Glossary

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.

Glossary

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 of the National Quality Strategy domains, and report each measure for at least 50 percent of the eligible professional's 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 1 to 8 measures covering 1 to 3 NQS domains and Measures with a 0 percent performance rate would not be counted.
    - 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.