POLICY

49.07
Extended Health Benefits

1. Statement of Policy

The Government of the Northwest Territories will provide assistance to Eligible Persons in the Northwest Territories who require health services beyond those covered by the Northwest Territories Health Care Plan.

2. Principles

The Government of the Northwest Territories will adhere to the following principles when implementing this Policy:

(1) Northwest Territories residents should have equitable access to products and services that contribute to their overall health and well-being.

(2) Economic barriers should be reduced to access products and services that contribute to overall health.

(3) Fiscal responsibility is important in the delivery of sustainable Extended Health Benefits.

3. Scope

This Policy applies to Eligible Persons in the Northwest Territories who require Extended Health Benefits.

4. Definitions

The following terms apply to this Policy:

Boarding Facilities – facilities approved to provide accommodation and meals to Eligible Persons and their Escorts in accordance with the Benefits established under 5(2)(b)(vii) of this Policy.

Cost Sharing Arrangement – a financial contribution made through co-insurance, co-payment or a deductible assessed to an Eligible Person for a portion of the total Benefit cost.

Eligible Persons – persons who meet the eligibility criteria in accordance with this Policy and Schedules.

Escort – an adult authorized in accordance with the Benefits established under 5(2)(b)(vii) to accompany a patient who, for medical or legal reasons, is unable to travel without assistance; or an adult who is authorized to stay with the patient for all or part of the medical treatment.

Health Care Prescriber – a health care professional authorized to prescribe.

Income Assessment – annual assessment of an Eligible Person's income determined by the process established under 5(2)(b)(v) of this Policy.

Income Threshold – the income levels established under 5(2)(a)(i) of this Policy that determine eligibility for Benefits and, if applicable, the requirement for a Cost Sharing Arrangement.

Insured Health Services – services provided in accordance with the provisions of the *Hospital Insurance and Health and Social Services Administration Act* and the *Medical Care Act*.

Nearest Centre – the nearest facility determined in accordance with the process established under 5(2)(b)(iii) that is available to provide necessary and appropriate Insured Health Services or Benefits required for the Eligible Person under Schedule 5 of this Policy.

Benefits – Benefits provided under this Policy to Eligible Persons to assist with the cost of non-insured medical needs beyond those covered by the Northwest Territories Health Care Plan in accordance with each Schedule.

Prior Approval – the process established under 5(2)(b)(vi) of this Policy to approve coverage in accordance with the terms and conditions included in each Schedule.

5. Authority and Accountability

(1) General

This Policy is issued under the authority of the Executive Council. The authority to make exceptions and approve revisions to this Policy rests with the Executive Council. Authority and accountability are further defined as follows:

(a) Minister

The Minister of Health and Social Services (the Minister) is accountable to the Executive Council for the implementation of this Policy.

(b) Deputy Minister

The Deputy Minister of Health and Social Services (the Deputy Minister) is accountable to the Minister for the administration of this Policy.

(2) Specific

(a) Minister

The Minister may:

(i) Approve Income Thresholds.

(ii) Approve Cost Sharing Arrangements.

(b) Deputy Minister

The Deputy Minister (or designate) may:

(i) Accept applications for Extended Health Benefits in accordance with this Policy.

(ii) Establish clinical expertise to review complex Prior Approvals in accordance with applicable Schedules. Clinical consultants must not be in private practice in the Northwest Territories or receive any remuneration from private practice.

(iii) Establish processes for determining the Nearest Centre for accessing necessary and appropriate Insured Health Services and Benefits under Schedule 5 of this Policy;

(iv) Establish an appeal process in accordance with this Policy;

(v) Establish an Income Assessment process in accordance with this Policy;

(vi) Establish processes for Prior Approvals, in accordance with applicable Schedules;

(vii) Establish Medical Travel Benefits under Schedule 5 of this Policy, including travel to the Nearest Centre, Escorts, and rates of subsidization for travel, meals and incidentals, and accommodations, including Boarding Facilities and commercial accommodations; and

(viii) Approve other processes deemed necessary for the effective and transparent administration of this Policy.

6. Provisions

(1) Eligibility

(a) Eligibility for Extended Health Benefits is restricted to Northwest Territories residents who hold an effective registration with the Northwest Territories Health Care Plan.

(b) Further eligibility for Extended Health Benefits varies across Benefit areas and is defined in respective Schedules.

(2) Terms and Conditions

(a) Eligible Persons may receive:

(i) Drug Benefits as defined in Schedule 1

(ii) Medical Supplies and Equipment Benefits as defined in Schedule 2

(iii) Vision Care Benefits as defined in Schedule 3

(iv) Dental Benefits as defined in Schedule 4

(v) Medical Travel Benefits as defined in Schedule 5

(b) An Income Assessment determines eligibility for Benefits and, if applicable, the requirement for a Cost Sharing Arrangement, as laid out in the Schedules.

(c) Eligible Persons who have employer or similar plans offering health, medical supplies and equipment, vision, dental or medical travel Benefits must seek reimbursement from the employer or similar plans first.

(d) Eligible Persons who have access to Benefits under an employer or similar plan, and who choose not to participate in that plan, are not eligible for assistance under this Policy.

(3) Public Relations

(a) Processes, criteria, and Benefits established under 5(2)(b)(iv) to (vii) will be published on the Department of Health and Social Services website.

7. Financial Resources

Financial resources required under this Policy are conditional on approval of funds by the Legislative Assembly and there being a sufficient unencumbered balance in the appropriate activity for the fiscal year for which the funds would be required.

8. Prerogative of the Executive Council

Nothing in this Policy shall in any way be construed to limit the prerogative of the Executive Council to make decisions or take action respecting Extended Health Benefits outside the provisions of this Policy.

Premier and Chair of the
Executive Council

POLICY

49.07
Extended Health Benefits

SCHEDULES

Drug Benefits	Schedule 1
Medical Supplies and Equipment Benefits	Schedule 2
Vision Care Benefits	Schedule 3
Dental Benefits	Schedule 4
Medical Travel Benefits	Schedule 5

SCHEDULE 1
DRUG BENEFITS

1. Eligibility

(1) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:

(a) Have an assessed income below the established low-Income Threshold; or

(b) Have an assessed income above the established low-Income Threshold; or

(c) Are 60 years of age and older.

2. Terms and Conditions

(1) The Extended Health Benefits Policy utilizes the *Northwest Territories Pharmacare Formulary*, published by the Department of Health and Social Services.

(2) Subject to evidence provided by the Health Care Prescriber and Prior Approval in accordance with the process established under 5(2)(b)(vi) of the Policy, reimbursement for a higher cost equivalent drug product will be considered when the Eligible Person has:

(a) experienced an adverse reaction with a lower cost equivalent drug product; or

(b) tried all the lower cost equivalent drug products and failed to achieve a positive outcome.

(3) For greater certainty, Eligible Persons who are also eligible for Métis Health Benefits or Non-Insured Health Benefits must seek reimbursement from the applicable plan first, in accordance with 6(2)(c) of the Policy.

3. Benefits

(1) Drug Benefits include:

(a) Those referenced in 2(1) of this Schedule; and

(b) Drugs approved under 2(2) and 4 of this Schedule.

4. Exceptions

(1) If a Health Care Prescriber recommends a drug that is not on the *Northwest Territories Pharmacare Formulary*, consideration will be given if the Health Care Prescriber can provide clinical justification for the request, including evidence that the Eligible Person has tried all equivalent approved drugs and has failed to achieve a positive therapeutic outcome. Prior Approval in accordance with the process established under 5(2)(b)(vi) of the Policy is required.

(2) To be eligible for exception drug coverage, the drug must, at minimum:

(a) Have a recommendation for approval by the clinical expertise, in accordance with 5(2)(b)(ii) of the Policy; and

(b) Have a positive recommendation from Canada's Drug Agency (CDA).

5. Cost Share

(1) Eligible Persons assessed above the established low-Income Threshold are subject to a Cost Sharing Arrangement in accordance with 5(2)(a)(ii) of the Policy.

(2) There is no cost share requirement for:

(a) Eligible Persons who have an assessed income below the established low-Income Threshold; or

(b) Eligible Persons 60 years of age and older.

SCHEDULE 2
MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

1. Eligibility

(1) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:

(a) Have an assessed income below the established low-Income Threshold; or

(b) Have an assessed income above the established low-Income Threshold; or

(c) Are 60 years of age and older.

2. Terms and Conditions

(1) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits' Medical Supplies and Equipment Guide and Benefit List* and *Maximum Price List* as the approved NWT Medical Supplies and Equipment Benefit list and price list.

(2) Medical supplies and equipment must be prescribed by a Health Care Prescriber.

(3) In cases where coverage for replacement medical supplies and equipment is set to a prescribed cycle, if the Eligible Persons' medical prescription changes within the replacement period set out in the approved list, Prior Approval is required.

(4) In cases where the maximum prices have not yet been established for medical supplies and equipment in the *Maximum Price List*, Prior Approval is required.

(5) For greater certainty, Eligible Persons who are also eligible for Métis Health Benefits or Non-Insured Health Benefits must seek reimbursement from the applicable plan first, in accordance with 6(2)(c) of the Policy.

3. Benefits

(1) Benefits include:

(a) Those referenced in 2(1) of this Schedule.

(b) Freight/shipping of eligible medical supplies and equipment.

(2) Medical Travel Benefits to access eligible Medical Supplies and Equipment Benefits are provided in accordance with Schedule 5.

4. Cost Share

(1) Eligible Persons assessed above the established low-Income Threshold are subject to a Cost Sharing Arrangement in accordance with 5(2)(a)(ii) of the Policy.

(2) There is no cost share requirement for:

(a) Eligible Persons whose assessed income is below the established low-Income Threshold; or

(b) Eligible Persons 60 years of age and older.

SCHEDULE 3
VISION CARE BENEFITS

1. Eligibility

(1) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:

(a) Have an assessed income below the established low-Income Threshold; or

(b) Are 60 years of age and older.

2. Terms and Conditions

(1) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits' Guide to Vision Care Benefits* and *NIHB Regional Vision Care Fee Grid NWT* as the approved NWT list for vision care.

(2) Eligible Persons are responsible for costs that exceed the coverage established in the *NIHB Regional Vision Care Fee Grid NWT*.

(3) Exceptional costs may be reimbursed when a Health Care Prescriber has verified the need because of a medical condition. Prior Approval in accordance with the process established under 5(2)(b)(vi) of the Policy is required.

(4) If the medical prescription changes within the designated calendar year, Prior Approval in accordance with the process established under 5(2)(b)(vi) of the Policy for additional vision care is required.

(5) For greater certainty, Eligible Persons who are also eligible for Métis Health Benefits or Non-Insured Health Benefits must seek reimbursement from the applicable plan first, in accordance with 6(2)(c) of the Policy.

3. Benefits

(1) Benefits include those referenced in 2(1) of this Schedule.

SCHEDULE 4
DENTAL BENEFITS

1. Eligibility

(1) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:

(a) Have an assessed income below the established low-Income Threshold; or

(b) Are assessed and registered at a Canadian Cleft Lip/Palate clinic through a referral from a physician or dentist; or

(c) Are 60 years of age and older.

2. Terms and Conditions

(1) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits Dental Benefits Guide* and the *Northwest Territories NIHB Regional Dental Benefit Grids* (OS – Oral and Maxillofacial Surgeons, GPSP - General Practitioners and Specialists and DN – Denturists) as the approved Dental Benefits list and fee grid under this Policy.

(2) Eligible Persons under 1(1)(b) of this Schedule must:

(a) Submit a copy of the assessment report and treatment plan for Prior Approval in accordance with the process established under 5(2)(b)(vi) of the Policy. The assessment report and treatment plan, prepared by a dentist or orthodontist, must include a proposed work plan and cost estimates for approval prior to starting treatment.

(3) Dental products and services must be provided by a dental practitioner registered in a Canadian jurisdiction.

(4) For greater certainty, Eligible Persons who are also eligible for Métis Health Benefits, Non-Insured Health Benefits, and/or the *Canada Dental Benefit* program must seek reimbursement from the applicable plan first, in accordance with 6(2)(c) of the Policy.

3. Benefits

(1) Benefits include those referenced in 2(1) of this Schedule.

(2) Excluded services include:

(a) for Eligible Persons under 1(1)(a) and 1(1)(c) of this Schedule:

(i) Orthodontic services.

(b) for Eligible Persons under 1(1)(b) of this Schedule:

(i) Temporomandibular joint therapy and appliances

(ii) Fixed prosthodontics (bridges and all bridge related procedures)

(iii) Implants and all implant related procedures

(iv) Veneers

(v) Cosmetic services

(vi) Ridge augmentation

(vii) Appliances to treat bruxism

(viii) Replacement costs due to loss

(3) For Eligible Persons under 1(1)(b) of this Schedule, and based on a treatment plan that has received Prior Approval in accordance with the process established under 5(2)(b)(vi) of the Policy, coverage may include:

(a) Dental infant orthopaedics

(b) Orthodontic treatment

(c) Some restorative dentistry

(d) Dental prosthetics

(4) Medical Travel Benefits to access eligible Dental Benefits are provided in accordance with Schedule 5.

SCHEDULE 5
MEDICAL TRAVEL BENEFITS

1. Eligibility

(1) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy and who

(a) Meet one of the following:

(i) Have an assessed income below the established low-Income Threshold; or

(ii) Have an assessed income above the established low-Income Threshold; or

(iii) Are 60 years of age and older; and

(b) Require travel to access the following Insured Health Services or Benefits not available in the Eligible Person's home community:

(i) Medically necessary Insured Health Services; or

(ii) Eligible Medical Supplies and Equipment Benefits under Schedule 2 of the Policy; or

(iii) Eligible Dental Benefits under Schedule 4 of the Policy.

2. Terms and Conditions

(1) Unless specified otherwise in the Benefits process established under 5(2)(b)(vii) of the Policy, Eligible Persons must have

(a) a referral from the Health Care Prescriber or community health nurse; and

(b) obtained Prior Approval for the applicable Medical Travel Benefits in accordance with the process established under 5(2)(b)(vi) of the Policy.

(2) For greater certainty, Eligible Persons who are also eligible for Métis Health Benefits or Non-Insured Health Benefits must seek reimbursement from the applicable plan first, in accordance with 6(2)(c) of the Policy.

3. Benefits

(1) Medical Travel Benefits include:

(a) Approved travel to the Nearest Centre, determined in accordance with 5(2)(b)(iii) of the Policy, including rates of subsidization for travel, meals and incidentals, and accommodations, including Boarding Facilities and commercial accommodations, in accordance with 5(2)(b)(vii) of the Policy;

(b) Escorts, in accordance with 5(2)(b)(vii) of the Policy; and

(c) Any other benefit established in accordance with 5(2)(b)(vii) of the Policy.

4. Cost Share

(1) Eligible Persons assessed above the established low-Income Threshold are subject to a Cost Sharing Arrangement in accordance with 5(2)(a)(ii) of the Policy.

(2) There is no cost share requirement for:

(a) Eligible Persons who have an assessed income below the established low-Income Threshold; or

(b) Eligible Persons 60 years of age and older.

5. Exclusions

(1) This schedule does not apply to:

(a) Highway rescue