



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.



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	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	
Cerebral Palsy	Ischemic Heart Disease
Certain Disorders of the Blood and Immune System	Lupus Erythematosus
	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
	Rheumatoid Arthritis
Congenital Cytomegalovirus Infection	* Rickets
Congenital Heart Disease	Scleroderma
Crohn's Disease	Scoliosis
Cystic Fibrosis	Sickle Cell Anemia
Dermatomyositis	Spina Bifida
Diabetes Insipidus	Spinal Cord Injury: - Paraplegia - Quadriplegia
Diabetes Mellitus	
** Drug Dependency	Tuberculosis
* Epilepsy	Ulcerative Colitis
Gastroparesis	Wegeners Granulomatosis
Head Injury	
Hemophilia	

* 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.



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.



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



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.