



September 10, 2020

Secretary Alex Azar
The Hubert H. Humphrey Building
200 Independence Ave. SW
Washington, DC 20201

Administrator Seema Verma
U.S. Centers for Medicare &
Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Secretary Azar and Administrator Verma,

The College of Healthcare Information Management Executives (CHIME) is grateful for the opportunity to respond to the Centers for Medicare & Medicaid Services (CMS) Medicare and Medicaid Programs, Clinical Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency interim final rule calling for making COVID-19 data reporting mandatory under the Medicare and Medicaid Conditions of Participation (CoP) placed on display in the Federal Register on Sept. 2, 2020.

CHIME is an executive organization dedicated to serving chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders. With nearly 3,400 members, CHIME provides a highly interactive, trusted environment enabling senior professional and industry leaders to collaborate; exchange best practices; address professional development needs; and advocate for the effective use of information management to improve the health and healthcare in the communities they serve.

CHIME and our members understand that part of the COVID-19 fight is knowing exactly where the battle is being waged through timely and accurate data reporting. At the same time, hospital and critical access hospital (CAH) providers are facing an ever-growing crunch from both financial and personnel realities as the devastating impact of the pandemic has hit hospitals in triage areas, acute care delivery settings and administrative offices. **That is why we are writing today to request that the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) reverse their decision described in the interim final rule. Moving forward with the data reporting policies laid out by the Administration will needlessly overwhelm hospitals unable to report daily on COVID-19 statistics by eliminating their ability to participate in the Medicare and Medicaid programs.**

The fight against COVID-19 must be a unified one across our nation. Citizens, patients, doctors, nurses, hospital administration staff and our nation's policy makers must work together if we as a country hope to stem the spread of this virus and stabilize our health system in the face of a winter many project to be deadly.

Accurate data is crucial in our present understanding of COVID-19, as well as the future trajectory of this disease. While we share frustrations over current data reporting capabilities and are in

College of Healthcare Information Management Executives (CHIME)
710 Avis Drive, Suite 200 | Ann Arbor, MI 48108 | 734.665.0000 | www.chimecentral.org

agreement that we need to build out our public health reporting, we harbor significant concerns with mandating reporting under the CoP given the significant and well-documented limitations of the nation's current public health reporting system.

CHIME and its members have supported numerous efforts through both the Administration and Congress to improve the way we as a nation report, understand and plan for public health crises in the future. These have included securing additional – albeit not enough – funding from Congress¹ for the Centers for Disease Control and Prevention's (CDC) data modernization effort and responding to HHS' healthcare resiliency request for information². We encourage the Administration and Congress to work together to build on the foundation already laid through the use of health information exchanges (HIEs) and the use of electronic data to fix our nation's reporting deficiencies, instead of forcing providers to use a confusing and constantly changing system they have not had time to adequately plan to implement.

Hospitals now, more than ever, need stability. They need to know that they won't risk having to close their doors this winter because they missed a reporting requirement or failed to follow every detailed regulatory change. Those often tasked with the regulatory oversight and compliance within hospital groups are the very ones facing furlough or are being laid off due to the impact of the first wave of the pandemic. This leaves many hospitals scrambling to understand and stay up to date with the ever-changing Medicare and Medicaid participation requirements.

Even in just the last few months there have been changes in not only how providers are to report this crucial data, but there have been conflicting media reports over whether these would change again, creating additional confusion.

While we continue to support the Administration in its desire to provide the nation with more accurate reporting, it must be done in a commonsense manner – not through threats of financial ruin. The Administration should consider the damage that could be done if hospitals are not given the support needed to comply with these burdensome reporting requirements. Again, we ask that you roll back this regulation and replace it with the tools and resources needed to support hospitals and to lay the groundwork to build the public health reporting system this nation deserves.

If you would like to speak further with CHIME or our members about how we can best work together to provide the Administration and HHS with accurate timely data, please feel free to reach out to our Director of Federal Affairs at atomlinson@chimecentral.org.

Sincerely,



Russell P. Branzell, CHCIO, LCHIME
President and CEO CHIME



John Kravitz
Chair, CHIME Board of Trustees
CIO, Geisinger

¹ https://chimecentral.org/wp-content/uploads/2019/03/Data-Strategy-FY-2020-Request-Letter.House_Final.pdf

² <https://chimecentral.org/wp-content/uploads/2020/07/Final-CHIME-Letter-to-HHS-on-Resiliency-RFI.pdf>