June 27, 2016

Mr. Andy Slavitt
Acting 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; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, (CMS-5517-P)

VIA E-MAIL

Dear Acting Administrator Slavitt:

Thank you for the opportunity to submit comments on the Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models 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

Complexity

AHIMA support CMS's efforts to institute policies that would improve physician payments and incorporate quality measurements into such payments while incentivizing participation in alternative payment models. However, AHIMA is concerned about the overall complexity of the proposed rule. We appreciate that CMS has proposed to build flexibility into the rule; however, such flexibility could

generate additional complexity which could lead to confusion and create an artificial barrier to participation in new payment models. For example, a number of our members noted that under the Advancing Care Information Performance category, they appreciated that CMS has proposed multiple pathways in allowing eligible clinicians to submit their data under MIPS. However, they noted that such reporting requirements could lead to certain data being overlooked, resulting in a failure to report such information, thereby impacting an eligible clinician's or group's MIPS composite performance score and potentially leading to a negative payment adjustment. **Therefore, we ask that as CMS finalizes this rule, it continue to seek ways in which the proposed rule may be simplified in such a manner that encourages clinicians to participate in the new payment models.**

Timeline for Implementation

AHIMA is also concerned about the proposed implementation timeline. A number of our members have expressed concern that their practices will not be ready when the performance period is set to begin in January 2017. In particular, our members are concerned that their EHR vendors and the related infrastructure will not be sufficiently prepared to meet the requirements of the Medicare Quality Payment Program. **Therefore, we recommend that CMS reconsider the proposed implementation timeline for the Medicare Quality Payment Program.**

Merit-Based Incentive Payment System (MIPS)

In general, AHIMA appreciates the consolidation of multiple quality and value reporting programs under MIPS including the Physician Quality Reporting Program (PQRS), the Value-Based Payment Modifier Program (VM), and the Medicare Electronic Health Records (EHR) Incentive Program.

As stewards of health information, AHIMA believes that Information Governance (IG)—the development of an organization-wide framework for managing information throughout its lifecycle and supporting the organization's strategy, operations, regulatory, legal, risk and environmental requirements—is a critical organizational initiative that healthcare organizations must embrace to thrive in the environment of transformational change in healthcare today.

As the lifeblood of essential analytic and operational functions, information is a strategic asset that, like other organizational assets, requires effective stewardship and management at all levels throughout and across the organization. Integrated with data governance[1] and information technology (IT) governance[2], the goal is to break down the silos that contribute to insufficient and ineffective information resources that do not adequately support decision-making, patient care, or risk mitigation by implementing practical IG strategies based on information value.

For that reason, AHIMA created a healthcare industry standard model for measuring information governance maturity aligned with AHIMA's **Information Governance Adoption Model (IGAM**). The model assesses and scores a healthcare organization using 10 IG organizational competencies. Each

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[1] Data governance is the policies, processes and practices that address the accuracy, validity, completeness, timeliness, and integrity of data (data quality). http://www.ahima.org/topics/infogovernance/ig-glossary

[2] Information Technology (IT) governance is the process to ensure the effective evaluation, selection, prioritization, and funding of competing IT investments. IT governance oversees the implementation and extracts (measurable) business. http://www.ahima.org/topics/infogovernance/ig-glossary

competency includes several key maturity markers that identify critical requirements that must be met to optimize maturity in information governance.

AHIMA believes that the four performance categories under MIPS align with AHIMA's IGAM. A crosswalk to AHIMA's IGAM competencies can be found in **Appendix A.** A detailed description of AHIMA's IGAM competencies may be found in **Appendix B.**

Group Reporting

AHIMA appreciates that the proposed rule allows an eligible clinician to participate in MIPS as an individual or as a group. AHIMA believes that the ability to report as a group will help ease reporting burdens. **We hope that CMS will continue to seek feedback and insight on how virtual groups could be established in the second year of the program to assist solo and small practices in their MIPS reporting while still ensuring that the virtual group technology is meaningful and straightforward to all stakeholders.**

Quality Performance Category

AHIMA appreciates CMS's proposal to eliminate a separate reporting requirement for electronic clinical quality measures (eCQMs) under the Advancing Care Information Performance category and instead encourages the reporting of CQMs with data captured in certified electronic health record (EHR) technology under the Quality Performance category under MIPS. We hope that such alignment will streamline submission requirements and result in fewer reporting burdens for eligible clinicians.

Resource Use Performance Category

AHIMA appreciates that the proposed rule states that CMS will continue to develop care episode groups, patient condition groups, and patient relationship categories (and codes for such groups and categories), as well as provide the public with the opportunity to comment on these provisions through future notice and comment rulemakings. AHIMA hopes that such a comment period will occur well in advance of implementation because the initial version of the care episode groups that CMS posted for public comment in October 2015 was based on ICD-9 codes. **Given the recent transition to ICD-10, AHIMA believes it is imperative that stakeholders have an opportunity to publicly comment on an ICD-10 version of the care episode groups.**

Advancing Care Information Performance Category

Overall, AHIMA is concerned that because the Advancing Care Information Performance category pertains exclusively to eligible clinicians, it could enhance the bifurcation between Medicare payments to eligible clinicians and Medicare payments to hospitals and Medicaid-eligible professionals (EPs). In particular, a number of our members noted that tracking the different measures and reporting requirements for providers that service both Medicare and Medicaid patients and are eligible to participate in MIPS and the Medicaid EHR Incentive Program will be challenging. **While we understand that CMS is limited to some extent in its statutory authority to align these programs, 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 the programs in order to best serve patients.**

Electronic Health Record (EHR) Certification Requirements

AHIMA is concerned that the proposed rule requires all MIPS-eligible clinicians to use EHR technology certified to the 2015 Edition certification criteria by 2018. While AHIMA appreciates that the proposed rule allows some flexibility in 2017 by allowing MIPS-eligible clinicians to use EHR technology certified to the 2014 or 2015 Edition certification criteria, a number of our members noted that their current EHR software is unable to meet the objectives and associated measures under the Advancing Care Information Performance category. In particular, our members who work in rural and small practice settings are concerned that they will not be able to achieve this full functionality by 2018 because they are still using EHR technology certified to 2014 Edition certification criteria. Furthermore, in cases where clinicians will be able to upgrade their technology to the 2015 Edition by 2018, clinicians may lack familiarity with the related measures and subsequent application, which could lead to poor performance in the Advancing Care Information Performance category, resulting in a lower MIPS Composite Performance score.

Advancing Care Information Performance Category Objectives and Measures

AHIMA appreciates that the proposed rule eliminates the "all or nothing" requirement under the Advancing Care Information Performance category. Eliminating the "all or nothing" scoring approach under the MIPS will provide additional flexibility to eligible clinicians.

However, AHIMA is concerned about the standardization of the data associated with the numerators and denominators of the different objectives and measures in the Advancing Care Information Performance category. Our concern is that the data submitted to CMS will compare clinicians with different systems that assess the data using different methodologies. Consequently, our members are concerned that the information extracted from various EHR systems may not be comparable and provide an accurate measurement as to how an eligible clinician or group is performing versus other clinicians. This is of particular concern given that the MACRA statute requires the Secretary to make available on the Physician Compare website the MIPS-eligible clinician's Composite Performance Score (CPS) and the eligible clinician's performance under each MIPS performance category, including the Advancing Care Information Performance category. **Consequently, we recommend that CMS work with ONC to help standardize the data elements contained in the numerators and denominators of the related objectives and measures to ensure that high-quality, comparable data is employed in the Medicare Quality Payment Program.**

AHIMA appreciates that CMS has included Patient Electronic Access and Coordination of Care through Patient Engagement as objectives under the Advancing Care Information Performance category under MIPS. As a member of the *GetMyHealthData* campaign, AHIMA has long advocated that consumers' access to their health information is essential to improved health and healthcare.

However, patient access and coordination of care through patient engagement continues to be a challenge for a number of our members. In particular, a number have stated that they continue to struggle in encouraging their Medicare patients to enroll and engage in patient portals. That said, AHIMA believes that we are witnessing a profound shift in the level of engagement patients have with their own health and healthcare. For that reason, we have created tools and resources including our Consumer Engagement Toolkit and more recently our Patient Portal Toolkit to assist HIM professionals by providing guidance on how consumers can increasingly be engaged to make informed decisions about their health and healthcare while ensuring that their information is accurate, private, and secure.

We ask that CMS continue to work with ONC and related stakeholders, including HIM professionals, to encourage and advance user-centered design that advances consumer access to their health information.

AHIMA also appreciates that CMS has modified the Public Health and Clinical Data Registry Reporting objective to only require a yes/no statement in lieu of the numerator/denominator statement. A number of our members noted that meeting the previous public health and clinical data registry reporting requirements under the CMS EHR Incentive Program has been a challenge and they were often unable to report such measures. That said, we appreciate the flexibility CMS has proposed under the rule that would allow eligible clinicians to earn up to one bonus point under the Advancing Care Information Performance category when reporting the additional measures under this objective.

We thank you for the opportunity to submit comments on Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models proposed rule. We appreciate the extensive outreach that CMS has carried out during the comment period to educate stakeholders about the Medicare Quality Payment Program as well as the feedback it has sought during this process. 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 the successful implementation of the Medicare 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 and (202) 839-1218, or Pamela Lane, Vice President, Policy and Government Relations, at pamela.lane@ahima.org and (312) 233-1511.

Sincerely,

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

Appendix A:

As stewards of health information, AHIMA believes that Information Governance (IG)—the development of an organization-wide framework for managing information throughout its lifecycle and supporting the organization's strategy, operations, regulatory, legal, risk and environmental requirements—is a critical organizational initiative that healthcare organizations must embrace to thrive in the environment of transformational change in healthcare today.

For that reason, AHIMA created a healthcare industry standard model for measuring information governance maturity aligned with AHIMA's **Information Governance Adoption Model (IGAM**). 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 optimal maturity in information governance. Below is a crosswalk to AHIMA's IGAM competencies based on the four performance categories under MIPS.

Summary of MIPS Performance Measures	Description of Performance Measures	Cross Walk to AHIMA's Information Governance Adoption Model Competencies that support implementation and maturity
Quality	Clinicians choose six measures to report to CMS that best reflect their practice. One of must be an outcome measure or a high-value measure and one must be a crosscutting 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
Advancing care information	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 Safeguards • Regulatory and Legal
Clinical practice improvement activities	Clinicians can choose 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 Advanced APMs will earn at least half credit.	Significant crossover with IG competencies including: • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Regulatory and Legal • Analytics
Resource use	CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Crossover with IG competencies including: • Enterprise Information Management • Data Governance • IT Governance • Regulatory and Legal

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AHIMA IG

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 solutions 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: 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, eDiscovery, 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.

The analytics IG competency and associated maturity markers can be used in support of achieving all of the goals of the program.