

Questions and Answers from FNHB Joyce Kenoras and team on July 12/19 at T'it'q'et:

	Question	Answer
1	Treatment centers- are they included?	Just talking about eyes, hearing, dental and medical supplies.
2	Eye doctors- I have been having to pay each time first \$90, then \$45 then \$35. My work will cover my glasses.	As of Sept.16/19, Pacific Blue Cross (PBC) will have a list on their website of the practitioners registered with them. PBC will pay up to \$100 for eye exams. If the practitioner charges more and you choose to go there, then you will be responsible for the difference. It might be good to call them ahead of time to see how much they charge. If you have extended benefits, they will be the first payer, the FNHB will be second payer.
3	Dentist approval for a root canal	There will be less pre-approvals now as a PBC member.
4	Pacific Blue Cross member	Memberships is for every First Nations person who lives in BC and who is status and registered with FNHA.
5	a) Dental- since there is a new plan coming in September and a person has been approved for dental surgery before September and they want \$700 up front. Should they wait until September or can it be paid retroactive? b) Is PBC planning changes to hearing aids? Increase the amount of coverage?	a) There will be no retroactive payments. If they can wait it might be better unless is not in their interest medically. b) Not sure, but they will be eligible to be changed every 5 years from every 8 years.
6	a) Vitamins for children- are they covered? b) Cataract surgery- is it covered?	a) Yes, there is a list of over the counter items covered under Plan-W that includes vitamins. Sometimes a doctor's prescription is required but you can look at the list and take it to the pharmacist and say its covered under Plan-W. b) is complicated, cataract surgery is covered under MSP (provincial health care program) so is not considered a benefit. Surgery is covered and the basic lens, but other levels of lens are not.
7	Braces- mouth tightening's I have been paying \$120/month	Not a lot has changed with orthodontist care, will look into
8	Eye exams charges will I get the money back?	PBC will pay \$100 every 2 years and you can call or go online to get the names of the providers who will be registered with PBC. Shop around see how much they charge beforehand. Cannot pay retroactively.
9	a) Eye- broke glasses and can't afford to go back due to charge. b) Elder eye exams can they be done more frequently?	a) b) yes under 19 and over 65, eye exams will be covered once per year and PBC will cover up to \$100, for example, if MSP covers \$47 then PBC will pay \$53 (totaling \$100). The eye practitioner will coordinate the payments.
10	Information from Laura Moore, FNHA Nurse	a) Squamish has an eye provider that will replace children's glasses as many times as they are broken. This can be done by mail. Not sure about adult warranty but she thinks they will replace adults' glasses once if broken.

		<p>b) Good to talk with the local pharmacists about vitamins, they will even put them in blister packs if needed.</p> <p>c) Orthodontist- [something about reimbursement], also can apply to Jordon's Principal for payment for youth.</p>
11	Optometrist- see every 2 years, I paid the fee out of pocket and sent in the claim 4 years after and they said it was overdue, so I am out \$120.	Need more information about the case, client specific we should discuss on the side. Many of our answers in this type of forum are general but situations can be handled differently depending on the client's situation.
12	Hospital- broken leg in need of crutches will PBC cover?	Crutches are covered under PBC, but we need to find out the process with hospitals, not sure if they direct bill. If not, then submit receipt for reimbursement.
13	<p>a) What is the difference between MSP and PBC?</p> <p>b) Status card # - are we married to PBC?</p> <p>c) 10 years ago, I did not pay for hearing aid, then a few years ago I paid \$300 and then last year I paid \$800.</p>	<p>a) MSP covers doctors visits, surgeries, hospital visits which are called primary care services and they are under your personal care card number. PBC are benefits outside of primary care services such as dental, optometry, vision services costs that are not covered by the province.</p> <p>b) Yes, we are for the next 5 years. We can use status cards/numbers or the PBC card, so it is a flexible marriage.</p> <p>c) The old health insurance (NIHB) fee guide stayed the same for many years and thus did not adjust to the increasing rates. PBC is creating a new guide as we speak that will be more reflective of current costs.</p>
14	<p>Registering with FNHA</p> <p>1-855-550-5454 on or after September 16th</p>	If you are registered with FNHA you will be automatically registered with PBC on September 16/19 . At that time, you can access information about your coverage on-line where you will need to sign up. You can either print out a card or you can download an app or call the 1-855#. Your provincial MSP card covers your primary health care services such as x-ray, doctors, hospital care for all BC people, while PBC covers added benefits.
15	<p>a) Registration- do we need to register each member of a family to get benefits? Each with a status card #?</p> <p>b) Someone who lives in SK with a BC first Nations status number, will she get coverage in SK?</p>	<p>a) Its best to call the 1-855# to ensure your eligibility.</p> <p>b) Yes, she will be under the current NIHB, the federal system. You need to have lived at least 3 months in BC to get registered at FNHA.</p>
16	How does your annual work?	January to December calendar year.
17	High school student who lost her glasses, luckily the teacher was able to help her get another pair. It's important to share with all the communities how broken glasses can be replaced.	<p>Nurse participant "<i>Precision Optical in Squamish had a good program for children who may have damage or lost their glasses, give them a call to see if it is still available?</i>"</p> <p>Talk to your optometrist to see what options are available.</p>
18	Ambulance rides- are they covered?	Yes, under MSP [Sue comment- is this correct? I recall an ambulance attendant asking a client for their status card number]
19	Medical equipment- elder in her own home has difficulty getting in and out of tub, is she	No, anything considered permanent is not a benefit.

	eligible to have a walk-in shower/tub paid for?	
20	Xaxli'p before September- invite you to come out to do a similar presentation.	Willing to come out again, would be best if it was combined with other communities as Sept. 16 th is coming up soon and trying to get to as many communities as possible before then.
21	Annual review/ evaluation?	Likely every 5 years.
22	Pre-register	Registration opens on September 16/19 not possible to register beforehand.
23	PBC website?	There will be a PBC website which will be linked to FNHA. Watch for continuous updates on the FNHA website at www.fnha.ca
24	Do you need to come from a BC Band to get registered with FNHA?	No, just need to have lived in BC for 3 months and are Status.
25	PBC profile site- what will be on there?	Examples could be under 'dentist or vision' how much you have used in your benefits and how much is left.

Northern St'át'imc Nation Assembly October 25, 2017
First Nations Health Benefits Questions and Answers with
Devi Goberdhan Director, Health Benefits Operations, Health Benefits

	Question	Answer
1	Infant clients are supposed to be automatically registered, transitioning isn't happening?	Infants should be covered under their parents PHN or Status number and if there are issues they can call help line (1.855.550.5454) notes there's an option for call back now.
2	Grandfathering compounds via PharmaCare?	The majority of compounds should be accessible through PharmaCare, there are a small group of compounds not accessible but you can connect with our group for challenges, to ensure that they get the compounds needed
3	What about clients who permanently live in another province, whose medications are covered at all?	For BC First Nations they would still go through NIHB not PharmaCare. FNHB can notify that province regarding that clients and help navigate to make sure they get access to services. If anyone is confused, they can call us.
4	Is there a simplified form about contacting your organizations?	There number will be put on a bunch of swag which will be distributed to communities. (1.855.550.5454 is a toll-free Canada wide number)
5	Has FNHA and Benefits support team thought about re-creating new cards? For people who have access through this new card, rather than phoning an 855 number. What if there is a new card?	Devi speaks to the mail outs that have been sent and the various informationals sent to newsletters and pharmacies etc. Members are disconnected (no internet and even connection to health centers). Would like to work together and gather ideas from everyone.
6	<p>a) Would like clarification, if a Xwisten member lives in Alberta, do they still get services from NIHB? What's changing in BC if you live on or off reserve you get your services now from First Nations Health through PharmaCare; PharmaCare is the same services BC residents use.</p> <p>b) Have you identified what we are losing in terms to access to certain kinds of drugs? Have you done an assessment to what access we have to a specific drug that we are losing? Because one of the main concerns is that PharmaCare might not cover specific drugs because they are non-generic.</p>	<p>a) The major change is the special authorization process is easier. Happens are the prescriber level- through NIHB, they have to go to the pharmacist to doctor etc. so that's been eliminated. The primary goal is equal if not better for First Nations.</p> <p>b) There are transitional pieces to guide the transformation, it has been a bit of a rocky start to it. Ensuring that clients that receive drugs through different agencies are registered. For the most part 122,000 claims have gone through successfully since the transfer- of course hearing about those cases that don't go well we urge you to call the toll-free number.</p> <p>Cindy via teleconference: the drug lists are very similar- people on existing therapies they are able to stay on those therapies. There are very few instances where a prescriber has to review their drugs. There are resources online to show the different drugs that NIHB and Pharmacare has. Notes that the phone call is very quick (hour at the most) and a 24/hour turn around for the review.</p> <p>Will follow up with a written response to questions</p>
7	Patient travel coverage for optometry clinic rather than relying on the mobile clinics	Yes, will support it for sure. Will make sure my team supports that, because I know the mobile clinics aren't able to do everything. Update?

	Question	Answer
8	Reading about PharmaCare and it says some medical supplies equipment will be covered, has there been changes in medical supplies coverage? Is there any change and exclusions?	There are some changes and require approval through our office still so those will just go through normal process. The policies haven't changed.
9	Because we are still within a 6-month transition period, what happens after the 6 months? How are the successes and set-backs gauged after this period is over? This a huge investment and we have to ensure that our people are getting the health care that they need.	This will be followed up on at the Caucus- the change happened back in 2006 when the BC FN held BC accountable to provide pharmacy services through PharmaCare. Leveraging provincial partners to make sure that FN folks get the same services. Agency drugs- people are able to get access through those programs for cancer agency drugs and services that people get in BC; removing that barrier and ensuring First Nations have complete access
10	FNHB Dental Concerns FNHB dental concerns.docx : <ul style="list-style-type: none"> - Specialists that balance bill their clients are problematic - Difficulty for dentists to get pre-approvals for procedures 	Will take document back to oral health team and will look at how we can support?
11	Clients have not a good experience with a previous dentist and have since then established a relationship with dentists in Kamloops, and under the current policies and guidelines, if we have someone that is local than travel is not covered. Would like to support our members to attending any dentist they choose.	With trauma that is experienced, I would be willing to look at it case by case to see how we can support it.
12	The community has an eye specialist, what are our rights if we are not happy with the services that come into the community?	FNHA has different ways of looking at that. The relationship with the provider is a big thing- can work with providers and call them, connect with FNHA and FNHA can speak with that provider. Wanting to have providers do culturally safe work. Aj notes that she spoke with the mobile eye clinic and that they can go to any optometrist of their choice, they don't have to go through the community's clinic. Aj also asked them to have information right in the eye glasses case so people know who to call if they don't like their glasses or service.
13	A community member has an issue with their heart, they are released and then supposed to go back right away rather than being offered an overnight stay.	The horror stories of discharges at night is really important to work closely with regional teams and communicate back with health authorities to ensure people who leave hospital have support. There is a need for 24/hr. patient travel support- thinks it needs to be brought back. The FNHA needs to support the health directors of the area. Would be good to have a process around this support. Would like the worker to make that decision so it's smoother for that client.
14	Is there a way to develop a system to have a process for residential school survivors to find a dentist they are comfortable with?	Really up to the communities to help tell the FNHA understand what methods are best.

15	Is there coverage for the replacement and repair of the sleep apnea equipment?	There is coverage. Would like the health directors to contact her to see if a policy needs to be overridden. It's a difficult service to get done across the province. An exception is they are going through the vendor.
	Question	Answer
16	Charmaine recently had an elder who was referred to an oral cancer specialist- they were required to pay \$300 and then an additional \$300.	Still working to stabilize. Really encourages the directors to contact her for appeals- policies need to be in place right now though. The timeline is this year. Health benefit policies are huge. Charmaine notes that maybe the health directors should be at that table. Devi agrees because that's what's meaningful. Not sure why the specialist was making that client pay for that fee- red flag not good.
17	Charmaine said that that there is also another barrier with paying cataracts vs. glasses for the rest of their lives.	Update?
18	What is the turnaround process for appeals? (Franny) Will the client get 100% reimbursed? Example, a young daughter got an orthodontic quote for \$7000 but it was rejected because it wasn't "severe enough" what is severe and what is not severe?	Update?
19	Shingles vaccine/shot/injection; for now, the band is picking up this cost. Why is the shingles vaccine not included in PharmaCare? (preventative work).	The shingles has been raised across the province and ImmunizeBC doesn't cover shingles. FNHA is definitely looking at this. Update- this is now covered for 65 years and over and possibly age 50 and over under special circumstances.
20	What is the process for hearing aids?	Get a hearing test, and a certain threshold for hearing aids. All hearing aids have warranties if a person needs another pair. Cover the entire range of needs.
21	Was told at the dentist she had to pay \$70.	Hope is that every dentist agrees with FNHA to determine the dental fees. It's up to those dentists to do that or not. Connect with FNHA to get a good provider who don't balance bill. The FNHA nationally sets the rates for the dental coverage.
22	Do we know why most procedures are declined? Is there a set rate for a dentist? Is a regulatory amount mentioned?	FNHA sets the rate and expects the dentist to go by those rates. If the crown gets denied, will offer the costs for the filing to go towards that crown.
23	How long does it take to pay the dentists?	Service standards is 10 business days. 92% success rate.
24	Can we get a list of those dentists and eye glasses supports?	Devi will send the lists of the dentists who don't balance bill to the Health Directors.