



1730 M Street, NW, Suite 502
Washington, DC 20036

phone » (202) 659-9440
fax » (202) 659-9422
web » www.ahima.org

December 22, 2011

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3244-P
P.O. Box 8010
Baltimore, MD 21244-8010

Dear Secretary Sebelius:

The American Health Information Management Association (AHIMA) is pleased to submit to you comments and recommendations on the notice of proposed rulemaking published in the *Federal Register* Monday, October 24, 2011 regarding the Medicare and Medicaid Programs Reform of Hospital and Critical Access Hospital Conditions of Participation [76FR65891].

AHIMA is a not-for-profit professional association representing more than 63,000 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, and reporting data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

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, advocacy and policy, at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,

A rectangular box containing a handwritten signature in cursive script that reads "Allison Viola".

Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Dan Rode, MBA, CHPS, FHFMA, Vice President, Advocacy and Policy

Medical Record Services (§ 482.24)

AHIMA recommends CMS provide a definition or further refinement of the term “another practitioner” as is used throughout the proposed regulation. By narrowing the focus in the use of this term it will assist in reducing ambiguity or misinterpretation

We support removing the 48 hour requirement; however there must be some kind of acceptable timeframe or stronger language requiring the signature for closing out the patient’s record as there may be legal issues associated with leaving a chart incomplete. We certainly understand that there may be circumstances in which a practitioner is unable to provide a signature, however for administrative purposes we strongly encourage CMS develop guidance for the completion of the records.

We suggest removing the secondary authentication of verbal orders requirement. There is technology in place such as Computerized Physician Order Entry, clinical decision support system, and electronic health records with safeguards in place that conduct that checks and balances implemented that serve to address and minimize potential risks associated with orders given

Medical Record Services - Authentication and Standing Orders (§ 482.24)

AHIMA supports CMS’ proposal to add new provisions to allow hospitals to use preprinted and electronic standing orders, order sets, and protocols for patient orders if the hospital ensures that these orders: have been reviewed and approved by the medical staff and nursing and pharmacy leadership; are consistent with nationally recognized guidelines; are reviewed periodically and regularly by medical staff and nursing and pharmacy leadership; and are dated, timed, and authenticated by a practitioner who is responsible for the care of the patient and who is authorized to write orders by hospital policy in accordance with State law.¹

¹ Department of Health and Human Services. “Medicare and Medicaid Programs; Reform of Hospital and Critical Access Hospital Conditions of Participation.” *Federal Register* 76, no. 205 (October 24, 2011): 65891-65908.