



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). RBP are contracted fees for service that are approximately 20% lower than the current fee guide/standard customary fees.

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 to save on the cost of care.

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



DISCLAIMER

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).

HEALTH AND DENTAL SAVINGS 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 savings plan enabling them to have a benefit relief for services under reference-based pricing (RBP). RBP are contracted fees for service that are approximately 20% lower than the current provincial fee guide. The purpose of this plan is to provide relief and aid in the financial recovery post-pandemic and to help all Canadians in need.

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 establish the reference-based pricing (RBP) fees for services rendered. By billing under RBP, providers are charging and accepting approximately 20% less than their professional fee guide and in turn, providing a benefit relief on services for FCB members. Upon establishing your RBP fee through the FCB E-Portal, an RBP Treatment Summary will be produced detailing what the FCB Member is to pay for the 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.

Always use the RBP fees established in the Treatment Summary to populate and complete the transaction in your practice management software.

How To Establish RBP Fees

1. LOGIN AS A PROVIDER

Use your Provider ID and password to login and access your dashboard/E-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 shows the FCB E-Portal dashboard for a provider named Timothy Whatley. The dashboard is divided into several sections:

- Welcome:** Whatley Family Dentistry, with a Logout button.
- Account Information:** A box containing registration and account details.
 - Registration Information:** Registration Number (000017231), Registration Method (Online), Account Status (Active), and Password (*****). Each field has an "Edit" link.
 - Account Information:** First Name (Timothy), Last Name (Whatley), Specialty (Dental), and License Number (00000012342). Each field has an "Edit" link.
 - Account Management:** A link to "View/Edit List of Offices".
- Claim Management:** A section with "Submit A Claim" and "Submit An Estimate" buttons. It shows a "Billing to Date" of \$999,999.99 and a list of claims with "View Claim" links.
- Collective Buying Group Vendors:** A table listing various vendors and their associated RBP fees.

Vendor Name	Website	Details
ABC Medical	www.abc-med.xyz	Use code FCB15 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 FCB15 when checking out for 15% off
Northern Naturopathy	www.northern-naturopathy.net	Use code FCB25 when checking out for 25% off
Ziesman Chiropractic	www.flourbacknow.ca	15% off any procedure for new patients

A Logout button is located at the bottom right of the dashboard.

sample screen

2. SELECT "INPUT TREATMENTS" OR "CREATE A TREATMENT ESTIMATE"

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. Select the “**Input Treatments**” or “**Create a Treatment Estimate**” button and follow the outlined steps.

Account Management

[View Registered Office →](#)

Treatment History

[View List Of Treatments Performed →](#)

Input Treatments

Create A Treatment Estimate

Procedure Code Finder

2A. PROCEDURE CODE FINDER

Save time and eliminate the need to look for your fee guide. Use the Procedure Code Finder to find

3. CONFIRM MEMBER ELIGIBILITY

Providers must first verify the eligibility of the FCB plan member.

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

Create an RBP Treatment Summary i

Logout

Input Treatments

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Step 7

Member Search

Group Number

Member ID

12345678

12345678911

Continue

Cancel

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

Group Number or Member ID is invalid, please correct or call FCB support for assistance. x

Input Treatments

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Step 7

Member Search

Group Number

Member ID

12345678

12345678911

Continue

Cancel

4. INPUT PROCEDURE/SERVICE CODES

Once eligibility has been verified, you will now input procedure codes for the service(s) that have been/will be performed.

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.

RBP Treatment Estimate

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Step 7

Treatment Plan

Service Code	Tooth Number	Tooth Surfaces	Lab Fee	Expense Fee
<div>31710</div>	<div></div>	<div></div>	<div>150</div>	<div></div>
<div>+ Add service</div>				
<div>Validate</div>		<div>Cancel</div>		

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

5. RBP TREATMENT SUMMARY

Upon successful validation, an RBP Treatment Summary will be generated outlining 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 input the RBP Fees into their practice management software when invoicing FCB Members.

In the event an FCB Member has a primary plan, submit a claim as you normally would ensuring you bill the amounts outlined in the RBP Treatment Summary.

Treatment Eligibility Details

Line No	Service Code	Tooth Number	Tooth Surfaces	Service Description	RBP cost	Lab Fee	Expense Fee	FCB Program Response
1	31710			Complete Maxillary Implant Retained	\$1,256.00	\$150.00	\$0.00	

Treatment Summary Details

Transaction code	Processed date	Total Member Cost
	2023-06-23	\$1,406.00

Final Confirmation

This is an Estimate. this estimate confirm's the member eligibility and the RBP cost you will be billing and accepting as full payment.

Done

 Print

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 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 its health and dental providers and affiliated vendors as they continue to contribute a benefit relief to all health and dental services under the Health and Dental Savings Plan A001. This social contribution enables patients to afford their health care as they recover post pandemic and allows existing plan sponsors to maintain and sustain their existing rates/premiums.

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 Ontario Managed Care Association (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 eligible FCB members for the difference in price between reference-based pricing and their current fee guide pricing (approximately 20%).
16. There is no Coordination of Benefits with Plan A001.
17. Dentists, specialists, and denturists agree that the FCB Health Network is providing a social contract between plans, providers, members, and FCB. As such, dentists, specialists, and denturists not complying to these program guidelines for eligible FCB Members 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 entered into the FCB E-Portal to establish an RBP Treatment Summary. Following you agree to manually override and input the RBP fees outlined in the RBP Treatment Summary into your practice management software to produce an invoice to be paid.
19. Dentists, specialists, and denturists must only collect payments from the FCB Member after presenting an official RBP Treatment Summary, along with an invoice produced by your practice management software, outlining the treatment cost under RBP.
20. In the event an FCB Member also has an existing benefits plan, dentists, specialists, and denturists agree to submit a claim through their practice management software with the RBP fees outlined in the RBP Treatment Summary. Accepting assignment or non-assignment of benefits is a choice made by the provider.

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