

## For our Dental Practitioners

Spring 2004

### NEWS AND VIEWS

Welcome to the spring 2004 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its sixth year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

As always, your comments and questions are welcome. Please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**, or send your correspondence to:

FCH Provider Relations  
3080 Yonge Street, Suite 3002  
Toronto, ON M4N 3N1

### NEW NIHB REGIONAL DENTAL BENEFIT GRIDS FOR GENERAL PRACTITIONERS AND SPECIALISTS

The new *NIHB Regional Dental Benefit Grid* for General Practitioners (GP) and Specialists (SP) for the following provinces and territories will be in effect as of:

#### April 1, 2004

- Yukon, GP & SP

#### May 1, 2004

- Quebec, GP

#### June 1, 2004

- Alberta, GP & SP
- British Columbia, GP & SP

The new grids reflect the change in prices and eligible procedures. They will be sent to providers once available.

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

### NEW APPROACH TO THE NIHB PROGRAM'S CONSENT INITIATIVE

On February 4, 2004, Health Canada announced a new approach to the NIHB Program's Consent Initiative. The new approach means that the March 1, 2004, deadline for the submission of consent forms by NIHB First Nations and Inuit clients no longer applies. Under this new approach, the NIHB Program will not require a signed

consent form for day-to-day processing activities and program administration. NIHB clients will therefore continue to receive benefits for which they are eligible even if they have not signed a consent form.

Health Canada would like to express its appreciation to those providers who assisted in, and supported, the NIHB Program's Consent Initiative.

For more details on the new approach to the initiative, please visit Health Canada's website at the following URL address:

[www.hc-sc.gc.ca/fnihb/nihb/consent/urgent\\_noticefeb.htm](http://www.hc-sc.gc.ca/fnihb/nihb/consent/urgent_noticefeb.htm)

Providers may also contact the NIHB Consent Information Centre at **1-888-751-5011**.

### CONSENT WARNING MESSAGE: W82

Providers will continue to receive the warning message **W82 (Client has not provided consent)** on paid claims for clients who have not provided consent.

**Providers are asked to disregard this warning message as the March 1, 2004 deadline no longer applies.**

Questions regarding the W82 warning message can be directed to the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

### REQUIREMENT FOR CLIENT SIGNATURE ON THE NIHB DENT-29 CLAIM FORM

It has been noted that "Signature on File" is being submitted for clients where an original signature is required. As of July 1, 2004, if "Signature on File" is used where the original signature is required, the NIHB DENT-29 form will be returned to you.

The NIHB policy for client signature states that the signature of the client, parent, or guardian is mandatory for all claims, and must be on the NIHB DENT-29 claim form. If the client signature field is not completed, the claim will be returned to the provider.

In the case of children who attend subsequent dental appointments without a parent or guardian, "Signature on File" must appear in the "Signature of Client (Parent/Guardian)" field on the NIHB DENT-29 claim form, and a signed NIHB DENT-29 form must be retained in the patient's chart. This is an important policy from the point of view of provider liability and program audit requirements.

## **BAND #458 – BIGSTONE CREE NATION**

The Bigstone Health Commission assumed complete management of dental benefits on behalf of the members of Bigstone Cree Nation (Band #458) on February 1, 2004. This means that claims and predeterminations with a date of service (DOS) on or after April 1, 2003, must be submitted to Bigstone Health Commission. Claims submitted to FCH with a DOS on or after April 1, 2003, will be rejected with the message **R30 (Client has alternative coverage. Contact FNIHB)**. Claims with a DOS prior to April 1, 2003 must be submitted to FCH and will be processed as usual. Predeterminations with a DOS prior to April 1, 2003 must be sent to FNIHB.

Bigstone Health Commission's contact information is:

Attn: Mabel Gladue  
Bigstone Health Commission  
P.O. Box 1590  
Wabasca, AB T0G 2K0

Phone: (780) 891-4161  
Toll Free: 1-866-891-9719  
Fax: (780) 891-3222

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## **NEXT DAY CLAIM VERIFICATION PROGRAM**

The Next Day Claim Verification Program is an ongoing process consisting of a review of a sample of claims the day following receipt by FCH. Audits are conducted to confirm that claims are being properly processed and documented. This process may result in claims being reversed, or reversed and reprocessed for a lower amount, so that the payment is in line with the NIHB guidelines. Monies will be deducted from your *NIHB Dental Claim Statement*.

Providers may receive a *Dental Faxback Confirmation Form C* asking them to describe the clinical circumstances and services provided on the date of service noted on the form. Providers must complete the form and return it within 2 weeks from the date of receipt. If the form is not returned within 2 weeks, the claim is reversed.

Forms returned within the timeframe indicated will be evaluated by the audit team to determine if the information provided is consistent with the procedure codes claimed. Any inconsistencies or lack of information will result in the claim being reversed. Procedure codes and defined code descriptions are not accepted as a sufficient response. Claims with predeterminations or pre-verifications are also subject to this process.

For additional information on the FCH Dental Provider Audit Program, please refer to Section 8 of the *NIHB Dental Practitioner Information Kit*.

## **FIRST CANADIAN HEALTH AND FIRST NATIONS AND INUIT HEALTH BRANCH ROLES**

First Canadian Health is responsible for *claims processing* and to answer *inquiries from providers* regarding:

- Client eligibility
- Benefit eligibility
- Pre-verification numbers
- Payment information
- Provider registration and provider file updates
- Distribution of *NIHB Regional Dental Benefit Grids*

Providers should call the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111** if they have any questions regarding the above.

First Nations and Inuit Health Branch Regional Offices are responsible for:

- Predetermination requests and amendments
- Inquiries from NIHB clients regarding benefits and eligibility
- Reimbursement requests from NIHB clients for pre-paid services

Please refer to the Directory insert in the pocket of your *NIHB Dental Practitioner Information Kit* for the telephone number and address of each FNIHB Regional Office.

For further information on FNIHB and FCH responsibilities, please refer to Sections 2.9 and 9 of your *NIHB Dental Practitioner Information Kit*.

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## **CLAIMS SENT TO THE PREVIOUS NIHB CLAIMS PROCESSOR IN ERROR**

Claims are still being sent to the previous NIHB claims processor by some providers. All claims must be sent to First Canadian Health; the current NIHB claims processor:

First Canadian Health  
Claims Processing Department  
3080 Yonge Street, Suite 3002  
Toronto ON M4N 3N1

The only exceptions to this requirement are claims for members of bands who have assumed responsibility for the administration of their NIHB benefits (e.g., Bigstone Cree Nation). Information regarding these exceptions is communicated to providers through the NIHB Newsletter.

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Providers can download a current version of the *NIHB Dental Practitioner Information Kit* at the NIHB website:

**[www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb)**

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.