This report provides general Indian health information, updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months of January, February, and March, 2016. The information included is as follows:

- Four Major Priorities of the Indian Health Service ......................................................... p. 2
- Shiprock Breach of Patient Information ............................................................................. p. 4
- Navajo Area IHS Director Status ...................................................................................... p. 5
- Follow-up on a Chinle NTUA Water System Issue ........................................................... p. 5
- Zika Virus/Hanta Virus ..................................................................................................... p. 6
- Baby Friendly Hospital Initiative Certification ................................................................. p. 7
- Uranium Programs ............................................................................................................. p. 7

**Four Major Priorities of the Indian Health Service**

Since the NAIHS January, 2016 progress report, individual Service Unit (SU) Chief Executive Officers have distributed updated progress reports to all SU employees. The NAIHS provides services to enrolled members of the Navajo Nation, the San Juan Southern Paiute Tribe, and other eligible Native Americans with an active user population of 247,000. The NAIHS operationally includes five Federal SUs, one urban program, three P.L. 93-638 compacted and five P.L. 93-638 contracted programs. In the past three months, the following activities consistent with the four major priorities of the IHS included the following items.

**Renewing and Strengthening Partnerships with Tribes**

- The Acting Area Director signed an agreement last week for NAIHS Office of Environmental Health staff to begin work on planning activities for a replacement of the Mountain View Lift Station in Ramah, New Mexico.
- NAIHS staff will be present on May 4, 2016 at the annual Navajo Nation Consultation Session with DHHS Regional Directors from Regions VI (Dallas), VIII (Denver) and IX (San Francisco).
- The Chinle Service Unit seated three new Health Board members in February, 2016 including Mr. Rex Lee Jim, Mr. Gerald Ahasteen, and Dr. Gayle Dine’ Chacon.
- Federal Service Units and the Navajo Area Office have been working with Navajo Nation Department of Public Safety staff on active shooter exercises at NAIHS locations.
- Suicide prevention and postvention team trainings were held at Eastern Navajo Agency locations in the last three months with over 200 individuals trained.
- Area Office and Gallup Indian Medical Center (GIMC) staff were engaged in multiple discussions with Navajo Nation Department of Health and City of Gallup staff on Gallup “Detoxification” program issues including future funding and program operations.
Reforming the Indian Health Service

- Two Governing Body meetings were held at each of the five Federal Service Units in the past three months. The focus of the meetings included accreditation review preparation, revised Sexual Abuse policies for each facility, the financial status of each Service Unit and unique issues pertaining to each Service Unit.

- FY2016 Purchased Referred Care medical priorities for the Navajo Area IHS were completed and are attached to this report (Attachment A). P.L. 93-638 contracted and compacted programs establish their own priorities covering their service population.

- GIMC began work with outside consultants on the planning and design of the expanded/renovated Urgent Care/Emergency Department project as well as upgrading the GIMC Surgical Suite area. The work on these major construction projects will begin this summer with completion of the projects in 2017.

- Consistent with the new Kayenta Service Unit strategic plan, customer service and leadership training was provided to Service Unit staff this past quarter.

Improving Quality and Access to Care

- NAIHS recently received information that, in addition to the $12M in the 2016 IHS budget reported to the Navajo Nation Council in January 2016 for the Dilkon replacement facility, an additional $20M will be made available this year for the facility from DHHS. NAIHS expects to receive these funds shortly.

- Improving the number of housing units available to staff is a priority for the NAIHS. The NAIHS has recently committed funds for new housing at Crownpoint (approximately 20 units) and Chinle (15-20 units). Discussions on plans to design sites for future housing are underway for the Inscription House and Tsaile Health Centers. Eight (8) new housing units are already onsite at Crownpoint with five (5) more to be available by July.

- The Chinle Service Hospital reported Pharmacy average waiting times were reduced from 120 minutes to 30 minutes over the past several months.

- Equipment installation for the Kayenta replacement facility is underway including new program capabilities in X-ray which do not exist at the current Health Center including computerized tomography (C.T. Scanner) and a Mammography Imaging Unit.

- An adolescent evening clinic has been added to the services available at the Dzilth-Na-O-Dith-Hle Health Center.

- Pre-Fitness Gram testing was conducted at nine schools (over 2,500 children) in the Shiprock Service Unit this past quarter.

- GIMC added a new acupuncture service for patients, three days a week by appointment.

- The new Kayenta Health Facility will be blessed and dedicated on April 27, 2016.
Making Work Transparent, Fair, Accountable, and Inclusive

- Staff from the Chinle Service Unit have been asked to work with the AHCCCS Traditional Healing Tribal Workgroup to develop an AHCCCS reimbursement proposal for traditional healing services.

- The Chinle Service Unit continued sharing of information on improving patient care (IPC) techniques during a telephone call-in collaborative. In the past three months, an average of 287 participants joined in on the Chinle collaborative monthly calls from IHS and Tribal programs across the entire United States to share IPC methods with others on the call.

- Federal Service Unit Chief Executive Officers and Clinical Directors attended other Service Unit Governing Body meetings to identify best practice ideas which could be expanded to other locations.

- Federal Service Unit Quarterly Reports are being forwarded to all other Service Units to export innovative ideas to other sites across the Navajo Area.

Shiprock Breach of Patient Information

Approximately 7,500 individuals were notified this month that their personal health information was improperly removed from the Northern Navajo Medical Center (NNMC) by a former employee. Patient names, health record numbers, social security numbers, dates of birth, and health insurance policy numbers were among the data contained on documents that were removed from the NNMC by the former employee. All the documents which were removed have been retrieved from the public rental storage units where they were found and returned to the Medical Center. There is no current indication that the information was used by or disclosed to any unauthorized individual.

On October 5, 2015, several cardboard boxes containing copies and worksheets of patient demographic and health information were found by a community member. The boxes were found outside a public rental storage facility in Waterflow, NM and were placed in the parking lot due to non-payment of storage space by the former NNMC employee. NNMC staff were contacted and immediately retrieved the boxes. The former employee stored the patient registration information at the public storage facility without official IHS authorization along with her personal property. Law enforcement staff were immediately notified by the Navajo Area Director’s office when the incident was discovered.

Further investigation revealed that two additional storage centers in the Shiprock area were also rented by the employee and several additional boxes were located, with patient/hospital information. The Navajo Area and law enforcement completed an investigation and the matter has been referred for appropriate action in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The individual who improperly removed the records from NNMC is no longer employed by IHS.
NNMC patients whose information was removed from NNMC are being offered free identity theft protection services for one year. Assistance is available at NNMC to guide individuals through the credit monitoring enrollment process and to respond to questions from the public.

Tribal leaders and staff were notified of the incident. Federal and P.L. 93-638 program Chief Executive Officers were also informed. There has been community outreach to educate the Shiprock Service Unit beneficiaries about the privacy breach issue. Public announcements/recordings in the Navajo and English language are being aired on two local radio stations. Posters have been developed and placed in strategic community locations throughout the Service Unit. A notice was posted on the IHS website and a briefing was held for Shiprock Community Health Representatives (CHRs) to provide them with information on the situation so that they can refer inquiries by community members to the NNMC.

A corrective action plan is being implemented in every Navajo Area Federal Service Unit to ensure that this type of breach is not repeated elsewhere, including retraining employees, scheduled and random audits of employees with access to confidential information, and reducing the use of paper documents. See Attachment B for public notices and the approved corrective action plan.

The Navajo Area IHS sincerely regrets that this situation occurred. The Indian Health Service mission includes providing quality care to patients, which includes protecting the personal information for those individuals who receive services at all NAIHS facilities. The IHS has policies and procedures in place to protect patients’ personal and health information. In this instance, a single employee chose not to follow the established policies.

**Navajo Area IHS Director Status**

Senior Executive Service level vacant positions for Area Directors at the Albuquerque, Navajo and Phoenix Areas were announced with an opening date of March 28, 2016. The closing date is April 27, 2016. Interested individuals can apply at [https://www.usajobs.gov/getjob/viewdetails/434163000/](https://www.usajobs.gov/getjob/viewdetails/434163000/). If further information is needed, individuals can contact Human Resources personnel at any IHS facility.

**Follow-up on a Chinle NTUA Water System Issue**

As a follow-up to a question from the last NN Council meeting regarding precipitate in a water system, the information below is provided.

Iron and manganese are common minerals found in well water. When well water is pumped from the ground and comes in contact with oxygen, the dissolved iron and manganese will precipitate from the water and accumulate in pipes and
tanks. In pipes the precipitate will also accumulate as scale on the interior pipe walls. NTUA currently treats the Chinle water wells with a process called sequestration using polyphosphates which keeps the iron and manganese in suspension. Unfortunately, sequestration is not perfect and some iron and manganese precipitation does occur over time. The utility service must be diligent with flushing programs to make sure high precipitate concentrations are minimized. Interior pipe scale will often be disturbed during flushing, water breaks, and fire flow events.

NTUA is pursuing installation of a water treatment plant to remove the iron from the water produced by the Chinle wells. The Chinle water wells provide water for the Chinle, Many Farms, Del Muerto and Spider Rock water system. Iron is not an EPA regulated contaminant and is considered an aesthetic issue. We understand the current NTUA cost estimate for the water treatment plant is $8.43 million. NTUA has obtained funding to move ahead with this project.

In Window Rock/St. Michaels and even Gallup, the NAIHS answers questions regarding the interior pipe scale occurrences during high flow events discussed previously. The Window Rock/St. Michaels system has an iron removal plant that has been in operation for about 30 years. Gallup does not have a plant, but replaced high iron content wells several years ago.

**Zika Virus/Hanta Virus**

Attachment C to this report contains the latest information released by the CDC on the Zika virus. NAIHS will be issuing public service announcements on this virus in the coming weeks emphasizing mosquito bite precautions over the next several months. In addition, public service announcements will be broadcast on the prevention of Hantavirus infection since three (3) cases of this health problem have occurred on/near the Navajo reservation over the last quarter.

In the United States, Zika Virus continues to be monitored as a public health issue for the general public. According to the Centers for Disease Control and Prevention (CDC), Zika virus disease is caused by the Zika virus and is primarily spread through the bite of an infected mosquito. Zika virus can also be spread from a mother to a child during pregnancy and, on very rare occasions, through sexual contact. Common symptoms of Zika include fever, rash, joint pain and conjunctivitis. Zika is usually a mild illness with symptoms lasting up to a week and typically does not result in hospitalization or death.

Efforts to prevent Zika should include taking standard precautions to avoid mosquito bites, especially when traveling to areas where the Zika virus is commonly spread by mosquitoes. The general public can wear long-sleeve clothing and use an Environmental Protection Agency-registered insect repellent to reduce the risk of becoming ill with Zika virus.

Since Zika virus disease has been linked to birth defects in mothers who became infected with Zika virus while pregnant, the CDC recommends special precautions for pregnant women. Pregnant mothers should talk with their healthcare provider if
concerned about birth defects from Zika virus disease. Jeannette Yazzie, Navajo Area Nurse Consultant, (jeannette.yazzie@ihs.gov) is our point of contact on Zika virus information and training for NAIHS, Federal and 638 organizations.

**Baby Friendly Hospital Initiative Certification**

The Obstetrics Care Unit (OCU) in Chinle, along with the Women's Health Unit (WHU) at Gallup and the OB/L&D unit at Shiprock continue to meet the requirements to be designated as Baby Friendly facilities. Tsehootsooi Medical Center and the Tuba City Regional Health Care Corporation became Baby Friendly Hospital certified in the past three months.

An Area Baby Friendly taskforce continues to meet every other month. Strategic goals for this year include the following:

2. Breastfeeding improvement documentation by healthcare personnel.
3. Follow up on newborns and mothers who had elevated blood sugars during pregnancy.
4. Staff training on the BFHI.

The Gallup Indian Medical Center continues to have a high breastfeeding initiation rate (89% of mothers). They continue to track breastfeeding at two weeks (approximately 60% of mothers say they are mostly or exclusively breastfeeding). The Northern Navajo Medical Center continues to have a high breastfeeding initiation rate and also are meeting the 80% or greater exclusive breastfeeding rate at two weeks. The Chinle IHS Hospital continues to have a high breastfeeding initiation rate (82% of mothers).

**Uranium Programs**

NAIHS staff are involved in three major programs dealing with the health effects of historical uranium mining on the Navajo reservation. These include the following activities:

1. **Radiation Exposure Screening and Education Program (RESEP)** - This program based in Shiprock, New Mexico, screens former uranium workers for compensable diseases and helps individuals to file claims along with the work done by the Office of Navajo Uranium Workers. Staff from this NAIHS grant funded program assist uranium workers that have already been compensated with their bi-annual impairment evaluations which might make them eligible for additional compensation and assist previously compensated uranium workers with management of their home healthcare benefits under the Department of Labor.
In the current grant year from 9/1/2015 to present, 97 workers were seen. Four former mine workers qualified for Radiation Exposure Compensation Act (RECA) claims and financial support totaling $600,000. Staff also assisted 21 former workers with home healthcare management. In Grant year 9/1/2014 to 8/31/2015, 244 uranium workers were seen. 32 former workers qualified for RECA claims and received financial support totaling $4.8M. The program assisted 52 workers with home healthcare management.

**Community Uranium Exposure-Journey to Healing (CUE-JTH)** – NAIHS staff in this Navajo Area funded program provided health screenings for those who know they have been or are concerned that they may have been exposed to uranium, or have documented uranium exposure noted by medical providers in their health record. Education is provided regarding health concerns that may be connected to uranium exposure and advice is given regarding maintaining and improving individuals’ health statuses and avoidance of any further exposure to uranium. CUE-JTH staff also help connect individuals with relevant concerns to the EPA and other Federal Agencies/Departments, and inform participants about health studies regarding uranium exposure for which they might be eligible.

**Navajo Birth Cohort Study (NBCS)** – NAIHS staff working with Navajo Nation CHRs and with University of New Mexico staff, as of January 2016, had enrolled 589 pregnant women in the NBCS study as follows: Shiprock – 48, Gallup – 77, Chinle – 249, Tsehootsooi Medical Center – 52, Tuba City – 143, Kayenta – 20.

The goal of the study is to follow the health status of pregnant women, some of whom have a documented exposure to uranium or other heavy metals prior to or during their pregnancy as well as following the health status and the development of infants (exposed and unexposed to uranium) up to one year of age. New staff have been assigned or hired at the Kayenta, Chinle and Gallup sites. The Tsehootsooi Medical Center and Shiprock sites are no longer enrolling new study participants.

**Concluding Comments**

Navajo Area Indian Health Service staff remain committed to supporting Tribal leaders of the Navajo Nation in their efforts to address Indian health policy issues, improve the health of individual Native beneficiaries, and in the development of healthy communities. Please contact the office of the Navajo Area Director regarding additional information or questions.

Douglas Peter, MD, Acting Area Director
Navajo Area Indian Health Service
PO Box 9020, Window Rock, Arizona 86515
Phone (928) 871-5811 Fax (928) 871-5872
Douglas.Peter@ihs.gov
ATTACHMENT A
The purpose of this memorandum is to outline the FY 2016 NAIHS Purchased Referred Care (PRC) Medical/Dental Priorities. This memorandum replaces a June 12, 2013 memorandum on NAIHS PRC priorities which covered FY 2013 through FY 2015.

I. The IHS PRC Program is not an entitlement program. An individual must meet the (5) eligibility requirements below as defined by Federal regulations published in the Code of Federal Regulations (CFR) at Title 42, Section 136.21 through 136.61 and in the Indian Health Service Manual, Part 2, Chapter 3 “Purchased Referred Care” dated January 5, 1998.

1. An individual must be of Indian descent and belong to the Indian community which may be verified by tribal decadency or census number. [42 CFR 136.23 and 136.12] Other individuals eligible include a non-Indian woman pregnant with an eligible Indian’s child for the duration of her pregnancy through postpartum (usually six weeks) and non-Indian members of an eligible Indian’s household where the Service Unit Medical Officer in charge determines that services are necessary to control a public health hazard or an acute infectious disease which constitutes a public health hazard.

2. Medically necessary services must be within the current funded Navajo Area Medical/Dental Priorities. [42 CFR 136.23(e)] Payments using PRC funds must be based on relative medical need when funds are not sufficient to provide the volume of service needed for those eligible in a particular contract health delivery area. Only those procedures that are CMS (Centers for Medicare/Medicaid) and FDA (Food & Drug Administration) approved will be considered for payment under Purchased Referred Care. The availability of funds determines the level of medical care that can be provided. For 2016, PRC funds may be expended for medical services listed on the NAIHS Medical/Dental list Priorities 1.A. through 1.1 (reference attached NAIHS PRC Medical/Dental Priorities).

3. Eligible individuals must reside within the Tribal Purchased Referred Care Delivery Area (C.H.S.D.A.). [42 CFR 136.23(a)(b)(c)(d)]
   A. The Navajo Tribal C.H.S.D.A. consists of Navajo reservation trust land and the counties which border the reservation.
   B. Non-Navajo Indians must reside on the Navajo reservation, or if living in a county which borders the reservation, must have close social and economic ties to the Navajo or San Juan Southern Paiute Tribe (e.g. spouse of a Navajo or employed by the Navajo Tribe).
C. Residence status continues for 180 calendar days after leaving the C.H.S.D.A.

D. Students enrolled full time at vocational, technical or academic schools retain their residence status while temporarily away from their Tribal C.H.S.D.A.

4. A person must apply for and use all accessible and available alternate resources such as Medicare A and B, Medicaid, Tribal Health Insurance and any other health insurance to pay for his/her health care costs. The Purchased Referred Care program may reconsider denial of payment and pay for some health care costs after evidence is provided that all alternate resources have paid. [42 CFR 136.23 (a)(f)] Medicaid is considered to be payment in full. The reasonable availability of an IHS or P.L. 93-638 facility is also considered as an alternate resource.

5. Patients/Patient Representatives/Providers must notify their local NAIHS Service Unit of the need for Purchased Referred Care program payment for medical services prior to treatment for non-emergency medical services or within 72 hours after the beginning of treatment for an emergency medical condition. [42 CFR 136.24 (a)(b)(c)] Notification is extended to 30 days for the elderly and disabled. An elderly Indian means an Indian who is 65 years of age or older. A disabled Indian is an Indian who has a physical or mental condition that reasonably prevents him/her from providing or cooperating in obtaining the information necessary to notify the IHS of his/her receipt of emergency care or services from a non-service provider or facility.

If the above-mentioned Purchased Referred Care eligibility factors are not met. Purchased Referred Care payment must be denied by sending a letter to the applicant. [136.25(a)]

II. Payments may be made for Medical/Dental services (as an exception to the attached priorities) for the following:

- Headstart dental exams/treatments.
- Emergency, urgent primary and preventive services as determined to be medically necessary for children placed off reservation by the Navajo Nation Tribal courts or under the care of court appointed guardians for children in grades K-12 in off reservation dormitory schools (children must be placed in a facility and/or attend a school which is located more than 30 miles from any IHS direct care facility).
- Primary care and preventive health services for individuals who reside within specific geographic areas on or near the Navajo reservation at NAIHS contractors. Said contractors will provide a mix of medical services to particular population groups in the Eastern Navajo “Checkerboard” area and in Farmington, Bloomfield, and Aztec, NM.
- Autopsies requested by IHS staff for cases where the general public health may be in jeopardy, specifically for suspected communicable diseases.
- Day Hospital Services (partial hospitalization) for severely mentally-ill (SMI) patients.
- Return of deceased bodies from contract facilities if NAIHS staff initially referred the patient for care.
- Skilled nursing facility care (includes Swing Beds) **NTE 30 days** if referred for this purpose exclusively from a NAIHS direct care facility. For nursing home patients, IHS
policy states that the patient’s home of record (i.e., the payor) is where the patient resided before entering the nursing home.

- Transportation to a tertiary care facility by the most reasonable and economical means of transport. Air transport services should only be authorized when medically necessary. PRC funds may be used for non-emergent transports only in rare instances including patient transports from off-reservation facilities back to the Service Unit of residence. The Service Unit should work with a patient’s family members on returning patients to the reservation that are discharged to home from off-reservation facilities.

- For costs “in support of Direct Care” other than those identified above, Service Units may not pay Federal employees’ salaries and benefits but they can pay for referrals to off-site contractors other than hospitals and clinics, e.g. Reference Labs, Telemedicine and Tele-health services, and for contractors within IHS facilities.

### III. “HE WHO REFERS, PAYS” practice for NAIHS Sites (with exception of Tuba City and Sage Memorial Hospital-based programs which are currently under the “home of record” rule)

The NAIHS definition and applicable guidelines for “he who refers, pays” under the PRC program in 2016 are as follows:

- A patient’s home of record is defined as the community where the patient currently resides unless an exception applies such as patients who have moved to attend school full time.

- When a “home of record” NAIHS Federal or P.L. 93-638 program refers a patient to a non-NAIHS/non-P.L. 93-638 program, the “home of record” program pays PRC costs.

- “He who refers, pays” applies when a non-home of record NAIHS Federal or P.L. 93-638 program refers a patient to a non-NAIHS/non-P.L. 93-638 program which includes referrals for on reservation/C.H.S.D.A. students through college years.

- If a program pays under “he who refers, pays”, only the initial visit (inpatient/outpatient) and one subsequent follow up visit is the responsibility of the referring program. Required future visits/service as necessary would be the responsibility of whichever facility subsequently refers the patient. For CHEF cases, all costs for the initial visit and all future visits and costs will be covered by the initial referring facility.

Payment for the following will always be the responsibility of the patient’s “home of record” and not part of “he who refers, pays” guidelines:

a) Skilled Nursing Care/placement

b) Durable Medical Equipment or Supplies (except for immediate inpatient discharge needs)

c) Unmet Need/Deferred services reported to HQ on an annual basis

d) ESRD – when patient becomes a dialysis patient

e) Rehab and Institutional Care

f) Self-referred care at private sector facilities
• When the patient’s Service Unit home of record is not notified prior to the referral or within 72 hours from date of admission or other medical service provided, the referring facility and NOT the home of record is responsible for PRC payment for the above list of services (a-f) and subsequent follow up visits as well as services in the attached list of services approved for PRC payment in FY 2016.

IV. Each Clinical Director will be responsible for ensuring that medical priority determinations are made for all cases for which PRC funds are requested. Service Unit PRC staff will be responsible for assuring that all five PRC eligibility factors are met before recommending approval for any payments.

Federal Service Units and Tribal-contracted programs must make every effort to maximize alternate resources and apply the “payor of last resort” rule and upon reasonable inquiry determine whether the patient is potentially eligible for alternate resources in order to advise and encourage the patient (or health care facility staff caring for the patient) to apply for alternate resources. PRC staff must assist the patient in applying for alternate resources, especially where it is evident that the patient is unable to apply or is having difficulty with the application process. [42 CFR 136.61 (b)(1)]

Navajo Area Office and Federal Service Unit personnel will continue to be responsible for informing consumers, health providers, and the general public of the five PRC eligibility factors and the attached approved FY 2016 PRC funding priorities.

If you have any question, please contact the NAIHS PRC office at (928) 871-5894.

/s/ Douglas G. Peter

Douglas G. Peter, M.D., Acting Area Director
Navajo Area Indian Health Service

Attachments

Cc: Honorable Russell Begaye, President, NN
Honorable Jonathan Hale, Chairperson, HEHS
Ramona Antone Nez, Acting Director, NN DOH
CAPT Susan Karol, M.D., CMO, HIS
Terri Schmidt, Acting Director ORAP, IHS
Floyd G. Thompson, Executive Officer, NAIHS
Marie Begay, PRC Director, NAIHS
Alva Tom, Director, OISD, NAIHS
NAO Executive Staff
Federal Chief Executive Officers
ATTACHMENT B
IHS notification of improper handling of patient data at Northern Navajo Medical Center

In accordance with regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Indian Health Service (IHS) Navajo Area has notified approximately 7,500 patients of Northern Navajo Medical Center in Shiprock, N.M. that their personal health information was improperly removed from the center by a former employee.

At this time, there is no indication that the information has been used by or disclosed to any unauthorized individuals.

Notification letters have been sent by first class mail to all affected individuals, and the IHS has reached out to tribal leaders and chapter houses in the area to share information with members of the community.

As a measure of added security, IHS is offering free identity theft protection services to the individuals who are impacted and strongly encourages them to register. To enroll, affected individuals can visit www.idexperts corp.com/protect, or call 1-866-329-9984 and provide the membership code that can be found on the letter they received.

The 12 month credit monitoring and recovery services include:

- Tri-Bureau Credit Monitoring - Monitors any changes reported by Experian, Equifax and TransUnion credit bureaus to your credit report.
- CyberScan Monitoring - Monitors criminal websites, chat rooms, and bulletin boards for illegal selling or trading of personal information.
- ID Monitoring - Monitors public records databases, looking for names and addresses affiliated with your Social Security number.
- Access to the ID Experts Team - Access to an online resource center for up-to-date information on new identity theft scams, tips for protection, legislative updates and other topics associated with maintaining the health of your identity.
- Complete Recovery Services - Should you believe that you are a victim of identity theft, ID Experts will work with you to assess, stop, and reverse identity theft issues.
- Identity Theft Insurance - In the event of a confirmed identity theft, you may be eligible for reimbursement of up to $1,000,000 for expenses related to that theft.
- Credit Report - The membership also includes a tri-bureau credit report.
IHS takes patient privacy very seriously and in light of this incident, has reviewed and updated policies and procedures and provided additional training to help prevent future incidents. IHS is also providing face-to-face privacy training for all department staff, to include records management responsibilities and requirements on maintaining government documents.

Medical Center patients who have any questions can contact Gary Russell-King, the Navajo Area HIPAA coordinator, at (505) 368-6032 or gary.russell-king@ihs.gov.

For more information, visit http://go.usa.gov/cMs9P.

Background on the incident:

- On Oct. 5, 2015, a community member found cardboard boxes containing health information for approximately 470 patients of the Northern Navajo Medical Center. The community member contacted the Northern Navajo Medical Center and IHS employees immediately retrieved the material and contacted authorities to investigate.
- The investigator discovered that a medical center employee had taken and stored documents used for patient registration without authorization from the medical center. As the investigation proceeded, documents related to an additional 7,000 individuals were also found in the employee’s possession, bringing the total impacted to approximately 7,500 individuals. All documents have been retrieved from the storage units and returned to the medical center.
- The documents found contained information such as names, health record numbers, Social Security numbers, dates of birth, health insurance policy numbers and admitting diagnoses.
April 4, 2016

< Name >
< Address >
< City, State, Zip >

Dear < Patient Name >

We are sending this letter to you as part of Indian Health Service’s commitment to patient privacy. We take patient privacy very seriously and it is important to us that you are made fully aware of a potential privacy issue.

On Oct. 5, 2015, a community member found several cardboard boxes containing health information outside a public rental storage facility in Waterflow, New Mexico. The community member contacted the Northern Navajo Medical Center in Shiprock, New Mexico, at once. The medical center retrieved the material immediately and contacted authorities to investigate the discovery.

As the investigation proceeded, the Department of Health and Human Services Office of Inspector General discovered that a medical center employee had taken documents used for patient registration without authorization from the medical center and additional documents were found in the employee’s possession. All documents were retrieved and turned over to the medical center.

The documents found contained information such as your name, health record numbers, Social Security number, date of birth, health insurance policy numbers and admitting diagnosis. There is no current indication that the information has been used by or disclosed to any unauthorized individuals.

Due to this incident, we are offering identity theft protection services through ID Experts® to provide you with MyIDCare. With this protection, ID Experts will help you resolve issues if your identity is compromised. We strongly encourage you to register for this free identity theft protection service. To enroll please visit www.idexpertsCorp.com/protect, or call 1-866-329-9984 and provide the following membership code [Access Membership Code].

Your 12 month MyIDCare membership will include the following:

**Complete Credit Monitoring and Recovery Services**

- **Tri-Bureau Credit Monitoring** - Monitors any changes reported by Experian, Equifax and TransUnion credit bureaus to your credit report.
- **CyberScan Monitoring** - Monitors criminal websites, chat rooms, and bulletin boards for illegal selling or trading of personal information.
- **ID Monitoring** - Monitors public records databases, looking for names and addresses affiliated with your Social Security number.
- **Access to the ID Experts Team** - Access to an online resource center for up-to-date information on new identity theft scams, tips for protection, legislative updates and other topics associated with maintaining the health of your identity.
- **Complete Recovery Services** - Should you believe that you are a victim of identity theft, ID Experts will work with you to assess, stop, and reverse identity theft issues.
- **Identity Theft Insurance** - In the event of a confirmed identity theft, you may be eligible for reimbursement of up to $1,000,000 for expenses related to that theft.
Credit Report - The membership also includes a tri-bureau credit report.

The Indian Health Service is working with law enforcement on this incident to ensure the appropriate action is taken. The Indian Health Service has reviewed its manual processes to address and update policies and procedures to ensure this does not happen again, and will be providing face-to-face privacy training for all department staff, to include records management responsibilities and requirements on maintaining government documents.

We sincerely apologize and regret that this situation occurred. The Indian Health Service is committed to providing quality care, which includes protecting your personal information. We want to assure you that we have policies and procedures in place to protect your personal and health information.

If you have any questions, please contact Gary Russell-King, Navajo Area Health Information Portability Accountability Act (HIPAA) privacy coordinator at (505) 368-6032 or gary.russell-king@ihs.gov.

Sincerely,

Douglas G. Peter, M.D.
Acting Area Director
Navajo Area Indian Health Service
## CORRECTIVE ACTIONS – PRIVACY

<table>
<thead>
<tr>
<th>CORRECTIVE ACTIONS</th>
<th>RESPONSIBLE PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review how business is being conducted in the Patient Registration section with handling copies and processing of patient documents during interview (example: CIB, AOBs)</td>
<td>Business Office Manager Registration Supervisor PAL</td>
</tr>
<tr>
<td>- Refer to IHS Memorandum dated August 20, 1999 from IHS Medical Records Chief titled “IHS Guidelines of Filing Patient Registration Documents into the Medical Records”.</td>
<td></td>
</tr>
<tr>
<td>2. Are patient interviews for updates being performed in real-time, face-2-face, or are documents collected for data entry at a later time.</td>
<td>Registration and MSA staff</td>
</tr>
<tr>
<td>3. Review all worksheets used for obtaining patient data. Ensure worksheet is labeled as “work copy – to be destroyed after use” and document is discarded appropriately or limit the use of worksheets for data collection.</td>
<td>PAL Business Office Manager Registration Supervisor</td>
</tr>
<tr>
<td>4. Privacy Act Liaisons (PAL) to conduct monthly audits on access to records using RPMS Sensitive Patient Tracking system for all RPMS/EHR users.</td>
<td>PAL</td>
</tr>
<tr>
<td>- Review all HIM, BO and Clinic MSA staff for three (3) months.</td>
<td></td>
</tr>
<tr>
<td>- Random review of other RPMS users by division quarterly.</td>
<td></td>
</tr>
<tr>
<td>5. PALs and Computer Security Officer to review RPMS keys assigned to users, to ensure appropriate level and access is assigned.</td>
<td>PAL Computer Security Officer</td>
</tr>
<tr>
<td>6. Carefully review on-line ITAC request forms for level and access requested. Process in place for key assignment/removal when employees leave or transfer to another department.</td>
<td>Dept. Supervisors</td>
</tr>
<tr>
<td>- Supervisors to be aware of what they request via ITAC for employees.</td>
<td></td>
</tr>
<tr>
<td>- Supervisors to review ITAC annual assess review to validate level of access and keys.</td>
<td></td>
</tr>
<tr>
<td>7. Computer Security Risk Assessment is updated and completed annually.</td>
<td>Computer Security Officer</td>
</tr>
<tr>
<td>8. Privacy Orientation face-to-face with departments.</td>
<td>PAL</td>
</tr>
<tr>
<td>9. Records Management in-services on record retention for administrative documents (worksheets) and inform employees not to remove any documents from the worksite (take work home).</td>
<td>PAL Records Management Officer</td>
</tr>
<tr>
<td>10. HIM department is restricted and limited access.</td>
<td>PAL</td>
</tr>
<tr>
<td>11. Copies of IHS HIPAA Privacy Notice of Privacy Practices (NPP) pamphlet available to handout to patients upon request, and NNP poster displayed in waiting room areas.</td>
<td>PAL Business Office Manager Registration Supervisor</td>
</tr>
</tbody>
</table>

Corrective actions above recommended by the IHS Privacy Officer to be done at all Navajo Area sites.
ATTACHMENT C
Areas with Zika

On January 22, 2016, CDC activated its Incident Management System and, working through the Emergency Operations Center (EOC), centralized its response to the outbreaks of Zika occurring in the Americas and increased reports of birth defects and Guillain-Barré syndrome in areas affected by Zika. On February 1, 2016, the World Health Organization declared a Public Health Emergency of International Concern (PHEIC) because of clusters of microcephaly and other neurological disorders in some areas affected by Zika. On February 8, 2016, CDC elevated its response efforts to a Level 1 activation, the highest response level at the agency.

CDC is working with international public health partners and with state and local health departments to

- Alert healthcare providers and the public about Zika.
- Post travel notices and other travel-related guidance.
- Provide state health laboratories with diagnostic tests.
- Monitor and report cases of Zika, which will help improve our understanding of how and where Zika is spreading.

Areas with active mosquito-borne transmission of Zika virus

- Prior to 2015, Zika virus outbreaks occurred in areas of Africa, Southeast Asia, and the Pacific Islands.
- In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infections in Brazil.
- Currently, outbreaks are occurring in many countries.
- Zika virus will continue to spread and it will be difficult to determine how and where the virus will spread over time.
  - For the latest Travel Notice Information

US Territories

- Local mosquito-borne transmission of Zika virus has been reported in the Commonwealth of Puerto Rico, the US Virgin Islands, and American Samoa.
*Territories of the United States are sub-national administrative divisions overseen by the US federal government.

**US States**

- No local mosquito-borne Zika virus disease cases have been reported in US states, but there have been travel-associated cases.
- With the recent outbreaks, the number of Zika cases among travelers visiting or returning to the United States will likely increase.
- These imported cases could result in local spread of the virus in some areas of the United States.

CDC’s Response to Zika
What Can Be Done

The Federal government is

- Working with international public health partners and state health departments to:
  - Alert healthcare providers and the public about Zika.
  - Post travel notices and other travel-related guidance.
  - Provide state health laboratories with diagnostic tests.
  - Detect and report cases.
  - Support mosquito control programs both in the United States and around the world.

- Investigating the association between Zika virus and microcephaly and the possible associations between Zika and other health outcomes like Guillain-Barré syndrome.

- Publishing and disseminating guidelines to healthcare providers to inform testing and treatment.

State and local public health agencies can

- Work with CDC’s Arbovirus Diagnostic Laboratory and health departments with the capacity to test for Zika virus when indicated.

- Report laboratory-confirmed cases to CDC through ArboNET, the national surveillance system for arboviral disease.

- Activate or enhance mosquito surveillance and control activities to respond to local cases of Zika.

Healthcare providers can

- Know the symptoms of Zika. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes).

- Ask patients about their travel history.

- Contact their state and local health department to facilitate diagnostic laboratory testing.

- Offer serologic testing to asymptomatic pregnant women (women who do not report clinical illness consistent with Zika virus disease) who have traveled to areas with ongoing transmission of Zika virus. Testing should be offered between 2 and 12 weeks after pregnant women return from travel to areas with ongoing Zika virus transmission.

- For pregnant women with recent travel to an area with Zika virus transmission and ultrasound findings of microcephaly or intracranial calcifications, consider amniocentesis. Consultation with a maternal-fetal medicine specialist should be considered.

- Test for Zika virus infection in babies born to women who traveled to or lived in an area with ongoing Zika virus transmission during pregnancy who were diagnosed with microcephaly or intracranial calcifications detected prenatally or at birth, or who have mothers with positive or inconclusive test results for Zika virus infection.

- Manage symptoms in infants with congenital Zika virus infection and monitor the child’s development over time.
**Pregnant women can**
- Delay travel to areas where Zika virus is spreading.
- If they have to travel, talk to their healthcare provider before traveling to these areas.
- Strictly follow steps to prevent mosquito bites during trips to areas with Zika.
- Use condoms the right way every time they have sex or not have sex during pregnancy with a male sex partner who lives in or has traveled to areas with Zika.

**Women thinking about getting pregnant can**
- Talk to their healthcare provider before traveling to areas where Zika virus is spreading.
- Strictly follow steps to prevent mosquito bites during trips to areas with Zika.

**Everyone can**
- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or buy permethrin-treated items.
  - Do not apply permethrin directly on skin.
  - Follow instructions carefully if treating clothing yourself.
  - Read product information to see how long and after how many washings protection will last.
- Stay in places with air conditioning or that use window and door screens.
- Eliminate standing water in and around the home.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.
- Use **Environmental Protection Agency (EPA)-registered** insect repellents. When used as directed, these repellents are proven safe and effective, even for pregnant and breastfeeding women.
  - Always follow product label instructions and reapply as directed.
  - Do not spray repellent on the skin under clothing.
  - If you are also using sunscreen, apply sunscreen first.
- Dress children in clothing that covers arms and legs.
- Apply insect repellent to children (but not babies younger than 2 months).
- Spray insect repellent on hands to apply to a child’s face.
- Cover cribs, strollers, and baby carriers with mosquito netting.