



Direct Service Tribes Advisory Committee

As long as the grass grows and the rivers flow. . .

May 18, 2026

The Honorable Clayton Fulton
Chief of Staff
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Re: Request to Expand the IHS Hiring Initiative to Include Billing and Coding Administrative Staff

Mr. Fulton,

On behalf of the Indian Health Service (IHS) Direct Service Tribal Advisory Committee (DSTAC), we write to thank IHS leadership for participating in the recent in-person DSTAC meeting held in Rapid City, South Dakota on May 5, 2026. We also extend our thanks to Secretary Kennedy for his continued support of the Indian health system and for launching IHS' hiring initiative. This initiative reflects a strong commitment to upholding the federal trust and treaty obligations to Tribal Nations and to ensuring IHS can effectively fulfill its critical role in delivering health care to American Indian and Alaska Native (AI/AN) communities. As the IHS continues implementing this initiative, the DSTAC requests the agency to include billing and coding specifically and address the barriers limiting recruitment and retention of this essential part of the IHS workforce.

The Need to Include Billing and Coding Staff

While IHS' hiring initiative is appropriately focused on recruiting and retaining clinical staff, IHS facilities also depend on a stable administrative and revenue cycle workforce to remain operational. Billers and coders play a critical role in generating third party revenue through Medicaid, Medicare, and private insurance reimbursements. Without trained billing and coding personnel, IHS facilities cannot adequately access the Medicare and Medicaid resources Congress intended to support Indian health care delivery. Furthermore, in the private sector, billing and coding positions are frequently offered on a remote or hybrid basis. Without enabling similar remote flexibility, the IHS faces significant challenges in making competitive offers, particularly in rural and hard-to-fill service areas.

In 2025, after the IHS lost more than 1,000 staff members, the return-to-work policy essentially terminated most telework arrangements, requiring full-time, in-person duty at federal agency worksites. Prior to this policy change, most IHS billers and coders worked on a remote basis. The loss of telework flexibility contributed to staffing shortages among billing and coding support staff, who are responsible for generating the third-party revenue necessary to run IHS and Tribally operated facilities nationwide. Although IHS received exemptions that allowed continued hiring for critical clinical roles, the agency still experienced historically low offer-



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acceptance rates in 2025. For mission critical billing and coding positions, it is necessary for IHS to address these workforce shortages by expanding the hiring initiative and considering in-person exemptions to promote greater remote work flexibility for these roles.

Direct Service facilities remain woefully understaffed, with many facing reductions in services because of understaffing. Today, the overall IHS vacancy rate is still hovering around 35 percent, and Direct Service facilities remain woefully understaffed, with many facing reductions in services because of understaffing. This includes the billing and coding professionals responsible for submitting claims, maximizing reimbursements, ensuring compliance, reducing claim denials, and maintaining the cash flow needed to keep facilities open. These staffing shortages have significant operational consequences for Direct Service Tribes. While recruiting physicians, nurses, and other providers is essential, those efforts alone cannot sustain facility operations without the billing and coding staff necessary to support reimbursement and revenue collection.

Conclusion

The DSTAC requests that the IHS formally expand its hiring initiative to include billing and coding staff to maintain the financial and operational stability of Direct Service Tribal facilities. We also emphasize the need for remote work flexibility to ensure these vital billing and coding roles stay competitive in rural and hard to fill service areas. The DSTAC maintains that expanding the hiring initiative to billing and coding staff is fully aligned with the goals of the IHS to build a long-term workforce for the agency. In addition, we encourage the IHS to increase its partnership with DSTAC in the development and implementation of its hiring initiative. Meaningful engagement will help ensure Tribal priorities remain central to these efforts.

Thank you again for the productive discussion at the recent DSTAC meeting and for your continued engagement with Tribal leaders. The DSTAC looks forward to continued engagement with the IHS to address workforce shortages and improve health care delivery across Indian Country.

Sincerely,

Alicia Mousseau, PhD
Oglala Sioux Tribe, Vice President
IHS Direct Services Tribes Advisory Committee, Chair

CC: Mark Cruz, Senior Advisor to the Secretary, HHS
Stacey Ecoffey, Deputy Director for Intergovernmental and External Affairs, IHS