



First Nations Health Authority
Health through wellness

Health Benefits

Annual Report 2014-2015





First Nations Health Authority
Health through wellness

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Our Vision

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



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1 Message from the Vice President, Health Benefits

On behalf of the First Nations Health Authority Health Benefits team, I am pleased to present the 2014-2015 Health Benefits Annual Report. This is the second FNHA Health Benefits annual report, providing valuable data on the number of customers we serve and the utilization of First Nations Health Benefits.

We have continued the momentum of service delivery transition from Health Canada's Non-Insured Health Benefits and have placed a focus on service improvements, community engagement, and reviewing Health Benefits services. We raised our service standards, published a Health Benefits Information Package to outline our programs and policies, and created a new position dedicated to Health Benefits inquiries.



Improved engagement with regions and communities has identified and guided initiatives including "Let's Talk Transformation", a review of the Medical Transportation Program to enhance service while ensuring accountability. These engagement opportunities guide the development of a new Health Benefits plan design, paving the way to complete separation from Health Canada and allowing for transformation of all First Nations Health Benefits service areas.

Looking forward to the current and next year of service delivery, we will be examining opportunities to transform Health Benefits with a regional approach and develop opportunities to strengthen partnerships with communities to foster the successful delivery of services. We continue to work with our federal, provincial and regional partners to identify and implement improvements to access and delivery of Health Benefits for First Nations peoples.

There have been many achievements so far, but significant work remains as we strive to create a more effective health system for First Nations peoples in BC. Together, we will continue moving towards our shared vision of Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

Sincerely,

John Mah

Vice-President, First Nations Health Benefits
First Nations Health Authority

2 Introduction

FNHA Health Benefits provides a specific number of health related goods and services to meet medical or dental needs not covered by provincial, territorial, or other third party health insurance for BC First Nations. FNHA Health Benefits is guided by the FNHA's Shared Values, Seven Directives, and Guiding Principles and is committed to supporting the delivery of health services that meet the needs of BC First Nations.

This report presents FNHA Health Benefits' expenditures and claims utilization for the 2014-2015 fiscal year. With this report, we hope to foster our relationship with the community through transparency of information which aligns with Directive #4 – Foster Meaningful Collaboration and Partnership. FNHA Health Benefits include: Short-Term Crisis Intervention Mental Health Counselling, Indian Residential School Resolution Health Support Program, BC Medical Services Plan premiums, Pharmacy, Dental Care, Medical Supplies and Equipment, Vision Care, and assistance with Medical Transportation to access medical services not available at-home/on-reserve or in the community of residence.

The work of FNHA Health Benefits is guided by the following principles:

- Benefits will be provided based on professional, medical or dental judgment, consistent with the best practices of health services delivery and evidence-based standards of care.
- Health Benefits and Services will be managed in a cost-effective manner.
- Management process will involve transparency and joint review structures.
- In cases where a benefit is covered under another plan, FNHA Health Benefits will act as the primary facilitator in coordinating payment in order to ensure that the other plan meets its obligations and that clients are not denied service.

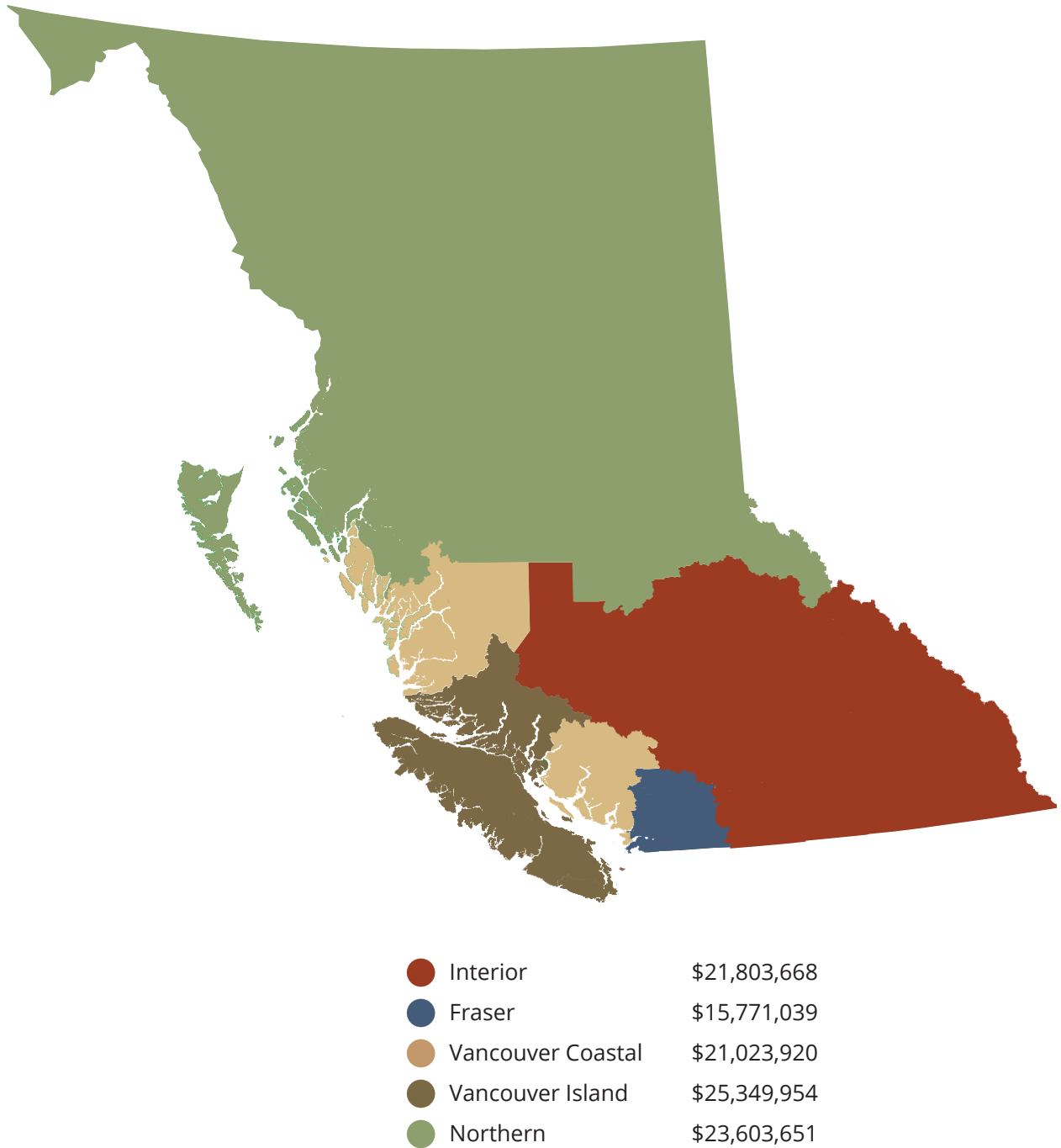
The FNHA Health Benefits Program Includes:

Figure 2-1: FNHA Health Benefits Structure



First Nations Health Benefit service areas are provided throughout the five regions in BC. A breakdown of the regions as well as Health Benefit expenditures to providers based in each region can be found in Figure 2-2.

Figure 2-2: FNHA Health Benefits Expenditures by Provider Region*



**Excludes benefits delivered through Contribution Agreements*

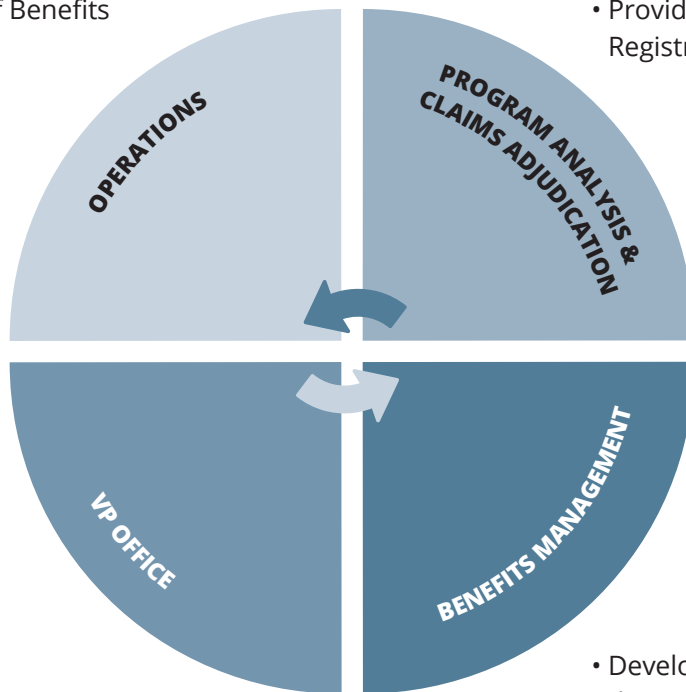
FNHA Health Benefits Structure

FNHA Health Benefits is composed of four separate, but interrelated areas, each with specific responsibilities. The office of the Vice-President of Health Benefits provides strategic leadership ensuring alignment with the FNHA's overall direction, and building and strengthening partnerships within FNHA, partners in government and with communities to enhance service delivery. Operations deal directly with our clients as well as with service providers. They provide service and supporting access to Health Benefits. Program Analysis and Claims Adjudication provide reporting and analysis on Health Benefits usage, monitors the third party adjudication of Health Benefit claims, and is responsible for provider relations. Finally, Benefits Management reviews, develops and updates operation policy, and administers the Oral Health program including COHI and dental therapy.

Figure 2-3: FNHA Health Benefits Structure

- Facilitate BC First Nations access to Health Benefits
- Customer-service
- Pre-determination of Benefits

- Data analysis and reporting in the area of Health Benefits
- Third Party Adjudication
- Provider Audit and Registration



- Lead Health Benefits transformation
- Provide strategic leadership forging and building partnerships
- Pharmacist supporting transformation of drug-related components of Health Benefits

- Develop operational directives, frameworks and guidelines
- Provide Oral Health services in communities such as COHI and Dental Therapy

3 Looking Back: 2014 - 2015

Key Milestones for 2014-2015

The FNHA Health Benefits team has continued to grow and develop during our transformation towards full system separation from Health Canada with a focus on service improvements, community engagements, and Health Benefits services review. Below are a few key items we have accomplished this year:

- FNHA Health Benefits has built capacity to provide a better customer service experience by hiring a full-time dedicated Health Benefits Service Representative with a dedicated phone line for Health Benefits inquiries and increased capacity to provide Health Benefits for First Nations people in BC in a manner that meets or exceeds previous service levels.
- We have created an FNHA Health Benefits Information Package which outlines program policies to our clients.
- FNHA has examined how the current Health Benefits Plan works, and what can be changed to better meet the needs of our clients. We issued an Expression of Interest to the vendor community to identify who could provide the services we require. Sixteen different vendors expressed interest in providing solutions to FNHA, providing a range of capabilities and expertise.
- Through Regional Caucus sessions, we gained insights from community leadership, and through citizen surveys we have learned from our clients. This feedback will help guide the future of Health Benefits including opportunities for a Health Spending Account and Case Management.
- FNHA Health Benefits has conducted preliminary reviews to align existing 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 and feedback from communities, effective April 1, 2014 the daily meal rate was increased from \$31 to \$40, the child daily meal rate was increased from \$15.50 to \$25, and the weekly meal rate was increased from \$126 to \$163. On October 1, 2014, the daily meal rate was increased again, from \$40 to \$48, and the private mileage reimbursement rate was increased from 20¢/km to 23¢/km. These changes have resulted in an additional funding amount of approximately \$2 million for Medical Transportation.

- Within the Mental Health Benefit area, the Indian Residential School (IRS) Resolution Health Support Program (RHSP) moved offices to join the Health Benefits team in November 2014. In January 2015, an environmental scan was completed to indicate gaps and identify areas for improvement.
- In the Dental Benefit area, an Orthodontic Consultant was hired in December 2014 to review the appeals process and requirements for our dental claims that require prior authorization and predetermination. This allows a subject matter expert to review complex and complicated cases to ensure appropriate adjudication and faster processing time.
- Partnerships are critical to our collective success. FNHA Health Benefits is currently working on opportunities to collaborate on a number of projects with Health Canada, Ministry of Health, and regional governing bodies. Relationship building will allow for alignment of First Nations priorities and community health plans where applicable.

First Nations Health Benefits 2014-2015 Milestones

First Nations Health Benefits 2014-2015 Milestones	
Medical Transportation increase	April 2014, Oct 2014
First Nations Health Benefits Info Package	Aug 2014
Third Party Adjudicator Expression of Interest	Aug 2014
Regional Caucus sessions	Oct 2014
IRS services join FNHA Health Benefits	Nov 2014
New principle-based approach implemented	Nov 2014
Orthodontic Consultant hired	Dec 2014
Mental Health benefit review	Jan 2015
Training and wellness plans completed for all FNHA staff	Feb 2015

Transition to Transformation

As we move out of the buy-back arrangement with Health Canada, FNHA has been working to address service gaps through new partnerships, closer collaboration, and health systems innovations. Below is a summary of key service improvements:

Table 3-1: Key Service Improvements 2014-2015

Area	Health Canada	FNHA
Customer Service	<ul style="list-style-type: none"> No dedicated customer service phone line or rep 	<ul style="list-style-type: none"> Full-time Health Benefits Service Representative and dedicated phone line for clients
Community engagement	<ul style="list-style-type: none"> Minimal 	<ul style="list-style-type: none"> 22 community engagement sessions
Oral Health	<ul style="list-style-type: none"> Dental therapists not provincially recognised 	<ul style="list-style-type: none"> As of Jan 2014, FNHA Dental Therapist's regulated by College of Dental Surgeons of BC
Coordination of benefits	<ul style="list-style-type: none"> Vision funding limit did not account for COB 	<ul style="list-style-type: none"> Vision funding limit allows for COB
Cultural Competency	<ul style="list-style-type: none"> Minimal 	<ul style="list-style-type: none"> Mandatory Indigenous Cultural Competency training for all FNHA staff Mandatory Indigenous Cultural Competency Mental Health Core training for Mental Health Providers
Medical Transportation rates	<ul style="list-style-type: none"> Mileage Rate: \$0.20/km Meal Rates: \$31/day, \$126/week (at the time of transfer Oct 2013) 	<ul style="list-style-type: none"> Mileage Rate: Increased to \$0.23/km and additionally to \$0.29/km Meal Rates: Increased to \$48/day, \$163/week

4 Our Clients

All First Nations people who are considered BC residents 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.

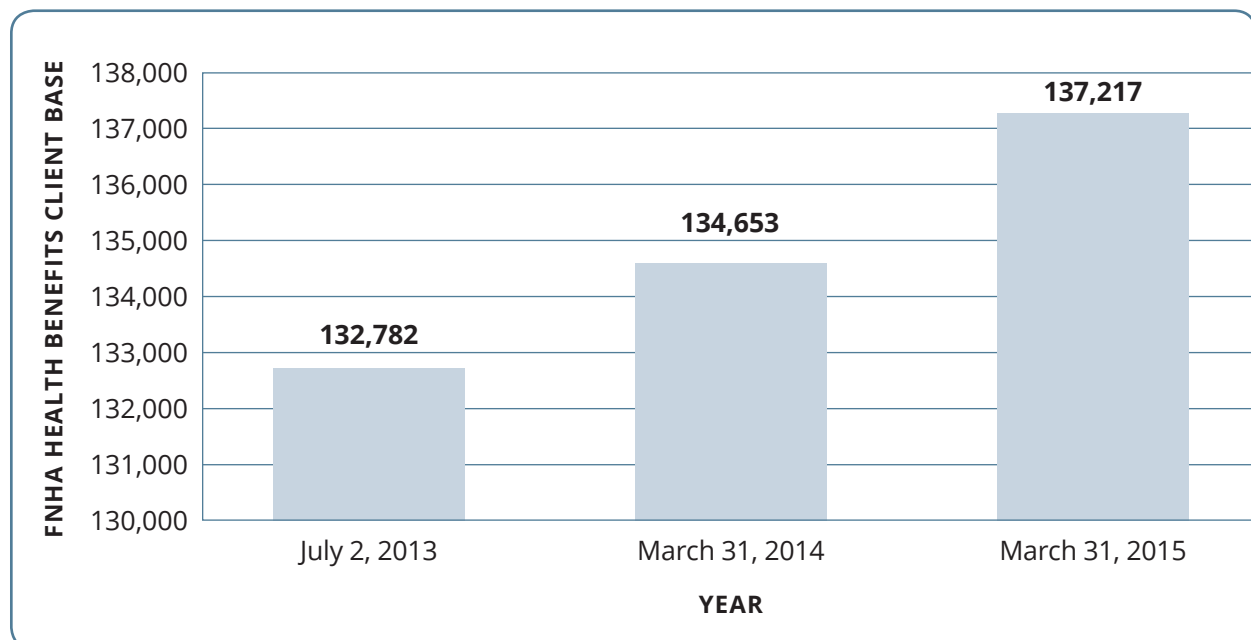
"...thank you for all the work you have all done.... service providers are glad that FNHA is willing and eager to work with all of us. That statement spoke volumes to where we want to be with our own service providers and our members."

- Health Director, Kitsumkalum

Health Benefits Client Profile

As of March 31, 2015, a total of 137,217 people were eligible for FNHA Health Benefits. This represents a 1.9% increase from March 31, 2014, and a 3.3% increase from the time of transfer from Health Canada in July, 2013. Enhanced communication and engagement with First Nations coupled with stronger relationships with health providers are leading to an increase in client base.

Figure 4-1: FNHA Health Benefits Client Base



As of March 31, 2015, the largest group of eligible clients was between the ages 20 and 29. Forty-five percent of the eligible population was under the age of 30.

Table 4-1: Health Benefits Customer Population as of March 31, 2015

Gender	Age									Total
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	
Female	8,177	10,541	11,984	10,014	9,999	9,764	5,503	2,620	1,079	69,681
Male	8,534	10,698	12,365	9,997	9,824	8,764	4,546	1,882	565	67,175
Unknown	42	37	69	70	59	36	19	16	13	361
Total	16,753	21,276	24,418	20,081	19,882	18,564	10,068	4,518	1,657	137,217

Unknowns are people whose gender was not available at the time of this report.

5 Service Standards in Health Benefits

In FNHA Health Benefits, we aim to “Function at a High Operational Standard” (Directive 7) and do so by setting distinct service standards while ensuring our teams are meeting these standards at an operation level. Service standards have been set to ensure that claims are addressed in a timely manner. They vary depending on the benefit area and the benefit item requested. Our teams have consistently met service standards for the 2014-2015 fiscal year. Processing time is monitored weekly and reported to ensure we are responding to our clients in all of our benefit areas within the set service standards outlined. Overall, there has been a general increase in the number of claims processed in all benefit areas in 2014-15 in comparison to 2013-14 data (with the exclusion of Mental Health).

Table 5-1: 2014-2015 Service Standards

Benefit Area	October 2013	FNHA Service Standard	April 2014	March 2015
Dental - Basic	30 days	20 days	20 days	13 days
MS&E – General	25 days	15 days	20 days	15 days
Medical Travel - General	N/A	5 days	5 days	5 days
Vision-eyeglasses	40 days	5 days	5 days	5 days

As we continue to grow as an organization, FNHA Health Benefits continues to monitor and report service standards while ensuring the departmental and organizational goals are in alignment with our Directives. By meeting service standards, we ensure that claims are processed in the estimated time allocated to each benefit area. Our clients are our first priority, and we ensure that our teams are diligent in responding in a timely manner. Improving how the Health Benefits team interacts with clients is the Operations team’s number one priority. In order to improve client experience the FNHA has provided customer service training to all frontline operations staff, and the team will complete stage 2 customer service training this October. In addition, 100% of the Health Benefits operations team has completed Indigenous Cultural Competency Training offered by Provincial Health Services Authority.

The Health Benefits Support Representative whose sole purpose is to help clients to access the program has fielded 551 calls since April 1, 2014. 28% of these calls were regarding Medical Services Plan, 19% were related to Health Benefits policy and eligibility, 11% on Medical Supplies and Equipment and 9% on Dental. 56% of calls came from Clients, 18% from Community health workers, 10% from providers and 5% from Aboriginal Patient Navigators. The majority of issues are resolved on the first call with about 3% of all calls transferred directly to Health Benefits Operations. Health Benefits Operations fielded a total of 39,438 calls last year.

6 Health Benefit Expenditures

In 2014-2015, Health Benefits disbursed over \$156 million on Health Benefit claims, Contribution Agreements, and Medical Service Plan payments. Figures 6-1 and 6-2 summarize unique clients, claims, and expenditures for all health benefit areas, including:

- Pharmacy benefits accounted for the most number of unique clients (99,255) and the largest expenditure (\$65.8 million) of all FNHA Health Benefits areas.
- The second largest FNHA Health Benefits area was Dental benefits, serving 58,875 unique clients and totaling \$36.7 million in expenditures.
- Total expenditures for Medical Transportation was \$26.1 million, \$23.5 million of which was delivered via FNHA Contribution Agreements.

Figure 6-1: Unique Clients and Claims for Health Benefit Areas* (2014-2015)

	Pharmacy	Medical Supplies & Equipment	Dental	Medical Transportation	Vision Care	Mental Health
Unique Clients	99,255	8,825	58,875	840	17,040	221
Claims	3,172,236	47,590	545,380	1,728	23,013	1,331

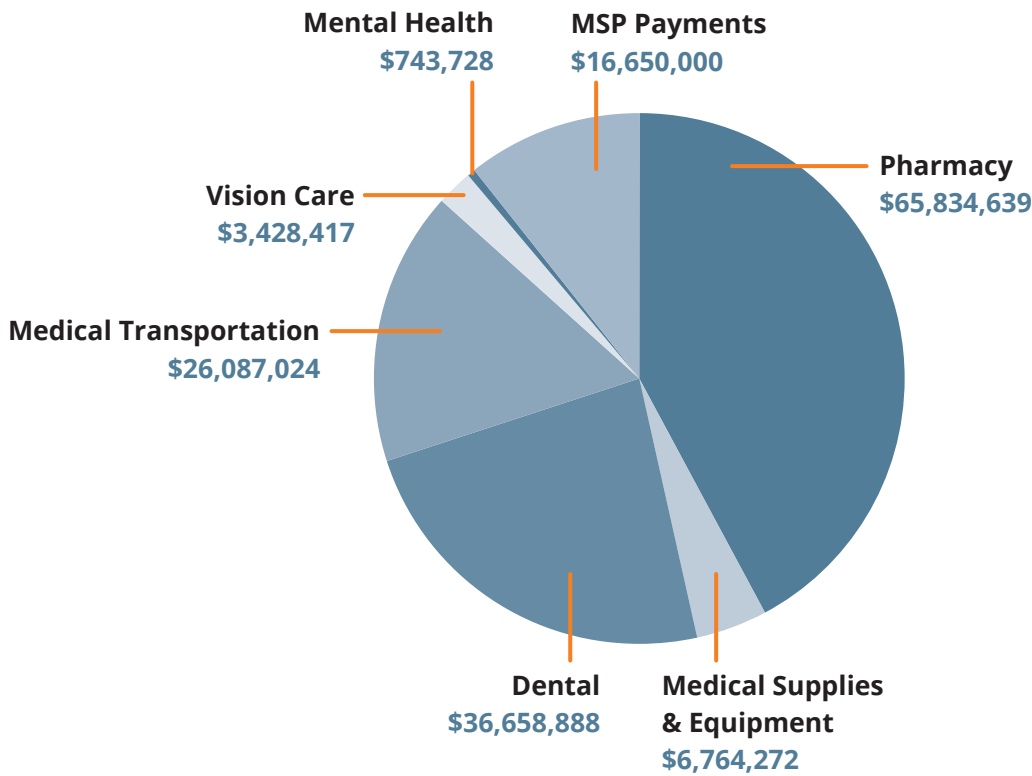
*Excludes benefits delivered through Contribution Agreements

What are Unique Clients?

Data disclosed in this report includes unique clients, claim lines, and expenditures. Unique clients refer to the distinct number of clients who received benefits for each specific health benefit area. For example, a client who received pharmacy benefits every month within the year is counted as only one client. If the client is also in receipt of dental benefits within the year, they would be counted as one unique client for the pharmacy health benefit area and one unique client for the dental health benefit area.

Total Health Benefits Expenditures by Area Including Contribution Agreements:
\$156,166,969

Figure 6-2: Health Benefit Area by Expenditure



What are Contribution Agreements / Funding Arrangements?

Contribution Agreements are funding arrangements established between FNHA and various First Nations organizations and communities in order to deliver health services including Health Benefits on behalf of the FNHA. The FNHA is moving towards using the terminology of FNHA Funding Arrangements and phasing out the term Contribution Agreements. The FNHA currently has 120 Contribution Agreements in

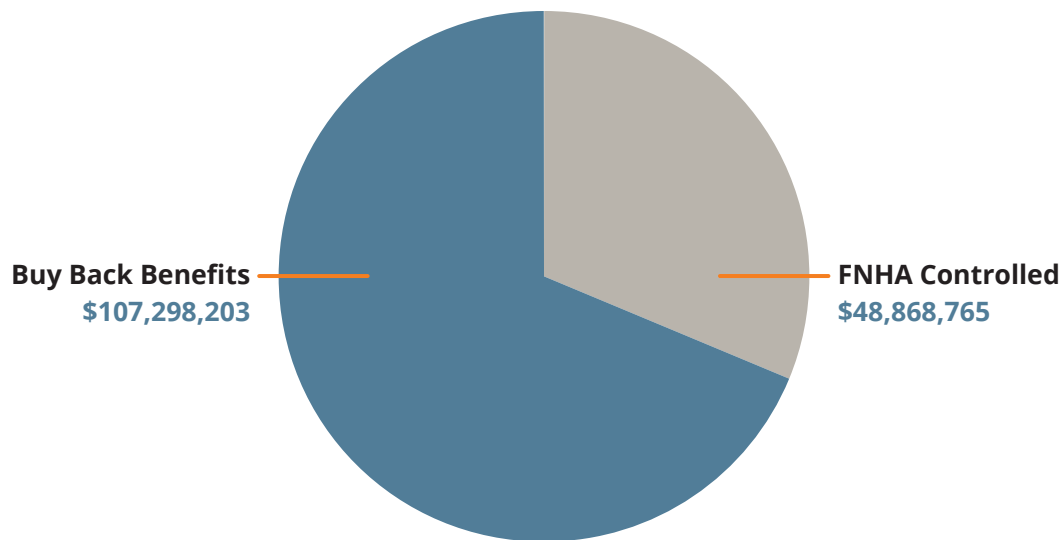
place. Health Benefits Contribution Agreements totaled \$26.6 million for 2014-2015; see Appendix A for a breakdown of Contribution Agreement expenditures by benefit area. Client and claim count information, and provider data presented throughout this report excludes those pertaining to benefits delivered through Contribution Agreements as this data was not available at the time of this report.

A New Approach to Pharmacy, MS&E, and Dental

The transformation of Pharmacy, Medical Supplies and Equipment, and Dental benefits can take place in a fulsome way once the FNHA establishes its own claims processing systems and structures and ends 'Buy Back' with Health Canada. To prepare for transformation of these benefits, research and analysis of Health Benefits plan design options is underway. Community engagement through regional caucus, surveys and focus groups was undertaken last year to obtain input for the development of a new Plan. Plan design is well underway and will be based on the following principles:

- Maximizing partnerships
- Seamless transition with provincial services
- Increase individual decision-making and control over Health Benefits, including utilizing Health Benefits for prevention and wellness, not just treating injury and illness
- Reduce administrative burden for clients
- Provide additional wrap around care for those who need it most

Figure 6-3: Health Benefit Expenditures, FNHA Controlled vs. Buy Back Benefits



Please see Appendix A for a detailed summary breakdown of unique clients, claims, and expenditures for all Health Benefit areas.

"...thank you to you and your colleagues for providing significantly improved program services... Our money flow and the turnaround time for benefit exceptions have improved. Additionally, there appears to be a decrease in complaints which is a valuable and appreciated improvement".

- Prince Rupert Aboriginal Community Service Society

6.1 Pharmacy

The FNHA Health Benefits Pharmacy area provides eligible clients with coverage for over 8,500 specified drugs including:

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

During our transition out of buy-back period, 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

Generic vs. Brand Name Drugs - Did You Know?

- *Both generic and brand name drugs contain the same active medicinal ingredients and are equally safe and effective.*
- *Both generic and brand name drugs are tested for quality, safety and effectiveness by Health Canada.*
- *A generic drug is a legal copy of a brand name drug.*
- *Generic drugs are commonly used in Canada. Prescriptions in Canada are usually filled with generic drugs if they are available.*

At the FNHA, we are committed to providing safe, effective and cost-effective medication. To achieve our Shared Value of Excellence, the FNHA provides a combination of brand name and generic drugs. The funds FNHA saves by dispensing generic drugs is used to augment other health and wellness programs we provide. This re-investment is a concrete example of FNHA's Directive 7 — Function at a high operational standard by making the best and most prudent use of available resources.

Pharmacy Claims

The FNHA Pharmacy Benefit area is the most accessed benefit serving 99,255 clients through 3.2 million claims. This culminates in \$65.8 million in expenditures.

Table 6.1-1 - Pharmacy Claims Summary

Benefit Type	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
Pharmacy	99,255	3,172,236	\$663	\$65,834,639

The top five categories of drugs accounting for the most Pharmacy benefits by expenditure are shown in Figure 6.1-2.

- The drug category with the largest expenditure was opiate agonists at \$6.4 million, serving 30,642 clients.
- Disease-modifying antirheumatics incurred similar expenditures at \$6.3 million. Disease-modifying antirheumatics covered 544 clients with an average cost per client of over \$11,000. Several drugs included in this category are new brand name drugs with high costs per prescription.

Figure 6.1-2 - Top 5 Drug Categories by Expenditure

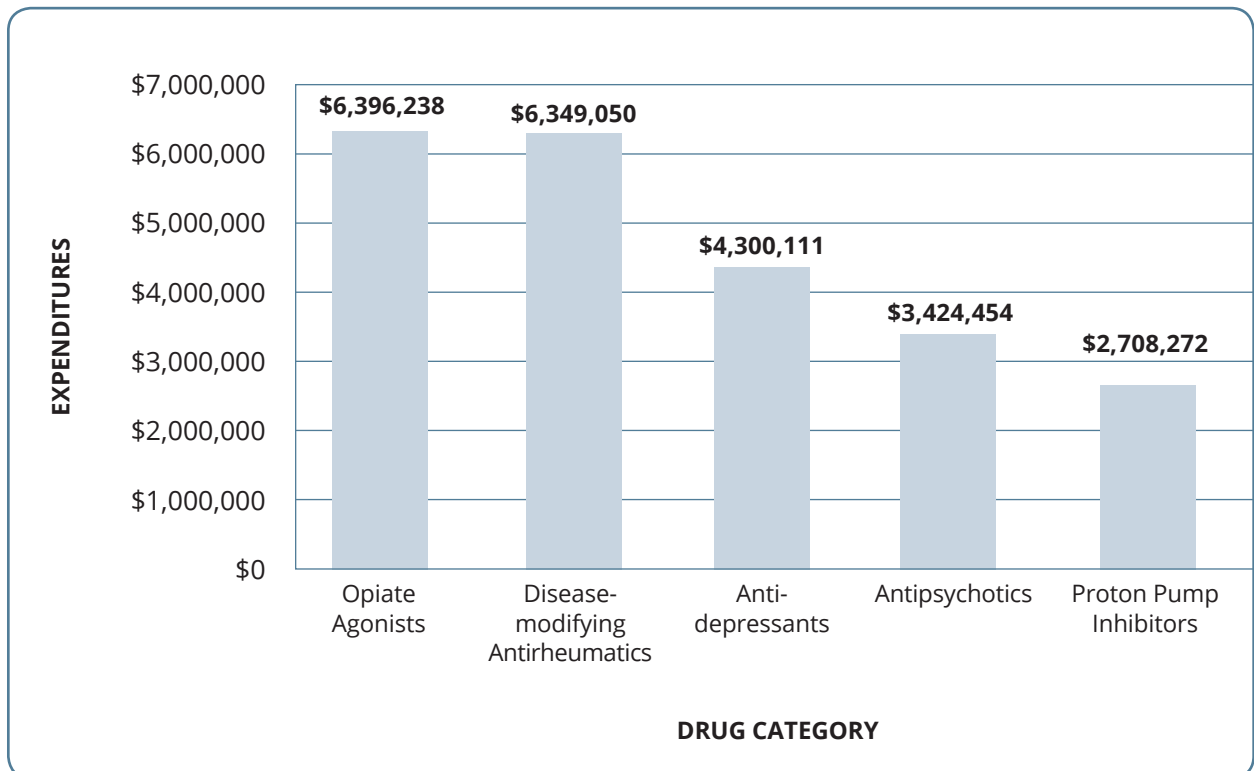
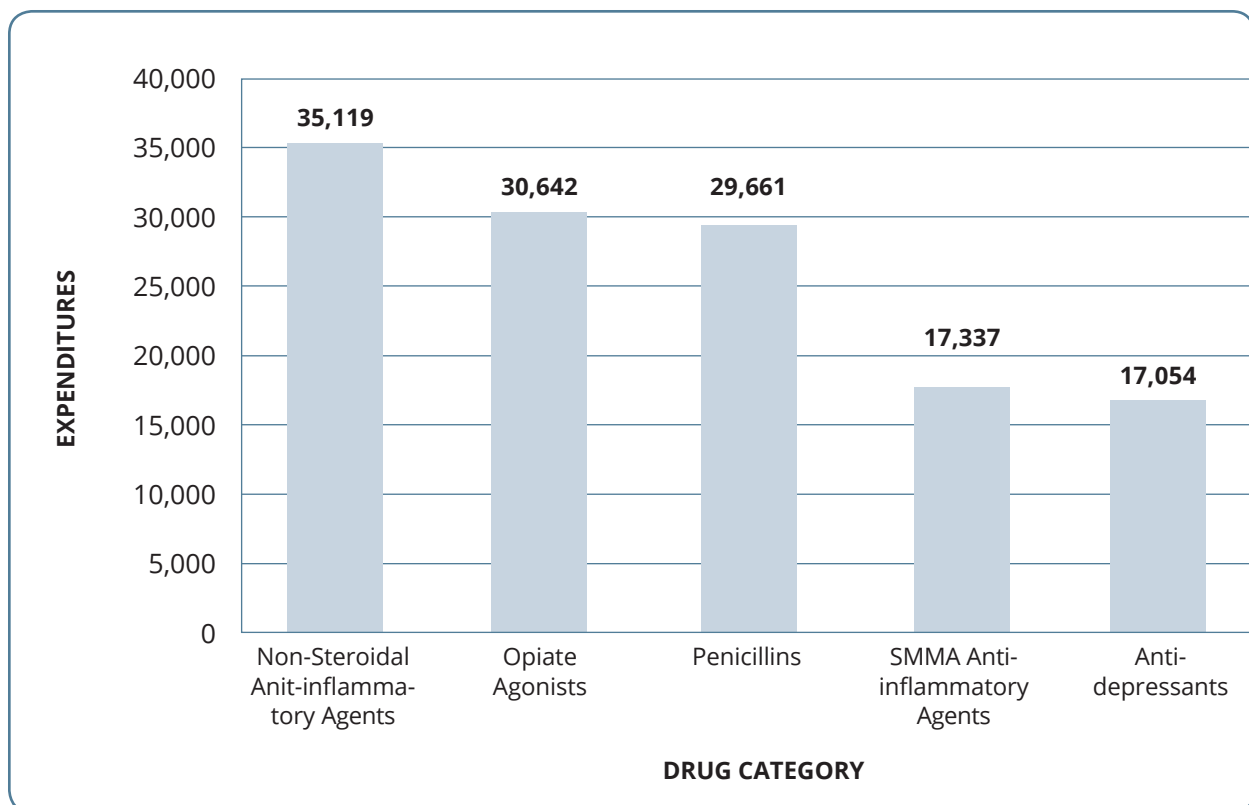


Table 6.1-3: Top 5 Drug Categories by Expenditures

Drug Category	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
Opiate Agonists	30,642	434,571	\$209	\$6,396,238
Disease-modifying Antirheumatics	544	8,334	\$11,671	\$6,349,050
Antidepressants	17,054	208,985	\$252	\$4,300,111
Antipsychotics	5,143	116,907	\$666	\$3,424,454
Proton-pump Inhibitors	16,652	123,952	\$163	\$2,708,272
Totals	46,349	892,749	\$500	\$23,178,125

The top five categories of drugs by number of unique clients are shown in Figure 6.1-4. Expenditures do not necessarily coincide with usage due to differences in treatment costs. The most used drug category was Non-Steroidal Anti-inflammatory agents, even though it did not appear in the top five drug categories by expenditure. Many drugs in this category are generic drugs with a low cost per prescription.

Figure 6.1-4: Top 5 Drug Categories by Unique Clients



6.2 Medical Supplies & Equipment

During our transition out of buy-back period, FNHA Health Benefits provides coverage for Medical Supplies & Equipment (MS&E) that are listed on the NIHB Health Canada Medical Supplies & Equipment List (see References). 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.

The following chart displays some items that are covered under the Medical Supplies & Equipment program:

Table 6.2-1: Common Examples of Medical Supplies & Equipment Items

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

Medical Supplies & Equipment Claims

The FNHA MS&E Health Benefit area serves 8,825 clients through 47,590 claims. This culminates in \$6.8 million in expenditures.

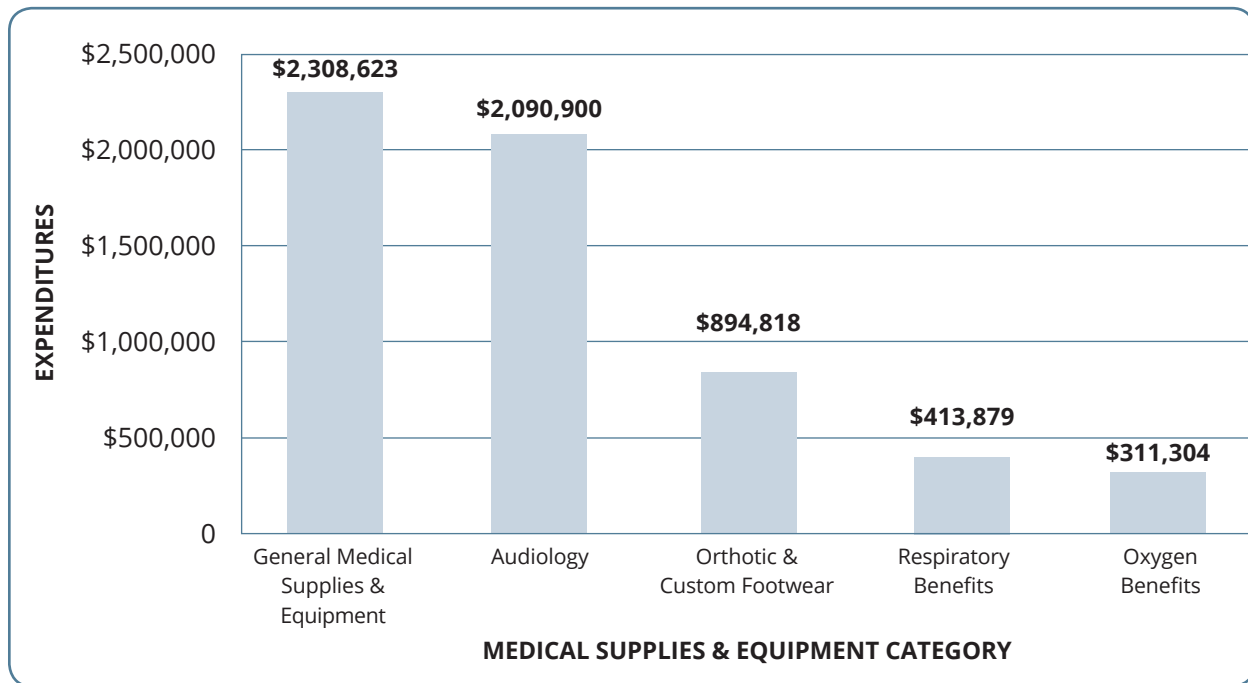
Table 6.2-2: Medical Supplies & Equipment Claims Summary

	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
FNHA Health Benefits	8,825	47,590	\$717	\$6,323,585
FNHA Contribution Agreements				\$440,687
Total				\$6,764,272

The top five categories of Medical Supplies & Equipment categories by expenditure are shown in Figure 6.2-3.

- The category with the most clients and expenditures was General Medical Supplies & Equipment, including bandages and dressings, ostomy supplies, incontinence supplies, and bathing and toileting aides. This included 3,126 clients and \$2.3 million in expenditures.
- Audiology equipment was approved for 2,785 clients, totaling \$2.1 million in expenditures. This includes hearing aids, along with the assessment and device fitting.

Figure 6.2-3: Top 5 Medical Supplies & Equipment Categories by Expenditure*



*Excludes benefits delivered through Contribution Agreements

Table 6.2-4: Top 5 Medical Supplies & Equipment Categories by Expenditure*

Category	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
General Medical Supplies & Equip.	3,126	18,959	\$739	\$2,308,623
Audiology	2,785	16,276	\$751	\$2,090,900
Orthotic & Custom Footwear	2,830	4,463	\$316	\$894,818
Respiratory Benefits	493	1,546	\$840	\$413,879
Oxygen Benefits	125	2,158	\$2,490	\$311,304
Total	8,370	43,402	\$719	\$6,019,524

*Excludes benefits delivered through Contribution Agreements

6.3 Dental

During our transition out of buy-back period, FNHA Health Benefits provides coverage for basic dental care and orthodontic care. Table 6.3-1 shows the services that are eligible for coverage:

Table 6.3-1: Eligible Dental Services

Service Type	Example(s)
Diagnostic services	Examinations, X-rays
Preventative services	Cleanings
Restorative services	Fillings
Endodontics	Root canals
Prosthodontics	Removable dentures
Periodontics	Deep cleanings
Orthodontic services	Braces
Adjunctive services	General anesthetics, sedation
Oral Surgery	Removal of teeth

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 FNHA Health Benefits 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 will 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.

Dental Claims

The FNHA Dental Health Benefit area is the second most accessed benefit serving 58,875 clients through 545,380 claims. This culminates in \$36.7 million in expenditures.

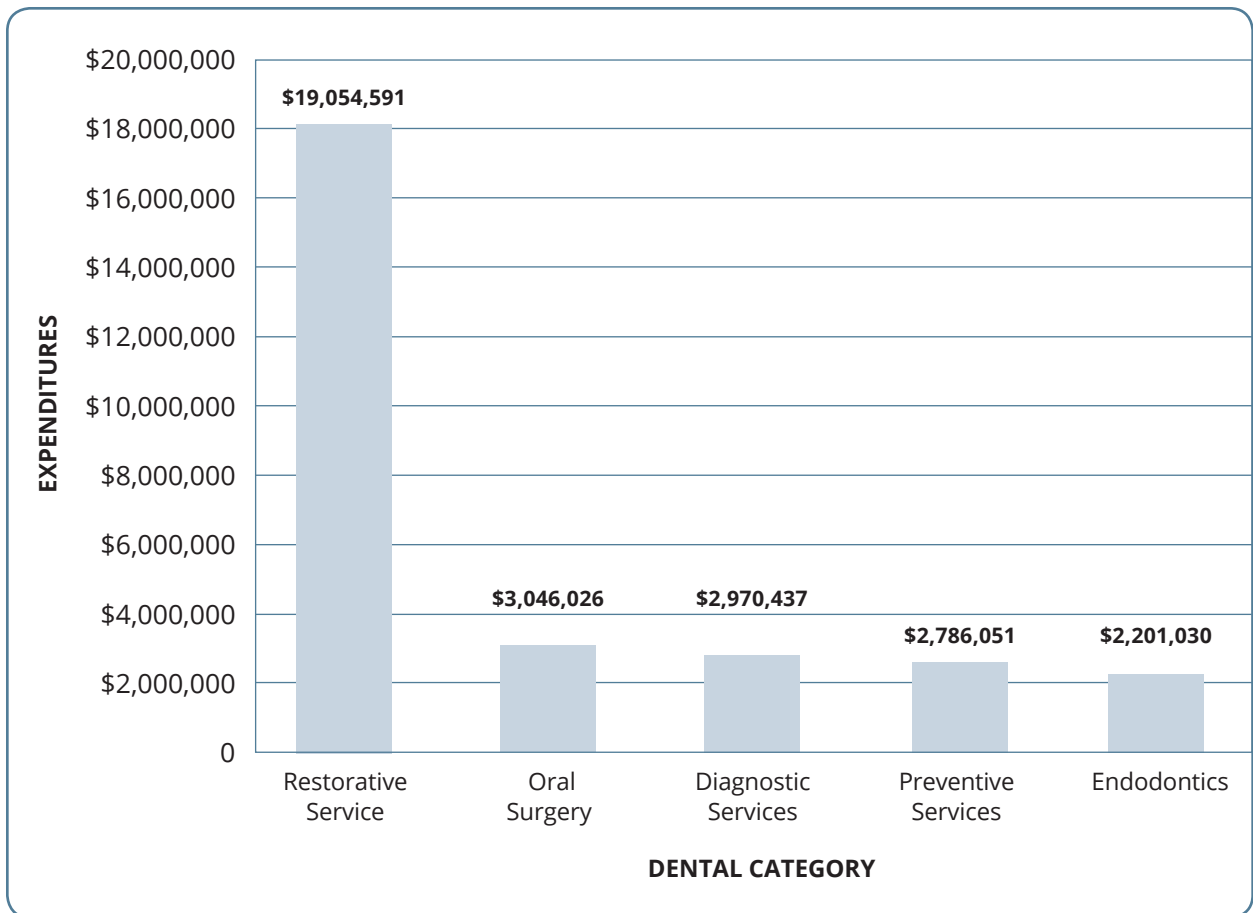
Table 6.3-2: Dental Claims Summary

	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
FNHA Health Benefits	58,875	545,380	\$597	\$35,139,979
FNHA Contribution Agreements				\$1,518,909
Total				\$36,658,888

The top five Dental categories accounting for the most expenditures are shown in Figure 6.3-3.

- The highest total expenditures were incurred for Restorative services, including crowns and fillings. This category accounted for \$19.1 million of Dental Benefits, and served 32,289 clients.
- The remaining four benefit areas each incurred between \$2.2-\$3.1 million in expenditures.

Figure 6.3-3: Top 5 Dental Categories by Expenditure*



*Excludes benefits delivered through Contribution Agreements

Table 6.3-4: Top 5 Dental Categories by Expenditure*

Category	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
Restorative Service	32,289	155,063	\$590	\$19,054,591
Oral Surgery	12,110	37,372	\$252	\$3,046,026
Diagnostic Services	51,340	159,628	\$58	\$2,970,437
Preventive Services	41,456	139,634	\$67	\$2,786,051
Endodontics	6,147	12,096	\$358	\$2,201,030
Total	57,213	503,793	\$525	\$30,058,136

*Excludes benefits delivered through Contribution Agreements

6.4 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 Medical Transportation 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.

With 90% of Contribution Agreement funding flowing directly to communities to support the delivery of Medical Transportation, First Nations communities are implementing the delivery of this benefit in the majority of cases. Medical Transportation benefits funding is 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.

Medical Transportation Claims

Medical Transportation benefits totaled \$26.1 million in 2014-15. \$23.5 million of this total was delivered via Contribution Agreements. The Medical Transportation program also offers coverage through the Medical Van program as well as providing coverage for ambulance services.

Table 6.4-1: Medical Transportation Claims Summary

	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
FNHA Operations	840	1,728	\$1,248	\$1,048,159
Ambulance Services	10,600	20,036	\$148	\$1,566,040
FNHA Contribution Agreements				\$23,472,825
Total				\$26,087,024

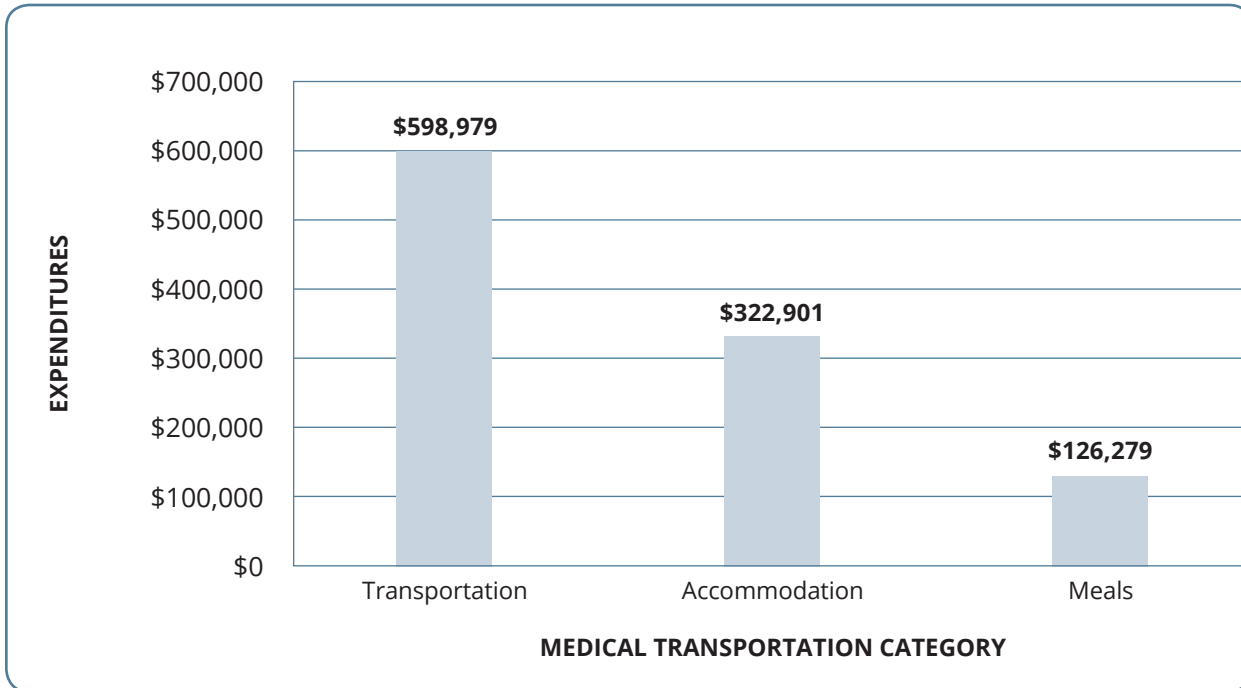
FNHA Health Benefits processed 1,728 claims for Medical Transportation benefits for 840 clients, accounting for over \$1 million in expenditures.

Transportation accounted for 57% of the expenditures for the Medical Transportation area. Accommodation and meals accounted for 31% and 12% of expenditure respectively. Air transportation accounted for 63% of transportation expenditure. Ground and water transportation accounted for 31% and 6% of transportation expenditure respectively.

The Medical Transportation Categories for expenditures are shown in Figure 6.4-2.

- The highest expenditures were incurred for Transportation, including Air, Ground, and Water; this category accounted for \$590,000 in Medical Transportation Benefits, and served 765 clients.

Figure 6.4-2: Medical Transportation Categories by Expenditure*



*Excludes benefits delivered through Contribution Agreements

Figure 6.4-3: Medical Transportation Categories by Expenditure*

		Unique Clients	Claim Lines**	Average Expenditures per Client	Expenditures	Percentage of Expenditure
Transportation	Air	208	452	\$1,813	\$377,128	36%
	Ground	701	1376	\$263	\$184,030	18%
	Water	116	176	\$325	\$37,726	4%
	Total	765	1,602	\$783	\$598,979	57%
Accommodation		581	1,042	\$556	\$322,901	31%
Meals		544	959	\$232	\$126,279	12%
Total		840	1,728	\$1,248	\$1,048,159	100%

*Excludes benefits delivered through Contribution Agreements

**Please note that one Medical Transportation claim is a unique Travel Authorization, which includes all transportation, accommodation, and meals attached to that Travel Authorization. The total number of claims is less than the sum of claims in all categories.

Medical Transportation Review - Let's Talk Transformation

The “Let's Talk Transformation Medical Transportation” project was initiated in September of 2014 and includes: a review of current funding levels; analysis of trends for last 5 years; identification of community challenges and; discussion of existing provincial services. Health Benefits will be working through the new fiscal year to complete the reviews and analysis which will ensure fair funding levels are implemented across BC while contributing to future efforts ensuring community needs are supported. The project also includes an opportunity for communities to provide direction on how to transform and develop a sustainable program that fits community needs.

Health Benefits embarked on an extensive community engagement strategy starting in the fall of 2014. Multiple sessions were conducted spanning across all five regions through both regional and sub-regional caucus sessions. Additional community gatherings and sessions were supported to ensure proper engagement. Feedback was also gathered through the healthbenefits@fnha.ca email contributing to a robust data set that will guide the transformational process. Health Benefits is working to compile the feedback into regional reports and will use the data to guide transformational change. Additional engagement sessions will occur into the next year as needed, ensuring an informed process and coverage of key transformational areas.

Ambulance/Emergency Services

In the event of an emergency, FNHA Health Benefits will pay for eligible ambulance services for FNHA clients. This includes emergency air ambulance/medevac transportation. Ambulance services were provided to 10,600 clients in 2014-15 and accounted for over \$1.5 million in expenditures.

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. Data is summarized for these two types of ambulance services in Figure 6.4-5.

Figure 6.4-5: Ambulance/Emergency Services Categories by Expenditure

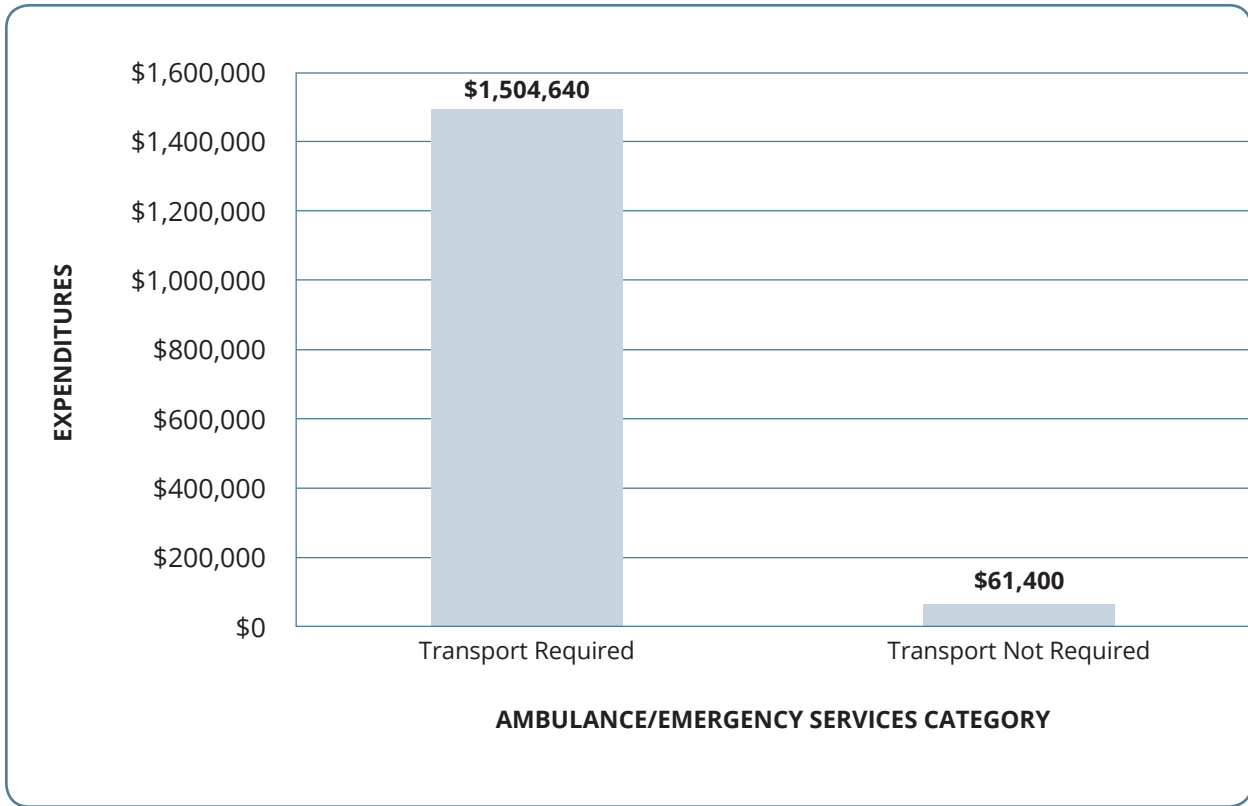


Table 6.4-6: Ambulance/Emergency Services Categories by Expenditure

	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
Transport Required	10,054	18,808	\$150	\$1,504,640
Transport Not Required	1,040	1,228	\$59	\$61,400
Total	10,600*	20,036	\$148	\$1,566,040

*See page 15 for more information on Unique Client figures.

6.5 Vision Care

Eye Examinations

The Health Benefits 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

Vision Care Claims

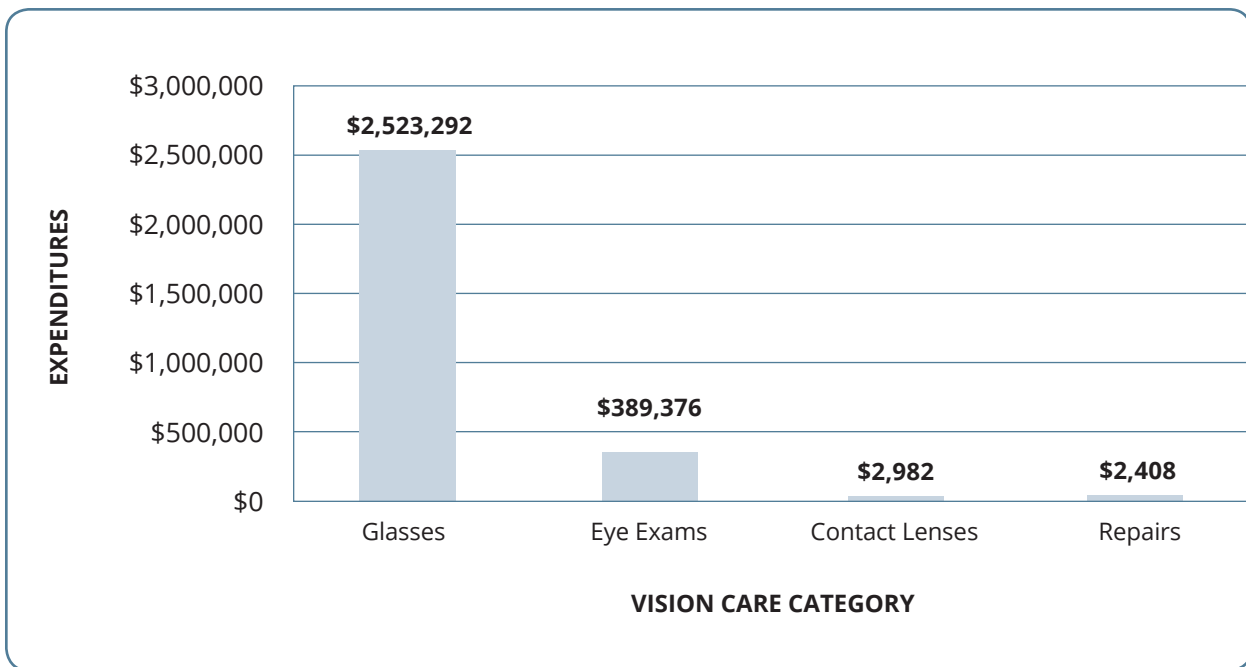
The FNHA Vision Benefit area serves 17,040 clients through 23,013 claims. This culminates in \$3.4 million in expenditures.

Table 6.5-1: Vision Care Claims Summary

	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
Operations	17,040	23,013	\$171	\$2,918,058
FNHA Contribution Agreements				\$510,359
Total				\$3,428,417

The majority of Vision Care Benefits were used to cover glasses, serving 14,327 clients with an expenditure of \$2.5 million, or 86% of the programs total expenditure. Eye exams were covered for 8,423 clients, totaling \$389,376. Contact lenses and eye glass repairs are also covered under specific circumstances, but claims for these items are limited. The Vision Care categories for expenditures are shown in Figure 6.5-2.

Figure 6.5-2: Vision Care Categories by Expenditure*



*Excludes benefits delivered through Contribution Agreements

Table 6.5-3: Vision Care Categories by Expenditure*

Category	Unique Clients	Claims	Average Expenditures per Client	Expenditures
Glasses	14,327	14,511	\$176	\$2,523,292
Eye Exams	8,423	8,423	\$46	\$389,376
Contact Lenses	15	15	\$199	\$2,982
Repairs	64	64	\$38	\$2,408
Total	17,040**	23,013	\$171	\$2,918,058

*Excludes benefits delivered through Contribution Agreements

**See page 15 for more information on Unique Client figures.

6.6 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 and may be eligible to receive two sessions for initial assessment, a maximum of 15 sessions in a treatment plan with an additional five sessions for transitional services 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.

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 communities and organizations, as well as through FNHA Health Benefits for those clients not covered through a Contribution Agreement.

Significant improvements to the provider registration process were implemented on May 1, 2015. These improvements help with streamlining of our administration, improvement of our mental health program, and integrity to the assessment process.

Mental Health Claims

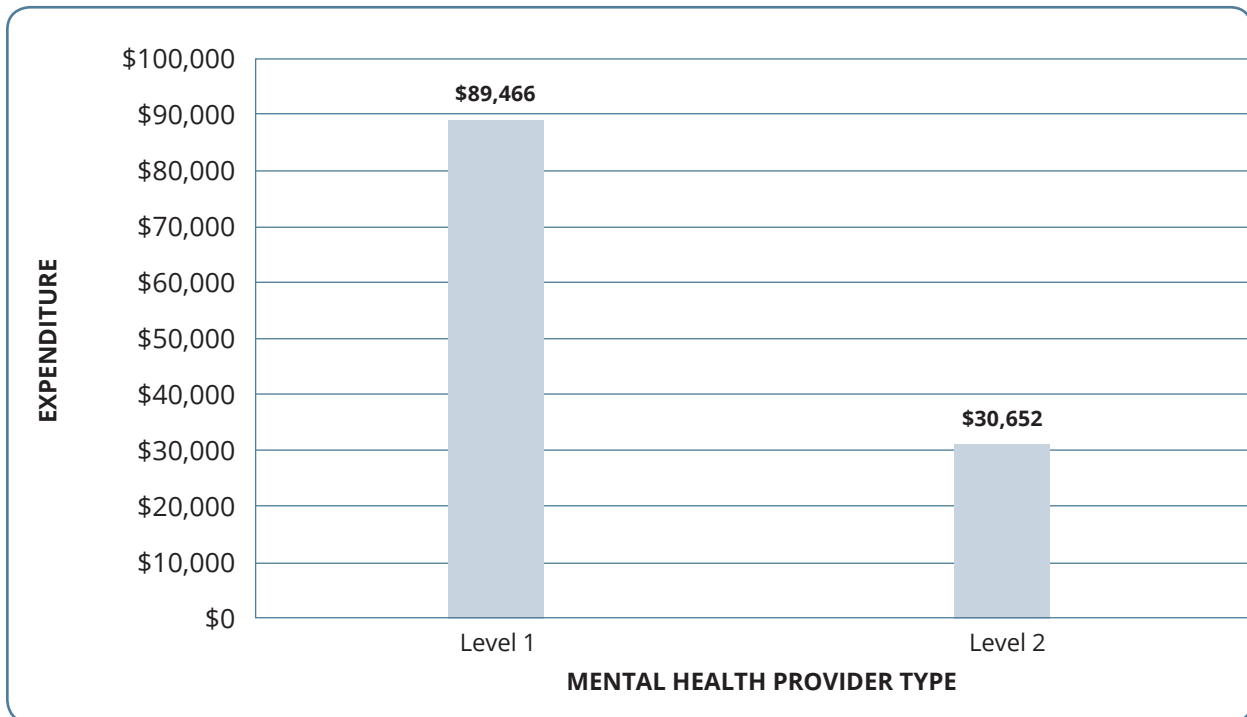
Mental Health benefits totaled \$743,728 in expenditures in 2014-15. \$623,610 of this total was delivered via Contribution Agreements.

Table 6.6-1: Mental Health Claims Summary

	Unique Clients	Claim Lines	Average Expenditures per Client	Expenditures
Operations	221	1,331	\$544	\$120,118
FNHA Contribution Agreements				\$623,610
Total				\$743,728

The Mental Health Provider Types accounting for the expenditure are shown in Figure 6.6-2. The highest expenditures were incurred for Level I provider type, which accounted for \$89,500 and served 140 clients.

Figure 6.6-2: Mental Health Provider Type by Expenditure*



**Excludes benefits delivered through Contribution Agreements*

Table 6.6-3: Mental Health Provider Type by Expenditure*

Provider Type	Unique Clients	Claims Lines	Average Expenditures per Client	Expenditures
Level I	140	931	\$639	\$89,466
Level II	81	400	\$378	\$30,652
Total	221	1,331	\$544	\$120,118

**Excludes benefits delivered through Contribution Agreements*

7 BC Medical Services Plan Payments

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.

FNHA Health Benefits assumed responsibility for BC Medical Services Plan Payments for FNHA Clients on July 1, 2013. FNHA Health Benefits currently 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.

In order to have premiums covered, BC First Nations individuals need to be enrolled with FNHA Health Benefits for their BC Care Card. FNHA Health Benefits Operations team supports the enrolment of individuals, and can provide client support if required. FNHA Health Benefits covered \$16.7 million in MSP Premiums 2014-2015, ensuring continued access to medically essential care for all FNHA clients.

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 FNHA Health Benefits at their earliest convenience within the first year of life.

In order to ensure continuation of MSP coverage, please contact the FNHA when:

- A child receives their own status number
- When you turn 19, and are no longer covered under your parents’ MSP account
- When you move into, or out of British Columbia

8 Oral Health

The First Nations Health Authority Oral Health team supports a holistic approach to oral health service delivery by providing direct services through Dental Therapy, and prevention and promotion services through the Children's Oral Health Initiative (COHI). The team is composed of a number of different roles such as a dental manager, administrative staff, COHI program coordinators, Dental Therapists, and COHI Aides. Building and nurturing partnerships with professional service providers and professional associations including the BC Dental Association and the College of Dental Surgeons of BC supports the team's work. In 2014-2015, the FNHA invested \$934,500 through Contribution Agreements with communities and contracts with regional health authorities to support COHI.

Highlights

- COHI program reaches thousands of children in communities each year
- 7 Dental Therapists and 2 Dental Hygienists on staff
- 17 FNHA supported Dental Hygienists working with the COHI program
- 15 COHI Aides attended training
- Continuing to work with communities and Regional Directors to explore efficient and effective oral health service delivery and opportunities to bring services closer to home

There is work underway in the Oral Health benefit area to support bringing services closer to home and build on partnerships with oral health service providers and other organizations. This work will be guided by an FNHA Oral Health strategy to be developed over the coming year.

"Yesterday I met 2 children with urgent dental needs whose parents were having trouble navigating the NIHB and Aboriginal Affairs systems... It is so nice to call somewhere for information and have a person answer your call... especially a person as friendly, accommodating and knowledgeable as Donny! Great job FNHA!"

- Dental Hygienist, Fraser Canyon

9 Health Benefits Providers

Provider data presented throughout the next section of this report includes only active providers; active is defined as having billed the program within the 2014-2015 year. The provider data excludes data pertaining to benefits delivered through FNHA Contribution Agreements. The provider data for each region is based on the providers' location. Between April 1, 2014 and March 31, 2015, there were a total of 5,214 active providers for all health benefit areas, providing services to our clients within British Columbia.

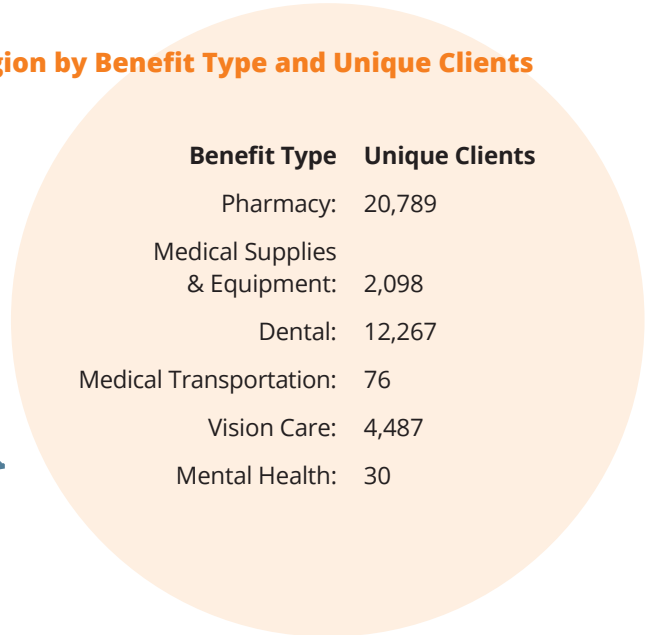
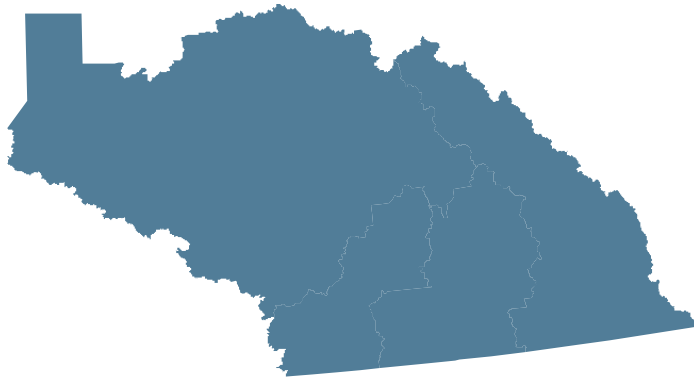
"I just wanted to pass on a compliment about one of the people you work with. As you know, our office has been dealing with the First Nations Dental plan for many years, and through many different providers and changes... In all the years we've been dealing with Health Canada we've never had this kind of personal care attended to us...If these are the kinds of people you have working on your team, and this is the level of service that you will be striving to put forward, then I see much happier dental offices willing to deal with First Nations dental clients in the future!"

- Office Manager, Kids Only Dental

10 Health Benefit Regional Profiles

10.1 Interior Region

Figure 10.1-1 Service Utilization of the Interior Region by Benefit Type and Unique Clients



FNHA provides health benefits and services to 55 communities within the Interior Region. The following is a summary of claims, expenditures, and number of providers for each benefit type within the Interior Region.

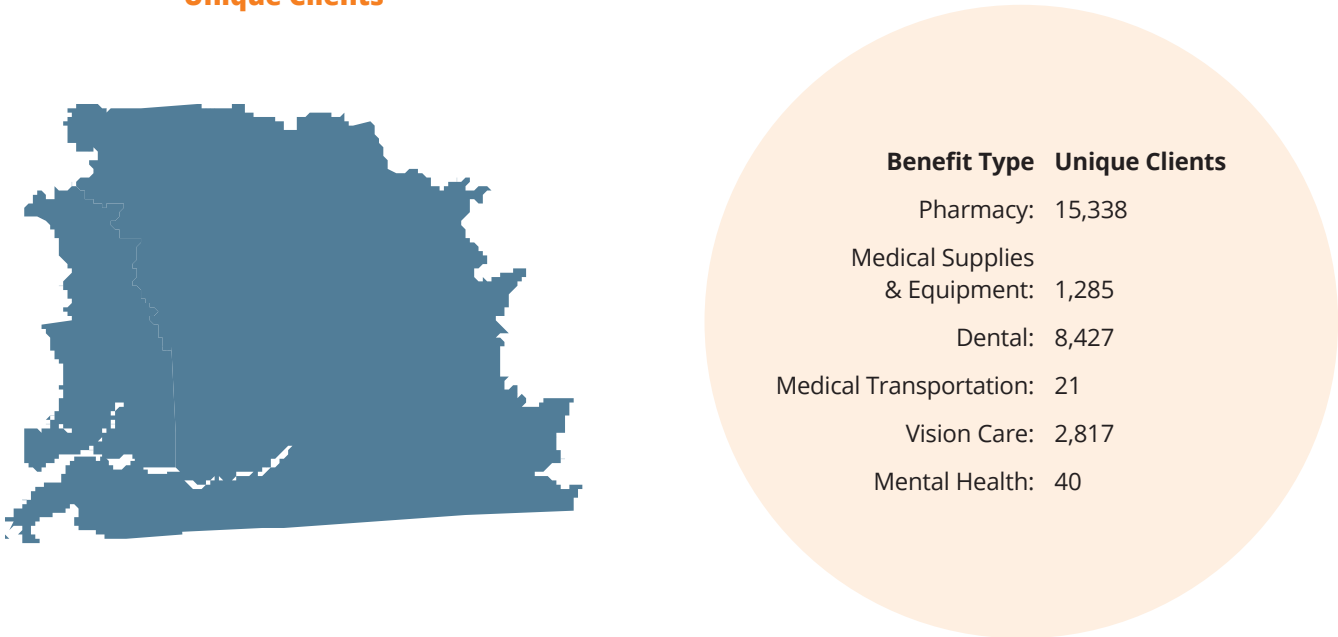
Table 10.1-2: Interior Region Providers and Claims*

Benefit Type	Claims Lines	Expenditures	Number of Providers
Pharmacy	605,549	\$12,873,290	241
Medical Supplies & Equipment	12,662	\$1,762,320	198
Dental	109,093	\$6,375,828	384
Medical Transportation	101	\$47,877	17
Vision Care	5,649	\$729,189	101
Mental Health	180	\$15,164	16
Interior Region Total	733,234	\$21,803,668	957

*Excludes benefits delivered through Contribution Agreements

10.2 Fraser-Salish Region

Figure 10.2-1 Service Utilization of the Fraser-Salish Region by Benefit Type and Unique Clients



FNHA provides health benefits and services to 32 communities within the Fraser-Salish Region. The following is a summary of claims, expenditures, and number of providers for each benefit type within the Fraser-Salish Region.

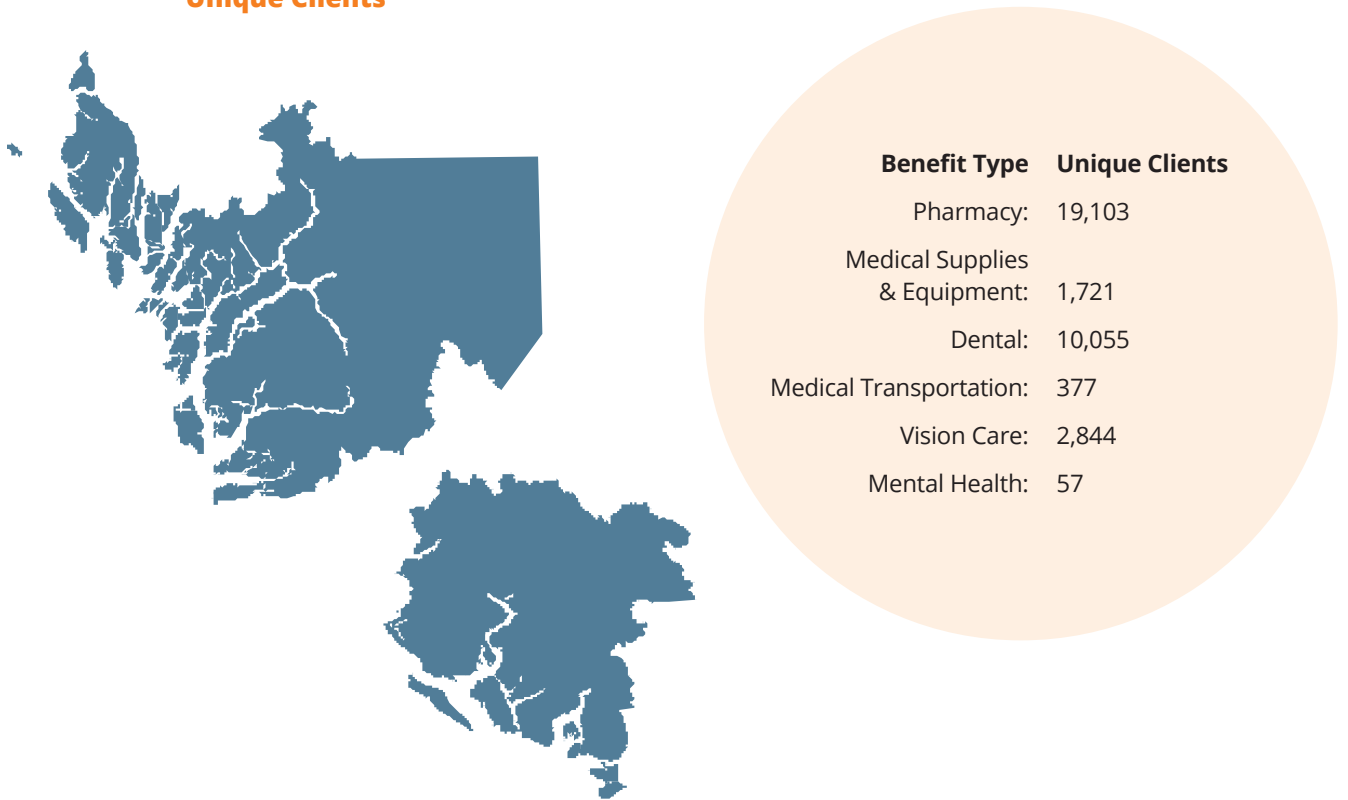
Table 10.2-2: Fraser-Salish Region Providers and Claims*

Benefit Type	Claims Lines	Expenditures	Number of Providers
Pharmacy	472,246	\$9,639,482	423
Medical Supplies & Equipment	6,185	\$987,169	207
Dental	80,125	\$4,655,690	786
Medical Transportation	24	\$7,797	15
Vision Care	3,833	\$456,520	159
Mental Health	255	\$24,381	16
Fraser-Salish Region Total	562,668	\$15,771,039	1,606

**Excludes benefits delivered through Contribution Agreements*

10.3 Vancouver Coastal Region

Figure 10.3-1 Service Utilization of the Vancouver Coastal Region by Benefit Type and Unique Clients



FNHA provides health benefits and services to 14 communities within the Vancouver Coastal Region. The following is a summary of claims, expenditures, and number of providers for each benefit type within the Vancouver Coastal Region.

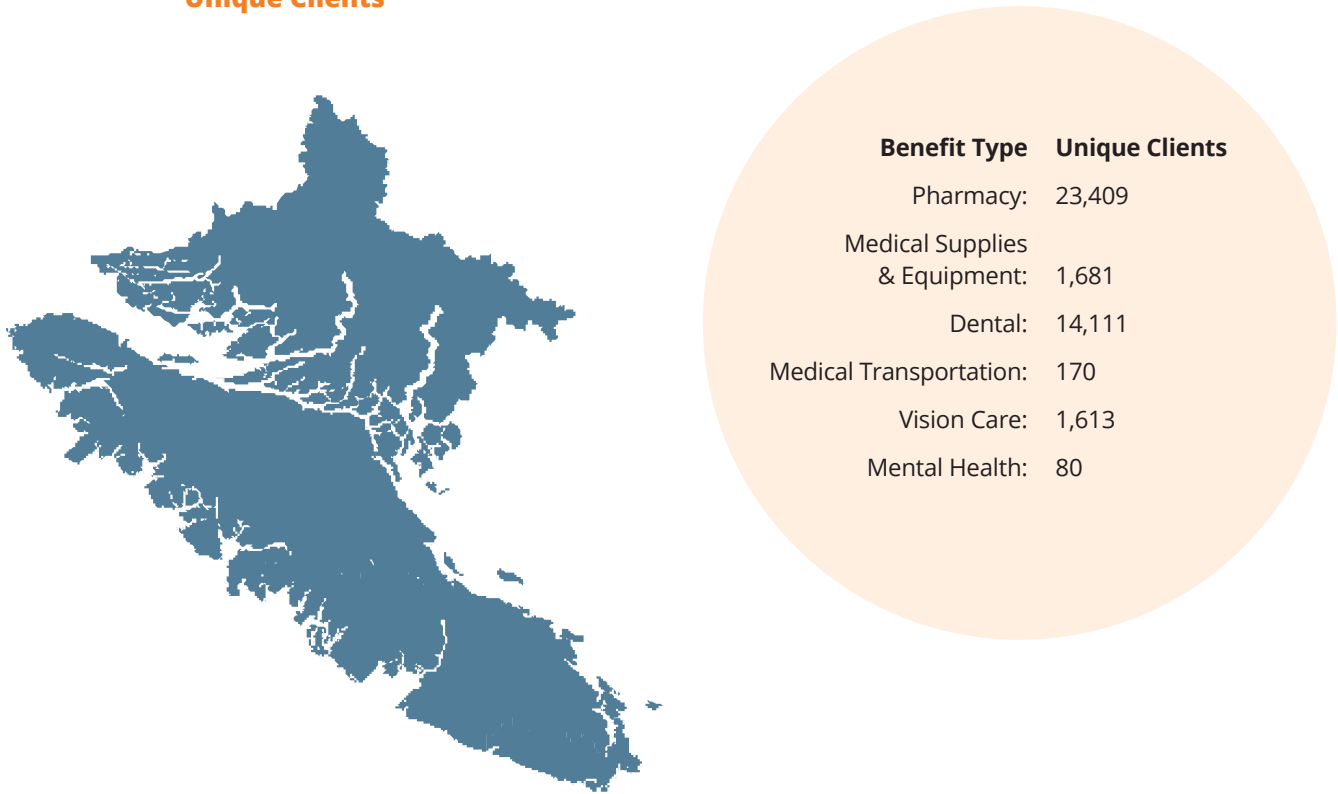
Table 10.3-2: Vancouver Coastal Region Providers and Claims*

Benefit Type	Claims Lines	Expenditures	Number of Providers
Pharmacy	727,767	\$13,657,480	327
Medical Supplies & Equipment	8,855	\$1,101,754	169
Dental	88,659	\$5,733,483	661
Medical Transportation	780	\$617,650	32
Vision Care	4,003	\$499,445	112
Mental Health	338	\$31,758	16
Vancouver Coastal Region Total	830,402	\$21,641,570	1,317

**Excludes benefits delivered through Contribution Agreements*

10.4 Vancouver Island Region

Figure 10.4-1 Service Utilization of the Vancouver Island Region by Benefit Type and Unique Clients



FNHA provides health benefits and services to 50 communities within the Vancouver Island Region. The following is a summary of claims, expenditures, and number of providers for each benefit type within the Vancouver Island Region.

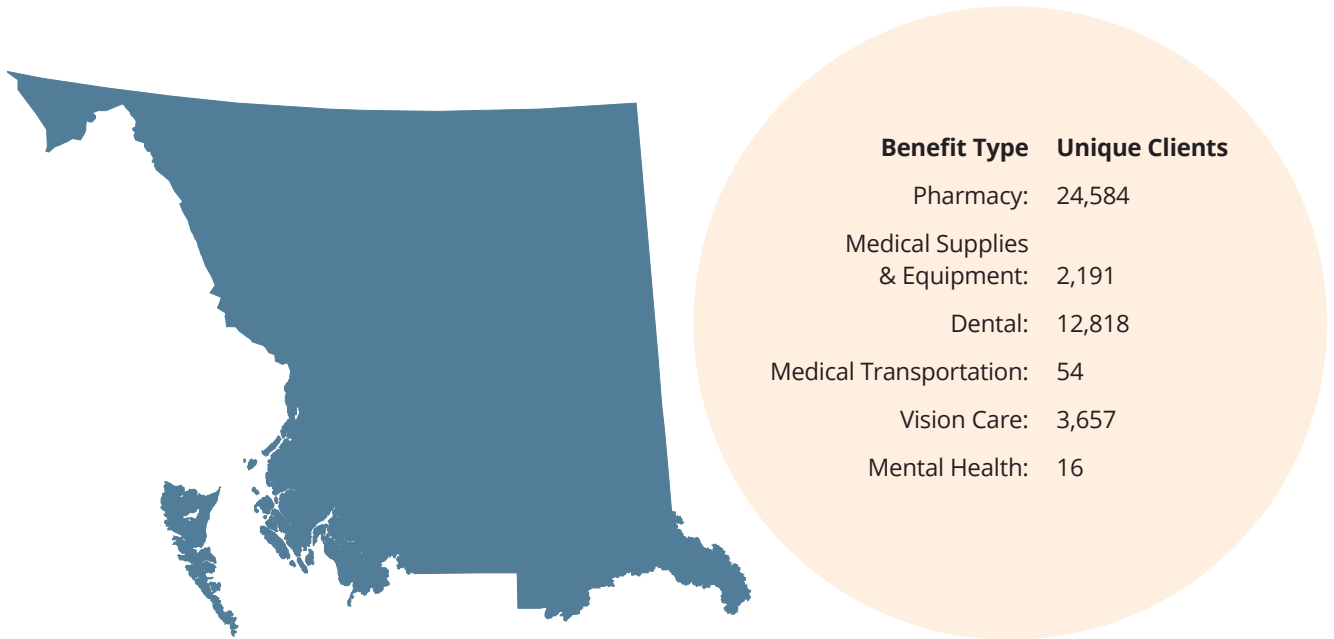
Table 10.4-2: Vancouver Island Region Providers and Claims*

Benefit Type	Claims Lines	Expenditures	Number of Providers
Pharmacy	681,461	\$14,501,643	246
Medical Supplies & Equipment	8,343	\$794,906	198
Dental	140,127	\$9,796,898	415
Medical Transportation	342	\$131,861	32
Vision Care	2,035	\$212,770	103
Mental Health	493	\$43,737	27
Vancouver Island Region Total	832,801	\$25,481,815	1,021

**Excludes benefits delivered through Contribution Agreements*

10.5 Northern Region

Figure 10.5-1 Service Utilization of the Northern Region by Benefit Type and Unique Clients



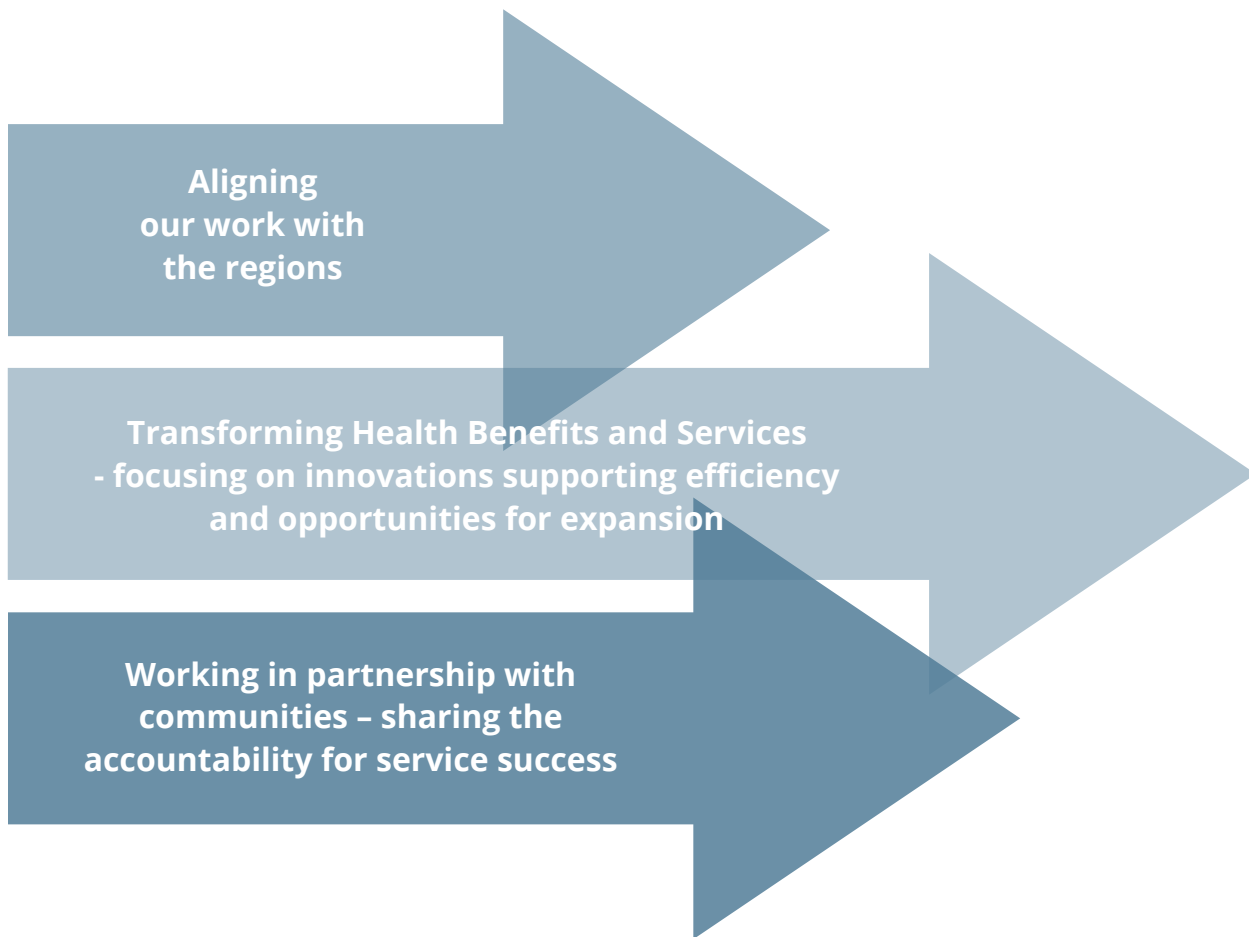
FNHA provides health benefits and services to 54 communities within the Vancouver Island Region. The following is a summary of claims, expenditures, and number of providers for each benefit type within the Northern Region.

Table 10.5-2: Northern Region Providers and Claims*

Benefit Type	Claims Lines	Expenditures	Number of Providers
Pharmacy	646,488	\$13,952,757	91
Medical Supplies & Equipment	10,627	\$1,531,114	65
Dental	109,800	\$7,470,042	157
Medical Transportation	71	\$28,208	21
Vision Care	4,670	\$616,451	43
Mental Health	66	\$5,079	5
Northern Region Total	771,722	\$23,603,651	382

**Excludes benefits delivered through Contribution Agreements*

11 Looking Forward: FNHA Health Benefits



FNHA Health Benefits has set a number of priorities and goals moving forward into the next year. The main priorities are to continue to improve current infrastructure and systems with a focus on Regional alignment, a “client-focused” philosophy, and concluding transition to move towards innovation and transformation.

A key priority for FNHA Health Benefits is the putting in place the infrastructure to move out of the buy-back arrangement with Health Canada. The adjudication/payment of claims is a core service of FNHA Health Benefits. Replacement of the NIHB systems with FNHA’s Claims Processing systems is a key FNHA Health Benefits initiative that will help to end buy-back arrangement and enable transformation of our programs and services.

Working closely with other program areas, we will start building a “regional lens” in our systems, planning and development, and reporting. Projects such as Let’s Talk Transformation, an Oral Health strategy review, and regional reporting all support this movement.

Strengthening partnerships between FNHA and communities will remain a focus for the coming year. In collaboration with federal, provincial, and regional partners, the FNHA’s Health Benefits and Policy, Planning, and Strategic Services teams will continue to review the benefit areas and policies to improve Health Benefits.

FNHA is currently evaluating the feedback provided during the community engagement and regional caucus sessions, and will be building this into a new Health Benefit plan design. Input will be compiled and used to improve and enhance services such as the consideration and selection of a new third party adjudicator. We are also looking to implement an accountability framework for providers, which will help to ensure provider accountability and compliance.

A priority for FNHA Health Benefits is to continue to develop capacity to implement innovations supporting efficiency and opportunities for expansion. One recent example is the significant changes within the FNHA Health Benefits Short-Term Crisis Intervention Mental Health Counselling Benefit and the Indian Residential School Resolution Health Support Program. These modifications support efficient processing of claims and administration. Evidence-based reporting will help guide our strategy to improve processes and expand our services and programs.

In October, 2014 the FNHA announced the establishment of a special Medical Transportation private vehicle mileage reimbursement rate of \$0.29/km and the future development of criteria to determine eligibility. The rate was developed for communities experiencing additional challenges when travelling by vehicle to access medical services. Communities who meet the criteria for the higher rate will have their levels of funding adjusted effective October 2015.

We look forward to working with our partners as we move towards 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.

12 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

Appendix A

FNHA Health Benefit Areas Summary

Table A1: FNHA Health Benefit Area Summary: 2014-2015

Benefit Type		Unique Clients	Claims Lines	Average Expenditures per Client	Expenditures
Pharmacy	FNHA Health Benefits	99,255	3,172,236	\$663	\$65,834,639
Medical Supplies & Equipment	FNHA Health Benefits	8,825	47,590	\$717	\$6,323,585
	Contribution Agreements				\$440,687
	Total				\$6,764,272
Dental	FNHA Health Benefits	58,875	545,380	\$597	\$35,139,979
	Contribution Agreements				\$1,518,909
	Total				\$36,658,888
Medical Transportation	FNHA Health Benefits	840	1,728	\$1,248	\$1,048,159
	Contribution Agreements				\$23,472,825
	Ambulance Services	10,600	20,036	148	\$1,566,040
	Total				\$26,087,024
Vision Care	FNHA Health Benefits	17,040	23,013	\$171	\$2,918,058
	Contribution Agreements				\$510,359
	Total				\$3,428,417
Mental Health	FNHA Health Benefits	221	1,331	\$544	\$120,118
	Contribution Agreements				\$623,610
	Total				\$743,728
Medical Services Plan Payments					\$16,650,000
Program Grand Total					\$156,166,969

Appendix B

Data Sources

This report presents data collected since each Health Benefit area transferred from Health Canada to FNHA Health Benefits in 2013-2014. Due to the timeline of transfer, 2014-2015 was the first full year that FNHA administered Health Benefits and for which data is complete. As a result, comparability with the previous year's expenditures and utilization is limited.

FNHA data is available for Pharmacy, Medical Supplies & Equipment, and Dental programs as of July 2, 2013. For Medical Transportation, Vision Care, and Mental Health, FNHA data is available as of October 1, 2013. In the previous year's annual report, various data was provided by Health Canada. We are pleased to state that all data for this report has been generated within the FNHA.

In Section 8: Health Benefits Providers - claims data from providers who are outside of BC have not been included in the claims data. Due to the ongoing determination of clients between Health Canada and the FNHA, and resulting retroactive claim adjustments, data presented in this report is subject to change.

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

- May 27, 2015 for the Dental, Pharmacy, and Medical Supplies & Equipment, Vision Care, and Mental Health Benefit Programs
- June 15, 2015 for the Medical Transportation Health Benefit Program
- June 26, 2015 for 2014-2015 Medical Transportation Providers by region

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