

# NON-INSURED HEALTH BENEFITS (NIHB) DENTAL CARE BENEFITS (DCB) PROGRAM ACTIVITY REPORT

**DCI Number/Fiscal Year:** HC-P030 (2022-2023)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P030. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

## Program Reporting Requirements:

The Recipient shall submit to the Minister financial and program activity reports as outlined in the funding agreement and this Reporting Guide. The Non-Insured Health Benefits (NIHB) Program standard requires:

- Interim Financial and Program Activity reports;
- A year end Annual Audited Financial Report; and
- An Annual Report which includes a yearend Program Activity Report and a report which contains information as described below under Annual Report.

The ISC-FNIHB and the funding agreement recipient will negotiate the interim reporting requirement periods and deadlines. Independent of the number of reporting periods, the financial and activity reporting time frames and due dates must always be the same.

## Financial Reports

The interim financial reports and the annual year end Audited Financial Report must report on actual expenditures for each of the budget categories listed in the NIHB Interim Report on Program Expenditures.

## Program Activity Reports

The interim and Annual Program Activity reports must include the following data elements for each authorized claim for the reporting period and shall be submitted in electronic form or in a format that has been previously approved by ISC-FNIHB.

- a. Client surname and given names;
- b. Client date of birth;
- c. Client identification number (INAC number, band name and family number, or FNIHB Number);
- d. Predetermination number
- e. Provider name;
- f. Date of service;
- g. Procedure code;
- h. Tooth code;
- i. Tooth surface;
- j. Professional fee;
- k. Laboratory fee;
- l. Other coverage indicator
- m. Total amount paid per claim.

## Where to Send the Reports

The reports are to be sent to the Minister's contact address as listed in the funding agreement or as identified by the ISC-FNIHB region.