



1 August 29, 2011

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3 Donald Berwick, M.D.  
4 Administrator  
5 Centers for Medicare and Medicaid Services  
6 U.S. Department of Health and Human Services  
7 7500 Security Boulevard  
8 Baltimore, MD 21244

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11 Dear Dr. Berwick:

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13 On behalf of the Board of Directors and members of HIMSS, we are pleased to submit written comments  
14 to the Department of Health and Human Services' Centers for Medicare and Medicaid Services regarding  
15 the Notice of Proposed Rulemaking published in the Federal Register on July 19th, entitled, "Medicare  
16 Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY  
17 2012; Proposed Rule." [CMS-1524-P, July 19, 2011]. HIMSS appreciates CMS efforts to promote  
18 improved quality outcomes through the reporting of clinical quality measures. HIMSS welcomes the  
19 opportunity to comment on the proposed changes to Clinical Quality Measures reporting requirements  
20 and the proposed Physician Quality Reporting System- EHR Incentive Program Reporting Pilot discussed  
21 in Section IV. Subsection H of the rulemaking.

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23 HIMSS is a cause-based, not-for-profit organization exclusively focused on providing global leadership  
24 for the optimal use of information technology (IT) and management systems for the betterment of  
25 healthcare. Founded 50 years ago, HIMSS and its related organizations have offices in Chicago,  
26 Washington, DC, Brussels, Singapore, Leipzig, and other locations across the United States. HIMSS  
27 represents more than 37,000 individual members, of which two-thirds work in healthcare provider,  
28 governmental and not-for-profit organizations. HIMSS also includes over 500 corporate members and  
29 more than 120 not-for-profit organizations that share our mission of transforming healthcare through the  
30 effective use of information technology and management systems. HIMSS frames and leads healthcare  
31 practices and public policy through its content expertise, professional development, and research  
32 initiatives designed to promote information and management systems contributions to improving the  
33 quality, safety, access, and cost-effectiveness of patient care.

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35 HIMSS has chosen to comment specifically on the proposed changes to the CMS EHR Incentive  
36 Program's quality measure reporting requirements for eligible providers and the proposed Physician  
37 Quality Reporting System- EHR Incentive Program Electronic Reporting Pilot discussed in Section IV.  
38 Subsection H of the rulemaking.

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40 **CMS EHR Incentive Program: Allowing Attestation of Clinical Quality Measures for Eligible**  
41 **Providers for Payment Year 2012**

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43 HIMSS appreciates the opportunity to comment on the proposed change to the CMS EHR Incentive  
44 Program that would allow eligible providers to attest to the clinical quality measure criteria published in  
45 the July 2010 CMS EHR Incentive Program in payment 2012. As noted in our [public comments](#) on the  
46 CMS EHR Incentive Program Notice of Proposed Rulemaking published in March 2010, the data  
47 necessary to calculate many of the measures is not available in many EHR systems, either because the  
48 function is not automated or the data necessary must have manual interpretation to calculate value.  
49 HIMSS supports CMS allowing EPs to continue to attest while CMS and their public and private partners

50 continue to develop a mature standards-based method of electronically reporting clinical quality  
51 measures.

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53 **Physician Quality Reporting System- EHR Incentive Program Electronic Reporting Pilot**

54 HIMSS appreciates the opportunity to comment on CMS proposing to also allow eligible providers to  
55 participate in the proposed Physician Quality Reporting System-CMS EHR Incentive Program Electronic  
56 Reporting Pilot as an additional avenue for eligible providers to comply with the clinical quality measure  
57 reporting requirements found in [the July, 2010 CMS EHR Incentive Program Final Rule](#). HIMSS  
58 commends CMS for continuing to work to advance quality measure reporting as a method to improve the  
59 quality of healthcare delivery.

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61 **Alignment of PQRS and the EHR Incentive Program**

62 HIMSS supports CMS efforts to allow providers who participate in both the PQRS and the Meaningful  
63 Use Incentive Program to report quality measures one time through participation in the Electronic  
64 Reporting Pilot. HIMSS commends CMS for proposing that eligible providers who participate in the  
65 Electronic Reporting Pilot must report on Core and Menu quality measures as highlighted in Table 7 and  
66 6, respectively, of the [July, 2010 EHR Incentive Program Final Rule](#). As highlighted in [HIMSS Policy](#)  
67 [Principle 2.9](#), HIMSS continues to call on the Secretary to align all EHR incentive program quality  
68 reporting requirements with other Federal reporting/incentive programs.

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70 **Incentives for Provider Participation in the Electronic Reporting Pilot**

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72 HIMSS members are concerned that the NPRM doesn't provide an additional financial incentive for  
73 participation in the PQRS-EHR Incentive Program Reporting Pilot. [HIMSS Policy Principle 1.8](#) calls for  
74 HHS to create funding mechanisms for accelerating and streamlining the processes for targeted standards  
75 development and for standards adoption. HIMSS members have raised concerns that, while EPs would  
76 appreciate the opportunity to receive incentives for both PQRS and the EHR Incentive Program while  
77 testing their data integrity and interoperability, the added regulatory compliance requirements around the  
78 CMS EHR Incentive Program, as well as associated with provisions in the Affordable Care Act and  
79 around ICD 10/5010 compliance, would severely limit EPs availability to fully participate in the Pilot.

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81 Also, the NPRM notes that EPs must be held to a 365 day reporting period for clinical quality measures,  
82 which indicates that EPs must start collecting data starting January 1, 2011. CMS noted in the NPRM that  
83 the data transmission standard would likely be QDRA. Some HIMSS members have shown support for  
84 continuing to use PQRS XML 2009. HIMSS members have also observed that the QRDA standards  
85 planned for use in the pilot may not be sufficiently mature or well suited to this task and urge CMS to  
86 consider this issue carefully in its evaluation of the pilot. HIMSS members note that EPs would be very  
87 unlikely to agree to participate in the Pilot until there is a clear understanding of which transmission  
88 standard would be used.

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90 In light of these observations HIMSS suggests the following:

- 91 • CMS should allow attestation for eligible providers until CMS is ready to receive clinical quality  
92 measures electronically, including resolution and piloting of all standards, including QRDA.
- 93 • CMS should clarify that eligible providers can attest to Clinical Quality Measure Reporting  
94 requirements for the EHR Incentive Program and, if meeting all required criteria, can receive full  
95 EHR Incentive Program payment concurrent with participation in the Pilot.
- 96 • CMS explore the creation of an additional incentive for eligible providers to participate in the  
97 Pilot in order to ensure hospital participation.

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100 **Allowance for Third Parties (“EHR Data-Based Vendor”) to Report Clinical Quality Measures on**  
101 **Behalf of Eligible Providers**

102 The proposed Electronic Reporting Pilot would allow eligible providers to either direct report quality  
103 measures through the current PQRS web-portal infrastructure, or contract with a PQRS qualified EHR  
104 data submission vendor. The PQRS-qualified EHR data submission vendor would obtain data elements  
105 for the calculation of CQMs from the EP's certified EHR and then submit the calculated results to CMS  
106 via a secure portal. In order for an EP to submit CQMs electronically through the PQRS-Medicare EHR  
107 Incentive Pilot EHR data submission vendor-based reporting option, CMS proposes that such EPs must  
108 submit information on the same CQMs as required by the July 28, 2010 final rule, which must be based  
109 on data contained in the EP's certified EHR.

110  
111 HIMSS supports the concept of qualified/certified EHR Data Submission Vendors as another option for  
112 EP's to fulfill both PQRS and EHR incentive reporting requirements. Such vendors should have the  
113 option of submitting aggregate quality measure data, as is now done quite successfully in the CMS PQRS  
114 registry program. Over the last two decades a large number of organizations have developed significant  
115 infrastructures in accreditation and regulatory related quality reporting. Provider education in quality data  
116 documentation, performance measurement and data quality checks are additional value added services.  
117 HIMSS believes it is important to leverage this infrastructure for EHR based quality reporting.

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119 **ONC Certification versus PQRS Qualified EHRs**

120 In the NPRM, CMS notes that eligible providers who participate in the Electronic Reporting Pilot must  
121 utilize certified electronic health record technology for Meaningful Use that is also a 2012 PQRS  
122 qualified EHR. CMS will have an additional vetting process, but per the proposed rule, the results of the  
123 vetting process will not be available until summer, 2012. As noted in HIMSS Policy Principle 2.9,  
124 HIMSS strongly recommends alignment of ONC Certification and PQRS Qualification in order for the  
125 pilot to be successful.

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127 **Beneficiary Level Data**

128 HIMSS members have observed that the CMS focus in the pilot on Medicare-only data, and the focus on  
129 beneficiary-level data is inconsistent with the approach used in the current HIT incentive quality reporting  
130 program. HIMSS members have also observed that there are significant technical legal complexities  
131 (untested measures, transmission overhead, potential HIPAA violations, etc.) associated with sending  
132 beneficiary level data to CMS for the proposed Pilot

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134 HIMSS [Policy Principle 5.5](#) calls on the Federal government to promote compliance with privacy and  
135 security provisions of federal and state laws and regulations to protect patient health information. HIMSS  
136 is concerned that the request for large amounts of beneficiary level data may not meet the minimum  
137 necessary HIPAA requirement for the disclosure of personal health information. ARRA/HITECH  
138 clarified that it is the sender of data that is responsible for making the minimum necessary determination-  
139 in this case, the hospital. For the pilot and future uses like it, it would be difficult for the hospital to be  
140 fully confident that it has met the minimum necessary requirement, because it is not clear what the data  
141 will be used for and/or if any particular data will be used at all. Also, it is not clear that CMS is asking for  
142 de-identified data.

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144 HIMSS would recommend clarification for why aggregate quality measures from certified EHR  
145 technology or approved data submission vendors should not be sufficient either the PQRS program or the  
146 HIT incentive program. HIMSS recommends that CMS conduct and report on an evaluation of the  
147 current PQRS EHR data submission process before requiring beneficiary level data for the pilot. HIMSS  
148 also recommends that CMS consider only using aggregate data in the Pilot, or test both aggregate and  
149 beneficiary level CQM submission.

150 Finally, HIMSS recommends CMS to reconsider requiring EPs to report, especially as it looks to expand  
151 from this pilot to more general electronic submission of quality measures. Looking to both the current  
152 HIT incentive program and the purposes to which meaningful use quality reporting will apply, including  
153 accountable care, it will be important to be able to report on the entire patient population of a provider.

154 We look forward to continuing the dialogue between our members and the Centers for Medicare and  
155 Medicaid Services to ensure the development of an interoperable healthcare system to support healthcare  
156 transformation in the U.S. If you have any questions, please contact [Thomas M. Leary](#) via email or at  
157 703.562.8814

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159 Sincerely,  
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163 Charlene S. Underwood, MBA, FHIMSS  
164 Chair, HIMSS Board of Directors  
165 Senior Director, Government and Industry Affairs  
166 Siemens Healthcare



H. Stephen Lieber, CAE  
President/CEO  
HIMSS

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