



OCT 05 2015

Indian Health Service
Rockville, MD 20852

Ms. Lynn Malerba
Chief, Mohegan Tribe
Tribal Self-Governance Advisory Committee
c/o Self-Governance
1133 20th Street NW, Suite 220
Washington, DC 20036-3462

Dear Chief Malerba:

Thank you for your letter providing recommendations regarding quality reporting measures and the request for an analysis.

In your letter, you provide an overview of efforts by the Tribal Self-Governance Advisory Committee's (TSGAC) to work with the Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) to have discussions with CMS about using Government Performance and Results Act (GPRA) measures instead of the clinical quality management approaches. We understand the TSGAC believes the Indian Health Service (IHS) and Tribes should be aligning quality assurance with the Medicare and Medicaid approaches, particularly since there might be economic consequences with regard to revenue from these important payment sources for services. You also asked the IHS to conduct a comparative analysis of GPRA (modified GPRA Modernization Act, GPRAMA) and clinical quality management approaches. For the purposes of establishing a common goal, the analysis was to possibly include: 1) timelines for each; 2) type of data collection; and 3) costs of data collection.

I am writing to inform you that the IHS is working to assess the impact of GPRA/GPRAMA and CMS's clinical quality management approaches. We understand TSGAC concerns on the potential reporting and cost burden associated with various requirements for GPRA/GPRAMA and clinical quality measures. We will continue to work with you, CMS, and HHS to identify appropriate solutions to reduce duplicative efforts.

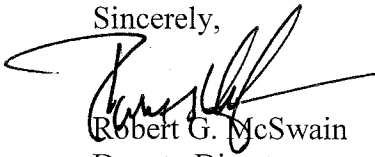
As we continue to work towards identifying methods to reduce duplication and improve the overall reporting process, I want to take this opportunity to update you on a major change to annual reporting of GPRA/GPRAMA clinical performance results. Beginning in FY 2016, the IHS is preparing to implement the Integrated Data Collection System Data Mart (IDCS DM), a new reporting mechanism within the National Data Warehouse. The IDCS DM provides a mechanism for Tribes and Urban Indian health programs that do not use the IHS's Resource and Patient Management System (RPMS) to participate in GPRA/GPRAMA reporting. The IHS is requesting Tribal consultation on this topic with feedback submission by October 31, 2015. The Dear Tribal Leader Letter and Fact Sheet dated September 23, 2015, is available on the IHS Web site at <https://www.ihs.gov/newsroom/triballeaderletters/>.

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As requested, the IHS is working on preparing a formal analysis and submitting a written report. However, the analysis and report will be unavailable for review during the TSGAC quarterly meeting on October 6, 2015. As soon as a response is available, we will submit for TSGAC review and discussion.

I appreciate your partnership as we work to improve and align quality reporting efforts across the Indian health care system. I look forward to continued dialogue on this important topic.

Sincerely,



Robert G. McSwain
Deputy Director