

ENROLLMENT INSTRUCTIONS

Thank you for your interest in participating in the NCDR[®] ICD RegistryTM. 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. Since our records show that you are currently a participant in one or more of the other NCDR registries, please be sure to include your Participant Identification Number on this form.
 - **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 2009 participation dues** based on your date of enrollment.
2. Next, fill out the contact information form, sign and date the addendum, the data release consent form, and your 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, 2009 – June 30, 2009	\$3,395	\$3,395
July 1, 2009 – December 31, 2009	\$1,700	\$1,700

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

PARTICIPANT CONTACT INFORMATION

Please complete the information requested below and include this document when you return your enrollment materials. *Only completed forms with valid email addresses will be processed.*

NOTE: Health systems must complete one form for each hospital enrolling.

We currently participate in these NCDR[®] registries (check all that apply):
 ACTION Registry[®]-GWTG[™] CathPCI Registry[®] CARE Registry[®]
 Our NCDR Participant ID Number is _____

HOSPITAL (please print clearly and legibly)

Health System (if applicable)	
Hospital Name	
Address 1	
Address 2	
City/State/ZIP Code	

REGISTRY SITE MANAGER (please print clearly and legibly)

Contact (First Name, Last Name)	
Title	
Address 1	
Address 2	
City/State/ZIP Code	
Telephone	()
Fax	()
Email	@

CONTRACT MANAGER (please print clearly and legibly)

Contact (First Name, Last Name)	
Title	
Address 1	
Address 2	
City/State/ZIP Code	
Telephone	()
Fax	()
Email	@

CARDIOSOURCE[®] SET-UP (please print clearly and legibly): Registry participation also includes free access to Cardiosource, our educational Website that includes over 1,000 clinical trials, all ACC evidence-based practice guidelines, study guides, and more.

Technical Contact (First Name, Last Name)	
Email	@
IP Address Range*	

IP addresses may be obtained from your Information Technology network staff. Please advise them we need the network source address block(s) for your NAT range or any proxy servers which provide your users with access to the internet. These are the IP range(s) from which we would see them as originating. For example, if you own the following 25.254..* network range but your users only originate from a smaller subnet range (ex. 25.254.5.*), please submit that subnet range. We are only interested in network addresses, not subnet masks (ex. 255.255.255.0). If you have multiple addresses, please separate by a semicolon (ex. 155.246.*.*; 129.35.2.*). For additional information, please contact technical support at csinst@acc.org.

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: ACTION Registry®–GWTG™, the CARE Registry®, the CathPCI Registry®, and the ICD Registry™, as well as one office-based registry, the IC3 Program®;

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.

ICD Registry™ Addendum

9. ACCF shall deliver corrections to the Tool in the form of updated versions or revisions to the Tool.
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:

**American College of
Cardiology Foundation**

Participant

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

CMS DATA RELEASE CONSENT FORM

ADDENDUM TO THE MASTER AGREEMENT BETWEEN THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION (ACCF) AND _____ (PARTICIPANT)

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

The Parties hereby acknowledge and agree as follows:

1. Participant has entered into the Master 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 ("HIPAA"), to the American College of Cardiology Foundation National Cardiovascular Data Registry ("NCDR[®]") ICD Registry™ and to receive certain comparative and benchmark reports from ACCF ("Master Agreement").
2. Participant acknowledges that in submitting ICD data it shall comply with the ICD Registry core data element documentation as described in paragraphs 2.b. and 2.e. of the Master Agreement.
3. Participant acknowledges and agrees that, to comply with the CMS-mandated ICD Registry, the Participant must submit data to the ICD Registry. Therefore, the Participant hereby consents and authorizes ACCF through NCDR to transmit all such data directly to CMS. The data will be submitted only during the term of the Master Agreement.
4. This Addendum shall be effective for the duration of the term, and any subsequent renewals, of the Master 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 Master Agreement.
5. If there is any inconsistency between the HIPAA Appendix attached to the Master Agreement and this Addendum, the terms of the Master Agreement and HIPAA Appendix shall control and prevail.

CMS DATA RELEASE CONSENT FORM

IN WITNESS WHEREOF, each of the Parties hereto has caused this Addendum to be executed as of the ____ day of _____, 200__.

**AMERICAN COLLEGE OF
CARDIOLOGY FOUNDATION**

PARTICIPANT

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

INVOICE

Please choose one:	Description	ICD Registry TM Participation Dues	Invoice Amount
	We are enrolling in the ICD Registry <u>before</u> June 30, 2009	\$3,395	\$3,395
	We are enrolling in the ICD Registry <u>after</u> June 30, 2009	\$1,700	\$1,700

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
- ICD Registry-Specific Addendum
- CMS Data Release Consent Form
- This invoice

Mail the three 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**