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December 15, 2015

Andrew M. Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3310 & 3311-FC
P. O. Box 8013
Baltimore, MD 21244-1850

Re: Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 & Modifications to Meaningful Use in 2015 through 2017 (CMS-3310-FC and CMS-3311-FC)

(Electronically submitted <http://www.regulations.gov>)

Dear Acting Administrator Slavitt,

The American Health Information Management Association (AHIMA) is pleased to submit comments to the Electronic Health Record (EHR) Incentive Program, Stage 3, and Modifications to Meaningful Use in 2015 through 2017 Final Rule.

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. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer types in 120 different job functions – always ensuring that health information is accurate, timely, complete and available to patients and providers. AHIMA continues to provide leadership through education and workforce development, as well as thought leadership in continuing HIM research and applied management for health information analytics.

With this Final Rule, AHIMA is pleased to see the continuing efforts to promote a more efficient framework for quality reporting as progress is made in moving from the current payment system to a more robust pay-for-value system. Building upon the progress made under Meaningful Use, stages 1 and 2, this rule is noteworthy in its design for consolidation of reporting objectives. However, *we believe there is continued room for improvement in*



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consolidation as eligible providers (EPs) and hospitals work to meet the longer-term strategy of using the EHR as a tool for effective and improved outcomes, rather than as a means for increased payment/decreased penalties.

AHIMA strongly advocates for increasing reliance on standardization of data elements for reporting through increased utilization of standards already available and through ongoing development of new standards to replace narrative content currently captured in records. We welcome the opportunity to work with CMS and others in identifying opportunities for improved capture of data in standardized formats that will facilitate increased reporting capabilities.

Additionally, we urge particular attention to coordination of regulations across related Health and Human Services agency areas, such as certification of EHR products under the Office of the National Coordinator for Health Information Technology and the expansion of required quality and payment indicators. This focus is crucial to minimize confusion as EPs and hospitals continue to be challenged with the many regulations necessary to meet requirements outlined in the American Reinvestment and Recovery Act. Careful and thoughtful analysis across impacted federal programs is essential, particularly as health information becomes the bedrock upon which all care and payment decisions are made.

We applaud the decision to provide flexibility in reporting periods that are particularly designed to align with other reporting periods for EPs and hospitals; however, we caution that lead time for EPs and hospitals is critical to success as they attempt to meet increasingly complex reporting requirements in an environment where workforce resources knowledgeable about HIM and information governance are scarce. EPs in particular have too few IT and HIM professionals to assist them in meeting the reporting requirements. It is imperative that program compliance dates be firmly established far enough in advance to allow EPs and hospitals adequate time frames to extract data, test and report required indicators, and develop essential partnerships to participate in health information exchange and public health reporting.

AHIMA looks forward to the opportunity to continue to serve with members of your staff in information leadership roles, whether serving in our role as a member of the Cooperating Parties, or in development and testing of pilot programs.



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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, which appears to read "Lynne Gordon". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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