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August 27, 2008

Kerry N. Weems
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1403-P**
PO Box 8013
Baltimore, Maryland 21244-8013

Re: File Code CMS-1403-P

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other revisions to Part B for CY 2009; and Revisions to the Amendment of the E-Prescribing Exemption for Computer Generated Facsimile Transmissions; Proposed Rule
(73 *Federal Register* 38502)

Dear Mr. Weems:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS') proposed changes to the Payment Policies under the Physician Fee Schedule and other Revisions to Part B for CY 2009, as published in the July 7, 2008 *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 51,000 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 also participate in a variety of projects with other industry groups and agencies of the Health and Human Services Department related to the use of secondary data for a variety of purposes including quality monitoring, reimbursement, public health, patient safety, biosurveillance, and research. HIM professionals serve as a cornerstone to physician practice's quality reporting initiatives through ensuring the data is coded accurately and timely, health information is accurate and complete, and by collecting, compiling and reporting of the data to support those initiatives.

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Our detailed comments and rationale on the notice of proposed rulemaking are below.

II. Provisions of the Proposed Regulation (73FR38506)

II-O-a: Claims-Based Submission of Data for Reporting Individual Measures (73FR38560)

PQRI - CMS describes in the proposed rule the specifications and instructions for measures groups will be provided separately from the specifications and instructions for the individual 2009 PQRI measures. CMS does not provide the rationale and details on why the specifications will be issued separately in the development of the individual measures versus the measures group. AHIMA believes this will add confusion to the process and recommends CMS align individual measure specifications with the denominator of the measures group specifications to maintain consistency and reduce the potential for misunderstanding of the information presented.

II-O-c: Registry-Based Submission for Reporting Individual Measures (73FR38562)

PQRI - CMS indicates it will be using a “CMS-specified record layout” for the submission of registry-derived measure information to a CMS database. AHIMA supports CMS making the record layout transparent to users of the registry reporting option, however we strongly urge CMS to align with and participate in Standards Development Organization (SDO) initiatives to ensure the record layout specifications are compatible with existing standards (i.e., HL7/ASTM Continuity of Care Record/Document specifications) and those in development (i.e., HL7 Quality Reporting Document Architecture) to ensure interoperability and reduce the number of disparate database structures and data element specifications.

CMS proposes that it will publish the record layout for the registry based submission no later than April 1, 2009 and the final 2009 registry technical requirements by November 15, 2008 (73FR38564). AHIMA believes that the information regarding these topics (registry technical requirements and record layouts) should be addressed in synch and issued at the same time as the information will inform the overall data submission process. We recommend the information be compiled into a comprehensive document/paper for the overall program and published by December 31, 2008.

II-O-d: EHR-Based Submission for Reporting Individual Measures (73FR38564)

PQRI - AHIMA supports the capture and integration of data in electronic health records (EHRs) as it is necessary to support effective and efficient quality measurement and reporting. As an active participant in the development and promotion of EHR standards, we look forward to a day when all uses of data, whether produced for patient care, quality measurement, or reimbursement, accurately portray the diagnoses, severity, and services provided particularly for future automated data transmission from EHR systems. AHIMA recommends CMS support and implement standards that currently exist and those currently under development by SDOs.

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CMS proposes the use of criteria developed by the Certification for Healthcare Information Technology (CCHIT) and Healthcare Information Technology Standards Panel (HITSP) for EHR submission of the Physician Quality Reporting Initiative (PQRI) measures. AHIMA commends CMS for considering the current initiatives by these organizations by recommending and encouraging EHR vendors to utilize the specifications defined for data transmission.

Conclusion

AHIMA appreciates the opportunity to comment on the proposed modifications to the Physician Fee Schedule and other Revisions to Part B for CY 2009. If AHIMA can provide any further information, or if there are any questions or concerns with regard to this letter and its recommendations, please contact Allison Viola, MBA, RHIA AHIMA's director of federal relations at (202) 659-9440 or allison.viola@ahima.org, or me at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,

A handwritten signature in blue ink that reads "Dan Rode". The signature is fluid and cursive, with the first name "Dan" and last name "Rode" clearly legible.

Dan Rode, MBA, FHFMA
Vice President, Policy and Government Relations

cc: Allison Viola, MBA, RHIA