

# IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

P.O. Box 1734, McAlester, OK 74501

Telephone (918) 302-0252 ~ Facsimile (918) 423-7639 ~ Website: [www.tribalselfgov.org](http://www.tribalselfgov.org)

Sent Electronically to: [Denise.Turk@ihs.gov](mailto:Denise.Turk@ihs.gov)

August 4, 2015

Mr. Robert G. McSwain, Principal Deputy Director  
Indian Health Service  
U.S. Department of Health and Human Services  
Suite 440, The Reyes Building  
801 Thompson Avenue  
Rockville, MD 20852-1627

## RE: Quality Reporting Measures

Dear Principal Deputy Director McSwain:

On behalf of the Tribal Self-Governance Advisory Committee (TSGAC), I am writing to provide you with our recommendations regarding quality reporting measures and to request IHS to conduct an analysis. As you are aware, the trends for both Medicare and Medicaid are to require providers to utilize their electronic medical records as part of clinical quality management. TSGAC and the Tribal Technical Advisory Group (TTAG) for the Centers for Medicare and Medicaid Services (CMS) have had discussions with CMS about using GPRA measures instead of the clinical quality management approaches. However, it appears that those recommendations have not gained any traction in CMS or HHS.

The proposed Medicaid Managed Care regulations<sup>1</sup> intend to align the Medicare and Medicaid quality measures so that health care delivery systems do not duplicate their efforts. We believe that the IHS and Tribes should also be aligning their quality assurance with the Medicare and Medicaid approaches, particularly since there may be economic consequences with regard to revenue from these important sources of payment for services.

Therefore, we would like to request that IHS conduct an analysis and comparison of the GPRA and Clinical Quality Management approaches. This analysis could include the following information:

- a. Timelines for each (Are they the same or different?)
- b. Type of data collection (What types of data are being collected? Are they the same or different?)
- c. Cost of data collection (What is the cost, to include equipment and software and human resources, of GPRA data collection system wide? How does that compare to the estimated cost of collecting data under Clinical Quality Management approaches that are in regulation or proposed regulations? What is the cost of doing both, versus one or another?)

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<sup>1</sup> Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability; Proposed Rules, 80 Fed. Reg. 31,097 (June 1, 2015) ("Proposed Rule").

Many Self-Governance Tribes have been actively involved in GPRA pilot projects over the past several years. It would be helpful to know how many Self-Governance Tribes are reporting GPRA data and how many are not.

The reason we are asking IHS to conduct this analysis and provide a written report is that we think it is important for the IHS and Tribes to work together on a common goal. That goal could be to exempt Indian health from GPRA reporting, or it could be to use GPRA instead of Medicare and Medicaid clinical quality measures. Alternatively, we may find that there is no duplication of effort and the costs of doing both are negligible. Before we can make a recommendation on this important topic, we need to be better informed about the consequences of each approach.

We would like to put this important topic on our agenda for the next TSGAC quarterly meeting on October 6, 2015 and request that you assign someone to conduct this analysis and present a report of the findings at that meeting.

Should you need additional information or have questions regarding this letter and request, please contact me at (860) 862-6192; or via email: [lmalerba@moheganmail.com](mailto:lmalerba@moheganmail.com). Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe  
Chairwoman, TSGAC

cc: P. Benjamin Smith, Director, OTSG, IHS  
TSGAC and Technical Workgroup