



June 13, 2017

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1677-P  
P.O. Box 8011  
Baltimore, MD 21244-1850

Submitted online at [www.regulations.gov](http://www.regulations.gov)

**RE: Comments on Proposed Rules, File Code CMS-1677-P**

The Association for Healthcare Documentation Integrity (AHDI) is pleased to submit comments on the Centers for Medicaid and Medicare Services Proposed Rules published in Volume 82, Number 81 of the *Federal Register* on April 28, 2017.

AHDI has been on the front lines of patient care documentation since 1978, representing a community of 100,000-plus medical transcriptionists and quality auditors (now known as healthcare documentation specialists), serving as the primary means by which our nation's clinical documentation is generated. AHDI leads, educates, and advocates for professional excellence and integrity in healthcare documentation policies and practices. We envision a future where optimal healthcare delivery and outcomes are facilitated by complete, accurate, and timely clinical documentation to convey patient health stories.

AHDI is in strong support of CMS's "Proposed Changes Relating to Survey and Certification Requirements." National accrediting organizations (AOs) serve a critical role to ensure Americans have access to quality healthcare through their measurement and evaluation of quality, safety, and performance standards for healthcare organizations. As medical records themselves become increasingly transparent through the availability and use of patient portals, so should data related to the oversight of the facilities providing that care. Americans need user-friendly access to their medical records and information that can impact or influence the quality of their health care. Furthermore, this type of openness would be in line with the earlier reporting for nursing homes, short-term acute care hospitals, and critical care hospitals. For these reasons, we support making the information resulting from survey reports, the accreditation process, and acceptable plans of correction conducted/created by CMS-approved AOs openly available to the American public.

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Online access to the information collected and generated by AOs through the accreditation process of healthcare organizations should offer the American public the ability to filter or group reports by geographic area. This will enable healthcare consumers to make useful comparisons as they shop for quality healthcare services. Furthermore, the public should also have access to easily comprehensible summaries of AO inspection results. Expecting the public to glean useful information in a timely manner by combing through highly technical reports would not be useful or helpful to healthcare consumers.

Thank you for the opportunity to share our comments. Please don't hesitate to contact us with any questions you might have. We look forward to an ongoing dialog regarding these very important issues.

Respectfully,



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