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September 4, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services,
Attention: CMS-1590-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: File Code CMS-1590-P

Dear Administrator Tavenner:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS') proposed changes to the Medicare Program; Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Electronic Reporting Pilot; Inpatient Rehabilitation Facilities Quality Reporting Program; Quality Improvement Organization Regulations; Proposed Rules, as published in the July 30, 2012 *Federal Register*. Our comments focus on those areas of particular interest to our members.

AHIMA is a not-for-profit professional association representing more than 64,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, reporting data vital for patient care, while making it accessible to healthcare providers and researchers when it is needed most. AHIMA and its members also participate in a variety of projects with other industry groups and agencies related to the use of secondary data for a variety of purposes including quality monitoring, reimbursement, public health, patient safety, biosurveillance, and research.

§ 414.90 Physician Quality Reporting System.

Substantial changes - AHIMA agrees with the proposal to allow CMS to update NQF endorsed measures that do not substantially change the nature of the measure using a subregulatory process as outlined with timely updates clearly communicated and easily accessible via the QualityNet Web site. We consider conversion of measures to use ICD-10-CM/PCS and eMeasure format to be a substantial change which should follow current proposed rulemaking processes.

Nationwide Health Information Network (NwHIN) - AHIMA appreciates CMS giving future consideration to this developing program and bringing awareness to industry stakeholders through this

Department of Health and Human Services

AHIMA Comments on *Payment Policies under the Physician Fee Schedule*

Page 2

NPRM. However, we believe much more analysis must be conducted to better understand the implications as well as communicate the details of the program to the broader audience. We believe the Office of the National Coordinator's (ONC) step in issuing a request for information for the establishment of a NwHIN governance mechanism through conditions for trusted exchange allows for greater collaboration between CMS and ONC to develop a thoughtful approach. Before AHIMA and its members can commit to effectively responding to CMS' invitations for public comment on the ability of the NwHIN to collect data and report via a registry, we seek a better understanding of how this program and supporting processes will function.

G. Physician Payment, Efficiency, and Quality Improvements—Physician Quality Reporting System

b. Registry-Based Reporting (1) Proposed Qualification Requirements for Registries for 2013 and Beyond

AHIMA supports CMS' proposals regarding registry qualification requirements and particularly the intention to post the disqualification of a registry via the Internet to allow for timely information and transparency for those providers using a particular registry. We strongly encourage CMS to ensure there is a communication process or method that allows the eligible professionals to be notified of registries being disqualified from the program in addition to posting information on the website.

We also support the proposal to not allow for a probationary period and believe as well that data integrity is critical to allow for timely payment of the incentives but also during the time when payment adjustments begin. Allowing for a probationary period may create confusion and misunderstanding among CMS, the registry, and the provider and will insert additional time to process to resolve the data issues.

c. EHR-Based Reporting (1) Proposed Requirements for a Vendor's Direct EHR Products for 2014 and Beyond

AHIMA supports CMS intent to discontinue the requirement of vendors to undergo testing or qualification process for "qualified electronic health records (EHRs)". We support the concept, "*CMS should require that direct EHR products that would be used to submit data on PQRS quality measures for a respective reporting period be classified as certified under the program established by ONC.*" This would further support alignment of quality reporting programs and reduce the burden on providers to conduct different testing and certification programs.

If AHIMA can provide any further information or if there are any questions regarding our comments, please contact Allison Viola, senior director, federal relations at allison.viola@ahima.org. If we can be of further assistance to you in your efforts, we welcome the opportunity to provide support.

Sincerely,



Patty Thierry Sheridan, RHIA, MBA, FAHIMA
President, AHIMA



Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE
CEO, AHIMA