

Measure-Applicability Validation (MAV)

Physician Quality Reporting System (PQRS)



February 2015

About This MAV Presentation

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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
MAV	Measure-Applicability Validation
NQS	National Quality Strategy
PFS	Physician Fee Schedule
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

- **Cluster** – These are measures related to a particular clinical topic or individual eligible professional (EP) service that is applicable to a specific, individual EP or group practice.
- **Claims-Based MAV Minimum Threshold** – The 15-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.
- **Cross-Cutting Measures** - Any measure that is broadly applicable across multiple clinical settings and EPs within a variety of specialties.
- **Face-to-face Encounters** - An instance in which the EP billed for services that are associated with face-to-face encounters under the Physician Fee Schedule (PFS). Face-to-face encounters include general office visits, outpatient visits, and surgical procedure codes. CMS does not consider telehealth visits as a face-to-face encounter.
- **Satisfactorily Reporting Criteria for MAV** – Eligible professionals or group practices who satisfactorily report or submit quality data codes (QDCs) for less than nine measures or less than three domains.

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 2017 PQRS payment adjustment.

Table of Contents

This training includes the following four modules. Click the Module button to proceed with the course. Upon completing all four modules, you will have the ability to complete the Knowledge Check questions and print a Certificate of Completion indicating that you completed the course for your records.

- **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 Avoid a 2017 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 MAV basics.
2. Ready to learn about 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.



What is MAV?

Domains represent the Department of Health and Human Services' (HHS') 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' three 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.

This information may be found in 2015 PQRS Implementation Guide and **the 2015 PQRS Measures List**. Domains are listed in the title of each individual measure.

[2015 PQRS individual Measure Specification Manual](#)

[2015 PQRS Measures List](#)

Learn more about the six NQS domains within PQRS later in the course.

What is MAV?



- MAV is triggered in situations where the individual EP or groups practice reports or submits 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 three 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 two domains will trigger MAV
 - Reporting seven measures across three domains will trigger MAV
 - Reporting five measures across one domain will also trigger MAV

MAV Analysis Process

- MAV is a process that is used to review and validate an individual EP's or group practice's inability to report or submit nine measures across three domains.
- CMS will analyze data to validate, using the clinical relation/domain test and the minimum threshold test to confirm that more measures and/or NQS domains were not applicable to the EPs or group practice's scope of practice.
- If it is determined that at least one cross-cutting measure was not reported, the individual provider with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be utilized for that individual EP.
 - CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible encounters can be associated with the EP.
 - For those individual providers with no face-to-face encounters, MAV will be utilized for those that report less than nine measures and/or less than three NQS domains.
- If additional measures or domains are found to be applicable through MAV, the EP would be subject to the 2017 PQRS payment adjustment.

We will review the MAV analysis process in more detail in
Module 3: Measure-Applicability Validation (MAV) Analysis Process.

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 subject the individual EP or the group practice to the MAV process.

NQS Domains

The way to avoid the 2017 payment adjustment is to satisfactorily report at least nine PQRS quality measures that cover at least three of the six (three out of six) 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.
Each individual PQRS measure is assigned a NQS domain.

When Does MAV Apply?

- EPs with face-to-face encounters must satisfactorily report a cross cutting measure:
 - CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible encounters can be associated with the individual EP.
 - If it is determined that at least one cross-cutting measure was not reported, the individual EP or group practice with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be analyzed for that individual provider or group practice.
- For those individual EPs or group practice with no face-to-face encounters, MAV will be utilized for those that report less than nine measures and/or less than three NQS domains.
- Individual EPs or group practices with face-to-face encounters that satisfactorily report **cross-cutting measures and** satisfactorily report quality data codes (QDCs) for **less than nine measures or less than three domains will go through the MAV process.**
 - EPs must satisfactorily report on at least 50% of their eligible patients or encounters for each measure

When Does MAV Apply? (*continued*)

MAV also applies when:

For measures reported, there must be at least one patient or procedure meeting performance in the numerator of the measure.

- For measures that move toward 100%, to indicate higher quality outcome, the rate must be greater than 0%.
- For inverse measures where higher quality moves the rate toward 0%, the rate must be less than 100%.

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:

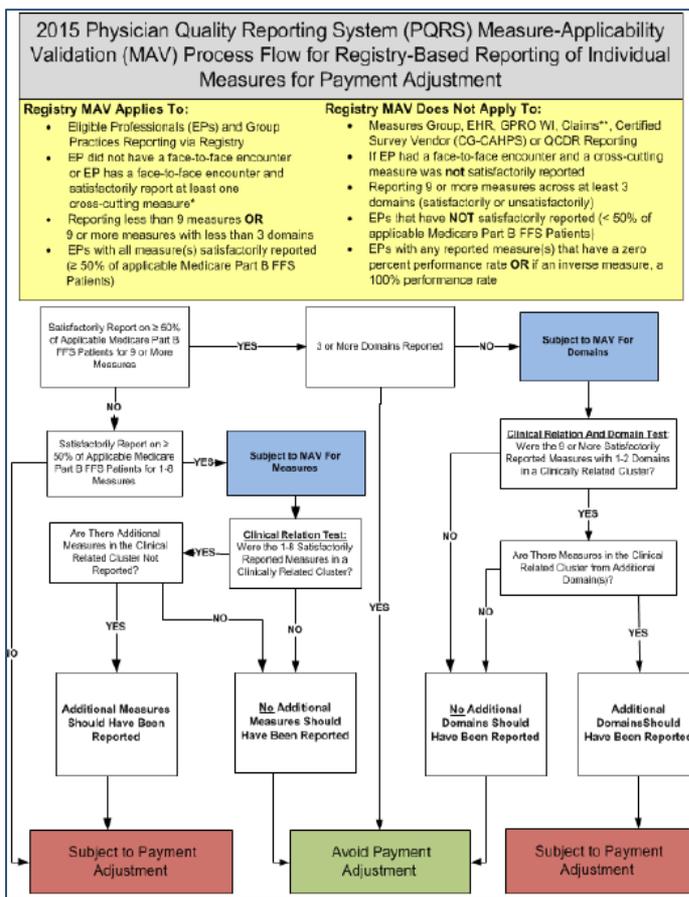
- If one measure within the MAV cluster has been reported by an individual EP or submitted by a group practice, then the other measures represented within the cluster should also be applicable.
- MAV clusters represent measures that are clinically related. Clusters can be centered on clinical condition, specific patient population, or procedure.

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

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 are subject to the 2017 PQRS payment adjustment.

Click the workflow image to view the Registry-Based MAV Process Flow Diagram.



How To Avoid the 2017 PQRS Payment Adjustment via MAV

The MAV process determines 2017 PQRS payment adjustment for individual EPs and group practices reporting less than nine measures or less than three domains.

To avoid the 2017 PQRS payment adjustment via MAV, 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.

Note: If reporting via claims, the individual EP in step 2 will also be analyzed on step 2, by applying the 15-minimum patient or encounter threshold test.

Claims-Based MAV Document

Below you will find the claims-based MAV document that is located on the www.cms.gov Web site:

- 2015 PQRS Measure-Applicability Validation (MAV) Process for Claims-Based Reporting of Individual Measures is available in the 2015 PQRS MAV Claims-Based Process Document zip file

Registry-Based MAV Document

Below you will find the registry-based MAV document that is located on the www.cms.gov Web site:

- 2015 PQRS Measure-Applicability Validation (MAV) Process for Registry-Based Reporting of Individual Measures is available in the 2015 PQRS MAV Registry-Based Process Document zip file

Module 1 MAV Checkpoint: Question 1



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



Module 1 MAV Checkpoint: Question 2



The MAV process determines if you can avoid the 2017 PQRS payment adjustment by validating that there are no other measures or measures with additional domains that are applicable to your practice.

- 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 **A. True.**

The MAV process determines if you can avoid the 2017 PQRS payment adjustment by validating that there are no other measures or measures with additional domains that are applicable to your practice.



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



This module covers:

**Claims-Specific 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 only applies to the following:

- Claims-based individual measure reporting
- Eligible professionals (EPs) or group practices who satisfactorily report quality data codes (QDCs) for less than nine measures and/or measures across less than three domains
- EPs or group practices must satisfactorily report on at least 50% of their eligible patients or encounters for each measure
- At least one cross-cutting measure must be satisfactorily reported for those individual EPs with face-to-face encounters.
 - CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible encounters can be associated with the EP if face-to-face encounters exist.

Claims-Based MAV (*continued*)

Claims-based MAV only applies to the following:

- If it is determined that at least one cross-cutting measure was not reported for EPs, the individual EP with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be utilized for that individual EP. For those individual EPs with no face-to-face encounters (e.g., Pathologists, etc.), MAV will be utilized for those that report less than nine measures and/or less than three NQS domains.
- For measures reported, there must be at least one patient or procedure in the performance numerator of the performance rate for the measure to be counted as meeting performance. For measures that move toward a 100% performance rate to indicate higher quality outcomes, the rate must be greater than 0%. For inverse measures, where a higher quality outcome moves the performance rate toward 0%, the rate must be less than 100%.

Claims-Based MAV (*continued*)

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
- If EP had a face-to-face encounter and at least one cross-cutting measure was not satisfactorily reported
- Satisfactorily reporting nine or more measures across at least three domains
- EPs that have not satisfactorily reported (<50% of applicable Medicare Part B FFS Patient)
- EPs with any reported measure(s) that have a 0% performance rate or if an inverse measure, a 100% performance rate

Registry-Based MAV

Registry-based MAV only applies to the following:

- EPs or group practices who satisfactorily report quality data codes (QDCs) for less than nine measures or measures across less than three domains
- EPs who satisfactorily report on at least 50% of their eligible patients or encounters for each measure
- At least one cross-cutting measure must be satisfactorily reported for those individual providers or group practices with face-to-face encounters

Registry-Based MAV (*continued*)

Registry-based MAV only applies to the following:

- If it is determined that at least one cross-cutting measure was not reported for EPs or group practices, the individual EP or group practice with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment, and MAV will not be utilized for that individual EP or group practice. For those individual EPs or group practices with no face-to-face encounters (e.g., Pathologists, etc.), MAV will be utilized for those that report less than nine measures and/or less than three NQS domains.
- For measures reported there must be at least one patient or procedure in the performance numerator of the performance rate for the measure to be counted as meeting performance. For measures that move towards 100% to indicate higher quality outcome, the performance rate must be greater than 0%. For inverse measures, where higher quality moves the performance rate toward 0%, the rate must be less than 100%.

Registry-Based MAV (*continued*)

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

- Measures Group, EHR, GPRO WI, Claims, **CG-CAHPS**, CAHPS for PQRS, or QCDR Reporting
- If the EP had a face-to-face encounter and at least one cross-cutting measure was not satisfactorily reported
- Satisfactorily reporting nine of more measures across at least three domains
- EPs that have not satisfactorily reported (<50% of applicable Medicare Part B FFS Patient)
- EPs with any reported measure(s) that have a 0% performance rate or, if an inverse measure, a 100% performance rate



MAV does not apply to Qualified Clinical Data Registries (QCDRs). CMS has posted the 2015 Qualified Clinical Registries reference information. These documents include detailed information regarding services each QCDR offers, the cost incurred by their clients, and the measures they have available. For more information on QCDRs view these links:

2015 QCDR Made Simple information is found at this link: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015PQRS_QCDR_MadeSimple.pdf

2015 QCDR Submission Criteria information is found at this link: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_QCDRVendorCriteria.pdf

Next, review considerations of the measure selection process.

For information on CG-CAHPS (CAHPS for PQRS), contact the QualityNet Help Desk at 1-866-288-8912 or via e-mail at qnet support@hcqis.org.

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 2015
- 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 (*continued*)

After the EP or group practice researches measures and decides which measures to select for PQRS reporting, MAV will apply when:

- There are less than nine applicable measures.
- There are less than three measures across applicable NQS domains.
- All applicable measures have been satisfactorily reported via claims or registry.

Measure Selection Reference Materials

Below you will find a list of measure selection reference materials located on the www.cms.gov Web site:

- [2015 Physician Quality Reporting System \(PQRS\) Implementation Guide](#)
- [2015 PQRS Measures List](#) (National Quality Strategy [NQS] Domains are listed by each individual PQRS measure)
- [2015 PQRS Individual Measures Specification Manual for Claims and Registry](#)

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 2015
- 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.**

All of 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 2015
- 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 across 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 across 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.

How to Report If MAV Applies

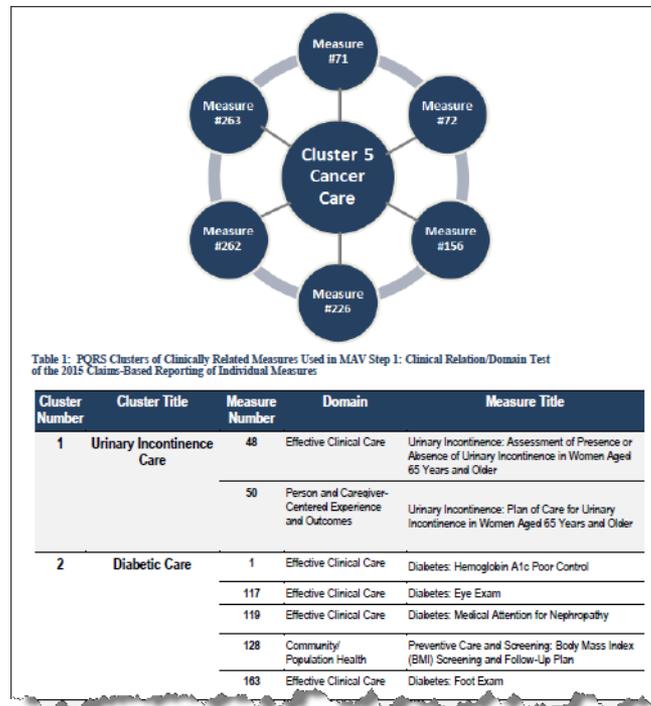
MAV may apply if an individual EP or group practice determines they have less than nine measures *OR* nine or more measures across less than three domains, then the individual EP or group practice should:

1. Review the MAV process document to consider how all the applicable 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 2015 PQRS MAV Process for Claims-Based Reporting of Individual Measures and/or the 2015 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 claims-based MAV:



How Is MAV Triggered?

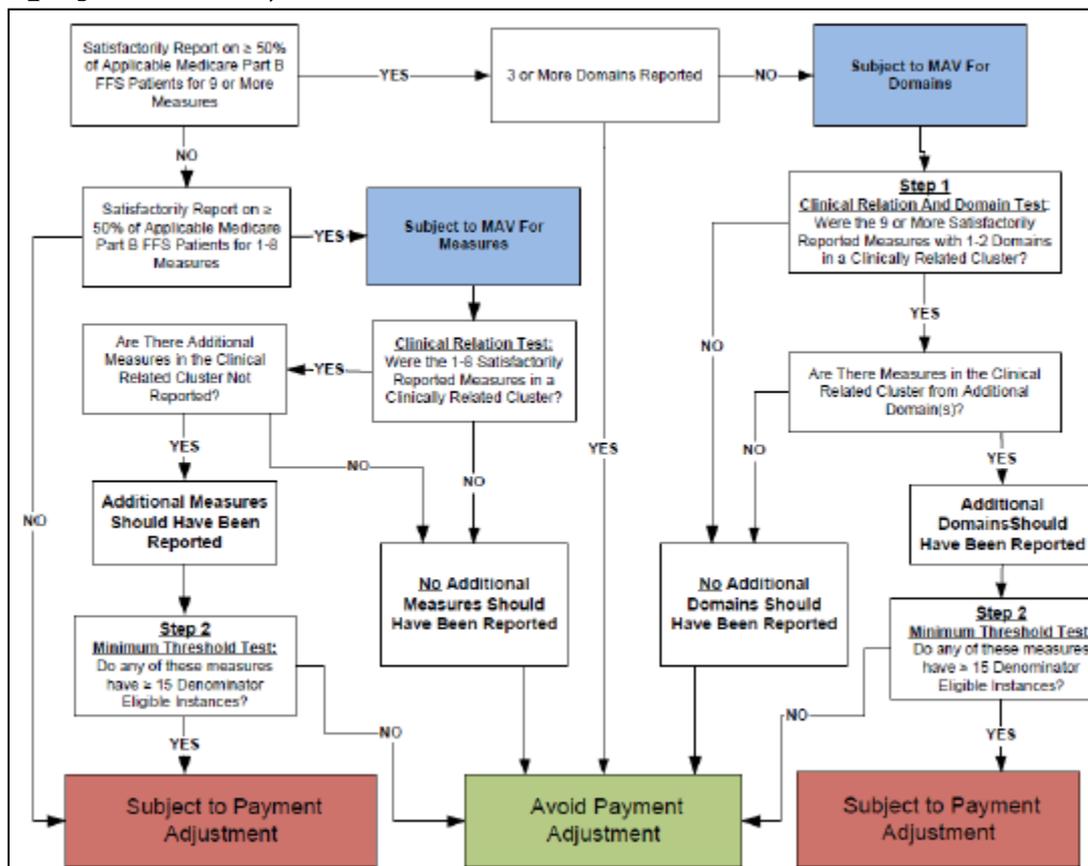
The MAV analysis process is triggered automatically when the individual EP or group practice does not report nine or more measures across at least three NQS domains.

CMS applies the MAV process to determine the 2017 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 are subject to the 2017 PQRS payment adjustment.



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 that measure(s) is contained within a cluster, CMS will determine if those measures were also applicable for the EP to report
- 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, the MAV process indicates if additional measures may also be applicable to the individual EP based on the cluster the measure(s) are contained

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 registry-based MAV.

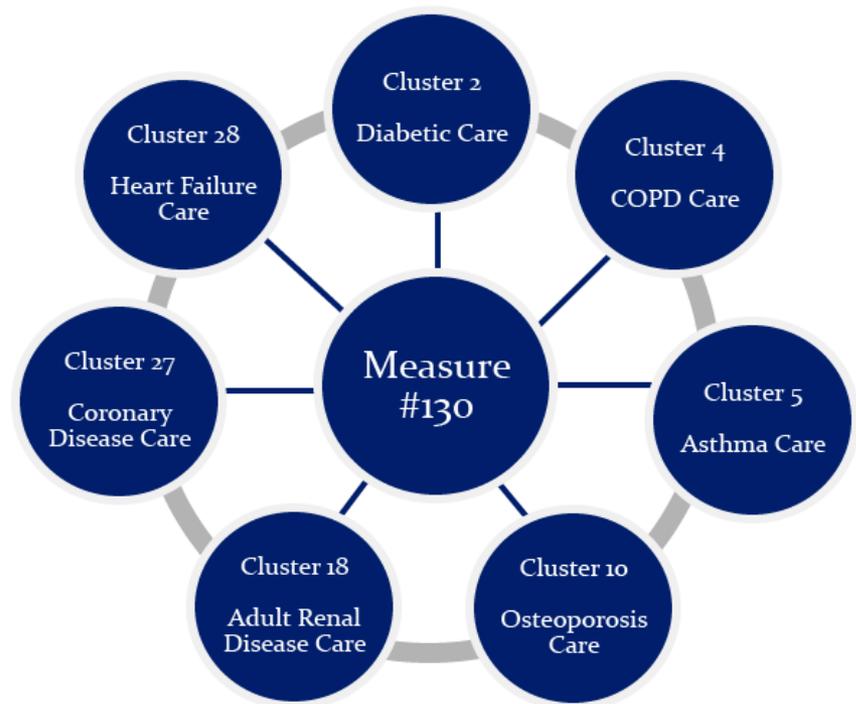
The following measures are examples of measures that are found in multiple clinically related clusters.

- #110: Preventive Care and Screening: Influenza Immunization
- #130: Documentation of Current Medications in the Medical Record
- #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Example: Measures Found in Multiple Clinically Related Clusters

Measure #130: *Documentation of Current Medications in the Medical Record* has a denominator that is broadly applicable and relevant to a wide range of individual EPs; therefore, this measure has been included within seven clinical clusters for registry based MAV.

Other measures that are in multiple clusters within Claims-Based MAV are: Measure #110 and Measure #226



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 15 eligible encounters to report.
- If CMS determines there were 15 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.

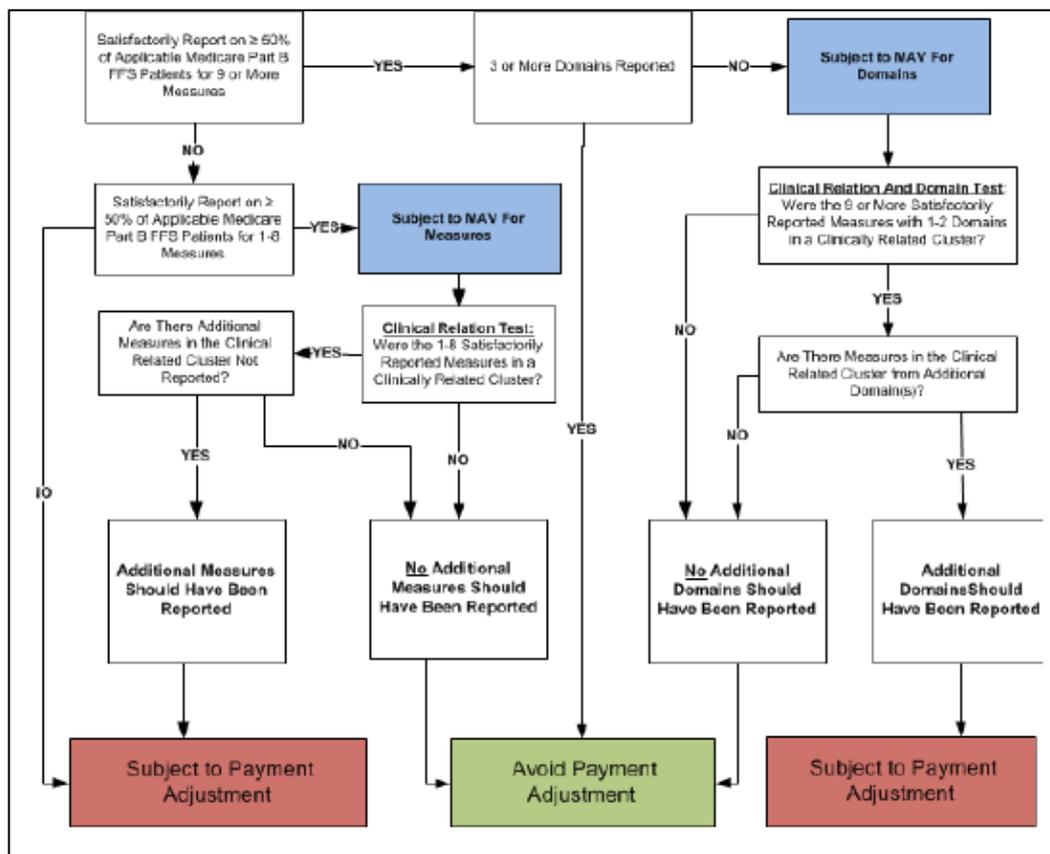


This is a two-step process for claims and is represented on the Claims-based MAV process flow diagram.

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 will receive the 2017 PQRS payment adjustment.



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



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 15 eligible encounters to report. If MAV determines there were greater than 15 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, if one measure in a measure cluster is reported by the EP or group practice, the assumption is that other measures in the cluster would be applicable to that practice.

Scenario 3

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

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

Yes, this measure is contained within seven clinical clusters for registry-based MAV.



Takeaway: MAV Scenario 3 – Measure #130: Documentation of Current Medications in the Medical Record



The takeaway for MAV Scenario 3: Measure #130: Documentation of Current Medications in the Medical Record, is that for registry-based MAV, some measures that are broadly applicable are included in multiple clinical clusters. Therefore, it is recommended that individual EPs submitting via registry, will review all clinical clusters that contain measures such as, measure #110, #130, and #226.

For example, if the EP submits measures #5 and #8 within the Heart Failure cluster, then all the measures within that cluster should be submitted. 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 registry-based MAV).

Scenario 4

Cross-Cutting Measures

For 2015 PQRS, the reporting criteria has been updated to include reporting/submitted at least one cross-cutting measure if the individual EP or group practice has at least one face-to-face encounter. How does this impact the MAV process?

MAV will be applied once CMS determines that an EP or group practice, if a face-to-face encounter exists, satisfactorily reported a cross-cutting measure.



Takeaway: MAV Scenario 4 – Cross-Cutting Measures

Cross-cutting measures are defined as any measure that is broadly applicable across multiple clinical settings and EPs within a variety of specialties.

The takeaway for MAV Scenario 4: Cross-Cutting Measures, is that at least one cross-cutting measure is required to be satisfactorily reported prior to the MAV process being started. CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible encounters can be associated with the individual EP. If at least one cross-cutting measure is not reported/submitted when a face-to-face encounter exists, CMS will consider the individual EP or group practice as not satisfactorily reporting. This will exclude them from the MAV process and they will be subject to the 2017 payment adjustment.



Scenario 5

Case Study

I am an Anesthesiologist reporting via claims and can only report on two PQRS measures. What should I do? Do I have to report both measures, even if only one measure is applicable?

My recommendation would be to choose the clinical-cluster that is most relevant to your practice. Therefore, you could choose to report the Anesthesia Care cluster.



Takeaway: MAV Scenario 5 – Case Study



The takeaway for MAV Scenario 5: Case Study, is ultimately, the decision on “what” to report is left to the individual EP or group practice.

Remember, to avoid the 2017 PQRS payment adjustment, 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 15-minimum patient or encounter threshold test will be applied.

Scenario 6

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 6 – Group Practices Reporting via Registry



The takeaway for MAV Scenario 6: 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 e-mail at qnetsupport@hcqis.org.

Scenario 7

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 7 – QualityNet Help Desk



The takeaway for Scenario 7: 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.

For more information, please visit the Help Desk Support Web page located on the 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. Click the radio button next to the item that best answers the question and then click the **Submit** button. There is only one answer for each question.

Knowledge Check – Question 1

The MAV process is designed to determine the Physician Quality Reporting System (PQRS) 2017 payment adjustment for reporting applies to 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 MAV process is designed to determine the Physician Quality Reporting System (PQRS) 2017 payment adjustment for reporting applies to 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

The answer is D. The MAV process is designed to determine the 2017 PQRS payment adjustment for EPs reporting via claims or registry, and group practices reporting via registry.

Knowledge Check – Question 2

If the individual EP or group practice satisfactorily reports less than nine measures, and or measures across less than three domains, they can potentially avoid the 2017 PQRS payment adjustment.

- A. True
- B. False

Knowledge Check – Answer 2

If the individual EP or group practice satisfactorily reports less than nine measures, and or measures across less than three domains, they can potentially avoid the 2017 PQRS payment adjustment.

- A. True
- B. False

The answer is A. True. Individual EPs or group practices satisfactorily reporting less than nine measures, and or measures across less than three domains can potentially avoid the 2017 PQRS payment adjustment.

Knowledge Check – Question 3

The MAV process is designed to determine the 2017 PQRS payment adjustment for EPs that have less than nine measures across three domains or measures across less than three domains.

- A. True
- B. False

Knowledge Check – Answer 3

The MAV process is designed to determine the 2017 PQRS payment adjustment for EPs that have less than nine measures across three domains or measures across less than three domains.

- A. True
- B. False

The answer is A. True. The MAV process is designed to determine the 2017 PQRS payment adjustment for EPs that have less than nine measures across three domains or measures across less than three domains. To avoid the 2017 PQRS payment adjustment, all measures chosen must first be satisfactorily reported. The MAV process is designed to determine the 2017 PQRS payment adjustment for individual EPs reporting via claims or registry, and 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 across less than three domains

Knowledge Check – Answer 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 across less than three domains

The 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 across 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

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

The 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 (or less than 100% for inverse indicators)
- B. 25% of denominator eligible patients with a greater than 0% performance rate (or less than 100% for inverse indicators)
- C. 50% of denominator eligible patients with a greater than 0% performance rate (or less than 100% for inverse indicators)
- D. 75% of denominator eligible patients with a greater than 0% performance rate (or less than 100% for inverse indicators)

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 (or less than 100% for inverse indicators)
- B. 25% of denominator eligible patients with a greater than 0% performance rate (or less than 100% for inverse indicators)
- C. 50% of denominator eligible patients with a greater than 0% performance rate (or less than 100% for inverse indicators)
- D. 75% of denominator eligible patients with a greater than 0% performance rate (or less than 100% for inverse indicators)

The 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. Billing and Coding
- D. Efficiency and Cost Reduction
- E. Community/Population Health

Knowledge Check – Answer 7

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

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

The answer is C. Healthcare Quality Improvement is not one of the six NQS domains. The six 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, but did not report at least nine measures across at least three domains.

- A. True
- B. False

Knowledge Check – Answer 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, but did not report at least nine measures across at least three domains.

- A. True
- B. False

The answer is A. True. 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.

Knowledge Check – Question 9

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

- A. True
- B. False

Knowledge Check – Answer 9

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

- A. True
- B. False

The answer is A. True. The clinical relation/domain test is the second step in the two-step process that is applied to those who are subject to the validation process of reported measures and/or domains in claims-based MAV.

Knowledge Check – Question 10

A cross-cutting measure is a measure that represents multiple NQS domains.

- A. True
- B. False

Knowledge Check – Answer 10

A cross-cutting measure is a measure that represents multiple NQS domains.

- A. True
- B. False

The answer is B. False. A cross-cutting measure is a measure that represents multiple NQS domains.

Rationale: A cross-cutting measure is any measure that is broadly applicable across multiple clinical settings and eligible professionals within a variety of specialties.

Resources

This is the hyperlink for claims-based MAV documents:

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_MAV_Claims-BasedProcessDocument.zip

This is the hyperlink for registry-based MAV documents:

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_MAV_Registry-BasedProcessDocument.zip

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

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

Thank You!



PQRS appreciates your review of the MAV training course and hopes you found it helpful.