



**Indian Health Service
Director's Workgroup on Improving Purchased/Referred Care Meeting
Meeting Location & Accommodations**

DATE: Thursday and Friday, May 16 – 17, 2019

TIME: 8:30 AM – 5:00 PM – Day 1
8:30 AM – 12:00 PM – Day 2

PLACE: FOUND:RE Hotel; Meeting Room: The Gallery Room
1100 N Central Avenue
Phoenix, AZ 85003
Phone: (602) 875-8000; Reservation: (855) 371-6823 (ext. 2)
Website: <https://foundrehotels.com/>

Contact Person(s) for meeting:
Samuel Brewster
Office of Resource Access and Partnerships
Phone: 301-443-2041; Email: Samuel.brewster@ihs.gov

PURPOSE:
On May 16 – 17, 2019, the Indian Health Service Director's Workgroup on Improving Purchased/Referred Care (PRC) will convene its meeting in Phoenix, Arizona. The Workgroup will review, discuss and get updates on workgroup's recommendations, Catastrophic Health Emergency Fund (Best Practice), PRC Chapter, Government Accounting Office recommendations & engagements, Arizona Statewide PRC delivery area feasibility study, Indian Health Care Improvement Funds, and continue to discuss/work on strategies to improve PRC program.

TRAVEL & LODGING ARRANGEMENTS:
IHS will support the allowable travel cost (refer to government per diem below) associated with this meeting for the primary Tribal Representative (or alternate if primary is unable to attend) from the twelve (12) IHS Areas. Ms. Debbie Hunter and Ms. Jennifer Spuck will contact you to arrange your travel and will fax/email you a copy of your approved IHS Travel Authorization once completed. Ms. Hunter and Ms. Spuck can be reached by phone at 301-443-4318. You may also use the following link to make your hotel reservations:
<https://reservations.travelclick.com/104217?groupID=2516897>

Each attendee/tribal representative will be responsible for arranging his or her own local transportation and hotel reservation. Government Per Diem rates for Phoenix, Arizona are:

- Lodging \$133.00; (reimbursable nights – May 15, 16 & 17)
- M&IE \$56.00; First & Last Day of travel (75% of M&IE) = \$42.00

Federal representatives and technical advisors are responsible for their own travel arrangements.

HOTEL RESERVATIONS:

A room block has been reserved at the FOUND:RE Hotel. Rooms are available at the federal lodging rate of \$133 plus tax. Each guest must make their reservation on or before the **Cut-off date of April 29** by calling the hotel directly at 1-855-371-6823 (ext. 2); request the Indian Health Service block to ensure you are charged properly. You may also use the following link to make reservations: <https://reservations.travelclick.com/104217?groupID=2516897>

FOUND:RE Hotel

1100 N Central Avenue

Phoenix, AZ 85003

Phone: (602) 875-8000; Reservation: (855) 371-6823

Website: <https://foundrehotels.com/>

- Phoenix Light Rail station is 2 minutes' walk away from the hotel.

REIMBURSEMENT:

After completion of your travel, please submit all of your receipts with the attached completed "INFORMATION NEEDED TO PROCESS TRAVEL VOUCHERS" form to ORAP office so that we can process your reimbursement; attention:

Debbie Hunter/Jennifer Spuck

Indian Health Service

Office of Resource Access and Partnerships

5600 Fishers Lane

Mailstop: 10E85C

Rockville, Maryland 20857

Phone: 301-443-4318

Fax: 301-443-7267 (Secure Fax)

INFORMATION NEEDED TO PROCESS TRAVEL VOUCHERS

The Department encourages travel via common carrier. Requests to travel via privately-owned vehicles (POVs) must be submitted to the Department prior to the meeting date, must be appropriately justified, and must be less costly to the Government.

The amount allowed for your meals and lodging is based on, and cannot exceed, the established per diem rate for the geographical area in which the meeting is being held.

The per diem rate For: **Phoenix, Arizona – Lodging @ \$133.00 per night; MI & E @ \$56.00.**
Travel days – MI & E is @ \$42.00

1. Please indicate the exact **DATE & TIME** you departed your residence _____
A.M./P.M.
2. Transportation cost from your residence to the airport _____
Receipt required, if POV not used. Please enclose
3. Number of miles if you traveled via POV * _____
4. Transportation cost from airport to the hotel. _____
Receipt required. Please enclose
5. Transportation cost from the hotel to the airport. _____
Receipt required. Please enclose
6. Transportation cost from the airport to your residence. _____
Receipt required, if POV not used. Please enclose
7. Number of miles if you traveled via POV * _____
8. Cost of airport parking during your period of travel. _____
Receipt required. Please enclose.
9. Taxi fares amount. **Receipt required. Please enclose.** _____
10. Lodging receipt. **Receipt required. Please enclose.** _____
11. Airline ticket stub. **Receipt required. Please enclose.** _____
12. Please indicate the exact **DATE & TIME** you arrived at your residence _____
A.M./P.M.

Other expenses:

May include the following:

Expense Type	Date	Cost
First Bag Airline Fee		\$
Hotel Tax		\$
Internet Access Fee		\$
Other		\$

* **Nos. 3 and 7:** If you traveled via POV multiply your mileage times \$0. 58 cents per mile

SIGNATURE

DATE