

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) Access to appropriate health services should be available to residents of the Northwest Territories, particularly Senior Citizens and those with debilitating long-term disease conditions.
- (2) Economic barriers to the investigation and treatment of specified disease conditions should be reduced.
- (3) Government is committed to the realization and maintenance of health and well-being of Northwest Territories' residents.

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:

Drugs – controlled and/or restricted pharmaceutical products and over the counter pharmaceutical products.

Practitioner – a physician, nurse practitioner or dentist registered to practice in a Canadian jurisdiction.

Senior Citizen – a Northwest Territories’ resident who is 60 years of age or over and is not eligible under the Métis Health Benefits Policy or the federal government’s Non-Insured Health Benefits program.

Specified Disease Condition – the disease condition or state of chronic ill-health which determines eligibility for benefits. For the list of Specified Disease Conditions, refer to Schedule 1.

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 the 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 and responsible to the Minister for the administration of this Policy.

(2) Specific

(a) Minister

The Minister may:

- (i) Approve program provisions.**

- (ii) Appoint a professional pharmacist to review a request for exception drug coverage in accordance with schedule 2 of this Policy.

(b) Deputy Minister

The Deputy Minister (or designate) may:

- (i) Accept applications for extended health benefits in accordance with this Policy.
- (ii) Establish an appeals process in accordance with this Policy.
- (iii) Approve treatment and care facilities and medical boarding homes in accordance with this Policy.
- (iv) Authorize a vendor to invoice the Department of Health and Social Services for benefits such as medical supplies, appliances, and prosthetics.
- (v) Establish a rate for drug benefit reimbursement in accordance with Schedule 2 of the Policy.
- (vi) Approve exception drug coverage in accordance with Schedule 2 of this Policy.
- (vii) Approve a second non-medical escort in accordance with Schedule 3 of this Policy.
- (viii) Establish a rate of subsidization for meals and commercial accommodations in accordance with Schedule 3 of this Policy.
- (ix) Establish a maximum benefit for eyewear in accordance with Schedule 5 of this Policy.

6. Provisions

(1) Specified Disease Conditions

(a) Eligibility

Eligibility is restricted to Northwest Territories' residents who have a Specified Disease condition and:

- (i) are not eligible under the Métis Health Benefits Policy or the federal government's Non-Insured Health Benefits program; and,
- (ii) hold an effective registration with the Northwest Territories Health Care Plan; and,
- (iii) has been accepted as an eligible person under this Policy.

(b) Terms and Conditions

(i) Eligible persons may receive:

- Drug benefits as defined in Schedule 2 of this Policy;
- Medical travel benefits as defined in Schedule 3 of this Policy;
- Medical supplies, appliances, and prosthetics benefits as defined in Schedule 4 of this Policy; and,
- Institutional registration fees charged to non-residents by approved out-of-territory treatment and care facilities but excluding charges for private or semi-private rooms.

(ii) Eligible Persons with Employer or Similar Plans

Eligible persons who have employer or similar plans offering health or transportation benefits must seek reimbursement from the employer or similar plan first.

49.07
Extended Health Benefits Policy

Eligible persons can apply for reimbursement to the Department of Health and Social Services for items not covered by employer or similar plan.

A person who has access to benefits under an employer or similar plan and who chooses not to participate in that plan is not eligible for assistance under the Extended Health Benefits Policy.

(c) Retroactive Diagnosis

Benefits for a retroactive diagnosis of a Specified Disease Condition are only provided following the most recent of:

- (i) The date of the first documented diagnosis of a Specified Disease Condition; or,
- (ii) The effective date established for the Specified Disease Condition; or,
- (iii) The effective date of coverage of the individual under the Northwest Territories Health Care Plan.

(d) Financial Conditions

(i) Reimbursement to Eligible Persons

Eligible person, or those empowered to claim on their behalf, may request reimbursement by submitting a claim form and all original receipts.

(ii) Reimbursement to Eligible Persons with Employer or Similar Plans

Following reimbursement by the employer or similar plan, eligible person may request reimbursement of any outstanding balance by submitting a completed claim form, original receipts, and the statement of reimbursement from the employer or similar plan.

(iii) Payment to Vendors

With prior approval, vendors may invoice the Department of Health and Social Services directly for benefits such as medical supplies, appliances, and prosthetics.

(2) Senior Citizens

(a) Eligibility

Eligibility is restricted to Northwest Territories' residents who:

- (i) are not eligible under the Métis Health Benefits Policy or the federal government's Non-Insured Health Benefits program;
- (ii) are 60 years of age or over;
- (iii) hold an effective registration with the Northwest Territories Health Care Plan;
- (iv) complete and submit an application form; and,
- (v) are accepted as an eligible person by the Department of Health and Social Services.

(b) Terms and Conditions

- (i) Eligible Senior Citizens may receive:
 - Drug benefits as defined in Schedule 2 of this Policy;
 - Medical travel benefits as defined in Schedule 3 of this Policy;
 - Medical supplies, appliances, and prosthetics benefits as defined in Schedule 4 of this Policy;
 - Eyewear benefits as defined in Schedule 5 of this Policy;
 - Dental care benefits as defined in Schedule 6 of this Policy;
 - Institutional registration fees charged to non-residents by approved out-of-territory facilities but excluding charges for private or semi-private rooms; and,

- Third party physicals required for a driver's or pilot's licence.

(ii) Eligible Senior Citizens with Employer or Similar Plans

Eligible Senior Citizens who have employer or similar plans offering health or transportation benefits must seek reimbursement from the employer or similar plan first.

Eligible Senior Citizens can apply for reimbursement to the Department of Health and Social Services for items not covered by the employer or similar plan.

A Senior Citizen who has access to benefits under an employer or similar plan, and who chooses not to participate, is not eligible for assistance under the Extended Health Benefits Policy.

(iii) Eligibility Date

Eligibility date is the most recent of:

- The date of the sixtieth birthday; or
- Effective date of coverage of the individual under the Northwest Territories Health Care Plan.

(c) Financial Conditions

(i) Reimbursement to Eligible Senior Citizens

Eligible Senior Citizens, or those empowered to claim on their behalf, may request reimbursement by submitting a completed claim form and all original receipts.

(ii) Reimbursement to Eligible Senior Citizens with Employer or Similar Plans

Following reimbursement by the employer or similar plan, the eligible Senior Citizen may request reimbursement of any

outstanding balance by submitting a completed claim form, all original receipts, and the statement of reimbursement from the employer or similar plan.

(iii) Payment to Vendors

With prior approval, vendors may invoice the Department of Health and Social Services directly for benefits such as medical supplies, appliances, and prosthetics.

(iv) Exceptions


In cases where an eligible Senior Citizen has incurred personal expenditures for medically prescribed health care services and products in excess of \$500 annually, not otherwise covered herein, the Financial Management Board may authorize reimbursement of those expenses which exceed the \$500 limit.

7. Financial Resources

Financial resources required under this Policy are conditional on approval of funds in the Main Estimates 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

SCHEDULES

Specified Disease Conditions	Schedule 1
Drug Benefits	Schedule 2
Medical Travel Benefits	Schedule 3
Medical Supplies, Appliances and Prosthetics Benefits	Schedule 4
Eyewear Benefits	Schedule 5
Dental Care Benefits	Schedule 6
Appeals Process	Schedule 7

SCHEDULE 1

SPECIFIED DISEASE CONDITIONS

Alcohol Dependency **	Hepatitis
Alzheimer's Disease	HIV Infection
Asthma	All other HIV related diseases
Bilateral Congenital Microphthalmos	Hypertension * (pressure greater than 150/90 mm/hg; under 45 years – pressure equal to or greater than 130/90 mm/hg)
Budd-Chiari Syndrome	
Cancer	
Celiac Disease *	Ischemic Heart Disease
Cerebral Palsy	Lupus Erythematosus
Certain disorders of the Blood and Immune System	Multiple Sclerosis
Charcot-Marie-Tooth	Muscular Dystrophy
Chronic Obstructive Lung Disease	Osteoarthritis *
Chronic Pancreatitis	Pernicious Anemia *
Chronic Psychosis	Phenylketonuria *
Cirrhosis of the Liver	Primary Pulmonary Hypertension
Cleft Lip/Palate	Psoriasis
Congenital Anomalies of the Urinary System	Rheumatic Fever
Congenital Cytomegalovirus Infection	Rheumatoid Arthritis
Congenital Heart Disease	Rickets *
Crohn's Disease	Scleroderma
Cystic Fibrosis	Scoliosis
Dermatomyositis	Sickle Cell Anemia
Diabetes Insipidus	Spina Bifida
Diabetes Mellitus	Spinal Cord Injury: - Paraplegia - Quadriplegia
Drug Dependency **	
Epilepsy *	
Gastroparesis	Tuberculosis
Head Injury	Ulcerative Colitis
Hemophilia	Wegener's Granulomatosis

* Indicates Specified Disease Conditions that are eligible for drug benefits only.

** Indicates restricted benefits.

SCHEDULE 2

DRUG BENEFITS

(1) Persons with Employer or Similar Plan

Eligible persons entitled to drug benefits through an employer or similar plan must seek reimbursement through that plan first.

(2) Approved Drugs

The Department of Health and Social Services utilizes the federal government's Non-Insured Health Benefits Drug List as the approved pharmacare formulary that identifies the drug benefits for Senior Citizens and each Specified Disease Condition.

- (i) The Department of Health and Social Services reserves the right to limit coverage, issue directives and delist products on the pharmacare formulary.

(3) Exceptions

- (i) If a practitioner recommends a drug that is not a benefit, the practitioner may complete and submit a Request for Exception Drug Form that provides clinical justification for the request including evidence that the eligible person has tried all drug products that qualify as a benefit and have failed to achieve a positive treatment outcome.
- (ii) Prior to decisions on exception drug coverage, a professional pharmacist appointed by the Minister will be consulted. The pharmacist may not be in private practice in the Northwest Territories or receive any remuneration from private practice.

(4) Drug Benefits

- (i) Drugs must be on a prescription from a licensed medical or dental practitioner.
- (ii) Persons diagnosed as having a Specified Disease Condition are covered only for drugs approved for that disease condition.
- (iii) Senior Citizens are covered for all drugs in the main body of the pharmacare formulary.
- (iv) The Extended Health Benefit Policy will consider reimbursement for a higher cost equivalent drug product when the eligible person has experienced an adverse reaction with a lower cost equivalent drug product

To be considered for reimbursement for a high-cost equivalent drug product, the prescriber must provide evidence that the eligible person has tried all the lower cost equivalent drug products and failed to achieve a positive outcome.

In such circumstances, the prescriber must provide the Extended Health benefits Policy administrator with a prescription with “No Substitution” or “No Sub” written by hand or typed on the prescription.

(5) Pharmacare Card

The Department of Health and Social Services will issue a Pharmacare Card to eligible persons who do not have employer or similar drug plan coverage.

- (i) When the person obtains drugs from a pharmacy that is contracted to participate in the Pharmacare Program, the person must present the Pharmacare Card.
- (ii) When a person obtains drugs from a pharmacy that is not contracted for Pharmacare, the person must purchase the drugs and seek reimbursement.

(6) Reimbursement

Personal reimbursements will be at the rate established for the drug benefit in accordance with the approved pharmacare formulary. When persons incur expenses, that may request reimbursement by submitting original receipts.

SCHEDULE 3

MEDICAL TRAVEL BENEFITS

(1) Persons with Employer or Similar Plan

Eligible persons entitled to medical travel benefits through an employer or similar plan must seek reimbursement through that plan first.

(2) Approved Medical Travel

- (1) The reason for medical travel is a valid medical referral to the destination which is the nearest centre where the appropriate and necessary insured health services or other approved benefits are available.
- (2) No benefits are provided for medical travel originating outside the Northwest Territories.

(3) Medical Travel Benefits

- (1) Coverage for Eligible Persons
 - (a) Air and/or Ground Travel
 - (iii) Return economy airfare on scheduled flights to the nearest centre at which appropriate and necessary insured health services or other approved benefits are available. Costs are also covered in situation where chartered aircraft are a reasonable and less costly alternative to scheduled aircraft. Co-payment charges are not required.
 - (iv) Bus fare or taxi fare where bus or taxi is a reasonable and less costly alternative to air travel.

49.07
Extended Health Benefits Policy

- Bus travel should be utilized for ground transportation where it is a feasible alternative to taxi.
- Ambulatory persons must justify taxi travel when taxis are utilized instead of airport buses.
- Receipts for airport and intercommunity buses and taxis are required for reimbursement.

(v) Local ground transportation covered:

- From place of referral or residence to airport;
- From airport to place of treatment or accommodation;
- Between the place of treatment or accommodation to airport; and
- From airport to place of residence in community of origin.

(vi) Ambulance charges when required to transfer an in-patient from one health facility to another.

(vii) Private vehicle costs when claimed at the Government of the Northwest Territories individual's convenience rate for the Government of the Northwest Territories' recognized distances between communities. Such claims may not include fuel, parking, insurance, repairs, vehicle rental, meals, accommodation, loss or damage. The maximum reimbursed will not exceed the cost of return economy airfare.

(b) Accommodation and Meals

Coverage is provided as follows:

- (i) Commercial accommodation is subsidized at a rate established by the Department of Health and Social Services.

- (ii) Private accommodation is subsidized at the Government of the Northwest Territories' private accommodation rate.
- (iii) Boarding home charges in approved medical boarding homes are directly billed to the Department of Health and Social Services at no cost to the client.
- (iv) Meals are subsidized at the Department of Health and Social Services approved rates for:
 - Meals during enroute travel by commercial carrier to the referral facility when meals are not provided by the carrier;
 - Meals during non-in-patient treatment if the client is not receiving meals through accommodation in an approved medical boarding home;
 - Meals during a stay in private or commercial accommodations.

(2) Escorts

(a) Requirement for Non-Medical Escorts

The referring health professional recommends the need for a non-medical escort.

- (i) A non-medical escort – an adult required to accompany a patient who is unable to travel without some assistance.

(b) Criteria for Non-Medical Escorts

A non-medical escort is covered if:

- (i) The patient is under the age of 19 and requires an escort;

49.07
Extended Health Benefits Policy

- (ii) The patient has a mental or physical handicap of a nature that he or she is not able to travel unassisted;
- (iii) The patient requires and escort for interpretation during travel; or
- (iv) The attending physician at the treatment facility provides a written request for a non-medical escort to participate in the treatment or training program in order to learn how to care for the patient following discharge. Such requests require the prior approval of the Deputy Minister (or designate).

A second non-medical escort is only provided in rare situations when prior approval has been obtained.

(c) Return of Non-Medical Escorts

- (v) Normally, non-medical escorts are expected to return by the earliest reasonable available transportation.
- (vi) If an escort decides to stay longer at the destination, he or she is responsible for all additional cost that result.
- (vii) Unless there is a medical reason to justify it, a non-medical escort will not receive medial travel benefits to return to the treatment facility to escort the patient home, unless no other suitable escort can be found.
- (viii) A non-medical escort may be authorized to stay for part or all of the patient's treatment. Such authorizations are restricted to situations where:
 - The patient is under the age of 19 and requires an escort;
 - the patient is an infant who is being breast fed by the mother who is the non-medical escort;
 - the escort is required to provide interpretation for the patient and the patient referral officer at the treatment

49.07
Extended Health Benefits Policy

destination verifies that appropriate local interpreters are not available;

- The escort is required to stay as part of the treatment or training program in order to learn how to care for the patient following discharge. Such cases require a written request from the attending physician at the treatment facility, and prior approval from the Deputy Minister (or designate);
- Approval has been granted for an extended stay in exceptional circumstances.

(d) Escort Expenses

Benefits are provided for non-medical escort expenses as follows:

- (i) Transportation between communities;
- (ii) Private vehicle expenses as indicated in Section 3(1)(a)(v) of this Schedule only if not claimed by the patient;
- (iii) Prior return on the earliest reasonable return transportation, accommodation and meals at the rate established by the Department of Health and Social Services;
- (iv) For authorized extended stays, accommodation and meals are provided at the rate established by the Department of Health and Social Services for a maximum of ten days or the duration of the treatment or approved training program;
- (v) Local ground transportation by bus or taxi when required as part of the escort duties;
- (vi) If a second non-medical escort is approved, the cost of intercommunity travel is covered. Accommodation and meals are not provided.

(4) Reimbursement

When patients and escorts incur expenses, they may request reimbursement by submitting a list of expenses and original receipts.

SCHEDULE 4

MEDICAL SUPPLIES, APPLIANCES AND PROSTHETICS BENEFITS

(1) Persons with Employer or Similar Plan

Eligible persons entitled to medical supplies, appliances and prosthetics benefits through an employer or similar plan must seek reimbursement through that plan first.

(2) Approved Medical Supplies, Appliances and Prosthetics Benefits

- (1) Benefits may be provided for medical supplies, appliances and prosthetics that are required and approved for the treatment and/or maintenance of:
 - (a) A Specified Disease Condition; or
 - (b) Well-being of Senior Citizen.
- (2) The Department of Health and Social Services utilizes the federal government's Non-Insured Health Benefits' Medical Supplies and Equipment Guide and Benefit Maximum Price List as the approved list.
- (3) Benefits require:
 - (a) A prescription by a medical practitioner or, in the case of hearing aids, an audiologist for items that may be obtained from a pharmacy or vendor; or
 - (b) A written request from a physiotherapist or occupational therapist.
- (4) The vendor must obtain prior approval from the Extended Health Benefits administrator before providing item(s) to the patient. Items costing \$1,500 or more require written substantiation and prior approval.

49.07
Extended Health Benefits Policy

- (5) When an eligible person purchases a prescribed item outside the Northwest Territories, the person is responsible for payment of the item and may seek reimbursement.
- (6) Benefits include:
 - (a) Fitting and follow-up fitting;
 - (b) Freight and/or shipping;
 - (c) Manufacture and repair;
 - (d) Installation and renovation expenses of a patient's home, office or vehicle must be approved by the Deputy Minister (or designate).
 - (e) Senior Citizens are eligible for one hearing aid, per ear, every five years.
 - (i) if the eligible person's medical prescription changes within that period, prior approval from the Department of Health and Social services is required for an additional hearing aid.
- (7) The Department of Health and Social Services will not directly order or supply medical supplies, appliances or prosthetics.

(3) Reimbursement

When persons incur expenses, they may request reimbursement by submitting original receipts.

SCHEDULE 5

EYEWEAR BENEFITS

(1) Senior Citizens with Employer or Similar Plan

Eligible senior citizens entitled to eyewear benefits through an employer or similar plan must seek reimbursement through that plan first.

(2) Approved Eyewear Benefits

- (1) The Department of Health and Social Services utilizes the federal government's Non-Insured Health Benefits' Vision Care Benefits List as the approved list for eyewear coverage.
- (2) Coverage is for a corrective prescription once every two years.
- (3) Eligible senior citizens are responsible for costs that exceed the coverage establish in the approved eyewear benefits list.
- (4) Exceptional costs may be reimbursed when a medical practitioner has verified the need because of a medical condition and with the prior approval of the Deputy Minister (or designate).
- (5) If the medical prescription changes with the two-year period, prior approval for additional eyewear is required.

(3) Reimbursement

When persons incur expenses, they may request reimbursement by submitting original receipts.

DENTAL BENEFITS

(1) Senior Citizens with Employer or Similar Plan

Eligible Senior Citizens entitled to dental benefits through an employer or similar plan must seek reimbursement through that plan first.

(2) Dental Benefits

(1) The Department of Health and Social Services utilizes the federal government's Non-Insured Health Benefits' Dental Benefits Guide as the approved dental benefits list under this Policy.

(2) Senior Citizens are eligible for:

(a) Dental products and services listed in the approved dental benefit list provided by a registered dental practitioner.

(3) Reimbursement

When persons incur expenses, they may request reimbursement by submitting original receipts.

APPEALS PROCESS

(1) Right to Appeal

Eligible persons under this Policy have the right to appeal decisions as outlined in this Schedule.

This Schedule sets out the process to appeal decisions related to the application of provisions under the Extended Health Benefits Policy.

(2) Provisions

- (1) Appeals must be submitted by the eligible person, or a person empowered to act on behalf of the eligible person, in the approved form.

The **Appeal Request Form** can be obtained from:

www.hss.gov.nt.ca/en/services/supplementary-health-benefits/forms

- (2) The eligible person has 60 days from the receipt of a decision to submit an appeal.

- (3) The completed Appeal Request Form should be sent by e-mail to:

ehbappeals@gov.nt.ca

- (4) The Appeal Request Form will be reviewed by the Director of Health Services Administration (or designate) within 5 business days from the date it is received, to ensure it contains sufficient information to consider the appeal.

- (a) If information is sufficient, the Director will make a decision and advise the eligible person accordingly in writing,

49.07
Extended Health Benefits Policy

- (i) within 10 business days from the date the appeal form was received if the decision is required for pending medical travel, or
 - (ii) within 30 business days from the date the appeal form was received.
 - (b) If information is insufficient, the Director will contact the eligible person or relevant health care provider to request additional information before making a decision.
- (5) The reason(s) for the decision will be included in a written response.
- (6) The Director of Health Services Administration will advise the appropriate office of the appeal decision.
- (7) The decision is final and there are no further levels of appeal.