

For our Pharmacy Providers in Ontario

Summer 2009

NEWS AND VIEWS

Welcome to the Summer 2009 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its eleventh 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 at **1-888-511-4666**, or send your correspondence to:

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

NEW NIHB PROGRAM INFORMATION

APRIL 2009 NIHB DRUG BENEFIT LIST (DBL)

The April 2009 DBL including the addition and replacement of Drug Identification Numbers (DIN), limited use benefits, drugs removed from the Canadian market, and drugs discontinued by the manufacturer is available online. Please note that no hard copy of the complete April 2009 DBL will be distributed to providers. However, copies of the DBL updates are included with this newsletter.

Providers can refer to the website to download the most recent electronic version of the complete NIHB DBL at the following URL address:

<http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/index-eng.php#drug-med>

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

MODIFICATION TO THE NIHB PHARMACY CLAIM FORM

A new field called *Prescriber ID Ref.* has been added to the NIHB Pharmacy Claim Form. In this field, providers are required to enter a two character alphanumeric code identifying the medical specialty of the prescriber as defined by the Canadian Pharmaceutical Association

(CPhA) and listed in the claims standard. Claims not supported by the correct code will be subject to audit recovery. The codes for the nurses' associations are as follows:

<input type="checkbox"/> Association of Registered Nurses of Prince Edward Island	27
<input type="checkbox"/> Association of Registered Nurses of Newfoundland and Labrador	17
<input type="checkbox"/> College of Registered Nurses of Nova Scotia	37
<input type="checkbox"/> Nurse Association of New Brunswick	48
<input type="checkbox"/> <i>Ordre des infirmières et infirmiers du Québec</i>	57
<input type="checkbox"/> College of Nurses of Ontario	44
<input type="checkbox"/> College of Registered Nurses of Manitoba	67
<input type="checkbox"/> Saskatchewan Registered Nurses Association	77
<input type="checkbox"/> College & Association of Registered Nurses of Alberta	82
<input type="checkbox"/> The College of Registered Nurses of British Columbia	96
<input type="checkbox"/> Registered Nurses Association of the Northwest Territories and Nunavut	
o Northwest Territories	A2
o Nunavut	C2
<input type="checkbox"/> Other	99

Providers may obtain a copy of the defined codes by contacting the CPhA or the FCH NIHB Toll-Free Inquiry Centre. Prescriber ID Reference codes supplement the Prescriber ID information already required by the Program for claim adjudication (i.e., Licence #).

When submitting claims through Point-of-Service (POS), providers may also identify the prescriber type with the appropriate CPhA code in the *Prescriber ID Ref.* field (D.60.03) of their POS system.

Please note that the NIHB Program accepts eligible prescriptions from physicians and licensed practitioners with authorization to prescribe within the scope of practice in their province or territory and that are recognized by the NIHB Program. In addition, Nurse Practitioners (NPs), who were already authorized to prescribe drug items, are now authorized to prescribe a limited list of MS&E items, effective January 12, 2009. This change is in effect in all regions, except for the Yukon.

PRESCRIBER ID

Providers are reminded that they need to enter a valid Prescriber ID (not a 99999 code) in the field designated for the prescriber ID and a valid Prescriber ID reference code in the *Prescriber ID Ref.* field. The Prescriber ID is mandatory for

FREQUENCY LIMIT FOR EZ HEALTH® ORACLE™ STRIPS

On April 1, 2009, the NIHB Program introduced a frequency limit for glucose test strip DINs 97799564 (EZ Health Oracle Strip (100)). The frequency limit allows for 500 test strips per 100 days.

FREQUENCY LIMIT FOR ACETAMINOPHEN DINS

On April 1, 2009, the NIHB Program introduced a frequency limit for DINs 01938088 (Acetaminophen 325 mg Tab) and 01939122 (Acetaminophen ES 500 mg Tab). The frequency limit allows for 1200 tablets per 100 days.

FREQUENCY LIMIT FOR OMNIFLEX DIAPHRAGM

On May 1, 2009, the NIHB Program introduced a frequency limit for DIN 09991126 (Omniflex Diaphragm 75). The frequency limit allows for one item per year.

FREQUENCY LIMIT FOR PROTON PUMP INHIBITOR ITEMS

On June 1, 2009, the NIHB Program introduced a frequency limit for DIN 02320851 (PMS-Omeprazole 20 mg DR Cap). The frequency limit allowed is 200 proton pump inhibitors per 180 days.

On July 1, 2009, the following items will also be assigned a frequency limit:

- Pro-rabeprazole 10 mg Tab (DIN 02315181)
- Pro-rabeprazole 20 mg Tab (DIN 02315203)
- Pantoprazole 40 mg DR Tab (DIN 02318695)

The frequency limit for the items listed above will also be 200 proton pump inhibitors per 180 days.

FREQUENCY LIMIT FOR PROCET-30 TAB

On July 1, 2009, the NIHB Program will introduce a frequency limit for DIN 02232658 (Procet-30 Tab). The frequency limit allows for 1200 tablets per 100 days.

NIHB PROGRAM REMINDERS

NEXT DAY CLAIMS VERIFICATION PROGRAM

The Next Day Claims Verification (NDCV) Program is an ongoing process consisting of a review of a sample of claims the day following adjudication by FCH. In the coming months, providers may receive a *Pharmacy*

Faxback Confirmation Form C asking them to write down the name, quantity and price of the items dispensed on the date of service noted on the form. Supporting documentation (e.g., prescription, invoice, etc.) must be submitted with the form, if noted as required. Should the provider receive this form, he or she needs to complete it and return it **within two weeks** from the date of receipt. If the form is not returned within two weeks, the claim will be reversed.

The Audit Team will evaluate the information on the returned forms to determine if it is consistent with the claim. An inconsistency or insufficient information will result in recovery of the funds paid. Please note that claims which have gone through the prior approval process are not excluded from the NDCV Program since the PA approves the item and not the cost.

SHORT-TERM DISPENSING FEE POLICY FOR CERTAIN CHRONIC-USE MEDICATIONS

In the Fall of 2008 Health Canada's NIHB Program implemented new compensation rules for short-term dispensing of medications used for chronic conditions. At that time, the NIHB Program communicated to providers that it will pay up to a maximum of one NIHB approved dispensing fee per 28 days. Any claims for subsequent fills of chronic-use medications with a days supply of less than 28 days were to be submitted with a dispensing fee equal to the following formula:

Dispensing Fee/28 x Days Supply

Effective February 20, 2009, the NIHB Program has been enforcing the Short-Term Dispensing Fee Policy through the claim adjudication system for chronic-use medications included on the NIHB Short-Term Dispensing Policy Drug List. This list is available at the following URL address:

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/short-term-court-eng.php

If a claim is submitted for a specific client for a subsequent fill of a chronic-use medication on the NIHB Short-Term Dispensing Policy Drug List, and the days supply paid is less than 28 days, the adjudication system reduces the dispensing fee according to the formula mentioned above. The CPhA code **“DR Days Supply Lower Than Minimum Allowable”** and the NIHB warning code **“W18 DF Reduced On Chronic Drugs Based On Days Supply Paid”** are also set on the claim.

Providers may override the dispensing fee reduction, for example when there is a dosage change to a chronic-use medication or when the medication is prescribed for PRN use, by entering Special Service Code (SSC) '2' (Pharmacist Intervention) in the SSC field (CPhA data field D.57.03) of their Point-of-Service system. Providers

may also override the dispensing fee reduction on a manual claim submission by entering SSC '2' in the *Special Service Code* field of the NIHB Pharmacy Claim Form. For each intervention, providers must complete and retain the appropriate documentation. The use of this code is subject to audit.

It must be noted that it is the Program's expectation that claims for certain medications required for long-term maintenance therapy be prescribed and dispensed in quantities up to 100-day supply.

For more information, please consult the following website address:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provider/fournir/pharma-prod/faq-fq-eng.php>

CLIENT IDENTIFICATION NUMBER FOR RECOGNIZED INUIT

When claims are submitted for recognized Inuit clients, one of the following is accepted by the NIHB Program as a valid client identification number:

- NIHB Client Identification Number** - This is a client identification number issued by NIHB to recognized Inuit clients. This number begins with the letter "N" and is followed by 8 digits.
- Government of the Northwest Territories (GNWT) Health Care Number** - This is a number issued by the Government of the Northwest Territories to Inuit clients from the Northwest Territories. This number begins with the letter "T" and is followed by 7 digits.
- Health Care Number** - This is a number issued by the Government of Nunavut to Inuit clients from Nunavut. This is a 9-digit number starting with a "1" and ending with a "5".

For further information, please refer to Section A6 *Client Identification Numbers for Recognized Inuit* of the NIHB Drug/Pharmacy Health Provider Information Kit.

INFORMATION REQUIRED WHEN CALLING THE FCH NIHB TOLL-FREE INQUIRY CENTRE

Providers are reminded to have the following information ready before calling the FCH NIHB Toll-Free Inquiry Centre:

- Provider unique number
- Client identification number, if applicable
- Client's name, if applicable
- Client's date of birth, if applicable

Having the above information ready when calling will

allow toll-free inquiry centre representatives to assist providers more efficiently.

FCH-ESI TRANSITION

HEALTH INFORMATION CLAIMS PROCESSING SERVICES – PROVIDER ENROLMENT

Effective December 1, 2009, ESI Canada will administer the Health Information and Claims Processing Services (HICPS) for pharmacy benefits covered by the NIHB Program.

In order to ensure that claims and associated payments for services rendered to NIHB clients are processed quickly and efficiently after December 1, 2009, pharmacy providers are asked to enrol with ESI Canada at their earliest convenience.

During June 2009, ESI Canada mailed pharmacy providers an information package, which included all the necessary documentation required for enrolment with ESI Canada. If you did not receive an information package, or have misplaced it, please download the documents from www.provider.esicanada.ca, and submit the completed forms to ESI Canada. If you are unable to access the website, you can email ESI Canada at

ESICanadaNIHBProviderEnrolment@Express-Scripts.com

or leave a voice mail message at **1-888-677-0111 ext. 7015** to request a package.

Providers may continue to submit claims to First Canadian Health (FCH) until November 30, 2009. There will be no interruption of claims processing and payment services as long as providers currently enrolled with FCH are enrolled with ESI Canada by December 1, 2009. If you have not already done so, we urge you to complete and submit the necessary forms as soon as possible. Please note that this change in claims processing services does not coincide with any program coverage or policy changes.

ESI Canada is committed to providing quality services and timely payment of claims and, as is currently the case, claims will be paid under a regular bimonthly cycle.

Additional information on ESI Canada is available at the following website address: www.esicanada.ca

CHANGE IN VALIDITY PERIOD OF CHEQUES ISSUED BY FCH

As of June 1, 2009, all cheques issued by FCH will have a six month validity period. After this period, those cheques will no longer be valid.

PAYMENT AND REIMBURSEMENT DURING TRANSITION OF CONTRACT

Due to the transition from FCH to ESI, payments and reimbursements to the NIHB Program that would have normally been made payable to FCH, should be made payable to the Receiver General for Canada after November 30, 2009.

If you need a printed version of the NIHB Drug/Pharmacy Health Provider Information Kit, please download it from the NIHB website at the following address:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provider-fournir/pharma-prod/index-eng.php>

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666** to request a printed copy.
