



# Healthcare Costs for Noncitizens in Detention

*July 12, 2023*

Fiscal Year 2022 Report to Congress



**Homeland  
Security**

*U.S. Immigration and Customs Enforcement*

# Message from the Deputy Director and Senior Official Performing the Duties of the Director

July 12, 2023

I am pleased to present the following report, “Healthcare Costs for Noncitizens in Detention,” prepared by U.S. Immigration and Customs Enforcement (ICE).

This report was compiled pursuant to direction in the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2022 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-103) which continues direction in the Joint Explanatory Statement accompanying the FY 2021 DHS Appropriations Act (P.L. 116-260).

Pursuant to congressional guidelines, this report is being provided to the following Members of Congress:

The Honorable David Joyce  
Chairman, House Appropriations Subcommittee on Homeland Security

The Honorable Henry Cuellar  
Ranking Member, House Appropriations Subcommittee on Homeland Security

The Honorable Chris Murphy  
Chair, Senate Appropriations Subcommittee on Homeland Security

The Honorable Katie Britt  
Ranking Member, Senate Appropriations Subcommittee on Homeland Security

Please direct report inquiries to the ICE Office of Congressional Relations at (202) 732-4200.

Sincerely,

**PATRICK J  
LECHLEITNER**

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Patrick J. Lechleitner  
Deputy Director and  
Senior Official Performing the Duties of the Director  
U.S. Immigration and Customs Enforcement



# Executive Summary

This report to Congress, “Healthcare Costs for Noncitizens in Detention,” meets the legislative requirement for ICE to provide a report on the cost of administering healthcare in the detention system. It presents information about the ICE healthcare system, focusing on detained noncitizen transfers for offsite healthcare, instances of serious medical and mental health conditions, and staffing within ICE detention facilities.

This report presents information from FY 2022 and addresses the following areas:

- An overview of the ICE healthcare system and components that oversee and administer detained noncitizen healthcare;
- A description of the ICE budget and detained noncitizen healthcare expenditures, including mental health and preventive services; and
- A discussion of strategic initiatives to strengthen the detention healthcare system, modernize the ICE healthcare workforce, and efforts to contain the cost of detained noncitizen healthcare.

The ICE Health Service Corps (IHSC) mission is to provide safe delivery of high-quality healthcare to those in ICE custody. IHSC comprehensive healthcare services include both individualized treatment for ICE-detained noncitizens and promotion of public health through prevention of disease transmission.



# Healthcare Costs for Noncitizens in Detention

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# I. Legislative Requirements

This report was compiled in response to direction in the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2022 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-103) which continues direction provided in the Joint Explanatory Statement accompanying the FY 2021 DHS Appropriations Act (P.L. 116-260):

The Joint Explanatory Statement accompanying P.L. 117-103 states:

*Continuation of Prior-Year Requirements.*—ICE shall continue to follow the directives under the following headings in the explanatory statement accompanying the fiscal year 2021 Act (Public Law 116–260), according to the previously directed timeframes, reporting requirements, required sustainment, and guidance:

...  
(3) Healthcare Costs for Immigrants in Detention...

The Joint Explanatory Statement accompanying P.L. 116-260:

*Healthcare Costs for Immigrants in Detention.* —ICE is directed to provide an annual report on the cost of administering healthcare, including mental health or preventative services, in the detention system. The report shall include all sources of funding utilized to provide healthcare services to individuals in custody, including all such funding provided by HHS under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136), other federal agencies, or state, local, or private sources of funding. The report shall include the number of instances when detainees were transported to hospitals, emergency rooms, or other healthcare facilities and shall note instances of serious medical or mental health conditions, pregnancy, disability, or positive or presumptive cases of communicable diseases impacting more than 100 detainees, along with antibody positive cases for diseases when such tests are available. Further, the report shall detail the number and type of position of medical personnel, including pediatric medical professionals, and mental health staff at each ICE detention facility and note any position that has been vacant for 30 or more days.

## II. Background

### A. ICE Detention Healthcare System

The U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) is a component within ICE Enforcement and Removal Operations (ERO) and the only entity within ICE responsible for providing direct healthcare to detained noncitizens. IHSC is committed to providing safe delivery of high-quality healthcare to those in ICE custody and strives to be the best healthcare delivery system in detention and correctional healthcare. Individuals in IHSC-staffed and non-IHSC-staffed facilities receive a health screening within 12 hours of arrival and a complete health assessment within 14 days of admission.

IHSC has a high-performing, results-producing healthcare workforce made up of a multisector, multidisciplinary staff of approximately 1,650 authorized positions. The positions include U.S. Public Health Service Commissioned Corps officers, federal General Schedule (GS) civil servants, and contract health professionals. IHSC staff is comprised of medical and administrative personnel.

ICE administers a detention health system providing direct healthcare in ICE-owned facilities; oversees compliance with healthcare-related detention standards in contracted facilities; reimburses for offsite healthcare services that detained noncitizens receive; and supports special operations missions.

To support the organization's mission, IHSC's structure is divided into five divisions:

- The Administration Division supports the activities and systems utilized by IHSC personnel responsible for sustaining the IHSC healthcare system.
- The Clinical Services Division provides medical oversight, guidance, and instruction to IHSC providers and allied health professionals who deliver medical, mental, and dental healthcare to ICE-detained noncitizens.
- The Health Care Compliance Division coordinates continuous quality healthcare to detained noncitizens in non-IHSC-staffed facilities; ensures all IHSC-staffed facilities comply with accrediting body standards; oversees the agency's quality improvement, risk management, and patient education programs; and reimburses clinicians who provide care for individuals in ICE custody outside the detention health system.
- The Health Systems Support Division oversees operations of medical and administrative staff in IHSC-staffed facilities, facilitates facility openings and closures, and supports special operations.
- The Office of the Chief of Staff coordinates across IHSC's divisions to support the agency's communications, investigations, policy, external information, and emergency preparedness functions.

In FY 2022, IHSC Headquarters (HQ) included 20 units and offices providing strategic and operational guidance to 19 IHSC-staffed medical facilities/clinics; oversaw compliance with health-related standards in non-IHSC-staffed detention facilities; initiated program and process

improvements; monitored healthcare expenditures and medical claims billing processes; and managed the human and fiscal resources necessary to sustain the healthcare system.

While IHSC does not provide or direct the medical care directly provided in non-IHSC staffed facilities, IHSC manages the compliance of these facilities while adhering to national detention standards as required by its respective contracts with ICE. IHSC coordinates care through medical referrals, as needed, through the Field Medical Coordinator Program. IHSC also directly supports ICE Field Office Directors on detained noncitizens' medical issues within the Director's areas of responsibility.

IHSC currently pays for offsite medical<sup>1</sup> services provided to detained noncitizens while they are in the custody of ICE ERO, ICE Homeland Security Investigations (HSI), and U.S. Customs and Border Protection (CBP)<sup>2</sup>. IHSC reimburses independent providers, who provide care in local hospitals and healthcare systems, for services rendered.

In FY 2022, IHSC significantly increased its provider network through agreements with hospitals, health systems, and individual practitioners who provided offsite care to detained noncitizens.

ICE contracts with the Department of Veterans Affairs (VA) Financial Services Center (VA-FSC) to process medical claims reimbursements; providers must complete and submit information to receive payment. IHSC completed 241 letters of understanding (LOU) in FY 2022, with a cumulative total of 660 signed LOUs to date. LOUs are not contracts, but instead are agreements between IHSC and the provider. LOUs detail the types of services the provider will deliver and specify that IHSC will reimburse the provider for those services at Medicare rates. IHSC also verified contact information for 1,200 providers in the VA-FSC Healthcare Claims Processing System, the portal granting providers access to submit and view claims, providing an explanation of benefits and adjudication resources, as well as other resources.

IHSC provides medical support for ERO removals and special operations. Officers from the IHSC Special Operations Unit (ISOU) serve as medical service providers for ICE missions, both domestically and internationally. ISOU supports ERO by delivering medical services during domestic transfers and international removals. It also provides medical services to migrants rescued or interdicted at sea on U.S. Coast Guard (USCG) cutters in support of noncitizen migrant interdiction operations.

## B. Accomplishments

In FY 2022, IHSC administered and managed a healthcare system that provided direct care to more than 118,000 detained noncitizens housed at 19 designated facilities throughout the Nation, to include medical, dental, mental health, and public health services, exceeding 1.1 million encounters in FY 2022. The encounters include but are not limited to: 119,968 intake

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<sup>1</sup> ICE notes that reimbursed medical claims pertain to offsite care and services.

<sup>2</sup> ICE pays for all offsite medical claim costs for noncitizens detained by CBP.

screenings; 74,243 physical exams; 110,339 sick calls; 16,898 urgent care visits; 18,110 emergency room and offsite referrals; 11,381 dental visits; 40,023 mental health interventions; and 202,017 prescriptions filled.

IHSC also oversaw compliance with health-related standards for over 120,500 detained noncitizens housed in 163 non-IHSC-staffed facilities, totaling over 41,500 beds. IHSC executed a budget totaling approximately \$323.7 million in FY 2022.

In FY 2022, IHSC continued to evolve to best support ERO, detained noncitizen healthcare needs, and IHSC's organizational and health system functions. IHSC opened the Folkston Annex as an addition to the Folkston ICE Processing Center in Georgia and supported ICE initiatives to expand its gender-specific housing capacity and ensure adequate placement for its detained noncitizen population. ICE reopened the Berks County Residential Center in Berks, Pennsylvania, which had closed in FY 2021, as a women-only 96-bed medical facility. ICE also transitioned the 500-bed T. Don Hutto Residential Center in Taylor, Texas, from a women-only residential facility to an all-male facility. The overall number of facilities decreased in FY 2022 due to facility closures. Please refer to Appendix A for a full list of IHSC-staffed detention facilities in FY 2022.

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, IHSC continued to track disease trends, issued real-time guidance for the detention environment, continued to operate its medical facilities and clinics nationwide, supported ERO removal operations, and oversaw compliance at non-IHSC-staffed facilities. IHSC built upon its existing infrastructure to enhance efforts to monitor, screen, test, detect, report, and treat disease, and to prevent disease spread. In FY 2022, IHSC streamlined and automated its ability to generate 17 separate COVID-19 reports (for example, the COVID-19 Daily Testing Reports and the Weekly COVID-19 Summary Reports), saving 3,339 staff hours annually. IHSC updated its policies and guidelines throughout the year as the pandemic evolved to reflect the most current clinical and public health recommendations. IHSC continued to train its workforce, liaise with local health departments, and coordinate with local health systems to ensure continuous and quality healthcare.

IHSC continued COVID-19 vaccinations among detained noncitizens in ICE custody to mitigate the spread of the virus. IHSC coordinated distribution and administration of more than 33,000 COVID-19 vaccines within IHSC-staffed facilities and the distribution of more than 13,000 vaccines to non-IHSC-staffed facilities. As of September 30, 2022, 66,580 detained noncitizens in ICE custody received COVID-19 vaccinations at IHSC-staffed and non-IHSC-staffed facilities nationwide since detained noncitizen vaccinations began; another 76,553 detained noncitizens refused vaccination. Additionally, in FY 2022, 4,030 detained noncitizens received boosters.

In FY 2022, ICE complied with *Frailhat v. ICE*, 445 F. Supp. 3d 709 (C.D. Cal. Apr. 20, 2020) requirements, *rev'd*, 16 F.4<sup>th</sup> 613 (9th Cir. 2021) (vacating the preliminary injunction). ICE identified, reported, and tracked approximately 188,855 *Frailhat* class member entries from 182 ICE (19 IHSC-staffed and 163 non-IHSC-staffed) facilities. These detained noncitizens had a chronic condition or other risk factor, making them more susceptible to the COVID-19 virus, according to the Centers for Disease Control and Prevention and pursuant to ICE's COVID-19



Pandemic Response Requirements.<sup>3</sup> ICE performed custody determinations on *Fraihat* class members; medical assessment results informed detention decisions.

IHSC also staffed COVID-19-related missions in FY 2022, external to its established health system. Along the Southwest Border, IHSC supported CBP by testing noncitizens for COVID-19 during migrant surges. IHSC managed all staff, equipment, and supplies necessary for the mission. On September 15, 2022, CBP notified IHSC they no longer needed IHSC assistance. As such, IHSC ceased its CBP COVID-19 testing mission along the Southwest Border after testing a total of 41,659 noncitizens. IHSC also provided COVID-19 vaccinations and oversaw compliance with the Emergency Family Reception Standards at eight sites that housed family units. IHSC vaccinated another 2,184 detained noncitizens at these Emergency Family Reception Sites along the Southwest Border, performing multiple site visits and monitoring corrective action plans to address deficiencies. In Puerto Rico, IHSC personnel directly administered 363 COVID-19 tests and provided sick call care and treatment, saving over \$300,000 in emergency department visits and staffing costs.

### *1. Strengthen the Healthcare Workforce*

IHSC expanded the agency's capacity to care for ICE-detained noncitizens by hiring and training additional nursing, dental, and infection prevention staff; training its nurse managers and facility health program managers; integrating medical assistants into the IHSC staffing model; and developing behavioral health provider and technician orientation and competency requirements. IHSC proactively recruits its healthcare personnel to ensure highly qualified practitioners provide care in IHSC-staffed facilities. In FY 2022, IHSC reviewed and verified credentials for 268 IHSC medical providers and 112 community providers and granted them privileges to practice within the IHSC healthcare system. To manage the growing healthcare workforce, IHSC developed and implemented an electronic credentialing and privileging system. The system centralizes and optimizes operations, and the system securely maintains documents for approximately 1,700 IHSC providers and over 5,000 community providers who participate in the provider network.

The IHSC workforce continued to grow in FY 2022 to fill critical gaps and perform essential functions required by the healthcare system. IHSC increased its capacity to recruit, hire, and onboard new federal GS and Public Health Service (PHS) personnel. In FY 2022, IHSC recruited 22 PHS officers to fill critical health system IHSC vacancies and IHSC hired 72 new staff, after processing 823 PHS applications, identifying 493 qualified candidates and making over 100 selections. In addition, IHSC processed 16 internal transfers and 44 administrative personnel actions.

See Appendix B for a detailed list of medical and mental health positions at each IHSC-staffed detention facility, which highlights positions that have remained vacant for 30 or more days.

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<sup>3</sup> <https://www.ice.gov/coronavirus/prr>

## 2. *Offsite Referral Transportation to Hospitals, Emergency Departments, or Other Healthcare Facilities*

IHSC oversees medical care for detained noncitizens in ICE custody in facilities not staffed by IHSC and manages the reimbursements for detained noncitizens' offsite healthcare and services.

In FY 2022, to help ensure detained noncitizens receive high quality offsite care, IHSC signed 241 new agreements (LOUs) with community medical providers, which significantly expanded IHSC's provider network and detained noncitizens' access to healthcare nationwide. IHSC had agreements with 660 community providers when FY 2022 concluded.

IHSC undertook efforts to improve the systems that support offsite referrals and medical claims. IHSC procured and adopted the electronic Claims Administration and Management System to streamline the claims adjudication process and decrease medical claims denials and began training for staff. IHSC also enhanced the Medical Payment Authorization Request (MedPAR) 2 system to improve workflows, decrease medical claim denials, and improve reimbursements to community-based providers. The Medical Claims Program audited and fixed errors in the MedPAR 2 system, which affect approvals and reimbursements, to include more than 4,000 missing appointment dates and more than 300 outstanding referrals.

In FY 2022, IHSC supported referral coordinator competencies and performance. Referral coordinators monitor workload and compliance-related metrics for offsite referrals from IHSC-staffed facilities, resulting in findings and corrective action plans for improvement and standardization. IHSC trained over 50 staff involved in the referral process.

Throughout FY 2022, IHSC addressed detained noncitizen medical needs prior to and during transport. Managed care coordinators monitored 1,176 detained noncitizen hospitalizations and 144 significant detainee illness (SDI) cases. There were 2,053 total transports in FY 2022 for 874 detained noncitizens in ICE custody and 1,179 noncitizens in CBP custody. Transportation included air and ground ambulance services for both emergency and non-emergency situations, as well as specialty care transport.

Please refer to Appendix C for a list of offsite referrals by medical diagnosis code.

## 3. *Significant Detained Noncitizen Illnesses*

In FY 2022, IHSC monitored 1,176 hospitalizations and 144 SDIs among detained noncitizens. Hospitalizations decreased from 4,094 in FY 2021, resulting from fewer inpatient hospitalizations due to COVID-19 cases. In FY 2022, the detained noncitizen population was healthier overall, as ICE released a significant number of noncitizens with chronic medical issues as mandated by the *Fraihat* injunction.

Instances of SDI included hunger strikes, depression/anxiety, schizophrenia/schizoaffective disorder, cardiac disorder, cancer, tumors, alcohol withdrawal, hypertension, psychosis, respiratory issues, stroke, and other mental health, infectious, or chronic disease issues. See Appendix D for a detailed list of SDIs in FY 2022.

#### 4. Pregnancy

In FY 2022, 385 pregnant noncitizens came into ICE custody. There were 138 approved referrals for offsite obstetrics and gynecology services in FY 2022. IHSC made 124 referrals for its pregnant noncitizen population and CBP's U.S. Border Patrol (USBP) made 14 referrals for its pregnant detained noncitizen population.<sup>4</sup> There was a total of 181 inpatient hospitalizations related to active labor and birth.

#### 5. Disability

In FY 2022, IHSC enhanced reasonable modification (previously termed reasonable accommodation) activities to ensure detained noncitizens who require modifications receive appropriate care. In FY 2022, 685 detained noncitizens reported at least one disability. IHSC reviewed over 1,300 reasonable modification cases, averaging more than 20 cases a week, as detained noncitizens with disabilities may submit multiple reasonable modification requests.

#### 6. Mental Health

In FY 2022, IHSC directly provided 40,023 mental health interventions within its 19 IHSC-staffed facilities. IHSC spent \$425,000 on inpatient mental healthcare. Depression/anxiety, schizophrenia/schizoaffective disorders, psychosis, bipolar disorder, and suicide attempts were among the SDIs that IHSC monitored in FY 2022.

IHSC pursued partnerships with community-based organizations to meet the needs of detained noncitizens with serious mental illness. IHSC staff visited 10 hospitals and facilities across the United States to foster partnerships and potentially access 1,397 additional acute inpatient mental health beds.

The IHSC Krome Behavioral Health Unit (KBHU) aims to decrease the frequency of inpatient psychiatric hospitalizations and overall length of stay in detention by directly addressing symptoms that impede detained noncitizens' ability to participate actively in immigration proceedings. In FY 2022, KBHU patients attended more court sessions, saw fewer psychiatric hospitalizations, and significantly decreased lengths of stay than the previous year.

<b>Impact of KBHU Intervention</b>	<b>FY 2021</b>	<b>FY 2022</b>
Court Appearances	70	152
Psychiatric Hospitalizations	6	4
Psychiatric Hospitalization Length of Stay (Days) <sup>5</sup>	11	5

**Figure 1.** Impact of KBHU Mental Health Interventions

*Source:* IHSC Behavioral Health Unit and ICE Custody Programs

<sup>4</sup> CBP referrals are included in this ICE report because ERO pays for all offsite medical claims costs, including referrals for offsite care made for individuals in CBP custody.

<sup>5</sup> FY 2021 and FY 2022 data are the average length of stay.

IHSC created and piloted a program to decrease suicides in ICE detention facilities called Operation Safe Suicide Prevention and Care Enhancement or “Operation Safe SPACE.” In FY 2022, IHSC trained over 1,000 staff in ICE detention facilities, including the Krome Service Processing Center where IHSC piloted the program. IHSC trained health personnel and local ICE leaders to collaboratively use the Columbia-Suicide Severity Rating Scale tool and safety plan interventions to significantly reduce suicide attempts and completions.

### *7. Preventive Services*

Preventive services apply to individuals who do not have symptoms of disease or illness. Under its existing scope of covered services, IHSC currently provides preventive services to ICE-detained noncitizens in continuous detention longer than six months, regardless of multiple facility transfers. IHSC schedules patients for preventive services based on age, gender, or risk factors.

In FY 2022, IHSC began developing a Preventive Services Guide to apply evidence-based medical community standards. The guide will outline the preventive services IHSC provides within its ICE-owned facilities, and it is estimated to be completed by the end of 2023. Additionally, the Preventive Services Guide will align with U.S. Preventive Services Task Force recommendations, ICE National Detention Standards, ICE Performance-Based National Detention Standards, and National Commission on Correctional Health Care accreditation requirements.

In FY 2022, the IHSC Opt-Out Sexually Transmitted Infection Testing Program counseled over 12,000 patients, of which, over 6,800 opted for screening. IHSC detected asymptomatic infections in over 8 percent of individuals tested. Similarly, IHSC staff reviewed more than 70,000 chest X-ray reports to detect tuberculosis (TB) within the detained noncitizen population. IHSC tracked more than 430 TB cases.

### III. FY 2022 Detained Noncitizen Healthcare Costs

#### A. Budget Overview

ICE’s detained noncitizen healthcare is provided by IHSC and its healthcare service contractors and partners. ICE spent more than \$373.5 million on detained noncitizen healthcare, which includes \$72.5 million in Coronavirus Aid, Relief, and Economic Security Act funds. Of the \$373.5 million, IHSC’s detained noncitizen healthcare costs totaled approximately \$323.7 million, or 87 percent; whereas ICE’s detention and family residential contract partners spent \$49.8 million, or 13 percent, of ICE’s total FY 2022 cost of detained noncitizen healthcare.

IHSC also received \$690,000 in reimbursable funding from CBP for IHSC’s COVID-19 testing support along the Southwest Border.

Funding for offsite medical claims, medical contract personnel, and PHS personnel salaries accounted for 82 percent of IHSC’s FY 2022 budget. The cost of ICE personnel, inpatient mental health care services, information technology, and other costs comprised the remaining 18 percent.

Although CBP is a separate DHS agency, ICE pays for all CBP offsite medical claim costs. In FY 2022, ICE allocated \$102.7 million for offsite medical claims for ICE and CBP. ICE has not fully disbursed this amount since providers have up to a year to claim reimbursement from the date of service. Based on the current trajectory of payments for services provided in FY 2022, total ICE costs are projected at \$42.1 million (41 percent) and CBP costs are estimated at \$60.6 million (59 percent).

<b>Cost Drivers (Including Personnel and Information Technology Costs)</b>	
Offsite Medical Claims	\$102,699,312
Contract Personnel	\$98,087,183
PHS Personnel	\$65,325,623
ICE Personnel	\$21,422,031
Inpatient Mental Health Care	\$425,000
Information Technology	\$5,846,558
Other**	\$29,888,461
<b>Total</b>	<b>\$323,694,168</b>

*\*\*Includes costs that do not fall in aforementioned categories (e.g., travel, purchase card expenses).*

**Figure 2.** IHSC Cost Drivers in FY 2022

*Source:* Federal Financial Management System

ICE detained 199,404 noncitizens whose average length of stay was 38 days in FY 2022. Since FY 2019, the overall number of detained noncitizens has decreased, while the overall length of stay has increased. In FY 2022, ICE detained the fewest noncitizens in 6 years, who stayed in custody longest within the same timeframe. The FY 2020 length of stay is an exception, due to stringent patient movement restrictions during the first year of the COVID-19 pandemic.

	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Book-ins	412,223	519,392	186,729	205,242	199,404
Average Length of Stay	34	35	40	37	38

**Figure 3.** ICE Initial Book-ins and Average Length of Stay

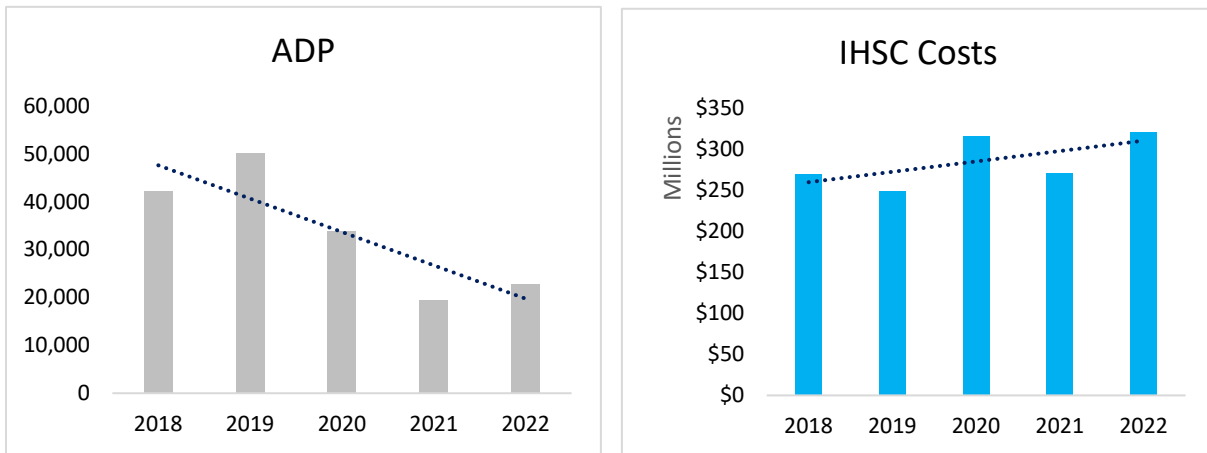
*Source:* Federal Financial Management System, ICE Integrated Decision Support

IHSC’s annual costs increased by 19 percent in FY 2022, while the average daily population (ADP) increased by 17 percent. This led to a 2 percent increase in the daily cost per person. From FY 2019 through FY 2021, the ADP decreased, while the average length of stay and cost of healthcare per noncitizen increased. In FY 2022, the ADP and average length of stay increased from the previous year, as did the daily cost per person. The increased daily cost of healthcare per noncitizen, coupled with longer average lengths of stay, continue to drive the overall cost of healthcare per detained noncitizen.

<b>FY</b>	<b>IHSC Costs</b>	<b>ADP</b>	<b>Daily Cost per Person</b>
2018	\$268,708,158	42,183	\$18.32
2019	\$248,089,002	50,163	\$17.45
2020	\$315,098,069	33,724	\$25.60
2021	\$270,292,561	19,467	\$38.04
2022	\$320,797,853	22,725	\$38.68

**Figure 4.** ICE Average Daily Population and IHSC Costs

*Source:* Federal Financial Management System, ICE Integrated Decision Support. ADP is the number of man-days for a given time period, divided by the number of days in that time period. ADP is the average midnight count man-days, at a particular facility, over a specified timeframe. A midnight count man-day quantifies the number of noncitizens in the specified detention facility at midnight. ADP is calculated by taking the number of midnight count man-days for a given time period and dividing by the number of days in that time period.



**Figure 5.** ICE ADP and IHSC Cost Trends

*Source:* Federal Financial Management System, ICE Integrated Decision Support

## B. IHSC Healthcare Workforce

The IHSC workforce is comprised of approximately 1,650 authorized positions at ICE HQ and in the field. The IHSC healthcare workforce includes physicians, psychiatrists, psychologists, social workers, psychiatric nurses, dentists, dental assistants, dental hygienists, pharmacists, pharmacy technicians, radiology technicians, registered nurses, advanced practice providers, licensed vocational nurses, medical assistants, medical records technicians, other health professionals, and administrative support personnel.

In FY 2022, the total IHSC workforce reduced in number primarily due to facility closures. While IHSC reassigns its federal personnel, the number of contract positions can fluctuate based on need. In FY 2022, the number of PHS positions remained capped at 569.

The following table shows the number of authorized and filled IHSC positions by personnel type. The FY 2022 costs reflect the total amount expended for filled positions only.

Personnel	Authorized	Filled	FY 2022 Cost
Federal Civilian (GS)	223	137	\$21,422,031
U.S. Public Health	569	411	\$65,325,623
Contract	858	737	\$98,087,183

**Figure 6.** IHSC authorized and positions, and actual FY 2022 costs

*Source:* IHSC Personnel Unit

The difference in the authorized vs. filled positions for the PHS and federal GS staff during this time was due to the difficulty with filling clinical positions located at remote and isolated locations. The challenge for federal GS positions within DHS is the lack of monetary incentives

and competitive salaries compared to other federal agencies (i.e., the Department of Defense and the Department of Veterans Affairs) which offer recruitment and retention incentives such as special pay allowances that increase the overall salaries for their employees. Likewise, the Department of Veterans Affairs is approved for a separate pay authority that offers the flexibility for this agency to offer higher salaries and incentives. IHSC has implemented the following incentives to improve recruitment: Assignment Pay at certain hard to fill locations for PHS officers and ICE Student Loan Repayment for federal GS staff. IHSC utilizes the Title 38 market pay incentive for physician and dentist federal GS hires.

IHSC is developing a recruitment team to focus solely on PHS recruitments. In addition, IHSC proposed to hire two mission support specialists to assist with the federal recruitment and hiring process, establish weekly meetings with the ERO Human Resources Division, and collaborate with the ICE Human Resources Operation Center to ensure recruitments are on schedule.

### C. Offsite Referrals and Care

IHSC reimburses providers, hospitals, and health systems for offsite care provided to detained noncitizens while in ICE and CBP custody. This report provides both referral and medical claims data. Statistics about medical claims always lag referral data due to processing time from VA-FSC.

In FY 2022, IHSC adjudicated 47,806 medical claims payments, totaling \$10.1 million, for care delivered to noncitizens in ICE custody by providers outside IHSC-staffed facilities. IHSC also processed an additional 27,791 medical claims, costing approximately \$22.8 million, for care provided to noncitizens in CBP custody. IHSC forecasts the total cost for all FY 2022 medical claims may exceed \$83.9 million.

In FY 2022, IHSC resolved 7,842 medical claim cases from 2016-2019 originally denied due to tardy submission, resulting in payments exceeding \$24.6 million. These reimbursements improved relations with community providers and access to offsite specialty care for the ICE and CBP detained noncitizen populations.

As of October 22, 2022, FY 2022 offsite claims costs exceeded \$63.6 million. IHSC expects both the number of claims and the total cost for FY 2022 to increase during FY 2023, as providers have one year after the date of service to submit medical claims. Based on the 161,538 claims received as of October 22, 2022, for FY 2022, the average cost per claim in FY 2022 was \$584. The following table presents data based on the claims paid dataset from VA-FSC. ICE pays offsite medical claims submitted by ICE and CBP.

<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
\$489	\$437	\$592	\$716	\$584

**Figure 7.** Average Offsite Costs, Per Medical Claim

*Source:* VA-FSC Paid Claims Database



## IV. Discussion

### A. Strategic Initiatives to Strengthen the Detention Healthcare System

ICE made tremendous strides between FY 2018 and FY 2020 to ensure a highly qualified and trained workforce, support accountability and adherence to prescribed standards, adopt industry standards and practices, and promote improvements and innovations to build capacity within the detention health system.

Building on these successes, IHSC began implementation of its new 5-year strategic action plan in FY 2021. The overarching priorities within the strategic action plan will enhance and modernize the IHSC health system, achieve efficiencies and cost savings, and enable the workforce to provide high-quality healthcare to detained noncitizens in ICE custody.

- *Strengthen the foundation.* IHSC will design and implement the next generation of health systems assessments to improve compliance with applicable standards, enhance quality patient care, modernize the staffing model, and enhance technology platforms to support current and future needs.

In FY 2022, IHSC completed efforts to improve documentation and compliance by incorporating clinical nursing guideline templates into the electronic health record. IHSC enhanced its nurse training by leveraging Lippincott, a nationally recognized and trusted online nursing professional development platform. IHSC progressed in its efforts to modernize its infrastructure with an electronic property management system, records management program, and integrated systems to support data analytics and program monitoring. IHSC also began to strengthen local Quality Improvement Programs and develop a national Quality Review Program.

- *Optimize operations.* IHSC will build and optimize several areas of operation, including clinical care, medical case management and oversight in contract detention facilities, health plan and administrative functions, and agency communications.

In FY 2022, IHSC optimized its clinical care services by establishing agreements with several universities across the Nation to train students in several clinical disciplines to develop a pipeline into its detention healthcare workforce. IHSC expanded its telehealth program to provide remote psychiatry, dental, and radiology services for detained noncitizens nationwide. Within ICE detention facilities, IHSC implemented “treatment team” meetings to develop clinical skills among its medical staff and enhance communication with custody staff, to collectively ensure the safety and security for noncitizens in its custody and care.

IHSC also enhanced its case management capabilities to strengthen its ability to oversee compliance with health-related standards in contracted facilities that house detained noncitizens in ICE custody. IHSC also strengthened several administrative functions in FY 2022. IHSC published an age determination guide to clarify and standardize IHSC roles and responsibilities in the process, which identifies children from adults and therefore affects the noncitizen’s housing or detention. IHSC revised its policies for patient escorts to non-emergent medical appointments and internally deployed HQ staff to augment critical staffing needs within IHSC-

staffed facilities or special missions. IHSC developed a guide to standardize orientation of its cadre of Health Services Administrators (HSA) and assistant HSAs, who manage IHSC-staffed facilities nationwide. IHSC also made significant strides in enhancing its capacity to prepare for, and respond to, emergencies through updated plans, responder readiness, staff training, and quarterly drills.

- *Foster resilient teams and people.* IHSC will strengthen the federal GS and PHS workforce, enhance training and development, build ready and resilient people and teams, and promote employee engagement and recognition.

In FY 2022, IHSC developed and delivered training to improve its overall performance, effectiveness, and leadership. IHSC assessed the effectiveness of current training programs, expanded access to existing programs for its workforce, and directly provided targeted training for specific functions. For example, IHSC trained over 110 staff to respond to over 2,000 health-related external requests for information in FY 2022. IHSC also implemented a comprehensive 16-week training program for its entire field medical coordinator cadre and supported a Nurse Manager Training Summit in FY 2022. IHSC also trained staff in the use of new automated systems that standardizes processes and streamlines work. To robustly support the continuing education requirements of its healthcare workforce, IHSC migrated to the IHSC TRAIN platform, which provides staff access to over 5,000 courses. In FY 2022, IHSC personnel obtained over 800 continuing education credits to maintain credentialing and licensing requirements, which enabled IHSC to provide uninterrupted healthcare to detained noncitizens in ICE custody.

## B. Ongoing Efforts to Contain the Cost of Detention Healthcare

IHSC's efforts to balance detained noncitizen healthcare costs while continuing to ensure access and delivery of quality healthcare are detailed below.

- *Establish and standardize utilization management workflows, using evidence-based guidelines.* The Utilization Management (UM) Program evaluates the efficacy, quality, appropriateness, and necessity of offsite referrals. When a noncitizen requires healthcare services that the facility cannot provide directly onsite, IHSC may approve its referral to community medical providers or other healthcare entities to receive that care. The UM Program monitors these referrals and use of offsite healthcare to identify and prevent fraud, waste, and abuse (FWA).

The program uses national, evidence-informed guidelines, Centers for Medicare and Medicaid Services guidelines, medical records, clinical judgement, and claims data to evaluate medical services and conduct utilization reviews. To modernize and improve ICE's capacity to detect FWA, IHSC requests funding for software that will enhance its capacity to identify risky behaviors within the provider population and analyze claims and encounter data. With this software, IHSC can detect, deter, and identify FWA through analytic results, thus improving detained noncitizen healthcare while decreasing healthcare costs.

- *Strengthen compliance of detained noncitizens in contract facilities.* ICE will enhance contractual language with contracted facilities to expand IHSC's authority to ensure compliance with health-related standards for detained noncitizens in ICE custody. New requirements will include implementation of quality improvement and risk management programs and processes. These authorities will expand IHSC's oversight responsibilities beyond the current responsibility of overseeing compliance with detention standards.

## V. Conclusion

The ICE healthcare system is highly dynamic and responsive to the needs of detained noncitizens in its care. IHSC continues to: bolster its capacity to address detained noncitizen healthcare needs, oversee care and compliance within non-IHSC-staffed facilities, process offsite care efficiently, and support removals and special operations.

To address challenges discussed in this report, ICE will:

- Onboard additional GS administrative positions to stabilize critical functions and programs at ICE HQ.
- Pursue additional funding and authorities for incentives to recruit and retain healthcare providers more effectively, especially for hard-to-fill positions.
- Support continuing education, training, and professional development to maintain a workforce of highly qualified personnel who are experts in detention healthcare.
- Streamline processes and clarify responsibilities for offsite referrals and reimbursement of medical claims.
- Safeguard against FWA by monitoring use of offsite care, using evidence-based guidelines, and standardizing utilization management processes.
- Seek additional funding to obtain and sustain automated systems, modernize the medical claims processing, minimize reimbursement delays, and establish systems that reduce the risk for FWA.
- Strengthen medical care oversight for detained noncitizens in contract facilities beyond the current contractual responsibility of overseeing compliance with detention standards.

## VI. Appendices

Appendix A: List of IHSC-staffed Detention Facilities

Appendix B: Medical and Mental Health Positions at U.S. Immigration and Customs Enforcement Health Services Corps-Staffed Detention Facilities

Appendix C: Fiscal Year 2022 Offsite Referrals by Medical Diagnosis Code

Appendix D: Fiscal Year 2022 Significant Detainee Illness

Appendix E: Abbreviations

## Appendix A: List of IHSC-Staffed Detention Facilities

1. Alexandria Staging Facility; Alexandria, LA
2. Berks County Residential Shelter; Berks, PA
3. Buffalo Federal Detention Facility; Buffalo, NY
4. Caroline Detention Facility; Bowling Green, VA
5. South Texas Family Residential Center; Dilley, TX
6. El Paso Service Processing Center; El Paso, TX
7. Elizabeth Contract Detention Facility; Elizabeth, NJ
8. Eloy Detention Center; Eloy, TX
9. Florence Service Processing Center; Florence, AZ
10. Folkston ICE Processing Center Annex; Folkston, GA
11. Houston Contract Detention Facility; Houston, TX
12. LaSalle ICE Processing Center; Jena, LA
13. Krome Service Processing Center; Miami, FL
14. Montgomery Processing Center; Conroe, TX
15. South Texas ICE Processing Center; Pearsall, TX
16. Port Isabel Service Processing Center; Los Fresnos, TX
17. Northwest Detention Center; Tacoma, WA
18. T. Don Hutto Residential Center; Taylor, TX
19. Varick Staging Facility/26 Federal Plaza; New York, NY

## Appendix B: Medical and Mental Health Positions at U.S. Immigration and Customs Enforcement Health Service Corps-Staffed Detention Facilities

### U.S. Immigration and Customs Enforcement Health Service Corps (IHSC)-Facility Vacancies, > 30 Days, as of November 16, 2022

Position	Alexandria	Berks	Buffalo	Caroline	Dilley	El Paso	Elizabeth	Eloy	Florence	Folkston	Houston	Jena	Krome	Montgomery	Pearsall	Port Isabel	Tacoma	Taylor	Varick	Grand Total
Administrative Assistant		1			1						1								1	4
Advanced Practice Provider		3	3	2	6			3	3	1	1	3	3	4	7	2	5			46
Assistant Health Services Administrator		1			1	1		1			1	1					1			7
Assistant Nurse Manager									1		1		1			1		1		5
Behavioral Health Technician			1	1			1	2						1				1		7
Behavioral Health Provider	1	2	3		6	3		3	2	1	2	4	7	2	5	5	1	1		48
Clinical Director		1			1		1	1	2		1			1	2	1	1		1	13
Clinical Services Manager					1															1
Contract Coordinator	1		1				1		1									1		5
Dental Asst			2					2				1		2	4	1	1			13
Dentist								1		1						1	1			4
Dentist Supervisory			1																	1
Dentist										1										1
Facility Health Program Manager	1	1			1		1	1				1		1	1	1		1		10
Health Services Administrator		1												1			1			3

<b>Position</b>	<b>Alexandria</b>	<b>Berks</b>	<b>Buffalo</b>	<b>Caroline</b>	<b>Dilley</b>	<b>El Paso</b>	<b>Elizabeth</b>	<b>Eloy</b>	<b>Florence</b>	<b>Folkston</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgomery</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>Grand Total</b>
Infection Prevention Officer	1									1	1			1	1		1			6
Licensed Practical Nurse/Licensed Vocational Nurse (LVN)	8	5	3	2	5	2	2	8	3	1	4	3	6	4	8	11	6	2		83
LVN-Immunization					2															2
Medical Assistant					1	2		1	1		1	1	1	1		4	1			14
Medical Record Technician		1	1	2	5	2			1		2	3	2	4	3		2	2		30
Nurse Manager	1		1			2		2	1		1	2	1	2	1	1	2	1		18
Pharmacy Tech					1		1		1		1		1	2	1		1	1		10
Pharmacist			1												1					2
Physician			1		3			2	1		1	3			2					13
Physician (CPA)									1		1			1			1			4
Psychiatric APP			2			1		1		1			3				2			10
Psychiatric Nurse													4							4
Psychiatrist				1		1						1	1	1			1			6
Psychiatrist (PTE)			1													1				2
Radiology Technician						1		1	1			1		1			1			6
Registered Dental Hygienist								1	1								1			3
Referral Coordinator												1		1		1				3
Registered Nurse	1	7	4	7	9	8	7	14	11	7	9	7	19	10	9	14	16	7	2	168
<b>Grand Total</b>	<b>14</b>	<b>23</b>	<b>25</b>	<b>15</b>	<b>43</b>	<b>23</b>	<b>14</b>	<b>44</b>	<b>31</b>	<b>14</b>	<b>28</b>	<b>32</b>	<b>49</b>	<b>40</b>	<b>45</b>	<b>44</b>	<b>46</b>	<b>18</b>	<b>4</b>	<b>552</b>



## Appendix C: Fiscal Year 2022 Offsite Referrals by Medical Diagnosis Code

The following table details the diagnoses, categorized by medical diagnosis and International Classification of Diseases, Tenth Revision (ICD-10) code, for which detained noncitizens were transported to hospitals, emergency rooms, or other healthcare facilities. The data presents the number of detained noncitizens transferred while in ICE ERO and ICE HSI, and CBP USBP and CBP OFO custody.

ICD-10 Codes	Medical Diagnosis	ERO	HSI	USBP	OFO
110	Dermatophytosis of scalp and beard	2	0	Not Available	Not Available
276.1	Hyposmolality and/or hyponatremia	5	0	Not Available	Not Available
367	Hypermetropia	2	0	Not Available	Not Available
A00-A09	Intestinal infectious diseases	49	0	226	10
A10-A19	Tuberculosis	192	13	23	1
A20-A29	Zoonotic bacterial diseases	0	0	6	0
A30-A49	Other bacterial diseases	116	1	239	5
A50-A64	Infections with a predominantly sexual mode of transmission	206	7	38	0
A65-A69	Other spirochetal diseases	0	0	0	2
A70-A74	Other diseases caused by chlamydia	2	0	2	0
A75-A79	Rickettsioses	0	0	0	0
A80-A89	Viral and prion infections of the central nervous system	0	0	0	0
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers	0	0	0	0
B00-B09	Viral infections characterized by skin and mucous membrane lesions	30	0	80	26
B10	Other human herpesviruses	0	0	0	0
B15-B19	Viral hepatitis	379	0	18	4
B20	Human immunodeficiency virus disease	618	0	15	32
B25-B34	Other viral diseases	48	0	665	44
B35-B49	Mycoses	99	0	37	2

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
B50-B64	Protozoal diseases	45	0	15	0
B65-B83	Helminthiases	5	0	8	0
B85-B89	Pediculosis, acariasis, and other infestations	2	0	33	15
B90-B94	Sequelae of infectious and parasitic diseases	0	0	0	0
B95-B97	Bacterial and viral infectious agents	49	0	14	0
B99	Other infectious diseases	8	0	0	0
C00-D49	Neoplasms	521	2	85	8
D50-D53	Nutritional anemias	129	0	52	1
D55-D59	Hemolytic anemias	85	0	32	1
D60-64	Aplastic and other anemias and other bone marrow failure syndromes	182	7	70	0
D65-D69	Coagulation defects, purpura, and other hemorrhagic conditions	46	0	18	4
D70-D77	Other disorders of blood and blood-forming organs	144	0	68	0
D80-D89	Certain disorders involving the immune mechanism	11	0	0	2
DSAS	Support/Ancillary Services	9	0	0	0
E00-E07	Disorders of thyroid gland	644	0	48	36
E08-E13	Diabetes mellitus	1,747	25	1,167	182
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion	29	0	58	2
E20-E35	Disorders of other endocrine glands	56	0	5	0
E40-E46	Malnutrition	26	0	8	0
E50-E64	Other nutritional deficiencies	28	0	4	0
E65-E68	Overweight, obesity, and other hyperalimentation	69	0	0	1
E70-E88	Metabolic disorders	904	2	3,303	13
E89	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified	2	0	0	0
F000-F009	Organic, including symptomatic, mental Disorders	43	0	11	0
F10 – F19	Mental and Behavioral disorders due to psychoactive substance use	117	68	333	40
F20-F29	Schizophrenia, schizotypal and delusional disorders	1,539	34	50	20

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
F30-F39	Mood affective disorders	1,079	14	31	29
F40-F49	Neurotic, stress-related and somatoform disorders	651	11	385	193
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors	11	0	1	13
F60-F69	Disorders of psychological development	16	0	0	0
F80-F89	Mental retardation	0	0	0	5
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	24	0	2	4
F99-F99	Unspecified mental disorder	17	0	2	0
G00-G09	Inflammatory diseases of the central nervous system	2	0	4	0
G10-G14	Systemic atrophies primarily affecting the central nervous system	2	0	0	0
G20-G26	Extrapyramidal and movement disorders	4	0	1	4
G30-G32	Other degenerative diseases of the nervous system	6	0	2	0
G35-G37	Demyelinating diseases of the central nervous system	14	0	16	0
G40-G47	Episodic and paroxysmal disorders	693	6	872	72
G50-G59	Nerve, nerve root, and plexus disorders	146	0	47	3
G60-G65	Polyneuropathies and other disorders of the peripheral nervous system	9	0	0	0
G70-G73	Diseases of myoneural junction and muscle	1	0	0	2
G80-G83	Cerebral palsy and other paralytic syndromes	33	0	12	4
G89-G99	Other disorders of the nervous system	209	3	640	30
H00-H05	Disorders of eyelid, lacrimal system, and orbit	72	0	28	5
H10-H11	Disorders of conjunctiva	152	0	37	10
H15-H22	Disorders of sclera, cornea, iris, and ciliary body	91	0	17	1
H25-H28	Disorders of lens	152	7	1	0
H30-H36	Disorders of choroid and retina	178	0	0	0
H40-H42	Glaucoma	615	0	0	2
H43-H44	Disorders of vitreous body and globe	58	0	2	0
H46-H47	Disorders of optic nerve and visual pathways	29	0	0	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
H49-H52	Disorders of ocular muscles, binocular movement, accommodation, and refraction	2,583	0	0	0
H53-H54	Visual disturbances and blindness	288	0	14	0
H55-H57	Other disorders of eye and adnexa	63	0	10	3
H59	Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified	3	0	0	0
H60-H62	Diseases of external ear	54	0	29	13
H65-H75	Diseases of middle ear and mastoid	90	0	144	15
H80-H83	Diseases of inner ear	24	0	14	0
H90-H94	Other disorders of ear	85	0	8	10
H95	Postprocedural seroma of ear and mastoid process following a procedure on the ear and mastoid process	1	0	Not Available	Not Available
I05-I09	Chronic rheumatic heart diseases	29	0	5	0
I10-I16	Hypertensive diseases	6,000	31	1,438	329
I20-I25	Ischemic heart diseases	522	1	322	25
I26-I28	Pulmonary heart disease and diseases of pulmonary circulation	27	1	34	4
I30-I52	Other forms of heart disease	388	12	229	38
I60-I69	Cerebrovascular diseases	145	0	111	2
I70-I79	Diseases of arteries, arterioles, and capillaries	65	0	17	0
I80-I89	Diseases of veins, lymphatic vessels, and lymph nodes, not elsewhere classified	170	1	58	5
I95-I99	Other and unspecified disorders of the circulatory system	86	0	80	1
J00-J06	Acute upper respiratory infections	171	0	1,187	204
J09-J18	Influenza and pneumonia	306	23	1,228	39
J20-J22	Other acute lower respiratory infections	59	0	624	9
J30-J39	Other diseases of upper respiratory tract	128	0	81	67
J40-J47	Chronic lower respiratory diseases	661	7	304	116
J60-J70	Lung diseases due to external agents	0	0	11	0
J80-J84	Other respiratory diseases principally affecting the interstitium	45	0	18	1
J85-J86	Suppurative and necrotic conditions of the lower respiratory tract	5	0	2	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
J90-J94	Other diseases of the pleura	79	2	141	2
J95-J95	Postprocedural respiratory Tracheostomy malfunction	12	0	2	0
J96-J99	Other diseases of the respiratory system	215	7	392	9
K00-K14	Diseases of oral cavity and salivary glands	120	0	95	49
K20-K31	Diseases of esophagus, stomach, and duodenum	753	0	312	132
K35-K38	Diseases of appendix	391	0	189	0
K40-K46	Hernia	373	1	126	11
K50-K52	Noninfective enteritis and colitis	176	0	414	13
K55-K64	Other diseases of intestines	610	6	402	79
K65-K68	Diseases of peritoneum and retroperitoneum	10	0	3	0
K70-K77	Diseases of liver	219	6	76	14
K80-K87	Disorders of gallbladder, biliary tract, and pancreas	463	0	180	6
K90-K95	Other diseases of the digestive system	230	0	118	2
L00-L08	Infections of the skin and subcutaneous tissue	667	33	888	37
L10-L14	Bullous disorders	12	0	0	0
L20-L30	Dermatitis and eczema	52	0	52	8
L40-L45	Papulosquamous disorders	39	0	7	13
L49-L54	Urticaria and erythema	10	0	47	13
L55-L59	Radiation-related disorders of the skin and subcutaneous tissue	4	0	1	13
L60-L75	Disorders of skin appendages	100	0	27	3
L76	Intraoperative and postprocedural complications of skin and subcutaneous tissue	10	0	0	0
L80-L99	Other disorders of the skin and subcutaneous tissue	167	12	74	8
M00-M02	Infectious arthropathies	9	0	4	0
M05-M14	Inflammatory polyarthropathies	101	1	16	7
M15-M19	Osteoarthritis	133	0	13	4
M1A-M1A	Idiopathic chronic gout unspecified site without tophus	18	0	0	0
M20-M25	Other joint disorders	1,929	3	1,205	40
M26-M26	Dentofacial anomalies [including malocclusion] and other disorders of jaw	5	0	0	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
M30-M36	Systemic connective tissue disorders	27	0	21	0
M40-M43	Deforming dorsopathies	22	0	11	6
M45-M49	Spondylopathies	117	2	77	5
M50-M54	Other dorsopathies	1,292	2	694	97
M60-M63	Disorders of muscles	182	0	1,478	0
M65-M67	Disorders of synovium and tendon	85	0	3	0
M70-M79	Other soft tissue disorders	1,031	5	799	42
M80-M85	Disorders of bone density and structure	11	0	34	0
M86-M90	Other osteopathies	105	6	39	0
M91-M94	Chondropathies	76	0	48	0
M95	Other disorders of the musculoskeletal system and connective tissue	1	0	0	0
M96	Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified	3	0	0	0
M99	Biomechanical lesions, not elsewhere classified	0	0	0	0
N00-N08	Glomerular diseases	10	0	11	0
N10-N16	Renal tubulo-interstitial diseases	249	0	372	8
N17-N19	Acute kidney failure and chronic kidney disease	216	14	816	27
N20-N23	Urolithiasis	412	2	233	11
N25-N29	Other disorders of kidney and ureter	90	1	22	0
N30-N39	Other diseases of the urinary system	405	4	813	42
N40-N53	Diseases of male genital organs	742	2	279	8
N60-N65	Disorders of breast	311	0	57	0
N70-N77	Inflammatory diseases of female pelvic organs	134	0	84	25
N80-N98	Noninflammatory disorders of female genital tract	522	0	443	29
N99	Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified	3	0	0	0
O00-O9A	Pregnancy, childbirth, and the puerperium	175	0	11,643	27
O10-O16	Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth, and the puerperium	15	0	0	11

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
O20-O29	Other maternal disorders predominantly related to pregnancy	181	6	0	54
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems	86	0	0	18
O60-075	Complications of labor and delivery	7	0	0	16
O80-O84	Delivery	0	0	0	0
O85-O92	Complications predominantly related to the puerperium	14	0	0	0
O94-O99	Other obstetric conditions, not elsewhere classified	5	0	0	27
O9A-O9A	Injury, poisoning and certain other consequences of external causes complicating pregnancy, first trimester	0	0	0	0
P00-P96	Certain conditions originating in the perinatal period	0	0	41	0
Q00-Q07	Congenital malformations of the nervous system	1	0	5	0
Q10-Q18	Congenital malformations of eye, ear, face, and neck	10	0	0	0
Q20-Q28	Congenital malformations of the circulatory system	39	0	55	18
Q30-Q34	Congenital malformations of the respiratory system	0	0	0	0
Q35-Q37	Cleft lip and cleft palate	0	0	0	0
Q38-Q45	Other congenital malformations of the digestive system	7	0	1	0
Q50-Q56	Congenital malformations of genital organs	12	0	2	0
Q60-Q64	Congenital malformations of the urinary system	2	0	4	0
Q65-Q79	Congenital malformations and deformations of the musculoskeletal system	7	0	5	0
Q80-Q89	Other congenital malformations	3	0	5	0
R00-R09	Symptoms and signs involving the circulatory and respiratory systems	4,069	37	2,656	551
R10-R19	Symptoms and signs involving the digestive system and abdomen	2,920	18	2,389	375
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	350	1	160	66
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	81	0	81	1
R30-R39	Symptoms and signs involving the genitourinary system	632	2	164	11
R40-R46	Symptoms and signs involving cognition, perception, emotional state, and behavior	685	5	690	79

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
R47-R49	Symptoms and signs involving speech and voice	11	0	6	1
R50-R69	General symptoms and signs	15,027	15	3,073	414
R70-R79	Abnormal findings on examination of blood, without diagnosis	827	4	201	4
R80-R82	Abnormal findings on examination of urine, without diagnosis	41	0	17	0
R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis	52	0	17	0
R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis	832	4	188	19
R95-R99	Ill-defined and unknown causes of mortality	27	0	4	0
R91-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis	0	0	0	0
R97	Abnormal tumor markers	0	0	0	0
R99	Ill-defined and unknown cause of mortality	0	0	0	0
S00-T88	Injury, poisoning and certain other consequences of external causes	4,738	46	29,772	429
U07-U07	COVID-19	1,705	20	Not Available	Not Available
U09.9	Post COVID-19 condition unspecified	160		Not Available	Not Available
V00-Y99	External causes of morbidity	0	0	62	0
W19.XXXA	Unspecified fall initial encounter	3	0	Not Available	Not Available
W00-W59	Other external causes of accidental injury	0	0	1	0
X76-X84	Intentional self-harm	0	0	0	0
X85-Y09	Assault	0	0	2	0
Z00-Z13	Persons encountering health services for examinations	37,886	31	2,343	3,361
Z15-Z15	Genetic susceptibility to malignant neoplasm	0	0	0	0
Z18-Z18	Retained foreign body fragments	1	0	0	0
Z20-Z29	Persons with potential health hazards related to communicable diseases	3,360	153	486	94



<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
Z30-Z39	Persons encountering health services in circumstances related to reproduction	65	4	653	28
Z3A-Z3A	Weeks of gestation	36	0	66	96
Z40-Z53	Encounters for other specific healthcare	480	1	189	3
Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances	33	1	23	4
Z69-Z76	Persons encountering health services in other circumstances	232	0	166	2
Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status	998	0	78	21
<b>Totals</b>		<b>113,218</b>	<b>733</b>	<b>81,165</b>	<b>8,202</b>

## Appendix D: Fiscal Year 2022 Significant Detainee Illness

In Fiscal Year 2022, there were 144 instances of Significant Detainee Illness (SDI).

Number	SDI
27	Hunger strikes
10	Depression/Anxiety
10	Schizophrenia/schizoaffective disorder
9	Cardiac disorder
7	Cancer
7	Tumor
5	Alcohol withdrawal
5	Hypertension
5	Psychosis
5	Respiratory
5	Stroke
4	Bipolar
3	AIDS/HIV
3	Anemia
3	Fracture
3	Kidney Disorder
3	Substance abuse
3	Tuberculosis
2	Diabetes
2	Electrolyte Imbalance
2	Hemorrhage
2	Hyperlipidemia
2	Seizure Disorder
2	Suicide attempt
2	Wound Care
1	Antisocial Personality Disorder
1	Ascites
1	Blood disorder
1	COVID-related cases
1	Death
1	Dehydration
1	Diabetes Ketoacidosis
1	Gallstones
1	Liver disorder
1	Post-Traumatic Stress Disorder
1	Pulmonary Embolism
1	Sepsis
1	Ulcer
<b>144</b>	<b>Total</b>

*Source:* U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Medical Case Management Unit (MCMU) Medical Care Coordination Program. The MCMU Managed Care Coordinators (MCC) oversee care for ICE detained noncitizens who are on the Significantly Ill list. MCCs obtain patient care updates from field staff and report SDIs to IHSC leadership, the ICE legal staff, and ICE Enforcement and Removal Operations personnel.

## Appendix E: Abbreviations

<b>Abbreviation</b>	<b>Definition</b>
ADP	Average Daily Population
APP	Advance Practice Provider
CBP	U.S. Customs and Border Protection
CFR	Code of Federal Regulations
COVID-19	Coronavirus Disease 2019
DHS	Department of Homeland Security
ERO	Enforcement and Removal Operations
FMC	Field Medical Coordinator
FWA	Fraud, Waste, and Abuse
FY	Fiscal Year
GS	General Schedule
HCPS	Healthcare Claims Processing System
HQ	Headquarters
HSA	Health Services Administrator
HSI	Homeland Security Investigations
ICD-10	International Classification of Diseases, Tenth Revision
ICE	U.S. Immigration and Customs Enforcement
ISOU	IHSC Special Operations Unit
IHSC	ICE Health Service Corps
KBHU	Krome Behavioral Health Unit
LOU	Letter of Understanding
LVN	Licensed Vocational Nurse
MCC	Managed Care Coordinator
MCMU	Medical Case Management Unit
MedPAR	Medical Payment Authorization Request
OFO	Office of Field Operations
OGC	DHS Office of General Counsel
PHS	Public Health Service
SDI	Significant Detainee Illness
STI	Sexually Transmitted Illness
TB	Tuberculosis
UM	Utilization Management
USBP	United States Border Patrol
U.S.C.	United States Code
USCG	U.S. Coast Guard
VA-FSC	Veterans Administration Financial Services Center