

# EHR Incentive Programs

## AAMA comments on the CMS Stage 3 proposed rule



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*The following was submitted May 23, 2015 to the CMS-3310-P, Centers for Medicare and Medicaid Services, Department of Health and Human Services.*

These comments are being submitted by the American Association of Medical Assistants (AAMA) regarding the notice of proposed rulemaking (NPRM) for Stage 3 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. This NPRM was first published March 20, 2015, and was published in the *Federal Register* March 30, 2015.<sup>1</sup>

The American Association of Medical Assistants (AAMA) is a professional society that represents the medical assisting profession throughout the United States. The AAMA has over 35,000 members and is the recognized voice for the medical assisting profession.

The Certifying Board of the AAMA awards the CMA (AAMA) credential to those medical assistants who: (1) have graduated from a postsecondary medical assisting program accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES); and (2) have passed the CMA (AAMA) Certification Examination. A medical assistant holding the CMA (AAMA) credential must recertify every sixty (60) months to keep the credential current. The National Board of Medical Examiners (NBME) has served as test consultant for the CMA (AAMA) Certification Examination since 1977. The CMA (AAMA) Certification Program is accredited by the National Commission for Certifying Agencies (NCCA), a body that reviews and accredits certification programs that meet its *Standards for the Accreditation of Certification Programs*. The

NCCA is an accrediting arm of the Institute for Credentialing Excellence (formerly the National Organization for Competency Assurance [NOCA]).

The American Association of Medical Assistants commends the Centers for Medicare and Medicaid Services (CMS) for the excellent manner in which it has implemented the congressional mandate in the American Recovery and Reinvestment Act of 2009 to establish a system of incentive payments for health care providers and institutions. CMS staff have been helpful on many occasions to Donald A. Balasa, JD, MBA, chief executive officer and house legal counsel of the AAMA. An example of this assistance is the joint presentation about the Medicare and Medicaid Incentive Programs that Robert Anthony, then deputy director of the Health Information Technology Initiatives Group, Office of E-Health Standards and Services, [CMS], and Mr. Balasa gave September 29, 2013, to the AAMA House of Delegates at the 57th Annual Conference of the American Association of Medical Assistants in Atlanta.

This comment will focus on the computerized provider order entry (CPOE) aspects of the Stage 3 notice of proposed rulemaking, found primarily on pages 16750 and 16751 of the March 30 *Federal Register*.<sup>1</sup>

The [AAMA] agrees with the proposed expansion of the radiology orders category to include diagnostic imaging orders (page 16751).<sup>1</sup> As stated on page 16750, this change appropriately addresses “the needs of specialists and allows for a wider variety of clinical orders relevant to particular specialists to be included for purposes of measurement.”<sup>1</sup>

A primary public policy objective of the AAMA is to protect patients, delegating providers, other health care professionals working with medical assistants, and medi-

cal assistants themselves from substandard and potentially dangerous medical assisting practices. Therefore, the AAMA is in full agreement with the following language from page 16751 of the *Federal Register*:

However, as stated in the Stage 2 final rule at 77 FR [Federal Register] 53986, it is apparent that the prevalent time when CDS [Clinical Decision Support] interventions are presented is when the order is entered into CEHRT [Certified Electronic Health Record Technology], and that not all EHRs also present CDS when the order is authorized (assuming such a multiple step ordering process is in place). This means that the person entering the order would be required to enter the order correctly, evaluate a CDS intervention either using their own judgment or through accurate relay of the information to the ordering provider, and then either make a change to the order based on the information provided by the CDS intervention or bypass the intervention. *The execution of this role represents a significant impact on patient safety; therefore, we continue to maintain for Stage 3 that a layperson is not qualified to perform these tasks.*<sup>1</sup> [Emphasis added.]

The AAMA appreciates the opportunity to comment on the NPRM for Stage 3 of the Medicare and Medicaid EHR Incentive Programs. Please contact CEO and Legal Counsel Donald A. Balasa with any questions: [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org). ♦

### References

1. Medicare and Medicaid Programs; Electronic Health Record (EHR) Incentive Programs—Stage 3. *Fed Regist.* 2015;80(60):16750-16751. 42 CFR §495.

Questions? Contact Donald A. Balasa, JD, MBA, at [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org) or 800/228-2262.