

2024 Indian Health Service Partnership Conference

Navigating Eligibility in a Diverse Metropolitan
Community

PIMC EXECUTIVE TEAM

AUGUST 14, 2024



Fulfilling the IHS Mission

DEBRA WARD LUND, PIMC CHIEF EXECUTIVE OFFICER





IHS Mission Statement



To raise the

***physical, mental,
social, and spiritual***

health of American Indians and
Alaska Natives to the highest level





PIMC Vision Statement

Phoenix Indian Medical Center **Vision** ▼



AS**END**

Building our future together by

listening,

empowering,

and **caring** for our

Community



About PIMC

- The Tribes that comprise the Phoenix Service Unit are the Fort McDowell Yavapai Nation, the San Lucy District of the Tohono O'odham Nation, the Tonto Apache Tribe, the Yavapai-Apache Indian Tribe, and the Yavapai-Prescott Indian Tribe.
- The top tribes represented in the patient population include the Navajo Nation, the Salt River Pima-Maricopa Indian Community Tribe, the Pascua Yaqui Tribe, the Gila River Pima Maricopa Tribe, and the Tohono O'odham Nation.
- PIMC also provides specialty care in tribal and federal health care facilities in Arizona, Nevada, and Utah.
- **Due to our location in a large metropolitan area, we have provided care to members and descendants of 423 of the 574 federally recognized tribes.**



The PIMC Community is unique

- PIMC is not located on tribal land or in a reservation community.
- Only a small percentage of our patients are members/descendants of PIMC service unit tribes.
- We have a tribally diverse population (423/574 federally recognized tribes).
- The majority of the patients we serve are members/descendants of tribes located far outside of the Phoenix Metropolitan Area, including out of state.
- When patients present for care, they often do not have documents readily available.



The People We Serve

STEPHANIE AIRD, PIMC DEPUTY CHIEF EXECUTIVE OFFICER



About Our Community

- Arizona has the third-largest American Indian population of any state.
- Maricopa County, home to Phoenix and the Phoenix Indian Medical Center, is the fourth-largest county in the United States (population of 4.4 million people) and comprises 9,200 square miles.
- Maricopa County has the second-largest Indigenous population of any county in the United States.
- The Greater Phoenix metropolitan area is an economic and educational hub, representing 73% of the state's economy and is a home to 40 colleges, universities, and training institutes.



About PIMC

Current budgeted positions = 1,552

Patient Population = 170,000

Annual Patient Visits:

- FY2023 Inpatient Admissions: 1,534
- FY2023 Inpatient Days: 6,152
- FY2023 Outpatient visits: over 500,000



Blood Quantum

Blood quantum (BQ) - a system the U.S. government and many tribes use to measure Native ancestry and eligibility for membership.

Blood quantum is based on a simple formula: Half of the combined degree of “Indian blood” an individual’s parents’ possess. So, if both parents have 100% Indian blood, their child will have a BQ of 100%.

For thousands of years, Native tribes understood “belonging” in terms of social kinship.

Some tribes have shifted into redefining their criteria for citizenship, some still use quantums, while more have begun using direct lineage, but overall there is no standardized consensus or definition for all tribes.

Chart for calculating Quantum of Indian Blood

W-I	1/16	1/8	3/16	1/4	5/16	3/8	7/16	1/2	9/16	5/8	11/16	3/4	13/16	7/8	15/16	4/4
1/16	1/16	1/16	3/32	1/8	1/8	1/8	1/8	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4
1/8	1/16	1/8	1/8	1/8	1/8	1/8	1/8	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4
3/16	1/16	1/8	3/16	1/8	3/16	1/8	3/16	1/4	3/8	1/2	3/4	1/2	3/4	1/2	3/4	1/2
1/4	1/8	1/4	1/4	1/4	1/4	1/4	1/4	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
5/16	1/16	1/8	5/16	1/4	5/16	1/4	5/16	1/2	5/8	3/4	5/8	3/4	5/8	3/4	5/8	3/4
3/8	1/8	3/8	3/8	3/8	3/8	3/8	3/8	1/2	3/4	1/2	3/4	1/2	3/4	1/2	3/4	1/2
7/16	1/16	1/8	7/16	1/4	7/16	1/4	7/16	1/2	7/8	3/4	7/8	3/4	7/8	3/4	7/8	3/4
1/2	1/8	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
9/16	1/16	1/8	9/16	1/4	9/16	1/4	9/16	1/2	9/8	5/4	9/8	5/4	9/8	5/4	9/8	5/4
5/8	1/8	5/8	5/8	5/8	5/8	5/8	5/8	1/2	5/4	1/2	5/4	1/2	5/4	1/2	5/4	1/2
11/16	1/16	1/8	11/16	1/4	11/16	1/4	11/16	1/2	11/8	3/4	11/8	3/4	11/8	3/4	11/8	3/4
3/4	1/8	3/4	3/4	3/4	3/4	3/4	3/4	1/2	3/2	1/2	3/2	1/2	3/2	1/2	3/2	1/2
13/16	1/16	1/8	13/16	1/4	13/16	1/4	13/16	1/2	13/8	5/4	13/8	5/4	13/8	5/4	13/8	5/4
7/8	1/8	7/8	7/8	7/8	7/8	7/8	7/8	1/2	7/4	1/2	7/4	1/2	7/4	1/2	7/4	1/2
15/16	1/16	1/8	15/16	1/4	15/16	1/4	15/16	1/2	15/8	3/4	15/8	3/4	15/8	3/4	15/8	3/4
4/4	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2

Note: All denominators for lower part of scale are 64. "W-I" stands for non-Indian. To determine degree of blood of children, find degree of one parent in left hand column and of the other parent in top row. Read horizontally to the right and vertically below to find the proper degree. Example: Child of parents, one 13/16 and the other 5/8 would be 21/32 degree.



Tribal Enrollment vs Descendance

Tribal Enrollment provides eligibility for:

- IHS Direct Care Services
- Purchased Referred Care – if enrolled in a service unit tribe
- Indian Preference when applying for IHS positions

Descendance provides eligibility for:

- IHS Direct Care Services





Challenges in a Diverse Environment

- Cultural misunderstandings
- Communication issues
- Communication styles
- Prejudice and stereotypes
- Discrimination
- Communication barriers
- Unconscious Bias
- Acceptance and respect
- Generation gaps



Navigating the System

CDR MARK DOWNING, PIMC CHIEF INFORMATION OFFICER



Impact to Social Health

Personal Story:
Once upon a time in 1993

To raise the physical, mental, social, and
spiritual health of American Indians and Alaska
Natives to the highest level



Things I have personally heard in my time at IHS

- I don't trust him because he is White
- I am not talking about him.... I mean "real Indians"
- Ah, you are just a Bilagaana guy
- You might be native..... but only in your toes.

We cannot carry this attitude over to our patients!

If this is an attitude to our colleagues, how can we possibly respect our patients?

We must accept our patients as part of our community.



Impact

- Not accepting our patients into our community may cause them to feel like they must choose a side (Native or Non-Native)
 - Potentially harm their self-esteem which is counter to the IHS mission
- Not accepting our patients into our community can contribute to their feeling of loneliness and isolation
- Young patients may struggle with confusion about who they are and their sense of belonging



Identification of eligibility in RPMS

Multiple Fields:

- CLASS
- TRIBE
- INDIAN QUANTUM
- ELIGIBILITY

Nomenclature:

- “Non-Indian”
- “Non-Beneficiary”
- “Beneficiary – direct care only”
- “INELIGIBLE”

Uncaptured classifications:

- Eligible Non-Beneficiary



*** CONFIDENTIAL PATIENT INFORMATION ***

PHOENIX INDIAN MEDICAL CENTER
AMBULATORY CARE RECORD BRIEF

JUL 24, 2024@14:27:53

Page: 1

PATIENT: DEMO,PATIENT BCMA PAPA (VETERAN)

CHART #: 999905

COMPUTER FILE EST: MAR 13, 2015(LDR)

LAST EDIT: DEC 28, 2023 (JJH)

CLASS: INDIAN/ALASKA NATIVE

BIRTH SEX: MALE

COMMUNITY: PHOENIX

BIRTHDAY: MAR 01, 1999

COUNTY: MARICOPA

AGE: 25 YRS

CURRENT ADDRESS:

1234 E INDIAN SCHOOL RD
PHOENIX, ARIZONA 85016

PHONE NUMBERS ---

HOME: 928-555-9999

WORK: NONE

CELL:

OTHER: NONE

PREFERRED LANGUAGE: ENGLISH

PREFERRED METHOD: LETTER

NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : NO

DATE :

ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : NO

TRIBE: YSLETA DEL-SUR PUEBLO, TX

INDIAN QUANTUM: FULL

BIRTHPLACE: PHOENIX, ARIZONA

RELIGION: TRADITIONAL

TRIBE ENROLL #: 123,456

OTHER TRIBES:

QUANTUM:

HOPI TRIBE, AZ

1/2

FATHER: DEMO,FATHER PAPA

BIRTHPLACE: OAKLAND CA

MOTHER: TEST,MOTHER BCMA

BIRTHPLACE: PHOENIX AZ

Patient Selection

Patient Lists

- No Default
- Providers
- Teams
- Specialties
- Clinics
- Wards
- Personal Lists
- All

Patients

Demo, Patient Bcma Oscar

Demo, Patient Bcma Oscar

Demographics

Demo, Patient Bcma Oscar

HRN: 999904

Patient Record Flags

Category I Flags

Category II Flags

NONBENEFICIARY

Flag Name: NONBENEFICIARY

Assignment Narrative:
Testing Non-Ben Flag

Flag Type: OTHER
 Flag Category: II (LOCAL)
 Assignment Status: Active
 Initial Assigned Date: MAY 21, 2020@11:37:10
 Approved by: RUIZ, LASHAWN D
 Next Review Date: JUL 20, 2020
 Owner Site: PHOENIX INDIAN MEDICAL CENTER
 Originating Site: PHOENIX INDIAN MEDICAL CENTER

Signed, Linked Notes of Title: PATIENT RECORD FLAG CATEGORY II - NONBENEFICIARY

Date	Action	Author

Close



*** CONFIDENTIAL PATIENT INFORMATION ***
PHOENIX INDIAN MEDICAL CENTER
AMBULATORY CARE RECORD BRIEF

JUL 24, 2024@14:26:21

Page: 1

PATIENT: DEMO, PATIENT BCMA OSCAR

CHART #: 999904

COMPUTER FILE EST: MAR 13, 2015(LDR)

LAST EDIT: JUN 27, 2024 (RLM)

CLASS: NON-INDIAN

BIRTH SEX: MALE

COMMUNITY: PHOENIX

BIRTHDAY: MAY 06, 1980

COUNTY: MARICOPA

AGE: 44 YRS

CURRENT ADDRESS:

4212 N 16TH STREET
PHOENIX, ARIZONA 85016

PHONE NUMBERS ---

HOME: 480-213-9845

WORK: NONE

CELL:

OTHER: NONE

PREFERRED LANGUAGE: ENGLISH

PREFERRED METHOD:

NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : NO

DATE :

ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : NO

PRIVATE INSURANCE:

INS. COMPANY

NUMBER

ELIG. DATE

ELIG. END DATE

AETNA INS

999559941

JAN 01, 2018

PATIENT'S EMPLOYER: PIZZA HUT

*** ELIGIBILITY FOR CARE: INELIGIBLE ***

ADDITIONAL REGISTRATION INFORMATION:

1). ALT RES:

2). ELIG:

SI: BIRTH: 11/13/2023RLM

3).

DEN LTR SI: 04/27/2023 - 11/13/2023RLM

4). TRIBAL ID:

MO CIB SCANNED: 11/15/2020RLM

5).

PT BC FILED: 11/13/2023RLM

Applying the Indian Health Manual in a Complex Environment

DR. KATHY DILL, PIMC CHIEF OPERATIONS OFFICER (ACTING)



“American Indians and Alaska Natives consider themselves the first Americans who prepaid for their health care through the cession of thousands of acres of lands, mineral rights and forced relocation from their ancestral homes. So, to Native Americans, this care is not free, but has been paid for many times over.”

- Dr. Charles Grim, former IHS Director



History Review – The Snyder Act of 1921

“The Commissioner of Indian Affairs is authorized to send a special Indian Agent, or other representative of his office, to visit any Indian tribe for the purpose of **negotiating and entering into a written agreement** with such tribe for the commutation of the **perpetual annuities** due under **treaty** stipulations.”

“The Bureau of Indian Affairs, under the supervision of the Secretary of the Interior, shall direct, supervise, and expend such moneys as Congress may from time to time appropriate, for the **benefit, care, and assistance** of the Indians throughout the United States... **for relief of distress and conservation of health...for the employment of...physicians...**”

(Note: The Transfer Act (1954) transferred “the maintenance and operation of hospitals and health care facilities for Indians”...to the United States Public Health Service.)



Treaty Examples

Treaty of Pontotoc Creek (1832) – The Chickasaw Nation ceded 6.2 million acres of homeland east of the Mississippi River to the United States in exchange for relocation to an equal amount of land west of the Mississippi River.

Treaty of New Echota (1835) – The Cherokee Nation ceded all 7 million acres of Cherokee land in exchange for \$5 million (\$178 million in today's currency) and land in Indian Territory (now Oklahoma).



Sovereign Nations

The U.S. Supreme Court stated in *Santa Clara Pueblo v. Martinez*, 436 U.S. 49, 72 n.32 (1978), that “[a] tribe’s right to define its own membership for tribal purposes has long been recognized as central to its existence as an independent political community.”

There is no one definition of what constitutes a tribal member or descendant as tribes define their own policies.



IHS Obligations Today

“American Indians and Alaska Natives, as citizens of the United States, are eligible to participate in all public, private, and state health programs available to the general population. In addition, **they also have treaty rights to federal health care services through the Department of Health and Human Services.** The federal **trust** responsibility to uphold **the treaty responsibility for health care** to Indians is accomplished by consulting with Indian Tribes and then actively advocating for policy, legislative, and budgetary planning for Indian health care.”

- IHS “Basis for Healthcare Services”



Our Mission

“To raise the physical, mental, **social** and spiritual health of American Indians and Alaska Natives to the highest level.”

“*Social health* is the aspect of overall well-being that stems from connection and community. It’s about having close bonds with family and friends, **enjoying a sense of belonging to groups**, and feeling supported, **valued**, and loved.”

- Psychology Today, February 14, 2023



Identity is a Component of Social Health

The Cambridge Dictionary defines “identity” as:

“Who someone is,” and;

“The things that make one person or group of people different than others.”



Are There Limits to Identity?

“The IHS is **required** to maintain services to Indian people based on the guidelines found in the current eligibility criteria at 42 Code of Federal Regulations (CFR), subparts A-G (1986). This regulation requires the IHS to serve **all persons of Indian descent, regardless of tribal affiliation**, who belong to the local Indian community. Therefore, **we provide services to any persons of Indian descent who seek treatment at an IHS facility**. We do not require a finding that they “belong to” the local Indian community. **The eligibility regulation does not require a particular degree of Indian ancestry and does not define the term “Indian community.”** Therefore, the regulation has been construed liberally to include anyone who can reasonably be regarded as an Indian regardless of degree of Indian ancestry or tribal affiliation.”

- Michael H. Trujillo, former Director of IHS, 2000



Trust in Healthcare is Critical

“Trust is a set of expectations that the healthcare provider will do the best for the patient, and with good will, recognizing the patient’s vulnerability.”

“Trust between the patient and the healthcare provider...is important in provider-patient interaction and rapport. It influences patient management outcomes, especially in the treatment of long-term illness, as well as influences outcomes of health promotion and prevention initiatives. A trusting relationship between healthcare provider and patient can have a direct therapeutic effect.”

- BMJ Open, 2020



PIMC's Approach – Step 1: Investigation

- In-depth review of the Indian Health Manual (IHM), Part 2, Chapter 1.
- Understanding what the IHM does not say.
- Eligibility as it pertains to AI/AN and “eligible non-Indians.”
- Special provisions (public health emergency, EMTALA).



PIMC's Approach – IHM Brief Overview

- Eligible for IHS services: American Indian/Alaska Native *descent*.
 - Membership, enrolled or otherwise, in a *Federally recognized* tribe or group under Federal supervision.
 - Resides on tax-exempt land or owns restricted property.
 - Actively participates in tribal affairs.
 - ***Any other reasonable factor indicative of Indian descent.***
- Eligible Non-Indians:
 - Non-Indian children of AI/AN parents.
 - Non-Indian woman pregnant with an eligible Indian's child.
 - Non-Indian member of an eligible Indian's household, when approved by medical officer, for purpose of controlling public health concern.



PIMC's Approach – Step 2: Education

- General informational presentations to all PIMC staff and leadership
- Targeted presentations to critical stakeholders (medical staff, business office)
- Content based on real-life scenarios
- Monthly Q&A
- Spaced repetition of key concepts



PIMC's Approach – Education: Key Points

- IHM was written for broad interpretation.
- No blood quantum or descendency limits included in the IHM.
- Think beyond the CDIB! What other “reasonable factors indicative of Indian descent” can the patient provide?
- Provide care to those with an immediate need for healthcare services pending eligibility determination.
- Reach out the appropriate BIA or tribal office regarding the individuals' eligibility.



PIMC's Approach – Step 3: Collaboration

In February 2025, PIMC convened an eligibility work group – a multidisciplinary team – to identify process challenges and potential solutions.

- We found variations in messaging across our staff.
- We found variations in process across departments.
- We identified limitations within our electronic health record and variations in how eligibility was documented and categorized.



PIMC's Approach – Step 4: Process Improvements

Current actions in development by our eligibility work group include:

- Algorithm and fact sheet for front-line staff to assist with eligibility determination in alignment with the Indian Health Manual.
- Assessment of patient registration data for eligibility labels and establishment of a plan to update records where needed.
- An “eligibility pending” flag in RPMS to avoid inaccurate classification of patients who are eligible and need assistance obtaining their documents.
- Creating eligibility assistance capacity in our new department, the Community Health Center.
- Encouraging staff to share challenging eligibility scenarios and providing education on how to handle complex eligibility questions in accordance with the IHM.
- Creating a training module that highlights the diversity of PIMC's population and provides orientation to the eligibility determination process.



Why All This Matters

When we provide care to eligible beneficiaries, we are upholding obligations established by treaties between the United States Government and sovereign Native nations.

Trust plays an active role in the health and well-being of our patients. Therefore, we must be cautious not to inhibit or break this trust when delicately navigating questions of identity.

Since the Indian Health Manual uses broad criteria to establish eligibility, we must make every effort to ensure that we are not applying stricter criteria than policy allows.

There is no evidence to suggest widespread attempts by individuals with no claim of tribal membership or descent to access services at.

When in doubt: ***PROVIDE THE SERVICE.***



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