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Physician Quality Reporting System (PQRS)

Accountable Care Organization Group Practice Reporting Option XML Specification Release Notes

Program Year 2012
Version: 1.1
Last Modified: February 21, 2013

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1 INTRODUCTION

This document provides a list of the revisions identified as the results of a comparison of the final ACO GPRO XML Specification sent to CMS to the November 29, 2012 draft version of the ACO GPRO XML Specifications. These revisions do not include minor changes including but not limited to spacing issues, punctuation, spelling, formatting, etc.

2 REFERENCED DOCUMENTS

The documents specified in Table 2-1have been used to generate the content within this document.

Table 2-1. Referenced Documents

Document Name	Document Number	Issuance Date
ACO GPRO XML Specification DRAFT	N/A	11/29/13
ACO GPRO XML Specification FINAL	N/A	01/18/13

3 RELEASE NOTES

The contents in Table 3-1 describe the changes from the November 2012 version to the January 2013 version.

Table 3-1. Changes/Updates to the ACO GPRO XML Specification Document

Location of Change	Type of Change	Description of Change / Updated Content
Global	Revision	The "Group Practices" has been replaced with "Accountable Care Organizations" throughout this document" The word "Primary" has been added to "Taxpayer Identification Number."
Pg. 3	Addition	The Patient and Patient Discharge XML files may also be uploaded to update the patient's data. 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, 2012 may be entered as 07/04/2012 or as 7/4/2012.
Sect.3.1.1	Modification	Update to clarify that the system sets the patient's status The patient's status in a module is set by the system and will have one of four values: The system will set the status for the patient. The XML uploads for the Patient 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.

Location of Change	Type of Change	Description of Change / Updated Content
Sect. 3.1.1.2	Modification	Update to clarify that the system sets the patient's status and added reasons why the system might mark a patient as Incomplete. The system will mark a patient as **Incomplete** in a module for one of the following reasons: • The default status for a patient ranked in a module is **Incomplete.** • Beneficiary is ranked in a CARE or PREV module and a value has not been provided for Medical Record Found. • Beneficiary is ranked in a CARE or PREV module, Medical Record Found is set to **Yes**, but required measure components do not have a value. • Beneficiary is ranked in a disease module and a value has not been provided for the diagnosis confirmation. • Beneficiary is ranked in a disease module, the diagnosis has been confirmed, but required measure components do not have a value. • Beneficiary is ranked in multiple modules and inconsistent answers have been provided indicating the medical record was found, the module indicating the record was not found will be **Incomplete.**
Sect. 3.1.1.1.3	Modification	Update to clarify that the system sets the patient's status. The system will mark a patient as **Skipped** in a module for one of the following reasons:
Sect. 3.1.1.4	Modification	Update to clarify that the system sets the patient's status The system will mark a patient as **Not Ranked** when they are not selected for the module sample. The **Not Ranked** status is set during the initial data load and cannot be changed during the submission period
Table 3-1	Modification	The Values/Sample XML Tag column has been modified to reflect <submission version="1.0" type="ACO-GPRO-PATIENT" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noNamespaceSchemaLocation="PQRS-ACO_Patient.xsd" xmlns="gov/cms/pqrs/aco/patient/v1">
Sect. 3.1.4	Modification	The Submission Period Dates XML elements are subelements of the <submission> element.

Location of Change	Type of Change	Description of Change / Updated Content
Sect. 3.1.5	Addition	The <pqrs-ACO>, </pqrs-ACO>, <patient>, and </patient> tags are the opening and closing tags and do not contain data.
Table 3-4	Modification	The text of the Valid Values/Sample XML Tag column for the elements to state that the "tag does not contain data"
Sect. 3.1.6.1	Addition	The Medicare ID is the unique identifier for the beneficiary and as such is the primary key.
Table 3-80	Addition and Modification	XML Element <prev-comments> added XML Element <pcdepression-plan> modified
Sect. 3.1.13.17.1	Modification	Determine if the Patient was Screened for Depression – text modified The Other Parameters for Available Values 1 = No and 2 = Yes have been updated
Sect. 3.2.5	Addition	The Medicare ID is the unique identifier for the beneficiary and as such is the primary key.
Table 3-113	Addition	Added "See note in Section 3.2.6.3.1.1 on date range validation" to the Valid Values column for <discharge-date>
Sect. 3.2.6.3.1.1	Addition	Note: The valid discharge dates are 01/01/2012 through 10/31/2012. Since the dates are pre-populated with dates falling within the range, the XML validation checks for a valid date in 2012, without limiting the date range. However, if an date outside that range is provided, the XML processing will reject the date and the associated tags because the date will not exist.
Table 3-118	Addition and Modification	Valid date between 01/01/2012 and 10/31/2012 in format MM/DD/YYYY See note above on date range validation
Table 3-123	Modification	Message Number 3329 modifications made to Data Element Name and XML Element Message Number 3530 sentence on note added to Condition Message Number 3323 condition text modified
Table 3-124	Addition	XML Element </export> added
Sect. 4.3.3	Addition	Figure 4-11. Saving File with UTF-8 Encoding - added

Location of Change	Type of Change	Description of Change / Updated Content
Various	Modification	Changes to the values in the sample XML tag with the allowable value that appear throughout the document as follows: From: \<pcpneumoshot>**1-**\</pcpneumoshot> To: \<pcpneumoshot>**-1**\</pcpneumoshot> (Corrected transposed "-" and "1") Corrected value in Other CMS Qualified Reason sample tags. "15" is the correct value for Other CMS Qualified Reason. Note that these changes are in the sample tags only. The valid values did not change. From: \<prev-not-qualified-reason>**0**\</ prev-not-qualified-reason> To: \<prev-not-qualified-reason>**15**\</ prev-not-qualified-reason> From: \<care-not-qualified-reason>**0**\</care-not-qualified-reason> To: \<care-not-qualified-reason>**15**\</care-not-qualified-reason> From: \<copd-not-qualified-reason>**0**\</copd-not-qualified-reason> To: \<copd-not-qualified-reason>**15**\</copd-not-qualified-reason> From: \<cad-not-qualified-reason>**0**\</cad-not-qualified-reason> To: \<cad-not-qualified-reason>**15**\</cad-not-qualified-reason> From: \<dm-not-qualified-reason>**0**\</dm-not-qualified-reason> To: \<dm-not-qualified-reason>**15**\</dm-not-qualified-reason> From: \<hf-not-qualified-reason>**0**\</hf-not-qualified-reason> To: \<hf-not-qualified-reason>**15**\</hf-not-qualified-reason> From: \<htn-not-qualified-reason>**0**\</htn-not-qualified-reason> To: \<htn-not-qualified-reason>**15**\</htn-not-qualified-reason> From: \<ivd-not-qualified-reason>**0**\</ivd-not-qualified-reason> To: \<ivd-not-qualified-reason>**15**\</ivd-not-qualified-reason> From: \<prev-not-qualified-reason>**0**\</prev-not-qualified-reason> To: \<prev-not-qualified-reason>15\</prev-not-qualified-reason>

Location of Change	Type of Change	Description of Change / Updated Content
Various - continued from previous page	Modification - continued from previous page	Continued from previous page: Corrected value in Other CMS Qualified Reason sample tags. "15" is the correct value for Other CMS Qualified Reason. Note that these changes are in the sample tags only. The valid values did not change. From: \<copd-confirmed\>**0**\</copd-confirmed\> To: \<copd-confirmed\>**9**\</copd-confirmed\> From: \<cad-confirmed\>**0**\</cad-confirmed\> To: \<cad-confirmed\>**9**\</cad-confirmed\> From: \<dm-confirmed\>**0**\</dm-confirmed\> To: \<dm-confirmed\>**9**\</dm-confirmed\> From: \<hf-confirmed\>**0**\</hf-confirmed\> To: \<hf-confirmed\>**9**\</hf-confirmed\> From: \<htn-confirmed\>**0**\</htn-confirmed\> To: \<htn-confirmed\>**9**\</htn-confirmed\> From:\<ivd-confirmed\>**0**\</ivd-confirmed\> To: \<ivd-confirmed\>**9**\</ivd-confirmed\> From: \<hf-beta-blocker\>**2**\</hf-beta-blocker\> To: \<hf-beta-blocker\>**-1**\</hf-beta-blocker\> (Corrected the value to "-1" for the Update to Null sample. "-1" is the correct value to Update to Null) From: \<hf-lvsd\>**2**\</hf- lvsd \> To: \<hf- lvsd \>**-1**\</hf- lvsd \> (Corrected the value to "-1" for the Update to Null sample. "-1" is the correct value to Update to Null) From: \<hf-hospitalized\>**2**\</hf- hospitalized \> To: \<hf- hospitalized \>**-1**\</hf- hospitalized \> (Corrected the value to "-1" for the Update to Null sample. "-1" is the correct value to Update to Null) From: \<dm-tobacco\>**1**\</dm-tobacco\> To: \<dm-tobacco\>**14**\</dm-tobacco\> (Corrected the value to "14" for the Not Screened example. "14" is the correct value for Not Screened and a Tobacco User)

Location of Change	Type of Change	Description of Change / Updated Content
Various - continued from previous page	Modification - continued from previous page	Continued from previous page: Corrected value in Other CMS Qualified Reason sample tags. "15" is the correct value for Other CMS Qualified Reason. Note that these changes are in the sample tags only. The valid values did not change. From: <copd-bronchodilator>**2**</copd-bronchodilator> To: <copd-bronchodilator>**-1**</copd-bronchodilator> (Update to Null) (Corrected the value to "-1" for the Update to Null sample. "-1" is the correct value to Update to Null)

APPENDIX A – ACRONYMS

This section describes the acronyms used in this document.

Acronym	Description
CMS	Centers for Medicare & Medicaid Services
GPRO	Group Practice Reporting Option
PQRS	Physician Quality Reporting System