

Frequently Asked Questions

Q: Who is eligible for services from IHS?

A: In general, individuals may be regarded as eligible for health services from IHS if he or she is of American Indian and/or Alaska Native (AI/AN) descent and is regarded as an Indian by the community in which he/she lives as evidenced by such factors as:

1. Membership, enrolled or otherwise, in a federally-recognized AI/AN Tribe or Group under Federal supervision;
2. Resides on tax-exempt land or owns restricted property;
3. Actively participates in tribal affairs;
4. Any other reasonable factor indicative of Indian descent; or

Is an Indian of Canadian or Mexican origin, recognized by any Indian tribe or group as a member of an Indian community served by the Indian Health program; or

Is a non-Indian woman pregnant with an eligible Indian's child for the duration of her pregnancy through postpartum (usually 6 weeks); or

Is a non-Indian member of an eligible Indian's household and the 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.

Q: I am an individual who was recently disenrolled; am I eligible for health benefits from the Indian Health Service (IHS)?

A: On May 11, 2017, the U.S. District Court for the Western District of Washington upheld the Department of Interior's determination that the Nooksack Tribal Council in place after March 24, 2016, did not have a sufficient quorum to conduct business on behalf of the Tribe. Therefore, if you were eligible prior to March 24, 2016, you remain eligible for IHS health services.

Q: Where can I get an application for health care benefits?

A: To receive IHS health care benefits, you must fill out an application (enclosed). Also, the application is located on the IHS Portland Area webpage: <https://www.ihs.gov/portland/>. You may fill out an application in person with Portland Area staff. Available times and locations will be posted on the Portland Area webpage: <https://www.ihs.gov/portland/>. You must also present proof of IHS eligibility.

Q: What if I am part of the Nooksack disenrolled and have an expired id?

A: Present an acceptable form of identification (driver's license, state identification, passport, etc.) and the IHS will compare with the list of disenrolled members.

Q: Where can I go to receive health care from the IHS?

A: If you would like IHS to cover any associated out-of-pocket cost and/or referrals to your health care you must be registered through **both** Portland Area IHS and Sea Mar Community Center. The two authorized locations are:

3350 Airport Drive
Bellingham, WA 98226
(360) 734-5458

Everson Medical Clinic
6884 Hannegan Road
Everson, WA 98247
(360) 354-0766

You may choose to be seen at any tribal or private sector facility, but you will be responsible for any associated out-of-pocket costs.

Q: When do services begin?

A: Starting June 13, 2017, the IHS is covering direct care services at the Everson or Bellingham Sea Mar Community Centers listed above. If you have a medical emergency, please dial 911. Emergency care must be reported within 72 hours to the IHS Portland Area Office, Purchase/Referred Care representative, Peggy Ollgaard at 503-414-5592.

Q: If I currently have a prescription that has refills, can I continue to refill them at my pharmacy?

A: It depends.

If you are okay with paying for the prescription "out-of-pocket," then you may continue to refill your prescriptions at your pharmacy.

If you want IHS to pay for your prescription, you will need to register as a patient and establish care with **both** IHS and the Sea Mar Community Health Center. The providers at Sea Mar will then write new prescriptions for you to fill at the pharmacy. Please check with the Sea Mar Community Health Center for more details because they may also have their own rules.

Q: Will Community Health Representative (CHR) transportation be affected?

A: Funding from IHS for CHR transportation is not available through IHS at this time; you will need to follow up with the Nooksack Indian Tribe to see if that service is still available. Future transportation that normally occurs from the Tribally-operated service that IHS has assumed will be determined at a later date.

Q: What are direct health care services?

A: Direct health care services are not the same in each area served. The services provided depend upon facilities and services available from other sources and the financial and personnel resources available to IHS. For the time being, IHS plans to provide direct care services to the Nooksack tribal community through a contract in support of direct care with the two Sea Mar locations.

Q: What are Purchased/Referred Care (PRC) services?

A: The Purchased/Referred Care (PRC) Program at IHS is for medical/dental care provided at the expense of IHS from public or private facilities other than an IHS or tribal health care facility. PRC is not an entitlement program, and an IHS medical referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the eligibility requirements, residency requirements, notification requirements, medical priority, and use of alternate resources (including IHS facility).

Further information can be found at: <https://www.ihs.gov/forpatients/prc/>

Q: What is Priority Level I?

A: If you have a medical emergency, please dial 911. Emergent or Acutely Urgent Care services must be reported within 72 hours to the IHS Portland Area Office, Purchase/Referred Care representative, Peggy Ollgaard at 503-414-5592.

Priority Level I addresses Emergent or Acutely Urgent Care Services. Emergent or acutely urgent care services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes. Categories of emergent or acutely urgent care services include (random order):

1. Emergency room care for emergent or urgent medical conditions, surgical conditions, or acute trauma.
2. Emergency inpatient care for emergent or urgent medical conditions, surgical conditions, or acute injury.
3. Acute and chronic renal replacement therapy.
4. Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others.
5. Services and procedures necessary for the evaluation of potentially life threatening illness or conditions.
6. Obstetrical deliveries and acute perinatal care.
7. Neonatal care.

Q: Do I have to register with IHS and Sea Mar?

A: Yes, if you would like IHS to pay for any out-of-pocket cost associated with your health care provided by Sea Mar.

Q: I am a Veteran, should I go to the VA during this time?

A: That is your choice; IHS cannot guarantee that Sea Mar will be able to address your service connected health issue.

Q: Is our tribal clinic closing?

A: The IHS cannot say whether the tribal clinic will remain open; that is a decision only the Tribe can make. However, after June 13, 2017, the IHS will not have any relationship with the tribal clinic and the tribal clinic will no longer have access to the cost-savings and tort coverage it receives as an ISDEAA contractor.

Q: What does it mean that the tribal clinic will not be an IHS facility after June 13?

A: After June 13, 2017, the IHS will not have any relationship with the tribal clinic. The tribal clinic will not have any of the benefits afforded to Indian Self-Determination Education Assistance Act (ISDEAA) contractors, which may include Federal Tort Claims Act coverage (which is like malpractice insurance for the facility), and access to discount pharmaceuticals through the Prime Vendor contract for pharmacy medications (which is typically lower in cost than the private sector.) Additionally, the clinic may not be able to bill Medicaid at the "all inclusive" rate, which means the facility is reimbursed at a higher rate than the private sector.

Q: Can IHS pay for one of our providers to be at Sea Mar?

A: If IHS can, it would be a lengthy process to complete.

Q: I have Medicare, Medicaid, or private insurance and live outside of Whatcom County; will IHS pay for any out-of-pocket cost?

A: IHS will only pay direct care services if you are seen at one of the two Sea Mar locations in Everson or Bellingham, at the addresses listed above.

Q: How long will this take before our clinic is funded by the IHS again?

A: That depends on when the Department of the Interior recognizes the Tribal Council and, if so, on future discussions between IHS and the Tribe. On May 11, 2017, the U.S. District Court for the Western District of Washington upheld Interior's determination that the Nooksack decisions and the leadership in place after March 24, 2016, are not valid at this time and on an interim basis because the DOI or [the Bureau of Indian Affairs] have not recognized any Nooksack tribal leadership. *Nooksack Indian Tribe v. Zinke*, No. 2:17-cv-00219, slip op. at 10 (W.D. Wa. May 11, 2017).

Q: How much money has the IHS paid the Tribe this year?

A: The Indian Health Service has disbursed \$1.3 million in Fiscal Year 2017.

Q: How much money does IHS fund our Tribe for healthcare?

A: For Fiscal Year 2017, IHS made available funds in the amount of \$2.4 million.

Q: Is IHS taking our funding because of the Nooksack 306 members?

A: No; the IHS cannot engage in an ISDEAA contract with the Nooksack Indian Tribe until the Department of Interior determines the Tribe is acting in accordance with the Tribe's Constitution and Bylaws. The holdover council does not have standing to represent the Nooksack Indian Tribe in a government-to-government relationship with the Indian Health Service, as well as other federal agencies.

Q: Is the IHS determining who represents the Nooksack Indian Tribe?

A: No, the Department of the Interior is the lead for the federal government in issues involving tribal governance.

Q: I have a prior scheduled surgery and/or appointment; can I still be seen?

A: Depends. Each case will be independently reviewed by the Portland Area Chief Medical Officer. Please contact the Portland Area Purchase and Referred Care program at 503-414-5592 to discuss eligibility and to seek approval for services.

Q: I don't want to be seen at Sea Mar; can I go somewhere else?

A: A patient always has the right to go where he or she wants, but if you want IHS to cover any out-of-pocket costs, you will have to go to one of the two Sea Mar locations listed above.

Q: If I need sanitation facilities (e.g. well, water service line, septic system) for my new home, may I apply?

A: Until the Tribal Council governance issues are resolved, only homeowners previously approved for service before March 24, 2016, will be able to be provided with sanitation facilities.

Q: If I was not already approved for individual sanitation services for my home, when will I be able to apply?

A: If the Tribal Council governance issues are resolved, new applications for individual sanitation facilities will be considered, subject to the availability of funding.

Q: What actions are being taken by the Environmental Protection Agency (EPA) to ensure safe drinking water for the Nooksack Tribal Community?

A: According to the March 27, 2017, letter from the EPA the Tribe failed to meet drinking water regulations. The EPA has issued Unilateral Administrative Orders that took effect on April 10, 2017.

Q: What has IHS done to help the Nooksack Tribal community have safe drinking water?

A: IHS engineers and utility consultants have provided the Tribe with technical assistance to help meet the EPA regulatory requirements

Q: Can IHS do more to provide additional support to ensure Nooksack Tribal community has safe drinking water?

A: IHS utility consultants maintain communication with members from the tribal water utility and will continue technical assistance. However, IHS cannot assist with constructing improvements to the community water systems until the Tribal Council governance issues are resolved.