**Indian Health Service Tribal Self-Governance Advisory Committee**

Talking Points

January 23-24, 2020

**105(l) Leases**

While TSGAC appreciates the updates provided in the January 22, 2020 letter, we are disappointed that Tribes will, once again, miss out on inflationary increases. Despite our discomfort with the continued practice, we urge the Agency to immediately initiate the 105(l) Lease Workgroup to estimate future lease costs need. Further, TSGAC recommends that the Agency continue to provide technical assistance to the appropriations committee to achieve a separate and indefinite appropriation to prevent further inflationary increase losses.

**Health Information Technology Modernization Project**

TSGAC is pleased the first step of the Modernization Project has been completed and that a Roadmap has been identified for the next 3-5 years. TSGAC supports many of the immediate next steps identified, including establishment of the Tribal Advisory Committee and a Project Management Office. Additionally, TSGAC has few questions to pose to IHS leadership:

* + Congress did not appropriate the amount requested in the Fiscal Year 2020 budget. Will this impact the plans identified in the Roadmap? If so, how? Finally, what progress has been made on the Roadmap in Fiscal Year 2020?
	+ What impact, if any, has the Continuing Resolution had on the Project’s progress? How is the Agency planning ahead of the next CR?
	+ What is the progress on the FY2020 goals

**Divisibility of EHR Funding**

TSGAC is particularly interested in the long-term planning for HIT Modernization and EHR development. One issue that may specifically impacts the future longevity of the Project, is the treatment of federal funding specifically for EHR modernization. Some tribes have already made significant investments in COTS systems, while others continue to leverage RPMS with IHS and Tribal support. Therefore, IHS and Tribes should engage in consultation regarding the divisibility of the funding ahead of expected federal appropriations. Finally, TSGAC encourages IHS to consider the impact divisibility will have on future funding requests and correctly request funds to anticipate Tribes rightfully exercising their option to assume administration of RPMS.

**Meeting Appropriate Use Criteria through RPMS**

Appropriate Use Criteria (AUC) is used to indicate whether the imaging study ordered by the provider is the right one for the diagnosis.  Per CMS under AUC when ordering advanced imaging (CT, PET, nuclear medicine and MRI) for a Medicare patient the provider is required to consult a Clinical Decision Support Mechanism (CDSM). The CDSM is an electronic portal to access the appropriate use criteria. There are free websites that have access to the CDSM but they are outside our EHR and it will be an additional step to access it and determine whether the order adheres to the AUC or if the AUC consulted was not applicable. Calendar year 2020 is an educational testing period for the AUC. Starting January 2021 there will be payment consequences for not having the AUC on the claim.  Practitioners whose ordering patterns are considered outliers will be subject to prior authorization.

TSGAC expects that this will be labor and time intensive for tribal providers due to preauthorization process and extensive conversations with providers. Tribes will have no control over outside providers, creating additional barriers if those providers do not have the AUC on the order or if it is incorrect. This will create a hardship for Tribes especially since RPMS does not integrate with CDSM. How is RPMS going to address this issue and prevent further penalties?

**Fiscal Year 2022 Budget Formulation**

TSGAC is disappointed that the planning for the upcoming Budget Formulation meeting is not yet complete. The delay in selecting a location prevents Tribes from scheduling travel and adequately prepare for the meeting. IHS should make every effort in the future to plan and schedule the location of the meeting at least thirty days in advance.

**Maintaining and improving exception apportionment**

Self-Governance Tribes are very appreciative of the hard work IHS put forth to achieve exception apportionment. TSGAC encourages the IHS to continue to use this process in anticipation of a CR in FY21. Finally, TSGAC recommends that IHS evaluates the FY20 process and identify future opportunities for improvement in timing and workflow.

**Building Capacity for Advance Appropriations.**

TSGAC has received updates that IHS officials have met with the Veterans Administration to build capacity to implement advance appropriations at the agency. Have additional meetings occurred? Is there a plan in place to continue to build capacity? Has the Agency identified obstacles or barriers that Tribes need to be aware of?

**Updating Level of Need Funding Data to reflect new national benchmarks.**

A Subworkgroup of the Budget Formulation Workgroup was created to develop the total amount needed for IHS (to include Facilities and other components to address all IHCIA authorities). However, Tribes are awaiting data to complete an assessment that can be included in the FY2022 budget formulation and future advocacy. In particular, the workgroup assigned to update the assessment is awaiting data from IHS, including user population data for Urban Indians and estimated costs for HIT Modernization.

**Level of Need Funding Data to reflect new national benchmarks.**

TSGAC continues to advocate that the Level of Need Funding data table should be updated regularly, or no fewer than every two years. The Agency has not updated the data recently, making it difficult for Tribes to advocate to Congress for fully funding IHS. There is also concerned that the development of the Indian Health Care Improvement Funding Workgroup Report, which was due to the Director last July, has been significantly delayed. TSGAC asks that the Agency update the LNF data and set a new deadline for the IHCIF Workgroup Report so that Tribes are aware of the Agency’s anticipated timeline.

**Include inflationary and mandatory increases for the IHCIF fund previously transferred.**

TSGAC is concerned that the separation of IHCIF from the Hospitals and Health Clinics line item is resulting in a loss of associated inflationary and mandatory increases in the President’s Budget Request and Budget Formulation Process. Failure to add mandatory and inflationary increases to the IHCIF does not align with the intent of the fund.

**Outstanding Consultation Responses for Behavioral Health and Opioid Grants**

IHS requested and Tribes provided comments on the treatment of Behavioral Health and Opioid Grant Consultation requests. Is there a status update on the process for both consultations? What is the expected timeline for public feedback?

**Government Accountability Office IHS Funding Allocation Report**

TSGAC is concerned the GAO has initiated a report regarding IHS Funding Allocation as a result of the Comptroller General. While Tribe support oversight and review of the Agency when appropriate and constructive, the GAO has not yet shared the purpose or objectives of the ongoing report. This is alarming given that this has not been the practice of the Office previously. Additionally, the entire US Government shares a trust responsibility to uphold a government-to-government. Transparent exchange of information is critical to that relationship, as is the regular and open communication. As such, TSGAC requests that GAO share the objectives of the Comptroller General requested report and meaningfully engage with Tribal leaders.