2016 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process for Registry-Based Reporting of Individual Measures

11/17/2015

2016 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR REGISTRY-BASED MEASURES

The 2016 Physician Quality Reporting System (PQRS) requires individual eligible professionals or group practices to report at least 9 measures covering 3 National Quality Strategy (NQS) domains within the January 1, 2016 through December 31, 2016 reporting period. Currently the PQRS is comprised of 282 (200 registry-based measures) measures, many of which are broadly applicable across specialties while other measures are specialty specific. Although extremely rare, the Centers for Medicare & Medicaid Services (CMS) recognize that a limited number of individual eligible professionals or group practices may not be able to identify 9 measures covering 3 domains that are applicable to their practice. This should be an exception and individual eligible professionals or group practices are encouraged to report a full complement of performance measures and should not use the MAV process to minimize their reporting requirement. CMS fully expects individual eligible professionals or group practices to report a full complement of 9 measures covering 3 domains and to only use the MAV processes presented here when reporting 9 measures covering 3 domains is simply not appropriate or possible.

The purpose of this guidance document is to carefully delineate the MAV processes and requirements as it pertains to PQRS reporting via registry for individual eligible professionals or group practices that are unable to report on 9 measures covering 3 domains. See the MAV Glossary for additional terms and review Table 1 for measure-specific information.

The objective of registry-based MAV is for CMS to validate that there were no other measures applicable to the individual eligible professional's practice. This is done by reviewing the reported measures linked to measure clusters, which are groups of measures that are related and hence applicable to a practice. Additional measure(s) or domain(s) that may have been applicable to the individual eligible professional's or a group practice may be identified by this validation process: For registry-based submissions, MAV applies a one-step validation process of the clinical/domain relation test. Individual eligible professionals or group practices that submit less than 9 measures or less than 3 domains would be subject to MAV. If the individual eligible professional or group practice passes MAV, they would avoid the 2018 PQRS payment adjustment. For those individual eligible professionals or group practices that fail MAV, the 2018 PQRS payment adjustment would apply.

The MAV process exists to help individual eligible professionals and group practices who might practice in specialties that have a limited number of measures for which they can report, to appropriately avoid the payment adjustments. However, MAV is an analytically complex process and while it may benefit some individual eligible professionals and group practices, it may also validate that some individual eligible professionals and group practices should be reporting more measures than they currently report, which would then mean that the 2018 PQRS payment adjustment would apply.

Case Study 1: Ophthalmologist - When and How MAV Applies for Registry Submission:

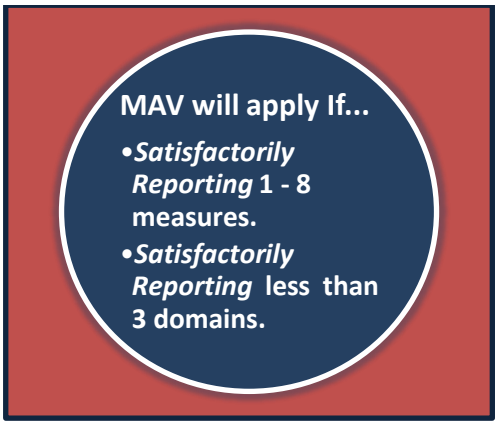
If an ophthalmologist satisfactorily reports Measures #12, #141 and does not submit any other measures, then CMS will analyze the submitted data to complete the clinical/relation domain test. MAV is only applied if the ophthalmologist satisfactorily reports on 1 to 8 measures or 9 or more measures covering less than 3 domains. If the ophthalmologist submits at least 9 measures covering 3 domains, then MAV does not apply.

> **Note:** If the ophthalmologist does not submit at least 1 cross-cutting measure (when applicable) then that individual provider *with face-to-face encounters* will be automatically subject to the 2018 PQRS payment adjustment and MAV will not be utilized.

Step 1, when registry-based MAV applies, CMS analyzes the submitted data to evaluate if there are any other measures or domains that could have been applicable based on the clinical clusters as referenced in Table 1. PQRS Measure #12 and #141 are found in Cluster 13: Primary Open-Angle Glaucoma. CMS would then review the cluster to evaluate if there were any other applicable measures within that cluster that could have been submitted.

For example, Dr. Smith, an ophthalmologist, feels that the only applicable measures for him to submit are Measures #12 and #141. He reports these measures based on the CPT code 92012. This CPT code is found in the denominator criteria of both Measures #12 and #141. Since he has satisfactorily reported on Measures #12 and #141, he is subject to the MAV analysis. CMS then evaluates which clinical clusters may be applicable to Dr. Smith based on the clusters as they are represented in the registry-based MAV document. If CMS determines that Dr. Smith may have been able to submit the measures in Cluster 13: Primary Open-Angle Glaucoma, CMS then reviews the cluster to determine if Dr. Smith could have submitted additional measures. Since Dr. Smith satisfactorily reported both measures within this cluster, he would "pass" MAV. If Dr. Smith only submitted Measure #12, CMS would have determined that he could have also submitted Measure #141 as the patient populations represented within these measures are very similar. Dr. Smith would have then "failed" MAV.

Figure 1: Eligibilty for MAV

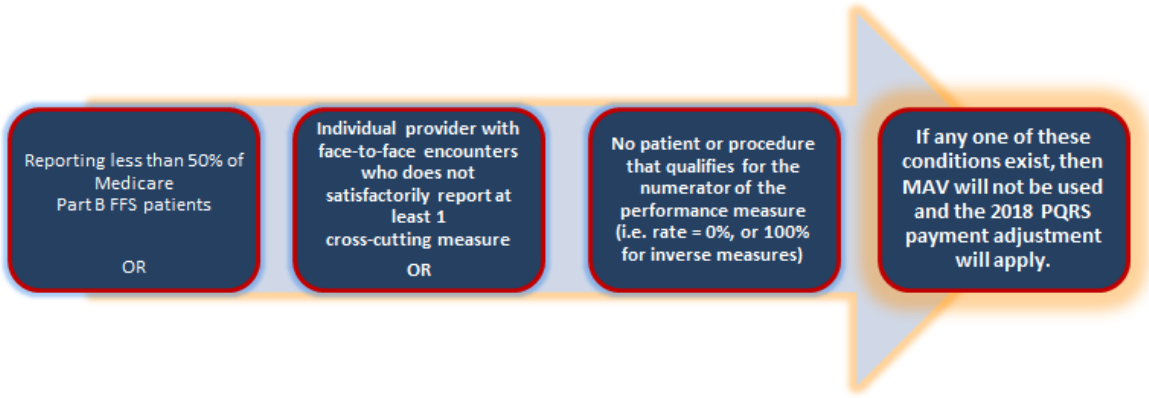


MAV Only Applied After the Following are Met:

- Individual eligible professionals or group practices who satisfactorily submit quality-data codes (QDCs) for **less than 9 measures or measures covering less than 3 domains**.

  Note: MAV is a process to review and validate an individual eligible professional's or group practice's inability to submit 9 measures covering 3 domains. CMS will analyze data to validate; using the clinical relation/domain test to confirm that more measures and/or domains were not applicable to the individual eligible professional's or group practice's scope of practice. If additional measures or domains are found to be applicable through MAV, the eligible professional would be subject to the 2018 PQRS payment adjustment.
- Individual eligible professionals and group practices must satisfactorily report on at least 50% of their eligible patients or encounters for each measure.
- At least **1 cross-cutting measure** must be satisfactorily reported for those individual eligible professionals or group practices 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 individual eligible professional or group practice. If it is determined that at least 1 cross-cutting measure was **not** reported, the individual eligible professional or group practice with face-to-face encounters will be automatically subject to the 2018 PQRS payment adjustment and MAV will not be utilized for that individual eligible professional or group practice. For those individual eligible professionals or group practices with no face-to-face encounters, MAV will be utilized for those that submit less than 9 measures and/or less than 3 domains.
- For measures submitted, there must be at least 1 patient or procedure in the numerator of the rate for the measure to be counted as meeting performance. For measures that move towards 100% to indicate higher quality outcome, the rate must be greater than 0%. For inverse measures where higher quality moves the rate towards 0% the rate must be less than 100%. Individual eligible professionals or group practices who fail these criteria for a submitted measure will **not** proceed through MAV and will be subject to the 2018 PQRS payment adjustment.

Figure 2: 2018 PQRS Payment Adjustment Will Apply

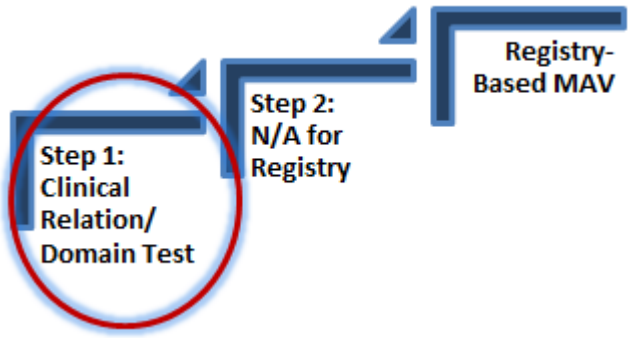


2016 PQRS Measure-Applicability Validation (MAV) Process for Registry-Based Measures

Please refer to the *2016 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process Flow for Registry-Based Reporting of Individual Measures for Payment Adjustment* for further guidance.

The Measure-Applicability Validation process, shown in Figure 3, has only 1 step for registry-based MAV.

Figure 3: Step 1, Clinical Relation/Domain Test, for Registry-Based MAV



Step 1: Clinical Relation/Domain Test

The clinical relation/domain test is the first and only-step in the registry-based MAV process that will be applied to those who are subject to the validation process of satisfactorily reported measures **OR** domains (i.e. those individual eligible professionals or group practices that submitted less than 9 measures or measures covering less than 3 domains). (Please note that the minimum threshold test used in claims-based MAV is *not* analyzed for registry-based MAV.)

The clinical relation/domain test is based on 2 factors:

1. How the measure(s) satisfactorily reported currently apply within the individual eligible professionals and group practices, *and*
2. The concept that if 1 measure in a cluster of measures related to a particular clinical topic or eligible professional service is applicable to an individual eligible professional or a group practice, then other clinically related measures within the clinical cluster **may** also be applicable. Clinical clusters within MAV are measures that are clinically related based by patient type, procedure, or possible clinical action.

For those individual eligible professionals and group practices who satisfactorily submit quality data for 9 PQRS measures covering **less than 3 domains**, there will be a determination if additional measures with additional domains may also apply to the individual eligible professional or group practice based on the clinical cluster. If no other measures or domains are identified through this process the individual eligible professional or group practice would avoid the 2018 PQRS payment adjustment. Case Study 2 shows how the clinical relation/domain test will be applied for registry submissions:

Case Study 2: Pathologist - How the Registry-based MAV Clinical Relation/Domain Test Will Be Applied:

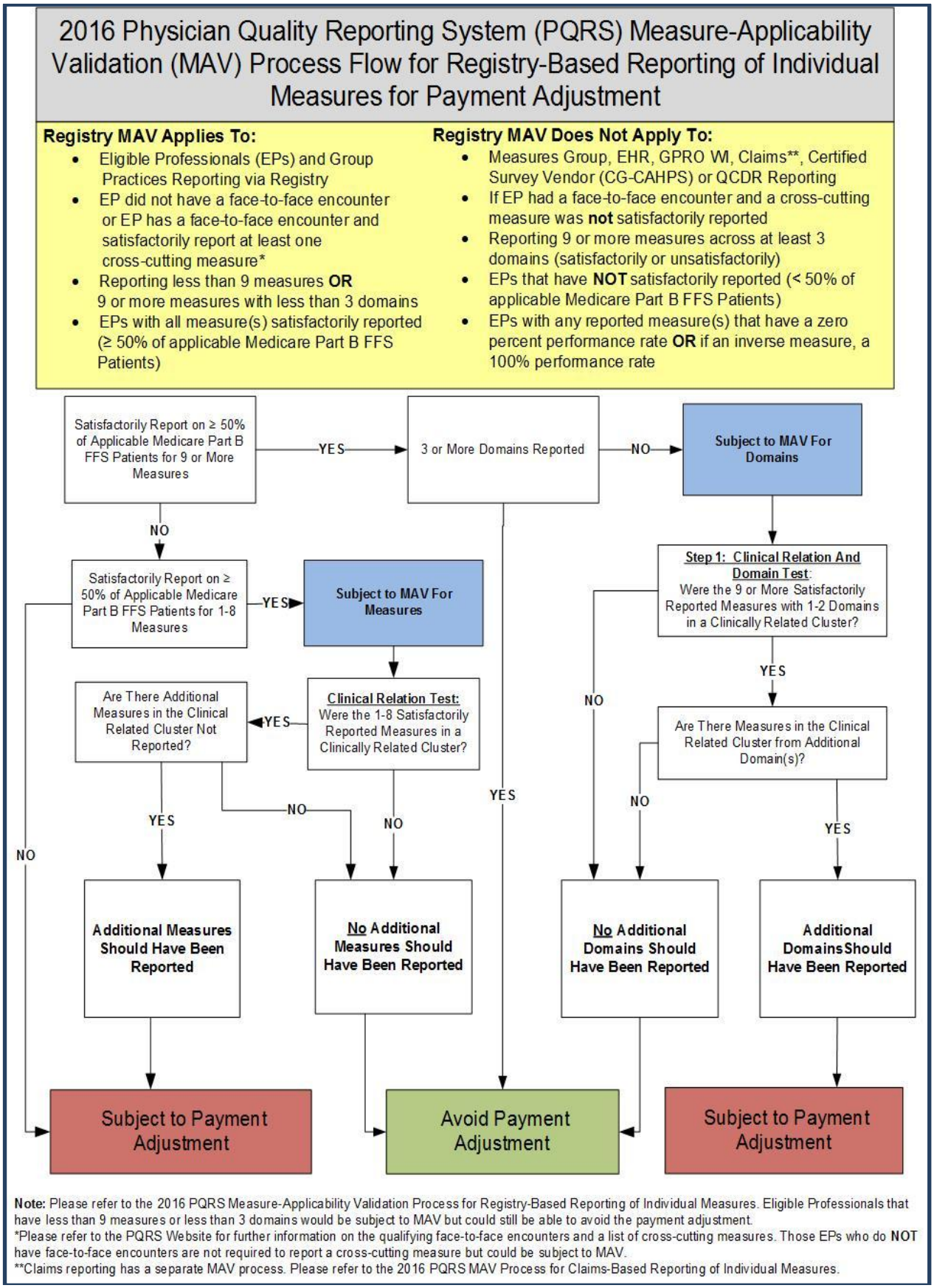
A pathologist, identified as an individual eligible professional who is subject to MAV due to meeting the pre-requisites for MAV, reported QDCs for Measure #395, one of the PQRS measures related to pathology. CMS will determine if the reported measure is contained within a cluster or is excluded from a cluster. If the measure is contained within a cluster, then CMS will analyze claims data to evaluate if any of the other measures or domains within the clinical cluster may have also been applicable. If there are other measure(s)' denominators criteria that are applicable, CMS will proceed to Step 2 (Minimum Threshold Test) to determine whether any of the other pathology measure(s) in the pathology cluster could also have been submitted. CMS determined that the reported measure was part of a measure cluster for pathologists. Upon further analysis, CMS determined that some of the other measures in the cluster (left unreported by the physician) would be applicable to the physician's practice and could have been reported.

Other Program Considerations:

- Quality data submitted via registry must be supported in medical record documentation. Other laws and regulations relating to Medicare program may also apply to PQRS.

- CMS may determine that it is necessary to modify the MAV process after the start of the 2016 reporting period. However, any changes will result in the MAV process being applied more leniently, thereby
    - Allowing a greater number of eligible professionals to pass validation, *and*
    - Causing no eligible professional or group practice that would otherwise have passed, to fail. Any modifications will be published on the CMS PQRS website as soon as possible after determination that a change is needed.
- Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS): MAV will apply to group practices that choose the reporting of CG-CAHPS and 6 registry measures covering 2 domains. A Group Practice Reporting Option (GPRO) that is greater than 100 eligible professionals is required to report CG-CAHPS. A GPRO that is less than 100 eligible professionals is not required to report CG-CAHPS. If CG-CAHPS is chosen to report, than it would be considered a cross-cutting measure for PQRS.

Figure 4: Registry-Based MAV Process Flow



Note: Please refer to the 2016 PQRS Measure-Applicability Validation Process for Registry-Based Reporting of Individual Measures. Eligible Professionals that have less than 9 measures or less than 3 domains would be subject to MAV but could still be able to avoid the payment adjustment.
*Please refer to the PQRS Website for further information on the qualifying face-to-face encounters and a list of cross-cutting measures. Those EPs who do **NOT** have face-to-face encounters are not required to report a cross-cutting measure but could be subject to MAV.
**Claims reporting has a separate MAV process. Please refer to the 2016 PQRS MAV Process for Claims-Based Reporting of Individual Measures.

Registry-Based MAV Glossary of Terms

Cluster
Measures related to a particular clinical topic or individual eligible professional service that is applicable to a specific, individual eligible professionals or group practice.

Domains
Represent the Department of Health and Human Services' (HHS's) NQS priorities for healthcare quality improvement. A domain is automatically included in the structure of each measure. The 6 NQS domains mirror the 6 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.

The 6 NQS 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

Eligible professional (EP)
Determine if you are eligible to participate for purposes of the PQRS incentive payment and payment adjustment. A list of eligible medical care professionals considered eligible to participate in PQRS is available on the CMS.gov Web site at this path: **CMS.gov/PQRS> How To Get Started>Eligible Medical Care Professionals**. Read this list carefully, as not all entities are considered "eligible professionals" because they are reimbursed by Medicare under other fee schedule methods than the Physician Fee Schedule (PFS).

Satisfactorily Reporting Criteria for Submission via Registry
Submit at least 9 measures covering at least 3 of the domains, and submit each measure for at least 50% of the individual eligible professional's or group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies;

- If submitting less than 9 measures covering at least 3 domains apply to the individual eligible professional or group practice: Report 1 to 8 measures covering 1 to 3 domains and
    - Submit 1 to 8 measures covering 1 to 3 domains and measures with a 0% performance rate would not be counted.
    - Submit 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.
    - Submit at least 1 cross-cutting measure if eligible professional bills for face-to-face encounters
- Measures with a 0% 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 via Registry submission.

Measure-Applicability Validation (MAV) Training Course
The 2016 Measure-Applicability Validation (MAV) self-paced training course is designed for individual EPs reporting measures via claims or an individual EP or group practice reporting via a registry vendor. The course presents a high-level overview of the MAV process and how it will apply for 2016 PQRS reporting purposes. The course includes the following four modules:
Module 1: MAV Overview
Module 2: Knowing When MAV Applies
Module 3: MAV Analysis Process
Module 4: MAV Scenarios

The course also provides real-world MAV scenarios, in addition to providing helpful information on how to avoid the 2018 PQRS payment adjustment.

To start this course click on the following link: **Measure-Applicability Validation Training Course** from the Analysis and Payment webpage to view the PowerPoint presentation.

The list of clusters of related measures and the PQRS measures that are included within each cluster are presented below.

Figure 5: Example of Cluster of Clinically Related Measures

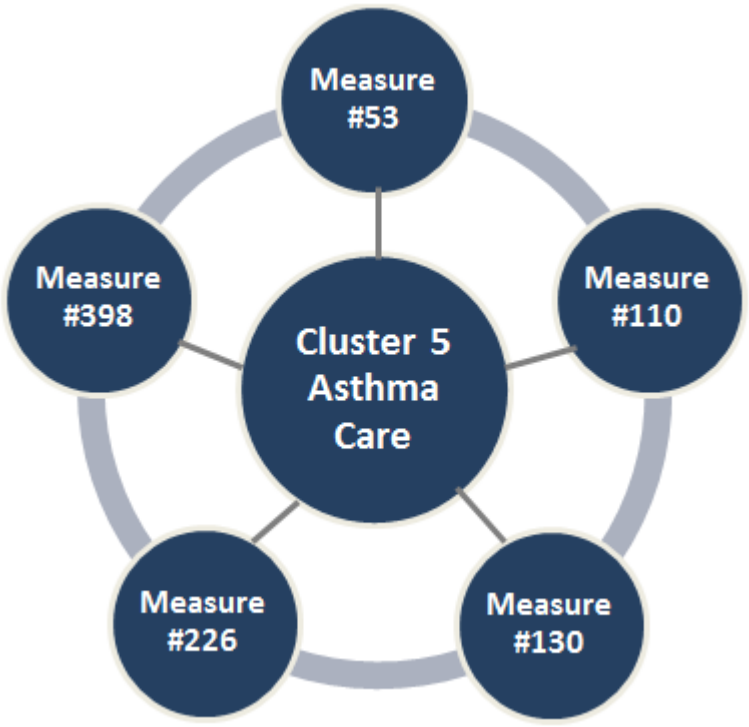


Table 1: PQRS Clusters of Clinically Related Measures Used in MAV Step 1: Clinical Relation/Domain Test of the 2016 Registry-Based Submission of Individual Measures

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	**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
3	**Chronic Obstructive Pulmonary Disease (COPD) Care**	**51**	Effective Clinical Care	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
		52	Effective Clinical Care	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy
		110	Community/Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
			Note: *When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #51 and/or #52 are submitted.*	
4	**Asthma Care**	**53**	Effective Clinical Care	Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting
		110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
		398	Effective Clinical Care	Optimal Asthma Care- Control Component
			Note: *When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #53 and/or #398 are submitted.*	

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
5	Hematology Care	67	Effective Clinical Care	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
		68	Effective Clinical Care	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
		69	Effective Clinical Care	Hematology: Multiple Myeloma: Treatment with Bisphosphonates
		70	Effective Clinical Care	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
6	Melanoma Care	137	Communication and Care Coordination	Melanoma: Continuity of Care-Recall System
		138	Communication and Care Coordination	Melanoma: Coordination of Care
		224	Efficiency and Cost Reduction	Melanoma: Overutilization of Imaging Studies in Melanoma
7	Oncology Pain Care	131	Communication and Care Coordination	Pain Assessment and Follow-Up
		143	Person and Caregiver-Centered Experience and Outcomes	Oncology: Medical and Radiation – Pain Intensity Quantified
		144	Person and Caregiver-Centered Experience and Outcomes	Oncology: Medical and Radiation – Plan of Care for Pain
			Note: *When submitting #131, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #143 and/or #144 are submitted.*	
8	Osteoporosis Care	24	Communication and Care Coordination	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older
		110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
		418	Effective Clinical Care	Osteoporosis Management in Women Who Had a Fracture

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
				Note: *When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #24 and/or #418 are submitted. There is no requirement to report both #24 and #418.*
9	**Appropriate Test/Treatment for Children**	**65**	Efficiency and Cost Reduction	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
		66	Efficiency and Cost Reduction	Appropriate Testing for Children with Pharyngitis
10	**Acute Otitis Externa**	**91**	Effective Clinical Care	Acute Otitis Externa (AOE): Topical Therapy
		93	Efficiency and Cost Reduction	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
11	**Adult Sinusitis Care**	**331**	Efficiency and Cost Reduction	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)
		332	Efficiency and Cost Reduction	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
		333	Efficiency and Cost Reduction	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
		334	Efficiency and Cost Reduction	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
12	**Pathology Breast Cancer**	**99**	Effective Clinical Care	Breast Cancer Resection Pathology Submitting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
		251	Effective Clinical Care	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
13	**Primary Open-Angle Glaucoma**	**12**	Effective Clinical Care	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
		141	Communication and Care Coordination	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
14	**Age-Related Macular Degeneration**	**14**	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Dilated Macular Examination
		140	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
15	Cataract Care	191	Effective Clinical Care	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
		192	Patient Safety	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
		303	Person and Caregiver-Centered Experience and Outcomes	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
		304	Person and Caregiver-Centered Experience and Outcomes	Cataracts: Patient Satisfaction within 90 Days following Cataract Surgery
		388	Patient Safety	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)
		389	Effective Clinical Care	Cataract Surgery: Difference Between Planned and Final Refraction
16	Adult Renal Disease Care	110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		121	Effective Clinical Care	Adult Kidney Disease: Laboratory Testing (Lipid Profile)
		122	Effective Clinical Care	Adult Kidney Disease: Blood Pressure Management
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
			Note: *When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #121 and/or #122 are submitted.*	
17	Adult Renal Catheter Care	329	Effective Clinical Care	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
		330	Patient Safety	Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days
18	Pediatric Kidney Disease Care	327	Effective Clinical Care	Pediatric Kidney Disease: Adequacy of Volume Management
		328	Effective Clinical Care	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
19	Stroke Care	32	Effective Clinical Care	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy
		187	Effective Clinical Care	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
20	Perioperative Care	21	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
		22	Patient Safety	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)
		23	Patient Safety	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
21	Coronary Artery Bypass Graft Care	43	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
		44	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
		164	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Prolonged Intubation
		Note: *When submitting #43 and #164, they are not subject to MAV for this clinical cluster. It is expected to submit #44 if they are submitted.*		
22	Endoscopy and Polyp Surveillance	185	Communication and Care Coordination	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
		320	Communication and Care Coordination	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
23	Urinary Incontinence Care	48	Effective Clinical Care	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
		50	Person and Caregiver-Centered Experience and Outcomes	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
24	Coronary Disease Care	6	Effective Clinical Care	Coronary Artery Disease (CAD): Antiplatelet Therapy
		7	Effective Clinical Care	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
		110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		118	Effective Clinical Care	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
			Note: *When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #6, #7, and/or #118 are submitted.*	
25	**Heart Failure Care**	**5**	Effective Clinical Care	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
		8	Effective Clinical Care	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
		110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
			Note: *When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #5 and/or #8 are submitted.*	
26	**Cardiac Stress Imaging**	**322**	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients
		323	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
		324	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients
27	**Carotid Artery Stenting Care**	**344**	Effective Clinical Care	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
		345	Effective Clinical Care	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)
28	Carotid Endarterectomy Care	260	Patient Safety	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home Post-Operative #2)
		346	Effective Clinical Care	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)
29	Endovascular Aneurysm Repair	258	Patient Safety	Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)
		259	Patient Safety	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home Post-Operative Day #2)
		347	Patient Safety	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital
30	Breast Surgery Care	262	Patient Safety	Image Confirmation of Successful Excision of Image-Localized Breast Lesion
		263	Effective Clinical Care	Preoperative Diagnosis of Breast Cancer
		264	Effective Clinical Care	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
31	Functional Care	217	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments
		218	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments
		219	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments
		220	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments
		221	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments
		222	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
		223	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments
32	**Retinal Care**	384	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery
		385	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
33	**Heart Rhythm Care**	348	Patient Safety	HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate
		392	Patient Safety	HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
		393	Patient Safety	HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision
34	**Pathology Lung Cancer**	395	Communication and Care Coordination	Lung Cancer Reporting (Biopsy/Cytology Specimens)
		396	Communication and Care Coordination	Lung Cancer Reporting (Resection Specimens)
35	**Colonoscopy Care**	130	Patient Safety	Documentation of Current Medications in the Medical Record
		425	Effective Clinical Care	Photodocumentation of Cecal Intubation
			Note: *When submitting #130, it is not subject to MAV for this clinical cluster. It is expected to submit #130 if #425 is submitted.*	
36	**Gynecological Care**	422	Patient Safety	Performing Cystoscopy at the time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury
		428	Effective Clinical Care	Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence
		429	Patient Safety	Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy
		432	Patient Safety	Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair
		433	Patient Safety	Proportion of Patients Sustaining a Major Viscus Injury at the Time of any Pelvic Organ Prolapse Repair
		434	Patient Safety	Proportion of Patients Sustaining A Ureter Injury at the Time of any Pelvic Organ Prolapse Repair
37	**Headache Care**	419	Efficiency and Cost Reduction	Overuse of Neuroimaging for Patients with Primary Headache And a Normal Neurological Examination
		435	Effective Clinical Care	Quality of Life Assessment For Patients With Primary Headache Disorders

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
38	Anesthesiology Care	424	Patient Safety	Perioperative Temperature Management
		426	Communication and Care Coordination	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)
		427	Communication and Care Coordination	Post-Anesthetic Transfer of Care Measure: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)
		430	Patient Safety	Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy
39	Opioid Care	408	Effective Clinical Care	Chronic Opioid Therapy Follow-up Evaluation
		412	Effective Clinical Care	Documentation of Signed Opioid Treatment Agreement
		414	Effective Clinical Care	Evaluation or Interview for Risk of Opioid Misuse
40	Palliative Care	47	Communication and Care Coordination	Care Plan
		134	Community/Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
		342	Person and Caregiver-Centered Experience and Outcomes	Pain Brought Under Control Within 48 Hours
		Note: *When submitting #47 and/or #134, they are not subject to MAV for this clinical cluster. It is expected to submit those measures if #342 is submitted.*		
41	General Care	130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
		317	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
		Note: *When submitting #130 and/or #226, they are not subject to MAV for this clinical cluster. It is expected to submit those measures if #317 is submitted.*		
42	Preventive Care	112	Effective Clinical Care	Breast Cancer Screening
		113	Effective Clinical Care	Colorectal Cancer Screening
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		317	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
		Note: *When submitting #130 or #317, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #112 and/or #113 are submitted. There is no requirement to report both #112 and #113.*		
43	**Immunization Care**	**110**	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		111	Community/ Population Health	Pneumonia Vaccination Status for Older Adults