

## For our Medical Supplies and Equipment Providers

Summer 2003

### NEWS AND VIEWS

Welcome to the summer 2003 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its fifth 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 Representatives at **1-888-471-1111**, or send your correspondence to:

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

### CLIENT CONSENT WARNING MESSAGE W82

The following warning message has been reintroduced and will be displayed for each paid claim line on your NIHB MS&E Claim Statement for clients who have not provided consent:

#### W82 – Client has not provided consent

For additional information on the consent initiative, providers must contact the NIHB Consent Information Centre at **1-888-751-5011**.

### SPECIAL SUBMISSION REQUIREMENTS - INFANT CLAIMS

Claims for infants under one year of age, who do not have their own client identification number, should be submitted with supporting parent identification using the NIHB MS&E Claim Form.

The following information on the infant must be provided in the top section of the NIHB MS&E Claim Form:

- Surname
- Given names
- Date of birth in the DD/MM/CCYY format

The following information on the parent must be provided in the bottom section of the NIHB MS&E Claim Form:

- Surname
- Given names
- Date of birth in the DD/MM/CCYY format

- Client identification number or band and family number

Please refer to Section 7.3 of the NIHB Medical Supplies and Equipment Provider Information Kit (MPIK).

### DATE FORMAT ON CLAIM SUBMISSIONS

When submitting claims, providers are reminded to enter all dates in the format DD/MM/CCYY (e.g. July 21, 2001 would be entered as 21/07/2001). This is to ensure that claims are processed accurately and not rejected due to an incorrect date.

For further information, please refer to Section 7.5 of the NIHB MS&E Provider Information Kit (MPIK), which explains the required data elements of an NIHB MS&E Claim Form.

### MANDATORY PRESCRIPTION (RX) INFORMATION

Please note that prescriptions submitted to FNIHB Regional Offices for prior approval or retained on file must contain the following mandatory information:

- Original Rx date (fax date is not acceptable)
- Original Rx must be signed by prescriber (as defined by the NIHB Program)
- Original Rx must contain the full client given name and surname
- Original Rx must contain item(s) prescribed and quantity

The original prescription must be kept in the client's records as these records will be reviewed during an on-site audit of provider claims. The absence of the original prescription will result in a recovery of claims associated with the prescription.

### UPDATED NIHB MS&E PROVIDER INFORMATION KIT (MPIK)

The updated version of the NIHB MS&E Provider Information Kit (MPIK) is now available for printing on the NIHB website at the following URL address:

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

Please replace your current copy of the NIHB MPIK with the updated version. If you do not have Internet access, contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

## **YUKON FNIHB REGIONAL OFFICE CHANGE**

The contact information for the Yukon FNIHB Regional Office has changed. The changes are as follows:

FNIHB Yukon  
First Nations and Inuit Health Branch  
Health Canada  
Elijah Smith Building  
Suite 100 - 300 Main Street  
Whitehorse, YT Y1A 2B5  
**1-867-667-3974**  
Fax: **1-867-667-3999**

This update is reflected on the back of the NIHB MS&E Claim Forms, the prior approval confirmation letters, and the attached Directory for insertion into the NIHB MS&E Provider Information Kit (MPIK).

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Attached is the updated Directory for your NIHB MS&E Provider Information Kit (MPIK). Please remove the existing Directory and insert the revised one.

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