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QCDR Name	Remedial Action/Terminated or Third-Party Intermediary	Organization Type	Specialty	QCDR/Years QCDR Previously Participated in	Contact Information	Website	Cost	Last Date to Accept New Clients for 2020 MIPS Performance Period	Reporting Options Supported	Virtual Groups Specialty Parameters (if applicable)	Services Offered	Improvement Activities Supported	Promoting Interoperability Measures Supported	MIPS Clinical Quality Measures Supported	MIPS eCCMs Supported	QCDR Measures Supported
MyHealth Access Network	Not Applicable	Health Information Exchange/Regional Health Information Organization	All Specialties	2017, 2018, 2019	MyHealth Access Network 201 W 5th St, Suite 600 Tulsa, OK 74103 (918) 236-3434	http://myhealthaccess.net	Fees begin at \$60 per provider per month. This is per clinician i.e. if there are 5 providers in a group then the annual fee would be \$3,600	1/31/2020	Individual MIPS Eligible Clinicians, Group, Virtual Group	All Specialties	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 	All Improvement Activities	All Promoting Interoperability Measures	All MIPS Registry Eligible Measures	All Available eCCMs	30 Day All Cause Readmit Rate for Discharged Inpatients

QCDR Name	Primary Steward	Additional QCDRs Supporting the QCDR Measure	2020 QCDR Measure IDs	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	Preferred measure published clinical category (REQUIRED) (i.e., Diabetes, Substance Use/Management)	Data Source Used for the Measure	If applicable, please enter additional information regarding the data source used	NQF Number	NQS Domain	High Priority	High Priority Type	Measure Type	Meaningful Measure Area	Meaningful Measure Area Rationale	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?	Number of performance rates to be submitted	Performance Rate Description(s)	Overall Performance Rate (if more than 1 performance rate is to be submitted)	Measure Risk-Adjusted?	If risk-adjusted, indicate which score is risk-adjusted	Care Setting	Clinical Recommendation Statement	QCDR Measure Rationale	Measure Harmonization Requests (Harmonization requests were based on 2020 MIPS performance period QCDR measure submissions. Harmonization requests and QCDR measure approvals are reviewed annually based on a given MIPS performance period QCDR measure submissions.)	First Performance Year
MyHealth Access Network	H-CPR (Hospitalist -Clinical Performance Registry)	MyHealth Access Network	HCPR19	30 Day All Cause Readmit Rate for Discharged Inpatients	Risk-Standardized Rate of All-cause Readmission to the Discharging Hospital and Hospitalist Physician Group within 30 Days of Initial Hospital Discharge	Patients Admitted to Inpatient Status on Index Admission PLUS Patients Discharged by the Eligible Professional on Index Admission (Not including patients who expired, were discharged AMA or transferred to another acute care hospital during initial inpatient admission or patients with any planned readmission)	The Outcome for This Measure is All-cause Readmission within 30 Days of Hospital Discharge	None	None	None	Readmissions	Facility discharge data	N/A	N/A	Patient Safety	Yes	Outcome	Outcome	Admissions and Readmissions to Hospitals	Given that studies have shown readmissions to be related to quality of care, and that interventions have been able to reduce 30-day readmission rates, it is reasonable to consider an all-condition readmission rate as a quality measure.	Yes	Yes	No	Yes	O/E: 0 to infinity; 1.0 = benchmark	4	1. Readmission Rate for All Discharged Inpatients (Overall Reporting Rate) 2. Readmission Rate for Discharged Pneumonia Patients 3. Readmission Rate for Discharged CHF Patients 4. Readmission Rate for Discharged COPD Patients	1st Performance Rate	Yes	Expected readmission rate derived from risk adjusted value for each DRG and used to produce observed/expected ratio.	Inpatient/Hospital	This measure is derived from the CMS hospital inpatient measure READM-30-HWR.	Given that studies have shown readmissions to be related to quality of care, and that interventions have been able to reduce 30-day readmission rates, it is reasonable to consider an all-condition readmission rate as a quality measure.	Not Applicable	2017