

National Indian Health Board



Submitted via: <http://www.regulations.gov>

November 17, 2015

Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Comment on CMS-3321-NC

Dear Centers for Medicare & Medicaid Services:

On behalf of the National Indian Health Board (NIHB), I write to comment on the request for information regarding the implementation of the Merit-Based Incentive Payment System (MIPS). Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance, or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

The MACRA requires the Secretary of Health and Human Services (HHS) to consult with stakeholders on implementation of the MIPS, including to identify: the measures and activities for each of the four performance categories; the method of assessing an eligible professional's total performance to determine their composite performance score; the method of applying the MIPS adjustment factor; and how qualified clinical data registries should be used.

We would like to request Tribal consultation on the development of the proposed MIPS policies because it is of the utmost importance that the Indian Health Service and Medicare and Medicaid within CMS conduct consultation for coordination so that the federal agencies are coordinated in implementing performance measures that are aligned. Congress has recognized that “[f]ederal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.” The federal trust responsibility and laws enacted pursuant thereto provide ample authority for the federal agencies of the Executive Department to

design, implement and tailor federal programs in a manner that recognizes and supports the unique government to government relationship between sovereign Tribal governments and the United States. Every Tribe is different and it is important that a wide cross-section of Tribes be able to provide substantive input on MIPS. This is consistent with the President's consultation policy as outlined in Executive Order 13175 of November 6, 2000 and confirmed in the memorandum of November 5, 2009. Early consultation will ensure that Tribal health concerns are considered and provide opportunity for CMS to work with Tribes in reducing reporting burdens.

Thank you for considering these comments. Please do not hesitate to contact us for further information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lester Secatero".

Lester Secatero, Chair
The National Indian Health Board

Cc: Kitty Marx, Director, CMS Division of Tribal Affairs