



First Nations Health Authority  
Health through wellness

# Your guide to claiming for Medical Supplies & Equipment

## For claims on behalf of clients of the First Nations Health Authority (FNHA)

In September 2019, the FNHA partnered with BC-based benefits provider Pacific Blue Cross to process medical supplies and equipment (MS&E) claims. The Indigenous Services Canada Non-Insured Health Benefits Program (Express Scripts Canada) no longer administers these claims on behalf of FNHA clients.

### 5 steps for faster claims processing

1. Register as a provider with Pacific Blue Cross at [pac.bluecross.ca/provider](http://pac.bluecross.ca/provider) to access PROVIDERnet.
2. Check client eligibility and coverage by either submitting and reversing a claim in PROVIDERnet (see Chapter 8.4 in the Pacific Blue Cross MS&E [Provider Reference Guide](#)) or by calling Pacific Blue Cross at 604-419-2000 (toll-free 1-877-722-2583).
3. For items with specific claiming requirements (i.e., claims over the stated frequency or coverage amount in the [FNHA fee supplement](#)) mail or fax a [predetermination form](#) to Pacific Blue Cross. If no pre-determination is required, skip to step 5.
4. Check the status of the predetermination in PROVIDERnet.
5. For claims that had a predetermination exception approved, submit the claim electronically through PROVIDERnet or manually using a [claim form](#) (include any necessary supporting documentation).

### Why use PROVIDERnet?

PROVIDERnet streamlines your claims administration for FNHA clients (including the ability to process claims online, view predetermination results and more), lowers your claims processing costs and turnaround time.

### Reminder: before you submit a claim

- Please visit [pac.bluecross.ca/provider](http://pac.bluecross.ca/provider) and register with Pacific Blue Cross.
- The FNHA policy number is 40000. The Member ID number is the same as the FNHA client Status Number.
- Claims for BC First Nations cannot be processed through other Blue Cross claims systems, such as Medavie Blue Cross.
- Please support FNHA clients in obtaining all the required documentation, which may include prescriptions, medical documentation, and a completed and signed pre-determination form.
- If an FNHA client is covered by more than one benefit plan (e.g., provincial or private benefit plan), submit claims to that plan first, and the FNHA plan second. If the fees are above the maximum limit of the benefit coverage, please inform clients of the out-of-pocket costs in advance.

**Need help?** Please call FNHA Health Benefits toll-free at 1 855-550-5454