Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Physician Quality Reporting System Program Year 2013

Group Practice Reporting Option (GPRO) Web Interface XML Specification

Version: 2.0
12/20/2013

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1. Introduction

The purpose of this XML Specification is to provide information on how to use Extensible Markup Language (XML) files in the Group Practice Reporting Option (GPRO) Web Interface. The data stored in the database may be exported, or the data may be updated using XML files.

The Web Interface accepts data from ACO GPROs and PQRS GPROs. Where the information applies to both the ACO GPROs and the PQRS GPROs, the two GPRO types will be referred to as "group". If the information only applies to one of the GPRO types, the type of GPRO will be specified in the document.

The XML files exported from the Web Interface may be imported into Excel spreadsheet. The data in the Excel spreadsheets may then be updated before exporting the Excel spreadsheet to the XML format required for upload into the Web Interface.

For organizations using custom coding, this document provides the valid format that must be used to create the XML files to be uploaded into the Web Interface.

This PDF is provided as a reference only. It is **NOT** 508 compliant. For a 508 compliant version of this content, please refer to the Online Content.

2. XML Schema Definitions (XSD)

Depending on your browser version (IE8 vs. IE9), you may need to perform additional steps to download the XSD files as text files.

2.1. Download & Save XSD Files

1. From the XSD files listed below, place your mouse over the desired file, right click, and select **Save Target As...**.
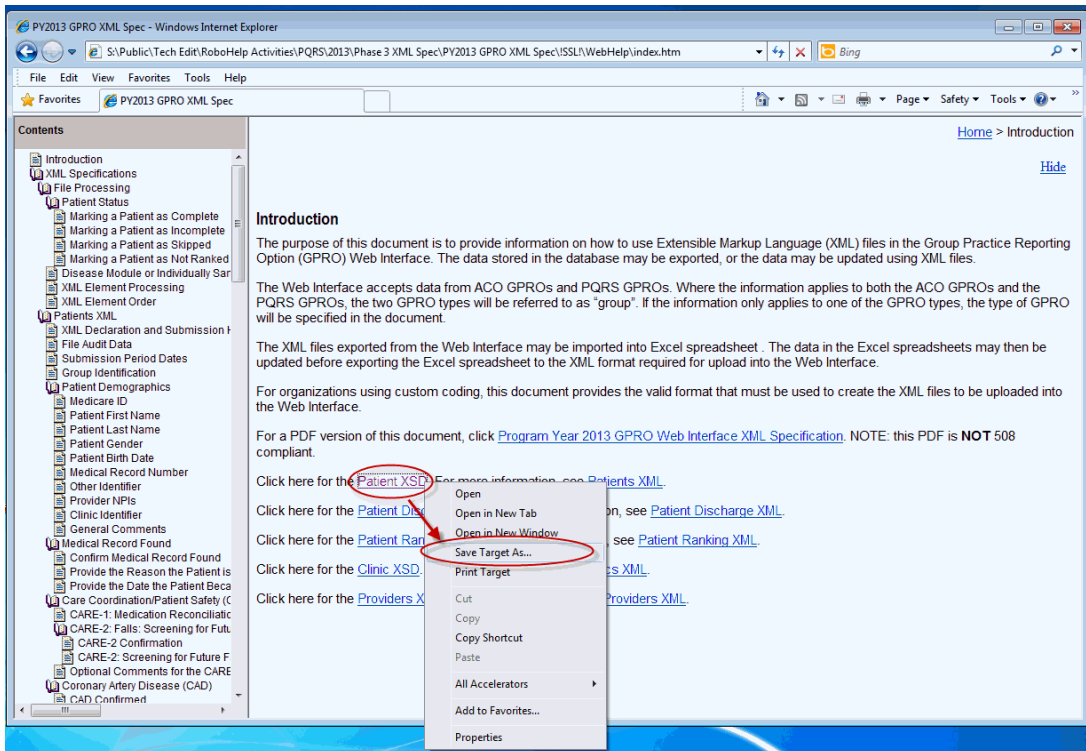
2. The **Save As** window appears. Specify a location to save the XSD File and click **Save**.
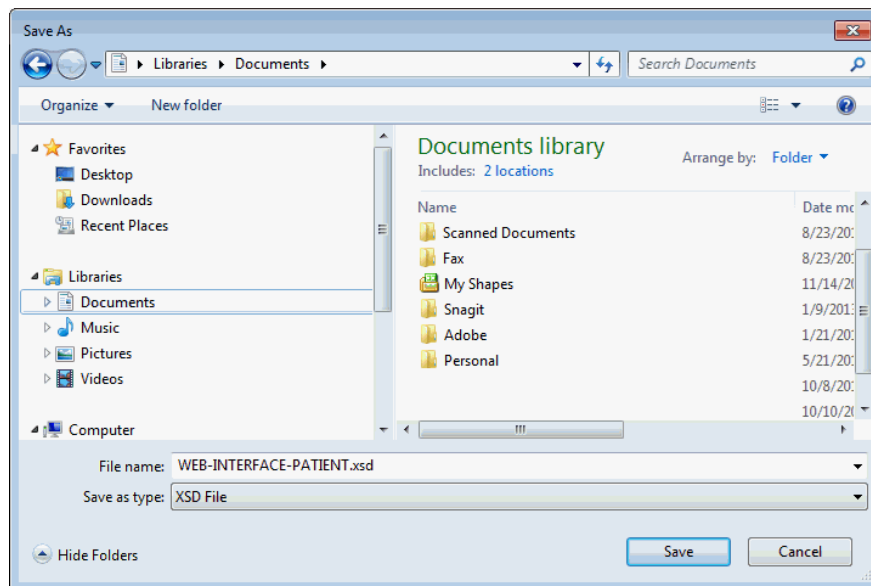
2.2. XSD Files

Click here for the Patient XSD. For more information, see Patients XML.

Click here for the Patient Discharge XSD. For more information, see Patient Discharge XML.

Click here for the Patient Ranking XSD. For more information, see Patient Ranking XML.

Click here for the Clinic XSD. For more information, see Clinics XML.

Click here for the Providers XSD. For more information, see Providers XML.

3. Release Notes

The list below details the revisions made since the release of the 2012 ACO GPRO XML Specifications and the 2012 PQRS GPRO XML Specifications. The 2013 GPRO XML Specifications have been updated to reflect the 2013 measures and the 2013 Web Interface. The measures for the 2013 GPRO Web Interface and the 2013 ACO Web Interface are aligned, and the XML specifications have been combined into a single document.

3.1. Changes for ACO GPRO Only

3.1.1. Measures

- PREV-12 removed **No – System Reasons** for Clinical Depression Screening as a valid answer.

3.2. Changes for PQRS GPRO Only

3.2.1. Measures

- COPD and all associated measure tags removed.

- CAD-1: Antiplatelet Therapy tags removed

- DM-7: Eye Exam tags removed.

- DM-8: Foot Exam tags removed.

- HF-1: LVEF Assessment Results tags removed.

- HF-2: LVF Testing tags removed.

- HF-5: Patient Education tags removed.

- HF-7: ACE-I/ARB Therapy for Patients with LVSD.

- PREV-12 tags added

3.3. Changes for ACO GPRO and PQRS GPRO

3.3.1. Medical Record Found

- The order of the XML tags has been modified for the changes in the Medical Record Found and skip reasons. See Appendix A – XML Elements for Patients XML File and Appendix B – XML Elements for Patient Discharge XML File for required order of XML tags.

- A value for **Medical Record Found** is required for all patients.

- A value for **Medical Record Found** is only required once for a patient.

- If **Medical Record Found** is **Yes**, confirmation that the patient is qualified for the patient care measures in which they are ranked must be provided.

3.3.2. Skipping a Patient

- **HMO Enrollment** was added as a reason a patient may be marked as **Not Qualified for Sample**.

- When the patient is not qualified for the sample with a reason of **In Hospice**, **Deceased**, **Moved out of Country**, or **HMO Enrollment**, the values for **Medical Record Found**, **Reason**, and **Date** only need to be provided once. The system will mark the patient as skipped in all modules or patient care measures in which the patient is ranked.

- **Other CMS Approved Reason** for skipping a patient is included in the disease confirmation for CAD, DM, HF, HTN, or IVD. The patient will only be marked as skipped in the disease module where the **Other CMS Approved Reason** value is used.

- **Other CMS Approved Reason** for skipping a patient is included in the measure confirmation for each CARE and PREV measure. Patients may be skipped in a single Care or PREV measure.

3.3.3. Demographics

- Up to three provider NPIs may be used for a patient.

- The Clinic ID was changed from a system generated ID to a pre-populated or user added identifier. The Clinic ID was added to the Clinic XML file.

- The Abstraction Date is no longer used.

- First name, last name, DOB, and gender cannot be updated using XML, must be done on the Web Interface.

3.3.4. Measures

- All dates of service must be in the 2013 calendar year.

- DM-12 Tobacco Non Use component changed from Tobacco Use to Tobacco Non Use. Therefore, the meaning of the answers has been changed to:

  - Yes (Patient was screened and identified as <u>not using</u> tobacco (non-user))

  - No (Patient was screened and identified as a <u>tobacco use</u>)

  - Not Screened (Patient was not screened for tobacco use)

- PREV-9 removed **No – System Reasons** for Calculated BMI as a valid answer.

- PREV-10 added **No – Medical Reasons** for Tobacco Use as a valid answer.

3.3.5. Error Codes

- Error codes were simplified and where possible the XML tag associated with the error is included in the error message.

3.3.6. XML Tag order and Valid Values

- The required order of the XML tags in the Patients XML file have been combined into one table in Appendix A

- The required order of the XML tags in the Patient Discharge XML file have been combined into one table in Appendix B

3.3.7. Patient Discharge XML File

- Modified the file format to allow the Patient Discharge XML file to be generated from an Excel file.

- The Medicare ID may be used more than once if the patient has multiple discharges.

The next two tables provide the changes to the Patients and Patient Discharge XML Tags

Patients XML Tag		
2013 Tag	**2012 Tag**	**Comment**
<web-interface>	<aco-gpro>	New indicator of submission type opening tag - ACO GPRO Only

Patients XML Tag		
2013 Tag	**2012 Tag**	**Comment**
<web-interface>	<pqrs-gpro>	New indicator of submission type opening tag – PQRS GPRO Only
<group-tin>	<aco-tin>	New indicator for the ACO GPRO Primary TIN – ACO GPRO Only
<group-tin>	<gpro-tin>	New indicator of the PQRS GPRO TIN – PQRS GPRO Only
<provider-npi-two>	N/A	Allows a second provider to be associated to a patient
<provider-npi-three>	N/A	Allows a third provider to be associated to a patient
<clinic-identifier>	<clinic-id>	Changed from the system generated ID to a pre-filled or user specified identifier
N/A	<abstraction-date>	Tag not used in 2013
<medical-record-found>	<care-medical-record-found> <prev-medical-record-found>	Patient level tag used once to indicate medical record found. A value is required for all patients.
<medical-not-qualified-reason>	<care-not-qualified-reason> <cad-not-qualified-reason> <dm-not-qualified-reason> <hf-not-qualified-reason> <htn-not-qualified-reason> <ivd-not-qualified-reason> <prev-not-qualified-reason>	Patient level tag used once to skip the patient in modules/patient care measures in which the patient is ranked

Patients XML Tag		
2013 Tag	**2012 Tag**	**Comment**
<medical-not-qualified-date>	<care-not-qualified-date> <cad-not-qualified-date> <dm-not-qualified-date> <hf-not-qualified-date> <htn-not-qualified-date> <ivd-not-qualified-date> <prev-not-qualified-date>	Patient level tag used once to skip the patient in modules/patient care measures in which the patient is ranked
<caremedcon-confirmed>	N/A	Used to confirm or skip a patient in the CARE-1 measure only
<carefalls-confirmed>	N/A	Used to confirm or skip a patient in the CARE-2 measure only
<pcmammogram-confirmed>	N/A	Used to confirm or skip a patient in the PREV-5 measure only
<pccolorectal-confirmed>	N/A	Used to confirm or skip a patient in the PREV-6 measure only
<pcflushot-confirmed>	N/A	Used to confirm or skip a patient in the PREV-7 measure only
<pcpneumoshot-confirmed>	N/A	Used to confirm or skip a patient in the PREV-8 measure only
<pcbmiscreen-confirmed>	N/A	Used to confirm or skip a patient in the PREV-9 measure only
<pctobaccouse-confirmed>	N/A	Used to confirm or skip a patient in the PREV-10 measure only
<pcbloodpressure-confirmed>	N/A	Used to confirm or skip a patient in the PREV-11 measure only

Patients XML Tag		
2013 Tag	**2012 Tag**	**Comment**
<pcdepression-confirmed>	N/A	Used to confirm or skip a patient in the PREV-21 measure only
</web-interface>	</aco-gpro>	New indicator of submission type closing tag - ACO GPRO Only
</web-interface>	</pqrs-gpro>	New indicator of submission type closing tag – PQRS GPRO Only

Patient Discharge XML Tag		
2013 Tag	**2012 Tag**	**Comment**
<web-interface>	<aco-gpro>	New indicator of submission type opening tag - ACO GPRO Only
<web-interface>	<pqrs-gpro>	New indicator of submission type opening tag – PQRS GPRO Only
<group-tin>	<aco-tin>	New indicator for the ACO GPRO Primary TIN – ACO GPRO Only
<group-tin>	<gpro-tin>	New indicator of the PQRS GPRO TIN – PQRS GPRO Only
<medical-record-found>	<care-medical-record-found>	Patient level tag used once to indicate medical record found. A value is required for all patients.
<medical-not-qualified-reason>	<care-not-qualified-reason>	Patient level tag used once to skip the patient in modules/patient care measures in which the patient is ranked
<medical-not-qualified-date>	<care-not-qualified-date>	Patient level tag used once to skip the patient in modules/patient care measures in which the patient is ranked

Patient Discharge XML Tag		
2013 Tag	**2012 Tag**	**Comment**
<caremedcon-confirmed>	N/A	Used to confirm or skip a patient in the CARE-1 measure only
N/A	<discharge>	Tag deleted - Changed from one patient tag/multiple discharge records to one patient tag/one discharge record, Patient tag and Medicare ID tag are repeated for each discharge record.
</web-interface>	</aco-gpro>	New indicator of submission type closing tag - ACO GPRO Only
</web-interface>	</pqrs-gpro>	New indicator of submission type closing tag – PQRS GPRO Only

4. XML Specifications

4.1. XML Specifications

The measurement period for the 2013 Program Year is from 01/01/2013 through 12/31/2013, unless otherwise indicated for a specific measure.

The Web Interface allows exporting data for five types of files:

1. Patients

2. Patient Discharge

3. Patient Ranking

4. Clinics

5. Providers

The Patients XML and Patient Discharge XML files may also be uploaded to update the patient's data. Patients XML files and Patient Discharge XML file that are to be uploaded into the Web Interface contain Byte Order Mark (BOM) so it is imperative that an editor that allows saving the file without BOM is used.

Dates specified throughout the document are in the format of MM/DD/YYYY. Months and dates containing a single digit may be entered with or without a leading zero (0). For example, July 4, 2013 may be entered as 07/04/2013 or as 7/4/2013.

The five disease modules, Coronary Artery Disease (CAD), Diabetes Mellitus (DM), Heart Failure (HF), Hypertension (HTN), and Ischemic Vascular Disease (IVD) are collectively referred to as disease modules. The two individually sampled Care Coordination/Patient Safety measures (CARE-1 and CARE-2) are collectively referred to as CARE measures. The eight individually sampled Preventive Care measures (PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, and PREV-12) are collectively referred to as PREV measures. The CARE measures and the PREV measures are referred to as Patient Care Measures.

4.2. File Processing

4.2.1. File Processing

In this topic, learn about the following:

Patient Status

Disease Module or CARE or PREV Measure Rank

XML Element Processing

XML Element Order

4.2.2. Patient Status

4.2.2.1. Patient Status

The patient's status in a disease module or patient care measure is set by the system and will have one of four values:

- Complete

- Incomplete

- Skipped

- Not Ranked

The system will set the status for the patient based on the data that has been entered and saved in the Web Interface or a successful XML upload. The XML uploads for the Patients XML and the Patient Discharge XML can cause the system to change the status to **Complete**, **Incomplete**, or **Skipped** based on the uploaded values. The **Not Ranked** status is set at the time the data is loaded and cannot be changed.

4.2.2.2. Marking a Patient as Complete

The **Medical Record Found** value must be provided for all patients. The system will mark a patient as **Complete** when the Medical Record Found value is **Yes**, and the other required information is provided.

For the CAD (see Coronary Artery Disease), DM (see Diabetes Mellitus), HF (see Heart Failure), HTN (see Hypertension), and IVD (see Ischemic Vascular Disease) disease modules, in addition to the **Medical Record Found** value, the other required information needed for the system to mark a patient as **Complete** in a module includes confirmation of the diagnosis and all required quality measure components. The information on the disease confirmation and required quality measure components is detailed in the referenced sections.

For the CARE measures (see CARE-1 and CARE-2) and the PREV measures (see Preventive Care), in addition to the **Medical Record Found** value, the other required information needed for the system to mark a patient as **Complete** in the measure includes confirmation that the patient is qualified for the measure and all required measure components. The information on the measure confirmation and required measure components is detailed in the referenced sections.

The required measure components for the disease modules, individually sampled CARE measures, or PREV measures are detailed in the sections for the measures below.

4.2.2.3. Marking a Patient as Incomplete

The system will mark a patient as **Incomplete** in a disease module, CARE measure, or PREV measure for one of the following reasons:

- The default status for a patient ranked in a disease module, CARE measure, or individually sampled PREV measure is **Incomplete**

- Patient is ranked in a disease module, CARE measure, or PREV measure and a value has not been provided for Medical Record Found

- Patient is ranked in a disease module, CARE measure, or PREV measure, Medical Record Found is set to Yes, but required confirmation and/or quality measure components do not have a value

4.2.2.4. Marking a Patient as Skipped

The **Medical Record Found** value must be provided for all patients. The system will mark a patient as **Skipped** when the Medical Record Found value is set to one of the valid skip reasons, and the other required information is provided.

A patient may be skipped in all disease modules, CARE measures, or PREV measures in which they are ranked for the following reasons:

- Patient medical record is not found

- Patient is deceased

- Patient is in hospice

- Patient moved out of the country

- Patient was enrolled in a Health Maintenance Organization (HMO) during the measurement period

After setting the **Medical Record Found** to **Yes**, a patient may be skipped in one disease module, CARE measure, or PREV measure in which they are ranked for the following reasons:

- Patient diagnosis not confirmed by patient records

- Not qualified for medical reasons (Diabetes disease module only)

- Other CMS approved reason (Allowed on a case by case basis)

If the medical record was not found, the patient will be skipped in all disease modules, CARE measures, or individually sampled PREV measures in which they are ranked. When setting the value for Medical Record Found to **Medical Record Not Found**, no other values are required for the system to set the patient to **Skipped**.

- If the medical record was found, but the patient is not qualified for the sample because they are deceased, in hospice, moved out of the country, or enrolled in an HMO the patient will be skipped in all disease modules, or patient care measures in which they are ranked. When setting the value for **Medical Record Found** to **Not Qualified for Sample**, the reason the patient is not qualified for the sample and the date they became ineligible are required for the system to set the patient to **Skipped**.

- If the medical record was found, but the diagnosis is not confirmed by the patient records, the patient is not qualified for the DM module for medical reasons, or the patient is not qualified for other CMS approved reasons, the system will set the patient to **Skipped** only in the disease modules, or patient care measures where the skip reason is set. The **Medical Record Found** must be set to **Yes**, and the skip reason must be set in the confirmation of the disease module, CARE measure, or PREV measure.

If the group must skip one or more patients in a disease module, individually sampled CARE measure, or PREV measure, then they are required to complete the data for an equal number of additional, consecutively ranked patients within the disease module, CARE measure, or PREV measure. A Large PQRS GPRO or an ACO GPRO must report on 411 consecutively confirmed and completed patients, unless the sample of patients is exhausted. A Medium PQRS GPRO must report on 218 consecutively confirmed and completed patients, unless the sample of patients is exhausted

4.2.2.5. Marking a Patient as Not Ranked

The system will mark a patient as **Not Ranked** when they are not selected for the disease module or CARE measure, or PREV measure. The **Not Ranked** status is set during the initial data load and cannot be changed during the submission period.

4.2.3. Disease Module or Patient Care Measure Rank

The patient's rank in a disease module, CARE measure, or PREV measure provides the patient's assigned order in the module or patient care measure and is provided in the exported files for information only. The rank cannot be changed from the value assigned to the patient during the patient sampling. If the patient has not been selected for the disease module, CARE measure, or PREV measure, the associated rank will not be included in the XML files exported from the Web Interface.

The rank is included in the exported Patient XML file to assist in determining which patients are necessary to complete in order to meet the 411 consecutively confirmed and completed patients for a Large PQRS GPRO or ACO GPRO, or the 218 consecutively confirmed and completed patients for a Medium PQRS GPRO.

The patient's rank is not required in the XML files to be uploaded. If the rank is included in the file, the XML element and associated data will be ignored.

The tags for all the disease modules or patient care measures are listed in the following table. When used in an XML file, the tags for the disease module, CARE measure, or PREV measure must be used in the order specified in Appendix A – XML Elements for Patients XML File.

The table below shows the available values and XML format for the **Disease Module or CARE or PREV Measure Ranks**.

Available Values	Sample XML Tag	Other Parameters
1 – 616	<caremedcon-rank>12<caremedcon-rank>	Ignored on Upload, provided for information on Export
1 - 616	<carefalls-rank>68</carefalls-rank>	Ignored on Upload, provided for information on Export
1 - 616	<cad-rank>221</cad-rank>	Ignored on Upload, provided for information on Export
1 – 616	<dm-rank>221</dm-rank>	Ignored on Upload, provided for information on Export
1 – 616	<hf-rank>221</hf-rank>	Ignored on Upload, provided for information on Export
1 – 616	<htn-rank>221</htn-rank>	Ignored on Upload, provided for information on Export
1 – 616	<ivd-rank>15</ivd-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pcmammogram-rank>499</pcmammogram-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pccolorectal-rank>6</pccolorectal-rank>	Ignored on Upload, provided for information on Export

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcflushot-rank>482</pcflushot-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pcpneumoshot-rank>12</pcpneumoshot-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pcbmiscreen-rank>99</pcbmiscreen-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pctobaccouse-rank>110</pctobaccouse-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pcbloodpressure-rank>616</pcbloodpressure-rank>	Ignored on Upload, provided for information on Export
1 - 616	<pcdepression-rank>616</pcdepression-rank>	Ignored on Upload, provided for information on Export

4.2.4. XML Element Processing

Only the XML elements for the disease modules or patient care measures in which the patient is ranked should be used. Using an element for a disease module, CARE measure, or PREV measure in which the patient is not ranked will not generate a format validation error, but the data in the XML file for that element will not be stored in the database.

Any value uploaded in the XML file will overwrite existing values in the database.

- If an XML element is included in the file, but the element is an empty tag, the tag will not be processed, and data associated with the tag will not be updated in the database.

- If the value in the XML tag is a minus one (-1), the data associated with the tag will be changed to a null value in the database. This is useful if, for example, an incorrect value has been uploaded and the user wants to remove it from the database.

Inclusion of XML elements for fields that do not require a tag is optional. All required data must be provided for satisfactory reporting, but the data does not need to be provided in a single XML file. This allows for flexibility when creating the XML files. Examples of options include:

- Uploading data using one XML file per disease module, CARE measure, or PREV measure.

- Uploading data using one XML file per measure component, such as the blood pressure date taken.

- Uploading only data available in the electronic health record system in an XML file.

4.2.5. XML Element Order

If an optional XML element is included in the file, the elements must be listed in the specified order.

Appendix A – XML Elements for Patients XML File, lists all possible XML elements, along with the allowable values for each element, in the Patient file in the required order.

Appendix B – XML Elements for Patient Discharge XML File, lists all possible XML elements, along with the allowable values for each element, in the Patient Discharge file in the required order

4.3. Patients XML

4.3.1. Patients XML

The Patients XML can be used to export all currently stored data for the patients or to update the patient data by uploading an XML file. The Patients XML contains the patient's demographic information and all disease module, CARE measure, or PREV measure data, with the exception of the CARE-1 Medication Reconciliation quality measure data.

When exporting the data for the Patients XML, the Web Interface allows the selection of one or more disease modules or patient care measures on the Export Data page. If a patient is ranked in a disease module, CARE measure, or PREV measure, but data has not been stored in the database for the associated XML elements, the elements will be included, but the element will be an empty tag.

In total, there are 15 modules/patient care measures which have XML data: five disease modules, two Care Coordination/Patient Safety measures, and eight Preventive Care measures:

- Medication Reconciliation (CARE-1)

- Falls: Screening for Future Fall Risk (CARE-2)

- Coronary Artery Disease (CAD)

- Diabetes Mellitus (DM)

- Heart Failure (HF)

- Hypertension (HTN)

- Ischemic Vascular Disease (IVD)

- Preventive Care and Screening: Breast Cancer Screening (PREV-5)

- Preventive Care and Screening: Colorectal Cancer Screening (PREV-6)

- [Preventive Care and Screening: Influenza Immunization (PREV-7)](#)

- [Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older (PREV-8)](#)

- [Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (PREV-9)](#)

- [Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (PREV-10)](#)

- [Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (PREV-11)](#)

- [Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (PREV-12)](#)

The XML file generated by the Web Interface will only include the patients ranked in the selected module or measure. An option is provided to allow the patient data to be exported in one of two ways.

1. Export only selected module or patient care measure data for the patient. If a patient is ranked in multiple modules or patient care measures, only the XML data elements associated with the selected modules or patient care measures will be included for that patient. If a patient is ranked in a module or measure that has been selected and is also ranked in a module or patient care measure that has not been selected, the data for the unselected module or patient care measure will not be included in the file. This option prevents duplicate data for a patient when data is exported one module or patient care measure at a time.

2. Export all module or measure data for the patient. If a patient is ranked in multiple modules or patient care measures, all XML data elements for any module or patient care measure in which the patient is ranked will be included for the patient. If a patient is ranked in a module or patient care measure that has been selected and is also ranked in a module or patient care measure that has not been selected, the data for the unselected modules or patient care measures will also be included in the file. This option allows exporting all data for all modules or patient care measures for a patient when data is exported one module or patient care measure at a time.

Note that selecting the CARE-1 measure when exporting the Patients XML file will only export the patient demographics and rank in the measure. To export the discharge dates and associated confirmation for office visits and medication reconciliation, the Patient Discharge XML file must be exported.

4.3.2. XML Declaration and Submission Header

The XML Declaration must meet the following three requirements or the file will be rejected as an invalid file:

1. The XML Declaration must be on the first line

2. The XML Declaration may not contain any other XML elements

3. The XML Declaration must be an exact match for the valid value specified in Appendix A – XML Elements for Patients XML File

A submission header is required at the beginning of each Patients XML file. The opening tag for the submission header must be the first XML element in the file, and the closing tag for the submission header must be the last XML element in the file. The submission opening element <submission> and submission closing element </submission> may only occur once in the file, and all submission data must be between the opening and closing elements. The data in the opening submission element should match the text exactly or the file will be rejected for invalid format.

4.3.3. File Audit Data

The File Audit Data XML opening and closing elements are sub-elements of the <submission> element. The XML elements between the opening <file-audit-data> and the closing </file-audit-data> are sub-elements of the <file-audit-data> element. The information in the File Audit Data is provided when the file is exported for information only. The information may be included in the file to be uploaded for tracking purposes, but is not required and will not be validated.

4.3.4. Submission Period Dates

The Submission Period Dates XML elements are sub-elements of the <submission> element. The information in the Submission Period Dates will be provided when the file is exported for information only. The information may be included in the file to be uploaded if the creator desires the information for tracking purposes, but the data is not required and will not be validated.

4.3.5. Group Identification

The Group Identification indicates the start of the patient data and includes the Primary Taxpayer Identification Number for ACO GPROs and the Taxpayer Identification Number for PQRS GPROs. All data for the patients in the group must follow the identification number and must be included between the opening <web-interface> element and the closing </web-interface> element.

ACO GPROS: The Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the Individuals Authorized Access to CMS Computer Services (IACS) ID of the user submitting the file.

PQRS GPRO: The Taxpayer Identification Number in the file must match the Taxpayer Identification Number associated to the Individuals Authorized Access to CMS Computer Services (IACS) ID of the user submitting the file.

The opening <patient> element and the closing </patient> element are used for each patient in the file. All data for each patient must be between an opening <patient> and closing </patient> element, but the <patient> elements may be repeated as often as necessary for additional patients.

The <web-interface >, </web-interface >, <patient>, and </patient> tags are opening and closing tags and do not contain data.

The table below shows the appropriate XML format with a sample TIN for the **Group Identification TIN**.

Available Values	Sample XML Tag	Other Parameters
Character	<group-tin>0000000000</group-tin>	Include XML elements for patient data

4.3.6. Patient Demographics

The Patient Demographics is provided on export to aid in locating the patient's medical record.

The Medicare ID is the unique identifier for the patient, so it is required for each patient. The Medicare ID may only be used once for each patient in a Patients XML file.

The Medical Record Number, Other Identifier, National Provider Identifiers (NPIs), Clinic Identifier, and General Comments may be provided to update the existing information or to provide additional information not available during the patient sampling.

The patient's First Name, Last Name, Gender, and Date of Birth cannot be updated using XML uploads. These values may only be modified using the Web Interface.

The **Patient Demographics** XML includes elements for:

- Medicare ID

- Patient First Name

- Patient Last Name

- Patient Gender

- Patient Birth Date

- Medical Record Number

- Other Identifier

- National Provider Identifiers (NPIs)

- Clinic Identifier

- General Comments

4.3.6.1. Medicare ID

The **Medicare ID** must be provided in the patient data. The **Medicare ID** may only be used once per patient in the Patients XML file. If the **Medicare ID** is not in the database for the ACO's Primary Taxpayer Identification Number or the GPRO's Taxpayer Identification Number

provided in the XML file, the file will pass format validation, but the data associated to the invalid Medicare ID will not be processed. The Medicare ID is the unique identifier for the patient and as such is the primary key.

The table below shows the appropriate XML format with a sample Medicare ID for the **Medicare ID**.

Available Values	Sample XML Tag	Other Parameters
Character	<medicare-id>000000000Z</medicare-id>	Include XML elements for patient's demographics or data for the disease module or patient care measure in which the patient is ranked

4.3.6.2. Patient First Name

The patient's **First Name** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the **First Name** will be provided when exporting the patient data, but should not be provided in the XML upload. If the XML element for the **First Name** is used, the tag and value will not be processed.

The table below shows the appropriate XML format with a sample name for the First Name.

Available Values	Sample XML Tag	Other Parameters
Character	<patient-first-name>First</patient-first-name>	None, Export Only

4.3.6.3. Patient Last Name

The patient's **Last Name** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the **Last Name** will be provided when exporting the patient data, but should not be provided in the XML upload. If the XML element for the **Last Name** is used, the tag and value will not be processed.

The table below shows the appropriate XML format with a sample name for the Last Name.

Available Values	Sample XML Tag	Other Parameters
Character	<patient-last-name>Last</patient-last-name>	None, Export Only

4.3.6.4. Patient Gender

The patient's **Gender** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the **Gender** will be provided when exporting the patient data, but should not be provided in the XML upload. If the XML element for the **Gender** is used, the tag and value will not be processed.

The table below shows the available values and appropriate XML format for the **Gender**.

Available Values	Sample XML Tag	Other Parameters
1 = Male	<gender>1</gender>	None, Export Only
2 = Female	<gender>2</gender>	None, Export Only
3 = Unknown	<gender>3</gender>	None, Export Only

4.3.6.5. Patient Birth Date

The patient's **Birth Date** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the **Birth Date** will be provided when exporting the patient data, but should not be provided in the XML upload If the XML element for the **Birth Date** is used, the tag and value will not be processed.

The table below shows the appropriate XML format for the **Birth Date**.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/1900 and 6/30/2013	<birth-date>10/15/1935</birth-date>	None, Export Only

4.3.6.6. Medical Record Number

The **Medical Record Number** will not be pre-populated during the sampling process. The value may be added during the submission period. The **Medical Record Number** may be any value used by the group to identify the patient.

The table below shows the appropriate XML format for the **Medical Record Number**.

Available Values	Sample XML Tag	Other Parameters
Character	<medical-record-number>123XYZ</medical-record-number>	None
-1 = Update to NULL	<medical-record-number>-1</medical-record-number>	None

4.3.6.7. Other Identifier

The **Other Identifier** will not be pre-populated during the sampling process. The value may be added during the submission period. The **Other Identifier** may be any value used by the group to identify the patient.

The table below shows the appropriate XML format for the other identifier.

Available Values	Sample XML Tag	Other Parameters
Character	<other-id>A0001</other-id>	None
-1 = Update to NULL	<other-id>-1</other-id>	None

4.3.6.8. Provider NPIs

Up to three **Provider NPIs** (National Provider Identifiers) may be pre-populated during the sampling process. NPIs may be updated during the submission period. The NPI in the XML file must currently exist in the database. The list of existing NPIs may be obtained by exporting the Provider XML file or the list may be viewed on the Web Interface. If the NPI does not exist in the group, the XML file will pass format validation, but the patient's NPI data will not be updated and an error message will be generated.

The table below shows the appropriate XML format for the **Provider NPIs**.

Available Values	Sample XML Tag	Other Parameters
Numeric	<provider-npi>1111111111</provider-npi>	None
-1 = Update to NULL	<provider-npi>-1</provider-npi>	None

Available Values	Sample XML Tag	Other Parameters
Numeric	<provider-npi-two>2222222222</provider-npi-two>	None
-1 = Update to NULL	<provider-npi-two>-1</provider-npi-two>	None
Numeric	<provider-npi-three>3333333333</provider-npi-three>	None
-1 = Update to NULL	<provider-npi-three>-1</provider-npi-three>	None

4.3.6.9. Clinic Identifier

The **Clinic Identifier** will be pre-populated during the sampling process with the TIN for PQRS GPROs. The **Clinic Identifier** will be pre-populated during the sampling process with the Participating TIN or the CMS Certification Number (CCN) for ACO GPROs. The **Clinic Identifier** for the patient may be updated during the submission period. The **Clinic Identifier** in the XML file must currently exist in the database. The list of existing **Clinic Identifiers** may be obtained by exporting the Clinic XML file. If the **Clinic Identifier** does not exist in the group, the XML file will pass format validation, but the patient's **Clinic Identifier** data will not be updated and an error message will be generated.

The table below shows the appropriate XML format for the **Clinic Identifier**.

Available Values	Sample XML Tag	Other Parameters
Numeric	<clinic-identifier>45226</clinic-identifier>	None
-1 = Update to NULL	<clinic-identifier>-1</clinic-identifier>	None

4.3.6.10. General Comments

The **General Comments** will not be pre-populated during the sampling process. The text may be added during the submission period.

The table below shows the appropriate XML format for the **General Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	`<general-comments>Text for general comments</general-comments>`	None
-1 = Update to NULL	`<general-comments>-1</general-comments>`	None

4.3.7. Medical Record Found

The **Medical Record Found** and if the patient is **Not Qualified for Sample** due to patient **In Hospice, Moved out of Country, Deceased,** or **HMO Enrollment**, the **Reason** and **Date** they were no longer qualified, is answered only once per patient. **Medical Record Found** contains three types of information:

- Medical Record Found

- Reason a patient is not qualified for the sample, if not qualified

- Date the patient became ineligible for the sample, if not qualified

The **Medical Record Found** value must be provided for all patients in order to mark the patient as either skipped or complete.

If the patient is ranked in CARE-1, the values for the **Medical Record Found**, **Reason** and **Date** may also be set in the Patient Discharge XML file. If the patient is ranked in any disease module, CARE measure, or PREV measure other than CARE-1, the values for the **Medical Record Found**, **Reason** and **Date** are set in the Patients XML file. It should be noted that the values should be the same for a patient ranked in both CARE-1 and any other disease module, CARE measure, or PREV measure if used in both files. If the values are different, the value in the last uploaded file will overwrite any previous values.

4.3.7.1. Confirm Medical Record Found

Determine if you are able to find the patient's medical record. If the **Medical Record Found** is set to **Yes**, data must be provided for all required measures for the disease modules or patient care measures in which the patient is ranked. In addition to setting the **Medical Record Found** value, confirmation that the patient is qualified for the disease modules or patient care measures must be provided.

If the medical record was not found for the patient, the patient will be skipped in all disease modules or patient care measures in which the patient is ranked. When the **Medical Record Found** is set to **Medical Record Not Found**, abstraction is complete for this patient and no other XML elements should be provided for this patient.

If the medical record was found, but the patient is not qualified for the sample because they are in hospice, moved out of the country, are deceased, or enrolled in an HMO, the patient will be

skipped in all disease modules or patient care measures in which the patient is ranked. The reason the patient is not qualified for the sample and the date they became ineligible must be provided. When the **Medical Record Found** is set to **Not Qualified for Sample,** and the **Reason** and **Date** have been provided, abstraction is complete for this patient and no other XML elements should be provided for this patient.

The table below shows the available values and appropriate XML tags for **Medical Record Found**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<medical-record-found>2</medical-record-found>	Include required confirmation and required measure elements for all disease modules, CARE measures, or PREV measures in which the patient is ranked to complete the patient's data Do not include **Medical Record Found Reason** value and **Medical Record Found Date** value
3 = Medical Record Not Found	<medical-record-found>3</medical-record-found>	Do not include **Medical Record Found Reason** value and **Medical Record Found Date** value or measure elements for this patient Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked

Available Values	Sample XML Tag	Other Parameters
9 = Not Qualified for Sample	<medical-record-found>9</medical-record-found>	Include **Medical Record Found Reason** value and **Medical Record Found Date** value Do not include measure elements for this patient Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
-1 = Update to NULL	<medical-record-found>-1</medical-record-found>	None

4.3.7.2. Provide the Reason the Patient is Not Qualified for Sample

If the **Medical Record Found** value is set to **Not Qualified for Sample**, the reason must be provided for the patient to be marked as skipped.

The table below shows the available values and appropriate XML format for the **Not Qualified for Sample** reasons.

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<medical-not-qualified-reason>10</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked

Available Values	Sample XML Tag	Other Parameters
11 = Moved out of Country	<medical-not-qualified-reason>11</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
12 = Deceased	<medical-not-qualified-reason>12</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
16 = HMO Enrollment	<medical-not-qualified-reason>16</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
-1 = Update to NULL	<medical-not-qualified-reason>-1</medical-not-qualified-reason>	None

4.3.7.3. Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is in hospice, moved out of the country, or deceased, the date must be provided for the patient to be marked as skipped. Enter the date in MM/DD/YYYY format the patient became ineligible for the sample during the measurement period (if date unknown enter 12/31/2013)

The table below shows the available values and appropriate XML format for the **Not Qualified for Sample** date.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013	<medical-not-qualified-date>12/01/2013</medical-not-qualified-date>	Include the **Medical Record Found** value and **Medical Record Found Reason** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
-1 = Update to NULL	<medical-not-qualified-date>-1</medical-not-qualified-date>	None

4.3.8. Care Coordination/Patient Safety (CARE)

4.3.8.1. Care Coordination/Patient Safety (CARE)

There are two, separately sampled Care Coordination/Patient Safety measures. Because they share a common screen on the Web Interface and are documented in one Supporting Document, the XML elements are in a common section.

For patients ranked in CARE-1, the Patients XML contains the demographics, rank and confirmation for CARE-1, but does not contain the discharge dates. The discharge dates and associated elements are in the Patient Discharge XML. The CARE-2 confirmation may be done in either file, but if the values are different in the files, the last uploaded file will overwrite any previous value.

The Patients XML **CARE** measures include elements for:

- CARE-1 Confirmation

- CARE-2 Confirmation

- CARE-2: Screening for Future Falls Risk

- CARE-1 and CARE-2 Comments

- Additional details and codes for the measure confirmation and the individual measures can be found in the *2013_CARE_SupportingDocuments*.

4.3.8.2. CARE-1: Medication Reconciliation

One value for abstraction is included for the CARE-1 measure in the Patients XML file:

- Confirmation that the patient is qualified for the CARE-1 measure

The medication reconciliation data for the CARE-1 measure is not included in the Patients XML, but may be provided in the Patient Discharge XML. Confirmation that the patient is qualified for the CARE-1 measure must be provided in either the Patients XML or the Patient Discharge XML. If the patient is not qualified for the CARE-1 measure, the measure data should not be provided.

4.3.8.2.1.   CARE-1 Confirmation

CARE-1 Confirmation provides a way to skip the patient in the CARE-1 measure on a case by case basis. If the patient is ranked in any other disease module or patient care measure, the patient is only skipped in the CARE-1 measure, not in all disease modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the CARE-1 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **CARE-1 Confirmation**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<caremedcon-confirmed>2</caremedcon-confirmed>	Provide the **Discharge** data using the Patient Discharge XML or Web Interface to complete the measure for this patient
15 = No – Other CMS Approved Reason	<caremedcon-confirmed>15</caremedcon-confirmed>	Do not provide the **Discharge** data, patient is skipped for this measure
-1 = Update to NULL	<caremedcon-confirmed>-1</caremedcon-confirmed>	None

4.3.8.3. CARE-2: Falls: Screening for Future Fall Risk

4.3.8.3.1.   CARE-2: Falls: Screening for Future Fall Risk

Two values for abstraction are included in the CARE-2 measure:

- Confirmation that the patient is qualified for the CARE-2 measure (CARE-2 Confirmation)

- Indicator if the screening was performed if the patient is qualified (CARE-2: Screening for Future Fall Risk)

All values may not be required for the CARE-2 measure to be marked complete. Confirmation that the patient is qualified for the measure must be provided. If the patient is qualified for the measure, all required values for the CARE-2 measure must be provided before the system can mark the patient as complete in the CARE-2 measure. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure data should not be provided.

4.3.8.3.2. CARE-2 Confirmation

CARE-2 Confirmation provides a way to skip the patient in the CARE-2 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the CARE-2 measure, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for CARE-2 is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **CARE-2** Confirmation**.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<carefalls-confirmed>2</carefalls-confirmed>	Provide the **Screening for Future Fall Risk** value to complete the measure for this patient
15 = No – Other CMS Approved Reason	<carefalls-confirmed>15</carefalls-confirmed>	Do not provide the **Screening for Future Fall Risk** value, patient is skipped for this measure
-1 = Update to NULL	<carefalls-confirmed>-1</carefalls-confirmed>	None

4.3.8.3.3. CARE-2: Screening for Future Fall Risk

Determine if the patient was screened for future fall risk at least once within 12 months.

The table below shows the available values and appropriate XML format for **Screening for Future Falls Risk**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<falls-screening>1</falls-screening>	None, measure is complete for this patient

Available Values	Sample XML Tag	Other Parameters
2 = Yes	\<falls-screening>2\</falls-screening>	None, measure is complete for this patient
4 = No – Medical Reasons	\<falls-screening>4\</falls-screening>	None, measure is complete for this patient
-1 = Update to NULL	\<falls-screening>-1\</falls-screening>	None

4.3.8.4. Optional Comments for the CARE-1 and CARE-2 Measures

The **Optional Comments** for the CARE measures can be used to provide additional information for the patient related to **CARE-1** and **CARE-2. Comments** for CARE-1 can also be provided in the Patient Discharge file. It should be noted that the comments should be the same for a patient ranked in both **CARE-1** and **CARE-2**. If the comments are different, the comments in the last uploaded file will overwrite any previous comments.

The table below the available values and appropriate XML format for the **CARE Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	\<care-comments>Text for comment\</care-comments>	None
-1 = Update to NULL	\<care-comments>-1\</care-comments>	None

4.3.9. Coronary Artery Disease (CAD)

The **Coronary Artery Disease (CAD)** module includes elements for:

- CAD Confirmed

- CAD-2: Lipid Control

- CAD-7: Diabetes/LVSD and ACE-I/ARB

- CAD Comments

Additional details and codes for the diagnosis confirmation and the individual measures can be found in the *2013_CAD_SupportingDocuments.*

4.3.9.1. CAD Confirmed

Determine if the patient has a documented diagnosis of CAD (active or history of) at any time in the patient's history up through the last day of the measurement period.

In addition to indicating the medical record was found for the patient, the diagnosis of coronary artery disease must be confirmed. If the diagnosis can be confirmed for the patient, all required values for the CAD measures must be provided before the system can mark the patient as complete in the CAD module.

CAD Confirmed also provides a way to skip the patient in the CAD module. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the CAD module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the CAD module is done on a case by case basis, and requires prior approval from CMS.

If the diagnosis of CAD cannot be confirmed, or the patient is not qualified for the sample for a CMS approved reason, the values for the CAD measures should not be provided.

The table below shows the available values and appropriate XML tags for **CAD Confirmed**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<cad-confirmed>2</cad-confirmed>	Include required CAD measure elements to complete the patient's data for CAD
8 = Not Confirmed	<cad-confirmed>8</cad-confirmed>	Do not include CAD measure elements for this patient, patient is skipped in this module
15 = No – Other CMS Approved Reason	<cad-confirmed>15</cad-confirmed>	Do not include CAD measure elements for this patient, patient is skipped in this module
-1 = Update to NULL	<cad-confirmed>-1</cad-confirmed>	None

4.3.9.2. CAD-2: Lipid Control

One value for abstraction is included in the CAD-2 measure: LDL-C Control/Plan of Care

The value for **LDL-C Control/Plan of Care** is required for the CAD-2 measure to be marked complete.

4.3.9.2.1.   Determine if the Patient's LDL-C is in Control or there is a Plan of Care

Determine if the patient had an LDL-C test result < 100 mg/dL OR An LDL-C test result ≥ 100 mg/dL AND had a documented plan of care to achieve LDL-C < 100 mg/dL including, at a minimum, the prescription of a statin during the measurement period.

Prescribed may include a prescription given to the patient for statin at one or more visits within the measurement period OR patient already taking a statin as documented in the current medication list.

If there is more than one LDL-C test performed, use the most current test or recent value.

The table below shows the available values and appropriate XML format for **LDL-C Control/Plan of Care**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-ldlc-control>1</cad-ldlc-control>	None, measure is complete for this patient
2 = Yes	<cad-ldlc-control>2</cad-ldlc-control>	None, measure is complete for this patient
4 = No – Medical Reasons	<cad-ldlc-control>4</cad-ldlc-control>	None, measure is complete for this patient
5 = No – Patient Reasons	<cad-ldlc-control>5</cad-ldlc-control>	None, measure is complete for this patient
6 = No – System Reasons	<cad-ldlc-control>6</cad-ldlc-control>	None, measure is complete for this patient
-1 = Update to NULL	<cad-ldlc-control>-1</cad-ldlc-control>	None

4.3.9.3. CAD-7: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

Three values for abstraction are included in the **CAD-7** measure:

- Confirmation that the patient has Diabetes

- Confirmation that the patient has LVSD

- [Indicator that the patient was prescribed ACE-I/ARB Therapy](#)

All values may not be required for the CAD-7 measure to be marked complete. Both **Has Diabetes** and **Has LVSD** values must be provided. If the value for either **Has Diabetes** or **Has LVSD** is **Yes**, a value for ACE-I/ARB must be provided. If both **Has Diabetes** and **Has LVSD** are **No**, a value is not required for ACE-I/ARB.

4.3.9.3.1.   Determine if the Patient Has Diabetes

Determine if the patient has diabetes.

The table below shows the available values and appropriate XML format for **Has Diabetes**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-diabetes>1</cad-diabetes>	If **Has LVSD** is also **No**, do not provide the **ACE-I/ARB** value, measure is complete for this patient
2 = Yes	<cad-diabetes>2</cad-diabetes>	Provide the **ACE-I/ARB** value and the **Has LVSD** value to complete the measure for this patient
-1 = Update to NULL	<cad-diabetes>-1</cad-diabetes>	None

4.3.9.3.2.   Determine if the Patient Has LVSD

Determine if the patient has LVSD (LVEF < 40% or documented as moderate to severe). If the patient has ever had an LVEF < 40% or has had a documented LVEF as moderate to severe answer **Yes**.

The table below shows the available values and appropriate XML format for **Has LVSD**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-lvsd>1</cad-lvsd>	If **Has Diabetes** is also **No**, do not provide the **ACE-I/ARB** value, measure is complete for this patient
2 = Yes	<cad-lvsd>2</cad-lvsd>	Provide the **ACE-I/ARB** value and the **Has Diabetes** value to complete the measure for this patient

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<cad-lvsd>-1</cad-lvsd>	None

4.3.9.3.3. Determine if the Patient was Prescribed ACE-I/ARB

Determine if the patient was prescribed ACE inhibitor or ARB therapy at any time during the measurement period. Prescribed may include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the measurement period OR patient is already taking ACE inhibitor or ARB therapy as documented in the current medication list.

The table below shows the available values and appropriate XML format for **ACE-I/ARB**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-acearb>1</cad-acearb>	Provide the **Has Diabetes** value and the **Has LVSD** value to complete the measure for this patient
2 = Yes	<cad-acearb>2</cad-acearb>	Provide the **Has Diabetes** value and the **Has LVSD** value to complete the measure for this patient
4 = No – Medical Reasons	<cad-acearb>4</cad-acearb>	Provide the **Has Diabetes** value and the **Has LVSD** value to complete the measure for this patient
5 = No – Patient Reasons	<cad-acearb>5</cad-acearb>	Provide the **Has Diabetes** value and the **Has LVSD** value to complete the measure for this patient
6 = No – System Reasons	<cad-acearb>6</cad-acearb>	Provide the **Has Diabetes** value and the **Has LVSD** value to complete the measure for this patient
-1 = Update to NULL	<cad-acearb>-1</cad-acearb>	None

4.3.9.4. Optional Comments for the CAD Module

The **Optional Comments** for the CAD module can be used to provide additional information for the patient related to CAD.

The table below shows the available values and appropriate XML format for the CAD **Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	<cad-comments>Text for comment</cad-comments>	None
-1 = Update to NULL	<cad-comments>-1</cad-comments>	None

4.3.10.   Diabetes Mellitus (DM)

The **Diabetes Mellitus** (DM) module includes elements for:

- DM Confirmed

- DM-2 and DM-15: Most Recent HbA1c

- DM-13: High Blood Pressure Control

- DM-14: Most Recent LDL-C Result

- DM-16: IVD/Aspirin Use

- DM-17: Tobacco Non-Use

- DM Comments

- Additional details and codes for the diagnosis confirmation and the individual measures can be found in the *2013_DM_SupportingDocuments*.

4.3.10.1. DM Confirmed

Determine if the patient has a documented history of DM during the measurement period or the year prior to the measurement period.

In addition to indicating the medical record was found for the patient, the diagnosis of diabetes mellitus must be confirmed. If the diagnosis can be confirmed for the patient, all required values for the DM measures must be provided before the system can mark the patient as complete in the DM module.

DM Confirmed also provides a way to skip the patient in the DM module. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the DM module, not in all modules or patient care measures in which they are ranked.

A patient may be skipped in the DM module if the diagnosis cannot be confirmed for **Medical Reasons**. The patient may be skipped for **Medical Reasons** only in the DM module.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, **HMO Enrollment**, or **Medical Reasons**. The use of **No – Other CMS Approved Reason** for the DM module is done on a case by case basis, and requires prior approval from CMS.

If the diagnosis of DM cannot be confirmed, the diagnosis cannot be confirmed for medical reasons, or the patient is not qualified for the sample for a CMS approved reason, the values for the DM measures should not be provided.

The table below shows the available values and appropriate XML tags for **DM Confirmed**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<dm-confirmed>2</dm-confirmed>	Include required DM measure elements to complete the patient's data for DM
8 = Not Confirmed	<dm-confirmed>8</dm-confirmed>	Do not include DM measure elements for this patient, patient is skipped in this module
13 = Not Confirmed - Medical Reasons	<dm-confirmed>13</dm-confirmed>	Do not include DM measure elements for this patient, patient is skipped in this module
15 = No – Other CMS Approved Reason	<dm-confirmed>15</dm-confirmed>	Do not include DM measure elements for this patient, patient is skipped in this module
-1 = Update to NULL	<dm-confirmed>-1</dm-confirmed>	None

4.3.10.2. DM-2: Hemoglobin A1c Poor Control and DM-15: Hemoglobin A1c Control (<8%)

Three values for abstraction are included the **DM-2** and **DM-15** measure:

- Confirmation that HbA1c test was performed

- The most recent date the blood was drawn for the HbA1c

- The most recent HbA1c value

DM-2 and **DM-15** are separate measures for performance calculations, but only one set of data is to be provided.

All values may not be required for the **DM-2** and **DM-15** measures to be marked as complete The **HbA1c Test** value must be provided. If an HbA1c test was not performed, a value should not be provided for the date and test result. If an HbA1c test was performed, the date and test result must have a value provided. The **DM-2** and **DM-15** measures will be marked as complete for the patient when all required fields have a value provided.

4.3.10.2.1.   Determine if an HbA1c test was performed

Determine if the patient had one or more HbA1c tests performed during the measurement period.

The table below shows the available values and appropriate XML format for **HbA1c Test**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-hba1c-test>1</dm-hba1c-test>	Do not provide the **HbA1c Date** value and **HbA1c Result** value, measure is complete for this patient
2 = Yes	<dm-hba1c-test>2</dm-hba1c-test>	Provide the **HbA1c Date** value and **HbA1c Result** value to complete the measure for this patient
-1 = Update to NULL	<dm-hba1c-test>-1</dm-hba1c-test>	None

4.3.10.2.2.   Determine Date Blood was Drawn for the HbA1c

If the HbA1c test was performed, provide the most recent date the blood was drawn for the HbA1c.

The table below shows the available values and appropriate XML format for the date the most recent date the blood was drawn for the HbA1c.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013 in format MM/DD/YYYY	<dm-hba1c-date>02/14/2013</dm-hba1c-date>	Provide the **HbA1c Test** value and **HbA1c Result** value to complete the measure for this patient

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<dm-hba1c-date>-1</dm-hba1c-date>	None

4.3.10.2.3.   Determine HbA1c Test Result

If the HbA1c test was performed, provide the most recent HbA1c value OR if test was performed but result is not documented, provide a "0" (zero) for the value.

The table below shows the available values and appropriate XML format for the HbA1c test result value.

Available Values	Sample XML Tag	Other Parameters
0-25 with one or two optional decimal places (XX.XX)	<dm-hba1c-value>6.8</dm-hba1c-value>	Provide the **HbA1c Test** value and **HbA1c Date** value to complete the measure for this patient
-1 = Update to NULL	<dm-hba1c-value>-1</dm-hba1c-value>	None

4.3.10.3. DM-13: High Blood Pressure Control

Four values for abstraction are included in the **DM-13** measure:

- [Confirmation that the blood pressure measurement was documented](#)

- [The date of the most recent blood pressure](#)

- [The systolic value](#)

- [The diastolic value](#)

All values may not be required for the **DM-13** measure to be marked as complete. The **Blood Pressure Documented** value must be provided. If the patient's blood pressure was not documented, a value should not be provided for the date, systolic, and diastolic values. If patient's blood pressure was documented, the date, systolic, and diastolic values must be provided. The **DM-13** measure will be marked as complete for the patient when all required fields have a value provided.

4.3.10.3.1.   Determine if the Blood Pressure was Documented

Determine if the patient's most recent blood pressure during the measurement period was documented.

The table below shows the available values and appropriate XML format for **Blood Pressure Documented**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-recent-bp>1</dm-recent-bp>	Do not provide the **Blood Pressure Date** value, **Systolic** value, and **Diastolic** value, measure is complete for this patient
2 = Yes	<dm-recent-bp>2</dm-recent-bp>	Provide the **Blood Pressure Date** value, **Systolic** value, and **Diastolic** value to complete the measure for this patient
-1 = Update to NULL	<dm-recent-bp>-1</dm-recent-bp>	None

4.3.10.3.2.   Determine Date Blood Pressure was Documented

If the blood pressure measurement was documented, provide date of the most recent blood pressure.

The table below shows the available values and appropriate XML format for the most recent **Blood Pressure Date**.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013 in format MM/DD/YYYY	<dm-bp-date>06/03/2013</dm-bp-date>	Provide the **Blood Pressure Documented** value, **Systolic** value, and **Diastolic** value to complete the measure for this patient
-1 = Update to NULL	<dm-bp-date>-1</dm-bp-date>	None

4.3.10.3.3.   Determine Systolic Value for Most Recent Blood Pressure

If the blood pressure was documented, provide the systolic blood pressure in mmHg.

The table below shows the available values and appropriate XML format for the **Blood Pressure Systolic**.

Available Values	Sample XML Tag	Other Parameters
0 to 350	\<dm-bp-systolic>140\</dm-bp-systolic>	Provide the **Blood Pressure Documented** value, **Blood Pressure Date** value, and **Diastolic** value to complete the measure for this patient
-1 = Update to NULL	\<dm-bp-systolic>-1\</dm-bp-systolic>	None

4.3.10.3.4.   Determine Diastolic Value for Most Recent Blood Pressure

If the blood pressure measurement was documented, provide the diastolic blood pressure recorded in mmHg.

The table below shows the available values and appropriate XML format for the **Blood Pressure Diastolic**.

Available Values	Sample XML Tag	Other Parameters
0 to 200	\<dm-bp-diastolic>90\</dm-bp-diastolic>	Provide the **Blood Pressure Documented** value, **Blood Pressure Date** value, and **Systolic** value to complete the measure for this patient
-1 = Update to NULL	\<dm-bp-diastolic>-1\</dm-bp-diastolic>	None

4.3.10.4. DM-14: Low Density Lipoprotein (LDL-C) Control

Three values for abstraction are included in the **DM-14** measure:

- Confirmation that the LDL-C test was performed

- The most recent date the blood was drawn for LDL-C

- The most recent LDL-C value

All values may not be required for the **DM-14** measure to be marked as complete. The **LDL-C Test** value must be provided. If an LDL-C test was not performed, a value for the date and result should not be provided. If an LDL-C test was performed, a value for the date and test result must be provided. The **DM-14** measure will be marked as complete for the patient when all required values are provided.

4.3.10.4.1. Determine if an LDL-C test was performed

Determine if the patient had one or more LDL-C tests during the measurement period.

The table below shows the available values and appropriate XML format for the confirmation of an **LDL-C Test**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-ldlc-test>1</dm-ldlc-test>	Do not provide the **LDL-C Date** value and **LDL-C Result** value, measure is complete for this patient
2 = Yes	<dm-ldlc-test>2</dm-ldlc-test>	Provide the **LDL-C Date** value and **LDL-C Result** value to complete the measure for this patient
-1 = Update to NULL	<dm-ldlc-test>-1</dm-ldlc-test>	None

4.3.10.4.2. Determine Date Blood was Drawn for the LDL-C Test

If the **LDL-C Test** was performed, provide the most recent date the blood was drawn for the **LDL-C**.

The table below shows the available values and appropriate XML format for the most recent date the blood was drawn for the **LDL-C Test**.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013 in format MM/DD/YYYY	<dm-ldlc-date>02/14/2013</dm-ldlc-date>	Provide the **LDL-C Test** value and **LDL-C Result** value to complete the measure for this patient
-1 = Update to NULL	<dm-ldlc-date>-1</dm-ldlc-date>	None

4.3.10.4.3. Determine LDL_C Test Result

If the **LDL-C Test** was performed, provide the most recent **LDL-C** result value. If test was performed but result is not documented, provide a **0** (zero) value. If the laboratory was unable to calculate the LDL-C value due to high triglycerides, provide a **0** (zero) value. If the test result is labeled "unreliable" and a result is provided, also provide **0** (zero) value. Do not enter a ratio as a value (it is not a valid value).

A calculated LDL may be used for LDL-C screening and control indicators.

The table below shows the available values and appropriate XML format for the LDL-C test result value.

Available Values	Sample XML Tag	Other Parameters
0 to 500	<dm-ldlc-value>129</dm-ldlc-value>	Provide the **LDL-C Test** value and **LDL-C Date** value to complete the measure for this patient
-1 = Update to NULL	<dm-ldlc-value>-1</dm-ldlc-value>	None

4.3.10.5. DM-16: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic

Two values for abstraction are included in the **DM-16** measure:

- Confirmation that the patient has IVD

- Indicator of daily aspirin or antiplatelet use

All values may not be required for the **DM-16** measure to be marked complete. The **Has IVD** value must be provided. If the patient has IVD, a value for **Daily Aspirin Use** must be provided. If the patient does not have IVD, a value should not be provided for **Daily Aspirin Use**. The **DM-16** measure will be marked as complete for the patient when all required values are provided.

4.3.10.5.1.   Determine if the Patient has IVD

Determine if the patient has a documented history of Ischemic Vascular Disease (IVD).

The table below shows the available values and appropriate XML format for **Has IVD**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-ivd>1</dm-ivd>	Do not provide the **Daily Aspirin Use** value, measure is complete for this patient
2 = Yes	<dm-ivd>2</dm-ivd>	Provide the **Daily Aspirin Use** value to complete the measure for this patient
-1 = Update to NULL	<dm-ivd>-1</dm-ivd>	None

4.3.10.5.2. Determine Daily Aspirin Use

If the patient has IVD, determine if the patient takes a daily aspirin or antiplatelet medication during the measurement period.

The table below shows the available values and appropriate XML format for **Daily Aspirin Use or Antiplatelet Medication**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-aspirin>1</dm-aspirin>	Provide the **Has IVD** value to complete the measure for this patient
2 = Yes	<dm-aspirin>2</dm-aspirin>	Provide the **Has IVD** value to complete the measure for this patient
4 = No – Medical Reasons	<dm-aspirin>4</dm-aspirin>	Provide the **Has IVD** value to complete the measure for this patient
-1 = Update to NULL	<dm-aspirin>-1</dm-aspirin>	None

4.3.10.6. DM-17: Tobacco Non-Use

Determine if patient was screened and identified as a tobacco non-user during the measurement period.

The table below shows the available values and appropriate XML format for **Tobacco Non-Use**.

Available Values	Sample XML Tag	Other Parameters
1 = No Screened and identified as a tobacco user	<dm-tobacco>1</dm-tobacco	None, measure is complete for this patient
2 = Yes Screened and identified as a tobacco non-user	<dm-tobacco>2</dm-tobacco>	None, measure is complete for this patient
14 = Not Screened	<dm-tobacco>14</dm-tobacco	None, measure is complete for this patient

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	\<dm-tobacco\>-1\</dm-tobacco	None

4.3.10.7. Optional Comments for the DM Module

The **Optional Comments** for the DM module can be used to provide additional information for the patient related to DM.

The table below shows the available values and appropriate XML format for the DM **Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	\<dm-comments\>Text for comment\</dm-comments\>	None
-1 = Update to NULL	\<dm-comments\>-1\</dm-comments\>	None

4.3.11.   Heart Failure (HF)

The Heart Failure (HF) module includes elements for

- HF Confirmed

- HF-6: LVSD and BB

- HF Comments

Additional details and codes for the diagnosis confirmation and the individual measures can be found in the *2013_HF_SupportingDocuments*.

4.3.11.1. HF Confirmed

Determine if the patient has a documented diagnosis of HF (active or history of) at any time in the patient's history up through the last day of the measurement period.

In addition to indicating the medical record was found for the patient, the diagnosis of heart failure must be confirmed. If the diagnosis can be confirmed for the patient, all required values for the HF measures must be provided before the system can mark the patient as complete in the HF module.

HF Confirmed also provides a way to skip the patient in the HF module. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the HF module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the HF module is done on a case by case basis, and requires prior approval from CMS.

If the diagnosis of HF cannot be confirmed, or the patient is not qualified for the sample for a CMS approved reason, the values for the HF measures should not be provided.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<hf-confirmed>2</hf-confirmed>	Include required HF measure elements to complete the patient's data for HF
8 = Not Confirmed	<hf-confirmed>8</hf-confirmed>	Do not include HF measure elements for this patient, patient is skipped in this module
15 = No - Other CMS Approved Reason	<hf-confirmed>15</hf-confirmed>	Do not include HF measure elements for this patient, patient is skipped in this module
-1 = Update to NULL	<hf-confirmed>-1</hf-confirmed>	None

4.3.11.2. HF-6: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Two values for abstraction are included in the **HF-6** measure:

- [Confirmation that the patient has LVSD](#)

- [Indicator that the patient was prescribed beta-blocker therapy](#)

All values may not be required for the HF-6 measures to be marked complete. The **Has LVSD** value must be provided. If the patient has LVSD, a value for **Beta-Blocker** must be provided. If the patient does not have LVSD, a value should not be provided for **Beta-Blocker**. The **HF-6** measure will be marked as complete for the patient when all required values are provided.

4.3.11.2.1. Determine if the Patient has LVSD

Determine if the patient has LVSD (LVEF < 40% or documented as moderate or severe). If the patient has ever had an LVEF < 40% or has had a documented LVEF as moderate or severe answer **Yes**.

The table below shows the available values and appropriate XML format for **Has LVSD**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<hf-lvsd>1</hf-lvsd>	Do not provide the **Beta-Blocker** value, measure is complete for this patient
2 = Yes	<hf-lvsd>2</hf-lvsd>	Provide the **Beta Blocker** value to complete the measure for this patient
-1 = Update to NULL	<hf-lvsd>-1</hf-lvsd>	None

4.3.11.2.2.   Determine if Beta Blocker was Prescribed

If the patient has LVSD, determine if the patient was prescribed beta-blocker therapy at any time during the measurement period.

The table below shows the available values and appropriate XML format for **Beta-Blocker Therapy**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<hf-beta-blocker>1</hf-beta-blocker>	Provide the **Has LVSD** value to complete the measure for this patient
2 = Yes	<hf-beta-blocker>2</hf-beta-blocker>	Provide the **Has LVSD** value to complete the measure for this patient
4 = No – Medical Reasons	<hf-beta-blocker>4</hf-beta-blocker>	Provide the **Has LVSD** value to complete the measure for this patient
5 = No – Patient Reasons	<hf-beta-blocker>5</hf-beta-blocker>	Provide the **Has LVSD** value to complete the measure for this patient
6 = No – System Reasons	<hf-beta-blocker>6</hf-beta-blocker>	Provide the **Has LVSD** value to complete the measure for this patient
-1 = Update to NULL	<hf-beta-blocker>-1</hf-beta-blocker>	None

4.3.11.3. Optional Comments for the HF Module

The **Optional Comments** for the HF module can be used to provide additional information for the patient related to hypertension.

The table below shows the available values and appropriate XML format for the HF **Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	<hf-comments>Text for comment</hf-comments>	None
-1 = Update to NULL	<hf-comments>-1</hf-comments>	None

4.3.12. Hypertension (HTN)

The HTN module includes elements for

- HTN Confirmed

- HTN-2: Controlling High Blood Pressure

- HTN Comments

Additional details and codes for the diagnosis confirmation and the individual measures can be found in the *2013_HTN_SupportingDocuments*.

4.3.12.1. HTN Confirmed

Determine if the patient has a documented history of HTN at any time in the patient's history up through the last day of the measurement period.

In addition to indicating the medical record was found for the patient, the diagnosis of hypertension must be confirmed. If the diagnosis can be confirmed for the patient, all required values for the HTN measures must be provided before the system can mark the patient as complete in the HTN module.

HTN Confirmed also provides a way to skip the patient in the HTN module. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the HTN module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the HTN module is done on a case by case basis, and requires prior approval from CMS.

If the diagnosis of HTN cannot be confirmed, or the patient is not qualified for the sample for a CMS approved reason, the values for the HTN measures should not be provided.

The table below shows the available values and appropriate XML tags for **HTN Confirmed**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<htn-confirmed>2</htn-confirmed>	Include required HTN measure elements to complete the patient's data for HTN
8 = Not Confirmed	<htn-confirmed>8</htn-confirmed>	Do not include HTN measure elements for this patient, patient is skipped in this module
15 = No - Other CMS Approved Reason	<htn-confirmed>15</htn-confirmed>	Do not include HTN measure elements for this patient, patient is skipped in this module
-1 = Update to NULL	<htn-confirmed>-1</htn-confirmed>	None

4.3.12.2. HTN-2: Controlling High Blood Pressure

Four values for abstraction are included in the **HTN-2** measure:

- Confirmation that the blood pressure measurement was documented

- The date the most recent blood pressure measurement was documented

- The systolic value

- The diastolic value

All values may not be required for the **HTN-2** measure to be marked as complete. The **Blood Pressure Documented** value must be provided. If the patient's blood pressure was not documented, a value should not be provided for the date, systolic, and diastolic values. If patient's blood pressure was documented, the date, systolic, and diastolic values must be provided. The **HTN-2** measure will be marked as complete for the patient when all required fields have a value provided.

4.3.12.2.1. Determine if the Blood Pressure was Documented

Determine if the patient's most recent BP was documented during the measurement period.

The table below shows the available values and appropriate XML format for **Blood Pressure Documented**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<htn-recent-bp>1</htn-recent-bp>	Do not provide the **Blood Pressure Date** value, **Systolic** value, and **Diastolic** value, measure is complete for this patient
2 = Yes	<htn-recent-bp>2</htn-recent-bp>	Provide the **Blood Pressure Date** value, **Systolic** value, and **Diastolic** value to complete the measure for this patient
4 = No – Medical Reasons	<htn-recent-bp>4</htn-recent-bp>	Do not provide the **Blood Pressure Date** value, **Systolic** value, and **Diastolic** value, measure is complete for this patient
-1 = Update to NULL	<htn-recent-bp>-1</htn-recent-bp>	None

4.3.12.2.2. Determine Date Blood Pressure Measurement was Documented

If the blood pressure measurement was documented, provide the most recent blood pressure date.

The table below shows the available values and appropriate XML format for the **Blood Pressure Date**.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013 in format MM/DD/YYYY	<htn-bp-date>02/15/2013</htn-bp-date>	Provide the **Blood Pressure Documented** value, **Systolic** value, and **Diastolic** value to complete the measure for this patient
-1 = Update to NULL	<htn-bp-date>-1</htn-bp-date>	None

4.3.12.2.3. Determine Systolic Value for Most Recent Blood Pressure Measurement

If the blood pressure measurement was documented, provide the systolic blood pressure recorded in mmHg.

The table below shows the available values and appropriate XML format for the **Blood Pressure Systolic**.

Available Values	Sample XML Tag	Other Parameters
0 to 350	<htn-bp-systolic>120</htn-bp-systolic>	Provide the **Blood Pressure Documented** value, **Blood Pressure Date** value, and **Diastolic** value to complete the measure for this patient
-1 = Update to NULL	<htn-bp-systolic>-1</htn-bp-systolic>	None

4.3.12.2.4. Determine Diastolic Value for Most Recent Blood Pressure Measurement

If the blood pressure measurement was documented, provide the diastolic blood pressure recorded in mmHg.

The table below shows the available values and appropriate XML format for the **Blood Pressure Diastolic**.

Available Values	Sample XML Tag	Other Parameters
0 to 200	<htn-bp-diastolic>80</htn-bp-diastolic>	Provide the **Blood Pressure Documented** value, **Blood Pressure Date** value, and **Systolic** value to complete the measure for this patient
-1 = Update to NULL	<htn-bp-diastolic>-1</htn-bp-diastolic>	None

4.3.12.3. Optional Comments for the HTN Module

The **Optional Comments** for the HTN module can be used to provide additional information for the patient related to hypertension.

The table below shows the available values and appropriate XML format for the **HTN Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	<htn-comments>Text for comment</htn-comments>	None
-1 = Update to NULL	<htn-comments>-1</htn-comments>	None

4.3.13.   Ischemic Vascular Disease (IVD)

The **Ischemic Vascular Disease (IVD)** module contains elements for:

- IVD Confirmed

- IVD-1: Complete Lipid Profile and LDL-C Control

- IVD-2: Use of Aspirin or Another Antithrombotic

- IVD Comments

Additional details and codes for the diagnosis confirmation and the individual measures can be found in the *2013_IVD_SupportingDocuments.*

4.3.13.1. IVD Confirmed

Determine if the patient has a documented history of ischemic vascular disease (IVD), or was discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or Percutaneous Coronary Interventions (PCI) at any time in the patient's history up through the last day of the measurement period.

In addition to indicating the medical record was found for the patient, the diagnosis of ischemic vascular disease must be confirmed. If the diagnosis can be confirmed for the patient, all required values for the IVD measures must be provided before the system can mark the patient as complete in the IVD module.

IVD Confirmed also provides a way to skip the patient in the IVD module. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the IVD module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the IVD module is done on a case by case basis, and requires prior approval from CMS.

If the diagnosis of IVD cannot be confirmed, or the patient is not qualified for the sample for a CMS approved reason, the values for the IVD measures should not be provided.

The table below shows the available values and appropriate XML tags for **IVD Confirmed**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	\<ivd-confirmed>2\</ivd-confirmed>	Include required IVD measure elements to complete the patient's data for IVD
8 = Not Confirmed	\<ivd-confirmed>8\</ivd-confirmed>	Do not include IVD measure elements for this patient, patient is skipped in this module
15 = No - Other CMS Approved Reason	\<ivd-confirmed>15\</ivd-confirmed>	Do not include IVD measure elements for this patient, patient is skipped in this module
-1 = Update to NULL	\<ivd-confirmed>-1\</ivd-confirmed>	None

4.3.13.2. IVD-1: Complete Lipid Profile and Low Density Lipoprotein (LDL-C) Control

Three values for abstraction are included in the IVD-1 measure:

- Confirmation that a lipid profile was performed

- The most recent date the blood was drawn for lipid profile

- The most recent LDL-C value

All values may not be required for the **IVD-1** measure to be marked as complete. The **Lipid Profile Performed** must be provided. If a lipid profile was not performed, a value for the date and result should not be provided. If a lipid profile was performed, the date and result values must be provided. The **IVD-1** measure will be marked as complete for the patient when all required fields have a value provided.

4.3.13.2.1. Determine if a Lipid Profile was Performed

Determine if the patient had at least one lipid profile (or ALL component tests) during the measurement period. If LDL-C could not be calculated due to high triglycerides, count as complete lipid profile.

The table below shows the available values and appropriate XML format for **Lipid Profile Performed**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<ivd-lipid-performed>1</ivd-lipid-performed>	Do not provide the **LDL-C Date Drawn** value and **LDL-C Result** value, measure is complete for this patient
2 = Yes	<ivd-lipid-performed>2</ivd-lipid-performed>	Provide the **LDL-C Date Drawn** value and **LDL-C Result** value to complete the measure for this patient
-1 = Update to NULL	<ivd-lipid-performed>-1</ivd-lipid-performed>	None

4.3.13.2.2. Determine Date Blood was Drawn for the Lipid Profile

If the lipid profile was performed, provide the most recent date the blood was drawn for lipid profile.

The table below shows the available values and appropriate XML format for the **LDL-C Date Drawn**.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013 in format MM/DD/YYYY	<ivd-lipid-date>04/15/2013</ivd-lipid-date>	Provide the **Lipid Profile Performed** value and **LDL-C Result** value to complete the measure for this patient
-1 = Update to NULL	<ivd-lipid-date>-1</ivd-lipid-date>	None

4.3.13.2.3. Determine Lipid Profile Result

If the lipid profile was performed, provide the most recent **LDL-C Result** value. If the lipid profile was performed, but the result is not documented, provide a **0** (zero) value. If laboratory is unable to calculate LDL-C value due to high triglycerides, provide a **0** (zero) value. If the test result is labeled "unreliable" and a result is provided, also provide a **0** (zero) value. Do not enter a ratio as a value (it is not a valid value)

The table below shows the available values and appropriate XML format for the **LDL-C Result**.

Available Values	Sample XML Tag	Other Parameters
0 to 500	<ivd-ldlc-value>129</ivd-ldlc-value>	Provide the **Lipid Profile Performed** value and **LDL-C Date Drawn** value to complete the measure for this patient
-1 = Update to NULL	<ivd-ldlc-value>-1</ivd-ldlc-value>	None

4.3.13.3. IVD-2: Use of Aspirin or Other Antithrombotic

Determine if the patient has documented use of aspirin or another antithrombotic during the measurement period.

The table below shows the available values and appropriate XML format for **Aspirin or Other Antithrombotic**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<ivd-antithrombotic>1</ivd-antithrombotic>	None, measure is complete for this patient
2 = Yes	<ivd-antithrombotic>2</ivd-antithrombotic>	None, measure is complete for this patient
-1 = Update to NULL	<ivd-antithrombotic>-1</ivd-antithrombotic>	None

4.3.13.4. Optional Comments for the IVD Module

The **Optional Comments** for the IVD module can be used to provide additional information for the patient related to IVD.

The table below shows the available values and appropriate XML format for the **IVD Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	<ivd-comments>Text for comment</ivd-comments>	None

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<ivd-comments>-1</ivd-comments>	None

4.3.14.   Preventive Care (PREV)

There are eight, separately sampled Preventive Care measures. Because they share a common screen on the Web Interface and are documented in one Supporting Document, the XML elements are in a common section.

The PREV measures include elements for:

- PREV-5: Breast Cancer Screening

    - PREV-5 Confirmation

    - PREV-5: Screening Performed

- PREV-6: Colorectal Cancer Screening

    - PREV-6 Confirmation

    - PREV-6: Screening is Current

- PREV-7: Influenza Immunization

    - PREV-7 Confirmation

    - PREV-7: Immunization Received

- PREV-8: Pneumococcal Vaccination

    - PREV-8 Confirmation

    - PREV-8: Vaccination Received

- PREV-9: Body Mass Index Screening and Follow-Up

    - PREV-9 Confirmation

    - PREV-9: Calculated BMI

- PREV-10: Tobacco Use Screening and Cessation Intervention

    - PREV-10 Confirmation

    - PREV-10: Tobacco Use

- PREV-11: Screening for High Blood Pressure and Follow-Up Documented

- - PREV-11 Confirmation

  - PREV-11: Blood Pressure Screening

- PREV-12: Depression Screening

  - PREV-12 Confirmation

  - PREV-12: Clinical Depression Screening

- PREV Comments

Additional details and codes for the measure confirmation and the individual measures can be found in the *2013_PREV_SupportingDocuments*.

4.3.14.1. PREV-5: Breast Cancer Screening

Two values for abstraction are included in the PREV-5 measure:

- Confirmation that the patient is qualified for the PREV-5 measure

- Indicator if the screening was performed if the patient is qualified

All values may not be required for the PREV-5 measure to be marked complete. Confirmation that the patient is qualified for the measure must be provided. If the patient is qualified for the measure, all required values for the PREV-5 measure must be provided before the system can mark the patient as complete in the PREV-5 measure. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

4.3.14.1.1. PREV-5 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-5 measure must be provided. **PREV-5 Confirmation** provides a way to skip the patient in the PREV-5 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-5 measure, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-5 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-5 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	\<pcmammogram-confirmed>2\</pcmammogram-confirmed>	Include required PREV-5 measure elements to complete the patient's data for PREV-5
15 = No – Other CMS Approved Reason	\<pcmammogram-confirmed>15\</pcmammogram-confirmed>	Do not include PREV-5 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	\<pcmammogram-confirmed>-1\</pcmammogram-confirmed>	None

4.3.14.1.2. PREV-5 Screening Performed

Determine if a breast cancer screening was performed during the measurement period or year prior to the measurement period.

The table below shows the available values and appropriate XML format for **Screening Performed**.

Available Values	Sample XML Tag	Other Parameters
1 = No	\<pcmammogram>1\</pcmammogram>	None, measure is complete for this patient
2 = Yes	\<pcmammogram>2\</pcmammogram>	None, measure is complete for this patient
4 = No – Medical Reasons	\<pcmammogram>4\</pcmammogram>	None, measure is complete for this patient
-1 = Update to NULL	\<pcmammogram>-1\</pcmammogram>	None

4.3.14.2. PREV-6: Colorectal Cancer Screening

Two values for abstraction are included in the PREV-6 measure:

- Confirmation that the patient is qualified for the PREV-6 measure

- Indicator if the screening is current if the patient is qualified

All values may not be required for the PREV-6 measure to be marked complete. Confirmation that the patient is qualified for the measure must be provided. If the patient is qualified for the measure, all required values for the PREV-6 measure must be provided before the system can mark the patient as complete in the PREV-6 measure. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

4.3.14.2.1.   PREV-6 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-6 measure must be provided. **PREV-6 Confirmation** provides a way to skip the patient in the PREV-6 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-6 module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-6 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-6 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pccolorectal-confirmed>2</pccolorectal-confirmed>	Include required PREV-6 measure elements to complete the patient's data for PREV-6
15 = No – Other CMS Approved Reason	<pccolorectal-confirmed>15</pccolorectal-confirmed>	Do not include PREV-6 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	<pccolorectal-confirmed>-1</pccolorectal-confirmed>	None

4.3.14.2.2.   PREV-6 Screening is Current

Determine if colorectal cancer screening is current during the measurement period.

The table below shows the available values and appropriate XML format for **Screening is Current**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pccolorectal>1</pccolorectal>	None, measure is complete for this patient
2 = Yes	<pccolorectal>2</pccolorectal>	None, measure is complete for this patient
4 = No – Medical Reasons	<pccolorectal>4</pccolorectal>	None, measure is complete for this patient
-1 = Update to NULL	<pccolorectal>-1</pccolorectal>	None

4.3.14.3. PREV-7: Influenza Immunization

Two values for abstraction are included in the PREV-7 measure:

- Confirmation that the patient is qualified for the PREV-7 measure

- Indicator if the immunization was received if the patient is qualified

All values may not be required for the PREV-7 measure to be marked complete. Confirmation that the patient is qualified for the measure must be provided. If the patient is qualified for the measure, all required values for the PREV-7 measure must be provided before the system can mark the patient as complete in the PREV-7 measure. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

4.3.14.3.1. PREV-7 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-7 measure must be provided. **PREV-7 Confirmation** provides a way to skip the patient in the PREV-7 measure on a case by case basis. If the patient is ranked in any other all disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-7 measure, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-7 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-7 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	\<pcflushot-confirmed>2\</pcflushot-confirmed>	Include required PREV-7 measure elements to complete the patient's data for PREV-7
15 = No – Other CMS Approved Reason	\<pcflushot-confirmed>15\</pcflushot-confirmed>	Do not include PREV-7 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	\<pcflushot-confirmed>-1\</pcflushot-confirmed>	None

4.3.14.3.2.   PREV-7 Immunization Received

Determine if the patient was seen for a visit between October 1 and March 31 and received an influenza immunization OR reported previous receipt of an influenza immunization. For 2013, the flu season includes visits from October through December of the year prior to the measurement period (2012) or January through March of the measurement period (2013).

The table below shows the available values and appropriate XML format for **Influenza Immunization**.

Available Values	Sample XML Tag	Other Parameters
1 = No	\<pcflushot>1\</pcflushot>	None, measure is complete for this patient
2 = Yes	\<pcflushot>2\</pcflushot>	None, measure is complete for this patient
4 = No – Medical Reasons	\<pcflushot>4\</pcflushot>	None, measure is complete for this patient
5 = No – Patient Reasons	\<pcflushot>5\</pcflushot>	None, measure is complete for this patient
6 = No – System Reasons	\<pcflushot>6\</pcflushot>	None, measure is complete for this patient

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<pcflushot>-1</pcflushot>	None

4.3.14.4. PREV-8: Pneumococcal Vaccination for Patients 65 and Older

Two values for abstraction are included in the PREV-8 measure:

- Confirmation that the patient is qualified for the PREV-8 measure

- Indicator if the vaccination was received if the patient is qualified

All values may not be required for the PREV-8 measure to be marked complete. Confirmation that the patient is qualified for the measure must be provided. If the patient is qualified for the measure, all required values for the PREV-8 measure must be provided before the system can mark the patient as complete in the PREV-8 measure. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

4.3.14.4.1. PREV-8 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-8 measure must be provided. **PREV-8 Confirmation** provides a way to skip the patient in the PREV-8 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-8 module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-8 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-8 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcpneumoshot-confirmed>2</pcpneumoshot-confirmed>	Include required PREV-8 measure elements to complete the patient's data for PREV-8
15 = No – Other CMS Approved Reason	<pcpneumoshot-confirmed>15</pcpneumoshot-confirmed>	Do not include PREV-8 measure elements for this patient, patient is skipped in this measure

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<pcpneumoshot-confirmed>-1</pcpneumoshot-confirmed>	None

4.3.14.4.2. PREV-8 Vaccination Received

Determine if the patient has ever received a pneumococcal vaccination.

The table below shows the available values and appropriate XML format for **Vaccination Received**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcpneumoshot>1</pcpneumoshot>	None, measure is complete for this patient
2 = Yes	<pcpneumoshot>2</pcpneumoshot>	None, measure is complete for this patient
4 = No – Medical Reasons	<pcpneumoshot>4</pcpneumoshot>	None, measure is complete for this patient
-1 = Update to NULL	<pcpneumoshot>-1</pcpneumoshot>	None

4.3.14.5. PREV-9: Body Mass Index (BMI) Screening and Follow-Up

Four values for abstraction are included in the PREV-9 measure:

- Confirmation that the patient is qualified for the PREV-9 measure (BMI Confirmation)

- Indicator that the patient had a Body Mass Index (BMI) Calculated if the patient is qualified (BMI Calculated)

- Indicator if the patient's most recent BMI is within normal parameters if the BMI was calculated (BMI Normal)

- Indicator if follow-up plan is documented if the BMI is not within normal parameters (BMI Follow Up)

All values may not be required for the PREV-9 measure to be marked complete. The **PREV-9 Confirmation** must be provided. If the patient is qualified for the measure, the **BMI Calculated** value is required.

If the BMI was calculated, the **BMI Normal** value must be provided. If the BMI was not calculated, the **BMI Normal** value should not be provided.

If the BMI is not normal, the **Follow-Up Plan** value must be provided. If the BMI is normal, the **Follow-Up Plan** value should not be provided.

If the patient is not qualified for the measure, the patient is skipped in the measure and the measure data should not be provided. The **PREV-9** measure will be marked as complete for the patient when all required fields have a value provided.

4.3.14.5.1.   PREV-9 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-9 measure must be provided. **PREV-9 Confirmation** provides a way to skip the patient in the PREV-9 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-9 measure, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-9 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-9 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcbmiscreen-confirmed>2</pcbmiscreen-confirmed>	Include required PREV-9 measure elements to complete the patient's data for PREV-9
15 = No – Other CMS Approved Reason	<pcbmiscreen-confirmed>15</pcbmiscreen-confirmed>	Do not include PREV-9 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	<pcbmiscreen-confirmed>-1</pcbmiscreen-confirmed>	None

4.3.14.5.2.   PREV-9: BMI Calculated

There are three determinations to be made with respect to calculating a BMI:

- Determine if a BMI was Calculated

- Determine if BMI is Normal

- Determine if Follow-Up Plan is Documented

4.3.14.5.2.1.   Determine if a BMI was Calculated

Determine if the patient had a Body Mass Index (BMI) calculated within the past six months or during the current visit. Use the most current visit.

The table below shows the available values and appropriate XML format for **BMI Calculated**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbmicalculated>1</pcbmicalculated>	Do not provide the **BMI Normal** value and **Follow-Up Plan** value, measure is complete for this patient
2 = Yes	<pcbmicalculated>2</pcbmicalculated>	Provide the **BMI Normal** value and conditionally the **Follow-Up Plan** value to complete the measure for this patient
4 = No – Medical Reasons	<pcbmicalculated>4</pcbmicalculated>	Do not provide the **BMI Normal** value and **Follow-Up Plan** value, measure is complete for this patient
5 = No – Patient Reasons	<pcbmicalculated>5</pcbmicalculated>	Do not provide the **BMI Normal** value and **Follow-Up Plan** value, measure is complete for this patient
-1 = Update to NULL	<pcbmicalculated>-1</pcbmicalculated>	None

4.3.14.5.2.2.   Determine if BMI is Normal

If the BMI was calculated, determine if the patient's most recent BMI is within normal parameters. Normal parameters for BMI:

- Age 65 and older BMI ≥ 23 and < 30

- Age 18-64 BMI ≥ 18.5 and < 25

The table below shows the available values and appropriate XML format for **BMI Normal**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbminormal>1</pcbminormal>	Provide the **BMI Calculated** value and **Follow-Up Plan** value to complete the measure for this patient
2 = Yes	<pcbminormal>2</pcbminormal>	Provide the **BMI Calculated** value to complete the measure for this patient Do not provide the **Follow-Up Plan** value
-1 = Update to NULL	<pcbminormal>-1</pcbminormal>	None

4.3.14.5.2.3.   Determine if Follow-Up Plan is Documented

If the BMI is outside of parameters, determine if a follow-up plan is documented.

The table below shows the available values and appropriate XML format for **PREV-9 Follow-Up Plan**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbmiplan>1</pcbmiplan>	Provide the **BMI Calculated** value and **BMI Normal** value to complete the measure for this patient
2 = Yes	<pcbmiplan>2</pcbmiplan>	Provide the **BMI Calculated** value and **BMI Normal** value to complete the measure for this patient
-1 = Update to NULL	<pcbmiplan>-1</pcbmiplan>	None

4.3.14.6. PREV-10: Tobacco Use: Screening and Cessation Intervention

Three values for abstraction are included in the PREV-10 measure:

- Confirmation that the patient is qualified for the PREV-10 measure (Tobacco Use Confirmation)

- Indicator that the patient was screened for tobacco use if qualified (Patient Screened for Tobacco Use)

- Indicator of cessation counseling if the patient has been identified as a tobacco user (Cessation Counseling Intervention)

All values may not be required for the PREV-10 measure to be marked complete. The **PREV-10 Confirmation** must be provided. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

If the patient is qualified for the measure, the **Tobacco Use** value is required.

If the patient was screened for tobacco use and identified as a tobacco user, a value for **Cessation Counseling** must be provided. If the patient was screened for tobacco use and identified as a tobacco non-user or the patient was not screened for tobacco use, a value for **Cessation Counseling** should not be provided.

The **PREV-10** measure will be marked as complete for the patient when all required fields have a value provided.

4.3.14.6.1. PREV-10 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-10 measure must be provided. **PREV-10 Confirmation** provides a way to skip the patient in the PREV-10 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-10 measure, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-10 is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-10 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pctobaccouse-confirmed>2</pctobaccouse-confirmed>	Include required PREV-10 measure elements to complete the patient's data for PREV-10

Available Values	Sample XML Tag	Other Parameters
15 = No – Other CMS Approved Reason	<pctobaccouse-confirmed>15</pctobaccouse-confirmed>	Do not include PREV-10 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	<pctobaccouse-confirmed>-1</pctobaccouse-confirmed>	None

4.3.14.6.2. PREV-10 Tobacco Use

Once tobacco use has been confirmed, the following must be indicated:

- Determine if the Patient Screened for Tobacco Use

- Determine Cessation Counseling Intervention

4.3.14.6.2.1. Determine if the Patient was Screened for Tobacco Use

Determine if the patient was screened for tobacco use at least once within 24 months AND identified as a tobacco user.

The table below shows the available values and appropriate XML format for **Tobacco Use.**

Available Values	Sample XML Tag	Other Parameters
1 = No (Screened and a tobacco non-user)	<pctobaccoscreen>1</pctobaccoscreen>	Do not provide the **Cessation Intervention** value, measure is complete for this patient
2 = Yes (Screened and a tobacco user)	<pctobaccoscreen>2</pctobaccoscreen>	Provide the **Cessation Counseling** value
4 = No – Medical Reasons	<pctobaccoscreen>4</pctobaccoscreen>	Do not provide the **Cessation Intervention** value, measure is complete for this patient

Available Values	Sample XML Tag	Other Parameters
14 = Not Screened	<pctobaccoscreen>14</pctobaccoscreen>	Do not provide the **Cessation Intervention** value, measure is complete for this patient
-1 = Update to NULL	<pctobaccoscreen>-1</pctobaccoscreen>	None

4.3.14.6.2.2. Determine Cessation Counseling Intervention

Determine if tobacco cessation counseling intervention was received if the patient was identified as a tobacco user. If there is more than 1 patient query regarding tobacco use, use the most recent.

The table below shows the available values and appropriate XML format for **Cessation Counseling Intervention**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pctobaccocounsel>1</pctobaccocounsel>	Provide the **Tobacco Use** value to complete the measure for this patient
2 = Yes	<pctobaccocounsel>2</pctobaccocounsel>	Provide the **Tobacco Use** value to complete the measure for this patient
-1 = Update to NULL	<pctobaccocounsel>-1</pctobaccocounsel>	None

4.3.14.7. PREV-11: Screening for High Blood Pressure and Follow-Up Documented

Two values for abstraction are included in the PREV-11 individually sampled measure:

- Confirmation that the patient is qualified for the PREV-11 measure (High Blood Pressure Confirmation)

- Indicator if the patient was screened for high blood pressure if qualified (High Blood Pressure Screening)

All values may not be required for the PREV-11 measure to be marked complete. Confirmation that the patient is qualified for the measure must be provided. If the patient is qualified for the

measure, all required values for the PREV-11 measure must be provided before the system can mark the patient as complete in the PREV-11 measure. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

4.3.14.7.1.   PREV-11 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-11 measure must be provided. **PREV-11 Confirmation** provides a way to skip the patient in the PREV-11 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the PREV-11 measure, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-11 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-11 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcbloodpressure-confirmed>2</pcbloodpressure-confirmed>	Include required PREV-11 measure elements to complete the patient's data for PREV-11
15 = No – Other CMS Approved Reason	<pcbloodpressure-confirmed>15</pcbloodpressure-confirmed>	Do not include PREV-11 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	<pcbloodpressure-confirmed>-1</pcbloodpressure-confirmed>	None

4.3.14.7.2.   PREV-11 Blood Pressure Screening

Determine if the patient was screened for high blood pressure and follow-up recommended as appropriate during the measurement period. Use most recent blood pressure. This measure only needs to be reported once per measurement period.

Although recommended screening interval for a normal BP reading is every 2 years, to meet the intent of this measure, a BP screening must be performed once per measurement period. The intent of this measure is to screen patients for high blood pressure. Normal blood pressure follow-up is not recommended for patients with clinical or symptomatic hypotension.

The table below shows the available values and appropriate XML format for **Blood Pressure Screening**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbloodpressure>1</pcbloodpressure>	None, measure is complete for this patient
2 = Yes	<pcbloodpressure>2</pcbloodpressure>	None, measure is complete for this patient
4 = No – Medical Reasons	<pcbloodpressure>4</pcbloodpressure>	None, measure is complete for this patient
5 = No – Patient Reasons	<pcbloodpressure>5</pcbloodpressure>	None, measure is complete for this patient
-1 = Update to NULL	<pcbloodpressure>-1</pcbloodpressure>	None

4.3.14.8. PREV-12: Screening for Clinical Depression and Follow-Up Plan

Four values for abstraction are included in the PREV-12 measure:

- Confirmation that the patient is qualified for the PREV-12 measure (Depression Confirmation)

- Indicator if the patient was screened for clinical depression if qualified (Patient Screened for Clinical Depression)

- Indicator if the patient was positive for clinical depression if screened (Patient Positive for Clinical Depression)

- Indicator if a follow-up plan is documented if the patient is positive for clinical depression (Follow-Up Plan for Clinical Depression Documented)

All values may not be required for the **PREV-12** measure to be marked complete. The **PREV-12 Confirmation** must be provided. If the patient is not qualified for the measure, the patient is skipped in the measure and the measure quality data should not be provided.

If the patient is qualified for the PREV-12 measure, the **Clinical Depression Screening** value must be provided.

If the patient was screened for Clinical Depression, a value for **Positive for Clinical Depression** must be provided. If the patient was not screened for clinical depression, the **Positive for Clinical Depression** value should not be provided.

If the patient is positive for clinical depression, a value for **Follow-Up Plan** must be provided. If patient is not positive for clinical depression, a value for **Follow-Up Plan** should not be provided.

4.3.14.8.1. PREV-12 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the PREV-12 measure must be provided. **PREV-12 Confirmation** provides a way to skip the patient in the PREV-12 measure on a case by case basis. If the patient is ranked in any other disease module, CARE measure, PREV measure, the patient is only skipped in the PREV-12 module, not in all modules or patient care measures in which they are ranked.

The **No – Other CMS Approved Reason** may be used if the patient is not qualified for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**. The use of **No – Other CMS Approved Reason** for the PREV-12 measure is done on a case by case basis, and requires prior approval from CMS.

The table below shows the available values and appropriate XML format for **PREV-12 Confirmation.**

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcdepression-confirmed>2</pcdepression-confirmed>	Include required PREV-12 measure elements to complete the patient's data for PREV-12
15 = No – Other CMS Approved Reason	<pcdepression-confirmed>15</pcdepression-confirmed>	Do not include PREV-12 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	<pcdepression-confirmed>2</pcdepression-confirmed>	None

4.3.14.8.2. Depression Screening

Once it is confirmed that the patient has been diagnosed as Clinically Depressed, the following applies:

- Determine if Patient was Screened for Clinical Depression

- Determine if Patient was Positive for Clinical Depression

- Determine if Follow-Up Plan is Documented

4.3.14.8.2.1.   Determine if the Patient was Screened for Clinical Depression

Determine if the patient was screened for clinical depression using an age appropriate standardized tool during the measurement period.

The table below shows the available values and appropriate XML format for **Clinical Depression Screening**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcdepression>1</pcdepression>	Do not provide the **Positive for Clinical Depression** value and **Follow-Up Plan** value, measure is complete for this patient
2 = Yes	<pcdepression>2</pcdepression>	Provide the **Positive for Clinical Depression** and conditionally provide the **Follow-Up Plan** value to complete the measure for this patient
4 = No – Medical Reasons	<pcdepression>4</pcdepression>	Do not provide the **Positive for Clinical Depression** value and **Follow-Up Plan** value, measure is complete for this patient
5 = No – Patient Reasons	<pcdepression>5</pcdepression>	Do not provide the **Positive for Clinical Depression** value and **Follow-Up Plan** value, measure is complete for this patient
-1 = Update to NULL	<pcdepression>-1</pcdepression>	None

4.3.14.8.2.2. Determine if the Patient was Positive for Clinical Depression

If the patient was screened, determine if the screen was **Positive for Clinical Depression** during the measurement period.

The table below shows the available values and appropriate XML format for **Positive for Clinical Depression**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcdepression-positive>1</pcdepression-positive>	Provide the **Clinical Depression Screening** value Do not provide the **Follow-Up Plan** value, measure is complete for this patient
2 = Yes	<pcdepression-positive>2</pcdepression-positive>	Provide the **Clinical Depression Screening** value and **Follow-Up Plan** value to complete the measure for this patient
-1 = Update to NULL	<pcdepression-positive>-1</pcdepression-positive>	None

4.3.14.8.2.3. Determine if Follow-Up Plan is Documented

If the patient had a positive screen for clinical depression, determine if a follow-up plan for depression was documented during the measurement period.

The table below shows the available values and appropriate XML format for depression **Follow-Up Plan**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcdepression-plan>1</pcdepression-plan>	Provide the **Clinical Depression Screening** value and **Positive for Clinical Depression** value to complete the measure for this patient

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcdepression-plan>2</pcdepression-plan>	Provide the **Clinical Depression Screening** value and **Positive for Clinical Depression** value to complete the measure for this patient
-1 = Update to NULL	<pcdepression-plan>-1</pcdepression-plan>	None

4.3.14.9. PREV Comments

The **Optional Comments** for the PREV patient care measures can be used to provide additional information for the patient related to any PREV measure in which the patient is ranked. If a patient is ranked in multiple PREV measures and multiple files are used to upload individual PREV measure data, the comments for the patient may be included in any file. It should be noted that the comments should be the same for any PREV measure in which the patient is ranked. If the comments are different, the comments in the last uploaded file will overwrite any previous comments.

The table below shows the available values and appropriate XML format for the **PREV Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	<prev-comments>Text for comment</prev-comments>	None
-1 = Update to NULL	<prev-comments>-1</prev-comments>	None

4.3.15.   Patients XML Error Messages

If there are errors in the format of the Patients XML file to be uploaded, the error messages and the line on which the error occurs will be provided. If the file contains XML elements that are not included in the specification, the error displayed will indicate an invalid XML format. If the file format is not valid, the first error message will be logged and processing will not continue. Examples of invalid file formats include an incorrect XML declaration, incorrect header, a missing required tag, a tag that is not one of the tags specified in the XML Specification, or any text that is not one of the valid tags.

The table below shows the possible errors and associated condition causing the error for the XML validation.

Message Number	XML Element	Condition	Message Description
3300	N/A	An problem exists in the system. The XML file cannot be processed until the problem is resolved.	System Error. Please contact the helpdesk.
3301	XML Declaration	The XML Declaration does not exactly match XML Specifications. Caused by including the Byte Order Mark (BOM) in the encoding when saving the file.	Invalid XML header. Expected <?xml version="1.0" encoding="UTF-8"?>
3302	N/A	Invalid or mismatched Data Element Tag/Attribute, missing parent tag for sub-tag, invalid or missing elements in the <submission> tag, any tag that does not exist in the XML spec, or including any characters that are not in the specification for a tag or allowable data. Note: Additional information may be provided in the error message indicating the invalid tag. An invalid tag may be indicated for a valid tag missing the parent tag. If an invalid tag is found in the file, processing will not continue and additional errors will not be logged.	Invalid XML File.
3303	Any XML element indicated as required in the XML Specification	A required XML element tag is missing. When the error message is displayed, the error message will display the required XML tag in the [<*tag*>] portion of the error message. If a missing required tag is detected in the file, processing will not continue and additional errors will not be logged.	[<t*ag*>] tag is required.

Message Number	XML Element	Condition	Message Description
3304	Any XML Element containing validated data	The data in the tag is not one of the allowable values for the XML Element. The XML Specification indicates the allowable values for each of the tags. When the error message is displayed, the error message will display the XML tag containing the invalid value in the [*<tag>*] portion of the error message.	The value in [*<tag>*] is not an allowable value for this tag.
3305	<group-tin>	ACO GPROs: The Primary Taxpayer Identification Number in the file and the Primary Taxpayer Identification Number to which the user is associated do not match. PQRS GPROs: The Taxpayer Identification Number in the file and the Taxpayer Identification Number to which the user is associated do not match. When the user's IACS account is associated to multiple Primary Taxpayer Identification Numbers or Taxpayer Identification Numbers, the number used to log in must match the number in the file. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[TIN]" will be replaced with the TIN in the file.	Could not process the file because the TIN- [TIN] in the XML file does not match the user's TIN.

Message Number	XML Element	Condition	Message Description
3306	\<medicare-id\>	Medicare ID specified in the XML file does not exist in the database. All the patients selected for the sample are loaded into the database. The Medicare ID specified for a patient in the file must be the Medicare ID for one of the patients selected for the sample. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[MEDICARE ID]" will be replaced with the Medicare ID in the file that is not in the database.	Medicare ID - [MEDICARE ID] does not exist.
3307	\<medicare-id\>	Medicare ID is duplicated in the XML file. All data for a single patient must be contained between the opening \<patient\> and closing \</patient\> tags. The Medicare ID is the identifier for the patient, and may only be used once in a file.	Medicare ID can only be specified once per patient.

Message Number	XML Element	Condition	Message Description
3308	\<provider-npi\> OR \<provider-npi-two\> OR \<provider-npi-three\>	The Provider NPI must exist in the database before it may be used in the XML file to associate a provider to a patient. Provider NPIs are loaded into the database when the patient sample is loaded. Additional Provider NPIs may be entered into the Web Interface, which will store the Provider NPI in the database. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[NPI]" will be replaced with the NPI in the file that does not exist in the database. When the error message is displayed, the "[MEDICARE ID]" will be replaced with the Medicare ID in the file for the patient where the NPI does not exist.	Provider NPI - [NPI] is not an existing NPI for Medicare ID - [MEDICARE ID].
3309	Any XML Element containing a validated date	Date is not in a valid format: Valid Format = MM/DD/YYYY. Month and Day may be one (1) or two (2) digits, but year must be four (4) digits. Month cannot be 0 or 00 and cannot be greater than 12. Date cannot be 0 or 00 and cannot be greater than 31. Date cannot exceed limit for month. All dates must be for the current program year (2013).	Date is not an allowable value or the format is incorrect.

Message Number	XML Element	Condition	Message Description
3310	<clinic-id>	The Clinic ID must exist in the database before it may be used in the XML file to associate a clinic to a patient. Clinic IDs are loaded into the database when the patient sample is loaded. Additional Clinic Ids may be entered into the Web Interface, which will store the Clinic ID in the database. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[CLINIC ID]"will be replaced with the Clinic ID in the file that does not exist in the database. When the error message is displayed, the "[MEDICARE ID]" will be replaced with the Medicare ID in the file for the patient where the Clinic ID does not exist.	Clinic ID - [CLINIC ID] is not a valid ID for Medicare ID - [MEDICARE ID].

4.3.16.   Patient Discharge XML

The **Patient Discharge XML** can be used to export currently stored data for the patients ranked in the CARE-1 measure or to update the patient data for CARE-1 by uploading an XML file. The values for **CARE Medical Record Found** are applied to both the CARE-1 measure and the CARE-2 measure. This allows for the ability to confirm the **Medical Record Found** for CARE-1 in either the Patients XML or the Patient Discharge XML and provides the ability to use an Excel spreadsheet to view and update the Patient Discharge dates and associated values.

The XML file generated by the Web Interface will only include the patients ranked in CARE-1. If a patient is ranked in the measure, but data has not been stored in the database for the associated XML elements, the elements will be included, but the element will be an empty tag. The discharge dates are pre-populated during the sampling. Discharge dates cannot be modified, added, or deleted during the submission period.

Appendix B – XML Elements for Patient Discharge XML File, lists all possible XML elements for the Patient Discharge file in the required order.

4.3.16.1. XML Declaration and Submission Header

The XML Declaration must meet the following three requirements or it will be rejected as an invalid file:

1. The XML Declaration must be on the first line

2. The XML Declaration may not contain any other XML elements

3. The XML Declaration must be an exact match for the valid value specified Appendix B – XML Elements for Patient Discharge XML File

A **Submission Header** is required at the beginning of each Patient Discharge XML file. The opening tag for the **Submission Header** should be the first XML element in the file, and the closing tag for the submission header should be the last XML element in the file. The submission opening element <submission> and submission closing element </submission> may occur once in the file, and all submission data must be between the opening and closing elements. The data in the opening submission element should match the text exactly.

4.3.16.2. File Audit Data

The **File Audit Data** XML elements are sub-elements of the <submission> element. The information in the **File Audit Data** will be provided when the file is exported for information only. The information may be included in the file to be uploaded if the creator desires the information for tracking purposes, but the data is not required. Any data provided in the **Submission Period Dates** will only be validated for format, it will not be stored in the database.

4.3.16.3. Submission Period Dates

The **Submission Period Dates** XML elements are sub-elements of the <submission> element. The information in the **Submission Period Dates** will be provided when the file is exported for information only. The information may be included in the file to be uploaded if the creator desires the information for tracking purposes, but the data is not required. Any data provided in the **Submission Period Dates** will only be validated for format, it will not be stored in the database.

4.3.16.4. Group Identification

The **Group Identification** provides the type of submission data and the Primary Taxpayer Identification Number for ACO GPROs or the Taxpayer Identification Number for PQRS GPROs. The **Group Identification** XML elements are sub elements of the <submission> element. All data for the patients in the group must be included between the opening <web-interface> element and the closing </web-interface> element. For ACO GPROs, the Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the IACS ID of the user submitting the file. For PQRS GPROs, the Taxpayer Identification Number in the file must match the Taxpayer Identification Number associated to the IACS ID of the user submitting the file.

The opening <patient> element and the closing </patient> element are used for each patient in the file. Data for a patient must be between an opening <patient> and closing </patient>

element, but the <patient> element and the sub-elements of the patient element may be repeated as often as necessary for a patient with multiple discharge dates.

The table below shows the appropriate XML format with a sample TIN for the Group Identification TIN.

Available Values	Sample XML Tag	Other Parameters
Character	<group-tin>0000000000</group-tin>	Include XML elements for patient data

4.3.16.5. Patient Identification

The opening <patient> element and the closing </patient> element are used for each patient in the file. Data for a patient must be between an opening <patient> and closing </patient> element, but the <patient> elements may be repeated as often as necessary for a patient with multiple discharges. The Medicare ID is the unique identifier for the patient and as such is the primary key.

4.3.16.6. CARE-1 Medication Reconciliation

The **CARE-1** measure includes elements for:

- CARE-1 Rank

- CARE-1 Medical Record Found

- CARE-1: Medication Reconciliation

- CARE-1 Comments

4.3.16.6.1.   CARE-1 Medical Record Found

The **Medical Record Found** contains three values:

- Medical Record Found

- Reason a patient is not qualified for the sample

- Date the patient became ineligible for the sample

If the medical record can be found for the patient, values for the CARE-1 measure must be provided for the patient to be considered complete in the associated CARE-1 measure.

If the patient's medical record cannot be found, or the patient is not qualified for the sample, the values for the CARE measures should not be provided.

If the patient is ranked in other disease modules or patient care measures uploaded in the Patients XML file, the medical record found value should be the same for the patient in both the

Patients XML and the Patient Discharge XML. If the values are different, the value in the last uploaded file will overwrite any previous values.

If the patient is not qualified for the sample, the reason they are ineligible and the date they became ineligible must be provided in order for the patient to be considered skipped in the CARE measures.

4.3.16.6.1.1. Confirm Medical Record Found

Determine if you are able to find the patient's medical record.

The table below shows the available values and appropriate XML format for the **Medical Record Found**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<medical-record-found>2</medical-record-found>	Include required confirmation and required measure elements for all disease modules, CARE measures, or PREV measures in which the patient is ranked to complete the patient's data Do not include **Medical Record Found Reason** value and **Medical Record Found Date** value
3 = Medical Record Not Found	<medical-record-found>3</medical-record-found>	Do not include **Medical Record Found Reason** value and **Medical Record Found Date** value or measure elements for this patient Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
9 = Not Qualified for Sample	<medical-record-found>9</medical-record-found>	Include **Medical Record Found Reason** value and **Medical Record Found Date** value Do not include measure elements for this patient Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<medical-record-found>-1</medical-record-found>	None

4.3.16.6.1.2. Provide the Reason the Patient is Not Qualified for Sample

If the **Medical Record Found** value is set to **Not Qualified for Sample**, the reason and date must be provided for the patient to be marked as skipped.

The table below shows the available values and appropriate XML format for the **Not Qualified for Sample** reasons.

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<medical-not-qualified-reason>10</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
11 = Moved out of Country	<medical-not-qualified-reason>11</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
12 = Deceased	<medical-not-qualified-reason>12</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked

Available Values	Sample XML Tag	Other Parameters
16 = HMO Enrollment	\<medical-not-qualified-reason>16\</medical-not-qualified-reason>	Include the **Medical Record Found** value and **Medical Record Found Date** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
-1 = Update to NULL	\<medical-not-qualified-reason>-1\</medical-not-qualified-reason>	None

4.3.16.6.1.3. Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is in hospice, moved out of the country, deceased, or HMO Enrollment, the date must be provided for the patient to be marked as **Skipped**. Enter the date in MM/DD/YYYY format the patient became ineligible for the sample during the measurement period (if date unknown enter 12/31/2013).

The table below shows the available values and appropriate XML format for the **Not Qualified for Sample** date.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 12/31/2013	\<medical-not-qualified-date>12/01/2013\</medical-not-qualified-date>	Include the **Medical Record Found** value and **Medical Record Found Reason** value Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked
-1 = Update to NULL	\<medical-not-qualified-date>-1\</medical-not-qualified-date>	None

4.3.16.6.2. CARE-1 Rank

The **CARE-1 Rank** provides the patient's assigned order in the CARE-1 measure, and is provided in the exported files for information only. The rank cannot be changed from the value assigned to the patient during the patient sampling. If the patient has not been selected for the CARE-1 measure, the associated **CARE-1 Rank** will not be included in the Patient Discharge XML files exported from the Web Interface.

The patient's **CARE-1 Rank** is not required in the XML files to be uploaded. If the **CARE-1 Rank** is included in the file, the XML element and associated data will be ignored.

The table below shows the available values and appropriate XML format for the **CARE-1 Rank**.

Available Values	Sample XML Tag	Other Parameters
1 – 616	<caremedcon-rank>27<caremedcon-rank>	Ignored on Upload, provided for information on Export

4.3.16.6.3.   CARE-1 Confirmation

CARE-1 Confirmation provides a way to skip a patient in the CARE-1 measure on a case by case basis. If the patient is not qualified for CARE-1 for a reason other than **In Hospice**, **Moved out of Country**, **Deceased**, or **HMO Enrollment**, the **No – Other CMS Approved Reason** may be used with prior CMS approval. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the CARE-1 module, not all in all modules or patient care measures in which they are ranked.

When Medical Record Found is set to **Yes**, the confirmation for CARE-1 will also be set to **Yes** when the XML file is processed. Therefore, the **CARE-1 Confirmation** value only needs to be provided if the Medical Record Found value has not been provided, the **No – Other CMS Approved Reason** value is being provided, or a previously entered value is being updated.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<caremedcon-confirmed>2<caremedcon-confirmed>	Include required CARE-1 measure elements to complete the patient's data for CARE-1
15 = No – Other CMA Approved Reason	<caremedcon-confirmed>15<caremedcon-confirmed>	Do not include CARE-1 measure elements for this patient, patient is skipped in this measure
-1 = Update to NULL	<caremedcon-confirmed>-1<caremedcon-confirmed>	None

4.3.16.6.4.   Optional Comments for the CARE-1 and CARE-2 Measures

The **Optional Comments** for the CARE measures can be used to provide additional information for the patient related to CARE-1 and CARE-2. **Optional Comments** for CARE-1 can also be provided in the Patient file. It should be noted that the comments should be the same for a patient ranked in both CARE-1 and CARE-2. If the comments are different, the comments in the last uploaded file will overwrite any previous comments.

The table below the available values and appropriate XML format for the CARE **Optional Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 250 characters	<care-comments>Text for comment</care-comments>	None
-1 = Update to NULL	<care-comments>-1</care-comments>	None

4.3.16.6.5.   CARE-1: Medication Reconciliation

Four types of information are required to complete the CARE-1 measure:

- Discharge Date

- Confirmation that the patient was discharged from an inpatient facility

- Confirmation that the patient had an office visit within 30 days of the inpatient facility discharge

- Confirmation that the discharge medications were reconciled with the current medication list

All information may not be required for the CARE-1 measure to be marked complete. A value for confirmation that the patient was discharged from an inpatient facility on the pre-populated date must be provided for all discharge dates. If the discharge cannot be confirmed, the remaining values for that discharge are not required. If the discharge is confirmed, a value for the office visit must be provided. If the patient had an office visit within 30 days of the discharge, a value for medication reconciliation must be provided.

4.3.16.6.5.1.   Discharge Date

The **Discharge Date** will be pre-populated from claims during the sampling for CARE-1. **Discharge Date** cannot be modified, added or deleted. If a discharge date in the XML file does not exist for the patient, the XML file will pass format validation, but the measure data for that date will not be updated.

The **Discharge Date** element may be repeated for each discharge associated to a patient, but only one set of discharge date elements for a patient may be between the opening <patient> element and the closing </patient> element.

Note: The valid discharge dates are 01/01/2013 through 10/31/2013. Since the dates are pre-populated with dates falling within the range, the XML validation checks for a valid date in 2013, without limiting the date range. However, if an date outside the date range is provided, the XML processing will reject the date and the associated tags because the date will not exist.

The table below shows the available values and appropriate XML format for the **Discharge Date.**

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2013 and 10/31/2013 in format MM/DD/YYYY See note above on date range validation	<discharge-date>02/20/2013</discharge-date>	Provide the **Discharge Confirmation** value and conditionally the **Office Visit** value and **Medication Reconciliation** value

4.3.16.6.5.2. Determine if the Patient was Discharged from an Inpatient Facility

Determine if the patient was discharged from an inpatient facility during the measurement period. Inpatient discharges will be pre-populated from claims. This measure is to be reported each time a patient was discharged from an inpatient facility and had an office visit within 30 days of discharge during the measurement period.

The table below shows the available values and appropriate XML format for the **Discharge Confirmation**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<discharge-confirmation>1</discharge-confirmation>	Provide the **Discharge Date** value Do not provide the **Office Visit** value and **Medication Reconciliation** value, this discharge is complete
2 = Yes	<discharge-confirmation>2</discharge-confirmation>	Provide the **Discharge Date** value and **Office Visit** value, and conditionally, the **Medication Reconciliation** value to complete this discharge
-1 = Update to NULL	<discharge-confirmation>-1</discharge-confirmation>	None

4.3.16.6.5.3. Determine if Patient had Office Visit Within 30 Days

Determine if the patient was seen within 30 days following an inpatient facility discharge.

The table below shows the available values and appropriate XML format for the office visit.

Available Values	Sample XML Tag	Other Parameters
1 = No	\<office-visit>1\</office-visit>	Provide the **Discharge Date** value Do not provide the **Medication Reconciliation** value, this discharge is complete
2 = Yes	\<office-visit>2\</office-visit>	Provide the **Discharge Date** value Provide the **Medication Reconciliation** value to complete this discharge
-1 = Update to NULL	\<office-visit>-1\</office-visit>	None

4.3.16.6.5.4.   Determine Medication Reconciliation

Determine if discharge medications were reconciled with the current medication list in the outpatient medical record within 30 days following this inpatient facility discharge

The table below shows the available values and appropriate XML format for **Medication Reconciliation**.

Available Values	Sample XML Tag	Other Parameters
1 = No	\<medication-reconciliation>1\</medication-reconciliation>	Provide the **Discharge Date** value and **Office Visit** value to complete this discharge
2 = Yes	\<medication-reconciliation>2\</medication-reconciliation>	Provide the **Discharge Date** value and **Office Visit** value to complete this discharge
-1 = Update to NULL	\<medication-reconciliation>-1\</medication-reconciliation>	None

4.3.16.7. Patient Discharge XML Errors

If there are errors in the format of the Patient Discharge XML file to be uploaded, the error messages and the line on which the error occurs will be provided. If the file contains XML elements that are not included in the specification, the error displayed will indicate an invalid XML format. If the file format is not valid, the first error message will be logged and processing will not continue. Examples of invalid file formats include an incorrect XML declaration, incorrect header, a missing required tag, a tag that is not one of the tags specified in the XML Specification, or any text that is not one of the valid tags.

The table below shows the possible errors and associated condition causing the error for the XML validation.

Message Number	XML Element	Condition	Message Description
3300	N/A	An problem exists in the system. The XML file cannot be processed until the problem is resolved.	System Error. Please contact the helpdesk.
3301	XML Declaration	The XML Declaration does not exactly match XML Specifications. Including the Byte Order Mark (BOM) in the encoding when saving the file.	Invalid XML header. Expected <?xml version="1.0" encoding="UTF-8"?>
3302	N/A	Invalid or mismatched Data Element Tag/Attribute, missing parent tag for sub-tag, invalid or missing elements in the <submission> tag, any tag that does not exist in the XML spec, or including any characters that are not in the specification for a tag or allowable data. Note: Additional information may be provided in the error message indicating the invalid tag. An invalid tag may be indicated for a valid tag missing the parent tag. If an invalid tag is found in the file, processing will not continue and additional errors will not be logged.	Invalid XML File.

Message Number	XML Element	Condition	Message Description
3303	Any XML element indicated as required in the XML Specification	A required XML element tag is missing. When the error message is displayed, the error message will display the required XML tag in the [<*tag*>] portion of the error message. If a missing required tag is detected in the file, processing will not continue and additional errors will not be logged.	[<*tag*>] tag is required.
3304	Any XML Element, except a date element, containing validated data	The data in the tag is not one of the allowable values for the XML Element. The XML Specification indicates the allowable values for each of the tags. When the error message is displayed, the error message will display the XML tag containing the invalid value in the [<*tag*>] portion of the error message.	The value in [<*tag*>] is not an allowable value for this tag.
3305	<group-tin>	ACO GPROs: The Primary Taxpayer Identification Number in the file and the Primary Taxpayer Identification Number to which the user is associated do not match. PQRS GPROs: The Taxpayer Identification Number in the file and the Taxpayer Identification Number to which the user is associated do not match. When the user's IACS account is associated to multiple Primary Taxpayer Identification Numbers or Taxpayer Identification Numbers, the number used to log in must match the number in the file. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[TIN]" will be replaced with the TIN in the file.	Could not process the file because the TIN - [TIN] in the XML file does not match the user's TIN.

Message Number	XML Element	Condition	Message Description
3306	<medicare-id>	Medicare ID specified in the XML file does not exist in the database. All the patients selected for the sample are loaded into the database. The Medicare ID specified for a patient in the file must be the Medicare ID for one of the patients selected for the sample. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[MEDICARE ID]" will be replaced with the Medicare ID that is not in the database.	Medicare ID - [MEDICARE ID] does not exist.
3309	Any XML Element containing a validated date	Date is not in a valid format: Valid Format = MM/DD/YYYY. Month and Day may be one (1) or two (2) digits, but year must be four (4) digits. Month cannot be 0 or 00 and cannot be greater than 12. Date cannot be 0 or 00 and cannot be greater than 31. Date cannot exceed limit for month. When validating the format of the data, the dates must be for the current program year (2013). However, when processing the XML file the Discharge Dates are limited to the pre-populated dates which are between January 1, 2013 and October 31, 2013.	Date is not an allowable value or the format is incorrect.

Message Number	XML Element	Condition	Message Description
3311	<discharge-date>	The Discharge Date for the patient must exist in the database. The Discharge Dates are loaded into the database when the patient sample is loaded. The pre-populated dates are the only dates which may be used for a patient. Note that for this error message a line number will not be displayed. When the error message is displayed, the "[DATE]" will be replaced with the date in the file that is not in the database. When the error message is displayed, the "[MEDICARE ID]" will be replaced with the Medicare ID in the file for the patient where the Discharge Date does not exist.	Discharge Date - [DATE] is not valid for the patient - [MEDICARE ID].

4.4. Patient Ranking XML

The Patient Ranking XML file is used to export the list of patients for a group. The information in the file cannot be updated by uploading a file. When exporting the data, the Web Interface allows the selection of one or more disease modules or patient care measures on the **Export Data** page.

The XML file generated by the Web Interface will only include the patients ranked in the selected disease modules or patient care measures. An option is provided to allow the patient data to be exported in one of two ways.

1. Export only selected module or patient care measure data for the patient. If a patient is ranked in multiple modules or patient care measures, only the XML rank elements associated with the selected modules or patient care measures will be included for that patient. If a patient is ranked in a module or patient care measure that has been selected and is also ranked in a module or patient care measure that has not been selected, the rank for the unselected module or measure will not be included in the file. This option prevents duplicate data for a patient when data is exported one module or patient care measure at a time.

2. Export all module or patient care measure ranks for the patient. If a patient is ranked in multiple modules or patient care measures, all XML rank elements for any module or patient care measure in which the patient is ranked will be included for the patient. If a patient is ranked in a module or patient care measure that has been selected and is also ranked in a module or patient care measure that has not been selected, the rank for the unselected modules or patient care measures will also be included in the file. This option allows exporting all ranks for all modules or patient care measures for a patient when rank is exported one module or patient care measure at a time.

The audit data is provided to allow tracking of when the file was exported.

The opening <patient> element and closing </patient> element are repeated for each patient. The demographics data will be included for each patient, and the module or patient care measure rank XML element will be included for each selected module or patient care measure in which the patient is ranked.

The table below shows all the Patient Ranking XML elements and associated data.

XML Element	Description	Data Type	Field Size	Valid Values
N/A	XML Declaration	String	38	<?xml version="1.0" encoding="UTF-8"?>
<export>	Header	String	200	<export version="3.0" type="WEB-INTERFACE-PATIENT-RANKING" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noNamespaceSchemaLocation="WEB-INTERFACE-PATIENT-RANKING.xsd" xmlns="gov/cms/pqrs/patientRanking/v1">
<file-audit-data>	Opening element for file audit data	N/A	N/A	N/A
<file-number>	Identifier for the file	String	20	Number
<create-date>	Date the file was created	String	10	MM/DD/YYYY
<create-time>	Time the file was created	Time	5	HH:MM (Military format with colon)
<create-by>	IACS ID and "-WebUI"	String	50	Character
<version>	Version of the file being exported	String	20	Character
</file-audit-data>	Closing element for file audit data	N/A	N/A	N/A

XML Element	Description	Data Type	Field Size	Valid Values
<export-period-from-date>	Start of the Submission Period for which data is being exported	String	10	MM/DD/YYYY
<export-period-to-date>	End of the Submission Period for which data is being exported	String	10	MM/DD/YYYY
<web-interface>	Opening element for group data	N/A	N/A	N/A
<group-tin>	ACO GPROs: Primary Taxpayer Identification Number PQRS GPRO: Taxpayer Identification Number	String	9	Number
<patient>	Opening tag for the patient data, repeats for each patient in the file	N/A	N/A	N/A
<medicare-id>	Medicare HIC number – unique identifier for the patient	String	15	Character
<patient-first-name>	First name of the patient	String	25	Character
<patient-last-name>	Last name of the patient	String	20	Character
<gender>	Indicator for the gender of the patient	String	1	1 = Male 2 = Female 3 = Unknown
<birth-date>	Birth date of the patient	String	10	MM/DD/YYYY
<provider-npi>	Provider's NPI	String	10	Number

XML Element	Description	Data Type	Field Size	Valid Values
<provider-npi-two>	Provider's NPI	String	10	Number
<provider-npi-three>	Provider's NPI	String	10	Number
<clinic-identifer>	Identifier associated with the clinic OR -1 to update to NULL The identifier must already exist in the database before it can be used in the XML file ACO GPROs: The identifier may be a participating TIN, a CMS Certification Number (CCN), or a user entered identifier PQRS GPROs: The TIN or user entered identifier	String	9	Number
<caremedcon-rank>	Patient's rank within the CARE-1 measure This element is only used if the patient has been selected for the CARE-1 sample	String	3	1 – 616
<carefalls-rank>	Patient's rank within the CARE-2 measure This element is only used if the patient has been selected for the CARE-2 sample	String	3	1 – 616

XML Element	Description	Data Type	Field Size	Valid Values
<cad-rank>	Patient's rank within the CAD module This element is only used if the patient has been selected for the CAD sample	String	3	1 – 616
<dm-rank>	Patient's rank within the DM module This element is only used if the patient has been selected for the DM sample	String	3	1 – 616
<hf-rank>	Patient's rank within the HF module This element is only used if the patient has been selected for the HF sample	String	3	1 – 616
<htn-rank>	Patient's rank within the HTN module This element is only used if the patient has been selected for the HTN sample	String	3	1 – 616
<ivd-rank>	Patient's rank within the IVD module This element is only used if the patient has been selected for the IVD sample	String	3	1 – 616
<pcmammogram-rank>	Patient's rank within the PREV-5 measure This element is only used if the patient has been selected for the PREV-5 sample	String	3	1 – 616

XML Element	Description	Data Type	Field Size	Valid Values
<pccolorectal-rank>	Patient's rank within the PREV-6 measure This element is only used if the patient has been selected for the PREV-6 sample	String	3	1 – 616
<pcflushot-rank>	Patient's rank within the PREV-7 measure This element is only used if the patient has been selected for the PREV-7 sample	String	3	1 – 616
<pcpneumoshot-rank>	Patient's rank within the PREV-8 measure This element is only used if the patient has been selected for the PREV-8 sample	String	3	1 – 616
<pcbmiscreen-rank>	Patient's rank within the PREV-9 measure This element is only used if the patient has been selected for the PREV-9 sample	String	3	1 – 616
<pctobaccouse-rank>	Patient's rank within the PREV-10 measure This element is only used if the patient has been selected for the PREV-10 sample	String	3	1 – 616

XML Element	Description	Data Type	Field Size	Valid Values
<pcbloodpressure-rank>	Patient's rank within the PREV-11 measure This element is only used if the patient has been selected for the PREV-11 sample	String	3	1 – 616
<pcdepression-rank>	Patient's rank within the PREV-12 measure This element is only used if the patient has been selected for the PREV-12 sample	String	3	1 – 616
</web-interface>	Closing tag for group data	N/A	N/A	N/A
</export>	Closing tag for header	N/A	N/A	N/A

4.5. Clinics XML

The Clinics XML file is used to export the list of clinics for a group. The information in the file cannot be updated by uploading a file, but clinics may be added or updated using the Group Practice Reporting Option Web Interface.

The audit data is provided to allow tracking of when the file was exported.

The database will be pre-populated with one or more clinics clinic during the initial load. The address for the clinic will not be pre-populated, but will be included if the XML file is exported after the clinic has been updated on the Web Interface.

The table below shows the Clinics XML elements and associated data.

XML Element	Description	String	Field Size	Valid Values
N/A	XML Declaration	String	38	<?xml version="1.0" encoding="UTF-8"?>

XML Element	Description	String	Field Size	Valid Values
<export>	Header	String	180	<export version="3.0" type="WEB-INTERFACE-CLINIC" xmlns:xsi="http://www.w3.org/2001/ XMLSchema-instance" xmlns:noNamespaceSchemaLocati on="WEB-INTERFACE-CLINIC.xsd" xmlns="gov/cms/pqrs/clinic/v1">
<file-audit-data>	Opening element for file audit data	N/A	N/A	N/A
<file-number>	Identifier for the file	String	20	Number
<create-date>	Date the file was created	String	10	MM/DD/YYYY
<create-time>	Time the file was created	Time	5	HH:MM (Military format with colon)
<create-by>	IACS ID and "-WebUI"	String	50	Character
<version>	Version of the file being exported	String	20	Character
</file-audit-data>	Closing element for file audit data	N/A	N/A	N/A
<export-period-from-date>	Start of the Submission Period for which data is being exported	String	10	MM/DD/YYYY
<export-period-to-date>	End of the Submission Period for which data is being exported	String	10	MM/DD/YYYY
<web-interface>	Opening element for group data	N/A	N/A	N/A

XML Element	Description	String	Field Size	Valid Values
<group-tin>	ACO GPRO: Primary Taxpayer Identification Number PQRS GPRO: Taxpayer Identification Number	String	9	Number
<clinic>	Opening element clinic data, repeats for each clinic	N/A	N/A	N/A
<clinic-identifier>	ACO GPRO: Participating Taxpayer Identification Number, CMS Certification Number, or user provided number PQRS GPRO: Taxpayer Identification Number or user provided number May be used in the Patients XML to associate a clinic to a patient	String	9	Number
<clinic-name>	Name of the clinic	String	100	Character
<clinic-address1>	First line of the clinic address	String	50	Character
<clinic-address2>	Second line of the clinic address	String	50	Character
<clinic-city>	City for the clinic address	String	50	Character
<clinic-state>	State for the clinic address	String	2	Two digit state codes
<clinic-zipcode>	Zip code for the clinic address	String	10	Five digit (11111) or nine digit (11111-1111) zip code

XML Element	Description	String	Field Size	Valid Values
<clinic-is-original>	Indicator if the clinic was pre-populated during the initial data load or added during the submission period using the Web Interface	String	1	1 = User added, not original 2 = Pre-populated, original
</clinic>	Closing tag for the Clinic data, repeats for each clinic	N/A	N/A	N/A
</web-interface>	Closing tag for group data	N/A	N/A	N/A
</export>	Closing tag for header	N/A	N/A	N/A

4.6. Providers XML

The Provider XML file is used to export the list of providers for the group. The information in the file cannot be updated by uploading a file, but providers may be added or updated using the Web Interface.

The audit data is provided to allow tracking of when the file was exported.

The database will be pre-populated with providers during the initial load. The pre-populated data includes the provider's first and last name, and the Employer Identification Number, which is defaulted to the Primary Taxpayer Identification Number for ACO GPROs and to the Taxpayer Identification Number for PQRS GPROs. The pre-populated providers will have the flag set to indicate they are original providers. Providers added using the Web Interface will have the flag set to indicate they are not original providers.

The Provider Credentials will not be pre-populated, but will be included if the XML file is exported after the provider has been updated on the Web Interface.

The table below shows the Providers XML elements and associated data.

XML Element	Description	Data Type	Field Size	Valid Values
N/A	XML Declaration	String	38	<?xml version="1.0" encoding="UTF-8"?>

XML Element	Description	Data Type	Field Size	Valid Values
\<export\>	Header	String	180	\<export version="3.0" type="WEB-INTERFACE-PROVIDER" xmlns:xsi="http://www.w3.org/2001/XML Schema-instance" xmlns:noNamespaceSchemaLocation=" WEB-INTERFACE-PROVIDER.xsd" xmlns="gov/cms/pqrs/provider/v1"\>
\<file-audit-data\>	Opening element for file audit data	N/A	N/A	N/A
\<file-number\>	Identifier for the file	String	20	Number
\<create-date\>	Date the file was created	String	10	MM/DD/YYYY
\<create-time\>	Time the file was created	Time	5	HH:MM (Military format with colon)
\<create-by\>	IACS ID and "-WebUI"	String	50	Character
\<version\>	Version of the file being exported	String	20	Character
\</file-audit-data\>	Closing element for file audit data	N/A	N/A	N/A
\<export-period-from-date\>	Start of the Submission Period for which data is being exported	String	10	MM/DD/YYYY
\<export-period-to-date\>	End of the Submission Period for which data is being exported	String	10	MM/DD/YYYY
\<web-interface\>	Opening element for group data	N/A	N/A	N/A

XML Element	Description	Data Type	Field Size	Valid Values
\<group-tin\>	ACO GPRO: Primary Taxpayer Identification Number PQRS GPRO: Taxpayer Identification Number	String	9	Number
\<provider\>	Opening element for the Provider data	N/A	N/A	N/A
\<provider-npi\>	Provider's NPI	String	10	Number
\<provider-first-name\>	First name of a provider	String	30	Character
\<provider-last-name\>	Last name of a provider	String	30	Character
\<provider-ein\>	Employer Identification Number for a provider	String	15	Character
\<provider-credentials\>	Credentials for a provider	String	100	Character
\<provider-is-original\>	Indicator if the provider was pre-populated during the initial data load or added during the submission period using the Web Interface	String	1	1 = User added, not original 2 = Pre-populated, original
\</provider\>	Closing tag for the Provider data	N/A	N/A	N/A
\</web-interface\>	Closing tag for group data	N/A	N/A	N/A
\</export\>	Closing tag for header	N/A	N/A	N/A

5. XML to Excel Processing

The Patient, Patient Discharge, Patient Ranking, Clinic and Provider XML files exported for the Web Interface may be imported into an Excel file. The Excel file may also be used to create the Patients XML and Patient Discharge XML files in the format required to upload into the Web Interface.

5.1. Microsoft Excel 2013

The following content explains the steps necessary to complete XML to Excel processing with Microsoft Excel 2013. In this section, you will learn how to:

- Add the Developer Tab to Excel

- Create an Excel Workbook for Patient XML

- Create an Excel Workbook for the Patient Discharge XML

- Import the XML File

- Export the Modified Data

5.1.1. Add the Developer Tab to Excel

If the Developer Tab is not shown on the Excel Ribbon it can be added. The following figure shows the Excel 2013 ribbon with the Developer Tab displayed.
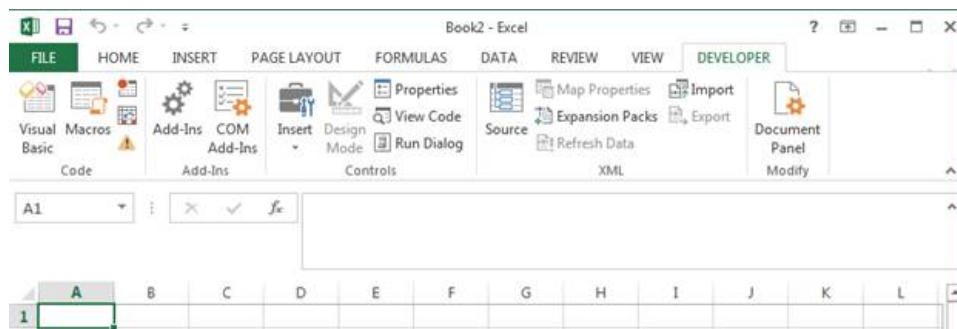
Steps to display the Developer Tab:

1. Click the **File** tab.

2. Click **Options**.

3. Click **Customize Ribbon** on the Excel Options window.

4. Select the **Developer** checkbox under the **Main Tabs** list if not already checked.

5. Click **OK** to apply the setting.

The following figure shows the Excel 2013 **File** Tab with the **Options** at the bottom of the list.
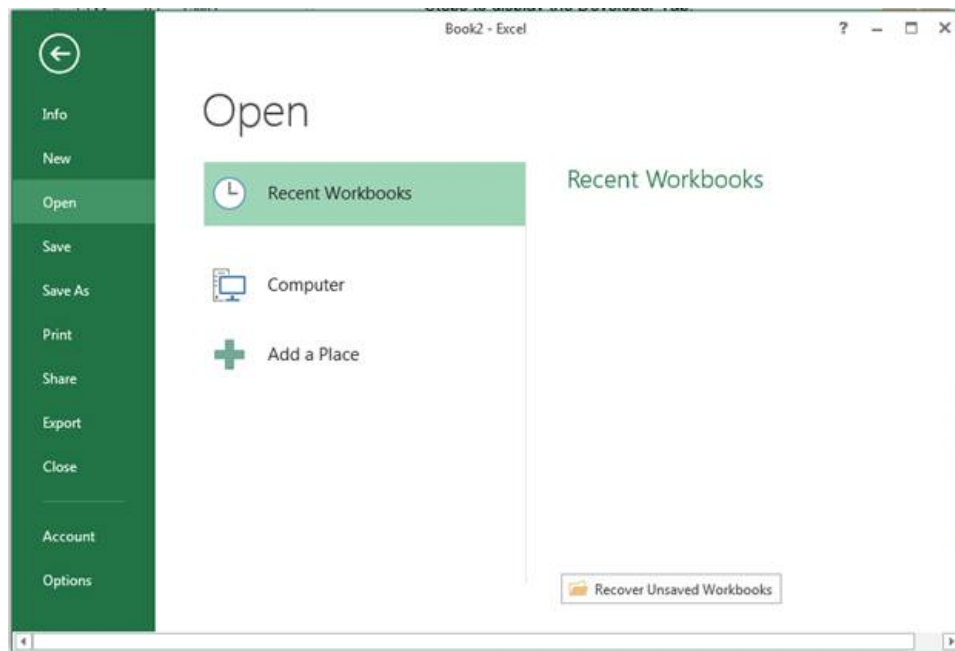
The following figure shows the Excel 2013 Options screen with the **Customize Ribbon** and the **Developer** checkbox highlighted.

5.1.2. Create an Excel Workbook for Patient XML

Once the Developer tab is available, the Patient XSD Mapping can be added to a new 2013 Excel Workbook. The XSD file for the Patient Discharge mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

To add the XSD Mapping:

1. Select the **File** tab.

2. Select **New**.

3. Select Blank workbook.

4. Select the **Developer** tab.

5. Select **Source** in the Developer tab. The XML Source is added to the workbook.

6. Select the **XML Maps…** button.

7. Select the **Add…** button on the XML Maps screen.

8. Select the **WEB-INTERFACE-PATIENT.xsd** file in the Select XML Source window.

9. Select **OK** in the XML Maps window.

10. Select the **ns1:patient** line on the XML Source with the left mouse button.

11. Hold the left mouse button down and drag the **ns1:patient** line to the **A1** cell in the workbook, then release the mouse button.

12. Close the XML Source by selecting the **Source** option in the Developer tab, or selecting the "**X**" in the upper right corner of the XML Source.

The following figure shows the File tab with New Blank Excel 2013 workbook selection highlighted.
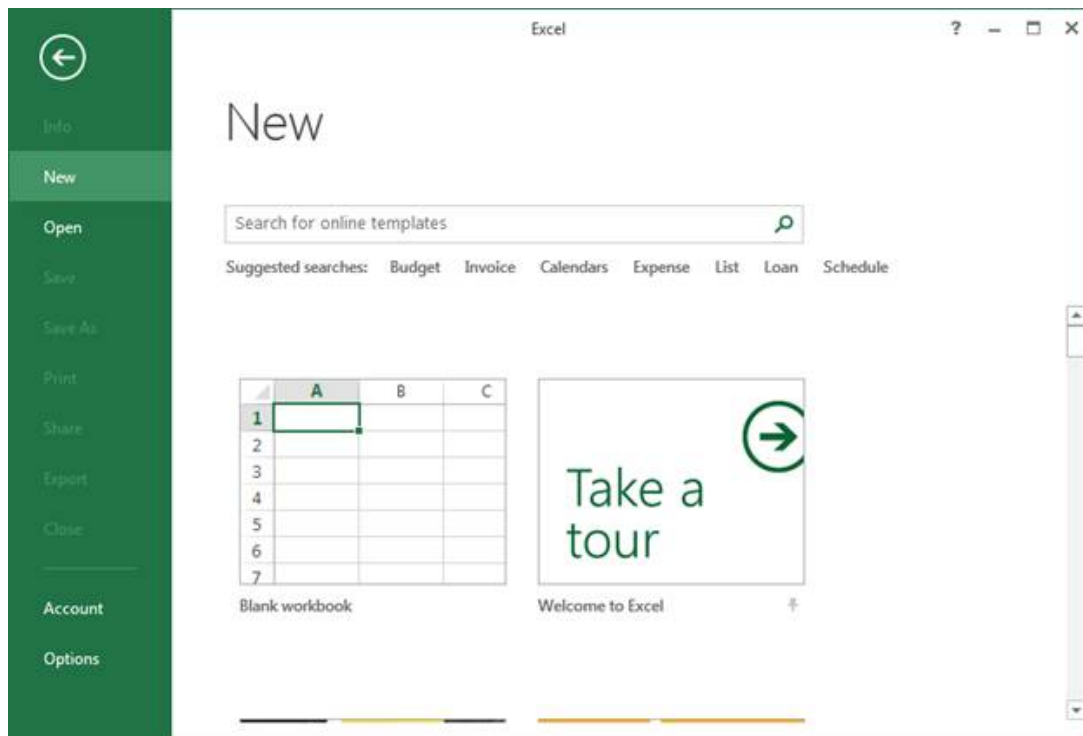
The following figure shows the Source option highlighted with the associated hint displayed.
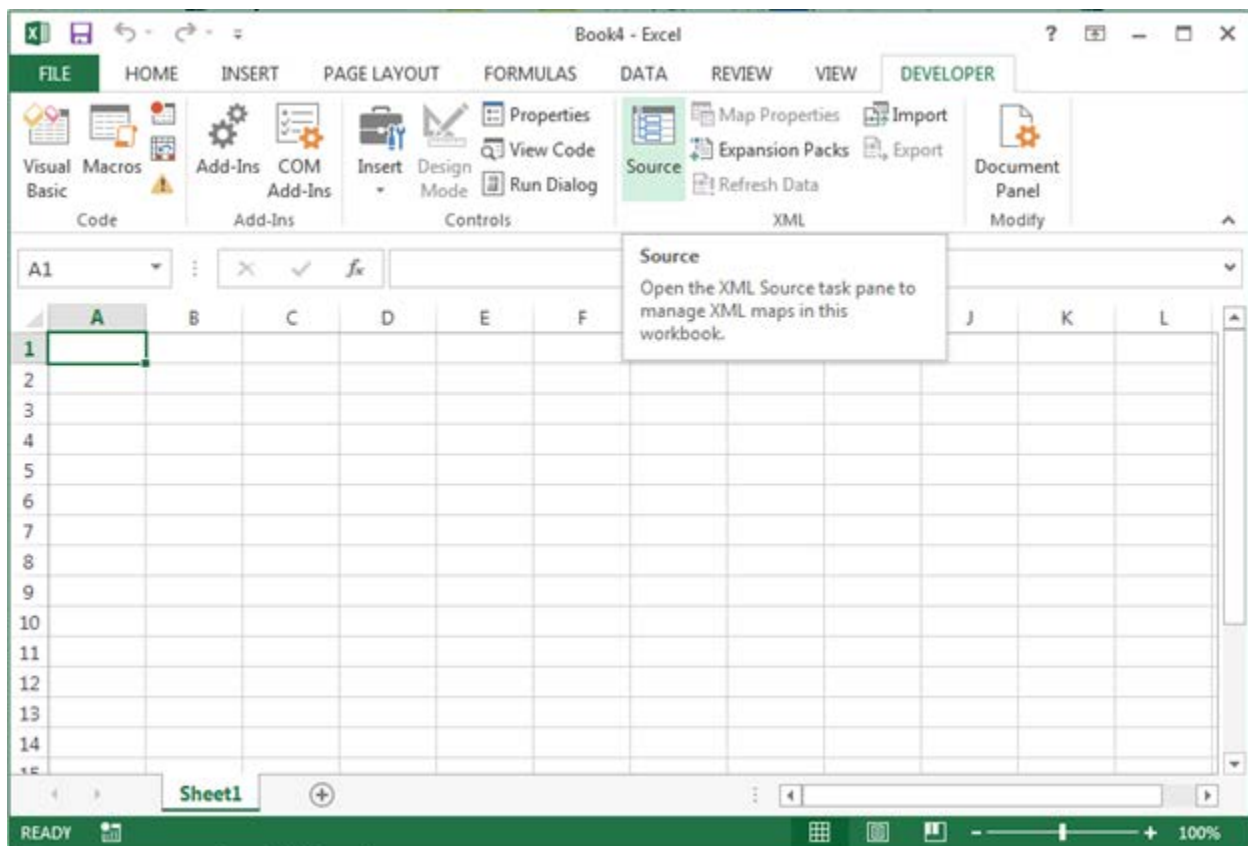
The figure below shows the blank Excel 2013 workbook with the XML Source.
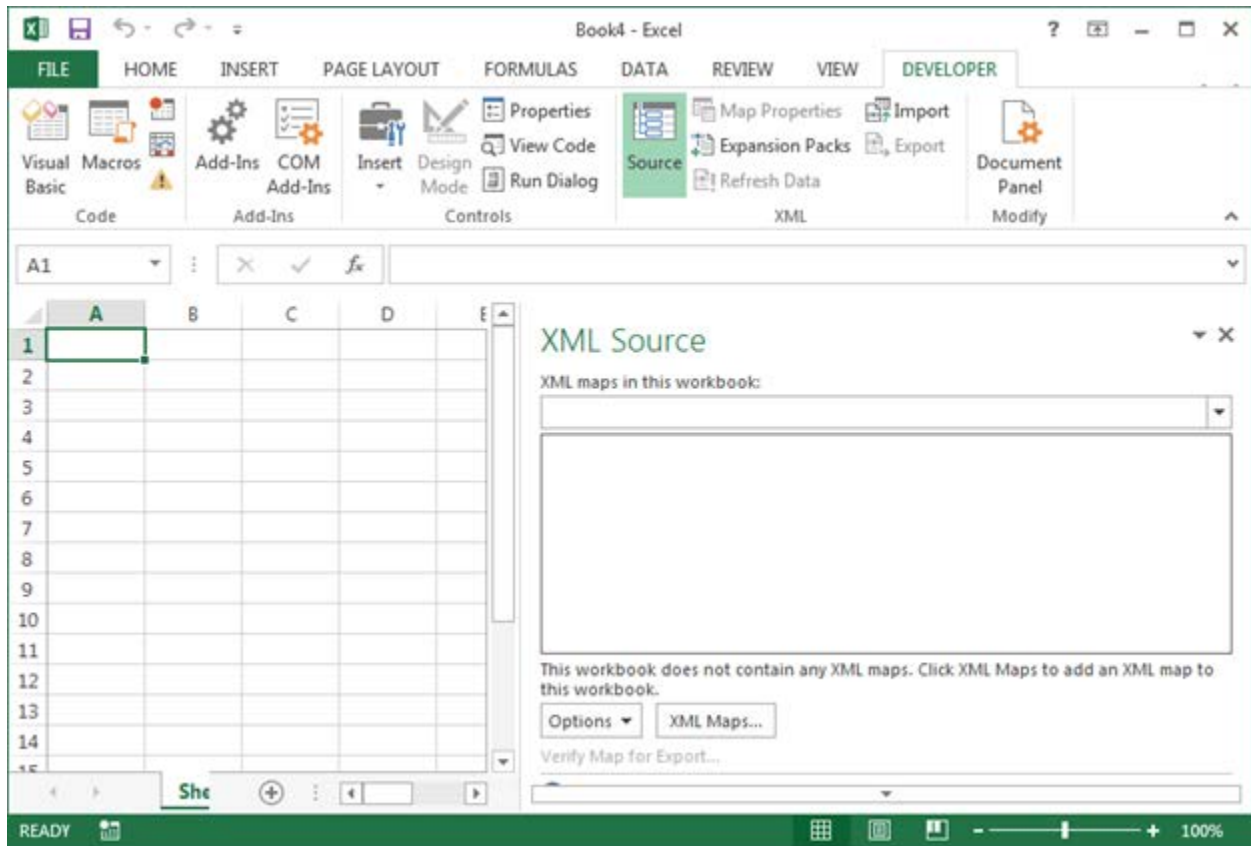
The following figure shows the XML Maps window before adding the Patient XSD to the maps.
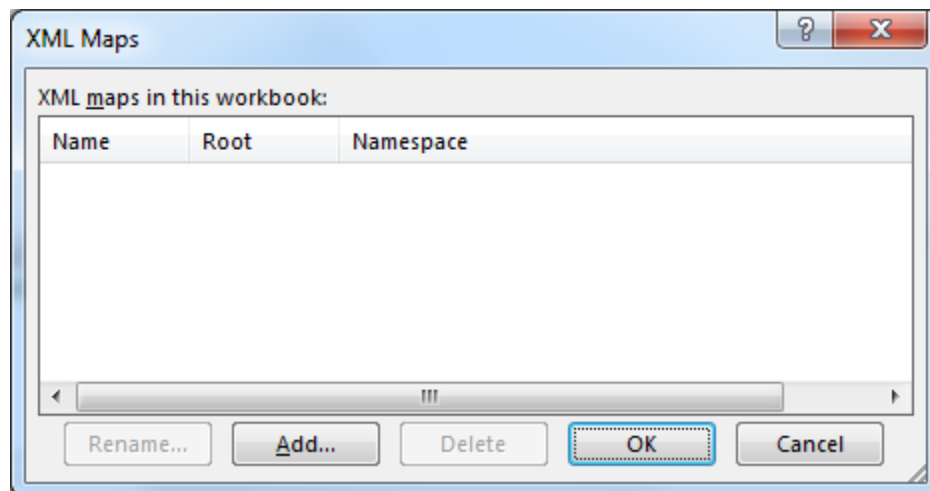
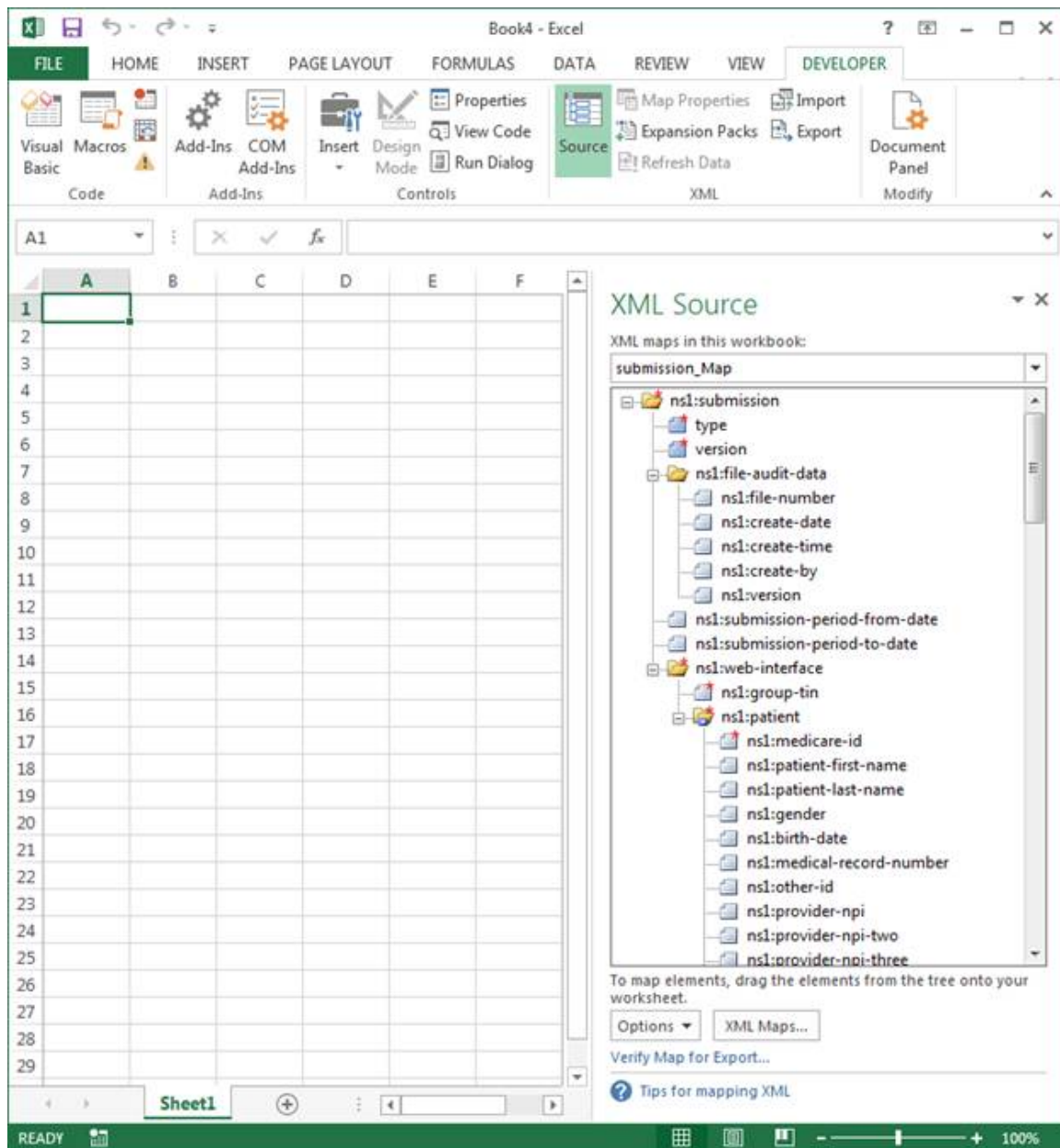The figure below shows the Select XML Source window.
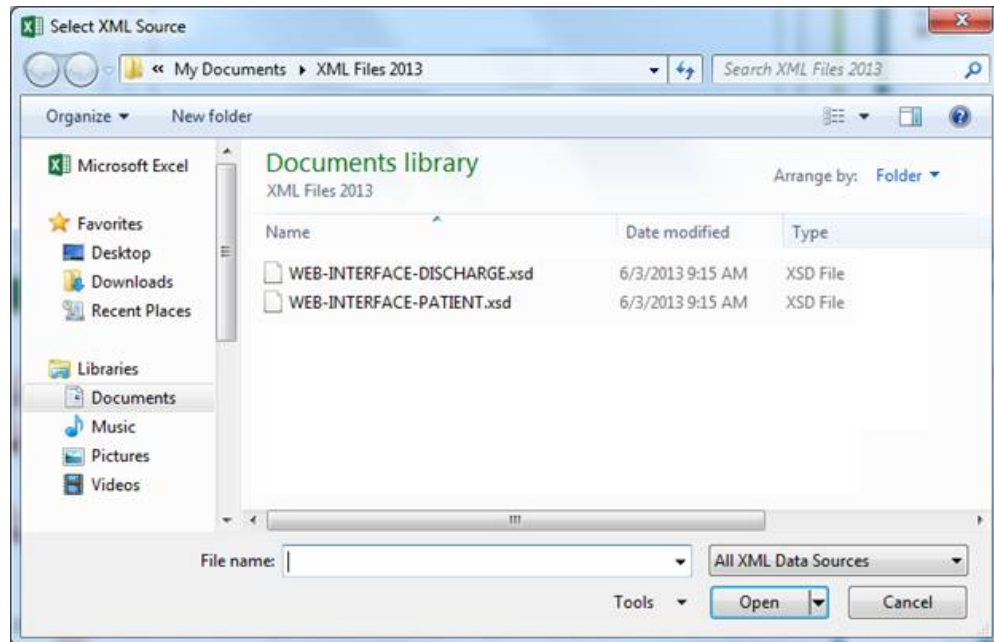
The following figure shows the XML Maps window after adding the Patient XSD.
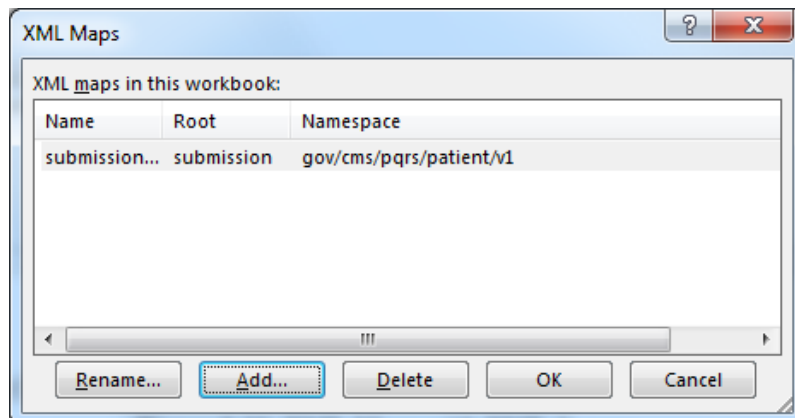
The following figure shows the Excel 2013 workbook after adding the XML Source.

The following figure shows the mapping after selecting the ns1:patient line in the XML Source.
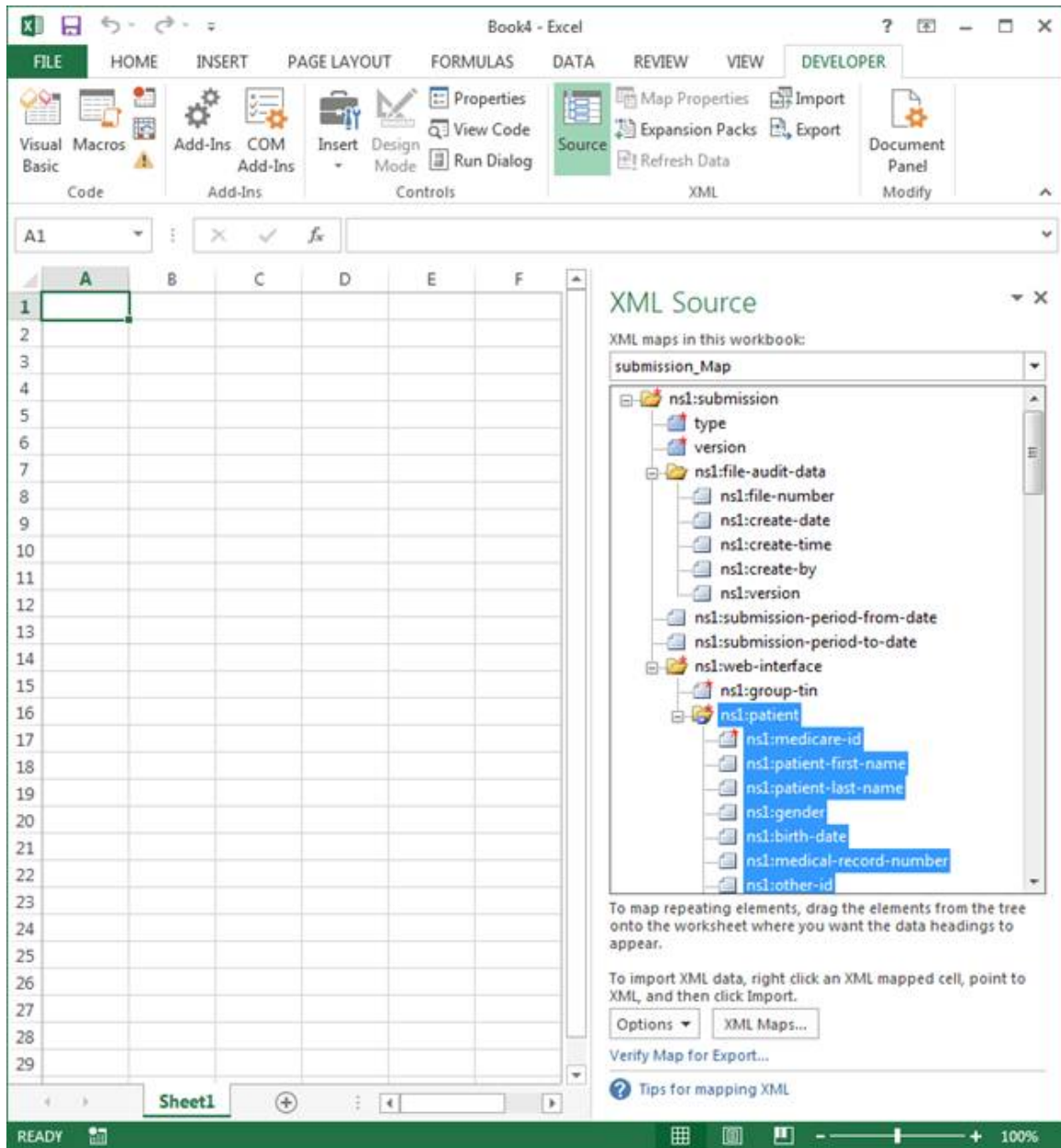
The following figure shows the Excel 2013 workbook after dragging and dropping the Patient XML Mapping to the A1 cell in the workbook.
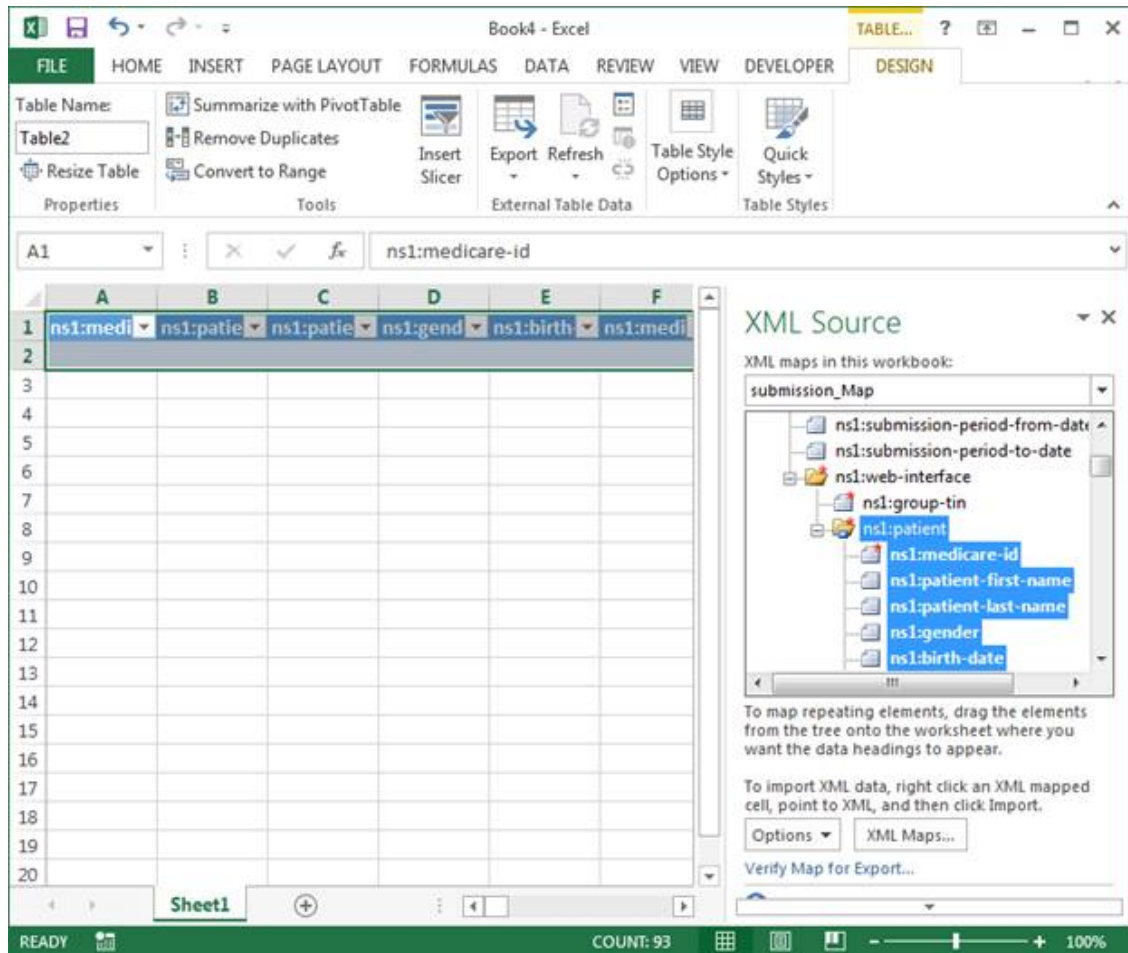
The following figure shows the Excel 2013 workbook after closing the XML Source.

5.1.3. Create an Excel Workbook for Patient Discharge XML

Once the Developer tab is available, the Patient Discharge XSD Mapping can be added to a new 2013 Excel Workbook. The XSD file for the Patient Discharge mapping is the **WEB-INTERFACE-DISCHARGE.xsd** file. The remaining steps to create the Patient Discharge mapping are the same as for the Patient mapping.

To add the XSD Mapping:

1. Select the **File** tab.

2. Select **New**.

3. Select **Blank workbook**.

4. Select the **Developer** tab.

5. Select **Source** in the Developer tab. The XML Source is added to the workbook.

6. Select the **XML Maps…** button.

7. Select the **Add…** button on the XML Maps screen.

8. Select the **WEB-INTERFACE-DISCHARGE.xsd** file in the Select XML Source window.

9. Select **OK** in the XML Maps window.

10. Select the **ns1:patient** line on the XML Source with the left mouse button.

11. Hold the left mouse button down and drag the **ns1:patient** line to the **A1** cell in the workbook, then release the mouse button.

12. Close the XML Source by selecting the **Source** option in the Developer tab, or selecting the "**X**" in the upper right corner of the XML Source.
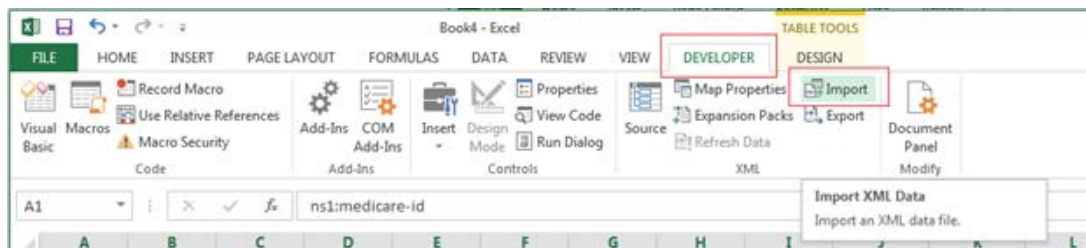
5.1.4. Import the XML File

Once the XSD mapping has been created, a Patients XML file or a Patient Discharge XML file exported from the Web Interface can be imported into the mapped workbook.

To import the file in Excel 2013:

1. Open the Excel workbook mapped for the type of XML file (Patient or Patient Discharge) to be imported.

2. Click Developer.

3. Click **Import**.

4. Select the appropriate XML file for the mapped workbook in the file selection window.

5. Click **Import**.

The following figure shows the Excel 2013 ribbon with Developer tab and the Import option identified.

5.1.5. Export the Modified Data

After editing the imported data, the modified data can be exported into the XML format. The file will require modification after exporting from Excel and before uploading into the Web Interface. See Editing the Exported XML File for the required modifications.

To export the file in Excel 2013:

1. Click Developer.

2. Click **Export**.

3. Set Save as type: to XML file (*.xml).

4. Click **Export**.

The following figure shows the Excel 2013 workbook with the Export XML screen displayed.
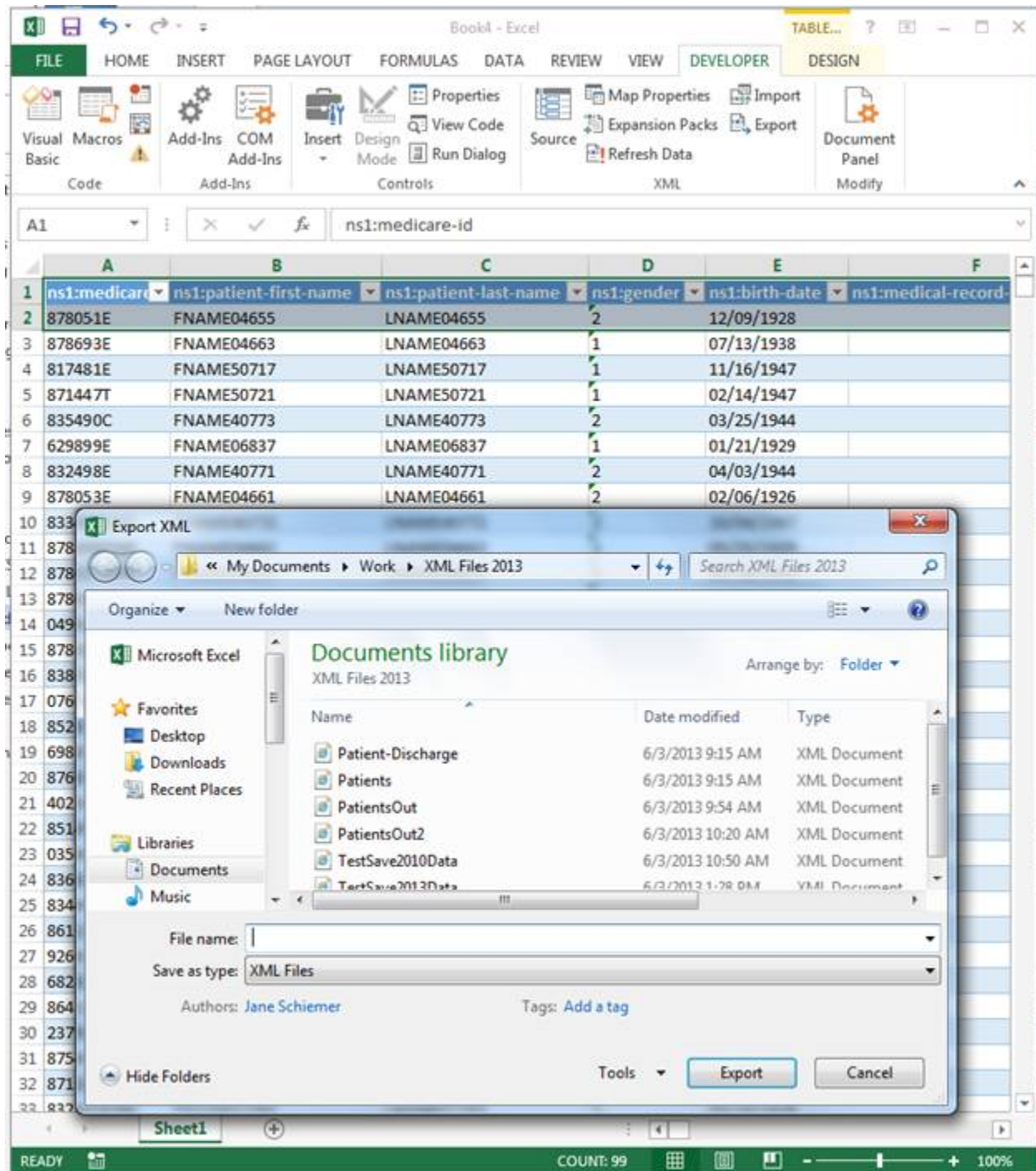

5.2. Microsoft Excel 2010

The following content explains the steps necessary to complete XML to Excel processing with Microsoft Excel 2010. In this section, you will learn how to:

- Add the Developer Tab to Excel

- [Create an Excel Workbook for Patient XML](#)

- [Create an Excel Workbook for the Patient Discharge XML](#)

- [Import the XML File](#)

- [Export the Modified Data](#)
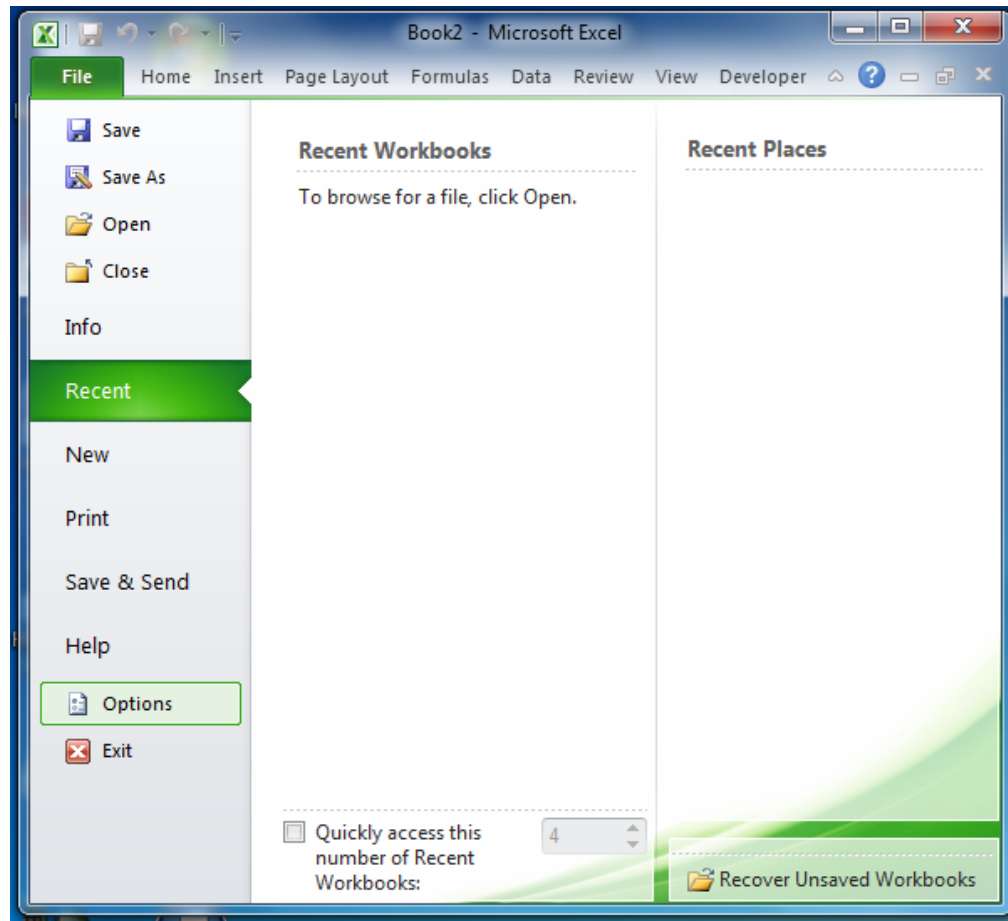
5.2.1. Add the Developer Tab to Excel

If the Developer Tab is not shown on the Excel Ribbon it can be added. The following figure shows the Excel 2010 ribbon with the Developer Tab displayed.
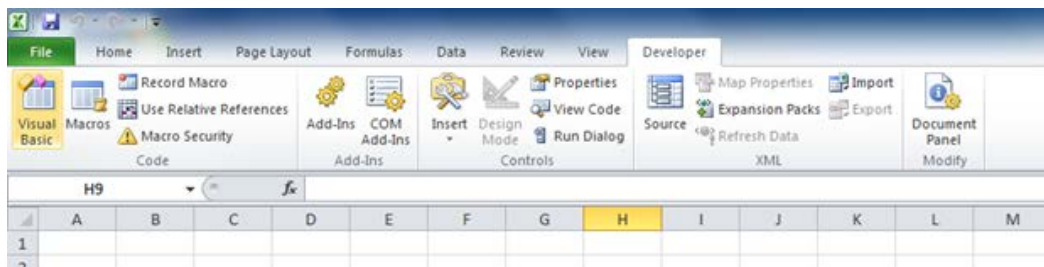
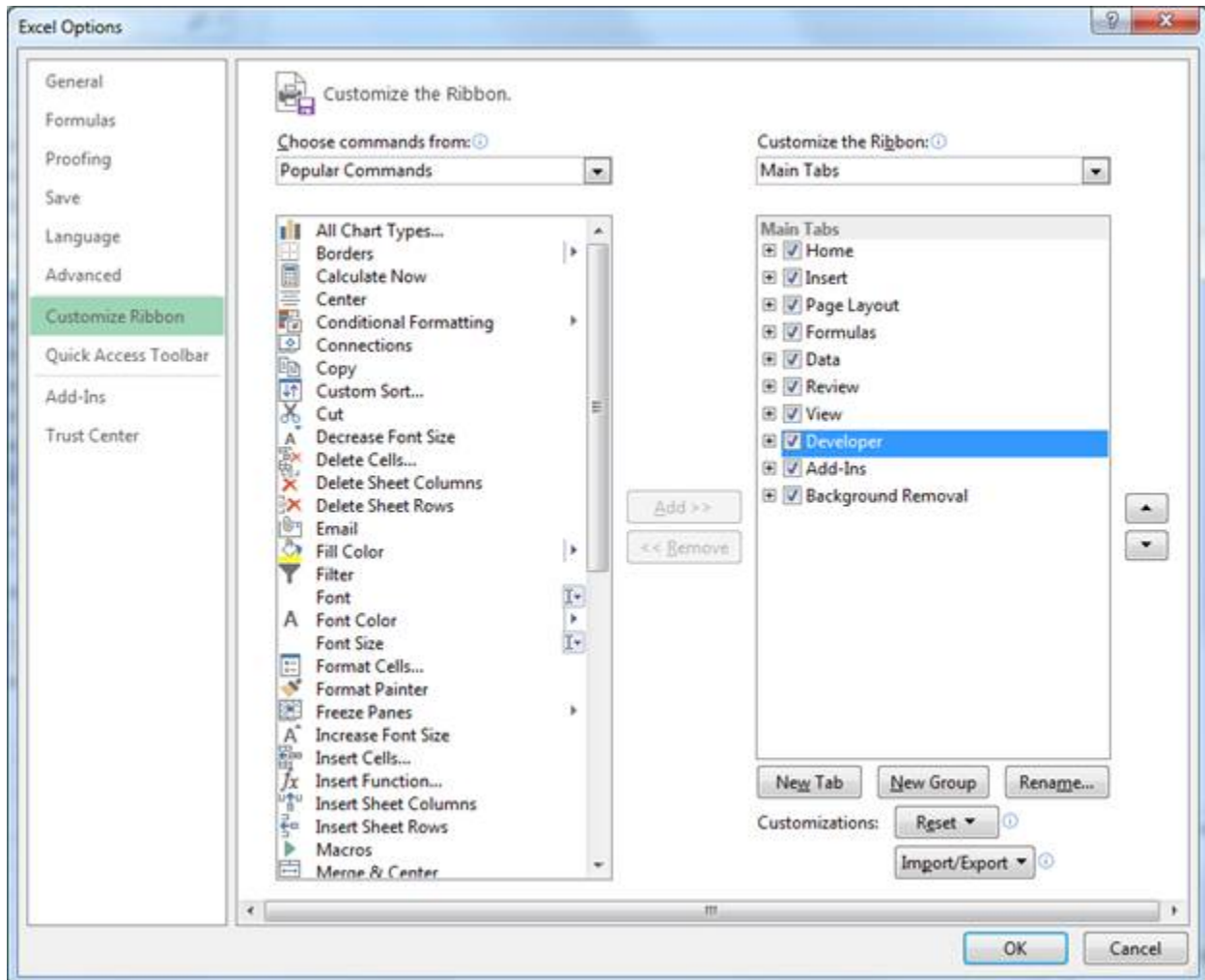Steps to display the Developer Tab:

1. Click the **File** tab.

2. Click **Options**.

3. Click **Customize Ribbon** on the Excel Options window.

4. Select the **Developer** checkbox under the **Main Tabs** list if not already checked.

5. Click **OK** to apply the setting.

The following figure shows the Excel 2010 **File** Tab with the **Options** selection highlighted.

The following figure shows the Excel 2010 Options screen with the **Customize Ribbon** and the **Developer** checkbox highlighted.

## 5.2.2. Create an Excel Workbook for Patient XML

Once the Developer tab is available, the Patient XSD Mapping can be added to a new 2010 Excel Workbook. The XSD file for the Patient Discharge mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

To add the XSD Mapping:

1. Select the **File** tab.

2. Select **New**.

3. Select Blank workbook.

4. Select the **Developer** tab.

5. Select **Source** in the Developer tab. The XML Source is added to the workbook.

6. Select the **XML Maps…** button.

7. Select the **Add…** button on the XML Maps screen.

8. Select the **WEB-INTERFACE-PATIENT.xsd** file in the Select XML Source window.

9. Select **OK** in the XML Maps window.

10. Select the **ns1:patient** line on the XML Source with the left mouse button.

11. Hold the left mouse button down and drag the **ns1:patient** line to the **A1** cell in the workbook, then release the mouse button.

12. Close the XML Source by selecting the **Source** option in the Developer tab, or selecting the "**X**" in the upper right corner of the XML Source.
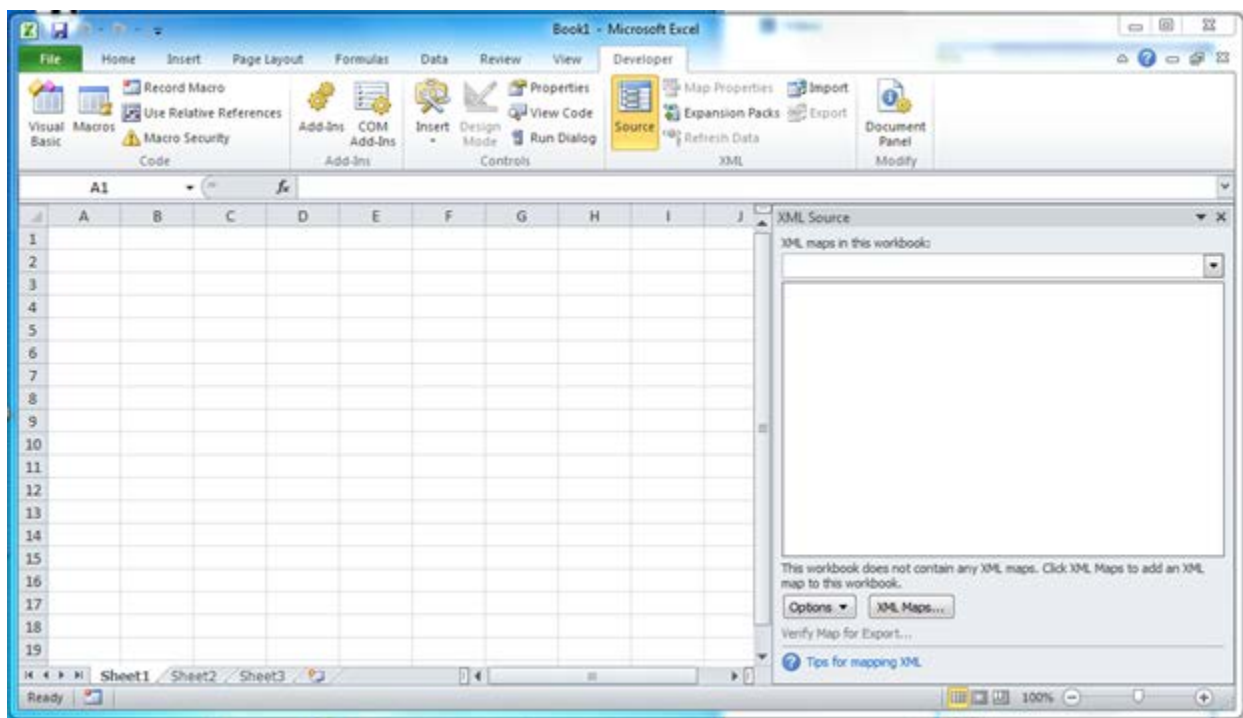
The following figure shows the File tab with New Blank Excel 2010 workbook selection highlighted.
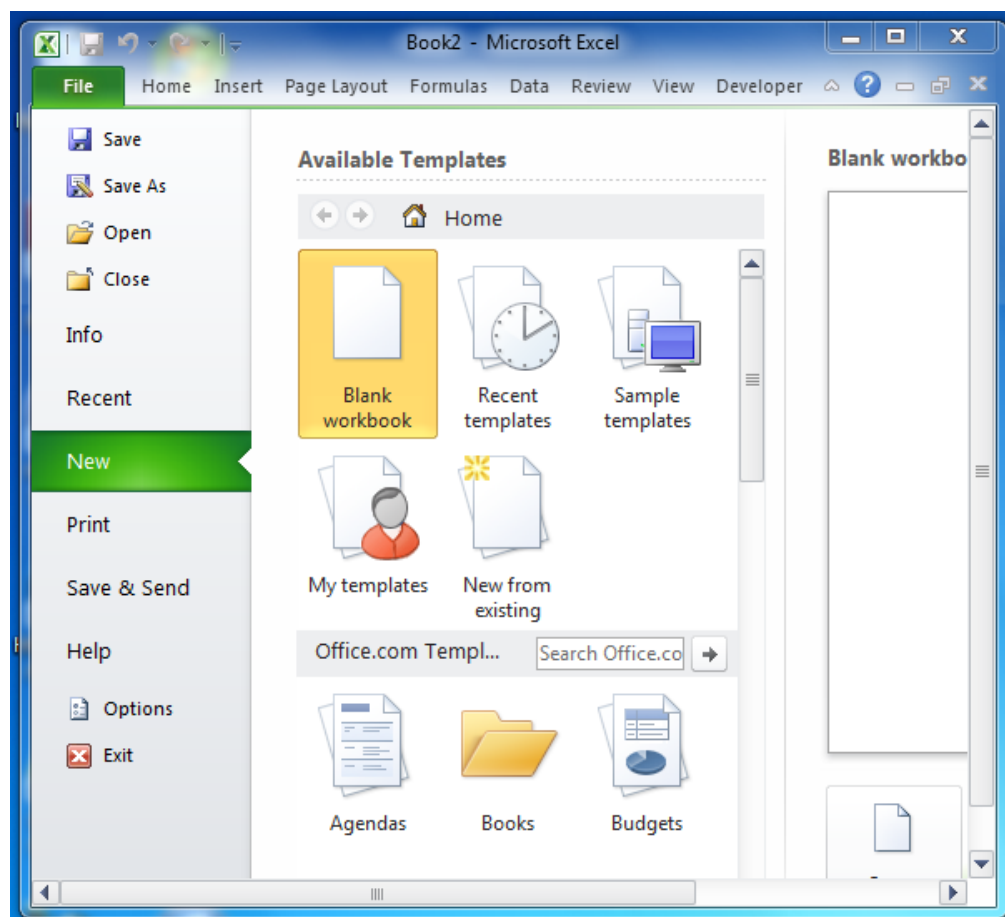
The following figure shows the Source option highlighted with the associated hint displayed.
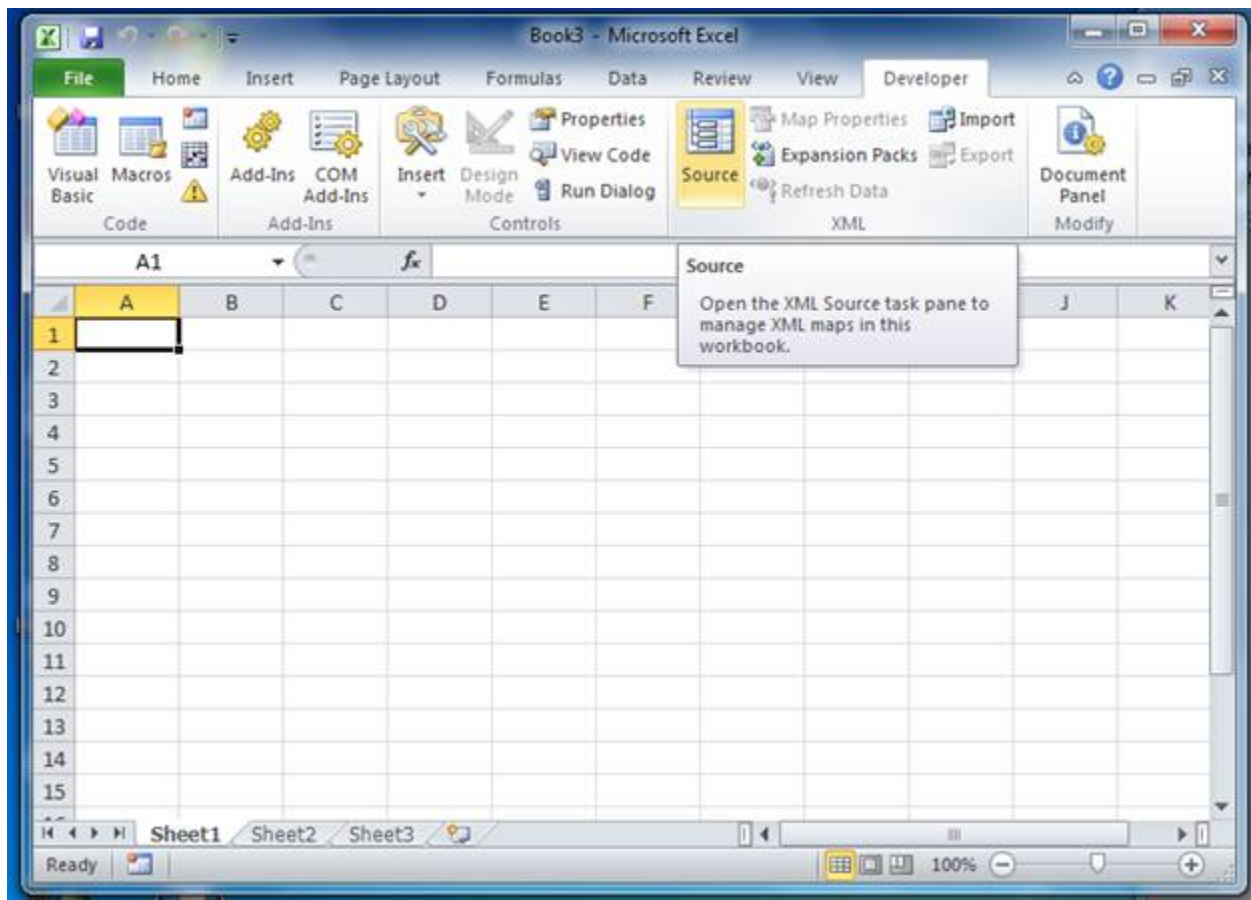
The following figure shows the blank Excel 2010 workbook with the XML Source.

The following figure shows the XML Maps window before adding the Patient XSD to the maps.
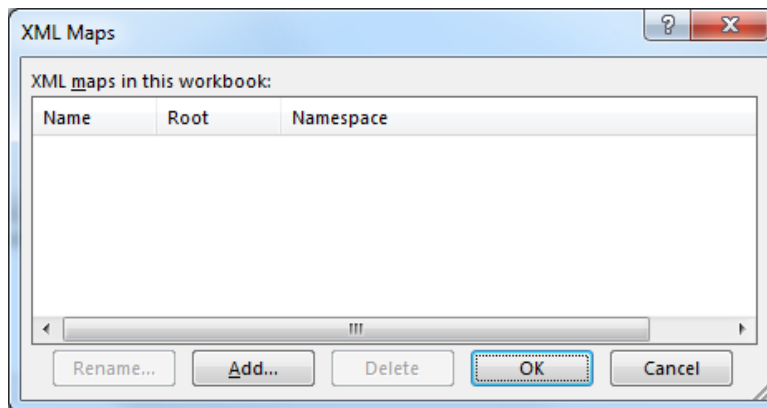
The following figure shows the Select XML Source window.
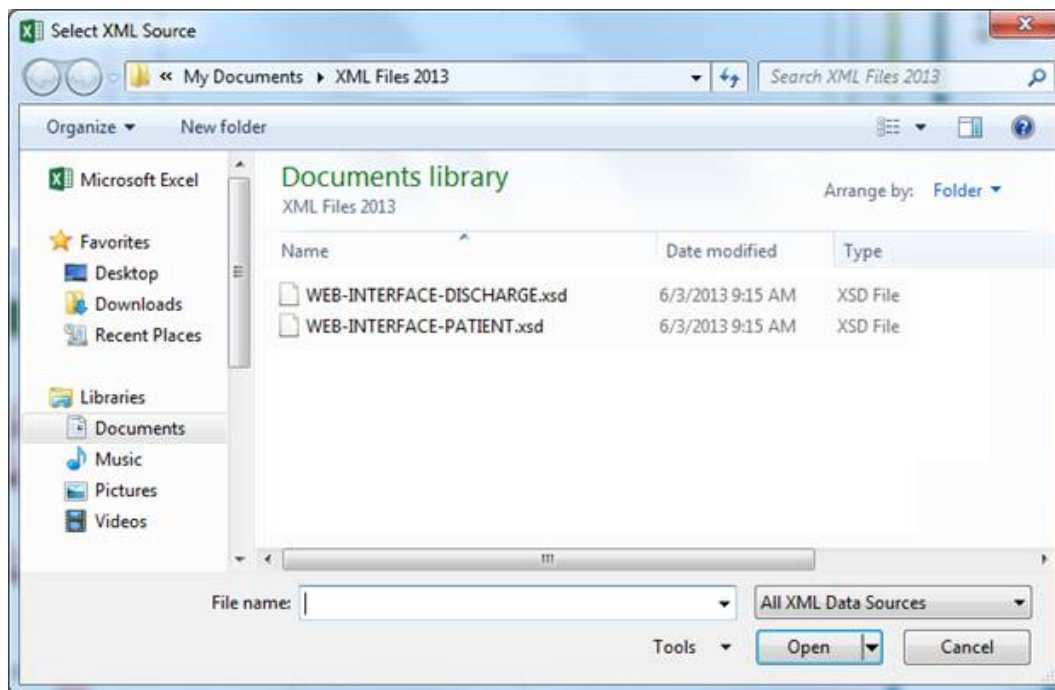
The following figure shows the XML Maps window after adding the Patient XSD.
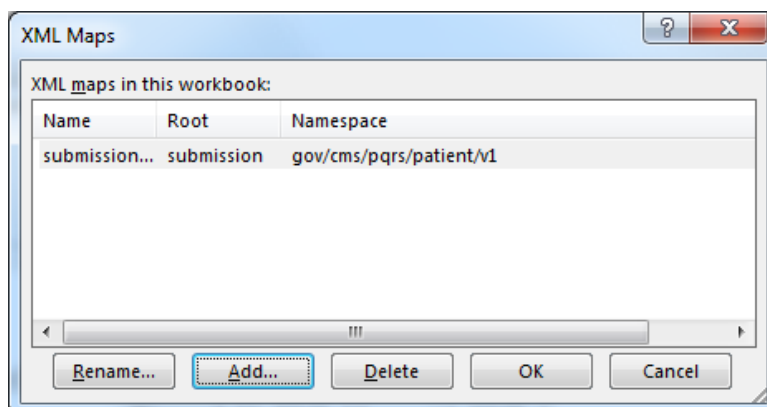
The following figure shows the Excel 2010 workbook after adding the XML Source.
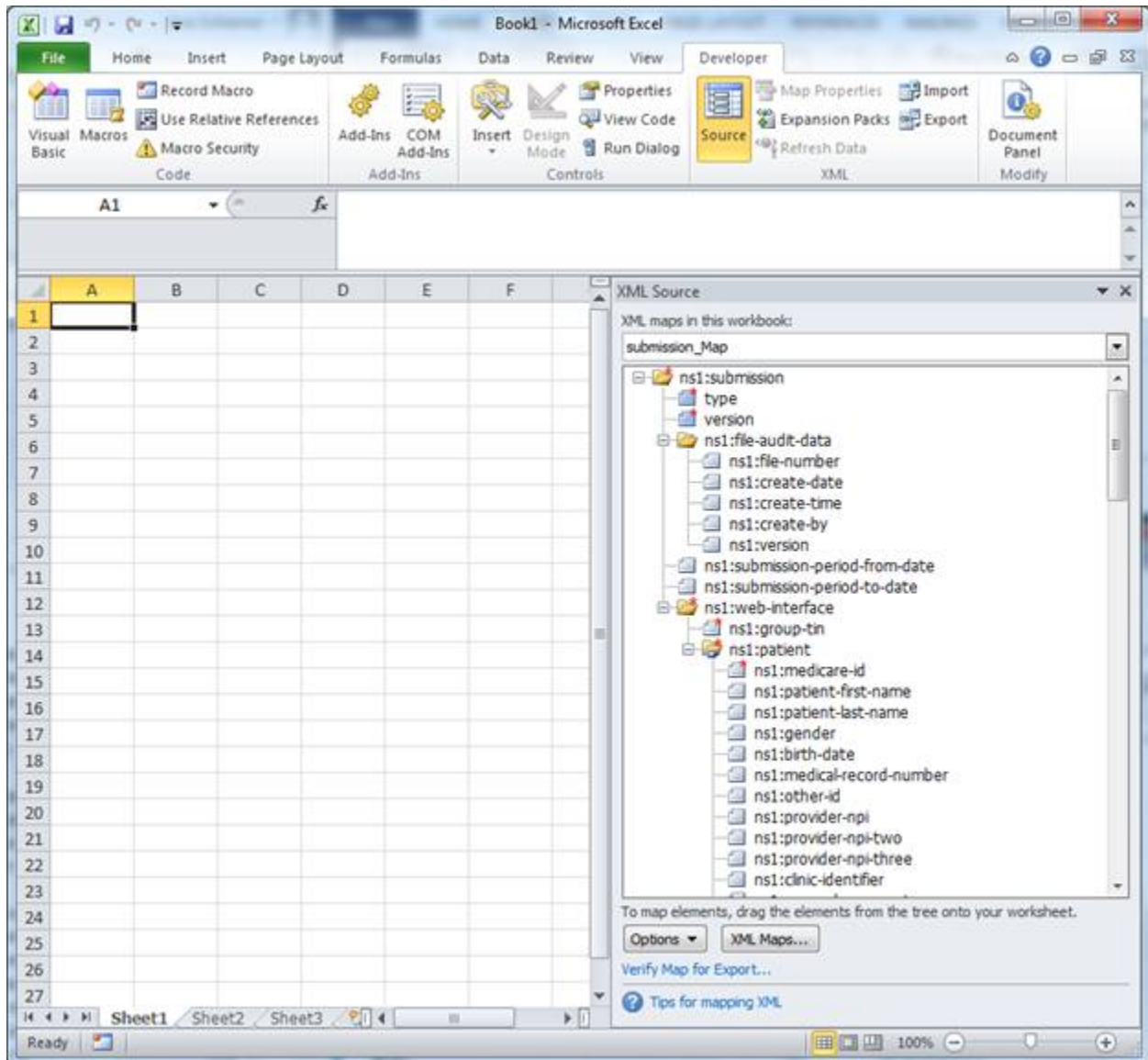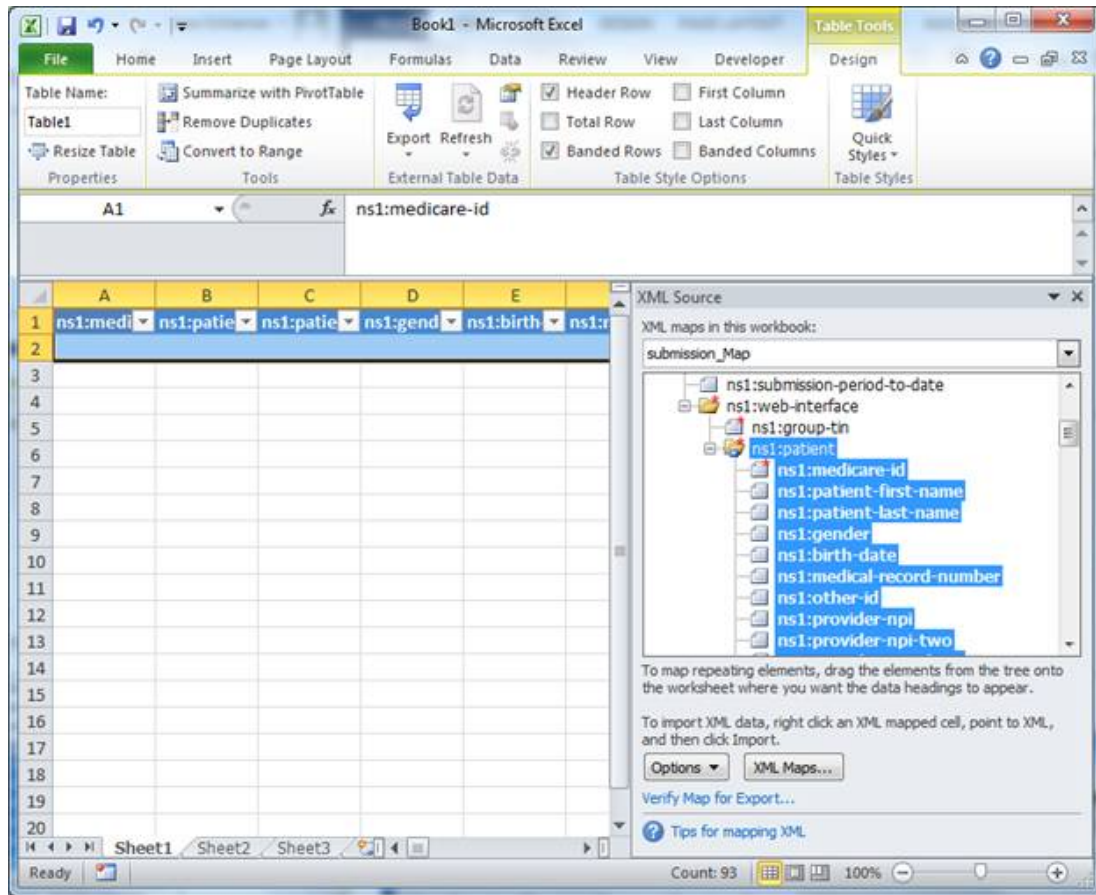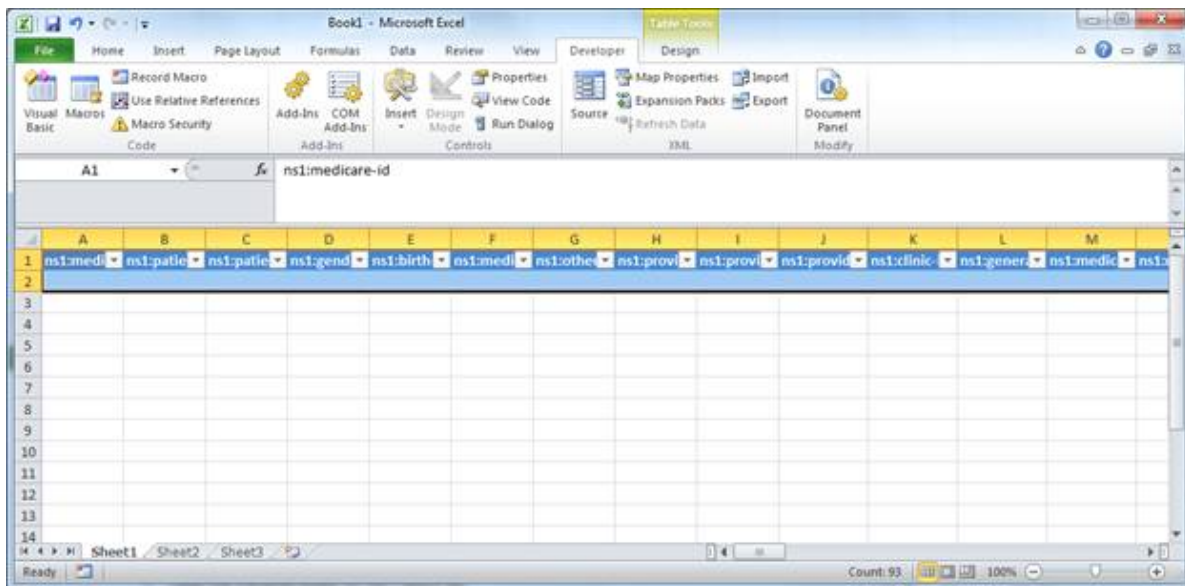
The following figure shows the mapping after selecting the ns1:patient line in the XML Source.
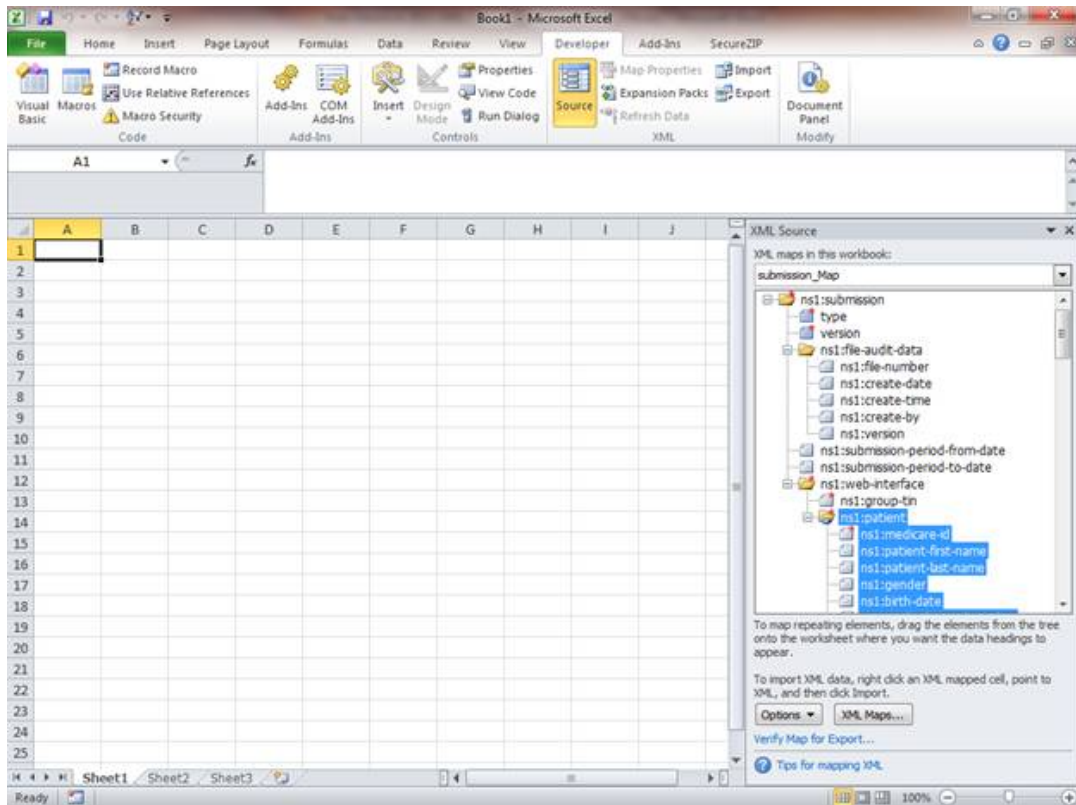
The following figure shows the Excel 2010 workbook after dragging and dropping the Patient XML Mapping to the workbook.

The following figure shows the Excel 2010 workbook after closing the XML Source.

5.2.3. Create an Excel Workbook for Patient Discharge XML

Once the Developer tab is available, the Patient Discharge XSD Mapping can be added to a new 2010 Excel Workbook. The XSD file for the Patient Discharge mapping is the **WEB-INTERFACE-DISCHARGE.xsd** file. The remaining steps to create the Patient Discharge mapping are the same as for the Patient mapping.

To add the XSD Mapping:

1. Select the **File** tab.

2. Select **New**.

3. Select **Blank workbook**.

4. Select the **Developer** tab.

5. Select **Source** in the Developer tab. The XML Source is added to the workbook.

6. Select the **XML Maps…** button.

7. Select the **Add…** button on the XML Maps screen.

8. Select the **WEB-INTERFACE-DISCHARGE.xsd** file in the Select XML Source window.

9. Select **OK** in the XML Maps window.

10. Select the **ns1:patient** line on the XML Source with the left mouse button.

11. Hold the left mouse button down and drag the **ns1:patient** line to the **A1** cell in the workbook, then release the mouse button.

12. Close the XML Source by selecting the **Source** option in the Developer tab, or selecting the "**X**" in the upper right corner of the XML Source.

5.2.4. Import the XML File

Once the XSD mapping has been created, a Patients XML file or a Patient Discharge XML file exported from the Web Interface can be imported into the mapped workbook.

To import the file in Excel 2010:

1. Open the Excel workbook mapped for the type of XML file (Patient or Patient Discharge) to be imported.

2. Click **Developer**.

3. Click **Import**.

4. Select the appropriate XML file for the mapped workbook in the file selection window.

5. Click **Import**.

The following figure shows the Excel 2010 ribbon with Developer tab and the Import option identified
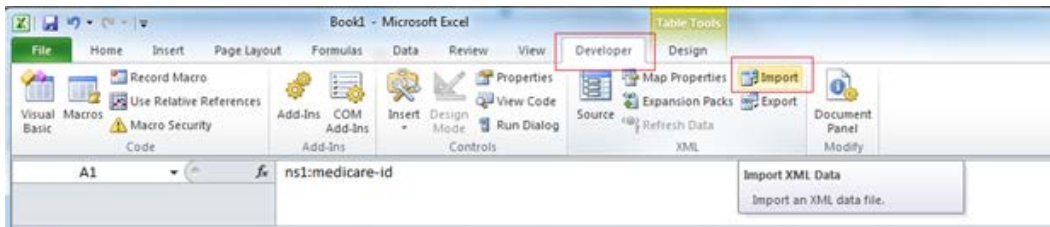
5.2.5. Export the Modified Data

After editing the imported data, the modified data can be exported into the XML format. The file will require modification after exporting from Excel and before uploading into the Web Interface. See Editing the Exported XML File for the required modifications.

To export the file in Excel 2010:

1. Click **Developer**.

2. Click **Export**.

3. Set Save as type: to XML file (*.xml).

4. Click **Export**.

The following figure shows the Excel 2010 workbook with the Export XML screen displayed.
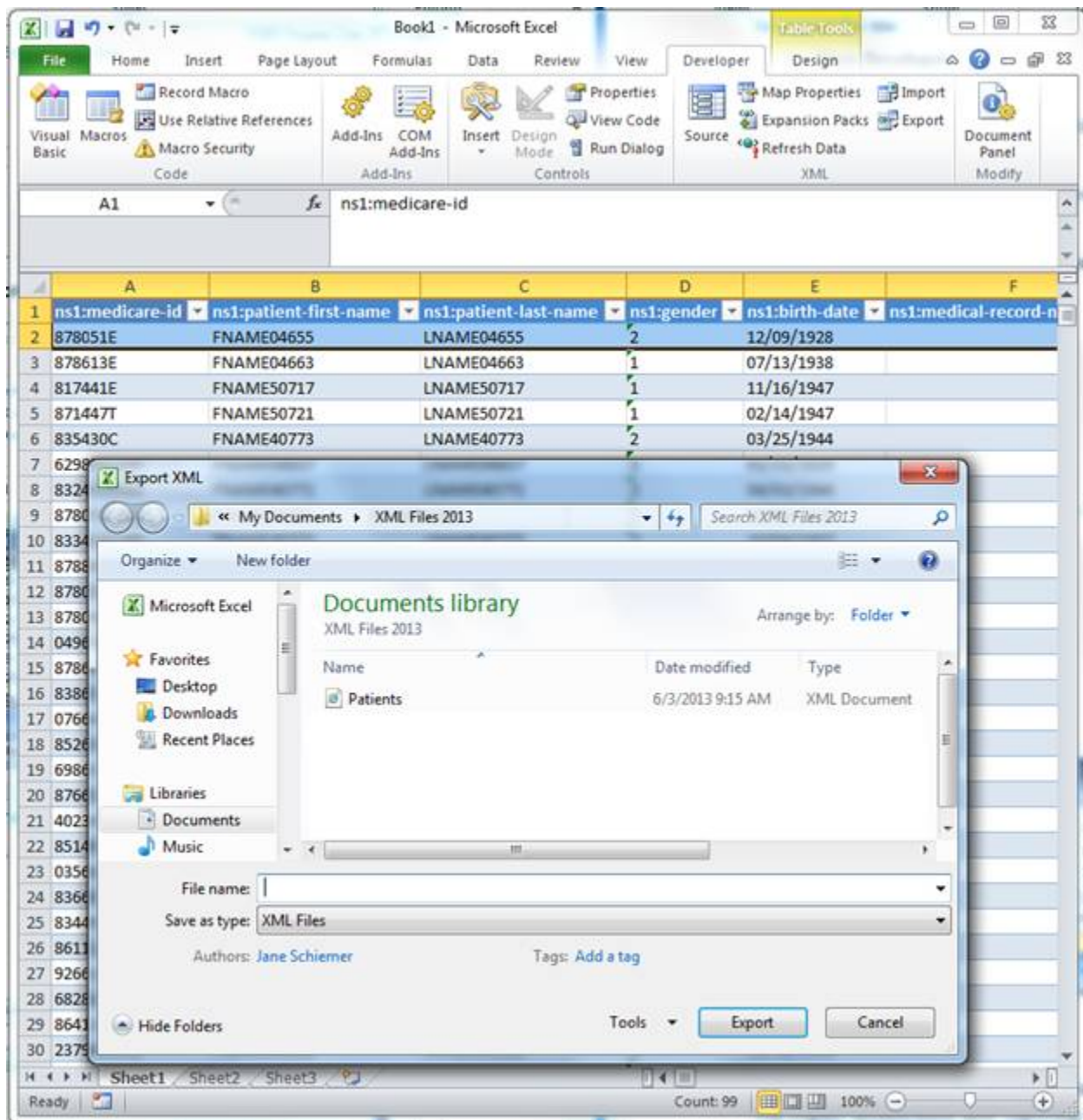
5.3. Microsoft Excel 2007

The following content explains the steps necessary to complete XML to Excel processing with Microsoft Excel 2007. In this section, you will learn how to:

- Add the Developer Tab to Excel

- Create an Excel Workbook for Patient XML

- Create an Excel Workbook for the Patient Discharge XML

- [Import the XML File](#)

- [Export the Modified Data](#)

5.3.1. Add the Developer Tab to Excel

If the Developer Tab is not shown in Excel, it can be added. The following figure shows the Excel 2007 ribbon with the Developer Tab displayed.
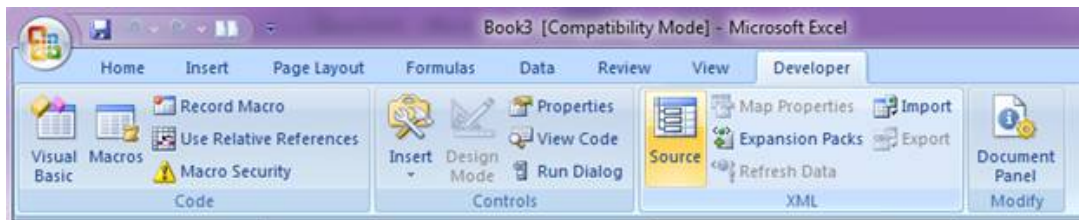
Steps to display the Developer Tab:

1. Click the Microsoft Office Button.

2. Click **Excel Options**.

3. Click **Popular**.

4. Select the Show Developer tab in the Ribbon check box.

5. Click **OK** to apply the setting.
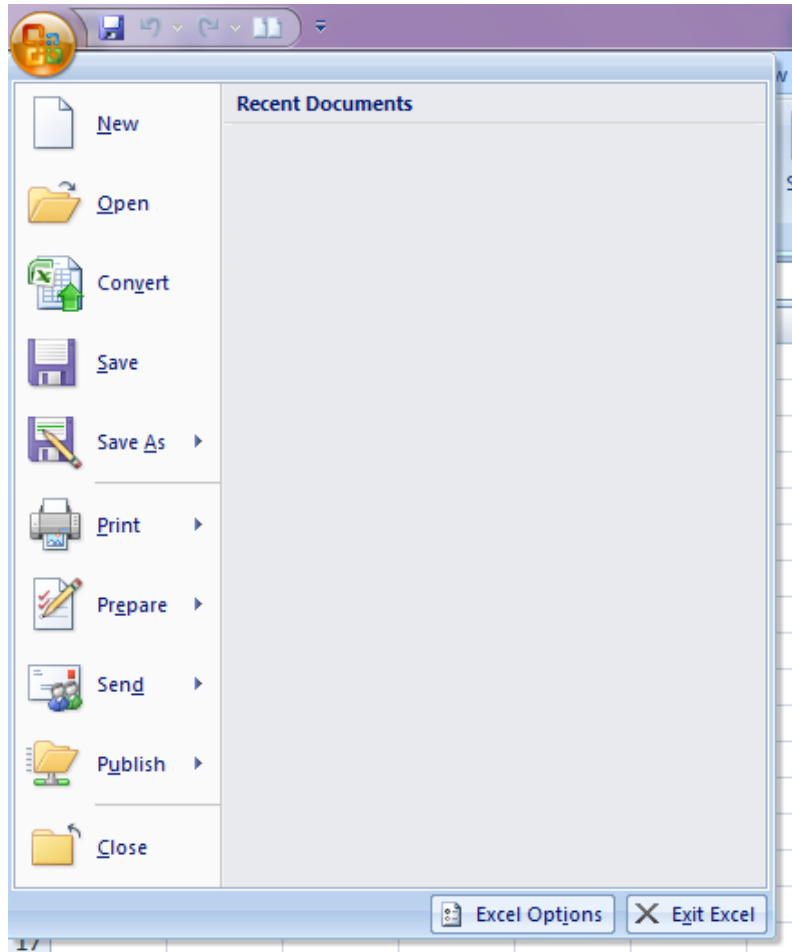
The following figure shows the Excel 2007 Options screen with the Show developer tab in the Ribbon option.
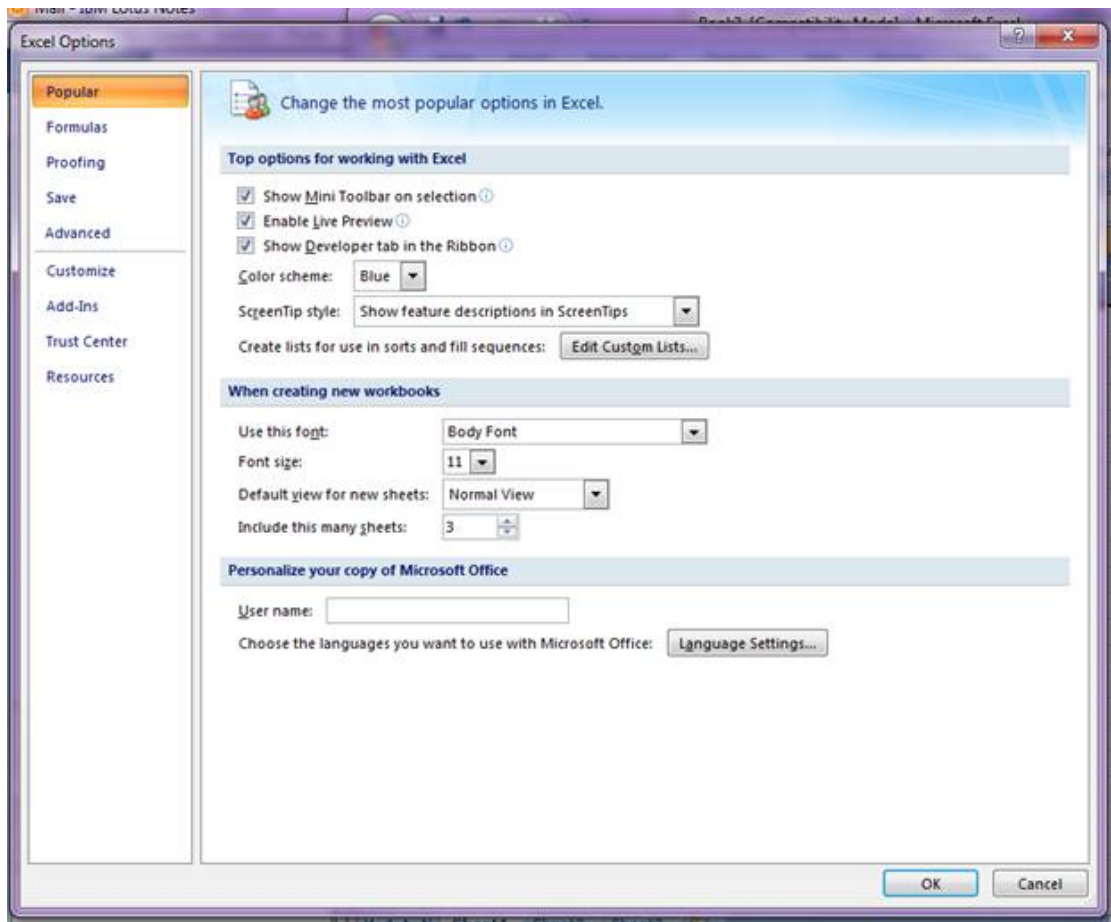
5.3.2. Create an Excel Workbook for Patient XML

Once the Developer tab is available, the Patient XSD Mapping can be added to a new 2007 Excel Workbook. The XSD file for the Patient Discharge mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

To add the XSD Mapping:

1. Click the Microsoft Office Button.

2. Select **New**.

3. Select **Blank workbook**.

4. Select **Create**.

5. Select the **Developer** tab.

6. Select **Source** in the Developer tab. The XML Source is added to the workbook.

7. Select the **XML Maps…** button.

8. Select the **Add…** button on the XML Maps screen.

9. Select the **WEB-INTERFACE-PATIENT.xsd** file in the Select XML Source window.

10. Select **OK** in the XML Maps window.

11. Select the **ns1:patient** line on the XML Source with the left mouse button.

12. Hold the left mouse button down and drag the **ns1:patient** line to the **A1** cell in the workbook, then release the mouse button.

13. Close the XML Source by selecting the **Source** option in the Developer tab, or selecting the "**X**" in the upper right corner of the XML Source.

The following figure shows the New Workbook screen with Blank Workbook selection highlighted.
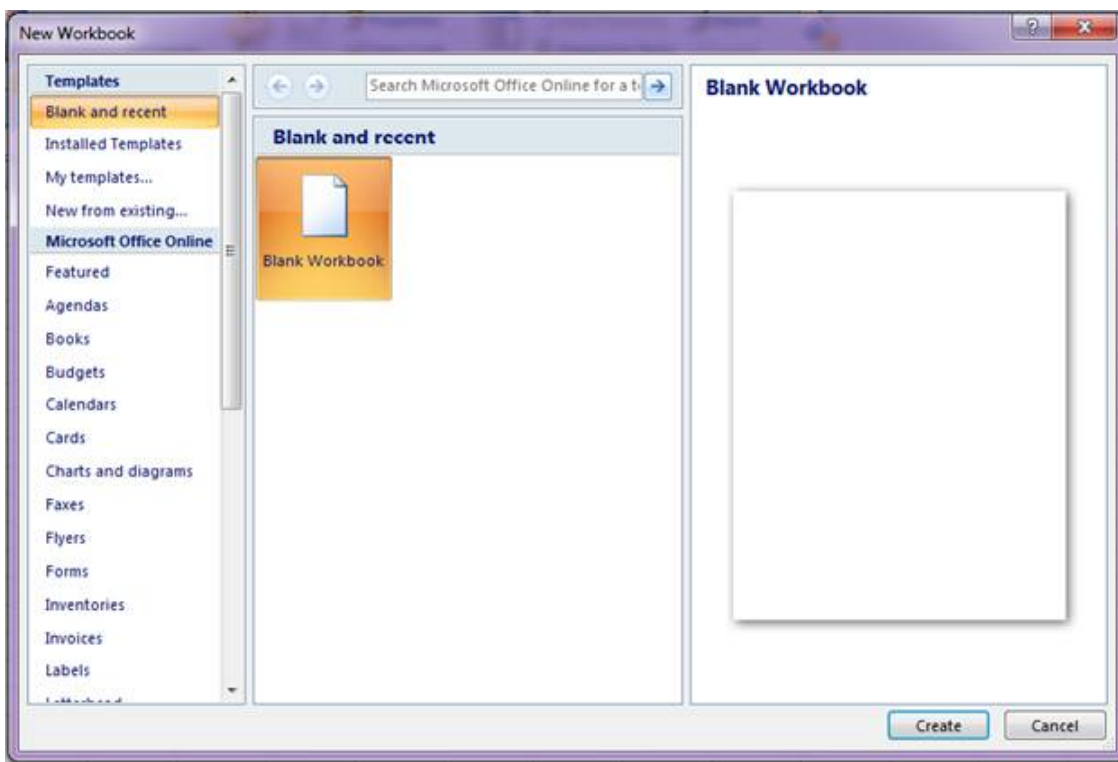
The following figure shows the Source option highlighted with the associated hint displayed.
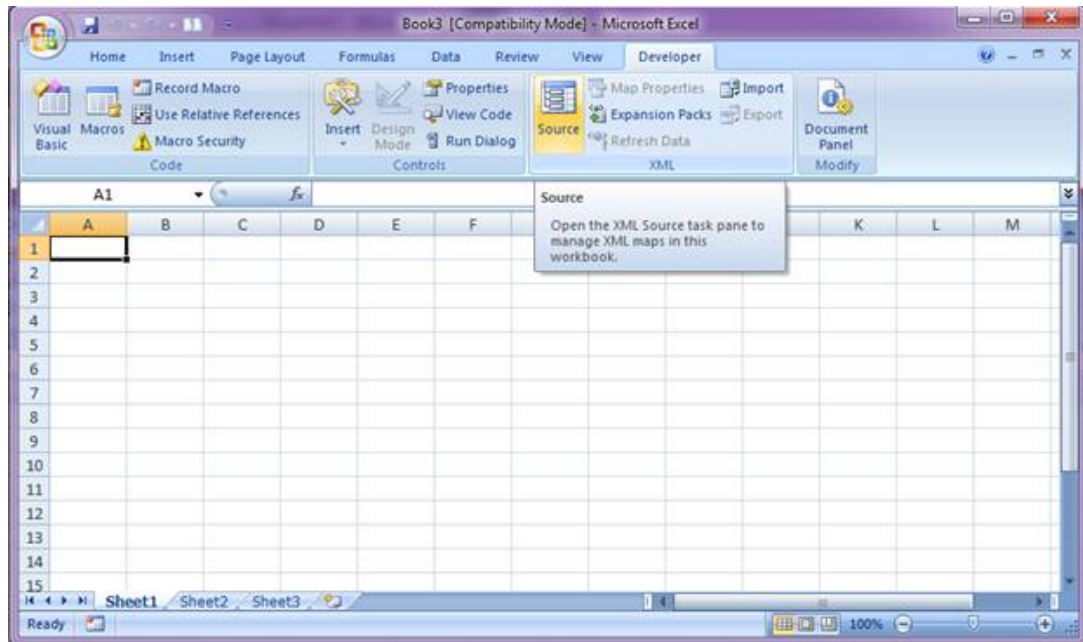
The following figure shows the blank Excel 2007 workbook with the XML Source.
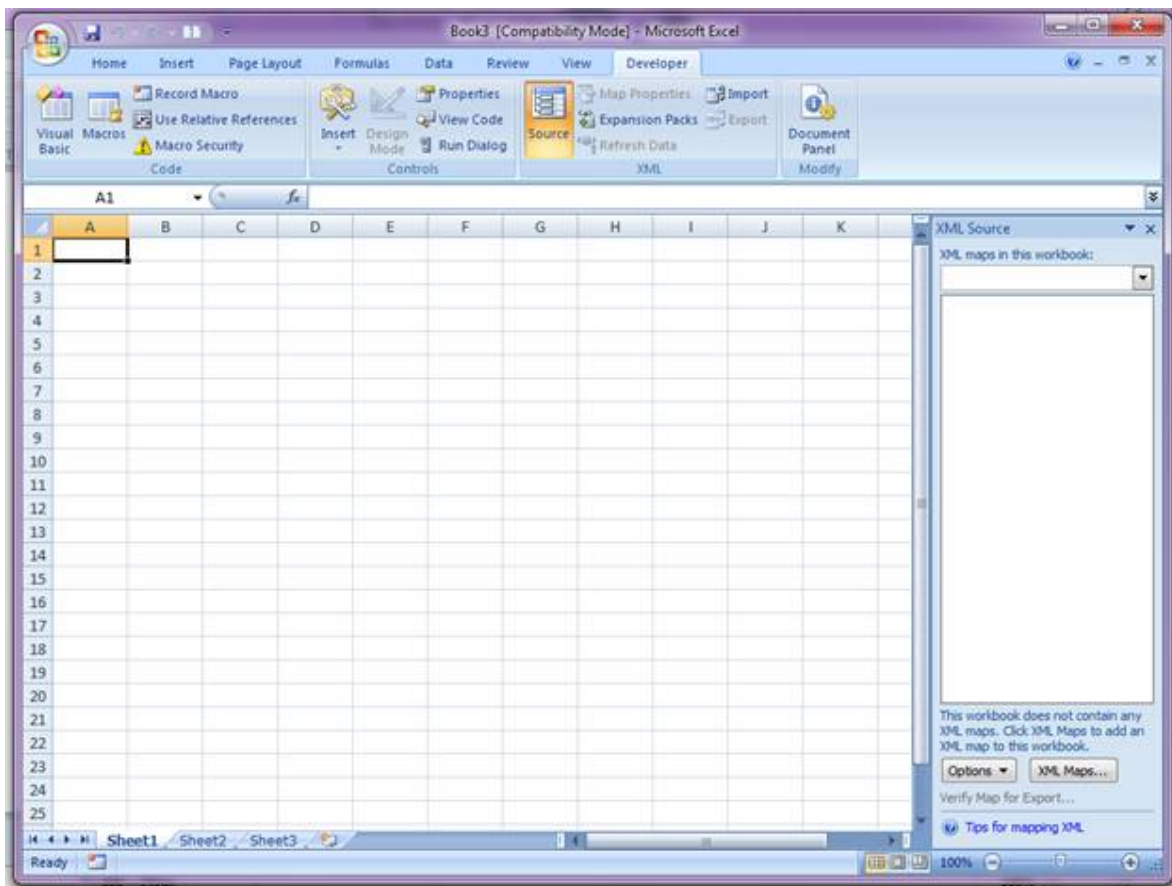
The following figure shows the XML Maps window before adding the Patient XSD to the maps.
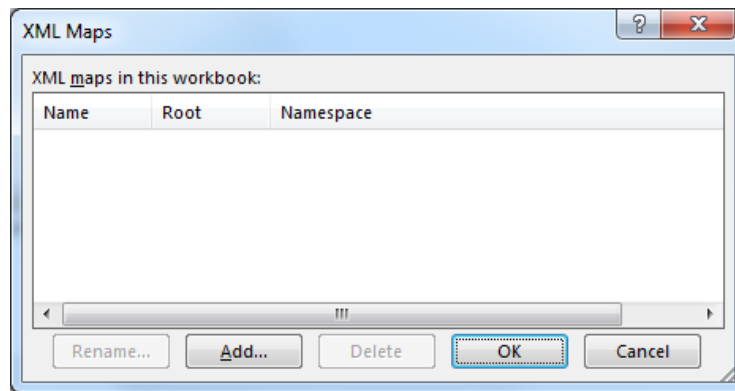
The following figure shows the Select XML Source window.
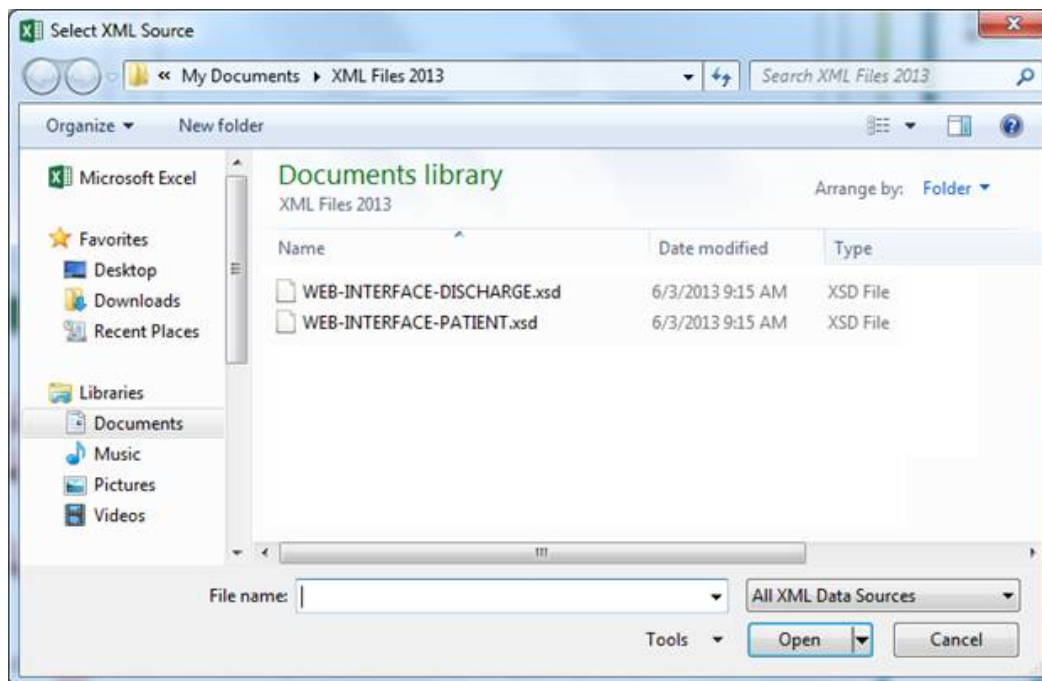
The following figure shows the XML Maps window after adding the Patient XSD.
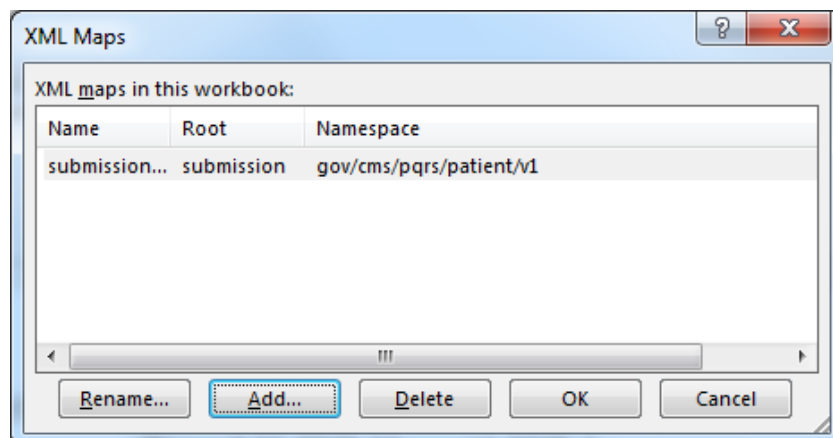
The following figure shows the Excel 2007 workbook after adding the XML Source.
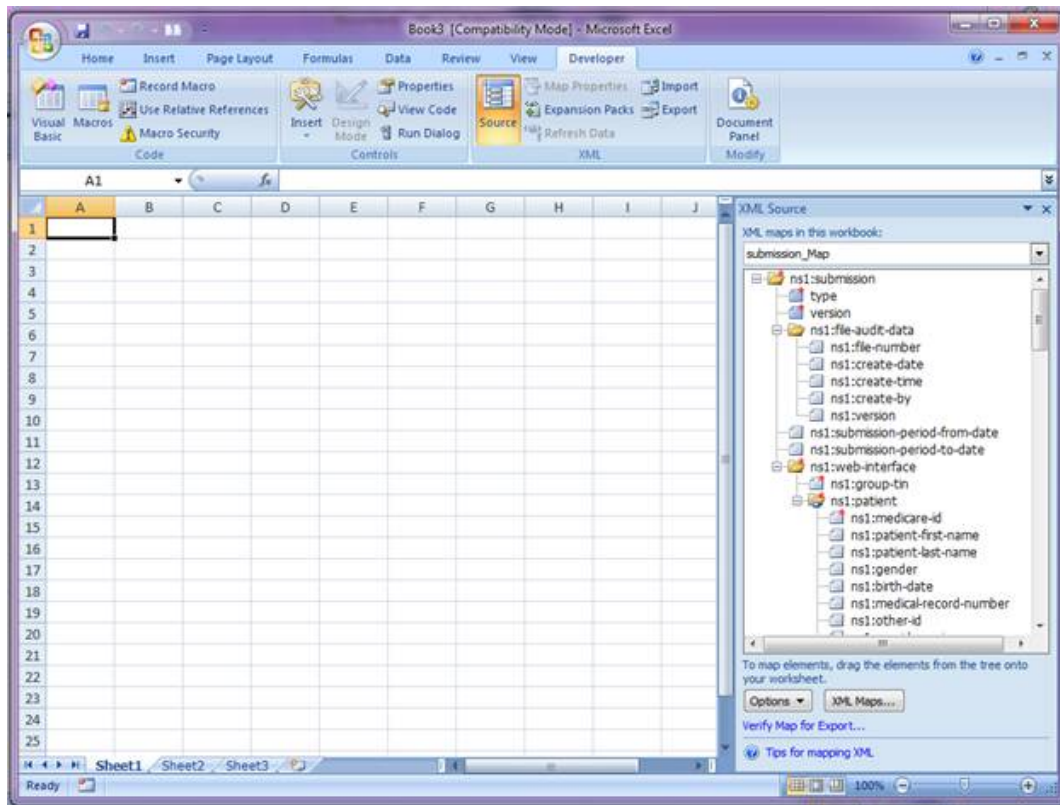
The following figure shows the mapping after selecting the ns1:patient line in the XML Source.
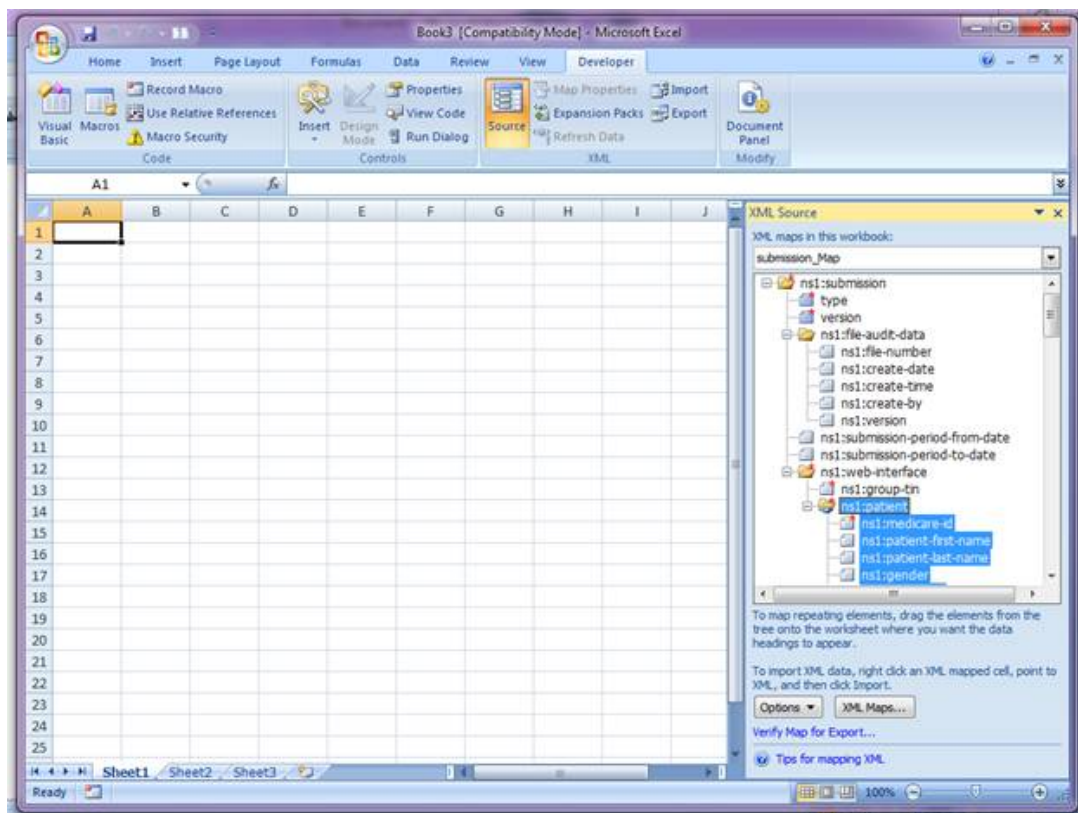
The following figure shows the Excel 2007 workbook after dragging and dropping the Patient XML Mapping to the workbook.
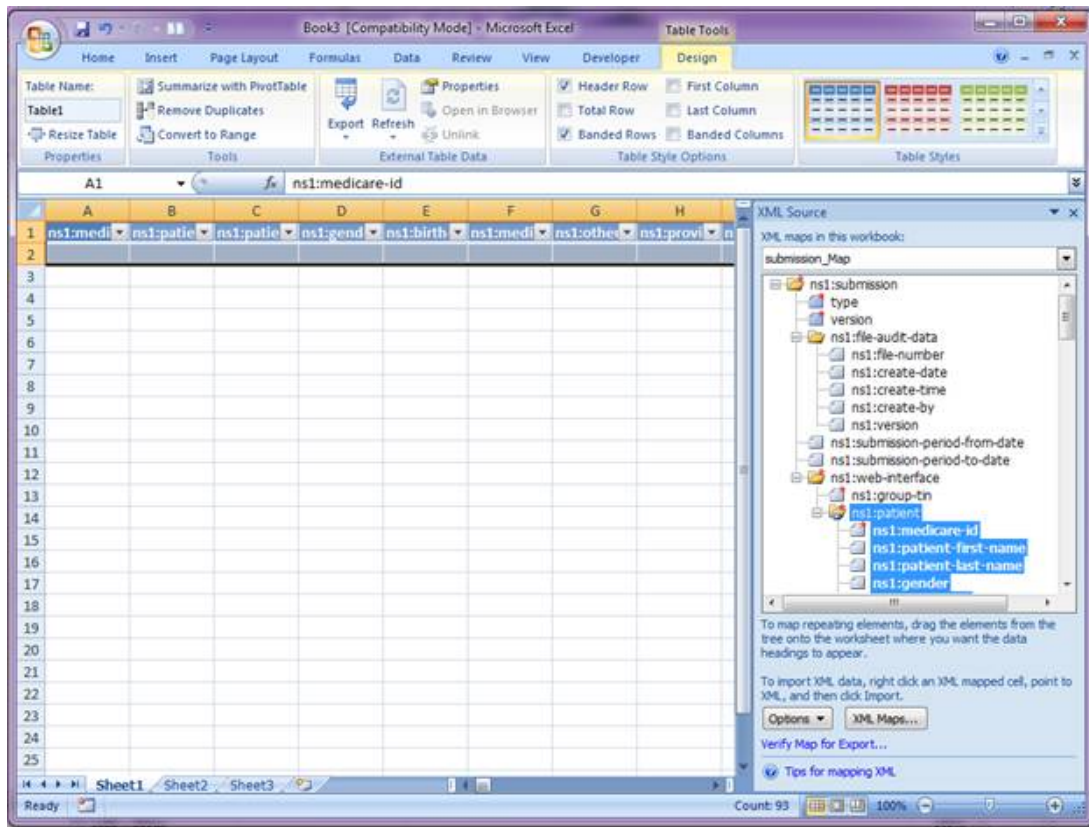
The following figure shows the Excel 2007 workbook after closing the XML Source.

5.3.3. Create an Excel Workbook for Patient Discharge XML

Once the Developer tab is available, the Patient Discharge XSD Mapping can be added to a new 2007 Excel Workbook. The XSD file for the Patient Discharge mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

To add the XSD Mapping:

1. Click the Microsoft Office Button.

2. Select **New**.

3. Select **Blank workbook**.

4. Select the **Developer** tab.

5. Select **Source** in the Developer tab. The XML Source is added to the workbook.

6. Select the **XML Maps…** button.

7. Select the **Add…** button on the XML Maps screen.

8. Select the **WEB-INTERFACE-DISCHARGE.xsd** file in the Select XML Source window.

9. Select **OK** in the XML Maps window.

10. Select the **ns1:patient** line on the XML Source with the left mouse button.

11. Hold the left mouse button down and drag the **ns1:patient** line to the **A1** cell in the workbook, then release the mouse button.

12. Close the XML Source by selecting the **Source** option in the Developer tab, or selecting the "**X**" in the upper right corner of the XML Source.

5.3.4. Import the XML File

Once the XSD mapping has been created, a Patients XML file or a Patient Discharge XML file exported from the Web Interface can be imported into the mapped workbook.

To import the file in Excel 2007:

1. Open the Excel workbook mapped for the type of XML file (Patient or Patient Discharge) to be imported.

2. Click **Developer**.

3. Click **Import**.

4. Select the appropriate XML file for the mapped workbook in the file selection window.

5. Click **Import**.

The following figure shows the Excel 2007 ribbon with Developer tab and the Import option identified.
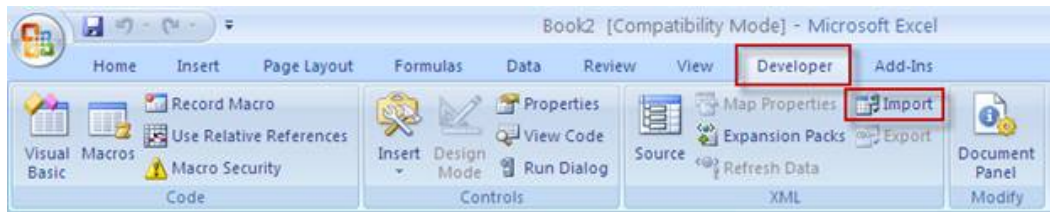
5.3.5. Export the Modified Data

After editing the imported data, the modified data can be exported into the XML format. The file will require modification after exporting from Excel and before uploading into the Web Interface. See Editing the Exported XML File for the required modifications.

To export the file in Excel 2007:

1. Click **Developer**.

2. Click **Export**.

3. Set Save as type: to XML file (*.xml).

4. Click **Export**.

The following figure shows the Excel 2007 workbook with the Export XML screen displayed.
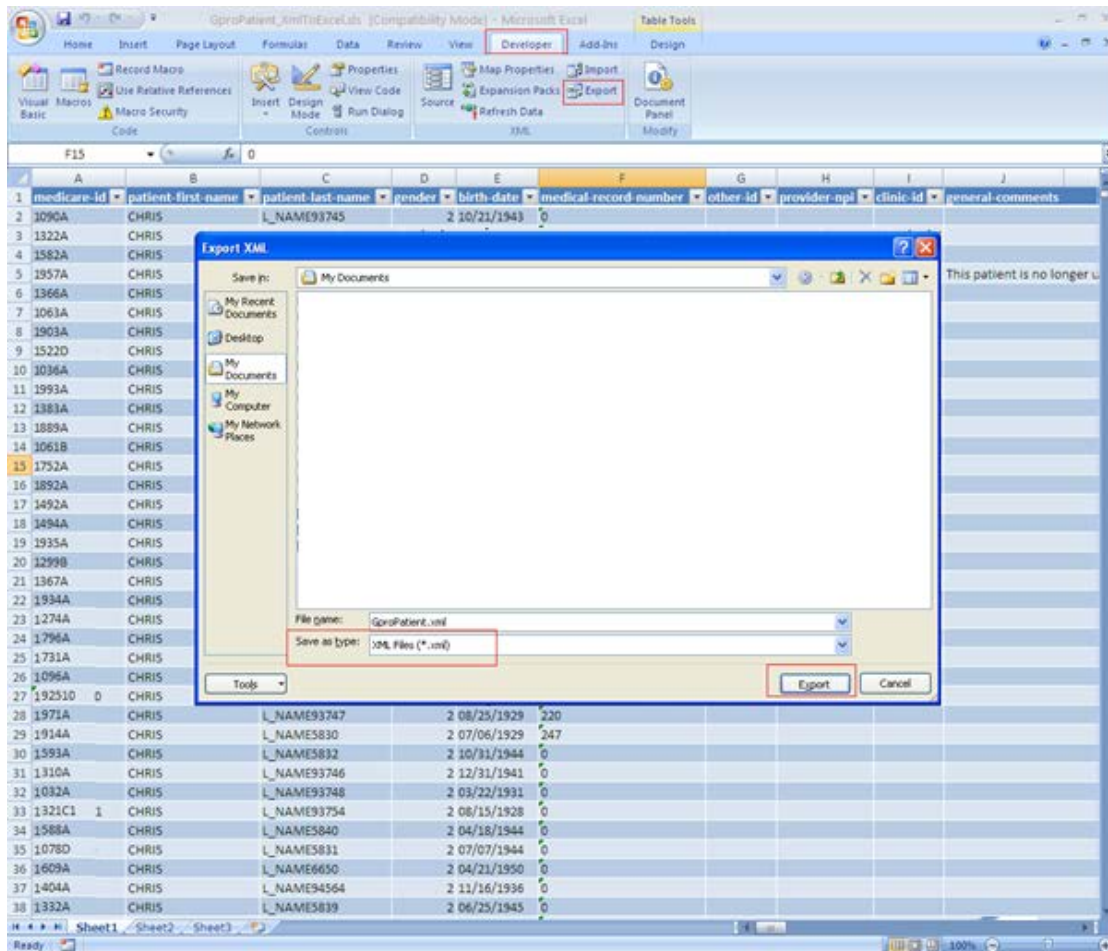
5.4. Editing the Exported XML File

Excel adds a target name space to the exported XML tags. These tags must be removed before uploading the file into the Web Interface.

The mapping for the Patients XML file described in the Creating an Excel Workbook for Patient XML sections excludes the header information to prevent duplicate data in the XML files imported into Excel. The header needs to be added prior to uploading the file into the Web Interface.

For more information on creating Excel Workbooks for Patient XML, see the following sections:

Create a 2013 Excel Workbook for Patient XML

Create a 2010 Excel Workbook for Patient XML

Create a 2007 Excel Workbook for Patient XML

5.4.1.Remove the Name Space from the XML Tags

The directions below provide the information to remove the name space using Notepad++. Notepad++ is a free source code editor available at notepad-plus-plus.org.

Files must be saved using encoding UTF-8 without Byte Order Mark (BOM). If any other editor is used, care should be exercised when saving the file to ensure that BOM characters or non UTF-8 characters are not added to the file.

To remove the name space added by Excel:

1. Open the file with Notepad++ or any other editor that has the capability to save with encoding UTF-8 without BOM.

2. Click **Search**.

3. Click **Replace…** from the Search toolbar option.

The following figure shows a file in Notepad++ with the Replace option highlighted.
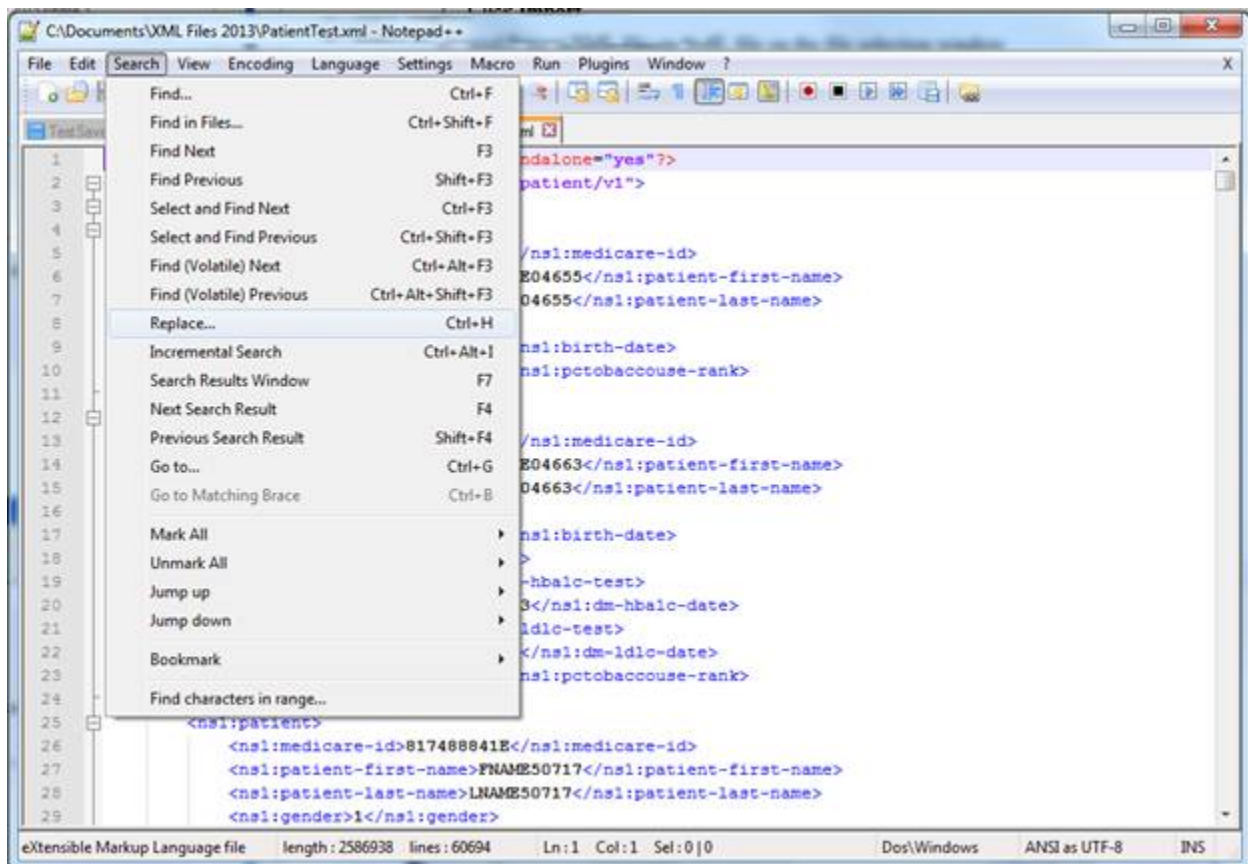
4. The Replace screen is displayed.

5. **Enter** "ns1:" in the **Find what:** field.

6. Leave the **Replace with:** field blank.

7. Click **Replace All**.

The following figure shows the Replace screen in Notepad++ used to remove the name space.
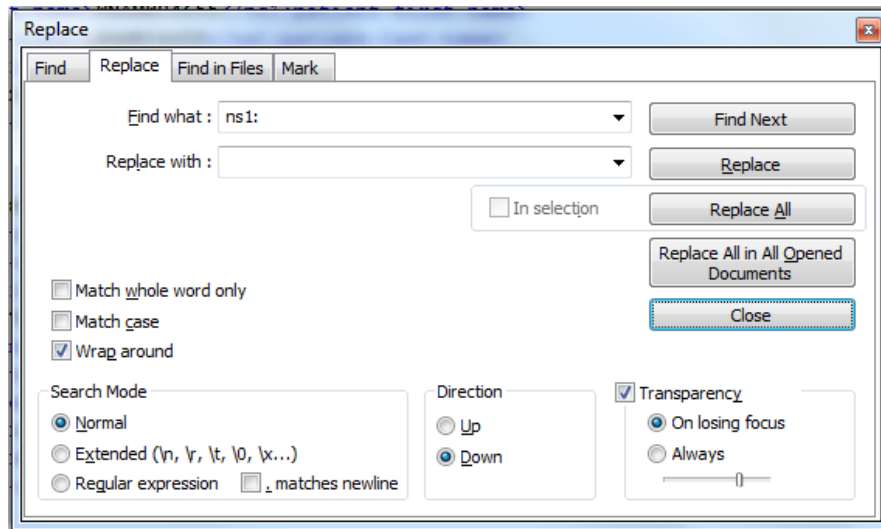
5.4.2. Add the Header, Audit Data, and Group Identification Data to the XML File

5.4.2.1. Add the Header, Audit Data, and Group Identification Data to the XML File

The Header and Group Identification Data are required in the file. The Audit Data is optional to provide user information about the file. The lines below should be added to the beginning of the file. The header must be an exact match to the header provided below. Replace the "**MM/DD/YYYY**", "**HH:MM**", "**XXXXX**", and "**000000000**" in the lines below appropriate data in the file.

The ACO GPRO Primary Taxpayer Identification Number in the file must match the ACO GPRO Primary Taxpayer Identification Number associated to the IACS ID of the user uploading the data.

The PQRS GPRO Taxpayer Identification Number in the file must match the PQRS GPRO Taxpayer Identification Number associated to the IACS ID of the user uploading the data.

5.4.2.2. Patient XML File Header

The following three lines are added when the Patient XML file is created by Excel. They must be removed or the file will be rejected as an invalid file.

```
<?xml version="1.0" encoding="UTF-8" standalone="yes"?>
<submission xmlns:ns1="gov/cms/pqrs/patient/v1">
       <web-interface>
```

After removing those lines, insert the following header at the top of the file. Note that the XML Declaration must be on a separate line. In addition, the data for the <submission> element

should be on one line without line returns in the tag. The submission tag is wrapped to fit the page in the examples below.

File Header to replace removed lines in Patient XML file:

```
<?xml version="1.0" encoding="UTF-8"?>

<submission version="3.0" type="WEB-INTERFACE-PATIENT"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:noNamespaceSchemaLocation="WEB-INTERFACE-PATIENT.xsd"
xmlns="gov/cms/pqrs/patient/v1">

        <file-audit-data>

                <file-number>1</file-number>

                <create-date>MM/DD/YYYY</create-date>

                <create-time>HH:MM</create-time>

                    <create-by>XXXXX</create-by>

        <version>1.0</version>

        </file-audit-data>

        <submission-period-from-date>01/01/2013</submission-period-from-date>

        <submission-period-to-date>12/31/2013</submission-period-to-date>

        <web-interface>

                <group-tin>000000000</group-tin>
```

5.4.2.3. Patient Discharge XML File Header

The following three lines are added when the Patient Discharge XML file is created by Excel. They must be removed or the file will be rejected as an invalid file.

```
<?xml version="1.0" encoding="UTF-8" standalone="yes"?>

<submission xmlns:ns1="gov/cms/pqrs/discharge/v1">

        <web-interface>
```

After removing those lines, insert the following header at the top of the file. Note that the XML Declaration must be on a separate line. In addition, the data for the <submission> element should be on one line without line returns in the tag. The submission tag is wrapped to fit the page in the examples below.

File Header to replace removed lines in Patient Discharge XML file:

```
<?xml version="1.0" encoding="UTF-8"?>

<submission version="3.0" type="WEB-INTERFACE-DISCHARGE"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:noNamespaceSchemaLocation="WEB-INTERFACE-Discharge.xsd"
xmlns="gov/cms/pqrs/discharge/v1">

        <file-audit-data>

                <file-number>1</file-number>

                <create-date>MM/DD/YYYY</create-date>

                <create-time>HH:MM</create-time>

                      <create-by>XXXXX</create-by>

        <version>1.0</version>

        </file-audit-data>

        <submission-period-from-date>01/01/2013</submission-period-from-date>

        <submission-period-to-date>12/31/2013</submission-period-to-date>

        <web-interface>

                <group-tin>000000000</group-tin>
```

5.4.3. Save the Modified File with UTF-8 Encoding

After modifying the file to remove the Namespace and replace the header, the file must be saved with encoding UTF-8 without BOM. Files that are not saved with encoding UTF-8 without BOM will fail the XML format validation. The encoding UTF-8 without BOM is set in the Preferences in Notepad++.

To set preferences to save the file with UTF-8 Encoding in Notepad++:

1. Click **Settings**.

2. Click **Preferences…**.

3. Click the **New Document/Default Directory** tab on the Preferences window.

4. Select **UTF-8 without BOM** in the Encoding section, if not already selected.

5. Check the **Apply to opened ANSI files** in the Encoding section, if not already selected.

6. Select **Close**.

The following figure shows the Settings options in Notepad++.
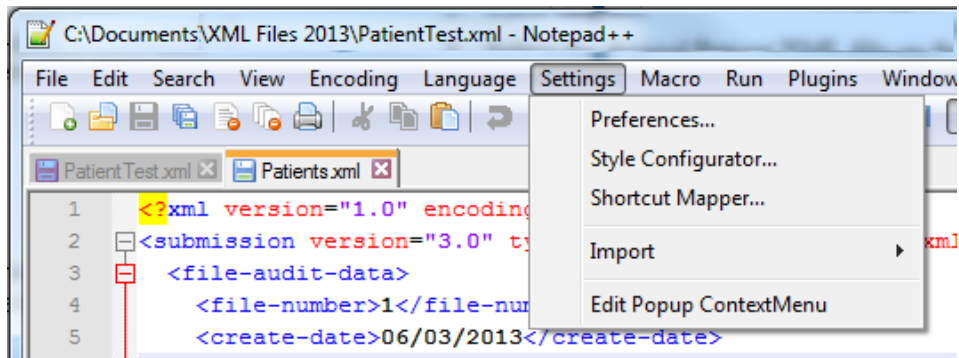
The following figure shows the Preferences screen with the New Document/Default Directory tab selected.
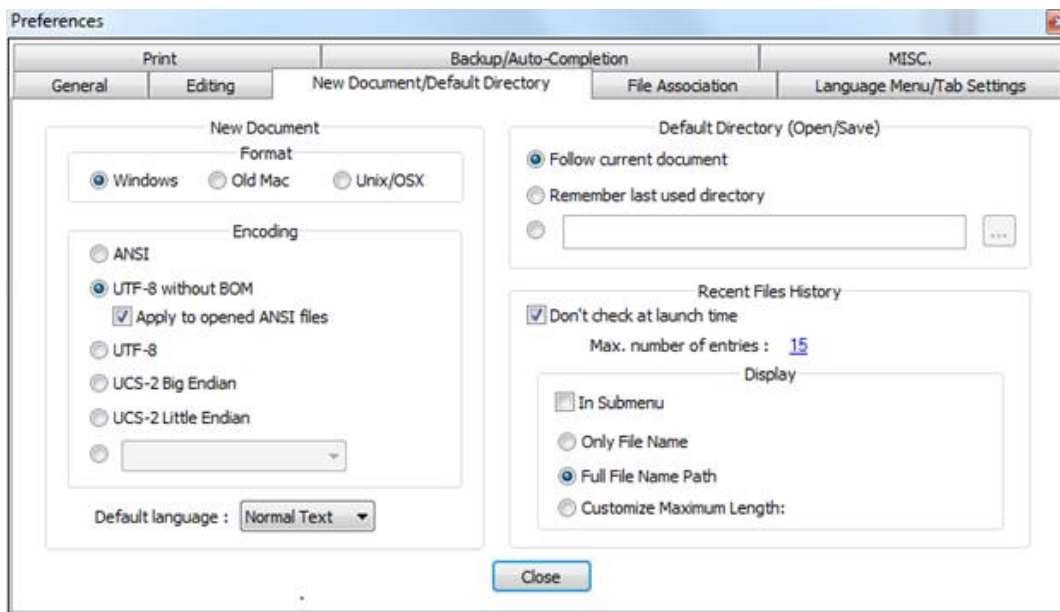
Appendix A – XML Elements for Patients XML File

The indicator that the XML tag is required, or that data is required in the tag when the tag is used, only applies to the XML file format. Data may or may not be needed in order to complete the required reporting on the quality measures for the patient. Information on the data required to complete reporting on a patient may be found in the disease module, CARE measure, or PREV measure sections of this document as well as in the referenced Supporting Documents for each module or patient care measure.

When creating the XML file, the file must be created with UTF-8 encoding without Byte Order Mark (BOM).

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
XML Declaration	<?xml version="1.0" encoding="UTF-8"?>	String	38	Yes	Yes
<submission>	<submission version="3.0" type="WEB-INTERFACE-PATIENT" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noNamespaceSchemaLocation="WEB-INTERFACE-PATIENT.xsd" xmlns="gov/cms/pqrs/patient/v1">	String	180	Yes	Yes
<file-audit-data>	Opening element for file audit data, tag does not contain data	N/A	N/A	Conditional – required if any of the sub elements of the tag are used (i.e. the tags between the opening <file-audit-data> tag and the closing </file-audit-data> tag)	N/A
<file-number>	1 – 999 File number is not validated, it may be used by the GPRO for their tracking of XML files	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
\<create-date\>	Date in MM/DD/YYYY format Date is not validated, it may be used by the GPRO for their tracking of XML files	String	10	No	No
\<create-time\>	Time in HH:MM or HHMM Create Time is not validated, it may be used by the GPRO for their tracking of XML files	Time	5	No	No
\<create-by\>	When exported will contain the IACS ID of the user and "-WebUI" For upload, up to 50 characters may be provided	String	50	No	No
\<version\>	1 – 99999 Version is not validated, it may be used by the GPRO for their tracking of XML files	String	5	No	No
\</file-audit-data\>	Closing element for file audit data, tag does not contain data	N/A	N/A	Conditional – required if the opening \<file-audit-data\> is used	N/A
\<submission-period-from-date\>	Date in MM/DD/YYYY format Date is not validated, it may be used by the GPRO for their tracking of XML files	String	10	No	No
\<submission-period-to-date\>	Date in MM/DD/YYYY format Date is not validated, it may be used by the GPRO for their tracking of XML files	String	10	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<web-interface>	Opening element for the group's data, tag does not contain data <web-interface>	N/A	N/A	Yes	N/A
<group-tin>	ACO GPRO: Primary Taxpayer Identification Number PQRS GPRO: Taxpayer Identification Number	String	9	Yes	Yes
<patient>	Opening element for an individual patient's data, may be repeated with a matching closing element for each patient, opening tag does not contain data	N/A	N/A	Yes	N/A
<medicare-id>	The Medicare ID is the unique identifier for the patient and associated data contained between the opening <patient> and closing </patient> tags The Medicare ID should only be used once for each patient in the Patients XML file	String	15	Yes	Yes
<patient-first-name>	String containing the first name of the patient Name is included in the export to aid in locating the patient, but the name cannot be modified using an XML upload	String	25	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
\<patient-last-name\>	String containing the last name of the patient Name is included in the export to aid in locating the patient, but the name cannot be modified using an XML upload	String	20	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
\<gender\>	1 = Male 2 = Female 3 = Unknown Gender is included in the export to aid in locating the patient, but the gender cannot be modified using an XML upload	String	1	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
\<birth-date\>	MM/DD/YYYY Date of birth is included in the export to aid in locating the patient, but the date of birth cannot be modified using an XML upload	String	10	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
\<medical-record-number>	Character	String	25	No	No
\<other-id>	Character	String	20	No	No
\<provider-npi>	Numeric OR -1 to update to NULL The NPI must exist already in the database before it can be used in the XML file	String	10	No	No
\<provider-npi-two>	Numeric OR -1 to update to NULL The NPI must exist already in the database before it can be used in the XML file	String	10	No	No
\<provider-npi-three>	Numeric OR -1 to update to NULL The NPI must exist already in the database before it can be used in the XML file	String	10	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<clinic-identifier>	Identifier associated with the clinic OR -1 to update to NULL The identifier must already exist in the database before it can be used in the XML file ACO GPROs: The identifier may be a participating TIN, a CMS Certification Number (CCN), or a user entered identifier PQRS GPROs: The TIN or user entered identifier	String	9	No	No
<general-comments>	Text OR -1 to update to NULL	String	250	No	No
<medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample -1 to update to NULL	String	3	No	No
<medical-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 16 = HMO Enrollment -1 to update to NULL	String	10	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<medical-not-qualified-date>	Date in MM/DD/YYYY format Valid date between 01/01/2013 and 12/31/2013 OR -1 to update to NULL	String	3	No	No
<caremedcon-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<caremedcon-confirmed> CARE-1	2 = Yes 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<carefalls-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<carefalls-confirmed> CARE-2	2 = Yes 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No
<falls-screening> CARE-2	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No	No
<care-comments> CARE-1 and CARE-2	Text OR -1 = Update to NULL	String	250	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<cad-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<cad-confirmed>	2 = Yes 8 = Not Confirmed 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No
<cad-ldlc-control> CAD-2	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons 6 = No – System Reasons -1 = Update to NULL	String	3	No	No
<cad-diabetes> CAD-7	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<cad-lvsd> CAD-7	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<cad-acearb> CAD-7	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons 6 = No – System Reasons -1 = Update to NULL	String	3	No	No
<cad-comments>	Text	String	250	No	No
<dm-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
\<dm-confirmed\>	2 = Yes 8 = Not Confirmed 13 = Not Confirmed – Medical Reasons 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No
\<dm-hba1c-test\> DM-2 and DM-15	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
\<dm-hba1c-date\> DM-2 and DM-15	MM/DD/YYYY (Must be a valid date in 2013) OR -1 to update to NULL	String	10	No	No
\<dm-hba1c-value\> DM-2 and DM-15	0-25 with one or two optional decimal places (XX.XX) OR -1 to update to NULL	String	5	No	No
\<dm-recent-bp\> DM-13	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<dm-bp-date> DM-13	MM/DD/YYYY (Must be a valid date in 2013) OR -1 to update to NULL	String	10	No	No
<dm-bp-systolic> DM-13	0 – 350 OR -1 to update to NULL	String	3	No	No
<dm-bp-diastolic> DM-13	0 – 200 OR -1 to update to NULL	String	3	No	No
<dm-ldlc-test> DM-14	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<dm-ldlc-date> DM-14	MM/DD/YYYY (Must be a valid date in 2013) OR -1 to update to NULL	String	10	No	No
<dm-ldlc-value> DM-14	0 – 500 OR -1 to update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
\<dm-ivd\> DM-16	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
\<dm-aspirin\> DM-16	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No	No
\<dm-tobacco\> DM-17	1 = No (Screened and a tobacco user) 2 = Yes (Screened and a tobacco non-user) 14 = Not Screened -1 = Update to NULL	String	3	No	No
\<dm-comments\>	Text	String	250	No	No
\<hf-rank\>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<hf-confirmed>	2 = Yes 8 = Not Confirmed 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No
<hf-lvsd> HF-6	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<hf-beta-blocker> HF-6	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons 6 = No – System Reasons -1 = Update to NULL	String	3	No	No
<hf-comments>	Text	String	250	No	No
<htn-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
\<htn-confirmed\>	2 = Yes 8 = Not Confirmed 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No
\<htn-recent-bp\> HTN-2	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No	No
\<htn-bp-date\> HTN-2	MM/DD/YYYY (Must be a valid date in 2013) OR -1 to update to NULL	String	10	No	No
\<htn-bp-systolic\> HTN-2	0 to 350 OR -1 to update to NULL	String	3	No	No
\<htn-bp-diastolic\> HTN-2	0 to 200 OR -1 to update to NULL	String	3	No	No
\<htn-comments\>	Text	String	250	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<ivd-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<ivd-confirmed>	2 = Yes 8 = Not Confirmed 15 = No – Other CMS Approved Reason -1 = Update to NULL	String	3	No	No
<ivd-lipid-performed> IVD-1	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<ivd-lipid-date> IVD-1	MM/DD/YYYY (Must be a valid date in 2013) OR -1 to update to NULL	String	10	No	No
<ivd-ldlc-value> IVD-1	0 – 500 OR -1 to update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<ivd-antithrombotic> IVD-2	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<ivd-comments>	Text	String	250	No	No
<pcmammogram-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<pcmammogram-confirmed> PREV-5	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pcmammogram> PREV-5	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<pccolorectal-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<pccolorectal-confirmed> PREV-6	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pccolorectal> PREV-6	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No	No
<pcflushot-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<pcflushot-confirmed> PREV-7	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pcflushot> PREV-7	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons 6 = No – System Reasons -1 = Update to NULL	String	3	No	No
<pcpneumoshot-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<pcpneumoshot-confirmed> PREV-8	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pcpneumoshot> PREV-8	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<pcbmiscreen-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<pcbmiscreen-confirmed> PREV-9	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pcbmicalculated> PREV-9	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons -1 = Update to NULL	String	3	No	No
<pcbminormal> PREV-9	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<pcbmiplan> PREV-9	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<pctobaccouse-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<pctobaccouse-confirmed> PREV-10	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pctobaccoscreen> PREV-10	1 = Screened and a non-tobacco user 2 = Screened and a tobacco user 4 = No – Medical Reasons 14 = Not Screened -1 = Update to NULL	String	3	No	No
<pctobaccocounsel> PREV-10	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<pcbloodpressure-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
<pcbloodpressure-confirmed> PREV-11	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pcbloodpressure> PREV-11	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons -1 = Update to NULL	String	3	No	No
<pcdepression-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required	Data Required in Tag
<pcdepression-confirmed> PREV-12	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
<pcdepression> PREV-12	1 = No 2 = Yes 4 = No – Medical Reasons 5 = No – Patient Reasons -1 = Update to NULL	String	3	No	No
<pcdepression-positive> PREV-12	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<pcdepression-plan> PREV-12	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
<prev-comments>	Text	String	250	No	No
</patient>	Closing element for an individual patient's data, may be repeated with a matching opening element for each patient, closing tag does not contain data	N/A	N/A	Yes	N/A
</web-interface>	Closing element for the group's data, tag does not contain data	N/A	N/A	Yes	N/A
</submission>	Closing tag for header	N/A	N/A	Yes	N/A

Appendix B – XML Elements for Patient Discharge XML File

The indicator that the XML tag is required, or that data is required in the tag when the tag is used, only applies to the XML file format. Data may or may not be needed in order to complete the required reporting on the quality measures for the patient. Information on the data required to complete reporting on a patient may be found in the individual disease module, CARE measure, or PREV measure sections of this document as well as in the referenced Supporting Documents for each module or patient care measure.

When creating the XML file, the file must be created with UTF-8 encoding without Byte Order Mark (BOM).

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Tag Required	Data Required in Tag
XML Declaration	<?xml version="1.0" encoding="UTF-8"?>	String	38	Yes	Yes
<submission>	<submission version="3.0" type="WEB-INTERFACE-DISCHARGE" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noNamespaceSchemaLocation="WEB-INTERFACE-DISCHARGE.xsd" xmlns="gov/cms/pqrs/discharge/v1">	String	180	Yes	Yes
<file-audit-data>	Opening element for file audit data, tag does not contain data	N/A	N/A	Conditional – required if any of the sub elements of the tag are used	N/A
<file-number>	1 – 999 File number is not validated, it may be used by the GPRO for their tracking of XML files	String	3	No	No
<create-date>	Date in MM/DD/YYYY format Date is not validated, it may be used by the GPRO for their tracking of XML files	String	10	No	No

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Tag Required	Data Required in Tag
<create-time>	Time in HH:MM or HHMM Create Time is not validated, it may be used by the GPRO for their tracking of XML files	Time	5	No	No
<create-by>	When exported will contain the IACS ID of the user and "-WebUI" For upload, up to 50 characters may be provided	String	50	No	No
<version>	1 – 99999 Version is not validated, it may be used by the GPRO for their tracking of XML files	String	5	No	No
</file-audit-data>	Closing element for file audit data, tag does not contain data	N/A	N/A	Conditional – required if the opening <file-audit-data> is used	N/A
<submission-period-from-date>	Date in MM/DD/YYYY format Date is not validated, it may be used by the GPRO for their tracking of XML files	String	10	No	No
<submission-period-to-date>	Date in MM/DD/YYYY format Date is not validated, it may be used by the GPRO for their tracking of XML files	String	10	No	No
<web-interface>	Opening element for the group's data, tag does not contain data <web-interface>	N/A	N/A	Yes	N/A

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Tag Required	Data Required in Tag
\<group-tin>	ACO GPRO: Primary Taxpayer Identification Number PQRS GPRO: Taxpayer Identification Number	String	9	Yes	Yes
\<patient>	Opening element for an individual patient's discharge data, may be repeated with a matching closing element for each discharge, opening tag does not contain data	N/A	N/A	Yes	N/A
\<medicare-id>	The Medicare ID is the unique identifier for the patient and associated data contained between the opening \<patient> and closing \</patient> tags The Medicare ID should be used once for each patient's discharge data in the Patient Discharge XML file	String	15	Yes	Yes
\<medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No	No
\<medical-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 16 = HMO Enrollment -1 = Update to NULL	String	3	No	No

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Tag Required	Data Required in Tag
\<medical-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2013) OR -1 to update to NULL	String	10	No	No
\<caremedcon-rank>	1 to 616 Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the Web Interface	String	3	**For Export Only** If used in upload, the tag will be ignored	**For Export Only** If used in upload, the data will not be updated in the database
\<caremedcon-confirmed> CARE-1	2 = Yes 15 = No – Other CMS Approved Reason	String	3	No	No
\<care-comments>	Text	String	250	No	No
\<discharge-date> CARE-1	MM/DD/YYYY Must be a valid date in 2013, and must be one of the pre-populated dates for the patient See note in Section 0 on date range validation	String	10	Yes	Yes
\<discharge-confirmation> CARE-1	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Tag Required	Data Required in Tag
\<office-visit\> CARE-1	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
\<medication-reconciliation\> CARE-1	1 = No 2 = Yes -1 = Update to NULL	String	3	No	No
\</patient\>	Closing element for an individual patient's discharge data, may be repeated with a matching opening element for each discharge, closing tag does not contain data	N/A	N/A	Yes	N/A
\</web-interface\>	Closing element for the group's data, tag does not contain data \>	N/A	N/A	Yes	N/A
\</submission\>	Closing tag for header	N/A	N/A	Yes	N/A

Acronyms

This section describes the acronyms used in this document.

Acronym	Literal Translation
ACE-I/ARB	Angiotensin-Converting Enzyme Inhibitor or Angiotensin Receptor Blocker
ACO	Accountable Care Organization
BMI	Body Mass Index
CAD	Coronary Artery Disease
CARE	Care Coordination/Patient Safety
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
DM	Diabetes Mellitus
GPRO	Group Practice Reporting Option
HF	Heart Failure
HMO	Health Maintenance Organization
HTN	Hypertension
IVD	Ischemic Vascular Disease
LDL-C	Low-Density-Lipoprotein Cholesterol
LVEF	Left Ventricular Ejection Fraction
LVSD	Left Ventricular Systolic Dysfunction
NPI	National Provider Identifier

Acronym	Literal Translation
mg/dL	Milligrams per Deciliter
mmHg	Millimeters of Mercury
PQRS	Physician Quality Reporting System
PREV	Preventive Care
TIN	Taxpayer Identification Number
XML	Extensible Markup Language

Referenced Documents

The documents listed in the table below were used in whole or in part to develop the content within this document. Documents are available on the CMS website on the PQRS GPRO Web Interface page

Document Name	Document Number	Issuance Date
2013 GPRO CAD Supporting Documents v4.2	N/A	July 2013
2013 GPRO CARE Supporting Documents v4.2	N/A	July 2013
2013 GPRO DM Supporting Documents v4.2	N/A	July 2013
2013 GPRO HF Supporting Documents v4.2	N/A	July 2013
2013 GPRO HTN Supporting Documents v4.2	N/A	July 2013
2013 GPRO IVD Supporting Documents v4.2	N/A	July 2013
2013 GPRO PREV Supporting Documents v4.2	N/A	July 2013

Revision History

Version	Date	Organization/Point of Contact	Description of Changes
1.0	08/28/13	DECC	Initial Version
1.1	10/19/13	DECC	Updated to support changes to Patient XSD
1.2	11/25/13	DECC	Corrected errors in Section 5.4.3
1.3	12/10/13	DECC	Updated based on feedback received
2.0	12/20/13	DECC	Updated for I-ORR