

CMS Eligible Professional Programs QRDA-I 2014 IG

Change Log

Version: 4.0, 04/18/2014

This Change Log lists updates to the *CMS Eligible Professional Programs Quality Reporting Document Architecture Category I, DSTU Release 2 Supplementary Implementation Guide for 2014*.

1. Narrative Text Changes

A brief description of changes made to the text of the January 2014 Version 3.0 to produce this April 2014 Version 4.0 are listed in the following table.

Chapter	Rationale for Text Change from Version 3.0 to 4.0
3. Overview	Added clarification that only documents that are valid against the CDA Release 2 schema enhanced to support the sdctc namespace will be accepted by CMS for processing.
4.1 One QRDA Category I Report Per Patient Title changed to: 4.1 QRDA Category I Group Practice and Individual Provider Reporting	New text specifies that A QRDA-I document should be submitted for each patient who meets the Initial Patient Population criteria of an eCQM. Changes clarify the difference between group practice and individual reporting. Text now details CMS requirements for group practice reporting (reports based on TIN) and for individual provider reporting (reports based on each NPI and TIN combination).
4.2 Succession Management	Changes clarify the difference between group practice and individual reporting.
5.3.7.1 Intervention Order	Template narrative description now designates that actStatus must be "new" and that an author/time is required for the intervention ordering date time.
5.3.8.1 Laboratory Test Order	Template narrative description now designates that an author/time is required for the laboratory test ordering date time.
5.3.9.2 Medication Administered	Template narrative description now designates that a time/date stamp is required for the medication administration.

Chapter	Rationale for Text Change from Version 3.0 to 4.0
5.3.9.6 Medication Order	Template narrative description now clarifies the an author/time is required for the medication ordering date and time.
5.3.12.2 Procedure Order	Template narrative description now describes that an author/time is required for the procedure ordering date time.
Appendix 7.1 Supplemental Implementation Guide Changes to Base Standard	The table now lists the changes in Version 4.0 (instead of Version 3.0) of this guide from the base QRDA-I standard. Changes are ordered by location in this guide.

2. Template Changes

The template name and conformance number for each change is listed along with the text of the original (Version 3.0, 1/6/14), the text of the update (Version 4.0, 4/18/14), and the rationale for the change.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.1.1 General Header			Conforms to QDM-Based QRDA template (2.16.840.1.113883.10.20.24.1.2).	Added for clarification.
5.1.1 General Header	DECC_P0001	SHALL contain exactly one [1..1] <code>templateId="2.16.840.1.113883.10.20.24.1.3"</code>	SHALL contain exactly one [1..1] templateId (CONF:DECC_P0039) such that it SHALL contain exactly one [1..1] <code>@root="2.16.840.1.113883.10.20.24.1.3"</code>	Corrected to allow multiple templateIds.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.1.1 General Header	10003_P01 DECC_P0003	SHALL contain at least one [1..*] participant (CONF:10003_P01) such that it SHALL contain exactly one [1..1] associatedEntity (CONF:10006) This associatedEntity SHALL contain at least one [1..*] id (CONF:DECC_P0003)	MAY contain zero or more [0..*] participant (CONF:10003_P01) such that it SHALL contain exactly one [1..1] associatedEntity (CONF:DECC_P0040) This associatedEntity MAY contain zero or one [0..1] id (CONF:DECC_P0003)	Changed the CMS EHR Certification ID from required to optional.
5.1.2 Record Target	7294_P01	SHOULD contain zero or one [0..1] postalCode (ValueSet: PostalCodeValueSet 2.16.840.1.113883.3.88.12.80.2 DYNAMIC) (CONF:7294).	SHOULD contain zero or one [0..1] postalCode (CONF:7294_P01).	Removed the PostalCodeValueSet. PQRS program does not validate using this value set.
5.1.2 Record Target	7295_P01	SHOULD contain zero or one [0..1] country , where the @code SHALL be selected from ValueSet CountryValueSet 2.16.840.1.113883.3.88.12.80.63 DYNAMIC (CONF:7295).	SHOULD contain zero or one [0..1] country (CONF:7295_P01).	Removed the CountryValueSet. PQRS program does not validate using this value set.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.1.2 Record Target	7157_P01	<p>SHALL contain exactly one [1..1] given (CONF:7157_P01). Such givens MAY contain zero or one [0..1] @qualifier, which SHALL be selected from ValueSet EntityPersonNamePartQualifier 2.16.840.1.113883.11.20.9.26 STATIC 2011-09-30 (CONF:7158).The second occurrence of given (given[2]) if provided, SHALL include middle name or middle initial (CONF:7163).</p>	<p>SHALL contain exactly one [1..1] given (CONF:7157_P01).</p>	Removed CONF:7158 and CONF:7163 for simplicity.
5.1.2 Record Target	7159	<p>SHALL contain exactly one [1..1] family (CONF:7159). This family MAY contain zero or one [0..1] @qualifier, which SHALL be selected from ValueSet EntityPersonNamePartQualifier 2.16.840.1.113883.11.20.9.26 STATIC 2011-09-30 (CONF:7160).</p>	<p>SHALL contain exactly one [1..1] family (CONF:7159).</p>	Removed CONF:7160 for simplicity.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.1.2 Record Target	6394_P01	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 DYNAMIC (CONF:6394).	This patient SHALL contain exactly one [1..1] administrativeGenderCode , which SHALL be selected from either ValueSet ONC Administrative Sex 2.16.840.1.113762.1.4.1 or ValueSet Administrative Gender (HL7 V3) 2.16.840.1.113883.1.11.1 DYNAMIC (CONF:6394_P01).	Changed to allow either ONC Administrative Sex value set or Administrative Gender (HL7 V3) value set.
5.1.2 Record Target	5298	This patient SHALL contain exactly one [1..1] birthTime (CONF:5298). SHALL be precise to year (CONF:5299). SHALL be precise to day (CONF:5300_P01).	This patient SHALL contain exactly one [1..1] birthTime (CONF:5298). SHALL be precise to day (CONF:5300_P01).	Clarified the birth time shall be precise to day.
5.1.2 Record Target	5322_P01	This patient SHALL contain exactly one [1..1] raceCode , which SHALL be selected from ValueSet Race 2.16.840.1.113883.1.11.14914 DYNAMIC (CONF:5322_P01).	This patient SHALL contain exactly one [1..1] raceCode , which SHALL be selected from ValueSet Race 2.16.840.1.114222.4.11.836 DYNAMIC (CONF:5322_P01).	Changed to Race Value Set that is specified in the eCQMs.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.1.2 Record Target	7263_P01	This patient MAY contain zero or more [0..*] sdct:raceCode , where the @code SHALL be selected from ValueSet Race Value Set 2.16.840.1.113883.1.11.14914 DYNAMIC (CONF:7263).	This patient MAY contain zero or more [0..*] sdct:raceCode , where the @code SHALL be selected from ValueSet 2.16.840.1.114222.4.11.836 DYNAMIC (CONF:7263_P01).	Changed to Race Value Set that is specified in the eCQMs.
5.1.3 documentationOf/serviceEvent	16586	NPI is required except for the Group Practice Reporting Option (GPRO). For GPRO, @extension can be omitted.	NPI is required except for the Group Practice Reporting Option (GPRO). For GPRO, id/@root is coupled with @nullFlavor="NA" , and @extension shall be omitted.	Clarified that for GPRO, @nullFlavor="NA" shall be used.
5.1.4 informationRecipient	16703_P01	SHALL contain at least one [1..*] informationRecipient (CONF:16703_P01). The informationRecipient , if present, SHALL contain exactly one [1..1] intendedRecipient (CONF:16704). This intendedRecipient SHALL contain at least one [1..*] id (CONF:16705) such that	SHALL contain exactly one [1..1] informationRecipient (CONF:16703_P01). The informationRecipient , if present, SHALL contain exactly one [1..1] intendedRecipient (CONF:16704). This intendedRecipient SHALL contain exactly one [1..1] id (CONF:16705_P01)	Changed to only allow one CMS program name to be specified as the information recipient.
5.1.4 informationRecipient	16703_P01	The list of valid CMS program names appears in Appendix 7.3.	The list of valid CMS program names appears below the constraint.	Moved the CMS program names to below the constraint for clarity.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.2.3 Patient Data Section	16573		Note: For PQRS program, validation for the generic constraint CONF:16573 is applied at an individual data element constraint level where applicable.	Added a note to clarify the validation for CONF:16573.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.3.1.2.1 Communication: From Provider to Provider Not Done (Negation)	DECC_ P0011	SHALL contain exactly one [1..1] <code>@negationInd="true"</code> True	<i>Constraint removed.</i>	Removed the specific constraint on @negationInd as it is not testable. The requirement of @negationInd="true" for specifying not done still remains.
5.3.4.2.1 Diagnostic Study Performed Not Done (Negation)	DECC_ P0014			
5.3.4.3.1 Diagnostic Study Result Not Done (Negation)	DECC_ P0015			
5.3.7.2.1 Intervention Performed Not Done (Negation)	DECC_ P0017			
5.3.8.2.1 Laboratory Test Performed Not Done (Negation)	DECC_ P0018			
5.3.9.2.1 Medication Administered Performed Not Done (Negation)	DECC_ P0019			
5.3.9.6.1 Medication Order Not Done (Negation)	DECC_ P0023			
5.3.11.2.1 Physical Exam Performed Not Done (Negation)	DECC_ P0027			
5.3.12.3.1 Procedure Performed Not Done (Negation)	DECC_ P0028			
5.3.13.1.1 Risk Category Assessment Not Done (Negation)	DECC_ P0029			

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.3.2.1 Device Applied	12394	SHALL contain exactly one [1..1] <code>statusCode</code> , which SHALL be selected from CodeSystem ActStatus (2.16.840.1.113883.5.14)="completed" (CodeSystem: ActStatus 2.16.840.1.113883.5.14) (CONF:12394).	SHALL contain exactly one [1..1] <code>statusCode="completed"</code> , which SHALL be selected from CodeSystem ActStatus (2.16.840.1.113883.5.14) STATIC (CONF:12394).	Updated to match the wording of CONF:12394 as presented in the base HL7 standard, QRDA-I Release 2, December 2012 errata update.
5.3.3.2 Diagnosis Family History	15975_P01	This <code>administrativeGenderCode</code> SHALL contain exactly one [1..1] <code>@code</code> , which SHALL be selected from ValueSet Administrative Gender (HL7 V3) 2.16.840.1.113883.1.11.1 STATIC (CONF:15975).	This <code>administrativeGenderCode</code> SHALL contain exactly one [1..1] <code>@code</code> , which SHALL be selected from either ValueSet ONC Administrative Sex 2.16.840.1.113762.1.4.1 or ValueSet Administrative Gender (HL7 V3) 2.16.840.1.113883.1.11.1 DYNAMIC (CONF:15975_P01).	Changed to allow either ONC Administrative Sex value set or Administrative Gender (HL7 V3) value set.
5.3.3.3 Diagnosis Inactive	9058	SHALL contain exactly one [1..1] <code>value</code> (CONF:12043).	SHALL contain exactly one [1..1] <code>value</code> with <code>@xsi:type="CD"</code> (CONF:9058). Note: The <code>@code</code> SHALL be selected from the value set specified in the eQMs.	Clarified that the data type is CD. Added a note to clarify that a code from an eCQM value set is expected.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.3.3.4 Diagnosis Resolved	9058	SHALL contain exactly one [1..1] <code>value</code> (CONF:12076).	SHALL contain exactly one [1..1] <code>value</code> with <code>@xsi:type="CD"</code> (CONF:9058). Note: The <code>@code</code> SHALL be selected from the value set specified in the eQMs.	Clarified that the data type is CD. Added a note to clarify that a code from an eQm value set is expected.
5.3.4.3 Diagnostic Study Result	7140	Represents clinically effective time of the measurement, which may be when the measurement was performed (e.g., a BP measurement), or may be when sample was taken (and measured some time afterwards) (CONF:16838).	<i>Constraint removed.</i>	Removed for simplicity.
5.3.6 Functional Status Result 5.3.14 Tobacco Use 5.3.16 Attribute Severity	26448 16563 7356		Note: The <code>@code</code> SHALL be selected from the value set specified in the eQMs.	Added a note to clarify that a code from an eQm value set is expected.
5.3.9.1 Medication Active 5.3.9.2 Medication Administered 5.3.9.4 Medication Dispensed 5.3.9.6 Medication Order	7412 7412 7412 7412		Note: The <code>code</code> SHALL be selected from the value set specified in the eQMs.	Added a note to clarify that a code from an eQm value set is expected.

Template	Conf. #	Version 3.0 (1/6/14)	Version 4.0 (4/28/14)	Rationale
5.3.10.1 Patient Characteristic Expired	14854	SHALL contain exactly one [1..1] <code>statusCode="completed"</code> Completed (CodeSystem: ActStatus 2.16.840.1.113883.5.14 STATIC) (CONF:14854).	SHALL contain exactly one [1..1] <code>statusCode</code> (CONF:14854). This <code>statusCode</code> SHALL contain exactly one [1..1] <code>@code="completed"</code> Completed (CodeSystem: ActStatus 2.16.840.1.113883.5.14 STATIC) (CONF:19095).	Updated to match the wording of CONF:12394 as presented in the base standard, HL7 QRDA-I Release 2, December 2012 errata update.
5.3.10.3 Patient Characteristic Payer	16710_P01	SHALL contain exactly one [1..1] <code>value</code> with <code>@xsi:type="CD"</code> , where the <code>@code</code> SHALL be selected from ValueSet Source of Payment Typology Health Insurance Type Code List 2.16.840.1.113883.3.22 1.5 DYNAMIC (CONF:16710).	SHALL contain exactly one [1..1] <code>value</code> with <code>@xsi:type="CD"</code> , where the <code>@code</code> SHALL be selected from ValueSet Payer Source of Payment Typology 2.16.840.1.114222.4.11.3591 DYNAMIC (CONF:16710_P01).	Corrected OID for value set Payer Source of Payment Typology.
5.3.17 Attribute Result	7133	SHALL contain exactly one [1..1] <code>code</code> with <code>@xsi:type="CE"</code> (CONF:7133) with exactly one [1..1] <code>@code</code> , <code>@codeSystem</code> , and <code>@valueSet</code>	SHALL contain exactly one [1..1] <code>code</code> (CONF:7133).	Corrected.