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March 8, 2011

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3239-P
P.O. Box 8010
Baltimore, MD 21244-8010

Dear Dr. Berwick,

The American Health Information Management Association (AHIMA) would like to submit to you comments and recommendations on the request for information published in the *Federal Register* Thursday, January 13, 2011 regarding the notice of proposed rulemaking to implement a Hospital Value-Based Purchasing Program [76FR2454].

AHIMA is a not-for-profit professional association representing more than 61,000 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. We respectfully submit our comments as our members are and will continue to be active participants in the implementation, maintenance, and compliance of this program.

If AHIMA can provide further information or if there are any questions regarding our recommendations, please contact me at (202) 659-9440 or allison.viola@ahima.org, or Dan Rode, vice president, policy and government relations, at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,

Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Dan Rode, MBA, CHPS, FHFMA, Vice President, Policy and Government Relations
Crystal Kallem, RHIA, CPHQ, Director, Practice Leadership

General Comments

AHIMA suggests providing additional data to offer rationale for the incentive rates identified in Table 7: *Estimated incentive rates by hospital characteristics*. The weights have not been defined or modeled within the rule to allow hospitals to make projections with budgeting and other operational issues. It is not clear whether the approach to measuring the performance of hospitals is applied to all care settings such as rural versus urban as the cost of providing care in these settings may vary widely. We recommend the Centers for Medicare and Medicaid Services (CMS) provide additional information so that participants may have the ability to replicate the process and calculations for planning purposes.

II. Provisions of the Proposed Regulations

C. Proposed Measures

AHIMA supports the requirement to only select those measures that have been included on the *Hospital Compare* website for at least one year prior to the beginning of the performance period.

We are pleased to learn that CMS is proposing not to adopt current Hospital Inpatient Quality Reporting (IQR) structural measures as they require further development in order to be included in the Value-Based Purchasing (VBP) program. We encourage CMS to focus on adopting “outcome measures” and “process measures” as we believe placing more focus on these types of measures will assist in facilitating improved care.

The proposed regulation makes no reference to ICD-10-CM/PCS and the movement toward this program with a compliance date of October 1, 2013. We request information on CMS’ plan to address the transition as many of the Agency for Healthcare Research and Quality Patient Safety Indicator measures are based upon ICD-9-CM codes. We understand CMS does not plan to implement these measures by October 1, 2012 but as described in the rule there are plans to implement them in FY 2014 and future years. We also encourage CMS to continue evaluating measures that can be reported electronically and align efforts with the electronic health record (EHR) incentive program and provide additional information regarding how the measures will be modified to integrate ICD-10-CM/PCS code changes.

AHIMA supports CMS’ plan to retire measures from the Hospital IQR program that have not been chosen for adoption by the VBP for reasons as described in the rule. For example the rule identifies the PN-5 measure will not be adopted into the VBP program as it may lead to inappropriate antibiotic use, thus it will then be retired from the Hospital IQR program as well.

E. Proposed Methodology for Calculating the Total Performance Score

AHIMA commends CMS for considering additional factors as outlined in the proposed regulation while developing the methodology for calculating the total performance score. We support the ability for hospitals to develop a baseline as a point of reference which enables them

to determine a starting point from which they can begin to measure and determine what level they need to reach in order to obtain the maximum incentive payment possible.

I. Proposed Reconsideration and Appeal Procedures

AHIMA supports CMS' plans to develop an appeals process by which hospitals may appeal the calculation of a hospital's performance assessment with respect to the performance standards. Our members encourage CMS to conduct the appeals process by using a standardized, well documented process with clearly defined timeframes and parameters for conducting each step of the appeal process.

J. Proposed FY 2013 Validation Requirements for Hospital Value-Based Purchasing

AHIMA supports CMS' proposed validation process for the VBP program as it will reflect the same process established for the Hospital IQR program. We agree this approach will prevent additional burden for hospitals. To further reduce burden we continue to encourage CMS to leverage the electronic health record as a source for quality measurement data.

K. Additional Information

AHIMA understands the HITECH Act EHR provisions are subject to separate rulemaking activities from the provisions outlined in the VBP rule. We also appreciate CMS' acknowledgement of there being important areas of overlap and synergy with the EHR incentive program and other HHS quality measurement programs. We believe maintaining a level of awareness will help to reduce duplication of programs and foster alignment among the quality measurement programs to improve patient care. However, we strongly encourage CMS to leverage the EHR incentive program as a focal point or source of insight when developing future quality initiatives. The adoption of EHRs and health information exchange will continue to increase and these systems will serve as a valuable source of data for quality measurement initiatives. We also encourage CMS to align planning efforts with the integration of ICD-10-CM/PCS as well.

L. QIO Quality Data Access

AHIMA supports the change in the definition in the Quality Improvement Organization (QIO) review system to include CMS as we believe this will assist CMS in becoming more efficient in exchange of data to better manage and respond to new information. We also support CMS' modification to §480.139 and §480.140 to facilitate more open communication and awareness of the activities QIOs are engaged in and allow for proper oversight and management, and timely access to information of them as well.

Regarding the comment request on disclosure of QIO information to researchers, we certainly understand the value of the data that is collected and aggregated by the QIOs in their review process and the benefits it would bring to researchers and improvements in the quality of health

care. We urge CMS to proceed cautiously as we are concerned about the access to the data, the need to ensure limited access to only that data is required for research purposes, and the data has been de-identified. We support leveraging the CMS Privacy Board structure and process to consider requests.