INDIAN HEALTH SERVICE -- ACCOUNTS

ACCOUNT	% of $	BRIEF DESCRIPTION OF BUDGET ACCOUNTS
HOSPITALS & CLINICS	39.0%	Inpatient care, routine and emergency ambulatory care; and medical support services including laboratory, pharmacy, nutrition, diagnostic imaging, medical records, physical therapy, and other services. Specialized programs are conducted to address: diabetes; maternal and child health; youth services; communicable diseases including HIV/AIDS, tuberculosis, and hepatitis; women's and men's health; geriatric health; disease surveillance.
DENTAL HEALTH	3.7%	Supports preventive care, basic care, and emergency care, with approximately 90 percent of services covering basic and emergency care. A small proportion of dental services support accidental and high copay dental benefits covered in the benchmark FEHP plan. The majority of these funds pay for dental care that is not covered in the benchmark FEHP plan.
MENTAL HEALTH	1.9%	Supports a clinical and preventive mental health service program that provides outpatient mental health and related services, crisis triage, case management, prevention programming, and outreach. The most common MH/SS program model is an outpatient service staffed by one or more mental health professionals providing individual, family, and group psychotherapeutic services and case management. A much smaller proportion of IHS MH funds support community based and public health like programs.
ALCOHOL & SUB ABUSE	4.4%	Supports integrated substance abuse treatment in primary care and emergency services to offer immediate opportunities for health care providers to identify patients with substance use disorders, provide them with medical advice, help them understand the health risks and consequences, obtain substance abuse consultations, and refer patients with more severe substance use-related problems to treatment. Provides approved pharmacological / psychosocial treatments for opioid use disorder. Provides residential substance abuse and mental health treatment to AI/AN youth. A portion of IHS A/SA funds support community based programs and unique A/SA prevention programs.
PUBLIC HLTH NURSING	1.6%	Supports culturally sensitive health promotion and disease prevention nursing care services through primary, secondary and tertiary prevention services to individuals, families, and community groups.
HEALTH EDUCATION	0.4%	Supports clinical and community health education to AI/AN patients that is health literate and culturally appropriate; Supports patient health education in the clinic, schools and in the community. A portion of IHS HE funds also supports community based programs and programs customized for AIAN culture, customs, and values.
COMMUNITY HLTH REP	1.2%	Links AIAN patients to the Indian healthcare system, especially in rural remote areas where AIANs reside. Provides medically-guided home visits, case management for chronic health conditions such as asthma, diabetes and hypertension and provides basic health care and instruction in AI/AN homes and communities. Serves as cultural liaison between providers, patients, and AIAN communities.
IMMUNIZATION AK	0.0%	Hepatitis B program continues to prevent and monitor hepatitis B infection among a large population of Alaska Natives with or susceptible to the disease. Hib program provides resources, training and coordination to Tribes in Alaska to maintain high vaccine coverage.

ACCOUNT	% of $	BRIEF DESCRIPTION OF BUDGET ACCOUNTS
URBAN PROJECTS	1.0%	Urban Indian Organizations provide primary medical care and public health case management outreach and referral services for approximately 54,000 urban AI/AN who do not have access through IHS or Tribally operated health care facilities because they do not live on or near a reservation. Because this is a separate program, Urban AIANs are not included in IHS and Tribal user counts unless they travel to IHS or tribal facilities. Urban programs are narrowly focused in certain Urban sites based on legislative authority that is separate from authorized IHS and Tribal programs. Urban funds do not support medical services provided through IHS or Tribal operated programs and therefore 100% of these funds are excluded from LNF calculations.
INDIAN HLTH PROFESSIONS	1.0%	Funds Indian Health Service (IHS) Scholarship program, Loan Repayment program (LRP), health professions training related grants, primarily to AIAN individuals to promote AIANs in the health care professions.
TRIBAL MGMT	0.0%	Assists Indian Tribes and Tribally-sanctioned Tribal organizations (T/TO) to plan, prepare, or decide to assume all or part of existing Indian Health Service (IHS) programs, functions, services, and activities (PFSA) and to further develop and enhance their health program management capability and capacity. These funds do not support personal health care services that have covered counterparts in the benchmark FEHP plan.
DIRECT OPERATIONS	1.4%	Supports for IHS operated health care programs most administrative functions such as human resources (HR), financial management, acquisitions, internal control and risk management, health care and facilities planning, health information technology, Contract Disputes Act claims analysis, and other administrative support and systems accountability. A large portion of these funds indirectly support personal health care services.
CONTRACT SUPPORT COSTS	14.5%	Supports for Tribal operated health care programs the additional reasonable "contract support costs" incurred in carrying out contracted IHS health care programs. These include administrative functions such as human resources (HR), financial management, acquisitions, internal control and risk management, health care and facilities planning, health information technology, and other administrative support and systems accountability. A large portion of these funds indirectly support personal health care services.
TRIBAL SELF-GOVERNANCE	0.1%	Self-Governance supports government-togovernment negotiations of self-governance compacts and funding agreements; oversight of the IHS Director's Agency Lead Negotiators (ALNs); technical assistance on Tribal Consultation activities; analysis of Indian Health Care Improvement Act (IHCIA) authorities; and support to the IHS Director's Tribal Self-Governance Advisory Committee.
PRC	18.7%	Purchased/Referred Care (PRC), which supports the purchase of essential health care services not available in IHS and Tribal healthcare facilities including inpatient and outpatient care, routine emergency ambulatory care, transportation, specialty care services (mammograms, colonscopies, etc.), and medical support services (e.g., laboratory, pharmacy, nutrition, diagnostic imaging, physical therapy.

ACCOUNT	% of $	BRIEF DESCRIPTION OF BUDGET ACCOUNTS
SDPI	Other Approp	Special Diabetes Program for Indians (SDPI) grant program provides funding for diabetes treatment and prevention to AIANs through approximately 301 Indian Health Service (IHS), Tribal, and Urban (I/T/U) Indian health grant programs. The majority of SDPI funds support personal health care services related to diabetes that have covered counterparts in the FEHP plan. A portion of these funds support community based strategic infrastructure prevention programs that have no covered counterparts in the benchmark FEHP plan.
Facilities Construction	2.4%	Supports construction of new or expanded health care facilities. Facility capital costs have cost counterparts in the benchmark FEHP plan. But current year IHS health care facility construction funds are not counted as is. Rather, IHS funded construction costs are instead spread (amotized) over an expected 40 year life.
Maintenance and Improvement	1.5%	Supports maintainance, repair, and improvement in existing Indian Health Service (IHS) and Tribal health care facilities. These funds support health care facility maintenance costs that have cost counterparts embedded in the price of the FEHP benchmark plan.
Facilities and Environment Health Support	4.6%	Supports real property, health care facilities and staff quarters construction, maintenance and operation services, as well as community and institutional environmental health, injury prevention, and sanitation facilities construction services. The majority of these funds IHS/Tribal health care facilities and associated costs that have cost counterparts embedded in the price of the FEHP benchmark plan.
Equipment	0.5%	The vast majority of Equipment funds are used for maintenance, upgrades, replacement, and the purchase of new medical equipment systems at Indian Health Service (IHS) and Tribal healthcare facilities. Corresponding medical equipment costs also are embedded in the price of personal health care services covered in the FEHP benchmark plan.
Sanitation	2.1%	Sanitation construction projects provide new and existing homes with first time services such as water wells, onsite waste water systems or connecting homes to community water, and waste water facilities. These funds have no cost counterparts in the benchmark FEHP plan.

NATIONAL HEALTH EXPENDITURES ACCOUNTS

Account	% of $	BRIEF DESCRIPTION
(A) National Health Expenditures	100.0%	Expenditures in the NHEA represent aggregate health care spending in the U S. The NHEA recognize several types of health care spending within this broad aggregate. (AGGREATE: Includes all categories below)
(B) Health Consumption Expenditures	95.2%	Health Consumption Expenditures (HCE) represents spending for all medical care rendered during the year, and is the sum of PHC, government public health activity, and government administration and the net cost of health insurance. (AGGREGATE: Excludes investments (S, T)
(C) Personal Health Care	84.5%	Personal Health Care (PHC) comprises all of the medical goods and services that are rendered to treat or prevent a specific disease or condition in a specific person. These include hospital care; professional services; other health, residential, and personal care; home health care; nursing care facilities and continuing care retirement communities; and the retail outlet sales of medical products. (AGGREGATE: Excludes Govt. Administration (P), Net Cost of PI (Q), Public Health (R), Investment (S, T)
(D) Hospital Care	32.3%	Covers all services provided by hospitals to patients. These include room and board, ancillary charges, services of resident physicians, inpatient pharmacy, hospital-based nursing home and home health care, and any other services billed by hospitals in the United States. The value of hospital services is measured by total net revenue, which equals gross patient revenues (charges) less contractual adjustments, bad debts, and charity care. It also includes government tax appropriations as well as non-patient and non-operating revenues.
(F) Physician and Clinical Services	19.8%	Covers services provided in establishments operated by Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.), outpatient care centers, plus the portion of medical laboratories services that are billed independently by the laboratories. This category also includes services rendered by a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) in hospitals, if the physician bills independently for those services. Clinical services provided in freestanding outpatient clinics operated by the U.S. Department of Veterans' Affairs, the U.S. Coast Guard Academy, the U.S. Department of Defense, and the U.S. Indian Health Service are also included. The establishments included in Physician and Clinical Services are classified in NAICS 6211-Offices of Physicians, NAICS 6214-Outpatient Care Centers, and a portion of NAICS 6215-Medical and Diagnostic Laboratories
(G) Other Professional Services	2.7%	Covers services provided in establishments operated by health practitioners other than physicians and dentists. These professional services include those provided by private-duty nurses, chiropractors, podiatrists, optometrists, and physical, occupational and speech therapists, among others. These establishments are classified in NAICS-6213 Offices of Other Health Practitioners.
(H) Dental Services	3.7%	Covers services provided in establishments operated by a Doctor of Dental Medicine (D.M.D.) or Doctor of Dental Surgery (D.D.S.) or a Doctor of Dental Science (D.D.Sc.). These establishments are classified as NAICS 6212 Offices of Dentists.
(I) Other Health, Residential, and Personal Care	5.1%	This category includes spending for Medicaid home and community based waivers, care provided in residential care facilities, ambulance services, school health and worksite health care. Generally these programs provide payments for services in non-traditional settings such as community centers, senior citizens centers, schools, and military field stations. The residential establishments are classified as facilities for the intellectually disabled (NAICS 62321), and mental health and substance abuse facilities (NAICS 62322). The ambulance establishments are classified as Ambulance services (NAICS 62191).

Account	% of $	BRIEF DESCRIPTION
(J) Home Health Care	2.8%	Covers medical care provided in the home by freestanding home health agencies (HHAs). Medical equipment sales or rentals not billed through HHAs and non-medical types of home care (e.g., Meals on Wheels, chore-worker services, friendly visits, or other custodial services) are excluded. These freestanding HHAs are establishments that fall into NAICS 6216-Home Health Care Services.
(K) Nursing Care Facilities and Continuing Care Retirement Communities	4.9%	Covers nursing and rehabilitative services provided in freestanding nursing home facilities. These services are generally provided for an extended period of time by registered or licensed practical nurses and other staff. Care received in state & local government facilities and nursing facilities operated by the U.S. Department of Veterans Affairs are also included. These establishments are classified in NAICS 6231-Nursing Care Facilities and NAICS 623311-Continuing Care Retirement Communities with on-site nursing care facilities.
(L) Retail Sales of Medical Products	13.5%	This class of expenditure is limited to spending for products purchased or leased from retail outlets and through mail order. The value of drugs and other products provided to patients in hospitals (on an inpatient or outpatient basis), nursing homes, and other provider settings, are implicit in estimates of spending for those providers' services. The one exception is for optical goods, which comprise a large portion of optometrist receipts NAICS (62132). Receipts for these products are removed from optometrist's receipts and included in the durable medical equipment (DME) category.
(M) Prescription Drugs	10.1%	Estimates of expenditures for prescription drugs include retail sales of human-use, dosage-form drugs, biological drugs, and diagnostic products that are available only by a prescription. These include retail prescription drug purchases that occur in pharmacies and drug stores (including both chain and independent), supermarkets and other grocery store pharmacies, mail-order and other direct-selling establishments, department stores, warehouse clubs and supercenters, and all other general massmerchandising establishments.
(N) Durable Medical Equipment	1.5%	Expenditures in this category represent retail sales of items such as contact lenses, eyeglasses and other ophthalmic products, surgical and orthopedic products, medical equipment rental, oxygen and hearing aids. Durable medical equipment (DME) generally has a useful life of over three years whereas nondurable products last less than 3 years.
(O) Other Non-Durable Medical Products	1.8%	Other non-durable medical products include non-prescription drugs (products purchased over the counter such as analgesics and cough and allergy medications) and medical sundries (items such as surgical and medical instruments and surgical dressings, and diagnostic products such as needles and thermometers).
(P) Government Administration	1.3%	Includes all administrative costs (federal and state and local employees' salaries; contracted employees, including fiscal intermediaries; rent and building costs; computer systems and programs; other materials and supplies; and other miscellaneous expenses) associated with insuring individuals enrolled in the following health insurance programs: Medicare, Medicaid, Children's Health Insurance Program, Department of Defense, Department of Veterans Affairs, Indian Health Service, workers' compensation, maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, and other federal programs.
(Q) Net Cost of Health Insurance	6.6%	Net cost of health insurance is calculated as the difference between calendar year incurred premiums earned and benefits incurred for private health insurance. Aggregate PHI spending is an estimate of total premium revenues, including payments made by employers on behalf of employees for health insurance, as well as the employee share of the employer-sponsored health insurance, the medical portion of accident (property and casualty) insurance, and direct purchased health insurance. The net cost of insurance is the difference between benefits and total PHI expenditures. This difference includes administrative costs, and in some cases, additions to reserves, rate credits and dividends, premium taxes and fees, and net underwriting gains or losses.

Account	% of $	BRIEF DESCRIPTION
(R) Government Public Health Activities	2.5%	Government public health activity measures spending by governments to organize and deliver health services and to prevent or control health problems. In addition to funding the care of individual citizens, government is involved in organizing and delivering publicly provided health services such as epidemiological surveillance, inoculations, immunization/vaccination services, disease prevention programs, the operation of public health laboratories, and other such functions. In the NHEA, spending for these activities is reported in government public health activity. Funding for health research and government purchases of medical structures and equipment are reported in their respective categories. Government spending for public works, environmental functions (air and water pollution abatement, sanitation and sewage treatment, water supplies, and so on), emergency planning and other such functions are not included.
(S) Investment-Research	1.5%	Non-commercial research in the NHEA includes research spending of non-profit institutions and government entities. Research and development (R&D) expenditures by drug and medical supply and equipment manufacturers are not included in the NHEA, as these expenditures are treated as intermediate purchases under the definitions of national income accounting; that is, the value of that research is deemed to be recouped through product sales.
(T) Investment-Structures and Equipment	3.4%	The structures component of the NHEA is defined as the value of new construction put in place by the medical sector. This measure of the medical sector investment includes establishments engaged in providing health care, but does not include retail establishments that sell non-durable or durable medical goods. The construction measure includes new buildings; additions, alterations, and major replacements; mechanical and electric installations; and site preparation. Maintenance and repairs are excluded. Nonstructural equipment such as X-ray machines and beds are included in equipment. The value of new construction put in place includes the cost of materials and labor, contractor profit, the cost of architectural and engineering work, those overhead and administrative costs chargeable to the project on the owner's books, and interest and taxes paid during construction.

CORRESPONDENCE OF IHS ACCOUNTS AND FEDERAL EMPLOYEE HEALTH PLAN (BCBS STANDARD)

IHS to FEHP Correspondence for FY17 LNF

BAP ACCOUNTS ->	% corresponds with FEHP like services	Account Description and FEHP Analysis
HOSPITALS & CLINICS	**100%**	Inpatient care, routine and emergency ambulatory care; and medical support services including laboratory, pharmacy, nutrition, diagnostic imaging, medical records, physical therapy, and other services. Specialized programs are conducted to address: diabetes; maternal and child health; youth services; communicable diseases including HIV/AIDS, tuberculosis, and hepatitis; women's and men's health; geriatric health; disease surveillance. Comparing IHS H&C services to FEHP benefits suggest that virtually all of H&C IHS funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are identified as within scope relative to FEHP services and are included in LNF calculations.
DENTAL HEALTH	**10%**	Supports preventive care, basic care, and emergency care, with approximately 90 percent of services covering basic and emergency care. A small proportion of dental services support accidental and high copay dental benefits covered in the benchmark FEHP plan. The majority of these funds pay for dental care that is not covered in the benchmark FEHP plan. Comparing IHS Dental services to FEHP benefits suggest that only small portion of Dental IHS funds support dental care services that correspond to covered counterparts in the benchmark FEHP plan. This conclusion is based on the low FEHP payments for covered dental benefits. The FEHP assumes persons will either purchase more complete dental insurance coverage or pay out of pocket. Therefore, 90% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
MENTAL HEALTH	**85%**	Supports a clinical and preventive mental health service program that provides outpatient mental health and related services, crisis triage, case management, prevention programming, and outreach. The most common MH/SS program model is an outpatient service staffed by one or more mental health professionals providing individual, family, and group psychotherapeutic services and case management. Comparing IHS Mental Health services to FEHP benefits suggests the majority of IHS MH funds support personal health care services that correspond to covered counter parts in the benchmark FEHP plan. A much smaller proportion of IHS MH funds support community based and public health like programs without such counterparts in the benchmark FEHP plan. Therefore, 15% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
ALCOHOL & SUB ABUSE	**75%**	Supports integrated substance abuse treatment in primary care and emergency services to offer immediate opportunities for health care providers to identify patients with substance use disorders, provide them with medical advice, help them understand the health risks and consequences, obtain substance abuse consultations, and refer patients with more severe substance use-related problems to treatment. Provides approved pharmacological / psychosocial treatments for opioid use disorder. Provides residential substance abuse and mental health treatment to AI/AN youth. Comparing IHS A/SA services to FEHP suggests that the majority of IHS A/SA funds support A/SA services that correspond to covered counterparts in the benchmark FEHP plan. A portion of IHS A/SA funds support community based programs and unique A/SA prevention programs with no such counterparts in FEHP. Therefore, 25% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
PUBLIC HLTH NURSING	**0%**	Supports culturally sensitive health promotion and disease prevention nursing care services through primary, secondary and tertiary prevention services to individuals, families, and community groups. Comparing IHS Public Health Nursing services to FEHP benefits suggests that little if any IHS PHN funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are considered out of scope relative to FEHP services and are excluded from LNF calculations.

BAP ACCOUNTS ->	% corresponds with FEHP like services	Account Description and FEHP Analysis
HEALTH EDUCATION	**50%**	Supports clinical and community health education to AI/AN patients that is health literate and culturally appropriate; Supports patient health education in the clinic, schools and in the community. Comparing IHS HE services to FEHP suggests that a portion of IHS HE funds support patient health educations services that correspond to covered counterparts in the benchmark FEHP plan. A portion of IHS HE funds also supports community based programs and programs customized for AIAN culture, customs, and values that have no such counterparts in FEHP. Therefore, 50% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
COMMUNITY HLTH REP	**0%**	Links AIAN patients to the Indian healthcare system, especially in rural remote areas where AIANs reside. Provides medically-guided home visits, case management for chronic health conditions such as asthma, diabetes and hypertension and provides basic health care and instruction in AI/AN homes and communities. Serves as cultural liaison between providers, patients, and AIAN communities. Comparing community based IHS Community Health Representative services to FEHP benefits suggests that little if any IHS CHR funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are considered out of scope relative to FEHP services and are excluded from LNF calculations.
IMMUNIZATION AK	**0%**	Hepatitis B program continues to prevent and monitor hepatitis B infection among a large population of Alaska Natives with or susceptible to the disease. Hib program provides resources, training and coordination to Tribes in Alaska to maintain high vaccine coverage. These funds do not support personal health care services that have covered counterparts in the benchmark FEHP plan. Comparing the narrow regional focus of these IHS services to FEHP covered benefits suggests that little if any of these funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
URBAN PROJECTS	**0%**	Urban Indian Organizations provide primary medical care and public health case management outreach and referral services for approximately 54,000 urban AI/AN who do not have access through IHS or Tribally operated health care facilities because they do not live on or near a reservation. Because this is a separate program, Urban AIANs are not included in IHS and Tribal user counts unless they travel to IHS or tribal facilities. Urban programs are narrowly focused in certain Urban sites based on legislative authority that is separate from authorized IHS and Tribal programs. Urban funds do not support medical services provided through IHS or Tribal operated programs and therefore 100% of these funds are excluded from LNF calculations.
INDIAN HLTH PROFESSIONS	**0%**	Funds Indian Health Service (IHS) Scholarship program, Loan Repayment program (LRP), health professions training related grants, primarily to AIAN individuals to promote AIANs in the health care professions. IHS Scholarship and Loan Repayment funds do not directly support personal health care services that have covered counterparts in the benchmark FEHP plan. Therefore 100% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
TRIBAL MGMT	**0%**	Assists Indian Tribes and Tribally-sanctioned Tribal organizations (T/TO) to plan, prepare, or decide to assume all or part of existing Indian Health Service (IHS) programs, functions, services, and activities (PFSA) and to further develop and enhance their health program management capability and capacity. These funds do not support personal health care services that have covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.

BAP ACCOUNTS ->	% corresponds with FEHP like services	Account Description and FEHP Analysis
DIRECT OPERATIONS	**86%**	Supports for IHS operated health care programs most administrative functions such as human resources (HR), financial management, acquisitions, internal control and risk management, health care and facilities planning, health information technology, Contract Disputes Act claims analysis, and other administrative support and systems accountability. A large portion of these funds indirectly support personal health care services that have covered counterparts in the benchmark FEHP plan. A small proportion supports other types of programs and services without such counterparts. Therefore, based on the 14% aggregate out of scope percentage for all IHS budget categories, 14% of these funds are identified as out of scope relative to the FEHP services and are excluded from LNF calculations.
CONTRACT SUPPORT COSTS	**86%**	Supports for Tribal operated health care programs the additional reasonable "contract support costs" incurred in carrying out contracted IHS health care programs. These include administrative functions such as human resources (HR), financial management, acquisitions, internal control and risk management, health care and facilities planning, health information technology, and other administrative support and systems accountability. A large portion of these funds indirectly support personal health care services that have covered counterparts in the benchmark FEHP plan. Therefore, based on the 14% aggregate out of scope percentage for all IHS budget categories, 14% of these funds are identified as out of scope relative to the FEHP services and are excluded from LNF calculations.
TRIBAL SELF-GOVERNANCE	**0%**	Self-Governance supports government-togovernment negotiations of self-governance compacts and funding agreements; oversight of the IHS Director's Agency Lead Negotiators (ALNs); technical assistance on Tribal Consultation activities; analysis of Indian Health Care Improvement Act (IHCIA) authorities; and support to the IHS Director's Tribal Self-Governance Advisory Committee. These funds do not support personal health care services that have covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
PRC	**100%**	Purchased/Referred Care (PRC), which supports the purchase of essential health care services not available in IHS and Tribal healthcare facilities including inpatient and outpatient care, routine emergency ambulatory care, transportation, specialty care services (mammograms, colonscopies, etc.), and medical support services (e.g., laboratory, pharmacy, nutrition, diagnostic imaging, physical therapy. Comparing IHS PRC services to FEHP benefits suggest that virtually all of PRC IHS funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are identified as within scope relative to FEHP services and are included in LNF calculations.
SDPI	**80%**	Special Diabetes Program for Indians (SDPI) grant program provides funding for diabetes treatment and prevention to AIANs through approximately 301 Indian Health Service (IHS), Tribal, and Urban (I/T/U) Indian health grant programs. The majority of SDPI funds support personal health care services related to diabetes that have covered counterparts in the FEHP plan. A portion of these funds support community based strategic infrastructure prevention programs that have no covered counterparts in the benchmark FEHP plan. Comparing SDPI services to FEHP benefits suggest that the majority of SDPI funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 20% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.

BAP ACCOUNTS ->	% corresponds with FEHP like services	Account Description and FEHP Analysis
Facilities Construction	**0%**	Supports construction of new or expanded health care facilities. Facility capital costs have cost counterparts in the benchmark FEHP plan. But current year IHS health care facility construction funds are not counted as is. Rather, IHS funded construction costs are instead spread (amotized) over an expected 40 year life. Comparing services provided through IHS/Tribal health care facilities to FEHP benefits suggest that a large majority of facilities support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. A much smaller portion supports out of scope public health and community based services. Therefore, based on the 14% aggregate out of scope percentage for all IHS budget categories, 14% of these funds are identified as out of scope relative to the FEHP services and are excluded from LNF calculations.
Maintenance and Improvement	**86%**	Supports maintainance, repair, and improvement in existing Indian Health Service (IHS) and Tribal health care facilities. These funds support health care facility maintenance costs that have cost counterparts embedded in the price of the FEHP benchmark plan. Comparing services provided through IHS/Tribal health care facilities to FEHP benefits suggest that a large majority of facilities support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. A much smaller portion supports out of scope public health and community based services. Therefore, based on the 14% aggregate out of scope percentage for all IHS budget categories, 14% of these funds are identified as out of scope relative to the FEHP services and are excluded from LNF calculations.
Facilities and Evironmental Heatlh Support	**60%**	Supports real property, health care facilities and staff quarters construction, maintenance and operation services, as well as community and institutional environmental health, injury prevention, and sanitation facilities construction services. The majority of these funds IHS/Tribal health care facilities and associated costs that have cost counterparts embedded in the price of the FEHP benchmark plan. Comparing Facilities and EH support services to FEHP suggests that these facility funds partially support services that correspond to covered counterparts in the benchmark FEHP plan. A portion also supports community based EH and sanitation programs that have no such counterparts in FEHP. Therefore, based on the aggregate out of scope proportions for OEHE budget categories, 40% of these funds are identified as out of scope relative to FEHP services and are excluded from LNF calculations.
Equipment	**100%**	The vast majority of Equipment funds are used for maintenance, upgrades, replacement, and the purchase of new medical equipment systems at Indian Health Service (IHS) and Tribal healthcare facilities. Corresponding medical equipment costs also are embedded in the price of personal health care services covered in the FEHP benchmark plan. Comparing services provide by medical equipement to FEHP benefits suggest that virtually all of these funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are identified as within scope relative to FEHP services and are included in LNF calculations.
Sanitation	**0%**	Sanitation construction projects provide new and existing homes with first time services such as water wells, onsite waste water systems or connecting homes to community water, and waste water facilities. These funds have no cost counterparts in the benchmark FEHP plan. Comparing Sanitation facilities to FEHP benefits suggests that none of these funds support personal health care services that correspond to covered counterparts in the benchmark FEHP plan. Therefore, 100% of these funds are considered out of scope relative to FEHP services and are excluded from LNF calculations.

CORRESPONDENCE OF IHS ACCOUNTS AND NATIONAL HEALTH EXPENDITURES ACCOUNTS

Preliminary (first pass) Score Card --- Notes in intersecting cells indicate whether spending in the IHS account (rows) coresponds to spending in the NHE account (columns)

	NHE ACCOUNTS															
IHS ACCOUNTS	(D) Hospital Care	(F) Physician and Clinical Services	(G) Other Professional Services	(H) Dental Services	(I) Other Health, Residential, and Personal Care	(J) Home Health Care	(K) Nursing Care Fac. & Cont. Care Retirement Communities	(L) Retail Sales of Medical Products	(M) Prescription Drugs	(N) Durable Medical Equipment	(O) Other Non-Durable Medical Products	(P) Government Administration	(Q) Net Cost of Health Insurance	(R) Government Public Health Activities	(S) Investment-Research	(T) Investment-Structures and Equipment
HOSPITALS & CLINICS	YES	YES	YES		YES			YES	YES	YES	YES					
DENTAL HEALTH				YES				YES	YES	YES	YES					
MENTAL HEALTH	YES	YES	YES		YES			YES	YES							
ALCOHOL & SUB ABUSE	YES	YES	YES		YES			YES	YES	YES	YES					
PUBLIC HLTH NURSING			YES			Maybe?								YES		
HEALTH EDUCATION	YES	YES	YES											YES		
COMMUNITY HLTH REP			YES		YES	Maybe?	Maybe?							YES		
IMMUNIZATION AK	YES	YES							YES							
URBAN PROJECTS																
INDIAN HLTH PROFESSIONS																
TRIBAL MGMT																
DIRECT OPERATIONS	Indirectly	Indirectly	Indirectly	Indirectly					Indirectly	Indirectly	Indirectly	YES		YES		
CONTRACT SUPPORT COSTS	Indirectly	Indirectly	Indirectly	Indirectly					Indirectly	Indirectly	Indirectly	Indirectly		Indirectly		
TRIBAL SELF-GOVERNANCE												Indirectly		Indirectly		
PRC	YES	YES	YES	YES	YES			YES	YES	YES	YES					
SDPI		YES	YES		YES			YES	YES	YES	YES					
Facilities Construction	Indirectly	Indirectly	Indirectly													YES
Maintenance and Improvement	Indirectly	Indirectly	Indirectly											YES		YES
Facilities and Environment Health Support														YES		YES
Equipment	Indirectly	Indirectly	Indirectly	Indirectly												YES
Sanitation														YES		YES

CORRESPONDENCE OF IHS ACCOUNTS AND NATIONAL HEALTH EXPENDITURES ACCOUNTS

Preliminary (first pass) Score Card --- Notes in intersecting cells indicate whether spending in the IHS account (rows) coresponds to spending in the NHE account (columns)

	NHE ACCOUNTS															
EXPANDED IHCIA AUTHORITIES NO FUNDING APPROPRIATED FOR IMPLEMENTATION	(D) Hospital Care	(F) Physician and Clinical Services	(G) Other Professional Services	(H) Dental Services	(I) Other Health, Residential, and Personal Care	(J) Home Health Care	(K) Nursing Care Fac. & Cont. Care Retirement Communities	(L) Retail Outlet Sales of Medical Products	(M) Prescription Drugs	(N) Durable Medical Equipment	(O) Other Non-Durable Medical Products	(P) Government Administration	(Q) Net Cost of Health Insurance	(R) Government Public Health Activities	(S) Investment-Research	(T) Investment-Structures and Equipment
Manpower: Sec. 111. Community Health Aid Program. { 25 U.S.C. § 1616l **}** New CHAP program, similar to that in Alaska, for other states, excluding dental unless state authorized.			Yes		Yes									Yes		
Manpower: Sec. 112. Health professional chronic shortage demonstration program { 25 U.S.C. § 1616p } New demonstration programs to address workforce shortages.	Indirectly	Indirectly	Indirectly	Indirectly	Indirectly											
Health Services: Sec. 123. Diabetes Prevention, Treatment and Control { 25 U.S.C. § 1621c } Scope of SDPI services is expanded to include dialysis.			Yes		Yes				Yes							
Health Services: Sec. 124. Other authority for provision of services { 25 U.S.C. § 1621d } New long term care and assisted living services.						Yes	Yes									
Health Services: Sec. 127. Behavioral Health Training and Community Education Programs { 25 U.S.C. § 1621h(d) } New 500 position comprehensive behavioral health workforce.			Yes		Yes											
Health Services: Sec. 132. American Indians Into Psychology Program { 25 U.S.C. § 1621p } New grants to colleges and universities to promote psychology careers.		Indirectly	Indirectly	Indirectly	Indirectly											
Health Services: Sec. 133. Prevention, Control, and Elimination of Communicable and Infectious Diseases { 25 U.S.C. § 1621q } New grants and demonstration projects for disease prevention.			Yes		Yes									Yes		
Health Services: Sec. 136. Office of Indian Men's and Indian Women's Health { 25 U.S.C. § 1621v } Establish and staff an office of men's health in IHS.														Indirectly		
Facilities: Sec. 143. Indian Health Care Delivery Demonstration Projects { 25 U.S.C. § 1637 }New demonstration projects to test alternative health care models.					Indirectly										Yes	
Facilities: Sec. 146. Indian Country Modular Component Facilities Demonstration Program { 25 U.S.C. § 1638f } Construct new and modular types of facilities to demonstrate effectiveness and value.															Yes	Yes
Facilities: Sec. 147. Mobile Health Stations Demonstration Program { 25 U.S.C. § 1638g } Purchase mobile stations to demonstrate effectiveness and value.															Yes	Yes

EXPANDED IHCIA AUTHORITIES NO FUNDING APPROPRIATED FOR IMPLEMENTATION	NHE ACCOUNTS															
	(D) Hospital Care	(F) Physician and Clinical Services	(G) Other Professional Services	(H) Dental Services	(I) Other Health, Residential, and Personal Care	(J) Home Health Care	(K) Nursing Care Fac. & Cont. Care Retirement Communities	(L) Retail Outlet Sales of Medical Products	(M) Prescription Drugs	(N) Durable Medical Equipment	(O) Other Non-Durable Medical Products	(P) Government Administration	(Q) Net Cost of Health Insurance	(R) Government Public Health Activities	(S) Investment-Research	(T) Investment-Structures and Equipment
M/M/CHIP: Sec. 153. Grants to and Contracts with the Service, tribes, etc. to Facilitate Outreach, Enrollment, and Coverage of Indians under SSA and other Benefits Programs { 25 U.S.C. § 1644 } New grants and contracts to facilitate enrollment.												Indirectly		Indirectly		
Urban: Sec. 161. Facilities Renovation { 25 U.S.C. § 1659 } Renovation, construction, expansion of urban Indian health facilities.																
Urban: Sec. 164. Expand Program Authority for Sec. Urban Indian Organizations { 25 U.S.C. § 1660e } New grants to urban organizations for additional health activities.																
Urban: Sec. 165. Community Health Representatives { 25 U.S.C. § 1660f } Establish a CHR like program for urban organizations.																
Urban: Sec. 166. Use of Federal Government Facilities and Sources of Supply; Health Information Technology. { 25 U.S.C. § 1660g } Permits urban organizations to use HHS buildings and equipment and provide new grants to expand I.T. adoption.																
Organization: Sec. 173. Nevada Area Office { 25 U.S.C. § 1663a } Establish and staff a new Nevada IHS Area Office.												Yes				
Misc: Sec. 192. Arizona, North Dakota and South Dakota as Contract Health Service Delivery Areas; eligibility of California Indians { 25 U.S.C. §§ 1678, 1678a, 1679 } Expands CHS eligibility in ND and SD if existing patients are not harmed.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes					
Behavioral Hlth: Sec. 704. Comprehensive Behavioral Health Prevention and Treatment Program { 25 U.S.C. § 1665c } Expands scope of behavioral heatlh care programs and services.			Yes		Yes											
Behavioral Health: Sec. 705. Mental Health Technician Program: { 25 U.S.C. § 1665d } Comprehensive training of community mental health paraprofessionals			Yes		Yes											
Behavioral Health: Sec. 707. Indian Women Treatment Programs { 25 U.S.C. § 1665f } New grants to develop additional behavioral health programs for women.			Yes		Yes											
Behavioral Health: Sec. 708. Indian Youth Program { 25 U.S.C. § 1665g } Expands the scope of treatments in Youth Regional Treatment Centers.			Yes		Yes											

	NHE ACCOUNTS															
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Behavioral Health: Sec. 709. Inpatient and Community Mental Health Facilities Design, Construction, and Staffing { 25 U.S.C. § 1665h }Construct and staff one inpatient mental health care facility per IHS Area																Yes
Behavioral Health: Sec. 710: Training and Community Education { 25 U.S.C. § 1665i } New programs to educate officials and community members.														Yes		
Behavioral Health: Sec. 711. Behavioral Health Program { 25 U.S.C. § 1665j } New grants to establish community-based behavioral health services.														Yes		
Behavioral Health: Sec. 712. Fetal Alcohol Spectrum Disorders Programs { 25 U.S.C. § 1665k } Comprehensive FAS training for providers.	Indirectly	Indirectly	Indirectly		Indirectly											
Behavioral Health: Sec. 713. Child Sexual Abuse and Prevention Treatment Programs { 25 U.S.C. § 1665l } Establish regional demonstration projects and new treatment programs in every service area.			Yes												Yes	
Behavioral Health: 715. Behavioral Health Research { 25 U.S.C. § 1665n } New grants for Indian behavioral health research.															Yes	
Youth Suicide Prevention: Sec. 726. Indian Youth Life Skills Development Demonstration Program { 25 U.S.C. § 1667e } New Substance Abuse and Mental Health Services Administration grants.		Yes	Yes													