



HEALTH AND SOCIAL SERVICES

EXTENDED HEALTH BENEFITS POLICY

POLICY STATEMENT

The Department of Health and Social Services will provide assistance to eligible persons in Nunavut who require health care services beyond those covered by the Nunavut Health Care Plan.

PRINCIPLES

This Policy is based on the following principles:

1. The Department is committed to the Inuit Qaujimajatuqangit concepts of Pijitsirniq - to serve, and Inuuqatigiitsiarniq - respect for others.
2. The cost of health care should not be an economic barrier to residents of Nunavut, particularly Senior Citizens, residents with debilitating long-term disease conditions, and those individuals who have exhausted their third-party health care benefits.
3. All activities of the Health and Social Services system support an approach that places people first.
4. Health and Social Services programs should be designed to be fair, understandable, easy to access and consistently applied across the territory.
5. The health and social services system should operate in a way that is accountable, sustainable, and responsive.
6. The Nunavut health care system supports the accessibility principle of the *Canada Health Act*.
7. Inuit societal values will be recognized and respected.

APPLICATION

This Policy is issued under the authority of the Executive Council. The Policy applies to all eligible persons who require Extended Health Benefits.

DEFINITIONS

Aboriginal – for the purpose of this policy, Aboriginal refers to First Nations and Inuit people.

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

Eligible Person – a Métis or Non-Aboriginal senior citizen; a Métis or Non-Aboriginal resident with a debilitating long-term disease condition; or any individual who has exhausted or does not have third-party health care benefits.

Fiscal Year – the period beginning on April 1 in one year and ending on March 31 in the following year.

Medical Appliance – a dental or surgical device used to provide a function or therapeutic effect.

Practitioner - a person, usually with professional qualifications, who is legally qualified to deliver health care and/or social services by virtue of their ability to practice in Nunavut through employment, licensing or registration, such as nurses, physicians, social workers, mental health workers and midwives.

Senior Citizen – a Métis or Non-Aboriginal Nunavut resident who is **65** or older.

Specified Disease Condition - the approved disease condition or state of chronic ill-health which determines eligibility for benefits.

Third-Party Health Care Benefits – insurance plans which include, but are not limited to: the Non-Insured Health Benefits Program, Public Service Health Care Plan, Workers Compensation Board or other Private Insurance Plans.

ROLES AND RESPONSIBILITIES

Minister

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

The Minister may:

- (i) approve program provisions.

Deputy Minister

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

The Deputy Minister may:

- (i) accept applications for extended health benefits in accordance with this Policy;

- (ii) designate treatment and care facilities for the purposes of 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 of subsidization for meals and commercial accommodations in accordance with Schedule 3 of this Policy; and
- (vi) establish a maximum benefit for eyeglass frames in accordance with Schedule 5 of this Policy.
- (vii) establish a maximum benefit for dental services in accordance with Schedule 6 of this Policy.

PROVISIONS

(1) Specified Disease Conditions

(a) Eligibility

Eligibility is restricted to Métis and Non-Aboriginal Nunavut residents, who have a Specified Disease Condition listed in Schedule 1; and:

- (i) hold a valid registration with the Nunavut 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) have been accepted as eligible under this Policy and maintain that eligibility.

(b) Terms and Conditions

- (i) Eligible residents may receive:
 - drug benefits as defined in Schedule 2 of this Policy; and
 - medical travel benefits as defined in Schedule 3 of this Policy; and
 - medical supplies, appliances and prosthetics benefits as defined in Schedule 4 of this Policy.
- (ii) Patients with Employer or other Third-Party Insurance Plans:

Patients with employer or other third-party insurance plans offering health or transportation benefits must seek reimbursement from the employer or third-party insurance plan first. Patients can apply for reimbursement to the Department of

Health and Social Services for items not covered by the employer or third-party insurance plan.

Note: A patient who has access to benefits through an employer or other third-party insurance 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 Nunavut Health Care Plan.

Note: Notwithstanding “c” above, retroactive payments can only be made to the beginning of the fiscal year in which the person was approved for Extended Health Benefits.

(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 Third-Party Insurance Plans:

Following reimbursement by the employer or third-party insurance 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 third-party insurance 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-Aboriginal Nunavut residents who:

- (i) hold an effective registration with the Nunavut Health Care Plan;
- (ii) are **65** 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 and maintain that eligibility.

(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 the Policy;
- Hearing aids and eyeglasses benefits as defined in Schedule 5 of the Policy;
- Dental care benefits as defined in Schedule 6 of this Policy.

(ii) Senior Citizens with Employer or Similar Insurance Plans:

Senior Citizens with employer or similar insurance plans offering health or transportation benefits must seek reimbursement from the employer or third-party insurance 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 insurance plan.

Note: A patient who has access to benefits through an employer or similar insurance 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 sixty-fifth birthday; or
- The effective date of coverage of the individual under the Nunavut Health Care Plan.

Note: Notwithstanding “(iii)” above, retroactive payments can only be made to the beginning of the fiscal year in

which the person was approved for Extended Health Benefits.

(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 Insurance Plans:

Following reimbursement by the employer or similar insurance 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 insurance 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.

(3) Residents who have Exhausted or do not have Third-Party Health Care Benefits

(a) Eligibility

Eligibility is restricted to any residents who:

- (i) hold an effective registration with the Nunavut Health Care Plan; and
- (ii) submit proof that they have exhausted their employer or third-party health care benefits, including NIHB benefits; and
- (iii) complete and submit an application form; and
- (iv) are accepted as eligible by the Department of Health and Social Services and maintain their eligibility.

(b) Terms and Conditions

(i) Eligible residents may receive:

- Medical travel benefits as defined in Schedule 3 of the Policy;

(ii) Eligible Residents with Employer or Third-Party Insurance Plans

Eligible Residents with employer or other third-party insurance plans offering health or transportation benefits must seek reimbursement from the employer or third-party insurance plan first. Eligible Residents can apply for reimbursement to the Department of Health and Social Services for travel benefits not covered by their employer or third-party insurance plan.

Note: A patient who has access to benefits under an employer or other third-party insurance plan and who chooses not to participate is not eligible for assistance under Extended Health Benefits.

(iii) Eligibility Date:

The eligibility date is:

- The effective date of coverage of the individual under the Nunavut Health Care Plan; and
- The date they exhausted their employer or third-party health care benefits.

Note: Notwithstanding “(iii)” above, retroactive payments can only be made to the beginning of the fiscal year in which the person was approved for Extended Health Benefits.

(c) Financial Conditions

(ii) Reimbursement to Eligible Residents:

Following the date all employer or third-party health care benefits are exhausted, the Eligible Resident may request reimbursement for eligible expenses by submitting a completed claim form and all original receipts.

(4) Accountability

- (i) The Department will submit an annual report on the implementation of the Policy to the Minister which will include data regarding the number of people enrolled in each program, expenditures and the types of services accessed.
- (ii) The Policy Guidelines will be reviewed annually.

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 for the fiscal year for which the funds would be required.

PREROGATIVE OF 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 Extended Health Benefits outside the provisions of this Policy.

SUNSET

This Policy will be in effect from the date of signature until March 31, 2012.

EXTENDED HEALTH BENEFITS POLICY

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 Blood & Immune System
- Chronic Obstructive Lung Disease
- Chronic Psychosis
- Cleft Lip / Palate
- Congenital Anomalies & Chronic Disease 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 (Subject to certain BP levels)
- 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
- Tuberculosis
- Ulcerative Colitis
- Wegeners Granulomatosis
- Special Approval Case – Prior Approval Required**

* **Indicates eligible for drug benefits only.**

** **Indicates restricted benefits.**

The list of Specified Disease Conditions will be reviewed annually. Any changes to the list will be reflected in the Guidelines.

Revised: November 2007

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Date of Expiry: March 31, 2012

SCHEDULE 2

DRUG BENEFITS

1. Resident with Employer Benefits 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 maintains a Nunavut Pharmacare Formulary for the program 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.
- (2) Prior to a decision on exception drug coverage the Minister will appoint an independent pharmacist from another province or territory who will make a recommendation to the Minister.
- (3) The final decision on exception drug coverage rests with the Minister.

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 approved drugs in the Formulary.

4. Pharmacare Card

The Department of Health and Social Services will issue a Pharmacare Card to eligible persons who do not have an 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

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

SCHEDULE 3

MEDICAL TRAVEL BENEFITS

1. Persons with Employer Benefits 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 Approved Centre where the appropriate and necessary insured health services or other approved benefits are available.
- (2) Medical Travel Warrants will be issued to authorize intercommunity transportation.
- (3) No benefits are provided for medical travel originating outside Nunavut.

3. Medical Travel Benefits

(1) Coverage for Eligible Persons

(a) Air and Ground Travel

- return economy airfare on scheduled or chartered flights.
- ground transportation from airport to place of treatment or accommodation.
- ground transportation between the place of treatment or accommodation to airport.
- ambulance charges when required to transfer an in-patient from one health facility to another.
- bus travel should be used for ground transportation where it is a feasible alternative to taxis.
- ambulatory persons must justify taxi travel when taxis are used instead of airport buses.
- receipts for airport buses and taxis are required for reimbursement.

(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 a rate established by the Department of Health and Social Services.

(2) Escorts

(a) Requirement for Escorts

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

- (i) medical escort – normally a physician or nurse who is required to provide professional care to the patient while traveling;
- (ii) 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 required treatment.

(b) Criteria for Non-Medical Escorts

A non-medical escort is covered when:

- (i) there is a need for legal consent by a parent or guardian;
or
- (ii) the client has a mental or physical condition of a nature that he or she is not able to travel unassisted; or
- (iii) where a language barrier exists to access required health care services and interpreter services are not available at the Approved Centre; or
- (iv) when the client is a unilingual Inuit language speaking elder, who is over the age of 60, unless the client states they do not require an escort (effective April 1, 2008); or
- (v) when the escort will participate in the client's treatment program and receive instructions on specific and essential home medical/nursing procedures that cannot be given to the client only; or
- (vi) when the client is medically incapacitated.

Note: A second client escort for medical travel is only provided in rare situations when a Practitioner supports the request and approval is obtained from the Deputy Minister (or designate).

(c) Escort Expenses

Escort expenses are authorized as follows:

For Medical Escorts:

- (i) intercommunity airfare to and from the nearest Approved Centre, covered by Travel Warrants; and
- (ii) accommodation at approved commercial facilities, meals and other travel benefits at approved Government of Nunavut duty travel rates, when required; and
- (iii) local ground transportation as required between residence, health and/or social services facilities, accommodation and airports.

For Non-Medical Escorts:

- (i) intercommunity airfare to and from the nearest Approved Centre, usually covered by Travel Warrants; and
- (ii) accommodation, meals and ground transportation at the approved rates indicated in the Guidelines.

3. 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

1. Person with Employer Benefits 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 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.
- (4) When an eligible person purchases a prescribed item outside of Nunavut, the person is responsible for payment of the item and may seek reimbursement.
- (5) Benefits may include:
 - (a) fitting and follow-up fitting;
 - (b) freight and/or shipping;
 - (c) manufacture and repair.
- (6) If the item is no longer required, patients or their families should contact the Health Insurance Programs office in Rankin Inlet to see if the item can be used by someone else.

3. Reimbursement

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

SCHEDULE 5

HEARING AID AND EYEGLASS BENEFITS

1. Senior Citizens with Employer Benefits or Similar Plan

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.
- (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 & Exams

- (a) One pair of eyeglasses every 24 months.
- (b) One eye examination every 24 months.
- (c) The maximum benefit for frames is at a rate established by the Deputy Minister (or designate).
- (d) The full cost of standard glass lenses is covered.
- (e) 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.
- (f) If the medical prescription changes within 24 months, prior approval for additional eyeglasses is required.

3. Reimbursement

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

SCHEDULE 6

DENTAL BENEFITS

1. Senior Citizens with Employer Benefits or Similar Plan

Senior Citizens entitled to dental benefits through an employer or similar 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 Nunavut Health Dental Fee Schedule to an annual maximum established by HSS. This limit includes charges for dentures; and
- (b) one pair of dentures every five years within the limitation above.

3. Reimbursement

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