

REMINDERS

Personal Cheques Sent for Claim Adjustment

When it is necessary to return a payment due to incorrect reimbursement, please ensure that the cheque is made payable to the Receiver General for Canada.

If the payment includes coordination of benefits (COB), please send the cheque to Express Scripts Canada for the full dollar amount originally received with the third party information (explanation of benefits (EOB)). Express Scripts Canada will correct payment.

Note: Always include the Client's first and last name along with the date of service or a copy of the Dental Claim Statement with the cheque in order for Express Scripts Canada to proceed with any correction(s).

Verifying Client Eligibility for a Dental Service

When a provider calls the Express Scripts Canada Provider Claims Processing Call Centre to verify client eligibility for a dental service, this does not guarantee that the claim will be paid. For instance, if an additional claim is submitted via EDI after the call is placed, the frequency could be reached before the claim in question is received by ESC from the caller.

Office Verification

"Signature on file" or "Signature attached" is not acceptable as office verification. Providers must sign or use their stamp for office verification on claim form submissions.

Importance of Most Current Provider Information

It is important that the most current provider information is provided to Express Scripts Canada; otherwise, providers may not receive new and important information from NIHB and Express Scripts Canada regarding NIHB coverage, claims submission procedures, etc.

A verbal request is accepted at the Express Scripts Canada Provider Claims Processing Call Centre only to change the following important provider information:

- E-mail address, fax number, phone number, and/or correction to your current address.

All other changes to provider information must be completed on the Modification to Dental Provider Information Form, signed by the dental provider, and submitted by fax or mail as indicated on the form.

These types of changes include:

- New complete address (e.g., moved), name of clinic/office, banking information (e.g., change or setup), and/or no longer working at a specific clinic/office.

The *Modification to Dental Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website, or contact the Express Scripts Canada Provider Claims Processing Call Centre to request a copy. Information can be found on the Contact Information page of this NIHB newsletter.

GO GREEN - Move to E-mail Communications!

Make e-mail your first choice of communication delivery for general communications (e.g. NIHB Newsletters)!

- ... Receive same-day e-mail delivery from Express Scripts Canada to stay informed of Health Canada's NIHB Program.
- ... Only print as needed to reduce costs associated with business supplies (e.g., paper, printer ink, etc.) and office space (e.g., filing cabinets).
- ... Save and share your communications within your office network at the click of your mouse.

It's EASY to make the change... Either:

- Place a verbal request to the Express Scripts Canada Provider Claims Processing Call Centre at 1-888-511-4666; OR
- Complete the attached Modification to Dental Provider Information Form.

Note: The above is not applicable to Predetermination (PD) letters. These will continue to be sent via fax or mail (depending on your specified mode of communication).

**NIHB Program and Express Scripts Canada
Contact Information can be found on the last page
of this NIHB Newsletter.**

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

Please have your Provider Number readily available

Inquiries and Password Resets
1-888-511-4666

Extended Hours

Monday to Friday:
6:30 a.m. to 8:30 p.m. Eastern Time
Excluding Statutory Holidays

Dental Claims

Mail Dental claims to:

Express Scripts Canada
NIHB Dental Claims
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

Dental Provider Relations Department & Provider Enrollments

*Each additional Dental office must be registered
with the NIHB Program with its own
Office ID prior to services being rendered*

Fax Completed Dental Provider Agreement to:

Toll Free Fax No.: 1-855-622-0669

Other Correspondence

Mail to:

Express Scripts Canada
5770 Hurontario St., 10th Floor,
Mississauga, ON L5R 3G5

NIHB Forms

Download from the
NIHB Claims Services Provider Website or contact
the Provider Claims Processing Call Centre

www.provider.express-scripts.ca

NIHB PROGRAM DENTAL BENEFITS

NIHB Dental Predetermination Centre (DPC)

Dental Services

**Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
Address Locator 1902D
2nd Floor, Jeanne Mance Building
200 Eglantine Driveway
Ottawa, ON K1A 0K9**

Toll Free Phone No.: 1-855-618-6291

Toll Free Fax No.: 1-855-618-6290

British Columbia

As of October 1, 2013, all PD, client reimbursement and appeal requests for clients eligible to receive health benefits from the First Nations Health Authority (FNHA) in British Columbia are handled by the FNHA.

**British Columbia First Nations Health Authority
757 West Hastings Street
Suite 540
Vancouver, British Columbia V6C 3E6
Telephone: 1-888-321-5003
Fax: 1-604-666-5815**

Orthodontic Services

**Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
Address Locator 1902C
2nd Floor, Jeanne Mance Building
200 Eglantine Driveway
Ottawa, ON K1A 0K9**

Toll Free Phone No.: 1-866-227-0943

Toll Free Fax No.: 1-866-227-0957