



## HEALTH BENEFITS

# Information Package



First Nations Health Authority  
Health through wellness

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# First Nations Health Authority

The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. In 2013, FNHA assumed responsibilities for programs and services formally handled by Health Canada's First Nations Inuit Health Branch including the Non-Insured Health Benefits Program (NIHB).

FNHA is responsible for the planning, management, service delivery, and funding of health programs in partnership with First Nations communities in BC. Our work is guided by the FNHA Vision, Values, and Directives.

## **Our Vision**

Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

## **Our Values**

- Respect
- Discipline
- Relationships
- Culture
- Excellence
- Fairness

## **Our Directives**

- Directive #1: Community-Driven, Nation-Based
- Directive #2: Increase First Nations Decision-Making and Control
- Directive #3: Improve Services
- Directive #4: Foster Meaningful Collaboration and Partnership
- Directive #5: Develop Human and Economic Capacity
- Directive #6: Be Without Prejudice to First Nations Interests
- Directive #7: Function at a High Operational Standard

# First Nations Health Benefits

First Nations Health Benefits (FNHB) provides specific health-related items and services to meet medical or dental needs not covered by provincial or third-party health insurance.

## **FNHB provides:**

- BC Medical Service Plan (MSP) premium coverage
- Ambulance invoice coverage
- Health Benefits coverage, including:
  - Dental
  - Medical Supplies and Equipment
  - Medical Transportation
  - Mental Health: Short-Term Crisis Intervention
  - Mental Health: Indian Residential Schools Resolution Health Support Program
  - Mental Health: Missing and Murdered Indigenous Women and Girls Health Support Services
  - Pharmacy
  - Vision Care

## **The goal of FNHB is to provide First Nations people in BC with items and services that:**

- Are appropriate to their unique health needs
- Reflect the cultures and perspectives of First Nations in BC
- Promote a sustainable program
- Contribute to the achievement of an overall health status comparable to the Canadian population
- Shift the focus of health service delivery from a sickness model to a wellness and prevention model
- Are provided based on professional medical or dental judgment, consistent with the best practices of health services delivery and evidence-based standards of care

## **Coordination of Benefits**

When clients have access to another public (e.g., provincial) or private benefit plan, they must first submit their claims to that plan for coverage. One exception is the pharmacy benefit, where PharmaCare is the first payer for FNHB clients.

# Eligibility and MSP

## Eligibility

First Nations Health Benefits (FNHB) offers health-related items and services to any individual who meets the following criteria:

- Is a registered 'Indian' according to the Indian Act or is the infant (up to 18 months) of an eligible parent
- Is a resident of British Columbia in that they:
  - Are a Canadian citizen or permanent resident
  - Make their home in BC
  - Are physically present in BC at least six months in a calendar year
- Is not funded or insured under any other benefit system or benefit plan provided by the Federal Government or First Nations organization through self-government or land claims agreements

To enroll with FNHB, clients should have their status number ready and call the FNHB Eligibility team at:

**1.855.550.5454**

## INFANT ENROLLMENT

First Nations children up to 18 months old have coverage through Health Benefits if at least one parent meets the eligibility criteria. In order for infants to receive coverage beyond 18 months, it is important that parents enroll their child with FNHB.

To enroll an infant with FNHB, clients must:

1. Register the infant for a BC Personal Health Number (PHN) within the first three months by completing the Online Birth Registration through the BC Vital Statistics Agency.
2. Apply for Indian Status at a local band office or a Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC, formerly Indigenous and Northern Affairs Canada) regional office and mail in the child's original long-form birth certificate to CIRNAC.
3. Once a "Temporary Confirmation of Registration" is received, call FNHB with the child's new status number and PHN to complete the enrollment process.

## BC MEDICAL SERVICES PLAN

The BC Ministry of Health administers the Medical Services Plan (MSP) through Health Insurance BC, which ensures that all BC residents have access to medically essential care. All BC residents must have a BC Services Card to receive health services.

FNHB manages the MSP program for status First Nations in BC and pays MSP premiums directly to Health Insurance BC. Registration forms are available online at: [www.fnha.ca/benefits/eligibility-and-msp](http://www.fnha.ca/benefits/eligibility-and-msp) or by calling FNHB at **1.855.550.5454**. Clients who receive a bill for unpaid MSP premiums should contact FNHB. Coverage can be backdated for a maximum of five years. FNHB will not reimburse clients for MSP premiums that have already been paid.

## Who should apply for MSP enrollment?

- Clients and dependents who are new to BC
- Clients and dependents returning to BC (after three or more months away)
- Clients who have turned 19 years of age and were previously a dependent under their parent or guardian's MSP account
- Clients who previously had their premiums paid by an employer or other source (e.g., individuals on Income Assistance)

Most children are dependents on their parent or guardian's MSP coverage. When a client turns 19 years old, they should confirm that they have their own MSP account to ensure coverage remains active.

Please note that applications may be delayed or returned if the information identified below is not provided.

## MSP Application Checklist

- Include the following mandatory information in the application:
  - Band name and number
  - Full status number
  - Registered first name
  - Registered surname
  - Date of birth
  - Residential address (clients living off-reserve must provide a street address and not a P.O. Box number)
  - If applicable, a copy of dependents' birth certificate is provided.
  - If applicable, a previous Personal Health Number (PHN) (e.g., clients who used to live in BC or for continued enrollment at age of 19)
- Ensure all boxes are marked off and all information is complete
- Include copies of supporting documentation (e.g., birth certificate and status card, both sides)
- Ensure application is clearly printed, signed, and dated by applicant (and eligible spouse where applicable)
- If an individual is signing on behalf of someone else, they must provide legal documentation that grants Power of Attorney or clearly indicates that they are a witness for someone who is incapable of signing themselves.

## MSP Change Request Form

Clients who would like to update their MSP information (e.g., add, remove, or change information) or who need to replace a Medical Services Card should complete an MSP Change Request Form available online at: [www.fnha.ca/benefits/eligibility-and-msp](http://www.fnha.ca/benefits/eligibility-and-msp) and send it to:

### Mail:

Health Benefits Operations  
First Nations Health Authority  
#540 - 757 West Hastings St.  
Vancouver, BC V6C 1A1

### Fax:

1.888.299.9222

All change form applications should be submitted with the necessary supporting documentation (e.g., a copy of the marriage certificate, birth certificate, etc.).

## De-Insurance of Provincially Insured Services

From time to time, the BC Ministry of Health may de-insure a service, meaning it is no longer covered through MSP. FNHB **will not automatically assume responsibility** for the cost of any de-insured item or service, but will determine whether it is appropriate to be covered as a benefit.

## Extra Billing

“Extra billing” is when a health care professional (e.g., doctor) bills a client more than what MSP pays for the service. The Medicare Protection Act prohibits extra billing for the delivery of medical services covered by MSP and therefore FNHB will not pay extra billing fees nor reimburse clients for these charges. If clients receive a bill that they think is an “extra billing” charge they should check with the Medical Services Commission by emailing: **MSC@gov.bc.ca**. You may also call FNHB Benefit Support Representatives at: **1.855.550.5454**

For detailed information on MSP please visit: [www.health.gov.bc.ca/msp](http://www.health.gov.bc.ca/msp)

# Health Benefits

First Nations Health Benefits (FNHB) provides coverage for items and services in the following benefit areas:

- Dental
- Medical Supplies and Equipment
- Medical Transportation
- Mental Health
  - Short-Term Crisis Intervention
  - Indian Residential School Resolution Health Support Program
  - Missing and Murdered Indigenous Women and Girls Health Support Services
- Pharmacy
- Vision Care



# Dental

First Nations Health Benefits (FNHB) provides coverage for dental services to maintain good oral health, prevent cavities and gum disease, and restore function. Seeing a dentist regularly can help catch dental problems before they get too serious and require more extensive treatment. Oral health is directly linked to general health and wellness. Dental infections can make certain health conditions such as diabetes, heart disease, and pregnancy more complicated.

## What is covered?

Health Benefits covers specific dental items and services under the following categories:

- Diagnostic services (e.g., examinations or x-rays)
- Preventive services (e.g., cleanings or fluoride treatment)
- Restorative services (e.g., fillings or crowns)
- Endodontic services (e.g., root canals)
- Periodontal services (e.g., deep cleanings)
- Prosthodontic services (e.g., removable dentures)
- Oral surgery services (e.g., removal of teeth)
- Orthodontic services (e.g., braces for cases of severe misalignment)
- Adjunctive services (e.g., general anaesthetics or sedation - including nitrous oxide and oral sedation)

Items and services not listed as a benefit may be covered on an exceptional basis. Questions about coverage? Call our Health Benefit support line at **1.855.550.5454**

## Prior Approval

Some dental services require prior approval from FNHB in order to receive coverage. There are two schedules for dental services:

- Schedule A: services that do not need prior approval (e.g., teeth cleanings)
- Schedule B: services that do require prior approval (e.g., crowns)

## Exclusions

Some dental procedures are considered exclusions under the dental benefit. Clients cannot seek exception or appeal (for more about appeals, see page 28) for excluded items. Examples of dental benefit exclusions include:

- Appliances to treat bruxism (e.g., night guards)
- Cosmetic treatment
- Extensive rehabilitation
- Fixed prosthodontics (e.g., bridges)
- Implants and all related procedures
- Porcelain and ceramic crowns
- Ridge augmentation
- Veneers

## Who can provide dental benefits?

Dental services must be provided by a licensed dental professional such as a dentist, dental specialist, or denturist. FNHB can suggest a dentist in your area but cannot refer or recommend any providers. When choosing a dentist, clients are encouraged to ask friends, family, or their community for recommendations.

Dentists should be able to tell a client what is covered by FNHB, as well as which services require prior approval. If the provider is not familiar with FNHB coverage, the client or dental provider should contact Health Benefits at:

**1.855.550.5454**

**Only dentists registered with FNHB can directly bill for services. Clients who see a dentist not registered with FNHB will need to pay out-of-pocket and submit a reimbursement request to FNHB after their appointment.**

**Clients are strongly encouraged to discuss billing with their dentist before booking an appointment. These are a few questions clients should ask their dentist:**

- Are you registered with FNHB for billing or do I have to pay out-of-pocket?
- Do you require payment up front for services (e.g., before treatment)?
- Do you charge above the amount covered by FNHB?

# Accessing Dental Benefits



# Medical Supplies and Equipment

First Nations Health Benefits (FNHB) provides coverage for certain Medical Supplies and Equipment (MS&E) for clients coping with illness, injury, or receiving care at home. Using medical equipment when it is needed is important for one's safety and can provide clients with greater mobility and independence.

## What is covered?

Health Benefits covers specific medical supplies and equipment under the following categories:

- Audiology (e.g., hearing aids and supplies)
- Bathing and toileting aids
- Cushions and protectors
- Environmental aids (e.g., dressing and feeding)
- Lifting and transfer aids
- Low vision aids
- Miscellaneous supplies and equipment (e.g., breast pumps, blood pressure monitors)
- Mobility Aids (e.g., walking aids, wheelchairs, walking boot)
- Orthotics and custom footwear (e.g., off the shelf limb)
- Ostomy supplies and devices
- Oxygen supplies and equipment (e.g., CPAP machines and equipment replacements)
- Pressure garments and pressure orthotics (e.g., compression devices and scar management)
- Prosthetic benefits (e.g., breast, eye, limbs)
- Respiratory supplies and equipment
- Urinary supplies and devices (e.g., catheter supplies and devices, incontinence supplies)
- Wound dressing supplies

MS&E items require a prescription or written recommendation, depending on the item.

Questions about coverage? Call our Health Benefit support line at **1.855.550.5454**

## Exclusions

Some items are considered exclusions under the MS&E benefit. Clients cannot seek exception or appeal (for more about appeals, see page 28) for excluded items. Examples of MS&E benefit exclusions include:

- Assistive listening devices (except for eligible hearing aids, which are listed as a benefit)
- Assistive speech devices (e.g., keyboard speech systems, speech enhancers)
- Custom-made ventilation masks
- Electric/myoelectric limb prosthetics
- Experimental equipment
- Foot products manufactured only from laser or optical scanning or computerized gait and pressure analysis systems
- Permanently fixed grab bars
- Home renovations (e.g., ramps, stair lifts)
- Household items (e.g., handheld shower)
- Implants
- Incentive spirometer
- Items for cosmetic purposes
- Items used exclusively for sports, work, or education
- Items that are part of a surgical procedure
- Medical alert systems (e.g., Lifeline)
- "Off the shelf" orthopedic footwear
- Oxygen for indications that do not meet the medical criteria of the Non-Insured Health Benefits Program (NIHB) (e.g., angina and pain relief from migraines)
- Respiratory equipment for in-patients of an institution
- Scooters
- Short-term compression stockings/garments (e.g., post-operative surgical stripping, sclerotherapy, and edema conditions)
- Temporary prosthetics required as part of a surgical procedure
- Therapy treatment or equipment (e.g., treadmills, exercise balls)

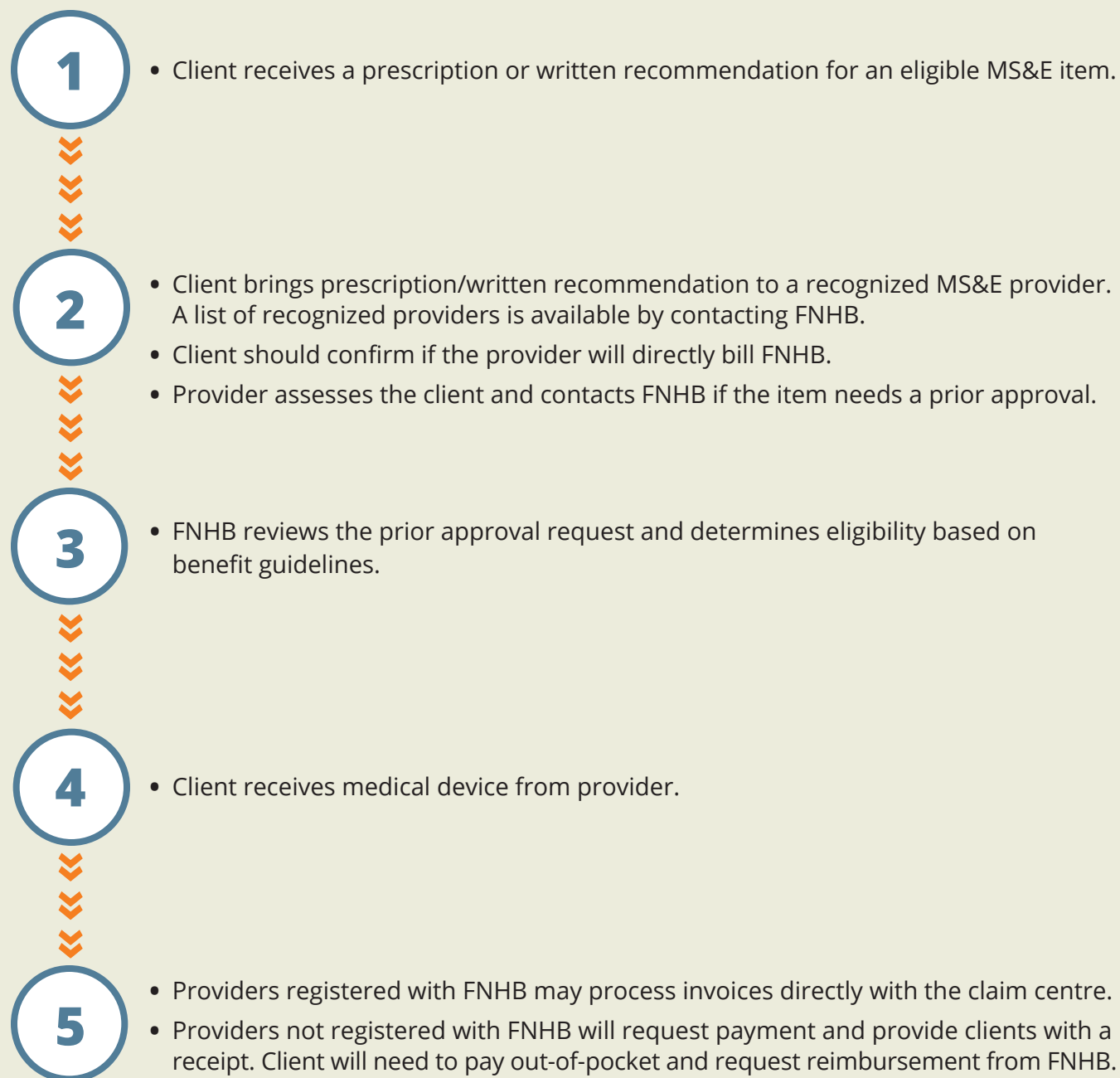
## Who can provide MS&E benefits?

MS&E items must be provided by a pharmacy or medical supply and equipment provider recognized by FNHB. Clients can contact FNHB to find an appropriate provider. Clients are also encouraged to ask their MS&E provider if they are registered with FNHB for direct billing.

**Only MS&E providers registered with FNHB can directly bill for services. Clients who order items from a provider not registered with FNHB will need to pay up front and submit a reimbursement request to FNHB. Clients are strongly encouraged to discuss billing with their provider before booking an appointment. These are a few questions clients should ask their provider before ordering MS&E items:**

- Are you registered with FNHB for billing or do I have to pay out-of-pocket?
- Do you require payment up front for services (e.g., before treatment)?
- Do you charge above the amount covered by FNHB?

# Accessing MS&E Benefits



# Medical Transportation

First Nations Health Benefits (FNHB) provides medical transportation (MT) benefits to support clients accessing medically-necessary health services not available in their community of residence. Eligible clients may be provided with funding for meals, accommodation, and transportation as required.

## What is covered?

Medical transportation may be provided for clients to access medically-necessary health services not available in their community of residence. Medically necessary health services may include:

- Medical services insured through the BC Medical Services Plan (MSP)
- Services covered by FNHB
- Publicly-funded diagnostic tests and preventative screening programs
- Traditional healers
- Treatment at the nearest appropriate in BC National Native Alcohol Program and Drug Abuse Program (NNADAP) funded or referred facility in BC

The MT benefit covers the most economical and efficient means of transportation, taking into account the urgency of the situation and the medical condition being addressed.

Some types of travel not listed as a benefit may be covered on an exceptional basis. Questions about coverage? Call our Health Benefit support line at **1.855.550.5454**

## Documentation

Clients requesting MT benefit coverage must provide the following documentation before travel is arranged:

- A referral from a doctor
- Confirmation of an upcoming appointment from the health provider or facility

For pre-approved MT trips, clients must provide confirmation of attendance from the health provider or facility after their appointment. Travel expenses will not be reimbursed without written confirmation of attendance.

## Travel Escorts

Clients may be eligible to travel with an escort in cases where the client:

- Is a minor
- Requires assistance with activities of daily living such as dressing, eating, or bathing
- Faces a language barrier
- Will receive instructions on specific and essential home medical or nursing procedures that cannot be given to the client only
- Is undergoing a medical procedure (e.g., day surgery) or has a medical condition that will result in the client requiring assistance
- Is travelling to give birth, including travel to be near medical care while awaiting childbirth (prenatal confinement)

Clients must provide documentation from their health care provider to support their need for an escort.

## Exclusions

Some types of travel are considered exclusions under the MT benefit. Clients cannot seek exception or appeal (for more about appeals, see page 28) for excluded travel. Examples of MT benefit exclusions include:

- Accessing medical appointments when travelling outside of Canada
- Compassionate travel (e.g., travelling to visit a family member who is receiving medical treatment)
- Payment of fees for a doctor's note that supports a client requests for MT
- Travel by clients in the care of a federal, provincial, or territorial institution (e.g., clients who are in prison)
- Travel to access treatment/assessment that is court-ordered or a condition of parole that is arranged by the justice system
- Travel outside of Canada for medical appointments
- Travel by clients when necessary medical services are available in their current area of residence
- Travel to access services requested by a third-party (e.g., medical exams required for a job or for insurance purposes)
- Travel back to a client's community of residence if the client becomes ill while away from home
- Travel where the only purpose is to pick up prescriptions, vision care products, or medical supplies and equipment that don't need to be fitted
- Travel to access non-medically necessary services
- Travel to adult day care or respite care
- Travel to interval or safe houses

## Client Responsibilities

Clients who receive MT benefits from FNHB have certain responsibilities, including:

- When possible, clients should give at least five days' notice prior to travelling to access medically necessary services to allow time for travel arrangements to be made. Without enough notice, clients may have to reschedule their appointment, or pay for their travel out-of-pocket and request reimbursement later.
- Clients should get prior approval from FNHB or the responsible First Nations community or organization for all non-emergency trips.
- Clients should attend their medical appointment as scheduled. Clients who do not attend medical appointments may be required to pay back any benefits they have received and pay for their travel costs on subsequent medical travel.
- Clients should get a signed or stamped confirmation from the health professional or facility where they attended their appointment and provide it to FNHB or the appropriate First Nations community or organization.
- Clients should protect all original warrants or vouchers given to them for their medical trip because these will not be replaced if lost or stolen.
- Clients should give as much notice as possible when cancelling an appointment, and at least 24 hours' notice when cancelling hotel or flight arrangements.
- Clients need to keep all their original receipts for payments made during their medical travel so that these can be submitted for reimbursement.
- Clients must avoid using threatening or verbally abusive language with patient travel clerks or health providers. Use of such language will not be tolerated and may result in clients being asked to pay for their travel out-of-pocket and request reimbursement after their medical travel.



# Accessing Medical Transportation Benefits

1

- Client has an appointment for a medically-necessary health service not available in their home community.

2

- Client should contact FNHB to see if they are covered by a Funding Agreement. If they are covered by a Funding Arrangement then MT benefits are arranged through the band office or office of a First Nations organization.
- Clients not covered by a Funding Arrangement should submit an MT request to FNHB with all relevant documentation, including a Confirmation of Appointment.

3

- FNHB reviews the request and determines eligibility based on program guidelines.

4

- FNHB makes travel arrangements and forwards the information to the client.

5

- Client attends the appointment as scheduled and obtains a Confirmation of Attendance.
- Client submits Confirmation of Attendance to FNHB.

# Mental Health

First Nations Health Benefits (FNHB) provides access to counselling services from a qualified mental health providers. Counselling is a tool for individuals experiencing a difficult situation to resolve their emotional distress and enjoy greater wellness. FNHB administers coverage for mental health counselling through three programs:

1. Short-Term Crisis Intervention Mental Health Counselling (STCIMHC)
2. The Indian Residential School Resolution Health Support Program (IRS RHSP)
3. The Missing and Murdered Indigenous Women and Girls Health Support Services (MMIWG HSS)

Each program has its own eligibility criteria and may provide a different number of counselling hours. Counselling services are available for all three programs through telehealth for clients who are not able to attend an in-person appointment.

## Who can provide mental health benefits?

Mental health counselling is provided by psychologists, social workers, and clinical counsellors who are registered with FNHB and have received training in cultural safety and humility. A list of registered mental health providers can be found on our website [www.fnha.ca/benefits/mental-health](http://www.fnha.ca/benefits/mental-health) or by contacting Health Benefits at:

**1.855.550.5454**

All services require prior approval from FNHB. Services not listed as a benefit may be covered on an exceptional basis.

## SHORT-TERM CRISIS INTERVENTION MENTAL HEALTH COUNSELLING

The Short-Term Crisis Intervention Mental Health Counselling (STCIMHC) is designed to support clients living off-reserve who are in need of support to resolve an immediate issue. Counsellors can support clients in transitioning to other mental health services, if required. Clients who live on-reserve should contact their band office for mental health services available to them.

## What is covered?

FNHB provides the following counselling services through the STCIMHC program:

Service	Counselling Hours	Coverage Period
Initial Assessment	2 hours	20 weeks per crisis
Counselling	15 hours	
Transition to another mental health service (if needed)	5 hours	

### Exclusions

Some services are considered exclusions under the mental health benefit. Clients cannot seek exception or appeal (for more about appeals, see page 28) for excluded items. Examples of exclusions include:

- Assessment services for issues such as fetal alcohol spectrum disorder, learning disabilities and child custody
- Counselling services for incarcerated clients
- Early intervention programs for infants with delayed development
- Educational and vocational counselling, including psychoeducational assessments
- Life skills training
- Psychiatric emergencies for person(s) at risk of harm to self or others (call 9-1-1 or take the person to the nearest Emergency Department if you feel it is safe to do so)
- Services funded by another program or agency, including psychiatric and family physician services through the BC Medical Services Plan (MSP)
- Services including: psychoanalysis, hypnotherapy, expressive arts therapy, and sex therapy
- Services that are part of, or to be used for, legal actions including court-ordered assessments
- Substance abuse counselling/therapy

### INDIAN RESIDENTIAL SCHOOL RESOLUTION HEALTH SUPPORT PROGRAM

The Indian Residential School Resolution Health Support Program (IRS RHSP) is a national program administered in BC through FNHB. Through the IRS RHSP, counselling is available to address mental distress and intergenerational trauma resulting from the legacy of the residential school system in Canada. Services are available for former students who attended a residential school listed in the 2006 Indian Residential Schools Settlement Agreement. Services are also available to the family members of those students. Eligible individuals can be First Nations or non-First Nations.

### What is covered?

FNHB provides the following counselling services through the IRS RHSP:

Service	Counselling Hours	Coverage Period
Initial Assessment	2 hours	12 months
Counselling	20 hours	

## MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS HEALTH SUPPORT SERVICES

The Missing and Murdered Indigenous Women and Girls Health Support Services (MMIWG HSS) is a national program administered in BC through FNHB. Counselling is available to address mental distress and trauma resulting from missing and murdered Indigenous women and girls in Canada. Services are available for survivors, family members, and others affected. Eligible individuals can be First Nations or non-First Nations. This program is in place to support families until June 2020.

### What is covered?

FNHB provides the following counselling services through the MMIWG HSS:

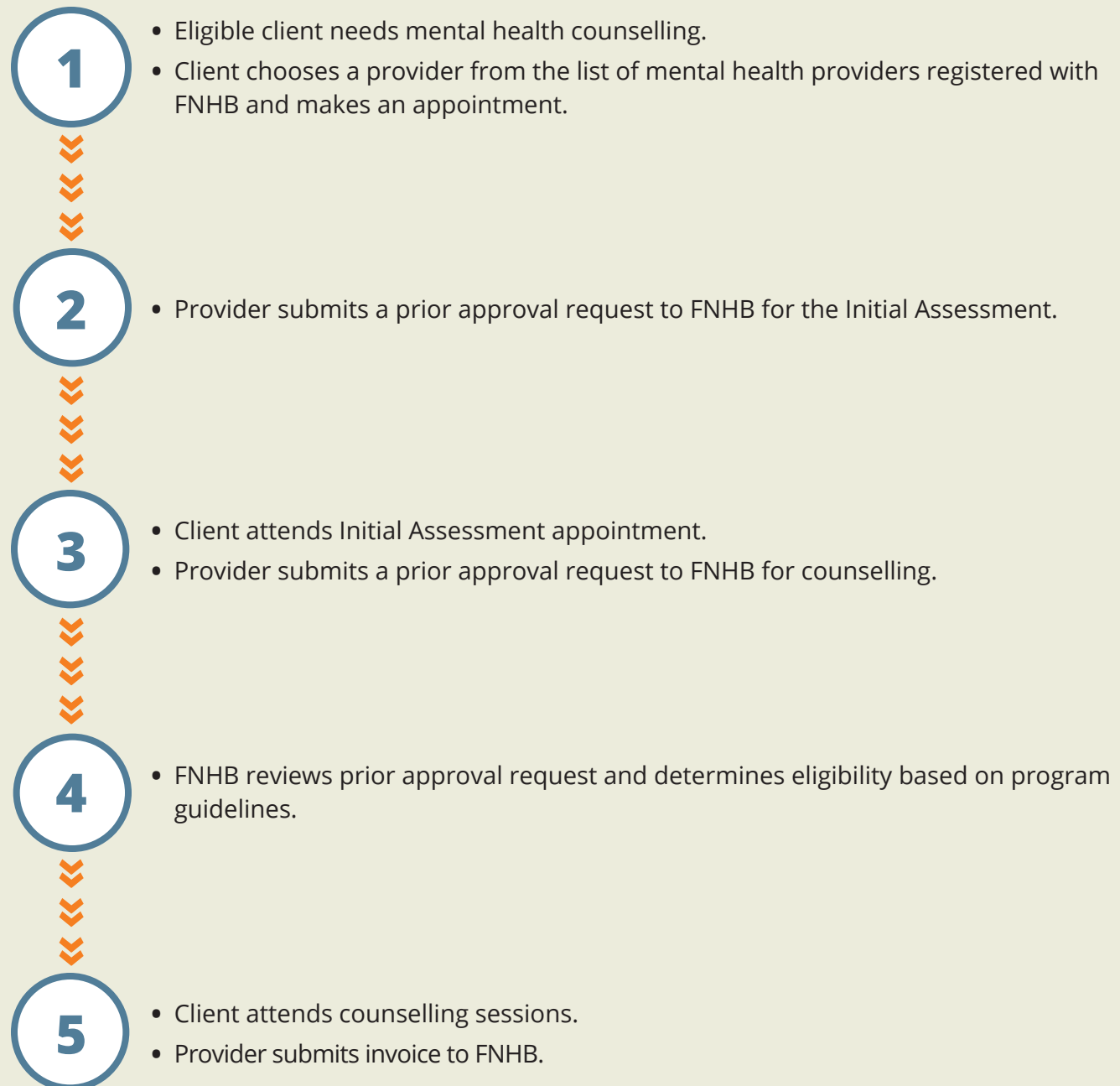
Service	Counselling Hours	Coverage Period
Initial Assessment	2 hours	12 months
Counselling	20 hours	

### Exclusions

Some services are considered exclusions under the mental health benefits. Clients cannot seek exception or appeal (for more about appeals, see page 28) for excluded items. Examples of IRS RHSP and MMIWG exclusions include:

- Accommodations and treatment fees for facility-based addictions treatment
- Any service provided by a non-eligible provider
- Psychiatric and family physician services insured through the BC MSP
- Services for a purpose other than mental health counselling (e.g., psychoeducational testing/assessments, educational and vocational counselling, life skills training, life coaching/mentoring, early intervention/enrichment programs, sex therapy)
- Services for the purpose of a third party (e.g., school application, employment assessment, to support legal action, child custody, etc.)
- Services funded by another program or agency (e.g., counselling provided to incarcerated clients who have mental health coverage through the Provincial Health Services Agency or Correctional Services Canada)
- Telehealth through instant messaging or emails.

# Accessing Mental Health Benefits



# Pharmacy

First Nations Health Benefits (FNHB) provides coverage for medications and certain pharmacy items. Prescription medications are one part of a client's wellness journey.

This benefit is delivered through partnerships between the First Nations Health Authority (FNHA), BC PharmaCare, the federal Non-Insured Health Benefits Program (NIHB) and multiple provincial agencies (BC Cancer, BC Centre for Excellence in HIV/AIDS, BC Renal Agency and BC Transplant). BC's provincial agencies provide drug coverage to all British Columbians living with those specific health conditions.

## What is covered?

Health Benefits covers items from the following categories:

- Prescription drugs
- Over-the-counter (OTC) drugs
- Non-drug OTC items (e.g., lancets for diabetic use)

Clients may require a drug not normally covered or only partially covered. In some cases, a prescriber (e.g., doctor or nurse practitioner) can apply for Special Authority through PharmaCare to request coverage for these items. Special Authority must be approved before the prescription is filled – coverage cannot be provided retroactively.

Questions about coverage? Call our Health Benefit support line at **1.855.550.5454**

## Exclusions

Some items and services are considered exclusions under the pharmacy benefit. That means clients cannot seek exception or appeal (for more about appeals, see page 28) these items. Examples of Pharmacy benefit exclusions include:

- Alternative therapies (e.g., glucosamine and evening primrose oil)
- Anti-obesity drugs
- Certain OTC items
- Clinic or hospital fees
- Cough preparations containing codeine
- Drugs with investigational/experimental status
- Fees for writing prescriptions or completing a form
- Fertility drugs
- Hair growth stimulants
- Household products (e.g., soap and shampoos)
- Impotence drugs
- Megavitamins
- Private physician fees
- Prescriptions written by a veterinarian
- Vaccinations for travel

## BRAND NAME AND GENERIC DRUGS

It is important to understand the difference between **brand name** and **generic drugs**.

**Brand name drugs** are the first version of a drug to be sold within a country and can only be sold by the company that researched and developed the drug. Brand name drugs are more expensive because of the money invested in research, development and marketing.

**Generic drugs** are a copy of a brand name drug. Generic drugs have the same active ingredients as the brand name drug but cost less because the drug company did not need to invest money in creating them. Generic drugs undergo the same regulatory testing and are just as safe as brand name drugs. All generic drugs are approved by Health Canada.

For example, Tylenol is a brand name drug and acetaminophen is its generic name.

Most public and private drug plans, including the FNHB, cover a mix of brand name and generic drugs. If there is a medical reason a client cannot take a generic drug on the FNHB's formulary list, the prescriber may be able to request a Special Authority exemption to ensure the medication is still covered.

**Most pharmacy items are fully covered. If you are asked to pay for your medication ask your pharmacist. Some questions clients may ask are:**

- What are my options to get coverage for this medication?
- Can the pharmacist recommend an alternative covered by Plan W?
- If the medication is not covered under PharmaCare, has the pharmacist billed the FNHA-NIHB formulary?

Clients experiencing challenges at the pharmacy counter may call one of our Benefit Support Representatives at: **1.855.550.5454**

# Accessing Pharmacy Benefits

1

- Client visits a prescriber (e.g., physician, nurse practitioner, or midwife) and is given a prescription for a medication or over-the-counter (OTC) item.
- If the prescribed item requires Special Authority for coverage or is not on the Plan W formulary, the prescriber may apply for Special Authority coverage before the client fills the prescription.

2

- Client takes their prescription to a local pharmacy.
- Some OTC medications and items (e.g., laxatives, children's multivitamins) can be covered when treatment is recommended and documented by the pharmacist. These medications do not require a prescription.

3

- Pharmacist fills the prescription or OTC item and processes payment through one of the FNHB formularies. All prescriptions should be first billed through Plan W (or other applicable PharmaCare plans) and then the FNHA-NIHB formulary if necessary.

4

- Client receives medication or OTC item.
- The pharmacist is available to provide training on healthy medication use or answer any questions the client may have, such as correct dosing, number of refills prescribed and possible side-effects of the medication.
- If coverage of the medication is through a Special Authority, the client and the pharmacist should discuss any expiry date for the Special Authority.



# Vision Care

First Nations Health Benefits (FNHB) provides coverage for eye exams and glasses to ensure clients maintain good eye health. Eye exams are important to check the eyes for common diseases and as an indicator of overall health. Regardless of age or physical health, a comprehensive eye exam will help detect any eye problems early when they are most treatable.

## What Is Covered?

Health Benefits covers specific vision care items and services under the following categories:

- Eye examinations
- Glasses (lenses and frames)

Coverage is subject to frequency limits. Extra charges for eye exams and eyewear are the responsibility of the client.

Items and services not listed as a benefit may be covered on an exceptional basis. Questions about coverage? Call our Health Benefit support line at **1.855.550.5454**

## Eye Examination

- Clients between the ages of 19 – 64 have coverage for routine eye exams once every 24 months through the vision care benefit.
- Clients under the age of 19 and over the age of 64 have coverage for routine eye exams once every 12 months through the BC Medical Services Plan (MSP).

Please note that, while BC optometrists can bill eye exams to MSP for children under the age of 19 and adults 65 and over, providers may choose to charge more than what MSP covers. Extra charges are not covered by FNHB.

## Glasses

FNHB provides coverage for glasses (including both the lenses and frames) when the client has met the criteria for initial or replacement eyewear. Clients must have a vision prescription prescribed within last 12 months by an optometrist or ophthalmologist. Coverage for glasses requires a prior approval.

FNHB also provides coverage for the repair of glasses under certain conditions.

## Who can provide vision care benefits?

It is important to understand which providers can conduct eye exams and which can dispense glasses. Please use the following chart for reference.

Provider Type	Conduct Eye Exams	Dispense Glasses & Contacts
Ophthalmologist	✓	
Optometrist	✓	✓
Optician		✓

Only providers who are registered with FNHB can directly bill for services. Clients who choose to see a provider not registered with FNHB will need to pay out-of-pocket and submit a reimbursement request to FNHB.

Some questions to ask your provider about billing:

- Are you registered with FNHB for direct billing or do I have to pay out-of-pocket?
- Do you require payment up front for services?
- Do you charge above the amount covered by FNHB?

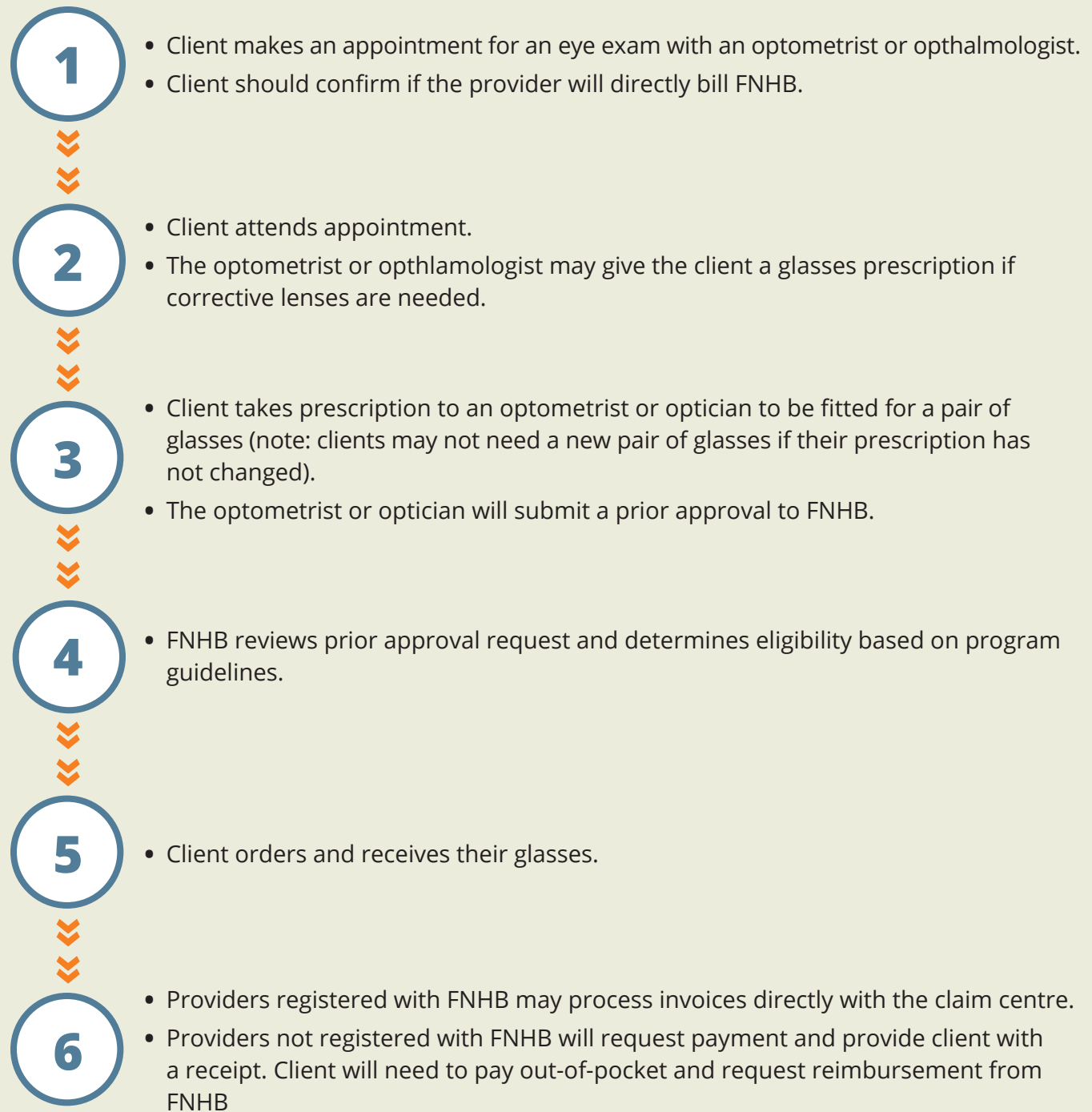
## Exclusions

Some items and services are considered exclusions under the vision care benefit. Clients cannot seek exception or appeal (for more about appeals, see page 28) for excluded items. Vision care benefit exclusions include:

- Additional carrying cases for glasses or contact lenses
- Aesthetic products
- Bifocal contact lenses
- Cleaning kit
- Contact lens solution
- Implants (e.g., punctual occlusion procedure)
- Industrial safety frames or lenses for sports or professional use
- Photochromic/photochromatic lenses
- Progressive or trifocal lenses
- Refractive laser surgery
- Replacements or repairs as a result of misuse, carelessness, or client negligence
- Shampoo (e.g., “no more tears” type shampoo solution)
- Sunglasses with no prescription
- Treatments with investigational/experimental status
- Two pairs of glasses, except in specific scenarios when bifocal lenses are needed
- Vision care items and services covered by the provincial health insurance plan
- Vision exams at the request of a third party (e.g., completing a report or medical certificate)
- Vision exams required for employment, a driver’s license, or to engage in sports activity
- Vision items for aesthetic purposes
- Vision training

Clients can contact FNHB at: **1.855.550.5454** if they have any questions.

# Accessing Vision Care Benefits



# Appeals

When coverage for a benefit has been denied, the client, their parent/guardian, or their interpreter has the right to appeal the decision.

There are three levels of appeal available. At each level, the appeal must be submitted in writing to FNHB along with information and documentation that explain why the client is appealing the decision. Appeals must be submitted within 12 months from the date the benefit was denied.

Clients must include the following information in their letter of appeal:

- The condition for which the benefit is being requested
- The diagnosis and prognosis, including what alternatives have been tried
- Relevant diagnostic test results (e.g., dental x-rays)
- Justification for the proposed treatment and any additional supporting information

Once FNHB receives the appeal request, the client will receive a written explanation of the decision within 30 days. Please note that benefit exclusions cannot be appealed. Clients can contact FNHB at: **1.855.550.5454** if they have any questions.

## Appeals Process

Clients, their parent/guardian, or their interpreter should mail their letter of appeal to the appropriate contact at FNHB:

- When first appealing a denied benefit, the letter of appeal should be submitted to “Appeal Level 1”.
- If the first level of appeal is denied, clients can move to “Appeal Level 2”.
- If the second level of appeal is denied and new or additional information has become available, clients can move to “Appeal Level 3”.

All appeal requests should be clearly marked **“APPEALS - CONFIDENTIAL”**

## Appeals for General Health Benefits

(Dental, Medical Transportation, Mental Health, Medical Supplies and Equipment, Pharmacy, and Vision Care)

### Appeal Level 1

Director,  
Health Benefits Operations  
First Nations Health Authority  
#540 - 757 West Hastings St.  
Vancouver, BC V6C 1A1

### Appeal Level 2

Appeal Review Committee  
c/o VP Health Benefits  
First Nations Health Authority  
Attention: Vice President,  
Health Benefits  
First Nations Health Authority  
#540 - 757 West Hastings St.  
Vancouver, BC V6C 1A1

### Appeal Level 3

Chief Operating Officer  
First Nations Health Authority  
#501 – 100 Park Royal South  
West Vancouver, BC V7T 1A2

## Appeals for Orthodontic Benefits

When appealing a denied orthodontic service, a predetermination (prior approval request) must be received by the Non-Insured Health Benefits' (NIHB) Orthodontic Review Centre prior to the client's 18th birthday. All three levels of the Health Benefits' Orthodontic Appeal process must be completed before the client's 19th birthday.

In addition to the letter of appeal and supporting documentation, orthodontic appeals should also include the following information provided by the orthodontist or dentist:

- Diagnostic test results, including:
  - Diagnostic orthodontic models – soaped and trimmed (mounted or unmounted)
  - Cephalometric – radiograph(s) and tracing
  - Photographs – three intra oral and three extra oral
  - Panoramic radiograph or full mouth survey
- Treatment plan, estimated duration of active and retention phases of treatment, and an outline of billable costs.
- Completed FNHB Dent-29 Form
- Signature of parent or guardian, including their Band name and number (or date of birth)

### Appeal Level 1

Orthodontic Consultant  
NIHB Orthodontic Review Centre  
Health Canada  
200 Eglantine Driveway,  
2nd floor Tunney's Pasture,  
Postal Locator 1902D  
Ottawa, ON K1A 0K9

### Appeal Level 2

Director, Benefit Management  
NIHB Orthodontic Review Centre  
Health Canada  
200 Eglantine Driveway,  
2nd floor Tunney's Pasture,  
Postal Locator 1902D  
Ottawa, ON K1A 0K9

### Appeal Level 3

Chief Operating Officer  
First Nations Health Authority  
#501 – 100 Park Royal South  
West Vancouver, BC V7T 1A2

# Client Reimbursement

When providers are not able to bill First Nations Health Benefits (FNHB) directly, or if the cost of the item or service is more than what FNHB covers, then clients will need to pay out-of-pocket for eligible items and services and then request reimbursement from FNHB.

Health providers registered with FNHB can directly bill for items and services so that clients are not charged at the point of service. If providers do not bill FNHB directly or if the cost of the item or service is more than what FNHB covers, the client will have to pay some or all of the costs out-of-pocket and request reimbursement. Please note that FNHB will only reimburse clients to the maximum amount covered for eligible items and services. Clients with questions about eligible coverage can contact FNHB at: **1.855.550.5454**

Reimbursement requests must be received by FNHB within one year from the date on which the item or service was received.

**Only providers who are registered with FNHB can bill directly for services provided to clients. To avoid paying out-of-pocket for items and services covered under Health Benefits, clients should be asking their providers about billing before booking an appointment.**

Some billing questions to ask health providers may include:

- Are you registered with FNHB or do I have to pay out-of-pocket?
- Do you require payment up front for services?
- Do you charge above the amount covered by FNHB?

## REIMBURSEMENT PROCESS

To request reimbursement, clients must complete the appropriate client reimbursement form, which can be found online at: [www.fnha.ca/benefits/about-the-program](http://www.fnha.ca/benefits/about-the-program)

In addition to the client reimbursement form, the reimbursement request must include:

- Original receipts that include a cost breakdown (e.g., pharmacy dispensing fees, Drug Identification Number)
- A copy of the prescription/written recommendation, if applicable
- A completed Standard Dental Claim form or FNHB Dent-29 form (for dental claims only)
- An Explanation of Benefits page if wanting to coordinate of benefit coverage with another plan

Clients can contact FNHB at: **1.855.550.5454** if they have any questions.

# Leaving British Columbia

FNHB eligibility is based on residency in BC, which is determined by the Medical Services Plan (MSP).

## TRAVELLING OUTSIDE OF BRITISH COLUMBIA

The Medical Services Plan (MSP) provides limited coverage to BC residents travelling outside of the province. Residents can be reimbursed for items and services covered by MSP that are delivered by a licensed physician. However, reimbursement is limited to the amount covered in BC. This means that individuals are responsible for the difference in cost, which may be substantial. For example, if a BC resident needs in-patient hospital care in the United States, the cost may exceed \$1,000 (USD) a day. BC MSP will only reimburse \$75 (CDN) and the individual is responsible for the difference. FNHB clients are **strongly advised** to purchase additional health insurance before leaving BC, whether travelling to another province or outside of Canada.

FNHB will cover items and services purchased or received in a province outside of BC as long as it is an eligible item or service and delivered by an eligible health professional. Please note that clients will likely have to pay for the item or service out-of-pocket and request reimbursement from FNHB.

If you are travelling outside of BC, please plan ahead to ensure you have enough medication for your trip. You can usually "top up" your prescription to the maximum days' supply PharmaCare covers.

Clients can contact FNHB at: **1.855.550.5454** if they have any questions.

## TEMPORARY ABSENCE

Clients who are planning to be in another province for up to 24 months (e.g., students, individuals working on a short-term contract) should contact the FNHB eligibility team at: **1.855.550.5454** to ensure their coverage continues while they are away. Interruption to MSP coverage may require the client to reapply.

## PERMANENT MOVE

Clients who are moving to another province in Canada should immediately contact the appropriate NIHB regional office to set up health benefit coverage in their new province. FNHB will provide coverage for the month the client leaves plus two consecutive months after. Clients moving outside of Canada will only have coverage for the month in which they leave.

Clients who are leaving BC should contact Health Insurance BC at: **1.800.663.7100** (toll-free) to cancel their provincial medical coverage.

# Frequently Asked Questions

## GENERAL QUESTIONS

### **Do I have to pay out-of-pocket for items and services covered by First Nations Health Benefits (FNHB)?**

*FNHB strongly encourages providers to bill FNHB directly, however some providers do not. We encourage clients to ask providers (e.g., dentist or optometrist) questions about billing before their appointment. Billing questions may include: "Does the item/service cost more than what is covered by FNHB?" and "Do you require payment out-of-pocket or will you bill Health Benefits?"*

### **Can I continue to use my current provider (e.g., dentist or optometrist) if they do not bill FNHB directly?**

*Yes, that is your choice. However, we encourage clients to contact FNHB at: **1.855.550.5454** to make sure that the item or service is covered by FNHB. Also, providers may charge more than the rate covered by FNHB. If the provider does not bill FNHB or charges more than what FNHB covers, clients will have to pay some or all of the costs out-of-pocket for the item or service and submit a reimbursement request to FNHB. FNHB only reimburses up to the maximum rate, regardless of what the provider charges.*

### **Why should I keep my private insurance if I am eligible for FNHB?**

*Some benefits covered under private or employer-sponsored insurance are not covered under FNHB (e.g., physiotherapy or chiropractic treatment).*

### **Does FNHB provide out-of-country coverage?**

*FNHB may cover the cost of supplemental health insurance premiums for approved students or migrant workers travelling or working outside of Canada. Supplementary health insurance coverage for all other travel outside of Canada (e.g., vacation travel) is not a benefit under FNHB. When travelling outside of Canada, it is recommended that you buy travel health insurance in case of an emergency.*

### **I received an ambulance and hospital bill for medical care incurred in the United States and, unfortunately, I did not buy the supplemental coverage for travel outside of Canada. Can FNHB assist in paying?**

*No, FNHB does not cover medical bills incurred outside of Canada. Clients may want to contact the Ministry of Health Out-of-Country Claims Department to discuss any other coverage they may have through MSP.*

### **What is the difference between an exception and exclusion?**

*Exceptions are items or services not on the benefits list that FNHB provides coverage for under **exceptional** circumstances. Exception requests are determined on a case-by-case basis. Exclusions are items and services that are **excluded** from Health Benefits coverage under all circumstances. Excluded items and services are not available through the exceptions process and cannot be appealed.*

### **Can I appeal a decision and how would I go about it?**

*When coverage for a benefit through FNHB has been denied, the client or their parent/guardian has the right to appeal the decision unless the item or service is excluded from the benefit program (see above). Appeals must be submitted in writing and can be initiated by either the client, their legal guardian, or the client's interpreter. More detailed information can be found in the "Appeals" section of this guide on page 28.*



## AMBULANCE BILLS

### Why have I received a bill for ambulance services?

FNHB covers ambulance bills for our clients. To receive this coverage, clients must provide BC Ambulance with their status number to allow them to invoice FNHB. If you have received a bill, it is possible that BC Ambulance may not have been provided with your status number at the time of the service. Clients should call BC Ambulance or return the bill with the client's 10 digit status number, date of birth, and registered name. Once BC Ambulance has this information, the invoice will be sent to the FNHB for review.

Ambulance Services Billings Department: **1.800.665.7199**

## BC MEDICAL SERVICES PLAN (MSP)

### I filed my income tax return and the Canada Revenue Agency is indicating that I owe for unpaid MSP premiums. Why?

If clients receive a bill for unpaid MSP premiums, this is because BC MSP is incorrectly billing the client instead of FNHB. This may occur if a client was registered under another MSP plan (e.g., if the client's employer was paying for their MSP and the client was not removed from the employer's MSP plan after leaving the job.) instead of FNHB. Clients who receive a bill for unpaid MSP premiums should complete an MSP application form for FNHB clients and submit it to FNHB with the attached bill and a photocopy of the individual's birth certificate. FNHB will backdate coverage for a maximum of five (5) years.

## BENEFITS

### The provider (e.g., dentist, optometrist) is charging me for treatment. Why?

FNHB has a specific fee schedule for each benefit area that outlines what items and services are covered, how much coverage is available, and how often clients can access the benefit. Health care providers may charge above what FNHB covers. Clients are responsible for these additional costs.

### I have been prescribed a drug by my physician and the pharmacist has told me that it is not covered through FNHB. Why?

FNHB's drug plan, Plan W, is a comprehensive drug benefit list. A physician prescribing an item that is not on Plan W, can apply for a Special Authority through BC PharmaCare for exceptional coverage. If a medication is not covered, it is important to discuss with the pharmacist about medications covered by Plan W that have the same active ingredients or the same medical purpose. Clients experiencing challenges at the pharmacy counter can call Health Benefits at: **1.855.550.5454**

### Why does my dentist have to send in a request before performing some services?

Predetermination, or prior approval, is common practice for most public and private dental plans. The predetermination process ensures that both the dentist and FNHB client are informed of the policies and understand what is covered. Clients must meet all of the clinical criteria and guidelines established by FNHB for the treatment to be considered for coverage.

### Are chiropractic, massage therapy, naturopathy, physical therapy, or podiatry services covered through FNHB?

No, these services (often called "supplementary benefits") are not covered by FNHB. However, MSP does provide some coverage of supplementary benefits for FNHB clients who have their MSP premiums paid for through Health Benefits. MSP will pay a set amount per visit up to a maximum of 10 visits each calendar year. Please note that most health practitioners may charge above what MSP covers, meaning clients will have to pay the difference in cost out-of-pocket.

# First Nations Health Authority

## Health Benefits Contact Information

### **GENERAL**

Toll-Free: 1.855.550.5454  
Email: [healthbenefits@fnha.ca](mailto:healthbenefits@fnha.ca)  
Fax: 1.888.299.9222

Clients should have their status card and BC Services Card ready when calling.

### **IN-PERSON INQUIRIES**

1166 Alberni Street, Room 701  
Vancouver, BC V6E 3Z3

### **MAILING ADDRESS**

First Nations Health Authority  
Health Benefits  
540 - 757 West Hastings Street  
Vancouver, BC V6C 1A1

### **ONLINE**

[www.fnha.ca/benefits](http://www.fnha.ca/benefits)

