



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

## Physician Quality Reporting System (PQRS) Program Year 2016

### Group Practice Reporting Option (GPRO) Web Interface XML Specification

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Version 1.0  
12/15/2016

Document Number: N/A

Contract Number: HHSM-500-2007-00017I, Task Order HHSM-500-TO002

# Table of Contents

<b>1. Introduction .....</b>	<b>5</b>
<b>2. Release Notes .....</b>	<b>5</b>
2.1. Patient Medication XML.....	5
2.2. Patient XML File .....	5
2.3. Patient Ranking XML File .....	7
<b>3. XML Schema Definitions (XSD) .....</b>	<b>7</b>
3.1. Download & Save XSD Files .....	7
3.2. XSD Files .....	8
<b>4. Sample Files .....</b>	<b>9</b>
4.1. Sample Header Files .....	9
4.2. Sample XML Files .....	9
<b>5. Patient Status and Rank.....</b>	<b>10</b>
5.1. Patient Status .....	10
5.1.1. Marking a Patient as Complete.....	10
5.1.2. Marking a Patient as Incomplete.....	11
5.1.3. Marking a Patient as Skipped .....	11
5.1.4. Marking a Patient as Not Ranked .....	13
5.2. Disease Module or Patient Care Measure Rank .....	13
<b>6. File Processing .....</b>	<b>15</b>
6.1. XML Element Processing .....	15
6.2. XML Element Order.....	16
<b>7. XML Specifications .....</b>	<b>16</b>
7.1. Patient Ranking XML.....	17
7.2. Patients XML .....	21
7.2.1. XML Declaration and Submission Header .....	23
7.2.2. Group Identification.....	23
7.2.3. Patient Demographics .....	24
7.2.4. Medical Record Found.....	28

7.2.5.	Care Coordination/Patient Safety (CARE) .....	31
7.2.6.	Coronary Artery Disease (CAD).....	33
7.2.7.	Diabetes Mellitus (DM).....	37
7.2.8.	Heart Failure (HF).....	41
7.2.9.	Hypertension (HTN).....	44
7.2.10.	Ischemic Vascular Disease (IVD) .....	48
7.2.11.	Mental Health (MH).....	50
7.2.12.	Preventive Care (PREV) .....	56
7.3.	Patient Medications XML.....	88
7.3.1.	XML Declaration and Submission Header .....	88
7.3.2.	Group Identification.....	89
7.3.3.	Patient Demographics .....	89
7.3.4.	CARE-3 Documentation of Current Medications in the Medical Records .....	94
7.4.	Clinics XML .....	101
7.5.	Providers XML .....	102
<b>8.</b>	<b>XML to Excel Processing .....</b>	<b>104</b>
8.1.	Microsoft Excel 2013 .....	104
8.1.1.	Add the Developer Tab to Excel .....	104
8.1.2.	Create an Excel Workbook for Patient XML.....	106
8.1.3.	Import the XML File .....	114
8.2.	Microsoft Excel 2010 .....	115
8.2.1.	Add the Developer Tab to Excel .....	116
8.2.2.	Create an Excel Workbook for Patient XML.....	118
8.2.3.	Create an Excel Workbook for Patient Medications XML .....	125
8.2.4.	Import the XML File .....	126
8.2.5.	Export the Modified Data .....	126
8.3.	Microsoft Excel 2007 .....	127
8.3.1.	Add the Developer Tab to Excel .....	128
8.3.2.	Create an Excel Workbook for Patient XML.....	130
8.3.3.	Create an Excel Workbook for Patient Medications XML .....	137
8.3.4.	Import the XML File .....	137
8.3.5.	Export the Modified Data .....	138

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8.4. Microsoft Excel 2003 .....	139
8.5. Editing the Exported XML File .....	139
8.5.1. Remove the Name Space from the XML Tags .....	140
8.5.2. Add the Header and Group Identification Data to the XML File .....	142
<b>Appendix A – XML Elements for Patients XML File.....</b>	<b>145</b>
<b>Appendix B – XML Elements for Patient Medications XML File.....</b>	<b>176</b>
<b>Appendix C – Error Messages for Patient XML Files .....</b>	<b>182</b>
<b>Appendix D – Error Messages for Patient Medications XML Files.....</b>	<b>187</b>
<b>Acronyms.....</b>	<b>192</b>
<b>Referenced Documents .....</b>	<b>194</b>
<b>Record of Changes .....</b>	<b>195</b>

## 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 GPRO Web Interface accepts data from Pioneer Model, Medicare Shared Savings Program (MSSP), NextGen Accountable Care Organizations (ACOs), and PQRS group practices. Where the information applies to both the ACOs and the PQRS group practices, the two organization types will be referred to as “group”. If the information only applies to one of the organization types, the group type will be specified in the document.

The XML files exported from the GPRO Web Interface may be imported into an 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 GPRO 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 GPRO Web Interface.

References to the “current program year” mean the year as shown on the title page of this document.

This PDF is provided as a reference only. It is **NOT** Section 508 compliant. For a Section 508 compliant version of this content, please refer to the Online Content. The Online Content is the web page you used to download the PDF file.

## 2. Release Notes

The list below details the revisions made since the release of the 2015 GPRO Web Interface XML Specifications. The 2016 GPRO Web Interface XML Specifications have been updated to reflect the 2016 measures and the 2016 GPRO Web Interface.

### 2.1. Patient Medication XML

The next table provides the changes to the Patient Medication XML tags used in both exported and uploaded XML files.

Patient Medication XML Tag		
2016 Tag	2015 Tag	Comment
<caremeddoc-rm-ticket>	N/A	New tag for 2016.

### 2.2. Patient XML File

The next table provides the changes to the Patient XML Tags used in both exported and uploaded XML files.

Patient XML Tag		
2016 Tag	2015 Tag	Comment
pcstatin-rm-ticket	N/A	New tag for 2016.
pcdepression-rm-ticket	N/A	New tag for 2016.
pcbloodpressure-rm-ticket	N/A	New tag for 2016.
pctobaccouse-rm-ticket	N/A	New tag for 2016.
pcbmiscreen-rm-ticket	N/A	New tag for 2016.
pcpnemoshot-rm-ticket	N/A	New tag for 2016.
pcflushot-rm-ticket	N/A	New tag for 2016.
pccolorectal-rm-ticket	N/A	New tag for 2016.
pcmammogram-rm-ticket	N/A	New tag for 2016.
mh-rm-ticket	N/A	New tag for 2016.
ivd-rm-ticket	N/A	New tag for 2016.
htn-rm-ticket	N/A	New tag for 2016.
hf-rm-ticket	N/A	New tag for 2016.
dm-rm-ticket	N/A	New tag for 2016.
cad-rm-ticket	N/A	New tag for 2016.
carefalls-rm-ticket	N/A	New tag for 2016.
pcstatin-rank	N/A	New tag for 2016.
pcstatin-ascvd	N/A	New tag for 2016.
pcstatin-ldlc	N/A	New tag for 2016.
pcstatin-diabetes	N/A	New tag for 2016.
pcstatin-ldlc-reading	N/A	New tag for 2016.
pcstatin-prescribed	N/A	New tag for 2016.
pcstatin-comments	N/A	New tag for 2016.

## 2.3. Patient Ranking XML File

The next table provides the changes to Patient Ranking XML Tags used in exported XML files.

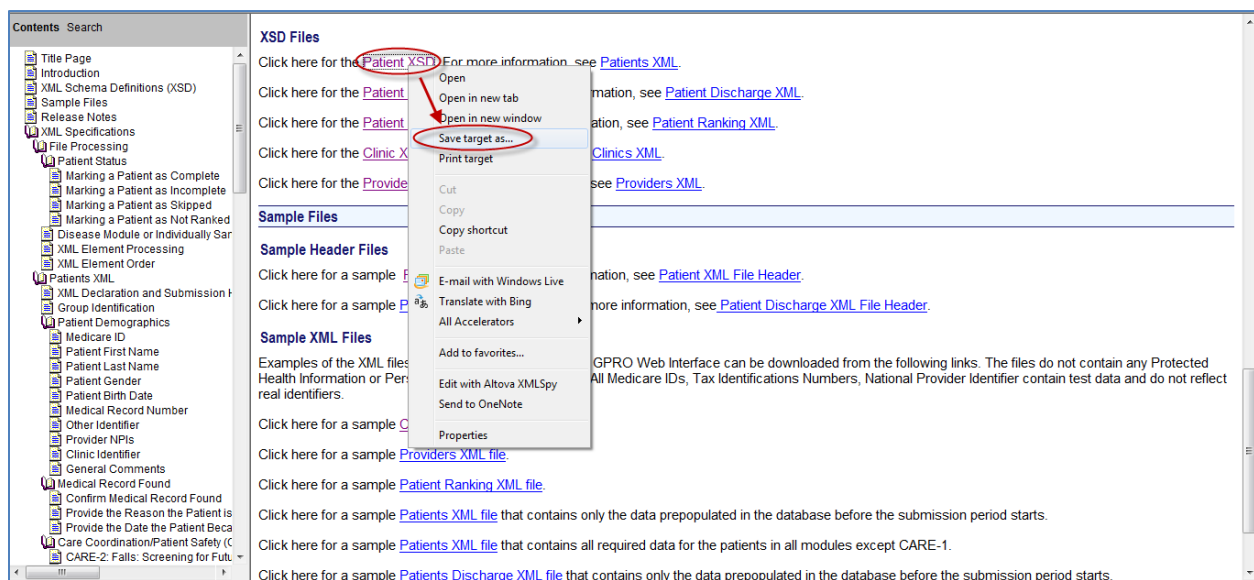
Patient Ranking XML Tag		
2016 Tag	2015 Tag	Comment
<pcstatin-rank>	N/A	New tag for the patient's rank in the PREV-13 measure

## 3. XML Schema Definitions (XSD)

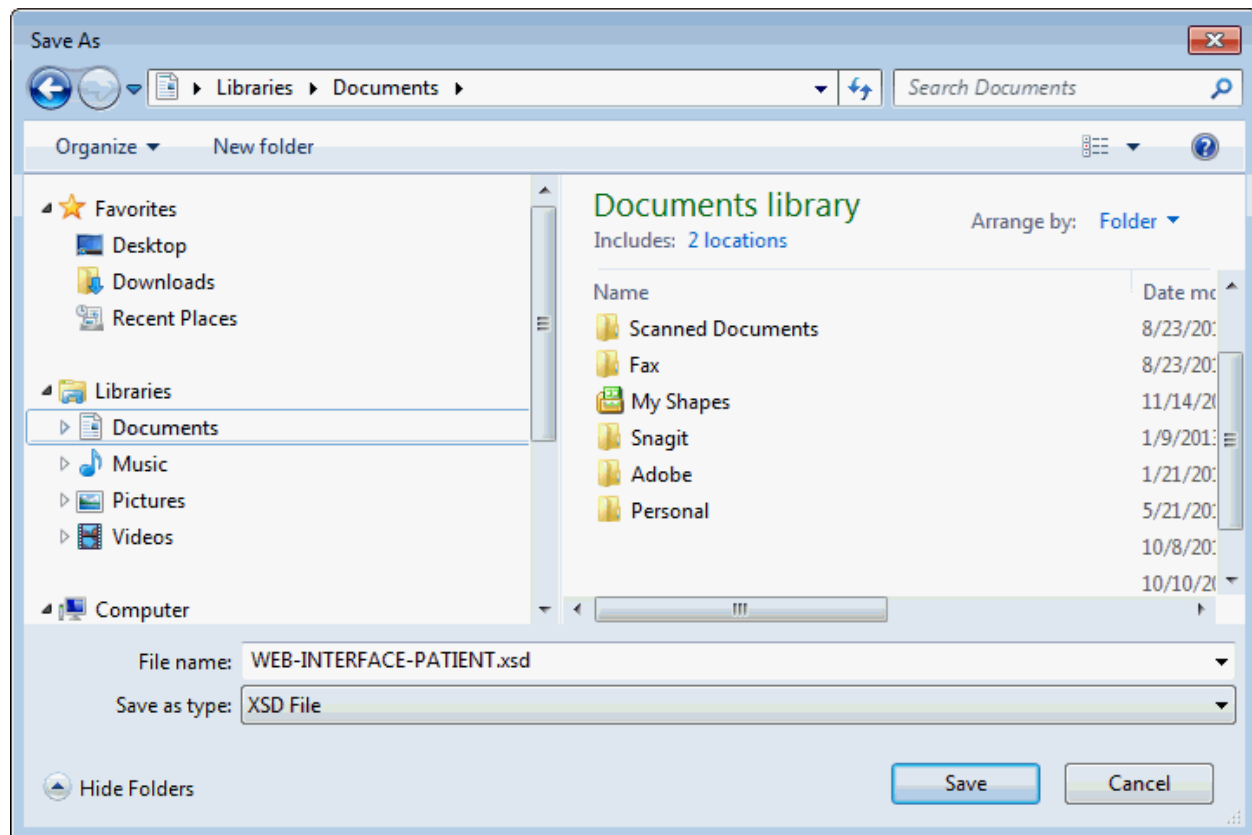
Depending on your browser version, you may need to perform additional steps to download the XSD files as text files. The XSD files may only be downloaded from the online version of this XML Specification; they are not downloadable from the PDF file.

### 3.1. 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**.



## 3.2. XSD Files

The XSD files may only be downloaded from the online version of this XML Specification; they are not downloadable from the PDF file.

Right click to download all the Sample XSD Files: [XSD Files 2016.zip](#)

The XSD Files 2016 zip file contains the following files:

- WEB-INTERFACE-PATIENT.xsd file – For more information, see the topic on [Patients XML](#).
- WEB-INTERFACE-PATIENT-MEDICATION.xsd file – For more information, see the topic on [Patient Medication XML](#).
- WEB-INTERFACE-PATIENT-RANKING.xsd file – For more information, see the topic on [Patient Ranking XML File](#).
- WEB-INTERFACE-CLINIC.xsd file – For more information, see the topic on [Clinics XML](#).
- WEB-INTERFACE-PROVIDER.xsd file – For more information, see the topic on [Providers XML](#).



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## 4. Sample Files

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### 4.1. Sample Header Files

Examples of the XML files that can be exported from the GPRO Web Interface can be downloaded from the online help content. The sample header files may only be downloaded from the online version of this XML Specification; they are not downloadable from the PDF file. The files do not contain any Protected Health Information or Personally Identifiable Information. All Medicare IDs, Tax Identifications Numbers, National Provider Identifier contain test data and do not reflect real identifiers.

For more information, see [Patient XML File Header](#).

For more information, see [Patient Medications XML File Header](#).

For a sample Patient XML Header File or a sample Patient Medications XML Header File, please refer to the online content.

### 4.2. Sample XML Files

Examples of the XML files are contained in the zip file. The sample XML files may only be downloaded from the online version of this XML Specification, they are not downloadable from the PDF file. The files do not contain any Protected Health Information or Personally Identifiable Information. All Medicare IDs, Tax Identifications Numbers, National Provider Identifier contain test data and do not reflect real identifiers.

Right click to download all the Sample XML Files: [XML Files 2016.zip](#)

The XML Files 2016 zip file contains the following files:

- Clinics XML file - The WEB-INTERFACE-CLINIC.xsd file defines the format for the sample Clinics XML file.
- Providers XML File - The WEB-INTERFACE-PROVIDER.xsd file defines the format for the sample Providers XML file.
- Patient Ranking XML file - The WEB-INTERFACE-PATIENT-RANKING.xsd file defines the format for the sample Patient Ranking XML file.
- Patients XML file - That contains only the data prepopulated in the database before the submission period starts. The WEB-INTERFACE-PATIENT.xsd file defines the format for either sample Patient XML file.
- Patients Medications XML file - That contains only the data prepopulated in the database before the submission period starts for patients ranked in CARE-3. The WEB-INTERFACE-PATIENT-MEDICATIONS.xsd file defines the format for the sample Patient Medications XML file.

For sample XSD files, please refer to the online content.

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## 5. Patient Status and Rank

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The six disease modules, Coronary Artery Disease (CAD), Diabetes Mellitus (DM), Heart Failure (HF), Hypertension (HTN), Ischemic Vascular Disease (IVD), and Mental Health (MH) are collectively referred to as disease modules. The two individually sampled Care Coordination/Patient Safety measures (CARE-2 and CARE-3) are collectively referred to as CARE measures. The nine individually sampled Preventive Care measures (PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, PREV-12, and PREV-13) are collectively referred to as PREV measures. The CARE measures and the PREV measures are referred to as Patient Care Measures.

### 5.1. 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 GPRO Web Interface or a successful XML upload. The XML uploads for the Patients XML and the Patient Medications 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.

#### 5.1.1. 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](#)), IVD (see [Ischemic Vascular Disease](#)), and MH (see [Mental Health](#)) 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](#) and [CARE-3](#)) 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.

## 5.1.2. 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.

## 5.1.3. Marking a Patient as Skipped

### 5.1.3.1. Skipping the Patient in All Modules

The **Medical Record Found** value must be provided for all patients. The system will mark a patient as **Skipped** in all modules in which the patient is ranked 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

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**.

#### 5.1.3.2. Skipping the Patient in Individuals Modules

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

- Patient diagnosis not confirmed by patient records.
- Denominator Exclusions (HTN, MH, PREV-5, PREV-6, PREV-9, PREV-11, and PREV-12).
- Other CMS approved reason (Allowed on a case by case basis. This option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry.).
- If the medical record was found, but the diagnosis is not confirmed by the patient records, the patient meets the denominator exclusion criteria, or the patient is not qualified for other CMS approved reasons, the system will set the patient to **Skipped** only in the disease or measure modules 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 or an individually sampled CARE 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 PQRS group practice or an ACO must report on 248 consecutively confirmed and completed patients, unless the sample of eligible patients is exhausted.

#### 5.1.3.3. Automatic Skip Reasons

A patient may be automatically marked as **Skipped** by the system based on values input for the patient.

- If the **Medical Record Found** is set to **Yes** and the patient is ranked in PREV-5, the patient's gender is changed on the **Demographics** screen of the GPRO Web Interface, and the resulting gender due to the change makes the patient ineligible for PREV-5, the system will automatically mark the patient as **Skipped**. The system will automatically set the **PREV-5 Confirmed** value to **Not Confirmed – Gender**.
- If **Medical Record Found** is set to **Yes** and the patient's date of birth is changed on the **Demographics** screen of the GPRO Web Interface and the resulting age due to the change makes them ineligible for modules in which they are ranked, the system will automatically mark the patient as **Skipped** in the appropriate disease or measure module. The system will automatically set the confirmed value for the module to **Not Confirmed – Age**.
- If **Medical Record Found** is set to **Yes** and all responses for **Patient Seen on This Date** in the visit confirmation table of **CARE-3** are set to **No - Visit Outside Practice**,

the system will automatically mark the patient as skipped for **CARE-3 Documentation of Current Medications in the Medical Record**. The system will automatically set the confirmed value for the module to **Not Confirmed – No Qualifying Visits**.

- If **Medical Record Found** is set to **Yes**, **CAD Confirmed** to **Yes**, and **Has Diabetes or LVSD** is set to **No** in CAD-7, the system will automatically mark the patient as skipped for CAD. The system will automatically set the confirmed value to **Not Confirmed – Additional Denominator Criteria**.
- If **Medical Record Found** is set to **Yes**, **HF Confirmed** to **Yes**, and **Has LVSD** is set to **No** in HF-6, the system will automatically mark the patient as skipped for HF. The system will automatically set the confirmed value to **Not Confirmed – Additional Denominator Criteria**.
- If **Medical Record Found** is set to **Yes**, **MH Confirmed** to **Yes** and **PHQ-9 Test Performed?** is set to **No**, the system will automatically mark the patient as skipped for **MH**. The system will automatically set the confirmed value to **Not Confirmed – Additional Denominator Criteria**.
- **Medical Record Found** is set to **Yes**, **MH Confirmed** to **Yes** and **PHQ-9 Test Performed?** is set to **Yes** but the **PHQ-9 Index Test > 9** is set to **No**, the system will automatically mark the patient as skipped for **MH**. The system will automatically set the confirmed value to **Not Confirmed – Additional Denominator Criteria**.

#### 5.1.3.4. Automatic Skip Processing

- The XML values for the automatic skips are available in exported XML files to provide a complete record of the patient's data.
- If the new values for the automatic skip reasons are included in an uploaded XML file, the file will pass format validation, but the value will be ignored and the confirmation associated with the value will not be set to the automatic skip reason. The automatic skip reasons may only be set by the system based on input values for date of birth, gender, visit confirmation, CAD, HF, or MH measures.
- The automatic skip reasons for gender, age, visit confirmation, CAD, HF, or MH may not be overwritten in an XML upload once the system has set the value.

#### 5.1.4. Marking a Patient as Not Ranked

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

### 5.2. 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 sample,

CARE measure sample, or PREV measure sample, the associated rank will not be included in the XML files exported from the GPRO 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 248 consecutively confirmed and completed patients for a PQRS group practice or ACO.

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 for the rank and associated rank value 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	<caremeddoc-rank>12<caremeddoc-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	<mh-rank>45</mh-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	<pcpnemoshot-rank>12</pcpnemoshot-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.
1 – 750	<pcstatin-rank>750</pcstatin-rank>	Ignored on Upload, provided for information on Export.

## 6. File Processing

In this topic, learn about the following:

[XML Element Processing](#)

[XML Element Order](#)

### 6.1. 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.

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.

## 6.2. XML Element Order

If an optional XML element is included in the file, the elements must be listed in the specified order. Failure to include the XML elements in the order specified will prevent the file from being processed.

[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 Medications XML File](#), lists all possible XML elements, along with the allowable values for each element, in the Patient Medications file in the required order

## 7. XML Specifications

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The measurement period for the 2016 Program Year is from 01/01/2016 through 12/31/2016, unless otherwise indicated for a specific measure.

The GPRO Web Interface enables exporting data for five types of files:

1. [Patient Ranking](#)
2. [Patients](#)
3. [Patient Medications](#)
4. [Clinics](#)
5. [Providers](#)

The Patients XML and Patient Medications XML files may also be uploaded to update the patient's data. Patients XML files and Patient Medications XML file that are to be uploaded into the GPRO Web Interface that contain Byte Order Mark (BOM) will be rejected, 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, 2015 may be entered as 07/04/2015 or as 7/4/2015.



## 7.1. Patient Ranking XML

The Patient Ranking XML file is used to export a group's patients whose data is reported in the Patient XML and the Patient Medications XML. The information in the file cannot be updated by uploading a file. When exporting the data, the GPRO Web Interface allows the selection of one or more disease modules or measure modules on the **Export Data** page.

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

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

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 rank XML element will be included for each selected module 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"?>
<web-interface-export>	Opening tag for data	String	200	<web-interface-export xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noNamespaceSchemaLocation="WEB-INTERFACE-PATIENT-RANKING.xsd" xmlns="gov/cms/pqrs/patientRanking/v1">

XML Element	Description	Data Type	Field Size	Valid Values
<group-tin>	ACO: Primary Taxpayer Identification Number PQRS group practice: 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
<provider-first-name>	First name of a provider	String	30	Character
<provider-last-name>	Last name of a provider	String	30	Character
<provider-npi-two>	Provider's NPI	String	10	Number
<provider-two-first-name>	First name of a provider	String	30	Character
<provider-two-last-name>	Last name of a provider	String	30	Character
<provider-npi-three>	Provider's NPI	String	10	Number

XML Element	Description	Data Type	Field Size	Valid Values
<provider-three-first-name>	First name of a provider	String	30	Character
<provider-three-last-name>	Last name of a provider	String	30	Character
<clinic-identifier>	Identifier associated with the clinic ACO: The identifier may be a participating TIN, a CMS Certification Number (CCN), or a user entered identifier. This will be the top TIN for the patient. PQRS group practices: The TIN or user entered identifier.	String	9	Number
<caremeddoc-rank>	Patient's rank within the CARE-3 measure  This element is only used if the patient has been selected for the CARE-3 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
<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

XML Element	Description	Data Type	Field Size	Valid Values
<hf-rank>	<p>Patient's rank within the HF module</p> <p>This element is only used if the patient has been selected for the HF sample.</p>	String	3	1 – 616
<htn-rank>	<p>Patient's rank within the HTN module</p> <p>This element is only used if the patient has been selected for the HTN sample.</p>	String	3	1 – 616
<ivd-rank>	<p>Patient's rank within the IVD module</p> <p>This element is only used if the patient has been selected for the IVD sample.</p>	String	3	1 – 616
<mh-rank>	<p>Patient's rank within the MH module</p> <p>This element is only used if the patient has been selected for the MH sample.</p>	String	3	1 – 616
<pcmammogram-rank>	<p>Patient's rank within the PREV-5 measure</p> <p>This element is only used if the patient has been selected for the PREV-5 sample.</p>	String	3	1 – 616
<pccolorectal-rank>	<p>Patient's rank within the PREV-6 measure</p> <p>This element is only used if the patient has been selected for the PREV-6 sample.</p>	String	3	1 – 616
<pcflushot-rank>	<p>Patient's rank within the PREV-7 measure</p> <p>This element is only used if the patient has been selected for the PREV-7 sample.</p>	String	3	1 – 616

XML Element	Description	Data Type	Field Size	Valid Values
<pcpnemos hot-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
<pcbmiscree n-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
<pctobaccou se-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
<pcbloodpre ssure-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
<pcdepressi on-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
<pcstatin- rank>	Patient's rank within the PREV-13 measure  This element is only used if the patient has been selected for the PREV-13 sample.	String	3	1 – 750
</web- interface- export>	Closing tag for data	N/A	N/A	N/A

## 7.2. 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 (CARE-2), or PREV measure data. The CARE-3 Medication Reconciliation quality measure data is in the Patient Medications XML file.

When exporting the data for the Patients XML, the GPRO 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, the Patients XML file has 16 modules/patient care measures which have XML data: seven disease modules, and nine Preventive Care measures:

- [Care Coordination/Patient Safety \(CARE\)](#)
- [Coronary Artery Disease \(CAD\)](#)
- [Diabetes Mellitus \(DM\)](#)
- [Heart Failure \(HF\)](#)
- [Hypertension \(HTN\)](#)
- [Ischemic Vascular Disease \(IVD\)](#)
- [Mental Health \(MH\)](#)
- [Breast Cancer Screening \(PREV-5\)](#)
- [Colorectal Cancer Screening \(PREV-6\)](#)
- [Preventive Care and Screening: Influenza Immunization \(PREV-7\)](#)
- [Pneumonia Vaccination Status for Older Adults \(PREV-8\)](#)
- [Preventive Care and Screening: Body Mass Index \(BMI\) Screening and Follow-Up Plan \(PREV-9\)](#)
- [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 \(PREV-12\)](#)
- [Statin Therapy for the Prevention and Treatment of Cardiovascular Disease \(PREV-13\)](#)

The XML file generated by the GPRO 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 CARE-3 data will not be included in the Patients XML file when using either of the export options. All CARE-3 data must be exported in the Patient Medications XML file.

### 7.2.1.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 <web-interface-submission> and submission closing element </web-interface-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.

### 7.2.2.Group Identification

The Group Identification indicates the start of the patient data and includes the Primary Taxpayer Identification Number for ACOs or the Taxpayer Identification Number for PQRS group practice. 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.

ACOs: The Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the identity management account of the user submitting the file.

PQRS group practices: The Taxpayer Identification Number in the file must match the Taxpayer Identification Number associated to the identity management account 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**. The TIN in the sample must be changed to your TIN in order to upload the XML file.

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

### 7.2.3. Patient Demographics

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 GPRO 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](#)

#### 7.2.3.1. 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 PQRS group practice'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 the disease module or patient care measure in which the patient is ranked.

#### 7.2.3.2. Patient First Name

The patient's **First Name** as it appears in CMS' 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 does not need to be provided in the XML upload. If the XML element for the **First Name** is used, the tag will be ignored and the patient's **First Name** will not be updated.

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

#### 7.2.3.3. Patient Last Name

The patient's **Last Name** as it appears in CMS' 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 does not need to be provided in the XML upload. If the XML element for the **Last Name** is used, the tag will be ignored and the patient's **Last Name** will not be updated.

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

#### 7.2.3.4. Patient Gender

The patient's **Gender** as it appears in CMS' 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 does not need to be provided in the XML upload. If the XML element for the **Gender** is used, the tag will be ignored and the patient's **Gender** will not be updated.

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

#### 7.2.3.5. Patient Birth Date

The patient's **Birth Date** as it appears in CMS' 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 does not need to be provided in the XML upload. If the XML element for the **Birth Date** is used, the tag will be ignored and the patient's **Birth Date** will not be updated.

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/[current program year]	<birth-date>10/15/1935</birth-date>	None, Export Only

#### 7.2.3.6. 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

#### 7.2.3.7. 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

#### 7.2.3.8. 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 GPRO 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
Numeric	<provider-npi-two>2222222222</provider-npi-two>	None
Numeric	<provider-npi-three>3333333333</provider-npi-three>	None

#### 7.2.3.9. Clinic Identifier

The **Clinic Identifier** will be pre-populated during the sampling process with the TIN for PQRS group practices. The **Clinic Identifier** will be pre-populated during the sampling process with the Participating TIN or the CMS Certification Number (CCN) for ACOs. 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

#### 7.2.3.10. General Comments

The **General Comments** will not be pre-populated during the sampling process. The text is optional and 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 140 characters	<general-comments>Text for general comments</general-comments>	None

### 7.2.4. 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-3, the values for the **Medical Record Found**, **Reason** and **Date** may also be set in the Patient Medications XML file. If the patient is ranked in any disease module, CARE measure, or PREV measure other than CARE-3, 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-3 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.

#### 7.2.4.1. 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 <b>Medical Record Found Reason</b> value and <b>Medical Record Found Date</b> value.
3 = Medical Record Not Found	<medical-record-found>3</medical-record-found>	Do not include <b>Medical Record Found Reason</b> value and <b>Medical Record Found Date</b> 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 <b>Medical Record Found Reason</b> value and <b>Medical Record Found Date</b> 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.

#### 7.2.4.2. 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 <b>Medical Record Found</b> value and <b>Medical Record Found Date</b> 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 <b>Medical Record Found</b> value and <b>Medical Record Found Date</b> 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 <b>Medical Record Found</b> value and <b>Medical Record Found Date</b> 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 <b>Medical Record Found</b> value and <b>Medical Record Found Date</b> value.  Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked.

#### 7.2.4.3. 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/[current program year]).

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/[current program year] and 12/31/[current program year]	<medical-not-qualified-date>12/01/2015</medical-not-qualified-date>	Include the <b>Medical Record Found</b> value and <b>Medical Record Found Reason</b> value.  Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked.

## 7.2.5. Care Coordination/Patient Safety (CARE)

There are two, separately sampled Care Coordination/Patient Safety measures: CARE-2: Falls: Screening for Future Fall Risks, and CARE-3: Documentation of Current Medications in the Medical Record. The XML elements for CARE-2 appear in the Patient XML, and the XML elements for CARE-3 appear in the Patient Medications XML.

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

- [CARE-2: Falls](#)
- [CARE-2 Confirmation](#)
- [CARE-2 Help Desk Ticket #](#)
- [CARE-2 Screening for Future Fall Risk](#)
- [CARE-2 Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

### 7.2.5.1. CARE-2: Falls

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](#))

Not all values may 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.

### 7.2.5.2. CARE-2 Confirmation

In addition to indicating the medical record was found for the patient, confirmation that the patient is qualified for the CARE-2 measure is required. 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 module.

**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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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 <b>Screening for Future Fall Risk</b> value to complete the measure for this patient.
15 = No - Other CMS Approved Reason	<carefalls-confirmed>15</carefalls-confirmed>	Do not provide the <b>Screening for Future Fall Risk</b> value, patient is skipped for this measure; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age.	<carefalls-confirmed>19</carefalls-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and CARE-2 Confirmed will not be set to this value.

#### 7.2.5.2.1. CARE-2 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the **No - Other CMS Approved Reason** option for the CARE-2 Confirmed question.



The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<carefalls-rm-ticket>Text for ticket number</carefalls-rm-ticket>	None

### 7.2.5.3. CARE-2: Screening for Future Fall Risk

Determine if the patient was screened for future fall risk at least once during the measurement period.

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.
2 = Yes	<falls-screening>2</falls-screening>	None, measure is complete for this patient.
4 = No - Denominator Exception - Medical Reasons	<falls-screening>4</falls-screening>	None, measure is complete for this patient.

### 7.2.5.4. Comments for the CARE-2 Measure

The **Comments** for the CARE-2 measure can be used to provide additional information for the patient related to **CARE-2**.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<carefalls-comments>Text for comment</carefalls-comments>	None

## 7.2.6. Coronary Artery Disease (CAD)

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

- [CAD Confirmed](#)

- [CAD Help Desk Ticket #](#)
- [CAD-7: Diabetes or LVSD and ACE-I/ARB](#)
- [CAD Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

#### 7.2.6.1. CAD Confirmed

Determine if the patient has a documented diagnosis of CAD (active or history of) at any time 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 disease 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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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 - Diagnosis	<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; however, selecting this option requires including a Help Desk ticket number.

Available Values	Sample XML Tag	Other Parameters
19 = Not Confirmed - Age	<cad-confirmed>19</cad-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and CAD Confirmed will not be set to this value.
22 = Not Confirmed – Additional Denominator Criteria	<cad-confirmed>22</cad-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value when Has Diabetes or LVSD = No. If this value is included in an uploaded file, the value will be ignored and CAD Confirmed will not be set to this value.

#### 7.2.6.1.1. CAD Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the **No - Other CMS Approved Reason** option for the CAD Confirmed question.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<cad-rm-ticket>Text for ticket number</cad-rm-ticket>	None

#### 7.2.6.2. CAD-7: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)

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

- [Confirmation that the patient has Diabetes or LVSD](#)
- [Indicator that the patient was prescribed ACE-I/ARB Therapy](#)

Not all values may be required for the CAD-7 measure to be marked complete. The **Has Diabetes or LVSD** values must be provided. If the value for **Has Diabetes or LVSD** is **Yes**, a value for ACE-I/ARB must be provided. If **Has Diabetes or LVSD** is **No**, a value is not required for ACE-I/ARB.

### 7.2.6.2.1. Determine if the Patient Has Diabetes or LVSD

Determine if the patient has LVSD (current or prior LVEF < 40% or documented as moderate or severe) OR has diabetes.

Note: LVSD is defined as the patient ever having an LVEF < 40% or having an LVEF documented as moderate or severe.

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

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-diabetes-lvds>1</cad-diabetes-lvds>	Do not provide the <b>ACE-I/ARB</b> value, measure is complete for this patient.
2 = Yes	<cad-diabetes-lvds>2</cad-diabetes-lvds>	Provide the <b>ACE-I/ARB</b> value to complete the measure for this patient.

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

If the patient has LVSD and/or diabetes, determine if ACE inhibitor or ARB therapy was prescribed 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 <b>Has Diabetes or LVSD</b> value to complete the measure for this patient.
2 = Yes	<cad-acearb>2</cad-acearb>	Provide the <b>Has Diabetes or LVSD</b> value to complete the measure for this patient.
4 = No - Denominator Exception - Medical Reasons	<cad-acearb>4</cad-acearb>	Provide the <b>Has Diabetes or LVSD</b> value to complete the measure for this patient.
5 = No - Denominator Exception - Patient Reasons	<cad-acearb>5</cad-acearb>	Provide the <b>Has Diabetes or LVSD</b> value to complete the measure for this patient.
6 = No - Denominator Exception - System Reasons	<cad-acearb>6</cad-acearb>	Provide the <b>Has Diabetes or LVSD</b> value to complete the measure for this patient.

### 7.2.6.3. Comments for the CAD Module

The **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 **Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<cad-comments>Text for comment</cad-comments>	None

### 7.2.7. Diabetes Mellitus (DM)

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

- [DM Confirmed](#)
- [DM Help Desk Ticket #](#)
- [DM-2: Diabetes: Hemoglobin A1c Poor Control](#)
- [DM-7: Diabetes: Eye Exam](#)
- [DM Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

#### 7.2.7.1. DM Confirmed

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

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 this option may only be selected when an approval has been received

from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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 - Diagnosis	<dm-confirmed>8</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; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<dm-confirmed>19</dm-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and DM Confirmed will not be set to this value.

#### 7.2.7.1.1. DM Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for the DM Confirmed question.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<dm-rm-ticket>Text for ticket number</dm-rm-ticket>	None

### 7.2.7.2. DM-2: Diabetes: Hemoglobin A1c Poor Control

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

- [Confirmation that HbA1c test was performed](#)
- [The most recent date the blood was drawn for the HbA1c](#)
- [The most recent HbA1c value](#)

Not all values may be required for the **DM-2** measure 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** measure will be marked as complete for the patient when all required fields have a value provided.

#### 7.2.7.2.1. 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 <b>HbA1c Date</b> value and <b>HbA1c Result</b> value. The measure is complete for this patient.
2 = Yes	<dm-hba1c-test>2</dm-hba1c-test>	Provide the <b>HbA1c Date</b> value and <b>HbA1c Result</b> value to complete the measure for this patient.

#### 7.2.7.2.2. 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/[current program year] and 12/31/[current program year] in format MM/DD/YYYY	<dm-hba1c-date>02/14/2015</dm-hba1c-date>	Provide the <b>HbA1c Test</b> value and <b>HbA1c Result</b> value to complete the measure for this patient.

### 7.2.7.2.3. 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 <b>HbA1c Test</b> value and <b>HbA1c Date</b> value to complete the measure for this patient.

### 7.2.7.3. DM-7: Diabetes: Eye Exam

Determine if patient was screened for diabetic retinal disease identified by one of the following:

- A retinal or dilated eye exam by an eye care professional during the measurement period
- OR
- A negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period

Note: The eye exam must be performed by an ophthalmologist or optometrist.

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-eye-exam>1</dm-eye-exam>	None. Measure is complete for this patient.
2 = Yes	<dm-eye-exam>2</dm-eye-exam>	None. Measure is complete for this patient.

### 7.2.7.4. Comments for the DM Module

The **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 **Comments**.



Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<dm-comments>Text for comment</dm-comments>	None

## 7.2.8. Heart Failure (HF)

The Heart Failure (HF) module includes elements for:

- [HF Confirmed](#)
- [HF Help Desk Ticket #](#)
- [HF-6: Beta Blocker Therapy for Left Ventricular Systolic Dysfunction \(LVSD\)](#)
- [HF Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

### 7.2.8.1. HF Confirmed

Determine if the patient has an active diagnosis of HF at any time 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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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 - Diagnosis	<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; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<hf-confirmed>19</hf-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and HF Confirmed will not be set to this value.
22 = Not Confirmed – Additional Denominator Criteria	<hf-confirmed>22</hf-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value when Has LVSD = No. If this value is included in an uploaded file, the value will be ignored and HF Confirmed will not be set to this value.

#### 7.2.8.1.1. HF Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for the HF Confirmed question.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<hf-rm-ticket>Text for ticket number</hf-rm-ticket>	None

#### 7.2.8.2. 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](#)

Not all values may 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.

#### 7.2.8.2.1. Determine if the Patient has LVSD

Determine if the patient has LVSD (LVEF < 40% or documented as moderate or severe). LVSD is defined as the patient ever having an LVEF < 40% or having an LVEF documented as moderate or severe.

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 <b>Beta-Blocker</b> value, measure is complete for this patient.
2 = Yes	<hf-lvsd>2</hf-lvsd>	Provide the <b>Beta Blocker</b> value to complete the measure for this patient.

#### 7.2.8.2.2. Determine if Beta Blocker was Prescribed

If the patient has LVSD, determine if beta-blocker therapy was prescribed 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 <b>Has LVSD</b> value to complete the measure for this patient.
2 = Yes	<hf-beta-blocker>2</hf-beta-blocker>	Provide the <b>Has LVSD</b> value to complete the measure for this patient.
4 = No – Denominator Exception - Medical Reasons	<hf-beta-blocker>4</hf-beta-blocker>	Provide the <b>Has LVSD</b> value to complete the measure for this patient.
5 = No – Denominator Exception - Patient Reasons	<hf-beta-blocker>5</hf-beta-blocker>	Provide the <b>Has LVSD</b> value to complete the measure for this patient.

Available Values	Sample XML Tag	Other Parameters
6 = No – Denominator Exception - System Reasons	<hf-beta-blocker>6</hf-beta-blocker>	Provide the <b>Has LVSD</b> value to complete the measure for this patient.

### 7.2.8.3. Comments for the HF Module

The **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 **Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<hf-comments>Text for comment</hf-comments>	None

## 7.2.9. Hypertension (HTN)

The HTN module includes elements for:

- [HTN Confirmed](#)
- [HTN Help Desk Ticket #](#)
- [HTN-2: Controlling High Blood Pressure](#)
- [HTN Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

### 7.2.9.1. HTN Confirmed

Determine if the patient has a documented diagnosis of essential HTN within the first six months of the measurement period or any time prior to the measurement period but does not end before the start 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.

**Denominator Exclusion** may be used if there is a denominator exclusion for patient disqualification from the module. Applicable denominator exclusions for HTN include: End Stage Renal Disease (ESRD), patients undergoing dialysis, history of renal transplant, pregnancy, and chronic kidney disease (CKD), stage 5.

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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

If the diagnosis of HTN cannot be confirmed, there is a Denominator Exclusion, 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 - Diagnosis	<htn-confirmed>8</htn-confirmed>	Do not include HTN measure elements for this patient, patient is skipped in this module.
17 = Denominator Exclusion	<htn-confirmed>17</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; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<htn-confirmed>19</htn-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and HTN Confirmed will not be set to this value.

#### 7.2.9.1.1. HTN Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for the HTN Confirmed question.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<htn-rm-ticket>Text for ticket number</htn-rm-ticket>	None

### 7.2.9.2. 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](#)

Not all values may 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.

#### 7.2.9.2.1. 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 <b>Blood Pressure Date</b> value, <b>Systolic</b> value, and <b>Diastolic</b> value, measure is complete for this patient.
2 = Yes	<htn-recent-bp>2</htn-recent-bp>	Provide the <b>Blood Pressure Date</b> value, <b>Systolic</b> value, and <b>Diastolic</b> value to complete the measure for this patient.

#### 7.2.9.2.2. Determine Date Blood Pressure Measurement was Documented

If the blood pressure measurement was documented, provide the date of 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/[current program year] and 12/31/[current program year] in format MM/DD/YYYY	<htn-bp-date>02/15/2015</htn-bp-date>	Provide the <b>Blood Pressure Documented</b> value, <b>Systolic</b> value, and <b>Diastolic</b> value to complete the measure for this patient.

#### 7.2.9.2.3. 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 <b>Blood Pressure Documented</b> value, <b>Blood Pressure Date</b> value, and <b>Diastolic</b> value to complete the measure for this patient.  Note: If both Systolic and Diastolic are greater than zero, the Systolic value must be greater than the Diastolic value in order for the system to mark the patient as complete. If the Systolic is less than or equal to the Diastolic, the patient will be marked as incomplete by the system.

#### 7.2.9.2.4. 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>	<p>Provide the <b>Blood Pressure Documented</b> value, <b>Blood Pressure Date</b> value, and <b>Systolic</b> value to complete the measure for this patient.</p> <p>Note: If both Systolic and Diastolic are greater than zero, the Diastolic value must be less than the Systolic value in order for the system to mark the patient as complete. If the Diastolic is greater than or equal to the Systolic, the patient will be marked as incomplete by the system.</p>

### 7.2.9.3. Comments for the HTN Module

The **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 Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<htn-comments>Text for comment</htn-comments>	None

## 7.2.10. Ischemic Vascular Disease (IVD)

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

- [IVD Confirmed](#)
- [IVD Help Desk Ticket #](#)
- [IVD-2: Use of Aspirin or Another Antithrombotic](#)
- [IVD Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

### 7.2.10.1. IVD Confirmed

Determine if the patient was discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior



to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during 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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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 - Diagnosis	<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; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<ivd-confirmed>19</ivd-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and IVD Confirmed will not be set to this value.

#### 7.2.10.1.1. IVD Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for the IVD Confirmed question.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<ivd-rm-ticket>Text for ticket number</ivd-rm-ticket>	None

#### 7.2.10.2. 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.

#### 7.2.10.3. Comments for the IVD Module

The **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 Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<ivd-comments>Text for comment</ivd-comments>	None

### 7.2.11. Mental Health (MH)

The Mental Health disease module contains elements for:

- [MH Confirmation](#)
- [MH Help Desk Ticket #](#)
- [MH-1: Depression Remission at Twelve Months](#)

- [PHQ-9 Test Performed?](#)
- [PHQ-9 Index Test > 9](#)
- [PHQ-9 Index Date](#)
- [PHQ-9 Index Score](#)
- [PHQ-9 Follow-Up Test Performed?](#)
- [PHQ-9 Follow-Up < 5](#)
- [PHQ-9 Follow-Up Date](#)
- [PHQ-9 Follow-Up Score](#)
- [MH Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

#### 7.2.11.1. MH Confirmation

- Determine if the patient has an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period (12/1/2014 through 11/30/2015).
- In addition to indicating the medical record was found for the patient, the diagnosis of major depression or dysthymia must be confirmed. If the diagnosis can be confirmed for the patient, all required values for the MH measures must be provided before the system can mark the patient as complete in the MH module.
- **MH Confirmed** also provides a way to skip the patient in the MH module. If the patient is ranked in any other disease module, CARE measure, or PREV measure, the patient is only skipped in the MH module, not in all modules or patient care measures in which they are ranked.
- **Denominator Exclusion** may be used if there is a denominator exclusion for patient disqualification from the module. Applicable denominator exclusions include: patients who were permanent nursing home residents (> 1 year any time before the start of the measurement period), active diagnosis of bipolar disorder, active diagnosis of personality disorder.
- 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 MH module is done on a case by case basis, and this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

- If the diagnosis of MH cannot be confirmed, or the patient is not qualified for the sample for a CMS approved reason, the values for the MH measures should not be provided.
- The table below shows the available values and appropriate XML tags for **MH Confirmed**.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<mh-confirmed>2</mh-confirmed>	Include required MH measure elements to complete the patient's data for MH.
8 = Not Confirmed - Diagnosis	<mh-confirmed>8</mh-confirmed>	Do not include MH measure elements for this patient; patient is skipped in this module.
15 = No - Other CMS Approved Reason	<mh-confirmed>15</mh-confirmed>	Do not include MH measure elements for this patient; patient is skipped in this module; however, selecting this option requires including a Help Desk ticket number.
17 = Denominator Exclusion	<mh-confirmed>17</mh-confirmed>	Do not include MH measure elements for this patient; patient is skipped in this module.
19 = Not Confirmed - Age	<mh-confirmed>19</mh-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and MH Confirmed will not be set to this value.
22 = Not Confirmed – Additional Denominator Criteria	<mh-confirmed>22</mh-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patients Initial PHQ-9 Administered is set to <b>Yes</b> and the PHQ-9 Initial Test Score is less than or equal to 9 OR the Initial PHQ-9 Administered? is set to <b>No</b> . If the <b>Not Confirmed – Additional Denominator Criteria</b> is included in an uploaded XML file, the value will be ignored and MH Confirmed will not be set to this value.

#### 7.2.11.1.1. MH Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for the MH Confirmed question.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<mh-rm-ticket>Text for ticket number</mh-rm-ticket>	None

### 7.2.11.2. MH-1: Depression Remission at Twelve Months

#### 7.2.11.2.1. PHQ-9 Test Performed?

Determine if the patient had one or more PHQ-9s administered during the denominator identification measurement period (Index Date) between 12/1/2014 and 11/30/2015.

Index Date = the first instance of elevated PHQ-9 greater than 9 (12/1/2014 to 11/30/2015) and diagnosis of depression or dysthymia to identify the denominator of eligible patients for follow-up for remission during the assessment period (11/1/2015 to 12/31/2016) to determine if the patient is in remission. The table below shows the available values and appropriate XML tags for **PHQ-9 Test Performed?**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<mh-index-performed>1</mh-index-performed>	Do not provide the <b>PHQ-9 Test &gt; 9</b> value, <b>PHQ-9 Index Date</b> value, <b>PHQ-9 Index Test Score</b> value, <b>PHQ-9 Follow-Up Test Performed</b> value, <b>PHQ-9 Follow-Up &lt; 5</b> value or <b>PHQ-9 Follow-Up Date</b> value. Patient is skipped and measure is complete for this patient.
2 = Yes	<mh-index-performed>2</mh-index-performed>	Provide the <b>PHQ-9 Test &gt; 9</b> value, <b>PHQ-9 Index Date</b> value, <b>PHQ-9 Index Test Score</b> value, <b>PHQ-9 Follow-Up Test Performed</b> value, <b>PHQ-9 Follow-Up &lt; 5</b> value or <b>PHQ-9 Follow-Up Date</b> value to complete the measure for this patient.

#### 7.2.11.2.2. PHQ-9 Index Test > 9

Determine if the patient had a PHQ-9 score greater than 9 during an outpatient encounter between 12/1/2014 and 11/30/2015.

The index date marks the start of the measurement assessment period for each patient which is 13 months (12 months +/- 30 days) in length to allow for a follow-up PHQ-9 between 11 and 13 months following the index date. This assessment period is fixed and does not “start over” with a higher PHQ-9 that may occur after the index date.

Patients must be aged 18 years and older on the index date.

Available Values	Sample XML Tag	Other Parameters
1 = No	<mh-index-test>1</mh-index-test>	Do not provide the <b>PHQ-9 Index Date</b> value, <b>PHQ-9 Index Test Score</b> value, <b>PHQ-9 Follow-Up Test Performed</b> value, <b>PHQ-9 Follow-Up &lt; 5</b> value or <b>PHQ-9 Follow-Up Date</b> value. Patient is skipped and measure is complete for this patient.
2 = Yes	<mh-index-test>2</mh-index-test>	Provide the <b>PHQ-9 Test &gt; 9</b> value, <b>PHQ-9 Index Date</b> value, <b>PHQ-9 Index Test Score</b> value, <b>PHQ-9 Follow-Up Test Performed</b> value, <b>PHQ-9 Follow-Up &lt; 5</b> value or <b>PHQ-9 Follow-Up Date</b> value to complete the measure for this patient.

#### 7.2.11.2.3. PHQ-9 Index Date

Enter the date of the index PHQ-9 score greater than 9 in MM/DD/YYYY format.

Enter the first instance of PHQ-9 greater than 9 that is also associated with a diagnosis of major depression or dysthymia during the time period of 12/1/2014 and 11/30/2015.

This is the Index Date for this patient and marks the start of the 13 month assessment period (12 months +/- 30 days).

Available Values	Sample XML Tag	Other Parameters
Record the date of the PHQ-9 score greater than 9 in MM/DD/YYYY format	<mh-index-date>valid date</mh-index-date>	The <b>PHQ-9 Index Date</b> marks the start of the measurement assessment period for each patient which is 13 months (12 months +/- 30 days) in length to allow for a follow-up PHQ-9 between 11 and 13 months following the index date.  Provide the <b>PHQ-9 Follow-Up Score</b> value to complete the measure for this patient.

#### 7.2.11.2.4. PHQ-9 Index Score

Enter the score of the PHQ-9 associated with the Index Date.

Available Values	Sample XML Tag	Other Parameters
Valid value of the PHQ-9 score associated with the Index Date	<mh-index-score>valid value</mh-index-score>	Valid values for the <b>PHQ-9 Index Score</b> are > 9 and <= 27.  Provide the <b>PHQ-9 Follow-Up Test Performed</b> value, <b>PHQ-9 Follow-Up &lt; 5</b> value or <b>PHQ-9 Follow-Up Date</b> value to complete the measure for this patient.

## 7.2.11.2.5. PHQ-9 Follow-Up Test Performed?

Determine if the patient had one or more PHQ-9s administered during the Measurement Assessment Period (12 months +/- 30 days from the Index Date).

Available Values	Sample XML Tag	Other Parameters
1 = No	<mh-followup-performed>1</mh-followup-performed>	Do not provide the <b>PHQ-9 Follow-Up &lt; 5 value or PHQ-9 Follow-Up Date</b> value. Patient is skipped and measure is complete for this patient.
2 = Yes	<mh-followup-performed>2</mh-followup-performed>	Provide the <b>PHQ-9 Follow-Up &lt; 5 value or PHQ-9 Follow-Up Date</b> value to complete the measure for this patient.

## 7.2.11.2.6. PHQ-9 Follow-Up &lt; 5

Determine if the patient achieved remission with a follow-up PHQ-9 performed and a score less than 5 at 12 months (+/- 30 days) of the initial (index date) PHQ-9 score greater than 9.

If more than one PHQ-9 score was obtained between the 11 and 13 month window, select the most recent PHQ-9 date and score within that window.

Remission is defined as a PHQ-9 score of less than five.

Available Values	Sample XML Tag	Other Parameters
1 = No	<mh-followup-test>1</mh-followup-test>	Do not provide the <b>PHQ-9 Follow-Up Date</b> value. Patient is skipped and measure is complete for this patient.
2 = Yes	<mh-followup-test-met>2</mh-followup-test-met>	Provide the <b>PHQ-9 Follow-Up Date</b> value to complete the measure for this patient.

## 7.2.11.2.7. PHQ-9 Follow-Up Date

Record the date of the PHQ-9 score less than 5 in MM/DD/YYYY format.

Available Values	Sample XML Tag	Other Parameters
Record the date of the PHQ-9 score less than 5 in MM/DD/YYYY format	<mh-followup-date>valid date</mh-followup-date>	The <b>Follow-Up Date</b> must be 12 months (+/- 30 days) of the initial (index date) PHQ-9 score greater than 9 and <= 27.  Provide the <b>PHQ-9 Follow-Up Score</b> value to complete the measure for this patient

### 7.2.11.2.8. PHQ-9 Follow-Up Score

Enter the score of the PHQ-9 associated with the 12 month (+/- 30 days) assessment.

Available Values	Sample XML Tag	Other Parameters
Enter the PHQ-9 score less than 5	<mh-followup-score>3</mh-followup-score>	Valid values for the <b>PHQ-9 Follow-Up Score</b> are < 5.  The <b>PHQ-9 Follow-Up Score</b> value completes the measure for this patient

### 7.2.11.3. MH Comments

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

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<mh-comments>Text for comment</mh-comments>	None

## 7.2.12. Preventive Care (PREV)

There are nine, separately sampled Preventive Care measures. Because they share a common screen on the GPRO 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 Help Desk Ticket #](#)
  - [PREV-5 Screening Performed](#)
  - [PREV-5 Comments](#)
- [PREV-6: Colorectal Cancer Screening](#)
  - [PREV-6 Confirmation](#)
  - [PREV-6 Help Desk Ticket #](#)
  - [PREV-6 Screening is Current](#)



- [PREV-6 Comments](#)
- [PREV-7: Preventive Care and Screening: Influenza Immunization](#)
  - [PREV-7 Confirmation](#)
  - [PREV-7 Help Desk Ticket #](#)
  - [PREV-7 Immunization Received](#)
  - [PREV-7 Comments](#)
- [PREV-8: Pneumonia Vaccination Status for Older Adults](#)
  - [PREV-8 Confirmation](#)
  - [PREV-8 Help Desk Ticket #](#)
  - [PREV-8 Vaccination Received](#)
  - [PREV-8 Comments](#)
- [PREV-9: Preventive Care and Screening: Body Mass Index \(BMI\) Screening and Follow-Up](#)
  - [PREV-9 Confirmation](#)
  - [PREV-9 Help Desk Ticket #](#)
  - [PREV-9 BMI Calculated](#)
  - [PREV-9 Comments](#)
- [PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention](#)
  - [PREV-10 Confirmation](#)
  - [PREV-10 Help Desk Ticket #](#)
  - [PREV-10 Tobacco Use](#)
  - [PREV-10 Comments](#)
- [PREV-11: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented](#)
  - [PREV-11 Confirmation](#)
  - [PREV-11 Help Desk Ticket #](#)
  - [PREV-11 Blood Pressure Screening](#)

- [PREV-11 Comments](#)
- [PREV-12: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan](#)
  - [PREV-12 Confirmation](#)
  - [PREV-12 Help Desk Ticket #](#)
  - [PREV-12 Clinical Depression Screening](#)
  - [PREV-12 Comments](#)
- [PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#)
  - [PREV-13 ASCVD Diagnosed](#)
  - [PREV-13 LDL-C > or = 190 mg/dL](#)
  - [PREV-13 Type 1 or 2 Diabetes](#)
  - [PREV-13 LDL-C Between 70-189 mg/dL](#)
  - [PREV-13 Help Desk Ticket #](#)
  - [PREV-13 Statin Used or Prescribed](#)
  - [PREV-13 Comments](#)

Additional details and codes for the measure confirmation and the individual measures can be found here: ([https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html))

#### 7.2.12.1. PREV-5: Breast Cancer Screening

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Screening Performed](#)
- [Comments](#)

Not all values may 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.

### 7.2.12.1.1. 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. 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 module.

**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 **Denominator Exclusion** may be used if there is documentation of bilateral mastectomy or two unilateral mastectomies. Note: If there is evidence of two separate mastectomies, this patient may be excluded from the measure. The bilateral mastectomy must have occurred by the end of the measurement period.

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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcmmammogram-confirmed>2</pcmmammogram-confirmed>	Include required PREV-5 measure elements to complete the patient's data for PREV-5.
15 = No – Other CMS Approved Reason	<pcmmammogram-confirmed>15</pcmmammogram-confirmed>	Do not include PREV-5 measure elements for this patient; patient is skipped in this measure; however, selecting this option requires including a Help Desk ticket number.
17 = Denominator Exclusion	<pcmmammogram-confirmed>17</pcmmammogram-confirmed>	Do not include PREV-5 measure elements for this patient; patient is skipped in this measure.

Available Values	Sample XML Tag	Other Parameters
18 = Not Confirmed - Gender	<pcmmammogram-confirmed>18</pcmmammogram-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's gender is changed in the GPRO Web Interface and the updated gender makes the patient ineligible for the measure. If the gender exclusion value is included in an uploaded XML file, the value will be ignored and PREV-5 Confirmed will not be set to this value.
19 = Not Confirmed - Age	<pcmmammogram-confirmed>19</pcmmammogram-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-5 Confirmed will not be set to this value.

#### 7.2.12.1.2. PREV-5 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-5 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcmmammogram-rm-ticket>Text for ticket number</pcmmammogram-rm-ticket>	None

#### 7.2.12.1.3. PREV-5 Screening Performed

Determine if a mammogram to screen for breast cancer was performed during the measurement period or within the 27 months prior to the measurement period end date. The measure's 27-month look back period applies to women ages 52-74 (the numerator looks for a mammogram any time on or between October 1, 27 months prior to the measurement period, and December 31 of the measurement period in order to capture women who have had a mammogram every 24 months per clinical guidelines, with a 3-month grace period). Therefore, women ages 50-52 are included in the measure if they had a visit and a mammogram since age 50, but the look back only applies to patients age 52-74.

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

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcmmammogram>1</pcmmammogram>	None, measure is complete for this patient.
2 = Yes	<pcmmammogram>2</pcmmammogram>	None, measure is complete for this patient.

#### 7.2.12.1.4. PREV-5 Comments

The **Comments** for PREV-5 can be used to provide additional information for the patient related to the PREV-5 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcmmammogram-comments>Text for comment</pcmmammogram-comments>	None

#### 7.2.12.2. PREV-6: Colorectal Cancer Screening

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Screening is Current](#)
- [Comments](#)

Not all values may 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.

##### 7.2.12.2.1. 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. 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 module.

**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 **Denominator Exclusion** may be used if there is diagnosis or past history of total colectomy or diagnosis or past history of colorectal cancer.

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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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; however, selecting this option requires including a Help Desk ticket number.
17 = Denominator Exclusion	<pccolorectal-confirmed>17</pccolorectal-confirmed>	Do not include PREV-6 measure elements for this patient; patient is skipped in this measure.
19 = Not Confirmed - Age	<pccolorectal-confirmed>19</pccolorectal-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-6 Confirmed will not be set to this value.

#### 7.2.12.2.2. PREV-6 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-6 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pccolorectal-rm-ticket>Text for ticket number</pccolorectal-rm-ticket>	None

#### 7.2.12.2.3. PREV-6 Screening is Current

Determine if colorectal cancer screening is current during the measurement period. Note, current colorectal cancer screening is determined as performing any of the following:

- Fecal occult blood test (FOBT) within 12 months
- Flexible sigmoidoscopy during the reporting period or the four years prior to the reporting period
- Colonoscopy during the reporting period or the nine years prior to the reporting 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.

#### 7.2.12.2.4. PREV-6 Comments

The **Comments** for PREV-6 can be used to provide additional information for the patient related to the PREV-6 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pccolorectal-comments>Text for comment</pccolorectal-comments>	None

#### 7.2.12.3. PREV-7: Preventive Care and Screening: Influenza Immunization

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Immunization Received](#)
- [Comments](#)

Not all values may 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.

#### 7.2.12.3.1. 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. 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 module.

**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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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; however, selecting this option requires including a Help Desk ticket number.



Available Values	Sample XML Tag	Other Parameters
19 = Not Confirmed - Age	<pcflushot-confirmed>19</pcflushot-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-7 Confirmed will not be set to this value.

#### 7.2.12.3.2. PREV-7 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-7 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcflushot-rm-ticket>Text for ticket number</pcflushot-rm-ticket>	None

#### 7.2.12.3.3. 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. The flu season includes visits from October through December of the year prior to the measurement period or January through March of the measurement period.

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 – Denominator Exception - Medical Reasons	<pcflushot>4</pcflushot>	None, measure is complete for this patient.

Available Values	Sample XML Tag	Other Parameters
5 = No – Denominator Exception - Patient Reasons	<pcflushot>5</pcflushot>	None, measure is complete for this patient.
6 = No – Denominator Exception - System Reasons	<pcflushot>6</pcflushot>	None, measure is complete for this patient.

#### 7.2.12.3.4. PREV-7 Comments

The **Comments** for PREV-7 can be used to provide additional information for the patient related to the PREV-7 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcflushot-comments>Text for comment</pcflushot-comments>	None

#### 7.2.12.4. PREV-8: Pneumonia Vaccination Status for Older Adults

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Vaccination Received](#)
- [Comments](#)

Not all values may 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.

##### 7.2.12.4.1. 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. 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 module.

**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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcpnemoshot-confirmed>2</pcpnemoshot-confirmed>	Include required PREV-8 measure elements to complete the patient's data for PREV-8.
15 = No - Other CMS Approved Reason	<pcpnemoshot-confirmed>15</pcpnemoshot-confirmed>	Do not include PREV-8 measure elements for this patient; patient is skipped in this measure; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<pcpnemoshot-confirmed>19</pcpnemoshot-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-8 Confirmed will not be set to this value.

#### 7.2.12.4.2. PREV-8 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-8 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcpnemoshot-rm-ticket>Text for ticket number</pcpnemoshot-rm-ticket>	None

#### 7.2.12.4.3. 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	<pcpnemoshot>1</pcpnemoshot>	None, measure is complete for this patient.
2 = Yes	<pcpnemoshot>2</pcpnemoshot>	None, measure is complete for this patient.

#### 7.2.12.4.4. PREV-8 Comments

The **Comments** for PREV-8 can be used to provide additional information for the patient related to the PREV-8 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcpnemoshot-comments>Text for comment</pcpnemoshot-comments>	None

#### 7.2.12.5. PREV-9: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [BMI Calculated](#)
- [BMI Normal](#)

- [BMI Follow Up](#)
- [Comments](#)

Not all values may 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.

#### 7.2.12.5.1. 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. If the patient is qualified for the measure, all required values for the PREV-9 measure must be provided before the system can mark the patient as complete in the PREV-9 measure module.

**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 **Denominator Exclusion** may be used for pregnancy. Note: Pregnancy cannot end before start of the measurement period.

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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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.

Available Values	Sample XML Tag	Other Parameters
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; however, selecting this option requires including a Help Desk ticket number.
17 = Denominator Exclusion	<pcbmiscreen-confirmed>17</pcbmiscreen-confirmed>	Do not include PREV-9 measure elements for this patient; patient is skipped in this measure.
19 = Not Confirmed - Age	<pcbmiscreen-confirmed>19</pcbmiscreen-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-9 Confirmed will not be set to this value.

#### 7.2.12.5.2. PREV-9 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-9 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcbmiscreen-rm-ticket>Text for ticket number</pcbmiscreen-rm-ticket>	None

#### 7.2.12.5.3. 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](#)

#### 7.2.12.5.3.1. Determine if a BMI was Calculated

Determine if the patient had a Body Mass Index (BMI) calculated during the most recent visit or in the last six months prior to the most recent visit.

Calculated BMI requires an eligible professional or their staff to measure both the height and weight. Self-reported values cannot be used.

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 <b>BMI Normal</b> value and <b>Follow-Up Plan</b> value, measure is complete for this patient.
2 = Yes	<pcbmicalculated>2</pcbmicalculated>	Provide the <b>BMI Normal</b> value and conditionally the <b>Follow-Up Plan</b> value to complete the measure for this patient.

#### 7.2.12.5.3.2. 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  $\geq 23$  and  $< 30$
- Age 18-64 BMI  $\geq 18.5$  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 <b>BMI Calculated</b> value and <b>Follow-Up Plan</b> value to complete the measure for this patient.
2 = Yes	<pcbminormal>2</pcbminormal>	Provide the <b>BMI Calculated</b> value to complete the measure for this patient. Do not provide the <b>Follow-Up Plan</b> value

#### 7.2.12.5.3.3. Determine if Follow-Up Plan is Documented

If the BMI is outside of parameters, determine if a follow-up plan is documented during the encounter or during the previous six months of the encounter. The documentation of a follow-up plan must be based on the most recent documented BMI within the previous six months.

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	<pcbmipplan>1</pcbmipplan>	Provide the <b>BMI Calculated</b> value and <b>BMI Normal</b> value to complete the measure for this patient.
2 = Yes	<pcbmipplan>2</pcbmipplan>	Provide the <b>BMI Calculated</b> value and <b>BMI Normal</b> value to complete the measure for this patient.

#### 7.2.12.5.4. PREV-9 Comments

The **Comments** for PREV-9 can be used to provide additional information for the patient related to the PREV-9 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcbmi-comments>Text for comment</pcbmi-comments>	None

#### 7.2.12.6. PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Patient Screened for Tobacco Use](#)
- [Cessation Counseling Intervention](#)
- [Comments](#)

Not all values may 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 or status is unknown, 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.

#### 7.2.12.6.1. 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. If the patient is qualified for the measure, all required values for the PREV-10 measure must be provided before the system can mark the patient as complete in the PREV-10 measure module.

**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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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.
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; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<pctobaccouse-confirmed>19</pctobaccouse-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-10 Confirmed will not be set to this value.

## 7.2.12.6.2. PREV-10 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-10 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pctobaccouse-rm-ticket>Text for ticket number</pctobaccouse-rm-ticket>	None

## 7.2.12.6.3. 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](#)

## 7.2.12.6.3.1. 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.

Note: If tobacco use status of “unknown” is recorded but the patient has an allowable medical exception, then report as a valid exception.

Note: 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 **Tobacco Use**.

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

Available Values	Sample XML Tag	Other Parameters
4 = No – Denominator Exception - Medical Reasons	<pctobaccoscreen>4</pctobaccoscreen>	Do not provide the <b>Cessation Intervention</b> value, measure is complete for this patient
14 = Not Screened/Unknown (Not screened for tobacco use or tobacco use status unknown)	<pctobaccoscreen>14</pctobaccoscreen>	Do not provide the <b>Cessation Intervention</b> value, measure is complete for this patient

#### 7.2.12.6.3.2. Determine Cessation Counseling Intervention

Determine if tobacco cessation counseling intervention was received if the patient was identified as a tobacco user.

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 <b>Tobacco Use</b> value to complete the measure for this patient
2 = Yes	<pctobaccocounsel>2</pctobaccocounsel>	Provide the <b>Tobacco Use</b> value to complete the measure for this patient

#### 7.2.12.6.4. PREV-10 Comments

The **Comments** for PREV-10 can be used to provide additional information for the patient related to the PREV-10 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pctobaccouse-comments>Text for comment</pctobaccouse-comments>	None

#### 7.2.12.7. PREV-11: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [High Blood Pressure Screening](#)
- [Normal Blood Pressure](#)
- [Blood Pressure not Normal / Follow-Up Plan](#)
- [Comments](#)

Not all values may 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 not qualified for the measure or has denominator exclusion, the patient is skipped in the measure, and the measure quality data should not be provided.

If the patient is qualified, an indicator that the patient was screened for high blood pressure must be provided.

If the patient was screened, the indicator of blood pressure within normal parameters must be provided. If the patient was not screened, the indicator of blood pressure within normal parameters should not be provided.

If the blood pressure is not within normal parameters, an indicator of documentation of a follow-up plan must be provided. If the blood pressure is within normal parameters, indicator of documentation of a follow-up plan should not be provided.

The **PREV-11** measure will be marked as complete for the patient when all required fields have a value provided.

#### 7.2.12.7.1. 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. 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 module.

**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 **Denominator Exclusion** may be used if there is an active diagnosis of hypertension.

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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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; however, selecting this option requires including a Help Desk ticket number.
17 = Denominator Exclusion	<pcbloodpressure-confirmed>-17</pcbloodpressure-confirmed>	Do not include PREV-11 measure elements for this patient; patient is skipped in this measure.
19 = Not Confirmed - Age	<pcbloodpressure-confirmed>-19</pcbloodpressure-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-11 Confirmed will not be set to this value.

#### 7.2.12.7.2. PREV-11 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-11 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcbloodpressure-rm-ticket>Text for ticket number</pcbloodpressure-rm-ticket>	None

#### 7.2.12.7.3. PREV-11 Blood Pressure Screening

Determine if the patient was screened for high blood pressure during the measurement period.  
Note: Use most recent blood pressure.

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>	Provide the <b>Blood Pressure Normal</b> value and conditionally, the <b>Follow-up Plan</b> value to complete the measure for this patient.
4 = No – Denominator Exception - Medical Reasons	<pcbloodpressure>4</pcbloodpressure>	None, measure is complete for this patient.
5 = No - Denominator Exception - Patient Reasons	<pcbloodpressure>5</pcbloodpressure>	None, measure is complete for this patient.

#### 7.2.12.7.4. PREV-11 Blood Pressure within Normal Parameters

Determine if the most recent blood pressure is within normal parameters [<120 (systolic) AND < 80 (diastolic)].

Note: 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.

The 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 Normal**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbpnormal>1</pcbpnormal>	Provide the <b>Blood Pressure Screening</b> value and the <b>Follow-up Plan</b> value to complete the measure for this patient.
2 = Yes	<pcbpnormal>2</pcbpnormal>	Provide the <b>Blood Pressure Screening</b> value to complete the measure for this patient.

#### 7.2.12.7.5. PREV-11 Recommended Follow-Up Plan is Documented

If patient's most recent blood pressure was not within normal parameters, determine if a recommended follow-up plan was documented.

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

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbpfollowup>1</pcbpfollowup>	Provide the <b>Blood Pressure Screening</b> value and the <b>Blood Pressure Normal</b> value to complete the measure for this patient.
2 = Yes	<pcbpfollowup>2</pcbpfollowup>	Provide the <b>Blood Pressure Screening</b> value and the <b>Blood Pressure Normal</b> value to complete the measure for this patient.
5 = No – Denominator Exception - Patient Reasons	<pcbpfollowup>5</pcbpfollowup>	Provide the <b>Blood Pressure Screening</b> value and the <b>Blood Pressure Normal</b> value to complete the measure for this patient.

#### 7.2.12.7.6. PREV-11 Comments

The **Comments** for PREV-11 can be used to provide additional information for the patient related to the PREV-11 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcbp-comments>Text for comment</pcbp-comments>	None

#### 7.2.12.8. PREV-12: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

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

- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Patient Screened for Clinical Depression](#)

- [Patient Positive for Clinical Depression](#)
- [Follow-Up Plan for Clinical Depression Documented](#)
- [Comments](#)

Not all values may 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 or has a denominator exclusion, 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.

#### 7.2.12.8.1. 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. If the patient is qualified for the measure, all required values for the PREV-12 measure must be provided before the system can mark the patient as complete in the PREV-12 measure module.

**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 **Denominator Exclusion** may be used if there is an active diagnosis for depression or bipolar disorder. Note: Diagnosed prior to the first day of the measurement period.

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 this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

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; however, selecting this option requires including a Help Desk ticket number.
17 = Denominator Exclusion	<pcdepression-confirmed>17</pcdepression-confirmed>	Do not include PREV-12 measure elements for this patient; patient is skipped in this measure.
19 = Not Confirmed - Age	<pcdepression-confirmed>19</pcdepression-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and PREV-12 Confirmed will not be set to this value.

#### 7.2.12.8.2. PREV-12 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have selected the No - Other CMS Approved Reason option for any of the PREV-12 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcdepression-rm-ticket>Text for ticket number</pcdepression-rm-ticket>	None

#### 7.2.12.8.3. 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. Note: Use most recent screening for depression

Note: Although the patient may have access to the depression screening tool in advance of the appointment, the depression screening results must be documented on the date of the

encounter (date of appointment). The results must be reviewed/verified and documented by the eligible professional in the medical record on the date of the encounter to meet the screening portion of this measure.

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 <b>Positive for Clinical Depression</b> value and <b>Follow-Up Plan</b> value, measure is complete for this patient.
2 = Yes	<pcdepression>2</pcdepression>	Provide the <b>Positive for Clinical Depression</b> and conditionally provide the <b>Follow-Up Plan</b> value to complete the measure for this patient.
4 = No – Denominator Exception - Medical Reasons	<pcdepression>4</pcdepression>	Do not provide the <b>Positive for Clinical Depression</b> value and <b>Follow-Up Plan</b> value, measure is complete for this patient.
5 = No – Denominator Exception - Patient Reasons	<pcdepression>5</pcdepression>	Do not provide the <b>Positive for Clinical Depression</b> value and <b>Follow-Up Plan</b> value, measure is complete for this patient.

#### 7.2.12.8.4. 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 <b>Clinical Depression Screening</b> value. Do not provide the <b>Follow-Up Plan</b> value, measure is complete for this patient.
2 = Yes	<pcdepression-positive>2</pcdepression-positive>	Provide the <b>Clinical Depression Screening</b> value and <b>Follow-Up Plan</b> value to complete the measure for this patient.

#### 7.2.12.8.5. 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 <b>Clinical Depression Screening</b> value and <b>Positive for Clinical Depression</b> value to complete the measure for this patient.
2 = Yes	<pcdepression-plan>2</pcdepression-plan>	Provide the <b>Clinical Depression Screening</b> value and <b>Positive for Clinical Depression</b> value to complete the measure for this patient.

#### 7.2.12.8.6. PREV-12 Comments

The **Comments** for PREV-12 can be used to provide additional information for the patient related to the PREV-12 measure.

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

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcdepression-comments>Text for comment</pcdepression-comments>	None

#### 7.2.12.9. PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Seven values for abstraction are included in the PREV-13 measure:

- [ASCVD Diagnosed](#)
- [LDL-C > or = 190 mg/dL](#)
- [Type 1 or 2 Diabetes](#)
- [LDL-C Between 70-189 mg/dL](#)
- [Help Desk Ticket #](#)
- [Statin Used or Prescribed](#)
- [Comments](#)

Not all values may be required for the **PREV-13** measure to be marked complete. If the patient is not qualified for the measure or has a denominator exception, the patient is skipped in the measure and the measure quality data should not be provided.

#### 7.2.12.9.1. ASCVD Diagnosed

Determine if the patient has an active diagnosis of ASCVD or a history of ASCVD at any time up through the last day of the measurement period.

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

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<pcstatin-ascvd>2</pcstatin-ascvd>	Answering Yes requires answering the Statin Used or Prescribed question.
15 = No - Other CMS Approved Reason	<pcstatin-ascvd>15</pcstatin-ascvd>	This value causes the patient to be skipped; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<pcstatin-ascvd>19</pcstatin-ascvd>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored.
23 = No – Diagnosis	<pcstatin-ascvd>23</pcstatin-ascvd>	Answering No – Diagnosis requires answering the LDL-C > or = 190 mg/dL question.

#### 7.2.12.9.2. LDL-C > or = 190 mg/dL

Determine if the patient has ever had a fasting or direct LDL-C reading of 190 mg/dL or higher.

**Note:** Answering this question requires having answered the **ASCVD Diagnosed** question with a value of **23 (No – Diagnosis)**.

The table below shows the available values and appropriate XML format for **LDL-C > or = 190 mg/dL**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcstatin-ldlc>1</pcstatin-ldlc>	Answering No requires answering the Type 1 or 2 Diabetes question.
2 = Yes	<pcstatin-ldlc>2</pcstatin-ldlc>	Answering Yes requires answering the Statin Used or Prescribed question.
15 = No - Other CMS Approved Reason	<pcstatin-ldlc>15</pcstatin-ldlc>	This value causes the patient to be skipped; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed – Age	<pcstatin-ldlc>19</pcstatin-ldlc>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored.

#### 7.2.12.9.3. Type 1 or 2 Diabetes

Determine if the patient is both:

- 1) Diagnosed with Type 1 or 2 diabetes AND
- 2) Age 40-75

**Note:** Answering this question requires having answered both the **ASCVD Diagnosed** question with a value of **23 (No – Diagnosis)** and the **LDL-C > or = 190 mg/dL** question with a value of **1 (No)**.

The table below shows the available values and appropriate XML format for **Type 1 or 2 Diabetes**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcstatin-diabetes>1</pcstatin-diabetes>	Answering No marks the patient as skipped for this measure. No other questions are required.
2 = Yes	<pcstatin-diabetes>2</pcstatin-diabetes>	Answering Yes requires answering the LDL-C Between 70-189 mg/dL question.

Available Values	Sample XML Tag	Other Parameters
15 = No - Other CMS Approved Reason	<pcstatin-diabetes>15</pcstatin-diabetes>	This value causes the patient to be skipped; however, selecting this option requires including a Help Desk ticket number.
19 = Not Confirmed - Age	<pcstatin-diabetes>19</pcstatin-diabetes>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored.

#### 7.2.12.9.4. LDL-C Between 70-189 mg/dL

Determine if patient's highest LDL-C reading within the last three years is between 70-189 mg/dL.

**Note:** Answering this question requires having answered prior questions as follows:

- **ASCVD Diagnosed** with a value of **23 (No – Diagnosis)**
- **LDL-C > or = 190 mg/dL** with a value of **1 (No)**
- **Type 1 or 2 Diabetes** with a value of **2 (Yes)**

The table below shows the available values and appropriate XML format for **LDL-C Between 70-189 mg/dL**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcstatin-ldlc-reading>1</pcstatin-ldlc-reading>	Answering No marks the patient as skipped for this measure. No other questions are required.
2 = Yes	<pcstatin-ldlc-reading>2</pcstatin-ldlc-reading>	Answering Yes requires answering the Statin Used or Prescribed question.
15 = No - Other CMS Approved Reason	<pcstatin-ldlc-reading>15</pcstatin-ldlc-reading>	This value causes the patient to be skipped; however, selecting this option requires including a Help Desk ticket number.

## 7.2.12.9.5. PREV-13 Help Desk Ticket #

**Note:** The **Help Desk Ticket #** field is only required if you have entered a value of 15 (**No - Other CMS Approved Reason**) for any of the PREV-13 questions where 15 is a valid value.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<pcstatin-rm-ticket>Text for ticket number</pcstatin-rm-ticket>	None

## 7.2.12.9.6. Statin Used or Prescribed

Determine if the patient is currently using or is prescribed a statin.

**Note:** Answering this question requires having answered prior questions as follows:

- **ASCVD Diagnosed** with a value of **2 (Yes)**
- OR
- **LDL-C > or = 190 mg/dL** with a value of **2 (Yes)** AND **ASCVD Diagnosed** with a value of **23 (No - Diagnosis)**
- OR
- **LDL-C Between 70-189 mg/dL** with a value of **2 (Yes)** AND **Type 1 or 2 Diabetes** with a value of **2 (Yes)** AND **LDL-C > or = 190 mg/dL** with a value of **1 (No)** AND **ASCVD Diagnosed** with a value of **23 (No - Diagnosis)**

The table below shows the available values and appropriate XML format for **Statin Used or Prescribed**.

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcstatin-prescribed>1</pcstatin-prescribed>	None, measure is complete for this patient.
2 = Yes	<pcstatin-prescribed>2</pcstatin-prescribed>	None, measure is complete for this patient.

Available Values	Sample XML Tag	Other Parameters
4 = No - Denominator Exception - Medical Reasons	<pcstatin-prescribed>4</pcstatin-prescribed>	None, measure is complete for this patient.

#### 7.2.12.9.7. PREV-13 Comments

The Comments for PREV-13 can be used to provide additional information for the patient related to the PREV-13 measure.

The table below shows the available values and appropriate XML format for the **PREV-13 Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<pcstatin-comments>Text for comment</pcstatin-comments>	None

### 7.3. Patient Medications XML

The **Patient Medications XML** can be used to export currently stored data for the patients ranked in the CARE-3 measure or to update the patient data for CARE-3 by uploading an XML file.

The Patient Medications XML file generated by the GPRO Web Interface will only include the patients ranked in CARE-3. 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 visit dates are pre-populated during the sampling. Visit dates cannot be modified, added, or deleted during the submission period.

[Appendix B – XML Elements for Patient Discharge Medications XML File](#), lists all possible XML elements for the Patient Medications file in the required order.

#### 7.3.1. 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 in [Appendix B – XML Elements for Patient Medications XML File](#)



A **Submission Header** is required at the beginning of each Patient Medications 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 `<web-interface-submission>` and submission closing element `</web-interface-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 or the file will be rejected for invalid format.

### 7.3.2. Group Identification

The **Group Identification** provides the type of submission data and the Primary Taxpayer Identification Number for ACOs or the Taxpayer Identification Number for PQRS group practices. 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 ACOs, the Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the identity management account of the user submitting the file. For PQRS group practices, the Taxpayer Identification Number in the file must match the Taxpayer Identification Number associated to the identity management account of the user submitting the file.

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	<code>&lt;group-tin&gt;0000000000&lt;/group-tin&gt;</code>	Include XML elements for patient data.

### 7.3.3. Patient Demographics

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 visits. The Medicare ID is the unique identifier for the patient and as such is the primary key.

The Medicare ID is the unique identifier for the patient and is required for each patient.

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 are for export only and cannot be updated using XML uploads. These values may only be modified using the GPRO Web Interface.

The Demographics portion of the **Patient Medications** 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](#)

#### 7.3.3.1. Medicare ID

The **Medicare ID** must be provided in the patient data. The **Medicare ID** may be repeated for a patient in the Patient Medications XML file if the patient has multiple visits. If the **Medicare ID** is not in the database for the ACO's Primary Taxpayer Identification Number or the PQRS group practice'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 the measures in which the patient is ranked.

#### 7.3.3.2. Patient First Name

The patient's **First Name** as it appears in CMS' 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 medications data, but does not need to be provided in the XML upload. If the XML element for the **First Name** is used, the tag will be ignored and the patient's **First Name** will not be updated.

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

### 7.3.3.3. Patient Last Name

The patient's **Last Name** as it appears in CMS' 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 medications data, but does not need to be provided in the XML upload. If the XML element for the **Last Name** is used, the tag will be ignored and the patient's **Last Name** will not be updated.

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

### 7.3.3.4. Patient Gender

The patient's **Gender** as it appears in CMS' 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 medications data, but does not need to be provided in the XML upload. If the XML element for the **Gender** is used, the tag will be ignored and the patient's **Gender** will not be updated.

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

### 7.3.3.5. Patient Birth Date

The patient's **Birth Date** as it appears in CMS' 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 medications data, but does not need to be provided in the XML upload. If the XML element for the **Birth Date** is used, the tag will be ignored and the patient's **Birth Date** will not be updated.

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/[current program year]	<birth-date>10/15/1935</birth-date>	None, Export Only

#### 7.3.3.6. 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

#### 7.3.3.7. 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

#### 7.3.3.8. 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 GPRO 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>111111111</provider-npi>	None
Numeric	<provider-npi-two>222222222</provider-npi-two>	None
Numeric	<provider-npi-three>333333333</provider-npi-three>	None

### 7.3.3.9. Clinic Identifier

The **Clinic Identifier** will be pre-populated during the sampling process with the TIN for PQRS group practices. The **Clinic Identifier** will be pre-populated during the sampling process with the Participating TIN or the CMS Certification Number (CCN) for ACOs. 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

### 7.3.3.10. 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 140 characters	<general-comments>Text for general comments</general-comments>	None

### 7.3.4. CARE-3 Documentation of Current Medications in the Medical Records

The **CARE-3** measure includes elements for:

- [Medical Record Found](#)
- [Rank](#)
- [Confirmation](#)
- [Help Desk Ticket #](#)
- [Documentation of Current Medications in the Medical Record](#)
- [Comments](#)

#### 7.3.4.1. CARE-3 Medical Record Found

The **Medical Record Found** contains three types of information:

- [Confirm Medical Record Found](#)
- [Reason patient not qualified for sample](#)
- [Date patient became ineligible for sample](#)

If the medical record can be found for the patient, values for the CARE-3 measure must be provided for the patient to be considered complete in the associated CARE-3 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 Medications XML. If the values are different, the value in the last uploaded file will overwrite any previously uploaded 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.

##### 7.3.4.1.1. 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>	<p>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.</p> <p>Do not include <b>Medical Record Found Reason</b> value and <b>Medical Record Found Date</b> value.</p>
3 = Medical Record Not Found	<medical-record-found>3</medical-record-found>	<p>Do not include <b>Medical Record Found Reason</b> value and <b>Medical Record Found Date</b> value or measure elements for this patient.</p> <p>Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked.</p>
9 = Not Qualified for Sample	<medical-record-found>9</medical-record-found>	<p>Include <b>Medical Record Found Reason</b> value and <b>Medical Record Found Date</b> value.</p> <p>Do not include measure elements for this patient.</p> <p>Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked.</p>

#### 7.3.4.1.2. 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>	<p>Include the <b>Medical Record Found</b> value and <b>Medical Record Found Date</b> value.</p> <p>Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked.</p>

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

#### 7.3.4.1.3. Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is any of the following:

- 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, that the patient became ineligible for the sample during the measurement period (if date unknown enter 12/31/[current program year]).

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/[current program year] and 12/31/[current program year]	<medical-not-qualified-date>12/01/2015</medical-not-qualified-date>	Include the <b>Medical Record Found</b> value and <b>Medical Record Found Reason</b> value.  Patient is skipped in all disease modules, CARE measures, or PREV measures in which the patient is ranked.



#### 7.3.4.1.4. CARE-3 Rank

The **CARE-3 Rank** provides the patient's assigned order in the CARE-3 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.

The patient's **CARE-3 Rank** is not required in the XML files to be uploaded. If the **CARE-3 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-3 Rank**.

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

#### 7.3.4.1.5. CARE-3 Confirmation

The **CARE-3 Confirmation** provides a way to skip the patient in the CARE-3 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-3 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-3 is done on a case-by-case basis and this option may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<caremeddoc-confirmed>2<caremeddoc-confirmed>	Include required CARE-3 measure elements to complete the patient's data for CARE-3
15 = No – Other CMS Approved Reason	<caremeddoc-confirmed>15<caremeddoc-confirmed>	Do not include CARE-3 measure elements for this patient, patient is skipped in this measure; however, selecting this option requires including a Help Desk ticket number.

Available Values	Sample XML Tag	Other Parameters
19 = Not Confirmed - Age	<caremeddoc-confirmed>19<caremeddoc-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the patient's date of birth is changed in the GPRO Web Interface and the age makes the patient ineligible for the measure. If the age exclusion value is included in an uploaded XML file, the value will be ignored and CARE-3 Confirmed will not be set to this value.
7 = Not Confirmed – No Qualifying Visits	<caremeddoc-confirmed>7<caremeddoc-confirmed>	<b>This value is only used for export.</b> The system will automatically set the value if the response <b>No - Visit Outside Practice</b> for <u>all</u> dates for a patient seen. If this response is included in an uploaded XML file, the value will be ignored and CARE-3 Confirmed will not be set to this value.

#### 7.3.4.1.6. CARE-3 Help Desk Ticket #

The **Help Desk Ticket #** field is only required if you have entered the **No - Other CMS Approved Reason** option for any of the CARE-3 questions.

The table below shows the available values and appropriate XML format for **Help Desk Ticket #**.

Available Values	Sample XML Tag	Other Parameters
Text up to 15 characters	<caremeddoc-rm-ticket>Text for ticket number</caremeddoc-rm-ticket>	None

#### 7.3.4.2. CARE-3: Documentation of Current Medications in the Medical Record

Three types of information are required to complete the CARE-3 measure:

- [Visit Date](#)
- [Patient seen in group on date](#)
- [Patient Medications Documented, Updated, or Reviewed](#)

All information may not be required for the CARE-3 measure to be marked complete. A value for confirmation that the patient's visit is within the group practice's TIN or one of the ACO's

participating TINs must be provided for all visit dates. If the visit is not within the TIN, the remaining values for that visit are not required.

#### 7.3.4.2.1. Visit Date

The **Visit Date** field will be pre-populated from claims during the sampling for CARE-3. The **Visit Date** field cannot be modified, added or deleted. If a 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. When the file is processed, an error message will be provided indicating that the **Visit Date** date does not exist for the patient.

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

Note: The valid **Visit Date** dates are 01/01/[current program year] through 10/31/[current program year]. Since the dates are pre-populated with dates falling within the range, the XML validation checks for a valid date in the current program year, without limiting the date range. However, if a 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 **Visit Date**.

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/[current program year] and 10/31/[current program year] in format MM/DD/YYYY  See note above on date range validation.	<caremeddoc-visit-date>02/20/2015</caremeddoc-visit-date>	Provide the <b>Patient Seen on This Date</b> value and conditionally the <b>Medications Documented, Updated, or Reviewed</b> value.

#### 7.3.4.2.2. Determine if Patient Seen on This Date

Determine if the patient was seen on the date within the group practice's TIN or one of the ACO's participating TINs.

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

Available Values	Sample XML Tag	Other Parameters
21 = No – Visit Outside Practice	<caremeddoc-visit-confirmation>21</caremeddoc-visit-confirmation>	Do not provide the <b>Medication Documented, Updated, or Reviewed</b> value, this visit is complete.

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<caremeddoc-visit-confirmation>2</caremeddoc-visit-confirmation>	Provide the <b>Medication Documented, Updated, or Reviewed</b> value to complete this visit.

#### 7.3.4.2.3. Determine if the Patient Medications have been Documented, Updated, or Reviewed

The Medications Documented, Updated, or Reviewed value must be provided for each Patient Seen on This Date value that is set to Yes.

The table below shows the available values and appropriate XML format for the **Medications Documented, Updated, or Reviewed** confirmation.

Available Values	Sample XML Tag	Other Parameters
1 = No	<medications-documented>1</medications-documented>	Provide the <b>Medication Documented, Updated, or Reviewed</b> value to complete this review.
2 = Yes	<medications-documented>2</medications-documented>	Provide the <b>Medication Documented, Updated, or Reviewed</b> value to complete this review.
4 = No – Denominator Exception – Medical Reasons	<medications-documented>4</medications-documented>	Provide the <b>Medication Documented, Updated, or Reviewed</b> value to complete this review.

#### 7.3.4.3. Comments for CARE 3

The **Comments** for CARE-3 can be used to provide additional information for the patient related to the CARE-3 measure.

The table below shows the available values and appropriate XML format for the **CARE-3 Comments**.

Available Values	Sample XML Tag	Other Parameters
Text up to 140 characters	<caremeddoc-comments>Text for comment</caremeddoc-comments>	None

## 7.4. 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 GPRO Web Interface.

The database will be pre-populated with one or more clinics 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 GPRO Web Interface.

The table below shows the Clinics 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"?>
<web-interface-export>	Opening Tag for data	String	180	<web-interface-export xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noonamespaceSchemaLocation="WEB-INTERFACE-CLINIC.xsd" xmlns="gov/cms/pqrs/clinic/v1">
<group-tin>	ACO: Primary Taxpayer Identification Number PQRS Group Practice: Taxpayer Identification Number	String	9	Number
<clinic>	Opening element clinic data, repeats for each clinic	N/A	N/A	N/A
<clinic-identifier>	ACO: Participating Taxpayer Identification Number, CMS Certification Number, or user provided number PQRS Group Practice: 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

XML Element	Description	Data Type	Field Size	Valid Values
<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
<clinic-is-original>	Indicator if the clinic was pre-populated during the initial data load or added during the submission period using the GPRO 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-export>	Closing tag for data	N/A	N/A	N/A

## 7.5. 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 GPRO Web Interface.

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 ACOs and to the Taxpayer Identification Number for PQRS Group Practices. The pre-populated providers will have the flag set to indicate they are original providers. Providers added using the GPRO 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"?>
<web-interface-export>	Opening tag for data	String	180	<web-interface-export xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:nonamespaceSchemaLocation="WEB-INTERFACE-PROVIDER.xsd" xmlns="gov/cms/pqrs/provider/v1">
<group-tin>	ACO: Primary Taxpayer Identification Number PQRS Group Practice: 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 GPRO 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-export>	Closing tag for data	N/A	N/A	N/A

## 8. XML to Excel Processing

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

This section contains instructions on how to import/export files in Microsoft Excel, as well as instructions on how to edit an exported XML file. The versions of Microsoft Excel that are discussed are:

- Microsoft Excel 2013
- Microsoft Excel 2010
- Microsoft Excel 2007
- Microsoft Excel 2003

### 8.1. Microsoft Excel 2013

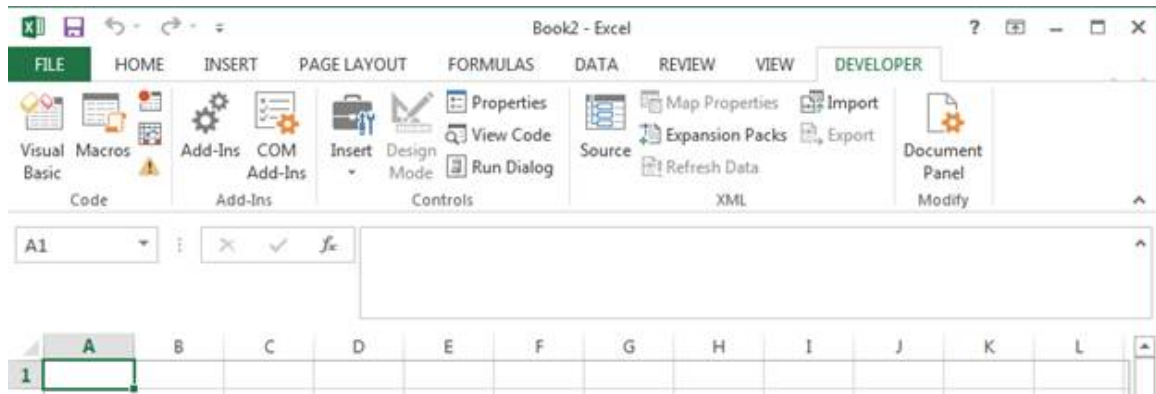
The following content explains the steps necessary to complete XML to Excel processing with Microsoft Excel 2013. In this section, you will learn how to:

- [Add the Developer Tab to Excel](#)
- [Create an Excel Workbook for Patient XML](#)
- [Create an Excel Workbook for the Patient Medications XML](#)
- [Import the XML File](#)
- [Export the Modified Data](#)

#### 8.1.1. 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.

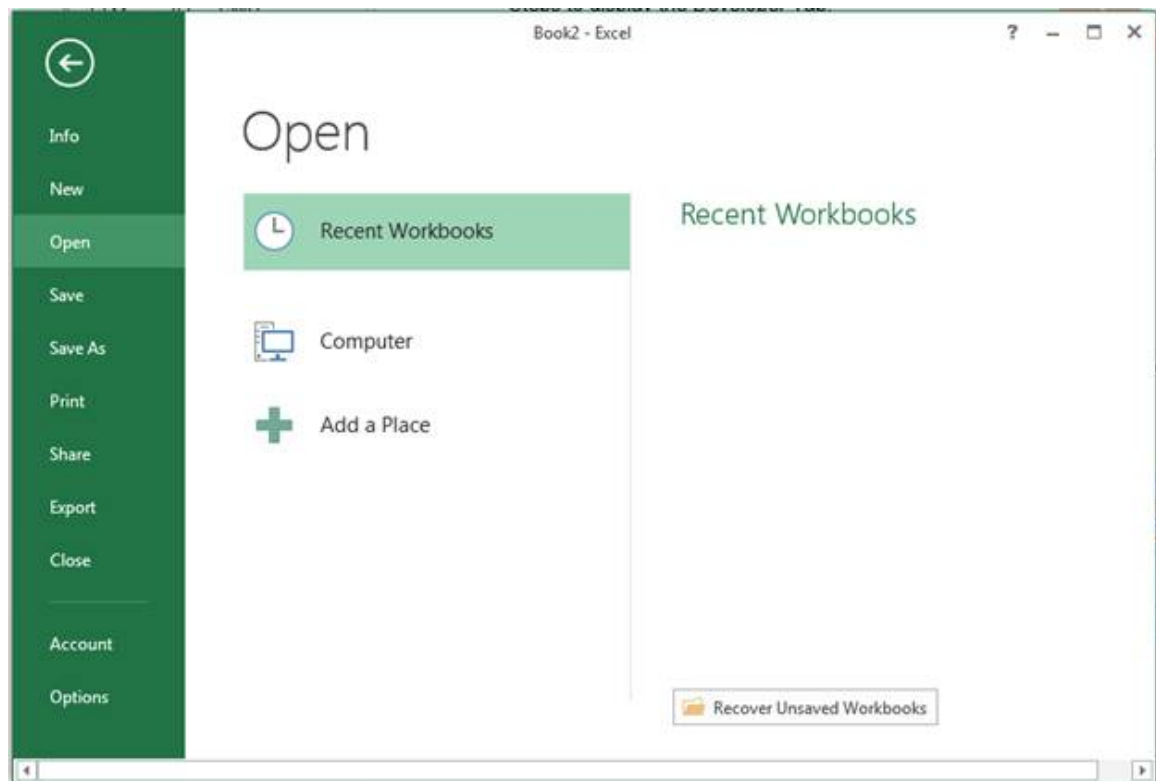




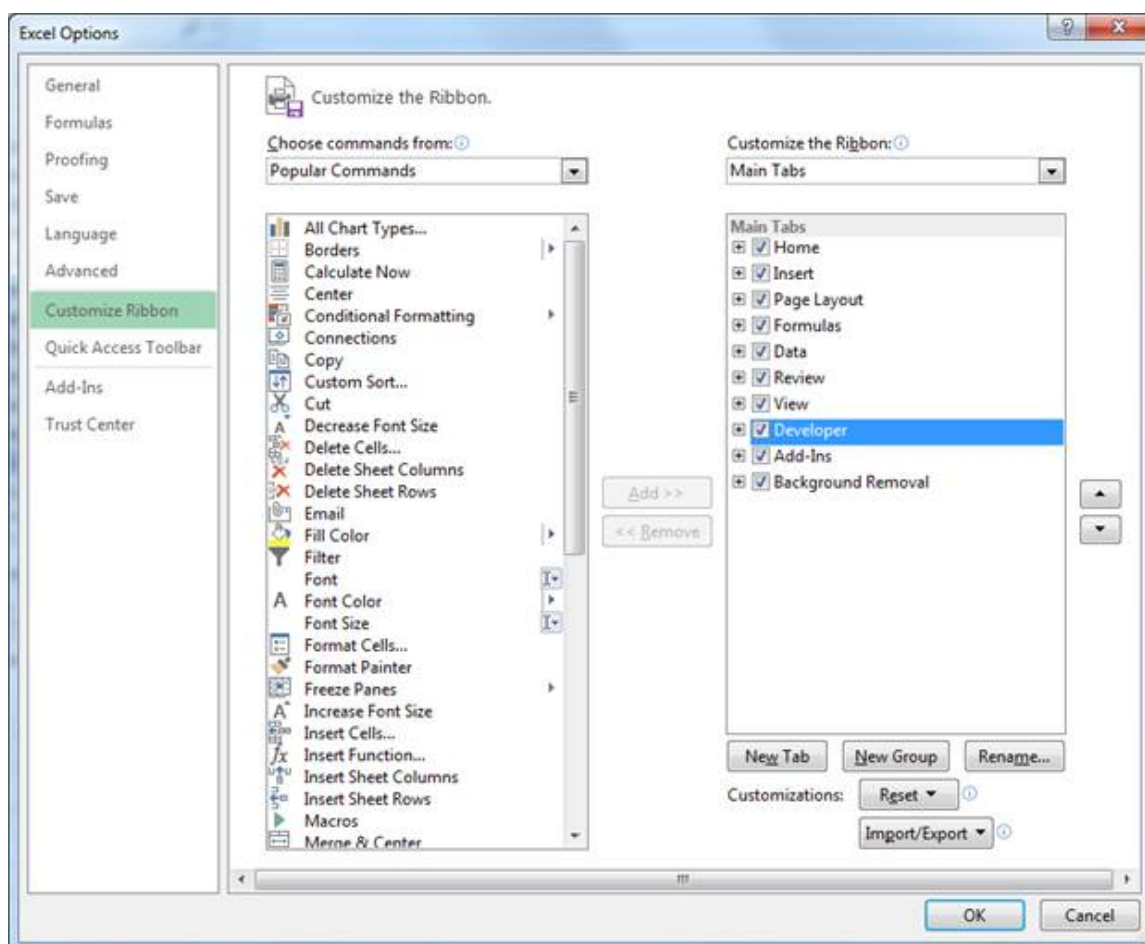
Steps to display the **Developer Tab**:

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.



### 8.1.2. Create an Excel Workbook for Patient XML

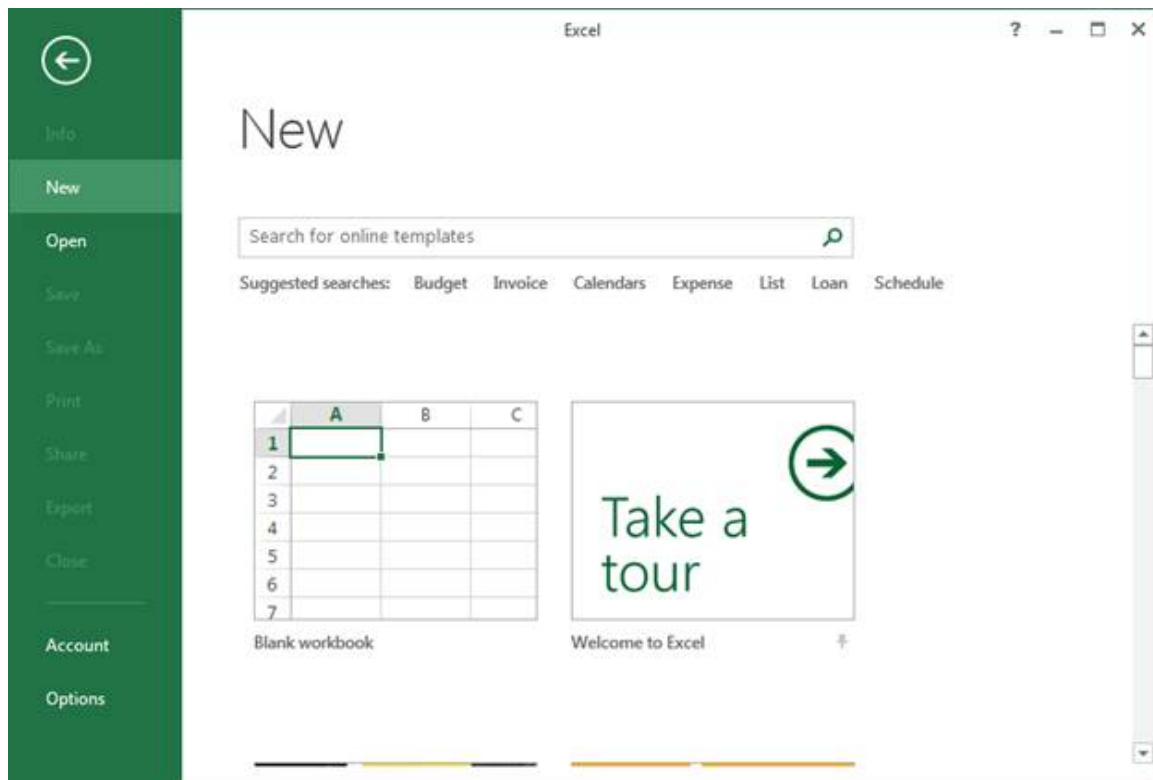
Once the Developer tab is available, the Patient XSD Mapping can be added to a new 2013 Excel Workbook. The XSD file for the Patient mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

To add the XSD Mapping:

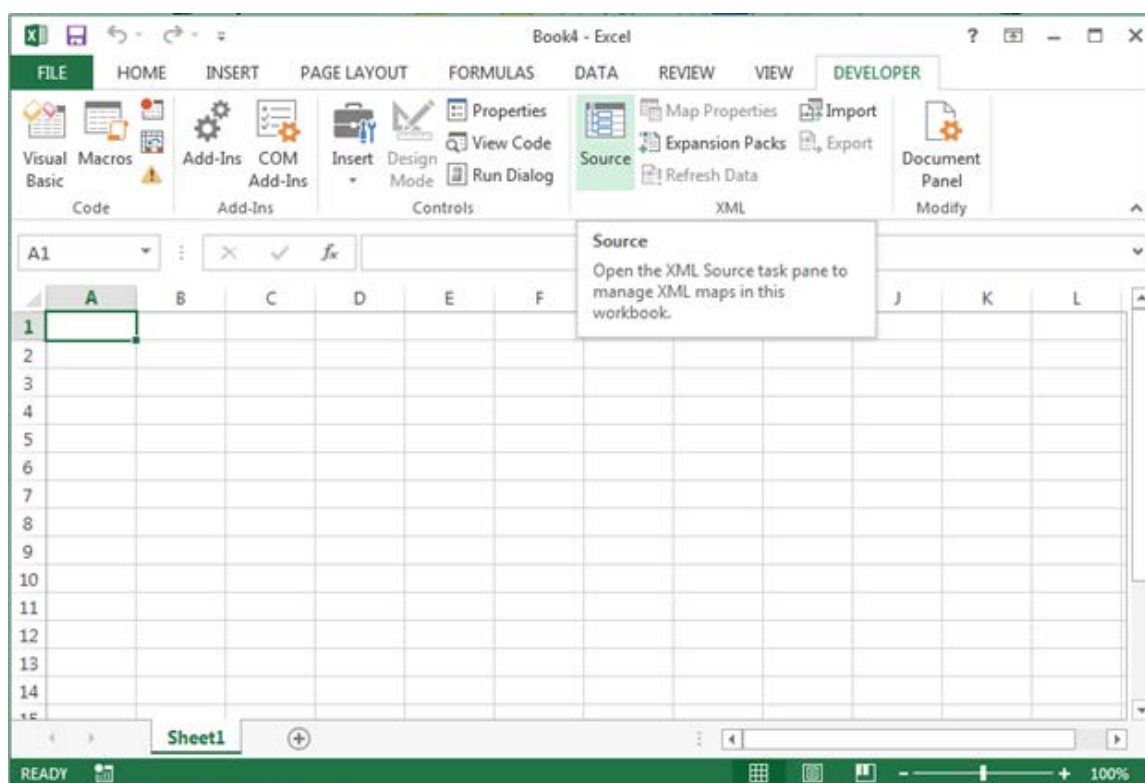
1. Select the **File** tab.
2. Select **New**.
3. Select **Blank workbook**.
4. Select the **Developer** tab.
5. Select **Source** in the Developer tab. The XML Source is added to the workbook.
6. Select the **XML Maps...** button.
7. Select the **Add...** button on the XML Maps screen.
8. Select the **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.

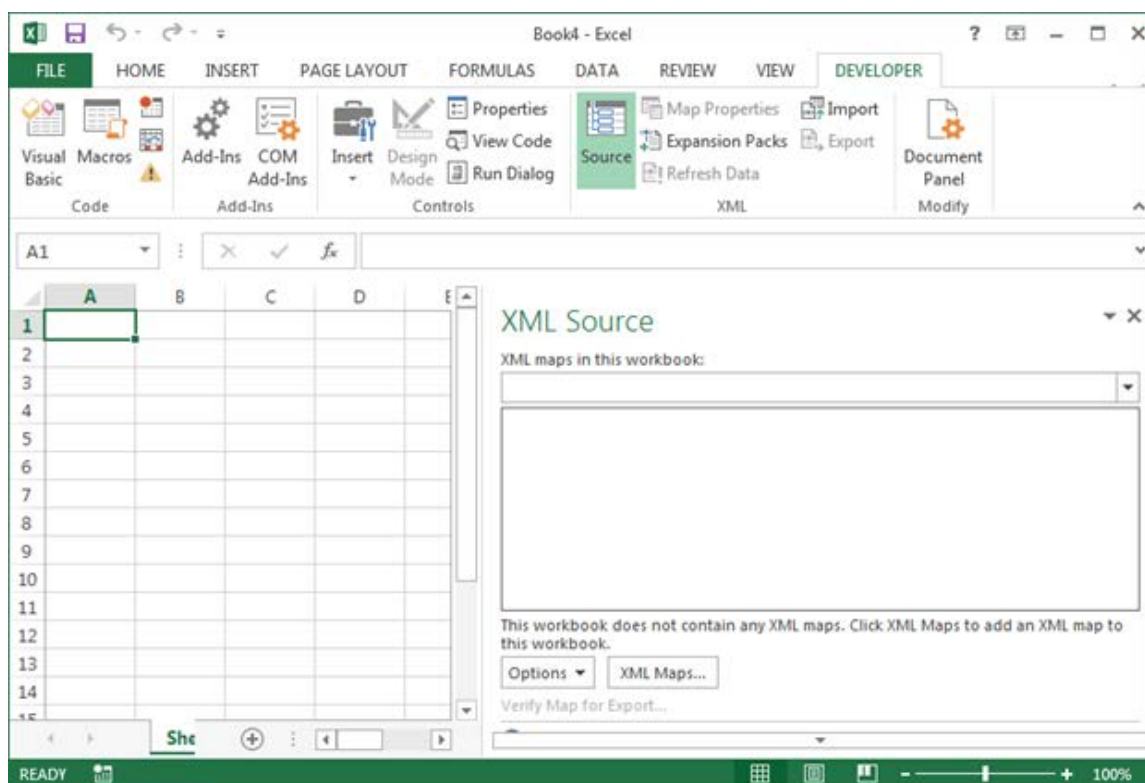
The following figure shows the **File** tab with New Blank Excel 2013 workbook selection highlighted.



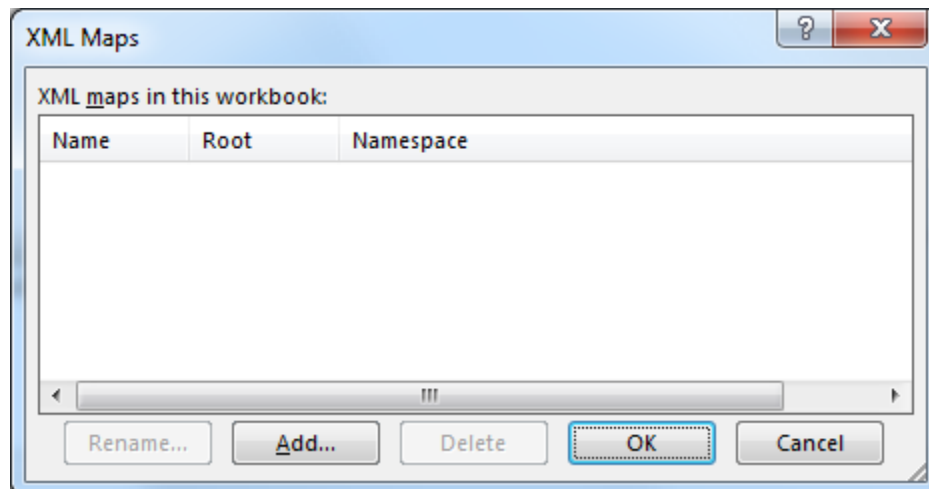
The following figure shows the **Source** option highlighted with the associated hint displayed.



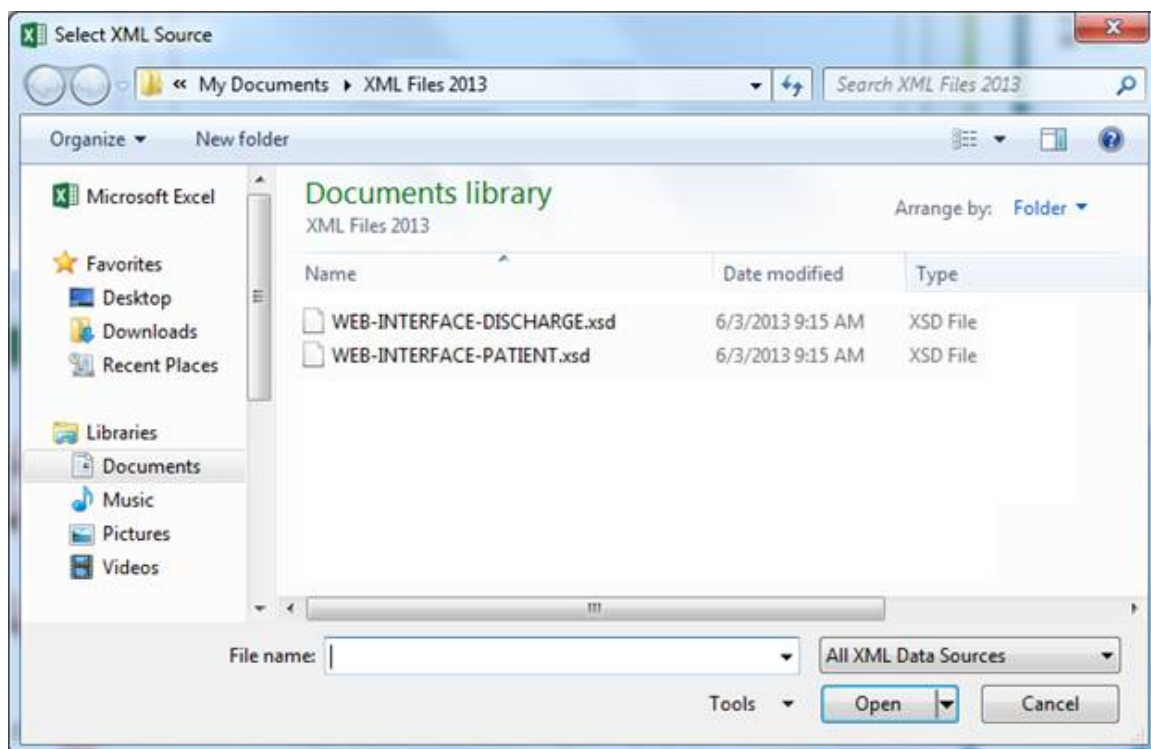
The figure below shows the blank Excel 2013 workbook with the **XML Source**.



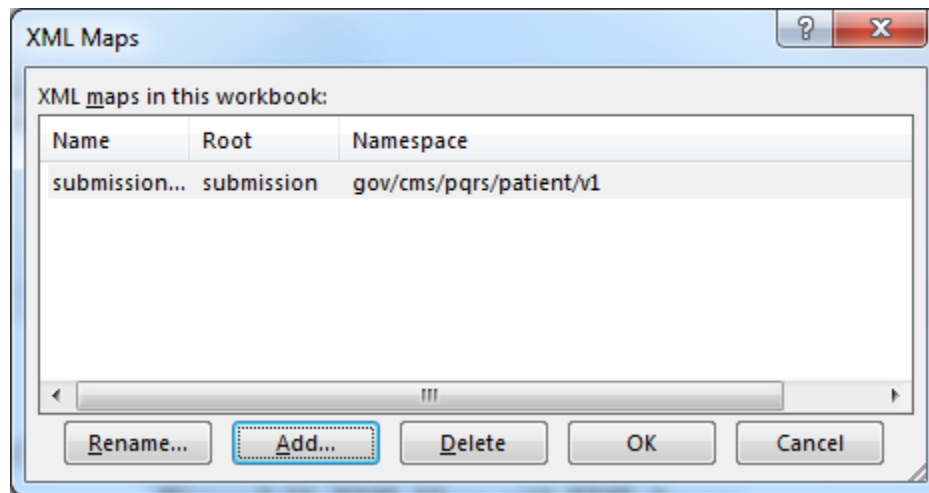
The following figure shows the **XML Maps** window before adding the Patient XSD to the maps.



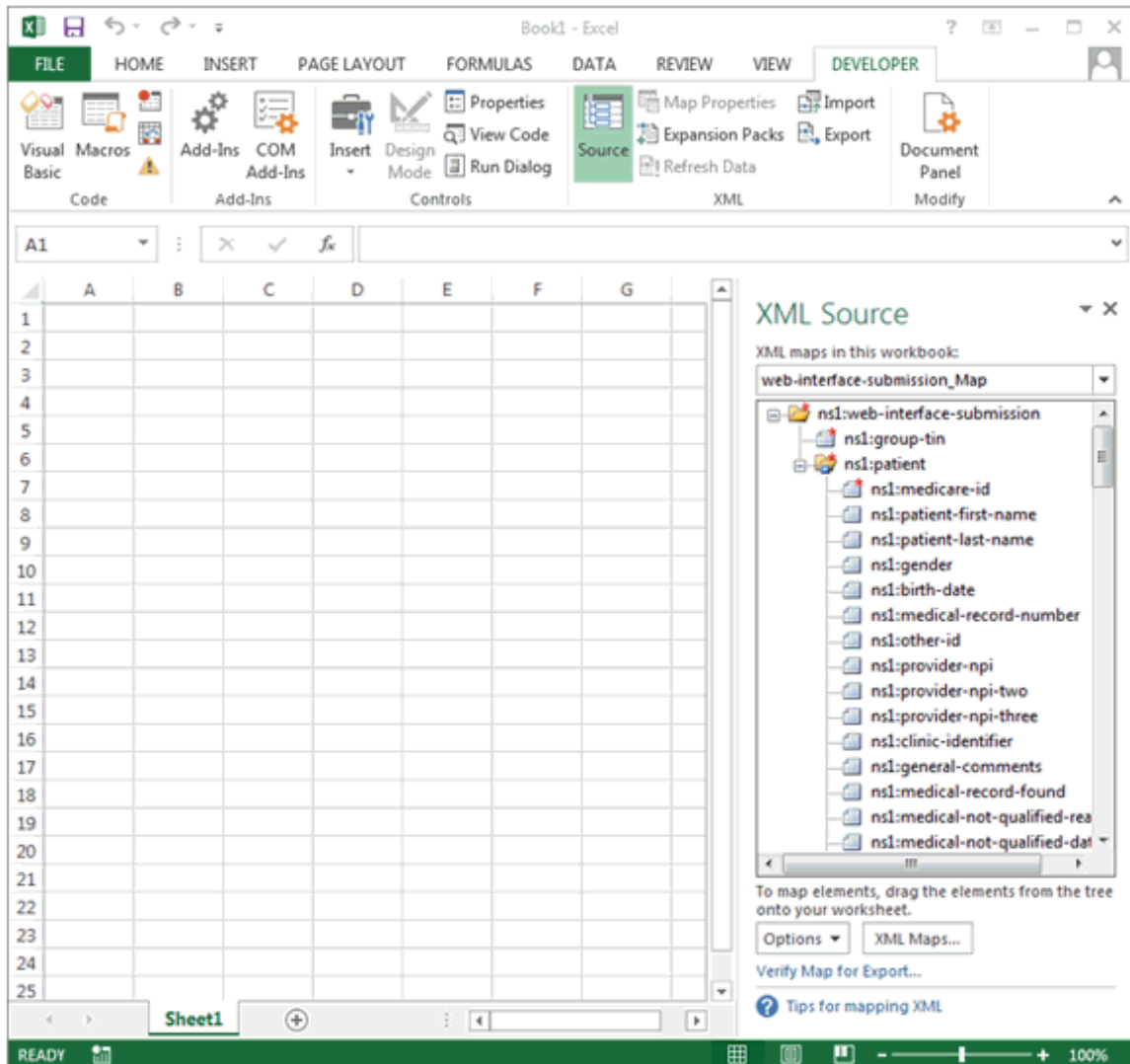
The figure below shows the **Select XML Source** window.



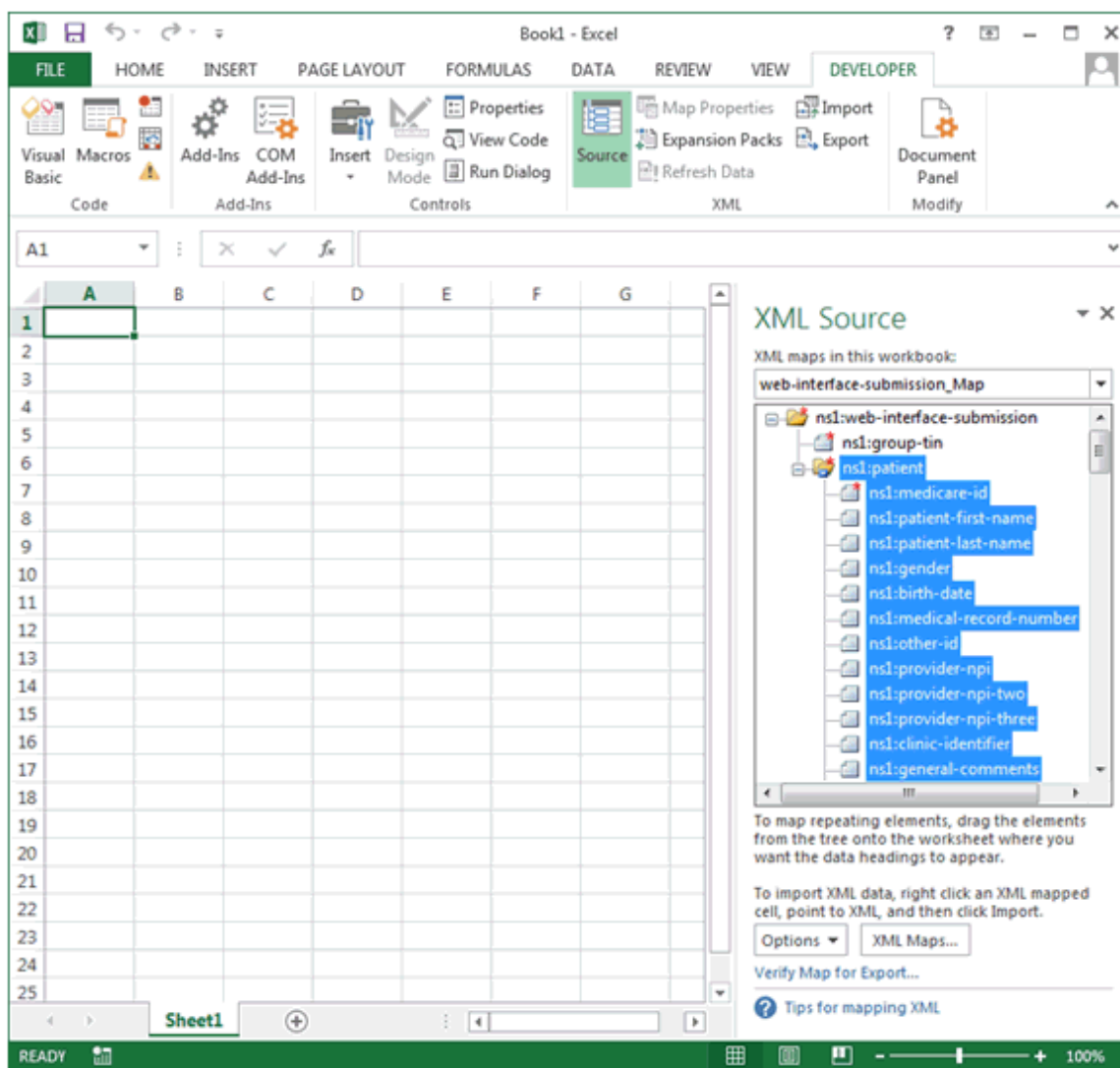
The following figure shows the **XML Maps** window after adding the Patient XSD.



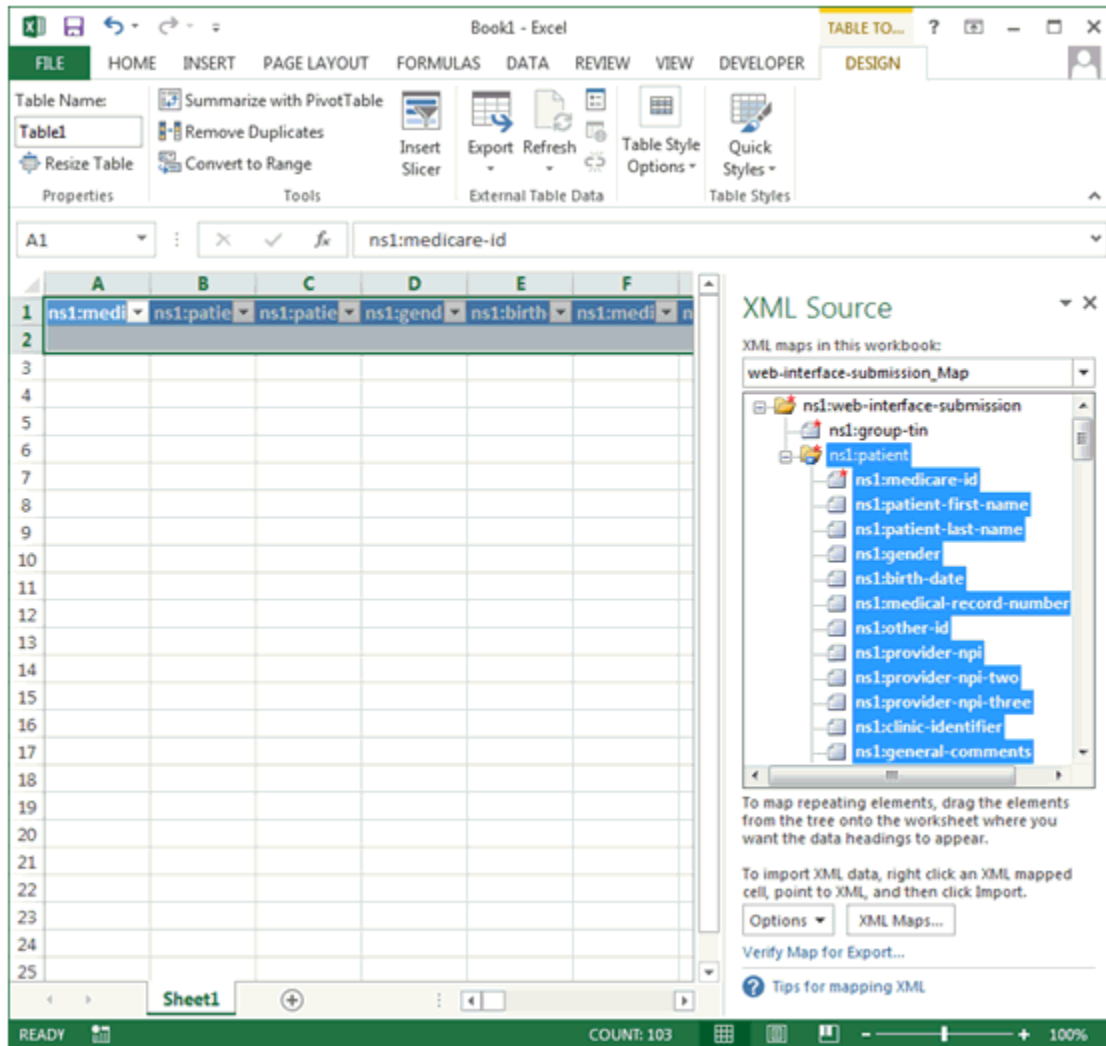
The following figure shows the Excel 2013 workbook after adding the **XML Source**.



The following figure shows the mapping after selecting the ns1:patient line in the **XML Source**.

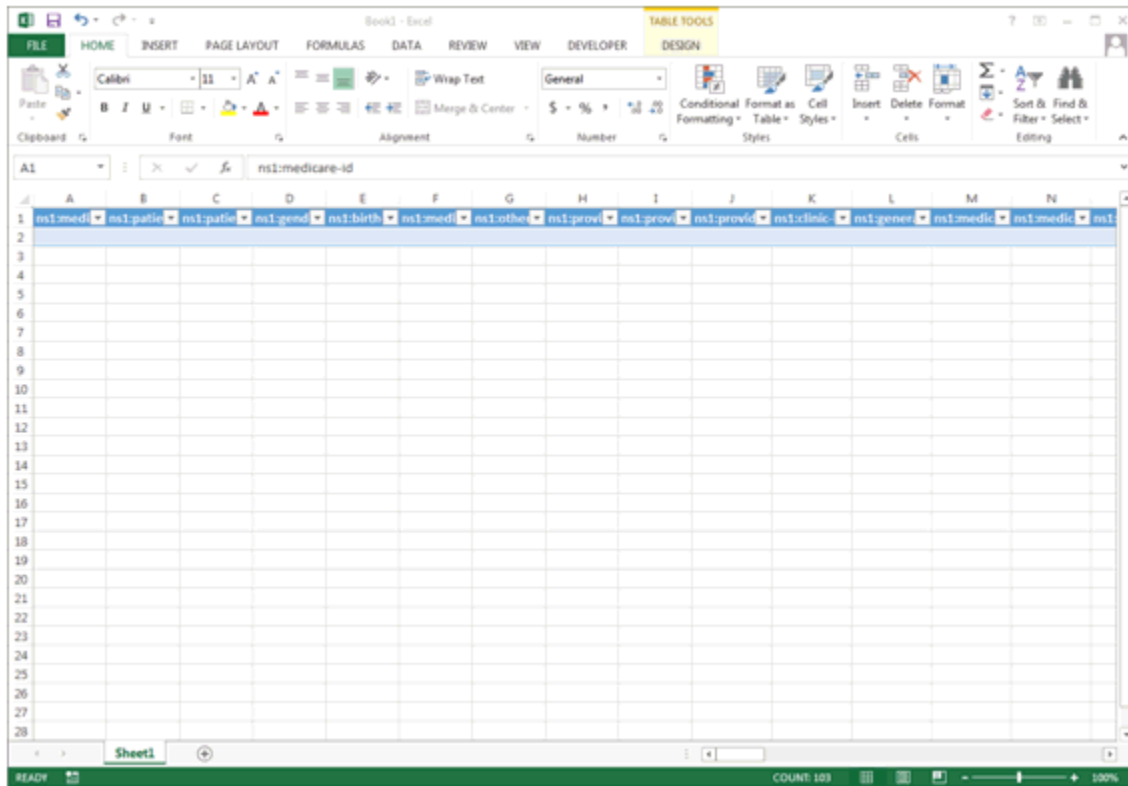


The following figure shows the Excel 2013 workbook after dragging and dropping the Patient XML Mapping to the A1 cell in the workbook.





The following figure shows the Excel 2013 workbook after closing the **XML Source**.



#### 8.1.2.1. Create an Excel Workbook for Patient Medications XML

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

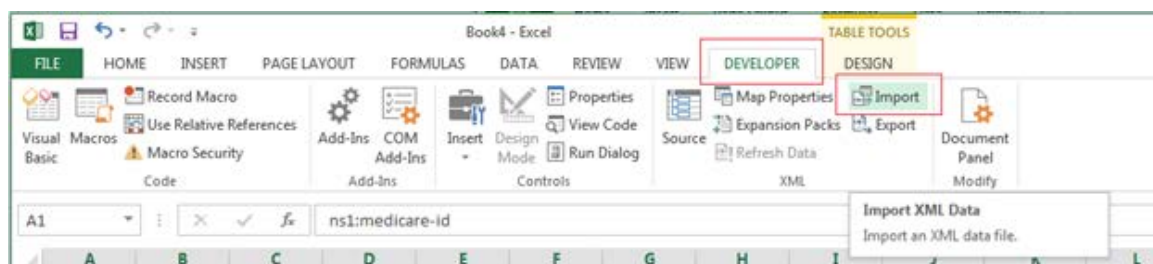
### 8.1.3.Import the XML File

Once the XSD mapping has been created, a Patients XML file or a Patient Medications XML file exported from the GPRO 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 Medications) 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.



#### 8.1.3.1. Export the Modified Data

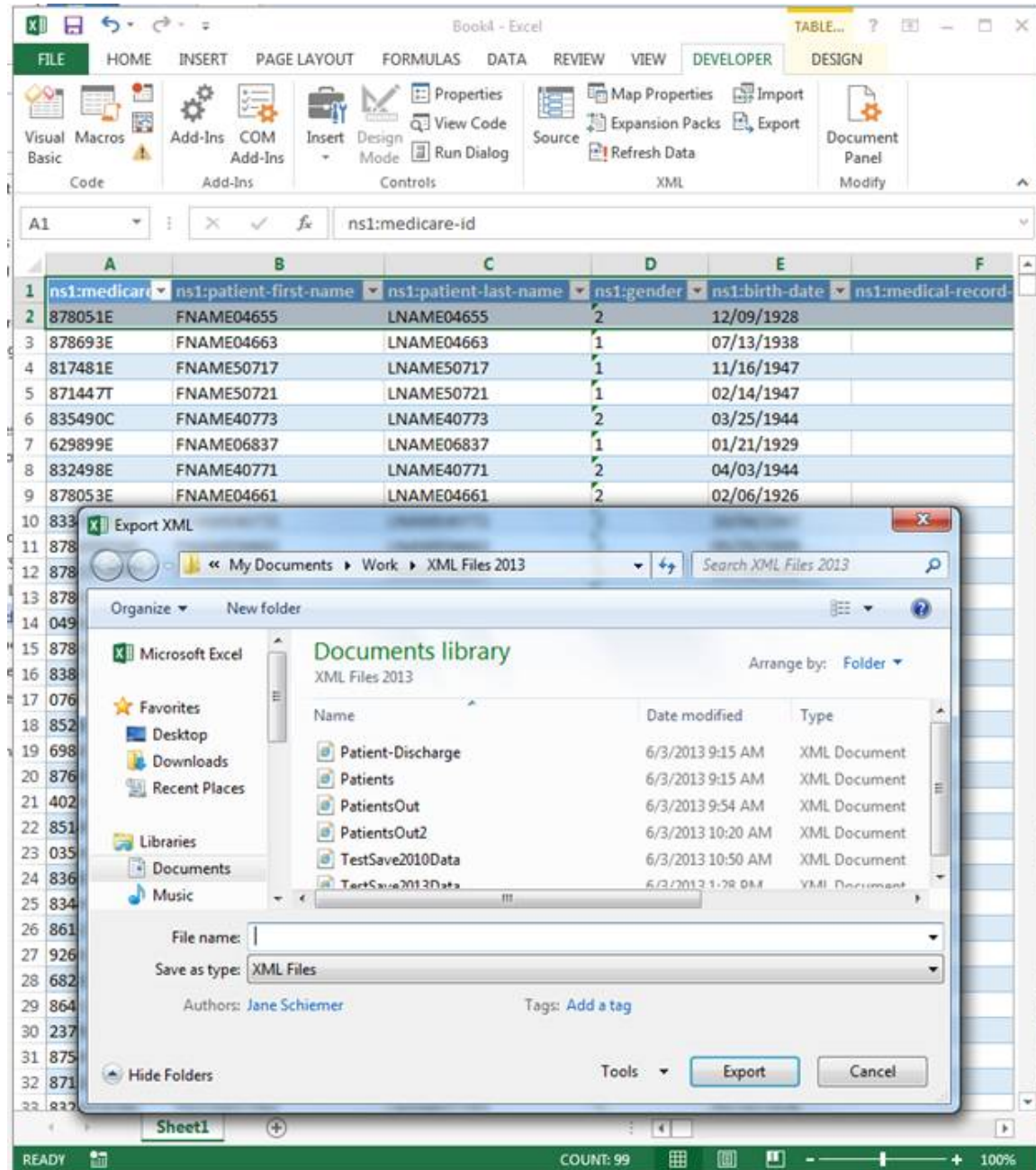
After editing the imported data, the modified data can be exported into the XML format. The file will require modification after exporting from Excel and before uploading into the GPRO Web Interface. See [Editing the Exported XML File](#) for the required modifications.

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.



## 8.2. Microsoft Excel 2010

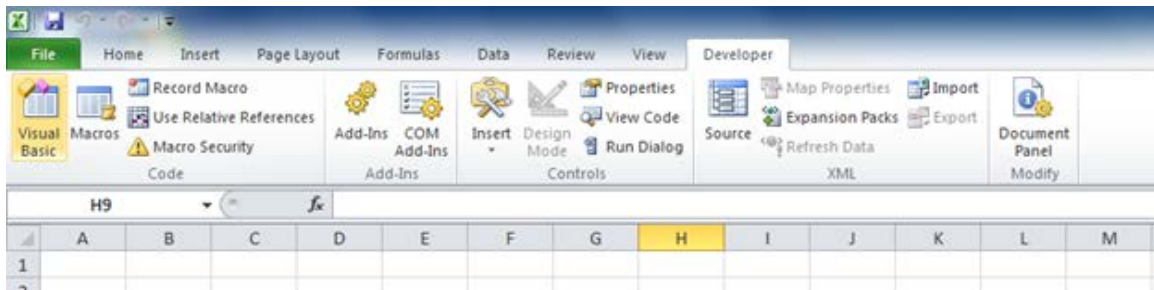
The following content explains the steps necessary to complete XML to Excel processing with Microsoft Excel 2010. In this section, you will learn how to:

- [Add the Developer Tab to Excel](#)

- [Create an Excel Workbook for Patient XML](#)
- [Create an Excel Workbook for the Patient Medications XML](#)
- [Import the XML File](#)
- [Export the Modified Data](#)

### 8.2.1. Add the Developer Tab to Excel

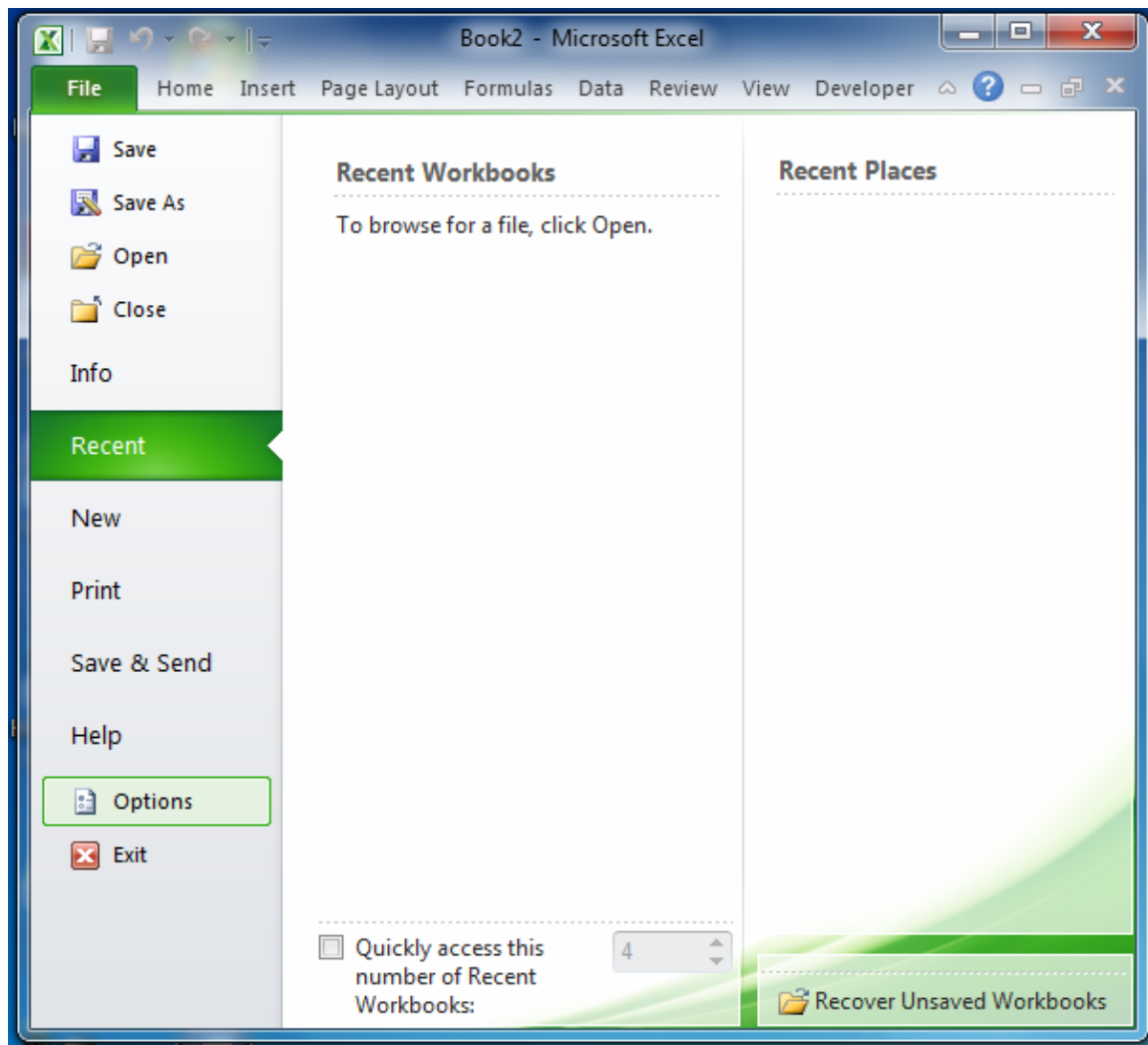
If the Developer Tab is not shown on the Excel Ribbon it can be added. The following figure shows the Excel 2010 ribbon with the **Developer Tab** displayed.



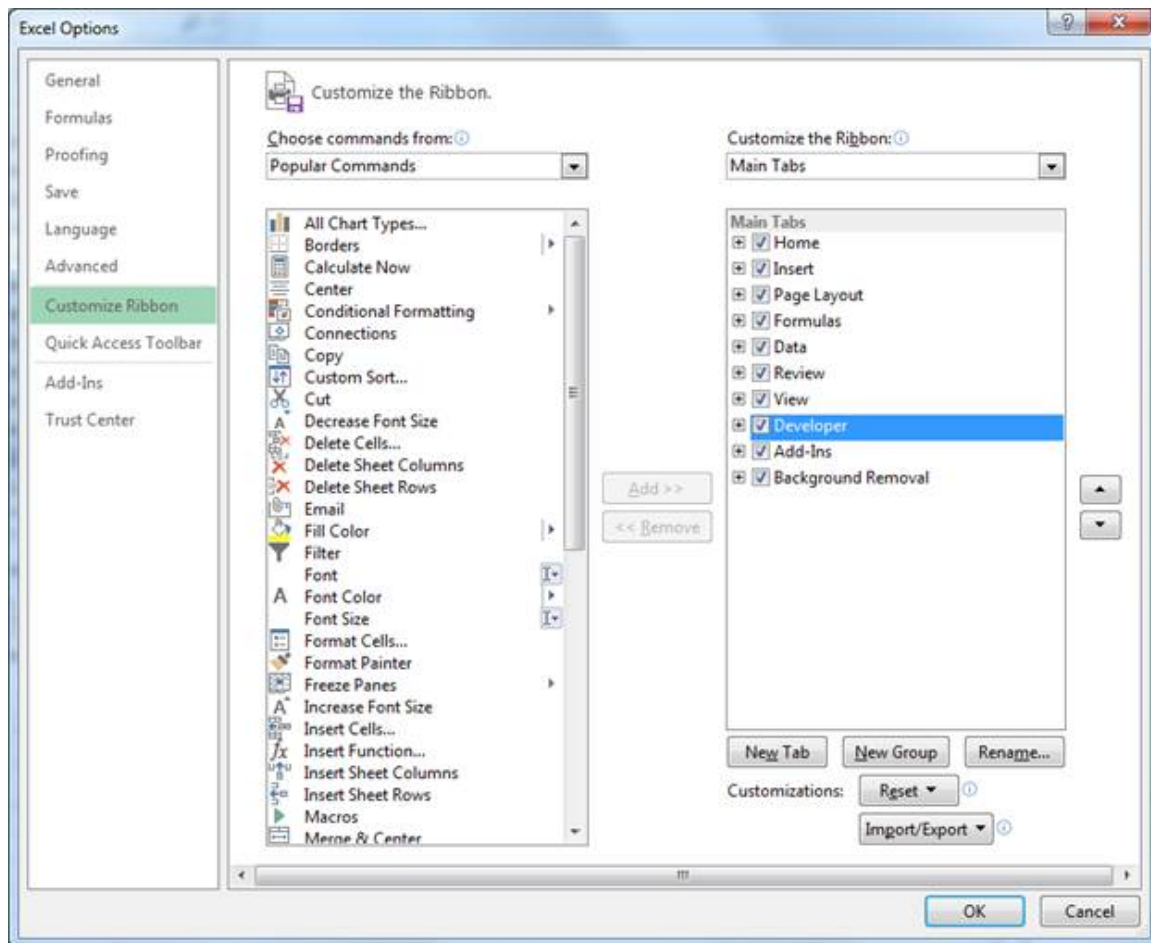
Steps to display the **Developer Tab**:

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.



### 8.2.2. Create an Excel Workbook for Patient XML

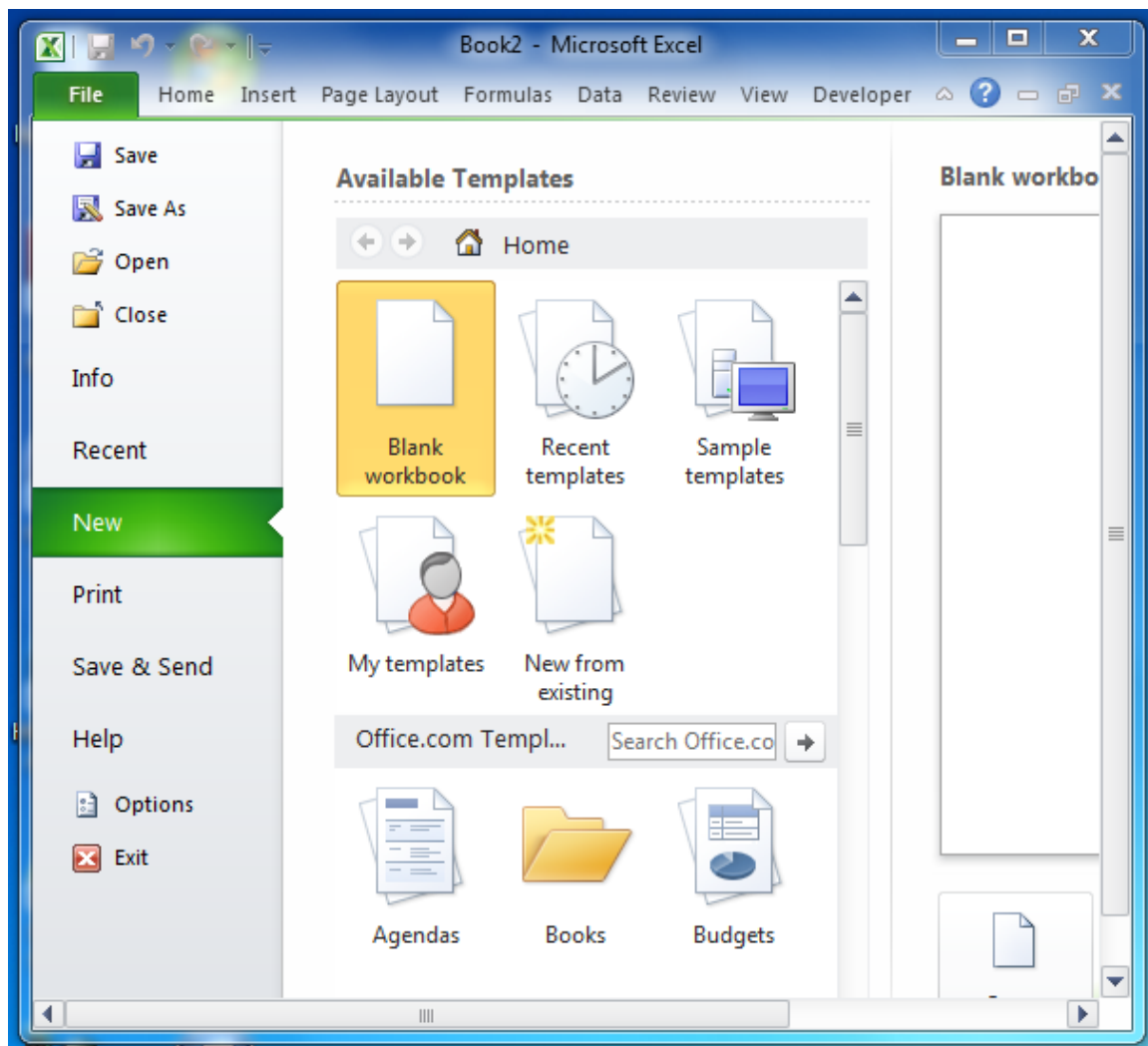
Once the Developer tab is available, the Patient XSD Mapping can be added to a new 2010 Excel Workbook. The XSD file for the Patient mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

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.

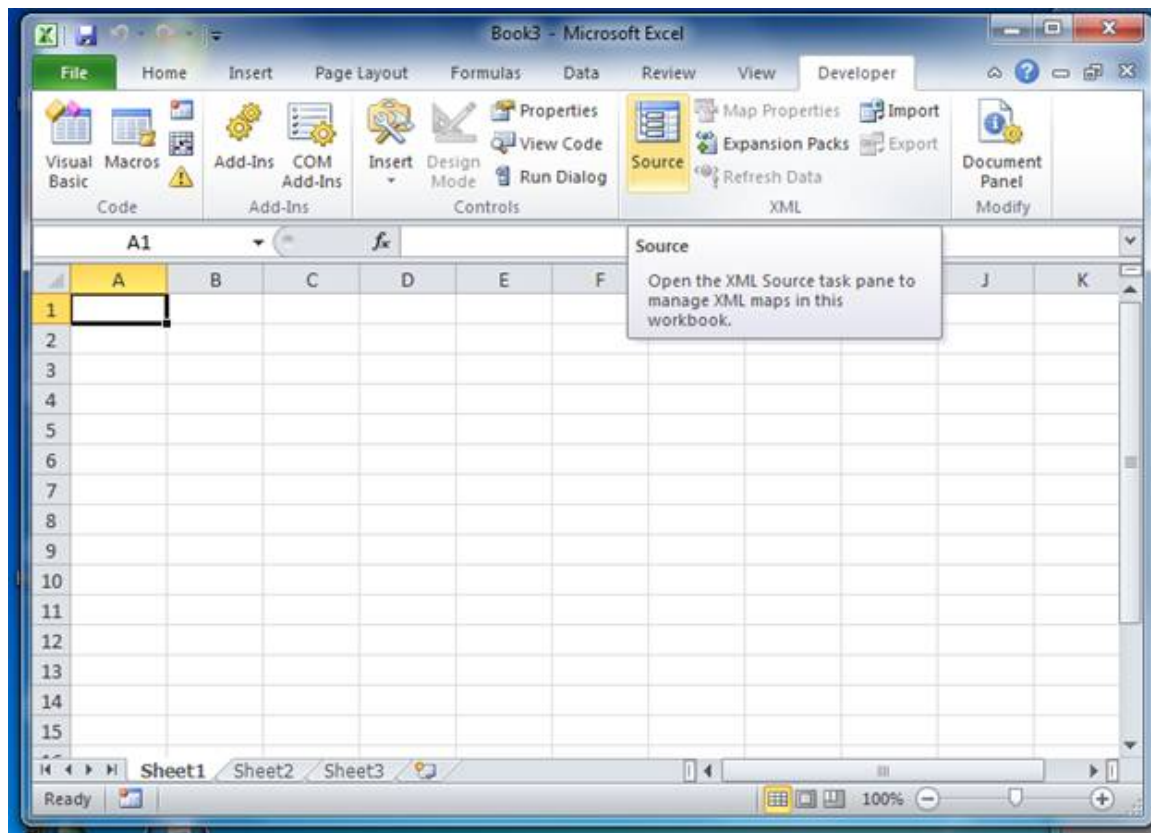
7. Select the **Add...** button on the XML Maps screen.
8. Select the **WEB-INTERFACE-PATIENT.xsd** file in the Select XML Source window.
9. Select **OK** in the XML Maps window.
10. Select the **ns1:patient** line on the XML Source with the left mouse button.
11. Hold the left mouse button down and 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.

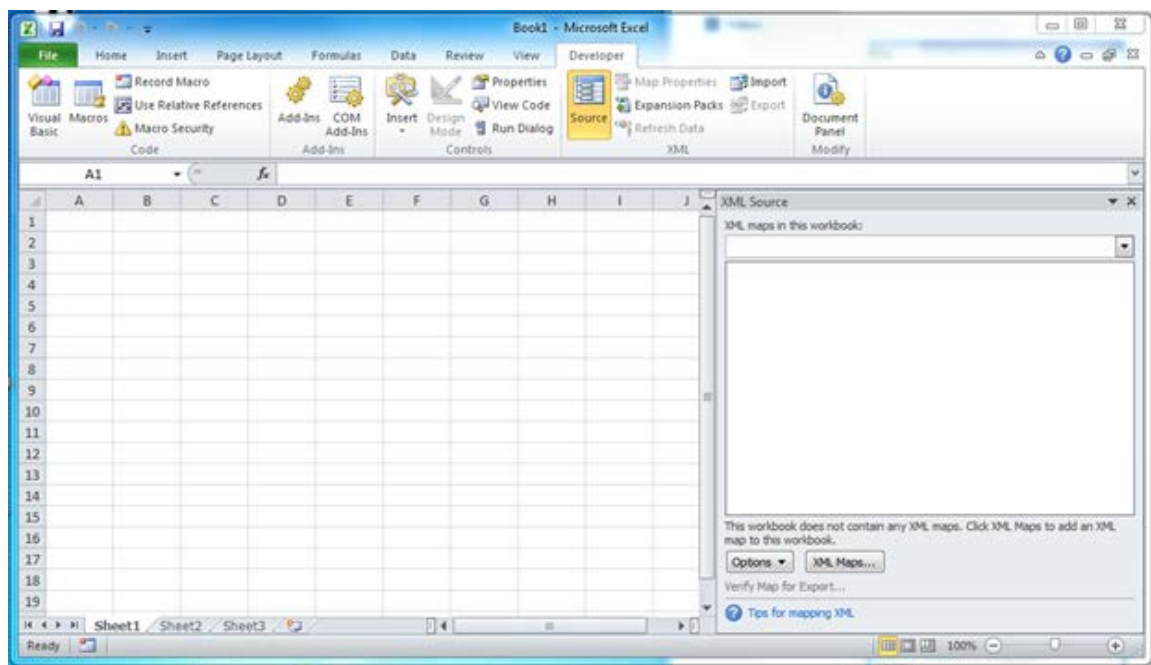




The following figure shows the **Source** option highlighted with the associated hint displayed.

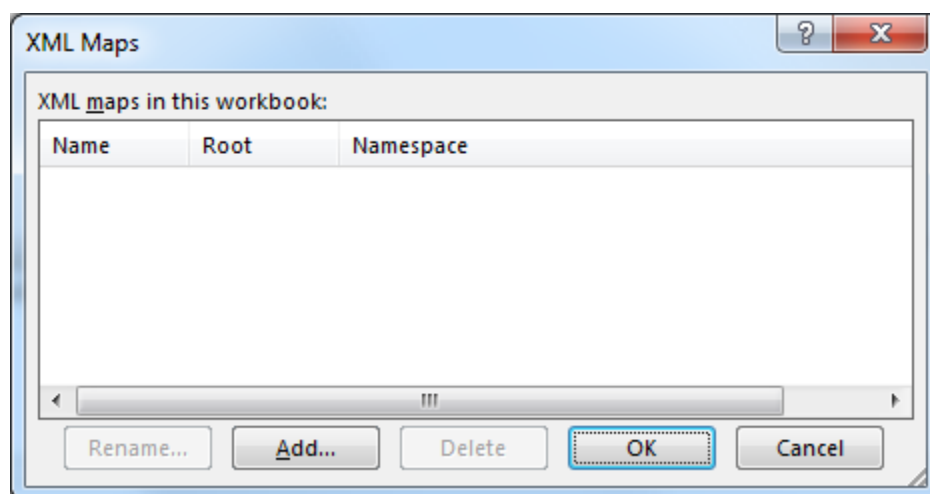


The following figure shows the blank Excel 2010 workbook with the XML Source.

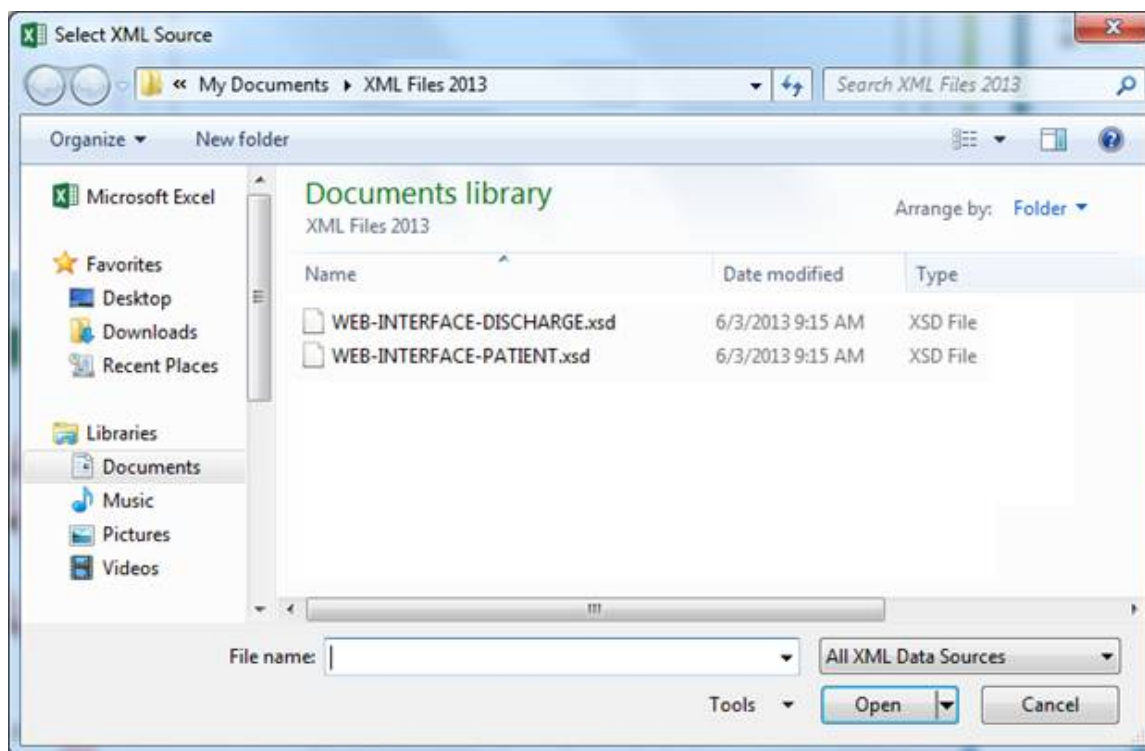




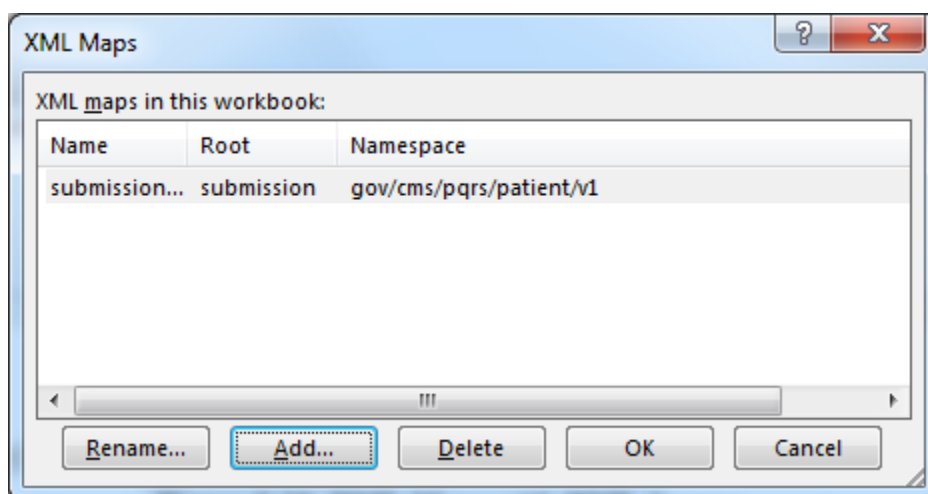
The following figure shows the **XML Maps** window before adding the XSD to the maps.



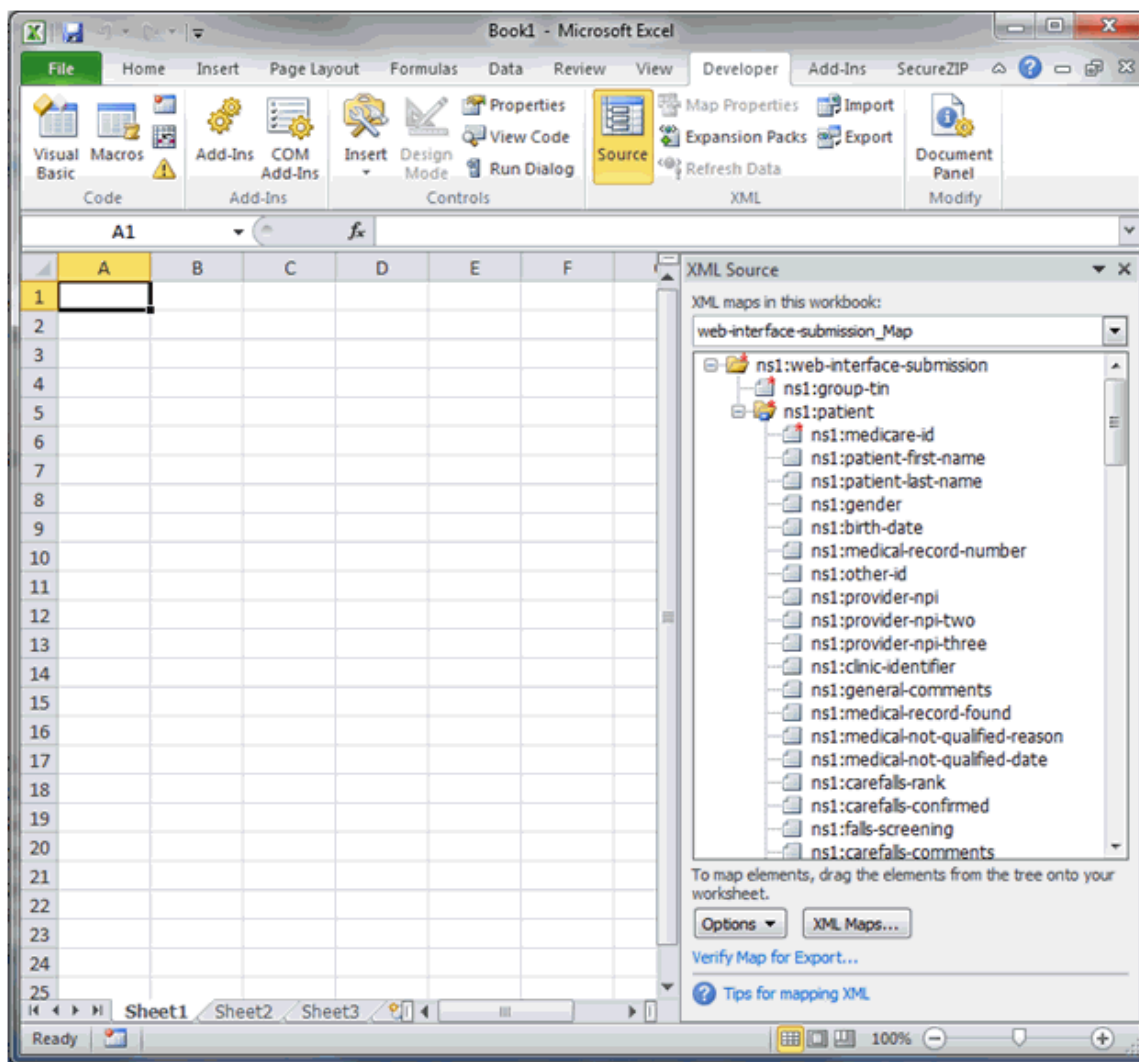
The following figure shows the **Select XML Source** window.



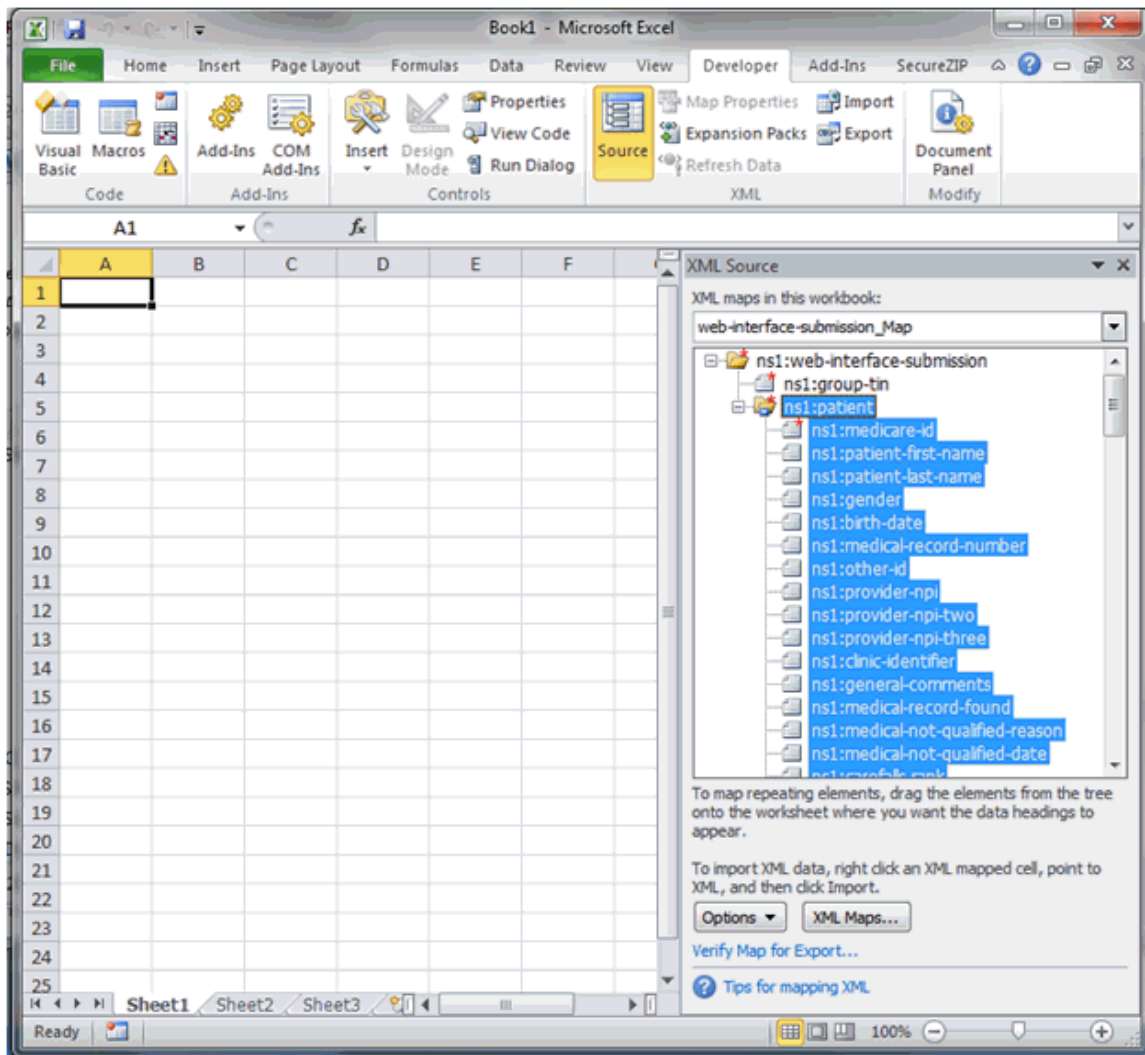
The following figure shows the **XML Maps** window after adding the Patient XSD.



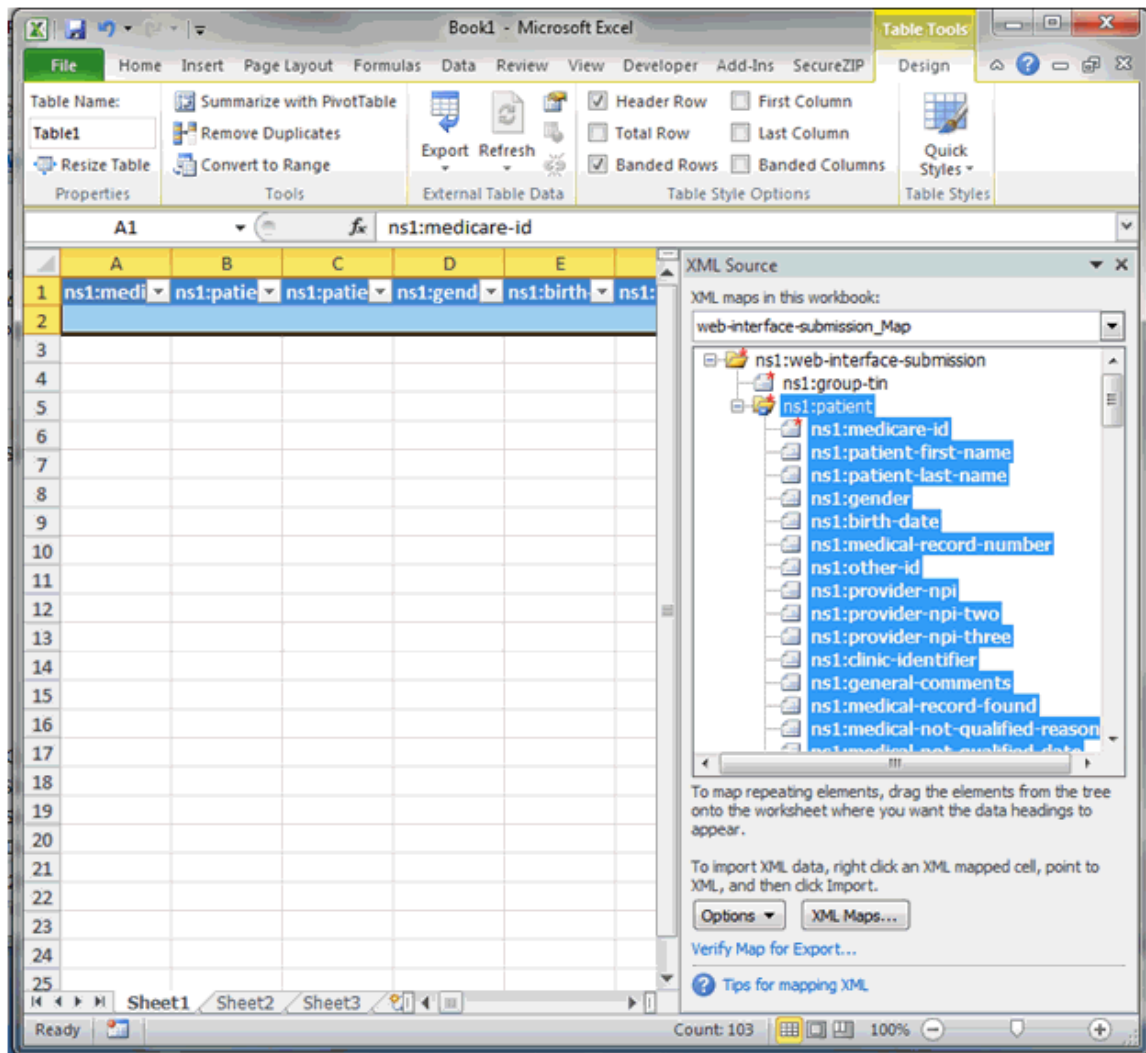
The following figure shows the Excel 2010 workbook after adding the XML Source.



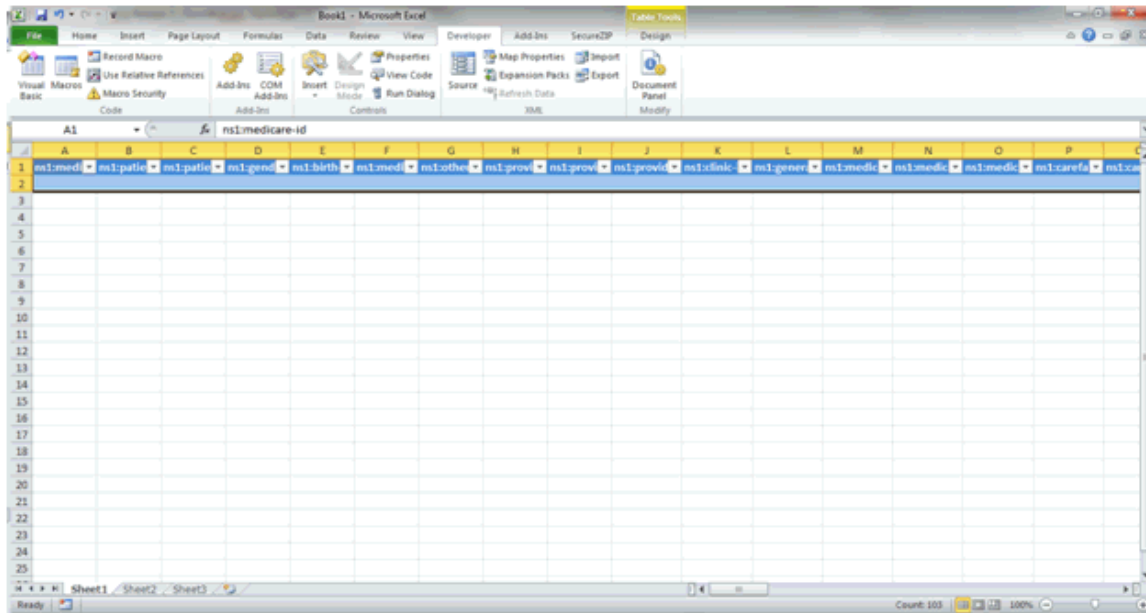
The following figure shows the mapping after selecting the ns1:patient line in the **XML Source**.



The following figure shows the Excel 2010 workbook after dragging and dropping the Patient XML Mapping to the worksheet.



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



### 8.2.3. Create an Excel Workbook for Patient Medications XML

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

## 8.2.4.Import the XML File

Once the XSD mapping has been created, a Patients XML file or a Patient Medications XML file exported from the GPRO 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 Medications) 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:



## 8.2.5.Export the Modified Data

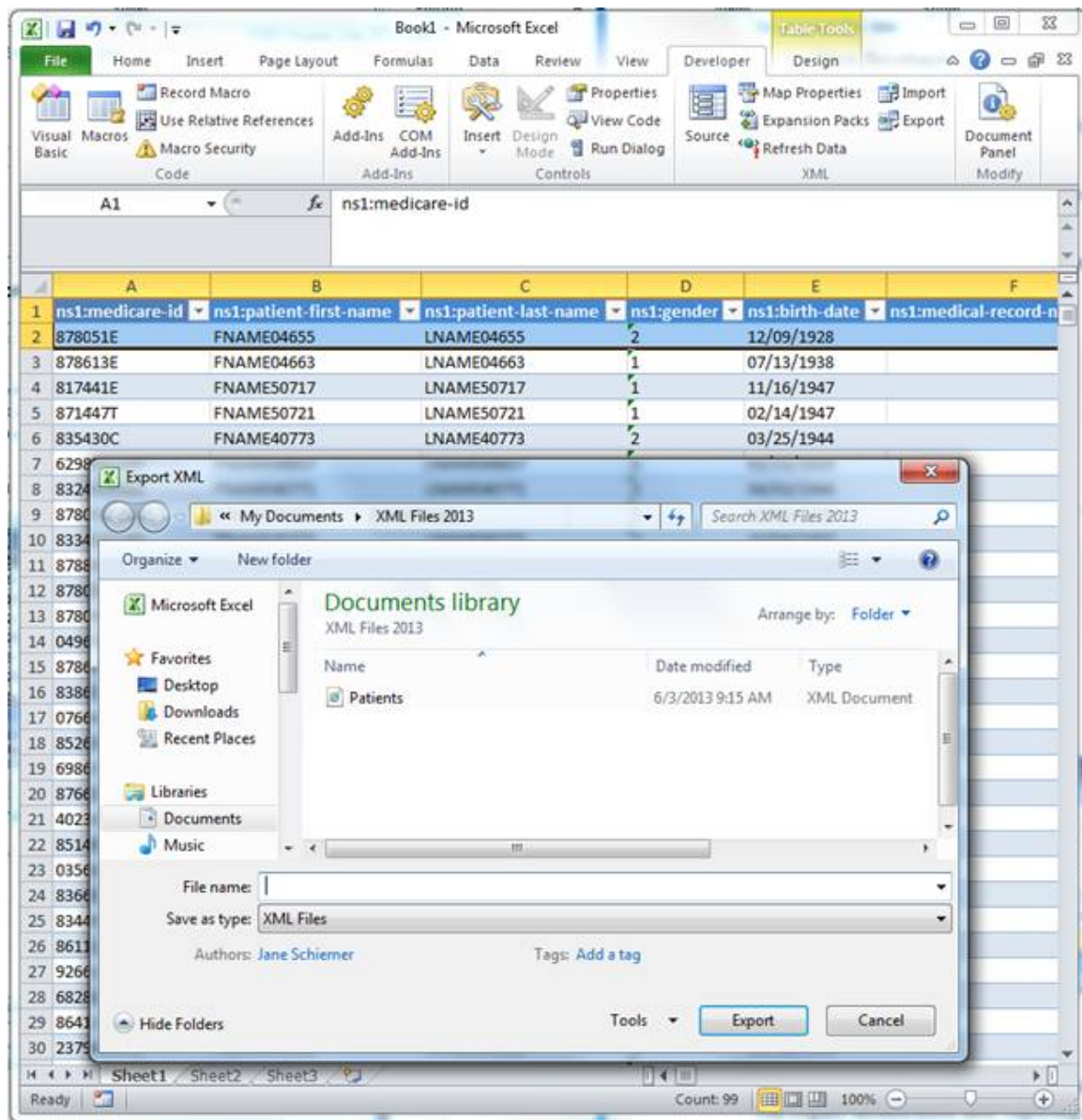
After editing the imported data, the modified data can be exported into the XML format. The file will require modification after exporting from Excel and before uploading into the GPRO Web Interface. See [Editing the Exported XML File](#) for the required modifications.

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.



### 8.3. Microsoft Excel 2007

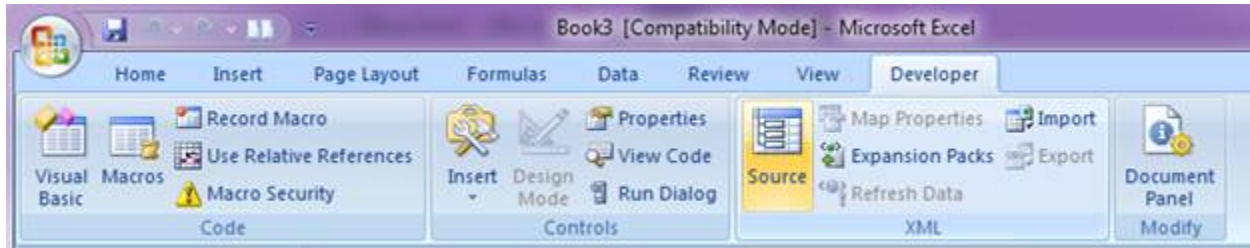
The following content explains the steps necessary to complete XML to Excel processing with Microsoft Excel 2007. In this section, you will learn how to:

- [Add the Developer Tab to Excel](#)
- [Create an Excel Workbook for Patient XML](#)
- [Create an Excel Workbook for the Patient Medications XML](#)
- [Import the XML File](#)

- [Export the Modified Data](#)

### 8.3.1. Add the Developer Tab to Excel

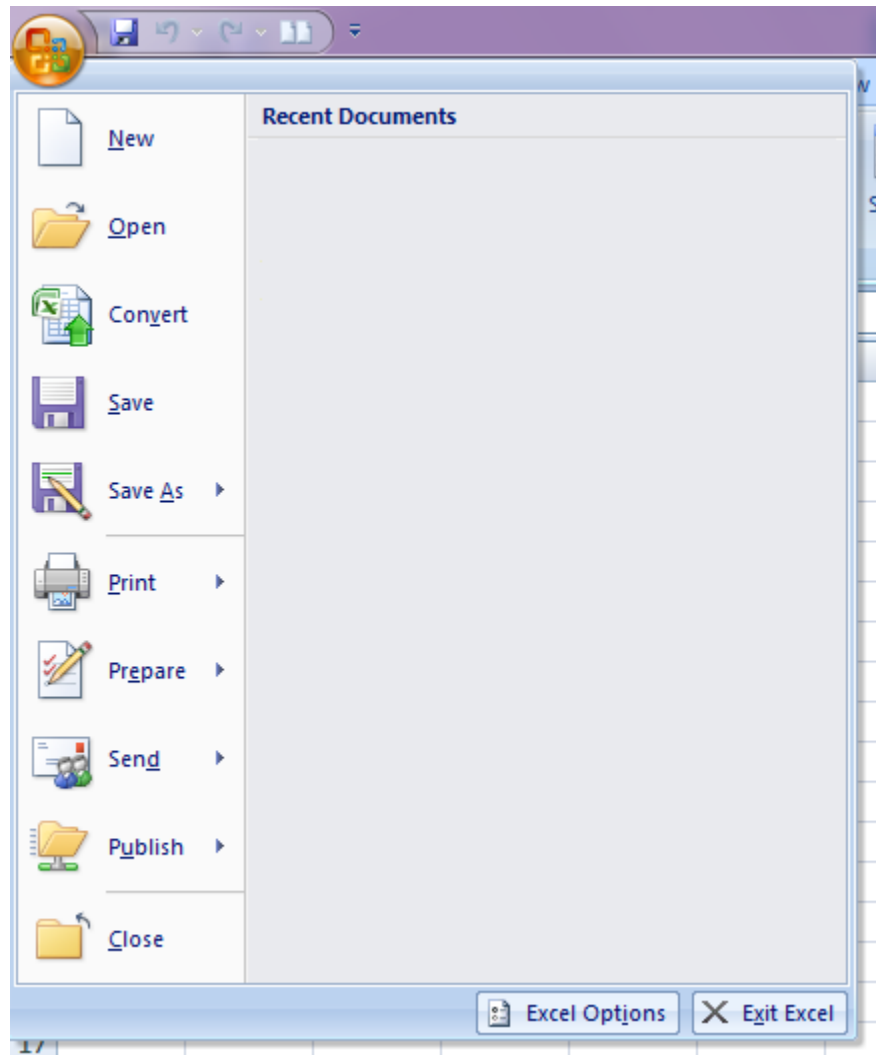
If the **Developer Tab** is not shown in Excel, it can be added. The following figure shows the Excel 2007 ribbon with the **Developer Tab** displayed.



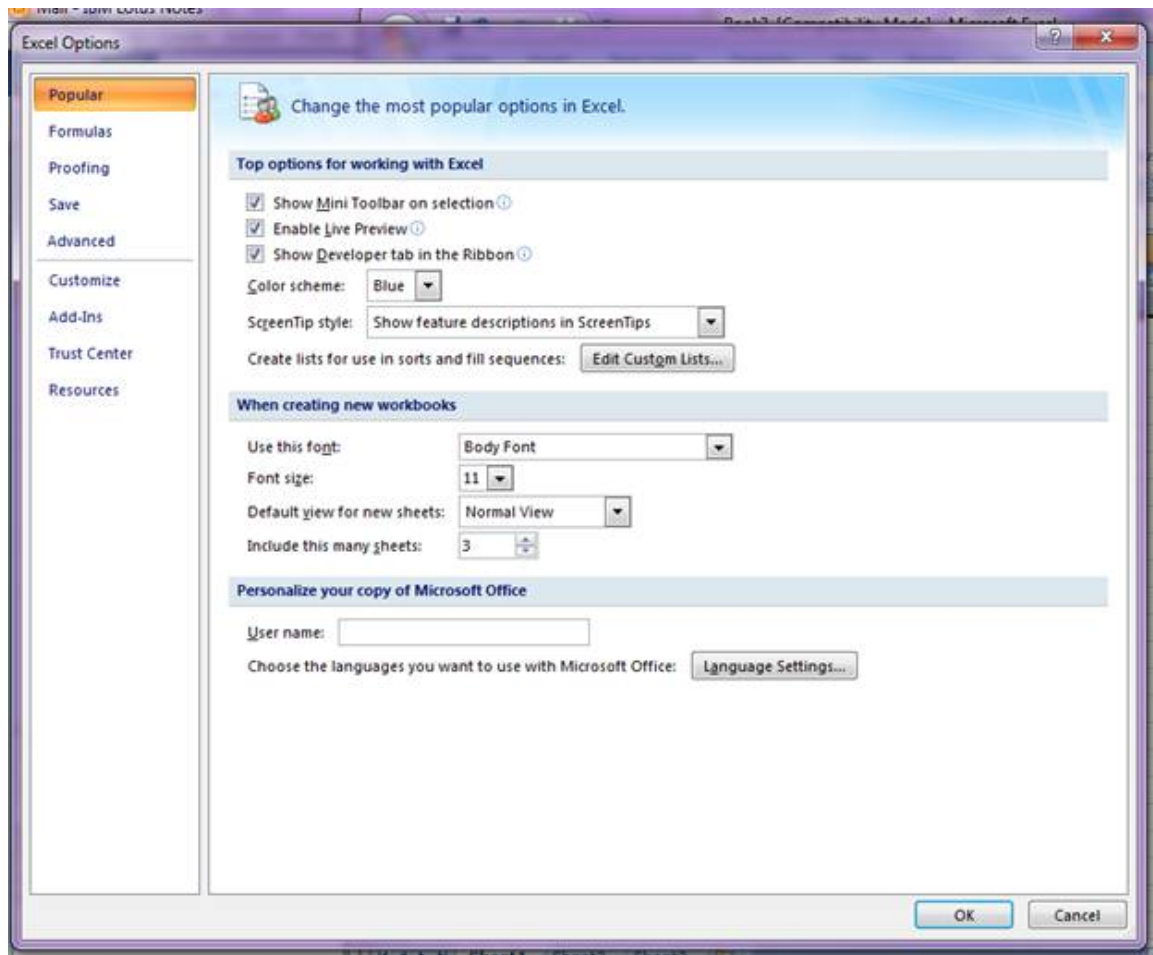
Steps to display the **Developer Tab**:

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.



### 8.3.2. Create an Excel Workbook for Patient XML

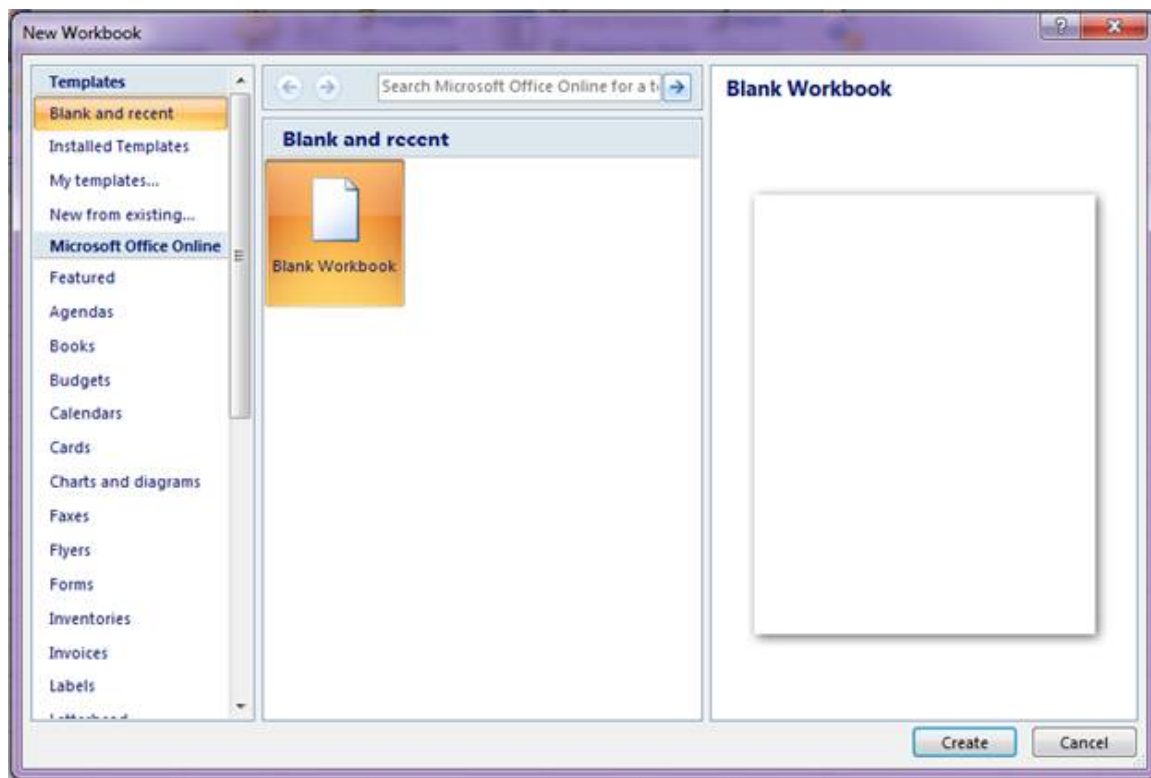
Once the Developer tab is available, the Patient XSD Mapping can be added to a new 2007 Excel Workbook. The XSD file for the Patient mapping is the **WEB-INTERFACE-PATIENT.xsd** file.

To add the XSD Mapping:

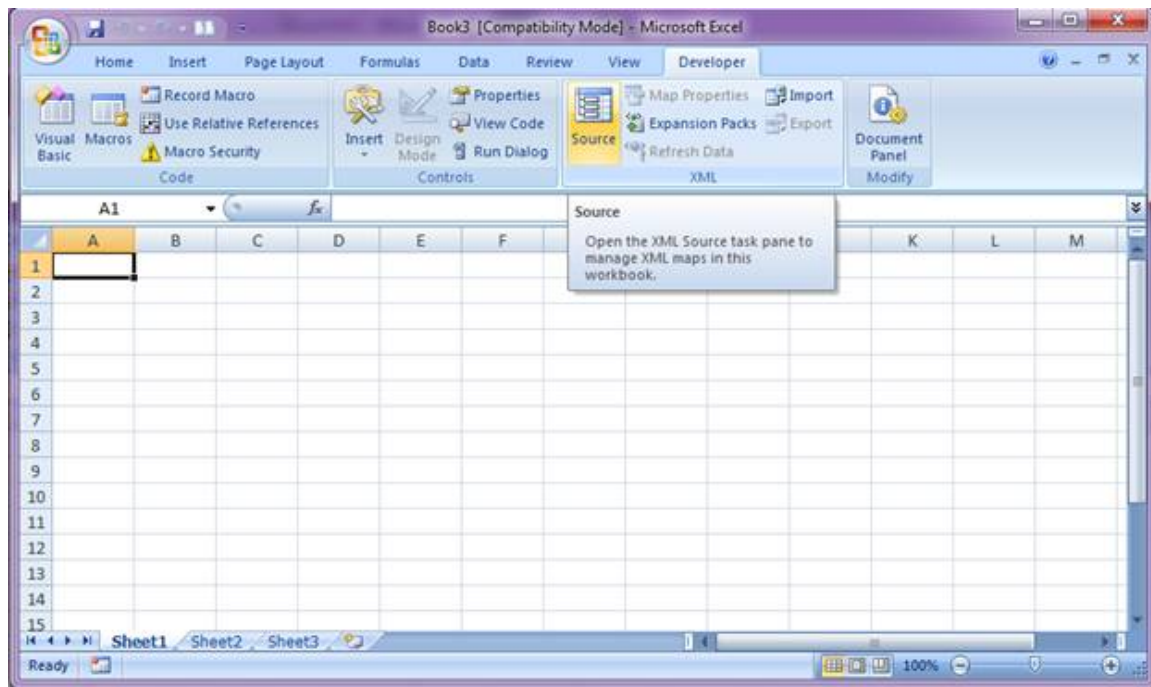
1. Click the Microsoft Office Button.
2. Select **New**.
3. Select **Blank workbook**.
4. Select **Create**.
5. Select the **Developer** tab.
6. Select **Source** in the Developer tab. The **XML Source** is added to the workbook.

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.

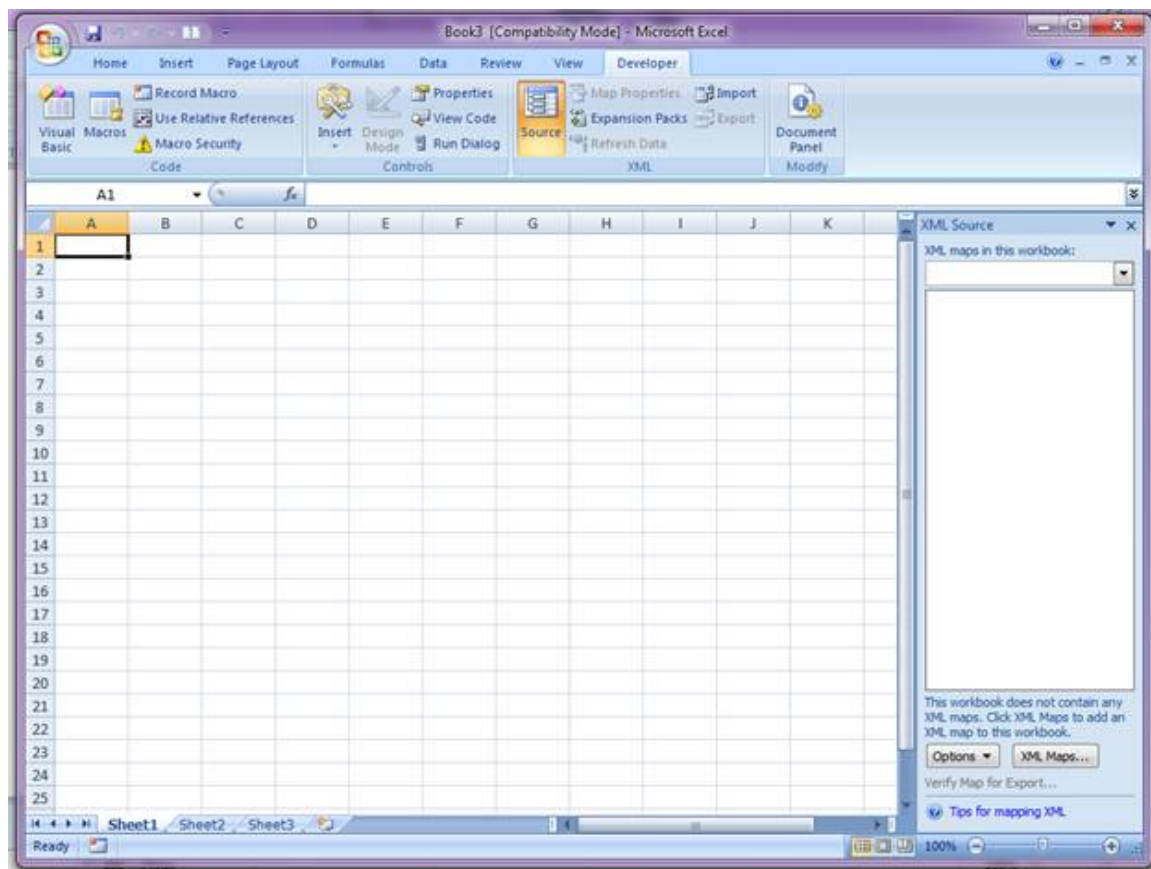
The following figure shows the New Workbook screen with Blank Workbook selection highlighted.



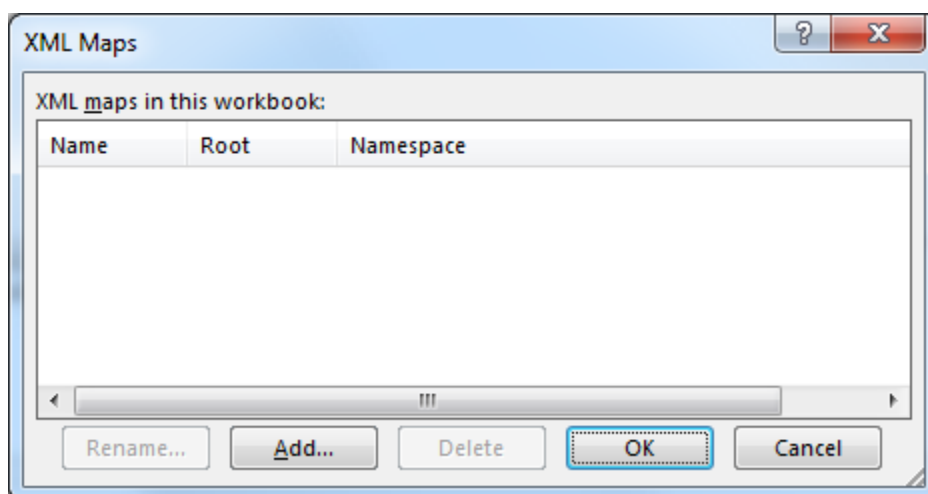
The following figure shows the **Source** option highlighted with the associated hint displayed.



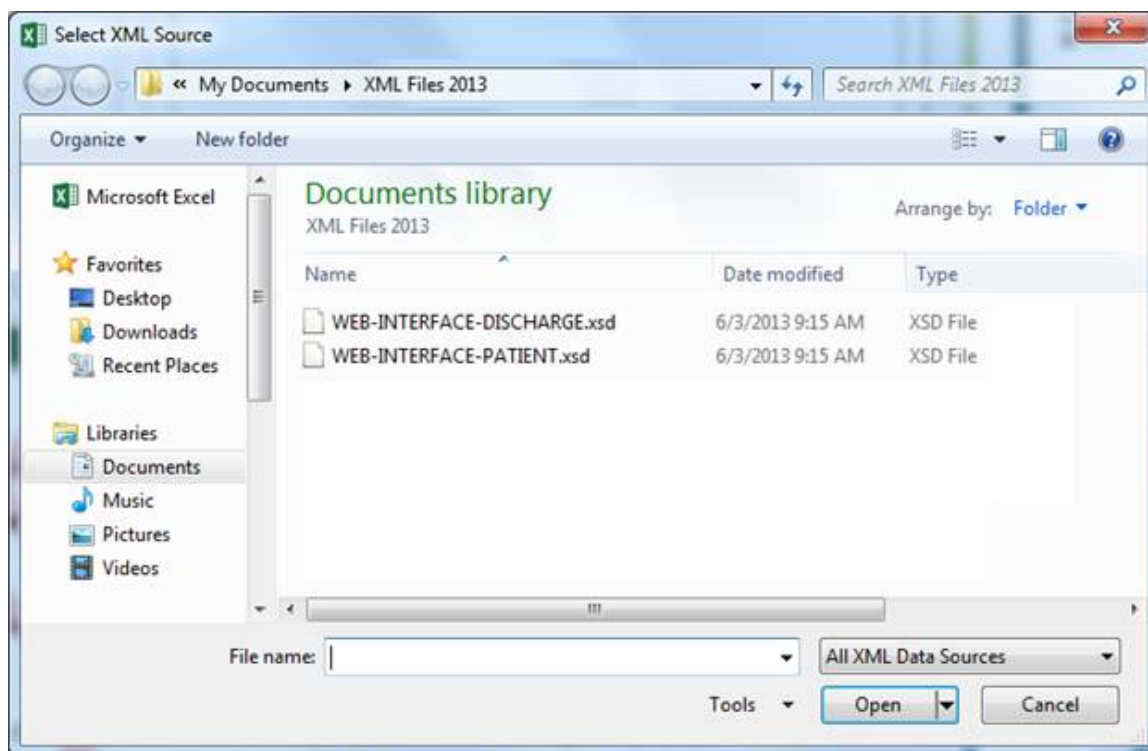
The following figure shows the blank Excel 2007 workbook with the **XML Source**.



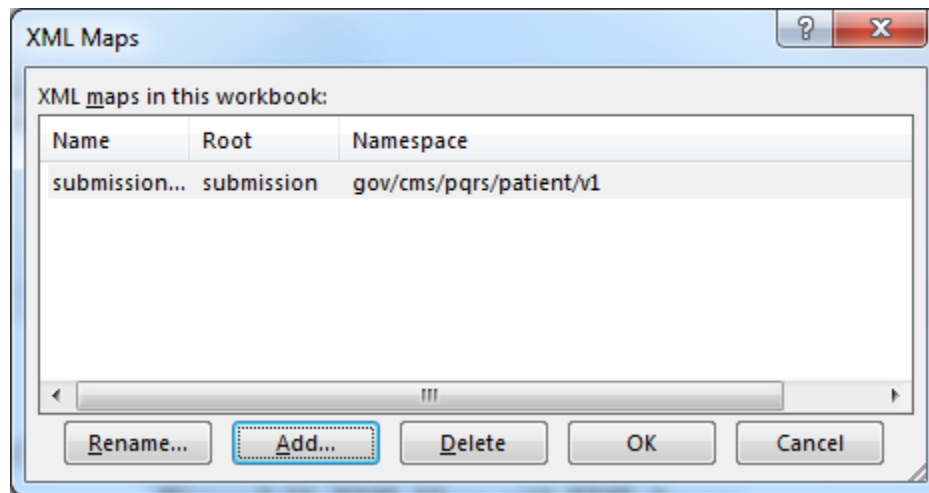
The following figure shows the **XML Maps** window before adding the Patient XSD to the maps.



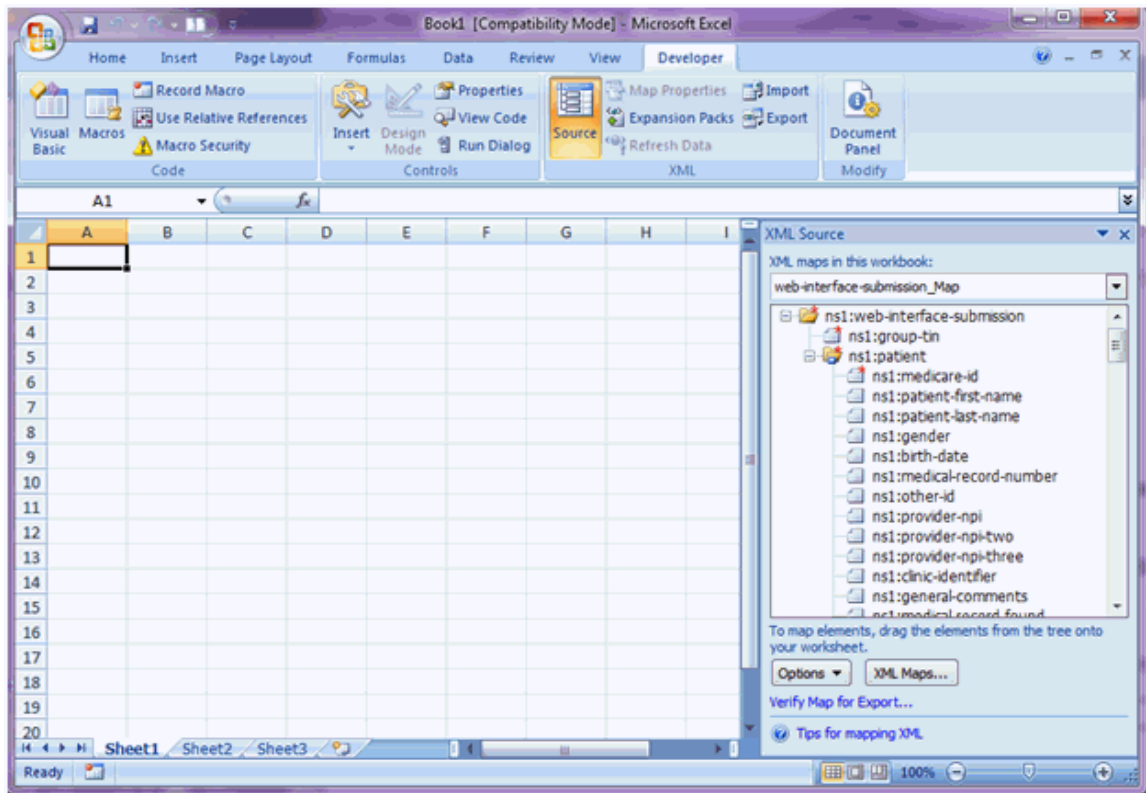
The following figure shows the **Select XML Source** window.



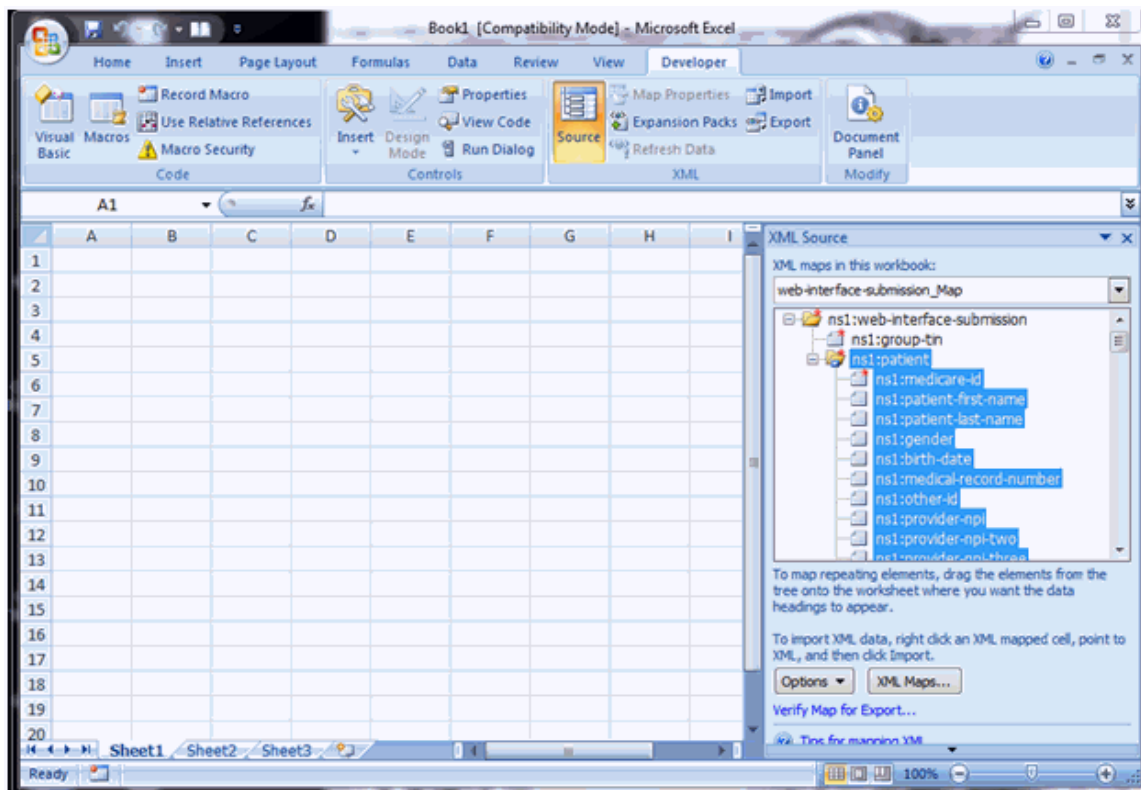
The following figure shows the **XML Maps** window after adding the Patient XSD.



The following figure shows the Excel 2007 workbook after adding the XML Source.

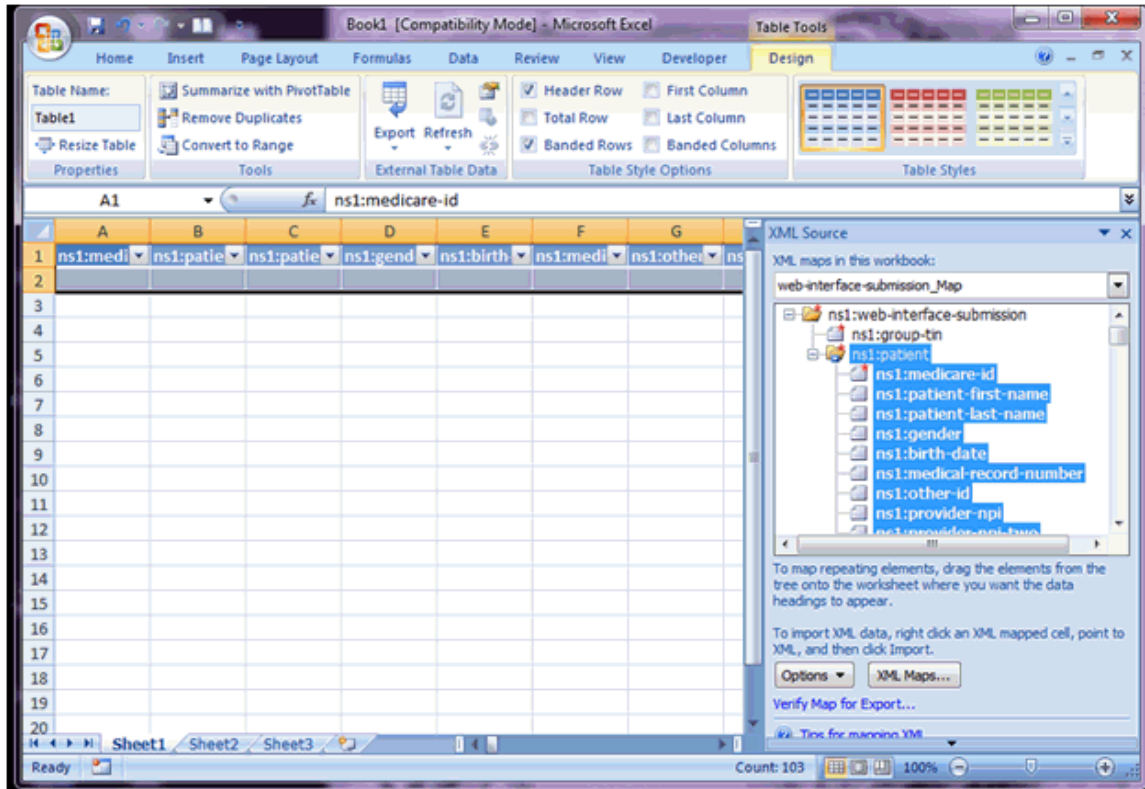


The following figure shows the mapping after selecting the ns1:patient line in the **XML Source**.

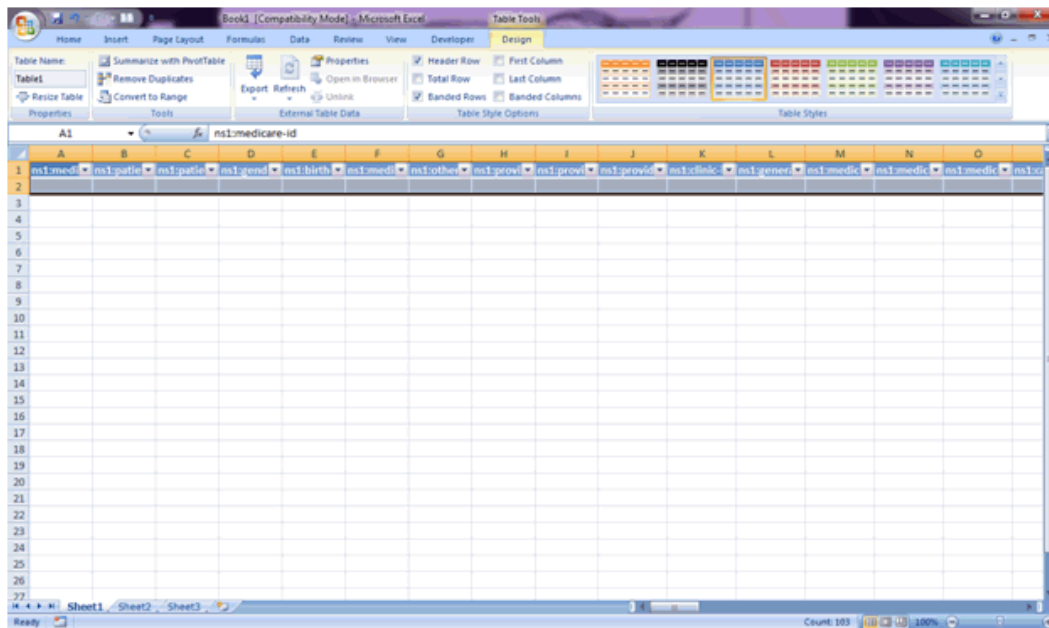




The following figure shows the Excel 2007 workbook after dragging and dropping the Patient XML Mapping to the worksheet.



The following figure shows the Excel 2007 workbook after closing the **XML Source**.





### 8.3.3. Create an Excel Workbook for Patient Medications XML

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

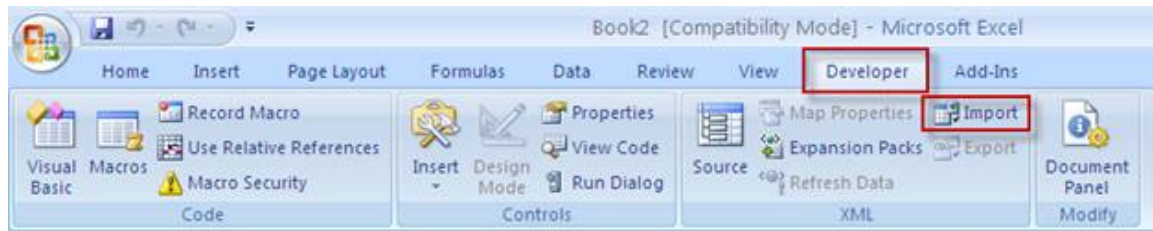
### 8.3.4. Import the XML File

Once the XSD mapping has been created, a Patients XML file or a Medications XML file exported from the GPRO 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 Medications) 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.



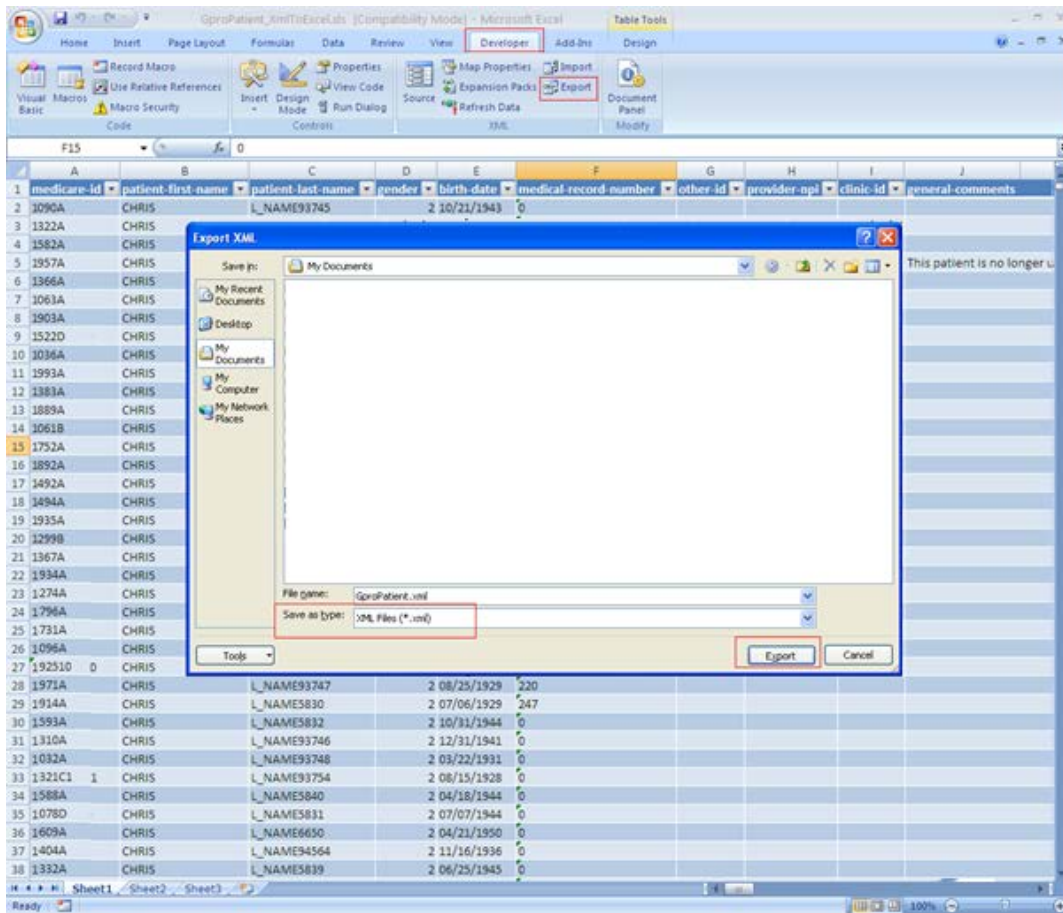
### 8.3.5. Export the Modified Data

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 GPRO 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.



## 8.4. Microsoft Excel 2003

The steps for Excel 2003 are similar to the steps above. The steps below are from the Excel 2003 online help. Additional information is available in the Excel 2003 help.

1. On the **Data** menu, point to XML and click **XML Source** to open the XML Source task pane.
2. To map one or more elements to your worksheet, select the elements in the XML Source task pane.
3. Drag the selected elements to the worksheet location where you want them to appear.

Excel will bold each element in the XML Source task pane to indicate they are currently mapped.

## 8.5. 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 GPRO 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 GPRO 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](#)

### 8.5.1. Remove the Name Space from the XML Tags

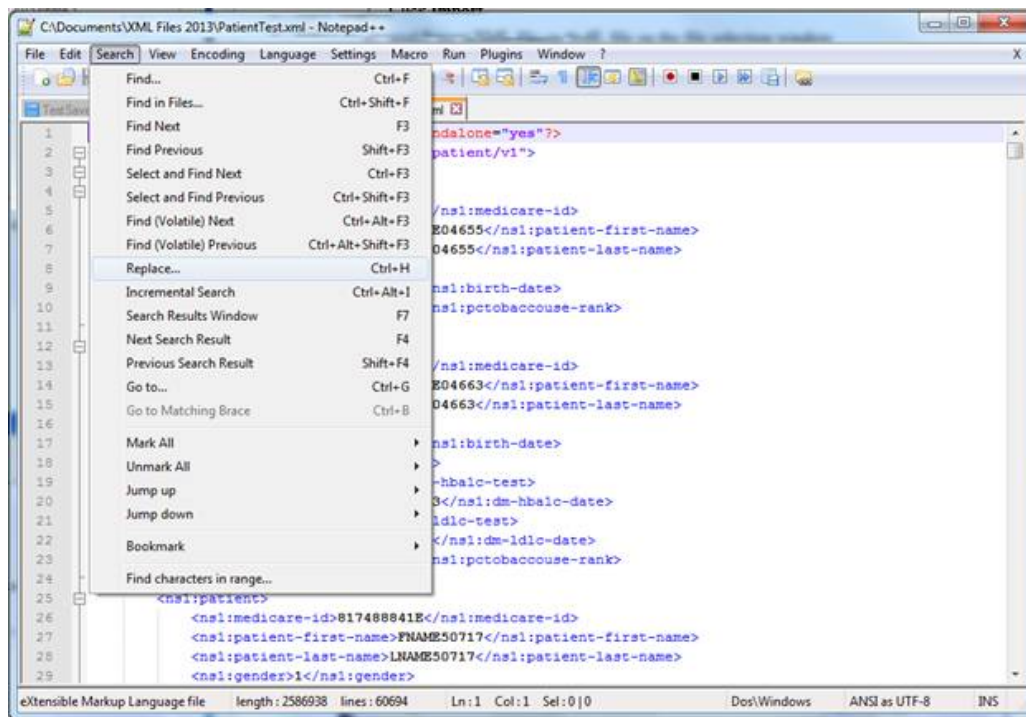
The directions below provide the information to remove the name space using Notepad++. Notepad++ is a free source code editor available at [notepad-plus-plus.org](http://notepad-plus-plus.org).

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:

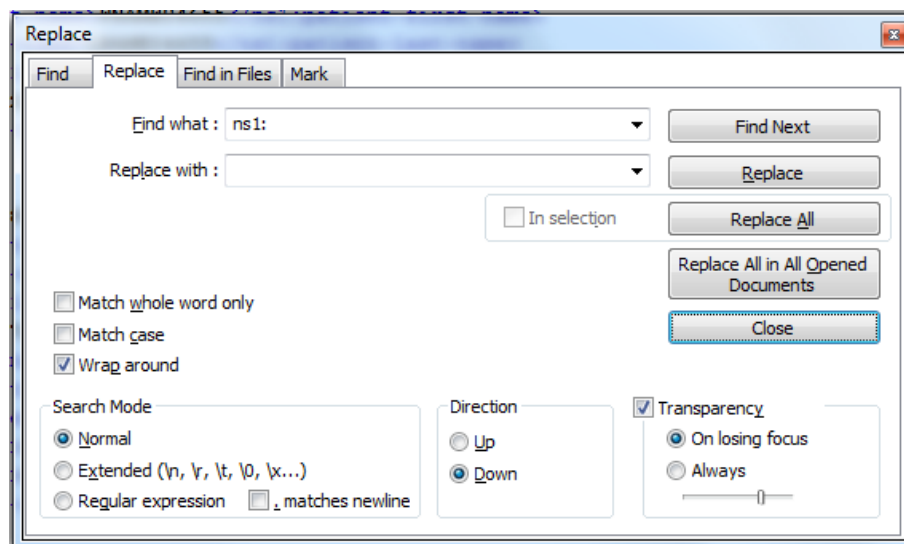
1. Open the file with Notepad++ or any other editor that has the capability to save with encoding UTF-8 without BOM.
2. Click **Search**.
3. Click **Replace...** from the **Search** toolbar option.

The following figure shows a file in Notepad++ with the **Replace** option highlighted.



4. The **Replace** screen appears.
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.



## 8.5.2. Add the Header and Group Identification Data to the XML File

The Header and Group Identification Data are required in the file. In the example, **000000000** does not represent a real TIN. In your XML file you will need to replace this value with the TIN for your group practice TIN or ACO Primary TIN.

The ACO Primary Taxpayer Identification Number in the file must match the ACO Primary Taxpayer Identification Number associated to the identity management account of the user uploading the data.

The PQRS group practice Taxpayer Identification Number in the file must match the PQRS group practice Taxpayer Identification Number associated to the identity management account of the user uploading the data.

### 8.5.2.1. 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 appropriate header as specified by the XML Specification. 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

File Header to replace removed lines in Patient XML file is available in an XML file you downloaded from the GPRO Web Interface or from the sample PatientHeader.xml file.

The sample header files may be downloaded from the online version of this XML Specification; they are not downloadable from the PDF file.

Note that the value in the <group-tin> tag in the sample file must be modified to match your TIN.

### 8.5.2.2. Patient Medications XML File Header

The following three lines are added when the Medications 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/medications/v1">
  <web-interface>
```

After removing those lines, insert the appropriate 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.

File Header to replace removed lines in Patient Medications XML file is available in an XML file you downloaded from the GPRO Web Interface or from the sample MedicationsHeader.xml file.

The sample header files may be downloaded from the online version of this XML Specification; they are not downloadable from the PDF file.

Note that the value in the <group-tin> tag in the sample file must be modified to match your TIN.

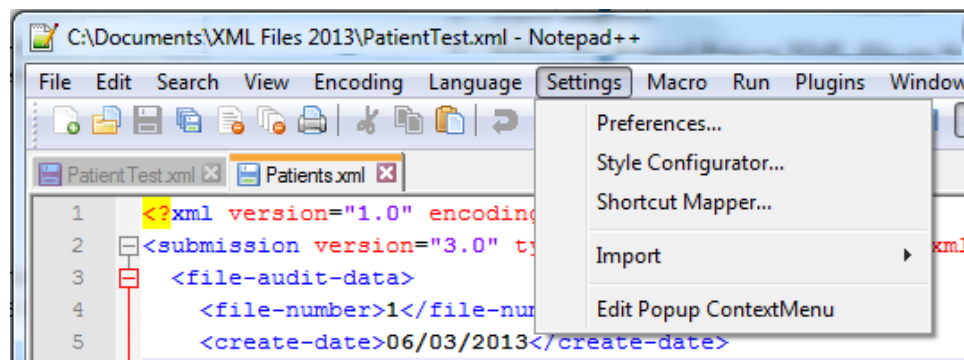
### 8.5.2.3. Save the Modified File with UTF-8 Encoding

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++.

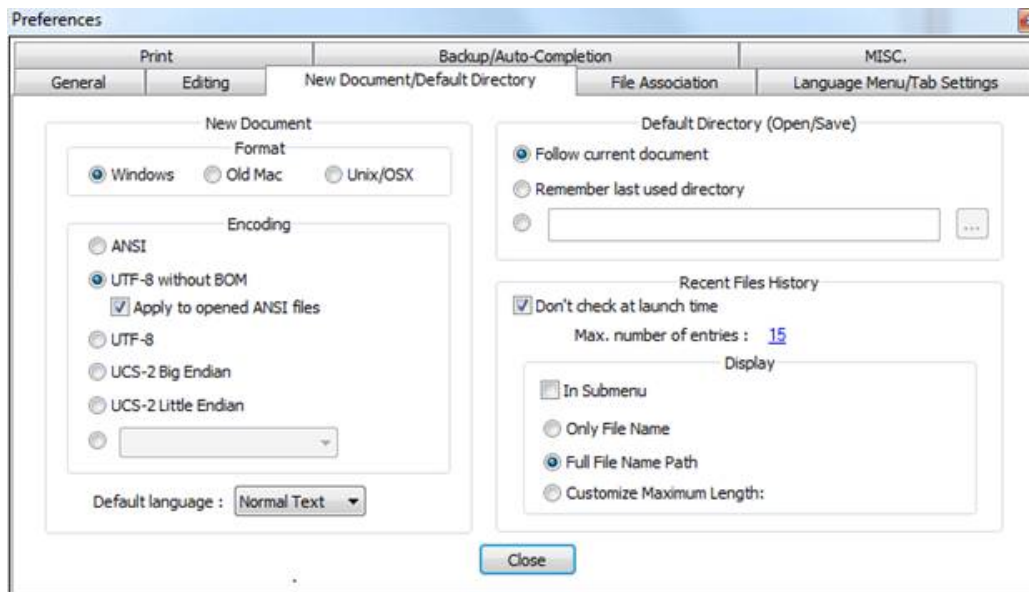
To set preferences to save the file with UTF-8 Encoding in Notepad++:

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 validation.

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 in File for Format Validation	Data Required in Tag for Format Validation
XML Declaration	<?xml version="1.0" encoding="UTF-8"?>	String	38	Yes	N/A
<web-interface-submission>	<web-interface-submission 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
<group-tin>	ACO: Primary Taxpayer Identification Number. PQRS group practice: 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

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<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	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the first name will not be updated in the database.
<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	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the last name 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	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the gender 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	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the date of birth will not be updated in the database.
<medical-record-number>	Character	String	25	No	No
<other-id>	Character	String	20	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<provider-npi>	Numeric The NPI must already exist in the in the Web Interface for your group before it can be used in the XML file.	String	10	No	No
<provider-npi-two>	Numeric The NPI must already exist in the in the Web Interface for your group before it can be used in the XML file.	String	10	No	No
<provider-npi-three>	Numeric The NPI must already exist in the in the Web Interface for your group before it can be used in the XML file.	String	10	No	No
<clinic-identifier>	Identifier associated with the clinic. The identifier must already exist in the in the Web Interface for your group before it can be used in the XML file. ACO: The identifier may be a participating TIN, a CMS Certification Number (CCN), or a user entered identifier. PQRS group practice: The TIN or user entered identifier.	String	9	No	No
<general-comments>	Text	String	140	No	No
<medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample	String	2	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<medical-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 16 = HMO Enrollment	String	2	No	No
<medical-not-qualified-date>	Date in MM/DD/YYYY format Valid date between 01/01/[current program year] and 12/31/[current program year].	String	10	No	No
<carefalls-rank> CARE-2	1 to 616 Rank is provided in an exported file for information only; rank cannot be modified in an XML upload or in the GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<carefalls-confirmed> CARE-2	2 = Yes 15 = No – Other CMS Approved Reason 19 = Not Confirmed – Age <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient. <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<carefalls-rm-ticket>	Text up to 15 characters	String	15	No	No
<falls-screening> CARE-2	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons	String	1	No	No
<carefalls-comments> CARE-2	Text	String	140	No	No
<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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<cad-confirmed>	<p>2 = Yes</p> <p>8 = Not Confirmed - Diagnosis</p> <p>15 = No – Other CMS Approved Reason</p> <p>19 = Not Confirmed – Age</p> <p>22 = Not Confirmed – Additional Denominator Criteria</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p> <p><b>Not Confirmed – Additional Denominator Criteria is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Additional Denominator Criteria</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<cad-rm-ticket>	Text up to 15 characters	String	15	No	No
<cad-diabetes-lvsd>	<p>1 = No</p> <p>2 = Yes</p>	String	1	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<cad-acearb> CAD-7	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons 5 = No – Denominator Exception - Patient Reasons 6 = No – Denominator Exception - System Reasons	String	1	No	No
<cad-comments>	Text	String	140	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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<dm-confirmed>	<p>2 = Yes</p> <p>8 = Not Confirmed - Diagnosis</p> <p>15 = No – Other CMS Approved Reason</p> <p>19 = Not Confirmed – Age</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age</b> is included in an export only to provide information on the current status of the patient. If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<dm-rm-ticket>	Text up to 15 characters	String	15	No	No
<dm-hba1c-test> DM-2	<p>1 = No</p> <p>2 = Yes</p>	String	1	No	No
<dm-hba1c-date> DM-2	<p>MM/DD/YYYY</p> <p>(Must be a valid date in the current program year)</p>	String	10	No	No
<dm-hba1c-value> DM-2	0-25 with one or two optional decimal places (XX.XX)	String	5	No	No



XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<dm-eye-exam> DM-7	1 = No 2 = Yes	String	1	No	No
<dm-comments>	Text	String	140	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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<hf-confirmed>	<p>2 = Yes</p> <p>8 = Not Confirmed - Diagnosis</p> <p>15 = No – Other CMS Approved Reason</p> <p>19 = Not Confirmed – Age</p> <p>22 = Not Confirmed – Additional Denominator Criteria</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p> <p><b>Not Confirmed – Additional Denominator Criteria is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Additional Denominator Criteria</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<hf-rm-ticket>	Text up to 15 characters	String	15	No	No
<hf-lvsd> HF-6	<p>1 = No</p> <p>2 = Yes</p>	String	1	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<hf-beta-blocker> HF-6	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons 5 = No – Denominator Exception - Patient Reasons 6 = No – Denominator Exception - System Reasons	String	1	No	No
<hf-comments>	Text	String	140	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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<htn-confirmed>	2 = Yes 8 = Not Confirmed - Diagnosis 15 = No – Other CMS Approved Reason 17 = Denominator Exclusion 19 = Not Confirmed – Age  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<htn-rm-ticket>	Text up to 15 characters	String	15	No	No
<htn-recent-bp> HTN-2	1 = No 2 = Yes	String	2	No	No
<htn-bp-date> HTN-2	MM/DD/YYYY (Must be a valid date in the current program year)	String	10	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<htn-bp-systolic> HTN-2	0 to 350  Note: If both Systolic and Diastolic are greater than zero, the Systolic value must be greater than the Diastolic value in order for the system to mark the patient as complete. If the Systolic is less than or equal to the Diastolic, the patient will be marked as incomplete by the system.	String	3	No	No
<htn-bp-diastolic> HTN-2	0 to 200  Note: If both Systolic and Diastolic are greater than zero, the Diastolic value must be less than the Systolic value in order for the system to mark the patient as complete. If the Diastolic is greater than or equal to the Systolic, the patient will be marked as incomplete by the system.	String	3	No	No
<htn-comments>	Text	String	140	No	No
<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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<ivd-confirmed>	<p>2 = Yes</p> <p>8 = Not Confirmed - Diagnosis</p> <p>15 = No – Other CMS Approved Reason</p> <p>19 = Not Confirmed – Age</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<ivd-rm-ticket>	Text up to 15 characters	String	15	No	No
<ivd-antithrombotic> IVD-2	<p>1 = No</p> <p>2 = Yes</p>	String	1	No	No
<ivd-comments>	Text	String	140	No	No
<mh-rank>	<p>1 to 616</p> <p>Rank is provided in an exported file for information only; rank cannot be modified in an XML upload or in the GPRO Web Interface.</p>	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<mh-confirmed>	<p>2 = Yes</p> <p>8 = Not Confirmed - Diagnosis</p> <p>15 = No – Other CMS Approved Reason</p> <p>17 = Denominator Exclusion</p> <p>19 = Not Confirmed – Age</p> <p>22 = Not Confirmed - Additional Denominator Criteria</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p> <p><b>Not Confirmed – Additional Denominator Criteria is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Additional Denominator Criteria</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<mh-rm-ticket>	Text up to 15 characters	String	15	No	No
mh-index-performed	<p>1 = No</p> <p>2 = Yes</p>	String	1	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
mh-index-test	1 = No 2 = Yes	String	1	No	No
mh-index-date	MM/DD/YYYY (Must be a valid date between 12/1/2014 and 11/30/2015)	String	10	No	No
mh-index-score	10 to 27	String	2	No	No
mh-followup-performed	1 = No 2 = Yes	String	1	No	No
mh-followup-test	1 = No 2 = Yes	String	1	No	No
mh-followup-date	MM/DD/YYYY (Must be a valid date between 11/1/2015 to 12/31/2016)  Note: If both the initial assessment and the follow-up assessment were performed and both scores are within the appropriate range for the associated assessment, the time between the initial assessment date and the follow-up assessment date must be 12 months +/- 30 days in order for the system to mark the patient as meeting the measure when all other criteria is met. If the time between assessments is not 12 months +/- 30 days, the patient will be marked as not meeting the measure by the system, even if all other criteria has been met.	String	10	No	No
mh-followup-score	0 to 4	String	1	No	No



XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<mh-comments>	Text	String	140	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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.
<pcmammogram-confirmed> PREV-5	2 = Yes 15 = No – Other CMS Approved Reason 17 = Denominator Exclusion 18 = Not Confirmed – Gender 19 = Not Confirmed – Age  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Gender is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Gender</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.  <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcmammogram-rm-ticket>	Text up to 15 characters	String	15	No	No
<pcmammogram> PREV-5	1 = No 2 = Yes	String	1	No	No
<pcmammogram-comments> PREV-5	Text	String	140	No	No
<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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<p>&lt;pccolorectal-confirmed&gt; PREV-6</p>	<p>2 = Yes 15 = No – Other CMS Approved Reason 17 = Denominator Exclusion 19 = Not Confirmed – Age</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<pccolorectal-rm-ticket>	Text up to 15 characters	String	15	No	No
<p>&lt;pccolorectal&gt; PREV-6</p>	<p>1 = No 2 = Yes</p>	String	1	No	No
<p>&lt;pccolorectal-comments&gt; PREV-6</p>	Text	String	140	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<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 GPRO Web Interface.	String	3	<b>For Export Only</b>  If used in upload, the tag will be ignored.	<b>For Export Only</b>  If used in upload, the rank will not be updated in the database.
<pcflushot-confirmed> PREV-7	2 = Yes 15 = No – Other CMS Approved Reason 19 = Not Confirmed – Age  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<pcflushot-rm-ticket>	Text up to 15 characters	String	15	No	No
<pcflushot> PREV-7	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons 5 = No – Denominator Exception - Patient Reasons 6 = No – Denominator Exception - System Reasons	String	1	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcflushot-comments> PREV-7	Text	String	140	No	No
<pcpnemoshot-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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.
<pcpnemoshot-confirmed> PREV-8	2 = Yes 15 = No – Other CMS Approved Reason 19 = Not Confirmed – Age  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Age</b> is included in an export only to provide information on the current status of the patient. If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<pcpnemoshot-rm-ticket>	Text up to 15 characters	String	15	No	No
<pcpnemoshot> PREV-8	1 = No 2 = Yes	String	1	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcpnemoshot-comments> PREV-8	Text	String	140	No	No
<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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.
<pcbmiscreen-confirmed> PREV-9	2 = Yes 15 = No – Other CMS Approved Reason 17 = Denominator Exclusion 19 = Not Confirmed – Age  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<pcbmiscreen-rm-ticket>	Text up to 15 characters	String	15	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcbmicalculated> PREV-9	1 = No 2 = Yes	String	1	No	No
<pcbminormal> PREV-9	1 = No 2 = Yes	String	1	No	No
<pcbmiplan> PREV-9	1 = No 2 = Yes	String	1	No	No
<pcbmi-comments> PREV-9	Text	String	140	No	No
<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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<p>&lt;pctobaccouse-confirmed&gt; PREV-10</p>	<p>2 = Yes 15 = No – Other CMS Approved Reason 19 = Not Confirmed – Age</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age</b> is included in an export only to provide information on the current status of the patient. If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<p>&lt;pctobaccouse-rm-ticket&gt;</p>	Text up to 15 characters	String	15	No	No
<p>&lt;pctobaccoscreen&gt; PREV-10</p>	<p>1 = No (Screened and a non-tobacco user) 2 = Yes (Screened and a tobacco user) 4 = No – Denominator Exception - Medical Reasons 14 = Not Screened/Unknown</p>	String	2	No	No
<p>&lt;pctobaccocounsel&gt; PREV-10</p>	<p>1 = No 2 = Yes</p>	String	1	No	No



XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pctobaccouse-comments> PREV-10	Text	String	140	No	No
<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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.
<pcbloodpressure-confirmed> PREV-11	2 = Yes 15 = No – Other CMS Approved Reason 17 = Denominator Exclusion 19 = Not Confirmed – Age  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed</b> – Age is included in an export only to provide information on the current status of the patient. If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<pcbloodpressure-rm-ticket>	Text up to 15 characters	String	15	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcbloodpressure> PREV-11	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons 5 = No – Denominator Exception - Patient Reasons	String	1	No	No
<pcbpnormal> PREV-11	1 = No 2 = Yes	String	1	No	No
<pcbpfollowup> PREV-11	1 = No 2 = Yes 5 = No – Denominator Exception - Patient Reasons	String	1	No	No
<pcbp-comments> PREV-11	Text	String	140	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 GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcdepression-confirmed> PREV-12	2 = Yes 15 = No – Other CMS Approved Reason 17 = Denominator Exclusion 19 = Not Confirmed – Age <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient. <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<pcdepression-rm-ticket>	Text up to 15 characters	String	15	No	No
<pcdepression> PREV-12	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons 5 = No – Denominator Exception - Patient Reasons	String	1	No	No
<pcdepression-positive> PREV-12	1 = No 2 = Yes	String	1	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcdepression-plan> PREV-12	1 = No 2 = Yes	String	1	No	No
<pcdepression-comments> PREV-12	Text	String	140	No	No
<pcstatin-rank>	1 to 750  Rank is provided in an exported file for information only, rank cannot be modified in an XML upload or in the GPRO Web Interface.	String	3	<b>For Export Only</b> If used in upload, the tag will be ignored.	<b>For Export Only</b> If used in upload, the rank will not be updated in the database.
<pcstatin-ascvd>	2 = Yes 15 = No - Other CMS Approved Reason 19 = Not Confirmed – Age 23 = No – Diagnosis  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcstatin-ldlc>	<p>1 = No</p> <p>2 = Yes</p> <p>15 = No - Other CMS Approved Reason</p> <p>19 = Not Confirmed – Age</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcstatin-diabetes>	<p>1 = No</p> <p>2 = Yes</p> <p>15 = No - Other CMS Approved Reason</p> <p>19 = Not Confirmed – Age</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p> <p><b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.</p>	String	2	No	No
<pcstatin-ldlc-reading>	<p>1 = No</p> <p>2 = Yes</p> <p>15 = No - Other CMS Approved Reason</p> <p><b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.</p>	String	2	No	No
<pcstatin-rm-ticket>	Text up to 15 characters	String	15	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<pcstatin-prescribed>	1 = No 2 = Yes 4 = No - Denominator Exception - Medical Reasons	String	2	No	No
<pcstatin-comments>	Text up to 140 characters	String	140	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-submission>	Closing tag for header	N/A	N/A	Yes	N/A

## Appendix B – XML Elements for Patient Medications 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 validation.

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 / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
XML Declaration	<?xml version="1.0" encoding="UTF-8"?>	String	38	Yes	Yes
<web-interface-submission>	<web-interface-submission xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:q="gov/cms/pqrs/medications/v1" xsi:noNamespaceSchemaLocation="WEB-INTERFACE-MEDICATIONS.xsd">	String	180	Yes	Yes
<group-tin>	ACO: Primary Taxpayer Identification Number PQRS group practice: Taxpayer Identification Number	String	9	Yes	Yes
<patient>	Opening element for an individual patient's medications data elements; may be repeated with a matching closing element for each visit date for the patient, opening tag does not contain data.  Closing element for an individual patient's medication documentation data elements may be repeated with a matching opening element for each visit date for the patient, closing tag does not contain data.	N/A	N/A	Yes	N/A



XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<medicare-id>	<p>The Medicare ID is the unique identifier for the patient and associated data contained between the opening &lt;patient&gt; and closing &lt;/patient&gt; tags</p> <p>The Medicare ID should be used once for each set of the patient's medication data in the Patient Medications XML file. There is one set of medication data for each separate visit date.</p>	String	15	Yes	Yes
<patient-first-name>	<p>String containing the first name of the patient.</p> <p>Name is included in the export to aid in locating the patient, but the name cannot be modified using an XML upload.</p>	String	25	<b>For Export Only</b>  If used in upload, the tag will be ignored.	<b>For Export Only</b>  If used in upload, the first name will not be updated in the database.
<patient-last-name>	<p>String containing the last name of the patient.</p> <p>Name is included in the export to aid in locating the patient, but the name cannot be modified using an XML upload.</p>	String	20	<b>For Export Only</b>  If used in upload, the tag will be ignored.	<b>For Export Only</b>  If used in upload, the last name will not be updated in the database.

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<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	<b>For Export Only</b>  If used in upload, the tag will be ignored.	<b>For Export Only</b>  If used in upload, the gender 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	<b>For Export Only</b>  If used in upload, the tag will be ignored.	<b>For Export Only</b>  If used in upload, the date of birth will not be updated in the database.
<medical-record-number>	Character	String	25	No	No
<other-id>	Character	String	20	No	No
<provider-npi>	Numeric  The NPI must already exist in the in the Web Interface for your group before it can be used in the XML file.	String	10	No	No
<provider-npi-two>	Numeric  The NPI must already exist in the in the Web Interface for your group before it can be used in the XML file.	String	10	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<provider-npi-three>	Numeric The NPI must already exist in the in the Web Interface for your group before it can be used in the XML file.	String	10	No	No
<clinic-identifier>	Identifier associated with the clinic. The identifier must already exist in the in the Web Interface for your group before it can be used in the XML file. ACO: The identifier may be a participating TIN, a CMS Certification Number (CCN), or a user entered identifier. PQRS group practice: The TIN or user entered identifier.	String	9	No	No
<general-comments>	Text	String	140	No	No
<medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample	String	1	No	No
<medical-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 16 = HMO Enrollment	String	2	No	No
<medical-not-qualified-date>	MM/DD/YYYY (Must be a valid date in the current program year)	String	10	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<caremeddoc-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 GPRO Web Interface.	String	3	<b>For Export Only</b>  If used in upload, the tag will be ignored.	<b>For Export Only</b>  If used in upload, the rank will not be updated in the database.
<caremeddoc-confirmed> CARE-3	2 = Yes 15 = No – Other CMS Approved Reason 19 = Not Confirmed – Age 7 = Not Confirmed – No Qualifying Visits  <b>No – Other CMS Approved Reason</b> may only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry. That Help Desk Ticket number must be provided when this answer is selected, to complete the patient.  <b>Not Confirmed – Age is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – Age</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.  <b>Not Confirmed – No Qualifying Visits is included in an export only to provide information on the current status of the patient.</b> If the <b>Not Confirmed – No Qualifying Visits</b> value is used in an upload, the value will be ignored and the confirmation will not be set to this value.	String	2	No	No
<caremeddoc-rm-ticket>	Text up to 15 characters	String	15	No	No

XML Element / Measure	Valid Values	Data Type	Field Size	Tag Required in File for Format Validation	Data Required in Tag for Format Validation
<caremeddoc-visit-date> CARE-3	MM/DD/YYYY  Must be a valid date in the current program year, and must be one of the pre-populated dates for the patient.  See note in <a href="#">Visit Date</a> for information on date range validation.	String	10	Yes	Yes
<caremeddoc-visit-confirmation> CARE-3	2 = Yes 21 = No – Visit Outside Practice	String	2	No	No
<medications - documented> CARE-3	1 = No 2 = Yes 4 = No – Denominator Exception - Medical Reasons	String	1	No	No
<caremeddoc-comments> CARE-3	Text	String	140	No	No
</patient>	Closing element for an individual patient's medication documentation data elements; may be repeated with a matching opening element for each visit date for the patient, closing tag does not contain data.	N/A	N/A	Yes	N/A
</web-interface-submission>	Closing tag for header	N/A	N/A	Yes	N/A

## Appendix C – Error Messages for Patient XML Files

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	A 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.  May also be caused by including the Byte Order Mark (BOM) in the encoding when saving the file.	Invalid XML header. Expected <code>&lt;?xml version="1.0" encoding="UTF-8"?&gt;</code>
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, or Any XML tag in an unexpected order.	<p>A required XML element tag is missing or the tags are not in the order specified in Appendix A. When the error message appears, it will show the next expected XML tag in the [&lt;tag&gt;] portion of the error message.</p> <p>If a missing required tag is detected in the file, or the tags are out of order, processing will not continue and additional errors will not be logged.</p>	[<tag>] tag is expected. XML tags are out of order. Please refer to XML specifications for correct order of tags.
3304	Any XML Element, except a date or comment 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 appears, it will show 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. Allowable values for each tag are provided in the XML Specification.
3305	<group-tin>	<p>ACOs: The Primary Taxpayer Identification Number in the file and the Primary Taxpayer Identification Number to which the user is associated do not match.</p> <p>PQRS group practices: The Taxpayer Identification Number in the file and the Taxpayer Identification Number to which the user is associated do not match.</p> <p>When the user's identity management 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. If you need to upload XML files for multiple TINs, you must log in separately for each TIN.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the "[TIN]" will be replaced with the TIN in the file.</p>	Could not process the file because the TIN – [TIN] in the XML file does not match the user's TIN. You may only upload XML files for the TIN used for this login.

Message Number	XML Element	Condition	Message Description
3306	<medicare-id>	<p>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.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the “[MEDICARE ID]” will be replaced with the Medicare ID in the file that is not in the database.</p>	Medicare ID – [MEDICARE ID] is not one of the sampled patients for this TIN. You may only update data for the patients pre-populated in the Web Interface for your TIN.
3307	<medicare-id>	<p>Medicare ID is duplicated in the XML file. All data for a single patient must be contained between the opening &lt;patient&gt; and closing &lt;/patient&gt; tags. The Medicare ID is the identifier for the patient, and may only be used once in a file.</p>	Medicare ID can only be specified once per patient.
3308	<provider-npi> OR <provider-npi-two> OR <provider-npi-three>	<p>The Provider NPI must exist in the database before it may be used in the XML file to associate a provider to a patient.</p> <p>Provider NPIs are loaded into the database when the patient sample is loaded. Additional Provider NPIs may be entered into the GPRO Web Interface, which will store the Provider NPI in the database.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the “[NPI]” will be replaced with the NPI in the file that does not exist in the database.</p> <p>When the error message appears, the “[MEDICARE ID]” will be replaced with the Medicare ID in the file for the patient where the NPI does not exist.</p>	<p>Provider NPI – [NPI] specified for Medicare ID – [MEDICARE ID] is not an existing NPI. An NPI used in an XML file must be one of the pre-populated NPIs or an NPI added using the Add Provider screen.</p>



Message Number	XML Element	Condition	Message Description
3309	Any XML Element containing a validated date	<p>Date is not in a valid format: Valid Format = MM/DD/YYYY.</p> <p>Month and Day may be one (1) or two (2) digits, but year must be four (4) digits.</p> <p>Month cannot be 0 or 00 and cannot be greater than 12.</p> <p>Date cannot be 0 or 00 and cannot be greater than 31.</p> <p>Date cannot exceed limit for month.</p>	Date is not an allowable value or the format is incorrect. Correct format is MM/DD/YYYY. See XML Specification for more details.
3310	<clinic-id>	<p>The Clinic ID must exist in the database before it may be used in the XML file to associate a clinic to a patient.</p> <p>Clinic IDs are loaded into the database when the patient sample is loaded. Additional Clinic IDs may be entered into the GPRO Web Interface, which will store the Clinic ID in the database.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the "[CLINIC ID]" will be replaced with the Clinic ID in the file that does not exist in the database.</p> <p>When the error message appears, the "[MEDICARE ID]" will be replaced with the Medicare ID in the file for the patient where the Clinic ID does not exist.</p>	Clinic ID – [CLINIC ID] specified for Medicare ID – [MEDICARE ID] is not an existing clinic. A clinic used in an XML file must be one of the pre-populated clinics or a clinic added using the Add Clinic screen.

Message Number	XML Element	Condition	Message Description
3312	Any XML tag for the general or module comments	The length of the comment text exceeds 140 characters. The optional General Comments or module specific comments are limited to 140 characters.	The length of the comment in <tag> exceeds allowable size. Comments are limited to 140 characters.

## Appendix D – Error Messages for Patient Medications XML Files

If there are errors in the format of the Patient Medications 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	A 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 <code>&lt;?xml version="1.0" encoding="UTF-8"?&gt;</code>
3302	N/A	Invalid or mismatched Data Element Tag/Attribute, missing parent tag for sub-tag, invalid or missing elements in the <code>&lt;submission&gt;</code> 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 or Any XML tag in an unexpected order.	A required XML element tag is missing or the tags are not in the order specified in Appendix B. When the error message appears, it will show the next expected XML tag in the [<tag>] portion of the error message.  If a missing required tag is detected in the file, or the tags are out of order, processing will not continue and additional errors will not be logged.	[<tag>] tag is expected. XML tags are out of order. Please refer to XML specifications for correct order of tags.
3304	Any XML Element, except a date or comment 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. Allowable values for each tag are provided in the XML Specification.
3305	<group-tin>	ACOs: The Primary Taxpayer Identification Number in the file and the Primary Taxpayer Identification Number to which the user is associated do not match.  PQRS group practices: 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 identity management 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. If you need to upload XML files for multiple TINs, you must log in separately for each TIN.  Note that for this error message a line number will not appear.  When the error message appears, 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. You may only upload XML files for the TIN used for this login.

Message Number	XML Element	Condition	Message Description
3306	<medicare-id>	<p>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.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the “[MEDICARE ID]” will be replaced with the Medicare ID that is not in the database.</p>	<p>Medicare ID – [MEDICARE ID] is not one of the sampled patients for this TIN. You may only update data for the patients pre-populated in the Web Interface for your TIN.</p>
3307	<caremeddoc-visit-date>	<p>Visit Date is duplicated in the XML file. The Visit Date is the identifier for the patient, and may only be used once in a file.</p>	<p>Medicare ID - [MEDICARE ID] has duplicate caremeddoc-visit-date. Visit date :[VISIT DATE]</p>

Message Number	XML Element	Condition	Message Description
3308	<p>&lt;provider-npi&gt; OR &lt;provider-npi-two&gt; OR &lt;provider-npi-three&gt;</p>	<p>The Provider NPI must exist in the database before it may be used in the XML file to associate a provider to a patient.</p> <p>Provider NPIs are loaded into the database when the patient sample is loaded. Additional Provider NPIs may be entered into the GPRO Web Interface, which will store the Provider NPI in the database.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the “[NPI]” will be replaced with the NPI in the file that does not exist in the database.</p> <p>When the error message appears, the “[MEDICARE ID]” will be replaced with the Medicare ID in the file for the patient where the NPI does not exist.</p>	<p>Provider NPI – [NPI] specified for Medicare ID – [MEDICARE ID] is not an existing NPI. An NPI used in an XML file must be one of the pre-populated NPIs or an NPI added using the Add Provider screen.</p>
3309	Any XML Element containing a validated date	<p>Date is not in a valid format: Valid Format = MM/DD/YYYY.</p> <p>Month and Day may be one (1) or two (2) digits, but year must be four (4) digits.</p> <p>Month cannot be 0 or 00 and cannot be greater than 12.</p> <p>Date cannot be 0 or 00 and cannot be greater than 31.</p> <p>Date cannot exceed limit for month.</p> <p>When validating the format of the data, the dates must be for the current program year. However, when processing the XML file the Visit Dates are limited to the pre-populated dates which are between January 1, [current program year] and October 31, [current program year].</p>	<p>Date is not an allowable value or the format is incorrect. Correct format is MM/DD/YYYY. See XML Specification for more details.</p>

Message Number	XML Element	Condition	Message Description
3310	<clinic-id>	<p>The Clinic ID must exist in the database before it may be used in the XML file to associate a clinic to a patient.</p> <p>Clinic IDs are loaded into the database when the patient sample is loaded. Additional Clinic IDs may be entered into the GPRO Web Interface, which will store the Clinic ID in the database.</p> <p>Note that for this error message a line number will not appear.</p> <p>When the error message appears, the “[CLINIC ID]” will be replaced with the Clinic ID in the file that does not exist in the database.</p> <p>When the error message appears, the “[MEDICARE ID]” will be replaced with the Medicare ID in the file for the patient where the Clinic ID does not exist.</p>	<p>Clinic ID – [CLINIC ID] specified for Medicare ID – [MEDICARE ID] is not an existing clinic. A clinic used in an XML file must be one of the pre-populated clinics or a clinic added using the Add Clinic screen.</p>
3311	<caremeddoc-visit-date>	<p>The Visit Date for the patient must exist in the database. The Visit Dates are loaded into the database when the patient sample is loaded. The pre-filled dates are the only dates which may be used for a patient.</p> <p>Note that for this error message a line number will not be displayed.</p> <p>When the error message appears, the “[DATE]” will be replaced with the date in the file that is not in the database for this patient.</p> <p>When the error message appears, the “[MEDICARE ID]” will be replaced with the Medicare ID in the file for the patient where the Visit Date does not exist.</p>	<p>Visit Date – [DATE] does not exist for Medicare ID – [MEDICARE ID]. You may only update data for the visits that were pre-filled for this patient.</p>

## Acronyms

This section describes the acronyms used in this document.

Acronym	Literal Translation
<b>ACE-I/ARB</b>	Angiotensin-Converting Enzyme Inhibitor or Angiotensin Receptor Blocker
<b>ACO</b>	Accountable Care Organizations
<b>ASCVD</b>	Atherosclerotic Cardiovascular Disease
<b>BMI</b>	Body Mass Index
<b>CAD</b>	Coronary Artery Disease
<b>CARE</b>	Care Coordination/Patient Safety
<b>CCN</b>	CMS Certification Number
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>DM</b>	Diabetes Mellitus
<b>GPRO</b>	Group Practice Reporting Option
<b>HF</b>	Heart Failure
<b>HMO</b>	Health Maintenance Organization
<b>HTN</b>	Hypertension
<b>IVD</b>	Ischemic Vascular Disease
<b>LDL-C</b>	Low-Density-Lipoprotein Cholesterol
<b>LVEF</b>	Left Ventricular Ejection Fraction
<b>LVSD</b>	Left Ventricular Systolic Dysfunction
<b>NPI</b>	National Provider Identifier
<b>mg/dL</b>	Milligrams per Deciliter
<b>MH</b>	Mental Health
<b>mmHg</b>	Millimeters of Mercury
<b>PQRS</b>	Physician Quality Reporting System
<b>PREV</b>	Preventive Care
<b>TIN</b>	Taxpayer Identification Number
<b>XML</b>	Extensible Markup Language
<b>XSD</b>	XML Schema Definition





## 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
2016 GPRO CAD Supporting Documents	N/A	December 2015
2016 GPRO CARE Supporting Documents	N/A	December 2015
2016 GPRO DM Supporting Documents	N/A	December 2015
2016 GPRO HF Supporting Documents	N/A	December 2015
2016 GPRO HTN Supporting Documents	N/A	December 2015
2016 GPRO IVD Supporting Documents	N/A	December 2015
2016 GPRO MH Supporting Documents	N/A	December 2015
2016 GPRO PREV Supporting Documents	N/A	December 2015

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## Record of Changes

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Version	Date	Description
1.0	12/15/16	Initial version for the PQRS December (11.0.0) release.