

# Measure-Applicability Validation (MAV)

## *Physician Quality Reporting System (PQRS)*



*Presented by Physician Quality Measures Management (PQMM)*

*July 2014*

# About This MAV Presentation

- This presentation is current at the time of publication or upload. Medicare policy changes frequently, so hyperlinks to the source documents have been provided within the presentation for your reference.
- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations.
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# Acronyms Used in this Training

Acronym	Definition
BMI	Body Mass Index
CG-CAHPS	Clinician & Group Surveys Consumer Assessment of Healthcare Providers and Systems (CAHPS for PQRS)
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
ED	Emergency Department
EHR	Electronic Health Record
EP	Eligible Professional
FFS	Fee-for-Service
GPRO	Group Practice Reporting Option
GPRO WI	Group Practice Reporting Option Web Interface
HHS	Department of Health and Human Services
ICD-9	International Classification of Diseases, Ninth Revision
MAV	Measure-Applicability Validation
NQS	National Quality Strategy
PQMM	Physician Quality Measures Management
PQRS	Physician Quality Reporting System
QCDR	Qualified Clinical Data Registry
QDC	Quality-Data Code

# MAV-Related Terms Used in this Training

- **Claims-Based MAV Minimum Threshold**

The fifteen-minimum patient or encounter threshold is only related to the Centers for Medicare & Medicaid Services (CMS) determination pertaining to claims if the other measure(s) within the clinical cluster should have been reported by the individual EP.

- **Cluster**

These are measures related to a particular clinical topic or individual eligible professional service that is applicable to a specific, individual EP or group practice.

- **Domains**

Domains represent the Department of Health and Human Services' (HHS's) NQS priorities for healthcare quality improvement. The six NQS domains mirror the six priorities of the NQS that are developed for the pursuit of NQS's 3 broad aims:

1. **Better Care:** Improve the overall quality by making health care more patient-centered, reliable, accessible, and safe.
2. **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
3. **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

# MAV-Related Terms Used in this Training

- **Measures to Select**

The measures in 2014 PQRS address various aspects of care, such as prevention, chronic- and acute-care management, procedure-related care, resource utilization, and care coordination. Measure selection should begin with a review of the 2014 PQRS Measures List to determine which measures, associated domains, and reporting option(s) may be of interest to the practice and applicable to the individual EP or group practice. Please note, not all measures are available under all of the PQRS reporting options. Individual EPs or group practices should avoid individual measures that do not or may infrequently apply to the services they provide to Medicare patients. The measures list is available as a downloadable document from the Measures Codes section of the Centers for Medicare & Medicaid Services (CMS) PQRS Web site at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>.

- **Satisfactorily Reporting Criteria**

Report at least 9 measures covering at least 3 National Quality Strategy domains, and report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies; If reporting less than 9 measures across at least 3 National Quality Strategy (NQS) domains apply to the eligible professional:

- Report 1 to 8 measures covering 1 to 3 National Quality Strategy domains and
  - Report each measure for at least 50% of the Medicare Part B Fee-for-Service (FFS ) patients seen during the reporting period to which the measure applies.
- Measures with a 0 percent performance rate would not be counted.
  - Refer to the [Code of Federal Regulations](#) statute §414.90 Physician Quality Reporting System (PQRS) for broader application of the term satisfactorily reporting for PQRS.

# Learning Objectives

By the end of this training, you will be able to:

- Define the MAV process.
- Describe the purpose and/or intent of the MAV process.
- Explain how the MAV process applies to claims- and registry-based reporting.
- Explain when the MAV process applies.
- Explain the MAV validation process.

This course includes scenarios to help illustrate various MAV situations, including those related to the 2014 PQRS incentive and 2016 PQRS payment adjustment.

# Table of Contents

This training includes the following four modules.

- **Module 1:** MAV Overview
- **Module 2:** Knowing When MAV Applies
- **Module 3:** MAV Analysis Process
- **Module 4:** MAV Scenarios

# Module 1: Measure-Applicability Validation (MAV) Overview



**This module covers:**

- **The Definition of MAV**
- **MAV Claims and MAV Registry Process Flows**
- **How to Earn a 2014 Physician Quality Reporting System (PQRS) Incentive**
- **How to Avoid a 2016 PQRS Payment Adjustment**

# Module 1: MAV Overview

The *MAV Overview* module, designed for everyone, provides a basic introduction to the MAV process; but, it may be best for those who are:

1. New to learning about PQRS and MAV.
2. Ready to learn about the basic concepts used in the MAV process.
3. Ready for a high-level view of the MAV process for claims and registry.



# What is MAV?

MAV is a process applied as part of the PQRS Program to individual eligible professionals (EPs) or group practices that report less than nine measures, *or* nine or more measures with less than three NQS domains to determine if there were related measures that may have been reported.



MAV is triggered in situations where the individual EP or groups practice reports any combination of measures and domains with less than nine measures across three domains. The only way to avoid triggering the MAV process is to report at least nine measures across three domains. If the total of all the measures chosen to report does not equal at least nine measures AND at least 3 domains the MAV process is initiated.

For example, reporting the following combinations will trigger MAV (Please note this is not an all-inclusive list):

- Reporting 15 measures across 2 domains will trigger MAV
- Reporting 7 measures across 3 domains will trigger MAV
- Reporting 5 measures across 1 domain will also trigger MAV



# To Whom Does MAV Apply?

MAV applies to an individual EP reporting individual measures via claims and who reports less than nine measures across three NQS domains OR an individual EP or group practice using a registry vendor to submit individual quality measures and submits less than nine measures across three NQS domains.



If reporting measures for PQRS which is less than nine measures across three NQS domains, then this would automatically include the individual EP or the group practice in the MAV process.

# NQS Domains

One way to earn the 2014 incentive is to satisfactorily report at least nine PQRS quality measures that cover at least three of the six (3 out of 6) available NQS domains.

The six domains associated with the PQRS quality measures are as follows:

1. Patient Safety
2. Person and Caregiver-Centered Experience and Outcomes
3. Communication and Care Coordination
4. Effective Clinical Care
5. Community/Population Health
6. Efficiency and Cost Reduction



Choose at least three of six domains to satisfactorily report domains for PQRS.

# Clinical Relation/Domain Test

The clinical relation/domain test will be applied to those who are subject to MAV for reported measures **OR** domains.

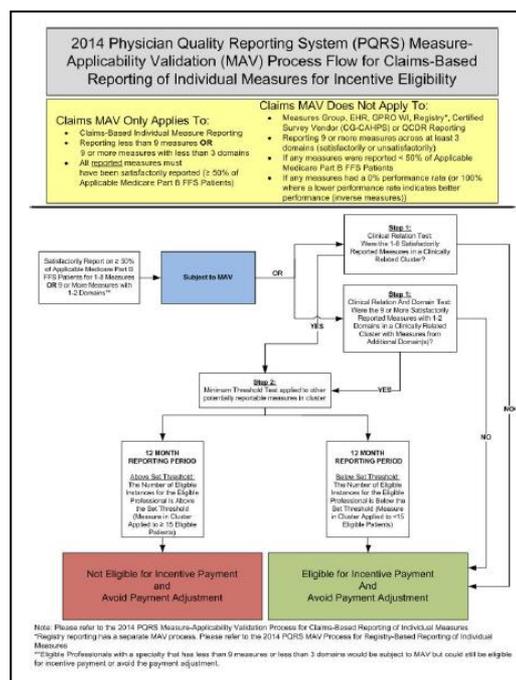
The test is based on both of the following:

- If an individual EP or group practice reports data for a PQRS measure, then that measure applies to that practice.
- If one measure in a cluster of clinically related measures related to a particular clinical topic or individual EP or group practice service is applicable to an individual EP's or group's practice, then other closely related measures (measures in that same cluster) would also be applicable.

Next, review the Clinical Relation/Domain Test and where it fits in the MAV claims- and registry-based process flows.

# Claims-Based MAV Process Flow

The Claims-Based MAV Process Flow Diagram is a detailed process flow that illustrates the process used to validate and determine if individual EPs reporting PQRS measures via claims have earned the 2014 PQRS incentive and/or 2016 PQRS payment adjustment.

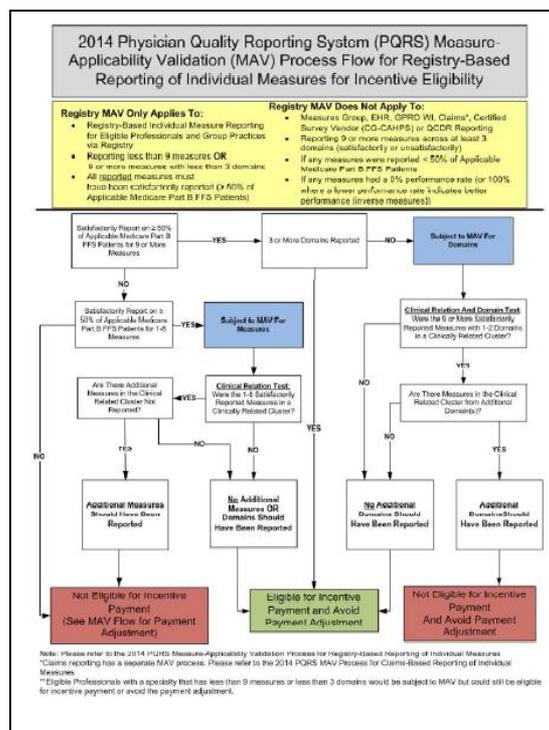


You can download the Claims-Based MAV Process Flow Diagram from the following location:

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Claims\\_MeasureApplicabilityValidation\\_12132013.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Claims_MeasureApplicabilityValidation_12132013.zip)

# Registry-Based MAV Process Flow

The Registry-Based MAV Process Flow Diagram is a detailed process flow that illustrates the process used to validate and determine if individual EPs or group practices reporting PQRS measures via registry have earned the 2014 PQRS incentive and/or 2016 PQRS payment adjustment.



You can download the Registry-Based MAV Process Flow Diagram from the following location:

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Registry\\_MeasureApplicabilityValidation\\_12132013.ZIP](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Registry_MeasureApplicabilityValidation_12132013.ZIP)

# How To Earn the 2014 PQRS Incentive via MAV

The MAV process determines 2014 PQRS incentive eligibility for individual EPs and group practices reporting less than nine measures across three domains or nine or more measures across less than three domains.

To receive a 2014 PQRS incentive, the individual EP and group practice must either:

1. Satisfactorily report all applicable measures within the clinical cluster.

**OR**

2. Satisfactorily report on measure(s) not included within a clinical cluster

**AND**

“Pass” the clinical relation/domain test based on the measures within the clinical cluster.

- If reporting via claims, the individual EP must also “pass” the fifteen-minimum patient or encounter threshold test.

# How To Avoid the 2016 PQRS Payment Adjustment via MAV

The MAV process also determines 2014 PQRS payment adjustment for individual EPs and group practices reporting less than three measures.

To avoid a 2014 PQRS payment adjustment via MAV, the individual EP and group practice must either:

1. Earn the 2014 PQRS incentive by satisfactorily reporting 1-8 measures within MAV

**AND**

"Pass" the clinical relation/domain test based on the measures within the clinical cluster

- If reporting via claims, the EP must also "pass" the fifteen-minimum patient or encounter threshold test.

**OR**

2. Satisfactorily report one or two measures

**AND**

"Pass" the clinical relation/domain test based on the measures within the clinical cluster

- If reporting via claims, the EP must also "pass" the fifteen-minimum patient or encounter threshold test.

# Claims-Based MAV Documents

Below you will find a list of claims-based MAV documents that are located on the [www.cms.gov](http://www.cms.gov) Web site:

- 2014 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process for Claims-Based Reporting of Individual Measures
- 2014 Physician Quality Reporting System (PQRS) Measure-Applicability Validation(MAV) Process Flow for Claims-Based Reporting of Individual Measures for Incentive Eligibility
- 2014 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process for Claims-Based Reporting Release Notes

# Registry-Based MAV Documents

Below you will find a list of registry-based MAV documents that are located on the [www.cms.gov](http://www.cms.gov) Web site:

- 2014 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process for Registry-Based Reporting of Individual Measures
- 2014 Physician Quality Reporting System (PQRS) Measure-Applicability Validation(MAV) Process Flow for Registry-Based Reporting of Individual Measures for Incentive Eligibility
- 2014 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process for Registry-Based Reporting Release Notes

The next several slides will lead you through how to access the 2014 PQRS Claims- and Registry-Based Measure Applicability Validation Documents (Zip file).

# Measure Applicability Validation Documents

You may access the zip files directly by navigating to the following locations:

## **Claims-Based**

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Claims\\_MeasureApplicabilityValidation\\_12132013.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Claims_MeasureApplicabilityValidation_12132013.zip)

## **Registry-Based**

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Registry\\_MeasureApplicabilityValidation\\_12132013.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Registry_MeasureApplicabilityValidation_12132013.zip)

You can also find the files on the CMS website.

Navigate to the PQRS page on the CMS website: <https://www.cms.gov/PQRS>

# Measure Applicability Validation Documents (continued)

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Home > Medicare > Physician Quality Reporting System

**Physician Quality Reporting System (Physician Quality Reporting or PQRS) formerly known as the Physician Quality Reporting Initiative (PQRI)**

**About PQRS**

PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs).

The program provides an incentive payment to practices with EPs (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]). EPs satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-for-Service (FFS) beneficiaries** (including Railroad Retirement Board and Medicare Secondary Payer).

Beginning in 2015, the program also applies a payment adjustment to EPs who do not satisfactorily report data on quality measures for covered professional services. This website serves as the primary and authoritative source for all publicly available information and CMS-supported educational and implementation support materials for PQRS.

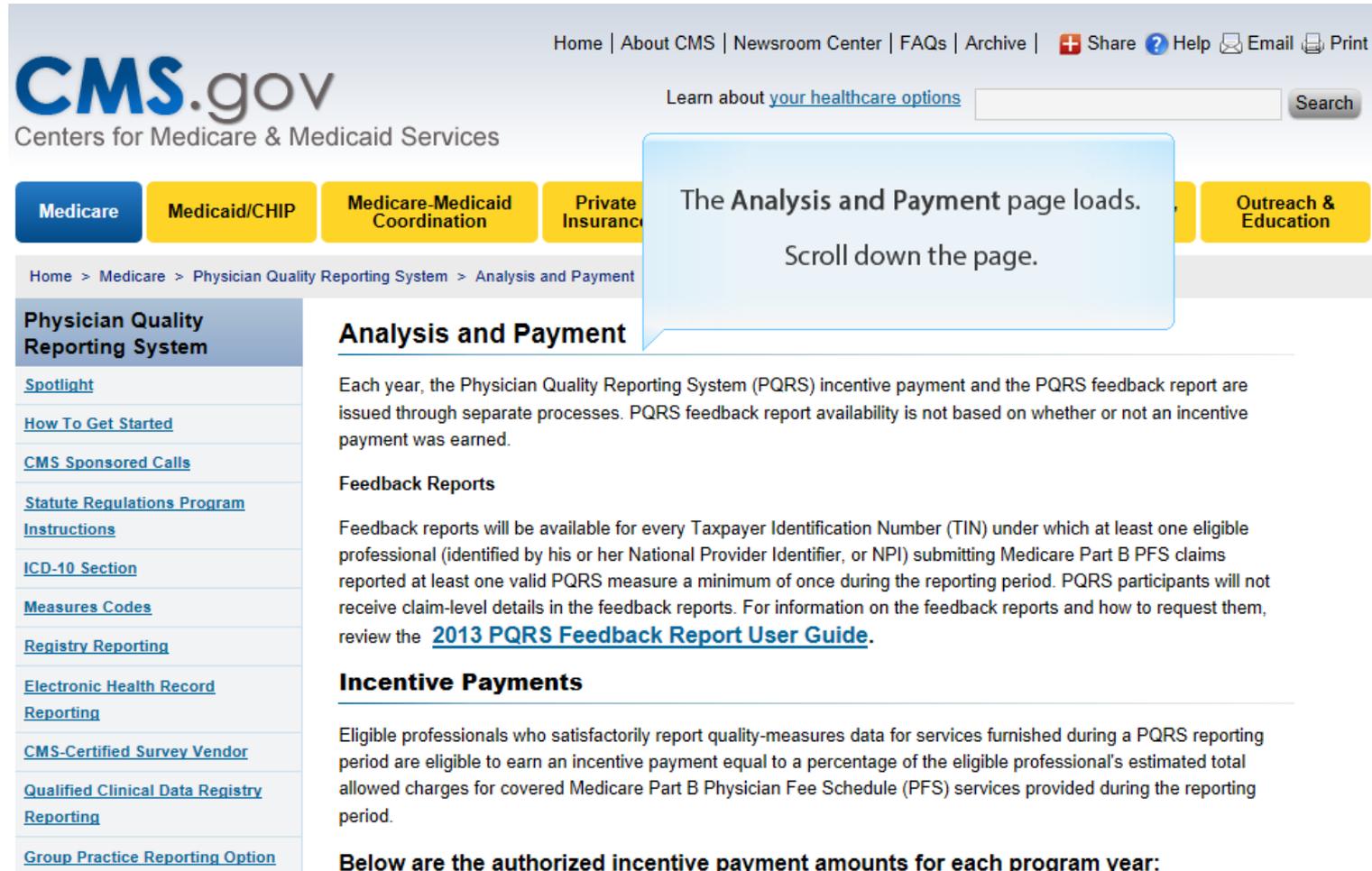
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**Left-hand navigation menu:**

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## Physician Quality Reporting System

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- [Qualified Clinical Data Registry Reporting](#)
- [Group Practice Reporting Option](#)

### Analysis and Payment

Each year, the Physician Quality Reporting System (PQRS) incentive payment and the PQRS feedback report are issued through separate processes. PQRS feedback report availability is not based on whether or not an incentive payment was earned.

#### Feedback Reports

Feedback reports will be available for every Taxpayer Identification Number (TIN) under which at least one eligible professional (identified by his or her National Provider Identifier, or NPI) submitting Medicare Part B PFS claims reported at least one valid PQRS measure a minimum of once during the reporting period. PQRS participants will not receive claim-level details in the feedback reports. For information on the feedback reports and how to request them, review the [2013 PQRS Feedback Report User Guide](#).

#### Incentive Payments

Eligible professionals who satisfactorily report quality-measures data for services furnished during a PQRS reporting period are eligible to earn an incentive payment equal to a percentage of the eligible professional's estimated total allowed charges for covered Medicare Part B Physician Fee Schedule (PFS) services provided during the reporting period.

**Below are the authorized incentive payment amounts for each program year:**

# Measure Applicability Validation Documents (continued)

The 2014 Interim Feedback Dashboard User Guide is designed to assist eligible professionals, and their authorized users, with accessing and interpreting the 2014 interim Dashboard data. The Dashboard allows organizations and eligible professionals (EPs) to log-in to a web-based tool and access their 2014 Physician Quality Reporting System (PQRS) data on a quarterly basis in order to monitor the status of claims-based individual measures. To view this document click on the following link: [2014 Interim Feedback Dashboard User Guides](#).

## 2014 PQRS Measure-Applicability Validation (MAV) Process for Claims and Registry-Based Reporting of Individual Measures

Both links can be found in the Measure-Applicability Validation (MAV) Process for Claims and Registry-Based Reporting of Individual Measures section.

Select the desired link.

The following documents pertaining to the 2014 (PQRS) Measure-Applicability Validation (MAV) Process for Claims and Registry-Based Reporting of Individual Measures are available in the [2014 PQRS Claims Measure Applicability Validation](#)

(MAV) Process for Claims-Based Reporting of Individual Measures – provides guidance for eligible professionals who satisfactorily submit quality-data codes for fewer than nine PQRS domains, and how the MAV process will determine whether they should have submitted additional measures.

• **2014 PQRS Measure-Applicability Validation (MAV) Process Release Notes** – the release notes for the changes occurring from the 2012 PQRS Measure-Applicability Validation (MAV) Process.

- **2014 PQRS Claims-Based Measure-Applicability Validation (MAV) Process Flow** – a chart that depicts the MAV Process for claims-based reporting.

The following documents pertaining to the 2014 (PQRS) Measure-Applicability Validation (MAV) Process for Registry-Based Reporting of Individual Measures are available in the [2014 PQRS Registry Measure Applicability Validation](#) zip file:

- **2014 PQRS Measure-Applicability Validation (MAV) Process for Registry-Based Reporting of Individual Measures** – provides guidance for those eligible professionals who satisfactorily submit via a Qualified Registry for fewer than nine PQRS measures or for fewer than three NQS domains, and how the MAV process will determine whether they should have submitted additional measures.
- **2014 PQRS Registry-Based Measure-Applicability Validation (MAV) Process Flow** – a chart that depicts the MAV Process for registry-based reporting.

# Measure Applicability Validation Documents (continued)

The 2014 Interim Feedback Dashboard User Guide is designed to assist eligible professionals, and their authorized users, with accessing and interpreting the 2014 interim Dashboard data. The Dashboard allows organizations and eligible professionals (EPs) to log-in to a web-based tool and access their 2014 Physician Quality Reporting System (PQRS) data on a quarterly basis in order to monitor the status of claims-based individual measures. To view this document click on the following link: [2014 Interim Feedback Dashboard User Guides](#).

## **2014 PQRS Measure-Applicability Validation (MAV) Process for Claims and Registry-Based Reporting of Individual Measures**

The following documents pertaining to the 2014 (PQRS) Measure-Applicability Validation (MAV) Process for Claims-Based Reporting of Individual Measures are available in the [2014 PQRS Claims Measure Applicability Validation Documents](#) zip file:

- **2014 PQRS Measure-Applicability Validation (MAV) Process for Claims-Based Reporting of Individual Measures** – provides guidance for those eligible professionals who satisfactorily submit quality-data codes for fewer than nine PQRS measures or for fewer than three NQS domains, and how the MAV process will determine whether they should have submitted QDCs for additional measures.
- **2014 PQRS Measure-Applicability Validation (MAV) Process Release Notes** – the release notes for the changes occurring from the 2012 PQRS Measure-Applicability Validation (MAV) Process.
- **2014 PQRS Claims-Based Measure-Applicability Validation (MAV) Process Flow** – a chart that depicts the MAV Process for claims-based reporting.

The following documents  
Based Reporting of Individ  
zip file:

- **2014 PQRS Measure-Applicability Validation (MAV) Process for Registry-Based Reporting of Individual Measures** – provides guidance for those eligible professionals who satisfactorily submit quality-data codes for fewer than nine PQRS measures or for fewer than three NQS domains, and how the MAV process will determine whether they should have submitted QDCs for additional measures.

Follow the instructions provided by your specific browser to open or save the file.

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[Measure Applicability Validation](#)

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MAV process will determine

# Measure Applicability Validation Documents (continued)

You must Extract the contents of the zip file before viewing the documents.

- For Claims-Based, select the file titled, PQRS MAV Process for Claims Based Reporting.
- For Registry-Based, select the file titled, PQRS MAV Process for Registry Based Reporting.

Information on clinical clusters can be found in each document, starting on page 3.

Please also refer to the [http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Registry\\_MeasureApplicabilityValidation\\_12132013.zip](http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Registry_MeasureApplicabilityValidation_12132013.zip) for further guidance.

## **Clinical Relation/Domain Test**

The clinical relation/domain test will be applied to those who are subject to the validation process that will be applied to those who are subject to MAV for submitted measures OR domains. This test is based on:

- (1) an extension of the statutory presumption that if an eligible professional or group practice submits data for a measure, then that measure applies to their practice and
- (2) the concept that if one measure in a cluster of measures related to a particular clinical topic or eligible professional or group practice service is applicable to an eligible professional's or group's practice, then other closely-related measures (measures in that same cluster) would also be applicable.

For those eligible professionals or group practices participating in GPRO who satisfactorily submit quality data for nine PQRS measures for only one or two domains, there will be a determination if additional measures with additional domains may also be applicable to the eligible professional or group practice based on the clinical cluster to earn the 2014 PQRS incentive.

# Module 1 MAV Checkpoint: Question 1



MAV is the process used when an individual EP or group practice reports less than nine measures or nine or more measures with less than three NQS domains.

- A. True
- B. False



When you are ready, continue to the next page and see if you answered correctly.

# Module 1 MAV Checkpoint: Answer 1

A.

The answer is **A. True**. The MAV process is triggered if the EP or group practice reports less than nine measures or/and less than three NQS domains.



# Module 1 MAV Checkpoint: Question 2



MAV determines if you can earn the 2014 PQRS incentive but not avoid the 2016 PQRS payment adjustment.

- A. True
- B. False



When you are ready, continue to the next page and see if you answered correctly.

# Module 1 MAV Checkpoint: Answer 2

A.

The answer is **B. False**. MAV determines if you can earn the 2014 PQRS incentive **AND** avoid the 2016 PQRS payment adjustment.



# Module 2: Knowing When Measure-Applicability Validation (MAV) Applies



**This module covers:**

**Claims- and Registry-Specific  
Information**

# Module 2: Knowing When MAV Applies

The *Knowing When MAV Applies* module, designed for everyone, builds upon the basic information about MAV provided in Module 1; but, it may be best for those who are:

1. Familiar with the Physician Quality Reporting System (PQRS) MAV process, but want to learn more about how claims- and registry-based MAV applies.
2. Ready to learn about the MAV measure selection process.



# Claims-Based MAV

## **Claims-based MAV applies to the following:**

- Claims-based individual measure reporting
- Satisfactorily reporting less than nine measures *OR* nine or more measures with less than three domains

## **Claims-based MAV does NOT apply to the following:**

- Measures Groups, Electronic Health Records (EHRs), Group Practice Reporting Option Web Interface (GPRO WI), Registry, Certified Survey Vendor – Clinician & Group Surveys Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS; CAHPS for PQRS), or Qualified Clinical Data Registry (QCDR) Reporting
- Satisfactorily reporting nine or more measures across at least three domains

# Registry-Based MAV

## Registry-based MAV applies to the following:

- Registry-based individual measure submission for individual eligible professionals (EPs) and group practices via registry
- Satisfactorily reporting less than nine measures **OR** nine or more measures with less than three domains

## Registry-based MAV does NOT apply to the following:

- Measures Group, EHR, GPRO WI, Claims, Certified Survey Vendor (CG-CAHPS; CAHPS for PQRS), or QCDR Reporting
- Satisfactorily reporting nine or more measures across at least three domains



CMS has posted the 2014 Qualified Clinical Data Registries (QCDRs). This document includes detailed information regarding the services each QCDR offers, the cost incurred by their clients, and the measure they have available.

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014QCDRPosting.pdf>

Next, review considerations of the measure selection process.

# Measure Selection

The following factors should be considered when deciding which measures to select for PQRS reporting:

- Clinical conditions usually treated
- Types of care typically provided (e.g., preventive, chronic, acute)
- Settings where care is usually delivered (e.g., office, emergency department [ED], surgical suite)
- Quality improvement goals for 2014
- Other quality reporting programs in use or being considered

# Measure Selection (*continued*)

Additional considerations should include researching measures applicable to the individual EP's/group practice's *scope of practice* that are based on the following:

- Diagnosis codes
- Procedure codes
- Intent of measure



# Measure Selection Reference Materials

Below you will find a list of measure selection reference materials located on the [www.cms.gov](http://www.cms.gov) Web site:

- 2014 Physician Quality Reporting System (PQRS) Implementation Guide
- 2014 PQRS Measures List (National Quality Strategy [NQS] Domains are listed by each individual PQRS measure)
- 2014 PQRS Individual Measures Specification Manual for Claims and Registry

The next several slides will lead you through how to find the measure selection reference materials on the [www.cms.gov](http://www.cms.gov) Web site.

# Reference Materials



2014 Physician Quality Reporting System (PQRS) Implementation Guide



2014 PQRS Measures List (National Quality Strategy (NQS) Domains are listed by each individual PQRS measure)



2014 PQRS Individual Measures Specification Manual for Claims and Registry

To access the Measure Selection Reference Materials go to:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

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## Physician Quality Reporting System > Measures Codes

[Spotlight](#) | [How To](#) | [CMS](#) | [Statute](#) | [Instru](#)

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**Measures Codes**

[Registry Reporting](#)

[Electronic Health Record Reporting](#)

[CMS-Certified Survey Vendor](#)

[Qualified Clinical Data Registry Reporting](#)

[Group Practice Reporting Option](#)

[GPRO Web Interface](#)

The Implementation Guide and the Measures List can be found within the *2014 Physician Quality Reporting System Implementation Guide* hyperlink towards the top of the Measures Code page.

... quality measures, including  
... measures and measures groups and  
... reporting the PQRS measures

... PQRS measure documents for  
... PQRS measure documents for  
... Individual National Provider

the correct program year. The 2014 PQRS CMS-1500 claim is an example of how an  
Identifier (NPI) reporting on a single CMS-1500 claim for 2014 PQRS should look. The following document that contains  
the 2014 PQRS CMS-1500 claim information is the [2014 Physician Quality Reporting System \(PQRS\)  
Implementation Guide](#).

### Selecting Measures for 2014 PQRS

At a minimum, the following factors should be considered when selecting measures for reporting:

- Clinical conditions usually treated
- Types of care typically provided – e.g., preventive, chronic, acute
- Settings where care is usually delivered – e.g., office, emergency department (ED), surgical suite
- Quality improvement goals for 2014
- Other quality reporting programs in use or being considered

# Reference Materials (continued)

The screenshot shows a CMS website page with a left-hand navigation menu and a main content area. The navigation menu includes links for ICD-10 Section, Measures Codes, Registry Reporting, Electronic Health Record Reporting, CMS-Certified Survey Vendor, Qualified Clinical Data Registry Reporting, Group Practice Reporting Option, GPRO Web Interface, Maintenance of Certification, and a partially visible 'Pro' link. The main content area has a heading 'Resources for 2014 PQRS Measures' and a list of bullet points: 'Clinical conditions usually treated', 'Types of care typically provided – e.g., preventive, chronic, acute', 'Settings where care is usually delivered – e.g., office, emergency department (ED), surgical suite', 'Quality improvement goals for 2014', and 'Other quality reporting programs in use or being considered'. A callout box with a blue border and white background points to a hyperlink in the text, stating: 'The 2014 PQRS Individual Measures Specification for Claims and Registry can be found within the 2014 PQRS Individual Claims Registry Measure Specification Supporting Documents hyperlink on the Measures Code page.' The text in the callout box is in a serif font. The background text is in a sans-serif font.

ICD-10 Section

Measures Codes

Registry Reporting

Electronic Health Record Reporting

CMS-Certified Survey Vendor

Qualified Clinical Data Registry Reporting

Group Practice Reporting Option

GPRO Web Interface

Maintenance of Certification

Pro

Ana

Pay

Edu

Hel

201

System

2012 Physician Quality Reporting System

2013 Physician Quality Reporting System

a prior year. Eligible professionals are responsible for ensuring that they are using the PQRS measure documents for the correct program year. The 2014 PQRS CMS-1500 claim is an example of how an individual National Provider Identifier (NPI) reporting on a single CMS-1500 claim for 2014 PQRS should look. The following document that contains the 2014 PQRS CMS-1500 claim information is the [2014 Physician Quality Reporting System \(PQRS\) Implementation Guide](#).

**Selecting Measures for 2014 PQRS**

At a minimum, the following factors should be considered when selecting measures for reporting:

- Clinical conditions usually treated
- Types of care typically provided – e.g., preventive, chronic, acute
- Settings where care is usually delivered – e.g., office, emergency department (ED), surgical suite
- Quality improvement goals for 2014
- Other quality reporting programs in use or being considered

**Resources for 2014 PQRS Measures**

The following documents pertaining to the 2014 PQRS individual measures are included in the zip file titled [2014 PQRS Individual Claims Registry Measure Specification Supporting Documents](#):

- **2014 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures** – Includes codes and reporting instructions for the 2014 PQRS measures for claims and/or registry-based reporting.
- **2014 Physician Quality Reporting System (PQRS) Measure Specification Release Notes** – Outlines 2014 updates made to the 2013 PQRS Measures Specifications Manual in the form of release notes.

domains, plus measure developers and their contact information.

are included in the zip file titled [2014](#)

**Implementation Guide** – Provides guidance about how to implement the 2014 PQRS measure specification, and outlines the various codes by eligible professionals. It also details how to implement claims-based reporting. It also identifies and describes the measures used in the 2014 PQRS reporting system, including PQRS number and NQF number, NQS

Both hyperlinks are linked to .ZIP files. In order to view the contents within, you will first need to extract the contents of the zip file.

# Module 2 MAV Checkpoint: Question 1



Which of the following are factors to consider when deciding which measures to select for PQRS?

- A. Quality improvement goals for 2014
- B. Clinical conditions usually treated
- C. The number of ED visits
- D. Both A and B are correct
- E. All of the answers are correct



When you are ready, continue to the next page and see if you answered correctly.

# Module 2 MAV Checkpoint: Answer 1

A.

The correct answer is **D. Both A and B are correct.**

The following factors should be considered when deciding which measures to select for PQRS:

- Clinical conditions usually treated
- Types of care typically provided
- Settings where care is usually delivered
- Quality improvement goals for 2014
- Other quality programs in use or being considered



# Module 2 MAV Checkpoint: Question 2



The claims-based MAV process applies to all of the following *except* which one?

- A. QCDR reporting
- B. Claims-based individual measure reporting
- C. Measures Groups
- D. Satisfactorily reporting less than nine measures *OR* nine or more measures with less than three domains
- E. Both A and C are correct.



When you are ready, continue to the next page and see if you answered correctly.

# Module 2 MAV Checkpoint: Answer 2

A.

The answer is E. **Both A and C are correct.**

The claims-based MAV process applies to claims-based individual measure reporting and satisfactorily reporting less than nine measures OR nine or more measures with less than three domains. Claims-based MAV does not apply to QCDR and Measures Groups.



# Module 3: Measure-Applicability Validation (MAV) Analysis Process



**This module covers:**

**Claims- and  
Registry-Based  
Process Flow and Details**

# Module 3: MAV Analysis Process

The *MAV Analysis Process* module, designed for everyone, builds upon the information about MAV provided in Modules 1 and 2; but, it may be best for those who:

1. Have intermediate knowledge about the Physician Quality Reporting System (PQRS) MAV process, but want to learn advanced details about claims- and registry-based MAV.
2. Want to learn about clinically related clusters.

# MAV Analysis Process

If an individual EP or group practice reports less than nine measures *OR* nine or more measures with less than three domains, then the individual EP or group practice should:

1. Review the MAV process document to consider how the measure(s) for the individual EP or group practice are utilized for MAV analytics.
2. Review clinical clusters or measures not included within a cluster to identify potential measures for reporting.
3. Evaluate all measures in a clinical cluster if reporting at least one measure within a clinical cluster. Research and determine if the other measures within the clinical cluster may be applicable.

The 2014 PQRS MAV Process for Claims-Based Reporting of Individual Measures and/or the 2014 PQRS MAV Process for Registry-Based Submission of Individual Measure documents provide information about how to research and determine if the other measures within the clinical cluster may be applicable.

# MAV Analysis Process

## Clusters of Clinically Related Measures

Whether reporting via claims or registry, MAV considers clusters of clinically related measures in the process. Below is an example of clusters of clinically related measures for registry MAV:

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
1	Falls Care	154	Patient Safety	Falls: Risk Assessment
		155	Communication and Care Coordination	Falls: Plan of Care
2	Diabetic Care	1	Effective Clinical Care	Diabetes: Hemoglobin A1c Poor Control
		2	Effective Clinical Care	Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)
		119	Effective Clinical Care	Diabetes: Medical Attention for Nephropathy
3	Diabetes Mellitus Foot Care	126	Effective Clinical Care	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation
		127	Effective Clinical Care	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear

# MAV Analysis Process (*continued*)

The MAV analysis process is triggered automatically when the individual EP or group practice does not report nine or more measures across at least three NQS domains.

CMS applies the MAV process to determine the 2014 PQRS incentive and the 2016 PQRS payment adjustment for an individual EP reporting via claims and group practices reporting via claims or registry.

Reporting nine or more measures across three or more domains will NOT trigger MAV.

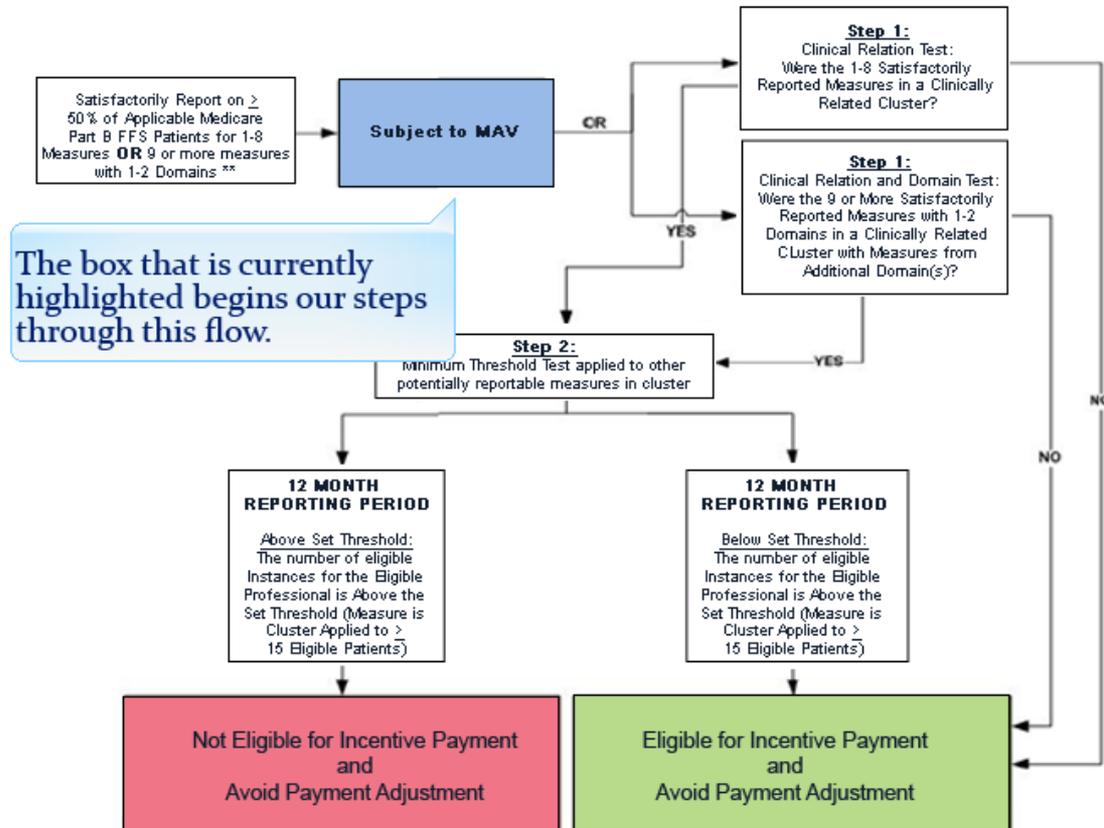
# Claims-Based MAV Process Flow

The Claims-Based MAV Process Flow Diagram is a detailed process flow that illustrates the process used to validate and determine if individual EPs have earned the 2014 PQRS incentive and/or 2016 PQRS payment adjustment.

The next few pages will provide more information on the Claims-Based MAV Process Flow Diagram.

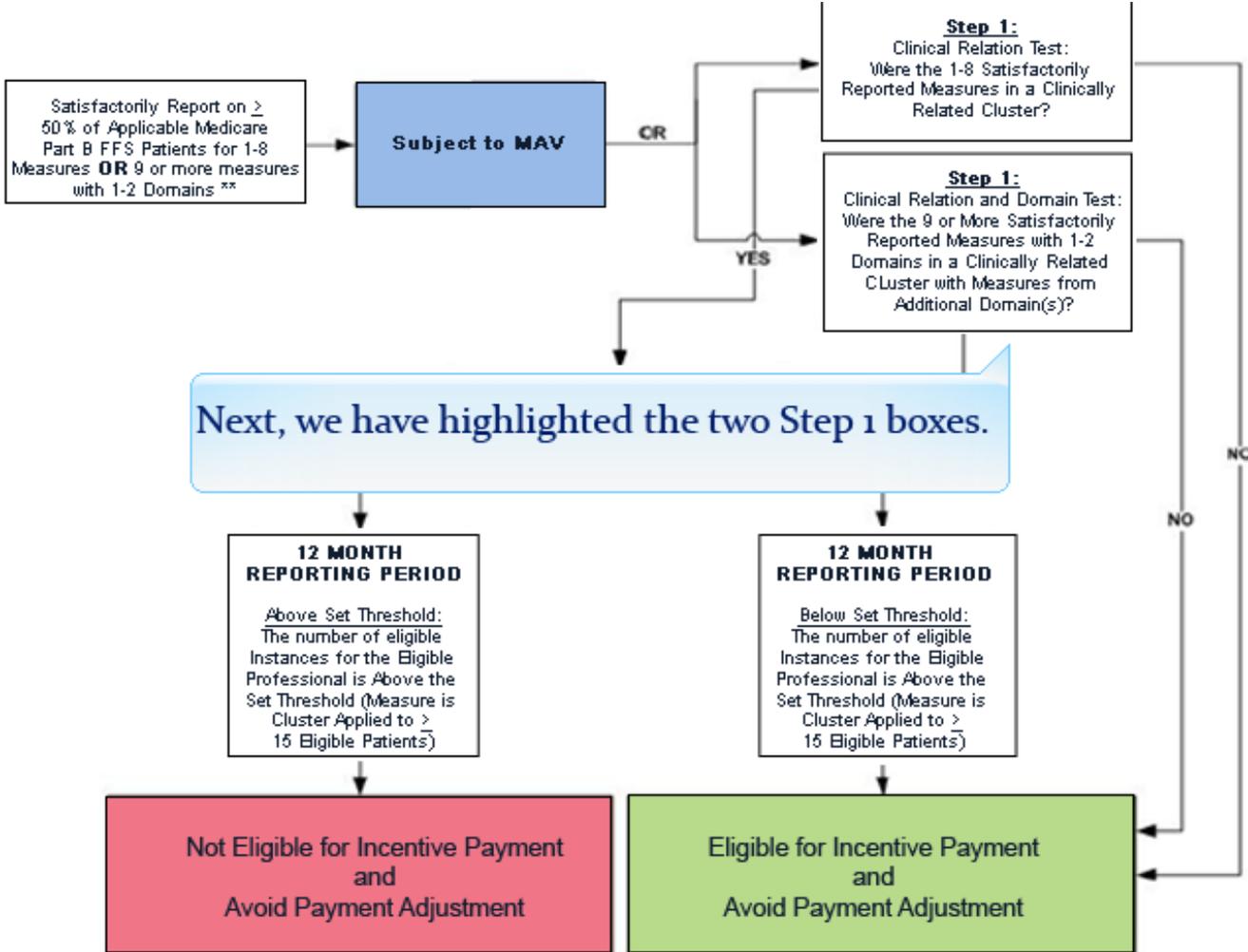
# Claims-Based Process Flow

The following represents a visual flow for the Claims-Based MAV process.



The first step is an assessment of the number of measures and domains that were satisfactorily reported. MAV is triggered when individual EPs satisfactorily report on 1 to 8 measures or satisfactorily report on nine or more measures within one or two domains

# Claims-Based Process Flow (continued)



# Claims-Based Process Flow<sub>(continued)</sub>

The first box you will see on the process flow is the Clinical Relation Test:

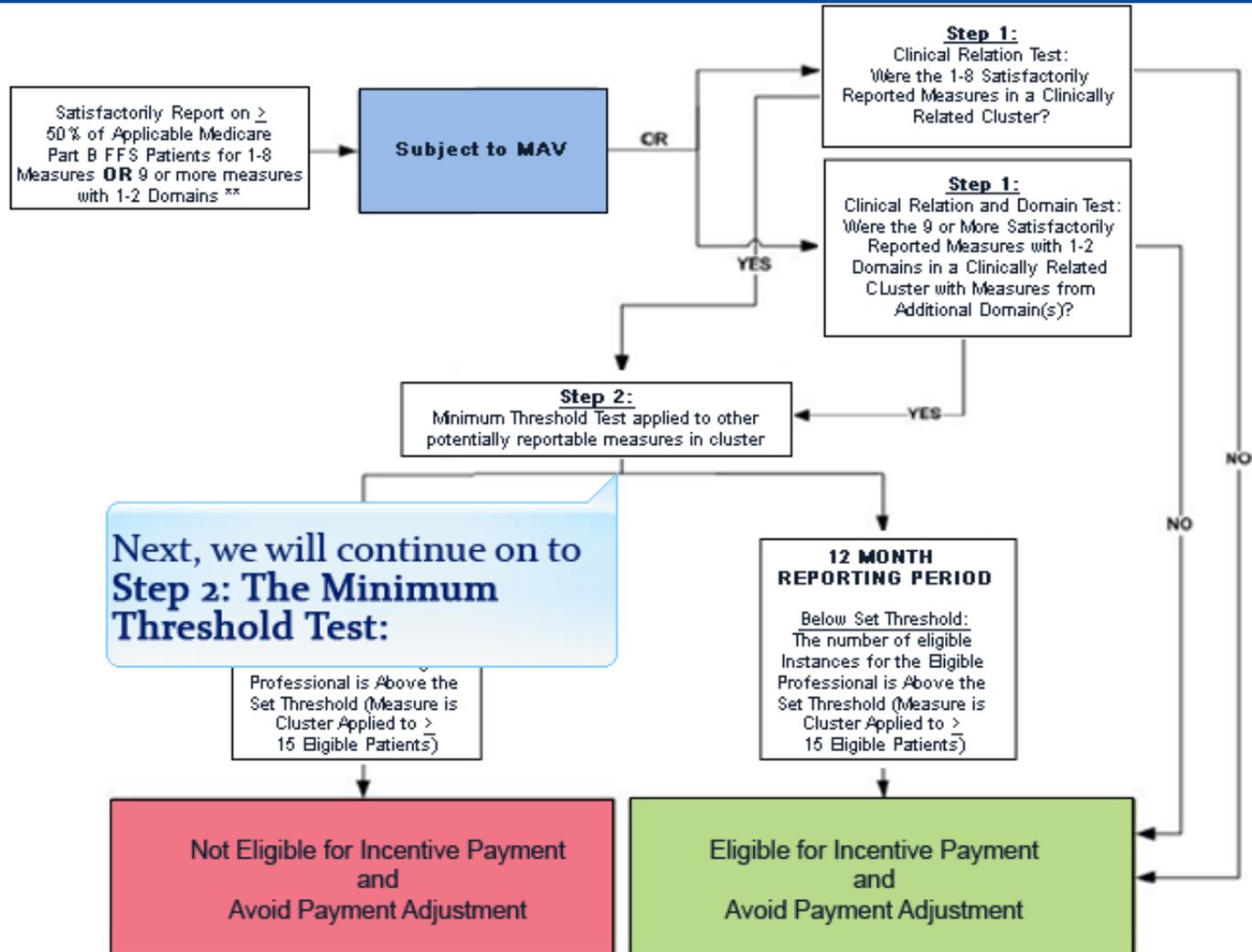
An analysis called the Clinical Relation Test will be used to validate if any of the satisfactorily reported measures are included in a clinically related cluster.

If the EP satisfactorily reported on 1 to 8 measures that are not contained within a clinical cluster, then the EP would earn the 2014 PQRS incentive and avoid the 2016 payment adjustment. If the EP satisfactorily reports on 1 to 8 measures within a clinical cluster, then a minimum threshold test will be used.

The second box of Step 1 is the **Clinical Relation and Domain Test**:

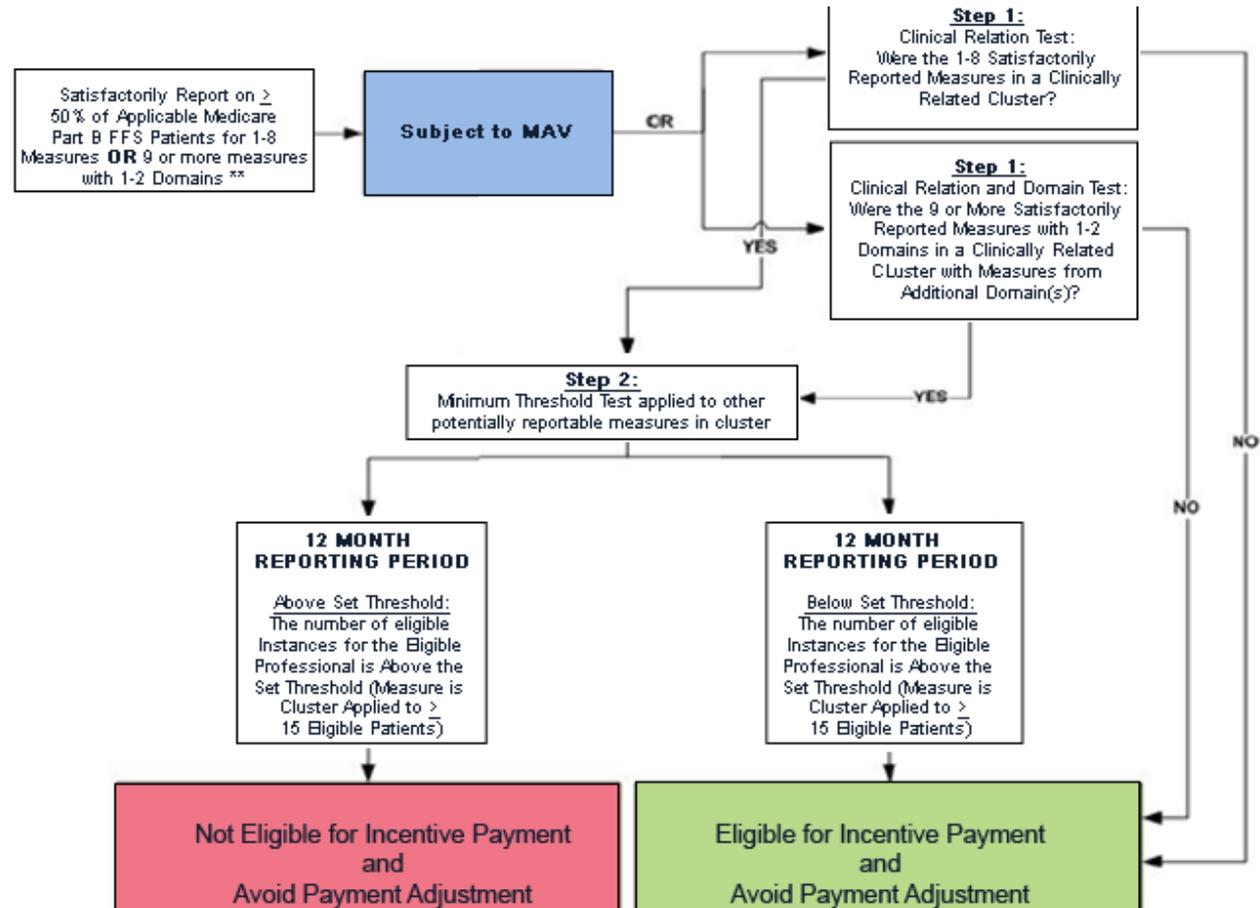
If more than nine measures were reported across fewer than three domains that are not contained within a clinical cluster, then the EP would earn the 2014 PQRS incentive and avoid the 2016 payment adjustment. If there are nine measures satisfactorily reported across fewer than three domains that are in a clinically related cluster, then a minimum threshold test will be used.

# Claims-Based Process Flow (continued)



# Claims-Based Process Flow (continued)

Claims data will be reviewed for measures satisfactorily reported within a clinical cluster, to analyze if the EPs could have reported on any of the other measures contained within the clinical cluster. As you can see in the Above Set Threshold box, if the EP satisfactorily reports 1 to 8 measures, and it is determined that there were 15 or more denominator eligible encounters available for reporting on any of the other measures contained within the clinical cluster, the EP would not be eligible for 2014 incentive and may be subject to the 2016 payment adjustment.



# Claims-Based Process Flow(continued)

If the EP satisfactorily reports nine or more measures across one to two domains and it is determined that there were 15 or more denominator eligible encounters available for reporting on any of the other measures contained within the clinical cluster that are in a third domain, the EP would not be eligible for 2014 incentive and may be subject to the 2016 payment adjustment

Then, looking at the Below Set Threshold box, if the EP satisfactorily reports 1 to 8 measures, and it is determined that there were less than 15 denominator eligible encounters available for reporting on any of the other measures contained within the clinical cluster, the EP would be eligible for 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment. If the EP satisfactorily reports nine or more measures across one to two domains, and it is determined that there were less than 15 denominator eligible encounters available for reporting on any of the other measures contained within the clinical cluster that are in a third domain, the EP would be eligible for 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment.

Finally, please review the 2014 PQRS MAV process flow for claims-based reporting of individual measures for payment adjustment. While we will not cover this flow in our current presentation, key concepts from that flow will be discussed.

Next we will cover the Registry-Based MAV Process Flow.

# Claims-Based MAV

## Clinical Relation/Domain Test

For claims-based MAV, the clinical relation/domain test is the first step in the two-step MAV process that will be applied to those who are subject to the validation process of reported measures and/or domains.



# Step 1: Claims-Based MAV Clinical Relation/Domain Test

For claims-based MAV, the Clinical Relation/Domain Test is based on the following:

- If an individual EP reports data for a measure, then that measure applies to his or her practice
- AND**
- If one measure in a cluster of measures related to a particular clinical topic or service is applicable to an individual EP's practice, then other closely-related measures within the same cluster **may** also be reported
  - Individual EPs reporting via claims who satisfactorily report quality data:
    - For nine or more PQRS measures for only one or two domains, MAV renders a determination if additional domains may also be applicable to the individual EP based on the clinical cluster
    - For less than nine PQRS measures, MAV renders a determination if additional measures may also be applicable to the individual EP on the clinical cluster

Next, review the following information about clinically related clusters of measures.

# Measures Found in Multiple Clinically Related Clusters

There are several measures that are found in multiple clinically related clusters.

For claims-based MAV, an example of this is *Measure #130: Documentation of Current Medications in the Medical Record* which is found in multiple clusters.

This is because CMS is able to utilize claims data to validate and determine if the minimum threshold is applicable for an individual EP within the cluster the individual EP chose to report.

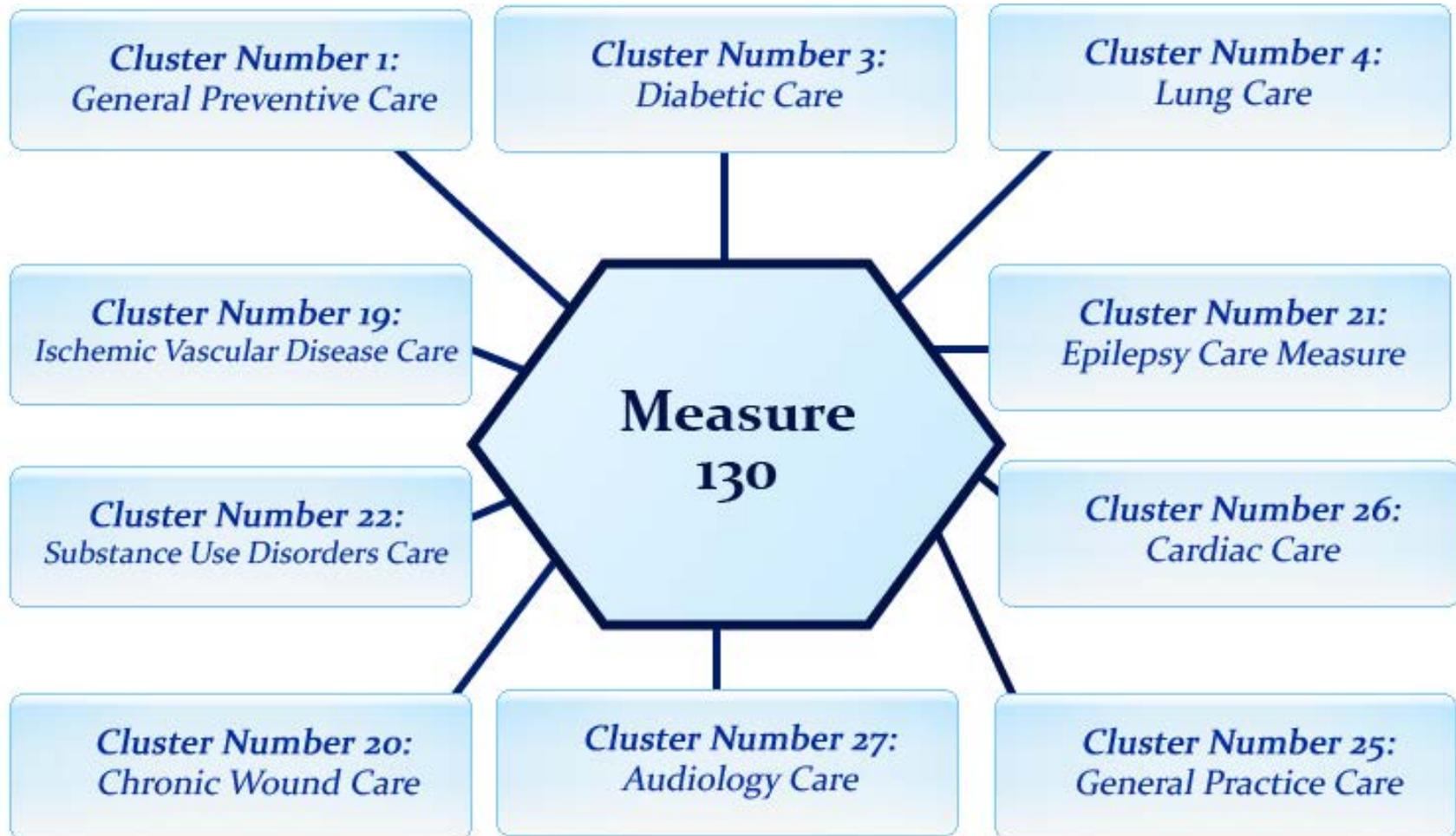
Utilizing the coding (current procedural terminology [CPT] and/or International Classification of Diseases, Ninth Revision [ICD-9]) information reported by the individual EP allows the clusters found within claims-based MAV to be more broad in clinical scope.

The next few pages will lead you through more information on Measure #130.

# Measure #130

Measure #130 is found in multiple clusters because, for claims-based MAV, CMS is able to utilize claims data to validate and determine if the minimum threshold is applicable for an EP within the cluster that has been chosen to report. Utilizing the coding (CPT and/or ICD-9) submitted by the EPs allows the clusters found within claims-based MAV to be more broad in clinical scope. Measure #130 has a denominator that is broadly applicable and relevant to a wide range of EPs. This measure has been included within 10 clinical clusters for claims-based MAV.

# Measure #130 (continued)



# Measure #130 (continued)

Other measures that are in multiple clusters within Claims-Based MAV are:



*Measure #128:  
Preventive Care and Screening:  
Body Mass Index (BMI) Screening  
and Follow-Up*



*Measure #131:  
Pain Assessment and Follow-Up*

EPs reporting via claims, if reporting measures #128, #130, and #131, are recommended to confirm that any additional measures contained with these the clinical clusters be evaluated for applicability to their scope of practice based on denominator criteria.

# Step 2: Claims-Based MAV Minimum Threshold Test

The second step in the process ensures that there are enough patient encounters represented by claims to have measures reported.

- CMS will evaluate the claims data to determine that there were not less than fifteen eligible encounters to report. If CMS determines there were fifteen or more encounters, then CMS would anticipate that the measure was applicable for reporting. The Minimum Threshold Test is not analyzed for registry-based MAV.



This is a two-step process for claims and is represented on the claims MAV process flow diagram.

Next, review the registry-based MAV process flow.

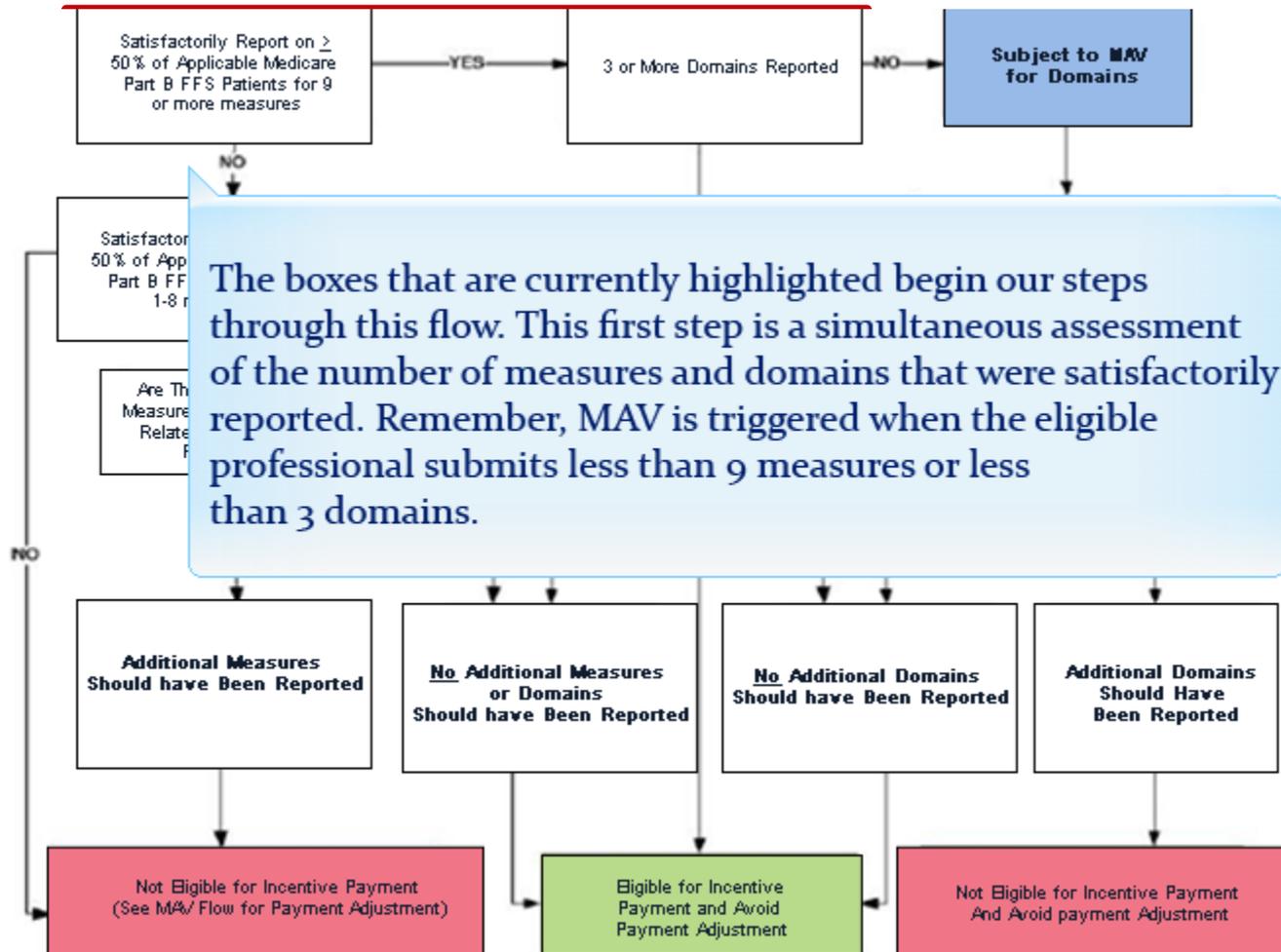
# Registry-Based MAV Process Flow

The Registry-Based MAV Process Flow Diagram is a detailed process flow that illustrates the process used to validate and determine if individual EPs or group practices reporting PQRS measures registry have earned the 2014 PQRS incentive and/or 2016 PQRS payment adjustment.

The next few pages will provide more information on the Registry-Based MAV Process Flow Diagram.

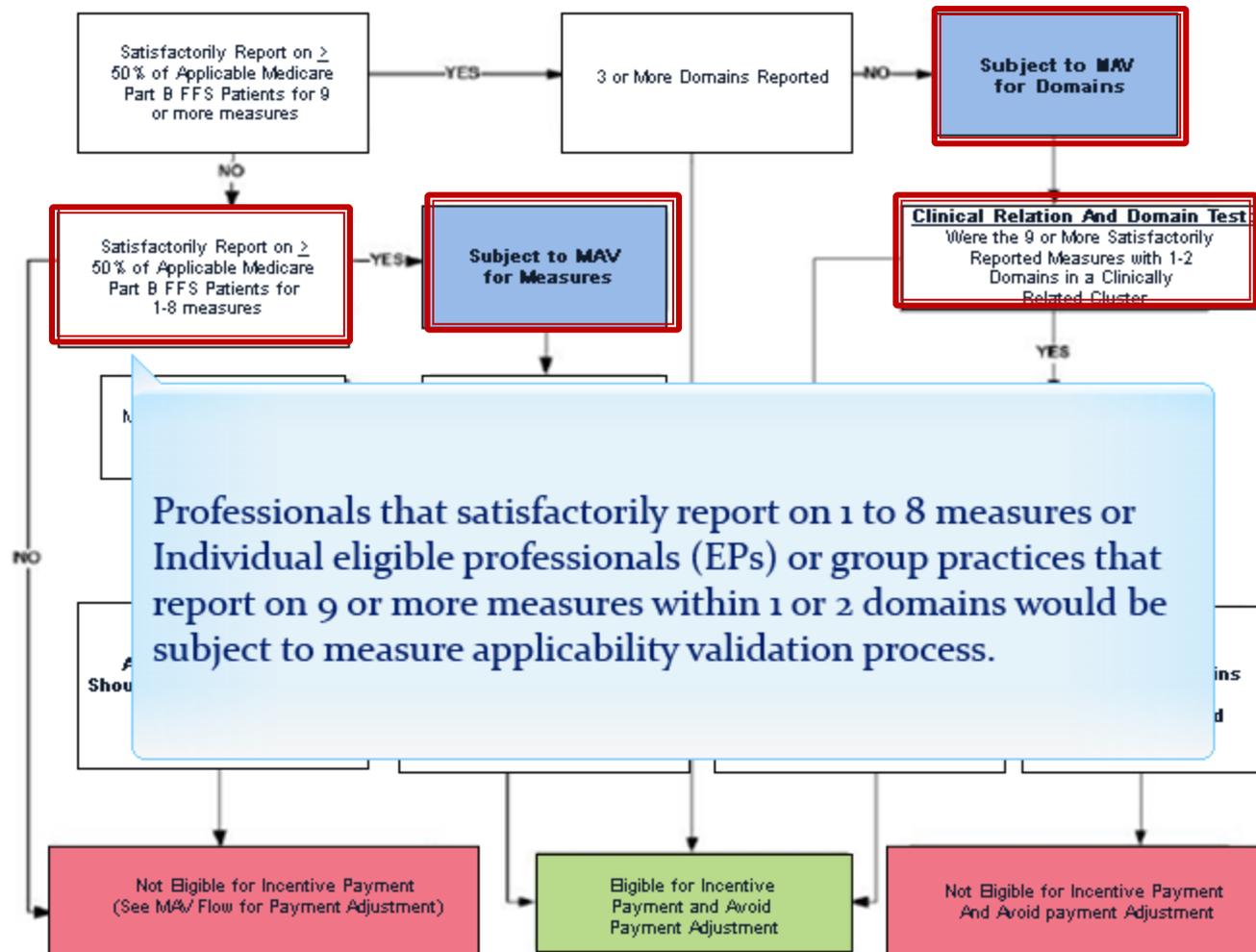
# Registry-Based Process Flow

The following represents a visual flow for the Registry-Based MAV process.



# Registry-Based Process Flow

## (continued)



# Registry-Based Process Flow

## (continued)

Once it is determined that MAV has been triggered, the first step of analysis begins. The first step to validating the measures satisfactorily reported is the Clinical Relation and Domain Test. We will now just focus on each branch of the flow based on the number of measures reported or domains reported.

If the EP or group practice satisfactorily reports on 1-8 measures within a clinical cluster, the registry will analyze the clinical data to ensure that there were no other measures within the clinical cluster that should have been reported.

If it was determined that the EP or group practice should have submitted additional measures then they would not be eligible for the 2014 PQRS incentive and may be subject to the 2016 PQRS payment adjustment.

Although, if it is determined that no other measures are applicable then the EP or group practice would be eligible for the 2014 PQRS incentive and avoid 2016 PQRS payment adjustment.

This now concludes the flow regarding less than 9 measures. Let's move to the scenario of less than 3 domains available for reporting.



# Registry-Based Process Flow

## (continued)

Again, if it is determined that no other domains are applicable, then the EP or group practice would be eligible for the 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment. However, if the registry does determine there were subsequent domains, then they would not be eligible for the 2014 PQRS incentive and may be subject to the 2016 PQRS payment adjustment.

Finally, please review the 2014 PQRS MAV process flow for registry-based reporting of individual measures for payment adjustment. While we will not cover this flow in our current presentation, key concepts from that flow will be discussed.

# Registry-Based MAV

## Clinical Relation/Domain Test

Once registry-based MAV is triggered, the clinical relation/domain test is applied to validate if any other measures apply within the clinical cluster(s) chosen to be reported.

This is the only test performed to determine if registry-based individual EPs or group practices “pass” registry-based MAV.



# Registry-Based MAV

## Clinical Relation/Domain Test (*continued*)

For registry-based MAV, the Clinical Relation/Domain Test is based on the following:

- If an individual EP or group practice satisfactorily reports quality data for a measure, then that measure applies to her/his/their practice

**AND**

- If one measure in a cluster of measures related to a particular clinical topic or service is applicable to an EP's or group practice, then other closely-related measures within the same cluster **may** also be reported
- Individual EPs or group practices who satisfactorily report quality data:
  - For nine or more PQRS measures for only one or two domains, MAV renders a determination if additional domains may also be applicable to the individual EP or group practice based on the clinical cluster
  - For less than nine PQRS measures, MAV renders a determination if additional measures may also be applicable to the individual EP or group practice based on the clinical cluster

# Module 3 MAV Checkpoint: Question 1



Whether reporting via claims or registry, MAV considers clusters of clinically related measures in the process. A measure could be found in more than one cluster.

- A. True
- B. False



When you are ready, continue to the next page and see if you answered correctly.

# Module 3 MAV Checkpoint: Answer 1

A.

The correct answer is **A. True**. Whether reporting via claims or registry, MAV considers clusters of clinically related measures in the process. A measure could be found in more than one cluster.



# Module 3 MAV Checkpoint: Question 2

Q.

The EP or group practice has the option to participate in the MAV process by reporting less than nine measures, or nine or more measures with less than three NQS domains.

- A. True
- B. False

When you are ready, continue to the next page and see if you answered correctly.



# Module 3 MAV Checkpoint: Answer 2

A.

The answer is **B. False**. The EP or group practice that does not report at least nine measures across three domains will automatically be included in the MAV process.



# Module 4: Measure-Applicability Validation (MAV) Scenarios



**This module covers:**

**Claims- and  
Registry-Based  
Physician Quality  
Reporting System  
(PQRS) Reporting Scenarios**

# Module 4: Measure-Applicability Validation (MAV) Scenarios

The *Measure-Applicability Validation (MAV) Scenarios* module, designed for everyone, builds upon the basic information on MAV provided in this course; but, it may be best for those who want to:

1. View real-world examples including questions, answers, and information to takeaway about the MAV process.
2. Understand how MAV might apply to common situations and what the impact of MAV could be in those situations.

# Scenario 1

## Claims-Based MAV Measures in a Cluster

What if I cannot report all of the measures within a cluster for claims-based MAV?

My recommendation would be to report all measures that are applicable to your practice. Claims-based MAV is a two-step validation process to operationalize MAV:

1. A “clinical relation/domain test”
2. A “minimum threshold” test to evaluate if the other measures apply within the clinical cluster



# Takeaway: Claims-Based MAV Scenario 1 - Measures in a Cluster



The takeaway for Claims-Based MAV Scenario 1, measures in a cluster, is that MAV utilizes claims data to determine if those measures were applicable to you. If the claims data indicates that you had patients that met the denominator criteria for those measures, then the MAV process will evaluate the claims data to determine if you had at least fifteen eligible encounters to report. If MAV determines there were greater than fifteen encounters, then the Centers for Medicare & Medicaid Services (CMS) would anticipate that the measure was applicable for reporting.

# Scenario 2

## Registry-Based MAV Measures in a Cluster

What if I cannot submit all of the measures within a cluster for registry-based MAV?

The MAV process will apply the clinical relation/domain test to measures within the same cluster.



# Takeaway: Registry-Based MAV Scenario 2 - Measures in a Cluster



The takeaway for Registry-Based MAV Scenario 2, measures in a cluster, is that if one measure in a cluster of measures related to a particular clinical topic or individual eligible professional (EP) or group practice service is applicable to an individual EP's or group's practice, then other closely related measures within the same cluster should also be reported.

# Scenario 3

Measures Not Included  
Within a Cluster

If I satisfactorily report measure #46: Medication Reconciliation, can I earn the 2014 Physician Quality Reporting System (PQRS) incentive and avoid the 2016 PQRS payment adjustment?

Yes, as long as measure #46 is satisfactorily reported, you would earn the 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment.



# Takeaway: MAV Scenario 3 – Measures Not Included Within a Clinical Cluster



The takeaway for MAV Scenario 3, Measures not included within a clinical cluster is that Measure number 46: Medication Reconciliation is considered a “Measures Not Included Within a Cluster in 2014 PQRS” measure for claims- and registry-based MAV. Therefore, for claims- and registry-based MAV, the MAV process does not perform the clinical relation or domain test. Additionally, for claims-based MAV, the minimum threshold test will not be applied.

# Scenario 4

**Measure #130:  
Documentation of Current  
Medications in the  
Medical Record**

I am reporting on Measure #130 via claims and noticed it is in multiple clusters. Does this affect me?

Yes, this measure is contained within 10 clinical clusters for claims-based MAV. MAV looks for a minimum threshold for all other measures in clusters that include Measure #130.



# Takeaway: MAV Scenario 4 – Measure #130: Documentation of Current Medications in the Medical Record



The takeaway for MAV Scenario 4, Measure Number 130: Documentation of Current Medications in the Medical Record is that for claims-based MAV, some measures that are broadly applicable are included in multiple clinical clusters. Therefore, individual EPs reporting via claims are recommended to review all clinical clusters that contain measures such as, numbers 128, 130, 131, and 226.

Individual EPs should assess if there are any additional measures within those clinical clusters that may be applicable to their scope of practice based on the other measures' denominator criteria.

This ensures that the individual EP will “pass” the clinical relation or domain test (Step 1 for claims-based MAV).

# Scenario 5

## Avoiding the 2016 PQRS Payment Adjustment via Claims

I am concerned about avoiding the 2016 PQRS payment adjustment. Does MAV apply for reporting only three measures?

Yes, MAV is initiated any time an individual EP or group practice reports less than nine measures or less than three domains. Satisfactorily reporting at least three measures would automatically avoid the 2016 PQRS payment adjustment, but would trigger MAV for assessment of the 2014 PQRS incentive.



# Takeaway: MAV Scenario 5 – Avoiding the 2016 PQRS Payment Adjustment via Claims



The takeaway for scenario 5, avoiding the 2016 PQRS payment adjustment via claims, is that there are multiple ways to avoid the 2016 (two-thousand sixteen) PQRS payment adjustment when reporting via claims to include:

- Satisfactorily reporting nine measures across three domains.
- Satisfactorily reporting 1 to 8 measures within claims- and registry-based MAV, earning an incentive.
- Satisfactorily reporting three measures.

# Scenario 6

## Case Study

I am an Anesthesiologist reporting via claims and can only report on three PQRS measures. What should I do? Do I report all three, or only one of the two clinical clusters available?

My recommendation would be to choose the clinical cluster that is most relevant to your practice. Therefore, you could choose to report either Anesthesia Care 1 or Anesthesia Care 2 clusters. As an individual EP or group practice, you could report both clusters if clinically relevant to your practice.



# Takeaway: MAV Scenario 6 – Case Study



The takeaway for MAV Scenario 6, the case study, is that there may be instances when more than one clinical cluster and/or more measures not included within a cluster are applicable to the individual EP or the group practice. Ultimately, the decision on “what” to report is left to the individual EP or group practice.

Remember, to earn the 2014 PQRS incentive, all measures chosen must first be satisfactorily reported. Any measures contained within a clinical cluster will be analyzed by the clinical relation/domain test and, if claims-based MAV is applicable, the fifteen-minimum patient or encounter threshold test.

# Scenario 7

## Group Practices Reporting via Registry

I am a group practice that is planning to report via registry. Does MAV apply to group practices reporting via registry?

Yes, MAV may apply to group practices reporting via registry that have less than nine measures OR nine or more measures with less than three domains.



# Takeaway: MAV Scenario 7 – Group Practices Reporting via Registry



The takeaway for MAV Scenario 7, group practices reporting via registry, is that MAV analytically functions the same for group practices as it does for an individual EP reporting via registry.

Any specific measure questions should be directed to the QualityNet help desk at 1-866-288-8912 or via the new e-mail address at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

# Scenario 8

## QualityNet Help Desk

Who should I contact if I have questions about the MAV process?



Please contact the QualityNet Help Desk. They are the best resource when and if you have questions regarding MAV.



# Takeaway: MAV Scenario 8 – QualityNet Help Desk



The takeaway for scenario 8, QualityNet Help Desk, is that you can contact the QualityNet Help Desk by calling 1-866-288-8912. You may also e-mail them at [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org). Please note that this is a new e-mail address.

For more information, please visit the Help Desk Support Web page located on the [www.cms.gov](http://www.cms.gov) Web site.

# Training Summary

In the training on MAV, you learned to:

- Define the MAV process.
- Describe the purpose and/or intent of the MAV process.
- Explain how and when the MAV process applies to claims- and registry-based reporting.
- Explain the MAV validation process.

# MAV Training Knowledge Check

Welcome to the MAV Training Knowledge Check, which checks your knowledge of the training you recently completed. This assessment contains multiple choice and true and false questions. Please read each question carefully. There is only one answer for each question. The answer can be found on the page immediately following each question.

# Knowledge Check – Question 1

**The MAV process is designed to determine the Physician Quality Reporting System (PQRS) 2014 incentive and PQRS 2016 payment adjustment for reporting for which of the following?**

- A. Eligible professionals (EPs) reporting via claims or registry
- B. Group practices reporting via registry
- C. Neither A nor B are correct
- D. Both A and B are correct

# Knowledge Check – Answer 1

***The correct answer is D.***

*The MAV process is designed to determine PQRS incentive and payment adjustment for EPs reporting via claims or registry, group practices reporting via registry*

# Knowledge Check – Question 2

**If the individual EP or group practice satisfactorily reports, they can potentially avoid the 2016 PQRS payment adjustment.**

- A. True
- B. False

# Knowledge Check – Answer 2

***The correct answer is A. True.***

*Individual EPs or group practices satisfactorily reporting can potentially avoid the 2016 PQRS payment adjustment.*

# Knowledge Check – Question 3

**The MAV process is designed to determine the 2014 PQRS incentive and 2016 PQRS payment adjustment. To earn the 2014 PQRS incentive, all measures chosen must first be satisfactorily reported.**

- A. True
- B. False

# Knowledge Check – Answer 3

***The correct answer is A. True.***

*To earn the 2014 PQRS incentive, all measures chosen must first be satisfactorily reported. The MAV process is designed to determine PQRS incentive and payment adjustment for individual EPs reporting via claims or registry, group practices reporting via registry.*

# Knowledge Check – Question 4

**The registry-based MAV process *does not* apply to which of the following?**

- A. Satisfactorily reporting nine or more measures across at least three domains
- B. Registry-based individual measure reporting for individual EPs and group practices via registry
- C. Satisfactorily reporting less than nine measures OR nine or more measures with less than three domains

# Knowledge Check – Answer 4

***The correct answer is A.***

*The registry-based MAV process applies to registry-based individual measure reporting for individual EPs and group practices via registry, and satisfactorily reporting less than nine measures OR nine or more measures with less than three domains. However, the registry-based MAV process does not apply to satisfactorily reporting nine or more measures across at least three domains.*

# Knowledge Check – Question 5

**What is the definition of a cluster?**

- A. Measures that the EP satisfactorily reported
- B. Measures with less than three National Quality Strategy (NQS) domains
- C. Measures related to a particular clinical topic or specific EP service
- D. Measures contained within a measures group

# Knowledge Check – Answer 5

*The correct answer is C.*

*Clusters are measures that are related to a particular clinical topic or specific individual EP service.*

# Knowledge Check – Question 6

**For most measures, satisfactorily reporting is when an individual measure is reported on at least \_\_\_\_\_ of denominator eligible patients with a greater than \_\_\_\_\_ performance rate.**

- A. 100% of denominator eligible patients with a greater than 0% performance rate
- B. 25% of denominator eligible patients with a greater than 0% performance rate
- C. 50% of denominator eligible patients with a greater than 0% performance rate
- D. 75% of denominator eligible patients with a greater than 0% performance rate

# Knowledge Check – Answer 6

***The correct answer is C.***

*For most measures, satisfactorily reporting is when an individual measure is reported on at least 50% of denominator eligible patients with a greater than 0% performance rate.*

# Knowledge Check – Question 7

Which of the following is not one of the six NQS domains?

- A. Patient Safety
- B. Communication and Care Coordination
- C. Healthcare Quality Improvement
- D. Efficiency and Cost Reduction
- E. Community/Population Health

# Knowledge Check – Answer 7

*The correct answer is C.*

*Healthcare Quality Improvement is not one of the six NQS domains. The NQS domains are:*

- 1. Patient Safety*
- 2. Person and Caregiver-Centered Experience and Outcomes*
- 3. Communication and Care Coordination*
- 4. Effective Clinical Care*
- 5. Community/Population Health*
- 6. Efficiency and Cost Reduction*

# Knowledge Check – Question 8

**MAV is an automatic process applied by CMS to any eligible professional (EP) satisfactorily reporting individual measures via claims, or individual EP or group practice using a registry vendor for reporting individual quality measures that do not report at least nine measures across at least three domains.**

- A. True
- B. False

# Knowledge Check – Answer 8

***The correct answer is A.***

*MAV is an automatic process applied by CMS to any eligible professional (EP) satisfactorily reporting individual measures via claims, or individual EP or group practice using a registry vendor for reporting individual quality measures that do not report at least nine measures across at least three domains.*

# Resources

- **2014 PQRS Implementation Guide and 2014 Physician Quality Reporting System (PQRS) Measures List**

[http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2014\\_PQRS\\_MeasuresListImplementationGuide\\_12132013.zip](http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2014_PQRS_MeasuresListImplementationGuide_12132013.zip)

- **2014 PQRS Individual Measures Specification Manual for Claims and Registry**

[http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2014\\_PQRS\\_IndClaimsRegistryMeasureSpecs\\_SupportingDocs\\_12132013.ZIP](http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2014_PQRS_IndClaimsRegistryMeasureSpecs_SupportingDocs_12132013.ZIP)

- **2014 Physician Quality Reporting System Qualified Clinical Data Registries**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014QCDRPosting.pdf>

- **Analysis and Payment Page**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

- **Physician Quality Reporting System Page**

<https://www.cms.gov/pqrs>

# Resources

- **Claims Materials**

[http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Registry\\_MeasureApplicabilityValidation\\_12132013.ZIP](http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Registry_MeasureApplicabilityValidation_12132013.ZIP)

- **Registry Materials**

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_Registry\\_MeasureApplicabilityValidation\\_12132013.ZIP](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_Registry_MeasureApplicabilityValidation_12132013.ZIP)

- **Measures Codes Page**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

- **How to Report Once for 2014**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/How-to-Report-Once-for-2014.pdf>

# QualityNet Help Desk

**Please contact the QualityNet help desk should you have any additional questions:**

**Telephone: 1-866-288-8912  
(TTY 1-877-715-6222)**

**E-mail: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)**

**Hours of operation: 7 a.m. – 7 p.m.  
CST, Monday - Friday**



**Thank You!**



*The CMS PQRS  
Team appreciates  
your review of the  
MAV Course, and  
we hope you found  
it helpful.*