



First Nations Health Authority
Health through wellness

Health Benefits

Annual Report

2013-2014



Our Vision

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

Table of Contents

1	Message from the VP, Health Benefits	4
2	Introduction	5
2.1	Objective	6
2.2	Data Sources	6
2.3	Overview of FNHA Health Benefits	7
3	Looking Back: 2013-2014	8
4	Our Clients	10
4.1	Regional Information	11
4.2	Demographic Information	12
5	Health Benefits Program Areas	13
5.1	Pharmacy	17
5.2	Medical Supplies and Equipment	19
5.3	Dental	22
5.4	Medical Transportation	25
5.4.1	Medical Vans	27
5.4.2	Ambulance/Emergency Services	27
5.5	Vision Care	28
5.6	Mental Health: Short-Term Crisis Intervention	30
5.7	Oral Health	32
5.7.1	Children's Oral Health Initiative	32
5.7.2	Dental Therapy	32
5.8	BC Medical Services Plan Premiums	33
6	Looking Forward: FNHA Health Benefits Program Next Year	34
	References	35

1 Message from the Vice President, Health Benefits



Greetings,

On behalf of the First Nations Health Authority Health Benefits team, we are pleased to present our inaugural Health Benefits Annual Report. This document provides rich data on how our clients utilize the First Nations Health Benefits (FNHB): information key to our efforts to transform the program. This document is shared with all First Nations in spirit of shared accountability and decision-making.

The transfer of such a large multi-faceted and embedded federal program was no easy task, but we met our success factors for transfer and ensured minimal or no disruption in services for First Nations clients and our provider partners. In April, we were pleased to announce decreased wait times across all Health Benefits areas, better customer service for our clients through frontline service training and cultural competency training for Health Benefits staff. Additional changes resulted from the recommendations of community Health Directors, including Medical Transportation Meal and Mileage Rate increases, and the release of our First Nations Health Benefits Information Package which supports clients to navigate the system in an easy and convenient way.

Our work in transforming First Nations Health Benefits is just beginning. We are still building and establishing the remaining systems needed to take over the full suite of services that is currently in 'buy-back' from Health Canada through our phased approach to transfer. Continuous customer services improvements and establishing service standards will support us in achieving our goal of clients and providers receiving the highest quality of services when working with FNHA Health Benefits. Conducting assessments of each benefit area and analysing how client control can drive criteria moving forward, these conversations represent a new way of administering the program through enhanced information sharing, collaboration, and collective direction.

Together we are making the changes needed to programming as envisioned in the numerous health plans and agreements that led to the transfer of health services and the creation of the FNHA. We thank our clients and providers for the support during this momentous journey of transformation and look ahead our continued work in the creation of a more effective health system for First Nations peoples in BC.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Mah', with a stylized flourish at the end.

John Mah

Vice-President, Health Benefits
First Nations Health Authority

2 Introduction

The First Nations Health Authority (FNHA) Health Benefits program provides coverage for a specified range of drugs, medical supplies and equipment, dental care, medical transportation, vision care, and short-term crisis intervention mental health counselling for eligible First Nations people.

The design, management, and delivery of FNHA Health Benefits is driven and 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:

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

The Province of BC is responsible for providing insured hospital care and primary health care for all residents. Like any other resident, First Nations people access these insured services through the provincial government.

However, there are a number of health-related goods and services that are not insured by the province or other private insurance plans. To support the health and wellness of First Nations people living in BC, FNHA Health Benefits provides coverage for a range of goods and services not insured elsewhere.

Please Note

Infants under the age of one (1) year are covered for FNHA Health Benefits under their parent's status number. Once a child is over the age of one (1) year, to continue receiving Health Benefits and Health Insurance premium coverage through FNHA, the child must have their own registered status number. To avoid discontinuance of coverage and direct billing for health services, the First Nations Health Benefits team advises new parents to enroll their infants in the FNHA Health Benefits program at their earliest convenience within the first year of life.

2.1 Objective

This report reflects on the 2013-2014 fiscal year since transfer of the Non-Insured Health Benefits Program from Health Canada to the FNHA, and provides information on the FNHA Health Benefits' expenditures and utilization rates. With this report, we hope to foster our relationship with the community through transparency of information.

2.2 Data Sources

This report presents information since the time each Health Benefit area transferred from Health Canada to the FNHA. Therefore, the FNHA does not have a full year of information for this report. The Pharmacy, Medical Supplies and Equipment, and Dental Programs have information from July 2, 2013 to March 31, 2014. It is also important to note that information for the above Health Benefit areas were provided by Health Canada. The Medical Transportation, Vision Care, and Mental Health areas have information from October 1, 2013 to March 31, 2014, and were provided by the FNHA.

Due to the ongoing determination of clients between Health Canada and the FNHA, and the resulting retroactive claim adjustments, year-end results have not been finalized as of the date of this report. Therefore, final year-end statistics may vary from those presented here.

The data presented in this report is accurate as of the following dates:

- June 2, 2014 for the Dental, Pharmacy, and Medical Supplies and Equipment Health Benefit Programs
- June 3, 2014 for the Medical Transportation, Vision Care and Mental Health Benefit Programs

2.3 Overview of FNHA Health Benefits

The purpose of FNHA Health Benefits is to provide community-based health services to BC First Nations people, with a focus on wellness, health promotion and disease prevention, rather than just sickness or disease treatment. Our goal is to increase First Nations control over the health services provided to First Nations people. FNHA Health Benefits aims to deliver health services that are appropriate to each individual's unique health needs, and that improve the overall health status of First Nations living within BC.

Benefits currently include:

- | | |
|--------------------------------|---|
| • Pharmacy | • Vision Care |
| • Medical Supplies & Equipment | • Mental Health: Short-term Crisis Intervention |
| • Dental | • Oral Health |
| • Medical Transportation | • BC Medical Services Plan Premiums |

The Tripartite Framework Agreement on First Nations Health Governance was signed on October 13, 2011, by the Government of Canada, the Province of British Columbia, and BC First Nations through the First Nations Health Society. The Agreement led the way for the transfer of the design, management, and delivery of First Nations health programs across BC from Health Canada to the First Nations Health Authority. As part of this transfer, the FNHA assumed responsibility of the Non-Insured Health Benefits (NIHB) program, which is now delivered as FNHA Health Benefits.

Transition of NIHB to FNHA Health Benefits occurred in phases, ensuring that BC First Nations and health providers continue to receive services as the FNHA establishes permanent Health Benefits infrastructure.

Phase One: On July 2, 2013, the FNHA entered into a 'buy-back' arrangement with Health Canada, allowing FNHA Health Benefits to take over administration of programs while continuing to use Health Canada's existing infrastructure. The buy-back arrangement covers the Pharmacy, Medical Supplies and Equipment, and Dental Programs. Under this arrangement, the Health Information Claims Processing System (HICPS) will continue to be used for these programs for at least two years. Responsibility for covering BC Medical Services Plan premiums for FNHA clients was also assumed during this phase, ensuring continued access to medically necessary care.

Phase Two: On October 1, 2013 FNHA Health Benefits assumed responsibility for regional NIHB programs including Medical Transportation, Vision Care, and Mental Health, and is now adjudicating claims for these programs. In January 2014, the FNHA also assumed responsibility for Oral Health through the Children's Oral Health Initiative (COHI) and Dental Therapy programs.

Using Health Canada's infrastructure means that some of FNHA Health Benefits policies remain linked with NIHB policy for the interim, and may remain during Transition. Moving forward, policies will be reviewed and engagement will take place as part of transformation.

3 Looking Back: 2013-2014

Transition and Transformation

The FNHA is currently in the Transition phase, continuing to establish systems, resources, and infrastructure needed to completely take over the full delivery of Health Benefits. Once the full transfer of responsibilities for NIHB from Health Canada to the FNHA Health Benefits is complete, we will enter a more comprehensive Transformation phase characterized by significant innovation and redesign of health services, with the guidance from BC First Nations.

The transition of services in 2013-2014 required the creation of an FNHA Health Benefits Client Registry, to identify who would be covered by FNHA Health Benefits and who would continue to be covered by Health Canada. The Payment Requisition and Reconciliation Committee (PRRC), a collaboration between Health Canada's NIHB and FNHA Health Benefits guides the maintenance of the Client Registry.

FNHA Health Benefits has already initiated the first steps towards transformation, where existing programs can be upgraded and reoriented to meet the needs of First Nations communities with a focus on wellness and prevention. FNHA Health Benefits and existing policies are under review, and processes for obtaining input and guidance from First Nations communities, service providers and professional associations are being developed, underway, or completed including the First Nations Health Directors Association *Health Benefits Survey Summary: A Starting Place* published in June 2014.



Above: First Nations Health Directors Association *Health Benefits Survey Summary: A Starting Place*.

Achievements and Challenges

One of the most notable achievements during the last year is the complete and successful separation of the FNHA Health Benefits for Medical Transportation, Vision Care, and Mental Health from Health Canada. This included the implementation of a new system for Medical Transportation. FNHA Health Benefits is still linked with Health Canada's third party adjudicator, Health Information and Claims Processing System (HICPS) under Express Scripts Canada, for the Pharmacy, Medical Supplies and Equipment, and Dental programs until full system separation. Nevertheless, Health Benefits has taken on the responsibility of the provision of these programs for FNHA Clients. FNHA Health Benefits has successfully provided a continuity of Health Benefits during transition and has positioned the organization to be able to move forward and towards transformation of FNHA Health Benefits.

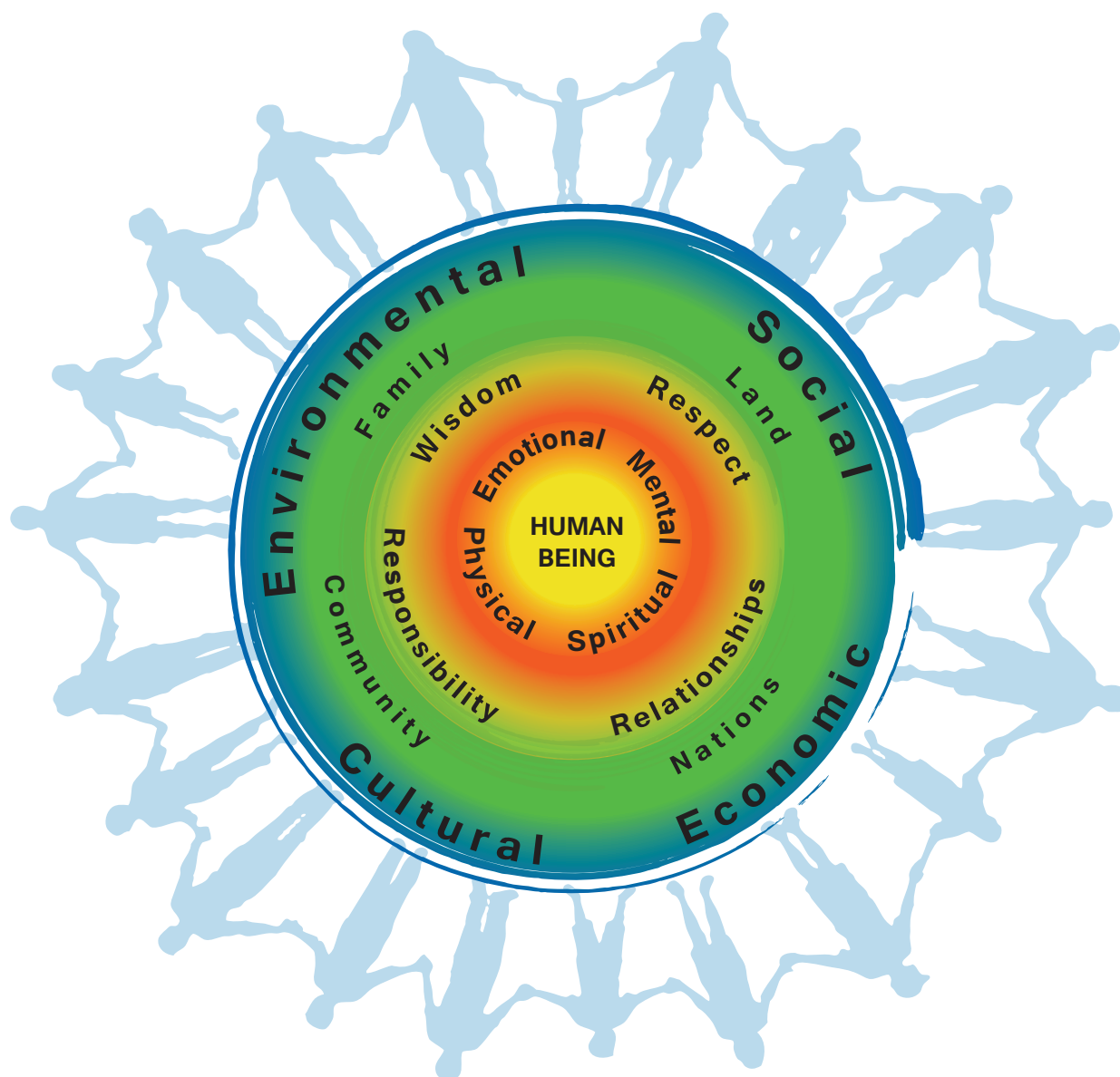
FNHA Health Benefits has conducted preliminary policy reviews to align existing Health Canada NIHB policies with the FNHA Seven Directives and lead change. Reviews involving Medical Transportation, Mental Health, and Orthodontics have been completed. As a result of the Medical Transportation review, the FNHA has enhanced the Medical Transportation policy and increased meal rates for patient travel as of April 1, 2014.*

Since transfer, FNHA Health Benefits has welcomed many new staff members, and increased its capacity to take on Health Canada functions and offer better service interactions for Health Benefits users. FNHA Health Benefits staff have completed both cultural competency and customer service training to enhance both the client and provider experience. FNHA Health Benefits has also built the capacity to provide Health Benefits for First Nations people in BC in a manner that meets or exceeds previous service levels.

The FNHA strives to incorporate wellness into its reporting, staff culture, and the manner in which FNHA staff approach their work, as described in the First Nations Perspective on Wellness.

***Note: The FNHA has since enhanced meal and mileage rates for patient travel again as of Oct. 1, 2014.**

4 Our Clients



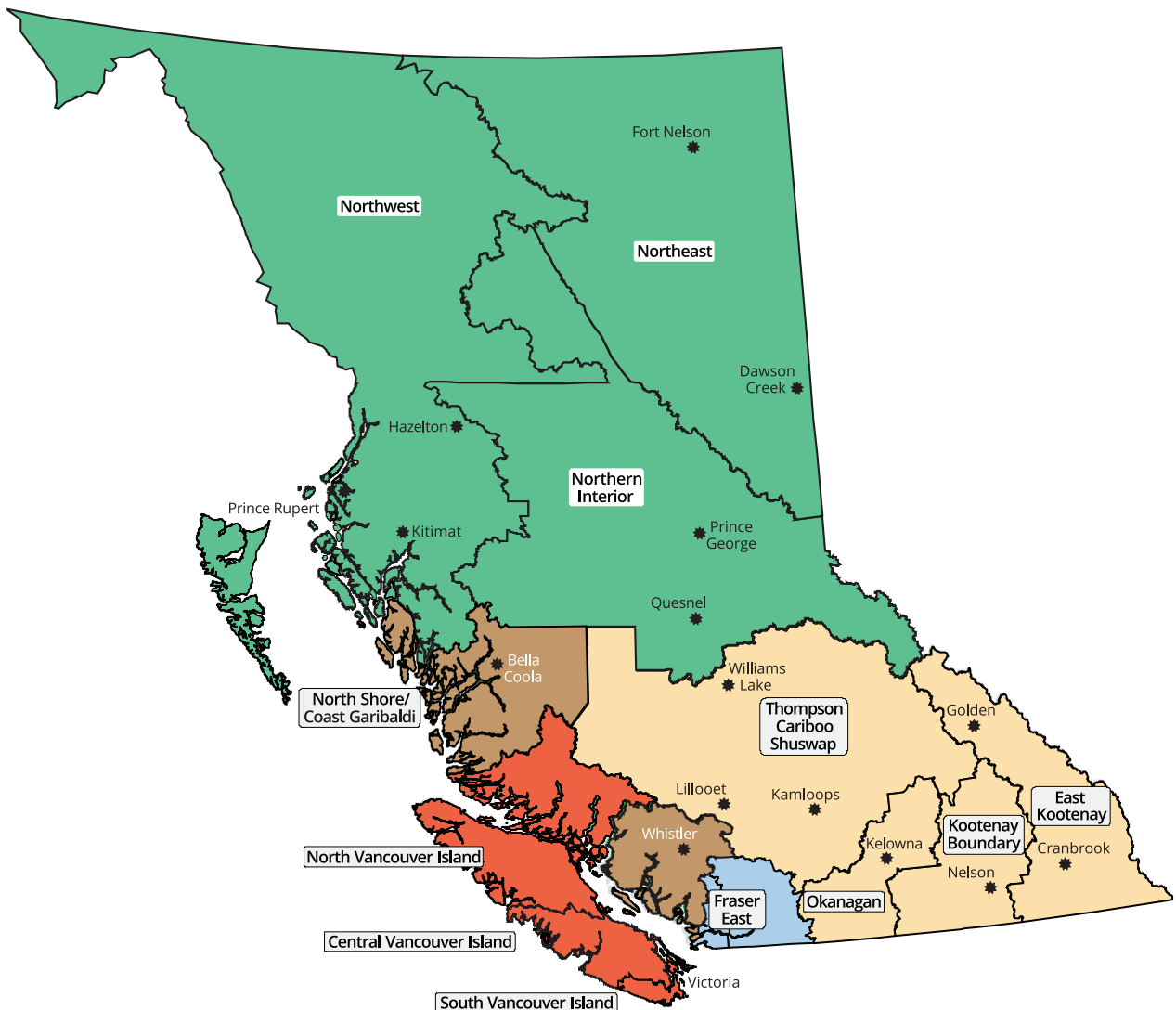
Above: The First Nations Perspective on Wellness.

All First Nations people who are BC residents (have an active BC Care Card and live in BC) and have a status number are eligible for FNHA Health Benefits. This excludes residents who are covered for health benefits by a First Nations organization through land claim or self-government agreements or by the Federal Government. Health Canada will continue to cover non-resident First Nations who use health services in BC. Infants under one year of age are eligible for benefits if one of their parents is a BC First Nations person with a status number. After one year of age, these children must have a status number to qualify for health benefits.

4.1 Regional Information

There are five health regions and health service delivery areas within BC:

- Interior
- Fraser-Salish
- Vancouver Coastal
- Vancouver Island
- Northern



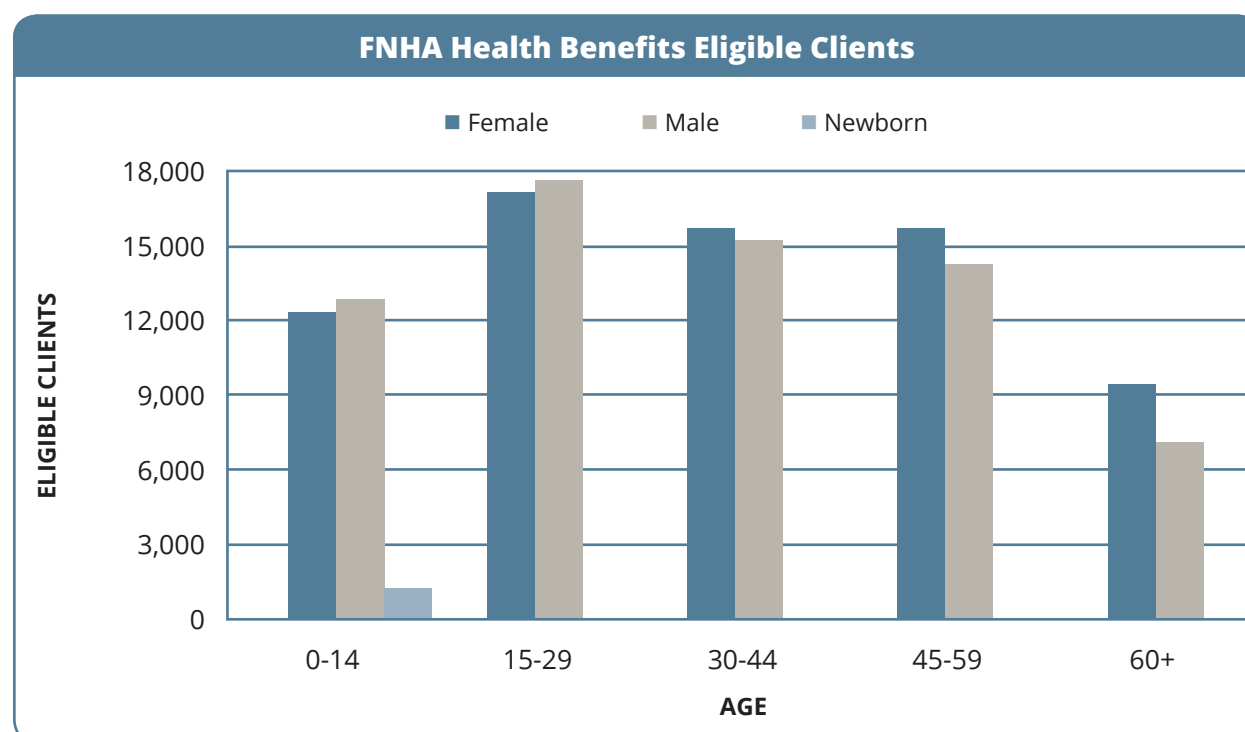
- 1. Interior
- 2. Fraser - Salish
- 3. Vancouver Coastal
- 4. Vancouver Island
- 5. Northern

4.2 Demographic Information

Between July 2, 2013 and March 31, 2014, a total of 138,567 people were eligible for FNHA Health Benefits. Over 25% of the eligible population was between the ages of 15 and 29. Over 10% of the eligible population was aged 60 and above. There were 3,167 more females than males, however, most of this difference (2,220) is among clients aged 60 and above.

FNHA Health Benefits Eligible Clients July 2, 2013 - March 31, 2014						
Gender	Age					
	0-14	15-29	30-44	45-59	60+	Total
Female	12,379	17,655	15,598	15,445	9,186	70,263
Male	12,858	17,869	15,240	14,163	6,966	67,096
Newborns ¹	1,208					1,208
Total	26,445	35,524	30,838	29,608	16,152	138,567

¹Newborns are under the age of one, whose gender was not available at the time of this report. Source: Health Canada NIHB

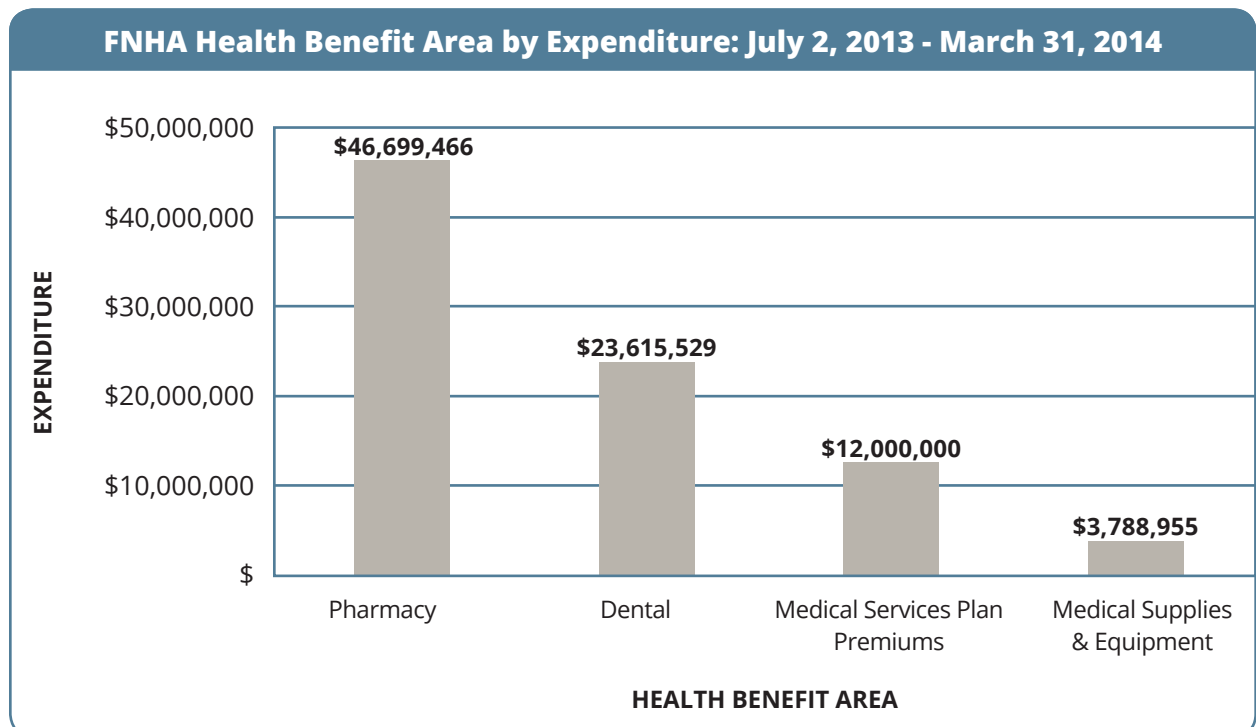


5 Health Benefit Areas

On July 2, 2013, FNHA Health Benefits assumed the administration of the Pharmacy, Medical Supplies & Equipment, and Dental Programs. Health Benefits also assumed responsibility for BC Medical Services Plan Premiums for FNHA Clients.

Between July 2, 2013 and March 31, 2014, Health Benefits processed 2.1 million claims for these Health Benefit Programs, accounting for over \$74.1 million in expenditures. Pharmacy benefits accounted for the most number of clients served at 90,870, and the largest expenditure at \$46.7 million of all FNHA Health Benefits areas. The second largest FNHA Health Benefits area was Dental benefits, serving 44,932 clients and totaling \$23.6 million in expenditures. Medical Services Plan Premiums accounted for \$12 million in expenditures, while the Medical Supplies & Equipment Program served 6,361 clients and accounted for \$3.8 million in expenditures.

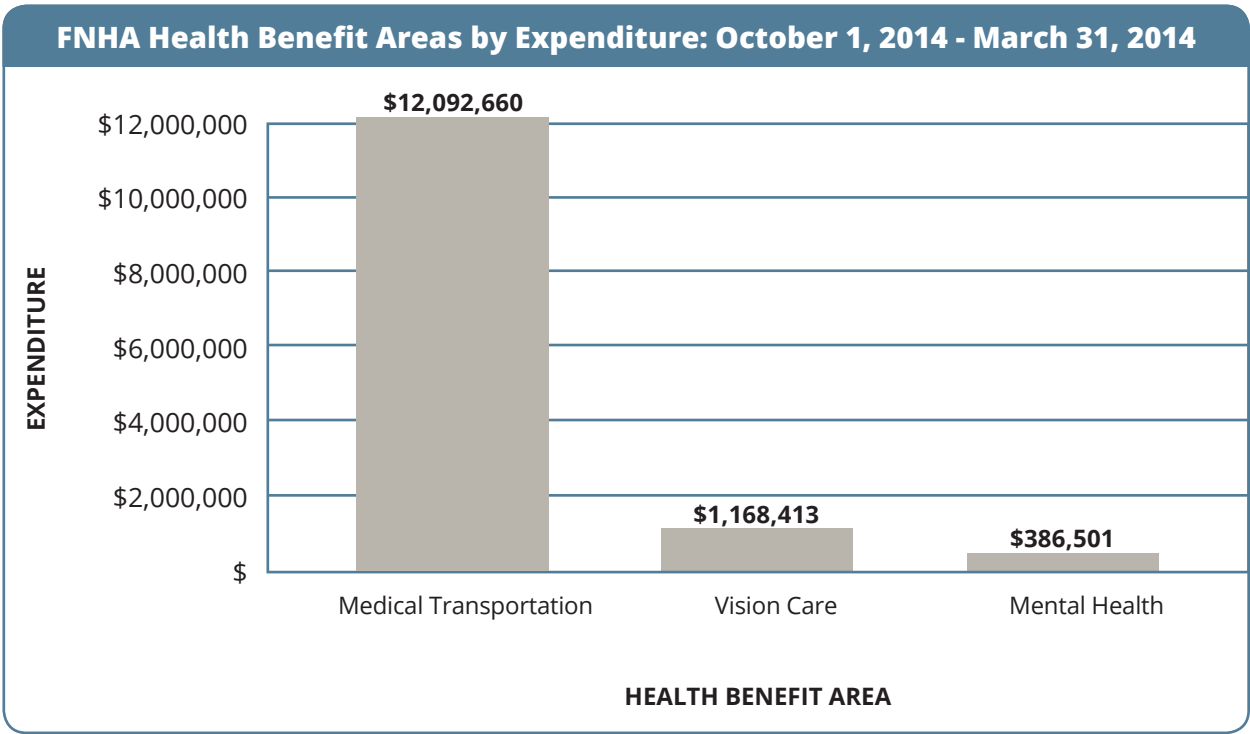
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On October 1, 2013, FNHA Health Benefits assumed responsibility for the Medical Transportation, Vision Care, and Mental Health Programs.

Between October 1, 2013 and March 31, 2014, these three programs accounted for \$13.6 million in expenditures. The Medical Transportation Program is delivered through both Contribution Agreements and Health Benefits Operations, and includes emergency ambulance services. Combined, Medical Transportation benefits accounted for \$12.1 million in expenditures. Vision Care benefits accounted for \$1.2 million in expenditures. The Mental Health Program is also delivered through both Contribution Agreements and Health Benefits Operations, and accounted for \$386,501 in expenditures.

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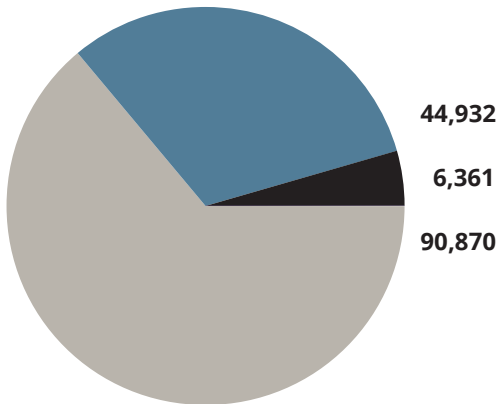
FNHA Health Benefit Area Summary: July 2, 2013 – March 31, 2014

■ Medical Supplies & Equipment

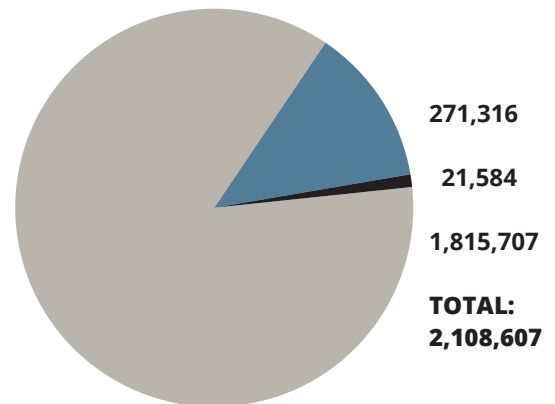
■ Dental

■ Pharmacy

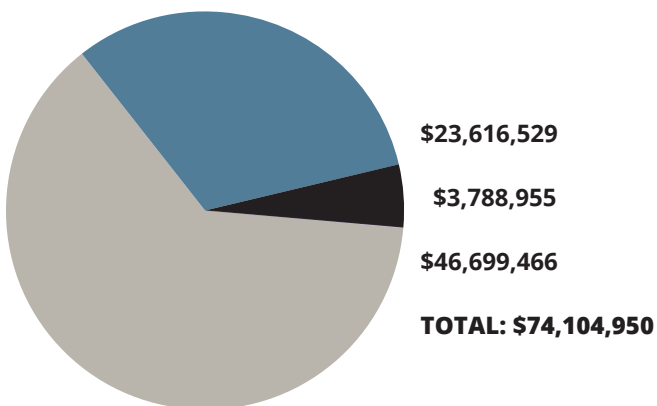
Unique Clients



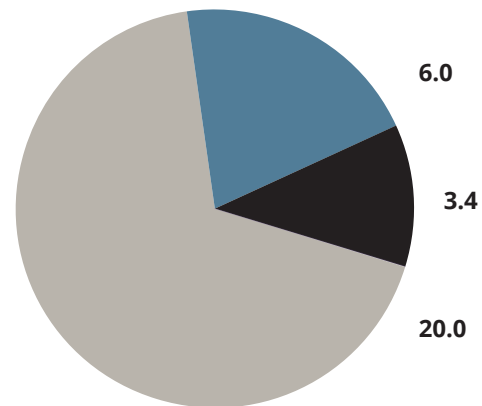
Claims



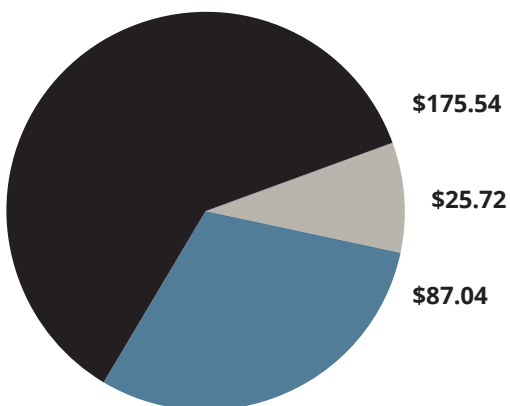
Expenditures



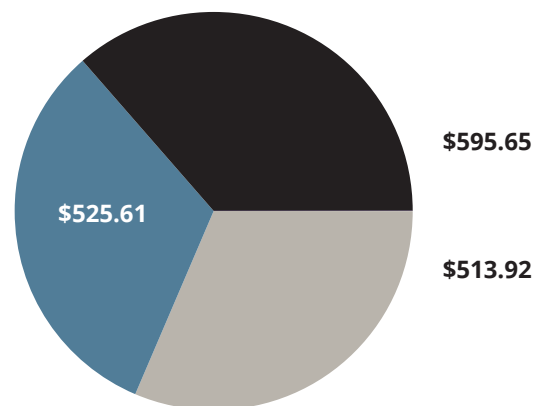
Claims Per Client



Expenditures Per Claim



Expenditures Per Client



FNHA Health Benefit Area Summary: October 1, 2013 – March 31, 2014						
Benefit Type	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Medical Transportation			\$12,092,659			
Contribution Agreements			\$10,946,765			
Operations	412	653	\$405,694	1.6	\$621.28	\$984.69
Ambulance	6,483	9,467	\$740,200	1.5	\$78.19	\$114.18
Vision Care	9,157	40,123	\$1,168,413	4.4	\$29.12	\$127.60
Mental Health			\$386,501			
Contribution Agreements			\$302,652			
Operations	172	870	\$83,849	5.1	\$89.60	\$453.08
Program Total		51,113	\$13,647,573			
Source: FNHA						

*Final figures for Programs delivered by Contribution Agreements were not available at the time of this report. The numbers presented represent payments which have already been issued.

5.1 Pharmacy

The FNHA Health Benefits Pharmacy area provides eligible clients with coverage for over 9,000 specified drugs, including:

- Over-the counter (OTC) drugs
- Prescription drugs
- Extemporaneous products (compound products prepared when ordered)

Drugs approved for coverage by FNHA Health Benefits can be found on the NIHB Drug Benefit List which identifies open benefits and limited use benefits. Limited use benefits have established criteria, frequency or quantity limits, and/or require prior approval. Drugs not found on the Drug Benefit List may be reviewed for coverage on a case-by-case basis when an exceptional need is demonstrated. Requests for coverage are reviewed by the NIHB Drug Exception Centre, and in most cases, are handled by the client's pharmacist on their behalf.

Certain drug categories are excluded from the Pharmacy benefits and will not be considered for coverage. Some examples are as follows:

- Anti-obesity drugs
- Vaccinations for travel
- Megavitamins
- Alternative therapies (ie. evening primrose oil, glucosamine)
- Fertility agents and impotence drugs
- Codeine-containing cough preparations

More information about excluded drugs can be found on the NIHB Drug Benefit List (see References).

Over 1.8 million claims for Pharmacy benefits were processed for 90,870 clients between July 2, 2013 and March 31, 2014, accounting for \$46.7 million in expenditures. Clients had an average of 20 claims each, with an average expenditure of \$514. The top five categories of medications accounting for the most Pharmacy benefits by expenditure were disease modifying antirheumatics, opiate agonists, antidepressants, antipsychotics, and proton pump inhibitors.

The largest expenditure at \$3.9 million was for disease modifying antirheumatic drugs. These drugs were covered for 434 clients with an average cost per client of over \$9,000. Several drugs included in this category are new brand name drugs with high costs per prescription.

Opiate agonist medications were covered for 25,647 clients, with a total expenditure of \$3.3 million, and an average cost per client of \$130. These medications have a much lower cost per prescription.

Antidepressants and antipsychotics were covered for 14,847 and 4,581 clients respectively. Proton pump inhibitor medications were covered for 14,274 clients.

FNHA Health Benefits Pharmacy Summary

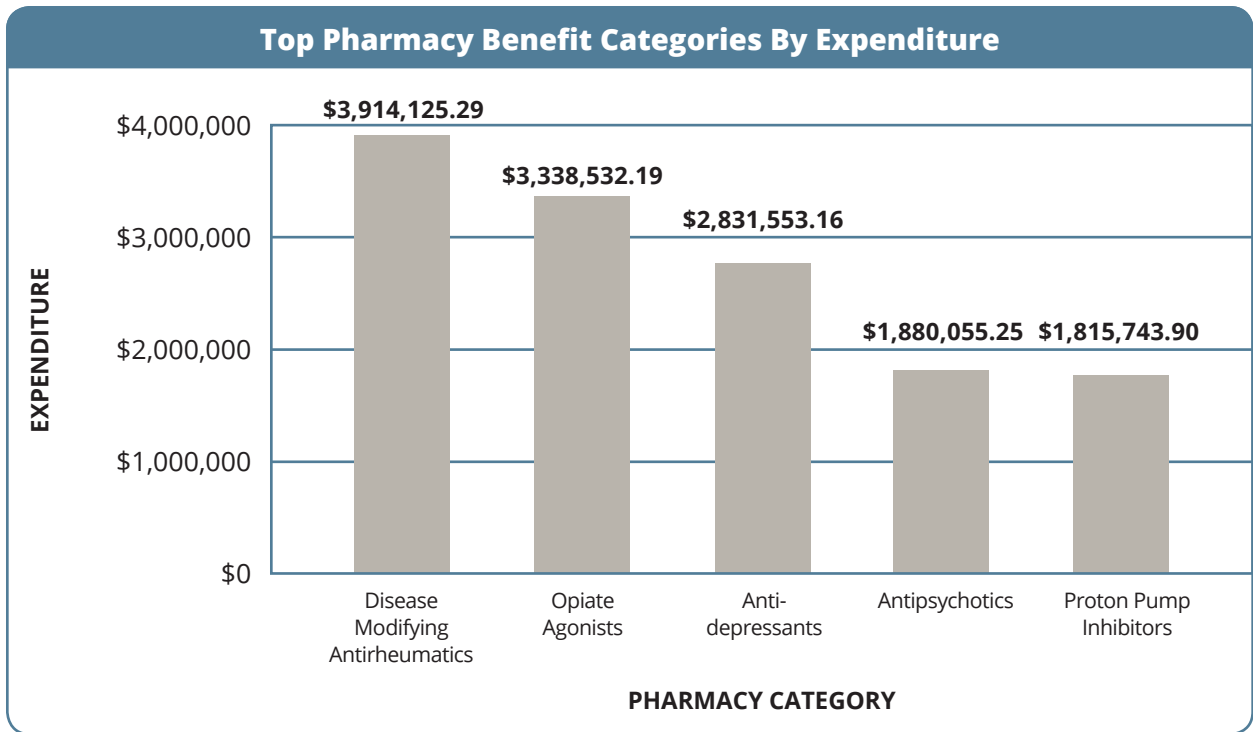
	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Pharmacy	90,870	1,815,707	\$46,699,466	20	\$26	\$514

Information covers the period from July 2, 2013 to March 31, 2014. Source: Health Canada NIHB

Top Pharmacy Benefit Categories By Expenditure

Category	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Disease Modifying Antirheumatics	434	2,780	\$3,914,125	6	\$1,408	\$9,019
Opiate Agonists	25,647	176,425	\$3,338,532	7	\$19	\$130
Antidepressants	14,847	132,152	\$2,831,553	9	\$21	\$191
Antipsychotics	4,581	63,499	\$1,880,055	14	\$30	\$410
Proton Pump Inhibitors	14,274	76,998	\$1,815,744	5	\$26	\$127

Information covers the period from July 2, 2013 to March 31, 2014. Source: Health Canada NIHB



5.2 Medical Supplies and Equipment

FNHA Health Benefits provides coverage for medical supplies and equipment (MSE) that are listed on the NIHB Health Canada Medical Supplies and Equipment List. For certain medical supplies and all medical equipment, prior approval by FNHA Health Benefits is required. The item will not be considered for coverage if it is available to the client through other means such as federal, provincial, or other third party plans. The item must be prescribed by an eligible prescriber and must be provided by a recognized medical supply and equipment provider, or pharmacy.

Over 21,500 claims for MSE Benefits were processed for 6,361 clients between July 2, 2013 and March 31, 2014, accounting for \$3.8 million in expenditures. Clients had an average of 3 claims each, with an average expenditure of \$596. General supplies accounted for the greatest usage and expenditure of MSE Benefits: 2,280 clients had claims for general supplies, with an expenditure of \$1.4 million.

This includes items such as bandages and dressings, ostomy, incontinence supplies, and bathing and toileting aides. Audiology equipment was approved for 2,133 clients, totaling \$1.1 million in expenditures. This includes hearing aids, along with the assessment and fitting of the devices. Respiratory devices were approved for 326 clients, and accounted for \$296,743 in expenditures. Braces and supports accounted for \$511,015.88 in expenditures.

The following chart displays some items that are covered under the medical supplies and equipment program:

General Supplies	General Equipment	Audiology	Respiratory	Orthotics & Prosthetics
<ul style="list-style-type: none"> • Bandages and dressings • Ostomy supplies • Incontinence supplies • Syringes 	<ul style="list-style-type: none"> • Wheelchairs • Walkers • Canes • Bathing and toileting aids • Lifting and transfer aides 	<ul style="list-style-type: none"> • Hearing aids • Hearing aid repairs & services 	<ul style="list-style-type: none"> • Oxygen tanks • Breathing apparatus & supplies 	<ul style="list-style-type: none"> • Custom footwear • Pressure garments • Prosthetic limbs

Over 21,500 claims for medical supplies and equipment benefits were processed for 6,361 clients between July 2, 2013 and March 31, 2014, accounting for \$3.8 million in expenditures. Clients had an average of 3 claims each, with an average expenditure of \$596.

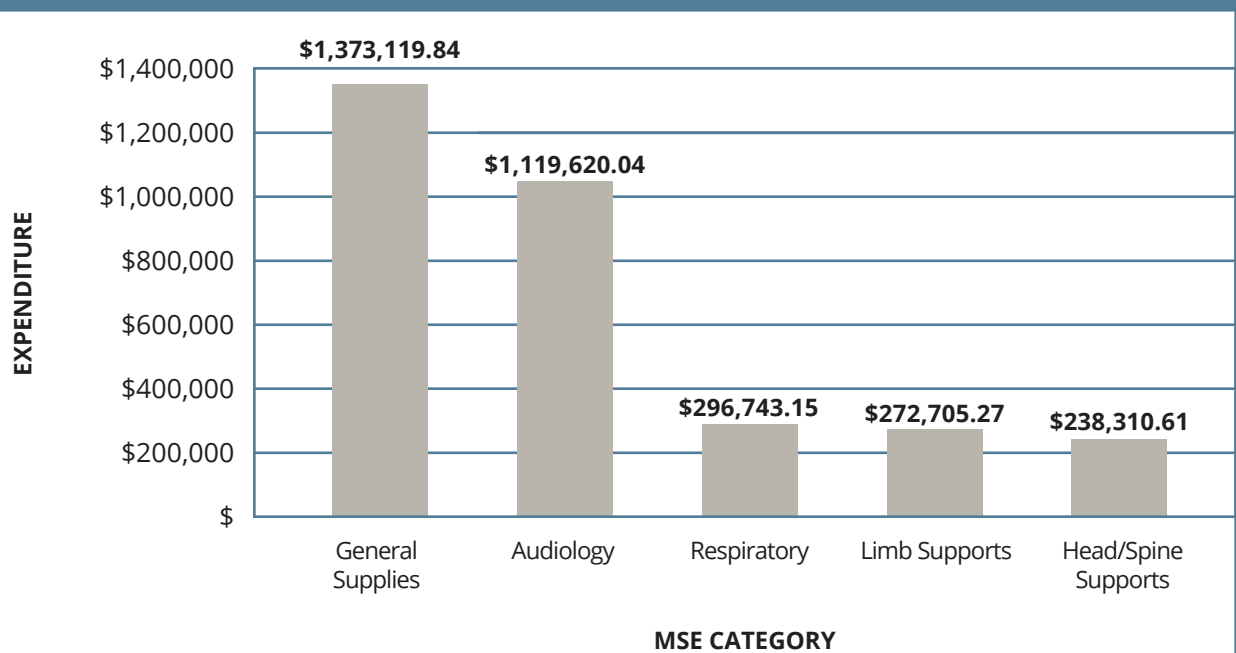
FNHA Health Benefits MSE Summary						
	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
MSE	6,361	21,584	\$3,788,955	3	\$176	\$596
Information covers the period from July 2, 2013 to March 31, 2014. Source: Health Canada NIHB						

Top MSE Benefit Categories By Expenditure

Category	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
General Supplies	2,280	8,394	\$1,373,120	4	\$164	\$602
Audiology	2,133	8,283	\$1,119,620	4	\$135	\$525
Respiratory	326	853	\$296,743	3	\$348	\$910
Limb Supports	1,210	1,535	\$272,705	1	\$178	\$225
Head/Spine Supports	719	731	\$238,311	1	\$326	\$331

Information covers the period from July 2, 2013 to March 31, 2014. Source: Health Canada NIHB

Top MSE Benefit Categories By Expenditure



5.3 Dental

FNHA Health Benefits provides coverage for basic dental care and orthodontic care to restore function. The following services are eligible for coverage:

- Diagnostic services (ie. examinations, x-rays)
- Preventative services (ie. cleanings)
- Restorative services (ie. fillings)
- Endodontics (ie. root canals)
- Prosthodontics (ie. removable dentures)
- Periodontics (ie. gum treatment)
- Orthodontic services (ie. braces)
- Adjunctive services (ie. general anesthetics, sedation)

Providers for dental services can include licensed dental professionals such as dentists, dental specialists, or denturists.

There are two schedules for dental treatment programs:

- **Schedule A** includes treatments NOT requiring predetermination (pre-approval)
- **Schedule B** includes treatments requiring predetermination

The dental provider should advise the client on whether the treatment they require is covered by the FNHA Health Benefits Program, and whether prior approval is required.

Orthodontics

A specified range of orthodontic services are covered by FNHA Health Benefits for clients with severe functionally handicapping malocclusion (misalignment) or dento-facial anomalies, such as cleft lip and palate. Predetermination is required for all orthodontic treatment services.

The cost of the orthodontic exam and diagnostic records required for predetermination of orthodontic treatment are covered:

- Once in a lifetime for persons under the age of 18.
- Persons over the age of 18 are not eligible for these procedures, and the cost of any diagnostic exams would not be covered.
- For patients with dento-facial anomalies, there is no age restriction for treatment, however predetermination is still required.

Once predetermination is completed and a client is accepted into the orthodontic program, they will be entered into a treatment period of 3-5 years, for either the Comprehensive Orthodontic Plan or the Interceptive Orthodontic Plan. Comprehensive treatment is for clients with severe and functionally handicapping malocclusion. Clients in this treatment program will be covered for a maximum of \$6,150 for their treatment. Interceptive treatment is a preventative treatment for severe and functionally handicapping malocclusion, the maximum coverage of which is not to exceed that of the Comprehensive Plan.

Over 270,000 claims for Dental Benefits were processed for 44,932 clients between July 2, 2013 and March 31, 2014, accounting for \$23.6 million in expenditures. Clients had an average of 6 claims each, with an average expenditure of \$526. Restorative services, including crowns and fillings, accounted for \$13.4 million of Dental Benefits, serving 22,751 clients. Claims for diagnostic services, such as examinations, were covered for 37,360 clients, accounting for \$2.1 million in expenditures. Claims for preventative services, including regular cleanings, were covered for 30,462 clients, accounting for \$1.9 million in expenditures. Claims for oral surgery, including extractions and dental implants, were claimed by 6,694 clients totaling \$1.6 million in expenditures. Endodontics refers to root canals and other dental trauma, and was accessed by 4,030 clients for \$1.5 million in expenditures.

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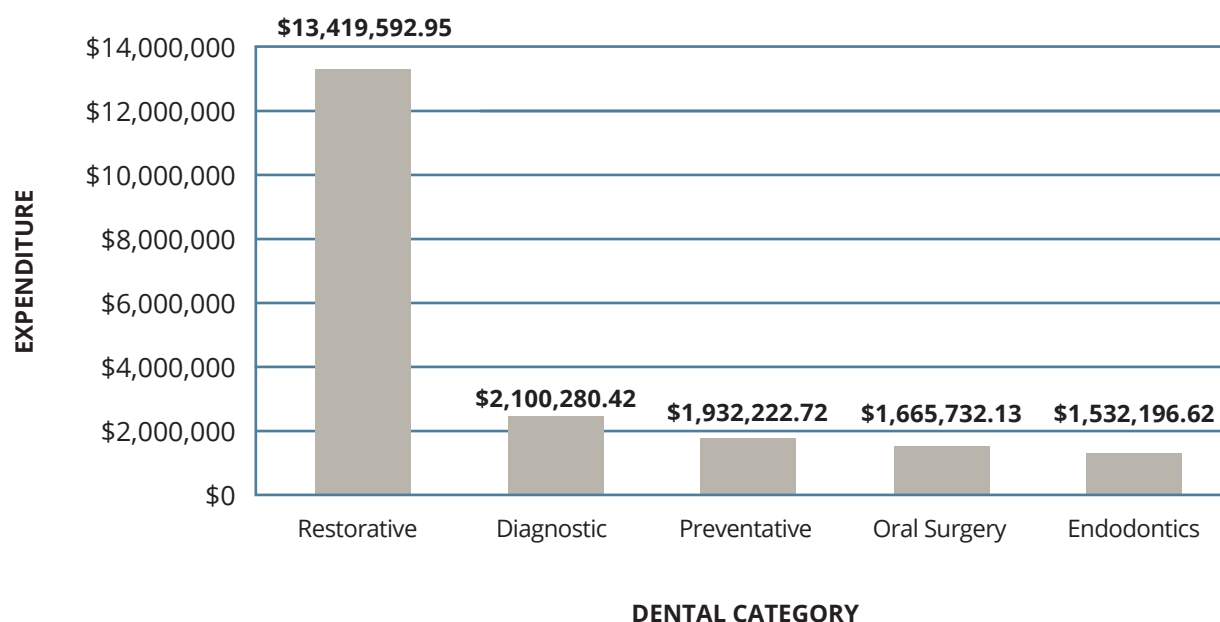
FNHA Health Benefits Dental Summary						
	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Dental	44,932	271,316	\$23,616,529	6	\$87	\$526
Information covers the period from July 2, 2013 to March 31, 2014. Source: Health Canada NIHB						

Top Dental Benefit Categories By Expenditure

Category	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Restorative	22,751	86,497	\$13,419,593	4	\$155	\$590
Diagnostic	37,630	83,191	\$2,100,280	2	\$25	\$56
Preventative	30,462	69,156	\$1,932,223	2	\$28	\$63
Oral Surgery	6,694	14,885	\$1,665,732	2	\$112	\$249
Endodontics	4,030	6,047	\$1,532,197	2	\$253	\$380

Information covers the period from July 2, 2013 to March 31, 2014. Source: Health Canada NIHB

Top Dental Benefit Categories By Expenditure



5.4 Medical Transportation

Medical Transportation provides supplementary benefits to ensure that eligible clients have access to medically required services not available in the client's community of residence. It is not intended to cover all costs that may be associated with a client's medical condition and travel requirements. Client eligibility for the Medical Transportation Program must be approved in advance based on appropriate documentation. Eligibility for travel expense coverage is only considered for medical services that are eligible through the BC Medical Services Plan, or are covered by FNHA Health Benefits.

Medical Transportation Benefits are provided by FNHA Health Benefits only if the client is not eligible for benefits under any other publicly funded health or social program, such as the Insurance Corporation of BC (ICBC) or the Workers Compensation Board (WCB). For eligible clients, FNHA Health Benefits will cover transportation costs to and from the closest appropriate health provider or facility. Assistance with accommodation and meal expenses may be included, depending on the duration of travel. FNHA Health Benefits may cover the transportation, accommodation, and meal costs of an escort. The use of an escort requires preauthorization, and must meet the criteria outlined in the Medical Transportation Policy.

FNHA Health Benefits Medical Transportation Summary						
	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Contribution Agreements			\$10,946,765			
Operations	412	653	\$405,694	2	\$621	\$985
Ambulance	6,483	9,467	\$740,200	2	\$78	\$114
Total			\$12,092,659			
Information covers the period from October 1, 2013 to March 31, 2014. Source: FNHA						

Medical Transportation benefits are delivered through Contribution Agreements with First Nations Bands and Organizations, as well as through Health Benefits Operations for those clients not covered through a Contribution Agreement. Final year-end figures for Medical Transportation delivered via Contribution Agreements were not available at the time of this report. The numbers presented here represent payments which have already been issued for Medical Transportation services. The Medical Transportation Program also offers coverage through the Medical Van Program as well as providing coverage for ambulance services. See sections 5.4.1 and 5.4.2 below for further details.

The Medical Transportation Program accounted for \$12.1 million in expenditures between October 1, 2013 and March 31, 2014. Nearly \$11 million of the total was funded through Contribution Agreements.

Health Benefits Operations provided Medical Transportation Benefits for 412 clients, accounting for over \$400,000 in expenditures, with an average expenditure per client of \$985. Transportation accounted for 59% of the expenditures for the Medical Transportation area. Accommodation and meals accounted for 31% and 10% of expenditures respectively. Air transportation accounted for 69% of transportation expenditures. Ground and water transportation accounted for 26% and 5% of transportation expenditures respectively. Ambulance or emergency services claims were paid for 6,483 clients between October 1, 2013 and March 31, 2014. Costs for these services averaged \$114 per client, amounting to over \$740,000 in expenditures.

Medical Transportation Benefit Categories By Expenditure

Catagory	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Transportation	362	584	\$240,134	2	\$411	\$663
Accommodation	275	389	\$126,091	1	\$324	\$459
Meals	260	372	\$39,469	1	\$106	\$152

Information covers the period from October 1, 2013 to March 31, 2014, Operations only. Source: FNHA

The Medical Transportation Program accounted for \$12.1 million in expenditures between October 1, 2013 and March 31, 2014. Nearly \$11 million of the total was funded through Contribution Agreements.

Transportation accounted for 59% of the expenditures for the Medical Transportation area. Accommodation and meals accounted for 31% and 10% of expenditures respectively. Air transportation accounted for 69% of transportation expenditures. Ground and water transportation accounted for 26% and 5% of transportation expenditures respectively.

Means of Medical Transportation Expenditure

Means	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Air	130	200	\$165,547	2	\$828	\$1,273
Ground	304	476	\$63,121	2	\$133	\$208
Water	62	69	\$10,886	1	\$158	\$176

Information covers the period from October 1, 2013 to March 31, 2014, Operations only. Source: FNHA

5.4.1 Medical Vans

Several rural communities operate medical vans to transport clients to medical appointments. The vans generally make day trips only, and run on weekly or monthly schedules depending on the community. Medical vans allow access to medical care for clients in remote localities where transportation is an issue. Client appointments are coordinated so that several clients can be transported to their appointments in one trip. Final reporting for Medical Transportation information via Contribution Agreements, including Medical Vans, for the 2013-2014 fiscal year was not available at the time of this report.

5.4.2 Ambulance/Emergency Services

In the event of an emergency, the FNHA Health Benefits Program will pay for eligible ambulance services for FNHA clients. This includes emergency air ambulance/medevac transportation.

The BC Ambulance Service has two rates for ground ambulance for those with active BC Medical coverage. If an ambulance is requested, but transportation by ambulance is refused or not required, the rate is \$50 per call. If an ambulance is requested, and transportation by ambulance is required, the rate is \$80 per call.

Transportation by ambulance was provided to 5,964 clients between October 1, 2013 and March 31, 2014, accounting for over \$711,000 in expenditures. Over \$28,000 was spent on ambulance services for 519 clients, where transportation was either refused or not required.

Transportation by ambulance was provided to 5,964 clients between October 1, 2013 and March 31, 2014, accounting for over \$711,000 in expenditures. Over \$28,000 was spent on ambulance services for 519 clients, where transportation was either refused or not required.

FNHA Ambulance/Emergency Services Summary						
Service Type	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Transport Required	5,964	8,895	\$711,600	2	\$80	\$119
Transport Not Required	519	572	\$28,600	1	\$50	\$55
Total	6,483	9,467	\$740,200	1	\$78	\$114
Information covers the period from October 1, 2013 to March 31, 2014. Source: FNHA						

5.5 Vision Care

Eye Examinations

The Vision Care benefit area covers routine eye examinations, once every two years, for clients between the ages of 19 and 64. For clients aged 18 and under, or 65 and over, the cost of the examination will be covered by BC MSP.

Eyeglasses

Given that the conditions below are met, one pair of glasses per year will be covered by the program for clients aged 18 and under, and one pair of glasses every two years will be covered by the program for clients aged 19 and over:

- The client has a valid prescription issued from an appropriate practitioner within the last year
- The client has obtained prior FNHA Health Benefits approval
- The item is not covered under any other provincial, third party agency or health plan

FNHA Health Benefits will assist in eyeglass repair if the following conditions are met:

- The total cost of repair does not exceed that of having the eyeglasses replaced
- The repair will render the glasses in an acceptable and functioning condition

Over 40,000 claims for Vision Care Benefits were processed for 9,157 clients between October 1, 2013 and March 31, 2014, accounting for \$1.2 million in expenditures. Clients had an average of 4 claims each with an average expenditure of \$128 per client. The majority of Vision Care Benefits were used to cover glasses, serving 5,832 clients with an expenditure of \$1 million, or 87% of the programs total expenditure. Eye exams were covered for 3,284 clients, totaling \$151,622. Contact lenses and eye glass repairs are also covered under specific circumstances, but claims for these items are limited.

Over 40,000 claims for Vision Care Benefits were processed for 9,157 clients between October 1, 2013 and March 31, 2014, accounting for \$1.2 million in expenditures. The majority of Vision Care Benefits were used to cover glasses, serving 5,832 clients with an expenditure of \$1 million, or 87% of the programs total expenditure.

FNHA Health Benefits Vision Care Summary

	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Vision Care	9,157	40,123	\$1,168,513	4	\$29	\$128

Information covers the period from October 1, 2013 to March 31, 2014. Source: FNHA

Vision Care Benefit Categories By Expenditure

Catagory	Unique Clients	Claims	Expenditures	Claim Lines per Client	Expenditures per Claim	Expenditures per Client
Glasses	5,832	36,791	\$1,014,067	6	\$28	\$174
Eye Exams	3,284	3,290	\$151,622	1	\$46	\$46
Contact Lenses	7	7	\$1,400	1	\$200	\$200
Repairs	34	35	\$1,324	1	\$38	\$39

Information covers the period from October 1, 2013 to March 31, 2014. Source: FNHA

5.6 Mental Health: Short-Term Crisis Intervention

FNHA Health Benefits provides specific mental health services for short-term mental health crisis intervention and counselling provided by qualified mental health professionals. Appropriate services for at-risk clients where no other appropriate services are available are also covered. For mental health services, clients require prior approval for a maximum of 20 sessions in a treatment plan with a mental health service provider registered with the FNHA.

Rates for Mental Health providers that are covered by the Mental Health benefit area are as follows:

- Level I Service Providers: \$95 per visit
- Level II Service Providers: \$73 per visit

Level I Service Providers are defined as independent therapists who are registered as a “Registered Psychologist” or “Psychological Associate” with the College of Psychologists of British Columbia and/or a Registered Social Worker (RSW) with the British Columbia College of Social Workers (BCCSW).

Level II Service Providers are defined as therapists and/or counsellors who are not registered with either of the above two organizations but are listed as clinical members with the British Columbia Association of Clinical Counsellors and/or the Canadian Counselling Psychotherapy Association. Level II Service Providers must be under the supervision of a Level I Service Provider.

The Mental Health benefits area does not cover:

- Chronic mental health illness or issues that require long-term therapy
- Addictions counselling for substance abuse
- Therapy for sexual offending behavior
- Assessments and/or interventions for neurological/legal and educational purposes
- Life skills

Please note that the Mental Health benefit area offered through FNHA Health Benefits is distinct from the Indian Residential School Resolution Health Support Program.

The Mental Health benefit area is delivered through Contribution Agreements with First Nations Bands and Organizations, as well as through Health Benefits Operations for those clients not covered through a Contribution Agreement.

The Mental Health benefit area accounted for \$386,501 in expenditures between October 1, 2013 and March 31, 2014. \$302,652 of the total was funded through Contribution Agreements.

Health Benefits operations provided Mental Health Benefits to 175 clients, accounting for \$83,849 in expenditures. The average expenditure per client was \$479. Services provided by Level I providers accounted for 72% of expenditures, with the remaining 28% given by Level II providers.

The Mental Health Program accounted for \$386,501 in expenditures between October 1, 2013 and March 31, 2014. \$302,652 of the total was funded through Contribution Agreements.

FNHA Health Benefits Mental Health Summary						
	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Contribution Agreements			\$302,652			
Operations	412	653	\$83,849	2	\$621	\$985
Total			\$386,501			
Information covers the period from October 1, 2013 to March 31, 2014. Source: FNHA						

Mental Health Service Type by Expenditure						
Means	Unique Clients	Claims	Expenditures	Claims per Client	Expenditures per Claim	Expenditures per Client
Level I	112	622	\$60,101	5.6	\$97	\$537
Level II	63	313	\$23,748	5.0	\$76	\$377
Total	175	934	\$83,849	5.3	\$90	\$479
Information covers the period from October 1, 2013 to March 31, 2014. Source: FNHA						

5.7 Oral Health

5.7.1 Children's Oral Health Initiative

The Children's Oral Health Initiative (COHI) is an early childhood program that aims to prevent tooth decay and improve the overall oral health of First Nations children. Eligible clients include children aged 0-7, parents and caregivers of these children, and pregnant women.

COHI services include:

- Annual screenings
- Sealants
- Fluoride varnish applications
- Temporary fillings

A dental therapist or dental hygienist delivers the program with the assistance of a COHI Aide in a given community. The COHI Aide is a member of the community, and is selected and hired by that community to work as a support to the dental professional and as a liaison between the community and the dental professional. The COHI Aide position is funded through contribution agreements and the FNHA provides the necessary training.

The COHI Aide provides services such as obtaining family authorization to enroll their children in the COHI program; one-on-one oral health education sessions with clients; applying fluoride varnish; and assisting the dental professional with their duties.

5.7.2 Dental Therapy

The Dental Therapy Program supports, and is complementary to COHI. The objectives of the Dental Therapy Program are to reduce and prevent oral disease through prevention, education and health promotion, and to increase access to oral health care to improve and maintain the oral health of at-home/on-reserve First Nations. Dental Therapists are funded in BC by FNHA. Dental Therapists deliver a range of basic services, under the supervision of a dentist, including:

- Oral health promotion activities
- Emergency services
- Preventive services
- Clinical care
- Referral to dentists

5.8 BC Medical Services Plan Premiums

The provincial Ministry of Health administers the BC Medical Services Plan, which ensures that all eligible BC residents have access to medically essential care. All residents in BC must apply for a BC Medical Services Health Card to receive health services within BC.

In BC, FNHA Health Benefits administers MSP premiums and manages the MSP program for BC First Nations clients, on behalf of the provincial Ministry of Health. Forms are available from local community band offices, the FNHA Health Benefits office, and the BC Ministry of Health. Once the application is received, verified, and approved, the cost of the premium is paid directly by FNHA Health Benefits.

It is each BC First Nations individual's responsibility to ensure they are enrolled with FNHA Health Benefits for their BC Care Card in order to have their premiums covered. Health Benefits covered \$12 million in MSP Premiums between July 2, 2013 and March 31, 2014, ensuring continued access to medically essential care for all FNHA clients.

Please Note

Infants under the age of one (1) year are covered for FNHA Health Benefits under their parent's status number. Once a child is over the age of one (1) year, to continue receiving Health Benefits and Health Insurance premium coverage through FNHA, the child must have their own registered status number. To avoid discontinuance of coverage and direct billing for health services, the First Nations Health Benefits team advises new parents to enroll their infants in the FNHA Health Benefits program at their earliest convenience within the first year of life.

6 Looking Forward: FNHA Health Benefits

FNHA Health Benefits has set a number of priorities and goals moving forward into the next year. The main priority is to build and put in place the remaining infrastructure and systems needed to take over full service delivery of Health Benefits now in buy-back.

The FNHA's Health Benefits and Policy, Planning, and Strategic Services teams will continue to review the benefit areas and policies to improve the Health Benefits system with the input and guidance from the community, health partners, and providers. Input and feedback on FNHA Health Benefits has been and will continue to be compiled, and used to improve and enhance services. This will allow for impactful systemic changes during transformation that will assist in improving health service delivery and foster a shift of focus from disease treatment to wellness and prevention for FNHA clients.

A five-year data transfer from Health Canada to FNHA Health Benefits was completed in July 2014. FNHA Health Benefits is creating a Business Intelligence tool, to retrieve, analyze and report available data which will be completed within the next year. The Business Intelligence tool will allow for an expanded capacity to provide analysis and reporting based on FNHA Health Benefits data. It will also allow us to increase the ability to track addictive and/or dangerous drug use and drug prescribing, as well as enhance FNHA Health Benefits analytics to allow for evidence-based decision-making.

The FNHA Health Benefits team also aims to increase the output of reports and program reviews in order to ensure that the benefit areas provided meet the needs of the communities being served. Through strengthened and successful partnerships with communities and external partners, FNHA Health Benefits will be able to better identify the needs and priorities that must be addressed to ensure all clients receive the benefits they need.

Improving customer services and the client experience is a continuous goal. We will continue to ensure that clients and providers receive the highest quality of customer service when contacting FNHA Health Benefits. This includes the refinement of processes and establishing service standards to decrease processing times. We are also looking to implement an accountability framework for providers, which will help to ensure provider accountability and compliance.

We look forward to working with our partners as we move beyond transition, to transformation of the current programs and services to better suit the needs and expectations of BC First Nations, our health partners and providers, and the objectives we have outlined for ourselves to achieve our vision of Healthy, Self-Determining and Vibrant BC First Nations Children, Families, and Communities.

References

FNHA Health Benefits Online

www.fnha.ca/benefits

FNHA First Nations Health Benefits Information Package

www.fnha.ca/Documents/FNHA_HB_InfoPackage_Aug2014.pdf

FNHA First Nations Health Benefits FAQ's

www.fnha.ca/benefits/faqs

Health Canada NIHB Webpage:

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php

NIHB Dental Benefit Guide:

www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_dent/2014-guide/index-eng.php

NIHB Drug Benefit List:

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php

NIHB Medical Supplies & Equipment List:

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/med-equip/criter/index-eng.php

First Nations Health Authority Health Benefits Contact Information

General

Toll-Free: 1.855.550.5454

Email: healthbenefits@fnha.ca

Operations (Claim Specific)

Dental

Medical Supplies & Equipment

Medical Transportation

Mental Health Crisis Intervention

MSP Coverage

Pharmacy

Vision

Toll-Free: 1.800.317.7878

Dental Toll-Free: 1.888.321.5003

Fax: 1.888.299.9222

Please have your Status card and CareCard ready

In-person Inquiries

1166 Alberni Street, Room 701

Vancouver, BC V6E 3Z3

Mailing Address

First Nations Health Authority

Health Benefits Program - Client Services

540 - 757 West Hastings Street

Vancouver, BC V6C 1A1

Online

www.fnha.ca/benefits



First Nations Health Authority
Health through wellness