

## Important update regarding coordination of benefits on government-sponsored dental programs

This Benefact addresses the questions we are receiving about the Coordination of Benefits (COB) between government-sponsored, Low Income Health Benefit (LIHB) dental programs and private dental insurance.

Before the transition to Alberta Blue Cross®, these LIHB claims were adjudicated up to the submitted amount, determined by the provider. With this approach, dental providers were receiving a higher payment for low-income clients who had both private insurance and provincial dental coverage than for clients with only provincial coverage.

Going forward, Alberta Health has asked Alberta Blue Cross to ensure that dental payments conform to legislation, policy, the government's agreement with dental providers and the dental fee schedule.

This means that **when dental providers treat LIHB patients, they will be paid up to the amount described in the Alberta Health dental fee schedule that pertains to the patients plan.**

For government-sponsored dental LIHB programs, when claims are received as the secondary plan, the eligible amount is determined as follows:

- The amount paid by the primary plan is compared to the eligible amount on the applicable Alberta Health dental fee schedule.
  - o If the primary plan has paid the same or more than the Alberta Health dental fee schedule, the eligible amount will be \$0.00
  - o If the primary plan has paid less than the Alberta Health dental fee schedule, the eligible amount will be the difference up to the eligible fee listed in the Alberta Health dental fee schedule.

### Example 1

Procedure Code 01103 – Permanent dentition exam		
Amount submitted = \$116.66	Private plan eligible amount = \$98.08	AISH schedule rate = \$72.73
As the private plan will pay \$98.08, which is greater than the Assured Income for the Severely Handicapped (AISH) schedule, the eligible amount will be \$0.00.		

### Example 2

Procedure Code 01103 – Permanent dentition exam		
Amount submitted = \$116.66	Private plan eligible amount = \$50.00	AISH schedule rate = \$72.73
The private plan will pay \$50.00 as the primary plan. The claim can then be submitted to AISH as the secondary plan, which will pay \$22.73.		

In situations where a patient has Dental Assistance for Seniors Program (DASP) coverage and Non-Insured Health Benefits (NIHB) program coverage, the claim should be submitted to the DASP as the primary plan.

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### Example 3

Procedure Code 01103 – Permanent dentition exam		
Amount submitted = \$116.66	DASP schedule rate = \$98.00	NIHB schedule rate = \$114.24
DASP will pay \$98.00 as the primary plan. The claim can then be submitted to NIHB as the secondary plan, which will pay \$16.24.		

In situations where a patient has Canadian Dental Care Plan (CDCP) and an Alberta government-sponsored plan, they need to determine which plan to use when obtaining dental care. The patient can choose to bill either their provincial dental plan or their federal dental plan. If dental services are not covered by the federal plan, but are included in the individual's provincial plan, a claim can be submitted to the provincial plan for reimbursement.

### Example 4

Procedure Code 01103 – Permanent dentition exam		
Amount submitted = \$116.66	DASP schedule rate = \$98.00	CDCP schedule rate = \$114.24
The claim can be submitted to either DASP or CDCP. If CDCP pays primary, DASP will cover \$0.00.		

### Clarification regarding patient charges

The following table summarizes the situations where a dental provider can charge a member of the government-sponsored dental programs.

Scenario	Policy
Amount paid by the government-sponsored dental program is less than the amount claimed	LIHB programs – providers must <b>not</b> balance bill the patient DASP – providers may balance bill the patient
A service which is deemed not eligible on the government-sponsored dental program	Providers may charge the patient for the service
Amount paid by the government-sponsored dental program is \$0 (e.g. COB, or a service above frequency limits)	Providers may charge the patient for the service

When charging a patient, the provider must disclose the cost before treatment and advise the patient that they will be responsible for the cost payable directly to the provider.

We appreciate your patience and understanding during this transition of government-sponsored dental programs to Alberta Blue Cross.

## QUESTIONS?

Please visit [ab.bluecross.ca/provider/type/dental/dental-home.php](https://ab.bluecross.ca/provider/type/dental/dental-home.php) for more information, including frequently asked questions.

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Dental Services call centre representative at: 780-498-8977 (Edmonton and area) • 403-294-4042 (Calgary and area) • 1-800-567-8104 (toll free)

Support is available Monday to Friday from 8 a.m. to 4:30 p.m.

