



September 29, 2023

Dear Tribal Leader and Urban Indian Organization Leader:

I am thrilled to write to you as I celebrate a significant milestone, my 1-year anniversary as Indian Health Service (IHS) Director. It is hard to believe that a year has passed since my swearing-in ceremony on September 26, 2022. I wanted to take a moment to reflect on our shared accomplishments achieved over this past year, some of which are in the enclosed *Executive Summary of IHS Accomplishments in 2023*, and some of which are highlighted below:

IHS 2023 Agency Work Plan

In January, the IHS developed and implemented the [IHS 2023 Agency Work Plan](#), which describes critical actions needed to address key priorities and more that directly affect IHS operations, improve communications with our Tribal and Urban Indian Organization partners, and ensure the delivery of safe, quality, patient-centered care. The work plan demonstrates our remarkable progress, with 92 percent of activities completed or on track to reach target goals. I encourage you to review our [second quarter update](#).

Advance Appropriations

The IHS received its first-ever advance appropriations in the Consolidated Appropriations Act, 2023 (Public Law 117-328), which provides \$5.1 billion in FY 2024 for nearly all programs in the IHS Services and Facilities accounts. The historic enactment of advance appropriations for the IHS was made possible through the collective efforts of Congress, the Administration, including the Secretary of the Department of Health and Human Services, and our Tribal and Urban Indian Organization partners. Thanks to advance appropriations, the IHS, Tribes, Tribal Organizations, and Urban Indian Organizations now have the certainty that enables us to plan and use our resources effectively.

Timely Obligations

The IHS renewed its focus on ensuring that funds are obligated in an efficient and timely way. Since I was sworn in, the IHS has obligated nearly \$1 billion dollars in COVID-19 supplemental funding. Additionally, the IHS has implemented a new, updated financial interface that enables Indian Self-Determination and Education Assistance Act (ISDEAA) Title I and Title V obligations to feed directly from the Office of Tribal Self-Governance Funds Management and Self-Determination databases to the Unified Financial Management System database. This updated interface reduces the number of system errors reported via the Tracking Accountability in the Government Grants System and ensures that the IHS is fulfilling its timelines to Tribes and Tribal Organizations by guaranteeing that payments remain in sync and that funding is issued as soon as it is available.

IHS Tribal Self-Governance Program (TSGP)

Over the past year, the IHS has welcomed four Tribes into the [IHS TSGP](#), which provides Tribes or authorized Tribal Organizations with the option to assume IHS program funds and manage them to best fit the needs of their beneficiaries, as authorized by Title V of the ISDEAA. The Ysleta del Sur Pueblo (Albuquerque Area IHS), the Northern Arapaho Tribe (Billings Area IHS), the Mashantucket Pequot Tribal Nation (Nashville Area IHS), and the Tanana Tribal Council (Alaska Area IHS) join more than 380 federally recognized Tribes already participating in the IHS TSGP, which represents 112 compacts and 139 funding agreements.

Purchased/Referred Care (PRC) Services

The IHS published four Notices in the *Federal Register* proposing the expansion of PRC Delivery Areas for 10 Tribes. This will provide health care access to more than 1,000 American Indians. The IHS also published a *Notice of Proposed Rulemaking* announcing proposed changes to the Catastrophic Health Emergency Fund (CHEF), which provides funds to meet the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the IHS. The proposed rule establishes the CHEF threshold at \$19,000, with an annual increase equal to the Consumer Price Index adjustment. The PRC program processed more than 1,400 CHEF reimbursement cases, which provided additional funds to IHS Service Units, thereby enabling authorization of additional services. The PRC programs processed approximately 400,000 claims for health care services provided to American Indians and Alaska Natives through Federal PRC programs.

Business Office

In June, the IHS released an updated [Prompt Payer Notice](#), which can be used to clarify the law for payers that require more information on the right of recovery from the IHS. This notice facilitates direct payment of private insurance claims to the IHS. The IHS continues to focus on Medicaid unwinding from the Public Health Emergency due to COVID-19 by working directly with patients to assist them with maintaining coverage or exploring alternate coverage options.

These achievements are commendable and serve as motivation to inspire our future work. Thank you for your unwavering dedication to advancing the physical, mental, social, and spiritual health and well-being of all American Indians and Alaska Natives. I remain enthusiastic that our continued collaborations, partnerships, and Government-to-Government relationships will bring us even greater achievements this next year.

Sincerely,

Roselyn Tso
-S

Digitally signed by
Roselyn Tso -S
Date: 2023.09.29
16:20:43 -04'00'

Roselyn Tso
Director

Enclosure: *Executive Summary of IHS Accomplishments in 2023*