decision making Engagement of patients through implementation of improvements in patient portal Collection of patient experience and satisfaction data on access to care and development of an improvement plan 	None	Quality IDs: 001, 109, 110, 111, 112, 113, 117, 119, 126, 127, 128, 130, 131, 134, 143, 154, 155, 163, 177, 178, 179, 182, 226, 236, 238, 268, 281, 282, 283, 286, 288, 290, 291, 293, 318, 370, 371, 373, 374, 375, 376, 382, 398, 402, 411, 412, 431, 435, 444	None	<ul style="list-style-type: none"> Cervical Spine Functional Outcomes Tracking Satisfaction Improvement with CG-CAHPS Foot/Ankle Functional Outcomes Quality of Life-Mental Health Outcomes Quality of Life - Physical Health Outcomes Health Related Quality of Life: Patient Defined Outcomes Post Stroke Outcome and Follow-Up Patient Acceptable Symptom State Outcomes Knee Functional Outcomes Lumbar Spine Functional Outcomes Upper Extremity Functional Outcomes Hip Functional Outcomes
OME	Cleveland Clinic 9500 Euclid Avenue Cleveland, OH 44195 (216) 448-8751	Not available	No cost to CC clinicians for 2018 reporting year	Individual MIPS Eligible Clinicians	Collection and submission of OME data. Available exclusively to Cleveland Clinic clinicians.	Quality	None	None	None	None	<ul style="list-style-type: none"> 1-Year Patient-Reported Pain and Function Improvement after Total Hip Arthroplasty Extent of Osteoarthritis Observed in Arthroscopic Partial Meniscectomy 1-Year Patient-Reported Pain and Function Improvement after Total Knee Arthroplasty 1-Year Patient-Reported Pain and Function Improvement after ACLR Surgery 1-Year Patient-Reported Pain and Function Improvement after APM Surgery 1-Year Patient-Reported Pain and Function Improvement after Total Shoulder Arthroplasty
Oncology QCDR Powered by Premier, Inc.	Oncology Nursing Society 125 Enterprise Drive Pittsburgh, PA 15275 (888) 669-7444 research@ons.org	www.ons.org	Annual QCDR registration is \$499 per clinician per reporting year. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS. Clinicians and groups may select from registry and custom measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2018 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2018 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy the Public Health Objective, active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT). Contact us to learn more!	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 046, 130, 131, 143, 144, 318	Quality IDs: 130, 143, 318	<ul style="list-style-type: none"> Fatigue Improvement Goal Setting and Attainment for Cancer Survivors
Ortho[m]atrix	[m]pirik 240 N Milwaukee St., Suite 101 Milwaukee, WI 53202 (414) 220-4384 info@mpirik.com	www.mpirik.com	Free for license holders - \$300 Annually per Eligible Clinician for non license holders	Individual MIPS Eligible Clinicians, Groups	Data Collection: - Patient Reported Outcome Measures (PROM) - Procedural data - Surgical Implant or device data - Outcome data (complications, length of stay, readmissions, discharge disposition) Reporting and Analytics - MIPS reporting - Quarterly custom reports - Real-Time Dashboard - Anytime data access through the platform Patient Communication: - Automated messaging and education to patients	Advancing Care Information, Improvement Activities, Quality	Not specified	Not specified	Quality IDs: 001, 005, 006, 021, 023, 024, 047, 109, 128, 130, 131, 154, 155, 178, 182, 217, 218, 219, 220, 221, 222, 223, 226, 318, 350, 351, 352, 353, 355, 356, 357, 358, 375, 376, 404, 424, 426, 430, 431	Quality IDs: 001, 110, 111, 128, 130, 236, 238, 317	None
Outpatient Endovascular and Interventional Society National Registry	Outpatient Endovascular and Interventional Society 2800 W. Higgins Rd, Suite 440 Hoffman Estates, IL 60169 (860) 586-7500	www.oesociety.org	\$399/NPI#/year	Individual MIPS Eligible Clinicians, Virtual Groups	Data collection tool, provider level reporting, benchmarking, on-demand reporting dashboard, downloadable reports, QCDR data submission.	Quality	None	None	Quality IDs: 110, 111, 226	None	<ul style="list-style-type: none"> Emergent transfer from an outpatient, ambulatory surgical center, or office setting Antiplatelet therapy Lipid Lowering Medications for Patients with PAD Appropriate non-invasive arterial testing for patients with intermittent claudication who are undergoing a LE peripheral vascular intervention

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQCMs Supported	QCDR Measures Supported
Pathologists Quality Registry	College of American Pathologists 1001 G Street, NW Suite 425 West Washington, DC 20001 (202) 354-7119	registry.cap.org	\$299 individual CAP member/year OR \$799 individual Non-CAP member/year	Individual MIPS Eligible Clinicians, Groups	<p>The Pathologists Quality Registry is designed to measure and report healthcare quality. The Registry will periodically extract clinical and billing information from LIS, billing, EHR, and/or users will manually enter data to be used to compute clinical quality measures. Quality measures and peer comparisons can be viewed and used to improve clinical practice.</p> <p>Services offered under MIPS reporting:</p> <p>I. Quality Category:</p> <p>A. Quality performance dashboard: Key features:</p> <ol style="list-style-type: none"> Computation of performance Continuous performance feedback reports. Comparison to Pathologists Quality Registry and national benchmarks (where available) and peer-to-peer comparison. Performance gap analysis and ability to drill down to the case level for improvement purposes. Information on Standard practices/ tools to improve performance on supported quality measure <p>B. Electronic submission of QPP and non-QPP measures under quality category</p> <p>C. Manual reporting of QPP and QCDR measures via web data entry tool</p> <p>II. Improvement Activity (IA) Category:</p> <ol style="list-style-type: none"> Attestation module Electronic submission Information on pathology-specific practices/tools to improve performance on CMS-defined improvement activities. 	Improvement Activities, Quality	All	None	Quality IDs: 099, 100, 249, 250, 251, 395, 396, 397	None	<ul style="list-style-type: none"> Helicobacter pylori documentation rate Turn-Around Time (TAT) - Standard biopsies Cancer Protocol Elements for Carcinoma of the Intrahepatic Bile Ducts Completed Cancer Protocol Elements for Carcinoma and Carcinosarcoma of the Endometrium Cancer Protocol Elements for Invasive Carcinoma of Renal Tubular Origin Cancer Protocol Elements for Hepatocellular Carcinoma Completed Cancer Protocol Elements for Carcinoma of the Pancreas Completed Turn-Around Time (TAT) - Troponin Turn-Around Time (TAT) - Lactate
Persivia, Inc.	Persivia, Inc. 900 Chelmsford Street, Tower 3, 7th Floor Lowell, MA 01851	www.persivia.com	\$499 per EP per year	Individual MIPS Eligible Clinicians, Groups	Data collection, EP data submission to CMS	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None

Philips Wellcentive	Wellcentive, Inc 100 North Point Center E, Suite 320 Alpharetta, GA 30022 (877) 295-0886	www.wellcentive.com/mips/	Pricing begins at \$299/year per Clinician	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>Wellcentive provides comprehensive solutions for value-based care and revenue optimization, enabling focused population health management. Our solutions transform clinical and administrative data into meaningful information that supports critical healthcare initiatives, provide fully customizable and actionable analytics, and deliver workflow tools designed to help providers proactively transform care delivery and improve outcomes. Wellcentive solutions go beyond quality reporting, combining clinical outcomes, financial and utilization outcomes, and patient experiences in the same database; a true triple aim-enabled solution for a healthier population.</p> <p>Our solutions support manual or uploaded data entry, as well as full integration with clinical and billing vendors.</p> <p>Key Features and Benefits: Real-time benchmarking and performance feedback reports. Improve overall population health and manage quality scores.</p> <p>Dedicated consultant team and support services to ensure quality improvement and effectiveness.</p> <p>Measure optimization to ensure you have selected the highest performing measures throughout your organization.</p>	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 006, 112, 113, 116, 117, 119, 126, 131, 236, 394	Quality IDs: 001, 110, 111, 112, 113, 117, 128, 130, 134, 163, 204, 226, 236, 238, 239, 240, 281, 305, 309, 318, 370, 379	None
Physical Therapy Outcomes Registry	American Physical Therapy Association 1111 N Fairfax St Alexandria, VA 22314 (800) 999-2782	http://www.ptoutcomes.com	Annually: \$299/APTA member; \$399/nonmember	Individual MIPS Eligible Clinicians, Groups	<p>Physical Therapy Outcomes Registry collects clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Registry platform is designed to support integration with more than 80 EHRs and PM systems. Only required data will be periodically extracted from LIS and used to compute clinical quality measures. Services offered under MIPS reporting:</p> <p>I. Quality Category: A. Quality performance dashboard : Key features: i. Continuous performance feedback reports; ii. Comparison to Physical Therapy Outcomes Registry and national benchmarks (where available) and peer-to-peer comparison; iii. Performance gap analysis; iv. Information on Standard practices/ tools to improve performance on supported quality measure B. Electronic submission of QPP and non-QPP measures under quality category C. Manual reporting of QPP and non-QPP measures under quality measures via web tool II. Advancing Care Information (ACI) Category A. Attestation module B. Electronic submission C. Bonus for clinical data registry reporting III. Improvement Activity (IA) category A. Attestation module B. Electronic submission C. Optional Modules to qualify and complete for additional IA activities: a. Practice Improvement Activity Module; b. Patient portal; c. Care Plan; d. PRO</p>	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 126, 127, 128, 130, 131, 154, 155, 182	None	None

Physician Compass	Physician Compass 5510 Research Park Drive Madison, WI 53711 (608) 444-9606	www.physiciancompass.org	Starting at \$225 annually per eligible clinician	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Physician Compass utilizes a convenient data extraction process to compile data from various sources within the client organization to report MIPS on behalf of your EC's. Physician Compass supports Group Practice Reporting and Individual Reporting for MIPS through our qualified clinical data registry.	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 008, 021, 023, 024, 039, 046, 047, 065, 066, 076, 091, 093, 110, 111, 112, 113, 116, 117, 119, 122, 128, 130, 131, 134, 145, 154, 155, 163, 181, 204, 205, 226, 236, 238, 240, 254, 255, 265, 317, 318, 332, 333, 334, 358, 370, 371, 373, 374, 402, 407, 415, 416, 418, 419, 424, 431, 438, 444	Quality IDs: 001, 008, 065, 066, 110, 111, 112, 113, 117, 119, 128, 130, 134, 163, 204, 226, 236, 238, 240, 317, 318, 370, 371, 373, 374	<ul style="list-style-type: none"> Diabetes Care All or None Outcome Measure: Optimal Control Diabetes Care All or None Process Measure: Optimal Testing Screening For Osteoporosis Controlling High Blood Pressure: eGFR Test Annually
PINNACLE Registry and Diabetes Collaborative Registry	American College of Cardiology 2400 N Street NW, Suite 732 Washington, DC 20037 (202) 375-6000	www.acc.org	Free	Individual MIPS Eligible Clinicians, Groups	<p>The Registry is free for participants. There is no charge for the 2018 program year and or for MIPS reporting.</p> <p>The PINNACLE Registry, part of the National Cardiovascular Data Registry (NCDR) is the largest ambulatory registry of its kind with over 49 million patient encounters from 12 million unique patients. The Diabetes Collaborative Registry, also part of NCDR, is the first global, cross-specialty clinical registry designed to track and improve the quality of diabetes and cardiometabolic care across the primary care and specialty care continuum. An Interdisciplinary effort in partnership with the American Diabetes association, the American College of Physicians, the American Association of Clinical Endocrinologists and the Joslin Diabetes Center. Participants receive access to our physician dashboard which includes performance results to help validate the quality care provided and pinpoint opportunities for improvement.</p> <p>The Registry is free for participants. There is no charge for the 2017 program year and or for MIPS reporting.</p>	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> Achieving Health Equity Expanded Practice Access Beneficiary Engagement Patient Safety & Practice Assessment Care Coordination Integrated Behavioral & Mental Health Emergency Preparedness & Response Population Management 	All	Quality IDs: 001, 005, 006, 007, 008, 047, 118, 119, 122, 130, 204, 226, 243, 326, 441	None	<ul style="list-style-type: none"> Heart Failure: Patient Self Care Education

POLARIS	FIGmd 6952 Rote Rd, Suite 400 Rockford, IL 61107 (773) 672-3155 info@polaris.figmd.com	http://www.figmd.com	Price ranging from \$210-\$460 /provider/year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	POLARIS registry supports automatic integration with more than 130 EHRs and PM systems. FIGmd offers various pricing models to suit the needs of a clinician/practice. Below are the pricing details: Manual Data Entry Options: \$210 per provider per year(Inclusions: Submission of all 3 categories under MIPS) EHR Automatic Data Integration Options: 1. \$360 per provider per year (Inclusions: Submission of any 2 categories under MIPS) 2. \$460 per provider per year (Inclusions: Submission of all 3 categories under MIPS) For more details about our pricing model and modules, please visit POLARIS website https://polaris.figmd.com/ Services offered under MIPS reporting: I Quality Category: a. Continuous performance feedback reports via dashboard. b. Comparison to POLARIS and national benchmarks (where available) and peer-to-peer comparison. c. Performance gap analysis d. Information on Standard practices/ tools to improve performance on supported quality measure e. Electronic submission of QPP measures under quality category f. Manual reporting of QPP measures quality measures via web tool II. Advancing Care Information (ACI) Category Attestation module & Electronic submission III. Improvement Activity (IA) category Attestation module & Electronic submission	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	All available eCQMS	None
PPRNet	PPRNet MUSC_Department of Family Medicine 5 Charleston Center Suite 263; MSC 192 Charleston, SC 29401 (843) 876-1211 ruth@pprnet.org	http://www.pprnet.org/	\$200-\$1000 yearly per EP based on PPRNet member status	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> Monthly practice and provider performance reports and patient registries on evidence-based clinical quality measures. Includes peer and national benchmark comparisons. Engagement in quality improvement research in which research team members collaborate with practices to improve care Participation in national educational meetings and webinars to learn "best practices" for implementing improvement strategies in practice 	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 111, 112, 113, 236, 326	None	<ul style="list-style-type: none"> Chronic Kidney Disease (CKD): eGFR Monitoring Chronic Kidney Disease (CKD): Hemoglobin Monitoring NSAID or Cox 2 Inhibitor Use in Patients with Heart Failure (HF), Hypertension (HTN), or Chronic Kidney Disease (CKD) Antiplatelet Medication for High Risk Patients Screening for albuminuria in patients at risk for CKD (DM and/or HTN) Monitoring Serum Creatinine Avoiding Use of CNS Depressants in Patients on Long-Term Opioids Zoster (Shingles) Vaccination Screening for Type 2 Diabetes Appropriate Treatment for Adults with Upper Respiratory Infection
PPS Analytics LLC	PPS Analytics LLC 4807 Rockside Road Suite 720 Independence, OH 44131 (440) 497-0120	www.ppsanalytics.com	Depends on selected services \$199 - \$799/physician/year	Individual MIPS Eligible Clinicians, Groups	We provide the following services: <ul style="list-style-type: none"> QPP Program Quality Metrics Analysis, Tracking and Reporting Practice-to-Practice and Peer-to-Peer Comparisons for diagnosis, treatment utilization and protocol adherence Physician protocol adherence reporting and dashboards Provides a full suite of patient analysis and disease state specific query tools 	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	All QPP Registry Eligible Measures	None	None

Practice Fusion, Inc.	Practice Fusion, Inc. 731 Market Street Suite 400 San Francisco, CA 94103 (415) 346-7700 qualityprograms@practicefusion.com	www.practicefusion.com	Available at no cost to select Practice Fusion EHR subscription customers	Individual MIPS Eligible Clinicians, Groups	The Practice Fusion QCDR offers calculation and reporting capabilities that support the Quality, Advancing Care Information and Improvement Activities categories of the QPP MIPS Program.	Advancing Care Information, Improvement Activities, Quality	All	All	None	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
Practice Insights by McKesson Specialty Health in Collaboration with The US Oncology Network	McKesson Specialty Health 10101 Woodloch Forest Dr The Woodlands, TX 77380 (800) 482-6700	http://www.mckesson.com/providers/physician-practices/oncology-and-specialty-practice-solutions/practice-management-technologies/practice-analytics/	No additional fees for contracted McKesson Specialty Health iKnowMed and iKnowMed Generation 2 customers	Individual MIPS Eligible Clinicians, Groups	Acquisition of information from source systems, measure performance calculations, reporting, submission to regulatory body. QCDR reporting platform available to help clinicians monitor patient quality care and outcomes to improve care delivery and lower costs	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 047, 104, 110, 128, 130, 134, 143, 144, 226, 236, 238, 374, 450, 451, 452, 457	Quality IDs: 110, 128, 130, 134, 143, 226, 236, 238, 374	<ul style="list-style-type: none"> • Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) to III ER/PR negative breast cancer • Advance Care Planning in Stage 4 Disease • GCSF administered to patients who received chemotherapy for metastatic cancer (Lower Score-Better)
Premier Clinician Performance Registry	Premier Healthcare Solutions, Inc. 13034 Ballantyne Corporate Place Charlotte, NC 28277 (704) 357-0022	www.premierinc.com	\$299-\$499 per clinician per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>Premier's core purpose is to improve the health of our communities. The primary mission of our quality reporting program is to provide access to meaningful data and subject matter experts to support healthcare organizations in providing high-quality, cost-effective healthcare services to all communities.</p> <p>Premier's Clinical Performance Registry encompasses the collection, calculation, and reporting to satisfy the Merit-based Incentive Payment System (MIPS) for eligible clinicians regardless of specialty.</p> <p>Benefits: Single data feed to satisfy MIPS requirements Web-based application that provides on-demand measure reporting with benchmarks to view up-to-date provider performance dashboards Identify provider quality improvement opportunities regardless of care setting, EHR, payor, or specialty to support the Quality Payment Program</p>	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Risk-Adjusted Average Length of Inpatient Hospital Stay for Acute Myocardial Infarction • Risk-adjusted 30 day Inpatient Mortality for Acute Myocardial Infarction • Application of Lung-Protective Ventilation during General Anesthesia • Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) - Composite • Risk-adjusted 30 day Inpatient Mortality for Heart Failure • Risk-adjusted 30 day Readmission for Heart Failure • Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA) • Safe Opioid Prescribing Practices • Risk-Adjusted Average Length of Inpatient Hospital Stay for Pneumonia • Multimodal Pain Management • Risk-adjusted 30 day Readmission for Acute Myocardial Infarction • Documentation of Anticoagulant and Antiplatelet Medications when Performing Neuraxial Anesthesia/Analgesia or Interventional Pain Procedures • Use of Pencil-Point Needle for Spinal Anesthesia • Risk-Adjusted Average Length of Inpatient Hospital Stay for Heart Failure • Risk-adjusted 30 day Inpatient Mortality for Pneumonia • Risk-adjusted 30 day Readmission for Pneumonia • New Corneal Injury Not Diagnosed Prior to Discharge

PsychPRO	American Psychiatric Association 1000 Wilson Blvd, Suite 1825 Arlington, VA 22209 (703) 907-7300	www.psychiatry.org/PsychPRO	APA members free; \$325-\$395 non-members/annually	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	PsychPRO is designed to support integration with more than 80 EHRs and PM systems. Only the required data are periodically extracted from EHR systems and used to compute clinical quality measures. Services offered: I. Quality Category: A. Quality performance dashboard : Key features: i. Continuous performance feedback reports. ii. Comparison to registry and national benchmarks (where available) and peer-to-peer comparison. iii. Performance gap analysis iv. Information on Standard practices/ tools to improve performance on supported quality measure B. Electronic submission of measures under quality category C. Manual reporting of quality measures via web tool II. Advancing Care Information (ACI) Category A. Attestation module B. Electronic submission C. Bonus for clinical data registry reporting III. Improvement Activity (IA) category A. Attestation module B. Electronic submission C. Optional Modules to qualify and complete for additional IA activities: a. Patient Reported Outcome module, b. Care Plan Module, c. Practice Improvement Activity Module d. Patient portal	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 009, 046, 047, 107, 128, 130, 131, 134, 154, 155, 181, 182, 226, 238, 239, 281, 282, 286, 288, 305, 325, 366, 367, 370, 371, 374, 382, 383, 391, 402, 411, 414, 431	Quality IDs: 009, 107, 128, 130, 134, 226, 238, 239, 281, 305, 366, 367, 370, 371, 374, 382	<ul style="list-style-type: none"> ADHD: Symptom Reduction in Follow up Period Risky Behavior Assessment or Counseling by Age 18 Years Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment Antipsychotic Use in Persons with Dementia Pharmacological Treatment of Dementia Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) Annual Monitoring for Patients on Persistent Medications (MPM) Follow-Up After Hospitalization for Schizophrenia (7 - and 30-day) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
QCMETRIX QCDR	QCMETRIX 1101 Worcester Road Framingham, MA 01701 (781) 290-5900 Ext 313	https://www.qcmetrix.com/	\$350.00 Per Provider Per Year - Free with QCM Registry	Individual MIPS Eligible Clinicians, Groups	Manual and automated data collection using our secured web platform Real-time risk and reliability adjusted reports and dashboards for hospital and surgeon level comparisons Data submission to CMS after user approval(available to eligible professionals and group practices)	Quality	None	None	Quality IDs: 021, 023, 047, 128, 130, 226, 236, 258, 259, 260, 317, 344, 345, 347, 354, 355, 356, 357, 358, 402	None	None
QOPI® Reporting Registry (QCDR) Brought to you by ASCO and ASTRO	American Society Of Clinical Oncology 2318 Mill Road Suite 800 Alexandria, VA 22314 (571) 483-1300	https://www.instituteforquality.org/qopi/qcdr-measures	\$495.00/NPI/Year	Individual MIPS Eligible Clinicians, Groups	MIPS Submission	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 047, 067, 069, 070, 102, 104, 130, 134, 143, 226, 317, 408, 449, 450, 451, 452, 453, 456, 457, 462	Quality IDs: 028, 102, 130, 134, 143, 317	<ul style="list-style-type: none"> Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) to III ER/PR negative breast cancer Oncology: Treatment Summary Communication – Radiation Oncology GCSF administered to patients who received chemotherapy for metastatic cancer (Lower Score-Better) Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (Lower Score - Better) External Beam Radiotherapy for Bone Metastases

Quality Outcomes Database (QOD)	NeuroPoint Alliance, Inc. 5550 Meadowbrook Drive Rolling Meadows, IL 60008 (847) 378-0500	www.neuropoint.org	No additional fee for QOD registry participants	Individual MIPS Eligible Clinicians	Services: <ul style="list-style-type: none"> • Access to HIPPA compliant database; • Ability to review site specific data in real time; • Data entry and patient screening support services; • Collaborative learning network involving interactive, webinar based educational programs; • Data analytics and development of risk-adjusted, site specific outcomes; • Robust quality control mechanisms including on-site audits; • Affiliation with specialty board and development of methods to satisfy MOC Part IV requirements. 	Quality	None	None	None	None	<ul style="list-style-type: none"> • Narcotic Pain Medicine Management Following Elective Spine Procedure • Body Mass Assessment and Follow-up Coincident With Spine-Related Therapies • Depression and Anxiety Assessment Prior to Spine-Related Therapies • Functional Outcome Assessment for Spine Intervention • Spine-Related Procedure Site Infection • Medicine Reconciliation Following Spine Related Procedure • Selection of Prophylactic Antibiotic Prior to Spine Procedure • Spine/Extremity Pain Assessment • Patient Satisfaction With Spine Care • Quality-of-Life Assessment for Spine Intervention • Unplanned Readmission Following Spine Procedure within the 30-Day Postoperative Period • Risk Assessment for Elective Spine Procedure • Unhealthy Alcohol Use Assessment Coincident With Spine Care • Smoking Assessment and Cessation Coincident With Spine-Related Therapies
QualityStar QA Case Review for Anatomic Surgical Pathology	Quality Star LLC 17117 Oak Dr. Omaha, NE 68130 (404) 977-6602	www.qualitystar.net	\$300.00/month, reporting & review per pathologist.	Individual MIPS Eligible Clinicians, Groups	> Confidential External QA Case Review by Sub-specialists located in NCI-designated sites. > Diagnostic comments following recommended ADASP guidelines for case review. > National benchmarking and longitudinal data reporting. > Data mined analytics to support continuous improvement in diagnostic proficiency. > Confidential External QA Case Review by Sub-specialists located in NCI-designated sites. > Diagnostic comments following recommended ADASP guidelines for case review. > National benchmarking and longitudinal data reporting. > Data mined analytics to support continuous improvement in diagnostic proficiency	Quality	None	None	Quality IDs: 099, 100, 249, 250, 251, 395, 396	None	None

Disclaimer: 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, CMS cannot guarantee that these services will be available or that the vendor will be successful uploading their files during the submission period. CMS cannot guarantee an eligible clinician's success in providing data for the program. Successful submission is contingent upon following the MIPS program requirements: the timeliness, quality, and accuracy of the data provided for reporting by the eligible clinician, group, and/or virtual group, and the timeliness, quality, and accuracy of the vendor.

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQCMs Supported	QCDR Measures Supported
RCO Analytics	RCO ANALYTICS, LLC 2149 E Warner Road, Suite 101 Tempe, AZ 85284 (480) 610-6121	http://www.rcoanalytics.com/	\$495/year/provider plus Setup and Maintenance fees	Individual MIPS Eligible Clinicians, Groups	Registration and payment is required for each MIPS submission period. The annual cost per Eligible Provider is \$495. This fee includes annual use of the data for quality improvement purposes, MIPS submission to CMS and access to dashboards showing provider's performance and benchmarks for the measures. Also there is a one-time setup fee of \$8500 to data integration with Electronic Medical Records system, and annual maintenance fee of \$2000 per participating group. Based on the specific needs of the group and RCO membership these fees can be adjusted.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 001, 047, 110, 111, 119, 122, 128, 130, 226, 236, 238, 317, 329	Quality IDs: 001, 110, 111, 119, 128, 130, 226, 236, 238, 317	None
Reliance eHealth Collaborative	Reliance eHealth Collaborative 1175 East Main Street, Suite 1A Medford, OR 97504 (855) 290-5443	http://reliancehie.org/	If they use the RelianceInsight Services - meaning if they have the \$32 per month per provider subscription - then the QCDR submission cost is \$300/provider per year If they do not subscribe to RelianceInsight Services, there's a one-time \$500/provider setup and validation fee & then \$300/provider per year submission	Groups	QCDR Reporting, standard packaged reports and general analytics platform use.	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 001, 112, 113, 128, 204, 226, 236, 309	Quality IDs: 001, 112, 113, 128, 204, 226, 236, 309	None
Renal and Vascular Outcomes Improvement Program, powered by Forward Health Group	Forward Health Group 1 S. Pinckney St., Suite 301 Madison, WI 53703 (608) 729-7530 maximize@forwardhealthgroup.com	http://www.forwardhealthgroup.com/mips-qcdr/	Cost of submission varies with complexity; \$299-\$499 per eligible clinician plus registry participation fees.	Eligible Clinicians, Groups and Virtual Groups.	2018 Individual Eligible Clinicians, Group and Virtual Group MIPS submissions; Requires engagement of FHG's data services; implementation fees vary based on number of measures, data sources and availability of data.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Arterial Complication Rate Following Arteriovenous Access Intervention • CKD 3-5 Patients Seen at the Recommended Frequency Levels • CKD 3-5 Patients with a Urine ACR or Urine PCR Lab Test • CKD 4-5 Patients with Transplant Referral • Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician • ESRD Prevalence of Home Dialysis or Self-Care • Improved Access Site Bleeding • Post Procedure Bleeding • Optimal End Stage Renal Disease (ESRD) Starts • Upper Extremity Edema Improvement • Arteriovenous Graft Thrombectomy Success Rate • Arteriovenous Fistulae Thrombectomy Success Rate • Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia

Renal Physicians Association Kidney Quality Improvement Program - Powered by Premier, Inc.	Renal Physician Association 1700 Rockville Pike Suite 200 Rockville, MD 20852 (301) 468-3515 rpa@renalmd.org	www.renalmd.org	Annual QCDR Registration is \$499 member and \$699 for non-member (per clinician per reporting year). This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	The annual QCDR registration is \$499 for member eligible clinician and \$699 for non-member clinicians/reporting year. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS. Clinicians, groups and virtual groups may select from QPP and QCDR measures. Data entry options include web form and flat-file to excel upload for QPP or QJ initiatives. 2018 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR quality reporting may purchase both the 2018 Improvement Activities and Advancing Care Information category attestations for an additional \$99. This registry also has the capability to satisfy Specialized Registry Reporting when clinicians initiate active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT).	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 046, 047, 076, 110, 111, 119, 122, 126, 127, 128, 130, 131, 145, 154, 155, 163, 182, 226, 236, 238, 317, 318, 327, 328, 329, 330, 357, 400, 403	Quality IDs: 001, 110, 111, 119, 128, 130, 163, 226, 236, 238, 317, 318	<ul style="list-style-type: none"> • Arterial Complication Rate Following Arteriovenous Access Intervention • Advance Directives Completed • Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy • Peritoneal Dialysis Catheter Success Rate • Peritoneal Dialysis Catheter Exit Site Infection Rate • Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician • Adequacy of Volume Management • Advance Care Planning (Pediatric Kidney Disease) • Arteriovenous Fistula Rate • Transplant Referral • Arteriovenous Graft Thrombectomy Success Rate • Arteriovenous Fistulae Thrombectomy Success Rate • Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia
ReportingMD	Academic Research for Clinical Outcomes (ARCO) in Collaboration with ReportingMD, Inc 6 Holmes Lane, P.O. Box 1014 Georges Mills, NH 03751 (888) 783-5280	https://ReportingMD.com/	Starting at \$99/provider for 2018 reporting year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Avoid the penalty for \$99/provider for 2018 by signing up on ReportingMD.com. Automatically avoid the penalty and get incentive revenue with our Total Outcomes Management (TOM) application, which is a population health reporting solution for healthcare organizations that need to manage clinical performance and value-based care. TOM is ideal for practices of 10 or more clinicians that want to manage patient outcomes through our HTRUST certified secure client web portal. TOM is ONC Certified HIT technology that provides the ability to manage singular or multiple TINs for group practices or individual eligible clinicians (ECs) from single or disparate systems combining claims, clinical, and demographic data. Interfacing options available for all EHRs. Program navigation for the Quality Payment Program (QPP) is free for TOM users! Contact us for a demo and customized pricing. Volume discounts available. ReportingMD is one of the oldest and most experienced registries and QCDRs with the highest submission success rate in the industry. Let ReportingMD optimize your MIPS score with our full selection of registry, EHR, and QCDR measures and reporting solutions!	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Antipsychotic Use in Persons with Dementia • Diabetes: Nutritional, Weight Loss Counseling, Reduction of Sedentary Behavior • Median Time to Pain Management for Long Bone Fracture • Gout: Serum Urate Target • Heart Failure: Use of Aldosterone Antagonists and Diuretics for Symptom Control • Heart Failure: Counseling on Self-care, Including Monitoring Blood Pressure, Weight, Sodium Intake, and Physical Activity • Promoting self-care for prevention and management of chronic conditions • Percentage of patients using self-monitoring with mobile technology or eHealth solutions to manage their diabetes, hypertension, sodium intake, nutritional status, physical activity, tobacco use, alcohol use, and sedentary behaviors • Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 minutes of ED Arrival • Ischemic stroke patients management - • Venous Thromboembolism (VTE) Prophylaxis • Risk Standardized Mortality Rate within 30 days following Trauma Operation • Dyspnea or Heart Failure: Use of BNP or NT-pro BNP screening
RISE (Rheumatology Informatics System for Effectiveness)	American College of Rheumatology 2200 Lake Boulevard NE Atlanta, GA 30319 (404) 633-3777	https://www.rheumatology.org/LAm-A/Rheumatologist/Registries/RISE	Free for American College of Rheumatology members & \$249 for users who just report ACI and CPIA	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<ul style="list-style-type: none"> - Access to benchmarked data for practice improvement - Annual MIPS reporting with validation checks prior to submission - Technical support during all phases of connecting with RISE - Dedicated ACR staff to answer clinical and technical questions 	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 024, 039, 047, 109, 110, 111, 128, 130, 131, 176, 177, 178, 179, 180, 226, 236, 238	Quality IDs: 110, 111, 128, 130, 226, 236, 238, 317	<ul style="list-style-type: none"> • Gout: Serum Urate Target

Roji Health Intelligence LLC	Roji Health Intelligence LLC 641 W Lake Street, Suite 103 Chicago, IL 60661 (312) 258-8004 partnering@rojihealthintel.com	rojihealthintel.com	Annual volume-based platform pricing, with quarterly invoicing	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	The Roji Health Intelligence QCDR (qualified since 2014 as ICLOPS, LLC) harnesses the power of our ONC- certified Roji Clinical Data Registry Platform to measure and improve performance across all payers, and Medicare, Medicaid, or health plan specifically. The QCDR aggregates discrete data and tracks quality, outcomes and costs over time, and measures the effect of improvement interventions. We help providers meet all four components of MIPS and transition to risk with APM services. The Roji Health Intelligence QCDR is a comprehensive approach for MIPS, risk, and organizational efforts to improve performance by involving providers in learning curriculums with their patient data. Roji Health Intelligence CDR volume-based pricing for the platform, quality reporting, simple IA attestation, and related consultation services is equivalent to \$900 per provider for groups up to 15 providers, \$800 pp for groups 17-100, and \$600 pp and lower for groups over 100. Additional fees apply based on scope for Roji Health Intelligence Performance Improvement, which includes customized projects and interfaces for long-term improvement and outcomes. Supplemental fees also apply to Cost Performance services and Advancing Care Information services. Please contact partnering@rojihealthintel.com to take the first step in providing better value.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	None
SaferMD in Collaboration with Suncoast RHIO	SaferMD, LLC 140 Riverside Drive, #4E New York, NY 10024 (646) 389-0819	www.safermd.com	\$1,100 annually for each NPI/TIN combination	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	SaferMD is an organization that helps providers increase patient safety and care coordination by measuring, reporting, and improving test result communication performance. Our QCDR standard services includes thorough data validation. Support offered via Phone and email Premium services include: <ul style="list-style-type: none"> • Customized planning and support for data collection and submission • Data collection templates and measure selection • Measures data extraction and scoring 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	All available eCQMS	<ul style="list-style-type: none"> • Critical Result: Pulmonary Embolism • Critical Result: ICH • Critical Result: Aortic Dissection • Critical Result: Occlusive Intracranial Stroke • Critical Result: Placental Abruption • Critical Result: Ruptured Ectopic Pregnancy • Critical Result: New Deep Venous Thrombosis (DVT) • Critical Result: Ectopic Pregnancy • Result Requiring Follow Up Protocol • Critical Finding: Cord Compression • Critical Finding: CTA of GI Bleed • Critical Finding: Positive bleeding scan • Critical Finding: Acute Ocular Injury • Urgent Finding: Breast Specimen Radiography • Critical Finding: Testicular Torsion • Critical Finding: Subdural hematoma • GI Radiography Result Notification: <ul style="list-style-type: none"> - Critical Finding: Bowel Obstruction - Critical Finding: Sigmoid Volvulus • Chest Imaging Result Notification: <ul style="list-style-type: none"> - Critical Finding: Pneumothorax - Critical Finding: Tension Pneumothorax - Follow Up Finding: Suspicious Lung Nodule • Musculoskeletal Radiology Result Notification: <ul style="list-style-type: none"> - Critical Finding: Fracture C-Spine - Urgent Finding: Osteomyelitis

SCG Health	Searfoss Consulting Group, LLC (DBA SCG Health) 320 Westside Station Drive Winchester, VA 22601 (888) 886-8054	www.scghealth.com	Starting at \$275 per eligible clinician per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Annual subscription fees cover an entire calendar year through finalized reporting to CMS. Base subscriptions include submission of quality data to SCG Health, live on-shored call center and online support, data submission, data verification and communication to CMS as required. Upgraded solutions include integrated and auditable documentation of submission for Advancing Care Information (ACI) and Improvement Activity (IA) data to CMS. Contact QPP@scghealth.com for more information or visit SCGhealth.com/QPP.	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 001, 005, 006, 007, 008, 009, 012, 019, 021, 023, 024, 039, 044, 046, 047, 048, 050, 051, 052, 065, 066, 067, 068, 069, 070, 076, 091, 093, 099, 100, 102, 104, 107, 109, 110, 111, 112, 113, 116, 117, 118, 119, 122, 126, 127, 128, 130, 131, 134, 138, 143, 144, 145, 146, 147, 154, 155, 156, 160, 163, 178, 179, 180, 181, 182, 185, 191, 192, 195, 204, 205, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 236, 238, 239, 240, 240, 254, 255, 261, 265, 271, 275, 276, 277, 278, 279, 281, 305, 309, 310, 317, 318, 320, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Evaluation of High Risk Pain Medications for MME • Corneal Abrasion • Outcome Assessment for Patients Prescribed Ankle Orthosis for Ambulation and Functional Improvement • Outcome Assessment for Patients Prescribed Foot Orthosis for Ambulation and Functional Improvement • Prevention of Antibiotic or Herbal Supplement Impairment of Anesthesia • Improvement in Quality of Life from Partial Foot, Prosthetics • Outcome of High Risk Pain Medications Prescribed in Last 6 Months • Patient Frailty Evaluation • Assessment of Patients for Obstructive Sleep Apnea • Adequate Off-loading of Diabetic Foot Ulcers at each visit, appropriate to location of ulcer • Diabetic Foot Ulcer Healing or Closure • Plan of Care Creation for Diabetic Foot Ulcer Patients Not Achieving 30% Closure at 4 Weeks • Improved Global Physical Health Outcome Assessment for Shoulder Replacement • Improved Functional Outcome Assessment for ACL Repair • Improved Functional Outcome Assessment for Foot/Ankle Repair • Improved Global Physical Health Outcome Assessment for Spine Surgery • Improved Functional Outcome Assessment for Hip Replacement • Improved Functional Outcome Assessment for Knee Replacement • Improved Global Physical Health Outcome Assessment for Cervical Surgery • Improved Global Physical Health Outcome Assessment for Hand/Wrist/Elbow Repair • Improved Global Physical Health Outcome Assessment for Shoulder Arthroscopy • Improved Functional Outcome Assessment for Knee Arthroscopy • Improved Functional Outcome Assessment for Hip Arthroscopy • Heel Pain Treatment Outcomes for Adults Outcome Measure Decrease in Heel Pain Level • Heel Pain Treatment Outcomes for Pediatric Patients Outcome Measure Decrease in Heel Pain Level • Identification of Flat Foot in Pediatric Patients Process Measure documentation of Flat Foot • Pre-Surgical Screening for Depression
SilverVue	Silvervue, Inc 8911 Sandy Pkwy W Suite 200 Sandy, UT 84070 (310) 802-6827	www.silvervue.com	\$499 per year for QCDR registry reporting	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Our Check platform includes assessments and other tools to help clinicians complete MIPS requirements as well as streamline and automate some reporting. Included in our pricing is access to our web-based-QCDR and 1 hour of training (technical and customer support). Additional software upgrades are available for additional fees.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382,	None
Sovereign Health Registry	Sovereign Medical Services Inc. 85 Harristown Road Glen Rock, NJ 07452 (201) 830-2288	www.sovereignhealthsystem.com	MIPS Submission at \$350 yearly per provider NPI	Individual MIPS Eligible Clinicians, Groups	Self-service online tool for solo providers and groups of any size. Step-by-step guide to rapidly collect, validate and submit results to CMS. Monthly Updated Provider Performance Dashboard Bespoke services may also be available at an additional fee for complex/challenging data extraction scenarios (subject to data quality requirements)	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> • Diabetes screening • Depression screening • Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record • Tobacco use • Implementation of fall screening and assessment programs • Use of certified EHR to capture patient reported outcomes 	<ul style="list-style-type: none"> • e-Prescribing • Patient-Specific Education • Provide Patient Access • Secure Messaging • Send a Summary of Care • Request/Accept • Summary of Care • Syndromic Surveillance • Reporting View, Download and Transmit (VDT) • Security Risk Analysis 	Quality IDs: 001, 005, 006, 007, 008, 012, 019, 039, 046, 047, 048, 051, 052, 091, 093, 102, 109, 110, 111, 112, 113, 116, 117, 118, 119, 122, 126, 127, 128, 130, 131, 134, 137, 138, 143, 144, 154, 155, 178, 181, 182, 185, 204, 217, 218, 224, 226, 236, 238, 249, 251, 263, 264, 265, 268, 317, 320, 322, 325, 335, 336, 337, 342, 343, 358, 390, 397, 398,	Quality IDs: 001, 110, 111, 112, 113, 119, 128, 130, 134, 163, 204, 226, 236, 238, 281, 317, 318, 371, 373, 374	None

SpectraMedix eMeasures360 QCDR	SpectraMedix 50 Millstone Rd Building 400, Suite 110 East Windsor, NJ 08512 (609) 336-7733	http://www.spectramedix.com	\$249 to \$699 annual fee per EC based on services	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>Company Overview: SpectraMedix assists health systems and ambulatory care provider transition to "fee for value" and "risk-based models". Our core competencies are: Advanced data integration, data warehousing, performance calculation and regulatory reporting for hospital and ambulatory programs and custom initiatives and Predictive modeling and at-risk patient surveillance for performance initiatives at population level.</p> <p>eMeasures360™ Product: eMeasures360™ product provides numerous value-based care and quality payment programs, including CMS MIPS, Hospital IQR, MU eCQM, TJC eCQM, DSRIP NY, DSRIP WA, ACO MSSP, TCPI, VBP, NCQA P4P, Star rating and CIN reporting. eMeasures360™ product is ONC 2014 Edition certified for all 29 EH and all 64 EC eCQMs.</p> <p>SpectraMedix eMeasures360™ QCDR: SpectraMedix eMeasures360™ QCDR has the technology and expertise to guide our clients and partners through the entire process of implementing MIPS, including complying with all MIPS categories.</p> <ul style="list-style-type: none"> Consult with our MIPS experts to assess MIPS readiness, determine clinician eligibility, select measures for MIPS for reporting from the library of MIPS Quality Measures, including those measures that integrate primary care and behavioral health, and EC eCQMs. Integrate required data from multiple sources, calculate and continually track performance to manage and improve quality utilizing advanced dashboards and reports Forecast potential incentives using our MIPS payment 	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Medication Adherence for Diabetes Medication Screening for Psychiatric or Behavioral Health Disorders Medication Adherence for Hypertension Use of Multiple Concurrent Antipsychotics in Children and Adolescents Assessment and Intervention for Psychosocial Distress in Adults Receiving Cancer Treatment Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia Pre-surgical screening for depression Mental Health Assessment for Patients with orthopedic conditions Overuse of Opioid Medications for Primary Headache Disorders Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
SPH Analytics QCDR	SPH Analytics 11605 Haynes Bridge Road Suite 400 Alpharetta, GA 30009 (866) 460-5681 info@sphanalytics.com	http://www.sphanalytics.com/	Quality performance dashboard starting at \$399/year/clinician depending on volume and additional services. - Custom pricing for measure optimization, consulting, non-QPP QCDR measure build and submissions for Improvement Activities (IA) and Advancing Care Information (ACI).	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	<p>Rated #1 for MACRA & MIPS Support Technology by Black Book Research in 2017, SPH Analytics is a leader in transformative solutions supporting value-based care. Our QCDR will help you maximize your MIPS Composite Score and serve as a multi-payer quality performance solution.</p> <ul style="list-style-type: none"> DASHBOARD - Continuous performance feedback refreshed weekly MIPS POINTS - Estimated quality points based on CMS benchmarks and bonus points earned TOP 6 - Recommendation of top 6 measures to submit, including outcome/high priority CMS DECILE - Calculated patients/visits needed to achieve next CMS decile MEASURE CRITERIA - Alerts for measures falling below MIPS measure criteria PATIENTS - Drill down to patient lists (Performance Met or Not Met) PROVIDER RANK – Compare performance and contribution across providers CMS SUBMISSION – Fast MIPS data submission via API <p>Additional Services</p> <ul style="list-style-type: none"> Consulting guidance on selecting measures and performance optimization Data submission for IA and ACI categories Black Book Research report for MACRA & MIPS technology solutions download: www.sphanalytics.com/mips-report-2017 	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> CAHPS and other patient/member surveys Plus Population Management activities. 	Clinical Data Registry Reporting	All QPP Registry Eligible Measures	Quality IDs: 001, 110, 111, 112, 113, 117, 119, 134, 204, 226, 236, 281, 305, 309, 318, 371, 374, 438	None
SpineTRACK Registry	NuVasive, Inc. 7475 Lusk Blvd San Diego, CA 92121 (858) 909-1800	https://www.nuvasive.com/resources/spinetrack-registry/	No cost to SpineTRACK Registry users for QCDR reporting services.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Services include registry implementation support, eDC interface, registry maintenance and upkeep, and compliance and data outcomes reporting tools.	Quality	None	None	Quality IDs: 047, 128, 131, 154, 178, 220, 226, 317, 318, 358, 374, 402, 412, 431	None	<ul style="list-style-type: none"> Percent of patients meeting MCID thresholds for back or neck pain Percent of patients meeting MCID thresholds for leg or arm pain Percent of patients meeting MCID thresholds for pain-related disability (ODI/NDI) Percent of patients meeting SCB thresholds for back or neck pain Percent of patients meeting SCB thresholds for leg or arm pain Percent of patients meeting SCB thresholds for pain-related disability (ODI/NDI)

STS National Database	The Society of Thoracic Surgeons 633 N. St. Clair Street Chicago, IL 60611 (312) 202-5800	www.sts.org	\$500/yr for non-STS members, no fee to STS members	Individual MIPS Eligible Clinicians	Data Collection Quarterly Reports Submission to CMS	Quality	None	None	Quality IDs: 021, 043, 044, 164, 165, 166, 167, 168, 226, 445	None	<ul style="list-style-type: none"> • Prolonged Length of Stay Following Coronary Artery Bypass Grafting • Prolonged Length of Stay for Coronary Artery Bypass Grafting (CABG) + Valve Replacement • Patient Centered Surgical Risk Assessment and Communication for Cardiac Surgery • Operative Mortality for Esophageal Resection • Recording Performance Status prior to Esophageal Cancer Resection • Operative Mortality for Lobectomy • Lobectomy – Air Leak Greater than 5 Days • Lobectomy – Unplanned Return to OR • Recording Performance Status Prior to Lung Cancer Resection • Prolonged Length of Stay Following Valve Surgery
Surgeon Specific Registry QCDR Surgical Phases of Care	American College of Surgeons 633 N ST Clair Street Chicago, IL 60611 (312) 202-5635 (312) 202-5696	www.facs.org	ACS Member: \$0.00; Non-member: \$299.00 (annual). Any cost is per provider.	Individual MIPS Eligible Clinicians	Entire MIPS participation process covered in cost for MIPS categories supported.	Improvement Activities, Quality	https://www.facs.org/quality-programs/ssr/mips/improvement-activities-options	None	Quality IDs: 358	None	<ul style="list-style-type: none"> • Surgical Phases of Care Patient-Reported Outcome Composite Measure • Surgical Site Infection (SSI) • Intraoperative Composite • Preoperative Key Medications Review for Anticoagulation Medication • Post-Acute Recovery Composite • Optimal Postoperative Communication Plan and Patient Care Coordination Composite • Preoperative Composite • Patient Frailty Evaluation • Unplanned Hospital Readmission within 30 Days of Principal Procedure • Unplanned Reoperation within the 30 Day Postoperative Period • Preventative Care and Screening: Tobacco Screening and Cessation Intervention
Surgeon Specific Registry QCDR Trauma Measures	American College of Surgeons 633 N ST Clair Street Chicago, IL 60611 (312) 202-5635	www.facs.org	ACS Member: \$0.00; Non-member: \$299.00 (annual). Any cost is per provider.	Individual MIPS Eligible Clinicians	Entire MIPS participation process covered in cost.	Improvement Activities, Quality	https://www.facs.org/quality-programs/ssr/mips/improvement-activities-options	None	None	None	<ul style="list-style-type: none"> • Trauma Initial Assessment Composite • Mortality Rate Following Blunt Traumatic Injury to the Chest and/or Abdomen • Mortality Rate Following Penetrating Traumatic Injury to the Chest and/or Abdomen • Splenic Salvage Rate • Optimal Timing of Surgical or Procedural Intervention for Hemorrhage in Trauma • Optimal Ratio of Blood Product Transfusion • Timely Initiation of VTE Prophylaxis in Trauma Patients

Disclaimer: 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, CMS cannot guarantee that these services will be available or that the vendor will be successful uploading their files during the submission period. CMS cannot guarantee an eligible clinician success in providing data for the program. Successful submission is contingent upon following the MIPS program requirements: the timeliness, quality, and accuracy of the data provided for reporting by the eligible clinician, group, and/or virtual group, and the timeliness, quality, and accuracy of the vendor.

QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
The American Society of Breast Surgeons Mastery of Breast Surgery Program	The American Society of Breast Surgeons 10330 Old Columbia Road Suite 100 Columbia, MD 21046 (410) 381-9500	https://www.breastsurgeons.org	\$100 non-refundable fee for 2018 participation.	Individual MIPS Eligible Clinicians	We will provide live feedback and reports to participants We will send monthly reminders on incomplete data We will verify their NP/TIN combinations via Medicare claim form and NPDES We will provide a confirmation form and live data quality reports	Quality	None	None	Quality IDs: 262, 263, 264	None	<ul style="list-style-type: none"> Recommendation of Neoadjuvant Chemotherapy for Her2Neu positive invasive breast cancers that are >2.0cm in size and/or have needle biopsy proven axillary metastases. Unplanned 30 day re-operation after mastectomy Return to the operating room for re-excision of previous microscopically negative margins in invasive breast cancer patients undergoing breast conserving therapy Surgeon assessment for hereditary cause of breast cancer Sentinel Node Biopsy for Patients with Ductal Carcinoma in Situ Alone Management of the axilla in breast cancer patients undergoing breast conserving surgery with a positive sentinel node biopsy
The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix	The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix 81 Lakeview Drive Paducah, KY 42001 (734) 661-7944	www.nipmqcdr.org	Annual fees varies based on membership type - See "Services Offered"	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	\$500 per Eligible Clinician/physician for each Reporting Year for ASIPP members \$400 per Eligible Clinician/non-physicians (i.e., Physician assistants, nurse practitioners, etc.) who are ASIPP members. \$750 per Eligible Clinician/physician for each Reporting Year for non-members of ASIPP \$600 per Eligible Clinician/non-physicians for each Reporting Year for non-members of ASIPP	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 009, 021, 039, 047, 107, 109, 110, 111, 116, 126, 127, 128, 130, 131, 134, 145, 154, 155, 177, 178, 182, 220, 226, 236, 238, 261, 276, 278, 317, 318, 357, 370, 371, 373, 374, 408, 411, 412, 414, 418, 419, 431, 435	Quality IDs: 009, 107, 110, 111, 128, 130, 134, 226, 236, 238, 317, 318, 370, 371, 373, 374	<ul style="list-style-type: none"> Communicating Concurrent opioid and benzodiazepine prescribing to other prescribers Patient Counseling Regarding Risks of Co-prescribed Opioids and Benzodiazepines Appropriate Patient selection for diagnostic facet joint procedures Avoiding Excessive Use Of therapeutic facet joint interventions in managing chronic cervical and thoracic spinal pain Avoiding Excessive Use Of epidural injections in managing chronic pain originating in the cervical and thoracic spine Functional Status assessment for spinal cord stimulator implantation Functional Status assessment for lumbar medial branch radiofrequency ablation Functional Status assessment for cervical medial branch radiofrequency ablation Reduction in Patient reported pain following spinal cord stimulator implantation for failed back surgery syndrome Reduction in Patient reported pain following lumbar medial branch radiofrequency ablation Reduction in Patient reported pain following cervical/thoracic medial branch radiofrequency ablation
The Health Collaborative	The Health Collaborative 615 Elsinore Place, Suite 500 Cincinnati, OH 45202 (513) 618-3600 QCDR@healthcollab.org	http://healthcollab.org	Approximately \$20 - \$200 per provider per month	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	hb/analytics The hb/analytics platform allows for cost and clinical measure reporting. Standard measure sets such as MIPS, ACO, HEDIS and others can be reported for an individual, group or multi-group organization. Custom measures can also be reported allowing flexibility in identifying high risk or cost patients or providers as well as measures that match health plan value based payment models. hb/analytics provides a web based front end solution for all facets of the process: <ul style="list-style-type: none"> Data Submission – wide variety of formats accepted Data Quality Feedback Iterations – content and volume threshold based Data Reporting – individual, group or aggregate hb/encounters CMS penalties for readmissions can be a significant impact to an organization's revenue stream. With hb/encounters, we are able to notify a provider of the specific readmissions that drive high costs. Layered with trending analysis, hb/encounters allows providers to identify high-risk patients. Care coordinators use this information to ensure patients are provided resources to reduce these readmissions. hb/notify hb/notify delivers real-time notifications to providers that a hospital encounter has occurred for one of their attributed patients. Using complex matching algorithms, hb/notify is able to monitor the hospital ecosystem for a patients' activity. hb/notify puts valuable information into a provider's hands quickly to ensure proper care coordination and proactive efforts can be made to reduce hospital admissions in the future.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 312, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382	None

The PQR	The Physician's Quality Registry (PQR) c/o Envision Healthcare Corporation 7700 West Sunrise Blvd. Plantation, FL 33322 (800) 437-2672	www.PHYSQR.com	Costs include annual provider registration fee of \$100 per NPI. Transaction/encounter fee of 5.08 per transaction. Additional fees may be required for EHR data exchange if needed.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Data Analytics, Dashboards & Reporting, Consulting, Error Reporting, Audits	Advancing Care Information, Improvement Activities, Quality	<ul style="list-style-type: none"> Collection and follow-up on patient experience and satisfaction data on beneficiary engagement Consultation of the Prescription Drug Monitoring program Engagement of new Medicaid patients and follow-up Glycemic management services Implementation of co-location PCP and MH services Implementation of integrated PCBH model Participation in a 50-day or greater effort to support domestic or international humanitarian needs. Participation in CAHPS or other supplemental questionnaire Participation in systematic anticoagulation program Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record RHC, IHS or FQHC quality improvement activities TCPI participation Use of QCDR for feedback reports that incorporate population health Annual registration in the Prescription Drug Monitoring Program Engagement of patients, family and caregivers in developing a plan of care Implementation of antibiotic stewardship program Implementation of formal quality improvement methods, practice changes or other practice improvement processes Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes Leveraging a QCDR to promote use of patient-reported outcome tools Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive. Participation in population health research Participation on Disaster Medical Assistance Team, registered for 6 months. Use of decision support and standardized treatment protocols Use of patient safety tools Use of QCDR data for ongoing practice assessment and improvements Improved practices that engage patient pre-visit Implementation of use of specialist reports back to referring clinician or group to close referral loop Implementation of improvements that contribute to more timely communication of test results Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination Participation in an AHRO-listed patient safety organization 	<ul style="list-style-type: none"> Provide Patient Access Secure Messaging Send a Summary of Care e-Prescribing Security Risk Analysis 	Quality IDs: 001, 005, 008, 032, 044, 066, 076, 091, 093, 102, 116, 128, 130, 131, 143, 144, 145, 146, 147, 156, 187, 195, 225, 226, 254, 255, 259, 265, 317, 322, 323, 324, 331, 332, 333, 344, 345, 359, 360, 361, 362, 363, 364, 402, 404, 405, 406, 407, 415, 416, 424, 426, 427, 430, 431, 436	None	None
The Spine Institute for Quality Conservative Care: QCDR - Powered by Premier, Inc.	The Spine Institute for Quality 102 East 2nd Street Davenport, IA 52801 (800) 531-0987 info@spineiq.org	http://www.spineiq.org/	Annual QCDR registration is \$499 per unique NPI/TIN per reporting year. This fee includes annual use of the data for quality improvement purposes and QPP quality reporting to CMS.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Clinicians and groups may select from QPP and QCDR measures. Data entry options include web form and flat-file to excel upload for QPP or QI initiatives. 2018 web-based application reporting includes: Continuous on-demand performance feedback reports; Comparison to national benchmarks (where available); Links to targeted educational resources and tools for improvement. Additional OPTIONAL Reporting Services: Registered/paid participants engaging in annual QCDR MIPS quality reporting may purchase both the 2018 Improvement Activities and Advancing Care Information performance attestations for an additional \$99. This registry also has the capability to satisfy Specialized Registry Reporting when clinicians initiate active engagement to submit data electronically from Certified Electronic Health Record Technology (CEHRT).	Advancing Care Information, Improvement Activities, Quality	All	All	Quality IDs: 009, 109, 110, 111, 128, 130, 131, 134, 154, 155, 182, 226, 236, 238, 239, 240, 281, 317, 318, 312, 371, 374, 402, 414, 431	Quality IDs: 009, 109, 110, 111, 128, 130, 134, 226, 236, 238, 239, 240, 281, 317, 318, 312, 371, 374	<ul style="list-style-type: none"> MRI of the lumbar spine without prior conservative care Repeated X-ray Imaging Change in Functional Outcomes Change in Pain Intensity
UREQA (United Rheumatology Effectiveness and Quality Analytics)	United Rheumatology 521 Hauppauge Road/Route 111, Suite 307 Hauppauge, NY 11788 (631) 656-7199	www.unitedrheumatology.org	Free for UR members. \$2500/provider/yr non-members	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	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 MIPS quality measures and eQMs is reportable through UREQA. The MIPS Eligible Provider using UREQA will be able to compare individual (NPI-level) and group (TIN-level) performance to the performance of all UREQA participants in aggregate. UREQA also includes ACI and CIA attestation capabilities; and a dashboarding tool providing estimated MIPS scoring throughout the performance period. Data submitted to UREQA via certified electronic health record technology satisfies the ACI scoring opportunity for reporting to a specialized registry. - MIPS Quality reporting, Advancing Care Information, and Improvement Activities services for healthcare providers - Analytics software accurately calculates reporting and performance metrics - Web based registry dashboard shows real time status of QPP performance, and offers drill down to provider, measure and encounter level details - Performance reports provided 4 times per year and are always available to the user via the web interface Additional services offerings: - Custom automation services for denominator management - Custom automation of numerator quality code assignment for EHR data - Abstraction of clinical quality data by qualified HIM professionals - Custom dashboards and reports	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> Ankylosing Spondylitis: Controlled Disease Ankylosing Spondylitis: Appropriate Pharmacologic Therapy Regular Evaluation of Psoriatic Arthritis (PsA) Folic or Folinic Acid Therapy for Patients Treated with Methotrexate Controlled Gout for Patients on Urate-Lowering Pharmacologic Therapy
UTHealth School of Public Health	UTHealth School of Public Health 1200 Pressler, RAS 905 Houston, TX 77030 (713) 500-9190	https://sph.uth.edu/divisions/management-policy-commission/health-center-for-health-care-data/	Free to members of UT Physicians and affiliated	Individual MIPS Eligible Clinicians, Groups	Data Collection, Data Validation, Measure Development, Measure Calculations, Audit, Reporting	Advancing Care Information, Improvement Activities, Quality	Not Specified	Not Specified	Quality IDs: 001, 005, 007, 008, 014, 024, 039, 044, 046, 048, 051, 065, 166, 192	None	None

U.S. Wound Registry	U.S. Wound Registry 2700 Research Forest Drive The Woodlands, TX 77381 (281) 771-3627	www.uswoundregistry.com	\$200-\$2500 annual cost per provider	Individual MIPS Eligible Clinicians, Virtual Groups	Services include various levels of engagement with Registry Participation, Quality Reporting, Benchmarking, Advanced Care Information (ACI) Reporting, Improvement Activity (IA) Reporting, Attestation, etc.	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 438, 462	<ul style="list-style-type: none"> • Prevention of Antibiotic or Herbal Supplement Impairment of Anesthesia • Outcome Assessment for Patients Prescribed Ankle Orthosis for Ambulation and Functional Improvement • Outcome Assessment for Patients Prescribed Foot Orthosis for Ambulation and Functional Improvement • Improvement in Quality of Life from Partial Foot, Prosthetics • Patient Vital Sign Assessment and Blood Glucose Check Prior to HBOT Treatment • Evaluation of High Risk Pain Medications for MME • Non Invasive Arterial Assessment of patients with lower extremity wounds or ulcers for determination of healing potential • Diabetic Foot Ulcer (DFU) Healing or Closure • Plan of Care Creation for Venous Leg Ulcer (VLU) Patients not Achieving 30% Closure at 4 Weeks AND Plan of Care Creation for Diabetic Foot Ulcer (DFU) Patients not Achieving 30% Closure at 4 Weeks • Venous Leg Ulcer (VLU) outcome measure: Healing or Closure • Adequate Off-loading of Diabetic Foot Ulcer at each visit • Major Amputation in Wagner 3, 4, or 5 Diabetic Foot Ulcers (DFUs) Treated with HBOT • Appropriate Use of hyperbaric oxygen therapy for patients with diabetic foot ulcers • Appropriate Use of Cellular and/or Tissue Based Product (CTP) in diabetic foot ulcers (DFUs) or venous leg ulcer (VLU) among patients 18 years or older • Adequate Compression at each visit for Patients with VLUs • Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers • Patient Reported Nutritional Assessment and Intervention Plan in Patients with Wounds and Ulcers • Patient Reported Experience of Care: Wound Outcome
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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eCQMs Supported	QCDR Measures Supported
Vascular Quality Initiative (VQI) QCDR	M2S, Inc. 12 Commerce Avenue West Lebanon, NH 03784 (603) 298-0263 pathwayssupport@m2s.com	www.vascularqualityinitiative.org	Open to VQI PATHWAYS™ members. \$599 per individual per year	Individual MIPS Eligible Clinicians	Services: Data submission, quality feedback reports and reporting to CMS on behalf of consenting providers.	Quality	None	None	Quality IDs: 021, 257, 258, 259, 260, 344, 345, 346, 347, 420, 421, 423	None	<ul style="list-style-type: none"> • Imaging-based maximum aortic diameter assessed at least 9 months following Endovascular AAA Repair procedures • Survival at least 9 months after elective repair Endovascular AAA Repair of small abdominal aortic aneurysms • Survival at least 9 months after elective Open AAA repair of small abdominal aortic aneurysms • Absence of unplanned reoperation after closed lower extremity major amputation • Ipsilateral stroke-free survival at assessed at least 9 months following Carotid Artery Stenting for asymptomatic procedures • Ipsilateral stroke-free survival assessed at least 9 months following isolated Carotid Endarterectomy for asymptomatic procedures • Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication • Procedures with statin and antiplatelet agents prescribed at discharge • Amputation-free survival at assessed at least 9 months following Peripheral Vascular Intervention for intermittent claudication • Absence of serious technical complications during peripheral arterial intervention • Imaging-based maximum aortic diameter assessed at least 9 months following Thoracic and Complex EVAR procedures • Survival at least 9 months after elective repair of small thoracic aortic aneurysms • Proper patient selection for perforator vein ablation

Ventura County Medical Association-HEMR Advance care planning and POLST eRegistry	Ventura County Medical Association 601 E Daily Dr., Suite 129 Camarillo, CA 93010 (805) 484-6822	www.venturamedical.org	\$250/physician/year for Ventura County Medical Association physician members; \$500/physician/year for non members	Individual MIPS Eligible Clinicians, Groups	Health-e-MedRecord has partnered with the Ventura County Medical Association to provide Medcordance, a cloud-based advance care planning and POLST eRegistry Platform that enables providers of any specialty submit POLST and receive alerts for new and updated POLST submissions that are instantly available to clinicians during transitions of care. User interfaces specifically designed for all user-types: patients, families, caregivers, EMS, outpatient physicians, and emergency physicians and allows for providers across care transitions to align the treatment delivered with the end-of-life wishes the patient or surrogate decision maker documented on the POLST. Medcordance encourages advance care planning in all settings by making a patient's POLST electronically available in the form of an electronic Registry that all appropriate clinical users have access to, sending notification reminders to a treatment team of physicians to start or complete an electronic POLST, and sending notifications to family members and caregivers when a POLST may need to be updated. The Medcordance QCDR keeps track of all electronic engagement, including time to POLST completion or update, number of POLSTs completed, and number of completed POLSTs securely shared with treatment teams and the patient's family and caregivers through the Medcordance platform. Since advance care planning can occur in both inpatient and outpatient settings, our QCDR collects all advance care planning interactions through time-stamps and generates a billable document demonstrating the advance care planning episode, either through a completed POLST submitted into the POLST, or POLST counseling done through the Platform.	Advancing Care Information, Improvement Activities, Quality	Implementation of practices/processes for developing regular individual care plans; Practice improvements for bilateral exchange of patient information; Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	Clinical data registry reporting; Patient-generated Health Data; Patient-specific education	Quality IDs: 046, 047, 110, 111, 182, 321, 342, 455, 456, 457	None	• Advance Care planning: Electronic submission of new POLST/MOLST/POST/MOST ("orders for life-sustaining treatment" or "orders for scope of treatment") into an eRegistry powered by Medcordance
Visualize Health, LLC	Visualize Health, LLC 504 Autumn Springs Court, Suite 7 Franklin, TN 37067 (615) 967-6687	www.visualizehealth.co	\$150 Per Provider, Per Month	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Population Health toolset	Advancing Care Information, Improvement Activities, Quality	All	All	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 383, 384	None
VitalHealth Software	VitalHealth Software Corp 250 Marquette Ave, Suite 550 Minneapolis, MN 55401 (877) 340-3647	www.vitalhealthsoftware.com	Starting at \$300 per provider per year, plus a one-time set up fee. Separate charge for HIPAA Compliant Hosting starting at \$1,000 per month per site.	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Optimizing outcomes data collection for both patient reported and clinical data. Data submission and feedback using intuitive dashboards. Reporting to CMS on behalf of our clients.	Advancing Care Information, Improvement Activities, Quality	Not specified	Not specified	All QPP Registry Eligible Measures	Quality IDs: 001, 005, 007, 008, 009, 012, 018, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382, 383, 384	None

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QCDR Name	Contact Information	Website	Cost	Reporting Options Supported	Services Offered	Performance Categories Supported	Improvement Activities Supported	Advancing Care Information Measures	Quality Measures Supported	eQDMs Supported	QCDR Measures Supported
Xpio Health, LLC	Xpio Health, LLC 3118 Judson St., Suite 498 Gig Harbor, WA 98335 (253) 651-7482	www.xpiohealth.com	\$800-\$1000 per EC per year	Individual MIPS Eligible Clinicians, Groups, Virtual Groups	Xpio Health is pleased to provide the following services to our individual and group eligible clinicians. * Able to extract patient-level data from your Electronic Health Record * Calculate performance scores on any MIPS Quality measures * Easily review data for Improvement Activities and Advancing Care performance categories * Ability to display performance results in an easy to read dashboard * Ability to validate measure results against source data for each patient * Data submission to CMS via the new application programming interface to assist with continuous data submission and feedback from CMS	Advancing Care Information, Improvement Activities, Quality	Not specified	Not specified	Quality IDs: 110, 128, 130, 134, 154, 155, 226, 236, 238, 282, 283, 286, 288, 317, 325, 370, 383, 391, 402, 411, 414, 431	Quality IDs: 001, 005, 007, 008, 009, 012, 019, 065, 066, 102, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 238, 239, 240, 281, 305, 309, 310, 312, 317, 318, 366, 367, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 382	None

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