



JUN 08 2010

Dear Tribal Leader:

I am writing to update you on our progress to improve the Indian Health Service (IHS) Contract Health Services (CHS) program. As you may know, the CHS program pays for referrals for services that we do not provide in our healthcare facilities. During my first year as the Director of IHS, I heard from many Tribal leaders that improvements were needed in the CHS program. On January 15, 2010, I sent a letter to all Tribes requesting input on the CHS program and provided notification of several upcoming activities. Thank you for your input and recommendations on how to improve the CHS program in response to my letter and/or in meetings with me over the past several months. I have received three types of recommendations: 1) more funding is needed for the CHS program; 2) the distribution of CHS funding needs to be reviewed; and 3) improvements are needed on how we do business with the CHS program.

In terms of more funding, I want to reassure you that funding for the CHS program remains one of the highest priorities of the IHS. We are committed to working with you through the annual IHS budget formulation process towards this goal. I also wanted to make sure you were aware that the fiscal year (FY) **2010 budget increase for CHS represents the largest increase to the CHS program in the last 20 years.** The FY 2010 budget provided IHS with \$779 million in CHS funding, which includes a \$117 million increase compared to the previous year. Of this amount, \$17 million has been allocated to the Catastrophic Health Emergency Fund program.

The CHS funding in FY 2010 has been distributed according to a formula that was developed in 2001 by an IHS and Tribal workgroup. The workgroup established a national distribution formula that IHS has used since then. The formula applies only to new increases in CHS funding; programs continue to receive their base CHS funding each year. The formula accounts for a facility's user population, inflation, regional and geographic cost variations, and access to care. In addition, some IHS Areas have developed additional Area-specific CHS distribution methodologies in consultation with Tribes.

To promote transparency, I have provided for your review, a spreadsheet that summarizes the **FY 2010 CHS funding distribution for each IHS Area** (see Enclosure). The spreadsheet illustrates the recurring base from FY 2009, increases for pay costs, medical inflation, population growth, funding for new Tribes, and the "program increase" for FY 2010. The spreadsheet also shows the amount for reserve funds that pay for the fiscal intermediary to process claims and an emergency fund for CHS. At the end of the fiscal year, any remaining reserve funds are distributed back to all Areas. Tribes who manage their own CHS program under Public Law 93-638 take their Tribal shares of these funds at the beginning of each fiscal year. The total amount of funding distributed to each IHS Area is shown on the spreadsheet, including

the percent increases from the previous year. In FY 2010, the percent increases for all Areas compared to FY 2009 ranged from over 14 percent to almost 30 percent. This much-needed increase in funding will help fund more referrals from the CHS program and increase access to care for the patients we serve.

I would also like to update you on **upcoming activities related to the ongoing consultation on how to improve the CHS program:**

- I have invited two representatives from each IHS Area to serve on the **IHS Director's Workgroup on Improving Contract Health Services**. This meeting will be held on June 24 and 25, 2010, in Denver, Colorado. I have enclosed a list of the workgroup members for your information. The workgroup will review input received from Tribes so far, review the CHS distribution formula, and will discuss how to improve the business of the CHS program.
- I have rescheduled the **CHS Listening Session and Best Practices Meeting to July 8 and 9, 2010**, in the Washington, D.C. area. We will send more information about the logistics of this meeting soon. This meeting will provide a forum to discuss how to improve the CHS program and to learn about existing best practices.

Again, thank you for your input on how to improve the CHS program. I am grateful for the increased funding for the CHS program in this year's budget, and hope to continue to work with you to make needed improvements in this important resource for the patients we serve. If you have any questions, please contact Mr. Carl Harper by phone at (301) 443-1553 or by e-mail at carl.harper@ihs.gov.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director

Enclosures

FY 2010 Contract Health Services Appropriation

IHS Director's Workgroup on Improving Contract Health Services – Membership List



JAN 15 2010

Dear Tribal Leader:

I am writing to report progress to date and request your input on recommendations on how to improve IHS' Tribal consultation process. On August 13, 2009, I sent a letter to all Tribes requesting input on how to improve the IHS Tribal consultation process. I also indicated that I planned to form a workgroup of two tribally elected officials from each IHS Area to review input and make recommendations. I met with this workgroup on December 8, 2009, and on January 5-6, 2010. We reviewed the input received from Tribes on this topic, reviewed the current process for Tribal consultation with IHS, and discussed recommendations on how to improve the process for each of these steps. The workgroup made detailed recommendations, and I have attached a summary of these recommendations.

I believe that these recommendations are consistent with several of my priorities as Director of the IHS, including my priority to renew and strengthen our partnership with Tribes, to reform the IHS, and to make all our work transparent, accountable, fair and inclusive.

I believe that some of the recommendations to improve the Tribal consultation process for IHS can be implemented immediately, and some may take some time. Some of the more immediate recommendations that I plan to implement immediately include the following, organized by the basic steps of consultation:

- Critical event that triggers a Tribal consultation
 - o Consultation activities are defined by a critical event that requires a decision, such as new funding increases, the need for new policies or regulations, or pressing/serious issues

- Announcement of Tribal consultation activities
 - o IHS will develop a process to improve communication about Tribal consultation activities, including updating contact information and improving and clarifying the content of letters to Tribes as indicated in the recommendations
 - o IHS will send out both written and electronic notification of consultation activities to Tribes, and will also send copies of announcements of consultation activities to IHS Area Directors, Tribal health directors, and Tribal organizations
 - o IHS will develop a Web site to announce and provide current information on all Tribal consultation activities, including information on standing workgroup activities

- Gathering input during Tribal consultation activities
 - o IHS will clarify and better utilize both national and regional/Area formats for consultation activities

- IHS will work to ensure that adequate time is provided for consultation in all formats unless there is a pressing need or other urgency for quicker input
 - The IHS Director will create a regular schedule of consultation meetings at major national Tribal conferences to allow for regular in person input on current consultation topics
 - The IHS Director is currently planning on meeting with Tribes in all IHS Areas in the next few months and will continue these Area meetings on a regular basis
 - IHS will conduct a review of all Tribal advisory and consultation workgroups to assess the original charge, current activities and will determine if workgroups need to continue or can be discontinued to focus on more pressing issues. Some workgroups will be continued because of their important recurring role in advising the IHS Director, such as the Tribal Self-Governance Advisory Committee, Direct Service Tribes Advisory Committee, Tribal Budget Formulation Committee, Contract Support Costs workgroup, etc. Some workgroups may be combined or meet less frequently. Cross agency opportunities for consultation will be explored.
 - The IHS Director will continue the Tribal Consultation Workgroup formed during this process as a group of two tribally elected officials from each IHS Area to review progress on these efforts to improve Tribal consultation and to advise the Director on more general consultation issues. The group will now be called the IHS Director's Tribal Advisory Workgroup on Consultation
- Decision-making process
 - The Director will continue to develop a process for working directly with Tribes to develop recommendations and make decisions in partnership
 - Reporting/Follow up of consultation activities
 - IHS will work to improve written follow up of consultation activities and outcomes
 - IHS will develop a Web site as mentioned previously to document and summarize Tribal consultation activities
 - IHS will develop a process to evaluate all Tribal consultation activities

I am requesting your input on the recommendations of the workgroup as a final step in this consultation on the IHS process for consultation. Please send any additional recommendations you have to me at the address that follows (written or e-mail) **by March 15, 2010.**

While I plan to use these recommendations as an ongoing guide to our decisions about how to conduct Tribal consultation on IHS-related issues, I also plan to share these recommendations with other agencies and departments as a part of the current process for our response to the November 5, 2009, Presidential Memorandum on Tribal Consultation. The IHS has had a Tribal consultation policy since 1998 and it is clear that we have extensive experience on consultation that could be shared with other agencies.

I plan to update Tribes regularly on how we are improving the Tribal consultation process. Thank you for your input and recommendations on how to ensure that IHS' partnership with Tribes includes meaningful and accountable consultation with Tribes. I truly believe the only way we can improve the health of our communities is to work in partnership with them. Your recommendations on how to improve the Tribal consultation process help us move forward with our partnership towards improving the health of our people and our communities.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director

Enclosures:

1. August 13, 2009 consultation letter
2. IHS Director's Tribal Advisory Workgroup on Consultation listing
3. Recommendations from workgroup on how to improve consultation
4. IHS Tribal Consultation Policy (1/2006)

Please send your input/recommendations by March 15, 2010 to:

Yvette Roubideaux, M.D., M.P.H.
Director
Indian Health Service
801 Thompson Avenue, Suite 440
Rockville MD 20850

Or by e-mail consultation@ihs.gov

CONTRACT HEALTH SERVICES FY 2010 CHS APPROPRIATION

AREA OFFICE	A	B	C	D	E	F	G	H	I	Percent Increase From 2009
	FY 2009 RECURRING BASE	FY 2010 CHS INCREASE						Total Combined Increase <i>Sum B to G</i>	TOTAL FY 2010 ALLOCATIONS <i>Sum A + H</i>	
		Federal Pay Costs	Medical Inflation 3.3%	Population Growth 1.5%	CHS	CHEF	New Tribes			
ABERDEEN	\$67,932,811		\$1,954,736	\$1,071,614	\$7,949,000			\$10,975,350	\$78,908,161	16.16%
ALASKA	63,065,563		1,814,120	994,527	9,907,000			12,715,647	75,781,210	20.16%
ALBUQUERQUE	29,830,959		857,584	470,140	6,023,000			7,350,724	37,181,683	24.64%
BEMIDJI	41,868,282		1,204,784	660,480	8,631,000			10,496,264	52,364,546	25.07%
BILLINGS	49,214,400		1,416,576	776,587	5,360,000			7,553,163	56,767,563	15.35%
CALIFORNIA	31,420,785		904,456	495,836	7,952,000			9,352,292	40,773,077	29.76%
NASHVILLE	24,243,805		697,872	382,583	3,899,000		982,000	5,961,455	30,205,260	24.59%
NAVAJO	69,437,474		1,996,400	1,094,455	12,458,000			15,548,855	84,986,329	22.39%
OKLAHOMA	75,778,115		2,178,680	1,194,384	16,114,000			19,487,064	95,265,179	25.72%
PHOENIX	51,553,824		1,482,544	812,752	9,200,000			11,495,296	63,049,120	22.30%
PORTLAND	69,151,746		1,989,456	1,090,648	10,985,000			14,065,104	83,216,850	20.34%
TUCSON	14,805,851		425,320	233,167	1,522,000			2,180,487	16,986,338	14.73%
	\$588,303,615		\$16,922,528	\$9,277,173	\$100,000,000	\$0	\$982,000	\$127,181,701	\$715,485,316	21.62%
SUB-TOTAL RESERVE	15,173,385	11,000	437,472	239,827	0	0	0	688,299	15,861,684	4.54%
CHEF	31,000,000	0	0	0	0	17,000,000	0	17,000,000	48,000,000	54.84%
TOTAL CHS	\$634,477,000	\$11,000	\$17,360,000	\$9,517,000	\$100,000,000	\$17,000,000	\$982,000	\$144,870,000	\$779,347,000	22.83%

NOMINEES SELECTED FOR THE DIRECTOR'S WORKGROUP ON IMPROVING CONTRACT HEALTH SERVICES LIST

Area Office	Tribal/ Federal	Name	Title	Address	Phone#	Email Address
ABERDEEN	Tribal Contract	Josh Weston*	Chairman Flandreau Santee Sioux Tribe	P.O. Box 283 Flandreau, SD 57028	(605) 997-3891	president@fsst.org
	Tribal Direct	Theresa Two Bulls*	President Oglala Sioux Tribe	P.O. Box 2070 Pine Ridge, SD 57770	(605) 867-5821	theresatb@oglala.org
ALASKA	Tribal Contract	Ms. Carolyn Crowder	Health Director Aleutian/Pribilof Islands Associatiaton Inc.	1131 East International Airport Rd Anchorage, AK 99518	(907) 276-2700	carolync@apiai.org
	Tribal Contract	Andy Teuber*	Chairman Alaska Native Tribal Health Consortium	4000 Ambassador Drive Anchorage, AK 99508	(907) 729-1916	ateuber@anthc.org
ALBUQUERQUE	Tribal Direct	Mark Chino*	President Mescalero Apache Tribe	P.O. Box 227 Mescalero, NM 88340	(575) 464-4494	mchino@matisp.net
	Federal	Maria Rickert	Chief Executive Officer	Albuquerque Service Unit 801 Vassar Drive N.E. Albuquerque, NM 87106	(505) 248-4064	maria.rickert@ihs.gov
BEMIDJI	Tribal Contract	Cathy Chavers*	Tribal Council Bois Forte	Bois Forte Tribal Government P.O. Box 216 Nett Lake, MN 55771	(218) 757-3111	cchavers@boisforte-nsn.gov
	Federal	Roberta Bellanger	CHS Supervisor	Red Lake Hospital 24760 Hospital Drive Red Lake, MN 56671	(218) 679-0106	roberta.bellanger@ihs.gov
BILLINGS	Tribal Direct	J. David Roundstone	Director Northern Cheyenne	Tribal Health Dept P.O. Box 128 Lame Deer, MN 59043	(406) 477-6722	justinroundstone@hotmail.com
	Federal	Garfield Littlelight	Associate Director Office of Administrative Support	2900 4th Avenue North Billings, MN 59101	(406) 247-7102	garfield.littlelight@ihs.gov
CALIFORNIA	Tribal Contract	Molin Malicay	Executive Director Sonoma County Indian Health (SCIHP)	P.O. Box 7308 Santa Rosa, CA 95407	(707) 521-4650	molin.malicay@crihb.net
	Tribal Contract	Johnny Hernandez*	Tribal Chair Santa Ysabel Band of Mission Indian	P.O. Box 130 Santa Ysabel, CA 92070	(760) 765-0846	johnnyhernandez@yahoo.com
NASHVILLE	Tribal Contract	Ms. Elizabeth Neptune*	Tribal Councilwoman Passamaquoddy	P.O. Box 102 7 North Eagle Point Princeton, ME 04668	(207) 214-6524	elizabeth.neptune@myfairpoint.net
	Federal	Dr. Harry Brown	Area Chief Medical Officer	711 Stewarts Ferry Pike Nashville, TN 37214	(615) 467-1531	harry.brown@ihs.gov

NOMINEES SELECTED FOR THE DIRECTOR'S WORKGROUP ON IMPROVING CONTRACT HEALTH SERVICES LIST

Area Office	Tribal/ Federal	Name	Title	Address	Phone#	Email Address
NAVAJO	Tribal Direct	Anslem Roanhorse, Jr.	Executive Director Navajo Division of Health	P.O. Box 1390 Window Rock, AZ 86515	(580) 871-6350	a.roanhorse@nndoh.org
	Federal	Marie A. Begay	Area CHSO	P.O. Box 9020 Window Rock, AZ 86515	(928) 871-5894	marie.begay@ihs.gov
OKLAHOMA	Tribal Contract	Jefferson Keel*	Lieutenant Governor Chickasaw Nation	P.O. Box 1548 Ada, OK 74821	(580) 436-7259	ltgov@chickasaw.net
	Tribal Contract	Mickey Peercy	Executive Director Health Services Choctaw Nation	P.O. Box 1210 Durant, OK 74702-1210	(520) 924-8280	mpeercy@choctawnation.com
PHOENIX	Tribal Contract	Alvin Moyle*	Chairman Fallon Business Council	565 Rio Vista Fallon, NV 89406	(775) 423-6075	chairman@fpst.org
	Federal	Dr. Charles Rhodes	Diabetes Consultant	Phoenix Area Indian Health Service 40 N. Central Avenue, Suite 606 Phoenix, AZ 85004	(602) 364-5195	charles.rhodes@ihs.gov
PORTLAND	Tribal	Andy Joseph*	Business Council Member Confederated Tribes of the Colville Indian Reservation	Chair NW Portland Area Indian Health Board P.O. Box 150 Nespelem, WA 99155	(509) 634-2209	andy.joseph@colvilletribes.com
	Tribal Contract	Eric Metcalf	Tribal Health Director Confederated Tribes of Coos, Lower Umpqua, Siuslaw Indians	Vice Chair NW Portland Area Indian Health Board 1245 Fulton Avenue Coos Bay, OR 97905	(541) 888-9577	eric.metcalf@ctclusi.org
TUCSON	Tribal Direct	Reuben Howard	Executive Director Pascua Yaqui Tribal Health Dept	7490 South Camino de Oeste Tucson, AZ 85746	(520) 879-6019	reuben.howard@pascuayaqui-nsn.gov
	Tribal Direct	Gary Quinn	Executive Director Tohono O'odham Nation	Department of Human Services P.O. Box 815 Sells, AZ 85634	(520) 383-6000	gary.quinn@tonation-nsn.gov

*Elected Officials