



SUGGESTED PROGRAM GUIDELINES FOR DENTISTS, SPECIALISTS, AND DENTURISTS

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FIRST CANADIAN BENEFITS HEALTH NETWORK

First Canadian Benefits (FCB) has adopted recommendations of various health and industry professionals as it sets out in its publication of the FCB Health Network, its Suggested Program Guidelines for dentists, specialists, and denturists (Program Guidelines), and its Schedule of Services utilizing reference-based pricing (RBP) through the FCB E-Portal found on the FCB website.

As a result, all Canadian residents will have the opportunity to seek treatment from all dentists, specialists, and denturists (known as providers) enrolled in the FCB Health Network.

Eligible members seeking your clinic for services will be presenting their Member ID Card. Providers may use the information present on this card to verify the eligibility of the member within our E-Portal.

A NOT-FOR-PROFIT HEALTH NETWORK IN WHICH
PROCEEDS ARE RE-INTRODUCED BACK INTO THE
NETWORK.



The FCB Health Network is in compliance with its obligations under the Competition Act. The FCB Health Network is purely voluntary for dentists, specialists, and denturists and suggestive in nature. Dentists, specialists, and denturists are free to choose to accept enrollment in the FCB Health Network with no specific prerequisites expected. The FCB Health Network does not facilitate price collusion, has no compulsory directives regarding the practice of health care, and does not dictate in any manner whatsoever what health care treatment should be performed. The choice of what treatment is to be rendered remains exclusively at the professional discretion of the dentist, specialist, and denturist in consultation with and subject to the consent of the patient. FCB Health Network is away from common ownership as it works under a governance model of health care professionals meeting the recommendations put forth by their respected associations and industry professionals. FCB along with its Executive and Advisory Boards is responsible for sponsoring, administering, and managing all FCB-approved plans and policies under the direction of the Ontario Managed Care Association (OMCA).

COVID 19 HEALTH AND DENTAL RELIEF PLAN/POLICY A001

FCB has embarked on providing a social contract to all Canadians in need as it sponsors and administers Plan A001. All Canadians will have the opportunity to subscribe to this benefits plan enabling them to have a benefit relief for services under reference-based pricing (RBP). The purpose of this plan is to provide relief and aid in the financial recovery post-pandemic.

HOW TO ENROLL AS A PROVIDER

In order to access the full potential of the FCB Health Network and E-Portal, prospective providers must first enroll into the program. Enrolling as a provider allows you and your office(s) to become discoverable on our interactive provider search, enabling Canadians to view and access your office for treatments. To enroll, simply fill out and fax/email our provider enrollment form to solutions@fcbhealthnetwork.ca or visit www.fcbhealthnetwork.ca and click “Enroll Now” found on the top right-hand side of our webpage. Please ensure to fill in all required fields.

Providers have the ability to add multiple offices to their profile if they choose to. Each office registered under a provider will be accessible to the administrative staff if the provider chooses. Each office will have a separate and unique temporary password sent to them following enrollment.

Upon successful enrollment, a Provider ID # and a temporary password will be sent to the office email(s) on file. Simply update your password and proceed to the login page to access your Provider Portal. In instances where a provider forgets their password, a “forgot password” feature is present on our website, with an identity verification safety protocol to ensure you and your patients' information remains secure.

If you have any questions or concerns about the enrollment process you may reach us at solutions@fcbhealthnetwork.ca or 1 (888) 929-4685.

FCB E-Portal (R.B.P)

The FCB E-Portal has been designed exclusively for FCB Providers to verify the eligibility of FCB Members and enable providers to bill/charge FCB members based on reference-based pricing (RBP). By billing under RBP, providers are charging and accepting approximately 20% less based on their professional fee guide and in turn providing a benefit relief on services for members. Upon submitting your RBP fee, an RBP Treatment Summary will be produced detailing what the FCB Member is to pay for services rendered. Simply put, the FCB E-Portal is a program that facilitates the transaction of what the member is to pay the provider under reference-based pricing.

In the event an eligible FCB Member has an existing benefits plan, the provider may submit a claim with the fees outlined in the RBP Treatment Summary as assignment or non-assignment to the primary plan for reimbursement.

1. EDIT PERSONAL INFORMATION

Once logged in, you will be greeted with your provider portal. This offers a quick snapshot of your account including your information, treatment history, and FCB's list of affiliated vendors (See adjacent image). To edit personal information such as email and phone number, simply click "edit" found under the account information box.

The screenshot displays the FCB E-Portal interface for a provider. At the top, a red header bar contains the text "Welcome" and "Whatley Family Dentistry" on the left, and a "Logout" button on the right. Below the header, the "Account Information" section is highlighted with a white background. It contains three sub-sections: "Registration Information" with fields for Registration Number (00007231), Registration Method (Online), Account Status (Active), and Password (masked with asterisks); "Account Information" with fields for First Name (Timothy), Last Name (Whatley), Specialty (Dental), and License Number (0000012342); and "Account Management" with a link to "View/Edit List of Offices". Below this, the "Claim Management" section shows a table with columns for "Billing to Date", "Amount", and "Action". The first row shows a date of 12/31/2017-2 and an amount of \$999,999.99, with a "View Claim" link. The second row shows a date of 12/31/2017-1 and an amount of \$0.00, also with a "View Claim" link. Below the claims table, the "Collective Buying Group Vendors" section features a table with columns for "Vendor Name", "Website", and "Details". The table lists eight vendors: ABC Medical, Adams Acupuncture, Brown & Partners Dental, Delton Chiropractors, HD Healing Centre, Rose City Therapy, Northern Naturopathy, and Ziesman Chiropractic, each with their website and a brief description of the discount offered. A "Logout" button is located at the bottom right of the page.

Registration Information	Registration Method	Account Status	Password
Registration Number 00007231	Online	Active	*****

Account Information	Last Name	Specialty	License Number
First Name Timothy	Whatley	Dental	0000012342

Claim Management	Amount	Action
Billing to Date 12/31/2017-2	\$999,999.99	View Claim
12/31/2017-1	\$0.00	View Claim

Vendor Name	Website	Details
ABC Medical	www.abc-med.xyz	Use code FCB75 when checking out for 15% off
Adams Acupuncture	www.adamsacupuncture.com	15% off any service with code FIRST15
Brown & Partners Dental	www.brownfamilydental.com	15% off any procedure for new patients
Delton Chiropractors	www.delton-chiropractors.ca	15% off any service with code FIRST15
HD Healing Centre	www.hd-healing-centre.ca	15% off any treatment for new patients
Rose City Therapy	www.rose-city-therapy.ca	Use code FCB75 when checking out for 15% off
Northern Naturopathy	www.northern-naturopathy.net	Use code FCB25 when checking out for 25% off
Ziesman Chiropractic	www.flyourbacknow.ca	15% off any procedure for new patients

sample screen

2. MEMBER ELIGIBILITY VERIFICATION

Providers must first verify the eligibility of the FCB plan member before inputting treatments.

Once “Submit a Treatment Estimate” or “Submit Treatments” has been clicked in the provider's portal, they will be prompted with the screen shown below. Simply input the Policy Number and Member ID found on the plan members benefit card and click continue.

Submit A Claim
Whatley Family Dentistry

← Back To Dashboard Logout

Claim Submission Form

Step 1 — **Step 2** — Step 3 — Step 4 — Step 5 — Step 6 — Step 7 — Step 8

Member Search

Policy Number: 000017232

Member ID: 00000906730

Continue Cancel

← Back To Dashboard Logout

sample screen

If the plan member does not exist in our health network an error message will appear.

Submit A Claim
Whatley Family Dentistry

← Back To Dashboard Logout

Claim Submission Form

Step 1 — **Step 2** — Step 3 — Step 4 — Step 5 — Step 6 — Step 7 — Step 8

Member Search

Policy Number: 000017232

Member ID: 00000906730

Policy/Member not found or not valid. Please review data or call FCB support desk

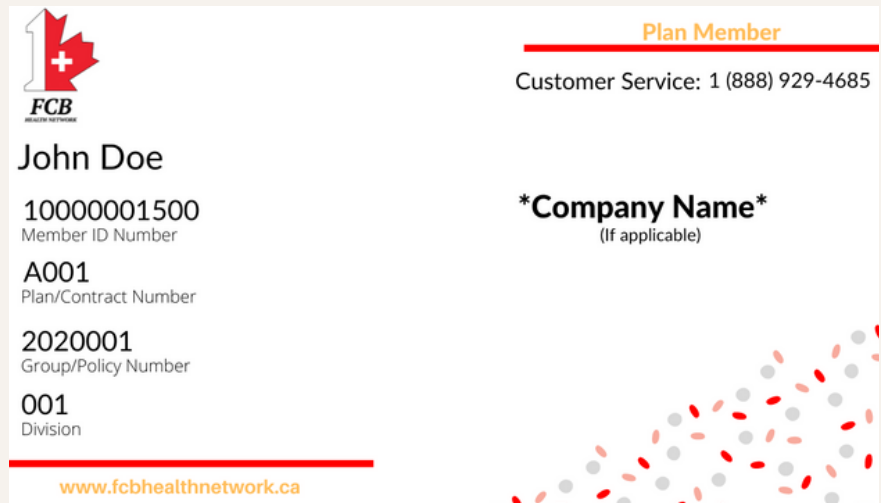
Continue Cancel

sample screen

3. INPUTTING TREATMENTS/TREATMENT ESTIMATES

Below account information, you will see a treatment history section. This will outline recent treatments, billings to date, and allow you to input treatments or treatment estimates for your patients. Navigate to the “Submit Treatments” or “Submit a Treatment Estimate” button and follow the outlined steps.

Providers must first verify the eligibility of their patients by searching their Member ID # found on their benefit card into the system. When the patient’s information is found it will be auto-populated and the provider may proceed to the next step.

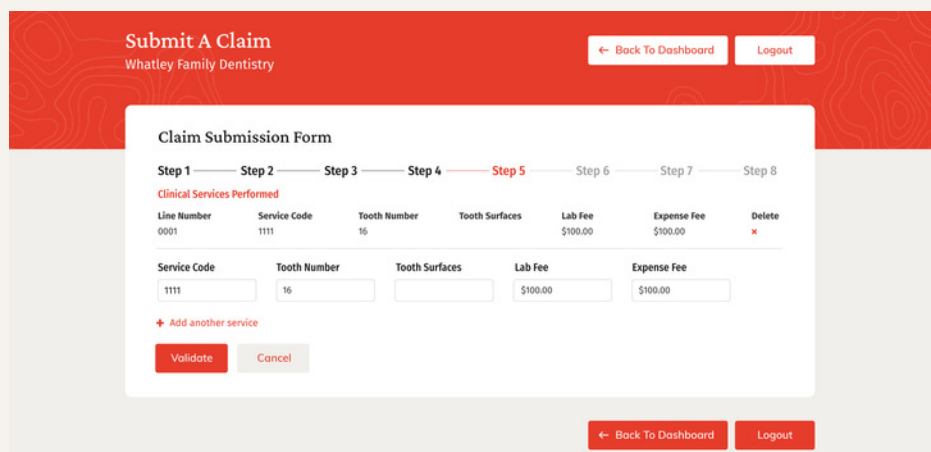


The screenshot shows the FCB Health Network member information page. At the top left is the FCB logo. On the right, it says "Plan Member" in orange, followed by "Customer Service: 1 (888) 929-4685". The member's name is "John Doe". Below the name are the following details: "10000001500" (Member ID Number), "A001" (Plan/Contract Number), "2020001" (Group/Policy Number), and "001" (Division). On the right side, there is a field for "*Company Name*" with the note "(If applicable)". At the bottom, the website "www.fcbhealthnetwork.ca" is displayed. The page has a white background with a red header and footer, and a decorative pattern of red and grey dots on the right side.

FCB’s schedule of services has been pre-loaded into the E-Portal to ensure quick and easy usability and treatment submission. The schedule of services is based on a reference based pricing model that equates to the providers current and customary fee guide minus 20-30%

Simply input a procedure code and its relative description along with the RBP fee will be auto-populated.

Providers will be able to add up to 12 service codes. Providers will have the ability to modify text for tooth number, tooth surface, and add any lab and/or material fees when applicable. A ‘notes’ section will be present allowing you to record any additional clinical notes that may pertain to the treatment(s) performed. Once complete, simply click "validate" to ensure all information inputted is correct. If an issue is present, our systems will notify you of the reason and/or to contact FCB’s support desk.



The screenshot shows the "Submit A Claim" form for "Whatley Family Dentistry". The form is titled "Claim Submission Form" and has a progress bar at the top with steps 1 through 8. Step 5 is currently selected. Below the progress bar, there is a table with the following columns: "Line Number", "Service Code", "Tooth Number", "Tooth Surfaces", "Lab Fee", "Expense Fee", and "Delete". The table contains one row with the following values: "0001", "1111", "16", "", "\$100.00", "\$100.00", and a red "x" icon. Below the table, there are input fields for "Service Code", "Tooth Number", "Tooth Surfaces", "Lab Fee", and "Expense Fee". The "Service Code" field contains "1111" and the "Tooth Number" field contains "16". Below the input fields, there is a red button labeled "Validate" and a grey button labeled "Cancel". At the bottom right of the form, there are two buttons: "Back To Dashboard" and "Logout".

sample screen

4. RBP TREATMENT SUMMARY

Submit A Claim
Whatley Family Dentistry

← Back To DashboardLogout

Claim Submission Form

Step 1Step 2Step 3Step 4Step 5Step 6Step 7Step 8

Claim Summary & Final Approval

Claim Summary	
Total fee guide amount	\$6,600.00
Total FCB contracted rate	\$4,620.00
Total eligible lab fee	\$100.00
Total eligible expense fee	\$200.00
Total submitted amount	\$4,920.00
Total benefit relief	\$1,980.00
Patient responsibility	\$4,920.00

DoneCancel

Reference Number

FCB2021DDD0001

Date Processed

01/31/2021

Print

← Back To DashboardLogout

sample screen

Upon successful validation, an RBP Treatment Summary will be generated detailing the total RBP, lab, and expense cost, as well as the amount to be paid.

A reference # will also be shown in the event you need our support. Once satisfied, the provider may click “done”.

Providers must manually input the RBP fees outlined in the RBP Treatment Summary into their software vendor program to produce an invoice to be paid.

In the event an eligible FCB Member has an existing benefits plan, the provider may submit a claim with the fees outlined in the RBP Treatment Summary as assignment or non-assignment to the primary plan for reimbursement.

Honourable Acknowledgment

Respectfully thanking our health and dental providers who have diligently provided care throughout the pandemic as they endured risk, restrictions, financial stress, and heightened emotional distress. FCB Providers are truly the frontline heroes who who continue to contribute not only to the health of the country, but also the economic recovery and well-being to all Canadians in need post pandemic. FCB appreciates and is grateful to all it's health and dental providers and affiliated vendors as they continue to contribute a benefit relief to all health and dental services under the Covid 19 Health and Dental Relief Plan A001. This social contribution enables patients to afford their health care as they recover post pandemic.

To: Dentists, Specialists, and Denturists (Providers)

Dentists, specialists, and denturists are free to determine independently the FCB schedule of service fees that they may choose to charge and accept in their respective practices along with the choice in treatment protocols and procedures. This choice is based on a relationship made between the provider and patient using the principles of informed consent and through clinical evidence. FCB and its representatives recognize the autonomous virtues of this choice and do not interfere with the provider-patient relationship. There is no economic interest and/or financial incentive that would compromise the decision-making of a treatment plan.

Dentists, specialists, and denturists are free to choose and accept the FCB Program Guidelines along with its Schedule of Services under reference-based pricing for eligible members. When treating eligible members of the FCB Health Network, the following Program Guidelines shall apply to dentists, specialists, and denturists in order for them to participate in the program.

FCB Suggested Program Guidelines for Dentists, Specialists, and Denturists.

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Subject to the particulars of the eligible member's FCB plan, under the FCB Suggested Program Guidelines:

1. Dentists, specialists, and denturists agree to bill and accept up to the Schedules of Services, utilizing RBP, found in the Provider Manual as full payment (RBP = ~80% fee for service based on your provincial fee guide).
2. Dentists, specialists, and denturists agree to not make any charge to an eligible member other than the amount owing by the patient under RBP. Balance billing of payment outstanding should not exceed the FCB Schedule of Services utilizing RBP.
3. Dentists, specialists, and denturists agree to utilize the FCB E-Portal only for eligible members under FCB-approved plans.
4. Dentists, specialists, and denturists will not apply the Program Guidelines and Schedule of Services for, in part or in full, or any derivative thereof in connection with any other program and/or network that does not display the FCB Logo on the member's card unless approved by FCB and/or their association.
5. Provider ID numbers are the intellectual property of FCB and are not to be copied and/or used in any same or similar program.
6. FCB will be notifying dentists, specialists, and denturists at least 30 days prior of any new Plan Sponsors/Payers and their eligible members participating in the FCB Health Network as they accept reference-based pricing.

7. Dentists, specialists, and denturists agree to accept members from unions, groups, associations, corporations, private individuals, and organizations.
8. For statistical purposes, dentists, specialists, and denturists agree to permit FCB to produce utilization and production reports for internal analysis.
9. Dentists, specialists, and denturists will contact and inform FCB of all and any entity wanting to utilize the providers in the same or a similar program.
10. Dentists, specialists, and denturists agree that failure to comply with any of the FCB Program Guidelines will constitute grounds for their immediate termination from the FCB Health Network.
11. FCB has the authority to change and/or amend the FCB Program Guidelines according to recommendations made by the OMCA.
12. Dentists, specialists, and denturists may opt-out of FCB and/or terminate their registration to FCB by contacting FCB with a 30-day notice.
13. Dentists, specialists, and denturists agree to notify FCB members/patients 30 days prior to termination from participating in the FCB Health Network.
14. Dentists, specialists, and denturists agree to not continue applying the benefit relief, utilizing the same Program Guidelines and Schedule of Services under RBP, once the FCB member/patient is terminated from the FCB Health Network.
15. Dentists, specialists, and denturists agree not to balance bill FCB eligible members for the difference in price between reference-based pricing and their current fee guide pricing.
16. There is no Coordination of Benefits.
17. Dentists, specialists, and denturists agree that the FCB Health Network is providing a social contract between providers, members, and FCB. As such, dentists, specialists, and denturists not complying to these program guidelines will be liable for any losses.
18. Dentists, specialists, and denturists agree that no fee will be charged or billed to an FCB Member unless it is first inputted into the FCB E-Portal to establish an RBP Treatment Summary.
19. Dentists, specialists, and denturists agree to manually input the RBP fees outlined in the RBP Treatment Summary into their software vendor program to produce an invoice to be paid.
20. Dentists, specialists, and denturists must only collect payments from the FCB Member after presenting an official RBP Treatment Summary, along with an invoice, outlining the treatment cost under RBP.
21. In the event an FCB Member has an existing benefits plan, dentists, specialists, and denturists agree to submit a claim with the fees outlined in the RBP Treatment Summary as assignment or non-assignment to the primary plan for reimbursement.

SCHEDULE A

FCB Schedule of Services for All Dental Practitioners/Specialists

Diagnostic Services

Payable at 70%

Preventative Services

Payable at 70%

Adjunctive Services

Payable at 70%

Restoration Services

Payable at 80%

Endodontics Services

Payable at 80%

Periodontics Services

Payable at 80%

Removable Prosthodontics

Payable at 80%

Fixed Prosthodontics

Payable at 80%

Surgical Services

Payable at 80%

Orthodontics

Payable at 80%

Laboratory Charges

Payable at 100%

Other Charges (I.C, +M, +E)

Payable at 100%

All services listed are payable by FCB eligible members at the percentage indicated above.
Payment reflects 70-80% of the provider's current provincial suggested fee guide.

Should you have any questions, please contact our call center at 1(888) 929-4685 or email
us at solutions@fcbhealthnetwork.ca