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August 21, 2017

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Medicare Program; CY2018 Updates to the Quality Payment Program (CMS-5522-P)

Via electronic submission: www.regulations.gov

Dear Administrator Verma:

Thank you for the opportunity to submit comments on the Medicare Program; CY2018 Updates to the Quality Payment Program proposed rule.

AHIMA is the national non-profit association of health information management (HIM) professionals. Serving 52 affiliated component state associations including the District of Columbia and Puerto Rico, AHIMA represents over 103,000 health information management professionals dedicated to effective health information management, information governance, and applied informatics. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers. AHIMA provides leadership through education and workforce development, as well as thought leadership in continuing HIM research and applied management for health information analytics.

Although the proposed rule covers a number of topics, we offer general comments on the Medicare Quality Payment Program, followed by more specific comments on the Merit-Based Incentive Payment System (MIPS).

General Comments

Flexibility

AHIMA supports the additional flexibility CMS has proposed in the Quality Payment Program. As physicians continue to familiarize themselves with the program, AHIMA appreciates CMS' recognition that clinicians, particularly those in small and/or rural practices have struggled with

the transition into the Quality Payment Program. The additional flexibility CMS describes in the proposed rule will encourage clinician participation in the Quality Payment Program without being unduly burdensome.

Information Governance

As stewards of health information, AHIMA continues to believe that information governance—an organizational framework for managing information throughout its lifecycle which supports an organization's strategy, operations, regulatory, legal and risk requirements—can play an important role in driving compliance with the Quality Payment Program while improving the capture, maintenance and quality of trustworthy clinical and financial data needed for high-quality patient-centered care.

AHIMA has developed an Information Governance Adoption Model (IGAM™) that assesses and scores a health organization using 10 information governance organizational competencies. Each competency includes several maturity markers that identify critical requirements that must be met to optimize maturity in information governance in order to strengthen the trustworthiness of the organization's information. A detailed description of AHIMA's IGAM™ competencies may be found in **Appendix A**. A crosswalk of AHIMA's IGAM™ competencies to the four performance categories under MIPS may be found in **Appendix B.**

Clinical Documentation Improvement

As CMS notes in the proposed rule, the goal of the Quality Payment Program is "to support patients and clinicians in making their own decisions about health care using data driven insights, increasingly aligned and meaningful quality measures, and technology that allows clinicians to focus on providing high quality healthcare for their patients."[1] To achieve this goal, accurate, complete, and trustworthy documentation will be necessary in the physician practice setting. For that reason, clinical documentation improvement (CDI), which requires not only clinical knowledge but an understanding of outpatient coding guidelines, can play a critical role in improving overall documentation thereby enhancing the opportunities for success for clinicians under the Quality Payment Program. **We welcome the opportunity to work with CMS and other stakeholders on clinical documentation improvement concepts as AHIMA has registered nursing and CDI expertise as well as health information management professionals who understand the flow of information throughout the patient's encounter.**

Aligning the Advancing Care Information Performance Category with the Medicare and Medicaid EHR Incentive Program

While AHIMA appreciates the additional flexibility CMS has proposed in the rule, we are concerned that it could bifurcate the programmatic requirements of MIPS and the Medicare

[1] Program; CY2018 Updates to the Quality Payment Program, 82 Fed. Reg. 125 (June 30, 2017). *Federal Register: The Daily Journal of the United States*. Web. 30 June 2017.

and Medicaid Electronic Health Record (EHR) Incentive Program. AHIMA's members operate in a variety of different workplace settings including but not limited to acute care and physician practices. Yet, despite these differences in settings, the Advancing Care Information performance category and the EHR Incentive Program have similar objectives and therefore, we recommend that the requirements be aligned when possible. **While we understand that CMS may be limited in its statutory authority to align these programs without the authority of Congress, we support efforts by CMS to engage with stakeholders on this issue and we encourage the agency to continue to identify potential opportunities to align these two programs to best serve patients**.

Merit-Based Incentive Payment System (MIPS)

Low-volume Threshold

AHIMA supports CMS' proposal to increase the dollar amount and beneficiary count of the low-volume threshold. Increasing the threshold will ensure that eligible clinicians and groups, particularly those in small practices or those serving in rural areas, are not unduly burdened in meeting the requirements under MIPS. At the same time, we appreciate that CMS is proposing to offer clinicians the ability to opt in to MIPS during the 2019 performance period if they meet or exceed one of the low-volume threshold determinations. Such an opt-in policy would provide clinicians with additional flexibility to participate under MIPS and to reap the benefits of the program despite meeting only one of the low-volume threshold determinations.

Virtual Groups

AHIMA appreciates that CMS has proposed the requirements for MIPS participation as a virtual group in the rule. We support CMS' proposal to assess and score virtual groups across all four performance categories in a manner similar to groups unless specified otherwise. Such alignment when possible will ease reporting burdens under MIPS.

That said, small practices and/or clinicians interested in participating in a virtual group may struggle with executing and navigating the virtual group agreements due to lack of resources and/or sufficient personnel. **We recommend that CMS not only provide technical assistance to clinicians interested in participating as a virtual group, but that the agency also seek feedback and insight on how participation in virtual groups may be enhanced while minimizing reporting requirements.**

90-Day Reporting Period

AHIMA is concerned that CMS proposes for the 2021 MIPS payment year that the performance period be a full calendar year for the quality performance category while the improvement activities and advancing care information performance categories require a minimum of a continuous 90-day period within the calendar year. From an ease of submission and reporting perspective, it may be difficult to track the different reporting periods particularly if the 90-day

performance period for the improvement activities and advancing care information performance categories do not coincide.

Submission Mechanisms

AHIMA supports CMS' proposal to allow MIPS-eligible clinicians and groups to submit data on measures and activities via multiple data submission mechanisms for a single performance category. We recognize that not all submission mechanisms offer the functionality necessary to submit measures and activities for a single performance category and that as eligible clinicians continue to familiarize themselves with MIPS, such flexibility would enhance the ability of eligible clinicians to meet the required measures for each performance category and maximize the opportunity to obtain a higher final score. **However, as the MIPS matures and CMS' Physician Compare continues to expand its public reporting, we recommend that CMS eventually require an eligible clinician or group to submit all data on measures and activities across a single data submission mechanism of their choosing**. Such a requirement would not only ensure that reliable, trustworthy, comparative data can be extracted from the eligible clinician and/or group's MIPS performance information but alleviate the resource intensity associated with retaining all data across the multiple submission mechanisms for auditing purposes.

Cost Performance Category

AHIMA appreciates CMS' proposal under this rule to change the weight of the cost performance category from 10 percent to zero percent for the 2020 MIPS payment year. We believe that an additional year will provide eligible clinicians with the additional time needed to understand the cost measures and to ensure that the measures are properly attributed. We recognize that CMS is statutorily required to assign a weight of 30 percent of the MIPS final score to the cost performance category for the 2021 MIPS payment year and beyond under the Medicare Access and CHIP Reauthorization Act of 2015. We also understand that such a drastic change in the weighing could hinder integrating cost measures into the MIPS. However, we believe an additional year of weighting the cost performance category at zero percent could generate a smoother transition by offering additional time to prepare and educate clinicians in advance of the 2021 MIPS payment year instead of increasing the weight to 10 percent for the 2020 MIPS payment year.

AHIMA is also pleased that CMS is proposing to not include the 10 episode-based measures adopted during the 2017 MIPS performance period for the 2018 MIPS performance period. While AHIMA supports the inclusion of episode-based measures, we believe that additional stakeholder input is needed to further develop these episode-based cost measures. In particular, AHIMA remains concerned with how CMS intends to incorporate the patient relationship categories and codes into its cost measure methodology so that it appropriately defines and represents the relationship of the clinician(s) to the patient when providing care. **We appreciate that CMS proposes to provide feedback on episode-based measures prior to**

inclusion of these measures in the MIPS and ask that CMS continue to work with stakeholders to ensure that the patient relationship categories and codes are appropriately incorporated.

AHIMA also appreciates that CMS recognizes that changes to ICD-10 coding could have a significant effect on an episode-based measure. We have provided additional comments below concerning CMS' intention to incorporate changes to ICD-10 codes into the measure specifications through the measure maintenance process.

Advancing Care Information Performance Category

AHIMA supports CMS' intention under the proposed rule to expand the options for fulfilling the Public Health and Clinical Data Registry Reporting and the Public Health Reporting objectives. A number of our members have previously noted that it is difficult to meet these reporting requirements because these measures were often unavailable. Allowing additional flexibility will grant eligible clinicians the opportunity to earn a higher performance score where they previously may not have been able to.

AHIMA also appreciates that the proposed rule would permit the use of electronic health record (EHR) technology certified to the 2014 or 2015 Edition CEHRT for the 2018 performance period. AHIMA members continue to be concerned that their existing EHR technology will be unable to meet the objectives and associated measures under the Advancing Care Information performance category due to their inability to upgrade their technology to the 2015 Edition CEHRT prior to 2018. Additionally, our members have noted that clinicians may lack sufficient familiarity with the related measures and their subsequent application leading to poor performance in the Advancing Care Information performance category and an overall lower MIPS final score.

MIPS Final Score Methodology

AHIMA supports CMS' proposal to assess performance on measures significantly impacted by ICD-10 updates based on the first 9 months of the 12-month performance period. ICD-10 coding updates could have a significant impact on an eligible clinician's performance score that are unrelated to the eligible clinician's actual performance. We also support CMS' proposal to publish the measures significantly impacted by ICD-10 coding changes that would require the 9-month assessment. **We request that such measures be made public as close to the effective date of the ICD-10 coding updates on October 1st as to allow MIPS eligible clinicians sufficient time to understand which measures require the 9-month assessment prior to the beginning of the data submission period.**

AHIMA also agrees with the factors CMS proposes to consider in determining whether a measure is significantly impacted by an ICD-10 coding update.

Complex Patient Bonus

AHIMA supports CMS' proposal to implement a bonus for the 2018 MIPS performance period to address the impact of patient complexity on an eligible clinician's final score. We agree with CMS that the use of average HCC risk scores is a valid proxy for medical complexity. While the alternative of applying the complex patient bonus based on the ratio of patients that are dual eligibles is not subject to variations in coding practices, using average HCC risk scores will allow eligible clinicians to more accurately capture the scope of their complex patient population. **Additionally, we recommend that CMS consider instituting the bonus in future performance periods beyond the 2018 MIPS performance period to ensure that eligible clinicians are not placed at a disadvantage in caring for complex patients.**

We thank you for the opportunity to submit comments on Medicare Program; CY 2018 Updates to the Quality Payment Program proposed rule. We appreciate CMS' continued education, support and technical assistance that it has provided under the Quality Payment Program. We hope that CMS will continue to engage extensively with stakeholders on the proposed rule and we look forward to working with CMS to ensuring continued successful implementation of the Quality Payment Program. Should you or your staff have any additional questions or comments, please contact Lauren Riplinger, Senior Director, Federal Relations, at lauren.riplinger@ahima.org or at (202) 839-1218.

Sincerely,

Pamela L. Lane, MS, RHIA
Interim Chief Executive Officer

Appendix A:

AHIMA's Information Governance Adoption Model (IGAM™)

AHIMA created the Information Governance Adoption Model (IGAM™) which is the healthcare industry standard for measuring the maturity of an organization's information governance program. The model assesses and scores a healthcare organization using 10 IG organizational competencies. Each competency includes several key maturity markers that identify critical requirements that must be met to optimize maturity in information governance.

AHIMA IGAM™ Competencies

Privacy and Security Safeguards IG Competency: The Privacy and Security Safeguards competency encompasses the processes, policies, and technologies necessary to protect data and information across the organization from breach, corruption, and loss. Protection also ensures information is kept private, confidential, and secret as required based on its classification.

Information Technology Governance (ITG) IG Competency: ITG is a sub-domain of information governance and is seen as essential for any organization employing information technology. Organizations in healthcare must have certainty that information technology (IT) serves as a vehicle to achieve organizational strategy, goals, and objectives. IT governance establishes a construct for aligning IT strategy with the strategy of the business, and a means of fostering success in achieving those strategies. In addition to this alignment, IT governance includes use of best practices in technology solution selection and deployment, ensuring and measuring the value/benefit created through IT investments, management of resources, mitigating risks, measuring the performance of the IT function, and ensuring stakeholder input is incorporated into IT strategy.

Enterprise Information Management (EIM) IG Competency: EIM, a sub-domain of information governance, includes the policies and processes for managing information across the organization, throughout all phases of its life including: creation/capture, processing, use, storing, preservation, and disposition. EIM also includes management of enterprise practices for information sharing with patients, clients, residents, and their representatives, release and exchange practices, patient portal, chain of custody, and long-term digital preservation. Enterprise information management incorporates identity management to ensure patients see their information as well as automation of patient request processing.

Strategic Alignment IG Competency: Strategic alignment of information governance (IG) with the organization's strategy demonstrates valuation of information as a strategic asset and communicates that IG is an organizational imperative. Strategic alignment supports an information-driven, decision-making culture and ensures its workforce at all levels has access to the information they need to make good decisions in real time, and it supports the expectation that information is used appropriately and strategically.

Strategic alignment encourages organizations to assign ownership, assess current state, and create a go forward strategy to engage consumers in the continuum of care through a consumer centric enablement strategy.

Strategic alignment also includes a maturity marker specific to the healthcare ecosystem and an organization's ability to interact with health information exchange in support of continuity of care for at risk populations, accountable care, and population health.

Data Governance (DG) IG Competency: Data governance is the sub-domain of information governance that provides for the design and execution of data needs planning and data quality assurance in concert with the strategic information needs of the organization. Data governance includes data modeling, data mapping, data audit, data quality controls, data quality management, data architecture, and data dictionaries. DG collaborates with EIM in functional components essential to the enterprise plans for information organization and classification. Best practices for data governance are included in the model as well as coaching to move organizations along.

Regulatory and Legal IG Competency: This competency focuses not only on the organization's ability to respond to regulatory audits, e-discovery, mandatory reporting, and releases to patients upon requests, but also on compliance with information-related requirements of any/all regulatory and other bodies of authority.

Analytics IG Competency: The ability to use data and information to achieve its strategy, goals, and mission, or, in short, to realize the value of its information is critical to success with information governance. An organization's competence is essential to moving from data to intelligence to knowledge. Competency in data analytics is therefore seen as essential to mature information governance.

IG Structure: The IG structure competency defines and connects the organizational structure, programmatic structures, and supporting structures for information governance. It ties together the three core programmatic structures of Enterprise Information Management, IT Governance, and Data Governance.

Awareness and Adherence: This competency aims to ensure the IG program principles, processes, practices, and procedures are learned and understood by the workforce, consistent with respective roles. Guidance is provided on compliant behaviors with respect to information creation, use, handling, access, sharing, storage, retention, and disposition. Beyond awareness, this competency includes adherence to, or compliance with, required policies and practices. Formal documentation, training, and strategy are utilized to shift workforce behaviors.

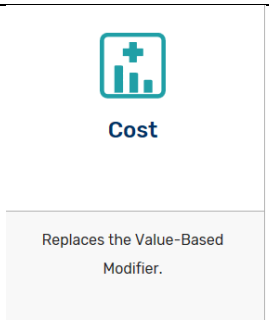
IG Performance: This competency enables development of a methodology for measuring the performance and impact of an IG program. IG performance assessment and management is essential to ensuring its effectiveness, ongoing improvement, and alignment with the organization's strategy. Performance management includes addressing capability for

mandatory business, regulatory reporting, reliability of information, and measures for each of the areas of IG organizational competency.

Appendix B:

AHIMA Information Governance Crosswalk to MIPS Performance Categories

Summary of MIPS Performance Measures	Description of Performance Measures	Cross-Walk to AHIMA's Information Governance Adoption Model (IGAM™) Competencies that Support Implementation and Maturity
 **Quality** Replaces PQRS.	Clinicians choose six measures to report to CMS that best reflect their practice. One must be an outcome measure. If unavailable, a high priority measure must be reported in lieu of the outcome measure. Clinicians also can choose to report a specialty measure set.	Significant crossover with IG competencies including: • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Analytics • Regulatory and Legal
 **Improvement Activities** New Category.	Clinicians can attest to no more than 4 activities best suited for their practice. The rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn "full credit" in this category, and those participating in APMs will earn at least half credit.	Significant crossover with IG competencies including: • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Analytics • Regulatory and Legal
 **Advancing Care Information** Replaces the Medicare EHR Incentive Program also known as Meaningful Use.	Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	Significant crossover with IG competencies including: • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Analytics • Privacy and Security

		• Regulatory and Legal
	CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything separately.	Significant crossover with IG competencies including: • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Regulatory and Legal