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September 4, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services,
Attention: CMS-1589-P
P.O. Box 8013
Baltimore, MD 21244-1850

Re: File Code: CMS-1589-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 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, 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.

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.

II. Proposed Updates Affecting OPSS Payments

A. Proposed Recalibration of APC Relative Weights

2d(4). Non-Congenital Cardiac Catheterization (APC 0080) (77FR44084)

AHIMA does not believe CPT codes 93463 and 93464 belong in Table 5 (page 44085), *Proposed APCs To Which Non-Congenital Cardiac Catheterization CPT Codes Would Be Assigned For CY 2013*, as these codes do not seem to represent cardiac catheterization procedures.

3a. Proposed Changes to Packaged Services – Background (77FR45098)

We agree with CMS that hospitals should report all HCPCS codes that describe packaged services provided, unless the CPT Editorial Panel or CMS provides other guidance, in order to ensure complete and accurate claims data.

3c. Packaging Recommendations of the HOP Panel (“The Panel”) at its February 2012 Meeting (77FR45099)

AHIMA urges CMS to reconsider its decision not to accept the Panel’s recommendation to delete HCPCS codes G0259 (Injection procedure for sacroiliac joint; arthrography) and G0260 (Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography) and use CPT code 27096 (Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography, when performed) instead. If the structure of CPT code 27096 doesn’t meet CMS’ needs for OPSS reporting, CMS should request the American Medical Association’s CPT Editorial Panel to make appropriate modifications so that the CPT code set could be used to report this service. The use of CPT codes is less administratively burdensome to hospitals because it allows standardized code reporting across all payers.

XI. Outpatient Status – Solicitation of Public Comments (77FR45155)

AHIMA urges CMS to explore alternative options to the current requirements for observation services in order to seek a simplified process for reporting and reimbursement of these services. The current criteria for observation services are administratively burdensome because they require manual intervention and therefore cannot be handled electronically. Consideration should be given as to whether observation status is working effectively, or whether this status should be eliminated in favor of another approach, such as a special payment policy for short-stay inpatient admissions. Since its inception, observation status has resulted in many headaches and extra work for hospitals, varying interpretations of complex policies, and confusion on the part of both hospitals and beneficiaries. Beneficiaries are confused because they don’t understand how they can be an outpatient if they stayed overnight in a hospital. It may be a good time to critically assess the success of observation status in addressing the issues it was intended to address and whether there might be more accurate solutions which utilize technology for these issues.

XV. Hospital Outpatient Quality Reporting Program Updates

C. Removal or Suspension of Quality Measures from the Hospital OQR Program Measure Set

1. Considerations in Removing Quality Measures from the Hospital OQR Program (77FR45178)

AHIMA commends CMS for proposing to use the term “remove” rather than “retire” to refer to the action of no longer including a measure in the Hospital IQR Program. We believe this will help in reducing confusion among providers and align terms between the programs to ensure consistency in the way the programs are conducted.

AHIMA also supports CMS’ intent to apply the same Hospital IQR Program measure removal criteria that was finalized based upon comments received during the FY 2011 IPPS/LTCH PPS proposed regulation.

2. Suspension of One Chart-Abstracted Measure for the CY 2014 and Subsequent Years Payment Determinations (77FR45178)

AHIMA does not agree with CMS that the burden should be placed on the provider to work with their vendor in submitting an invalid or “dummy” data element for when a measure is suspended. We strongly recommend CMS develop a standard value to be inserted in this field so that CMS can accept the data reporting and reduce the risk of rejection that may be experienced by the provider. We believe CMS should refine specifications and develop the ability to support suspended measures as currently the risk is diverted away from CMS and on to the provider where there is lack of a standardized approach to this issue.

3. Deferred Data Collection of OP–24: Cardiac Rehabilitation Measure: Patient Referral From an Outpatient Setting for the CY 2014 Payment Determination(77FR5179)

AHIMA strongly supports deferment of data collection for this measure in anticipation of implementing standardized data collection on a national scale. We cannot emphasize enough the value of providing detailed abstraction instructions in order to support valuable comparability and integrity of the data collected.

E. Possible Quality Measures Under Consideration for Future Inclusion in the Hospital OQR Program (77FR 45180)

AHIMA supports the approach described in the rule for initiating a call for input to assess measures as we believe this supports transparency in the process and improves stakeholder support and engagement. We also agree this approach will promote better care by aligning with other established quality reporting programs as described in the rule.

G. Proposed Requirements for Reporting of Hospital OQR Data for the CY 2014 Payment Determination and Subsequent Years

2. Form, Manner, and Timing of Data Submitted for the Hospital OQR Program for the CY 2014 Payment Determination and Subsequent Years

d. Proposed Claims-Based Measure Data Requirements for the CY 2014 and CY 2015 Payment Determinations

AHIMA supports CMS’ intent to move away from a traditional 12 month period and align the data period for inpatient and outpatient claims based measures reported on the Hospital Compare Web site, and also to be able to post more recent data for the outpatient imaging efficiency on the Web site.

J. Electronic Health Records (EHRs) (77FR45188)

AHIMA applauds CMS' intent to "align hospital quality reporting programs, to seek to avoid redundant and duplicative reporting of quality measures for hospitals and to rely largely on EHR submission for many measures based on clinical record data." We have promoted and supported this approach for many years and continue to support this effort as quality reporting programs mature. We also strongly support CMS' goal of "having measure results that are based upon consistent, comparable results among reporting hospitals."

XVI. Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

B. ASCQR Program Quality Measures

1. Proposed Considerations in the Selection of ASCQR Program Quality Measures

AHIMA commends and supports CMS' intent of applying the same principles used in developing other quality reporting programs to the ASCQR program. We believe this will further set the standard for processes and a thoughtful mechanism for aligning quality measurement programs as they are developed within CMS and possible other agencies that work with CMS.

XVIII. Proposed Revisions to the Quality Improvement Organization (QIO) Regulations (42 CFR Parts 476, 478, and 480)

1. Beneficiary Complaint Reviews(77FR45199)

Regarding CMS' intent to reduce the timeframe allowable to respond to requests submitted by a QIO, AHIMA has significant concerns and strongly urge CMS to reconsider this timeframe. In today's environment there are considerable requests for patient records, notwithstanding the need for patient care, and believe this decrease in time, in calendar days, will create a substantial additional burden to respond in a timely fashion. Many providers remain paper-based or are in a hybrid state of paper and electronic making the ability to respond to this timeframe extremely challenging and burdensome.

AHIMA thanks you for the opportunity to provide comments and if we can provide any further information or if there are any questions regarding our feedback, 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,



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