QRDA Category I Conformance Statement Resource – CY 2018 eCQM Reporting

Updated
October 2018

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Release Notes

- **November 2016** – Initial posting of this resource for the CY 2016 reporting period
- **February 2017** – Updated posting of this resource
- **November 2017** – Updated this resource for use during the CY 2017 reporting period
- **October 2018** – Updated this resource for use during the CY 2018 reporting period

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QRDA Category I Conformance Statement Resource Overview

As of Calendar Year 2018, Quality Reporting Document Architecture (QRDA) Category I files are submitted by Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) to fulfill a portion of the mandatory electronic Clinical Quality Measure (eCQM) reporting requirements for the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) and/or Promoting Interoperability Program.

When test or production files are submitted for processing to the CMS data receiving system within the *QualityNet Secure Portal*, errors are identified with a conformance statement, or system requirement. These statements are referred to with a CONF number. CONF numbers are generated to tell the data submitter why the file was rejected and unable to be processed.

There are two types of conformance statements with different formats for the CONF number: the CMS CONF numbers and Health Level Seven (HL7) Clinical Document Architecture (CDA) QRDA Category I Errors. The Conformance Statement Resource was developed to assist data submitters to resolve file upload errors by providing additional explanations and reference material to support successful submission.

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Two Types of QRDA Category I Conformance Statements

CMS CONF Number

- Format: CMS_xxxx
  Example: CMS_0010
- Format: xxxx_yyyy_C01
  Example: 1198-5300_C01
- Reference material: Visit the eCQI Resource Center CMS QRDA IG publication page, which includes the 2018 IG.

HL7 CDA CONF Number

- HL7 CDA QRDA errors format: CONF:xxxx_yyyy
  Example: CONF:3265-16598
- Reference material: Visit the HL7 website to obtain the HL7 CDA® R2 IG: QRDA I STU Release 4.

NOTE: The HL7 website may require a HL7 account in order to download the Implementation Guide (IG).

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How to Use this QRDA Category I Conformance Statement Resource

The next page provides a table of commonly occurring CONF statements associated with the submission of QRDA Category I files for CY 2018 eCQM reporting. To obtain details on specific conformance or error messages:

1. Select the CONF number (highlighted as a blue link on the next page) to view the error description, the meaning of the error message, and details on how to resolve the error.
2. Choose **Select a new CONF number** at the bottom of the page to return to the CONF number table.
3. Selecting **End** at the bottom right hand corner of the page navigates to a list of resources.

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Select a CONF Number From the List Below

CMS Conformance Numbers

CONF: CMS_0006 – Data Validation: Missing or Multiple CMS EHR IDs
CONF: CMS_0008 – Data Validation: Improper Extension for CMS EHR ID
CONF: CMS_0009 – Patient Identification Number Requirement
CONF: CMS_0026 – Improper Extension for intendedRecipient ID
CONF: CMS_0035 – CCN length
CONF: CMS_0060 – Encounter Performed Discharge Date Null
CONF: CMS_0061 – Encounter Performed Discharge Date Error
CONF: CMS_0062 – Encounter Performed Admission Date
CONF: CMS_0063 – Encounter Performed Discharge Date
CONF: CMS_0066 – CCN cannot be validated
CONF: CMS_0067 – Submitter Not Authorized to Submit
CONF: CMS_0068 – Dummy CCN
CONF: CMS_0071 – Data Validation: Not Well-Formed QRDA XML
CONF: CMS_0072 – QRDA Document Format Error
CONF: CMS_0073 – QRDA Document Format Error
CONF: CMS_0074 – Version Specific Measure Identifier
CONF: CMS_0075 – Admission Date [Effective Time / low value]
CONF: CMS_0076 – Discharge Date [Effective Time / high value]
CONF: CMS_0079 – Reporting Period Effective Date Range
CONF: CMS_0082 – Certification ID Year/Version Requirement
CONF: CMS_0083 – CMS EHR Certification ID Format Error
CONF: CMS_0084 – HICN or MBI Required for Hybrid/CCDE Submissions
CONF: CMS_0085 – Compatible Program Name and Measure ID for Hybrid/CCDE Submissions
CONF: CMS_0086 – Same Measure Type across Files in a Batch
CONF: CMS_0110 – Datatype PQ Requirement
CONF: CMS_0115 – Data Validation: NPI Should Have 10 Digits
CONF: CMS_0117 – Data Validation: NPI Should Have Correct Checksum
CONF: CMS_0121 – Inconsistent Use of UTC Offset

CMS Conformance Numbers (cont.)

CONF: 3265-14430_C01 – Missing Patient Characteristic Payer
CONF: 1198-5300_C01 – Birth Time Precise to the Day

HL7 CDA Conformance Numbers

CONF: 67-12978 – Measure Section QDM Entry
CONF: 67-13193 – eMeasure Reference QDM
CONF: 67-13372 – Missing or Multiple participantRole Elements
CONF: 81-7291 – Patient Contact Information Street Address Line
CONF: 81-7292 – Patient Contact Information City
CONF: 81-9371 – Conformant Patient Name
CONF: 81-9372 – Cannot Contain Name Parts
CONF: 1098-31880 – Encounter Order Status Code
CONF: 1198-5271 – Patient Contact Information US Realm Address
CONF: 1198-5280 – Patient Contact Information Telecom
CONF: 1198-5524 – Missing Custodian Organization Name
CONF: 1198-6394 – Administrative Gender Code
CONF: 1198-14838 – Service Event – Low Effective Time
CONF: 2228-27745 – Medication Order Requires Authors
CONF: 2228-27343 – Intervention Order Author Participation
CONF: 2228-28472 – Encounter Order Act Missing ID
CONF: 2228-28480 – Encounter Performed Act Missing ID
CONF: 3265-14431 – Missing Patient Characteristic Payer
CONF: 3265-27571 – Birth Time Precise to the Day

End

CONF: CMS_0006

Data Validation: Missing or Multiple CMS EHR Certification ID (1 of 2)

ERROR: This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification Identification Number (CONF:CMS_0006).

The Certified Health IT Product List (CHPL) is the authoritative and comprehensive listing of Health IT certified through the ONC Health IT Certification Program. A CMS EHR Certification ID is a number generated by the CHPL and used for reporting to CMS.

A CMS EHR Certification ID is a string made up of 15 alphanumeric characters and is used as the value of an “extension” attribute on an <id> element with a “root” attribute of “2.16.840.1.113883.3.2074.1”

This <id> element is contained in the <participant>/<associatedEntity> element of the root QRDA document element and is a required element of this associated entity. One and only one <id> with root=“2.16.840.1.113883.3.2074.1” is allowed.

Select a new CONF number

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CONF: CMS_0006

Data Validation: Missing or Multiple CMS EHR Certification ID (2 of 2)

Proper root ClinicalDocument with CMS EHR Certification ID

```
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
        xsi:schemaLocation="urn:hl7-org:v3 ../Schema/CDA/infrastructure/cda/CDA_SDTC.xsd"
        xmlns="urn:hl7-org:v3" xmlns:voc="urn:hl7-org:v3/voc“ xmlns:sdtc="urn:hl7-org:sdtc">
    <templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>
    <templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01"/>
    <templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01"/>
    <templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01"/>
    ...
    <informationRecipient> ... </informationRecipient>
    ...
    <participant typeCode="DEV">
        <associatedEntity classCode="RGPR">
            <!-- CMS EHR Certification ID -->
            <id root="2.16.840.1.113883.3.2074.1" extension="0015EML275MCA49"/>
        </associatedEntity>
    </participant>
    <documentationOf> ... </documentationOf>
    <component>
        <structuredBody> ... </structuredBody>
    </component>
    ...
</ClinicalDocument>
```

Select a new CONF number Back End

CONF: CMS_0008

Data Validation: Improper Extension for CMS EHR Certification ID (1 of 2)

ERROR: This id SHALL contain exactly one [1..1] @extension (CONF:CMS_0008).

The Certified Health IT Product List (CHPL) is the authoritative and comprehensive listing of Health IT certified through the ONC Health IT Certification Program. A CMS EHR Certification Identification Number is a number generated by the CHPL and used for reporting to CMS.

A CMS EHR Certification ID is a string made up of 15 alphanumeric characters and is used as the value of an "**extension**" attribute on an <id> element with a "root" attribute of "2.16.840.1.113883.3.2074.1"

This <id> element is contained in the <participant>/<associatedEntity> element of the root QRDA document element and is a required element of this associated entity. One and only one <id> with root="2.16.840.1.113883.3.2074.1" is allowed.

Select a new CONF number

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CONF: CMS_0008

Data Validation: Improper Extension for CMS EHR Certification ID (2 of 2)

Proper root ClinicalDocument with CMS EHR Certification ID

```
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
        xsi:schemaLocation="urn:hl7-org:v3 ../Schema/CDA/infrastructure/cda/CDA_SDTC.xsd"
        xmlns="urn:hl7-org:v3" xmlns:voc="urn:hl7-org:v3/voc“ xmlns:sdtc="urn:hl7-org:sdtc">
    <templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>
    <templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01"/>
    <templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01"/>
    <templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01"/>
    ...
    <informationRecipient> ... </informationRecipient>
    <participant typeCode="DEV">
        <associatedEntity classCode="RGPR">
            <!-- CMS EHR Certification ID -->
            <id root="2.16.840.1.113883.3.2074.1" extension="0015EML275MCA49"/>
        </associatedEntity>
    </participant>
    <documentationOf> ... </documentationOf>
    <component>
        <structuredBody> ... </structuredBody>
    </component>
    ...
</ClinicalDocument>
```

Select a new CONF number Back End

CONF: CMS_0009, CMS_0053 & CMS_0103

Patient Identification Number Requirement (1 of 2)

ERROR: This patientRole SHALL contain exactly one [1..1] id (CONF:CMS_0009) such that it SHALL contain exactly one [1..1] @root (CONF:CMS_0053). SHALL contain exactly one [1..1] @extension (CONF:CMS_0103).

Meaning: Patient Identification Number is required in a QRDA I file for HQR submissions.

Select a new CONF number

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CONF: CMS_0009, CMS_0053 & CMS_0103

Patient Identification Number Requirement (2 of 2)

How to Fix:

A Patient Identification Number is an id contained in the <recordTarget>/<patientRole> element other than the id elements for HICN and MBI.

The value of “root” attribute of the id element for Patient Identification Number may vary for different hospitals and can not be the same OIDs for HICN (`2.16.840.1.113883.4.572`) and MBI (`2.16.840.1.113883.4.927`)

The value of “extension” attribute of this <id> element contains the Patient Identification Number.

```
<ClinicalDocument ...>
  ...
  <recordTarget>
    <patientRole>
      <!- Patient Identification Number -->
      <id root="Patient_Identification_Number_root"
extension="Patient_Identification_Number_goes_here"/>
      <!-- Medicare HIC Number/HICN -->
      <id root="2.16.840.1.113883.4.572"
extension="HICN_goes_here"/>
      <!-- Medicare Beneficiary Identifier -->
      <id root="2.16.840.1.113883.4.927"
extension="MBI_goes_here"/>
      ...
    </patientRole>
  </recordTarget>
  ...
```

CONF: CMS_0026

Improper Extension for intendedRecipient ID (1 of 2)

ERROR: This id SHALL contain exactly one [1..1] @extension, which SHALL be selected from ValueSet QRDA I CMS Program Name urn:oid:2.16.840.1.113883.3.249.14.103 STATIC 2017-07-01 (CONF:CMS_0026).

Every QRDA document must have an <informationRecipient>, which must have an <intendedRecipient> with one <id>. The <id> element must have an "extension" attribute. The value of that attribute must be one of the values found in the QRDA I CMS Program Name value set (urn:oid: 2.16.840.1.113883.3.249.14.103)

Proper Information Recipient Example

```
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
    xsi:schemaLocation="urn:hl7-org:v3 ../Schema/CDA/infrastructure/cda/CDA_SDTC.xsd"
    xmlns="urn:hl7-org:v3" xmlns:voc="urn:hl7-org:v3/voc" xmlns:sdtc="urn:hl7-org:sdtc">
    <!-- QRDA Category I Report – CMS (V4) -->
    ...
    <informationRecipient>
        <intendedRecipient>
            <id root="2.16.840.1.113883.3.249.7" extension="HQR_EHR"/>
        </intendedRecipient>
    </informationRecipient>
    ...
</ClinicalDocument>
```

Select a new CONF number

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CONF: CMS_0026

Improper Extension for intendedRecipient ID (2 of 2)

Allowed QRDA I CMS Program Name Values for CY2018

Program Name Value	Print Name
HQR_EHR	Hospital Quality Reporting for the Promoting Interoperability Program
HQR_IQR	Hospital Quality Reporting for the Inpatient Quality Reporting Program
HQR_EHR_IQR	Hospital Quality Reporting for the Promoting Interoperability Program and the IQR Program
HQR_IQR_VOL	Hospital Quality Reporting for Inpatient Quality Reporting Program voluntary submissions
HQR_EPM_VOL	Hospital Quality Reporting for Episode Payment Model voluntary submissions
CDAC_HQR_EHR	CDAC_HQR_EHR

Select a new CONF number Back End

CONF: CMS_0035 & CONF: CMS_0066
CMS Certification Number (CCN)

CONF #	Validation Performed	Meaning	Solution
CMS_0035	CCN **SHALL** be six to ten characters in length	CCNs submitted that have five or fewer characters or 11 or more characters will not pass validation.	Review CCN included in QRDA file to ensure accuracy.
CMS_0066	CCN (NULL) cannot be validated	CCN passes Schematron format check but the value does not appear in HQR lookup of valid CCNs. This message will appear if CCN is Null.	Review QRDA File to ensure: • CCN is included and is accurate • Verify where the @root="2.16.840.1.113883.4.336" is present, that the CCN extension is also present

Select a new CONF number

End

CONF: CMS_0060
Encounter Performed Discharge Date Null (1 of 2)

ERROR: The system SHALL reject QRDA I files if the Encounter Performed Discharge Date is null.

Example: Null discharge date

```
<effectiveTime>
    <!-- Attribute: Admission Datetime-->
    <low value="20180329090000"/>
    <!-- Attribute: Discharge Datetime with an empty value -->
    <high value=""/>
</effectiveTime>
```

Select a new CONF number

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CONF: CMS_0060
Encounter Performed Discharge Date Null (2 of 2)

Example of correct discharge datetime:

```
<!-- "Encounter Performed: Inpatient Encounter" using Encounter Inpatient SNOMEDCT Value Set
(2.16.840.1.113883.3.666.5.307) -->
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- Encounter Performed Act -->
    <templateId root="2.16.840.1.113883.10.20.24.3.133"/>
    <id root="72b0c35b-18dd-4058-887f-c945be0439b3"/>
    <code code="ENC" displayName="Encounter“ codeSystem="2.16.840.1.113883.5.6" codeSystemName="ActClass"/>
    <entryRelationship typeCode=“SUBJ">
      <encounter classCode="ENC" moodCode="EVN">
        <!-- Conforms to C-CDA R2.1 Encounter Activity (V3) -->
        <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01"/>
        <!-- Encounter Performed (V3) ->
        <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01"/>
        <id root="dccf424e-18dd-4058-887f-a8151eaaa55"/>
        <code code="32485007" displayName="Hospital admission (procedure)"
            codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMEDCT"
            sdtc:valueSet="2.16.840.1.113883.3.666.5.307"/>
        <text>Encounter, Performed: Inpatient Encounter</text>
        <statusCode code="completed" />
        <effectiveTime>
           <!-- QDM Attribute: Admission Datetime -->
           <low value="20180129090000"/>
           <!-- QDM Attribute: Discharge Datetime -->
           <high value="20180131100000"/>
        </effectiveTime>
      </encounter>
    </entryRelationship>
  </act>
</entry>
```

Select a new CONF number Back End

CONF: CMS_0061

Encounter Performed Discharge Date Error (1 of 2)

ERROR: The system SHALL reject QRDA I files if the Encounter Performed Discharge Date (effectiveTime/high value) is after the upload date (discharge date is in the future) (CONF: CMS_0061).

Every Encounter Performed entry:

```
<templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01"/>
```

must have a single effectiveTime element. The <high> element of effectiveTime represents **discharge** date and time. The <high> element must have a single “value” attribute, the value of which represents the actual discharge date and time.

The QRDA I file will not be accepted if the discharge date (the value of effectiveTime/high/@value attribute) occurs after the date that the QRDA file is uploaded for submission.

Select a new CONF number

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CONF: CMS_0061

Encounter Performed Discharge Date Error (2 of 2)

Improper example:

QRDA I file is uploaded for submission on October 3rd, 2018.

Discharge date of Encounter Performed contained in the QRDA I file is after the file upload date.

```
<act classCode="ACT" moodCode="EVN">
    <!-- Encounter Performed Act -->
    <templateId root="2.16.840.1.113883.10.20.24.3.133"/>
    <id root="72b0c35b-18dd-4058-887f-c945be0439b3"/>
    <code code="ENC" displayName="Encounter" codeSystem="2.16.840.1.113883.5.6" codeSystemName="ActClass" />
    <entryRelationship typeCode="SUBJ">
      <encounter classCode="ENC" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01"/>
        <!-- Encounter Performed (V3) templateId-->
        <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01"/>
        ...
        <effectiveTime>
          <!-- QDM Attribute: admission datetime -->
          <low value="20180921090000"/>
          <!-- QDM Attribute: discharge datetime -->
          <high value="20181012103000"/>
       </effectiveTime>
    </encounter>
...
```

How to fix:

The encounter performed discharge date cannot be after the QRDA I file upload date.

Select a new CONF number Back End

CONF: CMS_0062
Encounter Performed Admission Date (1 of 2)

ERROR: The system SHALL reject QRDA I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value).

Meaning:

Possible conditions resulting in this error are:

- Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value)
- Admission Date or Discharge Date values are null or have an invalid format

Select a new CONF number

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CONF: CMS_0062
Encounter Performed Admission Date (2 of 2)

Example of invalid admission date after the discharge date:

```
<low value="20180131090000"/> <!-- January 31 -->
<high value="20180129103000"/> <!-- January 29 -->
```

Example of valid admission and discharge dates:

```
<act classCode="ACT" moodCode="EVN">
  <!-- Encounter Performed Act -->
  <templateId root="2.16.840.1.113883.10.20.24.3.133"/>
  <id root="90b0c39e-18dd-4058-887f-c945be0490b7"/>
  <code code="ENC" displayName="Encounter" codeSystem="2.16.840.1.113883.5.6 codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
    <encounter classCode="ENC" moodCode="EVN">
      <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01" />
      <!-- Encounter Performed (V3) -->
      <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01" />
        <id root="9b84977d-e6f6-4f50-9897-a6e1c90ba201"/>
        <code code="32485007" displayName="Hospital admission (procedure)" codeSystem="2.16.840.1.113883.6.96"
              codeSystemName="SNOMEDCT" sdtc:valueSet="2.16.840.1.113883.3.666.5.307"/>
        <text>Encounter, Performed: Inpatient Encounter</text>
        <statusCode code="completed" />
        <effectiveTime>
            <!-- QDM Attribute: admission datetime -->
            <low value="20180129103000"/>
            <!-- QDM Attribute: discharge datetime -->
            <high value="20180131109000"/>
        </effectiveTime>
    </encounter>
    ...
```

Select a new CONF number Back End

CONF: CMS_0063
Encounter Performed Discharge Dates (1 of 2)

ERROR: There are no Encounter Performed Discharge Dates within the reporting period found in the QRDA.

Select a new CONF number

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CONF: CMS_0063
Encounter Performed Discharge Dates (2 of 2)

Meaning:

There must be at least one encounter in the QRDA file that has its discharge date within the reporting period.

If there are other encounters reported that are outside the reporting period, the file will not be rejected as long as there is at least one encounter with the discharge date within the reporting period, as specified in the Reporting Parameters Section of the QRDA.

```
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- Reporting Parameters Act - CMS-->
    <templateId root="2.16.840.1.113883.10.20.17.3.8.1" extension="2016-03-01"/>
    <id root="56op11cf-b01b-4527-a704-c098c16288yd"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
          displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20180401"/>
      <high value="20180630"/>
    </effectiveTime>
  </act>
</entry>
```

The relevant elements for reporting period are in the rectangle above, effectiveTime/low and effectiveTime/high.
This example is for CY2018Q2 of the reporting period, as shown in the table below.

CY 2018 Discharge Reporting Period		
Quarter	**Discharge Start**	**Discharge End**
CY2018Q1	1/1/2018	3/31/2018
CY2018Q2	4/1/2018	6/30/2018
CY2018Q3	7/1/2018	9/30/2018
CY2018Q4	10/1/2018	12/31/2018

Select a new CONF number

Back

End

CONF: CMS_0067

Submitter Not Authorized to Submit (1 of 2)

ERROR: Submitter (%s) is not authorized to submit for this provider (%s) (CONF:CMS_0067).

During the data validation process, validation found that the Submitter (vendor) has not been authorized to submit data on behalf of the hospital. The hospital's CCN provided in the QRDA file is used in database lookup.

Select a new CONF number

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CONF: CMS_0067

Submitter Not Authorized to Submit (2 of 2)

Proper custodian element with CCN for QRDA Clinical Document

```
<ClinicalDocument>
    ...
    <custodian>
        <assignedCustodian>
            <representedCustodianOrganization>
                <!-- CMS Certification Number (CCN) -->
                <id root="2.16.840.1.113883.4.336" extension="800890"/>
                <name>Good Health Hospital</name>
                <telecom use="WP" value="tel:(555)555-1003"/>
                <addr use="WP">
                    <streetAddressLine>21 North Ave</streetAddressLine>
                    <city>Burlington</city>
                    <state>MA</state>
                    <postalCode>02368</postalCode>
                    <country>US</country>
                </addr>
            </representedCustodianOrganization>
        </assignedCustodian>
    </custodian>
    ...
</ClinicalDocument>
```

The value 800890 used in the example above is an acceptable dummy CCN number. However, only vendors can use the dummy CCN (see CMS_0068), and the dummy CCN can ONLY be used for test data submissions (see CMS_0069).

Select a new CONF number Back End

CONF: CMS_0068
Dummy CCN

ERROR: Provider is not allowed to use a dummy CCN number (800890) for submissions.

Meaning:

The dummy CMS Certification Number (CCN) (shown below) can be used only by vendors and only for test data submissions.

```
<id root="2.16.840.1.113883.4.336" extension="800890"/>
```

Select a new CONF number

End

CONF: CMS_0071

Data Validation: Not Well-Formed QRDA XML (1 of 2)

ERROR: Data submitted is not a well formed QRDA XML (CONF:CMS_0071).

All QRDA XML files must contain only properly formatted XML.

The occurrence of this error means that the document violates the syntax rule in the XML specification, e.g., missing start/end tag or prime elements missing or not properly nested or not properly written.

Additionally, a QRDA document must conform to a specific XML schema (CDA_SDTC.xsd). See CMS_0072.

Select a new CONF number

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CONF: CMS_0071

Data Validation: Not Well-Formed QRDA XML (2 of 2)

Some common XML syntax errors:

- **Missing root element.** All XML documents must have a single root element.
  In the case of QRDA documents, that root element is the <clinicalDocument></clinicalDocument> element.

- **XML is case-sensitive** – Following is rejected because <tel> and </Tel> do not match case:

```
<tel>513-744-7098</Tel>
```

- **Missing End Tags** – Following is rejected because <street> has no end tag, and <postalCode> has a malformed closing tag:

```
<address>
    <street>34 Fountain Square Plaza
    <region>OH</region>
    <postal-code>45202<postal-code>
</address>
```

- **Spaces in element names** - Following is rejected because of spaces in the addressbook element name:

```
<address book>…</address book>
```

- **Attribute values missing quotes** - Following is rejected because value for attribute preferred is not in quotes:

```
<tel preferred=true>555-112-3344</tel>
```

Select a new CONF number Back End

CONF: CMS_0072
QRDA Document Format Error

ERROR: The document does not conform to QRDA document formats accepted by CMS.

Meaning:

QRDA structure of the submitted file does not conform to the QRDA XML Schema (CDA_SDTC.XSD) provided by HL7. The file does not pass the schema check. Validation continues on the file to identify any other errors.

Note: The CDA_SDTC.XSD XML schema is available in the HL7 QRDA Category I standard zip file HL7 CDA® R2 IG: QRDA I STU Release 4.

Select a new CONF number

End

CONF: CMS_0073
QRDA Document Format Error

ERROR: The document does not conform to QRDA document formats accepted by CMS.

Meaning:
The QRDA must have **all four** required header template IDs and extensions for a QRDA Category I, Standard for Trial Use (STU), Release 4 format file being sent to CMS:

```
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1"
            extension="2015-08-01"/>
<!-- QRDA Category I Framework (V3) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1"
            extension="2016-02-01"/>
<!-- QDM-Based QRDA (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2"
            extension="2016-08-01"/>
<!-- QRDA Category I Report - CMS (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3"
            extension="2017-07-01"/>
```

This error is also produced for an empty file or any non-XML file type (e.g., PDF). Processing stops immediately on these files.

Select a new CONF number

End

CONF: CMS_0074
Version Specific Measure Identifier (1 of 3)

ERROR: The Version Specific Measure Identifier is not valid for the current program year.

Meaning: Each measure in the QRDA must reference the version specific identifier. Only the 2018 Reporting Period Eligible Hospital / Critical Access Hospitals eCQMs will be accepted for the CY 2018 reporting year.

Select a new CONF number

Next Page

CONF: CMS_0074
Version Specific Measure Identifier (2 of 3)

To locate the Version Specific Measure Identifier in the eCQM XML file:

- Use the **QualityMeasureDocument/id/@root** XPath for eCQM Version Specific Measure Identifier
- Submit ONLY the Version Specific Measure Identifier
- Remember that the Version Specific Measure Identifier is not case sensitive

CONF: CMS_0074
Version Specific Measure Identifier (3 of 3)

Example Health Quality Measures Format (HQMF) XML snippet from CMS108v6:

```
<!-- Measure Details Section -->
<typeId extension="POQM_HD000001UV02" root="2.16.840.1.113883.1.3"/>
<templateId>
    <item extension="2016-08-01" root="2.16.840.1.113883.10.20.28.1.1"/>
</templateId>
<!- Version specific measure identifier -->
<id root="40280382-5abd-fa46-015b-1f6b95092a9d"/>
<code code="57024-2" codeSystem="2.16.840.1.113883.6.1">
    <displayName value="Health Quality Measure Document"/>
</code>
<title value="Venous Thromboembolism Prophylaxis"/>
<text value="This measure assesses the number of patients who received VTE
prophylaxis or have documentation why no VTE prophylaxis was given the day of or
the day after hospital admission or surgery end date for surgeries that start the
day of or the day after hospital admission"/>
<statusCode code="COMPLETED"/>
<setId root="38b0b5ec-0f63-466f-8fe3-2cd20ddd1622"/>
<!-- Measure version that corresponds to file name -->
<versionNumber value="6.1.000"/>
```

Select a new CONF number Back End

CONF: CMS_0075 & CONF: CMS_0076

Admission/Discharge Dates [effectiveTime] (1 of 2)

CONF #	Validation Performed	Meaning	Solution
0075	Admission Date is not properly formatted.	Fails validation check for Encounter Performed Admission Date (effectiveTime / low value)	Confirm proper format of admission date.
0076	Discharge Date is not properly formatted.	Fails validation check for Encounter Performed Admission Date (effectiveTime / high value)	Confirm proper format of discharge date.

Select a new CONF number

Next Page

CONF: CMS_0075 & CONF: CMS_0076

Admission/Discharge Dates [effectiveTime] (2 of 2)

Proper format for dates: YYYYMMDDHHMMSSxUUUU		
YYYY	Year	Range 1900 to 9999
MM	Month	Range 01 to 12
DD	Day	Range 01 to 31 (note: true to month and leap years)
HH	Hour	Range 0 to 23
SS	Seconds	Range 0 to 59
X	Plus or minus sign	
UUUU	UTC Time Shift	-1300 thru +1400

NOTE: *Use of the UTC Time Shift is optional, however if it is used, it must be present throughout the whole QRDA Category I file for the file to be accepted.*

Select a new CONF number

Back

End

CONF: CMS_0079
Reporting Period Effective Date Range (1 of 3)

ERROR: Reporting Period Effective Date Range does not match one of the Program's calendar year Discharge Quarters.

Meaning: The Reporting Parameter Section effective date range must exactly match one of the HQR allowable calendar year discharge quarters.

Select a new CONF number

Next Page

CONF: CMS_0079
Reporting Period Effective Date Range (2 of 3)

EffectiveTime with allowable low and high values:

```
<entry typeCode="DRIV">
    <act classCode="ACT" moodCode="EVN">
        <!-- Reporting Parameters Act -->
        <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
        <!-- Reporting Parameters Act CMS-->
        <templateId root="2.16.840.1.113883.10.20.17.3.8.1"
             extension="2016-03-01"/>
        <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
              displayName="Observation Parameters"/>
        <effectiveTime>
            <low value="20180101"/>
            <high value="20180331"/>
        </effectiveTime>
    </act>
</entry>
```

CONF: CMS_0079
Reporting Period Effective Date Range (3 of 3)

For CY 2018 IQR Program reporting, a hospital will be required to:

- Report **at least** four of the 15 eCQMs available
- Report for one self-selected quarter (Q1, Q2, Q3 or Q4) of CY 2018
- Submission deadline: February 28, 2019

Promoting Interoperability and Hospital IQR Program Submissions via Test and Production QRDA Category I Files				
	CY Discharge Quarters		Production and Test Data Submissions	
Quarter	Discharge Start	Discharge End	Start	End
CY2018Q1	1/1/2018	3/31/2018	9/12/2018	2/28/2019
CY2018Q2	4/1/2018	6/30/2018	9/12/2018	2/28/2019
CY2018Q3	7/1/2018	9/30/2018	9/12/2018	2/28/2019
CY2018Q4	10/1/2018	12/31/2018	9/12/2018	2/28/2019

CONF: CMS_0082

CMS EHR Certification ID Year/Version Requirement (1 of 2)

ERROR: CMS EHR Certification ID does not meet year/version criteria

Meaning: The EHR system needs to be certified to 2014 or 2015 Edition or a combination of 2014 and 2015 for CY 2018/PY 2020.

Select a new CONF number

Next Page

CONF: CMS_0082

CMS EHR Certification ID Year/Version Requirement (2 of 2)

How to Fix:

The EHR products used must be certified to 2014 or 2015 Edition or a combination of 2014 and 2015 Edition.

Create CMS EHR Certification ID on the ONC Certified Health IT Product List website (https://chpl.healthit.gov) by selecting appropriate 2014 and/or 2015 Edition products.

A CMS EHR Certification ID is a string made up of 15 alphanumeric characters and is used as the value of an "**extension**" attribute on an <id> element with a "root" attribute of "2.16.840.1.113883.3.2074.1"

```
<ClinicalDocument
xmlns:xsi="http://www.w3.org/2001/XMLSchema
-instance" ... >
 ...
 <participant typeCode="DEV">
   <associatedEntity classCode="RGPR">
     <!-- CMS EHR Certification Number -->
     <id root="2.16.840.1.113883.3.2074.1"
extension="0015EML275MCA49"/>
   </associatedEntity>
 </participant>
 ...
</ClinicalDocument>
```

Select a new CONF number Back End

CONF: CMS_0083

CMS EHR Certification ID Format Error

ERROR: CMS EHR Certification ID format is not valid

How to Fix:

Create CMS EHR Certification ID on the ONC Certified Health IT Product List website (https://chpl.healthit.gov) by selecting appropriate 2014 and/or 2015 Edition products.

Make sure the CMS EHR Certification ID is a string made up of 15 alphanumeric characters and is used as the value of an "**extension**" attribute on an <id> element with a "root" attribute of "2.16.840.1.113883.3.2074.1"

```
<ClinicalDocument
xmlns:xsi="http://www.w3.org/2001/XMLSchem
a-instance" ... >
 ...
 <participant typeCode="DEV">
   <associatedEntity classCode="RGPR">
     <!-- CMS EHR Certification Number -->
     <id root="2.16.840.1.113883.3.2074.1"
extension="0015EML275MCA49"/>
   </associatedEntity>
 </participant>
 ...
</ClinicalDocument>
```

Select a new CONF number

End

CONF: CMS_0084

HICN or MBI Required for Hybrid/CCDE Submissions (1 of 2)

ERROR: Either the Patient HICN or MBI is required for hybrid measure/Core Clinical Data Elements (CCDE) submissions

Meaning: QRDA files for hybrid measure/CCDE Submissions must contain a HICN or MBI.

Select a new CONF number

Next Page

CONF: CMS_0084

HICN or MBI Required for Hybrid/CCDE Submissions (2 of 2)

How to Fix:

Hybrid measure/CCDE submission is for Medicare fee-for-service patients. Either HICN or MBI is required.

HICN and MBI are contained in the <recordTarget>/<patientRole> element

HICN is used as the value of an "**extension**" attribute on an <id> element with a "root" attribute of "2.16.840.1.113883.4.572"

MBI is used as the value of an "**extension**" attribute on an <id> element with a "root" attribute of "2.16.840.1.113883.4.927"

```
<ClinicalDocument ...>
  ...
  <recordTarget>
    <patientRole>
      <!-- Patient Identification Number -->
      <id root="Patient_Identification_Number_root"
extension="Patient_Identification_Number_goes_here"/>
      <!-- Medicare HIC Number/HICN -->
      <id root="2.16.840.1.113883.4.572"
          extension="HICN_goes_here"/>
      <!- Medicare Beneficiary Identifier -->
      <id root="2.16.840.1.113883.4.927"
          extension="MBI_goes_here"/>
      ...
    </patientRole>
  </recordTarget>
  ...
```

Select a new CONF number Back End

CONF: CMS_0085

Compatible Program Name and Measure ID for Hybrid/CCDE Submissions (1 of 2)

ERROR: CMS Program name and Measure ID are not compatible

Meaning: CMS Program name for hybrid measure/CCDE submissions must be HQR_IQR_VOL.

Select a new CONF number

Next Page

CONF: CMS_0085

Compatible Program Name and Measure ID for Hybrid/CCDE Submissions (2 of 2)

How to Fix:

Make sure the CMS Program Name in the QRDA I file is **HQR_IQR_VOL** for hybrid/CCDE submissions.

QRDA I file for hybrid/CCDE submissions must contain hybrid measure only.

Make sure correct version specific measure identifier is used for the Hybrid Hospital-Wide Readmission measure (https://ecqi.healthit.gov/ecqm/measures/cms529v0)

```
<ClinicalDocument ...>
  ...
  <informationRecipient>
    <intendedRecipient>
      <!– CMS Program Name -->
      <id root="2.16.840.1.113883.3.249.7"
          extension="HQR_IQR_VOL"/>
    </intendedRecipient>
  </informationRecipient>
  ...
  <!-- Measure Section -->
  <section>
   <templateId root="2.16.840.1.113883.10.20.24.2.2"/>
   <templateId root="2.16.840.1.113883.10.20.24.2.3"/>
    ...
      <externalDocument classCode="DOC" moodCode="EVN">
      <!-- Version specific measure identifier
           for the Hybrid HWR measure -->
        <id root="2.16.840.1.113883.4.738"
         extension="40280381-5118-2f4e-0151-ad2ca8bb3176"/>
```

Select a new CONF number Back End

CONF: CMS_0086
Same Measure Type across Files in a Batch

ERROR: Measure type is not consistent across QRDA files within the batch

Meaning: Files containing hybrid measure/CCDE submissions and eCQM cannot be submitted within the same batch.

For QRDA files that submitted within the same batch, they either have to be all for eCQMs submissions, or for hybrid measure/CCDE submissions. Do not mix QRDA files for eCQMs and QRDA files for hybrid measure/CCDE submissions in the same batch.

Select a new CONF number

End

CONF: CMS_0110
Datatype PQ Requirement

ERROR: Data types of PQ SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor. If @value is present then @unit SHALL be present but @unit SHALL NOT be present if @value is not present.

Meaning: For value element with PQ datatype, only the following two options are considered valid:

1. Both a value and a unit are provided

```
<value xsi:type="PQ" value="90" unit="mmHg"/>
```

2. No value is provided, a nullFlavor with a valid nullFlavor code is provided instead

```
<value xsi:type="PQ" nullFlavor="NI"/>
```

Select a new CONF number

End

CONF: CMS_0115

Data Validation: NPI Should Have 10 Digits (1 of 2)

ERROR: The NPI should have 10 digits.

The NPI, National Provider Identifier is a unique ID number issued to health care providers (in the U.S.) by CMS.

The NPI is a 10-digit number where the 10th digit is a checksum digit. There is no embedded intelligence (i.e. no information about the provider) in the NPI. NPI numbers are validated using the Luhn Algorithm.

The NPI is used as the value of an “extension” attribute in an <id> element, when the “root” attribute has value of **“**2.16.840.1.113883.4.6**”**. In cases where no NPI is provided or available, an attribute of nullFlavor="NA" may be used.

NPI <id> elements are present in elements including assignedEntity, assignedAuthor, and participantRole.

Select a new CONF number

Next Page

CONF: CMS_0115

Data Validation: NPI Should Have 10 Digits (2 of 2)

Example using <id> with NPI provided:

```
<observation classCode="OBS" moodCode="EVN">
    ...
    <participant typeCode="IND">
        <participantRole >
            <!-- NPI -->
            <id root="2.16.840.1.113883.4.6" extension="1234567893" />
            ...
        </participantRole>
    </participant>
</observation>
```

Example using <id> with no NPI provided:

```
<documentationof>
...
    <performer typeCode="PRF">
    ...
        <assignedEntity>
            <!-- This is the provider NPI -->
            <!-- For HQR, NPI may not be applicable. Hospitals may submit nullFlavor here. -->
            <id root="2.16.840.1.113883.4.6" nullFlavor="NA" />
            ...
        </assignedEntity>
    </performer>
    ...
</documentationOf>
```

Select a new CONF number Back End

CONF: CMS_0117

Data Validation: NPI Should Have Correct Checksum (1 of 2)

ERROR: The NPI should have a correct checksum, using the Luhn algorithm.

The NPI, National Provider Identifier is a unique ID number issued to health care providers (in the U.S.) by CMS

The NPI is a 10-digit number where the 10th digit is a checksum digit. There is no embedded intelligence (i.e. no information about the provider) in the NPI. NPI numbers are validated using the Luhn Algorithm.

See https://en.wikipedia.org/wiki/Luhn_algorithm

Select a new CONF number

Next Page

CONF: CMS_0117

Data Validation: NPI Should Have Correct Checksum (2 of 2)

Example using <id> with proper NPI provided

```
<observation classCode="OBS" moodCode="EVN">
  ...
  <participant typeCode="IND">
    <participantRole>
      <!-- NPI -->
      <id root="2.16.840.1.113883.4.6" extension="1234567893"/>
      ...
  </participantRole>
    </participant>
</observation>
```

CONF: CMS_0121

Inconsistent Use of UTC Offset (1 of 2)

ERROR: A Coordinated Universal Time (UTC time) offset should not be used anywhere in a QRDA Category I file or, if a UTC time offset is needed anywhere, then it must be specified everywhere a time field is provided.

There are several time elements in a QRDA document. Those that are specific beyond day and include the time value may also include a UTC offset to make it clear what time zone the action took place in. If you use the UTC offset anywhere in a QRDA document you should use it everywhere there is a time element other than birthTime as this may not be specific beyond day.

You are not required to use a UTC offset anywhere but if you do you must use it everywhere for time elements such as

<time> or <effectiveTime>.

Select a new CONF number

Next Page

CONF: CMS_0121

Inconsistent Use of UTC Offset (2 of 2)

Example of time elements with UTC offset, highlighted:

```
<effectiveTime value="20180111061231-0500"/>

<time value="20180111061231-0500"/>

<effectiveTime>
   <low value="20181101123000+0600"/>
   <high value="20181106090300+0600"/>
</effectiveTime>

<time>
   <low value="20181101123000-0600"/>
   <high value="20181106090300-0600"/>
</time>
```

Example of time elements without UTC offset:

```
<effectiveTime value="20180111061231"/>

<time value="20180111061231"/>

<effectiveTime>
   <low value="20181101123000"/>
   <high value="20181106090300"/>
</effectiveTime>

<time>
   <low value="20181101123000"/>
   <high value="20181106090300"/>
</time>
```

CONF: 67-12978 & CONF: 67-13193

eMeasure Reference QDM

The following conformance statements are associated with Measure Section Quality Data Model (QDM).

CONF #	Validation Performed	Meaning	Solution
67-12978	**SHALL** contain at least one [1..*] **entry**	At least one entry is required	Confirm entry is present in file
67-13193	Such entries **SHALL** contain exactly one [1..1] **eMeasure Reference QDM** (identifier: urn:oid:2.16.840.1.113883.10.20.24.3.97)	Such entries (referenced in 67-12978) must contain one eMeasure Reference QDM (which defines how a QDM eCQM should be referenced in QDM-Based QRDA)	Confirm the entry is a template with the templateId 2.16.840.1.113883.10.20.24.3.97

Select a new CONF number

End

Patient Contact Information

CONF #	Validation Performed	Meaning	Solution
1198-5271	This patientRole **SHALL** contain at least one [1..*] **US Realm Address** (identifier: urn:oid:2.16.840.1.113883.10.20.22.5.2)	No 'address' tag included in file	'Address' must be included in file to pass validation
81-7292	**SHALL** contain exactly one [1..1] **city**	No 'city' tag included in file	'City' must be included in file to pass validation
81-7291	**SHALL** contain exactly one [1..1] **streetAddressLine**	No 'streetAddressLine' tag included in file	'StreetAddressLine' must be included in file to pass validation **Note**: The C-CDA R2.1 errata corrected this CONF to be [1..4] streetAddressLine. Validation allows [1..4] streetAddressLine. Zero or >4 streetAddressLine provided will trigger error.
1198-5280	This patientRole **SHALL** contain at least one [1..*] **telecom**	No 'telecom' tag included in file	'Telecom' must be included in file to pass validation

Select a new CONF number

End

CONF: 81-9371
Conformant Person Name (1 of 2)

ERROR: The content of name SHALL be either a conformant Patient Name (PTN.US.FIELDED) or a string.

Meaning:

The name data element must be provided either as a string or conformant to the structure defined by the Patient Name (PTN.US.FIELDED). For data elements that are defined using US Realm Person Name (PN.US.FIELDED) (identifier: urn:oid:2.16.840.1.113883.10.20.22.5.1.1) data type such as:

ClinicalDocument/patient/name

ClinicalDocument/legalAuthenticator/assignedEntity/assignedPerson/name

Select a new CONF number

Next Page

CONF: 81-9371
Conformant Person Name (2 of 2)

Error: This xml snippet contains partial name structure as defined by the US Realm Person Name (PN.US.FIELDED) data type.

```
<name>
    <family>Doe</family>
</name>
```

How to fix:

Option 1 (preferred): Provide the missing <given> element to meet the minimally required structure of name as defined by the US Realm Person Name (PN.US.FIELDED) data type.

```
<name>
    <family>Doe</family>
    <given>John</given>
</name>
```

Option 2: Provide a string instead of a structured name.

```
<name>John Doe</name>
```

CONF: 81-9372
Cannot Contain Name Parts (1 of 2)

ERROR: The string SHALL NOT contain name parts.

Meaning:

If a structured name is provided, the name data element must conform to the structure defined by the Patient Name (PTN.US.FIELDED) for data elements that are defined using US Realm Person Name (PN.US.FIELDED) (identifier: urn:oid:2.16.840.1.113883.10.20.22.5.1.1) data type such as

ClinicalDocument/patient/name

ClinicalDocument/legalAuthenticator/assignedEntity/assignedPerson/name

Select a new CONF number

Next Page

CONF: 81-9372
Cannot Contain Name Parts (2 of 2)

Error: This xml snippet contains partial name structure as defined by the US Realm Person Name (PN.US.FIELDED) data type.

```
<name>
    <family>Doe</family>
</name>
```

How to fix: Provide the missing <given> element to meet the minimally required structure of name as defined by the US Realm Person Name (PN.US.FIELDED) data type.

```
<name>
    <family>Doe</family>
    <given>John</given>
</name>
```

CONF: 1098-5300_C01 & CONF: 3265-27571 BirthTime Precise to the Day

Two CONF# related to birthTime

CONF #	Validation Performed	Meaning
3265-27571	This patient SHALL contain exactly one [1..1] birthTime	Only one birthTime is allowed in a patient file
1198-5300_C01	SHALL be precise to day	The format of the birthTime must include the day

Note: For cases where information about newborn's time of birth needs to be captured birthTime may be precise to the minute.

Valid birthTime: 19430801

Invalid birthTime: 194308

Valid example from QRDA Category I: `<birthTime value="19460102"/>`

Select a new CONF number

End

CONF: 1198-6394

Administrative Gender Code

ERROR: This patient SHALL contain exactly one [1..1] administrativeGenderCode, which shall be selected from Value Set Administrative Gender (HL7 V3) urn:2.16.840.1.113883.1.11.1 dynamic.

NOTE:

This schematron rule about the administrative gender from the base IG was removed from the schematron file, because CMS IG overwrites this and requires the Office of the National Coordinator (ONC) Administrative Sex value set urn:oid: 2.16.840.1.113762.1.4.1.

Select a new CONF number

End

CONF: 2228-27745
Medication Order (V3) Requires Author (1 of 2)

ERROR: SHALL contain exactly one [1..1] author.

Meaning:

Author is a required element in Medication Order (V3). Author represents the clinician ordering the medication from a pharmacy for a patient.

Select a new CONF number

Next Page

CONF: 2228-27745
Medication Order (V3) Requires Author (2 of 2)

```
<!--QDM Datatype: Medication, Order -->
<entry>
    <substanceAdministration classCode="SBADM" moodCode="RQO">
        <!-- Conforms to C-CDA R2.1 Planned Medication Activity (V2) -->
        <templateId root="2.16.840.1.113883.10.20.22.4.42" extension="2014-06-09"/>
        <!-- Medication Order (V3) -->
        <templateId root="2.16.840.1.113883.10.20.24.3.47" extension="2016-02-01"/>
        <id root="9a5f4d94-ccad-4d57-80ea-27737545c7bb"/>
        ...
        <author>
            <!-- C-CDA R2.1 Author Participation -->
            <templateId root="2.16.840.1.113883.10.20.22.4.119"/>
            <time value="201804081130"/>
            <assignedAuthor>
                <id root="2.16.840.1.113883.4.6" extension="1234567893"/>
            </assignedAuthor>
        </author>
    </substanceAdministration>
</entry>
```

CONF: 1198-14838
Service Event – Low Effective Time (1 of 2)

ERROR: This effectiveTime SHALL contain exactly one [1..1] low (CONF:1198-14838).

Meaning:

This error message is regarding the **ClinicalDocument/documentationOf/serviceEvent/effectiveTime/low** xpath. For serviceEvent/effectiveTime, low is a required data element.

Select a new CONF number

Next Page

CONF: 1198-14838
Service Event – Low Effective Time (2 of 2)

Error: This xml snippet is missing the required effectiveTime/low

```
<serviceEvent>
        <effectiveTime value="20180101"/>
```

How to fix: Provide the required effectiveTime/low

```
    <serviceEvent>
        <effectiveTime>
            <low value="20180101"/>
            <high value="20180331"/>
        </effectiveTime>
```

CONF: 67-13372

Missing or Multiple participantRole Elements (1 of 2)

ERROR: SHALL contain exactly one [1..1] participantRole (CONF:67-13372).

A Facility Location subentry must contain exactly one participantRole. The class code attribute for the participantRole must be “SDLOC”, and there must be one exactly one <code> element within the participantRole.

The participantRole should contain at least one <addr> and one <telecom> element, and may contain a playingEntity with a class code of “PLC”.

Select a new CONF number

Next Page

CONF: 67-13372

Missing or Multiple participantRole Elements (2 of 2)

Proper example for Facility Location subentry:

```
<participant typeCode="LOC">
    <!-- Facility Location template -->
    <templateId root="2.16.840.1.113883.10.20.24.3.100"/>
    <time>
        <!-- Attribute: facility location arrival datetime -->
        <low value="20180203"/>
        <!-- Attribute: facility location departure datetime -->
        <high value="20180206"/>
    </time>
    <participantRole classCode="SDLOC">
        <code code="309905000" codeSystem="2.16.840.1.113883.6.96"
        codeSystemName="SNOMED CT" displayName="Adult Intensive Care Unit" />
    </participantRole>
</participant>
```

Select a new CONF number Back End

CONF: 1098-31880

Encounter Order Status Code (1 of 2)

ERROR: This statusCode SHALL contain exactly one [1..1] @code="active" Active (CodeSystem: ActStatus urn:oid:2.16.840.1.113883.5.14) (CONF:1098-31880).

An Encounter Order (V3) entry must have exactly one <statusCode> element. That element must have a code attribute of “active” .

Possible values in general for the code attribute are found in the following CodeSystem:

ActStatus urn:oid:2.16.840.1.113883.5.14

However, only a value of “active” is allowed in this instance.

Select a new CONF number

Next Page

CONF: 1098-31880

Encounter Order Status Code (2 of 2)

Improper example :

```
<act classCode="ACT" moodCode="EVN">
  <!-- Encounter Order Act -->
  <templateId root="2.16.840.1.113883.10.20.24.3.132"/>
  <id root="5890cf09-18fd-ef58-097d-c945be04jk90"/>
  <code code="ENC" displayName="Encounter" codeSystem="2.16.840.1.113883.5.6" codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
    <encounter classCode="ENC" moodCode="RQO">
    <templateId root="2.16.840.1.113883.10.20.22.4.40" extension="2014-06-09"/>
    <!-- Encounter Order (V3) -->
    <templateId root="2.16.840.1.113883.10.20.24.3.22" extension="2016-02-01"/>
    <id root="99id1bac-17ef-ab90-89a4-1121bc809de8" />
    <code code="76464004" displayName="Hospital admission, for observation (procedure)"
sdtc:valueSet="2.16.840.1.113883.3.117.1.7.1.295"/>
    <statusCode code="completed"/>
    ...
</act>
```

Proper example :

```
<act classCode="ACT" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.20.24.3.132"/>
  <id root="5890cf09-18fd-ef58-097d-c945be04jk90"/>
  <code code="ENC" displayName="Encounter" codeSystem="2.16.840.1.113883.5.6" codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
    <encounter classCode="ENC" moodCode="RQO">
      <templateId root="2.16.840.1.113883.10.20.22.4.40" extension="2014-06-09"/>
      <templateId root="2.16.840.1.113883.10.20.24.3.22" extension="2016-02-01"/>
      ...
      <statusCode code="active"/>
      ...
</act>
```

Select a new CONF number Back End

CONF: 1198-5524

Missing Custodian Organization Name (1 of 2)

ERROR: This representedCustodianOrganization SHALL contain exactly one [1..1] name (CONF:1198-5524).

In the US Realm Header (V3) template you must define the custodian of the QRDA Document you are submitting. The custodian element represents the organization that is in charge of maintaining and is entrusted with the care of the document. There are several elements that are required to define the custodian one of which is the name of the organization.

Select a new CONF number

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CONF: 1198-5524

Missing Custodian Organization Name (2 of 2)

Proper example for Custodian Organization Name:

```
<ClinicalDocument>
   <realmCode code="US"/>
   <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
   <templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>
   <templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01"/>
   <templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01"/>
   <templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01"/>
   ...
   <custodian>
      <assignedCustodian>
         <representedCustodianOrganization>
            <id root="2.16.840.1.113883.4.336" extension="800890"/>
            <name>Good Health Hospital</name>
            <telecom use="WP" value="tel:+1(555)555-1009"/>
            <addr use="WP">
               <streetAddressLine>1009 Healthcare Drive</streetAddressLine>
               <city>Portland</city>
               <state>OR</state>
               <postalCode>99123</postalCode>
               <country>US</country>
            </addr>
         </representedCustodianOrganization>
      </assignedCustodian>
   </custodian>
   ...
</ClinicalDocument>
```

Select a new CONF number Back End

CONF: 3265-14430_C01 & CONF: 3265-14431 Missing Patient Characteristic Payer(1 of 2)

ERROR:

SHALL contain at least one [1..*] entry (CONF:3265-14430_C01) such that it

> SHALL contain exactly one [1..1] Patient Characteristic Payer (identifier: urn:oid:2.16.840.1.113883.10.20.24.3.55) (CONF:3265-14431).

The Patient Data Section QDM (V4) – CMS template must contain an entry with a Patient Characteristic Payer. This indicates the payer for the patient for the reported measure(s) and is a required supplemental data element for all measures.

Select a new CONF number

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CONF: 3265-14430_C01 & CONF: 3265-14431 Missing Patient Characteristic Payer (2 of 2)

Proper example for Patient Characteristic Payer:

```
<section>
  <!-- Patient Data Section QDM (V4) CMS-->
  <templateId root="2.16.840.1.113883.10.20.17.2.4"/>
  <templateId root="2.16.840.1.113883.10.20.24.2.1" extension="2016-08-01"/>
  <templateId root="2.16.840.1.113883.10.20.24.2.1.1" extension="2017-07-01"/>
  ...
  <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-elledfcla00d" />
       <code code="48768-6" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Payment
Source"/>
       <statusCode code="completed"/>
       <effectiveTime>
         <low value="20180101"/>
         <high value="20181231"/>
       </effectiveTime>
       <value xsi:type="CD" 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"/>
    </observation>
  </entry>
  ...
</section>
```

Select a new CONF number Back End

CONF: 2228-27343

Intervention Order Author Participation (1 of 2)

ERROR: SHALL contain exactly one [1..1] Author Participation (identifier: urn:oid:2.16.840.1.113883.10.20.22.4.119) (CONF:2228-27343).

An Intervention Order (V3) act entry is a request by a physician or appropriately licensed care provider to an appropriate provider or facility to perform a service and/or other type of action necessary for care.

An example of this is an order for smoking cessation counseling or physical therapy.

The act's moodCode attribute is constrained to "RQO", therefore an author is required to represent the ordering clinician. An author time/date stamp is also required. This time element maps to a QDM time attribute and would be used in measure calculations.

Select a new CONF number

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CONF: 2228-27343

Intervention Order Author Participation (2 of 2)

Proper example :

```
<act classCode="ACT" moodCode="RQO">
  <!-- Conforms to C-CDA R2.1 Planned Act (V2) template -->
  <templateId root="2.16.840.1.113883.10.20.22.4.39" extension="2014-06-09"/>
  <!-- Intervention Order (V3) template -->
  <templateId root="2.16.840.1.113883.10.20.24.3.31" extension="2016-02-01"/>
  <id root="db734647-fc99-424c-a864-7e3cda82e703" />
  <!-- Intervention -->
  <code code="133918004" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMEDCT"
      displayName="Comfort measures (regime/therapy)" sdtc:valueSet="1.3.6.1.4.1.33895.1.3.0.45"/>
  <statusCode code="active"/>
  <author>
    <!-- C-CDA R2.1 Author Participation -->
    <templateId root="2.16.840.1.113883.10.20.22.4.119"/>
    <time value="201804081130"/>
      <assignedAuthor>
        <id root="2.16.840.1.113883.4.6" extension="111111111"/>
      </assignedAuthor>
  </author>
  ...
</act>
```

Select a new CONF number Back End

CONF: 2228-28472

Encounter Order Act Missing ID (1 of 2)

ERROR: SHALL contain at least one [1..*] id (CONF:2228-28472).

This id represents a unique identifier for the Encounter Order Act instance. The id should be unique within a document.

The <id> element contains two attributes: a root attribute (the value of which is a GUID or an OID that is globally unique) and an optional extension attribute (the value of which can be any string of characters). If the extension attribute is present, the combination of root + extension attributes must be globally unique.

Multiple <id> elements are allowed, but at least one must be present.

Select a new CONF number

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CONF: 2228-28472

Encounter Order Act Missing ID (2 of 2)

Proper example showing at least one <id> present:

```
<act classCode="ACT" moodCode="RQO">
  <templateId root="2.16.840.1.113883.10.20.24.3.132"/>
  <id root="de906ff8-ed4b-4f7d-82cf-e98e58b4id90"/>
  <code code="ENC" codeSystem="2.16.840.1.113883.5.6" displayName="Encounter"
        codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
    <encounter classCode="ENC" moodCode="RQO">
      <!-- Conforms to C-CDA R2.1 Planned Encounter (V2) template -->
      <templateId root="2.16.840.1.113883.10.20.22.4.40" extension="2014-06-09"/>
      <!-- Encounter Order (V3) template -->
      <templateId root="2.16.840.1.113883.10.20.24.3.22" extension="2016-02-01"/>
      ...
    </encounter>
  </entryRelationship>
</act>
```

CONF: 2228-28480

Encounter Performed Act Missing ID (1 of 2)

ERROR: SHALL contain at least one [1..*] id (CONF:2228-28480).

This id represents a unique identifier for the Encounter Performed Act instance. The id should be unique within a document.

The <id> element contains two attributes: a root attribute (the value of which is a GUID or an OID that is globally unique) and an optional extension attribute (the value of which can be any string of characters). If the extension attribute is present, the combination of root + extension attributes must be globally unique.

Multiple <id> elements are allowed, but at least one must be present.

Select a new CONF number

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CONF: 2228-28480

Encounter Performed Act Missing ID (2 of 2)

Proper example showing at least one <id> present:

```
<act classCode="ACT" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.20.24.3.133"/>
  <id root="ec8a6ff8-ed4b-4f7e-82c3-e98e58b45adf"/>
  <code code="ENC" codeSystem="2.16.840.1.113883.5.6" displayName="Encounter"
        codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
    <encounter classCode="ENC" moodCode="EVN">
      <!-- Conforms to C-CDA R2.1 Encounter Activity (V3) template -->
      <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01"/>
      <!-- Encounter Performed (V3) template -->
      <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01"/>
      ...
    </encounter>
  </entryRelationship>
</act>
```

Acronyms

CAH	Critical Access Hospital
CCDE	Core Clinical Data Element
CCN	CMS Certification Number
CDA	Clinical Document Architecture
CONF	Conformance
CY	Calendar Year
eCQM	electronic Clinical Quality Measure
EH	Eligible Hospital
EHR	Electronic Health Record
GUID	Globally Unique Identifier
HIC/HICN	Health Insurance Claim Number
HL7	Health Level Seven
HQR	Hospital Quality Reporting
IG	Implementation Guide
IQR	Hospital Inpatient Quality Reporting
LOINC	Logical Observation Identifiers Names and Codes
MBI	Medicare Beneficiary Identification Number
OID	Object Identifier
PY	Payment Year
QDM	Quality Data Model
QRDA	Quality Reporting Document Architecture
UTC	Coordinated Universal Time
XML	Extensible Markup Language

Resources

QualityNet Help Desk – QualityNet Secure Portal (reports, PSVA tool, data upload, troubleshooting file errors), Promoting Interoperability Program (objectives, attestation, policy)

Qnetsupport@hcqis.org

(866) 288-8912, 7 a.m. – 7 p.m. CT, Monday – Friday

Hospital IQR Program and Policy – Hospital Inpatient Support Team

https://cms-ip.custhelp.com

(866) 800-8765 or (844) 472-4477, 8 a.m. – 8 p.m. ET Monday – Friday (except federal holidays)

The JIRA – Office of the National Coordinator (ONC) Project Tracking

https://oncprojectracking.healthit.gov/

Resource to submit questions and comments regarding:

- Issues identified with eCQM logic
- Clarification on specifications
- The 2018 CMS QRDA IG

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