

For our Pharmacy Providers

Fall 2000

NEWS AND VIEWS

Welcome to the Fall edition of our quarterly newsletter for the year 2000. We are now into our second year of operations as the claims processor under the Non-Insured Health Benefits (NIHB) Program contract with the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, First Canadian Health would like to thank you for your support as you continue to provide quality health services to registered Indians, recognised Inuit and 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 **1-888-511-4666**, or send your correspondence to our mailing address.

FIRST NATIONS AND INUIT HEALTH BRANCH (FNIHB)

Effective July 1, 2000, the name of Health Canada's Medical Services Branch (MSB) was changed to First Nations and Inuit Health Branch (FNIHB).

The Pharmacy/Medical Supplies and Equipment Provider Information Kit (PPIK) has been updated to reflect the new name: First Nations and Inuit Health Branch (FNIHB).

FALL 2000 DRUG BENEFIT LIST UPDATE

Please find attached the Fall 2000 Update to the NIHB Drug Benefit List (DBL). This is a summary of changes to the NIHB DBL which have occurred since the Summer NIHB Newsletter dated July 1, 2000. It includes lists of additions, replacement DINs, limited use benefits and discontinued drugs.

Should you have any questions, please contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

SMOKING CESSATION PRODUCTS

Effective October 1, 2000, nicotine gum (Nicorette), nicotine patches (Habitrol, Nicoderm, Nicotrol) and bupropion HCl (Zyban) will be covered for a 90-day treatment period, renewable after one year has elapsed. Nicotine patches and bupropion HCl are new benefits. For all smoking cessation products, a maximum allowable quantity and a frequency are being introduced.

Maximum allowable quantities for a 90-day period for each of the different smoking cessation products have been calculated on the basis of recommended doses. Coverage will be provided for up to the allowable number of doses during a three month period, starting on the date that the first prescription has been filled. Once these quantities have been reached or once the 90-day period has elapsed, the client will be eligible for coverage for the products beginning one year following the last day of the initial 90-day period. For example, for a client receiving the first prescription for nicotine gum on October 1, 2000, a maximum of 945 pieces will be allowed in the 90-day period ending December 31, 2000. However, due to the elapsed time limitation of 12 months, this client could not access any nicotine gum again without a prior approval until January 1, 2002 (12 months after the end date of the 90-day frequency period).

Quantities of smoking cessation products allowed in a 90-day period (renewable after one year)

Nicotine gum	945 pieces
Nicotine patches	
Habitrol	84 patches or
Nicoderm	70 patches or
Nicotrol	70 patches
Bupropion HCl tablets	168 tablets

New Real-Time CPhA Messages

The following Real-time CPhA Messages are used for the Smoking Cessation Products maximum allowable quantity per period limitations.

Message	Code	Description
PATIENT HAS ATTAINED QUANTITY LIMIT	CN	Indicates to the pharmacist that the maximum quantity has been reached.
PATIENT IS OVER QUANTITY LIMIT	CO	Indicates that the client has already attained the maximum quantity limit for the period and the claim has been rejected.
REDUCED TO QUANTITY LIMIT	QT	Indicates that the quantity claimed is greater than what remains in the period and that the quantity paid has been cut back.

Smoking Cessation Products claims prompting the Real-time CPhA Message "CO" (PATIENT IS OVER QUANTITY LIMIT) are rejected. The NIHB Reject Message R50 (FREQUENCY OF THE CLAIMS EXCEEDS MAXIMUM ALLOWED) will be printed on the statement.

NON-INSURED HEALTH BENEFITS (NIHB) FALL SCHEDULE OF PAYMENTS FOR 2000

The following is the Non-Insured Health Benefits (NIHB) schedule of payments for cheques or Electronic Funds Transfer (EFT).

CUT-OFF DATE	CHEQUE DATE	EFT DEPOSIT DATE
01-Oct-00	02-Oct-00	06-Oct-00
15-Oct-00	16-Oct-00	20-Oct-00
01-Nov-00	02-Nov-00	08-Nov-00
15-Nov-00	16-Nov-00	22-Nov-00
01-Dec-00	02-Dec-00	08-Dec-00
15-Dec-00	16-Dec-00	22-Dec-00

ADMINISTRATIVE FEE FOR DUPLICATE STATEMENT

Beginning December 1, 2000, an administrative fee of \$25.00 will now apply for duplicate statement requests. Requests must be made in writing to First Canadian Health (FCH) and include 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.

Attached are revised pages for your NIHB Pharmacy/Medical Supplies and Equipment Provider Information Kit (PPIK). Please remove the existing pages from your PPIK, and insert the revised ones.

W14 - PHARMACY/MS&E CLAIM STATEMENT MESSAGES AND EXPLANATIONS

A W14 message on your Pharmacy/MS&E Claim Statement means that the claimant was verified as an NIHB client on the basis of the client information you provided. However, the submitted client information has been corrected to exactly match the identifiers under which the client is registered as an NIHB client. Please use the corrected client ID for future claims, rather than submitting again the information that was corrected. The use of the corrected client ID facilitates client verification.

1ST CLAIM SUBMISSION FOR INFANT TWINS

When submitting the first claims with the same date of service for unregistered infant twins, one claim must be submitted via the Point Of Service (POS) System and the other must be submitted manually. If both claims are submitted manually or both claims are submitted via POS, both claims will be rejected regardless of their different Rx numbers.

APPEAL PROCEDURES

There are three levels of appeal available under the NIHB Program, which only the client can initiate. At each stage, the appeal must be accompanied by supporting information from the prescriber or provider, therefore, it is important that the following information be included along with your letter:

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

The appeal will be reviewed by the appropriate independent consultant, who provides a recommendation to the FNIHB staff. The final decision will be made by FNIHB staff based on the consultant's recommendation, client's specific needs, the availability of alternatives, and NIHB policy.

Information sheets for each region outlining the three levels of appeal and the addresses are available from your regional First Nations and Inuit Branch offices or on the NIHB website at www.hc.sc.gc.ca/msb/nihb.