

2014 Physician Quality Reporting System Qualified Clinical Data Registries

CMS is pleased to announce the Qualified Clinical Data Registries (QCDRs) that will be able to report quality measure data to CMS, on behalf of individual eligible professionals (EPs) for the 2014 Physician Quality Reporting System (PQRS) program year. These entities have self-nominated and indicated that they meet the requirements as outlined by CMS in the 2014 Physician Fee Schedule (PFS) final rule. In addition to PQRS, the data submitted by QCDRs may also be used by the Value-based Payment Modifier and EHR Incentive Program. QCDRs must be considered Certified Electronic Health Record Technology (CEHRT) to allow their EPs to receive credit for the Clinical Quality Measure (CQM) component of **Meaningful Use (MU)** for the EHR Incentive Program.

In the table below, each of the 2014 QCDRs has provided detailed information regarding the measures they support, the services they offer their clients, and the costs incurred by their clients. The QCDRs must support at least 9 measures covering 3 National Quality Strategy (NQS) domains and at least 1 outcome measure for at least 50 percent of an eligible professional's (EPs) patients. Additional information, including QCDR reporting details and the steps an EP should take in selecting a QCDR can be found in the 2014 PQRS: QCDR Participation Made Simple in the Qualified Clinical Data Registry Reporting section at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html>. EPs wishing to participate in 2014 PQRS through a QCDR, may contact the entities listed below for additional details.

Disclaimer: Each QCDR has reviewed their organization's information below and provided confirmation of accuracy. Information included in this document was accurate at the time posting; however CMS cannot guarantee that these services will be available or that the QCDR will be successful uploading their files during the submission period. CMS cannot guarantee an eligible professionals success in providing data for the program. Successful submission is contingent upon following the PQRS program requirements, timeliness, quality, and accuracy of the eligible professionals data provided for reporting, and the timeliness, quality, and accuracy of the XML programming of the QCDR.

Qualified Clinical Data Registry Name	Contact Information	EHR Incentive Program Supported ⁱ	PQRS Measures Supported (Individual Measures ⁱⁱ , Measures Group Only Measures ⁱⁱⁱ , GPRO/ACO Web Interface Measures ^{iv} , Electronic Clinical Quality Measures [eCQMs] ^v)	Non-PQRS Measures Supported	Non-PQRS Measures Information ^{vi}	Services Offered & Cost
AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	414-272-6071 QCDR@aaaai.org	No	No	<ul style="list-style-type: none"> • Asthma: Pharmacologic Therapy for Persistent Asthma • Asthma: Assessment of Asthma Control • Asthma: Tobacco Use: Screening • Asthma: Tobacco Use: Intervention • Allergy Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment • Documentation of Clinical Response to Allergy Immunotherapy within One Year • Documented Rationale to Support Long-Term Aeroallergen Immunotherapy beyond Five years, as Indicated • Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergy Immunotherapy for at Least One Year • Assessment of Asthma Symptoms Prior to Administration of Allergy Immunotherapy Injection(s) • Documentation of the Consent Process for Subcutaneous Allergy Immunotherapy in the Medical Record • Asthma Assessment and Classification • Lung Function/Spirometry Evaluation • Influenza Immunization • Patient Self-Management Plan • Body Mass Index • Optimal Asthma Care: Control Component 	The AAAAI non-PQRS Measure Specifications are located here: http://www.medconcert.com/AAAAIQIR	<p>The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity is intended to foster performance improvement.</p> <p>Who should enroll? Physicians in Allergy/Immunology; AAAAI members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AAAAIQIR</p> <p>Annual Member Fee: \$500-\$800 per provider</p> <p>PQRS Reporting: Auto-generated report on up to 16 quality measures, including asthma, immunotherapy, & more for PQRS and VBM</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies) and Bridges to Excellence™. Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve population health and manage VBM quality scores • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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American College of Physicians Genesis Registry™ in collaboration with CECity	support@medconcert.com	Please contact the QCDR for specific CEHRT and MU submission information.	Individual Measures: 1, 2, 5, 7, 8, 9, 12, 18, 19, 65, 66, 71, 72, 102, 104, 107, 110, 111, 112, 113, 117, 119, 128, 130, 134, 143, 160, 163, 191, 192, 204, 226, 236, 241, 317 eCQMs: All eCQMs	No	N/A	<p>The American College of Physicians Genesis Registry™ in collaboration with CECity is intended for internists and other specialists to foster performance improvement and quality care.</p> <p>Who should enroll? Internists (open to ACP members & non-members), physicians in other specialties, as well as nurse practitioners, and physician assistants.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/Genesis</p> <p>PQRS Reporting: Auto-generated report on all quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies) and Bridges to Excellence™. Connect your EHR to achieve MU2 eCQM, MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$299-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity	Thomas Murray tmurray@gastro.org	No	Individual Measures: 128, 173, 185, 226, 317, 320, 343	<ul style="list-style-type: none"> • Colonoscopy Assessment (Procedure adequacy) - Assessment of Bowel Preparation • Colonoscopy Assessment (Cecum reached) – Cecal Intubation / Depth of Intubation • Hospital Visit Rate After Outpatient Colonoscopy • Performance of Upper Endoscopic Examination With Colonoscopy • Unnecessary Screening Colonoscopy in Older Adults 	<p>The American Gastroenterological Association Colorectal Cancer Screening non-PQRS Measure Specifications are located here: http://www.medconcert.com/AGACRCQIR</p>	<p>American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes.</p> <p>Who should enroll? Specialty of gastroenterology. Open to AGA members & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/AGACRCQIR</p> <p>PQRS Reporting: Auto-generated report on up to 12 quality measures, for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$300-\$750 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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American Gastroenterological Association Digestive Health Recognition Program™ Registry in collaboration with CECity	Thomas Murray tmurray@gastro.org	No	Individual Measures: 83, 84, 85, 87, 128, 173, 183, 185, 226, 317, 320, 343 Measures Group Only Measures: 269, 270, 271, 273, 274, 275	<ul style="list-style-type: none"> • Colonoscopy Assessment (Procedure adequacy) - Assessment of Bowel Preparation • Colonoscopy Assessment (Cecum reached) – Cecal Intubation / Depth of Intubation • Hospital Visit Rate After Outpatient Colonoscopy • Performance of Upper Endoscopic Examination With Colonoscopy • Unnecessary Screening Colonoscopy in Older Adults • Hepatitis B Vaccination in Patients with HCV • Discontinuation of Antiviral Therapy for Inadequate Viral Response • Sustained Virological Response (SVR) (Quality Improvement Only) • One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk • Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis 	The American Gastroenterological Association Digestive Health Recognition non-PQRS Measure Specifications are located here: http://www.medconcert.com/AGADHRPQIR	American Gastroenterological Association Digestive Health Recognition Program™ Registry in collaboration with CECity, aims to measure, report & improve patient outcomes. Who should enroll? Specialty of gastroenterology. Open to AGA members & non-members. Where to enroll? Learn more at http://www.medconcert.com/AGADHRPQIR PQRS Reporting: Auto-generated report on up to 28 quality measures, for PQRS and the VBM. Other Quality Reporting Programs Available: Reuse registry data for Bridges to Excellence™. Connect your EHR to achieve MU2 Specialized Registry reporting. Annual Fee: \$300-\$750 per provider Key Features and Benefits: <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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Louisiana State University Health Care Quality Improvement Collaborative (Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)	support@medconcert.com	No	<p>Individual Measures: 1, 2, 5, 8, 53, 64, 111, 112, 113, 117, 119, 121, 122, 123, 128, 143, 146, 159, 160, 163, 205, 226, 231, 232, 317, 333, 338, 339</p> <p>eCQMs: CMS22v2, CMS52v2, CMS69v2, CMS122v2, CMS123v2, CMS124v2, CMS125v2, CMS127v2, CMS130v2, CMS131v2, CMS134v2, CMS135v2, CMS138v2, CMS144v2, CMS157v2, CMS163v2, CMS166v3</p>	No	N/A	<p>The Louisiana State University Health Care Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report & improve patient outcomes.</p> <p>Who should enroll? All providers across specialties. Open to LSU-employed providers, LSU affiliates and other providers.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/LSUQIR</p> <p>PQRS Reporting: Auto-generated report on up to 45 quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies).</p> <p>Annual Fee: no charge up to \$599 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to available national benchmarks and peer-to-peer comparison • Performance gap analysis & patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity	Debbie Zeldow, Senior Director, Clinical Programs, National Bone Health Alliance debbie.zeldow@nbha.org	No	Individual Measures: 24, 39, 40, 41, 154, 155	<ul style="list-style-type: none"> Laboratory Investigation for Secondary Causes of Fracture Risk Assessment/Treatment After Fracture Discharge Instructions: Emergency Department Osteoporosis management in women who had a fracture Osteoporosis testing in older women Hip Fracture Mortality Rate (IQI 19) Osteoporosis: percentage of patients, regardless of age, with a diagnosis of osteoporosis who are either receiving both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months Osteoporosis: percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months 	The National Osteoporosis Foundation non-PQRS Measure Specifications are located here: http://www.medconcert.com/FractureQIR	<p>The NOF and NBHA Quality Improvement Registry, in collaboration with CECity, is the only QCDR focused on measuring, reporting and improving patient outcomes in osteoporosis and post-fracture care.</p> <p>Who should enroll? All providers and specialties caring for patients with osteoporosis.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/FractureQIR</p> <p>PQRS Reporting: Auto-generated report on up to 14 meaningful and relevant osteoporosis and post-fracture quality measures.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board-specific policies). Connect your EHR to achieve MU2 Specialized Registry. Annual Fee: \$499-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores Comparison to available national benchmarks and peer-to-peer comparison Performance gap analysis & patient outlier identification Links to targeted education, tools and resources for improvement (free and fee-based) Performance aggregation at the practice and organization level available

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Oncology Nursing Society Quality Improvement Registry in collaboration with CECity	research@ons.org	No	No	<ul style="list-style-type: none"> • Symptom Assessment • Intervention for Psychosocial Distress • Intervention for Fatigue • Intervention for Sleep -Wake Disturbance • Assessment for Chemotherapy Induced Nausea and Vomiting • Education on Neutropenia Precautions • Post-Treatment Symptom Assessment • Post-Treatment Symptom Intervention • Post-Treatment Education • Post-Treatment Goal Setting • Post-Treatment Goal Attainment • Post-Treatment Follow Up Care • Fatigue Improvement • Psychosocial Distress Improvement 	<p>The Oncology Nursing Society non-PQRS Measure Specifications are located here: http://www.medconcert.com/ONSQIR</p>	<p>The Oncology Nursing Society Quality Improvement Registry, in collaboration with CECity, aims to measure, report and improve patient outcomes in oncology.</p> <p>Who should enroll? Specialty of oncology. Open to ONS members & non-members.</p> <p>Where to enroll? Learn more at www.medconcert.com/ONSQIR</p> <p>PQRS Reporting: Auto-generated report on up to 14 quality measures for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Connect your EHR to achieve MU2 Specialized Registry reporting.</p> <p>Annual Fee: \$499 to \$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve population health and manage VBM quality scores. • Comparison to national benchmarks (where available) and peer-to-peer comparison • Performance gap analysis and patient outlier identification (where available) • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)	Please contact the QCDR for specific CEHRT and MU submission information mshsupport@mckesson.com support@medconcert.com		Individual Measures: 39, 41, 47, 48, 67, 68, 69, 70, 71, 72, 76, 99, 100, 102, 104, 108, 109, 110, 111, 112, 113, 128, 130, 131, 134, 137, 138, 142, 143, 144, 145, 146, 147, 154, 155, 156, 157, 173, 176, 177, 178, 179, 180, 194, 224, 225, 226, 234, 250, 251, 262, 263, 264, 265, 317 eCQMs: CMS2v3, CMS22v2, CMS68v3, CMS69v2, CMS75v2, CMS125v2, CMS126v2, CMS127v2, CMS129v3, CMS130v2, CMS138v2, CMS140v1*, CMS141v3, CMS146v2, CMS147v2, CMS153v2, CMS154v2, CMS155v2, CMS156v2, CMS157v2, CMS165v2	<ul style="list-style-type: none"> Hospital emergency room chemotherapy related visits Hospital admissions related to complications of chemotherapy Hospital days Advance Care Planning in Stage 4 disease Chemotherapy in the last two weeks of life In Hospital Deaths In ICU Deaths Hospice admission rate for patients dying with a cancer diagnosis PET utilization in Breast Cancer surveillance CEA and Breast Cancer GCSF Utilization of GCSF in Metastatic Colon Cancer Appropriate antiemetic usage Appropriate trastuzumab use in women with HER2/neu gene over expression Appropriate use of antibody therapy in Colon cancer Appropriate use of late line chemotherapy in metastatic lung cancer Intensity-modulated radiation therapy (IMRT) 	The Oncology Quality Improvement Collaborative non-PQRS Measure Specifications are located here: http://www.mshregistry.com/	<p>The Oncology Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report & improve patient outcomes in oncology and specialty care.</p> <p>Who should enroll? All providers and practices in applicable specialties.</p> <p>Where to enroll? Learn more at http://www.mshregistry.com/</p> <p>PQRS Reporting: Auto-generated report on up to 76 quality measures, for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies).</p> <p>Annual Fee: \$399-\$599 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores. Comparison to national benchmarks (where available) and peer-to-peer comparison Performance gap analysis & patient outlier identification (where available) Links to targeted education, tools and resources for improvement Performance aggregation at the practice and organization level available

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Renal Physicians Association Quality Improvement Registry in collaboration with CECity	301-468-3515 rpa@renalmd.org	Please contact the QCDR for specific CEHRT and MU submission information.	<p>Individual Measures: 1, 2, 46, 47, 81, 82, 110, 111, 119, 121, 122, 123, 126, 127, 128, 130, 154, 155, 226, 327, 328, 329, 330</p> <p>eCQMs: CMS68v3, CMS69v2, CMS122v2, CMS127v2, CMS134v2, CMS138v2, CMS139v2, CMS147v2, CMS163v2, CMS165v2</p>	<ul style="list-style-type: none"> • Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (PCPI Measure #: AKID-2) • Adequacy of Volume Management (PCPI Measure #: AKID-4) • ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL (PCPI Measure #: AKID-6) • Arteriovenous Fistula Rate (PCPI Measure #: AKID-8) • Transplant Referral (PCPI Measure #: AKID-13) • Advance Care Planning (PCPI Measure #: AKID-14a) • Advance Directives Completed (PCPI Measure #: AKID-14b) • Referral to Hospice (PCPI Measure #: AKID-15) • Advance Care Planning (Pediatric Kidney Disease) (PCPI Measure #: PKID-4) 	The Renal Physicians Association non-PQRS Measure Specifications are located here: http://www.medconcert.com/RPAQIR	<p>The Renal Physicians Association Quality Improvement Registry, in collaboration with CECity, aims to measure, report & improve patient outcomes in renal care.</p> <p>Who should enroll? Nephrologists and nephrology practitioners. Open to RPA members (discount available) & non-members.</p> <p>Where to enroll? Learn more at http://www.medconcert.com/RPAQIR</p> <p>PQRS Reporting: Auto-generated report on up to 34 measures, including CKD, Adult/Pediatric ESRD, Palliative Care, Vascular Access, and Patient Safety for PQRS and the VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies). Connect your EHR to achieve MU2 eCQM, and MU2 Specialized Registry.</p> <p>Annual Fee: \$499-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> • Continuous performance feedback reports. Improve pop health and manage VBM quality scores. • Comparison to available national benchmarks and peer-to-peer comparison • Performance gap analysis and patient outlier identification • Links to targeted education, tools and resources for improvement • Performance aggregation at the practice and organization level available

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Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)	support@medconcert.com	No	<p>Individual Measures: 126, 127, 163, 245, 246</p> <p>eCQMs: CMS50v2</p>	<ul style="list-style-type: none"> Chronic wound care: assessment of wound characteristics in patients undergoing debridement Chronic wound care: patient education regarding diabetic foot care Chronic wound care: offloading (pressure relief) of diabetic foot ulcers Chronic wound care: patient education regarding long term compression therapy Chronic wound care: use of compression system in patients with venous ulcers Effective use of biologic dressings Peripheral artery disease (PAD) screening 	<p>The Wound Care Quality Improvement non-PQRS Measure Specifications are located here: http://www.medconcert.com/WoundQIR</p>	<p>The Wound Care Quality Improvement Collaborative, in collaboration with CECity, aims to measure, report & improve patient outcomes in wound care treatment and management.</p> <p>Who should enroll? All providers across specialties involved in wound care treatment and management. Open to all EHRs and practice management organizations. Where to enroll? Learn more at http://www.medconcert.com/WoundQIR</p> <p>PQRS Reporting: Auto-generated reporting on up to 13 quality measures, including diabetic wound care and PAD for PQRS and VBM.</p> <p>Other Quality Reporting Programs Available: Reuse registry data for MOC (according to board specific policies).</p> <p>Annual Fee: \$349-\$699 per provider</p> <p>Key Features and Benefits:</p> <ul style="list-style-type: none"> Continuous performance feedback reports. Improve pop health and manage VBM quality scores. Comparison to national benchmarks (where available) and peer-to-peer comparison Performance gap analysis & patient outlier identification (where available) Links to targeted education, tools and resources for improvement Performance aggregation at the practice and organization level available

ⁱ QCDRs, using Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eQMs as required under the EHR Incentive Program, may submit eQM data for the purposes of meeting the eQM reporting component for the EHR Incentive Program. The product or module must be CEHRT for the eligible professional to satisfy the eQM component of meaningful use.

ⁱⁱ The *2014 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures* (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>) must be used to report individual measures.

ⁱⁱⁱ Measures group only measures are the measures within a measures group that do not have a correlating individual measure within the individual measures. The *2014 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual* (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>) must be used for these measures group only measures.

^{iv} The Group Practice Reporting Option (GPRO)/Accountable Care Organizations (ACO) Web Interface Narrative Measures are the measures defined for the web interface reporting option for GPROs and ACOs. The *2014 GPRO/ACO Web Interface Narrative Measure Specifications* (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html) must be used for these GPRO/ACO web interface measures. Please note that GPRO's and ACOs who have select the web interface reporting option must report through the web interface and not a QCDR. While QCDRs are able to support the GPRO Web Interface Measures, they are **NOT** able to submit on behalf of a GPRO or ACO for the 2014 program year.

^v Only the Electronic Clinical Quality Measures (eQMs) are able to be utilized for the EHR Incentive Program. The June 2013 version of the eQMs (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eQM_Library.html) must be used when supporting the EHR Incentive Program. *Please note that a substantive error which would result in a, erroneous zero percent performance rate when reported was found in the June 2013 version of CMS140v2, Breast Cancer Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387), CMS will require the use of the prior, December 2012 version of this measure, which is CMS140v1.

^{vi} Some of the 2014 QCDRs are in the process of publishing their non-PQRS measures. For these QCDRs, a TBD will display in the Non-PQRS Measures Information column. This document will be updated and reposted once all of the non-PQRS measure publications are finalized.