



Centers for Medicare & Medicaid Services
Center for Clinical Standards and Quality (CCSQ)
7500 Security Blvd.
Baltimore, MD 21244-1850

Physician Quality Reporting System
Accountable Care Organization
Group Practice Reporting Option
Extensible Markup Language (XML)
Program Year 2012
Version 1.0
Last Modified: January 18, 2013

Document Number: N/A

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

TABLE OF CONTENTS

1	INTRODUCTION	1
2	REFERENCED DOCUMENTS	2
3	XML SPECIFICATIONS	3
3.1	Patients XML	3
3.1.1	File Processing	4
3.1.1.1	Patient Status	4
3.1.1.2	XML Element Processing	5
3.1.1.3	XML Element Order.....	6
3.1.2	Submission Header.....	7
3.1.3	File Audit Data.....	7
3.1.4	Submission Period Dates.....	8
3.1.5	Group Identification.....	9
3.1.6	Patient Demographics.....	9
3.1.6.1	Medicare ID	11
3.1.6.2	Patient First Name	11
3.1.6.3	Patient Last Name.....	12
3.1.6.4	Patient Gender	12
3.1.6.5	Patient Birth Date	12
3.1.6.6	Medical Record Number	13
3.1.6.7	Other Identifier	13
3.1.6.8	Provider NPI	14
3.1.6.9	Clinic Identifier.....	14
3.1.6.10	General Comments	14
3.1.7	Care Coordination/Patient Safety (CARE).....	15
3.1.7.1	CARE Rank	16
3.1.7.2	CARE-1 and CARE-2 Medical Record Found	16
3.1.7.3	ACO-CARE-2: Screening for Future Fall Risk.....	19
3.1.7.4	Optional Comments for the CARE Modules.....	20
3.1.8	Coronary Artery Disease (CAD)	20
3.1.8.1	CAD Rank.....	22
3.1.8.2	CAD Confirmation	22
3.1.8.3	ACO-CAD-2: Lipid Control	24
3.1.8.4	ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB	25
3.1.8.5	Optional Comments for the CAD Module.....	27

3.1.9	<i>Diabetes Mellitus (DM)</i>	27
3.1.9.1	DM Rank.....	30
3.1.9.2	DM Confirmation	30
3.1.9.3	ACO-DM-2 and ACO-DM-15: Most Recent HbA1c	33
3.1.9.4	ACO-DM-13: Blood Pressure Management	34
3.1.9.5	ACO-DM-14: Most Recent LDL-C Result	36
3.1.9.6	ACO-DM-16: IVD/Aspirin Use.....	38
3.1.9.7	ACO-DM-17: Tobacco Non Use	39
3.1.9.8	Optional Comments for the DM Module.....	39
3.1.10	<i>Heart Failure (HF)</i>	40
3.1.10.1	HF Rank	41
3.1.10.2	HF Confirmation.....	41
3.1.10.3	ACO-HF-6: LVSD and BB	44
3.1.10.4	Optional Comments for the HF Module.....	45
3.1.11	<i>Hypertension (HTN)</i>	45
3.1.11.1	HTN Rank.....	47
3.1.11.2	HTN Confirmation	47
3.1.11.3	ACO-HTN-2: Controlling High Blood Pressure.....	49
3.1.11.4	Optional Comments for the HTN Module.....	51
3.1.12	<i>Ischemic Vascular Disease (IVD)</i>	52
3.1.12.1	IVD Rank	53
3.1.12.2	IVD Confirmation	54
3.1.12.3	ACO-IVD-1: Complete Lipid Profile and LDL-C Control.....	56
3.1.12.4	ACO-IVD-2 Aspirin or Other Antithrombotic.....	57
3.1.12.5	Optional Comments for the IVD Module	58
3.1.13	<i>Preventive Care (PREV)</i>	58
3.1.13.1	PREV Medical Record Found.....	62
3.1.13.2	PREV-5 Rank	64
3.1.13.3	ACO-PREV-5: Mammography Screening	65
3.1.13.4	PREV-6 Rank	65
3.1.13.5	ACO-PREV-6: Colorectal Cancer Screening.....	66
3.1.13.6	PREV-7 Rank	66
3.1.13.7	ACO-PREV-7: Influenza Immunization	67
3.1.13.8	PREV-8 Rank	67
3.1.13.9	ACO-PREV-8: Pneumonia Vaccination.....	68
3.1.13.10	PREV-9 Rank	68
3.1.13.11	ACO-PREV-9: Body Mass Index Screening and Follow-Up.....	68
3.1.13.12	PREV-10 Rank	70

3.1.13.13	PREV-10: Tobacco Use Assessment and Cessation Intervention	71
3.1.13.14	PREV-11 Rank	72
3.1.13.15	ACO-PREV-11: Screening for High Blood Pressure	72
3.1.13.16	PREV-12 Rank	73
3.1.13.17	ACO-PREV-12: Screening for Clinical Depression and Follow-Up Plan	73
3.1.13.18	PREV Comments.....	75
3.1.14	Patient XML Error Messages.....	76
3.2	Patient Discharge XML.....	92
3.2.1	Submission Header.....	92
3.2.2	File Audit Data.....	93
3.2.3	Submission Period Dates.....	94
3.2.4	Group Identification.....	94
3.2.5	Patient Identification.....	95
3.2.5.1	Medicare ID.....	95
3.2.6	CARE-1 Medication Reconciliation	96
3.2.6.1	CARE-1 Rank.....	97
3.2.6.2	CARE-1 Medical Record Found.....	98
3.2.6.3	ACO-CARE-1: Medication Reconciliation.....	100
3.2.6.4	Optional Comments for the CARE Modules.....	103
3.2.7	Patient Discharge XML Errors	103
3.3	Patient Ranking XML	108
3.4	Clinics XML.....	112
3.5	Providers XML.....	115
4	XML TO EXCEL PROCESSING.....	118
4.1	Microsoft Excel 2007	118
4.1.1	Add the Developer Tab to Excel.....	118
4.1.2	Import the XML File.....	119
4.1.3	Export the Modified Data.....	120
4.2	Microsoft Excel 2003	121
4.2.1	Import XML File	121
4.2.2	Export the Modified Data.....	122
4.3	Editing the Exported XML File	123
4.3.1	Remove the Name Space from the XML Tags.....	123
4.3.2	Add the Header, Audit Data, and Group Identification Data to the XML File	124

4.3.3	<i>Save the Modified File with UTF-8 Encoding</i>	<i>125</i>
APPENDIX A – ACRONYMS		127
APPENDIX B – XML ELEMENTS FOR PATIENT XML FILE.....		128
APPENDIX C – XML ELEMENTS FOR PATIENT DISCHARGE XML FILE.....		134

LIST OF FIGURES

Figure 4-1. Developer Tab in Excel 2007.....	118
Figure 4-2. Excel Options for Excel 2007	119
Figure 4-3. Importing Using Developer Tab in Excel 2007	119
Figure 4-4. Exporting XML from Excel 2007	120
Figure 4-5. Importing XML into Excel 2003.....	121
Figure 4-6. File Selection for Import in Excel 2003	122
Figure 4-7. Exporting Data from Excel 2003	122
Figure 4-8. File Selection for Export in Excel 2003	123
Figure 4-9. Editing XML File Using WordPad	124
Figure 4-10. Removing Name Space Using WordPad	124
Figure 4-11. Saving File with UTF-8 Encoding	126

LIST OF TABLES

Table 2-1. Referenced Documents.....	2
Table 3-1. Submission Header XML Elements	7
Table 3-2. File Audit Data XML Elements	7
Table 3-3. Submission Period Dates XML Elements	8
Table 3-4. Group Identification XML Elements.....	9
Table 3-5. Patient Demographics XML Elements.....	10
Table 3-6. Patient Demographics Medicare ID	11
Table 3-7. Patient Demographics Patient First Name.....	12
Table 3-8. Patient Demographics Patient Last Name	12
Table 3-9. Patient Demographics Patient Gender.....	12
Table 3-10. Patient Demographics Patient Birth Date.....	13
Table 3-11. Patient Demographics Medical Record Number.....	13
Table 3-12. Patient Demographics Other Identifier.....	13
Table 3-13. Patient Demographics Provider NPI	14
Table 3-14. Patient Demographics Clinic Identifier	14
Table 3-15. Patient Demographics General Comments.....	15

Table 3-16. CARE XML Elements.....	15
Table 3-17. CARE-1 and CARE-2 Rank.....	16
Table 3-18. CARE-1 and CARE-2 Medical Record Found	17
Table 3-19. CARE-1 and CARE-2 Not Qualified for Sample Reason.....	18
Table 3-20. CARE-1 and CARE-2 Not Qualified for Sample Date.....	19
Table 3-21. ACO-CARE-2 Screening for Future Falls Risk	19
Table 3-22. CARE-1 and CARE-2 Comments.....	20
Table 3-23. CAD XML Elements.....	20
Table 3-24. CAD Rank	22
Table 3-25. CAD Confirmed	23
Table 3-26. CAD Not Qualified for Sample Reason	23
Table 3-27. CAD Not Qualified for Sample Date	24
Table 3-28. ACO-CAD-2 Lipid Control.....	25
Table 3-29. ACO-CAD-7 Has Diabetes	26
Table 3-30. ACO-CAD-7 Has LVSD.....	26
Table 3-31. ACO-CAD-7 ACE Inhibitor or ARB Therapy.....	27
Table 3-32. CAD Comments	27
Table 3-33. DM XML Elements.....	28
Table 3-34. DM Rank	30
Table 3-35. DM Confirmed	31
Table 3-36. DM Not Qualified for Sample Reason	32
Table 3-37. DM Not Qualified for Sample Date	32
Table 3-38. ACO-DM-2 and ACO-DM-15 HbA1c Test.....	33
Table 3-39. ACO-DM-2 and ACO-DM-15 HbA1c Date Taken	34
Table 3-40. ACO-DM-2 and ACO-DM-15 HbA1c Test Result.....	34
Table 3-41. ACO-DM-13 Blood Pressure Recorded.....	35
Table 3-42. ACO-DM-13 Blood Pressure Date Taken.....	35
Table 3-43. ACO-DM-13 Blood Pressure Systolic	36
Table 3-44. ACO-DM-13 Blood Pressure Diastolic.....	36
Table 3-45. ACO-DM-14 LDL-C Test Performed.....	37
Table 3-46. ACO-DM-14 LDL-C Date Taken	37
Table 3-47. ACO-DM-14 LDL-C Test Results	38

Table 3-48. ACO-DM-16 Has IVD	38
Table 3-49. ACO-DM-16 Daily Aspirin Use	39
Table 3-50. ACO-DM-17 Tobacco Non Use.....	39
Table 3-51. DM Comments	40
Table 3-52. HF XML Elements	40
Table 3-53. HF Rank.....	41
Table 3-54. HF Confirmed.....	42
Table 3-55. HF Not Qualified for Sample Reason	43
Table 3-56. HF Not Qualified for Sample Date.....	43
Table 3-57. ACO-HF-6 Has LVSD	44
Table 3-58. HF-6 Beta Blocker Therapy	44
Table 3-59. HF Comments.....	45
Table 3-60. HTN XML Elements	46
Table 3-61. HTN Rank	47
Table 3-62. HTN Confirmed.....	48
Table 3-63. HTN Not Qualified for Sample Reason	48
Table 3-64. HTN Not Qualified for Sample Date.....	49
Table 3-65. ACO-HTN-2 Blood Pressure Recorded	50
Table 3-66. ACO-HTN-2 Blood Pressure Date Taken	50
Table 3-67. ACO-HTN-2 Blood Pressure Systolic.....	51
Table 3-68. ACO-HTN-2 Blood Pressure Diastolic	51
Table 3-69. HTN Comments.....	52
Table 3-70. IVD XML Elements	52
Table 3-71. IVD Rank.....	53
Table 3-72. IVD Confirmed.....	54
Table 3-73. IVD Not Qualified for Sample Reason	55
Table 3-74. IVD Not Qualified for Sample Date.....	56
Table 3-75. ACO-IVD-1 Lipid Profile Performed	56
Table 3-76. ACO-IVD-1 Date Drawn	57
Table 3-77. ACO-IVD-1 LDL-C Value.....	57
Table 3-78. ACO-IVD-2 Aspirin or Other Antithrombotic.....	58
Table 3-79. IVD Comments.....	58

Table 3-80. PREV XML Elements	59
Table 3-81. PREV Medical Record Found	63
Table 3-82. PREV Not Qualified for Sample Reason	63
Table 3-83. PREV Not Qualified for Sample Date.....	64
Table 3-84. PREV-5 Rank	65
Table 3-85. ACO-PREV-5 Mammography Screening	65
Table 3-86. PREV-6 Rank	66
Table 3-87. ACO-PREV-6 Colorectal Cancer Screening.....	66
Table 3-88. PREV-7 Rank	66
Table 3-89. ACO-PREV-7 Influenza Immunization	67
Table 3-90. PREV-8 Rank	67
Table 3-91. ACO-PREV-8 Pneumonia Vaccination	68
Table 3-92. PREV-9 Rank	68
Table 3-93. ACO-PREV-9 Calculated BMI	69
Table 3-94. ACO-PREV-9 BMI Normal	70
Table 3-95. ACO-PREV-9 Follow-Up Plan Documented.....	70
Table 3-96. PREV-10 Rank	71
Table 3-97. ACO-PREV-10 Tobacco Use Assessment.....	71
Table 3-98. ACO-PREV-10 Cessation Counseling.....	72
Table 3-99. PREV-11 Rank	72
Table 3-100. ACO-PREV-11 Blood Pressure Screening	73
Table 3-101. PREV-12 Rank	73
Table 3-102. ACO-PREV-12 Screening for Clinical Depression	74
Table 3-103. ACO-PREV-12 Positive for Clinical Depression.....	75
Table 3-104. ACO-PREV-12 Depression Follow-Up plan	75
Table 3-105. PREV Comments.....	76
Table 3-106. Patient XML Error Messages	77
Table 3-107. Submission Header XML Elements	93
Table 3-108. File Audit Data XML Elements	93
Table 3-109. Submission Period Dates XML Elements	94
Table 3-110. Group Identification XML Elements.....	95
Table 3-111. Patient Identification	95

Table 3-112. Medicare ID	96
Table 3-113. CARE-1 XML Elements	96
Table 3-114. CARE-1 Rank.....	98
Table 3-115. CARE-1 Medical Record Found	99
Table 3-116. CARE-1 Not Qualified for Sample Reason.....	99
Table 3-117. CARE-1 Not Qualified for Sample Date.....	100
Table 3-118. ACO-CARE-1 Discharge Date.....	101
Table 3-119. ACO-CARE-1 Inpatient Facility Discharge Confirmation	102
Table 3-120. CARE-1 Office Visit	102
Table 3-121. ACO-CARE-1 Medication Reconciliation.....	103
Table 3-122. CARE-1 Comments.....	103
Table 3-123. Patient Discharge XML Validation Errors	104
Table 3-124. Patient Ranking XML Elements.....	108
Table 3-125. Clinics XML Elements	113
Table 3-126. Providers XML Elements	115

1 INTRODUCTION

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

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

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

2 REFERENCED DOCUMENTS

The documents listed in Table 2-1 were used in whole or in part to develop the content within this document. The Supporting Documents are posted on the [Medicare Accountable Care Organization Website](http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html), http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html.

Table 2-1. Referenced Documents

Document Name	Document Number	Issuance Date
2012 ACO GPRO Supporting Documentation Care Coordination/Patient Safety Measures	N/A	July 2012
2012 ACO GPRO Supporting Documentation Coronary Artery Disease Module	N/A	July 2012
2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module	N/A	July 2012
2012 ACO GPRO Supporting Documentation Heart Failure Module	N/A	July 2012
2012 ACO GPRO Supporting Documentation Hypertension Module	N/A	July 2012
2012 ACO GPRO Supporting Documentation Ischemic Vascular Disease Module	N/A	July 2012
2012 ACO GPRO Supporting Documentation Preventive Care Measures	N/A	July 2012

3 XML SPECIFICATIONS

The measurement period for the 2012 Program Year is from 01/01/2012 through 12/31/2012, unless otherwise indicated for a specific measure.

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

- Patient
- Patient Discharge
- Patient Ranking
- Clinics
- Providers

The Patient and Patient Discharge XML files may also be uploaded to update the patient's data.

Dates specified throughout the document are in the format of MM/DD/YYYY. Months and dates containing a single digit may be entered with or without a leading zero (0). For example, July 4, 2012 may be entered as 07/04/2012 or as 7/4/2012.

3.1 Patients XML

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

When exporting the data, the Web Interface allows the selection of one or more modules on the Export Data page. The XML file generated by the Web Interface will only include the patients ranked in the selected modules. If a patient is ranked in multiple modules, only the XML elements associated with the selected modules will be included for that patient. The data for a patient will only include the XML elements associated to the modules in which the patient is ranked. If a patient is ranked in a module, but data has not been stored in the database for the associated XML elements, the elements will be included, but the element will be an empty tag.

In total, there are 15 modules: five disease modules, two individually sampled Care Coordination/Patient Safety modules, and eight individually sampled Preventive Care modules:

- Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility (CARE-1)
- Falls: Screening for Future Fall Risk (CARE-2)
- Coronary Artery Disease (CAD)
- Diabetes Mellitus (DM)
- Heart Failure (HF)
- Hypertension (HTN)

- Ischemic Vascular Disease (IVD)
- Preventive Care and Screening: Screening Mammography (PREV-5)
- Preventive Care and Screening: Colorectal Cancer Screening (PREV-6)
- Preventive Care and Screening: Influenza Immunization (PREV-7)
- Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older (PREV-8)
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (PREV-9)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (PREV-10)
- Preventive Care and Screening: Screening for High Blood Pressure (PREV-11)
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (PREV-12)

3.1.1 File Processing

3.1.1.1 Patient Status

The patient's status in a module 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. The XML uploads for the Patient XML and the Patient Discharge XML can cause the system to change the status to **Complete**, **Incomplete**, or **Skipped** based on the uploaded values. The **Not Ranked** status is set at the time the data is loaded and cannot be changed.

3.1.1.1.1 Marking a Patient as Complete

The system will mark a patient as **Complete** in a module when the diagnosis is confirmed for the disease or when the medical record is found for a CARE or PREV module, and all required measure components have a value. The required measure components are detailed in the sections for the measures below.

3.1.1.1.2 Marking a Patient as Incomplete

The system will mark a patient as **Incomplete** in a module for one of the following reasons:

- The default status for a patient ranked in a module is **Incomplete**.

- Beneficiary is ranked in a CARE or PREV module and a value has not been provided for Medical Record Found.
- Beneficiary is ranked in a CARE or PREV module, Medical Record Found is set to Yes, but required measure components do not have a value.
- Beneficiary is ranked in a disease module and a value has not been provided for the diagnosis confirmation.
- Beneficiary is ranked in a disease module, the diagnosis has been confirmed, but required measure components do not have a value.
- Beneficiary is ranked in multiple modules and inconsistent answers have been provided indicating the medical record was found, the module indicating the record was not found will be **Incomplete**.

3.1.1.1.3 Marking a Patient as Skipped

The system will mark a patient as **Skipped** for one of the following reasons:

- Beneficiary medical records not found.
- Beneficiary diagnosis not confirmed by patient records.
- Beneficiary is deceased.
- Beneficiary is in hospice.
- Beneficiary moved out of the country.
- Not qualified for medical reasons (Diabetes only).
- Other CMS approved reason.

If the Accountable Care Organization must skip one or more patients in the module, then they are required to complete the data for an equal number of additional consecutive beneficiaries within the module or patient care measure. An Accountable Care Organization must report on at least 411 completed beneficiaries, unless the sample of beneficiaries is exhausted.

3.1.1.1.4 Marking a Patient as Not Ranked

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

3.1.1.2 XML Element Processing

Only the XML elements for the module(s) in which the patient is ranked should be used. Using an element for a module in which the patient is not ranked will not generate an error, but the data in the XML file for that element will not be stored in the database.

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

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

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

Inclusion of XML elements for fields that do not require data is optional. This allows for flexibility when creating the XML files. Examples of options include:

- Uploading data using one XML file per module.
- 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.

3.1.1.3 XML Element Order

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

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

Individual XML elements for the Patient XML file are detailed in the following tables:

- Table 3-1. Submission Header XML Elements
- Table 3-2. File Audit Data XML Elements
- Table 3-3. Submission Period Dates
- Table 3-4. Group Identification XML Elements
- Table 3-5. Patient Demographics XML Elements
- Table 3-16. CARE XML Elements
- Table 3-23. CAD XML Elements
- Table 3-33. DM XML Elements
- Table 3-52. HF XML Elements
- Table 3-60. HTN XML Elements
- Table 3-70. IVD XML Elements
- Table 3-80. PREV XML Elements

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

Individual module elements for the Patient Discharge XML file are detailed in Table 3-113. CARE-1 XML Elements.

3.1.2 Submission Header

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

Table 3-1 shows the available values and appropriate XML format for the submission header.

Table 3-1. Submission Header XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<submission>	<submission version="1.0" type="ACO-GPRO-PATIENT" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:qrs="http://www.cms.gov/pqrs/aco/patient/v1" xsi:schemaLocation="http://www.cms.gov/pqrs/aco/patient/v1 qrs-ACO_Patient.xsd">	String	180	Yes
</submission>	</submission>	N/A	N/A	N/A

3.1.3 File Audit Data

The **File Audit Data** XML elements are subelements of the <submission> element. The information in the **File Audit Data** is provided when the file is exported for informational purposes. The information may be included in the file to be uploaded for tracking purposes, but is not required. Any data provided in the **File Audit Data** will only be validated for format and will not be stored in the database.

Table 3-2 shows the available values and appropriate XML format for the **File Audit Data**.

Table 3-2. File Audit Data XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<file-audit-data>	Opening element for file audit data <file-audit-data>	N/A	N/A	N/A
<file-number>	1 - 999 <file-number>1</file-number>	String	3	No

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<create-date>	Date in MM/DD/YYYY format <create-date>01/23/2013</create-date>	String	10	No
<create-time>	HH:MM (Military format with colon) <create-time>23:01</create-time>	Time	5	No
<create-by>	When exported will contain the IACS ID of the user and “-WebUI”. For upload, up to 50 characters may be provided. <create-by>JMSD010-WebUI</create-by>	String	50	No
<version>	1 - 99999 <version>2.0</version>	String	5	No
</file-audit-data>	Opening element for file audit data	N/A	N/A	N/A

3.1.4 Submission Period Dates

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

Table 3-3 shows the available values and appropriate XML format for the **Submission Period Dates**.

Table 3-3. Submission Period Dates XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<submission-period-from-date>	Date in MM/DD/YYYY format <submission-period-from-date>01/01/2012</submission-period-from-date>	String	10	No
<submission-period-to-date>	Date in MM/DD/YYYY format <submission-period-to-date>12/31/2012</submission-period-to-date>	String	10	No

3.1.5 Group Identification

The **Group Identification** provides the type of group submitting data and the Primary Taxpayer Identification Number. The **Group Identification** XML elements are subelements of the <submission> element. All data for the patients in the group must be included between the opening <aco-gpro> element and the closing </aco-gpro> element. The Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the Individuals Authorized Access to CMS Computer Services (IACS) ID of the user submitting the file.

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.

The <aco-gpro>, </aco-gpro>, <patient>, and </patient> tags are the opening and closing tags and do not contain data.

Table 3-4 shows the available values and appropriate XML format for the **Group Identification**.

Table 3-4. Group Identification XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<aco-gpro>	Opening element for the ACO data, tag does not contain data <aco-gpro>	N/A	N/A	N/A
<aco-tin>	Primary Taxpayer Identification Number <aco-tin>000000000</aco-tin>	String	9	Yes
<patient>	Opening element for an individual patient's data, may be repeated for each patient with a matching closing element, tag does not contain data <patient>	N/A	N/A	N/A
</patient>	Closing element for an individual patient's data, may be repeated for each patient with a matching opening element, tag does not contain data </patient>	N/A	N/A	N/A
</aco-gpro>	Closing element for the ACO data, tag does not contain data </aco-gpro>	N/A	N/A	N/A

3.1.6 Patient Demographics

The **Patient Demographics** is provided on export to aid in locating the Patient's medical record. When uploading the data, the only required field is the **Medicare ID**. The other information may

be provided to update the existing information or to provide information not available during the patient sampling.

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

- Medicare ID, Section 3.1.6.1
- Patient First Name, Section 3.1.6.2
- Patient Last Name, Section 3.1.6.3
- Patient Gender, Section 3.1.6.4
- Patient Birth Date, Section 3.1.6.5
- Medical Record Number, Section 3.1.6.6
- Other Identifier, Section 3.1.6.7
- National Provider Identifier (NPI), Section 3.1.6.8
- Clinic Identifier, Section 3.1.6.9
- General Comments, Section 3.1.6.10

All Demographics elements are subelements of the <patient> XML element and are detailed in Table 3-5. The Demographics Algorithms are listed in the sections following Table 3-5.

Table 3-5. Patient Demographics XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<medicare-id>	Character	String	15	Yes
<patient-first-name>	Character	String	25	Yes
<patient-last-name>	Character	String	20	Yes
<gender>	1 = Male 2 = Female 3 = Unknown	String	1	Yes
<birth-date>	MM/DD/YYYY (Must be a valid date between 01/01/1900 and 6/30/2012)	String	10	Yes
<medical-record-number>	Character	String	25	No
<other-id>	Character	String	20	No
<provider-npi>	Numeric	String	10	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<clinic-id>	Numeric System Generated Clinic ID OR -1 to update to NULL	String	15	No
<abstraction-date>	MM/DD/YYYY (Must be a valid date) <abstraction-date>02/20/2013</abstraction-date>	String	10	No
<general-comments>	Text	String	250	No

3.1.6.1 Medicare ID

The **Medicare ID** must be provided in the patient data. The **Medicare ID** may only be used once per patient. If the **Medicare ID** is not in the database for the Primary 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 beneficiary and as such is the primary key.

Table 3-6 shows the available values and appropriate XML format for the **Medicare ID**.

Table 3-6. Patient Demographics Medicare ID

Available Values	Sample XML Tag	Other Parameters
Character	<medicare-id>000000000Z</medicare-id>	Include XML elements for modules in which the patient is ranked

3.1.6.2 Patient First Name

The patient's **First Name** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the **First Name** will be provided when exporting the patient data, but only needs to be provided in the XML upload if there is a need to update the name. If the XML element for the **First Name** is used, a value must be provided.

Table 3-7 shows the available values and appropriate XML format for the **First Name**.

Table 3-7. Patient Demographics Patient First Name

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

3.1.6.3 Patient Last Name

The patient's **Last Name** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the **Last Name** will be provided when exporting the patient data, but only needs to be provided in the XML upload if there is a need to update the name. If the XML element for the **Last Name** is used, a value must be provided.

Table 3-8 shows the available values and appropriate XML format for the **Last Name**.

Table 3-8. Patient Demographics Patient Last Name

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

3.1.6.4 Patient Gender

The patient's **Gender** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the gender will be provided when exporting the patient data, but only needs to be provided in the XML upload if there is a need to update the gender. If the XML element for the **Gender** is used, a value must be provided.

Table 3-9 shows the available values and appropriate XML format for the **Gender**.

Table 3-9. Patient Demographics Patient Gender

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

3.1.6.5 Patient Birth Date

The patient's **Birth Date** as it appears in CMS's records during the sampling process will be pre-populated during the initial load of patient data. The XML element containing the birth date will

be provided when exporting the patient data, but only needs to be provided in the XML upload if there is a need to update the birth date. If the XML element for the **Birth Date** is used, a value must be provided.

Table 3-10 shows the available values and appropriate XML format for the **Birth Date**.

Table 3-10. Patient Demographics Patient Birth Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/1900 and 6/30/2012	<birth-date>10/15/1935</birth-date>	None

3.1.6.6 Medical Record Number

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

Table 3-11 shows the available values and appropriate XML format for the **Medical Record Number**.

Table 3-11. Patient Demographics Medical Record Number

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

3.1.6.7 Other Identifier

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

Table 3-12 the available values and appropriate XML format for the **Other Identifier**.

Table 3-12. Patient Demographics Other Identifier

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

3.1.6.8 Provider NPI

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

Table 3-13 the available values and appropriate XML format for the **Provider NPI**.

Table 3-13. Patient Demographics Provider NPI

Available Values	Sample XML Tag	Other Parameters
Numeric	<provider-npi>111111111</provider-npi>	None
-1 = Update to NULL	<provider-npi>-1</provider-npi>	None

3.1.6.9 Clinic Identifier

The **Clinic Identifier** will not be pre-populated during the sampling process. The value may be added during the submission period. The **Clinic Identifier** in the XML file must be a system generated identifier currently existing in the database. The list of existing **Clinic Identifier** 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.

Table 3-14 the available values and appropriate XML format for the **Clinic Identifier**.

Table 3-14. Patient Demographics Clinic Identifier

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

3.1.6.10 General Comments

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

Table 3-15. Patient Demographics General Comments

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

3.1.7 Care Coordination/Patient Safety (CARE)

The **CARE** modules include elements for:

- CARE-1 and CARE-2 Rank, Section 3.1.7.1
- CARE-1 and CARE-2 Medical Record Found, Section 3.1.7.2
- CARE-2: Screening for Future Falls Risk, Section 3.1.7.3
- CARE-1 and CARE-2 Comments, Section 3.1.7.4

All CARE-1 and CARE-2 XML elements are subelements of the <patient> XML element and are detailed in Table 3-16. The CARE Algorithms are listed in the sections following Table 3-16.

Table 3-16. CARE XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<caremedcon-rank>	1 to 616	String	3	For Export Only
<carefalls-rank>	1 to 616	String	3	For Export Only
<care-medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<care-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<care-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<falls-screening>	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No
<care-comments>	Text	String	250	No

3.1.7.1 CARE Rank

The **CARE-1** and **CARE-2 Rank** provides the patient's assigned order in the CARE modules, and is provided in the exported files for information purposes only. The rank cannot be changed from the value assigned to the patient during the patient sampling. If the patient has not been selected for the CARE-1 or CARE-2 modules, the associated **CARE Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **CARE Rank** is not required in the XML files to be uploaded. If the **CARE Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

The **CARE-1 Rank** is also provided in the Patient Discharge XML file. It is included in the Patient XML files in order to allow export of the patient population rank for all modules.

Table 3-17 shows the available values and appropriate XML format for the **CARE-1** and **CARE-2 Rank**.

Table 3-17. CARE-1 and CARE-2 Rank

Available Values	Sample XML Tag	Other Parameters
1 – 616	<caremedcon-rank>221</caremedcon-rank>	Ignored on Upload
1 – 616	<carefalls-rank>68</carefalls-rank>	Ignored on Upload

3.1.7.2 CARE-1 and CARE-2 Medical Record Found

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

- Medical Record Found

- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the patient's medical record is available, values for the CARE measures for the modules in which the patient is ranked must be provided for the patient to be considered complete in the associated CARE module.

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

The CARE module patients are individually sampled for each module, but the Medical Record Found applies to both modules. If the patient is ranked in both the CARE-1 and CARE-2 modules, the values for the **Medical Record Found** confirmation, Reason and Date are applied to both modules. This allows for setting the **Medical Record Found** values for a patient ranked in CARE-1 in either the Patient XML file or in the Patient Discharge XML file. It should be noted that the values should be the same for a patient ranked in both CARE-1 and CARE-2. If the values are different, the value in the last uploaded file will overwrite any previous values.

3.1.7.2.1 Confirm Medical Record Found

Determine if you are able to find the patient's medical record. If a patient is only ranked in CARE-1, the confirmation may be done in the Patient Discharge file.

Table 3-18 shows the available values and appropriate XML tags for **CARE Medical Record Found**.

Table 3-18. CARE-1 and CARE-2 Medical Record Found

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<care-medical-record-found>2</care-medical-record-found>	Include CARE-1 measure elements in the Patient Discharge file if the patient is ranked in CARE-1 to complete the patient's data for CARE-1. Include CARE-2 measure elements in the Patient file to complete the patient's data for CARE-2.
3 = Medical Record Not Found	<care-medical-record-found>3</care-medical-record-found>	Remaining CARE-1 and CARE-2 elements do not need to be included

Available Values	Sample XML Tag	Other Parameters
9 = Not Qualified for Sample	<care-medical-record-found>9</care-medical-record-found>	Include Reason and Date the patient is not qualified for the sample, but remaining CARE-1 and CARE-2 measure elements do not need to be included
-1 = Update to NULL	<care-medical-record-found>-1</care-medical-record-found>	None

3.1.7.2.2 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**.

Table 3-19 shows the available values and appropriate XML format for the **CARE Not Qualified for Sample** reasons.

Table 3-19. CARE-1 and CARE-2 Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<care-not-qualified-reason>10</care-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for CARE-1 or CARE-2
11 = Moved out of Country	<care-not-qualified-reason>11</care-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for CARE-1 or CARE-2
12 = Deceased	<care-not-qualified-reason>12</care-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for CARE-1 or CARE-2
15 = Other CMS Approved Reason	<care-not-qualified-reason>15</care-not-qualified-reason>	Medical Record Found Date element is not required to complete the patient's data for CARE-1 or CARE-2
-1 = Update to NULL	<care-not-qualified-reason>-1</care-not-qualified-reason>	None

3.1.7.2.3 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**. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-20 shows the available values and appropriate XML format for the **CARE Not Qualified for Sample** date.

Table 3-20. CARE-1 and CARE-2 Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<care-not-qualified-date>12/01/2012</care-not-qualified-date>	None
-1 = Update to NULL	<care-not-qualified-date>-1</care-not-qualified-date>	None

3.1.7.3 ACO-CARE-2: Screening for Future Fall Risk

Determine if the patient was screened for future fall risk once within 12 months. The codes for falls screening and medical exclusion can be found in the *2012 ACO GPRO Supporting Documentation Care Coordination/Patient Safety Measures*.

Table 3-21 shows the available values and appropriate XML format for the screening of future falls risk.

Table 3-21. ACO-CARE-2 Screening for Future Falls Risk

Available Values	Sample XML Tag	Other Parameters
1 = No	<falls-screening>1</falls-screening>	None
2 = Yes	<falls-screening>2</falls-screening>	None
4 = No – Medical Reasons	<falls-screening>4</falls-screening>	None
-1 = Update to NULL	<falls-screening>-1</falls-screening>	None

3.1.7.4 Optional Comments for the CARE Modules

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

Table 3-22 the available values and appropriate XML format for the **CARE Optional Comments**.

Table 3-22. CARE-1 and CARE-2 Comments

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

3.1.8 Coronary Artery Disease (CAD)

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

- CAD Rank, Section 3.1.8.1
- CAD Confirmation, Section 3.1.8.2
- ACO-CAD-2: Lipid Control, Section 3.1.8.3
- ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB, Section 3.1.8.4
- CAD Comments, Section 3.1.8.4.3

All CAD XML elements are subelements of the <patient> XML element and are detailed in Table 3-23. The CAD Algorithms are listed in the sections following Table 3-23.

Table 3-23. CAD XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<cad-rank>	1 to 616	String	3	For Export Only

Physician Quality Reporting System

XML Element	Valid Values	Data Type	Field Size	Data Required
<cad-confirmed>	2 = Yes 3 = Medical Record Not Found 8 = Not Confirmed 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<cad-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No
<cad-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<cad-ldlc-control>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No
<cad-diabetes>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<cad-lvsd>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<cad-acearb>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No
<cad-comments>	Text	String	250	No

3.1.8.1 CAD Rank

The **CAD Rank** provides the patient's assigned order in the CAD module and is provided in the exported files for informational purposes 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 CAD module, the **CAD Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **CAD Rank** is not required in the XML files to be uploaded. If the **CAD Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-24 shows the available values and appropriate XML format for **CAD Rank**.

Table 3-24. CAD Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<cad-rank>221</cad-rank>	Ignored on Upload

3.1.8.2 CAD Confirmation

The **CAD Confirmation** contains three types of information:

- CAD Confirmed
- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the CAD diagnosis can be confirmed for the patient, values for the CAD measures must be provided for the patient to be considered complete in the CAD module.

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

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

3.1.8.2.1 Confirm CAD Diagnosis

Determine if the patient has a documented history of CAD at any time in the patient's history up through the last day of the measurement period. The codes for **CAD Confirmed** can be found in the *2012 ACO GPRO Supporting Documentation Coronary Artery Disease Module*.

Table 3-25 shows the available values and appropriate XML tags for **CAD Confirmed**.

Table 3-25. CAD Confirmed

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<cad-confirmed>2</cad-confirmed>	Include CAD measure elements to complete the patient's data for CAD
3 = Medical Record Not Found	<cad-confirmed>3</cad-confirmed>	Remaining CAD elements do not need to be included
8 = Not Confirmed	<cad-confirmed>8</cad-confirmed>	Remaining CAD elements do not need to be included
9 = Not Qualified for Sample	<cad-confirmed>9</cad-confirmed>	Include Reason and Date the patient is not qualified for the sample, but remaining CAD measure elements do not need to be included
-1 = Update to NULL	<cad-confirmed>-1</cad-confirmed>	None

3.1.8.2.2 Provide the Reason the Patient is Not Qualified for Sample

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

Table 3-26 shows the available values and appropriate XML format for the **CAD Not Qualified for Sample** reasons.

Table 3-26. CAD Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<cad-not-qualified-reason>10</cad-not-qualified-reason>	Include CAD Confirmation Date element to complete the patient's data for CAD
11 = Moved out of Country	<cad-not-qualified-reason>11</cad-not-qualified-reason>	Include CAD Confirmation Date element to complete the patient's data for CAD
12 = Deceased	<cad-not-qualified-reason>12</cad-not-qualified-reason>	Include CAD Confirmation Date element to complete the patient's data for CAD

15 = Other CMS Approved Reason	<cad-not-qualified-reason>15</cad-not-qualified-reason>	CAD Confirmation Date element is not required to complete the patient's data for CAD
-1 = Update to NULL	<cad-not-qualified-reason>-1</cad-not-qualified-reason>	None

3.1.8.2.3 Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is because of hospice, moved out of the country, or deceased, the date must be provided for the patient to be marked as **Skipped**. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-27 shows the available values and appropriate XML format for the **CAD Not Qualified for Sample** date.

Table 3-27. CAD Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<cad-not-qualified-date>12/01/2012</cad-not-qualified-date>	None
-1 = Update to NULL	<cad-not-qualified-date>-1</cad-not-qualified-date>	None

3.1.8.3 ACO-CAD-2: Lipid Control

Determine if the patient had an LDL-C test result < 100 mg/dL or had an LDL-C test result ≥ 100 mg/dL and had a documented plan of care to achieve LDL-C < 100 mg/dL including, at a minimum, the prescription of a statin during the measurement period. If there is more than one LDL-C test performed, use the most current test or recent value. A prescription may include a prescription given to the patient for a statin at one or more visits within the measurement period or patient already taking a statin as documented in the current medication list.

Set **LDL-C Control** to **Yes** if one of the following conditions is met:

1. The patient had an LDL-C test result < 100 mg/dL
2. The patient had an LDL-C test result ≥ 100 mg/dL and had a documented plan of care including, at a minimum, the prescription of a statin

Set **LDL-C Control** to **No** if one of the following conditions is met:

1. The patient did not have an LDL-C test performed

2. The patient had an LDL-C test performed and had an LDL-C test result ≥ 100 mg/dL and did not have a documented plan of care including, at a minimum, the prescription of a statin
3. The laboratory unable to calculate LDL-C value due to high triglycerides
4. The test result is labeled "unreliable" and a result is provided

The exclusions for **LDL-C Control** should be used if the patient was not prescribed a statin for medical reasons, patient reasons, or system reasons.

The codes for **LDL-C Control** and the exclusion codes can be found in the *2012 ACO GPRO Supporting Documentation Coronary Artery Disease Module*.

Table 3-28 shows the available values and appropriate XML format for **LDL-C Control**.

Table 3-28. ACO-CAD-2 Lipid Control

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

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

Three types of information are required to complete the **ACO-CAD-7** measure:

- Confirmation that the patient has Diabetes
- Confirmation that the patient has LVSD
- Indicator that the patient was prescribed ACE-I/ARB Therapy

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

3.1.8.4.1 Determine if the Patient Has Diabetes

Determine if the patient has diabetes. The codes for **Has Diabetes** can be found in the *2012 ACO GPRO Supporting Documentation Coronary Artery Disease Module*.

Table 3-29 shows the available values and appropriate XML format for **Has Diabetes**.

Table 3-29. ACO-CAD-7 Has Diabetes

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-diabetes>1</cad-diabetes>	If Has LVSD is also No, the ACE-I/ARB value does not need to be provided
2 = Yes	<cad-diabetes>2</cad-diabetes>	Provide the ACE-I/ARB value
-1 = Update to NULL	<cad-diabetes>-1</cad-diabetes>	None

3.1.8.4.2 Determine if the Patient Has LVSD

Determine if the patient has LVSD (LVEF < 40% or documented as moderate to severe). Use the most recent result. The codes for **Has LVSD** can be found in the *2012 ACO GPRO Supporting Documentation Coronary Artery Disease Module*.

Table 3-30 shows the available values and appropriate XML format for **Has LVSD**.

Table 3-30. ACO-CAD-7 Has LVSD

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-lvsd>1</cad-lvsd>	If Has Diabetes is also No, the ACE-I/ARB value does not need to be provided
2 = Yes	<cad-lvsd>2</cad-lvsd>	Provide the ACE-I/ARB value
-1 = Update to NULL	<cad-lvsd>-1</cad-lvsd>	None

3.1.8.4.3 Determine if the Patient was Prescribed ACE-I/ARB

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

not prescribed can be found in the 2012 ACO GPRO Supporting Documentation Coronary Artery Disease Module.

Table 3-31 shows the available values and appropriate XML format for **ACE-I/ARB**.

Table 3-31. ACO-CAD-7 ACE Inhibitor or ARB Therapy

Available Values	Sample XML Tag	Other Parameters
1 = No	<cad-acearb>1</cad-acearb>	None
2 = Yes	<cad-acearb>2</cad-acearb>	None
4 = No – Medical Reasons	<cad-acearb>4</cad-acearb>	None
5 = No – Patient Reasons	<cad-acearb>5</cad-acearb>	None
6 = No – System Reasons	<cad-acearb>6</cad-acearb>	None
-1 = Update to NULL	<cad-acearb>-1</cad-acearb>	None

3.1.8.5 Optional Comments for the CAD Module

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

Table 3-32 shows the available values and appropriate XML format for the **Optional Comments**.

Table 3-32. CAD Comments

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

3.1.9 Diabetes Mellitus (DM)

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

- DM Rank, Section 3.1.9.1
- DM Confirmation, Section 3.1.9.2
- ACO-DM-2 and ACO-DM-15: Most Recent HbA1c, Section 3.1.9.3
- ACO-DM-13: Blood Pressure Management, Section 3.1.9.4
- ACO-DM-14: Most Recent LDL-C Result, Section 3.1.9.5
- ACO-DM-16: IVD/Aspirin Use, Section 3.1.9.6

- ACO-DM-17: Tobacco Non Use, Section 3.1.9.7
- DM Comments, Section 3.1.9.8

All DM XML elements are sub-elements of the <patient> XML element and are detailed in Table 3-33. The DM Algorithms are listed in the sections following Table 3-33.

Table 3-33. DM XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<dm-rank>	1 to 616	String	3	For Export Only
<dm-confirmed>	2 = Yes 3 = Medical Record Not Found 8 = Not Confirmed 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<dm-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 13 = Medical Reasons 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No
<dm-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<dm-hba1c-test>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<dm-hba1c-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<dm-hba1c-value>	0-25 with one or two optional decimal places (XX.XX) OR -1 to update to NULL	String	5	No
<dm-recent-bp>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<dm-bp-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<dm-bp-systolic>	0 – 350 OR -1 to update to NULL	String	3	No
<dm-bp-diastolic>	0 – 200 OR -1 to update to NULL	String	3	No
<dm-ldlc-test>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<dm-ldlc-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<dm-ldlc-value>	0 – 500 OR -1 to update to NULL	String	3	No
<dm-ivd>	1 = No 2 = Yes -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<dm-aspirin>	1 = No 2 = Yes 4 = No - Medical Reasons -1 = Update to NULL	String	3	No
<dm-tobacco>	1 = Screened and a non-tobacco user 2 = Screened and a tobacco user 14 = Not Screened -1 = Update to NULL	String	3	No
<dm-comments>	Text	String	250	No

3.1.9.1 DM Rank

The **DM Rank** provides the patient's assigned order in the DM module, and is provided in the exported files for information purposes 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 DM module, the DM Rank will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **DM Rank** is not required in the XML files to be uploaded. If the **DM Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-34 shows the available values and appropriate XML format for **DM Rank**.

Table 3-34. DM Rank

Available Values	Sample XML Tag	Other Parameters
1 – 616	<dm-rank>221</dm-rank>	Ignored on Upload

3.1.9.2 DM Confirmation

The **DM Confirmation** contains three types of information:

- DM Confirmed
- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the DM diagnosis can be confirmed for the patient, values for the DM measures must be provided for the patient to be considered complete in the DM module.

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

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

3.1.9.2.1 Confirm DM Diagnosis

Determine if the patient has a documented history of DM during the measurement period or the year prior to the measurement period. The codes for DM Confirmed can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-35 shows the available values and appropriate XML tags for **DM Confirmed**.

Table 3-35. DM Confirmed

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<dm-confirmed>2</dm-confirmed>	Include DM measure elements to complete the patient's data for DM
3 = Medical Record Not Found	<dm-confirmed>3</dm-confirmed>	Remaining DM elements do not need to be included
8 = Not Confirmed	<dm-confirmed>8</dm-confirmed>	Remaining DM elements do not need to be included
9 = Not Qualified for Sample	<dm-confirmed>9</dm-confirmed>	Include Reason and Date the patient is not qualified for the sample, but remaining DM measure elements do not need to be included
-1 = Update to NULL	<dm-confirmed>-1</dm-confirmed>	None

3.1.9.2.2 Provide the Reason the Patient is Not Qualified for Sample

If the **DM Confirmed** value is set to **Not Qualified for Sample**, the reason must be provided for the patient to be marked as skipped. The medical exclusions for the DM module can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-36 shows the available values and appropriate XML format for the **DM Not Qualified for Sample** reasons.

Table 3-36. DM Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<dm-not-qualified-reason>10</dm-not-qualified-reason>	Include DM Confirmation Date element to complete the patient's data for DM
11 = Moved out of Country	<dm-not-qualified-reason>11</dm-not-qualified-reason>	Include DM Confirmation Date element to complete the patient's data for DM
12 = Deceased	<dm-not-qualified-reason>12</dm-not-qualified-reason>	Include DM Confirmation Date element to complete the patient's data for DM
13 = Medical Reasons	<dm-not-qualified-reason>13</dm-not-qualified-reason>	DM Confirmation Date element is not required to complete the patient's data for DM
15 = Other CMS Approved Reason	<dm-not-qualified-reason>15</dm-not-qualified-reason>	DM Confirmation Date element is not required to complete the patient's data for DM
-1 = Update to NULL	<dm-not-qualified-reason>-1</dm-not-qualified-reason>	None

3.1.9.2.3 Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is because of hospice, moved out of the country, or deceased, the date must be provided for the patient to be marked as skipped. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for medical reasons or for other CMS approved reasons.

Table 3-37 shows the available values and appropriate XML format for the **DM Not Qualified for Sample** date.

Table 3-37. DM Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<dm-not-qualified-date>12/01/2012</dm-not-qualified-date>	None

Available Values	Sample XML Tag	Other Parameters
-1 = Update to NULL	<dm-not-qualified-date>-1</dm-not-qualified-date>	None

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

Three types of information are required to complete the **ACO-DM-2** and **ACO-DM-15** measure:

- Confirmation that HbA1c test was performed
- The most recent date the blood was drawn for the HbA1c
- The most recent HbA1c value

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

All information may not be required for the **ACO-DM-2** and **ACO-DM-15** measures to be marked as complete. If **No** HbA1c test was performed, then the remaining items are not required to have a value provided. If the value for the test confirmation is **Yes**, the date and test result must have a value provided. The **ACO-DM-2** and **ACO-DM-15** measures will be marked as complete for the patient when all required fields have a value provided.

3.1.9.3.1 Determine if an HbA1c test was performed

Determine if the patient had one or more HbA1c tests performed during the measurement period. The codes for HbA1c testing can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-38 shows the available values and appropriate XML format for **HbA1c Test Performed**.

Table 3-38. ACO-DM-2 and ACO-DM-15 HbA1c Test

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-hba1c-test>1</dm-hba1c-test>	The HbA1c test date and test result values do not need to be provided
2 = Yes	<dm-hba1c-test>2</dm-hba1c-test>	Provide the HbA1c test date and test result values
-1 = Update to NULL	<dm-hba1c-test>-1</dm-hba1c-test>	None

3.1.9.3.2 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. If the date is unknown or illegible, and the user is certain the test was performed during

the measurement period, record the date as 01/01/2012. If the month and year are provided, but not the actual date the test was performed, use the first day of the month. March 2012 would be recorded as 03/01/2012.

Table 3-39 shows the available values and appropriate XML format for the date the most recent date the blood was drawn for the HbA1c.

Table 3-39. ACO-DM-2 and ACO-DM-15 HbA1c Date Taken

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012 in format MM/DD/YYYY	<dm-hba1c-date>02/14/2012</dm-hba1c-date>	None
-1 = Update to NULL	<dm-hba1c-date>-1</dm-hba1c-date>	None

3.1.9.3.3 Determine HbA1c Test Result

If the HbA1c test was performed, provide the most HbA1c value.

Table 3-40 shows the available values and appropriate XML format for the HbA1c test result value.

Table 3-40. ACO-DM-2 and ACO-DM-15 HbA1c Test Result

Available Values	Sample XML Tag	Other Parameters
0 to 25	<dm-hba1c-value>6.8</dm-hba1c-value>	None
-1 = Update to NULL	<dm-hba1c-value>-1</dm-hba1c-value>	None

3.1.9.4 ACO-DM-13: Blood Pressure Management

Four types of information are required to complete the **ACO-DM-13** measure:

- Confirmation that the blood pressure measurement was recorded
- The date the most recent blood pressure measurement was taken
- The systolic value
- The diastolic value

If the blood pressure was recorded, the value for all items must be provided for the **ACO-DM-13** measure to be marked **Complete**.

If the blood pressure was not recorded for any reason, only the confirmation that the blood pressure was not recorded must be provided to mark the item as **Complete**.

3.1.9.4.1 Determine if the Blood Pressure was Recorded

Determine if the patient's most recent blood pressure during the measurement period was recorded. The codes for blood pressure measurement and blood pressure measurement exclusions can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-41 shows the available values and appropriate XML format for **ACO-DM-13 Most Recent Blood Pressure Recorded**.

Table 3-41. ACO-DM-13 Blood Pressure Recorded

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-recent-bp>1</dm-recent-bp>	The date taken, systolic value and diastolic value do not need to be provided
2 = Yes	<dm-recent-bp>2</dm-recent-bp>	Provide the date taken, systolic value and diastolic value
-1 = Update to NULL	<dm-recent-bp>-1</dm-recent-bp>	None

3.1.9.4.2 Determine Date Blood Pressure Measurement was Recorded

If the blood pressure measurement was recorded, provide the most recent measurement date. If the date is unknown or illegible, and the user is certain the measurement was recorded during the measurement period, record the date as 01/01/2012. If the month and year are provided, but not the actual date the measurement was recorded, use the first day of the month. March 2012 would be recorded as 03/01/2012.

Table 3-42 shows the available values and appropriate XML format for the date the most recent blood pressure measurement was recorded.

Table 3-42. ACO-DM-13 Blood Pressure Date Taken

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012 in format MM/DD/YYYY	<dm-bp-date>06/03/2012</dm-bp-date>	None
-1 = Update to NULL	<dm-bp-date>-1</dm-bp-date>	None

3.1.9.4.3 Determine Systolic Value for Most Recent Blood Pressure Measurement

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

Table 3-43 shows the available values and appropriate XML format for the **Systolic Value**.

Table 3-43. ACO-DM-13 Blood Pressure Systolic

Available Values	Sample XML Tag	Other Parameters
0 to 350	<dm-bp-systolic>140</dm-bp-systolic>	None
-1 = Update to NULL	<dm-bp-systolic>-1</dm-bp-systolic>	None

3.1.9.4.4 Determine Diastolic Value for Most Recent Blood Pressure Measurement

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

Table 3-44 shows the available values and appropriate XML format for the **Diastolic Value**.

Table 3-44. ACO-DM-13 Blood Pressure Diastolic

Available Values	Sample XML Tag	Other Parameters
0 to 200	<dm-bp-diastolic>90</dm-bp-diastolic>	None
-1 = Update to NULL	<dm-bp-diastolic>-1</dm-bp-diastolic>	None

3.1.9.5 ACO-DM-14: Most Recent LDL-C Result

Three types of information are required to complete the **ACO-DM-14** measure:

- Confirmation that the LDL-C test was performed
- The most recent date the blood was drawn for LDL-C
- The most recent LDL-C value

All information may not be required for the **ACO-DM-14** measure to be marked as complete. If the confirmation that an LDL-C test was performed is **No**, the remaining items are not required to have a value provided. If the value for the test confirmation is **Yes**, the date and test result must have a value provided. The **ACO-DM-14** measure will be marked as **Complete** for the patient when all required fields have a value provided.

3.1.9.5.1 Determine if an LDL-C test was performed

Determine if the patient had one or more **LDL-C Test** during the measurement period. The codes for LDL-C testing can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-45 shows the available values and appropriate XML format for the confirmation of an **LDL-C Test**.

Table 3-45. ACO-DM-14 LDL-C Test Performed

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-ldlc-test>1</dm-ldlc-test>	The date taken and test result values do not need to be provided
2 = Yes	<dm-ldlc-test>2</dm-ldlc-test>	Provide the date taken and test result values
-1 = Update to NULL	<dm-ldlc-test>-1</dm-ldlc-test>	None

3.1.9.5.2 Determine Date Blood was Drawn for the LDL-C Test

If the **LDL-C Test** was performed, provide the most recent date the blood was drawn for the **LDL-C**. If the date is unknown or illegible, and the user is certain the test was performed during the measurement period, record the date as 01/01/2012. If the month and year are provided, but not the actual date the test was performed, use the first day of the month. March 2012 would be recorded as 03/01/2012.

Table 3-46 shows the available values and appropriate XML format for the most recent date the blood was drawn for the **LDL-C Test**.

Table 3-46. ACO-DM-14 LDL-C Date Taken

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012 in format MM/DD/YYYY	<dm-ldlc-date>02/14/2012</dm-ldlc-date>	None
-1 = Update to NULL	<dm-ldlc-date>-1</dm-ldlc-date>	None

3.1.9.5.3 Determine LDL_C Test Result

If the **LDL-C Test** was performed, record the most recent **LDL-C** value. If the laboratory was unable to calculate the LDL-C value due to high triglycerides, record **0** (zero). If the test result is

labeled **Unreliable** and a result is provided, also record **0** (zero). Do not enter a ratio as a value (it is not a valid value).

Table 3-47 shows the available values and appropriate XML format for the LDL-C test result value.

Table 3-47. ACO-DM-14 LDL-C Test Results

Available Values	Sample XML Tag	Other Parameters
0 to 500	<dm-ldlc-value>129</dm-ldlc-value>	None
-1 = Update to NULL	<dm-ldlc-value>-1</dm-ldlc-value>	None

3.1.9.6 ACO-DM-16: IVD/Aspirin Use

Two types of information are required to complete the **ACO-DM-16** measure:

- Confirmation that the patient has IVD
- Indicator of daily aspirin use

All information may not be required for the **ACO-DM-16** measure to be marked complete. The **Has IVD** value must be provided. If the value for **Has IVD** is **Yes**, a value for **Daily Aspirin Use** must be provided. If the value for **Has IVD** is **No**, a value is not required for **Daily Aspirin Use**.

3.1.9.6.1 Determine if the Patient has IVD

Determine if the patient has a documented history of IVD. The codes for **Has IVD** can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-48 shows the available values and appropriate XML format for **Has IVD**.

Table 3-48. ACO-DM-16 Has IVD

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-ivd>1</dm-ivd>	The Daily Aspirin Use value does not need to be provided
2 = Yes	<dm-ivd>2</dm-ivd>	Provide the Daily Aspirin Use value
-1 = Update to NULL	<dm-ivd>-1</dm-ivd>	None

3.1.9.6.2 Determine Daily Aspirin Use

If the patient has IVD, determine if the patient took a daily aspirin during the measurement period. The codes for aspirin and medical exclusions can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Table 3-49 shows the available values and appropriate XML format for **Daily Aspirin Use**.

Table 3-49. ACO-DM-16 Daily Aspirin Use

Available Values	Sample XML Tag	Other Parameters
1 = No	<dm-aspirin>1</dm-aspirin>	None
2 = Yes	<dm-aspirin>2</dm-aspirin>	None
4 = No – Medical Reasons	<dm-aspirin>4</dm-aspirin>	None
-1 = Update to NULL	<dm-aspirin>-1</dm-aspirin>	None

3.1.9.7 ACO-DM-17: Tobacco Non Use

Determine if patient was screened and identified as a tobacco non-user during the measurement period. Non-smoker codes can be found in the *2012 ACO GPRO Supporting Documentation Diabetes Mellitus Module*.

Set the value to **Yes** if the patient was screened and identified as a tobacco user. Set the value to **No** if the patient was screened and identified as a tobacco non-user. Set the value to **Not Screened** if the patient was not screened for tobacco use.

Table 3-50 shows the available values and appropriate XML format for **Tobacco Non Use**.

Table 3-50. ACO-DM-17 Tobacco Non Use

Available Values	Sample XML Tag	Other Parameters
1 = Screened and a non-tobacco user	<dm-tobacco>1</dm-tobacco>	None
2 = Screened and a tobacco user	<dm-tobacco>2</dm-tobacco>	None
14 = Not Screened	<dm-tobacco>14</dm-tobacco>	None
-1 = Update to NULL	<dm-tobacco>-1</dm-tobacco>	None

3.1.9.8 Optional Comments for the DM Module

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

Table 3-51 shows the available values and appropriate XML format for the **Optional Comments**.

Table 3-51. DM Comments

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

3.1.10 Heart Failure (HF)

The Heart Failure (HF) module includes elements for

- HF Rank, Section 3.1.10.1 HF Confirmation, Section 3.1.10.2
- ACO-HF-6: LVDS and BB, Section 3.1.10.3
- HF Comments, Section 3.1.10.4

All HF XML elements are sub-elements of the <patient> XML element and are detailed in Table 3-52. The HF Algorithms are listed in the sections following Table 3-52.

Table 3-52. HF XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<hf-rank>	1 to 616	String	3	For Export Only
<hf-confirmed>	2 = Yes 3 = Medical Record Not Found 8 = Not Confirmed 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<hf-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<hf-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<hf-lvsd>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<hf-beta-blocker>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No
<hf-comments>	Text	String	250	No

3.1.10.1 HF Rank

The **HF Rank** provides the patient's assigned order in the HF module and is provided in the exported files for informational purposes 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 HF module, the **HF Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **HF Rank** is not required in the XML files to be uploaded. If the **HF Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-53 shows the available values and appropriate XML format for **HF Rank**.

Table 3-53. HF Rank

Available Values	Sample XML Tag	Other Parameters
1 – 616	<hf-rank>221</hf-rank>	Ignored on Upload

3.1.10.2 HF Confirmation

The **HF Confirmation** contains three types of information:

- HF Confirmed

- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the HF diagnosis can be confirmed for the patient, values for the HF measures must be provided for the patient to be considered complete in the HF module.

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

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

3.1.10.2.1 Confirm the HF Diagnosis

Determine if the patient has a documented history of HF at any time in the patient's history up through the last day of the measurement period. The codes for **HF Confirmed** can be found in the *2012 ACO GPRO Supporting Documentation Heart Failure Module*.

Table 3-54. HF Confirmed

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<hf-confirmed>2</hf-confirmed>	Include HF measure elements to complete the patient's data for HF
3 = Medical Record Not Found	<hf-confirmed>3</hf-confirmed>	Remaining HF elements do not need to be included
8 = Not Confirmed	<hf-confirmed>8</hf-confirmed>	Remaining HF elements do not need to be included
9 = Not Qualified for Sample	<hf-confirmed>9</hf-confirmed>	Reason and Date the patient is not qualified for the sample should be included, but remaining HF measure elements do not need to be included
-1 = Update to NULL	<hf-confirmed>-1</hf-confirmed>	None

3.1.10.2.2 Provide the Reason the Patient is Not Qualified for Sample

If the **HF Confirmed** value is set to **Not Qualified for Sample**, the reason must be provided for the patient to be marked as **Skipped**.

Table 3-55 shows the available values and appropriate XML format for the **HF Not Qualified for Sample** reasons.

Table 3-55. HF Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<hf-not-qualified-reason>10</hf-not-qualified-reason>	Include HF Confirmation Date element to complete the patient's data for HF
11 = Moved out of Country	<hf-not-qualified-reason>11</hf-not-qualified-reason>	Include HF Confirmation Date element to complete the patient's data for HF
12 = Deceased	<hf-not-qualified-reason>12</hf-not-qualified-reason>	Include HF Confirmation Date element to complete the patient's data for HF
15 = Other CMS Approved Reason	<hf-not-qualified-reason>15</hf-not-qualified-reason>	HF Confirmation Date element is not required to complete the patient's data for HF
-1 = Update to NULL	<hf-not-qualified-reason>-1</hf-not-qualified-reason>	None

3.1.10.2.3 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**. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-56 shows the available values and appropriate XML format for the **HF Not Qualified for Sample** date.

Table 3-56. HF Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<hf-not-qualified-date>12/01/2012</hf-not-qualified-date>	None
-1 = Update to NULL	<hf-not-qualified-date>-1</hf-not-qualified-date>	None

3.1.10.3 ACO-HF-6: LVSD and BB

Two types of information are required to complete the **ACO-HF-6** measure:

- Confirmation that the patient has LVSD
- Indicator that the patient was prescribed beta blocker therapy

All information may not be required for the ACO-HF-6 measures to be marked complete. The **Has LVSD** value must be provided. If the value for **Has LVSD** is **Yes**, a value for Beta Blocker must be provided. If the value for **Has LVSD** is **No**, a value is not required for Beta Blocker.

3.1.10.3.1 Determine if the Patient has LVSD

Determine if the patient has LVSD (LVEF < 40% or documented as moderate to severe). Use the most recent result. The codes for **Has LVSD** can be found in the *2012 ACO GPRO Supporting Documentation Heart Failure Module*.

Table 3-57 shows the available values and appropriate XML format for **Has LVSD**.

Table 3-57. ACO-HF-6 Has LVSD

Available Values	Sample XML Tag	Other Parameters
1 = No	<hf-lvsd>1</hf-lvsd>	The Beta Blocker and ACE-I/ARB value does not need to be provided
2 = Yes	<hf-lvsd>2</hf-lvsd>	Provide the value for Beta Blocker and ACE-I/ARB
-1 = Update to NULL	<hf-lvsd>-1</hf-lvsd>	None

3.1.10.3.2 Determine if Beta Blocker was Prescribed

If the patient has LVSD, determine if the patient was prescribed beta blocker therapy at any time during the measurement period. Prescribed may include a prescription given to the patient for beta blocker therapy at one or more visits in the measurement period or the patient was already taking beta blocker therapy as documented in current medication list. The codes for beta blocker therapy and exclusions can be found in the *2012 ACO GPRO Supporting Documentation Heart Failure Module*.

Table 3-58 shows the available values and appropriate XML format for **Beta Blocker Therapy**.

Table 3-58. HF-6 Beta Blocker Therapy

Available Values	Sample XML Tag	Other Parameters
1 = No	<hf-beta-blocker>1</hf-beta-blocker>	None

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<hf-beta-blocker>2</hf-beta-blocker>	None
4 = No – Medical Reasons	<hf-beta-blocker>4</hf-beta-blocker>	None
5 = No – Patient Reasons	<hf-beta-blocker>5</hf-beta-blocker>	None
6 = No – System Reasons	<hf-beta-blocker>6</hf-beta-blocker>	None
-1 = Update to NULL	<hf-beta-blocker>-1</hf-beta-blocker>	None

3.1.10.4 Optional Comments for the HF Module

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

Table 3-59 shows the available values and appropriate XML format for the **Optional Comments**.

Table 3-59. HF Comments

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

3.1.11 Hypertension (HTN)

The HTN module includes elements for

- HTN Rank, Section 3.1.11.1
- HTN Confirmation, Section 3.1.11.2
- ACO-HTN-2: Controlling High Blood Pressure, Section 3.1.11.3
- HTN Comments, Section 3.1.11.4

All Hypertension XML elements are sub-elements of the <patient> XML element and are detailed in Table 3-60. The Hypertension Algorithms are listed in the sections following Table 3-60.

Table 3-60. HTN XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<htn-rank>	1 to 616	String	3	For Export Only
<htn-confirmed>	2 = Yes 3 = Medical Record Not Found 8 = Not Confirmed 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<htn-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No
<htn-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<htn-recent-bp>	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No
<htn-bp-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<htn-bp-systolic>	0 to 350 OR -1 to update to NULL	String	3	No
<htn-bp-diastolic>	0 to 200 OR -1 to update to NULL	String	3	No
<htn-comments>	Text	String	250	No

3.1.11.1 HTN Rank

The **HTN Rank** provides the patient's assigned order in the HTN module and is provided in the exported files for information purposes 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 HTN module, the **HTN Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **HTN Rank** is not required in the XML files to be uploaded. If the **HTN Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-61 shows the available values and appropriate XML format for **HTN Rank**.

Table 3-61. HTN Rank

Available Values	Sample XML Tag	Other Parameters
1 – 616	<htn-rank>221</htn-rank>	Ignored on Upload

3.1.11.2 HTN Confirmation

The **HTN Confirmation** contains three types of information:

- HTN Confirmed
- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the HTN diagnosis can be confirmed for the patient, values for the HTN measures must be provided for the patient to be considered complete in the HTN module.

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

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

3.1.11.2.1 Confirm the HTN Diagnosis

Determine if the patient has a documented history of HTN at any time in the patient's history up through the last day of the measurement period. The codes for **HTN Confirmed** can be found in the *2012 ACO GPRO Supporting Documentation Hypertension Module*.

Table 3-62 shows the available values and appropriate XML tags for **HTN Confirmed**.

Table 3-62. HTN Confirmed

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<htn-confirmed>2</htn-confirmed>	Include HTN measure elements to complete the patient's data for HTN
3 = Medical Record Not Found	<htn-confirmed>3</htn-confirmed>	Remaining HTN elements do not need to be included
8 = Not Confirmed	<htn-confirmed>8</htn-confirmed>	Remaining HTN elements do not need to be included
9 = Not Qualified for Sample	<htn-confirmed>9</htn-confirmed>	Reason and Date the patient is not qualified for the sample should be included, but remaining HTN measure elements do not need to be included
-1 = Update to NULL	<htn-confirmed>-1</htn-confirmed>	None

3.1.11.2.2 Provide the Reason the Patient is Not Qualified for Sample

If the **HTN Confirmed value** is set to **Not Qualified for Sample**, the reason must be provided for the patient to be marked as **Skipped**.

Table 3-63 shows the available values and appropriate XML format for the **HTN Not Qualified for Sample** reasons.

Table 3-63. HTN Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<htn-not-qualified-reason>10</htn-not-qualified-reason>	Include HTN Confirmation Date element to complete the patient's data for HTN
11 = Moved out of Country	<htn-not-qualified-reason>11</htn-not-qualified-reason>	Include HTN Confirmation Date element to complete the patient's data for HTN
12 = Deceased	<htn-not-qualified-reason>12</htn-not-qualified-reason>	Include HTN Confirmation Date element to complete the patient's data for HTN

Available Values	Sample XML Tag	Other Parameters
15 = Other CMS Approved Reason	<htn-not-qualified-reason>15</htn-not-qualified-reason>	HTN Confirmation Date element is not required to complete the patient's data for HTN
-1 = Update to NULL	<htn-not-qualified-reason>-1</htn-not-qualified-reason>	None

3.1.11.2.3 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**. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-64 shows the available values and appropriate XML format for the **HTN Not Qualified for Sample** date.

Table 3-64. HTN Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<htn-not-qualified-date>12/01/2012</htn-not-qualified-date>	None
-1 = Update to NULL	<htn-not-qualified-date>-1</htn-not-qualified-date>	None

3.1.11.3 ACO-HTN-2: Controlling High Blood Pressure

Four types of information are required to complete the **ACO-HTN-2** measure:

- Confirmation that the blood pressure measurement was recorded
- The date the most recent blood pressure measurement was taken
- The systolic value
- The diastolic value

If the blood pressure was recorded, the value for all items must be provided for the ACO-HTN-2 measure to be marked complete.

If the blood pressure was not recorded for any reason, only the confirmation that the blood pressure was not recorded must be provided to mark the item as **Complete**.

3.1.11.3.1 Determine if the Blood Pressure was Recorded

Determine if the patient's most recent blood pressure during the measurement period was recorded. The codes for blood pressure measurement and blood pressure measurement exclusions can be found in the *2012 ACO GPRO Supporting Documentation Hypertension Module*.

Table 3-65 shows the available values and appropriate XML format for **ACO-HTN-2 Most Recent Blood Pressure Recorded**.

Table 3-65. ACO-HTN-2 Blood Pressure Recorded

Available Values	Sample XML Tag	Other Parameters
1 = No	<htn-recent-bp>1</htn-recent-bp>	The date taken, systolic value and diastolic value do not need to be provided
2 = Yes	<htn-recent-bp>2</htn-recent-bp>	Provide the date taken, systolic value and diastolic value
4 = No – Medical Reasons	<htn-recent-bp>4</htn-recent-bp>	The date taken, systolic value and diastolic value do not need to be provided
-1 = Update to NULL	<htn-recent-bp>-1</htn-recent-bp>	None

3.1.11.3.2 Determine Date Blood Pressure Measurement was Recorded

If the **Blood Pressure Measurement** was recorded, provide the most recent measurement date. If the date is unknown or illegible, and the user is certain the measurement was recorded during the measurement period, record the date as 01/01/2012. If the month and year are provided, but not the actual date the measurement was recorded, use the first day of the month. March 2012 would be recorded as 03/01/2012.

Table 3-66 shows the available values and appropriate XML format for the date the most recent **Blood Pressure Measurement** was recorded.

Table 3-66. ACO-HTN-2 Blood Pressure Date Taken

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012 in format MM/DD/YYYY	<htn-bp-date>02/15/2012</htn-bp-date>	None

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

3.1.11.3.3 Determine Systolic Value for Most Recent Blood Pressure Measurement

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

Table 3-67 shows the available values and appropriate XML format for the **Systolic Value**.

Table 3-67. ACO-HTN-2 Blood Pressure Systolic

Available Values	Sample XML Tag	Other Parameters
0 to 350	<htn-bp-systolic>120</htn-bp-systolic>	None
-1 = Update to NULL	<htn-bp-systolic>-1</htn-bp-systolic>	None

3.1.11.3.4 Determine Diastolic Value for Most Recent Blood Pressure Measurement

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

Table 3-68 shows the available values and appropriate XML format for the **Diastolic Value**.

Table 3-68. ACO-HTN-2 Blood Pressure Diastolic

Available Values	Sample XML Tag	Other Parameters
0 to 200	<htn-bp-diastolic>80</htn-bp-diastolic>	None
-1 = Update to NULL	<htn-bp-diastolic>-1</htn-bp-diastolic>	None

3.1.11.4 Optional Comments for the HTN Module

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

Table 3-69 shows the available values and appropriate XML format for the **Optional Comments**.

Table 3-69. HTN Comments

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

3.1.12 Ischemic Vascular Disease (IVD)

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

- IVD Rank, Section 3.1.12.1
- IVD Confirmation, Section 3.1.12.2
- ACO-IVD-1: Complete Lipid Profile and LDL-C Control, Section 3.1.12.3
- ACO-IVD-2: Use of Aspirin or Another Antithrombotic, Section 3.1.12.4
- IVD Comments, Section 3.1.12.5

All IVD XML elements are sub-elements of the <patient> XML element and are detailed in Table 3-70. The IVD Algorithms are listed the sections following Table 3-70.

Table 3-70. IVD XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<ivd-rank>	1 to 616	String	3	For Export Only
<ivd-confirmed>	2 = Yes 3 = Medical Record Not Found 8 = Not Confirmed 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<ivd-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<ivd-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<ivd-lipid-performed>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<ivd-lipid-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<ivd-ldlc-value>	0 - 500 OR -1 to update to NULL	String	3	No
<ivd-antithrombotic>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<ivd-comments>	Text	String	250	No

3.1.12.1 IVD Rank

The **IVD Rank** provides the patient's assigned order in the IVD module, and is provided in the exported files for information purposes 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 IVD module, the **IVD Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **IVD Rank** is not required in the XML files to be uploaded. If the **IVD Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database

Table 3-71 shows the available values and appropriate XML format for **IVD Rank**.

Table 3-71. IVD Rank

Available Values	Sample XML Tag	Other Parameters
1 – 616	<ivd-rank>15</ivd-rank>	Ignored on Upload

3.1.12.2 IVD Confirmation

The **IVD Confirmation** contains three types of information:

- IVD Confirmed
- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the IVD diagnosis can be confirmed for the patient, values for the IVD measures must be provided for the patient to be considered complete in the IVD module.

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

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

3.1.12.2.1 Confirm IVD Diagnosis

Determine if the patient has a documented history of IVD, or was discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty at any time in the patient's history up through the last day of the measurement period. The codes for **IVD Confirmed** can be found in the *2012 ACO GPRO Supporting Documentation Ischemic Vascular Disease Module*.

Table 3-72 shows the available values and appropriate XML tags for **IVD Confirmed**.

Table 3-72. IVD Confirmed

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<ivd-confirmed>2</ivd-confirmed>	Include IVD measure elements to complete the patient's data for IVD
3 = Medical Record Not Found	<ivd-confirmed>3</ivd-confirmed>	Remaining IVD elements do not need to be included
8 = Not Confirmed	<ivd-confirmed>8</ivd-confirmed>	Remaining IVD elements do not need to be included
9 = Not Qualified for Sample	<ivd-confirmed>9</ivd-confirmed>	Include Reason and Date the patient is not qualified for the sample, but remaining IVD measure elements do not need to be included
-1 = Update to NULL	<ivd-confirmed>-1</ivd-confirmed>	None

3.1.12.2.2 Provide the Reason the Patient is Not Qualified for Sample

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

Table 3-73 shows the available values and appropriate XML format for the **IVD Not Qualified for Sample** reasons.

Table 3-73. IVD Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<ivd-not-qualified-reason>10</ivd-not-qualified-reason>	Include IVD Confirmation Date element to complete the patient's data for IVD
11 = Moved out of Country	<ivd-not-qualified-reason>11</ivd-not-qualified-reason>	Include IVD Confirmation Date element to complete the patient's data for IVD
12 = Deceased	<ivd-not-qualified-reason>12</ivd-not-qualified-reason>	Include IVD Confirmation Date element to complete the patient's data for IVD
15 = Other CMS Approved Reason	<ivd-not-qualified-reason>15</ivd-not-qualified-reason>	IVD Confirmation Date element is not required to complete the patient's data for IVD
-1 = Update to NULL	<ivd-not-qualified-reason>-1</ivd-not-qualified-reason>	None

3.1.12.2.3 Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is due to hospice, moved out of the country, or deceased, the date must be provided for the patient to be marked as skipped. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-74 shows the available values and appropriate XML format for the **IVD Not Qualified for Sample** date.

Table 3-74. IVD Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<ivd-not-qualified-date>12/01/2012</ivd-not-qualified-date>	None
-1 = Update to NULL	<ivd-not-qualified-date>-1</ivd-not-qualified-date>	None

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

Three types of information are required to complete the **ACO-IVD-1** measure:

- Confirmation that a lipid profile was performed
- The most recent date the blood was drawn for lipid profile
- The most recent LDL-C value

All information may not be required for the **ACO-IVD-1** measure to be marked as complete. If the confirmation that a lipid profile was performed is **No**, the remaining items are not required to have a value provided. If the value for the lipid profile confirmation is **Yes**, the date and LDL-C result must have a value provided. The ACO-IVD-1 measure will be marked as **Complete** for the patient when all required fields have a value provided.

3.1.12.3.1 Determine if a Lipid Profile was Performed

Determine if the patient had at least one **Lipid Profile** (or ALL component tests) during the measurement period. If LDL-C could not be calculated due to high triglycerides, count as complete lipid profile. The codes for **Lipid Profile** can be found in the *2012 ACO GPRO Supporting Documentation Ischemic Vascular Disease Module*.

Table 3-75 shows the available values and appropriate XML format for **Lipid Profile Performed**.

Table 3-75. ACO-IVD-1 Lipid Profile Performed

Available Values	Sample XML Tag	Other Parameters
1 = No	<ivd-lipid-performed>1</ivd-lipid-performed>	The date taken and profile value do not need to be provided
2 = Yes	<ivd-lipid-performed>2</ivd-lipid-performed>	Provide the date taken and profile value
-1 = Update to NULL	<ivd-lipid-performed>-1</ivd-lipid-performed>	

3.1.12.3.2 Determine Date Blood was Drawn for the Lipid Profile

If the lipid profile was performed, provide the most recent date the blood was drawn for lipid profile. If the date is unknown or illegible, and the user is certain the test was performed during the measurement period, record the date as 01/01/2012. If the month and year are provided, but not the actual date the test was performed, use the first day of the month. March 2012 would be recorded as 03/01/2012.

Table 3-76 shows the available values and appropriate XML format for when the **Most Recent Date of Blood was Drawn**.

Table 3-76. ACO-IVD-1 Date Drawn

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012 in format MM/DD/YYYY	<ivd-lipid-date>04/15/2012</ivd-lipid-date>	None
-1 = Update to NULL	<ivd-lipid-date>-1</ivd-lipid-date>	None

3.1.12.3.3 Determine Lipid Profile Value

If the **Lipid Profile** was performed, record the most recent **LDL-C Value**. If the laboratory was unable to calculate LDL-C value due to high triglycerides, record **0** (zero). If the test result is labeled **Unreliable** and a result is provided, also record **0** (zero). Do not enter a ratio as a value (it is not a valid value).

Table 3-77 shows the available values and appropriate XML format for the **LDL-C Value**.

Table 3-77. ACO-IVD-1 LDL-C Value

Available Values	Sample XML Tag	Other Parameters
0 to 500	<ivd-ldlc-value>129</ivd-ldlc-value>	None
-1 = Update to NULL	<ivd-ldlc-value>-1</ivd-ldlc-value>	None

3.1.12.4 ACO-IVD-2 Aspirin or Other Antithrombotic

Determine if the patient has documented use of aspirin or another antithrombotic during the measurement period. The codes for aspirin or other antithrombotic can be found in the *2012 ACO GPRO Supporting Documentation Ischemic Vascular Disease Module*.

Table 3-78 shows the available values and appropriate XML format for aspirin or other antithrombotic.

Table 3-78. ACO-IVD-2 Aspirin or Other Antithrombotic

Available Values	Sample XML Tag	Other Parameters
1 = No	<ivd-antithrombotic>1</ivd-antithrombotic>	None
2 = Yes	<ivd-antithrombotic>2</ivd-antithrombotic>	None
-1 = Update to NULL	<ivd-antithrombotic>-1</ivd-antithrombotic>	None

3.1.12.5 Optional Comments for the IVD Module

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

Table 3-79 shows the available values and appropriate XML format for the **Optional Comments**.

Table 3-79. IVD Comments

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

3.1.13 Preventive Care (PREV)

There are eight, separately sampled Preventive Care modules. Because they share a common Medical Record Found confirmation and are documented in one Supporting Document, the XML elements are all provided in this section. The PREV modules include elements for:

- Medical Record Found, Section 3.1.13.1
- PREV-5 Rank, Section 3.1.13.2
- ACO-PREV-5: Mammography Screening, Section 3.1.13.3
- PREV-6 Rank, Section 3.1.13.4
- ACO-PREV-6: Colorectal Cancer Screening, Section 3.1.13.5
- PREV-7 Rank, Section 3.1.13.6
- ACO-PREV-7: Influenza Immunization, Section 3.1.13.7
- PREV-8 Rank, Section 3.1.13.8

- ACO-PREV-8: Pneumonia Vaccination, Section 3.1.13.9
- PREV-9 Rank, Section 3.1.13.10
- ACO-PREV-9: Body Mass Index Screening and Follow-Up, Section 3.1.13.11
- PREV-10 Rank, Section 3.1.13.12
- ACO-PREV-10: Tobacco Use Assessment and Cessation Intervention, Section 3.1.13.13
- PREV-11 Rank, Section 3.1.13.14
- ACO-PREV-11: Screening for High Blood Pressure, Section 3.1.13.15
- PREV-12 Rank, Section 3.1.13.16
- ACO-PREV-12: Depression Screening, Section 3.1.13.17
- PREV Comments, Section 3.1.13.16

All CARE XML elements are sub-elements of the <patient> XML element and are detailed in Table 3-80. The PREV Algorithms are listed in the sections following Table 3-80.

Table 3-80. PREV XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<prev-medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<prev-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No
<prev-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<pcmammogram-rank>	1 to 616	String	3	For Export Only

XML Element	Valid Values	Data Type	Field Size	Data Required
<pcmammogram>	1 = No 2 = Yes 4 = No – Medical Reasons -1 = Update to NULL	String	3	No
<pccolorectal-rank>	1 to 616	String	3	For Export Only
<pccolorectal>	1 = No 2 = Yes 4 = No - Medical Reasons -1 = Update to NULL	String	3	No
<pcflushot-rank>	1 to 616	String	3	For Export Only
<pcflushot>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No
<pcpnemoshot-rank>	1 to 616	String	3	For Export Only
<pcpnemoshot>	1 = No 2 = Yes 4 = No - Medical Reasons -1 = Update to NULL	String	3	No
<pcbmiscreen-rank>	1 to 616	String	3	For Export Only
<pcbmicalculated>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<pcbminormal>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<pcbmiplan>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<pctobaccouse- rank>	1 to 616	String	3	For Export Only
<pctobaccoscreen>	1 = Screened and a non- tobacco user 2 = Screened and a tobacco user 14 = Not Screened -1 = Update to NULL	String	3	No
<pctobaccocounsel>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<pcbloodpressure- rank>	1 to 616	String	3	For Export Only
<pcbloodpressure>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No
<pcdepression- rank>	1 to 616	String	3	For Export Only
<pcdepression>	1 = No 2 = Yes 4 = No - Medical Reasons 5 = No - Patient Reasons 6 = No - System Reasons -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<pcdepression-positive>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<pcdepression-plan>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<prev-comments>	Text	String	250	No

3.1.13.1 PREV Medical Record Found

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

- Medical Record Found
- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the medical record can be found for the patient, values for the PREV measures for the modules in which the patient is ranked must be provided for the patient to be considered complete in the associated PREV module.

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

If the patient is **Not Qualified for the Sample**, the reason they are ineligible and conditionally, the date they became ineligible must be provided in order for the patient to be considered skipped in the PREV modules.

The PREV module patients are individually sampled for each module, but the **Medical Record Found** applies to all modules. If the patient is ranked in multiple PREV modules, the values for the **Medical Record Found** confirmation, Reason and Date are applied to all modules in which the patient is ranked. The **Medical Record Found** may be loaded once for a patient ranked in multiple PREV modules. Alternately, if the PREV module data is loaded in multiple files, the **Medical Record Found** values for patients in multiple modules may be included in multiple files. Note that the **Medical Record Found** values should be the same in all files containing the same patient's data. If the values are different, the value in the last uploaded file will overwrite any previous values.

3.1.13.1.1 Confirm Medical Record Found

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

Table 3-81 shows the available values and appropriate XML tags for **PREV Medical Record Found**.

Table 3-81. PREV Medical Record Found

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<prev-medical-record-found>2</prev-medical-record-found>	Include PREV measures for all modules in which the patient is ranked.
3 = Medical Record Not Found	<prev-medical-record-found>3</prev-medical-record-found>	Remaining PREV elements do not need to be included
9 = Not Qualified for Sample	<prev-medical-record-found>9</prev-medical-record-found>	Include Reason and Date the patient is not qualified for the sample, but remaining PREV measure elements do not need to be included
-1 = Update to NULL	<prev-medical-record-found>-1</prev-medical-record-found>	None

3.1.13.1.2 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 must be provided for the patient to be marked as skipped.

Table 3-82 shows the available values and appropriate XML format for **the PREV Not Qualified for Sample** reasons.

Table 3-82. PREV Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<prev-not-qualified-reason>10</prev-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for the PREV modules in which the patient is ranked
11 = Moved out of Country	<prev-not-qualified-reason>11</prev-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for the PREV modules in which the patient is ranked

Available Values	Sample XML Tag	Other Parameters
12 = Deceased	<prev-not-qualified-reason>12</prev-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for the PREV modules in which the patient is ranked
15 = Other CMS Approved Reason	<prev-not-qualified-reason>15</prev-not-qualified-reason>	Medical Record Found Date element is not required to complete the patient's data for the PREV modules in which the patient is ranked
-1 = Update to NULL	<prev-not-qualified-reason>-1</prev-not-qualified-reason>	None

3.1.13.1.3 Provide the Date the Patient Became Ineligible for the Sample

If the patient is not qualified for the sample and the reason is in hospice, moved out of the country, or deceased, the date must be provided for the patient to be marked as skipped. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-83 shows the available values and appropriate XML format for the **PREV Not Qualified for Sample** date.

Table 3-83. PREV Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<prev-not-qualified-date>12/01/2012</prev-not-qualified-date>	None
-1 = Update to NULL	<prev-not-qualified-date>-1</prev-not-qualified-date>	None

3.1.13.2 PREV-5 Rank

The **PREV-5 Rank** provides the patient's assigned order in the PREV-5 module, and is provided in the exported files for information purposes 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 PREV-5 module, the **PREV-5 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **PREV-5 Rank** is not required in the XML files to be uploaded. If the **PREV-5 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-84 shows the available values and appropriate XML format for **PREV-5 Rank**.

Table 3-84. PREV-5 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcmammogram-rank>499</pcmammogram-rank>	Ignored on Upload

3.1.13.3 ACO-PREV-5: Mammography Screening

Determine if a screening mammography was performed during the measurement period or year prior to the measurement period. The codes for mammography screening and medical exclusion can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-85 shows the available values and appropriate XML format for **Mammography Screening**.

Table 3-85. ACO-PREV-5 Mammography Screening

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcmammogram>1</pcmammogram>	None
2 = Yes	<pcmammogram>2</pcmammogram>	None
4 = No – Medical Reasons	<pcmammogram>4</pcmammogram>	None
-1 = Update to NULL	<pcmammogram>-1</pcmammogram>	None

3.1.13.4 PREV-6 Rank

The **PREV-6 Rank** provides the patient's assigned order in the PREV-6 module, and is provided in the exported files for information purposes 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 PREV-6 module, the **PREV-6 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **PREV-6 Rank** is not required in the XML files to be uploaded. If the **PREV-6 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-86 shows the available values and appropriate XML format for **PREV-6 Rank**.

Table 3-86. PREV-6 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pccolorectal-rank>6</pccolorectal-rank>	Ignored on Upload

3.1.13.5 ACO-PREV-6: Colorectal Cancer Screening

Determine if colorectal cancer screening is current during the measurement period. The codes for **Colorectal Cancer Screening** and medical exclusion can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-87 shows the available values and appropriate XML format for **Colorectal Cancer Screening**.

Table 3-87. ACO-PREV-6 Colorectal Cancer Screening

Available Values	Sample XML Tag	Other Parameters
1 = No	<pccolorectal>1</pccolorectal>	None
2 = Yes	<pccolorectal>2</pccolorectal>	None
4 = No – Medical Reasons	<pccolorectal>4</pccolorectal>	None
-1 = Update to NULL	<pccolorectal>-1</pccolorectal>	None

3.1.13.6 PREV-7 Rank

The **PREV-7 Rank** provides the patient's assigned order in the PREV-7 module, and is provided in the exported files for information purposes 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 PREV-7 module, the **PREV-7 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **PREV-7 Rank** is not required in the XML files to be uploaded. If the **PREV-7 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-88 shows the available values and appropriate XML format for **PREV-7 Rank**.

Table 3-88. PREV-7 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcflushot-rank>482</pcflushot-rank>	Ignored on Upload

3.1.13.7 ACO-PREV-7: Influenza Immunization

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 2012 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 codes for influenza immunization and exclusions can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-89 shows the available values and appropriate XML format for **Influenza Immunization**.

Table 3-89. ACO-PREV-7 Influenza Immunization

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcflushot>1</pcflushot>	None
2 = Yes	<pcflushot>2</pcflushot>	None
4 = No – Medical Reasons	<pcflushot>4</pcflushot>	None
5 = No – Patient Reasons	<pcflushot>5</pcflushot>	None
6 = No – System Reasons	<pcflushot>6</pcflushot>	None
-1 = Update to NULL	<pcflushot>-1</pcflushot>	None

3.1.13.8 PREV-8 Rank

The **PREV-8 Rank** provides the patient’s assigned order in the PREV-8 module, and is provided in the exported files for information purposes 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 PREV-8 module, the **PREV-8 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient’s **PREV-8 Rank** is not required in the XML files to be uploaded. If the **PREV-8 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-90 shows the available values and appropriate XML format for **PREV-8 Rank**.

Table 3-90. PREV-8 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcpneumoshot-rank>12</pcpneumoshot-rank>	Ignored on Upload

3.1.13.9 ACO-PREV-8: Pneumonia Vaccination

Determine if the patient has ever received a **Pneumonia Vaccination**. The codes for pneumonia vaccination and medical exclusion can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-91 shows the available values and appropriate XML format for **Pneumonia Vaccination**.

Table 3-91. ACO-PREV-8 Pneumonia Vaccination

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcpneumoshot>1</pcpneumoshot>	None
2 = Yes	<pcpneumoshot>2</pcpneumoshot>	None
4 = No – Medical Reasons	<pcpneumoshot>4</pcpneumoshot>	None
-1 = Update to NULL	<pcpneumoshot>-1</pcpneumoshot>	None

3.1.13.10 PREV-9 Rank

The **PREV-9 Rank** provides the patient’s assigned order in the PREV-9 module, and is provided in the exported files for information purposes 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 PREV-9 module, the **PREV-9 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient’s **PREV-9 Rank** is not required in the XML files to be uploaded. If the **PREV-9 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-92 shows the available values and appropriate XML format for **PREV-9 Rank**.

Table 3-92. PREV-9 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcbmiscreen-rank>99</pcbmiscreen-rank>	Ignored on Upload

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

Three types of information are required to complete the ACO-PREV-9 measure:

- Confirmation that the patient had a Body Mass Index (BMI) Calculated
- Indicator the patient’s most recent BMI is within normal parameters

- Indicator if follow-up plan is documented

All information may not be required for the ACO-PREV-9 measure to be marked complete. The BMI Calculated value must be provided. If the value for BMI Calculated is Yes, a value for BMI Normal must be provided. If the value for BMI Normal is No, a value is required for Follow-Up Plan. If the BMI was not calculated, the remaining values do not need to be provided. If the BMI was calculated and the BMI was normal, a follow-up plan value does not need to be provided.

3.1.13.11.1 Determine if a BMI was Calculated

Determine if the patient had a Body Mass Index (BMI) calculated within the past six months or during the current visit. The codes for **BMI Calculated** and exclusions can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-93 shows the available values and appropriate XML format for **ACO-PREV-9 BMI Calculated**.

Table 3-93. ACO-PREV-9 Calculated BMI

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbmicalculated>1</pcbmicalculated>	The BMI normal and follow-up plan values do not need to be provided
2 = Yes	<pcbmicalculated>2</pcbmicalculated>	Provide the BMI normal value
4 = No – Medical Reasons	<pcbmicalculated>4</pcbmicalculated>	The BMI normal and follow-up plan values do not need to be provided
5 = No – Patient Reasons	<pcbmicalculated>5</pcbmicalculated>	The BMI normal and follow-up plan values do not need to be provided
6 = No – System reasons	<pcbmicalculated>6</pcbmicalculated>	The BMI normal and follow-up plan values do not need to be provided
-1 = Update to NULL	<pcbmicalculated>-1</pcbmicalculated>	None

3.1.13.11.2 Determine if BMI is Normal

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

- Age 65 and older BMI ≥ 23 and < 30
- Age 18-64 BMI ≥ 18.5 and < 25

Table 3-94 shows the available values and appropriate XML format for **ACO-PREV-9 BMI Normal**.

Table 3-94. ACO-PREV-9 BMI Normal

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbminormal>1</pcbminormal>	Provide the follow-up plan value
2 = Yes	<pcbminormal>2</pcbminormal>	The follow-up plan value does not need to be provided
-1 = Update to NULL	<pcbminormal>-1</pcbminormal>	None

3.1.13.11.3 Determine if Follow-Up Plan is Documented

If the BMI is outside of parameters, determine if a follow-up plan is documented. The codes for BMI follow-up plan can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-95 shows the available values and appropriate XML format for **ACO-PREV-9 Follow-Up Plan**.

Table 3-95. ACO-PREV-9 Follow-Up Plan Documented

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbmiplan>1</pcbmiplan>	None
2 = Yes	<pcbmiplan>2</pcbmiplan>	None
-1 = Update to NULL	<pcbmiplan>-1</pcbmiplan>	None

3.1.13.12 PREV-10 Rank

The **PREV-10 Rank** provides the patient's assigned order in the PREV-10 module, and is provided in the exported files for information purposes 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 PREV-10 module, the **PREV-10 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's PREV-10 Rank is not required in the XML files to be uploaded. If the **PREV-10 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-96 shows the available values and appropriate XML format for **PREV-10 Rank**.

Table 3-96. PREV-10 Rank

Available Values	Sample XML Tag	Other Parameters
<pctobaccouse-rank>110</pctobaccouse-rank>	Ignored on Upload	None

3.1.13.13 PREV-10: Tobacco Use Assessment and Cessation Intervention

Two types of information are required to complete the **ACO-PREV-10** measure:

- Confirmation that the patient has been screened for tobacco use
- Indicator of cessation counseling if the patient has been identified as a tobacco user

All information may not be required for the **ACO-PREV-10** measure to be marked complete. The **Tobacco Use** value must be provided. If the value for **Tobacco Use** is **Yes**, a value for **Cessation Counseling** must be provided. If the value for **Tobacco Use** is **No** or **Not Screened**, a value is not required for **Cessation Counseling**.

3.1.13.13.1 Determine if the Patient was Screened for Tobacco Use

Determine if the patient was screened for tobacco use at least once within 24 months and identified as a tobacco user. The codes for **Tobacco Use Screening** can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-97 shows the available values and appropriate XML format for **Tobacco Screening**.

Table 3-97. ACO-PREV-10 Tobacco Use Assessment

Available Values	Sample XML Tag	Other Parameters
1 = Screened and a non-tobacco user	<pctobaccoscreen>1</pctobaccoscreen>	The Cessation Counseling value does not need to be provided
2 = Screened and a tobacco user	<pctobaccoscreen>2</pctobaccoscreen>	Provide the Cessation Counseling value
14 = Not Screened	<pctobaccoscreen>14</pctobaccoscreen>	The Cessation Counseling value does not need to be provided
-1 = Update to NULL	<pctobaccoscreen>-1</pctobaccoscreen>	None

3.1.13.13.2 Determine Cessation Counseling

Determine if tobacco cessation counseling intervention was received if the patient was identified as a tobacco user. The codes for **Cessation Counseling** can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-98 shows the available values and appropriate XML format for **Cessation Counseling**.

Table 3-98. ACO-PREV-10 Cessation Counseling

Available Values	Sample XML Tag	Other Parameters
1 = No	<pctobaccocounsel>1</pctobaccocounsel>	None
2 = Yes	<pctobaccocounsel>2</pctobaccocounsel>	None
-1 = Update to NULL	<pctobaccocounsel>-1</pctobaccocounsel>	None

3.1.13.14 PREV-11 Rank

The **PREV-11 Rank** provides the patient's assigned order in the PREV-11 module, and is provided in the exported files for information purposes 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 PREV-11 module, the **PREV-11 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **PREV-11 Rank** is not required in the XML files to be uploaded. If the **PREV-11 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-99 shows the available values and appropriate XML format for **PREV-11 Rank**.

Table 3-99. PREV-11 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcbloodpressure-rank>616</pcbloodpressure-rank>	Ignored on Upload

3.1.13.15 ACO-PREV-11: Screening for High Blood Pressure

Determine if the patient was screened for **High Blood Pressure** according to defined recommended screening intervals during the measurement period. The codes for **Blood Pressure Screening** and exclusions can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-100 shows the available values and appropriate XML format for **Blood Pressure Screening**.

Table 3-100. ACO-PREV-11 Blood Pressure Screening

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcbloodpressure>1</pcbloodpressure>	None
2 = Yes	<pcbloodpressure>2</pcbloodpressure>	None
4 = No – Medical Reasons	<pcbloodpressure>4</pcbloodpressure>	None
5 = No – Patient Reasons	<pcbloodpressure>5</pcbloodpressure>	None
6 = No – System Reasons	<pcbloodpressure>6</pcbloodpressure>	None
-1 = Update to NULL	<pcbloodpressure>-1</pcbloodpressure>	None

3.1.13.16 PREV-12 Rank

The **PREV-12 Rank** provides the patient's assigned order in the PREV-12 module, and is provided in the exported files for information purposes 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 PREV-12 module, the **PREV-12 Rank** will not be included in the XML files exported from the ACO GPRO Web Interface.

The patient's **PREV-12 Rank** is not required in the XML files to be uploaded. If the **PREV-12 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

Table 3-101 the available values and appropriate XML format for **PREV-12 Rank**.

Table 3-101. PREV-12 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<pcdepression-rank>616</pcdepression-rank>	Ignored on Upload

3.1.13.17 ACO-PREV-12: Screening for Clinical Depression and Follow-Up Plan

Three types of information are required to complete the ACO-PREV-12 measure:

- Confirmation that the patient has been screened clinical depression
- Indicator if the screen was positive for clinical depression during the measurement period
- Indicator of a follow-up plan if the patient had a positive screen for clinical depression

All information may not be required for the ACO-PREV-12 measure to be marked complete. The **Clinical Depression Screening** value must be provided. If the value for **Clinical Depression Screening** is **Yes**, a value for **Positive for Clinical Depression** must be provided. If the value for **Clinical Depression Screening** is not **Yes**, a value is not required for **Positive for Clinical Depression**. If **Positive for Clinical Depression** value is **Yes**, a value must be provided for **Follow-Up Plan**. If **Positive for Clinical Depression** is **No**, a value for **Follow-Up Plan** is not required.

3.1.13.17.1 Determine if the Patient was Screened for Depression

Determine if the patient was screened for **Clinical Depression** using an age appropriate standardized tool during the measurement period. The codes for **Depression Screening** and exclusions can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-102 shows the available values and appropriate XML format for **Clinical Depression Screening**.

Table 3-102. ACO-PREV-12 Screening for Clinical Depression

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcdepression>1</pcdepression>	The Positive for Clinical Depression value does not need to be provided
2 = Yes	<pcdepression>2</pcdepression>	Provide the Positive for Clinical Depression value
4 = No – Medical Reasons	<pcdepression>4</pcdepression>	The Positive for Clinical Depression value does not need to be provided
5 = No – Patient Reasons	<pcdepression>5</pcdepression>	The Positive for Clinical Depression value does not need to be provided
6 = No – System Reasons	<pcdepression>6</pcdepression>	The Positive for Clinical Depression value does not need to be provided
-1 = Update to NULL	<pcdepression>-1</pcdepression>	None

3.1.13.17.2 Determine if the Patient was Screened for Depression

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

Table 3-103 shows the available values and appropriate XML format for positive for **Clinical Depression**.

Table 3-103. ACO-PREV-12 Positive for Clinical Depression

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcdepression-positive>1</pcdepression-positive>	The Follow-Up Plan value does not need to be provided
2 = Yes	<pcdepression-positive>2</pcdepression-positive>	Provide the Follow-Up Plan value
-1 = Update to NULL	<pcdepression-positive>-1</pcdepression-positive>	None

3.1.13.17.3 Determine if Follow-Up Plan is Documented

If the patient had a **Positive Screen for Clinical Depression**, determine if a follow-up plan for depression was documented during the measurement period. The codes for **Depression Screening** and exclusions can be found in the *2012 ACO GPRO Supporting Documentation Preventive Care Measures*.

Table 3-104 shows the available values and appropriate XML format for depression **Follow-Up Plan**.

Table 3-104. ACO-PREV-12 Depression Follow-Up plan

Available Values	Sample XML Tag	Other Parameters
1 = No	<pcdepression-plan>1</pcdepression-plan>	None
2 = Yes	<pcdepression-plan>2</pcdepression-plan>	None
-1 = Update to NULL	<pcdepression-plan>-1</pcdepression-plan>	None

3.1.13.18 PREV Comments

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

Table 3-105. PREV Comments

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

3.1.14 Patient XML Error Messages

If there are errors in the format of the Patient 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.

Table 3-106 shows the possible errors and associated condition causing the error for the XML validation.

Table 3-106. Patient XML Error Messages

Message Number	Data Element Name	XML Element	Condition	Message Description
3301	GET XML FILE	GET XML FILE	Header text does not match XML Specifications.	Invalid XML header. Expected <?xml version="1.0" encoding="UTF-8"?>
4402	GET XML FILE	GET XML FILE	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. 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.
4403	ACO GPRO	<aco-gpro>	ACO GPRO element tag is missing.	ACO GPRO [<aco-gpro>] tag is required.
4527	Primary Taxpayer Identification Number (TIN)	<aco-tin>	ACO Primary Taxpayer Identification Number element tag is missing.	ACO TIN [<aco-tin>] tag is required.
4528	Primary Taxpayer Identification Number (TIN)	<aco-tin>	Invalid data: null, space, or length.	ACO TIN is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4407	Primary Taxpayer Identification Number (TIN)	<aco-tin>	The Primary Taxpayer Identification Number in the file and the Primary Taxpayer Identification Number to which the user is associated to not match.	Could not process the file because the TIN in the XML file does not match the user's TIN.
4408	Patient	<patient>	Patient tag is missing when one of the subelements of the Patient tag exists.	Patient [<patient>] tag is required.
4409	Medicare ID	<medicare-id>	Medicare ID tag is missing as a sub-element of an existing Patient tag.	Medicare ID [<medicare-id>] tag is required.
4410	Medicare ID	<medicare-id>	Invalid data: null, space, "-1", or length.	Medicare ID is not an allowable value.
4411	Medicare ID	<medicare-id>	Medicare ID specified does not exist in the database.	Medicare ID does not exist.
4412	Medicare ID	<medicare-id>	Medicare ID is duplicated in the XML file.	Medicare ID can only be specified once per patient.
4413	Patient First Name	<patient-first-name>	Invalid data: "-1", or length.	Patient First Name is not an allowable value.
4414	Patient Last Name	<patient-last-name>	Invalid data: "-1", or length.	Patient Last Name is not an allowable value.
4415	Patient Gender	<gender>	Invalid data: value or length.	Patient Gender is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4416	Patient Birth Date	<birth-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month.	Patient Birth Date is not an allowable value.
4417	Patient Medical Record Number	<medical-record-number>	Invalid data: length.	Patient Medical Record Number is not an allowable value.
4418	Other Patient Identifier	<other-id>	Invalid data: length.	Other Patient Identifier is not an allowable value.
4419	Provider NPI	<provider-npi>	Invalid data: not numeric or length.	Provider NPI is not an allowable value.
4420	Provider NPI	<provider-npi>	Provider NPI does not exist in the database.	Provider NPI is not an existing NPI.
4421	Clinic ID	<clinic-id>	Invalid data: length.	Clinic ID is not an allowable value.
4422	Clinic ID	<clinic-id>	Clinic ID does not exist in the database.	Clinic ID is not a valid ID.

Message Number	Data Element Name	XML Element	Condition	Message Description
4423	Abstraction Date	<abstraction-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month.	Abstraction Date is not an allowable value.
4424	Abstraction Date	<abstraction-date>	Abstraction date is after the current date.	Abstraction Date must be today's date or earlier.
4425	General Comments	<general-comments>	Invalid data: length.	General Comments text exceeds allowable length.
4426	CARE-1 Medication Reconciliation Rank	<caremedcon-rank>	Invalid data: not numeric or value not in range.	CARE-1 Medication Reconciliation Rank is not an allowable value.
4427	CARE-2 Screening for Future Fall Risk Rank	<carefalls-rank>	Invalid data: not numeric or value not in range.	CARE-2 Screening for Future Fall Risk Rank is not an allowable value.
4428	CARE Medical Record Found	<care-medical-record-found>	Invalid data: not numeric or invalid value.	CARE Medical Record Found is not an allowable value.
4429	CARE Not Qualified Reason	<care-not-qualified-reason>	Invalid data: not numeric or invalid value.	CARE Not Qualified Reason is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4530	CARE Not Qualified Date	<care-not-qualified-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4431	Falls Screening	<falls-screening>	Invalid data: not numeric or invalid value.	Falls Screening is not an allowable value.
4432	CARE Module Comments	<care-comments>	Invalid data: length.	CARE Module Comments text exceeds allowable length.
4442	CAD Rank	<cad-rank>	Invalid data: not numeric or value not in range.	CAD Rank is not an allowable value.
4443	CAD Confirmed	<cad-confirmed>	Invalid data: not numeric or invalid value.	CAD Confirmed is not an allowable value.
4444	CAD Not Qualified Reason	<cad-not-qualified-reason>	Invalid data: not numeric or invalid value.	CAD Not Qualified Reason is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4530	CAD Not Qualified Date	<cad-not-qualified-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4447	CAD LDL-C	<cad-ldlc-control>	Invalid data: not numeric or invalid value.	CAD LDL-C is not an allowable value.
4448	CAD Diabetes	<cad-diabetes>	Invalid data: not numeric or invalid value.	CAD Diabetes is not an allowable value.
4449	CAD LVSD	<cad-lvsd>	Invalid data: not numeric or invalid value.	CAD LVSD is not an allowable value.
4450	CAD ACE-I/ARB	<cad-acearb>	Invalid data: not numeric or invalid value.	CAD ACE-I/ARB is not an allowable value.
4451	CAD Module Comments	<cad-comments>	Invalid data: length.	CAD Module Comments text exceeds allowable length.
4452	DM Rank	<dm-rank>	Invalid data: not numeric or value not in range.	DM Rank is not an allowable value.
4453	DM Confirmed	<dm-confirmed>	Invalid data: not numeric or invalid value.	DM Confirmed is not an allowable value.
4454	DM Not Qualified Reason	<dm-not-qualified-reason>	Invalid data: not numeric or invalid value.	DM Not Qualified Reason is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4530	DM Not Qualified Date	<dm-not-qualified-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4456	DM HbA1c Test	<dm-hba1c-test>	Invalid data: not numeric or invalid value.	DM HbA1c Test is not an allowable value.
4530	DM HbA1c Date	<dm-hba1c-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4458	DM HbA1c Value	<dm-hba1c-value>	Invalid data: not numeric or value not in range.	DM HbA1c Value is not an allowable value.
4459	DM Recent Blood Pressure	<dm-recent-bp>	Invalid data: not numeric or invalid value.	DM Recent Blood Pressure is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4530	DM Blood Pressure Date	<dm-bp-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4461	DM Systolic	<dm-bp-systolic>	Invalid data: not numeric or value not in range.	DM Systolic is not an allowable value.
4462	DM Diastolic	<dm-bp-diastolic>	Invalid data: not numeric or value not in range.	DM Diastolic is not an allowable value.
4463	DM LDL-C Test	<dm-ldlc-test>	Invalid data: not numeric or invalid value.	DM LDL-C Test is not an allowable value.
4530	DM LDL-C Date	<dm-ldlc-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4465	DM LDL-C Value	<dm-ldlc-value>	Invalid data: not numeric or value not in range.	DM LDL-C Value is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4468	DM IVD	<dm-ivd>	Invalid data: not numeric or invalid value.	DM IVD is not an allowable value.
4469	DM Aspirin	<dm-aspirin>	Invalid data: not numeric or invalid value.	DM Aspirin is not an allowable value.
4470	DM Tobacco	<dm-tobacco>	Invalid data: not numeric or invalid value.	DM Tobacco is not an allowable value.
4471	DM Module Comments	<dm-comments>	Invalid data: length.	DM Module Comments text exceeds allowable length.
4472	HF Rank	<hf-rank>	Invalid data: not numeric or value not in range.	HF Rank is not an allowable value.
4473	HF Confirmed	<hf-confirmed>	Invalid data: not numeric or invalid value.	HF Confirmed is not an allowable value.
4474	HF Not Qualified Reason	<hf-not-qualified-reason>	Invalid data: not numeric or invalid value.	HF Not Qualified Reason is not an allowable value.
4530	HF Not Qualified Date	<hf-not-qualified-date>	Date is not in a valid format: • Valid Format = MM/DD/YYYY. • Month cannot be 0 or 00 and cannot be greater than 12. • Date cannot be 0 or 00 and cannot be greater than 31. • Date cannot exceed limit for month. • Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4480	HF LVSD	<hf-lvsd>	Invalid data: not numeric or invalid value.	HF LVSD is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4481	HF Beta Blocker	<hf-beta-blocker>	Invalid data: not numeric or invalid value.	HF Beta Blocker is not an allowable value.
4483	HF Module Comments	<hf-comments>	Invalid data: length.	HF Module Comments text exceeds allowable length.
4484	HTN Rank	<htn-rank>	Invalid data: not numeric or value not in range.	HTN Rank is not an allowable value.
4485	HTN Confirmed	<htn-confirmed>	Invalid data: not numeric or invalid value.	HTN Confirmed is not an allowable value.
4486	HTN Not Qualified Reason	<htn-not-qualified-reason>	Invalid data: not numeric or invalid value.	HTN Not Qualified Reason is not an allowable value.
4530	HTN Not Qualified Date	<htn-not-qualified-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4488	HTN Recent Blood Pressure	<htn-recent-bp>	Invalid data: not numeric or invalid value.	HTN Recent Blood Pressure is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4530	HTN Blood Pressure Date	<htn-bp-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4490	HTN Systolic	<htn-bp-systolic>	Invalid data: not numeric or value not in range.	HTN Systolic is not an allowable value.
4491	HTN Diastolic	<htn-bp-diastolic>	Invalid data: not numeric or value not in range.	HTN Diastolic is not an allowable value.
4492	HTN Module Comments	<htn-comments>	Invalid data: length.	HTN Module Comments text exceeds allowable length.
4493	IVD Rank	<ivd-rank>	Invalid data: not numeric or value not in range.	IVD Rank is not an allowable value.
4494	IVD Confirmed	<ivd-confirmed>	Invalid data: not numeric or invalid value.	IVD Confirmed is not an allowable value.
4495	IVD Not Qualified Reason	<ivd-not-qualified-reason>	Invalid data: not numeric or invalid value.	IVD Not Qualified Reason is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4530	IVD Not Qualified Date	<ivd-not-qualified-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4497	IVD Lipid Performed	<ivd-lipid-performed>	Invalid data: not numeric or invalid value.	IVD Lipid Performed is not an allowable value.
4530	IVD Lipid Date	<ivd-lipid-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4499	IVD LDL-C Value	<ivd-ldlc-value>	Invalid data: not numeric or value not in range.	IVD LDL-C Value is not an allowable value.
4500	IVD Antithrombotic	<ivd-antithrombotic>	Invalid data: not numeric or invalid value.	IVD Antithrombotic is not an allowable value.
4501	IVD Module Comments	<ivd-comments>	Invalid data: length.	IVD Module Comments text exceeds allowable length.

Message Number	Data Element Name	XML Element	Condition	Message Description
4502	PREV Medical Record Found	<prev-medical-record-found>	Invalid data: not numeric or invalid value.	PREV Medical Record Found is not an allowable value.
4503	PREV Not Qualified Reason	<prev-not-qualified-reason>	Invalid data: not numeric or invalid value.	PREV Not Qualified Reason is not an allowable value.
4530	PREV Not Qualified Date	<prev-not-qualified-date>	Date is not in a valid format: • Valid Format = MM/DD/YYYY. • Month cannot be 0 or 00 and cannot be greater than 12. • Date cannot be 0 or 00 and cannot be greater than 31. • Date cannot exceed limit for month. • Date must be for 2012.	Date is not an allowable value or the format is incorrect.
4505	PREV-5 Rank	<pcmammogram-rank>	Invalid data: not numeric or value not in range.	PREV-5 Rank is not an allowable value.
4506	ACO-PREV-5 Mammogram	<pcmammogram>	Invalid data: not numeric or invalid value.	PREV-5 Mammogram is not an allowable value.
4507	PREV-6 Rank	<pccolorectal-rank>	Invalid data: not numeric or value not in range.	PREV-6 Rank is not an allowable value.
4508	ACO-PREV-6 Colorectal Screening	<pccolorectal>	Invalid data: not numeric or invalid value.	PREV-6 Colorectal Screening is not an allowable value.
4509	PREV-7 Rank	<pcflushot-rank>	Invalid data: not numeric or value not in range.	PREV-7 Rank is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4510	ACO-PREV-7 Flu Shot	<pcflushot>	Invalid data: not numeric or invalid value.	PREV-7 Flu Shot is not an allowable value.
4511	PREV-8 Rank	<pcpnemoshot-rank>	Invalid data: not numeric or value not in range.	PREV-8 Rank is not an allowable value.
4512	ACO-PREV-8 Pneumonia Shot	<pcpnemoshot>	Invalid data: not numeric or invalid value.	PREV-8 Pneumonia Shot is not an allowable value.
4513	PREV-9 Rank	<pcbmiscreen-rank>	Invalid data: not numeric or value not in range.	PREV-9 Rank is not an allowable value.
4514	ACO-PREV-9 BMI	<pcbmicalculated>	Invalid data: not numeric or invalid value.	PREV-9 BMI is not an allowable value.
4515	ACO-PREV-9 BMI Normal	<pcbminormal>	Invalid data: not numeric or invalid value.	PREV-9 BMI Normal is not an allowable value.
4516	ACO-PREV-9 BMI Follow-up	<pcbmiplan>	Invalid data: not numeric or invalid value.	PREV-9 BMI Follow-up is not an allowable value.
4517	PREV-10 Rank	<pctobaccouse-rank>	Invalid data: not numeric or value not in range.	PREV-10 Rank is not an allowable value.
4518	ACO-PREV-10 Tobacco Use	<pctobaccoscreen>	Invalid data: not numeric or invalid value.	PREV-10 Tobacco Use is not an allowable value.
4519	ACO-PREV-10 Tobacco Counseling	<pctobaccocounsel>	Invalid data: not numeric or invalid value.	PREV-10 Tobacco Counseling is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
4520	PREV-11 Rank	<pcbloodpressure-rank>	Invalid data: not numeric or value not in range.	PREV-11 Rank is not an allowable value.
4521	ACO-PREV-11 BP Screening	<pcbloodpressure>	Invalid data: not numeric or invalid value.	PREV-11 BP Screening is not an allowable value.
4522	PREV-12 Rank	<pcdepression-rank>	Invalid data: not numeric or value not in range.	PREV-12 Rank is not an allowable value.
4523	ACO-PREV-12 Depression Screening	<pcdepression >	Invalid data: not numeric or invalid value.	PREV-12 Depression is not an allowable value.
4524	ACO-PREV-12 Positive	<pcdepression-positive >	Invalid data: not numeric or invalid value.	PREV-12 Positive is not an allowable value.
4525	ACO-PREV-12 Plan	<pcdepression-plan >	Invalid data: not numeric or invalid value.	PREV-12 Plan is not an allowable value.
4526	PREV Module Comments	<prev-comments>	Invalid data: length.	PREV Module Comments text exceeds allowable length.

3.2 Patient Discharge XML

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

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

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

Individual XML elements for the Patient Discharge XML file are detailed in the following tables:

- Table 3-107. Submission Header XML Elements
- Table 3-108. File Audit Data XML Elements
- Table 3-109. Submission Period Dates XML Elements
- Table 3-110. Group Identification XML Elements
- Table 3-111. Patient Identification
- Table 3-113. CARE-1 XML Elements

3.2.1 Submission Header

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

Table 3-107 shows the available values and appropriate XML format for the **Submission Header**.

Table 3-107. Submission Header XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<submission>	<submission version="1.0" type="ACO-GPRO-DISCHARGE" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:namespaceSchemaLocation="PQRS-ACO-Discharge.xsd" xmlns="gov/cms/pqrs/aco/discharge/v1">	String	180	Yes
</submission>	</submission>	N/A	N/A	N/A

3.2.2 File Audit Data

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

Table 3-108 shows the available values and appropriate XML format for the **File Audit Data**.

Table 3-108. File Audit Data XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<file-audit-data>	Opening element for file audit data <file-audit-data>	N/A	N/A	N/A
<file-number>	1 - 999 <file-number>1</file-number>	String	3	No
<create-date>	Date in MM/DD/YYYY format <create-date>01/23/2013</create-date>	String	10	No
<create-time>	HH:MM (Military format with colon) <create-time>23:01</create-time>	Time	5	No
<create-by>	When exported will contain the IACS ID of the user and “-WebUI”. For upload, up to 50 characters may be provided. <create-by>JMSD010-WebUI</create-by>	String	50	No

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<version>	1 - 99999 <version>2.0</version>	String	5	No
</file-audit-data>	Opening element for file audit data	N/A	N/A	N/A

3.2.3 Submission Period Dates

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

Table 3-109 shows the available values and appropriate XML format for the **Submission Period Dates**.

Table 3-109. Submission Period Dates XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<submission-period-from-date>	Date in MM/DD/YYYY format <submission-period-from-date>01/01/2012</submission-period-from-date>	String	10	No
<submission-period-to-date>	Date in MM/DD/YYYY format <submission-period-to-date>12/31/2012</submission-period-to-date>	String	10	No

3.2.4 Group Identification

The **Group Identification** provides the type of group submitting data and the Primary Taxpayer Identification Number. The **Group Identification** XML elements are subelements of the <submission> element. All data for the patients in the group must be included between the opening <pqrs-gpro> element and the closing </pqrs-gpro> element. The Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the IACS ID of the user submitting the file.

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

Table 3-110 shows the available values and appropriate XML format for the **Group Identification**.

Table 3-110. Group Identification XML Elements

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<aco-gpro>	Opening element for the group data <aco-gpro>	N/A	N/A	N/A
<aco-tin>	<aco-tin>000000000</aco-tin>	String	9	Yes
<patient>	Opening element for an individual patient's data, may be repeated for each patient	N/A	N/A	N/A
</patient>	Closing element for an individual patient's data, may be repeated for each patient	N/A	N/A	N/A
</aco-gpro>	Closing element for the group data </aco-gpro>	N/A	N/A	N/A

3.2.5 Patient Identification

The opening <patient> element and the closing </patient> element are used for each patient in the file. All data for a patient must be between an opening <patient> and closing </patient> element, but the CARE measure elements may be repeated as often as necessary for a patient within the patient elements. The Medicare ID is the unique identifier for the beneficiary and as such is the primary key.

Table 3-111 shows the available values and appropriate XML format for the **Patient Identification**.

Table 3-111. Patient Identification

XML Element	Valid Values/Sample XML Tag	Data Type	Field Size	Data Required
<patient>	Opening element for an individual patient's data, may be repeated for each patient	N/A	N/A	N/A
</patient>	Closing element for an individual patient's data, may be repeated for each patient	N/A	N/A	N/A

3.2.5.1 Medicare ID

The **Medicare ID** must be provided in the patient data. The **Medicare ID** may only be used once per patient. If the **Medicare ID** is not in the database for the Primary 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. **Medicare ID** may only be used once per patient.

Table 3-112 shows the available values and appropriate XML format for the **Medicare ID**.

Table 3-112. Medicare ID

Available Values	Sample XML Tag	Other Parameters
Character	<medicare-id>000000000Z</medicare-id>	Include XML elements for CARE-1 Medication Reconciliation

3.2.6 CARE-1 Medication Reconciliation

The **CARE** modules include elements for:

- CARE-1 Rank, Section 3.2.6.1
- CARE-1 Medical Record Found, Section 3.2.6.2
- ACO-CARE-1: Medication Reconciliation, Section 3.2.6.3
- CARE-1 Comments, Section 3.2.6.4

All **CARE-1** and **CARE-2** XML elements are sub-elements of the <patient> XML element and are detailed in Table 3-113. The CARE-1 Algorithms are listed in the sections following Table 3-113.

Table 3-113. CARE-1 XML Elements

XML Element	Valid Values	Data Type	Field Size	Data Required
<caremedcon-rank>	1 to 616	String	3	For Export Only
<care-medical-record-found>	2 = Yes 3 = Medical Record Not Found 9 = Not Qualified for Sample -1 = Update to NULL	String	3	No
<care-not-qualified-reason>	10 = In Hospice 11 = Moved out of Country 12 = Deceased 15 = Other CMS Approved Reason -1 = Update to NULL	String	3	No

XML Element	Valid Values	Data Type	Field Size	Data Required
<care-not-qualified-date>	MM/DD/YYYY (Must be a valid date in 2012) OR -1 to update to NULL	String	10	No
<care-comments>	Text	String	250	No
<discharge-date>	MM/DD/YYYY (Must be a valid date in 2012) See note in Section 3.2.6.3.1.1 on date range validation	String	10	Yes
<discharge-confirmation>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<office-visit>	1 = No 2 = Yes -1 = Update to NULL	String	3	No
<medication-reconciliation>	1 = No 2 = Yes -1 = Update to NULL	String	3	No

3.2.6.1 CARE-1 Rank

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

The patient's **CARE-1 Rank** is not required in the XML files to be uploaded. If the **CARE-1 Rank** is included in the file, it will be validated for a valid value, but it will be not loaded into the database.

The **CARE-1 Rank** is also provided in the Patient XML file. It is included in the Patient Discharge and the Patient XML files in order to allow updating the **Medical Record Found** for both CARE modules in a single file when the patient is ranked in both CARE modules.

Table 3-114 shows the available values and appropriate XML format for the **CARE-1 Rank**.

Table 3-114. CARE-1 Rank

Available Values	Sample XML Tag	Other Parameters
1 - 616	<caremedcon-rank>221<caremedcon-rank>	Ignored on Upload

3.2.6.2 CARE-1 Medical Record Found

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

- Medical Record Found
- Reason a patient is not qualified for the sample
- Date the patient became ineligible for the sample

If the medical record can be found for the patient, values for the CARE measures for the modules in which the patient is ranked must be provided for the patient to be considered complete in the associated CARE module.

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 **Not Qualified for the Sample**, the reason they are ineligible and conditionally, the date they became ineligible must be provided in order for the patient to be considered skipped in the CARE modules.

The CARE module patients are individually sampled for each module, but the **Medical Record Found** applies to both modules. If the patient is ranked in both the CARE-1 and CARE-2 modules, the values for the **Medical Record Found** confirmation, Reason and Date are applied to both modules. This allows for setting the **Medical Record Found** values for a patient ranked in CARE-1 in either the Patient XML file or in the Patient Discharge XML file. It should be noted that the values should be the same for a patient ranked in both CARE-1 and CARE-2. If the values are different, the value in the last uploaded file will overwrite any previous values.

3.2.6.2.1 Confirm Medical Record Found

Determine if you are able to find the patient's medical record. If a patient is only ranked in CARE-1, the confirmation may be done in the Patient Discharge or the Patient file.

Table 3-115 shows the available values and appropriate XML format for the **Medical Record Found**.

Table 3-115. CARE-1 Medical Record Found

Available Values	Sample XML Tag	Other Parameters
2 = Yes	<care-medical-record-found>2</care-medical-record-found>	Include CARE-1 measure elements to complete the patient's data for CARE-1.
3 = Medical Record Not Found	<care-medical-record-found>3</care-medical-record-found>	Remaining CARE-1 and elements do not need to be included
9 = Not Qualified for Sample	<care-medical-record-found>9</care-medical-record-found>	Include Reason and Date the patient is not qualified for the sample, but remaining CARE-1 measure elements do not need to be included
-1 = Update to NULL	<care-medical-record-found>-1</care-medical-record-found>	None

3.2.6.2.2 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.

Table 3-116 shows the available values and appropriate XML format for the **CARE Not Qualified for Sample** reasons.

Table 3-116. CARE-1 Not Qualified for Sample Reason

Available Values	Sample XML Tag	Other Parameters
10 = In Hospice	<care-not-qualified-reason>10</care-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for CARE-1 or CARE-2
11 = Moved out of Country	<care-not-qualified-reason>11</care-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for CARE-1 or CARE-2
12 = Deceased	<care-not-qualified-reason>12</care-not-qualified-reason>	Include Medical Record Found Date element to complete the patient's data for CARE-1 or CARE-2

Available Values	Sample XML Tag	Other Parameters
15 = Other CMS Approved Reason	<care-not-qualified-reason>15</care-not-qualified-reason>	Medical Record Found Date element is not required to complete the patient's data for CARE-1 or CARE-2
-1 = Update to NULL	<care-not-qualified-reason>-1</care-not-qualified-reason>	None

3.2.6.2.3 Provide the Date the Patient Became Ineligible for the Sample

If the patient is **Not Qualified for 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**. If the patient became ineligible for the sample during the measurement period, enter the date in MM/DD/YYYY format. If the date is unknown, enter 12/31/2012. A date is not required if the patient is not qualified for the sample for other CMS approved reasons.

Table 3-117 shows the available values and appropriate XML format for the **CARE Not Qualified for Sample** date.

Table 3-117. CARE-1 Not Qualified for Sample Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 12/31/2012	<care-not-qualified-date>12/01/2012</care-not-qualified-date>	None
-1 = Update to NULL	<care-not-qualified-date>-1</care-not-qualified-date>	None

3.2.6.3 ACO-CARE-1: Medication Reconciliation

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

- Discharge Date
- Confirmation that the patient was discharged from an inpatient facility
- Confirmation that the patient had an office visit within 60 days of the inpatient facility discharge
- Confirmation that the discharge medications were reconciled with the current medication list

All information may not be required for the ACO-CARE-1 measure to be marked **Complete**. A value for confirmation that the patient was discharged from an inpatient facility on the pre-populated date must be provided for all discharge dates. If the discharge cannot be confirmed, the remaining values for that discharge are not required. If the discharge is confirmed, a value for

the office visit must be provided. If the patient had an office visit within 60 days of the discharge, a value for medication reconciliation must be provided.

3.2.6.3.1.1 Discharge Date

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

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

Note: The valid discharge dates are 01/01/2012 through 10/31/2012. Since the dates are pre-populated with dates falling within the range, the XML validation checks for a valid date in 2012, without limiting the date range. However, if an date outside that range is provided, the XML processing will reject the date and the associated tags because the date will not exist.

Table 3-118 shows the available values and appropriate XML format for the **Discharge Date**.

Table 3-118. ACO-CARE-1 Discharge Date

Available Values	Sample XML Tag	Other Parameters
Valid date between 01/01/2012 and 10/31/2012 in format MM/DD/YYYY See note above on date range validation .	<discharge-date>02/20/2012</discharge-date>	None

3.2.6.3.1.2 Determine if the Patient was Discharged from an Inpatient Facility

Determine if the patient was discharged from an inpatient facility during the measurement period. This measure is to be reported each time a patient was discharged from an inpatient facility and had an office visit within 60 days of discharge during the measurement period. The codes for inpatient discharge can be found in the *2012 ACO GPRO Supporting Documentation Care Coordination/Patient Safety Measures*.

Table 3-119 shows the available values and appropriate XML format for the **Discharge Confirmation**.

Table 3-119. ACO-CARE-1 Inpatient Facility Discharge Confirmation

Available Values	Sample XML Tag	Other Parameters
1 = No	<discharge-confirmation>1</discharge-confirmation>	The Office Visit and Medication Reconciliation values do not need to be provided.
2 = Yes	<discharge-confirmation>2</discharge-confirmation>	Provide the Office Visit value
-1 = Update to NULL	<discharge-confirmation>-1</discharge-confirmation>	None

3.2.6.3.1.3 Determine if Patient had Office Visit Within 60 Days

Determine if the patient was seen within 60 days following an inpatient facility discharge. The codes for office visits can be found in the *2012 ACO GPRO Supporting Documentation Care Coordination/Patient Safety Measures*.

Table 3-120 shows the available values and appropriate XML format for the office visit.

Table 3-120. CARE-1 Office Visit

Available Values	Sample XML Tag	Other Parameters
1 = No	<office-visit>1</office-visit>	The Medication Reconciliation value does not need to be provided.
2 = Yes	<office-visit>2</office-visit>	Provide the Medication Reconciliation value
-1 = Update to NULL	<office-visit>-1</office-visit>	None

3.2.6.3.1.4 Determine Medication Reconciliation

Determine if discharge medications were reconciled with the current medication list in the outpatient medical record within 60 days following this inpatient facility discharge. The codes for **Medication Reconciliation** can be found in the *2012 ACO GPRO Supporting Documentation Care Coordination/Patient Safety Measures*.

Table 3-121 shows the available values and appropriate XML format for **Medication Reconciliation**.

Table 3-121. ACO-CARE-1 Medication Reconciliation

Available Values	Sample XML Tag	Other Parameters
1 = No	<medication-reconciliation>1</medication-reconciliation>	None
2 = Yes	<medication-reconciliation>2</medication-reconciliation>	None
-1 = Update to NULL	<medication-reconciliation>-1</medication-reconciliation>	None

3.2.6.4 Optional Comments for the CARE Modules

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

Table 3-122 the available values and appropriate XML format for the CARE **Optional Comments**.

Table 3-122. CARE-1 Comments

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

3.2.7 Patient Discharge XML Errors

If there are errors in the format of the Patient Discharge XML file to be uploaded, the error messages and the line on which the error occurs will be provided. If the file contains XML elements that are not included in the specification, the error displayed will indicate an invalid XML format.

Table 3-123 shows the possible errors and associated condition causing the error for the XML validation.

Table 3-123. Patient Discharge XML Validation Errors

Message Number	Data Element Name	XML Element	Condition	Message Description
3301	GET XML FILE	GET XML FILE	Header text does not match XML Specifications.	Invalid XML header. Expected <?xml version="1.0" encoding="UTF-8"?>
3302	GET XML FILE	GET XML FILE	Invalid or mismatched Data Element Tag/Attribute, missing parent tag for sub-tag, invalid or missing elements in the <submission> tag. Note: Additional information may be provided in the error message indicating the invalid tag. An invalid tag may be indicated for a valid tag missing the parent tag. If an invalid tag is found in the file, processing will not continue and additional errors will not be logged.	Invalid XML File.
3303	ACO GPRO	<aco-gpro>	PQRS GPRO element tag is missing.	ACO GPRO [<aco-gpro>] tag is required.
3320	Primary Taxpayer Identification Number (TIN)	<aco-tin>	ACO Primary Taxpayer Identification Number element tag is missing.	ACO TIN [<aco-tin>]tag is required.
3321	Primary Taxpayer Identification Number (TIN)	<aco-tin>	Invalid data: null, space, or length.	ACO TIN is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
3307	Primary Taxpayer Identification Number (TIN)	<aco-tin>	The Primary Taxpayer Identification Number in the file and the Primary Taxpayer Identification Number to which the user is associated to not match.	Could not process the file because the TIN in the XML file does not match the user's TIN.
3308	Patient	<patient>	Patient tag is missing when one of the sub-elements of the Patient tag exists.	Patient [<patient>] tag is required.
3309	Medicare ID	<medicare-id>	Medicare ID tag is missing as a sub-element of an existing Patient tag.	Medicare ID [<medicare-id>] tag is required.
3310	Medicare ID	<medicare-id>	Invalid data: null, space, or length.	Medicare ID is not an allowable value.
3311	Medicare ID	<medicare-id>	Medicare ID specified does not exist in the database.	Medicare ID does not exist.
3312	Medicare ID	<medicare-id>	Medicare ID is duplicated in the XML file.	Medicare ID can only be specified once per patient.
3326	CARE-1 Medication Reconciliation Rank	<caremedcon-rank>	Invalid data: not numeric or value not in range.	CARE-1 Medication Reconciliation Rank is not an allowable value.
3328	CARE Medical Record Found	<care-medical-record-found>	Invalid data: not numeric or invalid value.	CARE Medical Record Found is not an allowable value.
3329	CARE Not Qualified Reason	<care-not-qualified-reason>	Invalid data: not numeric or invalid value.	CARE Not Qualified Reason is not an allowable value.

Message Number	Data Element Name	XML Element	Condition	Message Description
3530	CARE Not Qualified Date	<care-not-qualified-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012	Date is not an allowable value or the format is incorrect.
3313	Discharge	<discharge>	Discharge tag is missing when one of the sub-elements of the discharge tag is used.	Discharge [<discharge>] tag is required.
3314	Discharge Date	<discharge-date>	Discharge Date tag is missing as a sub-elements of Discharge tag.	Discharge Date [<discharge-date>] tag is required.
3530	Discharge Date	<discharge-date>	Date is not in a valid format: - Valid Format = MM/DD/YYYY. - Month cannot be 0 or 00 and cannot be greater than 12. - Date cannot be 0 or 00 and cannot be greater than 31. - Date cannot exceed limit for month. - Date must be for 2012 See note in Section 3.2.6.3.1.1 on date range validation	Date is not an allowable value or the format is incorrect.

Message Number	Data Element Name	XML Element	Condition	Message Description
3323	Discharge Date	<discharge-date>	Discharge Date cannot be duplicated for a patient.	Discharge Date can only be specified once per patient.
3316	Discharge Date	<discharge-date>	Discharge date specified in the XML file does not exist for the patient.	Discharge Date is not valid for the patient.
3317	Discharge Confirmation	<discharge-confirmation>	The value is not an allowable value.	Discharge Confirmation <discharge-confirmation> does not contain an allowable value.
3318	Office Visit	<office-visit>	The value is not an allowable value.	Office Visit <office-visit> does not contain an allowable value.
3319	Medication Reconciliation	<medication-reconciliation>	The value is not an allowable value.	Medication Reconciliation <medication-reconciliation> does not contain an allowable value.

3.3 Patient Ranking XML

The **Patient Ranking XML** file is used to export the list of patients for a group. The information in the file cannot be updated by uploading a file. When exporting the data, the Web Interface allows the selection of one or more modules on the **Export Data** page. The XML file generated by the Web Interface will only include the patients ranked in the selected modules. If a patient is ranked in multiple modules, only the XML rank elements associated with the selected modules will be included for that patient.

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

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

Table 3-124 shows the **Patient Ranking XML** elements and associated data.

Table 3-124. Patient Ranking XML Elements

XML Element	Description	Data Type	Field Size	Valid Values
<export>	Header.	String	200	<export version="1.0" type="ACO-GPRO-PATIENT_RANKING" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:qrs="http://www.cms.gov/pqrs/aco/patientRanking" xsi:schemaLocation="http://www.cms.gov/pqrs/aco/patientRanking qrs-patientRanking.xsd">
<file-audit-data>	Opening element for file audit data.	N/A	N/A	N/A
<file-number>	Identifier for the file.	String	20	Number
<create-date>	Date the file was created.	String	10	MM/DD/YYYY (Must be a valid date)
<create-time>	Time the file was created.	Time	5	HH:MM (Military format with colon)
<create-by>	IACS ID and “-WebUI”.	String	50	Character

Physician Quality Reporting System

XML Element	Description	Data Type	Field Size	Valid Values
<version>	Version of the file being exported.	String	20	Character
</file-audit-data>	Closing element for file audit data.	N/A	N/A	N/A
<submission-period-from-date>	Start of the Submission Period.	String	10	MM/DD/YYYY (Must be a valid date)
<submission-period-to-date>	End of the submission period.	String	10	MM/DD/YYYY (Must be a valid date)
<aco-gpro>	Opening element for group data.	N/A	N/A	N/A
<aco-tin>	Primary Taxpayer Identification Number for which data is being exported.	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.	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 (Must be a valid date)
<provider-npi>	Provider's NPI.	String	10	Number
<caremedcon-rank>	Patient's rank within the CARE-1 module. This element is only used if the patient has been selected for the CARE-1 sample.	String	3	1 – 616

XML Element	Description	Data Type	Field Size	Valid Values
<carefalls-rank>	Patient's rank within the CARE-2 module. 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
<hf-rank>	Patient's rank within the HF module. This element is only used if the patient has been selected for the HF sample.	String	3	1 – 616
<htn-rank>	Patient's rank within the HTN module. This element is only used if the patient has been selected for the HTN sample.	String	3	1 – 616
<ivd-rank>	Patient's rank within the IVD module. This element is only used if the patient has been selected for the IVD sample.	String	3	1 – 616

XML Element	Description	Data Type	Field Size	Valid Values
<pcmammogram-rank>	Patient's rank within the PREV-5 module. This element is only used if the patient has been selected for the PREV-5 sample.	String	3	1 – 616
<pccolorectal-rank>	Patient's rank within the PREV-6 module. This element is only used if the patient has been selected for the PREV-6 sample.	String	3	1 – 616
<pcflushot-rank>	Patient's rank within the PREV-7 module. This element is only used if the patient has been selected for the PREV-7 sample.	String	3	1 – 616
<pcpnemothot-rank>	Patient's rank within the PREV-8 module. This element is only used if the patient has been selected for the PREV-8 sample.	String	3	1 – 616
<pcbmiscreen-rank>	Patient's rank within the PREV-9 module. This element is only used if the patient has been selected for the PREV-9 sample.	String	3	1 – 616
<pctobaccouse-rank>	Patient's rank within the PREV-10 module. This element is only used if the patient has been selected for the PREV-10 sample.	String	3	1 – 616

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

3.4 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 ACO GPRO Web Interface.

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

The database will be pre-populated with one clinic during the initial load. This clinic name will default to the name of the Accountable Care Organization. The address for the clinic will not be pre-populated. The pre-populated clinic will have the flag set to indicate it is an original clinic. Clinics added using the Web Interface will have the flag set to indicate they are not original clinics.

Table 3-125 shows the **Clinics XML** elements and associated data.

Table 3-125. Clinics XML Elements

XML Element	Description	String	Field Size	Valid Values
<export>	Header	String	180	<export version="1.0" type="ACO-GPRO-CLINIC" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:noNamespaceSchemaLocation="PQRS_ACO_Clinic.xsd" xmlns="gov/cms/pqrs/aco/clinic/v1">
<file-audit-data>	Opening element for file audit data	N/A	N/A	N/A
<file-number>	Identifier for the file	String	20	Number
<create-date>	Date the file was created	String	10	MM/DD/YYYY (Must be a valid date)
<create-time>	Time the file was created	Time	5	HH:MM (Military format with colon)
<create-by>	IACS ID and “-WebUP”	String	50	Character
<version>	Version of the file being exported	String	20	Character
</file-audit-data>	Closing element for file audit data	N/A	N/A	N/A
<submission-period-from-date>	Start of the Submission Period	String	10	MM/DD/YYYY (Must be a valid date)
<submission-period-to-date>	End of the submission period	String	10	MM/DD/YYYY (Must be a valid date)
<aco-gpro>	Opening element for group data	N/A	N/A	N/A

Physician Quality Reporting System

XML Element	Description	String	Field Size	Valid Values
<aco-tin>	Primary Taxpayer Identification Number for which data is being exported	String	9	Number
<clinic>	Opening element clinic data, repeats for each clinic	N/A	N/A	N/A
<clinic-id>	System generated identifier for the clinic	String	19	Number
<clinic-name>	Name of the clinic	String	100	Character
<clinic-address1>	First line of the clinic address	String	50	Character
<clinic-address2>	Second line of the clinic address	String	50	Character
<clinic-city>	City for the clinic address	String	50	Character
<clinic-state>	State for the clinic address	String	2	Two digit state codes
<clinic-zipcode>	Zip code for the clinic address	String	10	Five digit (11111) or nine digit (11111-1111) zip code
<clinic-is-original>	Indicator if the clinic was pre-populated during the initial data load or added during the submission period using the Web Interface	String	1	1 = User added, not original 2 = Pre-populated, original
</clinic>	Closing tag for the Clinic data, repeats for each clinic	N/A	N/A	N/A
</aco-gpro>	Closing tag for group data	N/A	N/A	N/A
</export>	Closing tag for header	N/A	N/A	N/A

3.5 Providers XML

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

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

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

Table 3-126 shows the **Providers XML** elements and associated data.

Table 3-126. Providers XML Elements

XML Element	Description	Data Type	Field Size	Valid Values
<export>	Header	String		<export version="1.0" type="PQRS-ACO-PROVIDER" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:qrs="gov/cms/pqrs/aco/provider/v1" xsi:schemaLocation="gov/cms/pqrs/aco/provider/v1 qrs-provider.xsd">
<file-audit-data>	Opening element for file audit data	N/A	N/A	N/A
<file-number>	Identifier for the file	String	20	Number
<create-date>	Date the file was created	String	10	MM/DD/YYYY (Must be a valid date)
<create-time>	Time the file was created	Time	5	HH:MM (Military format with colon)
<create-by>	IACS ID and "-WebUP"	String	50	Character

XML Element	Description	Data Type	Field Size	Valid Values
<version>	Version of the file being exported	String	20	Character
</file-audit-data>	Closing element for file audit data	N/A	N/A	N/A
<submission-period-from-date>	Start of the Submission Period	String	10	MM/DD/YYYY (Must be a valid date)
<submission-period-to-date>	End of the submission period	String	10	MM/DD/YYYY (Must be a valid date)
<aco-gpro>	Opening element for group data	N/A	N/A	N/A
<aco-tin>	The Primary Taxpayer Identification number for the specific Accountable Care Organization	String	9	Number
<provider>	Opening element provider data	N/A	N/A	N/A
<provider-npi>	Provider's NPI	String	10	Number
<provider-first-name>	First name of a provider	String	30	Character
<provider-last-name>	Last name of a provider	String	30	Character
<provider-ein>	Employer Identification Number for a provider	String	15	Character
<provider-credentials>	Credentials for a provider	String	100	Character
<provider-is-original>	Indicator if the provider was pre-populated during the initial data load or added during the submission period using the Web Interface	String	1	1 = User added, not original 2 = Pre-populated, original

Physician Quality Reporting System

XML Element	Description	Data Type	Field Size	Valid Values
</provider>	Closing tag for the Provider data	N/A	N/A	N/A
</aco-gpro>	Closing tag for group data	N/A	N/A	N/A
</export>	Closing tag for header	N/A	N/A	N/A

4 XML TO EXCEL PROCESSING

The Patient, Patient Ranking, Clinic and Provider XML files exported for the Accountable Care Organization Group Practice Reporting Option Web Interface may be imported into an Excel file. The Excel file may also be used to create the Patient XML file to be uploaded into the Practice Reporting Option Web Interface.

Instructions on importing and exporting the Patient XML file using Excel 2007 in Section 4.1 and Excel 2003 in Section 4.2. Once the files are exported, they must be modified before uploading. The instructions on modifying the file exported from Excel are provided in Section 4.3.

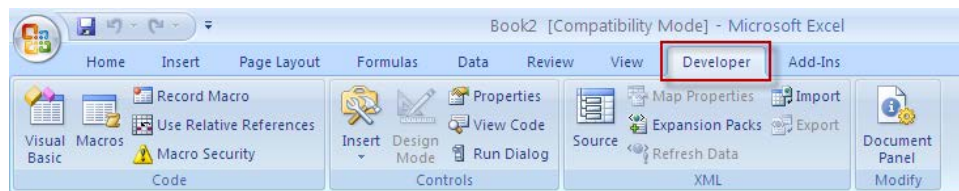
The template for the Patient XML will be provided.

4.1 Microsoft Excel 2007

4.1.1 Add the Developer Tab to Excel

If the Developer Tab is not shown in Excel, it can be added. Figure 4-1 shows the Excel ribbon with the Developer Tab displayed

Figure 4-1. Developer Tab in Excel 2007

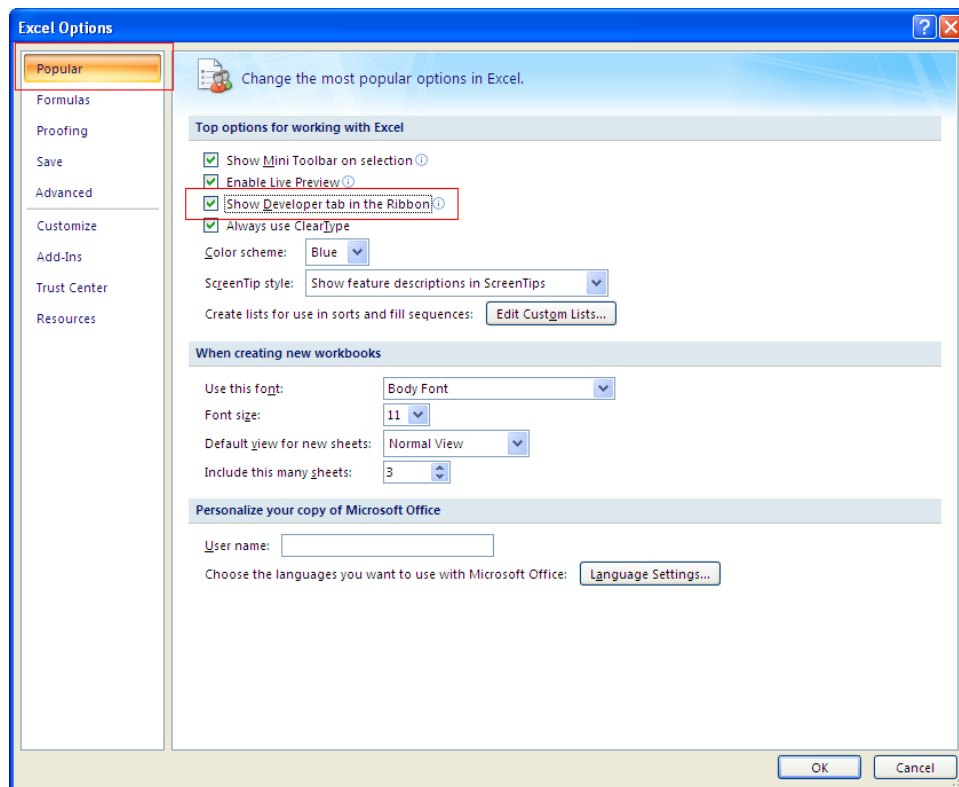


Steps to display the Developer tab:

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.

Figure 4-2 shows the Excel Options screen with the Show developer tab in the Ribbon option.

Figure 4-2. Excel Options for Excel 2007



4.1.2 Import the XML File

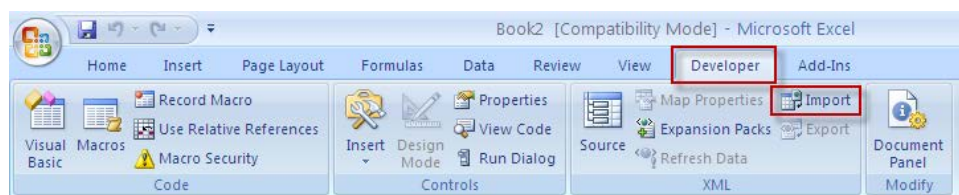
Once the Developer Tab is available, the Patient XML file can be imported into the templates that are available with the XML Specifications.

To import the file:

1. Open the Excel template for the Patient file.
2. Click **Developer**.
3. Click **Import**.
4. Select the appropriate XML file for the template on the file selection window.
5. Click **Import**.

Figure 4-3 shows the Excel ribbon with Developer tab and the Import option identified.

Figure 4-3. Importing Using Developer Tab in Excel 2007



4.1.3 Export the Modified Data

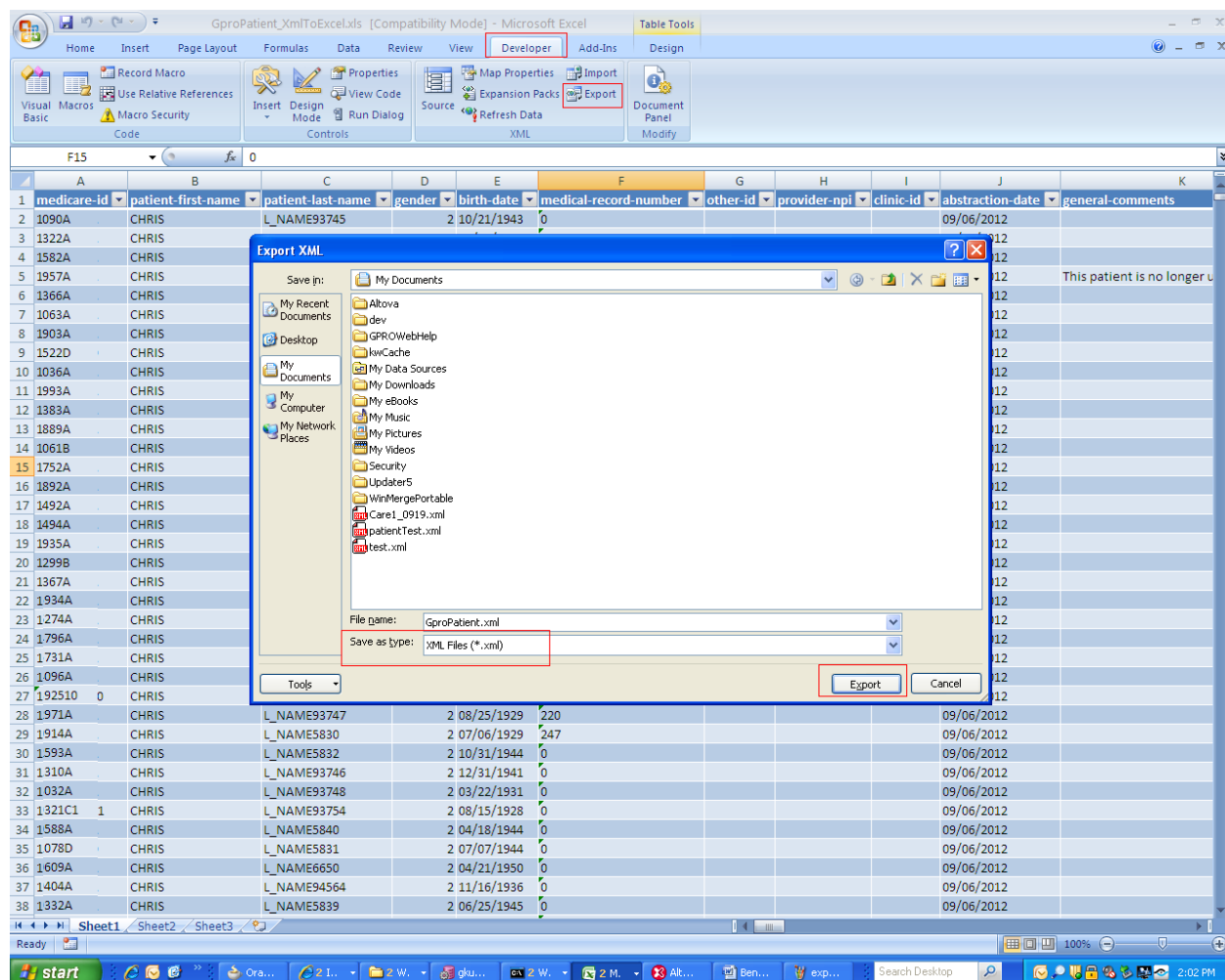
After editing the imported data, the modified data can be exported into the XML format. The file will require modification after exporting from Excel and before uploading into the Web Interface.

To export the file:

1. Click **Developer**.
2. Click **Export**.
3. Set Save as type: to XML file (*.xml).
4. Click **Export**.

Figure 4-4 shows the Excel worksheet with the Export options highlighted.

Figure 4-4. Exporting XML from Excel 2007



4.2 Microsoft Excel 2003

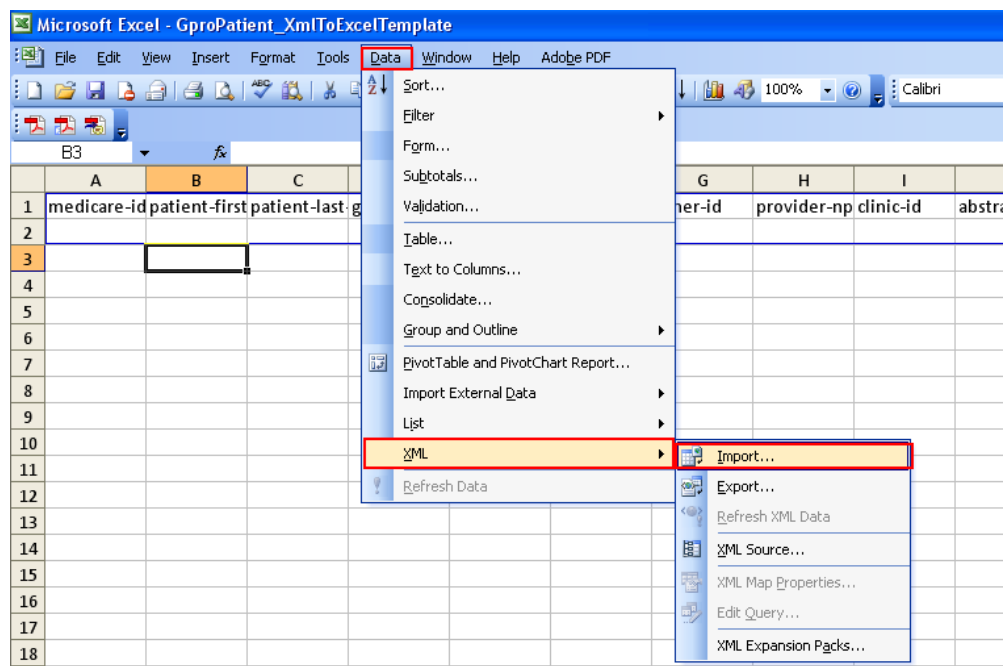
4.2.1 Import XML File

To import the XML file into Excel:

1. Open the Patient template.
2. Click **Data** from the toolbar.
3. Click **XML** on the Data toolbar menu.
4. Click **Import** on the XML menu.

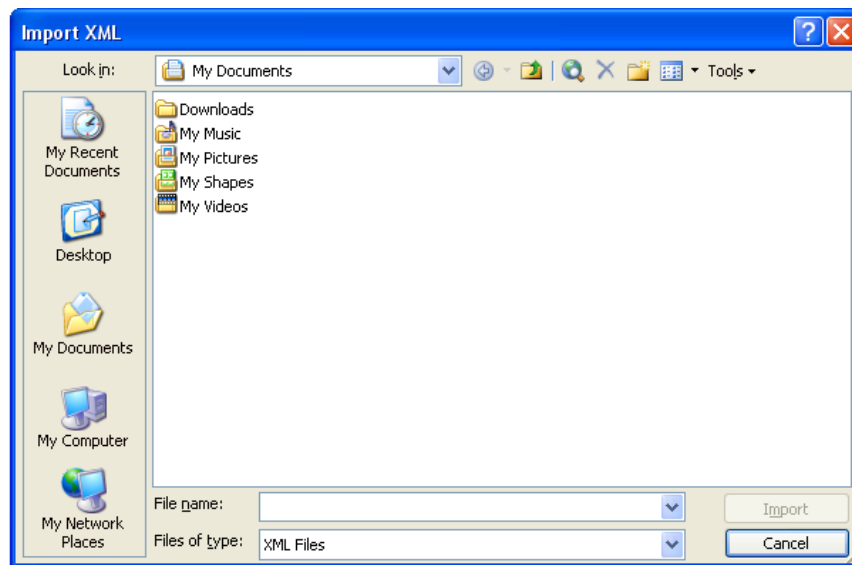
Figure 4-5 shows the Import options with the selections called out.

Figure 4-5. Importing XML into Excel 2003



5. The Import XML file selection window appears.
6. Select the file to be imported.
7. Click **Import**.

Figure 4-6 shows the Excel 2003 Import XML file selection window.

Figure 4-6. File Selection for Import in Excel 2003

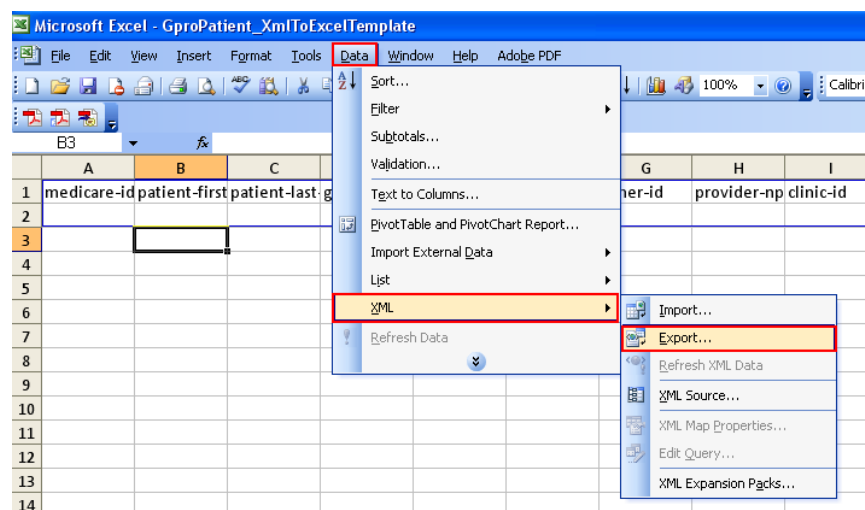
4.2.2 Export the Modified Data

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

To export the file:

1. Click **Data** from the toolbar.
2. Click **XML** from the Data toolbar.
3. Click **Export** from the XML menu.

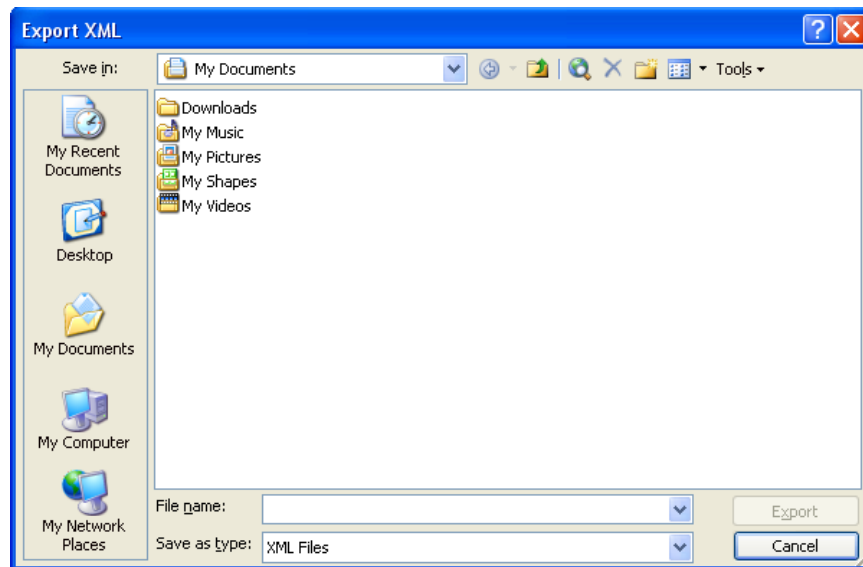
Figure 4-7 shows the Export options with the selections highlighted.

Figure 4-7. Exporting Data from Excel 2003

4. The Export XML file window appears.
5. Enter the file name to use for the exported file.
6. Click **Export**.

Figure 4-8 shows the Excel 2003 Export XML file selection window.

Figure 4-8. File Selection for Export in Excel 2003



4.3 Editing the Exported XML File

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

The template for the Patient XML file has had the header information removed to allow import of the XML files into Excel. The header needs to be added prior to uploading the file into the Web Interface.

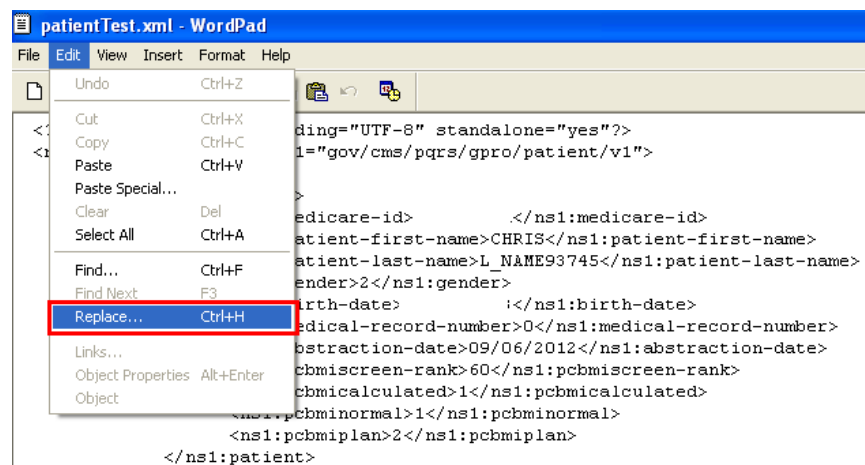
4.3.1 Remove the Name Space from the XML Tags

The directions below provide the information to remove the name space using WordPad. If any other editor is used, care should be exercised when saving the file to ensure that hidden characters or non UTF-8 characters are not added to the file. Files should be saved using UTF-8 encoding.

To remove the name space added by Excel:

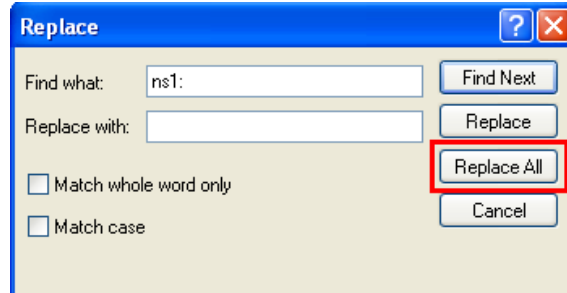
1. Open the file with WordPad.
2. Click **Edit**.
3. Click **Replace** from the Edit toolbar option.

Figure 4-9 shows a file in WordPad with the Replace option highlighted.

Figure 4-9. Editing XML File Using WordPad

4. The Replace screen is displayed.
5. Enter “ns1:” in the **Find What:** field.
6. Leave the **Replace with:** field blank.
7. Click **Replace All**.

Figure 4-1 shows the Replace screen in WordPad used to remove the name space.

Figure 4-10. Removing Name Space Using WordPad

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

The Header and Group Identification Data are required in the file. The Audit Data is optional to provides information on the file. The lines below should be added to the beginning of the file. The header must be an exact match to the header provided below. Replace the “MM/DD/YYYY”, “HH:MM”, “XXXXXX” in the lines below appropriate data in the file. The Primary Taxpayer Identification Number in the file must match the Primary Taxpayer Identification Number associated to the IACS ID of the user uploading the data.

The following three lines are added when the XML file is created by Excel. They should be removed.

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

After removing those lines, insert the following lines at the top of the file. Note that the `<submission>` element should be on one line without line returns.

```
<?xml version="1.0" encoding="UTF-8"?>
<submission version="1.0" type="PQRS-ACO-PATIENT"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:noNamespaceSchemaLocation="PQRS-ACO_Patient.xsd"
xmlns="gov/cms/pqrs/aco/patient/v1">
  <file-audit-data>
    <file-number>1</file-number>
    <create-date>MM/DD/YYYY</create-date>
    <create-time>HH:MM</create-time>
    <create-by>XXXXXX</create-by>
    <version>1.0</version>
  </file-audit-data>
  <submission-period-from-date>01/01/2012</submission-period-from-date>
  <submission-period-to-date>12/31/2012</submission-period-to-date>
  <aco-gpro>
    <aco-tin>XXXXXX</gpro-tin>
```

4.3.3 Save the Modified File with UTF-8 Encoding

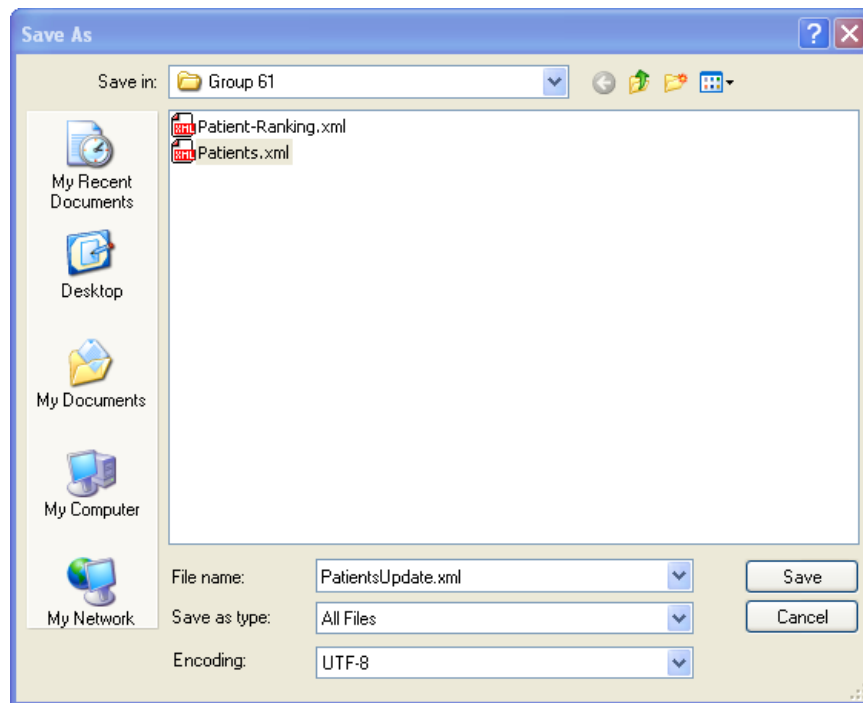
After modifying the file to remove the Namespace and replace the header, the file must be saved with UTF-8 Encoding. Files that are not saved with UTF-8 encoding will fail the XML format validation.

To save the file with UTF-8 Encoding in Notepad:

1. Click **File**.
2. Click **Save As**.
3. Enter the file name with a .xml extension in the **File name:** field.
4. Select **All Files** in the **Save as type:** pulldown menu.
5. Select **UTF-8** in the **Encoding:** pulldown menu.
6. Select **Save**.

Figure 4-11 shows the Save As window with the UTF-8 selections needed when saving the file.

Figure 4-11. Saving File with UTF-8 Encoding



APPENDIX A – ACRONYMS

This section describes the acronyms used in this document.

Acronym	Description
ACE-I/ARB	Angiotensin-Converting Enzyme Inhibitor or Angiotensin Receptor Blocker
ACO	Accountable Care Organization
BMI	Body Mass Index
CAD	Coronary Artery Disease
CARE	Care Coordination/Patient Safety
CMS	Centers for Medicare & Medicaid Services
DB	Diabetes Mellitus
GPRO	Group Practice Reporting Option
HF	Heart Failure
HTN	Hypertension
IVD	Ischemic Vascular Disease
LDL-C	Low-Density-Lipoprotein Cholesterol
LVEF	Left Ventricular Ejection Fraction
LVSD	Left Ventricular Systolic Dysfunction
NPI	National Provider Identifier
mg/dL	Milligrams per Deciliter
mmHg	Millimeters of Mercury
PREV	Preventive Care
TIN	Taxpayer Identification Number
XML	Extensible Markup Language

APPENDIX B – XML ELEMENTS FOR PATIENT XML FILE

XML Element	Module	Measure
<submission>	N/A	Header
<file-audit-data>	N/A	File Audit Data
<file-number>	N/A	File Audit Data
<create-date>	N/A	File Audit Data
<create-time>	N/A	File Audit Data
<create-by>	N/A	File Audit Data
<version>	N/A	File Audit Data
</file-audit-data>	N/A	File Audit Data
<submission-period-from-date>	N/A	Submission Period
<submission-period-to-date>	N/A	Submission Period
<aco-gpro>	N/A	Group Data
<aco-tin>	N/A	Group Data
<patient>	N/A	Patient Data
<medicare-id>	N/A	Demographics
<patient-first-name>	N/A	Demographics
<patient-last-name>	N/A	Demographics
<gender>	N/A	Demographics
<birth-date>	N/A	Demographics
<medical-record-number>	N/A	Demographics
<other-id>	N/A	Demographics
<provider-npi>	N/A	Demographics
<clinic-id>	N/A	Demographics
<abstraction-date>	N/A	Demographics
<general-comments>	N/A	Demographics
<caremedcon-rank>	CARE-1	CARE-1 Rank
<carefalls-rank>	CARE-2	CARE-2 Rank
<care-medical-record-found>	CARE-1 and CARE-2	CARE-1 and CARE-2 Medical Record Found

XML Element	Module	Measure
<care-not-qualified-reason>	CARE-1 and CARE-2	CARE-1 and CARE-2 Medical Record Found
<care-not-qualified-date>	CARE-1 and CARE-2	CARE-1 and CARE-2 Medical Record Found
<falls-screening>	CARE-2	ACO-CARE-2: Screening for Future Fall Risk
<care-comments>	CARE-1 and CARE-2	CARE-1 and CARE-2 Comments
<cad-rank>	CAD	CAD Rank
<cad-confirmed>	CAD	CAD Confirmation
<cad-not-qualified-reason>	CAD	CAD Confirmation
<cad-not-qualified-date>	CAD	CAD Confirmation
<cad-ldlc-control>	CAD	ACO-CAD-2: Lipid Control
<cad-diabetes>	CAD	ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB
<cad-lvsd>	CAD	ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB
<cad-acearb>	CAD	ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB
<cad-comments>	CAD	CAD Comments
<dm-rank>	DM	DM Rank
<dm-confirmed>	DM	DM Confirmation
<dm-not-qualified-reason>	DM	DM Confirmation
<dm-not-qualified-date>	DM	DM Confirmation
<dm-hba1c-test>	DM	ACO-DM-2 and ACO-DM-15: Most Recent HbA1c
<dm-hba1c-date>	DM	ACO-DM-2 and ACO-DM-15: Most Recent HbA1c
<dm-hba1c-value>	DM	ACO-DM-2 and ACO-DM-15: Most Recent HbA1c
<dm-recent-bp>	DM	ACO-DM-13: Blood Pressure Management
<dm-bp-date>	DM	ACO-DM-13: Blood Pressure Management

XML Element	Module	Measure
<dm-bp-systolic>	DM	ACO-DM-13: Blood Pressure Management
<dm-bp-diastolic>	DM	ACO-DM-13: Blood Pressure Management
<dm-ldlc-test>	DM	ACO-DM-14: Most Recent LDL-C Result
<dm-ldlc-date>	DM	ACO-DM-14: Most Recent LDL-C Result
<dm-ldlc-value>	DM	ACO-DM-14: Most Recent LDL-C Result
<dm-ivd>	DM	ACO-DM-16: IVD/Aspirin Use
<dm-aspirin>	DM	ACO-DM-16: IVD/Aspirin Use
<dm-tobacco>	DM	ACO-DM-17: Tobacco Non Use
<dm-comments>	DM	DM Comments
<hf-rank>	HF	HF Rank
<hf-confirmed>	HF	HF Confirmation
<hf-not-qualified-reason>	HF	HF Confirmation
<hf-not-qualified-date>	HF	HF Confirmation
<hf-lvsd>	HF	ACO-HF-6: LVDS and BB and ACE-I/ARB
<hf-beta-blocker>	HF	ACO-HF-6 Beta Blocker Therapy
<hf-comments>	HF	HF Comments
<htn-rank>	HTN	HTN Rank
<htn-confirmed>	HTN	HTN Confirmation
<htn-not-qualified-reason>	HTN	HTN Confirmation
<htn-not-qualified-date>	HTN	HTN Confirmation
<htn-recent-bp>	HTN	ACO-HTN-2: Controlling High Blood Pressure
<htn-bp-date>	HTN	ACO-HTN-2: Controlling High Blood Pressure

XML Element	Module	Measure
<htn-bp-systolic>	HTN	ACO-HTN-2: Controlling High Blood Pressure
<htn-bp-diastolic>	HTN	ACO-HTN-2: Controlling High Blood Pressure
<htn-comments>	HTN	HTN Comments
<ivd-rank>	IVD	IVD Rank
<ivd-confirmed>	IVD	IVD Confirmation
<ivd-not-qualified-reason>	IVD	IVD Confirmation
<ivd-not-qualified-date>	IVD	IVD Confirmation
<ivd-lipid-performed>	IVD	ACO-IVD-1: Complete Lipid Profile and LDL-C Control
<ivd-lipid-date>	IVD	ACO-IVD-1: Complete Lipid Profile and LDL-C Control
<ivd-ldlc-value>	IVD	ACO-IVD-1: Complete Lipid Profile and LDL-C Control
<ivd-antithrombotic>	IVD	ACO-IVD-2 Aspirin or Other Antithrombotic
<ivd-comments>	IVD	IVD Comments
<prev-medical-record-found>	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, PREV-12	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11 and PREV-12 Medical Record Found
<prev-not-qualified-reason>	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, PREV-12	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11 and PREV-12 Medical Record Found
<prev-not-qualified-date>	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, PREV-12	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11 and PREV-12 Medical Record Found
<pcmammogram-rank>	PREV-5	PREV-5 Rank
<pcmammogram>	PREV-5	ACO-PREV-5: Mammography Screening
<pccolorectal-rank>	PREV-6	PREV-6 Rank

XML Element	Module	Measure
<pccolorectal>	PREV-6	ACO-PREV-6: Colorectal Cancer Screening
<pcflushot-rank>	PREV-7	PREV-7 Rank
<pcflushot>	PREV-7	ACO-PREV-7: Influenza Immunization
<pcpnemoshot-rank>	PREV-8	PREV-8 Rank
<pcpnemoshot>	PREV-8	ACO-PREV-8: Pneumonia Vaccination
<pcbmiscreen-rank>	PREV-9	PREV-9 Rank
<pcbmicalculated>	PREV-9	ACO-PREV-9: Body Mass Index Screening and Follow-up
<pcbminormal>	PREV-9	ACO-PREV-9 : Body Mass Index Screening and Follow-up
<pcbmiplan>	PREV-9	ACO-PREV-9: Body Mass Index Screening and Follow-up
<pctobaccouse-rank>	PREV-10	PREV-10 Rank
<pctobaccoscreen>	PREV-10	ACO-PREV-10: Tobacco Use Assessment and Cessation Intervention
<pctobaccocounsel>	PREV-10	ACO-PREV-10: Tobacco Use Assessment and Cessation Intervention
<pcbloodpressure-rank>	PREV-11	PREV-11 Rank
<pcbloodpressure>	PREV-11	ACO-PREV-11: Screening for High Blood Pressure
<pcdrepepression-rank>	PREV-12	PREV-12 Rank
<pcdrepepression>	PREV-12	ACO-PREV-12: Screening for Depression
<pcdrepepression-positive>	PREV-12	ACO-PREV-12: Screening for Depression
<pcdrepepression-plan>	PREV-12	ACO-PREV-12: Screening for Depression

XML Element	Module	Measure
<prev-comments>	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11, PREV-12	PREV-5, PREV-6, PREV-7, PREV-8, PREV-9, PREV-10, PREV-11 and PREV-12 Comments
</patient>	N/A	Closing tag for each patient's data
</aco-gpro>	N/A	Closing tag for group data
</submission>	N/A	Closing tag for header

APPENDIX C – XML ELEMENTS FOR PATIENT DISCHARGE XML FILE

XML Element	Module	Measure
<submission>	N/A	Header
<file-audit-data>	N/A	File Audit Data
<file-number>	N/A	File Audit Data
<create-date>	N/A	File Audit Data
<create-time>	N/A	File Audit Data
<create-by>	N/A	File Audit Data
<version>	N/A	File Audit Data
</file-audit-data>	N/A	File Audit Data
<submission-period-from-date>	N/A	Submission Period
<submission-period-to-date>	N/A	Submission Period
<aco-gpro>	N/A	Group Data
<aco-tin>	N/A	Group Data
<patient>	N/A	Patient Data
<medicare-id>	N/A	Demographics
<caremedcon-rank>	CARE-1	CARE-1 Rank
<care-medical-record-found>	CARE-1	CARE-1 Medical Record Found
<care-not-qualified-reason>	CARE-1	CARE-1 Medical Record Found
<care-not-qualified-date>	CARE-1	CARE-1 Medical Record Found
<care-comments>	CARE-1 and CARE-2	CARE-1 Comments
<discharge>	CARE-1	ACO-CARE-1
<discharge-date>	CARE-1	ACO-CARE-1
<discharge-confirmation>	CARE-1	ACO-CARE-1
<office-visit>	CARE-1	ACO-CARE-1
<medication-reconciliation>	CARE-1	ACO-CARE-1
</discharge>	CARE-1	ACO-CARE-1
</patient>	N/A	Closing tag for each patient's data
</aco-gpro>	N/A	Closing tag for group data
</submission>	N/A	Closing tag for header