

# Release Notes for the 2019A Manual

## Measure Information Forms

Section	Rationale	Description
ACHF	Updated for corrections and clarification.	<p>Sample Size Requirements:  <b>Change</b> HF to ACHF since HF is now retired measure.  <b>Delete</b> reference of five or fewer discharges from ACHF Sample Size Requirements.  <b>Delete</b> the footnote.</p>
ACHF-01	<p>Header note related to NQF endorsement status deleted. Measure is not publicly reported and therefore does not meet this required criteria for endorsement.</p> <p>Selected References were updated. Format was changed from numbers to bullets to be consistent with other measures in the manual.</p>	<p><b>Delete</b> Header Note from MIF:**NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE**</p> <p>Selected References:  <b>Delete</b> reference: American Heart Association. Get With The Guidelines® Outpatient Fact Sheet. 2010.</p> <p><b>Change</b> numbers to bullets.</p>
ACHF-02	<p>Header note related to NQF endorsement status deleted. Measure is not publicly reported and therefore does not meet this required criteria for endorsement.</p> <p>Rationale statement updated to reflect current The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure standards.</p> <p>Selected References were updated. Format was changed from numbers to bullets to be consistent with other measures in the manual.</p>	<p><b>Delete</b> Header Note from MIF: *NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE*</p> <p>Rationale:  <b>Change</b> first statement in 3rd paragraph to: The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure standards require: "The program [to provide] care coordination services across inpatient and outpatient settings."</p> <p>Selected References:  <b>Delete</b> reference - American Heart Association. Get With The Guidelines® Outpatient Fact Sheet. 2010.</p> <p><b>Change</b> Joint Commission Manual reference to: The Joint Commission. The Joint Commission's 2019 Comprehensive Certification Manual for Disease-Specific Care. Oakbrook Terrace, IL: Author. 2019.</p> <p><b>Change</b> numbers to bullets.</p>

ACHF-03	<p>Measure Rationale updated to reflect The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure current standards verbiage.</p> <p>Selected References were updated. Format was changed from numbers to bullets to be consistent with other measures in the manual.</p>	<p><b>Change</b> the second paragraph in the Rationale to: The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure standards require:</p> <ul style="list-style-type: none"> <li>• That the program includes both inpatient and outpatient services, including transitions.</li> <li>• The provision of care coordination services across inpatient and outpatient settings.</li> </ul> <p>Selected References: <b>Change</b> Joint Commission Manual reference to: The Joint Commission. The Joint Commission's 2019 Comprehensive Certification Manual for Disease-Specific Care. Oakbrook Terrace, IL: Author. 2019.</p> <p><b>Change</b> numbers to bullets.</p>
ACHF-04	Selected References: Format was changed from numbers to bullets to be consistent with other measures in the manual.	Selected References: <b>Change</b> numbers to bullets.
ACHF-05	Selected References: Format was changed from numbers to bullets to be consistent with other measures in the manual.	Selected References: <b>Change</b> numbers to bullets.
ACHF-06	<p>Header note related to NQF endorsement status deleted. Measure is not publicly reported and therefore does not meet this required criteria for endorsement.</p> <p>Measure Rationale updated to reflect The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure current standards verbiage.</p> <p>Selected References were updated. Format was changed from numbers to bullets to be consistent with other measures in the manual.</p>	<p><b>Delete</b> Header Note from MIF:**NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE**</p> <p><b>Change</b> the second paragraph in the Rationale to: The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure standards require:</p> <ul style="list-style-type: none"> <li>• Assessment and reassessment are completed and that the patient is reevaluated within 72 hours after inpatient discharge.</li> </ul> <p>Selected References: <b>Change</b> Joint Commission Manual reference to: The Joint Commission. The Joint Commission's 2019 Comprehensive Certification Manual for Disease-Specific Care. Oakbrook Terrace, IL: Author. 2019.</p> <p><b>Change</b> numbers to bullets.</p>
ACHFOP	Updated for corrections and	Sample Size Requirements:

	clarification.	<b>Change</b> HF to ACHF since HF is now retired measure. <b>Delete</b> reference of five or fewer discharges from ACHF Sample Size Requirements. <b>Delete</b> the footnote.
ACHFOP-01	Selected References were updated. Format was changed from numbers to bullets to be consistent with other measures in the manual.	Selected References: <b>Delete</b> reference: American Heart Association. Get With The Guidelines® Outpatient Fact Sheet. 2010. <b>Change</b> : numbers to bullets.
ACHFOP-03	Selected References were updated.	Selected References: <b>Delete</b> reference: American Heart Association. Get With The Guidelines® Outpatient Fact Sheet. 2010.
ACHFOP-04	Rationale statement updated to reflect current The Joint Commission's Disease-Specific Care Advanced Certification Heart Failure standards.  Selected References were updated. Format was changed from numbers to bullets to be consistent with other measures in the manual.	Rationale, last sentence: <b>Change</b> reference to the Joint Commission Disease Specific Care Manual to: (The Joint Commission's Comprehensive Certification Manual for Disease-Specific Care).  Selected References: <b>Change</b> the second to last reference to: The Joint Commission. The Joint Commission's 2019 Comprehensive Certification Manual for Disease-Specific Care: Advanced Certification in Heart Failure Addendum. Oakbrook Terrace, IL: Author. 2019.  <b>Change</b> numbers to bullets.
ACHFOP-05	Selected References: Format was changed from numbers to bullets to be consistent with other measures in the manual.	Selected References: <b>Change</b> numbers to bullets.
ACHFOP-06	Selected References: Format was changed from numbers to bullets to be consistent with other measures in the manual.	Selected References: <b>Change</b> numbers to bullets.
ACHFOP-07	Selected References: Format was changed from numbers to bullets to be consistent with other measures in the manual.	Selected References: <b>Change</b> numbers to bullets.
CSTK-01	Update Algorithm to remove the missing branch for Timing I calculation	Algorithm <b>Delete</b> The missing branch from for Timing I calculation
HBIPS-1	The Guidelines for the Psychiatric Evaluation of Adults	Selected References: <b>Change</b> first bullet to: American Psychiatric Association (2016). Practice Guidelines for the

	have been updated to include the current version of these clinical practice guidelines.	Psychiatric Evaluation of Adults. Third edition. Arlington (VA): American Psychiatric Association.
PC-05	Use new allowable values for <i>Term Newborn</i> .	Algorithm <b>Change</b> Values of <i>Term Newborn</i> from Y,N to 1,2,3 and flow the new value (3-UTD) with No (2-No).
PC-06	Updated the wording of the description to improve clarity. Algorithms changed to use new values for <i>Term Newborn</i> .	Description first sentence <b>Change from:</b> The percent of infants with unexpected newborn complications among full term newborns with no preexisting conditions. <b>To:</b> Unexpected complications among full term newborns with no preexisting conditions.  Algorithm <b>Add</b> Check for missing <i>Term Newborn</i> . <b>Change</b> values of <i>Term Newborn</i> from Y,N to 1,2,3
STK-4	STK-4 is not a risk adjusted measure. Risk adjustment field edited to correct information.	Risk Adjustment <b>Change</b> to No.
STK-6	The Measure Information Form (MIF) was updated to cite 2018 ACC/AHA guidelines.	Selected References <b>Add:</b> * Grundy, S. M., Stone, N. J., Bailey, A. L., Beam, C., Birtcher, K. K., Blumenthal, R. S., et. al. "Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines." [In eng]. Journal of the American College of Cardiology (2018), doi: <a href="https://doi.org/10.1016/j.jacc.2018.11.003">https://doi.org/10.1016/j.jacc.2018.11.003</a> .
THKR-IP	Total Hip and Total Knee Inpatient (THKR-IP) were added to this manual.	Total Hip and Total Knee Inpatient (THKR-IP), MIFs (1-4) and associated data elements were added to the manual. <b>Add</b> verbal definition of Initial Patient Population and Initial Population narratives for algorithm flow.
THKR-IP-1	To clarify the listed contraindications are for example and not an all-inclusive list.	Excluded Populations: <b>Change from:</b> Documented contraindication by physician/APN/PA (i.e. anticoagulated patients, coagulopathies, neurologic condition, previous spinal fusion) clearly indicated as reason for no regional anesthesia. <b>To:</b> Documented contraindication by physician/APN/PA (e.g. anticoagulated patients, coagulopathies,

		neurologic condition, previous spinal fusion) clearly indicated as reason for no regional anesthesia.
THKR-IP-2	To clarify the listed contraindications are for example and not an all-inclusive list.	<p>Excluded Population</p> <p><b>Change from:</b> Documented contraindication by physician/APN/PA/nurse/physical therapist/occupational therapist for not ambulating on day of surgery (i.e. nerve block has not worn off, hypotensive upon standing, patient is vomiting)</p> <p><b>To:</b> Documented contraindication by physician/APN/PA/nurse/physical therapist/occupational therapist for not ambulating on day of surgery (e.g. nerve block has not worn off, hypotensive upon standing, patient is vomiting)</p>
THKR-OP	Total Hip and Total Knee Outpatient (THKR-OP) were added to this manual.	<p><b>Add</b> Total Hip and Total Knee Outpatient (THKR-OP), MIFs (1-4) and associated data elements to the manual.</p> <p><b>Add</b> verbal definition of initial patient population and initial population narratives for algorithm flow.</p>
THKR-OP-1	To clarify the listed contraindications are for example and not an all-inclusive list.	<p>Excluded Populations:</p> <p><b>Change from:</b> Documented contraindication by physician/APN/PA (i.e. anticoagulated patients, coagulopathies, neurologic condition, previous spinal fusion) clearly indicated as reason for no regional anesthesia.</p> <p><b>*To:*</b> Documented contraindication by physician/APN/PA (e.g. anticoagulated patients, coagulopathies, neurologic condition, previous spinal fusion) clearly indicated as reason for no regional anesthesia.</p>
THKR-OP-2	To clarify the listed contraindications are for example and not an all-inclusive list.	<p>Excluded Populations:</p> <p><b>Change from:</b> Documented contraindication by physician/APN/PA/nurse/physical therapist/occupational therapist for not ambulating on day of surgery (i.e. nerve block has not worn off, hypotensive upon standing, patient is vomiting)</p> <p><b>To:</b> Documented contraindication by physician/APN/PA/nurse/physical therapist/occupational therapist for not ambulating on day of surgery (e.g. nerve block has not worn off, hypotensive upon standing, patient is vomiting)</p>

## Data Elements

Section	Rationale	Description
Admitting Diagnosis	Inclusion guidance was updated to clarify the use of Appendix A, Table 8.2c Primary Parenchymal Intracerebral Hemorrhage with this data element and not for identification of the initial patient population.	Inclusion Guidelines for Abstraction <b>Change</b> to: Refer to Appendix A, Table 8.2c Primary Parenchymal Intracerebral Hemorrhage
Aldosterone Receptor Antagonist Prescribed for LVSD in the Outpatient Setting	Notes for Abstraction updated, 3rd bullet deleted because the situation is captured in a different data element and it is not relevant to this data element.	Notes for Abstraction <b>Delete</b> 3rd bullet: * If the patient does not have LVSD or an ejection fraction <40%, select "No".
Appropriate Justification for Multiple Antipsychotic Medications	Notes for abstraction updated to provide clarification related to failed multiple trials of monotherapy.	Notes for Abstraction <b>Change</b> second bullet to: "Failed multiple trials of monotherapy" comprises a history of three or more failed trials of monotherapy in which there was a lack of sufficient improvement in symptoms or functioning. <ul style="list-style-type: none"> <li>The trials could have been conducted with three different medications in which the documentation must include at a minimum the names of the antipsychotic medications that previously failed.</li> </ul> OR <ul style="list-style-type: none"> <li>There could have been multiple trials with the same medication but different doses and timing of administration, in which case the documentation should include the names of the medication and a statement that the trials failed with different dosing and/or timing.</li> </ul>
Discharge Disposition	The data element was updated to align with Version 5.6 CMS/TJC Manual.	Inclusion Guidelines for Abstraction under Other Healthcare Facility (Value 5) <b>Change</b> fifth bullet to: <ul style="list-style-type: none"> <li>Rehabilitation Facility including, but not limited to: Inpatient Rehabilitation Facility/Hospital, Rehabilitation Unit of a Hospital, Chemical Dependency/Alcohol Rehabilitation Facility.</li> </ul>
Failed Attempt at Thrombectomy	The data element was revised to provide more examples that help guide abstraction.	Notes for Abstraction <b>Change</b> to: <ul style="list-style-type: none"> <li>If medical record documentation <b>does not</b> include an ICD-10-PCS Principal or Other Procedure Code on Table 8.1b Mechanical Endovascular Reperfusion Procedures, continue to review the record for documentation that an extirpation procedure failed. When documentation clearly indicates that a mechanical thrombectomy procedure was attempted but unsuccessful or aborted before removal of the LVO, select "Yes."</li> </ul> Examples: <ul style="list-style-type: none"> <li>67 Y/O male presents with acute right MCA stroke and occlusion. Neuroendovascular interventionalist documents in a procedure note, e.g., "Despite multiple passes with the</li> </ul>

		<p>wire, distal access with the microcatheter could not be obtained. Given the tortuosity, distal nature of clot, and chronicity/organization of the clot, the procedure was concluded."</p> <ul style="list-style-type: none"> <li>○ Operative note states, e.g., "Attempted mechanical thrombectomy of M1 occlusion, S/P unsuccessful mechanical thrombectomy. Procedure terminated after multiple attempts at clot. The M1 segment remained occluded with no recanalization."</li> <li>● If a mechanical thrombectomy procedure was attempted and down coded to the root ICD-10-PCS Principal or Other Procedure Code due to extirpation procedure failure, select "Yes." <b>A procedure code on Table 8.1c is not necessary to select "Yes" for this data element</b>, but may assist abstraction.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ Operative note includes documentation that left groin was punctured but thrombectomy intervention could not be completed due to inability to access the target parent vessel. Pre-procedure TICI 0; post-procedure TICI 0. No root procedure code assigned. ICD-10-PCS Applications/LocalApps.B3121ZZ fluoroscopy is the only procedure code. Select "Yes".</li> <li>○ ICD-10-PCS procedure code 037J3ZZ Dilation of Left Common Carotid Artery, Percutaneous Approach assigned. ICD-10-PCS 037J3ZZ is on Table 8.1c. Medical record documentation indicates that mechanical thrombectomy attempted but unsuccessful. Select "Yes".</li> <li>● If medical record documentation includes an ICD-10-PCS Principal or Other Procedure Code on Table 8.1b Mechanical Endovascular Reperfusion Procedures, select "No." <ul style="list-style-type: none"> <li>○ ICD-10-PCS procedure codes 037J3ZZ Dilation of Left Common Carotid Artery, Percutaneous Approach and 03CL3ZZ Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach assigned. TICI score 2A post-procedure, select "No".</li> </ul> </li> <li>● If medical record documentation includes only an ICD-10-PCS Principal or Other Procedure Code on Table 8.1c Thrombectomy Root Procedures and no documentation of extirpation procedure failure, select "No." <ul style="list-style-type: none"> <li>○ ICD-10-PCS procedure code 037J3ZZ Dilation of Left Common Carotid Artery, Percutaneous Approach assigned. Medical record documentation indicates that carotid artery stenting was performed. Select "No".</li> </ul> </li> <li>● If medical record documentation mentions that a mechanical thrombectomy procedure was planned but not initiated, select "No." <ul style="list-style-type: none"> <li>○ Patient taken to the interventional suite for possible MER procedure. No arterial/groin puncture. Patient returned to ICU bed for monitoring, select "No".</li> <li>○ Patient taken to angio for MER procedure. Groin punctured. Clot dissolved with IV t-PA. TICI 3. Mechanical thrombectomy not initiated, select "No".</li> </ul> </li> <li>● If unable to be determined from medical record documentation that the procedure attempted was a mechanical thrombectomy for removal of a LVO, select "No"/UTD.</li> </ul>
Measure Category Assignment	Clarified the notes for Measures with <i>Improvement</i> <i>Noted As: Decrease in the rate.</i>	<p>Notes for D and E regarding measures with direction of improvement:</p> <p>For D: <b>Change</b> from: <b>Note:</b> For measures for which better quality is associated with a lower score or numerator, i.e., PC-01, PC-02, PC-04, a Measure Category Assignment of "D" means that the appropriate care was provided</p>

		<p>and the intent of the measure was met. For aggregate data, the EOC record will be included in the measure denominator only.</p> <p><b>To:</b>  <b>Note:</b> For measures where <i>Improvement Noted As: Decrease in the rate</i> (a lower score or a fewer number of cases in the numerator) e.g., PC-01, CSTK-05, Measure Category Assignment of “D” means that the intent of the measure was met. For aggregate data, the EOC record will be included in the measure denominator only.</p> <p>For E:  <b>Change from:</b>  <b>Note:</b> For measures for which better quality is associated with a lower score or numerator, i.e., PC-01, PC-02, PC-04, a Measure Category Assignment of “E” means that the appropriate care was not provided and the intent of the measure was not met. For aggregate data, the EOC record will be included in both the measure numerator and denominator</p> <p><b>To:</b>  <b>Note:</b> For measures where <i>Improvement Noted As: Decrease in the rate</i> (a lower score or a fewer number of cases in the numerator) e.g., PC-01, CSTK-05, Measure Category Assignment of “E” means that the intent of the measure was NOT met. For aggregate data, the EOC record will be included in both the measure denominator and numerator</p>
Procoagulant Reversal Agent Initiation	The data element was updated to add a new drug that was approved by the FDA in May 2018 for the urgent reversal of the anticoagulant effect of direct oral anticoagulants (DOACs) Xarelto (rivaroxaban) and Eliquis (apixaban).	<p>Inclusion Guidelines for Abstraction</p> <p><b>Add new bullet:</b></p> <ul style="list-style-type: none"> <li>• <i>Xarelto (rivaroxaban)/ Eliquis (apixaban) reversal agent:</i> Andexxa (andexanet alfa)</li> </ul>
Reason for Not Administering a Procoagulant Reversal Agent	The data element was updated provide clarification for abstractors.	<p>Notes for Abstraction <b>Add</b> new fourth and fifth bullets:</p> <ul style="list-style-type: none"> <li>• If a procoagulant reversal agent was initiated at a transferring hospital and none given at this hospital because the repeat INR was &lt; 1.4, select "Yes".</li> <li>• If the patient was not taking warfarin prior to hospital arrival and has no documented history of warfarin use, select "Yes".</li> </ul>
Term Newborn	Allowable value for UTD separated from No to allow algorithm to flow UTD independently in PC-06.	<p>Allowable Values</p> <p><b>Change from:</b></p> <p>Y (Yes) There is documentation that the newborn was at term or &gt;= 37 completed weeks of gestation at the time of birth.</p>



	<p>N (No) There is no documentation that the newborn was at term or <math>\geq 37</math> completed weeks of gestation at the time of birth OR unable to determine from medical record documentation.</p> <p><b>To:</b></p> <ol style="list-style-type: none"> <li>1. Yes, there is documentation that the newborn was at term or <math>\geq 37</math> completed weeks of gestation at the time of birth.</li> <li>2. No, there is documentation that the newborn was not at term or <math>\geq 37</math> completed weeks of gestation at the time of birth.</li> <li>3. UTD, unable to determine from medical record documentation.</li> </ol>
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## Supplemental Materials

Section	Rationale	Description
Acknowledgment and Conditions of Use	With the addition of THKR measures, CPT codes are now included in the manual.	<b>Add:</b> CPT Copyright notice to the Acknowledgement page.
Appendix A - Code Tables	<p>Typos in Table Names were corrected.</p> <p>Two codes were removed from Table 8.2f. Total Hip and Knee Replacement Inpatient (THKR-IP) and Outpatient (THKR-OP) measure sets and their tables were added to this manual.</p>	<p>Corrected typos to Appendix A Tables:</p> <p><b>Change to:</b></p> <p>Table 11.20.1 Single Liveborn Newborn            Table 11.20.2 Single Liveborn Newborn-Vaginal            Table 11.20.3 Single Liveborn Newborn-Cesarean            Table 11.38 Severe Shock and Resuscitation            Table 11.45 Neonatal Severe Septicemia            Table 11.47 Moderate Respiratory Complications            Table 11.48 Moderate Respiratory Complications Procedures</p> <p>Update Table 8.2F Traumatic Brain Injury for clinical intent:</p> <p><b>Delete</b> Codes:            I67841 I67848</p> <p>Updated THKR IP and OP Table numbers to reflect addition to the manual:</p> <p><b>Change from:</b></p> <p>THKR IP Tables:            TABLE 1A Total Hip Replacement            TABLE 1B Total Knee Replacement            TABLE 2 Partial Hip and Knee Replacements            TABLE 3 Revision and Resurfacing Procedures</p>

		<p>TABLE 4 Removal of Implanted Devices/Prostheses  TABLE 5 Complication of Internal Fixation Device/Prosthesis  TABLE 6 Malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm  TABLE 7 Femur, Hip, and Pelvic Fracture</p> <p>THKR OP Tables:  TABLE 1A Total Hip Replacement  TABLE 1B Total Knee Replacement  TABLE 1C Bilateral Hip Replacements  TABLE 1D Bilateral Knee Replacements  TABLE 2 Partial Hip and Knee Replacements  TABLE 3 Revision and Resurfacing Procedures  TABLE 4 Removal of Implanted Devices/Prostheses  TABLE 5 Complication of Internal Fixation Device/Prosthesis  TABLE 6 Malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm  TABLE 7 Femur, Hip, and Pelvic Fracture</p> <p><b>To:</b> THKR IP-Only Tables  TABLE 14.01a Total Hip Replacement  TABLE 14.02a Total Knee Replacement  TABLE 14.05a Partial Hip and Knee Replacements  TABLE 14.06a Revision and Resurfacing Procedures  TABLE 14.07a Removal of Implanted Devices/Prostheses</p> <p>THKR OP-Only Tables  TABLE 14.01b Total Hip Replacement-OP  TABLE 14.02b Total Knee Replacement-OP  TABLE 14.03b Bilateral Hip Replacements-OP  Table 14.04b Bilateral Knee Replacements-OP  TABLE 14.05b Partial Hip and Knee Replacements-OP  TABLE 14.06b Revision and Resurfacing Procedures-OP  TABLE 14.07b Removal of Implanted Devices/Prostheses-OP</p> <p>THKR IP &amp; OP Tables  TABLE 14.08 Complication of Internal Fixation Device/Prosthesis  TABLE 14.09 Malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm  TABLE 14.10 Femur, Hip, and Pelvic Fracture</p>
Sampling	Sampling Frequency = 3 and Sampling Frequency = 2 note	<b>Change from:</b>

	updated for clarification.	<p>Note: Sampling Frequency = 3 (not sampling) is the only valid value for HBIPS-event, STK-OP and ASR measure sets, PC-BSI (PC-04), PC-Unexpected Complications (PC-06) Subpopulations.</p> <p><b>To:</b></p> <p><b>Note:</b>  <b>For Inpatients:</b> Sampling Frequency = 3 (not sampling) is the only valid value for HBIPS-event, ASR-IP, PC-BSI (PC-04), and PC-Unexpected Complications (PC-06) Subpopulations.  <b>For Outpatients:</b> Sampling Frequency = 2 (not sampling) is the only valid value for ASR-OP and STK-OP.</p> <p><b>Change from:</b></p> <p>Note: Sampling Frequency = 2 (sampling data quarterly) is not valid for HBIPS-event, STK-OP and ASR measure sets, PC-BSI (PC-04), PC-Unexpected Complications (PC-06) Subpopulations.</p> <p><b>To:</b></p> <p>Note: Sampling Frequency = 2 (sampling data quarterly) is not valid for HBIPS-event, and ASR-IP, PC-BSI (PC-04), PC-Unexpected Complications (PC-06) Subpopulations.</p>
Transmission of Data	For clinical XML layout file: Align with data dictionary changes. Add UTD as an allowable value for <i>Term Newborn</i> data element.	<p>Clinical XML layout file:</p> <p><b>Change from:</b> Y(Yes), N(No)  <b>to:</b> 1(Yes), 2(No), 3(UTD)</p>
Using the The Joint Commission's National Measure Specifications Manual	The section numbers in the <i>Table of Contents</i> did not match the <i>Using The Manual</i> section.	<p><b>Change from:</b>  Section 1: Data Dictionary  Section 2: Measurement Information  Section 3: Missing and Invalid Data  Section 4: Population and Sampling Methods  Section 5: Joint Commission National Quality Measure Verification Process  Section 6: Joint Commission National Quality Measures Data Transmission</p> <p><b>To:</b>  Section 1 and 2: Measurement Information  Section 3: Data Dictionary  Section 4: Missing and Invalid Data  Section 5: Population and Sampling Methods  Section 6: Reserved for future use  Section 7: Joint Commission National Quality Measures Data Transmission</p>

## General Release Notes

Rationale	Description
Remove references to programs whose names and requirements may change over time.	Remove from HBIPS 2, 3, and 5: Adopted for CMS Inpatient Psychiatric Facility Quality Reporting Program FY 2014  Remove from PC measures: Adopted for CMS Hospital Inpatient Quality Reporting Program FY 2015 and Stage 2 Medicare and Medicaid EHR Incentive Program
Total Hip and Knee Replacement Inpatient (THKR-IP) and Outpatient (THKR-OP) measure sets were added to this manual.	Total Hip and Knee Replacement Inpatient (THKR-IP), MIFs THKR-IP-1, THKR-IP-2, THKR-IP-3 and THKR-IP-4, algorithm and associated data elements were added to the manual.  Total Hip and Knee Replacement Outpatient (THKR-OP), MIFs THKR-OP-1, THKR-OP-2, THKR-OP-3 and THKR-OP-4, algorithm and associated data elements were added to the manual.
Correct minor typographical errors and remove references of CMS.	Update to sections- Population and Sampling Specifications, Data Transmission and CSTK IPP. Remove references of CMS warehouse. Update the word i.e., to e.g., at few places.