

## ENROLLMENT INSTRUCTIONS

Thank you for your interest in participating in the NCDR<sup>®</sup> ICD Registry<sup>TM</sup>. Enrolling is as easy as 1-2-3:

- 1.** The first step in completing the enrollment process is for you to review the following documents:
  - **Participant Contact Information Form:** This form provides the ICD Registry account management team with appropriate contact information for your hospital.
  - **NCDR Master Agreement:** This 23 -page agreement details the obligations of NCDR and the obligations of the hospital entity as they relate to general registry operations.
  - **ICD Registry-Specific Addendum:** This 3-page document details the obligations of both parties that are unique to the ICD Registry.
  - **CMS Data Release Consent Form:** This 2-page document authorizes the ICD Registry to submit your data directly to CMS (Centers for Medicare and Medicaid Services).
  - **An invoice for 2010 participation dues and implementation fee** based on your date of enrollment.
- 2.** Next, fill out the contact information form; sign and date the master agreement, addendum, consent form, and invoice; and include the completed documents with your check made payable to the *American College of Cardiology Foundation*. Annual participation dues are prorated as outlined in the chart below:

Date of Enrollment	Participation Dues	Total Due
January 1, 2010 – June 30, 2010	\$3,480	<b>\$3,480</b>
July 1, 2010 – December 31, 2010	\$1,740	<b>\$1,740</b>

- 3.** Please send your completed enrollment packet: 1) the Participant Contact Information form, 2) the NCDR Master Agreement, 3) the ICD Registry-Specific Addendum, 4) the CMS Data Release Consent form, 5) your invoice, and 6) your check for your participation dues and implementation fee, to:

**American College of Cardiology Foundation**  
**Attn: 2009 NCDR ICD Registry Enrollment**  
**P.O. Box 79231**  
**Baltimore, MD 21279-0231**

As soon as we receive and process your documents and check (please allow 10 business days for processing of your enrollment materials), we'll send you an email with your NCDR Participant ID Number and your User ID and Password for the ICD Registry User Website.

If you have any questions about the enrollment process, please call an ICD Registry Support Specialist at **800-257-4737**.

On behalf of NCDR, we look forward to your participation in the ICD Registry.

Sincerely,

The NCDR ICD Registry Account Management Team

The ICD Registry is an initiative of the American College of Cardiology Foundation, with partnering support from the Heart Rhythm Society.



## ICD Registry™ Addendum

### ADDENDUM OF AGREEMENT BETWEEN NCDR® PARTICIPANT AND THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

**THIS ADDENDUM** (“Addendum”) is made this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (“Effective Date”), between the American College of Cardiology Foundation (“ACCF”), a non-profit, tax-exempt organization with office located in Washington, DC, and \_\_\_\_\_ (“Participant”) (collectively “Parties”). This Addendum adds certain terms, including participation in an additional ACCF Registry, to the Master Agreement relating to Participant’s participation in the American College of Cardiology Foundation National Cardiovascular Data Registry (“NCDR®”) dated the \_\_\_ of \_\_\_\_\_, 20\_\_\_\_ (Master Agreement”);

#### **RECITALS:**

**WHEREAS**, in accordance with Section 1.a. of the Master Agreement, the Parties wish to add an additional Registry to the Master Agreement and to document Participant’s participation in the additional Registry on the terms and conditions of the Master Agreement, except to the extent additional or modified terms and conditions are specifically added by this Addendum.

**WHEREAS**, The Parties acknowledge that the NCDR® consists of four unique hospital based registries: the CathPCI Registry®, the ICD Registry™, the IMPACT Registry™, the CARE Registry®, and the ACTION Registry®- GWTG™ as well as one office based registry, the PINNACLE Registry™;

**WHEREAS**, ACCF has partnered with the Heart Rhythm Society (“HRS”) in the development of an Implantable Cardioverter Defibrillator registry which shall be referred to as the ICD Registry™ (“ICD Registry”);

**WHEREAS**, the additional Registry to which the Participant desires to extend the Master Agreement is the ICD Registry.

**NOW, THEREFORE**, in consideration of the mutual promises and agreements hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the Parties,

## ICD Registry™ Addendum

### **IT IS AGREED:**

1. The Parties agree that all of the Recitals are true and correct and are hereby incorporated by reference into the Master Agreement. All defined terms in the Master Agreement have the same meaning in this Addendum unless otherwise specifically stated.
2. The Parties recognize that all obligations detailed in the existing Master Agreement apply to participation in the ICD Registry.
3. Participant is required to collect the ICD Registry data set on all patients who have Medicare as a primary or secondary payor and who also undergo ICD implantation for primary prevention. Participant has the option to collect data on all patients who undergo ICD implantation.
4. ACCF has developed a Web-based data collection tool (“Tool”) for submission of Participant’s Clinical Data in the ICD Registry and this tool meets the requirements of ACCF-approved software as set forth in paragraph 2.b. of the existing Master Agreement.
5. Participant recognizes that use of the Tool will require Internet Explorer 6.0 or higher.
6. ACCF has developed an online training mechanism detailing the functionality of the Tool. The training mechanism is specifically the intellectual property of ACCF under Section 7.b. of the Master Agreement. It is the responsibility of the Participant to review the provided training materials and use the Tool as detailed in the materials. ACCF reserves the right to amend or update the training materials periodically. ACCF will notify the Participant of amendments to the training material and will make the material available to the Participant.
7. ACCF will provide support via telephone and e-mail during normal business hours Monday through Friday 9:00 a.m.–5:00 p.m. eastern time. Support will not be offered on the weekend or on federal holidays. ACCF will provide technical support for the utilization of the Tool only. It is the responsibility of the Participant to address any issue related to hardware requirements required to utilize the Tool.
8. ACCF shall use reasonable efforts to promptly resolve any failure of the Tool to perform which materially impairs the Participant’s use of the Tool, or any malfunction or defect of the Tool, including through updates or corrections.
9. ACCF shall deliver corrections to the Tool in the form of updated versions or revisions to the Tool.

## ICD Registry™ Addendum

10. The Parties agree that all Electronically Protected Health Information submitted via the Tool to ACCF is covered and protected under Appendix A of the Master Agreement.
11. All other terms and conditions of the Master Agreement shall remain in force and unchanged.

**WITNESS WHEREOF**, each of the Parties hereto has caused this Addendum to be executed by its duly authorized agents:

<b>PARTICIPANT</b>	<b>ACCF</b>
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____

**CMS DATA RELEASE CONSENT FORM**

**ADDENDUM TO THE PARTICIPANT AGREEMENT  
BETWEEN THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION (ACCF)  
AND \_\_\_\_\_ (PARTICIPANT)**

The following addendum's terms and conditions are hereby added to the Agreement between \_\_\_\_\_ ("Participant") and the American College of Cardiology Foundation ("ACCF"). All existing terms and conditions of the Participant Agreement shall remain in full force and effect.

The Parties hereby acknowledge and agree as follows:

1. Participant has entered into the Participant Agreement with ACCF to provide certain ICD data encompassing patient level data including certain required patient identifiers and that such ICD Data includes Protected Health Information as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to the American College of Cardiology National Cardiovascular Data Registry ("NCDR<sup>®</sup>") ICD Registry™ and to receive certain comparative and benchmark reports from ACCF ("Participant Agreement").
2. Participant acknowledges that in submitting ICD data it shall comply with the ICD Registry core data element documentation, as described in paragraphs 2b and 2e of the Participant Agreement.
3. Participant acknowledges and agrees that to comply with the CMS mandated ICD Registry Program ("Program") the Participant must submit data to the ICD Registry. Therefore, the Participant hereby consents and authorizes ACCF through the NCDR to transmit all such data directly to CMS. The data will be submitted only during the term of the Participant Agreement.
4. This Addendum shall be effective for the duration of the term, and any subsequent renewals, of the Participant Agreement but may be terminated by either party upon written notice by one party to the other party, at any time. Termination of this Addendum shall not constitute a termination of the Participant Agreement.
5. If there is any inconsistency between the HIPAA Appendix attached to the Participant Agreement and this Addendum, the terms of the Participant Agreement and HIPAA Appendix shall control and prevail.

**IN WITNESS WHEREOF**, each of the Parties hereto has caused this Addendum to be executed as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

<b>PARTICIPANT</b>	<b>ACCF</b>
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____

**INVOICE**

Please choose one:	Description	ICD Registry <sup>TM</sup> Participation Dues	Invoice Amount
	<b>We are enrolling in the ICD Registry <u>before</u> June 30, 2010</b>	\$3,480	<b>\$3,480</b>
	<b>We are enrolling in the ICD Registry <u>after</u> June 30, 2010</b>	\$1,740	<b>\$1,740</b>

**Amount Enclosed \$\_\_\_\_\_**

**Please make your check payable to the *American College of Cardiology Foundation***

Your Name *(please print clearly)* \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**INSTRUCTIONS**

Please review, complete, and sign the following ICD Registry enrollment materials:

- Participant Contact Information Form
- NCDR<sup>®</sup> Master Agreement
- ICD Registry-Specific Addendum
- CMS Data Release Consent Form
- This invoice

Mail the five completed forms with your check to:

**American College of Cardiology Foundation  
Attn: 2009 NCDR ICD Registry Enrollment  
P.O. Box 79231  
Baltimore, MD 21279-0231**