INDIAN HEALTH SERVICE

GPRA/GPRAMA 101

National GPRA/GPRAMA Webinar

August 6, 2026

AGENDA

1. Introduction to GPRA/GPRAMA
2. Overview of FY 2027 GPRA Reporting Changes
3. Introduction to the National Data Warehouse (NDW)
4. Introduction to Integrated Data Collection System (IDCS)
5. NDW Data Exports
6. Monitoring & Improving GPRA Results
7. IDCS FY 2025 Data
8. Questions/Comments

INTRODUCTION TO GPRA/GPRAMA

INTRO TO GPRA/GPRAMA

- **GPRA**: Government Performance and Results Act
  - Federal law passed in 1993 that requires agencies to demonstrate that they are using congressional funds effectively and efficiently
  - IHS has been reporting GPRA data for over 10 years

- **GPRAMA**: Government Performance and Results Act Modernization Act of 2010
  - Update to the Government Performance and Results Act of 1993
  - Requires federal agencies to use performance data to drive decision making
  - IHS began reporting GPRAMA in FY 2013
  - Smaller set of measures than GPRA

- GPRA/GPRAMA data is reported in the IHS budget as justification for the funding being requested

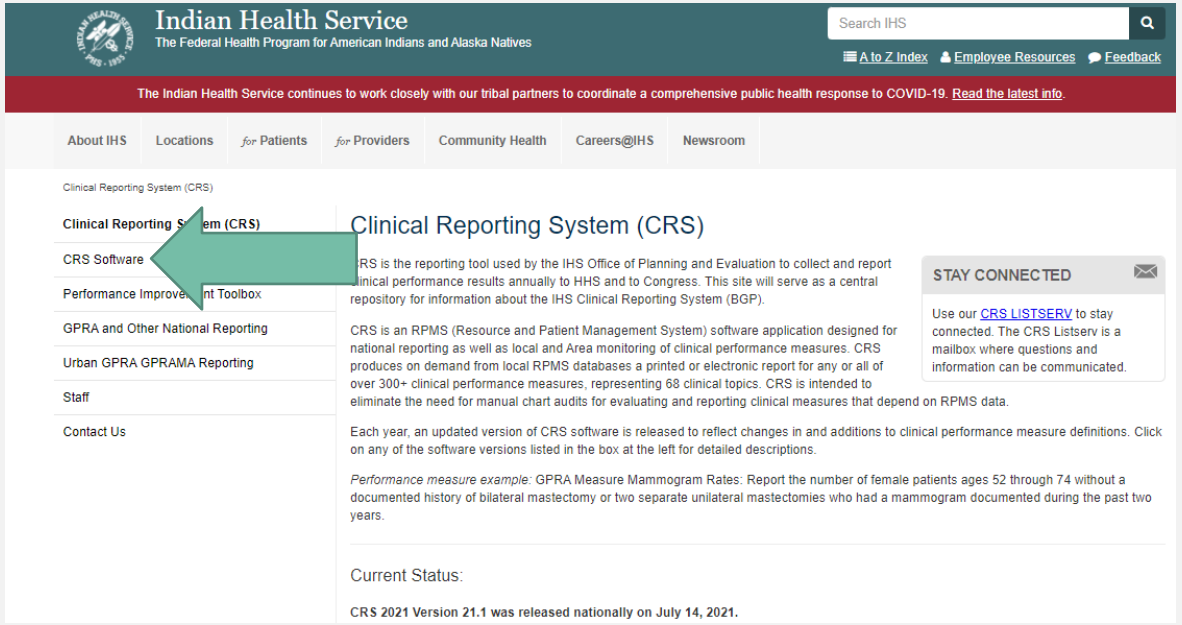
FY 2026 & FY 2027 GPRA/GPRAMA MEASURES

26 Clinical GPRA/GPRAMA Measures – GPRAMA measures in red

- **Diabetes (5 measures):**
  - Poor Glycemic Control
  - Controlled BP <140/90
  - Statin Therapy
  - Nephropathy Assessed
  - Retinopathy Exam
- **Dental (3 measures):**
  - Access to Dental Services
  - Sealants
  - Fluorides
- **Immunizations (4 measures):**
  - Influenza Vaccination (6 mo – 17yr)
  - Influenza Vaccination (18+)
  - Adult Immunizations
  - Childhood Immunizations
- **Cancer Screening (3 measures):**
  - Cervical (Pap) Screening Rates
  - Mammogram Screening Rates
  - Colorectal Cancer Screening
- **Behavioral Health (5 measures):**
  - Alcohol Screening
  - DV/IPV Screening
  - Depression Screening (12-17 years)
  - Depression Screening (18+)
  - SBIRT
- **Prevention Measures (6 measures):**
  - Tobacco Cessation
  - HIV Screening Ever
  - CVD: Statin Therapy
  - Childhood Weight Control
  - Breastfeeding Rates
  - Controlling High Blood Pressure-Million Hearts

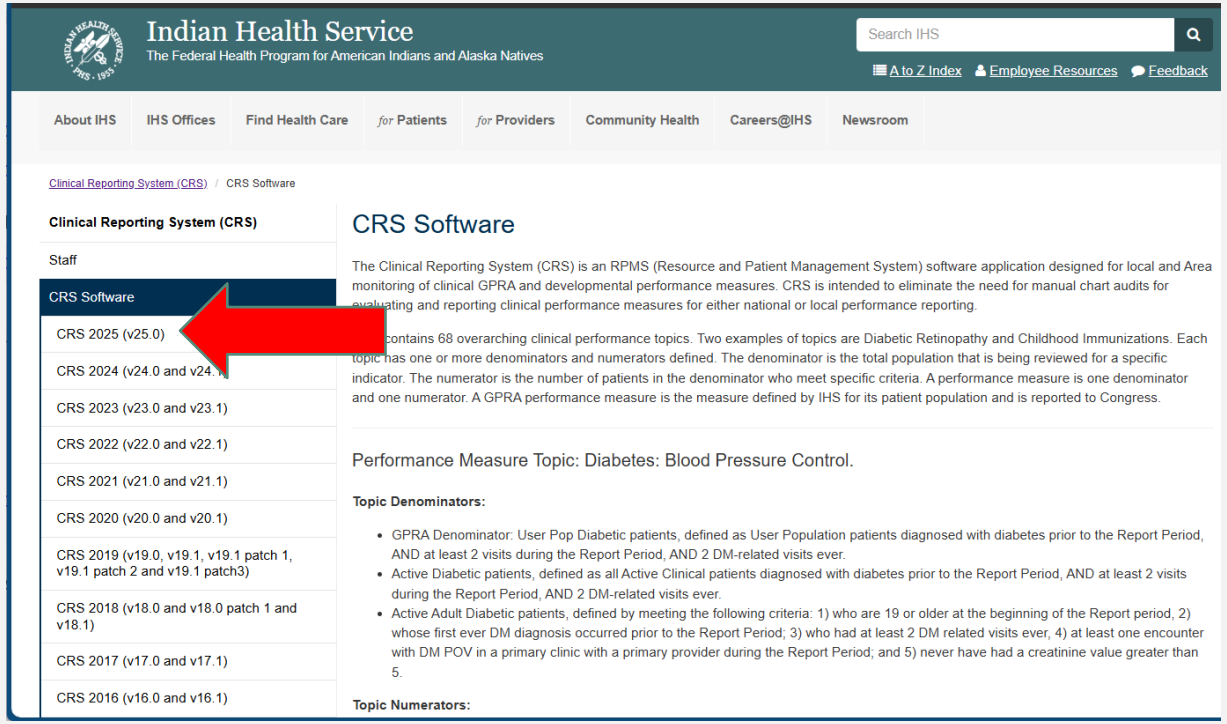
GPRA MEASURE LOGIC

- Logic manual is located on the CRS website: https://www.ihs.gov/crs/
- Updated with each CRS update (usually twice per year)
- Link to most recent logic manual is located on left side, under "CRS Software"

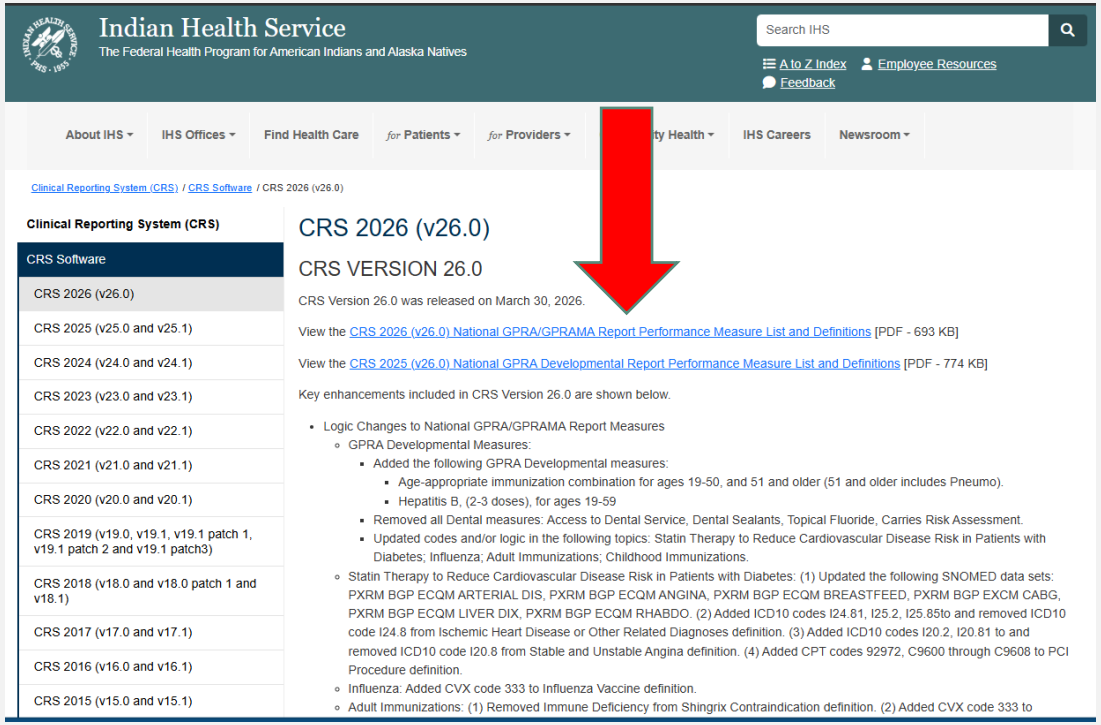


GPRA MEASURE LOGIC

- Click on the most recent version of CRS at top of list



- Click on the link for the Measure Logic and Definitions Manual



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2.2.2 Dental Sealants

2.2.2.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, DDS, MPH

2.2.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.2.2.3 Denominators

1. GPRA: User Population patients ages 2 through 15 years. Broken down by age groups 2, 3 through 5, 6 through 9, 10 through 12, and 13 through 15.

2.2.2.4 Numerators

2.2.2.4 Numerators

1. GPRA: Patients with at least one or more intact dental sealants.
2. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants during the Report Period. Broken down by age group 2 through 15 years.

Note: This numerator does *not* include refusals.

2.2.2.5 Definitions

Intact Dental Sealant

- Any of the following documented during the Report Period:
  - RPMS Dental codes 1351, 1352, 1353
  - ADA CDT D1351, D1352, D1353
- *Or* any of the following documented during the past three years from the end of the Report Period:
  - IHS Dental Tracking code 0007

If both RPMS Dental and ADA CDT codes are found on the same visit, only the RPMS Dental code will be counted. IHS Dental Tracking code 0007 will be counted regardless of whether another sealant code is submitted on the same visit or date of service.

For the count measure, only two sealants per tooth and only one repair (RPMS Dental code 1353 or ADA CDT D1353) per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.

INTRO TO GPRA/GPRAMA

- Clinical GPRA/GPRAMA data
  - Collected and reported throughout the GPRA year via the Integrated Data Collection System (IDCS)
    - GPRA Year: October 1 – September 30
    - Data collected via exports to the National Data Warehouse (NDW)
    - Data is cumulative
    - IDCS data from all reporting clinics are aggregated into national result
    - National results include data from federal, tribal, and urban Indian health programs
    - Health programs can report data for GPRA regardless of which EHR they are using

IMPORTANT DEFINITIONS

- **GPRA/IDCS User Population**:
  - Must have been seen at least once in the three years prior to the end of the time period, regardless of clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report Period.
  - Must be AI/AN;.
  - Must reside in a community specified in the service unit's GPRA community taxonomy, defined as all communities of residence in the defined PRC catchment area.

HISTORY OF GPRA REPORTING

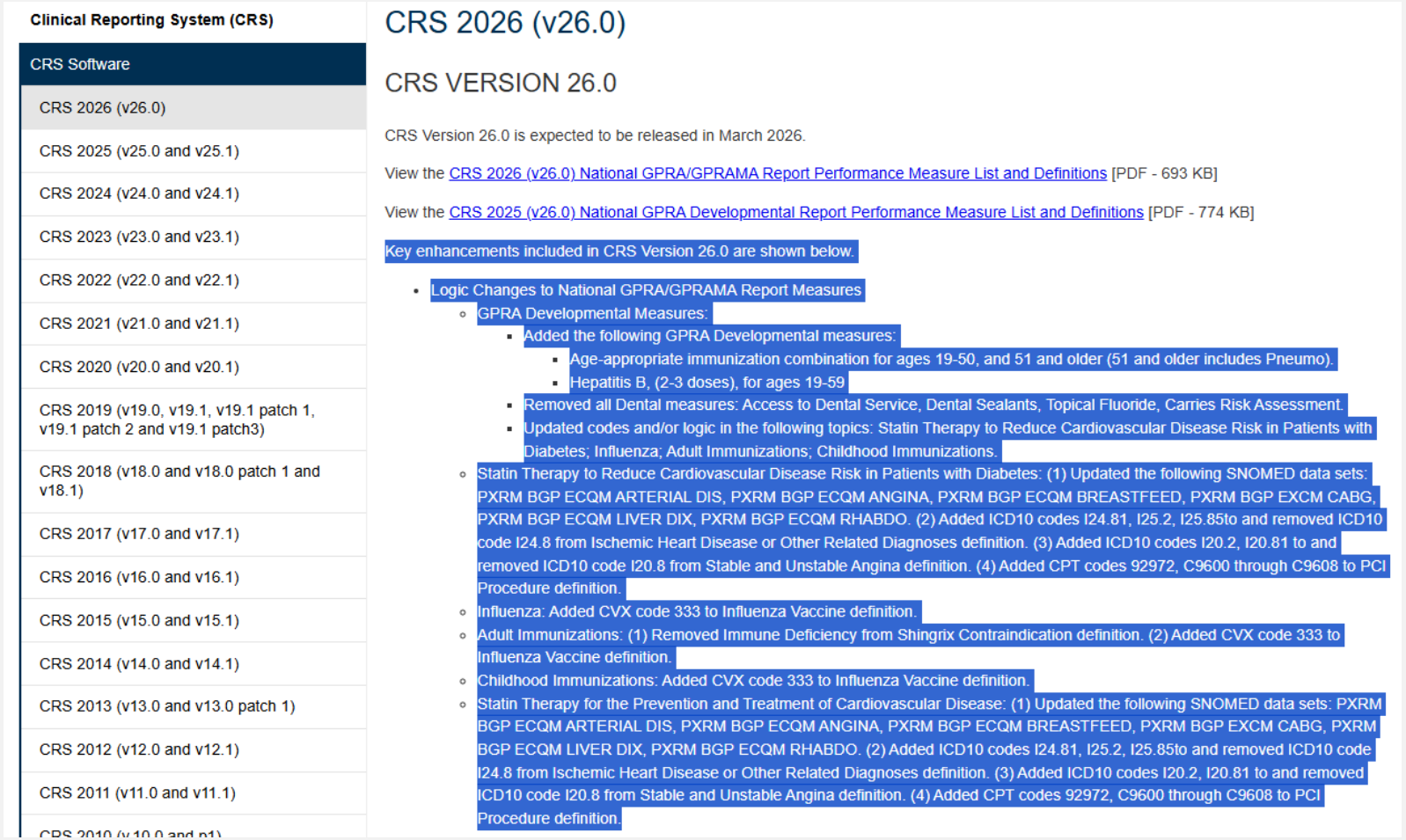
- The IHS has used the Clinical Reporting System (CRS) module in RPMS to report clinical performance results in the annual budget since 2005.
- CRS was last used to report GPRA results in 2017.
- IDCS became the mechanism for reporting GPRA beginning in 2018

CRS **Reporting Process**	**Limitations**
Aggregation: • Reports are electronically run on local RPMS servers, • Electronically aggregated into Area GPRA reports, and • Manually aggregated nationally.	Reports are run on local RPMS servers which means that the universe of data mining for reports is limited to the local server.
Timing • Reports run three times a year using hard coded logic to standardize reports across the Indian health system.	National results are not available for 8 – 9 weeks after the end of the quarter because (1) Areas submit their reports 4 weeks after the quarter end and (2) manual aggregation of national results and cross checking takes 4 – 5 weeks.
National GPRA results are only reported from RPMS.	Performance results reflect RPMS sites only.

OVERVIEW OF FY 2027 CHANGES TO GPRA REPORTING

OVERVIEW OF FY 2027 GPRA/GPRAMA MEASURE LOGIC CHANGES

- **CRS 27.0 is planned to be released March 2027**
  - Measure changes will be included on the CRS Website once released



Clinical Reporting System (CRS)

CRS Software

- CRS 2026 (v26.0)
- CRS 2025 (v25.0 and v25.1)
- CRS 2024 (v24.0 and v24.1)
- CRS 2023 (v23.0 and v23.1)
- CRS 2022 (v22.0 and v22.1)
- CRS 2021 (v21.0 and v21.1)
- CRS 2020 (v20.0 and v20.1)
- CRS 2019 (v19.0, v19.1, v19.1 patch 1, v19.1 patch 2 and v19.1 patch3)
- CRS 2018 (v18.0 and v18.0 patch 1 and v18.1)
- CRS 2017 (v17.0 and v17.1)
- CRS 2016 (v16.0 and v16.1)
- CRS 2015 (v15.0 and v15.1)
- CRS 2014 (v14.0 and v14.1)
- CRS 2013 (v13.0 and v13.0 patch 1)
- CRS 2012 (v12.0 and v12.1)
- CRS 2011 (v11.0 and v11.1)
- CRS 2010 (v10.0 and p1)

CRS 2026 (v26.0)

CRS VERSION 26.0

CRS Version 26.0 is expected to be released in March 2026.

View the CRS 2026 (v26.0) National GPRA/GPRAMA Report Performance Measure List and Definitions [PDF - 693 KB]

View the CRS 2025 (v26.0) National GPRA Developmental Report Performance Measure List and Definitions [PDF - 774 KB]

Key enhancements included in CRS Version 26.0 are shown below.

- Logic Changes to National GPRA/GPRAMA Report Measures
  - GPRA Developmental Measures:
    - Added the following GPRA Developmental measures:
      - Age-appropriate immunization combination for ages 19-50, and 51 and older (51 and older includes Pneumo).
      - Hepatitis B, (2-3 doses), for ages 19-59
    - Removed all Dental measures: Access to Dental Service, Dental Sealants, Topical Fluoride, Carries Risk Assessment.
    - Updated codes and/or logic in the following topics: Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes; Influenza; Adult Immunizations; Childhood Immunizations.
  - Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: (1) Updated the following SNOMED data sets: PXRM BGP ECQM ARTERIAL DIS, PXRM BGP ECQM ANGINA, PXRM BGP ECQM BREASTFEED, PXRM BGP EXCM CABG, PXRM BGP ECQM LIVER DIX, PXRM BGP ECQM RHABDO. (2) Added ICD10 codes I24.81, I25.2, I25.85to and removed ICD10 code I24.8 from Ischemic Heart Disease or Other Related Diagnoses definition. (3) Added ICD10 codes I20.2, I20.81 to and removed ICD10 code I20.8 from Stable and Unstable Angina definition. (4) Added CPT codes 92972, C9600 through C9608 to PCI Procedure definition.
  - Influenza: Added CVX code 333 to Influenza Vaccine definition.
  - Adult Immunizations: (1) Removed Immune Deficiency from Shingrix Contraindication definition. (2) Added CVX code 333 to Influenza Vaccine definition.
  - Childhood Immunizations: Added CVX code 333 to Influenza Vaccine definition.
  - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: (1) Updated the following SNOMED data sets: PXRM BGP ECQM ARTERIAL DIS, PXRM BGP ECQM ANGINA, PXRM BGP ECQM BREASTFEED, PXRM BGP EXCM CABG, PXRM BGP ECQM LIVER DIX, PXRM BGP ECQM RHABDO. (2) Added ICD10 codes I24.81, I25.2, I25.85to and removed ICD10 code I24.8 from Ischemic Heart Disease or Other Related Diagnoses definition. (3) Added ICD10 codes I20.2, I20.81 to and removed ICD10 code I20.8 from Stable and Unstable Angina definition. (4) Added CPT codes 92972, C9600 through C9608 to PCI Procedure definition.

OVERVIEW OF FY 2027 GPRA/GPRAMA MEASURE LOGIC CHANGES

- Updates to DM and CVD Statin measures to align with 2027 eCQM measure.
- Updates to Controlling High Blood Pressure to align with eCQM measure, and creation of GPRA Dev measure for BP < 130/80.
- Addition of new codes for IPV/DV Screening measure.
- Code updates.

FY 2026 & FY 2027 TARGETS

INDIAN HEALTH SERVICE (IHS) GPRA/GPRAMA Measures FYs 2026 and 2027 Targets (IHS, Tribal, & Urban)		
DIABETES	**2026 Target**	**2027 Target**
Poor Glycemic Control-- GPRAMA*	12.1%	11.7%
Controlled BP <140/90-- GPRAMA*	57.5%	57.8%
Statin Therapy	52.6%	49.5%
Nephropathy Assessed	44.8%	42.2%
Retinopathy Exam	47.6%	45.9%
DENTAL		
Dental: General Access	27.8%	25.3%
Sealants	11.8%	11.7%
Topical Fluoride	28.4%	25.9%
IMMUNIZATIONS		
Influenza Vaccination 6mo - 17yrs	18.3%	15.6%
Influenza Vaccination 18+	21.0%	18.3%
Adult Immunizations	39.0%	40.8%
Childhood IZ	37.8%	35.7%
PREVENTION		
Cervical Cancer Screening	35.6%	36.1%
Mammography Screening	40.5%	41.1%
Colorectal Cancer Screening	24.6%	24.6%
Tobacco Cessation	27.5%	25.3%
Universal Alcohol Screening	36.0%	34.6%
SBIRT	17.9%	23.9%
IPV/DV Screening	31.9%	31.2%
Depression Screening 12 - 17 years	36.1%	34.0%
Depression Screening 18+	39.6%	38.3%
Childhood Weight Control[1]	22.0%	22.0%
Controlling High Blood Pressure (MH)	48.2%	47.7%
CVD Statin Therapy	36.9%	36.3%
HIV Screen Ever	43.4%	46.8%
Breastfeeding Rates	44.1%	44.1%

*In FY 2026, two GPRAMA clinical measures are reported: Poor Glycemic Control and Controlled BP <140/90.

[1] Long term measure: The FY 2026 target can be reported as "N/A" or 22.0% (based on most recent result available in FY 2024). The next official
report year is FY 2027.

NATIONAL DATA WAREHOUSE

Overview

NATIONAL DATA WAREHOUSE OVERVIEW

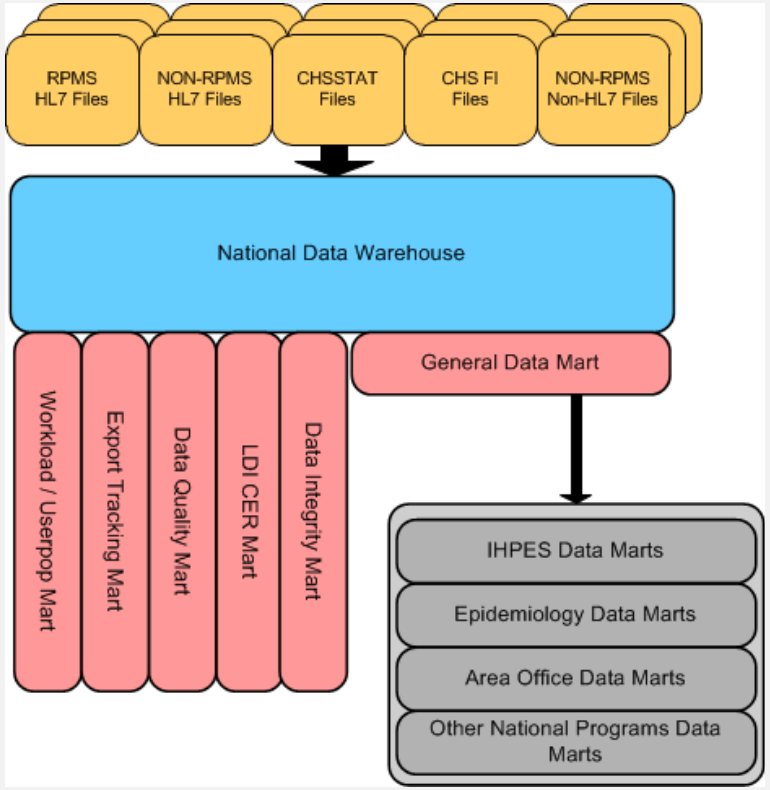
- The National Patient Information Reporting System (NPIRS) instituted the National Data Warehouse (NDW) in 2006
- The NDW is a data warehouse environment for the IHS national data repository
- The NDW gathers, stores, reports, and allows easy access to accurate historical data
  - Custom designed to administrative and clinical needs of IHS end users nationwide
  - Includes patient registration and encounter information dating back to October 2000

NATIONAL DATA WAREHOUSE OVERVIEW

- The National Data Warehouse accommodates individual Data Marts for targeted information
- Data Marts are created by importing only the data required to fulfill the custom requirements of specific end-users
- Data Marts can be refreshed or purged and then the data re-imported from the NDW whenever necessary

NATIONAL DATA WAREHOUSE OVERVIEW

- The National Data Warehouse accommodates individual Data Marts for targeted information



IDCS DATA MART

Introduction

WHAT IS THE INTEGRATED DATA COLLECTION SYSTEM DATA MART (IDCS DM)?

- It is a centralized performance data mart built within the IHS National Data Warehouse (NDW).
- It produces secure, on-demand web-based reports for clinical GPRA/GPRAMA measures at the service unit, area and national levels (only national results are included in the IHS budget).
- The IDCS DM replaced the CRS aggregate results as IHS's official results in 2018.
- It reduces reporting burden because IDCS uses the same data sent to the NDW for workload and User Population Estimates in its performance calculations
  - Health programs will no longer have to manually run the GPRA report each reporting quarter

BENEFITS OF THE IDCS DM

- Reports I/T/U clinical measure results for GPRA/GPRAMA purposes.
- The IDCS DM uses any data exported to the National Data Warehouse (NDW) making results more comprehensive:
  - RPMS
  - Commercial Electronic Health Records (EHRs)
  - Fiscal Intermediary data
- Allows Tribes and Urban programs with commercial EHRs to include their data in national results.
- More frequent reporting can become a performance management tool for decision making at the program, service unit, area and national levels.

IDCS DM OVERVIEW

IDCS Reporting Process	Limitations
Centralization: • Measure Logic programmed centrally. • Measure reports run centrally. • Measure calculations follow the patient (de-duplication). That means that GPRA credit is given no matter where the patient received health care.	Data included in facility exports to the NDW is a sub-set of all data that exists in a local RPMS server. As new IDCS measures and measure logic are added, the HL7 standard transmission file and the NDW architecture must be modified to bring the new data elements to the NDW.
Timing • Reports will be available at the national, area and service unit levels when IDCS goes live. • Frequently updated (refreshed) reports on a weekly basis.	Final reports will be run at the end of December when User Population Estimates are released by the IHS Division of Program Statistics.
Results represent the IHS, Tribal and Urban (I/T/U) sites that participate.	If tribes "opt-out" and do not include their data in performance reporting, results will still not fully represent the I/T/U system

IHS IDCS POPULATION VS. CRS GPRA USER POPULATION

IHS User Population	CRS GPRA User Population
AI/AN • Member of a federally recognized Tribe (Tribe Code = 000 – 997 and Indian Flag = Indian) • Tribe Code = 998 or 999 and Benificiary code = 01 • Tribe Code = 998 or 999 and Indian Blood Quantum = 1 or 2 or 3 or 4	AI/AN • Beneficiary code 01
At least one workload reportable visit within the last three fiscal years at an IHS or Tribal site within the IHS Administrative Area	At least one visit at the reporting facility in the last three years
Must live in a community of residence assigned to one of the Indian Health clinics in the Administrative Area.	Must live in a community of residence assigned to the service unit that data is reported under
Must be alive as of the last day of the reporting period	Must be alive as of the last day of the reporting period

USER POPULATION (UP) DRAFTS FOR IDCS MEASURE DENOMINATORS

Draft Version	Visit Dates UP Version Includes	NDW Data Received Date	Tentative UP Load Date for IDCS
Report Year: *2019 Draft* · Numerato: 173260 · Denominator: 1660326 · Target: 27.20% · Percent: 10.44% · Target Result: NOT MET · User Population Version - Active Dates: I (Ver: 104) 10/01/2015 - 09/30/2018 · NDW Data As Of: 03/31/2019			
Final 2018 UP	*10/1/2015 – 9/30/2018*		
Draft 1 2019	**2/1/2016 – 1/31/2019**	**4/11/2019**	**4/23/2019**
Draft 2 2019	5/1/2016 – 4/30/2019	7/11/2019	7/23/2019
Draft 3 2019	6/1/2016 - 5/31/2019	8/8/2019	8/20/2019
Draft 4 2019	7/1/2016 – 6/30/2019	9/5/2019	9/17/2019
Draft 5 2019	8/1/2016 – 7/31/2019	9/25/2019	10/8/2019

Why are Results from CRS and IDCS Different?

	RPMS CRS	IDCS DM
Source of Data	Measure logic searches local RPMS servers for performance results	Uses all data exported to the NDW for perfomrance calculations (RPMS, non-RPMS, Fiscal Intermediary)
Denominator Population	GPRA User Population - includes patients who live in a community of residence assisgned to your service unit who have had a visit in the last three years at your service unit	IDCS User Population - includes patients who live in a community of residence assigned to your service unit who have had a visit at ANY Federal, Tribal. or Urban health program in your IHS Area in the last three years
Results	Calculations are only based on patient registration and visit data that is on your health program's server	Calculations based on the patient regardless of which clinic they are seen at and patient counts are unduplicated within each Area

NDW DATA EXPORTS

Introduction

NDW EXPORTS

- Each service unit exports their registration and workload data to the National Data Warehouse
  - IHS User Population Estimates
  - Workload Counts
  - GPRA/GPRAMA Data

NDW EXPORTS

- IHS recommends that health programs export data at least monthly
  - Ensures data errors can be corrected prior to end of fiscal year – increases data accuracy for user pop, workload, and GPRA reporting
  - Will allow service units to monitor their progress on GPRA measures throughout the year and plan improvement strategies
- RPMS programs have an application which will export their data to the NDW in the proper format
- Non RPMS programs must send their data to the NDW in an HL7 (Health Level 7) format, a non-HL7 delimited file, or using an alternative simplified delimited format
  - HL7 is the generally accepted standard for the exchange of specified types of medical information
- https://www.ihs.gov/NPIRS/submitting-data/standard-hl7-and-non-hl7-format/

Standard HL7 and non-HL7 Format

Any American Indian or Alaska Native (AI/AN) program, entity, or site that uses a health information system may be able to send in data. Further detailed information for being recognized as an IHS sending site can be provided by the appropriate Area Statistical Officer.

To ensure that the National Data Warehouse (NDW) can properly receive your data, please work with your Area Statistical Officer to establish the following:

- IHS DBID (database identifier)
- Facility code
- Review of the Standard Code Book (SCB) facility table coding information, as all data in the NDW is based on the Standard Code Book

Acceptable Export Formats

IHS RPMS system

For sites that are using the IHS RPMS system, IHS provides an application that will export data to the NDW in the proper format. For more information about this application, refer to the Resource and Patient Management System (RPMS) website.

The following file formats (HL7, non-HL7 and ASD) apply to facilities that are using non-RPMS systems.

IHS NPIRS/NDW Data Transmission Using HL7 Standards Format

For those sites that are not using RPMS, the preferred file format conforms to the industry-wide standard format for healthcare information, HL7 version 2.4. Besides the minimum elements required for basic reporting, such as Workload and User Population reports, the HL7 export format includes data elements that can be used to provide expanded reporting capabilities and analyses related to other health status needs and performance measurement activities, such as Diabetes Management, Epidemiology, GPRA/GPRAMA, and both ICD-9/ICD-10.

- NPIRS/NDW Data Transmission Guide Using HL7 Standards Format [PDF - 294 KB]
- ADT Segments - Appendix B [PDF - 53 KB]
- Data Elements - Appendix D [PDF - 455KB]
- Instructions for Non-RPMS GPRA Senders [PDF - 288 KB]

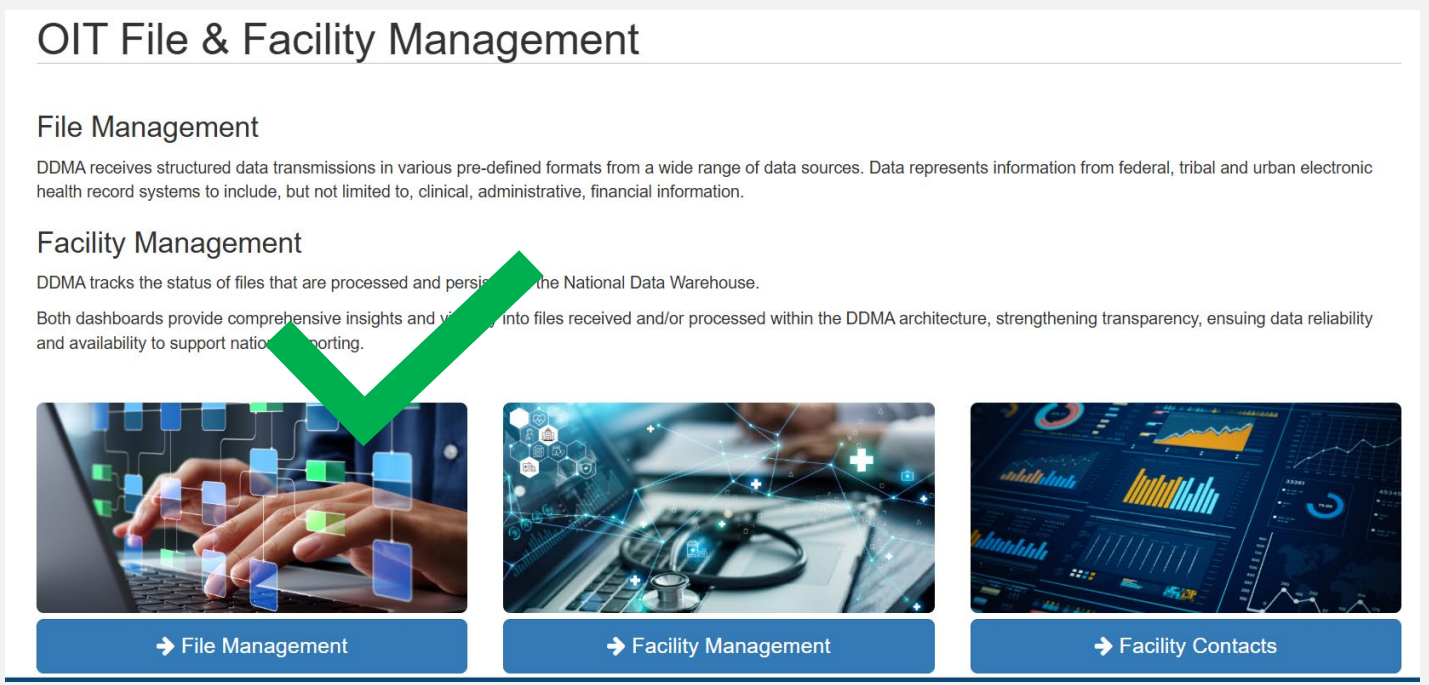
IHS NPIRS/NDW Data Transmission Using Non-HL7 Delimited File

NDW DATA EXPORTS

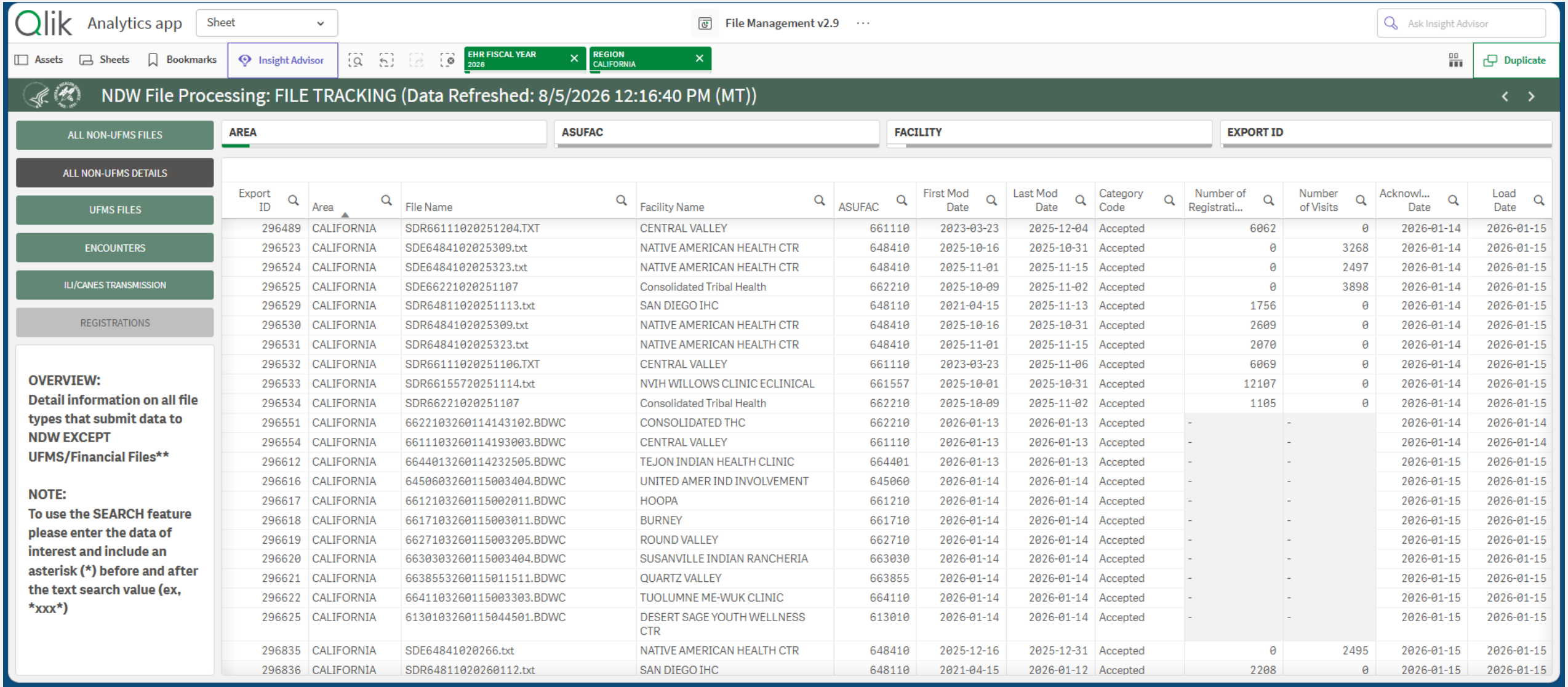
Data Export File Requirements

- The initial data export file includes all encounters, from 10/01/2000 forward (if available), and all registrations associated with these encounters.
  - If a Site is new in sending data to the NDW, send data from 10/01/2000 forward, if available.
  - If a Site has submitted to the NDW in the past but is now changing systems, send only those encounter and registrations not previously sent in using the Site's old system.
- NPIRS can accept the initial encounters in a single file, or broken into separate files by year or other methods.
- For subsequent incremental data exports, include all new and/or modified encounters and registrations where the begin date is the day following the previous export end date (export end date + 1) and the end date is the creation date of the next data export file.

NDW DATA EXPORTS- EXPORT TRACKING



NDW DATA EXPORTS – EXPORT TRACKING



Export ID	Area	File Name	Facility Name	ASUFAC	First Mod Date	Last Mod Date	Category Code	Number of Registrati...	Number of Visits	Acknowl... Date	Load Date
296489	CALIFORNIA	SDR66111020251204.TXT	CENTRAL VALLEY	661110	2023-03-23	2025-12-04	Accepted	6062	0	2026-01-14	2026-01-15
296523	CALIFORNIA	SDE6484102025309.txt	NATIVE AMERICAN HEALTH CTR	648410	2025-10-16	2025-10-31	Accepted	0	3268	2026-01-14	2026-01-15
296524	CALIFORNIA	SDE6484102025323.txt	NATIVE AMERICAN HEALTH CTR	648410	2025-11-01	2025-11-15	Accepted	0	2497	2026-01-14	2026-01-15
296525	CALIFORNIA	SDE66221020251107	Consolidated Tribal Health	662210	2025-10-09	2025-11-02	Accepted	0	3898	2026-01-14	2026-01-15
296529	CALIFORNIA	SDR64811020251113.txt	SAN DIEGO IHC	648110	2021-04-15	2025-11-13	Accepted	1756	0	2026-01-14	2026-01-15
296530	CALIFORNIA	SDR6484102025309.txt	NATIVE AMERICAN HEALTH CTR	648410	2025-10-16	2025-10-31	Accepted	2609	0	2026-01-14	2026-01-15
296531	CALIFORNIA	SDR6484102025323.txt	NATIVE AMERICAN HEALTH CTR	648410	2025-11-01	2025-11-15	Accepted	2070	0	2026-01-14	2026-01-15
296532	CALIFORNIA	SDR66111020251106.TXT	CENTRAL VALLEY	661110	2023-03-23	2025-11-06	Accepted	6069	0	2026-01-14	2026-01-15
296533	CALIFORNIA	SDR66155720251114.txt	NVIH WILLOWS CLINIC ECLINICAL	661557	2025-10-01	2025-10-31	Accepted	12107	0	2026-01-14	2026-01-15
296534	CALIFORNIA	SDR66221020251107	Consolidated Tribal Health	662210	2025-10-09	2025-11-02	Accepted	1105	0	2026-01-14	2026-01-15
296551	CALIFORNIA	66221032601141431O2.BDWC	CONSOLIDATED THC	662210	2026-01-13	2026-01-13	Accepted	-	-	2026-01-14	2026-01-14
296554	CALIFORNIA	66111032601141930O3.BDWC	CENTRAL VALLEY	661110	2026-01-13	2026-01-13	Accepted	-	-	2026-01-14	2026-01-14
296612	CALIFORNIA	66440132601142325O5.BDWC	TEJON INDIAN HEALTH CLINIC	664401	2026-01-13	2026-01-13	Accepted	-	-	2026-01-15	2026-01-15
296616	CALIFORNIA	64506032601150034O4.BDWC	UNITED AMER IND INVOLVEMENT	645060	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296617	CALIFORNIA	66121032601150020I1.BDWC	HOOPA	661210	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296618	CALIFORNIA	66171032601150030I1.BDWC	BURNEY	661710	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296619	CALIFORNIA	66271032601150032O5.BDWC	ROUND VALLEY	662710	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296620	CALIFORNIA	66303032601150034O4.BDWC	SUSANVILLE INDIAN RANCHERIA	663030	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296621	CALIFORNIA	66385532601150115I1.BDWC	QUARTZ VALLEY	663855	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296622	CALIFORNIA	66411032601150033O3.BDWC	TUOLUMNE ME-WUK CLINIC	664110	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296625	CALIFORNIA	61301032601150445O1.BDWC	DESERT SAGE YOUTH WELLNESS CTR	613010	2026-01-14	2026-01-14	Accepted	-	-	2026-01-15	2026-01-15
296835	CALIFORNIA	SDE64841020266.txt	NATIVE AMERICAN HEALTH CTR	648410	2025-12-16	2025-12-31	Accepted	0	2495	2026-01-15	2026-01-15
296836	CALIFORNIA	SDR64811020260112.txt	SAN DIEGO IHC	648110	2021-04-15	2026-01-12	Accepted	2208	0	2026-01-15	2026-01-15

NDW DATA EXPORTS – DATA QUALITY REPORTS

- **User Population Data Quality Reports**: Displays list of patient registration files that if corrected, may count towards user population
  - **Registrations Not Included on User Population Reports**
    - Lists registrations missing a unique identifier that allows NDW to identify patient (Chart Facility, Chart Number, Last Name, or First Name)
  - **Registrations Potentially Countable on UP Reports**
    - Lists registrations that are missing an identifier that NDW uses to determine if a specific patient meets the qualification for user population (community of residence, Tribe, Beneficiary, or Blood Quantum)
  - **Missing Registration by Facility**
    - Lists workload visits that are not linked to a registration file

NDW DATA EXPORTS – DATA QUALITY REPORTS

Registrations Potentially Countable on User Population Reports

Print Date: 05/05/2017
Report Run Date: 05/03/2017

DETAIL for:

Registration Code	Export Date	Patient Residency	Patient AI/AN Status		
		Community	Tribe	Beneficiary	Blood Quantum
162680000015637	09/24/2016		MISSING	VALID	VALID
162680000015662	12/24/2014		MISSING	VALID	VALID
162680000015948	10/22/2015		MISSING	VALID	VALID
162680000016221	10/24/2016		MISSING	VALID	VALID
	4		4 / 0	0 / 0	0 / 0

NDW DATA EXPORTS – DATA QUALITY REPORTS

- **Workload Data Quality Reports**: Displays list of visits that if corrected, may count towards user population
  - **WL Reportable Visits Not Included on Workload Reports**
    - Lists visits missing a unique identifier that allows NDW to determine if a visit meets the definition for a visit within the three year timeframe (Visit Type, LOE Facility, Service Date, Discharge Date)
  - **Potentially Workload Reportable Ambulatory Visits (also reports for Contract Visits and Dental Visits)**
    - Lists visits that are missing an identifier that NDW uses to determine if a visit is workload reportable (Service Type, Service Category, Provider Type, Clinic Type, and Diagnosis)

MONITORING & IMPROVING GPRA RESULTS WITH IDCS

RPMS Programs

GPRA MONITORING

- Clinical Reporting System* (CRS) will continue to be updated for RPMS sites once per year
  - Patient Lists
  - GPRA Reports
  - Forecast Reports

*Results from CRS will vary some from the data reported through IDCS DM

GPRA MONITORING

- IDCS GPRA data can be requested for your service unit
  - Email your Area GPRA Coordinator at your Area office to request your GPRA data
    - Reports are refreshed weekly

YOUR FACILITY EXPORT FILES TO THE NDW ARE THE IDCS SOURCE DATA

- The IDCS DM was designed to take advantage of the existing NPIRS environment as well as the User Population calculated by NPIRS.

- To ensure the data reported for your service unit is accurate, you need to ensure the correct communities are assigned to you service unit..
  - To remove the communities from your reports, your Area Statistical Officer will need to make a request to remove the community/ies from your service unit, and reassign to the appropriate service unit.
  - Use this link to find your Area Statistical Officer: Area Statistical Officers | Division of Program Statistics

IHS STANDARD CODE BOOK (SCB)
HTTPS://WWW.IHS.GOV/SCB/

Standard Code Book Tables

These tables comprise the approved codes sets from the Indian Health Service (IHS) Standard Code Book. The IHS Standard Code Book is a uniform listing of descriptive terms and identifying codes for recording and reporting medical information collected during the provision of health care services. A standard set of codes provides the means for reliable communication between Indian Health Service providers, patients, and third parties (e.g., contract health service providers).

OIT Standard Code Set Tables

These tables contain standard code sets approved by the Office of Information Technology (OIT), but not currently adopted for the IHS Standard Code Book. These are additional uniform listings of codes within the Resource and Patient Management System (RPMS) used for recording and reporting medical information collected during the provision of health care services.

Industry Standard Code Set Access Tables

The transmissions guides refer to various industry standard code sets. These links will provide direction to the sources of these code sets to aid in providing data to the IHS National Data Warehouse.

IHS STANDARD CODE BOOK TABLES

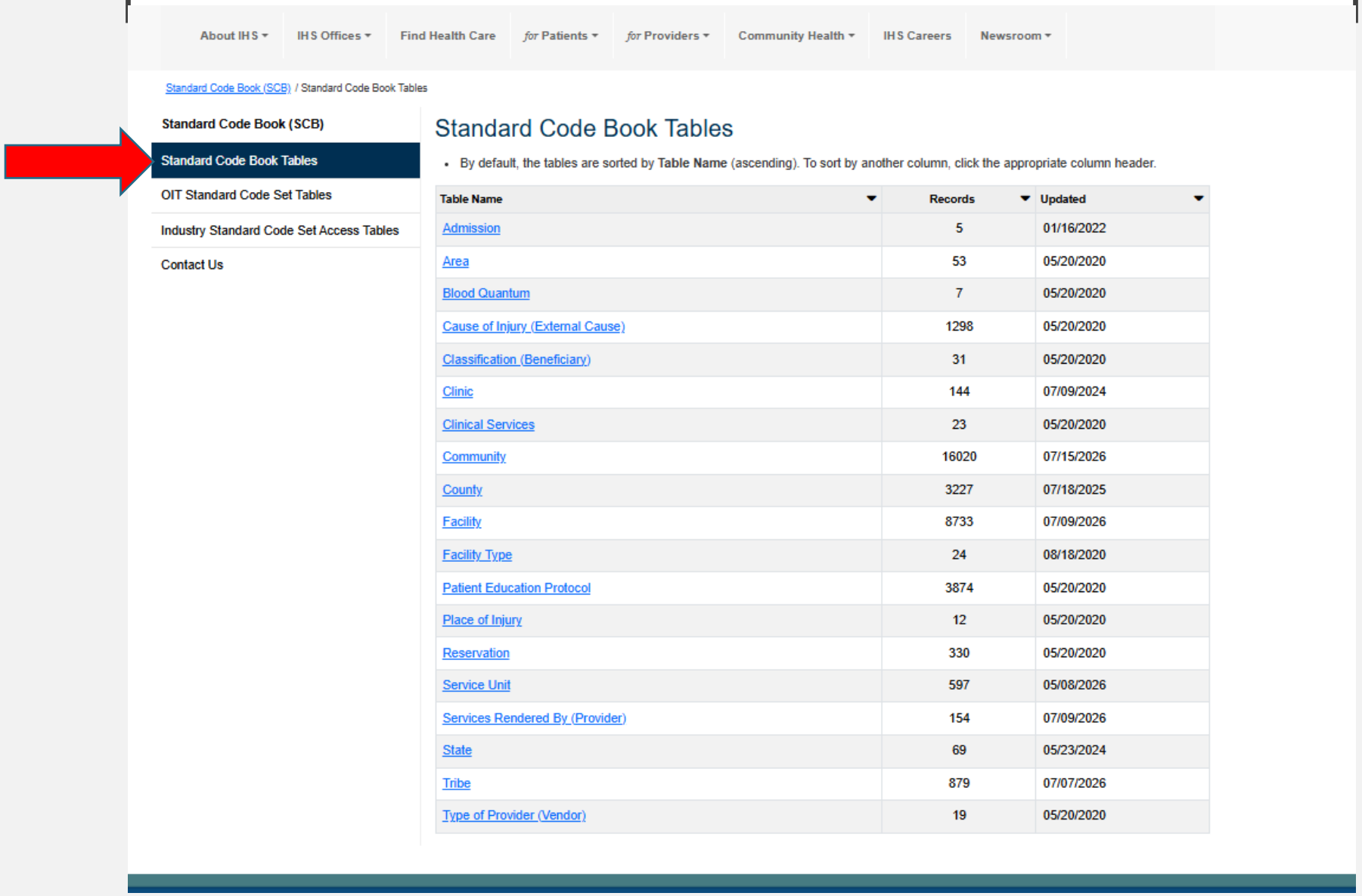
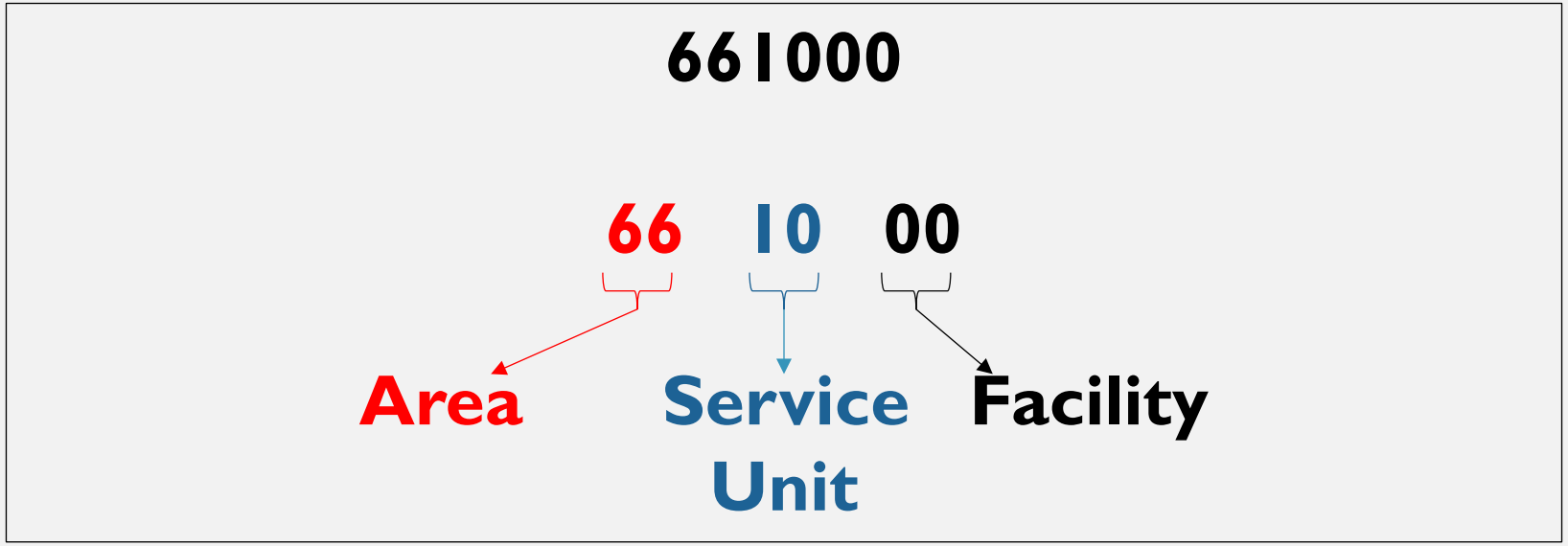


Table Name	Records	Updated
Admission	5	01/16/2022
Area	53	05/20/2020
Blood Quantum	7	05/20/2020
Cause of Injury (External Cause)	1298	05/20/2020
Classification (Beneficiary)	31	05/20/2020
Clinic	144	07/09/2024
Clinical Services	23	05/20/2020
Community	16020	07/15/2026
County	3227	07/18/2025
Facility	8733	07/09/2026
Facility Type	24	08/18/2020
Patient Education Protocol	3874	05/20/2020
Place of Injury	12	05/20/2020
Reservation	330	05/20/2020
Service Unit	597	05/08/2026
Services Rendered By (Provider)	154	07/09/2026
State	69	05/23/2024
Tribe	879	07/07/2026
Type of Provider (Vendor)	19	05/20/2020

ASUFAC CODE



IHS STANDARD CODE BOOK (SCB): SERVICE UNIT

- Standard Code Book (SCB)
- Standard Code Book Tables
- OIT Standard Code Set Tables
- Industry Standard Code Set Access Tables
- Contact Us

Service Unit

There are 85 matches.

Display 10 per page

Below are the search results for: **CALIFORNIA**

- By default, the tables are sorted by **Code** (ascending). To sort by another column, click the appropriate column header.
- To locate a particular record(s) in the table, expand the **Search** panel and enter/select values from any combination of fields.
- To save a copy of the table to your computer or device, click **Download This Table**.

Search

Code | Area Code | Area | Service Unit | Status

Search | Reset

Download Search Result | Download This Table | Cancel

id	Code	Area Code	Area	Service Unit	Status
1	6129	61	CALIFORNIA	LAKE CTY IHC	Inactive
1	6130	61	CALIFORNIA	DESERT SAGE(PROVISIONAL)	Active
1	6140	61	CALIFORNIA	SACRED OAKS (PROVISIONAL)	Active
1	6175	61	CALIFORNIA	RURAL IHB	Inactive
1	6176	61	CALIFORNIA	URBAN IHC	Inactive
1	6400	64	CALIFORNIA URBAN	NON SERVICE UNIT	Active
1	6450	64	CALIFORNIA URBAN	LA AMERICAN INDIAN	Active
1	6464	64	CALIFORNIA URBAN	SACRAMENTO URBAN	Inactive
1	6480	64	CALIFORNIA URBAN	AMERICAN IND FREE CLINIC	Inactive
1	6481	64	CALIFORNIA URBAN	SAN DIEGO AIHC	Active

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IHS STANDARD CODE BOOK (SCB): COMMUNITY

- Standard Code Book (SCB)
- Standard Code Book Tables
- OIT Standard Code Set Tables
- Industry Standard Code Set Access Tables
- Contact Us

Community

There are 1143 matches.

Display 10 per page

Below are the search results for: **CA**

- By default, the tables are sorted by **Code** (ascending). To sort by another column, click the appropriate column header.
- To locate a particular record(s) in the table, expand the **Search** panel and enter/select values from any combination of fields.
- To save a copy of the table to your computer or device, click **Download This Table**.

Search

Code | State | County | Community | ASU Code | Status

Search | Reset

Download Search Result | Download This Table | Cancel

id	Code	State	County	Community	ASU Code	Status
1	0601001	CA	ALAMEDA	ALAMEDA COUNTY	6484	Active
1	0601022	CA	ALAMEDA	OAKLAND	6484	Active
1	0601050	CA	ALAMEDA	ALBANY	6484	Active
1	0601051	CA	ALAMEDA	BERKELEY	6484	Active
1	0601052	CA	ALAMEDA	DUBLIN	6484	Active
1	0601053	CA	ALAMEDA	EMERYVILLE	6484	Active
1	0601054	CA	ALAMEDA	FREMONT	6484	Active
1	0601055	CA	ALAMEDA	HAYWARD	6484	Active
1	0601056	CA	ALAMEDA	NEWARK	6484	Active
1	0601057	CA	ALAMEDA	PIEDMONT	6484	Active

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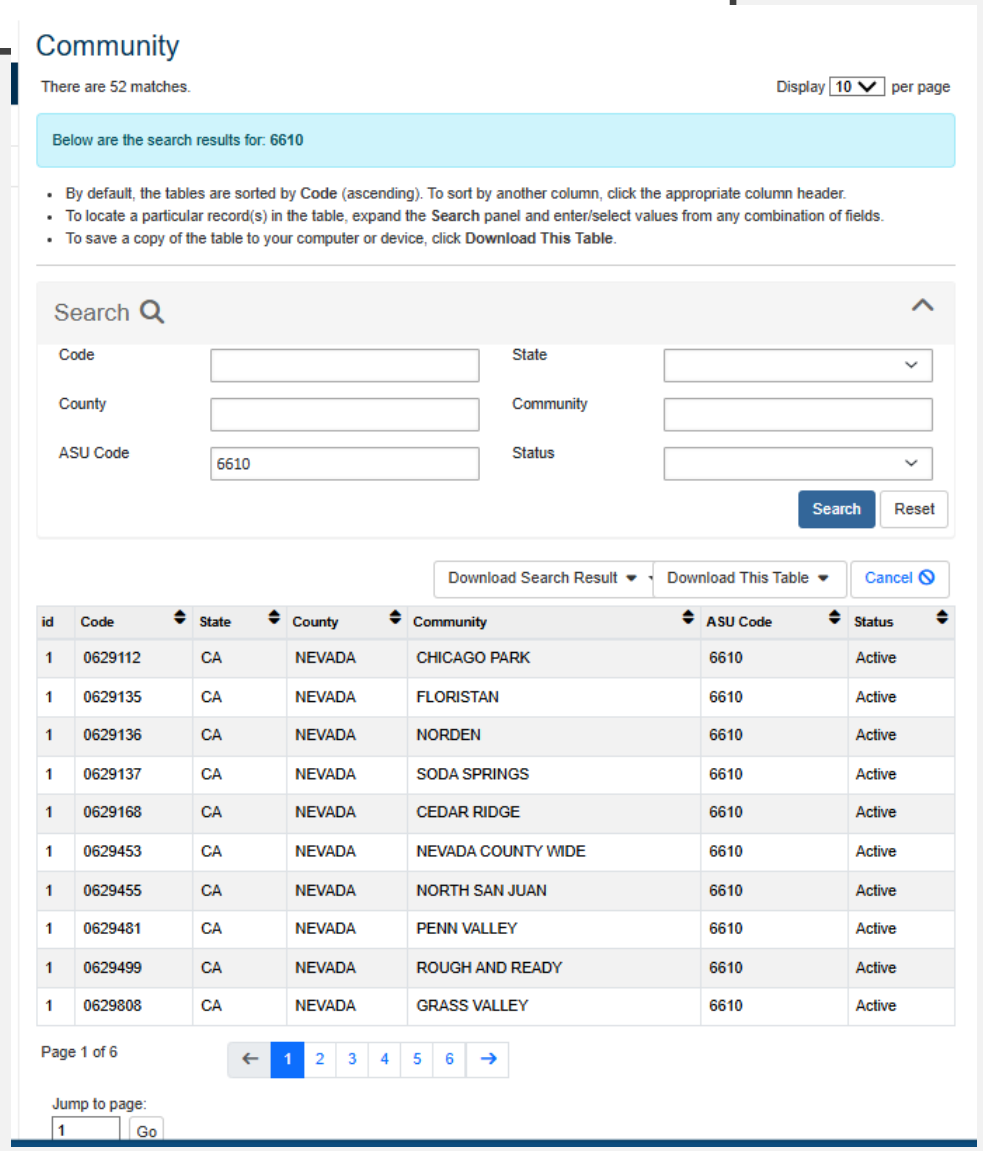
CHECK YOUR COMMUNITIES OF RESIDENCE

To find all the communities, active and inactive, associated with a specific service unit, type in the service unit code in the SCB Community Table. In this example, all the communities assigned to the Chapa De Service Unit (6610) will be displayed.



Community

There are 52 matches. Display 10 per page

Below are the search results for: 6610

- By default, the tables are sorted by **Code** (ascending). To sort by another column, click the appropriate column header.
- To locate a particular record(s) in the table, expand the **Search** panel and enter/select values from any combination of fields.
- To save a copy of the table to your computer or device, click **Download This Table**.

Search

Code | State | County | Community | ASU Code: 6610 | Status

Search | Reset

Download Search Result | Download This Table | Cancel

id	Code	State	County	Community	ASU Code	Status
1	0629112	CA	NEVADA	CHICAGO PARK	6610	Active
1	0629135	CA	NEVADA	FLORISTAN	6610	Active
1	0629136	CA	NEVADA	NORDEN	6610	Active
1	0629137	CA	NEVADA	SODA SPRINGS	6610	Active
1	0629168	CA	NEVADA	CEDAR RIDGE	6610	Active
1	0629453	CA	NEVADA	NEVADA COUNTY WIDE	6610	Active
1	0629455	CA	NEVADA	NORTH SAN JUAN	6610	Active
1	0629481	CA	NEVADA	PENN VALLEY	6610	Active
1	0629499	CA	NEVADA	ROUGH AND READY	6610	Active
1	0629808	CA	NEVADA	GRASS VALLEY	6610	Active

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Jump to page: 1 Go

EXPORT ALL YOUR DATA TO THE NDW ROUTINELY

- Recommend exporting data monthly or at least quarterly to ensure there are no missing exports
- If you have D1 access and proper permissions, you can use the export tracking site to see what files have been loaded into the NDW.
  - OIT File & Facility Management This tracks the files processed and loaded into the NDW and provides details for each file. Unless you are an Area Statistical Officer, you will only have access to the Export Tracker tab.
  - If you don't have D1 access, you can check with your Area Statistical Officer who can check for you.

IDCS SUPPORT TICKETS

itsupport@ihs.gov

- If your GPRA numbers do not look correct for your service unit, or if you need assistance with exporting data from a non-RPMS database, the support desk can assist.
- Be sure to include "IDCS" or "NDW" in the subject line of your support desk request to ensure you ticket get assigned to the correct help desk

IDCS DM SUPPORT

- IDCS DM Listserv: **SIGN-UP**
  URL: https://www.ihs.gov/listserv/topics/signup/?list_id=592
- IDCS Users Meeting occurs on the 2nd Wednesday of each month. The purpose of these half hour meetings is to provide an open forum for questions, and information sharing for IDCS. Contact Vickie Claymore at Vickie.claymore@ihs.gov to be added to the invite list.

TROUBLESHOOTING GPRA DATA

DATA TROUBLESHOOTING

- If GPRA results from IDCS look incorrect, there are some local checks you can do to determine the source of the error:
- Check the following in the GPRA Measures List and Definitions Manual to ensure you are using the correct logic:
  - Numerator and Denominator definitions
  - Codes used for documentation are included in measure logic
  - AI/AN patients all live in a community of residence assigned to your service unit
- Contact itsupport@ihs.gov if all of the above look correct and let them know which measure(s) look to have incorrect data and they can assist with troubleshooting data discrepancies

MEASURE LOGIC QUESTIONS?

- 1st: Contact your Area GPRA Coordinator:
  - IHS AREA GPRA COORDINATORS

- 2nd: Contact the National GPRA Support Team and HQ GPRA Measure Lead:
  - caogpra@ihs.gov
  - Vickie.claymore@ihs.gov

IDCS DATA

NATIONAL FY 2025 DASHBOARD

DENTAL

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Dental: General Access	NATIONAL	24.40%	**27.82%**	27.00%	24.79%	NOT MET
Sealants	NATIONAL	9.90%	11.77%	11.80%	11.39%	NOT MET
Topical Fluoride	NATIONAL	21.10%	**28.35%**	27.40%	25.31%	NOT MET

DIABETES

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Controlled BP	NATIONAL	52.40%	**55.76%**	57.50%	56.64%	NOT MET
Nephropathy Assessed	NATIONAL	45.10%	41.84%	44.80%	41.29%	NOT MET
Poor Glycemic Control	NATIONAL	14.40%	**12.11%**	12.50%	**11.93%**	MET
Retinopathy Exam	NATIONAL	44.70%	**45.42%**	47.60%	45.00%	NOT MET
Statin Therapy	NATIONAL	54.50%	49.48%	52.60%	48.45%	NOT MET

IMMUNIZATIONS

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Adult IZ - All Age-appropriate IZ	NATIONAL	37.00%	**38.57%**	39.00%	**39.99%**	MET
Childhood IZ	NATIONAL	40.90%	36.07%	37.80%	35.02%	NOT MET
Influenza Vaccination 18+	NATIONAL	19.70%	18.42%	21.00%	17.94%	NOT MET
Influenza Vaccination 6mo - 17 yrs	NATIONAL	19.80%	15.67%	18.30%	15.29%	NOT MET

PREVENTION

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Cervical Cancer Screening	NATIONAL	33.20%	**34.38%**	35.60%	35.36%	NOT MET
Childhood Weight Control	NATIONAL	23.00%	**21.94%**	22.00%	22.80%	NOT MET
Colorectal Cancer Screening	NATIONAL	23.70%	23.64%	24.60%	24.08%	NOT MET
Controlling High Blood Pressure (MH)	NATIONAL	45.80%	**46.88%**	48.20%	46.67%	NOT MET
CVD Statin Therapy	NATIONAL	37.80%	35.38%	36.90%	35.62%	NOT MET
Depression Screening or Mood Disorder 12 - 17 years old	NATIONAL	29.50%	**32.66%**	36.10%	33.41%	NOT MET
Depression Screening or Mood Disorder 18 years and older	NATIONAL	36.40%	**37.12%**	39.60%	37.55%	NOT MET
Exclusive/Mostly Breastfeeding at Age of 2 Months	NATIONAL	42.60%	**42.96%**	44.10%	43.18%	NOT MET
HIV Screening Ever	NATIONAL	38.90%	**43.35%**	42.50%	**45.76%**	MET
IPV/DV Screening	NATIONAL	29.60%	**31.90%**	30.50%	**30.60%**	MET
Mammography Screening	NATIONAL	28.70%	**38.92%**	40.50%	40.31%	NOT MET
SBIRT	NATIONAL	15.00%	**17.91%**	15.80%	**23.53%**	MET
Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco	NATIONAL	24.40%	**26.23%**	27.50%	24.84%	NOT MET
Universal Alcohol Screening	NATIONAL	32.20%	**34.41%**	36.00%	34.02%	NOT MET

QUESTIONS?

Thank you.