# Decoding the Cromnibus Spending Bill for HIM Stakeholders

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By AHIMA's Advocacy and Policy Team

Buried deep within the 700-page "cromnibus"—the massive spending bill passed by both chambers of Congress last December—are various provisions that could affect HIM professionals directly. The following offers an explanation of the cromnibus and some of its most relevant provisions.

## What is the Cromnibus?

The cromnibus is a combination of a long-term spending bill (omnibus) and a shorter-term continuing resolution (CR). It essentially funds most government agencies, including the Office of the National Coordinator for Health IT (ONC), until September 2015. The omnibus portion of the bill (i.e., the Consolidated and Further Continuing Appropriations Act of 2015) includes 11 appropriations bills, including one that is very pertinent to HIM—the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2015. However, details of many of the health information technology (HIT) requirements are found in an accompanying explanatory statement rather than the bill itself. To read the full cromnibus visit www.gpo.gov/fdsys/pkg/BILLS-113hr83enr/pdf/BILLS-113hr83enr.pdf. To read the explanatory statement, visit www.congress.gov/congressional-record/2014/12/11/house-section/article/H9307-1.

## Information Blocking: What the Bill Says

The bill says that ONC should certify "only those products that meet current meaningful use program standards and that do not block health information exchange." It should decertify products that proactively block the sharing of information. Going forward, ONC must also provide information regarding the extent of information blocking, including the estimated number of vendors, hospitals, or providers who block information, as well as a comprehensive strategy to address it.

Information blocking occurs when vendors or healthcare providers deliberately prohibit the sharing of information. This could occur for a variety of reasons. For example, vendors may block information sharing in order to sell additional electronic health record (EHR) systems. An EHR vendor may boast that its systems are fully interoperable; however, that may be true only if the provider implements that one vendor's technology solutions. Providers may block information sharing in order to control the flow of clinically relevant health information.

### How This Could Affect HIM

It's unclear how frequently information blocking occurs because neither the government nor the private sector tracks this information uniformly. HIM directors should serve as vocal proponents for open exchange and work with vendors to ensure that technology promotes this capability. Professionals should also talk with their chief information officer and other executives to make them aware of this issue and the fact that it's on the ONC radar. The problem won't be solved until hospitals and other providers demand that vendors no longer block information or charge fee differentials to extract patient data or interface with other solutions.

## Interoperability: What the Bill Says

ONC's Health IT Policy Committee must submit a report by December 2015 to the US House and Senate Committees on Appropriations regarding challenges and barriers to interoperability, including the technical, operational, and financial barriers. The report should also include the role of certification in advancing or hindering interoperability.

### How This Could Affect HIM

There are many barriers to interoperability, including variation in templates, information blocking, a lack of standardized vocabulary, and more. The Health IT Policy Committee report will likely reveal these and a whole host of other barriers, many of which HIM professionals can help to address. These reports will hopefully serve as a foundation for consensus and a stepping stone for HIM professionals and others to understand and address these barriers.

## Departments of Defense and Veterans Affairs: What the Bill Says

The Department of Veterans Affairs will receive funds to enhance and modernize its EHR system and develop a standard data reference terminology model. The goal is to ensure that both departments have systems that can exchange data and improve patient care for active service members and veterans. Both departments must submit progress reports to Congress regarding performance benchmarks toward developing an interoperable EHR.

### How This Could Affect HIM

As with the ONC interoperability reports, the reports submitted by the Departments of Defense and Veterans Affairs will hopefully spur progress toward what has become a decade-long effort to integrate these two systems. In many cases, veterans and active military personnel have sustained lifelong injuries as a result of their service. It's important for providers to be able to access information about these patients easily and efficiently. HIM professionals should be aware of these reports and try to apply any lessons learned from the experiences of these two departments to the private sector.

## Cloud-based Platform for Public Health Reporting: What the Bill Says

The Centers for Disease Control and Prevention (CDC) will work with state and local officials to develop a timeline for cloud-based IT public health reporting that will reduce the reporting burden on state public health agencies and create economic efficiencies.

### How This Could Affect HIM

The importance of this provision is not necessarily that it calls for a cloud-based platform specifically, but rather that it seems to acknowledge the lack of an efficient public health reporting infrastructure. This initiative to reduce the burden on state health agencies should also hopefully reduce the burden on HIM departments. If HIM professionals can report public health data electronically and even automatically from the EHR, this would certainly create more efficiency. Despite the challenges, HIM professionals must continue to ensure that reports are accurate and complete.

## Rural Health: What the Bill Says

The cromnibus bill allocates funding for quality improvement and adoption of health IT as well as the purchase and implementation of telehealth services in rural areas. It also enhances broadband telecommunications to support telehealth and distance learning programs.

### How This Could Affect HIM

Telemedicine is extremely important in rural areas where access to healthcare providers is limited and where transportation barriers exist. Being able to bring the physician to the patient—rather than the other way around—via telemedicine technology is critical. As telemedicine continues to expand in scope, HIM professionals must ensure that documentation for these services is complete and that it thoroughly outlines the scope of the visit so payers don't scrutinize or question the nature of the virtual encounter.

## Recovery Audit Contractors: What the Bill Says

The Centers for Medicare and Medicaid Services (CMS) will educate providers on how to reduce errors, develop procedures to reduce the Office of Medicare Hearings and Appeals (OMHA) backlog, and establish a process to provide educational feedback from OMHA to CMS and RAC contractors to reduce the number of claims that are likely to be overturned once they reach the OMHA. CMS must also submit a report to the appropriate committees of the US House and Senate regarding its strategy to improve the entire appeals process, including the quality of auditors' reviews, and to improve confidence in RACs' ability to interpret Medicare policies consistently and correctly.

## How This Could Affect HIM

This is all good news for providers and HIM professionals, many of whom have struggled with a high volume of appeals that are subsequently overturned. Hopefully these unnecessary denials will decrease over time. CMS education will also help providers identify the reasons for denials so they can implement internal processes to prevent these denials in the future. A consistent interpretation of Medicare regulations will also be helpful in terms of reducing unnecessary denials. HIM professionals should continue to monitor and track denials and notify their RAC of areas for improvement. Pay attention to CMS provider education, and ensure that any internal policies and procedures address high-risk areas.

# Contributor Acknowledgement

The authors of this article would like to acknowledge Joel White, executive director of the Health IT Now Coalition, who contributed to this article by providing insight into how the cromnibus could affect HIM professionals.

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**Article citation**:
AHIMA Advocacy and Policy Team. "Decoding the Cromnibus Spending Bill for HIM Stakeholders" *Journal of AHIMA* 86, no.4 (April 2015): 14-15.

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