February 29, 2016

Office of Management and Budget
Office of Information and Regulatory Affairs
Attn: CMS Desk Officer

Re: CMS–10519, Agency Information Collection Activities: Submission for OMB Review; Comment Request

Dear OMB Desk Officer:

On behalf of the Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS), I write to submit comments on the CMS Paperwork Reduction Act notice and comment request (CMS–10519).

The TTAG advises CMS on Indian health policy issues involving Medicare, Medicaid, the Children’s Health Insurance Program, and any other health care programs funded (in whole or part) by CMS. In particular, TTAG focuses on providing policy advice to CMS regarding improving the availability of health care services to American Indians and Alaska Natives (AI/ANs) under these Federal health care programs, including through providers operating under the health programs of the Indian Health Service (IHS), Indian Tribes, Tribal organizations, and urban Indian organizations (referred to collectively as ITUs).

Thank you for the opportunity to comment on CMS’s intention to collect information regarding Physician Quality Reporting System (PQRS) and the Electronic Prescribing Incentive (eRx) Program. The notice stated that these incentive and reporting programs have had data integrity issues and that CMS will be engaging in a four year project that will "evaluate incentive payment information for accuracy and identify improper payments, with the goal of recovering these payments" and in order to avoid future data integrity issues. The notice invited comment on, among other things, "[t]he necessity and utility of the proposed information collection for the proper performance of the agency's functions."

We welcome CMS's efforts to ensure that payments to health care providers are properly made, and we fully support evaluating the accuracy of incentive payment information to avoid future

1 81 Fed. Reg. 5015 (Jan. 29, 2016)
data integrity issues. However, we are concerned about the necessity and utility of collecting information in order to recover past payments from ITUs.

Indian health providers are deeply committed to providing their patients with high-quality care, and they have worked hard to successfully implement quality improvement and reporting programs. However, the current year and future funding of ITUs should be insulated from efforts to recoup past incentive payments that CMS made in error. Indian health programs are chronically underfunded, and they receive their funding one year at a time rather than receiving advanced appropriations like other entities such as the Veterans Administration. In general, ITUs also do not pass costs along to their patients as the private sector does. Therefore, CMS reaching years into the past, determining that it has incorrectly made an incentive payment under a quality improvement program, and seeking to recover payment would be devastating to the current year budgets of many Indian health programs that already struggle to meet the needs of their patients. The diminishment of current or future Indian health program budgets due to such a retroactive assessment would be inconsistent with the federal government's trust responsibility and would endanger the health and well-being of Indian patients.

We encourage CMS to reconsider the purposes to which it intends to put the information it will collect regarding the PQRS and eRx programs. CMS should evaluate incentive payment information in order to improve the administration of quality improvement programs and avoid future data integrity issues. However, the agency should insulate the Indian Health Service and Indian health providers from attempts to recoup prior year payments that CMS made in error. Further, CMS should consult with Tribes regarding this information collection and the uses to which it intends to put the information that it gathers.

Thank you for this opportunity to comment.

Sincerely,

W. Ron Allen
Tribal Chairman and CEO, Jamestown S’Klallam Tribe
Chairman, Tribal Technical Advisory Group

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