

From: Roubideaux, Yvette (IHS/HQ)
Sent: Friday, September 30, 2011 12:46 PM
To: IHS ALL
Subject: Message from the Director: Improving the Contract Health Services Program

To: All IHS

I recently posted a six-part series on **“Understand the Contract Health Services Program”** on my IHS Director’s Blog on the IHS website:

<http://www.ihs.gov/PublicAffairs/DirCorner/index.cfm?module=blog>

Scroll down the blog to see all six parts. I encourage you to learn more about how we pay for referrals outside of our facilities in the private sector.

We also now are seeing the impact of the increased funding in FY2010 for the Contract Health Services (CHS) Program. IHS received an increase of \$100 million that was distributed to all sites according to the current formula. That amount of increased funding is added to our base CHS budget as a recurring amount, so all of our IHS and Tribal facilities got an increase that now recurs in the base budget each year. This funding will help pay for needed referrals, and I have heard that some facilities are able to pay for referrals beyond Priority 1 since we got this increase which is great news. A Tribal leader also recently told me he was happy that he finally got that MRI of his knee that he had been waiting on for a long time.

The increased funding we received means more of our patients will get the services they need. Your CHS programs should be meeting weekly and determining which referrals can be paid with a close accounting of current balances available. All facility leadership should regularly review CHS balances. While we still must follow medical priorities with limited funds, it is likely we are paying for more referrals now and in some places can go beyond Priority 1. **Facilities should make sure that all of the available CHS funding goes immediately towards needed patient care.** We will be sending more information to our programs about best practices and recommendations for improvements in business practices related to the CHS program as I hear the final recommendations of the federal-tribal workgroup.

Documenting the actual need for CHS is critical. Our federal-tribal workgroup on improving the CHS program has developed some recommendations for how to do a better job of documenting the unmet need in the CHS program. The recent GAO study recommendations will help us further improve how we document need. Therefore, it is important that all facilities ensure that referrals are made by the providers when they are needed, and that the CHS program documents carefully the ones that are approved and keeps track of the ones that are deferred or denied. The GAO study revealed that we do not do this in a consistent manner, and it is everyone’s responsibility to help make sure we are tracking all referrals.

More funding and improvements in the Contract Health Services Program continues to be a top tribal priority and I ask all employees to help us improve in this area. I especially want everyone to help improve our customer services in this area and help educate patients on how the CHS program works.

Thank you for your efforts to improve our Contract Health Services Program and to help increase access to care for the patients we serve,

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