

# **Director's Workgroup on Improving Contract Health Services**

## **I. CHARGE OF THE WORKGROUP**

The charge of the Director's Workgroup on Improving Contract Health Services (Workgroup) is to provide recommendations to the Director, IHS, on strategies to improve the Agency's contract health services (CHS) program. The Workgroup will review input received to improve the CHS program; evaluate the existing formula for distributing CHS funds; and recommend improvements in the way CHS operations are conducted within the IHS and the Indian health system.

## **II. VISION**

To deliver culturally relevant, patient-centered, and medically appropriate CHS services to eligible American Indian and Alaska Native (AI/AN) patients.

## **III. WORKGROUP AIM STATEMENT**

To implement Workgroup recommendations to improve CHS operations, data, oversight, and transparency.

Agency policies will ensure that CHS program services are:

- Reliable and accessible;
- Fully funded;
- Delivered in a culturally sensitive environment; and
- Coordinated and integrated across all elements of the Indian health system.

## **IV. GUIDING PRINCIPLES**

- No Workgroup actions or decisions will have the effect of waiving any Tribal Governmental rights, including treaty rights, sovereign immunity, or jurisdiction, nor absolve the United States of its Federal trust responsibility to provide and fully fund health care services for AI/AN people.
- Each Workgroup member makes a commitment to the Workgroup's charge and makes the time to engage in developing recommendations that will address the needs of eligible AI/AN patients in a fair and equitable manner.
- Each Workgroup member makes a commitment to be informed of all applicable CHS statutes, rules, regulations, and policies.

- Workgroup members pledge to build unity within the group for the benefit of eligible AI/AN people and overcome Area differences, including challenges related to CHS disparities.
- Workgroup recommendations will apply only to future formula funding distribution decisions and will not apply to the current CHS funding base.
- Each Workgroup member makes a commitment to reform that takes into consideration the reasons behind current policies and practices and the potential impact of future health reform changes.
- Each Workgroup member recognizes that future decisions may challenge traditional CHS practices.

**V. OUTLINE OF PRIORITIES FOR IMMEDIATE AND LONG-TERM EFFECT**

- Commission a study to quantify the unmet CHS need.
- Recommend a reporting process to document CHS referrals, denials, and deferred care to support justification of unmet need.
- Recommend data capture improvements that include capturing the cost burden for patients.
- Evaluate the effect of the fiscal year (FY) 2010 CHS funding increase on CHS unmet need in terms of return on investment for CHS direct services and investment into preventive services.
- Evaluate potential changes to the CHS program as a result of recent legislative actions and the enactment of the Affordable Care Act and permanent reauthorization of the Indian Health Care Improvement Act.