

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

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

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

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

Using a QCDR for MIPS Data Submission

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

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

The QCDR qualified posting lists the QCDR (non-MIPS) measures that are approved by CMS. **Please note that this is the final version of the QCDR qualified posting for the 2017 MIPS performance period.** CMS is pleased to announce the QCDRs may elect to report data (measures and/or activities) for the Quality, Advancing Care Information, and Improvement Activities performance categories, on behalf of individual MIPS clinicians and groups (depending on the QCDR) for the 2017 MIPS performance period. These entities have self-nominated and demonstrated that they meet the applicable requirements outlined by CMS at 42 CFR §414.1400 and in the CY 2017 Quality Payment Program final rule with comment period. Individual MIPS clinicians and groups wishing to submit MIPS data via a QCDR for the 2017 performance period are encouraged to review the list below before making a selection. Each of the 2017 QCDRs has provided detailed information, including their contact information, the measures, activities and performance categories they support, services offered, and costs incurred by their clients. QCDR measure specifications can also be found on the QCDR’s website for QCDR measures supported by that organization. Information included in the tables below of the qualified posting is sourced and provided verbatim by the approved QCDRs. The information provided in the tables below does not represent an endorsement by CMS of any QCDR. For more information on qualified registries, please visit the Quality Payment Program [website](#).

Disclaimer: Each vendor has reviewed their organization's information below 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 clinicians success in providing data for the program. Successful submission is contingent upon following the MIPS program requirements, the timeliness, quality, and accuracy of the eligible clinicians' data provided for reporting, and the timeliness, quality, and accuracy of the vendor.

This list was created in good faith by the AANA to assist CRNAs identify ing pertinent QCDRS. The information provided in this work book is an excerpt of the QCDRs that have been identified as catering to anesthesia professionals; however this may not be a complete list. The AANA does not endorse any vendors. For the complete list of QCDRs please go here: https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf

QCDR Name	Contact Information	Cost	Submission Options Supported	Services Offered	Performance Categories Supported	MIPS Quality Measures Supported	QCDR Measures Supported (Formally referred to as non-MIPS measures)	eQMs Supported
Advance QCDR	PO Box 15024 Nashville, TN 37215 www.medaxion.com	\$100/clinician	Individual MIPS clinicians, Groups	Quantifying and submitting QCDR measures on behalf of the participating clinician or group	Advancing Care Information, Improvement Activities, Quality	Q044, Q076, Q130, Q317, Q404, Q424, Q426, Q427, Q430	<input type="checkbox"/> Prevention of Post-Operative Vomiting – Pediatric Patients <input type="checkbox"/> Anesthesia Safety <input type="checkbox"/> Case Delay <input type="checkbox"/> Perioperative Cardiac Arrest <input type="checkbox"/> Perioperative Mortality Rate <input type="checkbox"/> PACU Re- intubation Rate <input type="checkbox"/> Assessment of Post Op Pain <input type="checkbox"/> Surgical Safety Checklist <input type="checkbox"/> Corneal Abrasion Not Diagnosed in Recovery Area or PACU <input type="checkbox"/> Dental Trauma	None
Anesthesia Business Group	68 S. Service Road, Suite 350, Melville, NY https://www.anesthesiabg.com	\$150 per provider per year	Individual MIPS clinicians, Groups	Fee includes data warehousing, continuously available online reports, support, and submission of data to CMS. Benchmarking and participation in federally qualified PSO available to ABG members. Mobile electronic data capture device available at additional cost.	Improvement Activities, Quality	Q044, Q076, Q109, Q128, Q130, Q131, Q145, Q226, Q404, Q424, Q426, Q427, Q430	<input type="checkbox"/> Pre-Operative Screening for GERD <input type="checkbox"/> Pre-Operative Screening for Glaucoma <input type="checkbox"/> Pre-Operative Screening for PONV Risk <input type="checkbox"/> Pre-Operative Screening for Excessive Alcohol and Recreational Drug Use <input type="checkbox"/> Pain Related Quality of Life Interference <input type="checkbox"/> Lower Body Functional Impairment (LBI) <input type="checkbox"/> Mood Assessment Screening and treatment <input type="checkbox"/> Pre-Operative Screening for PONV Risk <input type="checkbox"/> Intra-operative anesthesia safety <input type="checkbox"/> Perioperative mortality rate <input type="checkbox"/> PACU tracheal intubation Rate <input type="checkbox"/> Composite Procedural Safety for All Vascular Access Procedures <input type="checkbox"/> Immediate Adult Post- Operative Pain Management <input type="checkbox"/> Anesthesia: Patient Experience Survey <input type="checkbox"/> Corneal Abrasion <input type="checkbox"/> Dental Injury <input type="checkbox"/> Planned use of difficult airway equipment <input type="checkbox"/> Pre-operative OSA assessment	None

<p>Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR)</p>	<p>1061 American Lane, Schaumburg, IL 60173 847-168-9192 AskAQI@asahq.org https://www.aqhq.org/index.a.spx</p>	<p>NACOR Quality Reporting is a complimentary benefit provided to ASA members. Non-member Physician anesthesiologists and independent nurse anesthetists will be charged a \$150 quality reporting fee plus registry participation fees. Details are at www.asahq.org/feechart</p>	<p>Individual MIPS clinicians, Groups</p>	<p>In addition to collecting MIPS and QCDR quality measures, AQI provides participating providers with custom continuous performance monitors; performance gap analysis, outlier identification, and peer-to-peer benchmarks.</p>	<p>Improvement Activities, Quality</p>	<p>Q039, Q044, Q046, Q047, Q076, Q109, Q110, Q111, Q128, Q130, Q131, Q134, Q145, Q154, Q155, Q181, Q226, Q238, Q276, Q317, Q342, Q402, Q404, Q408, Q412, Q414, Q424, Q426, Q427, Q430, Q435</p>	<p><input type="checkbox"/> Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite <input type="checkbox"/> Application of Lung-Protective Ventilation during General Anesthesia <input type="checkbox"/> Assessment of Patients for Obstructive Sleep Apnea <input type="checkbox"/> Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure - INVERSE MEASURE <input type="checkbox"/> Coronary Artery Bypass Graft (CABG): Prolonged Intubation - INVERSE MEASURE <input type="checkbox"/> Coronary Artery Bypass Graft (CABG): Stroke - INVERSE MEASURE <input type="checkbox"/> Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) <input type="checkbox"/> Procedural Safety for Central Line Placement <input type="checkbox"/> Surgical Safety Checklist – Applicable Safety Checks Completed Before Induction of Anesthesia <input type="checkbox"/> New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care <input type="checkbox"/> Anesthesia: Patient Experience Survey <input type="checkbox"/> Perioperative Cardiac Arrest – Inverse Measure <input type="checkbox"/> Perioperative Mortality Rate <input type="checkbox"/> Postanesthesia Care Unit (PACU) Re-intubation Rate – Inverse Measure <input type="checkbox"/> Treatment of Hyperglycemia with Insulin</p>	<p>None</p>
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Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)	ASPIRE 2800 Plymouth Road Building 16 G023W Ann Arbor, MI 48105 734.936.7525 www.aspirecqi.org	\$250/provider	Individual MIPS clinicians, Groups	<ul style="list-style-type: none"> • Monthly feedback reports to all participating providers. • Distribution of electronic consent forms to all providers wishing to participate with QCDR. • At least 2 summary reports distributed to the practice leader. • Submission of measure data to CMS by March 31, 2018. • Changes to service will be communicated and documented to all practice leaders (ASPIRE QCDR). • If utilizing QCDR for Improvement Activity submission: Attestation of improvement activities on behalf of each provider to CMS. 	Improvement Activities, Quality	Q424, Q426, Q430	<input type="checkbox"/> Train of Four <input type="checkbox"/> Monitor Documented After Last Dose of Non- depolarizing Neuromuscular Blocker <input type="checkbox"/> Administration of Neostigmine before Extubation for Cases with Nonde- polarizing Neuromuscular Blockade <input type="checkbox"/> Administration of insulin or glucose recheck for patients with hyperglycemia <input type="checkbox"/> Avoiding excessively high tidal volumes during positive pressure ventilation <input type="checkbox"/> Core temperature measurement for all general anesthetics <input type="checkbox"/> Transfusion goal of hematocrit less than 30 or hemoglobin less than 10 <input type="checkbox"/> Avoiding intraoperative hypotension <input type="checkbox"/> Avoiding myocardial Injury <input type="checkbox"/> Avoiding acute kidney injury <input type="checkbox"/> Avoiding medication overdose	None
Blue Nine Systems, LLC	32 Commerce St. Asheville, NC www.blueninesystems.com	\$150/ user of web service- free to Neptune AIMS user	Individual MIPS clinicians	Blue Nine Systems, LLC has developed and deployed Neptune, a mobile anesthesia information management system (AIMS). Our AIMS is designed not only to document the recorded intraoperative events related to the anesthetic but also is unique in facilitating automated material and drug cost collection and patient quality data. In addition, our complimentary online portal (Triton) is specifically dedicated to facilitate pre- and post- operative data collection including quality measures data in a simple, provider-friendly manner. These two systems combined provide full perioperative throughput data collection. By working coordinately, Neptune and Triton are able to ensure that data is submitted accurately and is a direct representation of the care documented by healthcare	Improvement Activities, Quality	Q044, Q076, Q130, Q424, Q426, Q427, Q430	<input type="checkbox"/> Preoperative notification of risk of developing ischemic optic neuropathy (ION) during prone spine procedures	None

MiraMed	255 W. Michigan Ave Jackson, MI http://www.mirameds.com	\$100 for ABC members	Individual MIPS clinicians, Groups	Creation, management, collection, and reporting on quality measure answers. Submission to CMS and compliance tracking against all measures.	Advancing Care Information, Improvement Activities, Quality	All QPP Registry Eligible Measures	<input type="checkbox"/> Postanesthesia Care Unit (PACU) Re-intubation Rate <input type="checkbox"/> Adult PACU Pain Management <input type="checkbox"/> Planned use of difficult airway equipment <input type="checkbox"/> Perioperative Pain Plan <input type="checkbox"/> Screening and patient education for patients meeting guidelines for Colorectal Cancer screening <input type="checkbox"/> Screening and patient education for high risk patients meeting guidelines for Lung Cancer Screening with CT <input type="checkbox"/> Screening and patient education for high risk patients meeting guidelines for Abdominal Aortic Ultrasound Screening <input type="checkbox"/> Screening and patient education for high risk patients meeting guidelines for Breast Cancer screening with MIR <input type="checkbox"/> Screening and patient education for high risk patients meeting guidelines for osteoporosis screening <input type="checkbox"/> Patient Experience Survey <input type="checkbox"/> Perioperative Cardiac Arrest Rate <input type="checkbox"/> Dental Injury <input type="checkbox"/> Perioperative Mortality Rate <input type="checkbox"/> Corneal Abrasion <input type="checkbox"/> Case Delay Rate	Q102, Q110, Q111, Q112, Q113, Q128, Q130, Q226, Q236, Q238, Q312, Q317, Q318, Q373, Q375, Q376, Q377
MSN Health- care Solutions, LLC	717 20th Street Columbus, GA www.msnnlc.com	\$350 per year	Individual MIPS clinicians, Groups	<p>MSN Healthcare Solutions will provide QCDR reporting of QPP and non-QPP quality measures, Improvement Activities and Advancing Care. MSN is a third- party billing and management company that has been in business for more than 20 years. This service will primarily report for its billing clients but will report for others as well. MSN Healthcare Solutions</p> <p>provides services to over 2000 Eligible Clinicians in over 120 individual practices.</p>	Improvement Activities, Quality	All QPP Registry Eligible Measures	<input type="checkbox"/> Perioperative Cardiac Arrest <input type="checkbox"/> Perioperative Mortality Rate <input type="checkbox"/> Post-anesthesia Care Unit (PACU) Re-intubation Rate <input type="checkbox"/> Surgical Safety Checklist – Applicable Safety Checks Completed Before Induction of Anesthesia <input type="checkbox"/> Composite Patient Experience <input type="checkbox"/> New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care <input type="checkbox"/> Report Turnaround Time: Facility Radiography (Excluding Mammography) <input type="checkbox"/> Report Turnaround Time: Facility Ultrasound (Excluding Breast US) <input type="checkbox"/> Report Turnaround Time: Facility MRI <input type="checkbox"/> Report Turnaround Time: Facility CT <input type="checkbox"/> Report Turnaround Time: Facility PET <input type="checkbox"/> Report Turnaround Time: Non- Facility Radiography (Excluding Mammography) <input type="checkbox"/> Report Turnaround Time: Non- Facility Ultrasound (Excluding Breast US) <input type="checkbox"/> Report Turnaround Time: Non- Facility MRI	None

						<input type="checkbox"/> Report Turnaround Time: Non- Facility CT	
						<input type="checkbox"/> Report Turnaround Time: Non- Facility PET	

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https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf