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October 14, 2015

Andrew M. Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3260-P
P. O. Box 8010
Baltimore, MD 21244

Re: **Reform of Requirements for Long-Term Care Facilities (CMS-3260-P)**
(Electronically submitted <http://www.regulations.gov>)

Dear Administrator Slavitt;

The American Health Information Management Association (AHIMA), is pleased to comment on the notice of proposed rulemaking specific to Reform of Requirements for Long-Term Care Facilities as published in the July 16, 2015 Federal Register.

AHIMA is the national, non-profit association of health information management (HIM) professionals. With component state associations in all 50 states, the District of Columbia, and Puerto Rico, AHIMA has more than 101,000 members dedicated to effective health information management, information governance, and health data analytics. HIM professionals work for more than 40 different employer types in 120 different job functions, including hospitals, physician offices, long term care (LTC) organizations, clinics, health information technology vendors and developers, consulting firms, life science companies, and government and education systems. AHIMA's members can be found in numerous and diverse roles with a wide range of responsibilities. Individual members are hospital administrators; deans of universities; lawyers; privacy and compliance officers; government officials; coders and data analysts; and consultants and industry professionals.

Specifically AHIMA's members working in LTC facilities provide valuable skills, often in multiple job functions, including , workflow analysis; electronic health record (EHR) system selection, training and implementation; quality assurance and performance improvement reporting, in their critical role of managing and protecting personally identified health information. As the custodians of the healthcare organizations' patient health records (whether in paper or electronic media) and leaders in the effective management of health information, these professionals members play a key role in providing data for managing continuum of care transitions and quality patient outcomes.

AHIMA is pleased to see this focus on updating and consolidating changes to the original 1989 regulations governing Conditions of Participation for LTC facilities.
Specifically:

- **Physician Services (§ 483.30): Provider evaluation of a resident prior to the transfer to a hospital for emergent medical reasons.**

We propose specific inclusion of language to include the allowance of telemedicine technologies to fulfill the need for evaluation prior to transfer; updating regulations to allow for technologies available in the current environment, including acknowledgement of telemedicine in managing those who are most vulnerable and in need of emergent care, is long overdue.



The significant increase in both utilization and complexity of LTC has impacted patient care dramatically in other types of care settings, including inpatient and outpatient community based facilities. Information available across the continuum is the laser focus of AHIMA and its members.

Use of new technologies to provide care to LTC patients, particularly those most fragile and affected by movement from their 'home' care setting to traditional outpatient venues for care, like physician offices, is a win-win. Patients can be best cared for without the physical requirement for travel/transport and costs of transport are minimized. Reimbursable telemedicine should be aggressively promoted whenever telemedicine care is available for LTC patients.

- **Administration (§ 483.70) Clinical Records:**

At the very least, language should include the need for the individual responsible for managing the clinical/medical record system, whether electronic or paper-based, be able to demonstrate competency in skills and techniques necessary to carry out required information management and governance tasks. AHIMA's credentials serve as the internationally recognized credential; LTC **medical record programs should be under the direction of an appropriately credentialed health information manager, either employed by the facility or in a consulting capacity.**

While we are pleased, overall, to see these much needed updates, it is of particular note that with the increasing emphasis on quality and performance improvement, both in patient outcomes and financial management, there will be an increasing need for a workforce with recognized competencies in health information management and analytic skills.

AHIMA continues to most strongly support CMS' goals of the Triple Aim in providing outstanding quality care experiences for patients and communities in a cost effective manner across the care continuum; we look forward to continuing our collaboration with you and your CMS' team to meet these ends. We applaud your efforts in updating the LTC regulations and thank you for the opportunity to provide comments on the proposed regulation.

Please feel free to contact Pamela Lane, AHIMA's vice president, policy and government relations directly at (202) 659-9440 or Pamela.lane@ahima.org if we can provide any further information or address questions regarding this letter and its recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynne", written in a cursive style.

Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Cassi", written in a cursive style.

Cassi Birnbaum, MS, RHIA, CPHQ, FAHIMA
President/Chair