

# List of Acronyms and Glossary of Terms

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## Glossary of Acronyms

ADPL	—average daily patient load
AFDC	—Aid to Families with Dependent Children
AHCCCS	—Arizona Health Care Cost Containment System
AIPRC	—American Indian Policy Review Commission
ANCSA	—Alaska Native Claims Settlement Act
APA	—Administrative Procedures Act
BEMAR	—backlog of essential maintenance and repair
BIA	—Bureau of Indian Affairs (U.S. Department of the Interior)
CHR	—community health representative
CHS	—contract health services
CHSDA	—contract health service delivery area
CRIHB	—California Rural Indian Health Board
DHEW	—U.S. Department of Health, Education, and Welfare
DHHS	—U.S. Department of Health and Human Services
DRG	—diagnosis-related group
ESRD	—end-stage renal disease
GAO	—General Accounting Office (U.S. Congress)
HMO	—health maintenance organization
HRSA	—Health Resources and Services Administration (PHS, DHHS)
HUD	—U.S. Department of Housing and Urban Development
ICD-9	—International Classification of Disease, 9th Revision
ICU	—intensive care unit
IHCIA	—Indian Health Care Improvement Act
IHS	—Indian Health Service (HRSA, PHS, DHHS)
ISDM	—Indian self-determination memos
JCAH	—Joint Commission on Accreditation of Hospitals
JTPA	—Job Training Partnership Act
MoAs	—Memoranda of Agreement
M&R	—maintenance and repair
NCI	—National Cancer Institute (National Institute of Health, PHS)
NHSC	—National Health Service Corps (Bureau of Health Care Delivery and Assistance, HRSA, PHS, DHHS)
Ob-Gyn	—obstetrics-gynecology
OFE	—Office of Facilities' Engineering (HRSA, PHS, DHHS)
OMB	—U.S. Office of Management and Budget

OTA	—Office of Technology Assessment (U.S. Congress)
PCIS	—Patient Care Information System
PHS	—Public Health Service (DHHS)
PID	—program information document
RAC	—resource allocation criteria
RAM	—resource allocation methodology
RPMS	—Resource and Patient Management System
RRM	—resource requirement methodology
SIDS	—sudden infant death syndrome
SMSA	—standard metropolitan statistical area
SSI	—Supplemental Security Income
TRAIS	—Tribal Resource and Assistance Information System
VA	—U.S. Veterans Administration
WIC	—Women, Infants, and Children [Program]

## Glossary of Terms

**Age-adjusted mortality rate:** The death or mortality rate adjusted for the age distribution of the population under study. Age adjustment allows a direct comparison of the overall mortality experience of two or more populations, or to examine mortality over time in a single population, by using a single statistic. Age adjustment is necessary because populations differ in their proportions of people in different age categories, and different age groups have different mortality rates; for example, death rates for 25 to 34 year olds are much lower than for 55 to 64 year olds. Comparing populations without adjusting for the different age distributions of persons within each population (for example, a population with a high proportion of persons over 55 years of age versus a population with a high proportion of persons under 55 years of age) could lead to erroneous conclusions about the relative health of the populations being compared (see also “crude mortality rate” and “mortality rate”).

**Allotment:** A Federal policy pursued in the late 19th and early 20th centuries to “civilize” Indians by: 1) assigning each adult Indian a specific amount of land (usually 160 acres); 2) setting aside a small amount of land for tribal purposes; 3) opening the resulting “excess” land to non-Indian settlement; and 4) holding the Indian land and proceeds from sales of the “excess lands” in trust for Indians until they became assimilated (see also “assimilation”).

- Alternate resources:** Sources of health care other than those of IHS's contract care program that are available and accessible to the individual requesting the services or would be available and accessible upon application of the individual to the alternate resources, such as health care providers and institutions (including facilities operated by the Indian Health Service), health insurance, or other health care programs that pay for health services (e. g., Medicare or Medicaid) for which the individual may be eligible.
- Area:** The designated organizational unit and its corresponding geographical area through which IHS programs are administered. There are 12 IHS areas covering the 32 Reservation States.
- Assimilation:** A Federal policy pursued in the late 19th and early 20th centuries, in which tribally held communal lands were broken up and individual Indians were given allotments of land in order to induce them to leave their traditional ways of life and to become "civilized" (see also "allotment").
- Blood quantum:** The degree of Indian blood of an individual. Most tribes require a minimum degree of tribal-specific Indian blood for membership.
- Buy Indian contracts:** Contracts under the Buy Indian Act of 1910 between the Federal Government (especially BIA and IHS) and Indian businesses and organizations for the purchase of goods and services.
- Catastrophic health care fund:** A revolving fund proposed in 1984 and 1985 congressional legislation to assist in paying for high-cost cases in the IHS contract care program. The fund would have contained \$12 million, to be used to pay for contract care cases that exceeded a threshold cost between \$10,000 and \$20,000 (see also "high-cost case").
- Commissioned Corps:** Members of the Public Health Service Commissioned Corps, including physicians, dentists, nurses, administrators, and other health-related personnel.
- Community health representative (CHR):** Indian health paraprofessionals who assist in providing health care, health promotion, and disease prevention services to Indians.
- Contract services:** Health care purchased by the IHS contract care program for eligible Indians from non-IHS providers and facilities when direct services of the appropriate types are not available or accessible (see also "direct services").
- Cooperative agreement:** An instrument similar to a grant for the transfer of Federal funds and program operation responsibilities to organizations such as Indian tribal governments. Cooperative agreements were introduced by the Federal Grants and Cooperative Agreement Act of 1977 (Public Law 95-224) and authorized for use in IHS and BIA self-determination (638) programs in 1984. The instruments had not been used by IHS as of the end of 1985.
- Crude mortality rate:** The death, or mortality rate, tabulated without being broken down into classes. The number of deaths in a population divided by the total population, over a defined period of time (see also "mortality rate" and "age-adjusted mortality rate").
- Diagnosis-related groupings (DRGs):** Groupings of diagnostic categories drawn from the International Classification of Diseases and modified by the presence or absence of a surgical procedure, patient age, presence or absence of significant comorbidities or complications, and other relevant criteria. DRGs are the case-mix measure mandated for Medicare's hospital prospective payment system by the Social Security Amendments of 1983 (Public Law 98-21) (see also "prospective payment system").
- Direct services:** Health care provided to eligible Indians in IHS-operated facilities (see also "contract services").
- Equity fund:** A fund established through additional congressional appropriations or through a set aside by IHS of a portion of its appropriations, and distributed to benefit IHS service units identified as being deficient in resources relative to other IHS service units.
- Federal recognition:** Refers to the relationship between Indian tribes and the Federal Government. Federal recognition can be obtained by satisfying the criteria of the Federal Acknowledgement Process administered through the U.S. Department of the Interior, by Federal statute enacted by Congress, or by court decree. Federally recognized tribes and their members are eligible for the special programs provided by the United States to Indians because of their status as Indians (see also "Indian tribe").
- Health center:** A relatively comprehensive ambulatory care facility that is open at least 40 hours per week (see also "health station").
- Health location:** Outpatient delivery sites that are staffed periodically by traveling IHS health personnel.
- Health station:** An ambulatory care facility, which may be a mobile unit, that is open fewer than 40 hours per week and offers less complete ambulatory services than a health center (see also "health center").
- High-cost case:** In care purchased by the IHS contract care program from non-IHS providers, refers to those cases that are much more expensive than the average contract care case, usually defined as exceeding a specific threshold in costs to IHS, such as \$10,000 (see also "catastrophic health care fund").
- Historical budget approach:** Also referred to as "program continuity" budgeting, this is the IHS policy

of allocating its annual appropriations among the 12 areas by granting each area its base budget from the previous year plus a share of any funding increases equal to the area's proportion of the overall IHS budget.

**Incidence rate:** The frequency of new occurrences of disease within a defined time interval in a defined population. Incidence rate is the number of new cases of specific disease divided by the number of people in a population over a specified period of time, usually 1 year (see also "prevalence").

**Indian:** Indians in the Continental United States, and Indians, Aleuts, and Eskimos in Alaska.

**Indian preference:** An absolute preference for persons of Indian descent in making appointments for Federal employment in BIA and IHS, whether the placement in the position involves initial appointment, reappointment, reinstatement, transfer, reassignment, promotion, or any other personnel action intended to fill a vacancy.

**Indian tribe:** Any Indian tribe, band, nation, group, Pueblo, rancheria, or community, including any Alaska Native village, group, or regional or village corporation. A tribe may be federally recognized, State-recognized, or self-recognized and/or federally terminated. In the context of the Federal-Indian relationship, tribes must be federally recognized in order to be eligible for the special programs and services provided by the United States to Indians because of their status as Indians (see also "Federal recognition").

**Infant mortality rate:** The number of deaths among children less than 1 year old as a fraction of the total number of live births in a year.

**Montana Amendment:** Refers to a demonstration program contained in 1984 legislation that was vetoed by the President, which would have prohibited IHS from applying its alternate resource rule to medical or health assistance for indigent Indians in Montana if the assistance was funded by the revenues from any tax imposed on real estate, and the Indian patient resided on a reservation or restricted Indian land which was not subject to taxation. Also known as the "Melcher Amendment," after its sponsor, Senator John Melcher (D-Mont. ) (see also "alternate resources," "primary provider," and "residual payer").

**Morbidity:** The condition of being diseased.

**Mortality rate:** The death rate, often made explicit for a particular characteristic; e.g., age, sex, or specific cause of death (see also "crude mortality rate" and "age-adjusted mortality rate"). A mortality rate contains three essential elements: 1) the number of people in a population group exposed to the risk of death (the denominator); 2) a time factor; and 3)

the number of deaths occurring in the exposed population during a certain time period (the numerator).

**Neonatal:** Pertaining to the first four weeks after birth.

**Perinatal:** Pertaining to, or occurring in, the period shortly before and after birth; variously defined as beginning with the completion of the 20th to 28th week of gestation and ending 7 to 28 days after birth.

**Prevalence rate:** The number of existing cases of a disease in a defined population at a particular time or over a specified time period.

**Primary provider:** Refers to IHS's description of alternate resources in its contract care program. Alternate resources or "primary providers" must be used first before IHS will pay for contract care services by non-IHS providers (see also "alternate resources," "contract services," "residual payer," and "Montana amendment").

**Prospective payment system:** A hospital payment method in which the amount that a hospital is paid for services is set prior to the delivery of those services and the hospital is at least partially at risk for losses or stands to gain from surpluses that accrue in the payment period. Prospective payment rates may be per service, per capita, per diem, or per case rates. Medicare's DRG payment system for inpatient hospital services is a particular form of prospective payment (see also "diagnosis-related groupings").

**Reservation:** The geographic area set aside by treaty or other law for a federally recognized Indian tribe, including reservations, Pueblos, rancherias, or colonies, former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), and Indian allotments.

**Reservation State:** A State in which there is at least one federally recognized Indian tribe and in which the IHS therefore provides or finances health care for eligible Indians. There were 32 such States as of 1986.

**Residual payer:** Refers to IHS's position that other sources of payment available to the patient must be used first before IHS will pay for contract care services by non-IHS providers (see also "alternate resources," "contract services," and "primary provider").

**Retrocession:** The voluntary return of a contracted program, or portion thereof, to the Federal Government pursuant to section 106(d) of the Indian Self-Determination and Education Assistance Act (Public Law 93-638) (see also "self-determination" and "638 contract").

**Self-determination:** A policy established in 1975 in the Indian Self-Determination and Education Assistance

Act (Public Law 93-638) to encourage maximum Indian participation in the planning, conduct, and administration of Federal programs and services provided for Indians by IHS and BIA, by transferring responsibilities for these programs and services from the Federal Government to Indian tribes (see also “retrocession” and “638 contract”).

**Service population:** The Indian population residing in geographic areas that are served by IHS. Of the 1.4 million Indians identified in the 1980 Census, approximately 829,000, or 59 percent, resided in IHS service areas. The estimated service population in 1986 was 989,000 (see also “Reservation State”).

**Service unit:** The basic health care delivery unit that comprise an IHS area. A service unit may serve a tribe or several tribes, and usually 10 to 20 service units make up an IHS area (see also “area”).

**Snyder Act:** The basic authorizing legislation enacted in 1921 (42 Stat. 208; 25 U.S. C. section 13) for Federal health and social services programs for Indians.

**Termination:** Refers to Federal policy after World War II and continuing into the early 1960s, which had several components: 1) induced resettlement of thousands of reservation Indians into urban centers where they were to be trained and employed; 2) the transfer of major functions, responsibilities, and jurisdiction over Indians to States from the Federal Government; and 3) the termination of the Federal relationship with specific tribes, including ending services and distributing tribal assets to individual tribal members.

**Third-party payer:** Refers to a party, other than the provider or patient, which pays for the patient’s

health care, such as the patient’s health insurance company or governmental programs (e. g., Medicare and Medicaid),

**Transfer Act:** Legislation (42 U.S.C. sections 2001 et seq. ) that transferred responsibility for Indian health care from the Bureau of Indian Affairs in the U.S. Department of the Interior to the Public Health Service in what is now the U.S. Department of Health and Human Services, creating IHS in 1955.

**Tribal trust land:** Lands held in trust for Indian tribes and administered for their benefit by the Federal Government (see also “trust responsibility”),

**Trust responsibility:** The responsibility assumed by the Federal Government, by virtue of treaties, statutes and other means, legally associated with the role of trustee, to recognize, protect, and preserve tribal sovereignty and to protect, manage, develop, and approve authorized transfers of interests in trust resources held by Indian tribes and Indian individuals.

**Urban Indian programs:** Programs administered by urban Indian organizations and supported with IHS funds that operate health centers and help urban Indians gain access to other programs for which they might qualify, such as Medicaid and other public assistance sources.

**638 contract:** Contracts between Indian tribes or tribal organizations and Federal agencies (i. e., IHS and BIA), under which tribes assume planning, operation, and administration of programs and services for Indians from the Federal Government (see also “self-determination” and “retrocession”), Authorized by the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638).