

NON-INSURED HEALTH BENEFITS (NIHB) VISION CARE (VC) BENEFIT PROGRAM ACTIVITY REPORT

DCI number / Fiscal year: HC-P041 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P041. 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 year-end 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:

Below are two sections for program activity reporting. The ISC-FNIHB and the funding agreement recipient have predetermined which set of data elements best serve both parties' interest and management of the NIHB program and funding agreement. Complete only the required section

1. The program activity reports must include the following data elements for each authorized claim for the reporting period:
 - a. Total number of claimants;
 - b. Total number of claims per benefit item;
 - c. Total cost per benefit item; and
 - d. Total amount paid out during the reimbursement period.

OR

2. The program activity reports must include the following data elements for each authorized

claim for the reporting period. This report may be submitted in electronic or paper form.

- a. Client surname and given names;
- b. Client date of birth;
- c. Client identification number (ISC number, band name and family number, or FNIHB number);
- d. Prior approval number;
- e. Prescriber number;
- f. Provider name;
- g. Benefit item(s) purchased; and
- h. 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.