



BENEFIT PROVISIONS AND PAYMENT GUIDELINES FOR DENTAL SERVICES

The following terms apply with respect to all dentists and denturists who provide services and benefits to RCMP members pursuant to the Royal Canadian Mounted Police Regulations and who accept payment through assigned benefits using the Health Benefits Program administered on behalf of the Royal Canadian Mounted Police (RCMP) by Medavie Blue Cross under contract with Veterans Affairs Canada (VAC).

Failure to comply with any of the "Benefit Provisions and Payment Guidelines" will result in the provider's status being reviewed.

1. For the purposes herein:

- a) Member means any person who is eligible to receive treatment benefits pursuant to the Royal Canadian Mounted Police Regulations.
- b) Program of Choice (POC) is the treatment benefits as identified below. These may be provided to members subject to the prescriber, recommender and pre-authorization requirements, contained in the benefit grid applicable to each, being met.

The fourteen Programs of Choice are:

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| 1. Aids for Daily Living | 8. Nursing Services |
| 2. Ambulance / Medical Travel Services | 9. Oxygen Therapy (Respiratory Equipment) |
| 3. Audio (Hearing) Services | 10. Prescription Drugs |
| 4. Dental Services | 11. Prosthetics and Orthotics |
| 5. Hospital Services | 12. Related Health Services |
| 6. Medical Services | 13. Special Equipment |
| 7. Medical Supplies | 14. Vision (Eye) Care |

- c) Provider means a health professional or other person who provides treatment benefits to members and who submits claims for assigned benefits to Blue Cross under the Health Benefits Program.
- d) Service date means the date on which the treatment benefit was supplied to and received and accepted by a member.
- e) Health Identification Card means the card issued by Blue Cross which identifies the member and the member's eligibility for treatment benefits.
- f) Royal Canadian Mounted Police Regulations means the Regulations, as amended from time to time, made pursuant to the RCMP Act.
- g) Blue Cross means Medavie Blue Cross, which is under contract for certain aspects of the administration of the RCMP Health Program.

Blue Cross is empowered to act on behalf of the RCMP as its agent, however, the establishment of policy, guidelines and rules of operation governing the Treatment Program remain the sole responsibility of the RCMP.

APPLICATION

2. Where not inconsistent with, and in addition to, any other conditions required to comply with the Health Benefits Program administered by Blue Cross, any Provider submitting a claim for payment or treatment benefits provided to a member shall be subject to the terms herein.

CLAIMS

3. In relation to the claims for payment for treatment benefits supplied to a member, a Provider(s) shall:
 - a) submit all claims to Blue Cross, using the CDA / RCMP Dental Claim Form or electronically through CDAnet;
 - b) claim no more than the amount equal to the same rate payable by other residents of that province for that treatment benefit;
 - c) submit claims only after the service date;
 - d) submit no claims for treatment benefits that a member has requested but subsequently cancels or refuses to accept delivery of;
 - e) confirm that all claims are true and accurate to the best of their knowledge and belief. Dentists are further asked to confirm that they have not submitted a claim for an amount payable under any provincial health care system, provincial legislative or municipal program.
 - f) claim forms should be signed by the member.
 - g) when required, return health information to the appropriate RCMP Occupational Health Services Office.

PAYMENT

4. The RCMP's agent (Blue Cross) shall:
 - a) subject to clause 5, process and pay the claim within a reasonable period of receipt of the claim with the exception of the following claims which will not be paid:
 - i) a claim for payment received after a date later than eighteen (18) months from the service date or
 - ii) a claim that is not in an acceptable format or has not been incurred in conformity with the Schedule of Dental\Denturist Services.

AUDIT

5. Providers refusing to allow access to required documentation and thereby failing to cooperate with the audit process may have their provider status reviewed.

The RCMP's agent (Blue Cross) shall:

- a) notify a Provider when it disagrees with or adjusts the claim for payment.
- b) have the right to audit the Provider in relation to any claim for payment submitted whether previously paid or outstanding for payment not excluding claims for which pre-authorization from the RCMP has been obtained.
- c) have the right to request in writing any records and information which the Provider possesses and which are relevant to any claim being audited;
- d) present a signed authorization which can be retained by the dentist from the RCMP member for consent to the disclosure of personal information at the time of the request for the records and information pertaining to a claim.

6. A Provider(s) shall permit the RCMP's agent (Blue Cross) access to audit and retrieve copies of any relevant records, as described in 5(c).
7. When, by audit, it is determined that an amount is payable either to Blue Cross or the Provider in relation to a claim for payment, that amount shall be payable forthwith to the appropriate party by the other provided that the amount exceeds the minimum recovery payment established either by the RCMP policy or under the Health Benefits Program.

CONFIDENTIALITY

8. The records maintained by a Provider with respect to a member are confidential and may not be disclosed other than to the RCMP and Blue Cross without that individual's consent unless in accordance with the applicable legislation on access to information and privacy.

ADVERTISING

9. A Provider(s) shall not:
 - 1) refer to the RCMP in any advertising material for treatment benefits, with the exception of using the phrase "RCMP HEALTH IDENTIFICATION CARDS ACCEPTED".
 - 2) make public claims that the RCMP approves of or prefers its services or treatment benefits over that of any other provider.
 - 3) institute advertising specifically directed to RCMP members in order to solicit business.
10. A Provider(s) who makes such references or claims prohibited by clause 9 shall be subject to cancellation of his/her provider status under the Health Benefits Program.

PROVIDERS

11. A Provider as defined under Section 1(c) must conform to the registration, licensing or certification required pursuant to the relevant provincial enactments required as a condition precedent to provide those treatment benefits or other criteria established by the RCMP.
12. The RCMP reserves the right to determine who may participate as a Provider. Provider status under the Health Benefits Program may be refused, revoked, suspended or cancelled by the RCMP for reasons including but not limited to:
 - i) That enumerated in clause 11
 - ii) Unsatisfactory provision of treatment benefits
 - iii) Failure to adhere to the prerequisites outlined in the Schedule of Dental\Denturist Services (POC 04) or,
 - iv) Fraud.
13. The RCMP recognizes the provincial licensing bodies as being responsible for determining eligibility to practice dentistry in a province.
14. When not consistent with and in addition to any other conditions required to comply with the Health Benefits Program administered by Blue Cross, any provider submitting a claim for payment or treatment benefits provided to a member shall be subject to the terms herein.

REDRESS PROCEDURE FOR PROVIDERS SUBSEQUENT TO AN AUDIT

15. During the course of an audit, the RCMP's agent (Blue Cross) shall notify, a Provider in writing, when it disagrees with or adjusts the claim for payment that has been submitted.

The Provider shall be given a maximum of fifteen (15) working days from the date the letter has been sent, to review and respond to the audit findings. The Provider must respond to the National Investigative Unit, in writing at the following address:

National Investigative Unit
Medavie Blue Cross
PO Box 220 644 Main Street
Moncton NB E1C 8L3

The Provider may submit new or additional information and dispute any or all discrepancies that have been identified. The information submitted will be reviewed by Blue Cross and appropriate adjustments made to the audit findings.

Based on the explanations received from the Provider, a decision will be rendered on the outcome of the audit. The Provider will be notified, in writing, of the decision.

Actions resulting from audits can include, but not be limited to, any of the following:

- cancellation of Provider status
- suspension of Provider status
- re-instatement of Provider status
- criminal prosecution
- civil litigation
- recovery of deficient amounts either directly from the Provider or from withheld claims payments
- negotiated repayment options
- referral to an appropriate licensing authority for investigation; and
- no further action.

Providers may request a review of the outcome of an RCMP Audit by writing to the address below:

Occupational Health & Safety Branch
295 Coventry Road, 2nd Floor
Ottawa ON K1A 0R2

Attention: Officer in Charge

All requests for review of the outcome of a RCMP audit must be submitted within fifteen (15) working days of the date the letter containing the outcome of the audit has been sent to the Provider. Results from a request for review will be communicated to the Provider in writing. These results are considered to be final by RCMP, however, they would in no way interfere with a Provider's ability to pursue legal recourse.

RETENTION OF RECORDS

16. Documentation must be retained in accordance with the laws of the supplier's province of business concerning retention of health records and Canada Revenue Agency requirements for taxation purposes.

TERM

17. These guidelines may be revoked or amended at any time by the RCMP. The RCMP will ensure that any changes are identified to all participating providers at least five (5) working days in advance.