

For our Medical Supplies and Equipment Providers

Summer 2000

NEWS AND VIEWS

Welcome to the Summer 2000 edition of our quarterly newsletter for registered Medical Supplies and Equipment (MS&E) providers to the Non-Insured Health Benefits (NIHB) Program through First Canadian Health.

Again, First Canadian Health would like to thank you for your support as you continue to provide quality health services to Registered Indians, Eligible Inuit and Eligible Innu clients of the NIHB Program.

As always, your comments and questions are welcome. Please call our First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre's Customer Service Representatives at **1-888-471-1111**, or send your correspondence to our mailing address.

same or after the date of the prior approval or the claim will be rejected.

2. On a prior approval with a start and end date (for multiple dispenses or if a prior approval is granted after the date of dispense with justification), the date of service on the claim must be within the start and end date on the prior approval or the claim will be rejected.

The applicable dates will appear on the confirmation letter.

This prevents claims from being rejected due to message R26: "PRIOR APPROVAL SERVICE DATE VIOLATION."

Attached is a revised page for Sub-Section 3.2.1 of the MS&E Provider Information Kit (MPIK). Please remove the existing page from the MPIK and insert the revised page.

SPOTLIGHT ON..... PROVIDER RELATIONS

DEPARTMENT

First Canadian Health's Provider Relations Department is responsible for all First Canadian Health communications to providers, including NIHB Newsletters and Provider Information Kits. This Department is also responsible for all medical supplies and equipment provider registration activities and for delivering the provider audit program to ensure compliance with NIHB program guidelines.

PRESCRIBER ID FIELD

The Prescriber ID field is a mandatory requirement and must be completed by entering either the Prescriber's License Number, Prescriber's Provincial or Territorial Billing Number (see sub-section 5.3 of the NIHB Medical Supplies and Equipment Provider Information Kit – MPIK).

This information is obtained from the NIHB client's prescription. If the prescriber information contained on the prescription is illegible or unclear, this information must be verified with the prescriber prior to entry on the MS&E claim form, and subsequent submission to First Canadian Health for payment.

PRESCRIPTION NUMBER FIELD

The Prescription Number field is a mandatory requirement. This field must be completed with a numeric value. Since the system will not accept alpha characters such as the default "MS", please insert either your **invoice number** or, the numeric default "01". This will facilitate the processing of your claims. Thank you for your cooperation.

MEDICAL SUPPLIES AND EQUIPMENT (MS&E) CLAIM FORM REQUESTS

When requesting NIHB MS&E Claim Forms or MS&E Provider Information Kits from First Canadian Health NIHB Toll-Free Inquiry Centre, please allow sufficient time for delivery of items through Canada Post. In particular, please ensure you are requesting enough First Canadian Health MS&E forms to last for a sufficient amount of time before your supply becomes depleted.

PRIOR APPROVALS

When calling Medical Services Branch to obtain a prior approval for any item, please ensure that the precise date of service (for one time item) or date of service period (for multiple dispenses) is given to the benefit analyst. In addition, please use these dates for claiming purposes. These dates are important as they are used on the prior approval and will determine if your claim will be paid in the following ways:

1. On a prior approval with no start and end date (for one time item), the date of service on the claim must be the