Table of Contents

1. Introduction 1

2. Conformance Conventions Used in This Guide 1
   2.1 Keywords 1
   2.2 Cardinality 1
   2.3 Null Flavor 2
   2.4 XML Examples and Sample Documents 3
   2.5 Interchangeable Terms 3

3. Overview 3

4. Background 4

5. CMS-Based QRDA Category 1 Validation 4
   5.1 QDM Based QRDA 5
   5.2 Record Target Constraints 5
      5.2.1 Medicare Health Insurance Claim (HIC)/Patient Identification Number 5
      5.2.2 Patient Constraints 6
   5.3 Custodian Constraints: CMS Certification Number 9
   5.4 Participant Constraints: CMS EHR Certification Number 9
   5.5 Documentation Of Constraints 10
      5.5.1 Tax Identification Number (TIN) 11
   5.6 Measure Constraints: Measure ID 12
   5.7 Patient Data Constraints: Payer 16
      5.7.1 Payment Typology Value Set 17

Acronyms 19

Referenced Documents 21

Appendix A – HQR eMeasures 22

Record of Changes 25
List of Figures

Figure 1: Examples of nullFlavor for raceCode 2
Figure 2: HIC Number Example 5
Figure 3: Patient Example 8
Figure 4: CCN Example 9
Figure 5: CMS EHR Certification Number Example 10
Figure 6: Documentation Of Example 12
Figure 7: Measure Example 15
Figure 8: Payer Example 18

List of Tables

Table 1: Interchangeable Terms 3
Table 2: HIC Constraints Overview 5
Table 3: Patient Constraints Overview 6
Table 4: Race Value Set (Excerpt) 7
Table 5: Ethnicity Value Set (Excerpt) 7
Table 6: Administrative Gender (HL7) Value Set 8
Table 7: ONC Administrative Sex Value Set 8
Table 8: CCN Constraints Overview 9
Table 9: CMS EHR Certification Number Constraints Overview 10
Table 10: TIN Constraints Overview 11
Table 11: Measure Constraints Overview 13
Table 12: Payer Constraints Overview 16
Table 13: PHDSC Source of Payment Typology Value Set (Excerpt) 17
Table 14: Acronyms 19
Table 15: Referenced Documents 21
Table 16: Hospital Quality Reporting eMeasures 22
Table 17: Record of Changes 25
1. **Introduction**

This document is a Hospital Quality Reporting (HQR) supplementary implementation guide to the Health Level 7 (HL7) Implementation Guide for Clinical Document Architecture® (CDA) Release 2: Quality Reporting Document Architecture – Category I (QRDA) Draft Standard for Trial Use (DSTU) Release 2 (US Realm), July, 2012, updated with December 21, 2012 errata (Table 15). It describes additional conformance statements and constraints for the Electronic Health Record (EHR) data submissions that are required for reporting information to the Centers for Medicare and Medicaid Services (CMS) through its Health Information Technology for Economic and Clinical Health Act (HITECH) EHR Incentive Program Hospital electronic Clinical Quality Measures (eCQM) Reporting system.

2. **Conformance Conventions Used in This Guide**

2.1 **Keywords**

The keywords **shall**, **should**, **may**, **need not**, **should not**, and **shall not** in this document have the following meaning:

- **shall**: an absolute requirement for the particular element. Where a **SHALL** constraint is applied to an XML element, that element must be present in an instance, but may have an exceptional value (i.e., may have a nullFlavor), unless explicitly precluded. Where a **SHALL** constraint is applied to an XML attribute, that attribute must be present, and must contain a conformant value.

- **shall not**: an absolute prohibition against inclusion.

- **should/should not**: best practice or recommendation. There may be valid reasons to ignore an item, but the full implications must be understood and carefully weighed before choosing a different course.

- **may/need not**: truly optional; can be included or omitted as the author decides with no implications.

2.2 **Cardinality**

The cardinality indicator (0..1, 1..1, 1..*, etc.) specifies the allowable occurrences within a document instance. The cardinality indicators are interpreted with the following format “m…n”, where m represents the least and n the most:

- **0..1** zero or one
- **1..1** exactly one
- **1..*** at least one
- **0..*** zero or more
- **1..n** at least one and not more than n
2.3 Null Flavor

Information technology solutions store and manage data, but sometimes data are not available; an item may be unknown, not relevant, or not computable or measureable. In HL7, a flavor of null, or nullFlavor, describes the reason for missing data.

Figure 1: Examples of nullFlavor for raceCode

```
<raceCode nullFlavor="ASKU"/>
  <!--coding a raceCode when the patient declined to specify his/her race-->
<raceCode nullFlavor="UNK"/>
  <!--coding a raceCode when the patient's race is unknown-->
```

Use nullFlavors for unknown, required, or optional attributes:

- **NI**  No information. This is the most general and default null flavor.
- **NA**  Not applicable. Known to have no proper value (e.g., last menstrual period for a male).
- **UNK** Unknown. A proper value is applicable, but is not known.
- **ASKU** Asked, but not known. Information was sought, but not found (e.g., the patient was asked but did not know).
- **NAV** Temporarily unavailable. The information is not available, but is expected to be available later.
- **NASK** Not asked. The patient was not asked.
- **MSK** There is information on this item available but it has not been provided by the sender due to security, privacy, or other reasons. There may be an alternate mechanism for gaining access to this information.
- **OTH** The actual value is not and will not be assigned a standard coded value. An example is the name or identifier of a clinical trial.

This above list contains those null flavors that are commonly used in clinical documents. For the full list and descriptions, see the nullFlavor vocabulary domain in the in the HL7 standard, Clinical Document Architecture, Release 2.0.

Any SHALL conformance statement may use nullFlavor, unless the attribute is required or the nullFlavor is explicitly disallowed. SHOULD and MAY conformance statements may also use nullFlavor.
2.4 XML Examples and Sample Documents

Extensible Mark-up Language (XML) examples appear in the various figures throughout this document. Portions of the XML content may be omitted from the content for brevity, marked by an ellipsis (...).

2.5 Interchangeable Terms

The following terms listed in Table 1 shall be used interchangeably in this document.

<table>
<thead>
<tr>
<th>Term/Concept</th>
<th>Alternate Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>QRDA Category I Release 2 document</td>
<td>QRDA document&lt;br&gt;QRDA file&lt;br&gt;QRDA Category I document&lt;br&gt;QRDA Category I file&lt;br&gt;QRDA Category I R2 document</td>
</tr>
<tr>
<td>Measure</td>
<td>eMeasure&lt;br&gt;eCQM</td>
</tr>
<tr>
<td>HQR Measures</td>
<td>HQR Clinical Quality Measures&lt;br&gt;eCQMs&lt;br&gt;Measures indicated in Appendix A – HQR eMeasures</td>
</tr>
<tr>
<td>System</td>
<td>HITECH EHR Incentive Program Hospital eCQM Reporting</td>
</tr>
</tbody>
</table>

3. Overview

CMS will process HQR eCQM QRDA Category I Release 2 documents originating from EHR systems. Submitted QRDA documents for HITECH EHR Incentive Program Hospital eCQM Reporting must meet the conformance statements specified in this document, in addition to the conformance statements specified in the HL7 Implementation Guide for CDA® Release 2: QRDA Category I DSTU Release 2 (US Realm) (July, 2012 updated with December 21, 2012 errata). The QRDA standard is designed to meet the needs of many recipients of quality reports; in it a number of data elements are recommended, but not required (SHOULD). This specification describes which of these data elements are required (SHALL) for the HITECH EHR Incentive Program Hospital eCQM Reporting.
The EHR system shall generate QRDA documents with HQR eCQMs according to these specified conformance statements. These QRDA documents shall be submitted to CMS via the QualityNet Secure Portal.

4. Background

A CQM is a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion. A subtype of a quality measure is a clinical performance measure. Specifically, a clinical performance measure is a mechanism for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in the optimal time period.

Quality measures are used for three general purposes:

- Quality improvement
- Accountability
- Research

Without the ability to accurately communicate the data in these measures to external agencies, the benefit of collecting the information is limited. QRDA specifications along with this implementation guide are used to standardize the representation of measure-defined data elements to enable interoperability between all of the stakeholder organizations.

A QRDA Category I document is an individual patient-level file. A QRDA Category I document is the only type accepted by the CMS HQR EHR System. Each file contains quality data for one or more quality measures, where the data elements in the file are defined by the particular measure(s) being reported. When pooled and analyzed, each file contributes the quality data necessary to calculate eCQMs.

5. CMS-Based QRDA Category 1 Validation

Where no constraints are stated in this specification, the report instances are subject to and are to be created in accordance with the HL7 Implementation Guide for CDA® R2: QRDA Category I DSTU Release 2 (US Realm) (July, 2012 updated with December 21, 2012 errata), which is the base standard for this document. Where, for instance, the QRDA Category I R2 Specification declares an element/attribute to be optional, and this specification contains additional constraints, that element/attribute is required. This specification will not violate a requirement in the base standard.

The following sub-sections provide the detailed requirements for HQR-specific data elements.

Note:

```
/ClinicalDocument/templateId/@root= '2.16.840.1.113883.10.20.24.1.1' shall be used to determine if the submitted file is QRDA Category I Release 2 format. If this information is missing or incorrect then the system rejects the file.
```
5.1 QDM Based QRDA

The QRDA Category I Release 2 format incorporates a framework for coupling QRDA with the Quality Data Model (QDM), a domain-analysis model that supports consistent definition of clinical concepts recurring across quality measures. This framework allows users to create QDM-based QRDAs that correspond with QDM-based eCQMs.

The ClinicalDocument/templateId/@root= '2.16.840.1.113883.10.20.24.1.2' shall be used to determine if the submitted file is a QDM-Based QRDA Category I Release 2 format. If this information is missing or incorrect then the system rejects the file.

5.2 Record Target Constraints

5.2.1 Medicare Health Insurance Claim (HIC)/Patient Identification Number

The Medicare HIC number is the identification number given to a patient who is covered by Medicare. If Medicare is not the payer, a Patient Identification Number (ID) shall be required. Patient ID is a patient identification number assigned to the patient by the EHR, An example may include the Medical Record Number.

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/recordTarget/patientRole/</td>
<td>id</td>
<td>1..1</td>
<td>SHALL</td>
<td>16858-1</td>
<td>16858-2</td>
</tr>
</tbody>
</table>

This patient role SHALL contain exactly one [1..1] id (CONF-HR:16857-1) such that it:

1. SHALL contain exactly one [1..1] @root
2. The @root SHOULD contain zero or one [0..1] value equals to "2.16.840.1.113883.4.572" Medicare HIC number (CONF-HR:16858-1). SHALL contain exactly one [1..1] @extension Patient Id or Medicare HIC number (CONF-HR:16858-2)

Figure 2: HIC Number Example

```xml
<recordTarget>
  <patientRole>
    <!--HIC number-->
    <id root="2.16.840.1.113883.4.572" extension="123456789A" />
    ...
  </patientRole>
</recordTarget>
```
5.2.2 Patient Constraints

Table 3: Patient Constraints Overview

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/recordTarget/patientRole/patient/</td>
<td>raceCode</td>
<td>1..1</td>
<td>SHALL</td>
<td>5322-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ethnicGroupCode</td>
<td>1..1</td>
<td>SHALL</td>
<td>5323-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>administrativeGenderCode</td>
<td>1..1</td>
<td>SHALL</td>
<td>6394-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>birthTime</td>
<td>1..1</td>
<td>SHALL</td>
<td>5300-1</td>
<td></td>
</tr>
</tbody>
</table>

1. This patient **SHALL** contain exactly one [1..1] raceCode (CONF-HR:5322-2), which **SHALL** be selected from ValueSet Race 2.16.840.1.114222.4.11.836 DYNAMIC (CONF-HR:5322-1). In the event where race is unknown or patient declined to provide, a nullFlavor is permitted.

2. This patient **SHALL** contain exactly one [1..1] ethnicGroupCode (CONF-HR:5323-2), which **SHALL** be selected from ValueSet Ethnicity Value 2.16.840.1.114222.4.11.837 DYNAMIC (CONF-HR:5323-1). In the event where ethnicity is unknown or patient declined to provide, a nullFlavor is permitted.

3. This patient **SHALL** contain exactly one [1..1] administrativeGenderCode, which **SHALL** be selected from ValueSet Administrative Gender (HL7 V3) 2.16.840.1.113883.1.11.1 or ONC Administrative Sex 2.16.840.1.113762.1.4.1 DYNAMIC (CONF-HR:6394-1). In the event where gender is unknown, a nullFlavor is permitted.

4. This patient **SHALL** contain exactly one [1..1] birthTime such that it
   a. **SHALL** contain exactly one [1..1] @value. The birthTime **SHALL** be precise to day (CONF-HR:5300-1).

5.2.2.1 Race Value Set

The Race Value Set is as follows:

- **Value Set** - Race 2.16.840.1.114222.4.11.836 DYNAMIC
- **Code System(s)** - Race and Ethnicity - CDC 2.16.840.1.113883.6.238
- **Description** - A value set of codes for classifying data based upon race
Race is always reported at the discretion of the person for whom this attribute is reported, and reporting must be completed according to Federal guidelines for race reporting.


Table 4: Race Value Set (Excerpt)

<table>
<thead>
<tr>
<th>Code</th>
<th>Code System</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1002-5</td>
<td>Race and Ethnicity- CDC</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>2028-9</td>
<td>Race and Ethnicity- CDC</td>
<td>Asian</td>
</tr>
<tr>
<td>2054-5</td>
<td>Race and Ethnicity- CDC</td>
<td>Black or African American</td>
</tr>
<tr>
<td>2076-8</td>
<td>Race and Ethnicity- CDC</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>2131-1</td>
<td>Race and Ethnicity- CDC</td>
<td>Other Race</td>
</tr>
<tr>
<td>2106-3</td>
<td>Race and Ethnicity- CDC</td>
<td>White</td>
</tr>
</tbody>
</table>

5.2.2.2 Ethnicity Value Set

The Ethnicity Value Set is as follows:

Value Set - 2.16.840.1.114222.4.11.837 DYNAMIC
Code System(s) - Race and Ethnicity - CDC 2.16.840.1.113883.6.238

Table 5: Ethnicity Value Set (Excerpt)

<table>
<thead>
<tr>
<th>Code</th>
<th>Code System</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2135-2</td>
<td>Race and Ethnicity Code Sets</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>2186-5</td>
<td>Race and Ethnicity Code Sets</td>
<td>Not Hispanic or Latino</td>
</tr>
</tbody>
</table>

5.2.2.3 Administrative Gender (HL7) Value Set

The Administrative Gender (HL7) Value Set is as follows:

Value Set - Administrative Gender (HL7 V3) 2.16.840.1.113883.1.11.1 DYNAMIC
Code System(s) - AdministrativeGender 2.16.840.1.113883.5.1

Table 6: Administrative Gender (HL7) Value Set

<table>
<thead>
<tr>
<th>Code</th>
<th>Code System</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>AdministrativeGender</td>
<td>Female</td>
</tr>
<tr>
<td>M</td>
<td>AdministrativeGender</td>
<td>Male</td>
</tr>
<tr>
<td>UN</td>
<td>AdministrativeGender</td>
<td>Undifferentiated</td>
</tr>
</tbody>
</table>

5.2.2.4 ONC Administrative Sex Value Set

The ONC Administrative Sex Value Set is as follows:

<table>
<thead>
<tr>
<th>Value Set</th>
<th>ONC Administrative Sex 2.16.840.1.113762.1.4.1DYNAMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code System(s)</td>
<td>AdministrativeSex 2.16.840.1.113883.18.2</td>
</tr>
</tbody>
</table>

Table 7: ONC Administrative Sex Value Set

<table>
<thead>
<tr>
<th>Code</th>
<th>Code System</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>AdministrativeSex</td>
<td>Female</td>
</tr>
<tr>
<td>M</td>
<td>AdministrativeSex</td>
<td>Male</td>
</tr>
<tr>
<td>U</td>
<td>AdministrativeSex</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Figure 3  Patient Example

```xml
<patient>
   .....<administrativeGenderCode code="M" codeSystem="2.16.840.1.113883.5.1"
       displayName="Male"/>
   <birthTime value="19541115"/>
   <raceCode code="2106-3" codeSystem="2.16.840.1.113883.6.238"
       codeSystemName="Race & Ethnicity - CDC" displayName="White"/>
   <ethnicGroupCode code="2186-5" codeSystem="2.16.840.1.113883.6.238"
       codeSystemName="Race & Ethnicity - CDC" displayName="Not Hispanic or Latino"/>
   .....</patient>
```
5.3 Custodian Constraints: CMS Certification Number

The CMS Certification Number (CCN) is the Provider ID used by the Eligible Hospitals and Acute Care Hospitals. A fixed CCN value 800890 shall be used for test submission when no hospital is associated with a submitted QRDA document.

Table 8: CCN Constraints Overview

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/</td>
<td>id</td>
<td>1..1</td>
<td>SHALL</td>
<td>16596-1</td>
<td>16597-1</td>
</tr>
</tbody>
</table>

This represented CustodianOrganization id/@root coupled with the id/@extension represents the organization's Facility CMS Certification Number (CCN).

This representedCustodianOrganization SHALL contain exactly one [1..1] id (CONF-HR:16595-1) such that it:

1. SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.336" Facility CMS Certification Number (CONF-HR:16596-1).
2. This @extension SHALL contain exactly one [1..1] Facility CMS Certification Number such that it contains at least six characters in length (CONF-HR:16597-1).

Figure 4: CCN Example

```xml
<custodian>
    <assignedCustodian>
        <representedCustodianOrganization>
            <!--Submitters' CCN-->
            <id root="2.16.840.1.113883.4.336" extension="800890"/>
            ....
        </representedCustodianOrganization>
    </assignedCustodian>
</custodian>
```

5.4 Participant Constraints: CMS EHR Certification Number

A hospital obtains the EHR Certification Number from CMS for the combination of EHR-certified software products. A valid number is a 15-digit alphanumeric string that represents a product or combination of product(s) in the Certified Health IT Product List (CHPL).

Note: CMS EHR Certification Number is not defined in QRDA Category I.
Table 9: CMS EHR Certification Number Constraints Overview

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/participant[@typeCode='DEV']/associatedEntity[@classCode='RGPR']/id</td>
<td>id</td>
<td>1..1</td>
<td>SHOULD</td>
<td>18305-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18305-2</td>
<td></td>
</tr>
</tbody>
</table>

This associatedEntity **SHOULD** contain zero or one [0..1] id (CONF-HR:18305-1) such that it:

1. **SHOULD** contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR certification ID (CONF-HR:18305-1).

2. **SHOULD** contain exactly one [1..1] @extension CMS EHR certification ID such that it contains fifteen (15) alpha-numeric characters (CONF-HR:18305-2).

**Figure 5: CMS EHR Certification Number Example**

```xml
<participant typeCode="DEV">
  <associatedEntity classCode="RGPR">
     <!-- SHOULD have id, ID represents the CMS EHR Certification Number-->
     <id root="2.16.840.1.113883.3.2074.1" extension="A0H1301CFES9EAB"
      assigningAuthorityName="ONC"/>
     ....
  </associatedEntity>
</participant>
```

5.5  **Documentation Of Constraints**

QRDA document **SHALL** contain exactly one [1..1] documentationOf (CONF-HR: 16579-1) such that it: **SHALL** contain exactly one [1..1] serviceEvent (CONF:16580).

1. This serviceEvent **SHALL** contain exactly one [1..1] @classCode="PCPR" Care Provision (CONF:16581).

2. This serviceEvent **SHALL** contain at least one [1..*] performer (CONF:16583).
   a. Such performers **SHALL** contain exactly one [1..1] @typeCode="PRF" Performer (CONF:16584).
   b. Such performers **SHALL** contain exactly one [1..1] assignedEntity (CONF:16586).
5.5.1 Tax Identification Number (TIN)

The TIN is a number used by hospitals to bill Medicare.

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/documentationOf[@typeCode='DOC']/serviceEvent[@classCode='PCPR']/performer[@typeCode='PRF']/assignedEntity/representedOrganization/</td>
<td>id</td>
<td>0..1</td>
<td>SHOULD</td>
<td>16592-1</td>
<td>16593</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16594</td>
</tr>
</tbody>
</table>

This representedOrganization **SHOULD** contain zero or one [0..1] id (CONF-HR:16592-1) such that it:

1. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.4.2" Tax ID Number (CONF:16593).

2. **SHALL** contain exactly one [1..1] @extension Tax ID Number (CONF:16594).
5.6 Measure Constraints: Measure ID

The Measure ID identifies the measure that is reported. The Health Quality Measure Format (HQMF) eMeasure document for the reported measure describes the algorithms for measure calculations. The version-specific ID shall be reported. Refer to Appendix A – HQR eMeasures for a list of HQR measures supported for the 2014 release.
Table 11: Measure Constraints Overview

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3'] /entry</td>
<td>entry</td>
<td>1..*</td>
<td>SHALL</td>
<td>12978-1</td>
<td></td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3'] /entry/organizer[@classCode='CLUSTER']</td>
<td>organizer</td>
<td>1..1</td>
<td>SHALL</td>
<td>12805 12806</td>
<td></td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3'] /entry/organizer[@classCode='CLUSTER']</td>
<td>templateId</td>
<td>1..1</td>
<td>SHALL</td>
<td>13193 2.16.840.1.113883.10.20.24.3.97</td>
<td></td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3'] /entry/organizer[@classCode='CLUSTER']</td>
<td>statusCode</td>
<td>1..1</td>
<td>SHALL</td>
<td>12807</td>
<td>completed</td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3'] /entry/organizer[@classCode='CLUSTER']</td>
<td>reference</td>
<td>1..1</td>
<td>SHALL</td>
<td>12808-1 12809 12810-1</td>
<td></td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3'] /entry/organizer[@classCode='CLUSTER']/reference[@typeCode='REFR']/externalDocument[@classCode='DOC']</td>
<td>id</td>
<td>1..1</td>
<td>SHALL</td>
<td>12811-1 12812 12813-1</td>
<td></td>
</tr>
</tbody>
</table>
**XPath**

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section[templateId/@root = '2.16.840.1.113883.10.20.24.2.3']</td>
<td>setId</td>
<td>0..1</td>
<td>SHOULD</td>
<td>12867-1, 12812-2, 12868-1</td>
<td></td>
</tr>
</tbody>
</table>

**SHALL** contain at least one [1..*] eMeasure entry (CONF-HR:12978-1) such that it:

1. **SHALL** contain exactly one [1..1] organizer such that it:
   a. **SHALL** contain exactly [1..1] @classCode="CLUSTER" cluster (CodeSystem: HL7ActClass 2.16.840.1.113883.5.6) (CONF:12805)
   b. **SHALL** contain exactly one [1..1] @moodCode="EVN" event (CodeSystem: ActMood 2.16.840.1.113883.5.1001) (CONF:12806).
   c. **SHALL** contain exactly one [1..1] templateId eMeasure Reference QDM (templateId:2.16.840.1.113883.10.20.24.3.97) (CONF:13193).
   e. **SHALL** contain exactly one [1..1] reference (CONF-HR:12808-1) such that it:
      i. **SHALL** contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType 2.16.840.1.113883.10.20.24.3.1002) (CONF:12809).
      ii. **SHALL** contain exactly one [1..1] externalDocument[@externalDocument="DOC"] (CodeSystem: HL7ActClass 2.16.840.1.113883.5.6) (CONF-HR:12810-1) such that it:
         1. **SHALL** contain exactly one [1..1] id (CONF-HR:12811-1) such that it:
            a. **SHALL** contain exactly one [1..1] @root (CONF:12812). This id **SHALL** equal the version specific identifier for eMeasure (i.e. QualityMeasureDocument/id) for Hospital Reporting System (CONF-HR:12813-1).
         2. **SHOULD** contain zero to one [0..1] setId (CONF-HR:12867-1) such that it:
            a. **SHALL** contain exactly one [1..1] @root (CONF:12812-2 ). This setId **SHALL** equal the QualityMeasureDocument/setId which is the eMeasure version neutral id for Hospital Reporting System (CONF-HR:12868-1).
Figure 7: Measure Example

```xml
<entry>
  <organizer classCode="CLUSTER" moodCode="EVN">
    <!-- This is the templateId for Measure Reference -->
    <templateId root="2.16.840.1.113883.10.20.24.3.98"/>
    <!-- This is the templateId for eMeasure Reference QDM -->
    <templateId root="2.16.840.1.113883.10.20.24.3.97"/>
    <statusCode code="completed"/>
    <reference typeCode="REFR">
      <externalDocument classCode="DOC" moodCode="EVN">
        <!-- SHALL: This is the version specific identifier for eMeasure: QualityMeasureDocument/id it is a GUID-->
        <id root="8a4d92b2-3887-5df3-0139-0c4e41594c98"/>
        <!-- SHOULD This is the title of the eMeasure -->
        <text>Median Time from ED Arrival to ED Departure for Admitted ED Patients</text>
        <!-- SHOULD: setId is the eMeasure version neutral id -->
        <setId root="9a033274-3d9b-11e1-8634-00237d5bf174"/>
        <!-- This is the sequential eMeasure Version number -->
        <versionNumber value="1"/>
      </externalDocument>
    </reference>
  </organizer>
</entry>
```
5.7 Patient Data Constraints: Payer

The payer specifies the source of payment.

Table 12: Payer Constraints Overview

<table>
<thead>
<tr>
<th>XPath</th>
<th>Attribute / Element</th>
<th>Card.</th>
<th>Verb</th>
<th>CONF#</th>
<th>Fixed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section/entry</td>
<td>entry</td>
<td>1..*</td>
<td>SHALL</td>
<td>14430-1</td>
<td>14430-1</td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section/entry/observation</td>
<td>observation</td>
<td>1..1</td>
<td>SHALL</td>
<td>14213</td>
<td>14214</td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section/entry/observation/templateId</td>
<td>templateld</td>
<td>1..1</td>
<td>SHALL</td>
<td>12561</td>
<td>2.16.840.1.1 13883.10.20.24.3.55</td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section/entry/observation/id</td>
<td>id</td>
<td>1..*</td>
<td>SHALL</td>
<td>12564</td>
<td>12564</td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section/entry/observation/code</td>
<td>code</td>
<td>1..1</td>
<td>SHALL</td>
<td>12565</td>
<td>14029 48768-6</td>
</tr>
<tr>
<td>/ClinicalDocument/component/structuredBody/component/section/entry/observation/value</td>
<td>value</td>
<td>1..1</td>
<td>SHALL</td>
<td>16710</td>
<td>16710 16710-1</td>
</tr>
</tbody>
</table>

**SHALL** contain at least one [1..*] payer entry (CONF-HR:14430-1) such that it:

1. **SHALL** contain exactly one [1..1] observation such that it:

   a. **SHALL** contain exactly one [1..1] @classCode="OBS" (CodeSystem: HL7ActClass 2.16.840.1.113883.5.6) (CONF:14213).

   b. **SHALL** contain exactly one [1..1] @moodCode="EVN" (CodeSystem: ActMood 2.16.840.1.113883.5.1001) (CONF:14214).

   c. **SHALL** contain exactly one [1..1] templateId (CONF:12561) such that it:

      i. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.10.20.24.3.55" (CONF:12562).
d. **SHALL** contain at least one [1..*] id (CONF:12564).

e. **SHALL** contain exactly one [1..1] code (CONF:12565) such that it:

   i. **SHALL** contain exactly one [1..1] @code="48768-6" Payment source (CodeSystem: LOINC 2.16.840.1.113883.6.1) (CONF:14029).

f. **SHALL** contain exactly one [1..1] value such that it:

   i. **SHALL** contain exactly one [1..1] @xsi:type="CD", where the @code **SHALL** be selected from ValueSet PHDSC Source of Payment Typology 2.16.840.1.114222.4.11.3591 DYNAMIC (CONF:16710). If payer value@code is Medicare, then patient id **SHALL** be Medicare HIC Number (CONF-HR: 16710-1). Refer to section 5.2.1 for details on HIC.

### 5.7.1 Payment Typology Value Set

The Payment Typology Value Set is as follows:

**Value Set** – PHDSC Source of Payment Typology 2.16.840.1.114222.4.11.3591 DYNAMIC

**Code System(s)** – Public Health Data Standards Consortium Source of Payment Typology (2.16.840.1.113883.3.221.5)

**Description** – Public Health Data Standards Consortium Source of Payment Typology


<table>
<thead>
<tr>
<th>Code</th>
<th>Code System</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Medicare</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Medicare (Managed Care)</td>
</tr>
<tr>
<td>111</td>
<td></td>
<td>Medicare HMO</td>
</tr>
<tr>
<td>112</td>
<td></td>
<td>Medicare PPO</td>
</tr>
<tr>
<td>113</td>
<td></td>
<td>Medicare POS</td>
</tr>
</tbody>
</table>
Figure 8: Payer Example

```xml
<entry typeCode="DRIV">
  <observation classCode="OBS" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.24.3.55"/>
    <id root="4ddf1cc3-e325-472e-ad76-b2c66a5ee164"/>
    <code code="48768-6" codeSystem="2.16.840.1.113883.6.1"
      codeSystemName="LOINC" displayName="Payment source"/>
    <statusCode code="completed"/>
    <value code="1" codeSystem="2.16.840.1.113883.3.221.5"
      codeSystemName="Source of Payment Typology" displayName="Medicare"
      sdtc:valueSet="2.16.840.1.114222.4.11.3591" xsi:type="CD"/>
  </observation>
</entry>
```
**Acronyms**

This section describes the acronyms used in this document.

**Table 14: Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Literal Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>CMS Certification Number</td>
</tr>
<tr>
<td>CDA</td>
<td>Clinical Document Architecture</td>
</tr>
<tr>
<td>CHPL</td>
<td>Certified Health IT Product List</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CQM</td>
<td>Clinical Quality Measure</td>
</tr>
<tr>
<td>DEC</td>
<td>Data Elements Catalog</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>eCQM</td>
<td>Electronic Clinical Quality Measure</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>HIC</td>
<td>Health Insurance Claim</td>
</tr>
<tr>
<td>HITECH</td>
<td>Health Information Technology for Economic and Clinical Health Act</td>
</tr>
<tr>
<td>HL7 V3</td>
<td>Health Level 7 Version 3</td>
</tr>
<tr>
<td>HQMF</td>
<td>Health Quality Measure Format</td>
</tr>
<tr>
<td>HQR</td>
<td>Hospital Quality Reporting</td>
</tr>
<tr>
<td>IPP</td>
<td>Initial Patient Population</td>
</tr>
<tr>
<td>MU</td>
<td>Meaningful Use</td>
</tr>
<tr>
<td>Acronym</td>
<td>Literal Translation</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>NLM</td>
<td>National Library of Medicine</td>
</tr>
<tr>
<td>QRDA</td>
<td>Quality Reporting Document Architecture</td>
</tr>
<tr>
<td>TIN</td>
<td>Taxpayer Identification Number</td>
</tr>
<tr>
<td>VSAC</td>
<td>Value Set Authority Center</td>
</tr>
<tr>
<td>XML</td>
<td>Extended Mark-up Language</td>
</tr>
</tbody>
</table>
# Referenced Documents

Table 15: Referenced Documents

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Number and/or URL</th>
<th>Issuance Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Quality Forum</td>
<td>National Quality Forum Website <a href="https://www.qualityforum.org">https://www.qualityforum.org</a></td>
<td>Blank on purpose</td>
</tr>
<tr>
<td>International Health Terminology Standards Development Organization - SNOMED CT®</td>
<td>IHSTDO SNOMED CT Website, <a href="http://www.ihtsdo.org/snomed-ct">http://www.ihtsdo.org/snomed-ct</a></td>
<td>Blank on purpose</td>
</tr>
</tbody>
</table>
# Appendix A – HQR eMeasures

The following table lists all HQR eMeasures supported in the HITECH EHR Incentive Program Hospital eCQM Reporting.

## Table 16: Hospital Quality Reporting eMeasures

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS eCQM ID</th>
<th>NQF Number</th>
<th>Version-neutral eMeasure ID (setID)</th>
<th>Version-specific eMeasure ID December 2012</th>
<th>Version-specific eMeasure ID April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED1</td>
<td>55</td>
<td>0495</td>
<td>9a033274-3d9b-11e1-8634-00237d5bf174</td>
<td>8a4d92b2-3887-5df3-0139-0c4e41594c98</td>
<td>40280381-3d27-5493-013d-4d86b2b36480</td>
</tr>
<tr>
<td>ED2</td>
<td>111</td>
<td>0497</td>
<td>979f21bd-3f93-4cdd-8273-b23dfe9c0513</td>
<td>8a4d92b2-3887-5df3-0139-0c4e00454b35</td>
<td>40280381-3d27-5493-013d-4d8e4dc46570</td>
</tr>
<tr>
<td>STK2</td>
<td>104</td>
<td>0435</td>
<td>42bf391f-38a3-4c0f-9ece-dcd47e9609d9</td>
<td>8a4d92b2-37bf-6f1b-0137-cdadba302b85</td>
<td>40280381-3d27-5493-013d-4dca4826ae4</td>
</tr>
<tr>
<td>STK3</td>
<td>71</td>
<td>0436</td>
<td>03876d69-085b-415c-ae9d-9924171040c2</td>
<td>8a4d92b2-3887-5df3-0139-03b0c87524a</td>
<td>40280381-3d61-56a7-013d-61a513f50150</td>
</tr>
<tr>
<td>STK4</td>
<td>91</td>
<td>0437</td>
<td>2838875a-07b5-4bf0-be04-c3eb99f53975</td>
<td>8a4d92b2-3887-5df3-0139-03b0c87524a</td>
<td>40280381-3d61-56a7-013d-694c97db4155</td>
</tr>
<tr>
<td>STK5</td>
<td>72</td>
<td>0438</td>
<td>93f3479f-75d8-4731-9a3f-b7749d8bcd37</td>
<td>8a4d92b2-3887-5df3-0139-03b0c87524a</td>
<td>40280381-3d61-56a7-013d-37e60ac03200</td>
</tr>
<tr>
<td>STK6</td>
<td>105</td>
<td>0439</td>
<td>1f503318-bb8d-4b91-af63-223ae0a2328e</td>
<td>8a4d92b2-37d1-f95b-0137-e776b0467baf</td>
<td>40280381-3d27-5493-013d-380ba9ce367c</td>
</tr>
<tr>
<td>STK8</td>
<td>107</td>
<td>0440</td>
<td>217f0d0-3d64-4720-9116-d5e5afa27f2c</td>
<td>8a4d92b2-3a00-2a25-013a-0dd50ce621d8</td>
<td>40280381-3d61-56a7-013d-8477ce9d700a</td>
</tr>
<tr>
<td>STK10</td>
<td>102</td>
<td>0441</td>
<td>7dc26160-e615-4cc2-879c-75985189ec1a</td>
<td>8a4d92b2-3887-5df3-0139-01954afc63b2</td>
<td>40280381-3d27-5493-013d-4604d3d76bb8</td>
</tr>
<tr>
<td>Measure Name</td>
<td>CMS eCQM ID</td>
<td>NQF Number</td>
<td>Version-neutral eMeasure ID (setID)</td>
<td>Version-specific eMeasure ID December 2012</td>
<td>Version-specific eMeasure ID April 2013</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>VTE1</td>
<td>108</td>
<td>0371</td>
<td>38b0b5ec-0f63-466f-8e3-2cd20ddd1622</td>
<td>8a4d92b2-3887-5df3-0139-01a1d2c966bc</td>
<td>40280381-3d27-5493-013d-4be1467a5c5a</td>
</tr>
<tr>
<td>VTE2</td>
<td>190</td>
<td>0372</td>
<td>fa91ba68-1e66-4a23-8eb2-baa8e6df2f2f</td>
<td>8a4d92b2-3a00-2a25-013a-4640d11650cb</td>
<td>40280381-3d27-5493-013d-4bd0bac05a44</td>
</tr>
<tr>
<td>VTE3</td>
<td>73</td>
<td>0373</td>
<td>6f069bb2-b3c4-4bf4-adc5-f6dd424a10b7</td>
<td>8a4d92b2-3887-5df3-0139-0c4e6db2d4d6b</td>
<td>40280381-3cd1-4954-013c-f32c3aa00c8f</td>
</tr>
<tr>
<td>VTE4</td>
<td>109</td>
<td>0374</td>
<td>bcce43dd-08e3-46c3-bfdd-0b1b472690f0</td>
<td>8a4d92b2-3887-5df3-0139-01959fb76498</td>
<td>40280381-3cd1-4954-013d-12b735b91c26</td>
</tr>
<tr>
<td>VTE5</td>
<td>110</td>
<td>0375</td>
<td>7fe69617-fa28-4305-a2b8-ceb6bcd9693d</td>
<td>8a4d92b2-3887-5df3-0139-9b2eaba7321d</td>
<td>40280381-3d27-5493-013d-460f43c16cb7</td>
</tr>
<tr>
<td>VTE6</td>
<td>114</td>
<td>0376</td>
<td>32cfc834-843a-4f45-b359-8e158eac4396</td>
<td>8a4d92b2-3887-5df3-0139-018ce6f1622a</td>
<td>40280381-3d27-5493-013d-477b9cb13af</td>
</tr>
<tr>
<td>AMI2</td>
<td>100</td>
<td>0142</td>
<td>bb481284-30dd-4383-928c-82385bfb1f17</td>
<td>8a4d92b2-3887-5df3-0139-0d01c6626e46</td>
<td>40280381-3d27-5493-013d-4bfb29a5f66</td>
</tr>
<tr>
<td>AMI7a</td>
<td>60</td>
<td>0164</td>
<td>909cf4b4-7a85-4abf-a1c7-cb597ed1c0b6</td>
<td>8a4d92b2-3887-5df3-0139-11b262260a92</td>
<td>40280381-3d27-5493-013d-40ec9cf4a60</td>
</tr>
<tr>
<td>AMI8a</td>
<td>53</td>
<td>0163</td>
<td>84b9d0b5-0caf-4e41-b345-3492a23c2e9f</td>
<td>8a4d92b2-3887-5df3-0139-0d08a4be7be6</td>
<td>40280381-3d27-5493-013d-4beba855deb</td>
</tr>
<tr>
<td>AMI10</td>
<td>30</td>
<td>0639</td>
<td>ebfa203e-ac1-4228-906c-855c4bf11310</td>
<td>8a4d92b2-3887-5df3-0139-0d071ee37793</td>
<td>40280381-3d27-5493-013d-5a665e26122a</td>
</tr>
<tr>
<td>SCIPINF1</td>
<td>171</td>
<td>0527</td>
<td>d09add1d-30f5-462d-b677-3d17d9cd664</td>
<td>8a4d92b2-39ca-af4b-0139-dfaaffd96efe</td>
<td>40280381-3d27-5493-013d-4b637cf42a3</td>
</tr>
<tr>
<td>Measure Name</td>
<td>CMS eCQM ID</td>
<td>NQF Number</td>
<td>Version-neutral eMeasure ID (setID)</td>
<td>Version-specific eMeasure ID December 2012</td>
<td>Version-specific eMeasure ID April 2013</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>SCIPINF2</td>
<td>172</td>
<td>0528</td>
<td>feea3922-f61f-4b05-98f9-b72a11815f12</td>
<td>8a4d92b2-37d1-f95b-0137-e1e272994b3f</td>
<td>40280381-3d61-56a7-013d-c5ef46c917f4</td>
</tr>
<tr>
<td>SCIPINF9</td>
<td>178</td>
<td>0453</td>
<td>d78ce034-8288-4012-a31e-7f485a74f2a9</td>
<td>8a4d92b2-3b79-4ce2-013b-950ef1a92c3f</td>
<td>40280381-3d27-5493-013d-4b6c7d1e455d</td>
</tr>
<tr>
<td>BF-Exclusive Breast Milk Feeding</td>
<td>9</td>
<td>0480</td>
<td>7d374c6a-3821-4333-a1bc-4531005d77b8</td>
<td>8a4d92b2-37d1-f95b-0137-e726ad2f7415</td>
<td>40280381-3d27-5493-013d-4dc3477e6961</td>
</tr>
<tr>
<td>ED3</td>
<td>32</td>
<td>0496</td>
<td>3fd13096-2c8f-40b5-9297-b714e8de9133</td>
<td>8a4d92b2-37d1-f95b-0137-dd4b0eb62de6</td>
<td>40280381-3d27-5493-013d-61073da32a30</td>
</tr>
<tr>
<td>EHD1_1a</td>
<td>31</td>
<td>1354</td>
<td>0924fbae-3fdb-4d0a-aab7-9f354e699fde</td>
<td>8a4d92b2-3887-5df3-0139-12364ae9126f</td>
<td>40280381-3d61-56a7-013d-891538fb7b05</td>
</tr>
<tr>
<td>Healthy Term Newborn</td>
<td>185</td>
<td>0716</td>
<td>ff796fd9-f99d-41fd-b8c2-57d0a59a5d8d</td>
<td>8a4d92b2-3a00-2a25-013a-295ed21c463c</td>
<td>40280381-3d27-5493-013d-5c2858ec1933</td>
</tr>
<tr>
<td>HMPC</td>
<td>26</td>
<td>0338</td>
<td>e1cb05e0-97d5-40fc-b456-15c5dbf44309</td>
<td>8a4d92b2-37bf-6f1b-0137-ccd612a40d0e</td>
<td>8a4d92b2-37bf-6f1b-0137-ccd612a40d0e</td>
</tr>
<tr>
<td>PC01</td>
<td>113</td>
<td>0469</td>
<td>fd7ca18d-b56d-4bca-a3f5-71ce36b15246</td>
<td>8a4d92b2-3887-5df3-0139-01965ecf65be</td>
<td>40280381-3d27-5493-013d-4dbf0566683c</td>
</tr>
<tr>
<td>PN6</td>
<td>188</td>
<td>0147</td>
<td>8243eae0-bbd7-4107-920b-fc3db04b9584</td>
<td>8a4d92b2-3ae8-f461-013b-708c1d942859</td>
<td>40280381-3d61-56a7-013d-a31d2b2f57ea</td>
</tr>
</tbody>
</table>
## Record of Changes

Table 17: Record of Changes

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Author/Owner</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>06/28/13</td>
<td>CSC/Anand Krishnamurthy</td>
<td>Initial Version</td>
</tr>
<tr>
<td>2.0</td>
<td>10/25/13</td>
<td>CSC/Estelle Noone</td>
<td>Updated for HQR 5.0</td>
</tr>
<tr>
<td>2.1</td>
<td>11/14/13</td>
<td>CSC/Estelle Noone</td>
<td>Minor formatting updates made</td>
</tr>
<tr>
<td>2.2</td>
<td>2/21/2014</td>
<td>Telligen/Stephanie Wilson</td>
<td>Updated for HQR 6.0</td>
</tr>
</tbody>
</table>