The Measure Applicability Validation (MAV) Process

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Successfully Navigating the Physician Quality Reporting System (PQRS): Measure Applicability Validation (MAV) Process

◆ What is the MAV?

CMS requires all eligible professionals (EPs) to successfully report on at least 9 measures covering at least 3 National Quality Strategy (NQS) domains during 2015 to avoid PQRS penalties. CMS also recognizes that many clinicians may not have 9 measures available to report, so they have devised a validation program that will allow clinicians to avoid the PQRS penalties while reporting fewer than 9 measures or fewer than 3 quality domains.

◆ How does the MAV Work?

If an eligible professional reports fewer than 9 measures (or 3 domains), CMS will evaluate the EP's claims to see if there were any other measures that the EP had at least 15 opportunities to report on during the year, yet they did not report the measure(s). CMS will only look for other reportable measures that belong to the same MAV clusters as the measures already being reported by that clinician. MAV clusters are defined differently depending on the method of reporting/PQRS data submission: claims-based or registry0based.

◆ What are Cross Cutting Measures?

In addition to reporting at least 9 measures across 3 NQS domains, if the clinician has at least one face-to-face patient encounter during the year, at least 1 of their reported measures must come from a short list of "cross cutting" measures as defined by CMS. **Successfully reporting 9 measures, across 3 domains, including 1 cross-cutting measure, satisfies the 2015 PQRS reporting requirements.**

Potential Measures for Emergency Care				
PQRS #	NQS Domain	Quality Measure Title	Reporting Mechanism	MAV Cluster
PQRS 54	Clinical Effectiveness	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	Claims; Registry	*Claims: Cluster 4* Registry: none
PQRS 76	Patient Safety	Prevention of CRBSI: Central Venous Catheter (CVC) Insertion Protocol	Claims; Registry	Claims: Cluster 12-Anesthesiology Registry: Cluster 24-Anesthesiology Can report #76 alone, not subject to MAV
PQRS 91	Clinical Effectiveness	Acute Otitis Externa (AOE): Topical Therapy	Claims; Registry	Claims: Cluster 7 Registry: Cluster 12
PQRS 93	Efficiency	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	Claims; Registry	Claims: Cluster 7 Registry: Cluster 12
PQRS 187	Clinical Effectiveness	Stroke and Stroke Rehabilitation: Thrombolytic Therapy (tPA); also known as hospital STK-4	Registry only	Registry Cluster: 21 Registry only
PQRS 254	Clinical Effectiveness	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain	Claims; Registry	*Claims: Cluster 4* Registry: none
PQRS 255	Clinical Effectiveness	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure	Claims; Registry	*Claims: Cluster 4* Registry: none
PQRS 317 *cross cutting*	Community – Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Claims; Registry	*Cross-Cutting* Claims & Registry
PQRS 326	Clinical Effectiveness	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy; aka hospital STK-3	Claims; Registry	Claims: none Registry: none

◆ Emergency Medicine & the MAV Process

- An eligible provider can still satisfy PQRS and avoid the penalty by reporting on less than 9 measures, but would be subject to the MAV process to determine whether he/she reported on as many measures as are applicable, and will also determine if they could have reported on any cross cutting measures

- It should be noted that for 99% of emergency providers they will not have any Medicare patients that fall into measures #91, #93, #254, and #255 above, so it is highly unlikely that those measures would be counted toward the nine measure goal for most providers.

- Emergency physicians should also beware of reporting on any measures outside of their cluster (with the exception of #76 and #317) as reporting additional measures may trigger additional clusters as noted in the table above.

- On January 19, 2015 CMS released the 2015 Measures Applicability Validation (MAV) process and they identified the following **Claims-Based MAV for Emergency Care = Cluster 4 + 1 Cross-Cutting Measure**:

Cluster 4	**Emergency Care**	54	Effective Clinical Care	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
		254	Effective Clinical Care	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
		255	Effective Clinical Care	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure
+	**Cross-Cutting**	317	Population & Community Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

◆ National Quality Strategy (NQS) Domains & Additional Resources

Additional Resources:

- ◆ CMS' MAV Training Course

- ◆ List of CMS Cross Cutting Measures

- ◆ MAV Clusters for registry submission

- ◆ MAV clusters for claims-based submission

- ◆ ACEP PQRS Website