



233 N. Michigan Ave., 21st Fl.  
Chicago, IL 60601

phone » (312) 233-1100  
fax » (312) 233-1090  
web » www.ahima.org

June 27, 2014

Marilyn Tavenner  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: **CMS-1607-P**  
PO Box 8011  
Baltimore, Maryland 21244-1850

Dear Administrator Tavenner:

On behalf of the American Health Information Management Association (AHIMA), I am responding to the Centers for Medicare & Medicaid Services' (CMS) proposed changes to the Medicare Hospital Inpatient Prospective Payment Systems (IPPS) and fiscal year 2015 Rates, as published as a notice of proposed rulemaking (NPRM) in the May 15, 2014 *Federal Register* (CMS-1607-P).

AHIMA is a nonprofit professional association representing more than 71,000 health information management (HIM) professionals who work throughout the healthcare industry and whose work is closely engaged with the diagnosis and procedure classification systems that serve to create the diagnosis related groups (DRG) discussed in this proposed rule. Among AHIMA's member professionals are individuals who have engaged in ongoing in-depth education and obtained one or more certifications in the coding of health records by applying classification standards, official guidance, and AHIMA's standards for ethical coding.

As part of our effort to promote consistent coding practices, AHIMA serves as one of the Cooperating Parties, along with CMS, the Department of Health and Human Services' (HHS) National Center for Health Statistics (NCHS), and the American Hospital Association (AHA). The Cooperating Parties oversee development of official guidance associated with the proper use of the ICD-9-CM, ICD-10-CM, and ICD-10-PCS code sets.

AHIMA members are also deeply involved with the development and analysis of healthcare secondary reporting data including value sets associated with quality measurement and in the development, planning, implementation and management of electronic health records.

Our comments are limited to the proposed changes to the MS-DRG classifications.

**Marilyn Tavenner**

**CMS-1607-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2015 Rates**

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## **II. Proposed Changes to Medicare Severity Diagnosis-Related Group (MS-DRG) Classifications and Relative Weights (79FR27995)**

### **II-G – Proposed Changes to Specific MS-DRG Classifications (79FR28003)**

AHIMA supports CMS' proposed changes to specific MS-DRG classifications, as they seem reasonable based on the rationale provided in the rule.

### **Conclusion**

AHIMA appreciates the opportunity to comment on the proposed modifications to the Medicare Hospital IPPS program for FY 2015. AHIMA is committed to working with CMS and the healthcare industry to improve the quality healthcare data for reimbursement, quality reporting, and other purposes. If AHIMA can provide any further information, or if there are any questions or concerns in regard to this letter and its recommendations, please contact Sue Bowman, Senior Director of Coding Policy and Compliance at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org). In Sue's absence, please feel free to contact AHIMA's Vice President of Public Policy and Government Relations, Meryl Bloomrosen, at (202) 659-9440 or [meryl.bloomrosen@ahima.org](mailto:meryl.bloomrosen@ahima.org).

Sincerely,



Lynne Thomas Gordon, MBA, RHIA  
Chief Executive Officer

cc: Sue Bowman, MJ, RHIA, CCS, FAHIMA  
Meryl Bloomrosen, MBA, MBI, RHIA, FAHIMA