



Shane Warner  
Chairman

Darren B. Parry  
Vice Chairman

## NORTHWESTERN BAND OF THE SHOSHONE NATION

707 North Main Street  
Brigham City, UT 84302 – 435-734-2286

Dear Tribal Member,

We are pleased to announce that our plan to expand our Indian Health Service Area as a **Secondary Provider** has been approved by the Tribal Council. Traditionally we were only able to service those Tribal Members who lived within Box Elder County in Northern Utah. We have now expanded our service area to include all Northwestern Band of the Shoshone Nation Tribal Members who currently reside in Utah and Idaho. We are extremely excited to offer our services and assist our members in receiving proper health care.

There are guidelines in place to help ensure that we manage our funds wisely and prioritize those who are physically most in need first. There are also items required of the tribal member BEFORE any procedures will be approved. **The Northwestern Band of the Shoshone Nation will remain a Secondary Provider and reserves the right to refuse services that do not qualify or have not received proper approval.**

1. Because we are a Secondary Provider any Tribal Member wishing to participate in the NWBSN CHS program shall have at least one of the following: Primary Insurance, Medicare, Medicaid, etc. Any claims received with NWBSN as the Primary Provider shall be promptly denied. PCN (Primary Care Network) meets the minimum requirement for dental, but does not qualify a tribal member for secondary coverage for medical services.
2. Optometric care including exam is limited to \$325 per calendar year per member. Diabetic members will receive \$355 for eye care.
3. Dental work not approved includes crowns of precious metals (porcelain only), implants, or ANY cosmetic procedures. Braces will be approved for medical purposes only, on a case by case basis. Limit: \$1500/calendar year per member. Transportation to the Fort Hall Clinic is available for those who need more extensive work.
4. Procedures must fall within IHS Priority 1 and 2 guidelines. Priority 3, 4, and 5 procedures will not be approved. For a list of items encompassed by the Priority Guidelines visit:  
**[http://www.ihs.gov/chs/index.cfm?module=chs\\_requirements\\_priorities\\_of\\_care](http://www.ihs.gov/chs/index.cfm?module=chs_requirements_priorities_of_care)**
5. The Physicians office the Tribal Member is to receive care in must accept their primary provider's form of payment and must be willing to receive the **Secondary Payment** from the NWBSN at the **Medicare/Medicaid Rate** as we are a non-profit organization working with Contract Health Services funds only.
6. Tribal members MUST contact **Gayla Pena** at the Brigham City Office to complete an information form and obtain a copy of the members Tribal I.D. card, and a copy of their insurance card. For those at a distance we can accomplish this by fax or digital formats. These forms will also be made available under the Health page on the Tribal website.  
**Coverage will begin only when all Health Program Registration Forms are 100% completed and turned in to Gayla.** Medical costs accrued before your forms are turned in will not be eligible for coverage.
7. Members must inform **Gayla Pena** of any scheduled services no less than 48 hours in advance for final approval. Emergency Services will be the only exception.

8. Physical Therapy Services will be limited to \$1500/ calendar year.
9. There will be a one-time denture allowance for elders. This will also count as the patient's \$1500/calendar year allowance.
10. Chiropractic Services must have prior approval and MUST be accompanied by a prescription from an M.D. (Medical Doctor), or D.O. (Doctor of Osteopathic Medicine). \$500/ calendar year limit.
11. The amounts above are subject to change based on funding status through the year. Changes will only occur if the program has exhaust more funding than expected.
12. Medical invoices received by the tribe MUST be detailed with medical codes or proper verbiage stating what services the patient received. Invoices with only stating a said price will be denied and sent back to the tribal member to acquire more details about the medical charges.

The IHS Service Area expansion is a significant, historical step for the Northwestern Band of the Shoshone Nation. Thank you for your patience and continued support. Please contact us with any questions or concerns!

-Hunter Timbimboo and NWBSN Staff

## Frequently Asked Questions

Q: If I live near an IHS Clinic, can I still receive services?

A: Yes and no. If an IHS Clinic you traditionally visit can provide care for your needs then you must utilize that clinic. If you need a service not provided at an IHS Clinic, it must still qualify as an IHS Priority 1 or 2 allowed service. It must also be approved by the Brigham City Health Office BEFORE service is administered.

Q: Can I be reimbursed for health services from the past?

A: No, your **SECONDARY** coverage begins once your completed registration forms are received and approve by the Tribal Eligibility Specialist.

Q: What services are offered if I do not have a primary insurance or if I am not enrolled in a state plan?

A: Members not enrolled in a Primary Health Plan may visit a dental facility for general check-up's, cleanings, and x-rays only. They may also be provided optical services in the maximum amount of \$325, and \$355 if diabetic, per calendar year. This price must include the optical exam. Any costs accrued beyond the given allowance will be the responsibility of the patient.

Q: What is the situation with Shopko Pharmacy?

A: We have a special group discount through Shopko Pharmacy. This will be the required pharmacy to visit for your prescription needs. Exceptions will be: If you live near an IHS Clinic, or if you live a considerable distance from a Shopko Pharmacy. With twenty-six locations in Utah and Idaho there is a very good chance that you live near a participating location which is ANY Shopko in these states. You must have your health registration completed and filed with the Tribal Health Office, and you must present a Tribal I.D. and Primary Care Card to obtain services. This is an exclusive benefit for Northwestern Band of the Shoshone Nation tribal members only. Members of other tribes will not be serviced. This is for prescription drugs only. We do not provide funding for over-the-counter medications.

Q: Why does the tribe act as only a secondary provider?

A: We had a long anticipated change to our IHS Service Area during the Summer of 2013. Traditionally, we serviced only those Northwestern Shoshone members living in Box Elder County, Utah. After months of work, we were given the approval to expand our service area to include any tribal member living in the states of Utah and Idaho. This is a huge increase in service area and serviceable members. With this expansion, we were not given additional funding. Thus we are still working with the same amount of money, but have more than tripled our serviceable population. If we were to become a primary provider, it is very possible one single member could exhaust every penny of our IHS funds in one incident. This is why we are only a secondary provider. We want to spread our services to more members instead of keeping it for only a few in one county.

Q: What are the guidelines regarding dental services?

A: Each member will be allowed a \$1500 allowance per calendar year. Under IHS rule, we cannot provide funding for braces, dental implants, certain bridges, crowns of gold or silver (porcelain-zinc only), or braces in most cases. Braces may only be approved in very rare cases where the patient needs them in order to sustain one life. Multiple referrals from different Orthodontists are required to

obtain this status. Any dental services for cosmetic reasons will be denied. Tribal member 55 years of age and older will be entitled to a one time only denture allowance the year that the dentures are provided will also count towards the \$1500 allowance normally given to tribal members.

Q: Can I get a personal check for services I have already paid for?

A: No. We will not issue personal checks in most cases, there are a few exceptions. We will deal directly with the office where you received services for the remaining balance after your primary provider has paid its share. **Again, services must be approved prior to appointment.**

Concern: I shouldn't utilize tribal healthcare because it is only for the needy.

A: We are given a specific amount of money from IHS every year. We MUST spend that money or we will be in danger of receiving a lesser amount the next year. Because we are a secondary provider, we usually only have to cover co-pays and much smaller portions of a medical bill than the patients primary provider. The program is available to EVERY Tribal member in Utah and Idaho who **DO NOT** have access to an Indian Health Service facility or Clinic.

Q: What if I have a high deductible healthcare plan?

A: A high deductible for an individual is considered anything equal to or greater than \$1250 for 2014, and \$1300 for 2015. For families this rate is \$2500 for 2014, and \$2600 for 2015. In the case of a high deductible, your pre-approved procedure will be covered at a rate of 50%.

For example: Tribal member X has a high deductible and visits their family doctor for a routine checkup. The amount owed on the invoice after primary coverage states \$100. The tribe will cover \$50.

For those with low deductibles, the Tribe will cover 100% of the remaining balance after the Primary insurance has covered their share.

Q: Why was my invoice sent back to me with a denial letter?

A: The most common reason for a denial will be lack of information on the received bill. It is a good idea to request a detailed invoice stating which services were received by the patient from the provider. The Tribal Health Program must know EXACTLY what services are being paid for. The more detail the tribal member can provide about the acquired medical charges the less likely your claim will be denied.



