



First Nations Health Authority
Health through wellness

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Dental, MS&E and supplemental drug claims for clients of the First Nations Health Authority to be administered by Pacific Blue Cross as of September 16, 2019

As of September 16, the Non-Insured Health Benefits (NIHB) Program and Express Scripts Canada (ESC) will no longer be administering Dental, Medical Supplies and Equipment (MS&E) and supplemental drug benefits on behalf of the First Nations Health Authority (FNHA).

On this date, Pacific Blue Cross will become the administrator for certain elements of the FNHA Health Benefits Program. BC PharmaCare Plan W will remain the provincial drug benefit plan for FNHA clients.

As of September 16, 2019, claims for affected benefits submitted to ESC for FNHA clients with a date of service on or after September 16, 2019 will receive an error message stating that the client is not eligible to receive services through NIHB. These claims must be submitted to Pacific Blue Cross for payment.

The FNHA would like Providers to be aware of the following:

Dental Providers

- On and after September 16, 2019, the FNHA asks all Dental Providers to submit all claims, Pre-determinations, adjustments, reversals and appeals - irrespective of date of service - to Pacific Blue Cross using the Policy number 40000. Member ID numbers will be the same as First Nations clients' Status Numbers.
- Dental Providers are urged to hold on to all non-urgent requests for pre-determinations and appeals and submit them directly to PBC on or after September 16, 2019. Prior to Sept 16, 2019, time-sensitive Dentistry requests for pre-determinations and appeals should continue to be sent to FNHA as per existing procedure and EDI claims submitted to ESC for approved work.
- All Orthodontic requests for pre-determination and appeals received by NIHB's Orthodontic Review Centre will be sent to Pacific Blue Cross. Orthodontic Providers are urged to hold on to all non-urgent requests for Pre-determination and Appeals and submit them directly to PBC on or after September 16, 2019.
- Pacific Blue Cross will honour prior approvals issued by the NIHB Program within the one-year limit set by NIHB, so providers will not need to resubmit prior approval or previously approved requests.

MS&E Providers

- On and after September 16, 2019, the FNHA asks all MS&E Providers to please submit all claims, prior approvals, adjustment and reversals - irrespective of date of service - to Pacific Blue Cross using the Policy number 40000. Member ID numbers will be the same as First Nations clients' Status Numbers.
- Where applicable, Pacific Blue Cross will honour prior approvals issued by the NIHB Program within the one-year limit set by NIHB, so providers will not need to resubmit prior approval or previously approved requests

Pharmacy Providers

Claims prior to September 16:

- As of September 16, all claims, regardless of the date of service are to be submitted to Pacific Blue Cross (PBC) for processing
- Providers requiring a Prior Approval or Special Authorization for an FNHA client may continue to call NIHB's Drug Exception Centre up until close of business on September 13, 2019.

Claims on or after September 16:

- Do not delete First Nations Status Numbers from patient profiles. The Status Number will be the Member ID number for First Nations clients under Pacific Blue Cross.
- The new plan for FNHA clients will require set-up and changes to your Practice Management software:
 - Pharmacies servicing FNHA clients will need to update the patient information in their software systems to show Pacific Blue Cross as the Carrier (Carrier ID: E1).

For Medical Supplies and Equipment items:

- Pharmacies will be required to update their software to use Pharmacare and/or Pacific Blue Cross PINs for claims submission. Please note, **you will need to include PINs** that Pacific Blue Cross will issue for new MS&E items. To update your system:
 - Contact your software vendor if you receive centralized updates; or
 - Manually configure your software as per your usual business practice.

For Drug Benefits:

- PBC will provide select drug benefits to FNHA clients. (See Pacific Blue Cross provider fee supplement).
- Prescribers must follow BC PharmaCare Special Authorization processes:
<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/special-authority>
- For clients not yet enrolled in Plan W:
 - 1) Pharmacists are asked to encourage clients to contact FNHA at 1-855-550-5454 to request Plan W coverage.
 - 2) Pharmacists are asked to refer to the Pacific Blue Cross Pharmacy Provider Reference Guide at pac.bluecross.ca/provider for processes for FNHA clients not yet enrolled in Plan W.

Following the transition to BC PharmaCare on October 1, 2017, the NIHB program continued to administer pharmacy benefits for FNHA not yet enrolled with BC PharmaCare. This was due primarily to the FNHA being unable to locate clients or obtain their Medical Services Plan number to enroll them in BC PharmaCare Plan W. Pharmacists are asked to encourage clients to contact FNHA to request Plan W coverage.

As of September 16, 2019, if a claim submitted on behalf of a FNHA client is rejected, please submit these claims to Pacific Blue Cross using Carrier ID E1 and Group ID 40000. Member ID numbers will be the same as First Nations clients' Status Numbers.

Rejected claims for BC residents

If there is a coverage issue resulting from the transition and the claim is being rejected for an eligible benefit, please submit a Transitional Coverage Form, found at fnha.ca/Documents/FNHA-Transitional-Coverage-Request-Form.pdf to the FNHA for reimbursement.

Where to find more information

Fee supplements and updated reference guides will be posted on the Pacific Blue Cross website. For more information, or if you have questions about claiming or registration with Pacific Blue Cross, please visit pac.bluecross.ca/provider.

For more information on the transition, please visit fnha.ca/benefits/pacific-blue-cross-transition or email provider@fnha.ca.

Background:

In 2013, the First Nations Health Authority (FNHA) assumed responsibility for the design, planning, management, delivery and funding of the delivery of health services for First Nations in British Columbia as part of the British Columbia Tripartite Framework Agreement on First Nation Health Governance. This included the creation of an FNHA Health Benefits Program that replaced the NIHB Program for First Nations residing in BC. However, to ensure a smooth transition and to maintain continuity of health benefits services to First Nations in BC, the NIHB program continued to administer certain elements of the FNHA's Health Benefits Program as the FNHA's service provider. Joining BC PharmaCare in October 2017, and now partnering with Pacific Blue Cross to administer the remaining health benefits represents another step forward in self-governance over health services in British Columbia.