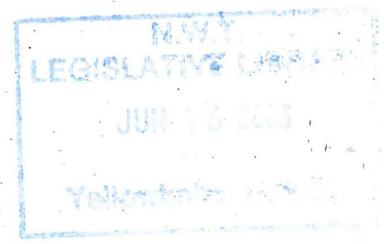




GOVERNMENT OF THE NORTHWEST TERRITORIES
SUPPLEMENTARY HEALTH BENEFITS

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Policy

49.01

Metis Health Benefits

1. Statement of Policy

The Government of the Northwest Territories will provide health benefits assistance to eligible recipients of the Metis Health Benefits Program.

2. Principles

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

- (1) The Metis Health Benefits Program should, within existing resources, assist eligible recipients of the Program who require health services beyond those covered by the Northwest Territories Health Care Plan.
- (2) The Metis Health Benefits Program should be the payer of last resort, above and beyond the other benefits programs offered by the Government of Canada, the Government of the Northwest Territories, employer plans, or other such programs.
- (3) Benefits defined under the Metis Health Benefits Program should be provided on the basis of professional medical/nursing or dental judgement.

3. Scope

This Policy applies to eligible recipients who qualify for benefits under the Metis Health Benefits Program.

4. Definitions

The following terms apply to this Policy:

Benefits Administrator - an individual or company contracted by the Government of the Northwest Territories to administer the Metis Health Benefits Program.



Eligible Recipients - those Metis who meet the eligibility requirements of this Policy.

Non-Insured Health Benefits Agreement - the contribution agreement between the Government of Canada and the Government of the Northwest Territories for the delivery and administration of non-insured health benefits to registered Indians and Inuit.

Registered Indians and Inuit - as defined by the Government of Canada in the Non-Insured Health Benefits Agreement.

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 is 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 approve program provisions.



6. Provisions

(1) Effective Date

The effective date for the Metis Health Benefits Program is April 27, 1995.

(2) Eligible Recipients

Eligibility to the Metis Health Benefits Program is restricted to those Metis who:

- (a) meet the eligibility criteria as defined in Schedule 1 attached;
- (b) are not registered or are not eligible to be registered as Indians or Inuit; and
- (c) are 59 years of age or younger.

(3) Terms and Conditions

(a) Level of Benefits

Effective October 1, 1997, benefits under the Metis Health Benefits Program are provided with the intent of offering eligible recipients 80 percent coverage of full benefits afforded to Registered Indians and Inuit pursuant to the provisions of the Federal Non-Insured Health Benefits Agreement as may be amended from time to time.

(b) Extended Health Benefits Policy

Eligible recipients who are eligible under the Northwest Territories Extended Health Benefits Program for Seniors or for Specified Disease Conditions must first seek reimbursement from the Northwest Territories Extended Health Benefits Program. Eligible recipients can apply for reimbursement to the Benefits Administrator for items not covered by the Northwest Territories Extended Health Benefits Program.



An eligible recipient who has access to benefits under the Northwest Territories Extended Health Benefits Program and who chooses not to participate in that program, is not eligible for assistance under the Metis Health Benefits Program.

(c) Eligible Recipients with Employer or Similar Plans

Eligible recipients who have employer or similar plans offering health or transportation benefits must first seek reimbursement from the employer or similar plan. Eligible recipients can apply for reimbursement to the Benefits Administrator for items not covered by the employer or similar plan.

An eligible recipient who has access to benefits under an employer or similar plan and who chooses not to participate, is not eligible for assistance under the Metis Health Benefits Program.

(d) Reimbursement

- (i) Eligible recipients, or those authorized to claim on their behalf, may be reimbursed up to 80 percent of total cost.
- (ii) Eligible recipients with employer or similar plans may request reimbursement of any outstanding balance, up to 80 percent of total cost of benefits, following reimbursement by the employer or similar plan.

(4) Financial Conditions

Original receipts are to be submitted by eligible recipients or those authorized to claim on a recipient's behalf. Receipts are to be received by the Benefits Administrator no more than twelve months after the date that the services were rendered for reimbursement.



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 Metis health benefits outside the provisions of this Policy.

Premier and Chairman of the
Executive Council



Policy

Northwest
Territories

49.01
Metis Health Benefits

SCHEDULES

Metis Health Benefits Program Eligibility Criteria

Schedule 1



SCHEDULE 1

METIS HEALTH BENEFITS PROGRAM ELIGIBILITY CRITERIA

A person shall be eligible for benefits if he or she is:

- (1) a Canadian citizen, resident of the Northwest Territories and is registered under the Northwest Territories Health Care Plan; and
- (2) is a descendant of the Chipewyan, Slavey, Gwich'in, Dogrib, Hare or Cree people and resided in or used and occupied the Mackenzie Basin (meaning that portion of the Northwest Territories north of 60 degrees latitude, described in Treaty 8 and Treaty 11) on or before January 1, 1921; or
- (3) is a Community Acceptance Member meaning:
 - (a) an individual who was a resident of the Mackenzie Basin on or before December 31, 1986 and is a Canadian citizen of aboriginal ancestry who was accepted by a majority vote, conducted on or before December 31, 1987; or
 - (b) an individual who is listed on the Metis Nation - Northwest Territories list provided by the President of the Metis Nation - Northwest Territories on September 7, 1995; or
- (4) was adopted as a minor under the laws of any jurisdiction or any Metis custom, by a person qualified under 3 or 4; or
- (5) is a descendant of a person qualified under 3 or 4.



1. Statement of Policy

The Government of the Northwest Territories will provide medical travel benefits to eligible persons in the Northwest Territories who must travel in order to access necessary and appropriate insured health services.

2. Principles

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

- (1) The Canadian health care system is based on universal access to insured health services.
- (2) The cost of medical travel should not be an economic barrier to insured health services.
- (3) The Government of the Northwest Territories is committed to reducing the economic barriers to insured health services.

3. Scope

This Policy applies to eligible persons in the Northwest Territories who require medical travel.

4. Definitions

The following terms apply to this Policy:

Co-payment - the portion of eligible medical travel expenses which must be paid by eligible patients as determined in accordance with this Policy.

Insured Health Services - services covered by the *Territorial Hospital Insurance Services Act* and the *Medical Care Act*.



Medical Travel:

- (1) travel originating within the Northwest Territories which is required to allow eligible persons to access necessary and appropriate insured health services; or
- (2) travel, originating within the Northwest Territories, of escorts authorized for travel with the patient or authorized to stay for part or all of the medical treatment.

Metis and Non-Natives - Northwest Territories residents who are not Registered Indians or Inuit.

Registered Indians and Inuit - Indians registered under the *Indian Act* or persons recognized as Canadian Inuit.

Senior Citizen - a Metis or Non-Native who is 60 years of age or over.

Valid Medical Referral - the referral of a patient by a physician or community health nurse to another centre for necessary and appropriate insured health services.

Verified Indigent - Metis and Non-Native persons in need of financial assistance as determined by the Social Assistance Regulations of the Northwest Territories.

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 is 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; and
- (ii) determine the amount of a co-payment.

(b) The Deputy Minister (or designate) may:

- (i) accept applications for medical travel assistance in accordance with this Policy;
- (ii) approve treatment and care facilities for the purposes of this Policy;
- (iii) determine the nearest centre for necessary and appropriate insured health services;
- (iv) designate boarding facilities and approve private medical boarding homes for the purposes of this Policy;
- (v) approve a physician's request for a non-medical escort to participate in a treatment program in order to learn how to care for the patient following discharge;



- (vi) approve a second non-medical escort; and
- (vii) establish a rate of subsidization for meals and commercial accommodations in accordance with this Policy.

6. Provisions

(1) Exclusions

Medical travel benefits will not be authorized for medical travel originating outside the Northwest Territories.

(2) Metis and Non-Natives

(a) Eligibility

Eligibility is restricted to Metis and Non-Native residents who require medical travel to the nearest centre for necessary and appropriate insured health services and who meet the following criteria:

- (i) The patient must hold an effective registration with the Northwest Territories Health Care Plan.
- (ii) The reason for travel is a valid medical referral and there are clinical reasons why the travel cannot be deferred until the patient is travelling for other reasons.
- (iii) The patient who is employed, or the dependent of an employee, and has medical travel benefits through the employer, directly or through an insurance plan, must use the employer or insurance plan first.

This requirement applies whether or not the employer or insurance plan contains a provision excluding coverage for benefits that may be available under government plans or programs.



- (iv) The patient, parent or guardian must obtain prior approval for the applicable medical travel benefits.

(b) **Terms and Conditions**

Eligible Metis and Non-Natives may receive:

- (i) Intercommunity transportation benefits as defined in Schedule 1 of this Policy for travel to insured health services.
- (ii) Escort benefits as defined in Schedule 2 of this Policy.
- (iii) Patient boarding benefits as defined in Schedule 3 of this Policy.

(3) **Registered Indians and Inuit**

(a) **Eligibility**

Eligibility is restricted to Registered Indians and Inuit who require medical travel to the nearest centre for necessary and appropriate insured health services or other federally approved benefits, and who meet the following criteria:

- (i) The patient must hold an effective registration with a provincial or territorial health care plan.
- (ii) The reason for travel is a valid medical referral and there are clinical reasons why the travel cannot be deferred until the patient is next travelling for other reasons.
- (iii) The patient who is an employee, or the dependent of an employee, and has medical travel benefits through the employer, directly or through an insurance plan, must use the employer or insurance plan first.



This requirement applies whether or not the employer or insurance plan contains a provision excluding coverage for benefits that may be available under government plans or programs.

(iv) The patient, parent or guardian must obtain prior approval for the applicable medical travel benefits.

(b) **Terms and Conditions**

Eligible Registered Indians and Inuit may receive intercommunity transportation benefits as defined in Schedule 1 for air travel in order to obtain insured health services or other federally approved benefits.

Note: The Government of Canada provides Registered Indian and Inuit patients and authorized escorts with benefits for transportation co-payment, intercommunity ground travel, boarding and local transportation. These benefits are administered by the Government of the Northwest Territories on behalf of the federal government.

Note: The full cost of air travel for Registered Indians and Inuit who are not registered with the Northwest Territories Health Care Plan is billed to the Government of Canada.

(4) **Verified Indigent**

(a) **Eligibility**

Eligibility is restricted to Canadian residents, who are Metis or Non-Native, who are verified indigent in the Northwest Territories and who require medical travel to the nearest centre for necessary and appropriate insured health services and who meet the following criteria:

(i) The patient must be a Canadian resident, registered with a provincial or territorial health care plan.



- (ii) The reason for travel is a valid medical referral and there are clinical reasons why the travel cannot be deferred until the patient is travelling for other reasons.
- (iii) The patient who is an employee, or the dependent of an employee, and has medical travel benefits through the employer, directly or through an insurance plan, must use the employer or insurance plan first.

This requirement applies whether or not the employer or insurance plan contains a provision excluding coverage for benefits that may be available under government plans or programs.

- (iv) The patient must be verified indigent at the time of medical travel by a community Income Support Worker and obtain prior approval for the applicable medical travel benefits from the Deputy Minister (or designate).

(b) Terms and Conditions

Eligible indigent persons may receive:

- (i) Intercommunity transportation benefits as defined in Schedule 1 of this Policy for travel to insured health services;
- (ii) Escort benefits as defined in Schedule 2 of this Policy;
- (iii) Patient boarding benefits as defined in Schedule 3 of this Policy; and
- (iv) Local transportation for indigent patients benefits as defined in Schedule 4 of this Policy.

(5) Persons Not Eligible for Medical Travel Benefits

Any person who requires medical travel but who is not eligible under this Policy will be invoiced for the full cost of the transportation provided.



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 the provision of assistance to Northwest Territories residents for medical travel outside the provisions of this Policy.

A handwritten signature in black ink, consisting of a large circular loop followed by several sharp, angular strokes.

Premier and Chairman of the
Executive Council



SCHEDULES

| | |
|--|------------|
| Intercommunity Transportation | Schedule 1 |
| Escorts | Schedule 2 |
| Patient Boarding | Schedule 3 |
| Local Transportation for Indigent Patients | Schedule 4 |





SCHEDULE 1

INTERCOMMUNITY TRANSPORTATION

1. Benefits for Eligible Persons:

- (1) When the nearest centre for necessary and appropriate insured health services is in the Northwest Territories and the patient chooses to travel to another centre, no benefits are provided.
- (2) When the nearest centre for necessary and appropriate insured health services is outside the Northwest Territories and the patient chooses to travel to another centre, intercommunity travel benefits are provided only to the nearest centre.
- (3) Subject to the co-payment, if applicable, the benefits cover the following forms of transportation:
 - (a) Scheduled aircraft at economy airfare.
 - (b) Charter aircraft in emergency situations or when chartered aircraft is a reasonable and cost-effective alternative to scheduled aircraft.
 - (c) Bus or taxi fare when a reasonable and cost-effective alternative to air travel between communities.
 - (d) Ground ambulance when required to transfer an inpatient from one health facility to another.
 - (e) Private vehicle when claimed at the Government of the Northwest Territories "individual's convenience rate" for 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, less co-payment, if applicable.



2. Co-payment

- (1) The amount of the co-payment shall be determined by the Minister.
- (2) No co-payment is assessed on the costs of ground ambulance for inter-facility transfers, or when the eligible patient is:
 - (i) verified indigent;
 - (ii) a Senior Citizen; or
 - (iii) an infant under two years of age who is travelling on a scheduled aircraft and who is not required to purchase a ticket.

Note: The co-payment for Registered Indians and Inuit registered with the Northwest Territories Health Care Plan will be invoiced to Government of Canada.

- (3) For regular medical travel on a scheduled aircraft, the patient must pay the co-payment when exchanging a Medical Travel Warrant for a ticket.

No co-payment is required when the eligible patient is in need of medical travel assistance but no community Income Support Worker is available at the time to certify indigency. In such cases, the Government of the Northwest Territories will invoice for the co-payment and other costs if it is determined that the patient did not qualify to be verified indigent.

- (4) For emergency medical travel and all travel on chartered carriers, the Government of the Northwest Territories will invoice the patient, parent or guardian for applicable co-payment when the warrant is processed.

3. Financial Conditions

Normally, Medical Travel Warrants will be used to authorize transportation with carriers.



SCHEDULE 2

ESCORTS

1. Requirement for Escorts

The referring health professional recommends the need for an escort. Escorts may be of two types:

- (1) medical escort - normally a doctor or a nurse required to provide professional care to the patient while travelling; or
- (2) non-medical escort - an adult authorized to accompany a patient who is unable to travel without some assistance or who is authorized to stay for part or all of the medical treatment:

2. Criteria for Non-Medical Escorts

A non-medical escort will be authorized when:

- (1) the patient is under the age of 19 and requires an escort; or
- (2) the patient is an infant who is being breast fed by the mother who is the non-medical escort; or
- (3) the patient has a mental or physical handicap of a nature that he or she is not able to travel unassisted; or
- (4) the patient requires an escort for interpretation during the travel; or
- (5) the attending physician at the treatment facility provides a written request for a non-medical escort to participate in a treatment 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 from the Deputy Minister (or designate).



3. Return of Escorts

- (1) All escorts are expected to return by the earliest reasonable available transportation, either scheduled or charter, unless authorized for an extended stay.
- (2) If an escort decides to stay longer at the destination, he or she is responsible for all additional costs.
- (3) Unless there is a medical reason to justify it, a non-medical escort will not receive medical travel benefits to return to the treatment facility to escort the patient home, unless no other suitable escort can be found.

4. Authorized Extended Stays of Non-Medical Escorts

Non-medical escorts will be authorized to stay for part or all of the patient's treatment when:

- (1) the patient is under the age of 19 and requires an escort; or
- (2) the patient is an infant who is being breast fed by the mother who is the non-medical escort; or
- (3) the patient has a mental or physical handicap of a nature that he or she requires assistance during the treatment stay; or
- (4) the escort is required to provide interpretation for the patient and the patient referral officer at the treatment destination verifies that appropriate local interpreters are not available; or
- (5) the escort is authorized to stay as part of a treatment 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 the prior approval of the Deputy Minister (or designate).



5. Escort Expenses

Escort expenses are authorized as follows:

(1) For Medical Escorts:

- (a) transportation between communities, usually covered by Medical Travel Warrants;
- (b) accommodation at approved commercial facilities and meals at Government of the Northwest Territories duty travel rates, when required; and
- (c) local ground transportation as required between residence, health facilities, accommodation and airports.

(2) For Non-Medical Escorts of Eligible Metis and Non-Native Patients:

- (a) transportation between communities, usually covered by Medical Travel Warrants;
- (b) private vehicle expenses as defined in Schedule 1, Section 1(3)(e), only if not claimed by the patient;
- (c) prior to return on the earliest reasonable available transportation, accommodation at approved commercial facilities and meals at Government of the Northwest Territories duty travel rates;
- (d) airport bus or taxi from airport to place of treatment or boarding facility and between the place of treatment or accommodation to airport;
- (e) during authorized extended stays:
 - (i) accommodation and meals in a Government of the Northwest Territories-designated boarding facility;



- (ii) if no space is available in a Government of the Northwest Territories-designated boarding facility, accommodation and meals in an approved private medical boarding home;
 - (iii) if no space is available in Government of the Northwest Territories-designated or approved boarding facilities, a daily allowance at a rate established by the Department of Health and Social Services for commercial accommodation and meals;
 - (iv) if there is space in Government of the Northwest Territories-designated or approved boarding facilities and the escort elects to stay in a commercial facility, accommodation and meals are not covered; and
 - (v) if the escort chooses to stay with family or friends, the Government of the Northwest Territories private accommodation rate applies and no meal allowance is paid; and
- (f) when a second non-medical escort has been approved, the cost of intercommunity travel is covered. Accommodation and meals are not covered.
- (3) For Non-Medical Escorts of Verified Indigent Patients:
- (a) transportation between communities is usually covered by Medical Travel Warrants;
 - (b) private vehicle expenses as defined in Schedule 1, Section 1(3)(e), only if not claimed by the patient;
 - (c) prior to return on the earliest reasonable available transportation, accommodation and meals at Government of the Northwest Territories duty travel rates;
 - (d) during authorized extended stays:
 - (i) accommodation and meals in a Government of the Northwest Territories-designated boarding facility;



- (ii) if no space is available in a Government of the Northwest Territories-designated boarding facility, accommodation and meals in an approved private medical boarding home;
 - (iii) if no space is available in Government of the Northwest Territories-designated or approved boarding facilities, accommodation and meals at Government of the Northwest Territories duty travel rates at approved commercial facilities;
 - (iv) if there is space in Government of the Northwest Territories-designated or approved boarding facilities and the escort elects to stay in a commercial facility, the escort is not entitled to claim for accommodation and meals; and
 - (v) if the escort chooses to stay with family or friends, the Government of the Northwest Territories private accommodation rate applies and no meal allowance is paid; and
- (e) when a second non-medical escort has been approved, the cost of intercommunity travel is covered. Accommodation and meals are not covered; and
- (f) local ground transportation by bus or taxi when required as part of the escort duties.

6. Reimbursement

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





SCHEDULE 3

PATIENT BOARDING

1. Benefits for Eligible Metis and Non-Native Patients

Boarding-benefits will be authorized according to the following placement priority, when the treatment facility is within the Northwest Territories or in Churchill, Manitoba:

- (1) Accommodation and meals in a Government of the Northwest Territories-designated boarding facility.
- (2) If no space is available in a Government of the Northwest Territories-designated boarding facility, accommodation and meals in an approved private medical boarding home.
- (3) If no space is available in Government of the Northwest Territories-designated or approved boarding facilities, a daily allowance at a rate established by the Department of Health and Social Services for commercial accommodation and meals.
- (4) If there is space in Government of the Northwest Territories-designated or approved boarding facilities and the patient elects to stay in a commercial facility, the patient is not entitled to claim the daily allowance.
- (5) If the patient chooses to stay with family or friends, the Government of the Northwest Territories private accommodation rate applies. No meal allowance is paid.

2. Benefits for Verified Indigent Patients

Boarding benefits will be authorized according to the following placement priority:

- (1) Accommodation and meals in a Government of the Northwest Territories-designated boarding facility.



- (2) If no space is available in a Government of the Northwest Territories-designated boarding facility, accommodation and meals in an approved private medical boarding home.
- (3) If no space is available in Government of the Northwest Territories-designated or approved boarding facilities, accommodation and meals at Government of the Northwest Territories duty travel rates at approved commercial facilities.
- (4) If the patient chooses to stay with family or friends, the Government of the Northwest Territories private accommodation rate applies. No meal allowance is paid.



SCHEDULE 4

LOCAL TRANSPORTATION FOR INDIGENT PATIENTS

1. Benefits for Verified Indigent Patients

When local transportation is not provided by a designated boarding facility or patient referral service, taxi and bus fares are covered:

- (1) from place of referral or residence to airport;
- (2) from airport to place of treatment or accommodation;
- (3) from the place of treatment or accommodation to airport; and
- (4) from airport to place of residence in community of origin.

2. Reimbursement

If the provision of local ground transportation is not invoiced directly to the Department of Health and Social Services, the patient may claim by submitting a list of eligible expenses and original receipts.





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 or dentist registered to practice in a Canadian jurisdiction.



Senior Citizen - a Metis or Non-Native Northwest Territories resident who is 60 years of age or over.

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 this Policy rests with the Executive Council. Authority and accountability is 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) approve treatment and care facilities and medical boarding homes in accordance with this Policy;
- (iii) authorize a vendor to invoice the Department of Health and Social Services for benefits such as medical supplies, appliances and prosthetics;
- (iv) approve exception drug coverage in accordance with Schedule 2 of this Policy;
- (v) establish a rate for drug benefit reimbursement following consultation with the Pharmaceutical Association of the Northwest Territories in accordance with Schedule 2 of this Policy;
- (vi) approve a second non-medical escort in accordance with Schedule 3 of this Policy;
- (vii) establish a rate of subsidization for meals and commercial accommodations in accordance with Schedule 3 of this Policy; and
- (viii) establish a maximum benefit for eyeglass frames in accordance with Schedule 5 of this Policy.



6. Provisions

(1) Specified Disease Conditions

(a) Eligibility

Eligibility is restricted to Metis and Non-Native Northwest Territories residents who have a Specified Disease Condition and:

- (i) hold an effective registration with the Northwest Territories Health Care Plan;
- (ii) complete and submit an application form on which a practitioner has certified that a resident has, or is suspected of having, a Specified Disease Condition; and
- (iii) has been accepted as eligible under this Policy.

(b) Terms and Conditions

(i) Eligible Metis and Non-Natives 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 treatment and care facilities, but excluding charges for private or semi-private rooms.



(ii) Patients with Employer or Similar Plans

Patients who have employer or similar plans offering health or transportation benefits must seek reimbursement from the employer or similar plan first. Patients can apply for reimbursement to the Department of Health and Social Services for items not covered by the employer or similar plan. A patient who has access to benefits under an employer or similar plan and who chooses not to participate, is not eligible for assistance under Extended Health Benefits.

(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 Patients

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



(ii) **Reimbursement to Patients with Employer or Similar Plans**

Following reimbursement by the employer or similar plan, persons 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 Metis and Non-Native Northwest Territories residents who:

- (i) hold an effective registration with the Northwest Territories Health Care Plan;
- (ii) are 60 years of age or over;
- (iii) complete and submit an application form; and
- (iv) are accepted as eligible 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;
- hearing aids and eyeglasses 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 provincially approved facilities, but excluding charges for private or semi-private rooms; and
- third party physicals required for a driver's or a pilot's licence.

(ii) Senior Citizens with Employer or Similar Plans

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

(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 Senior Citizens**

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 Senior Citizens with Employer or Similar Plans**

Following reimbursement by the employer or similar plan, the 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 a 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.



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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 Chairman 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 |
| Hearing Aid and Eyeglass Benefits | Schedule 5 |
| Dental Benefits | Schedule 6 |



SCHEDULE 1

SPECIFIED DISEASE CONDITIONS

- ** Alcohol Dependency
- Alzheimer's Disease
- Asthma
- Cancer
- * Celiac Disease
- Cerebral Palsy
- Certain Disorders of the Blood and Immune System
- Chronic Obstructive Lung Disease
- Chronic Psychosis
- Cleft Lip/Palate
- Congenital Anomalies of the Urinary System
- Congenital Cytomegalovirus Infection
- Congenital Heart Disease
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Diabetes Insipidus
- Diabetes Mellitus
- ** Drug Dependency
- * Epilepsy
- Head Injury
- HIV Infection
- All Other HIV Related Diseases
- * Hypertension (Pressure greater than 150/90 mm/hg; under 45 years pressure equal to or greater than 130/90 mm/hg)
- Ischemic Heart Disease
- Lupus Erythematosus
- Multiple Sclerosis
- Muscular Dystrophy
- * Osteoarthritis
- * Pernicious Anemia
- * Phenylketonuria
- Psoriasis
- Rheumatic Fever
- Rheumatoid Arthritis
- * Rickets
- Scleroderma
- Scoliosis
- Spina Bifida
- Spinal Cord Injury
- Paraplegia
- Quadriplegia
- Tuberculosis
- Ulcerative Colitis
- Wegeners 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 will maintain a Pharmacare Formulary which identifies the drug benefits for Senior Citizens and for each Specified Disease Condition.

- (1) If a practitioner recommends a drug that is not a benefit, the practitioner may complete and submit a Request for Exception Drug Form for exception coverage for a period not exceeding 12 months.
- (2) 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.

3. Drug Benefits

- (1) Drugs must be on a prescription from a licensed medical or dental practitioner.
- (2) Persons diagnosed as having a Specified Disease Condition are covered for drugs approved for that Specified Disease Condition.
- (3) Senior Citizens are covered for all drugs in the main body of the Northwest Territories Pharmacare Formulary.



4. 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.

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

5. Reimbursement

Personal reimbursements will be at the rate established for the drug benefit following consultation with the Pharmaceutical Association of the Northwest Territories. When persons incur expenses, they may request reimbursement by submitting original receipts.



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SCHEDULE 3

MEDICAL TRAVEL BENEFITS

1. Persons with Employer or Similar Plans

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) Normally, Medical Travel Warrants will be issued to authorize intercommunity transportation.
- (3) 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

- (i) Return economy airfare on scheduled flights and charter aircraft in emergency situations to the nearest centre at which appropriate and necessary insured health services or other approved benefits are available. Costs are also covered in situations where chartered aircraft are a reasonable and less costly alternative to scheduled aircraft. Co-payment charges are not required.
- (ii) Bus fare or taxi fare where bus or taxi is a reasonable and less costly alternative to air travel.



- 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.
- (iii) Local ground transportation is 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.
- (iv) Ambulance charges when required to transfer an in-patient from one health facility to another.
- (v) Private vehicle costs when claimed at the Government of the Northwest Territories individual's convenience rate for 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 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 accommodation.

(2) Escorts

(a) Requirement for Escorts

The referring health professional determines the need for an escort. Escorts may be of two types:

- (i) medical escort - normally a doctor or a nurse required to provide professional care to the patient while travelling;
- (ii) 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;
- (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 an escort for interpretation during the 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 from the Deputy Minister (or designate).

(c) Return of Escorts

- (i) Normally, all escorts are expected to return by the earliest reasonable available transportation, either scheduled or charter.
- (ii) If an escort decides to stay longer at the destination, he or she is responsible for all additional costs which result.
- (iii) Unless there is a medical reason to justify it, a non-medical escort will not receive medical travel benefits to return to the treatment facility to escort the patient home, unless no other suitable escort can be found.
- (iv) 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 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 by the Deputy Minister (or designate) for an extended stay in exceptional circumstances.

(d) Escort Expenses

Benefits are provided for escort expenses as follows:

(i) for medical escorts:

- transportation between communities is usually covered by Medical Travel Warrants;
- accommodation at approved commercial facilities and meals at Government of the Northwest Territories duty travel rates, when required;
- local ground transportation as required between residence, health facilities, accommodation and airports.



(ii) for non-medical escorts:

- transportation between communities is usually covered by Medical Travel Warrants;
- private vehicle expenses as indicated in Section 3(1)(a)(v) of this Schedule only if not claimed by the patient;
- prior to return on the earliest reasonable return transportation, accommodation and meals at a rate established by the Department of Health and Social Services;
- for authorized extended stays, accommodation and meals are provided at a 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;
- local ground transportation by bus or taxi when required as part of the escort duties;
- 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 Plans

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 Citizens.
- (2) Benefits require:
 - (a) a prescription by a medical practitioner for items that may be obtained from a pharmacy or vendor; or
 - (b) a written request from a physiotherapist or occupational therapist.
- (3) The vendor must obtain prior approval from the Deputy Minister (or designate) before providing the item(s) to the patient. Item(s) costing \$1,500 or more require written substantiation and prior approval.
- (4) 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.



- (5) 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).
- (6) 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

HEARING AID AND EYEGLOSS BENEFITS

1. Senior Citizens with Employer or Similar Plans

Senior Citizens entitled to hearing aid and eyeglass benefits through an employer or similar plan must seek reimbursement through that plan first.

2. Approved Hearing Aid and Eyeglass Benefits

Senior Citizens are eligible for:

(1) Hearing Aids

- (a) When prescribed by an audiologist or a medical practitioner, one hearing aid every five years at a cost not to exceed a maximum established by the Department of Health and Social Services;
- (b) If the patient's medical prescription changes within that period, prior approval from the Department of Health and Social Services is required for an additional hearing aid.

(2) Eyeglasses

- (a) One pair of eyeglasses every two years.
- (b) The maximum benefit for frames is at a rate established by the Deputy Minister (or designate).
- (c) The full cost of standard glass lenses is covered.
- (d) Senior Citizens are responsible for the costs of special features such as tinting or sunglasses. These features may be reimbursed when a practitioner verifies their need because of a medical condition and with the Deputy Minister's (or designate's) prior approval.



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- (c) If the medical prescription changes within the two year period, prior approval for additional eyeglasses is required.



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SCHEDULE 6

DENTAL BENEFITS

1. Senior Citizens with Employer or Similar Plans

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

2. Dental Benefits

Senior Citizens are eligible for:

- (a) dental services provided by a dental practitioner which are listed in the Northwest Territories Health Dental Fee Schedule to an annual maximum established by the Deputy Minister (or designate). This limit includes charges for dentures; and
- (b) one pair of dentures every five years within the limitation above.

