

For our Dental Practitioners

Summer 2001

NEWS AND VIEWS

Welcome to the summer 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

NIHB DENT-29 FORM USED AS A CLAIM

As of August 1, 2001, claims received at FCH on forms other than NIHB Dent-29 forms printed after December 1998 and distributed by FCH will be returned to the provider.

If your office claims for dental services rendered to NIHB clients using Standard Dental Claim Forms, a NIHB Dent-29 form printed after December 1998 and distributed by FCH must be attached.

Please request new Dent-29 forms from the FCH NIHB Toll-Free Inquiry Centre and destroy any Dent-29 forms currently in your office if the date on the form is prior to December 1998.

CLIENT ADDRESS FIELD ON CLAIM AND PREDETERMINATION SUBMISSIONS

The completion of the Client Address field on the NIHB Dent-29 form is mandatory. Dental practitioners must complete this information prior to submitting the claim to First Canadian Health (FCH) for processing and payment.

Claims received at FCH without the full client address including the *postal code* will be returned to the provider for completion.

For all predetermination submissions to FNIHB Regional Dental Offices, providers are required to indicate the full

client address on the NIHB Dent-29 predetermination form.

CLIENT SIGNATURE ON FILE REQUIREMENTS

The signature of the client or parent/guardian is mandatory on all NIHB Dent-29 claim forms. If the client signature is not completed, the claim will be returned to the provider.

In the case of children under the age of consent who attend subsequent dental appointments without a parent or guardian, "signature on file" should appear in the client, parent/guardian space on the NIHB Dent-29 form. This is an important policy from the point of view of provider liability and program audit requirements.

SUBMISSION OF LABORATORY INVOICES

Laboratory invoices (original or photocopy) must be attached to the NIHB Dent-29 claim form to be eligible for reimbursement. NIHB Dent-29 claim forms with laboratory invoices which have been altered will be returned to the practitioner with a Provider Return Letter.

Invoices for In-Office Lab charges must be submitted on the practitioner's letterhead.

NIHB PROVIDER INFORMATION FORM

This form has been re-designed for clarity and ease of completion when registering a new provider, adding a new location, changing information, and terminating a registered provider. A copy of the revised form is attached.

NIHB DENTAL PROVIDER AUDIT FRAMEWORK

The NIHB Dental Provider Audit Program consists of FCH conducting dental provider 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 to ensure provider compliance with the terms and conditions outlined in the NIHB Dental Provider Information Kit. The components of the NIHB Dental Provider 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.

As part of the Next-Day Quality Assurance Program, you may receive a questionnaire by fax (or mail). The questionnaire (Faxback form) will ask that specific

treatment details for an NIHB client be completed on the form, and faxed back (or mailed) to FCH.

These determinants are modified periodically over time, and other profile patterns are incorporated into the Next-Day Quality Assurance Program. If the information contained on the Faxback form indicates the inappropriate use of a procedure code, or if the Faxback is not responded to by the dental provider, claim reversal may result.

The **Client Confirmation Program** consists of a quarterly mailing 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.

Should you have any questions about the Next-Day Quality Assurance Program, or other components of the NIHB Dental Provider Audit Program, please contact the FCH NIHB Toll-Free Inquiry Centre at 1-888-471-1111.

CO-ORDINATION OF BENEFITS FOR ORTHODONTIC TREATMENT PLAN

As of August 1, 2001, co-ordination of benefits for orthodontic treatment will apply at the time of predetermination.

Where a client has third party coverage, the provider is to first submit their orthodontic treatment plan to the third party carrier(s). Once the provider receives a reply from the third party carrier(s), the treatment plan can be submitted to the appropriate FNIHB Regional Office.

Providers **MUST** attach the third party coverage response at the time of predetermination.

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 FNIHB Regional Offices or on the NIHB web site at the following address:

www.hc-c.gc.ca/fnihb/nihb/dental/appealprocedures/index.htm

NEW NIHB REGIONAL DENTAL BENEFIT GRID FOR GENERAL PRACTITIONERS, SPECIALISTS AND DENTURISTS

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

July 1, 2001

- New Brunswick, GP/SP
- New Brunswick Denturists
- Nova Scotia, GP/SP
- Nova Scotia Denturists
- Newfoundland, GP/SP
- Newfoundland Denturists
- Prince Edward Island, GP/SP

August 1, 2001

- Ontario, GP/SP

You can expect to receive your copy of the new NIHB Regional Dental Benefit Grid shortly.

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

ADMINISTRATIVE FEE FOR DUPLICATE STATEMENT

An administrative fee of \$25.00 now applies for duplicate statement requests, since December 1, 2000. Requests must be made in writing to First Canadian Health (FCH) including a cheque for \$25.00.

If the FCH payment cheque corresponding to the statement has not been cashed and a sufficient amount of time has passed, the \$25.00 administrative fee will not apply and the provider's \$25.00 cheque will be returned with the copy of the statement.

CLIENT CALLS

Dental Practitioners are requested to direct client inquiries to the appropriate FNIHB Regional Office. Please refer to the directory insert in the pocket of your NIHB Dental Practitioner Information Kit (DPIK) for the telephone number and address of each FNIHB Regional Office.

The FCH NIHB Toll-Free Inquiry Centre provides services to NIHB providers.

Attached are replacement pages for your NIHB Dental Practitioner Information Kit (DPIK) for Sub-Sections 9.1, 2.10.6 and 2.10.9. Please remove the existing pages, and insert the revised ones.