

FREQUENTLY ASKED QUESTIONS (FAQS)

Tribal Health: 478-3954

Fort Hall Indian Health Service: 238-5400

Emergencies: call 91 for off

reservation residents and Fort Hall Indian Reservation residents call 478-4000

The following **FREQUENTLY ASKED QUESTIONS and ANSWERS** are being provided to assist you in understanding health care services offered to Shoshone-Bannock Tribes and to respond to questions raised during the Community Health Forums in March and April 2009. This list will be updated as necessary with additional questions / responses as the need arises. If you are viewing this document electronically, Ctrl + Click on the question below that you want answered. If you cannot find the question/answer you are looking for, please call or email your question to Laverne Beech, tribal public affairs, at 478-3818 or leech@shoshonebannocktribes.com. This list of Q and As will be updated as needed.

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Shoshone-Bannock Tribal Health and Human Services (THHS)

Who is eligible for THHS services?

Anyone eligible for direct services at the local Indian Health Services clinic is eligible for THHS services, unless otherwise noted. The mission of THHS is to promote the physical and emotional wellness of Native Americans by providing the highest quality of healthcare

What programs are offered under THHS?

- Counseling & Family Services
- Social Services
- Four Directions Treatment Center (includes inpatient, outpatient, and youth services)
- Victims of Crime Advocate
- Public Health Nursing
- Maternal Child Health
- Community Navigator Program
- Personal Caregiver Services
- Diabetes Program
- Recreation
- Community Health Representatives
- Health Education

How much is the annual THHS Budget

Approximately \$6.8 million for 2009

Who funds THHS programs?

Funding is provided by federal grants, the Indian Health Service, state funding, tribal tax revenues and third party reimbursements. Some of the funding is recurring (every year), some is non-recurring (one time) and some is retained or set aside.

Who do I contact if I have questions or concerns about THHS?

Contact the main office at 478-3954 and you will be directed to the applicable program. You are also welcome to contact the Tribal Health director at 478-3744

Will THHS bill my private insurance or Medicaid for services I receive?

Yes. The Tribal Health Business Office bills third-party insurance in order to provide income to expand services provided to eligible patients. We currently bill Medicaid & private insurance.

What services are provided by Counseling and Family Services?

Eligible patients are anyone eligible for direct services at the local IHS clinic. Services offered are: individual, couples, child and family therapy. Psychological evaluations, psychiatric consultations, case management, 24 hour crisis intervention, group therapy (anger management, parent-child interaction), medical social work, education and prevention services and a child assessment team.

What services are provided by the Four Directions Treatment Center?

Inpatient addiction treatment is offered as well as **outpatient and recovery** support services. Individual counseling sessions are offered as well as groups of: Relapse Prevention, Women's Group, Men's Group, Alcohol and Drug Education Class, DUI Education Class, and 12 Step Group. Treatment is provided in a culturally appropriate manner. **Native Youth Visions** offers Assessments, Counseling, Prevention, Aftercare and Referrals to treatment centers. The groups offered are: Better Days, Parent/Youth Group, and Native Pride.

Are self referrals accepted at Four Directions Treatment Center?

Yes

Who is eligible for services through Community Health Representatives (CHRs)? What services do they provide?

Eligible patients are individuals eligible for direct services at the local IHS clinic who reside within the boundaries of the reservation. Transportation will be provided to and from place of pickup. The CHR's are not allowed to transport patients for purposes unrelated to medical services. CHR's do not pick up clients from hospital emergency rooms without specific prior authorization from the CHR manager or designee. CHR's are the Transporter of last resort. Family, neighbors, friends, and other resources should be accessed before calling the CHR's for transportation. Dialysis and other chronically ill patients will receive top priority for CHR transportation services. CHR's do not transport prisoners, intoxicated or abusive clients/patients. The CHR program also oversees the Health Educators who provide vital community outreach and education.

Community Health Nursing consists of the Maternal Child Health, and Public Health Nursing programs. Services available: Pediatric Clinic, Women's Clinic, Immunizations, Prenatal and Postpartum Education, Health, Home Visits, Discharge Planning, & Elderly Surveillance. The Personal Care Provider program is new and is in the process of implementation.

What is the Cancer Navigator Program?

This is a grant program funded for a five-year period through the Northwest Portland Area Indian Health Board (NPAIHB). The cancer navigator works with all patients who have cancer, assists people with screening tests or symptoms that may indicate cancer. They are trained in helping people with their health care. Clients meet with the navigator to help make decisions and solve problems in their cancer journeys.

What services are provided by Social Services?

Social Services offer a variety of services to assist families and children. The overall goal of the Social Services Program is to protect the safety and well being of children and youth and promote self-sufficiency. Services offered include: General Assistance, Supervised Accounts, Caregiver Relief Program, Child Protection, Welfare Checks, Indian Child Welfare, Foster Care, Home Studies, and the Child Protection Team.

What services are provided by the Victims of Crime Assistance (VOCA)?

Victims of Crime Assistance offer 24-hour crisis intervention, shelter, a community advocate, advocacy at court, education, support groups and individual counseling. It is designed to work in conjunction with local law enforcement. The advocates provide immediate support and information for victims at the secured scene of a domestic dispute. The advocate will ensure that the primary and any secondary victims have the opportunity to make safe choices.

What services are provided by the Diabetes Project?

This is a grant program funded through Indian Health Service until FY-2011. The intent of the grant is to provide diabetes prevention activities to the community through education and outreach. The diabetes program promotes good nutrition and exercise among all age groups. Staff provides education, home visits, training, support groups, and diabetes supplies (strips, lancets, glasses, dentures and diabetes shoes) to eligible diabetes patients.

What are the statistics on youth with diabetes in our community? What outreach is planned just for youth (intervention to prevent diabetes)?

Outreach includes: youth clinics at local schools with information on nutrition, healthy lifestyles, etc.; sponsorship of the Girls on the Run program; a day kids camp every summer at Big Springs; and programs in conjunction with the Fort Hall Recreation Program. The program has also developed curriculum for the Head Start age group .

What do the Health Educators do?

Health Educators provide vital community outreach and education: exercise classes, fitness classes and personal trainers are available to assist community in weight loss efforts and there is a car seat (one Health Educator who is certified as a Child Safety Technician) program for children and infants. CPR training and other services are also provided by the Health Educators.

What are Contract Health Services (CHS)?

The CHS program is a resource of last resort to help pay for necessary health care services. CHS was contracted from the Indian Health Service by the Shoshone-Bannock Tribes on Sept. 30, 1998. Approval for services is contingent upon the availability of funds, CHS eligibility, current level of medical priority, and availability of alternate resources. Federal regulations require that all alternative resources be exhausted prior to the use of Contract Health Service. Patients may be required to apply for an alternate resource if it appears one is available.

Who is eligible for CHS services?

All patients who are eligible for direct care services at the clinic are eligible except non-tribal members who live off the reservation. Non tribal members living on the reservation are eligible if they can show proof that they have resided on the reservation for the past 180 days.

Will CHS pay for my visits to a hospital emergency room for care?

CHS will only pay if the visit is for emergent and acute urgent services necessary to prevent immediate death or serious impairment of health and includes diagnosis and treatment of injuries/medical conditions that would result in uncertain but potentially grave consequences. If in doubt, go to the clinic during regular hours or to an urgent / immediate care center if you want to be sure the bill gets paid by CHS. The CHS Committee meets weekly to review all claims for CHS payment and to make the determination of whether the visit was emergent (requiring emergency room care) or not. Example: a sinus infection would not likely be considered emergent; a strep throat is likely emergent.

Do Shoshone-Bannock tribal members have preference for CHS support?

No, federal guidelines providing CHS dollars prohibit the Shoshone-Bannock Tribes from giving tribal members preference for services.

What is being done to ensure that CHS pays bills on time?

CHS staff has worked diligently since the CHS Program was contracted from the IHS to catch up on past due bills. A utilization review coordinator was recently hired to streamline our billing payment process as well as look at ways to stretch the dollars we currently receive. IHS is also providing the staff with technical support to improve payment cycle.

What is being done to ensure that everyone needing help through CHS gets it?

Our new utilization review coordinator has been negotiating reduced rates with local health care providers to include them on the CHS / IHS referral lists. Savings can be as high as 30-40%.

What is the priority system and how is it used to determine what will get paid with CHS dollars?

CHS maintains a priority system to ensure that the most critical health care needs get covered first. Priority one referrals are those that involve life or limb; priority two are preventative types of care that if not taken care of will

lead to something more serious. Priorities 3 & 4 may or may not be procedures that can be handled at the clinic or are cosmetic in nature.

What are some of the challenges facing THHS?

Ongoing challenges include providing adequate funding to meet program needs; identifying resources/revenue sources to supplement programs; offering competitive salaries to retain employees maintaining adequate facilities.

Fort Hall Indian Health Service

I need to see a doctor at the clinic. What do I do?

Patients have two options to make an appointment to see a doctor. The first method is a “pre-booked” appointment that will usually get you in to see a doctor in 3-4 weeks, depending on the provider, and is usually reserved for follow-up on a prior exam. The second process for scheduling a medical appointment is to use the “same day” appointment system. Call the clinic at 238-5427 or 5428 beginning at 7:45 a.m. Monday-Friday. Daily appointments will continue to be made until the slots for that day are filled. Often, the slots are filled by 8 a.m. so call early and keep trying until you can get through.

It is recommended that you arrive at the clinic 15 minutes earlier than your scheduled appointment so you will have adequate time to check in at Patient Registration. If you arrive 5 minutes or more after your assigned time, your appointment may be given to someone else as per our late patient policy.

I need to see a dentist. What do I do?

The current process for scheduling a dental appointment is to use the “same day” appointment system. Call the clinic at 238-5446 at 7:45 a.m. Monday-Friday. Daily appointments will continue to be made until the slots for that day are filled. Often, the slots are filled by 8 a.m. so call early and keep trying until you can get through.

What do I do if I am not able to get an appointment to see a doctor or dentist at the clinic that day?

Walk in patients are accepted, but those with appointments have first priority. If a patient is a walk in, the patients will be seen on a first come/first serve basis. Only in cases of medical emergencies (i.e. chest pains or trouble breathing), will walk-in patients receive priority over other patients. For walk ins, report to the front desk at 8 a.m. (Monday – Friday (except Thursday) or 1 p.m. Monday- Friday. For those who are CHS eligible, the potential for a same-day referral to an urgent care clinic in town also exists, but you must first be triaged at the IHS clinic. If the triage nurse determines that you need to see a doctor that day but an IHS doctor is unable to see you in a timely fashion, the nurse will make a referral for a same-day appointment to a local urgent care clinic; when this happens, be sure to go to the CHS Office and obtain a referral before proceeding to one of the Tribes’ urgent care providers.

What if I am experiencing severe pain or trauma?

Please contact the clinic as soon as possible so that we can help to expedite your care—based on your symptoms, you will either be advised to come to the clinic to be triaged (and treated at the clinic or referred to a local urgent care center) or told to proceed immediately to a hospital emergency room if necessary. If you know you are experiencing a life-threatening condition, seek transport to an emergency room immediately and contact ambulance services as needed. If after hours or on weekends, it is recommended that you go to an urgent/immediate care center before going to a hospital emergency room for non-life threatening conditions. Depending on the diagnosis, unauthorized emergency room visits may or may not be covered by CHS, so if in doubt, try the urgent / immediate care option first.

Why did the clinic go to the same-day appointment system?

Historically, systems that created long waits between appointments were burdensome on patients and created a high broken appointment rate for the clinic. It has been demonstrated IHS-wide that same day appointment systems actually improve overall access for patients, primarily because the show rate dramatically improves. We have been using the same-day appointment system for over 6 years now and have noted significant improvements in show rates and access (when fully staffed).

Why has it been so hard this past year (2008) to get in and see a doctor?

In 2008, the clinic lost three of five doctors: one took another job and two retired. As of April 2009, we have four full-time physicians and look forward to being fully staffed in June when a full-time physician's assistant comes on board.

It is next to impossible to get a same-day appointment at the clinic. What is being done to improve the appointment system?

As we become fully staffed, more appointment slots will be made available, which obviously will make it easier to get an appointment in medical. Also, IHS staff is looking at ways to improve the current phone systems to make the appointment scheduling process more user friendly.

I am on Medicaid. What do I need to do?

Let the Patient Registration at the clinic know you are on Medicaid; and Patient Registration will verify with Medicaid that the patient is still eligible.

What do I do if I need to have a prescription filled and the clinic pharmacy is closed?

The CHS has an agreement with the two Walgreens stores in Pocatello to cover the cost of filling prescriptions after hours and on weekends for tribal members. To be eligible, you must present your tribal ID to the Walgreens pharmacist.

Can pen needles be made available at clinic pharmacy?

The IHS clinic does have pen needles, but due to cost, it only supplies the pre-filled pens to patients who have a legitimate need, such as vision impairment or handicap.

What is the process for obtaining strips?

Go to the IHS Pharmacy window or to your pharmacist. Diabetic patients are issued one box per month that can be refilled when they come for their appointments.

What are some of the challenges facing the clinic?

Federal funding for the health care of Native Americans has continued to decline year to year. There is an increased expectation that IHS clinics cover expenses by filling private insurance, if patients have it. Tribal leaders nationwide have been advocating for the maintenance of health care services by the IHS, as many tribes were promised by the federal government under treaty that their people would receive health care services in return for the taking of tribal land and resources.

It has also been difficult to recruit qualified doctors (and all doctorate-level providers) to work at the IHS clinic, which can only pay a fraction of what private clinics or hospitals do. We are very fortunate to have the full professional staff that we now have and hope to retain them for years to come.

How do IHS clinic expenses this year compare to previous years?

With our current economical situation; everything costs more; from pharmaceuticals to electricity. We continue to scrutinize our spending needs and monitor budgets very closely.

Where is private health insurance money spent? Why does private health insurance have to be billed?

If you have private health insurance your insurance is billed for services you receive at Tribal Health or at the clinic; those funds go directly back into the provision of health care services. The private health insurance billing is becoming increasingly necessary to cover basic health services due to rising health care costs and increasing numbers of chronic care patients. Indian Health Service is mandated to bill for third party revenue. The IHS clinic is expected to fund 51% of personnel and operating costs through third party resources.

How do patients without a phone obtain an appointment at IHS?

Please have a friend or family member call on your behalf.

What is the percentage of Shoshone-Bannock tribal members utilizing the clinic vs. non tribal members?

For every Shoshone-Bannock Tribal member visit; there may be 2 other Indians who have also used the services here. We recently ran a query and this provides a good picture for a point in time:

Dates 2/1/08 - 2/28/09

of Shoshone-Bannock patients with ambulatory (face-to-face) visits (Medical, Dental, Lab, Radiology, Pharmacy excluding Tribal Health visits): 3,413

Dates 2/1/08 - 2/28/09

of Indian/Alaska Native patients: 5,911

General Health Questions

How can providers improve communications and outreach to those in need?

We welcome ideas for improving communication and outreach. Many programs are even willing to go to people's homes if they are unable to attend community or district meetings.

Who is sharing information with diabetics?

The Sho-Ban Diabetes Project has three staff members dedicated to the prevention of diabetes and to the education of diabetics. IHS providers also provide services and information to the diabetic patient.

How can patients be better educated about side effects of medications?

Drug information and side effects can be provided in written form when you fill your prescription. If you are not sure about how to take the drug or its side effects, talk to the pharmacist who filled your prescription. It is his or her job to answer any and all questions you have about the medications you are taking.

Does the Shoshone-Bannock Solid Waste Program have a special disposal location for sharps (needles)?

No. To dispose of sharps, put them in a milk carton or coffee can and tape the lid so they don't fall out.

How does the Indian Health Care Improvement Act fit into these issues?

According to the National Indian Health Board, since the enactment of the IHCA in 1976, the health care delivery system in America has evolved and modernized while the AI/AN system of health care has not kept up. For example, mainstream American health care is moving out of hospitals and into people's homes; focus on prevention has been recognized as both a priority and a treatment; and coordinating mental health, substance abuse, domestic violence, and child abuse services into comprehensive behavioral health programs is now standard practice. Reauthorization of the IHCA will facilitate the modernization of the systems of health care relied upon by 1.8 million AI/ANs. The IHCA reauthorization bill authorizes methods of health care delivery for AI/AN in the same manner already considered standard practice by “mainstream” America.