

For our Medical Supplies and Equipment Providers

Spring 2001

NEWS AND VIEWS

Welcome to the spring edition of our quarterly newsletter for the year 2001. We are now into our third 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 call our FCH NIHB Toll-Free Inquiry Centre's Customer Service Representatives at **1-888-471-1111**, or send your correspondence to:

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

MS&E CHANGES EFFECTIVE APRIL 1, 2001

In February, Dr. Peter Cooney's office, Director General of the NIHB Program, mailed you a package, which included the revised content for your MS&E Provider Information Kit and four NIHB MS&E Bulletins. These documents contain important information for the provision of MS&E benefits and should be reviewed carefully.

Changes to MS&E Benefits

The review of MS&E benefits confirmed that the range of benefits provided under the NIHB Program, either directly on the benefit lists or provided through the exception process, continues to address clients' needs. However, the review highlighted the need for improved management practices. Changes made as a result of the review include:

- Establishment of prescriber requirements
- Establishment of provider requirements
- Diagnostic and assessment criteria requirements
- Consultant review of benefit requests
- Increased number of benefit codes (to facilitate billing and clearly identify eligible benefits)
- Removal of some prior approval requirements
- Establishment of repair, replacement and warranty guidelines

MS&E Provider Information Kit

Your revised MS&E Provider Information Kit now

includes a section for each of the MS&E benefit categories, specifically:

- Audiology
- General MS&E
- Orthotic and custom footwear
- Oxygen therapy
- Pressure garments and pressure orthotics
- Prosthetics
- Respiratory therapy

Please note that the green coloured pages separate each section of your provider kit. Each section should be inserted in order, keeping the existing tabs of your current kit. The orange sheets separate each of the MS&E benefit categories. For ease of referral, the orange pages should be kept in the document so you can quickly go from one category to the next.

A list of the items available is included at the end of each of the MS&E benefit categories in section 4. As well, at the end of section 4 is an index to assist you to quickly find benefits. The index refers you back to the page in section 4 under which category the benefit is listed. This enables you to easily find the item code and determine whether or not a prior approval is required. For instance, if you are billing for bandages and trying to find the new item code, you may not know to look in the section called "Wound Dressings". With the index, you are referred back to the appropriate page where that information can be found.

Section 5 is the complete MS&E Benefits List in alphabetical order by category.

This is a complete new list of codes. Please ensure that you use these codes for any claims with date of service on or after April 1, 2001.

Prior Approvals BEFORE April 1, 2001

For MS&E claims with a prior approval issued before April 1, 2001, please continue to use the old benefit codes for the duration of the prior approval period. As well, MS&E claims with a date of service prior to April 1, 2001 must be submitted using the old benefit codes.

Benefits Provided ON or AFTER April 1, 2001

For all services provided on or after April 1, 2001, the new item codes must be used. Claims with date of service on or after April 1, 2001, submitted with the old benefit codes will be rejected and returned to you.

MS&E BENEFITS REMOVED FROM THE NIHB MS&E BENEFIT LIST

The items listed below are now available for reimbursement through pharmacy providers only:

- diabetic supplies (e.g. urine and blood testing supplies, glucose monitors, needles and syringes)
- all purpose needles and syringes
- condoms/contraceptive aids
- spacers for inhalation

Although these items have been removed from the NIHB MS&E Benefit List, they are included on the NIHB Drug Benefit List.

Effective April 1, 2001, non-pharmacy MS&E providers will no longer be able to bill for these items. This change was implemented to have items billed consistently through one type of provider and with one pricing policy.

DISPENSING OF MS&E BENEFITS

Claims must be submitted according to client usage up to a maximum of 100-day supply. This will reduce the risk of waste and the need for cost recovery should the medical condition of the client change or the provider has been paid for a full year's supply but the client has not received the full year supply.

MS&E PRIOR APPROVAL FORM

When an MS&E item requires a prior approval, the provider must contact the FNIHB Regional Office to initiate the prior approval process. A prior approval form must be completed in all cases and include specific medical information. A prior approval form can be obtained by contacting your local FNIHB Regional Office.

NIHB MS&E CLAIM FORM

The English version of the return address on the revised NIHB MS&E Claim Form lacks the full mailing address to FCH's NIHB Claims Department. Please send all NIHB MS&E Claims to:

First Canadian Health
NIHB Claims Dept.
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

MANDATORY FIELDS ON THE NIHB MS&E CLAIM FORM

The NIHB MS&E Claim Form has been revised to reflect mandatory fields required when submitting your claim to FCH for processing and payment. Please note

that completion of the client address field is now required and will be monitored. Claims with any missing mandatory information will be returned to the provider for completion. The mandatory fields, marked with an asterisk on the form, are listed below:

- Client ID No
 - Band No (for First Nations clients only)
 - Family No. (for First Nations clients only)
 - Surname
 - Given Names
 - Date of Birth
 - Address (Street, Apt, City, Province, Postal Code)
 - Date of Service
 - DIN/Item Code
 - Prescription No.
 - Quantity
 - Item Cost
 - Third Party Share
 - Amount Claimed
 - Prescriber ID (licence or provincial/territorial billing number)
 - Prior Approval No.
 - Provider/Supplier Name and Address
 - Provider/Supplier Number
 - The following information on the parent (if applicable):
 - Surname
 - Given Name
 - Date of Birth
 - Client Identification Number or Band & Family Number (if child is under one year of age)
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MS&E PROVIDER AUDIT FRAMEWORK

FCH conducts MS&E provider audit activities on behalf of the NIHB Program. These activities address the needs of the NIHB Program to comply with accountability requirements for the use of public funds and to ensure provider compliance with the terms and conditions outlined in the FCH Management Corporation Inc. Pharmacy/MS&E Provider Agreement. The components of the MS&E Audit Framework are outlined below.

The **Next-Day Quality Assurance Program** consists of a review of a defined sample of claims submitted by providers the day following receipt by FCH. Providers may be contacted to ensure compliance with NIHB Program policies and procedures.

The **Client Confirmation Program** consists of a quarterly mailout to a randomly selected number of NIHB clients to confirm the receipt of the benefit that has been billed on their behalf.

The **Provider Profiling Program** consists of a review of the billings of all providers against selected criteria and the determination of the most appropriate follow up

activity if concerns are identified.

The **On-site Audit Program** consists of the selection of a focused sample of claims for validation with provider's records through an on-site visit.

APPEAL PROCESS

When a client is denied a benefit, three levels of appeal are available under the NIHB Program, which only the client can initiate. At each level, the appeal must be submitted in writing and must be accompanied by supporting information from the health care provider. The following information should be included:

- The condition (diagnosis and prognosis) for which the benefit or service is being requested;
- Alternatives that have been tried;
- Relevant diagnostic test results; and
- Justification for the proposed benefit or service.

A health care consultant, who will provide a recommendation to First Nations and Inuit Health Branch (FNIHB), will review the appeal. The final decision will be made by FNIHB, based on the consultant's recommendation, client's specific needs, the availability of alternatives, and NIHB policy.

Information sheets outlining the three levels of appeal and the addresses are available from the FNIHB Regional Offices or on the NIHB web site at the following address:

www.hc-sc.gc.ca/msb/nihb/prod_e.htm
