



November 14, 2008

Office of the National Coordinator for Health Information Technology (ONC)
Attention: Use Case Team
Mary Switzer Building
330 C Street, S.W. Suite 4090
Washington, DC 20201

Dear Use Case Team:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Prior-Authorization Extension/Gap.

AHIMA is a not-for-profit professional association representing more than 52,000 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, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

AHIMA and its members participate in a variety of projects with other industry groups and Federal agencies related to the use of healthcare data for a variety of purposes including direct care, quality measurement, reimbursement, public health, patient safety, biosurveillance, and research.

Our comments focus on those areas of particular interest to our members. We believe the use case is a good foundation; however, we have outlined some recommendations as ONC continues to expand the document.

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 Lydia Washington, AHIMA's director of practice leadership at (312) 233-1535 or lydia.washington@ahima.org, or me at (312) 233-1135 or donald.mon@ahima.org.

Sincerely,

A handwritten signature in black ink that reads "Donald J. Mon". The signature is written in a cursive style.

Donald Mon, PhD
Vice President, Practice Leadership

cc: Lydia Washington, MS, RHIA, CPHIMS

Office of the National Coordinator
 AHIMA Comments on the Draft 2009 Prior- Authorization Extension/Gap
 Page 2

AHIMA Recommendations:

Page	Section	Comment
5	2.2 Scope 1 st sentence	...determine coverage, including type of service and frequency of service , and communicate...
6	3.0 Functional Needs, A. i.	Examples include provider lists or eligibility, coverage information for various services, and frequency limitations .
8	4.0 Stakeholder Communities 3 rd paragraph	Stakeholders that may assist in prior-authorization information communication may include: EHR System Suppliers, PHR System Suppliers, Practice Management or Billing System Suppliers, Employer Systems , and suppliers of other related systems.
9	5.0 Issues and Obstacles, A.ii 2 nd sentence	...improve access to information surrounding prior-authorization, coverage and frequency limitations , treatment options, and co-payments associated with those options.
9	5.0 Issues and Obstacles, B.iii	It will likely be difficult to properly and efficiently communicate prior-authorization unless bi-directional questions and answer exchanges are accommodated which facilitate timely communications .
15	8.0 Prior-Authorization Dataset Considerations, A.iii.d.	(B) Procedure Code(s) (C) Unit(s) per Procedure Code (D) Diagnosis
16	8.0 Prior-Authorization Dataset Considerations, B.ii.b.(D)	(D) Medical Record Number or Unique Identifier, such as account number
17	8.0 Prior-Authorization Dataset Considerations, B.ii.d.(A)	(A) Requested Service Coverage, Frequency Limitations , and/or Eligibility Information
18	8.0 Prior-Authorization Dataset Considerations, B.iv.c.(D)	(D) Patient Responsibility (cost to patient as copayment and deductible amounts)