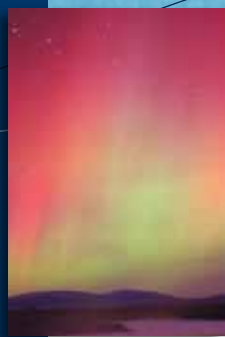




Your Health Benefits

A Guide for Inuit to Access
Non-Insured Health Benefits



Health
Canada

Santé
Canada



Inuvialuit Regional Corporation



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NUNAVUT REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
RÉGION RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX NUNAVUT



NUNATSIAVUT
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Inuit Women's Council of Canada

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

Your Health Benefits—A Guide for Inuit to Access Non-Insured Health Benefits is available on the Internet at the following address:
www.healthcanada.gc.ca/nihb

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INTRODUCTION

This handbook, *Your Health Benefits—A Guide for Inuit to Access Non-Insured Health Benefits*, has been developed jointly by Health Canada and the Inuit Tapiriit Kanatami (ITK).

The first section of the handbook provides information about the Non-Insured Health Benefits (NIHB) Program, which is administered by Health Canada and available to eligible First Nations and Inuit.

The final two sections of the handbook have been developed by the Inuit Tapiriit Kanatami and provide information about the Nunatsiavut Non-Insured Health Benefits (NIHB) Program (administered by the Nunatsiavut Government) and Nunavik's Insured/Non-Insured Health Benefits (INIHB) Program (administered by the Nunavik Board of Health and Social Services).

This handbook provides an overview of these three non-insured health benefit programs available to Inuit and explains:

- Who is eligible;
- What is covered;
- What is expected;
- How to access benefits;
- The procedure for appeals; and
- Who to contact when you need information.

These programs are very similar, but it is important to note that the delivery of non-insured health benefits differs from one region to the other.

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1. NON-INSURED HEALTH BENEFITS PROGRAMS

1.1 OVERVIEW

Non-insured health benefits programs provide Inuit with several health-related goods and services that are not insured by provincial, territorial or private insurance plans. These benefits include coverage for specific drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health counselling and medical transportation to access medically necessary goods and services not available in the community of residence.

There are three (3) different non-insured health benefit programs which provide benefits to various Inuit groups. To be eligible, you must be registered with and recognized by one of the four (4) Inuit land claim organizations.

The three programs are:

1. Health Canada's Non-Insured Health Benefits (NIHB) Program (available to beneficiaries of the Nunavut Land Claim Agreement and beneficiaries of the Inuvialuit Final Agreement);
2. The Nunatsiavut Government's Non-Insured Health Benefits (NIHB) Program, which has chosen to adopt Health Canada's policies to guide the benefits provided (available to beneficiaries of the Labrador Inuit Land Claim Agreement); and
3. Nunavik's Insured/Non-Insured Health Benefits (INIHB) Program (available to beneficiaries of the James Bay and Northern Quebec Agreement [JBNQA]).

Important contact information for the different non-insured health benefit programs can be found in Section 5 at the end of this handbook.



2. HEALTH CANADA'S NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM

2.1 INUIT CLIENT ELIGIBILITY (Nunavut and Northwest Territories)

To be eligible for benefits under Health Canada's Non-Insured Health Benefits (NIHB) Program, you must be a Canadian resident and be:

- A beneficiary of one of the following:
 - Nunavut Land Claim Agreement
 - Inuvialuit Final Agreement

If you are a beneficiary of the Nunavut Land Claim Agreement or the Inuvialuit Final Agreement living in Nunavut or the Northwest Territories, you will automatically be registered for the NIHB Program when you receive your territorial health care card.

If you live outside the land claim settlement area you must register with one of these land claim organizations to be eligible to receive benefits (see section 5 for contact information).

Registration Process for Eligible Clients Living Outside the Land Claim Settlement Area

If you are a beneficiary of the Nunavut Land Claim Agreement or the Inuvialuit Final Agreement, you will need to:

1. Register and be recognized by your land claim organization
 - Nunavut Tunngavik Incorporated (NTI) (if you are from Nunavut)
 - Inuvialuit Regional Corporation (IRC) (if you are from the Inuvialuit Settlement Region)

Once registered, your land claim organization will send you an *acknowledgement of recognition* letter or NTI card.

2. Provide a copy of the following to Health Canada:
 - your land claim organization recognition letter or NTI card;
 - your birth certificate; and
 - your current mailing address and contact information.

a. Scan the documents and email them to:
NIHB.SVS-HICPS@hc-sc.gc.ca, **or**

b. Mail copies to:
Non-Insured Health Benefits
Attention: NIHB SVS-HICPS
200 Eglantine Driveway
9th Floor, Jeanne Mance Building
Postal Locator: 1909B
Ottawa, Ontario K1A 0K9
Fax: 613-954-2041, **or**

c. Take copies of these documents to your local Health Canada regional office and they will submit these documents on your behalf to NIHB headquarters.
A list of contact information can be found in Section 5 of this handbook.

3. A letter will be mailed to you with your 'N' number; this is your personal identification number as an eligible client of the NIHB Program. Your 'N' number may be linked to your Territorial Health Card, or you may have to remember your 'N' number and provide it to service providers (dentist, pharmacist, etc.) who provide health services to you.

**If you have lost your 'N' number or do not know what it is, please contact the Health Canada regional office in your area (see Section 5).*

Are my children covered under Health Canada's NIHB Program?

Nunavut and Inuvialuit region

- In both Nunavut and the Inuvialuit Settlement Region, your child is automatically covered if they are less than one year old and have an eligible parent who is registered for NIHB Program benefits.
- Children older than one year of age must be registered with the land claim organization. **Parents and guardians are encouraged to register children before their first birthday to make sure NIHB coverage continues under the child's own identification number ('N' number).**

BENEFITS COVERED BY THE HEALTH CANADA NIHB PROGRAM

This section is meant to be an overview of the different benefit areas covered by Health Canada's NIHB Program and not a complete list of all the benefits covered and any restrictions associated. For specific information regarding a particular benefit area:

- a. Speak to your health care provider, who can consult current NIHB Program policies;
- b. Contact the Health Canada regional office in your area (see Section 5) for information regarding NIHB Program policies; or
- c. Visit Health Canada's website at: www.health.gc.ca/nihb.

Information for Nunavut and Inuvialuit beneficiaries living in British Columbia:

As of October 1, 2013, NIHB-eligible Inuit living in BC will be served by the Non-Insured Health Benefits Program office for Alberta/British Columbia regions (see contact information in Section 5).

For additional information, please refer to the Health Canada website at: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/faq-benefits-prestations-fnha-rspn-eng.php

For information regarding assistance with coverage of your BC health care premiums, please call 1-800-663-7100 to confirm your eligibility for the Medical Services Plan (MSP) premium assistance and to register with the MSP program.

2.2 DRUG BENEFITS

What is covered?

When you are not covered by another health program/plan, the NIHB Program may pay for the items listed below:

- **Prescription drugs**—obtained through a prescription from an authorized prescriber and listed on the *NIHB Drug Benefit List*.
 - **Over-the-Counter (OTC) drugs**—drugs and health products on the *NIHB Drug Benefit List* obtained through a prescription from an authorized prescriber.
- ### How do I access drug benefits?
- NIHB drug benefits are available for eligible products *by prescription only*. Be sure to ask your doctor for a prescription for any medically necessary over-the-counter products that you are taking.
 - If you have a prescription that needs to be filled, bring it to a pharmacy or to a health centre, where the staff may arrange to have the prescription sent to a pharmacy on your behalf.
 - In some cases, the pharmacist may have to call the NIHB Drug Exception Centre for approval before filling the prescription. Clients may contact the Health Canada regional office (see Section 5) for more information on coverage for their medication.
 - If a benefit is denied, you may be able to appeal the decision. For more information on the appeals process, please see Section 2.8 of this handbook on the *Procedure for Appeals under Health Canada's NIHB Program*.
- ### What are my responsibilities?
- Talk to your doctor about your full range of health care needs. Be sure to obtain a prescription for eligible drugs, including over-the-counter drugs, in order to claim coverage under the NIHB Program.
 - Tell the pharmacist if you are covered under any other health plan or program (such as private insurance through your employer).
 - Give your Health Canada NIHB identification number ('N' number).
 - Make sure your personal information is correct.
 - Talk to your pharmacist about your medication and how you should take it.
 - Remember to ask for proof of attendance if required for medical transportation (see Section 2.6 for more information);
 - If you pay up front for a prescription that is an eligible benefit under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed **up to one year** from the date of service and/or purchase. (Please see Section 2.9 for more information on client reimbursement under the Health Canada NIHB Program.)

Who can prescribe drugs under Health Canada's NIHB Program?

- A doctor;
- A nurse practitioner; or
- A health professional licensed to prescribe by a province or territory and recognized by the NIHB Program.

What drug benefits are covered under the Health Canada NIHB Program?

This section provides an overview of the drug benefits covered under Health Canada's NIHB Program. For detailed information about specific drugs covered by the Program, how often you can fill your prescription, or if prior approval (pre-approval) is required, please speak with your NIHB recognized health provider or contact the Health Canada regional office in your area.

The NIHB Program maintains a drug benefit list. In most cases, if the drug that is prescribed is on the *NIHB Drug Benefit List*, without a need to meet certain criteria like a previous trial of other similar medications, the pharmacist will be able to fill your prescription right away.

The *NIHB Drug Benefit List* is published on the Health Canada website at: www.health.gc.ca/dbl

For eligible benefits, NIHB will pay the provider directly or reimburse you at NIHB-approved rates (see Section 2.9 on client reimbursement).

Prior Approval

The pharmacy provider must seek prior approval (pre-approval) from NIHB before dispensing *Limited Use Benefits* and *Exception* drugs.

- **Limited use benefits** are drugs for which clients must meet certain criteria before coverage will be approved. Your prescriber must submit a *Limited Use Drug Request Form* to the NIHB Program to ask for approval.
- **Exceptions** are drugs that are not listed on the *NIHB Drug Benefit List* and are not exclusions, but they may be covered on a case-by-case basis when there is shown to be an exceptional need.

After business hours, if the provider cannot reach NIHB for prior approval, for some drugs a small amount (up to a four days' supply) may be dispensed on an 'emergency' basis.

What is not covered/exclusions

Examples include, but are not limited to:

- Alternative therapies (e.g. glucosamine and evening primrose oil)
- Anti-obesity drugs
- Cosmetics
- Cough preparations containing codeine
- Darvon® and 642® (propoxyphene)
- Drugs with investigational/experimental status
- Fertility agents and impotence drugs
- Hair growth stimulants
- Household products (e.g. soap and shampoos)
- Megavitamins
- Certain narcotic analgesics (e.g. Butalbital)
- Select over-the-counter products
- Vaccinations

For more detailed information on what is covered under the Health Canada NIHB pharmacy benefit, please visit the Health Canada website at: www.health.gc.ca/nihb

2.3 DENTAL BENEFITS

What is covered?

This section provides an overview of what dental services are covered under Health Canada's NIHB Program. For specific details about how often you can access each service or if you need prior approval (predetermination) for a specific service, please contact your NIHB recognized dental provider or the Health Canada NIHB Dental Predetermination Centre (DPC) (see Section 5).

NIHB eligible dental benefits include the following services*:

- **Exams and X-rays (Diagnostic services)**
- **Cleaning (scaling)/deep cleaning (root planing) (Preventive services)**
- **Fillings and crowns (Restorative services)**
- **Root canals (Endodontic services)**
- **Dentures, partials (Removable prosthodontic services)**

- **Removal of teeth/extractions (Oral surgery services)**
- **General anaesthesia/sedation (Adjunctive services)**
- **Braces and appliances (Orthodontic Services)**
 - Orthodontic coverage is limited to clients that are under the age of 18 with severe irregularities in the teeth and jaws.
 - There is no age restriction for clients that have a condition associated with a dento-facial anomaly such as a cleft lip or palate.

** Note that predetermination (prior approval) may be required for some procedures in these services and not all treatment recommended by your dental provider will be covered by the NIHB Program.*

How do I access dental benefits?

- Make an appointment with an NIHB recognized dental provider.
- The dental provider will look at your teeth and tell you what dental services you will need.
- Ask your dental provider if the dental service needed is covered under the NIHB Program and if it requires prior approval.
- Ask your dental provider if he/she charges more than what is covered by the NIHB Program. If this is the case, and your dental provider charges you the difference, you will have to pay for any additional charges.
- If coverage for a benefit is denied, you may be able to appeal the decision. (See Section 2.8 on the *Procedure for Appeals under Health Canada's NIHB Program* of this handbook for more information.)

What are my responsibilities?

- Contact your dental provider to book regular cleaning appointments and whenever you have problems with your teeth;
- Familiarize yourself with the dental coverage under the NIHB Program (more information is available in the NIHB Dental Benefits Guide on the Health Canada website at: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/dent/index-eng.php);
- Make sure the dental provider has received prior-approval if required before treatment begins;

- Tell your dental provider if you are covered under any other health plan or program (such as private insurance through your employer);
- Give your dental provider your Health Canada NIHB identification number ('N' number);
- Make sure your dental provider has all of your correct personal information;
- Confirm with your dental provider that they will bill the NIHB Program directly for your treatment;
- Go to your scheduled dental appointments. Remember to ask for proof of attendance if required for medical transportation (see Section 2.6 for more information); and
- Tell the dental office, in advance, if you cannot attend your appointment.
- If you pay up front for an eligible benefit/service under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed **up to one year** from the date of service and up to the established NIHB regional fees. (Please see Section 2.9 for more information on client reimbursement under the Health Canada NIHB Program.)

Who can provide dental benefits?

Any dental professional enrolled as a dental provider with the NIHB Program, such as:

- Dentist
- Dental specialist (e.g. orthodontist, oral surgeon)
- Denturist

Predetermination

- Predetermination, also known as prior approval, is the process of getting approval from NIHB before starting your dental treatment.
- Each request is reviewed by a NIHB dental professional. In the review, consideration is given to:
 - your oral health status, periodontal condition (the health of your gums; tissues surrounding and supporting the teeth), and dental history;
 - established NIHB policies, guidelines and criteria; and
 - any additional information provided by the dental provider.

- Predetermination is needed on certain dental services:
 - more complex dental procedures like orthodontics, crowns, dentures and root canal treatments on certain teeth; and
 - when you want to access dental services more often than what is stated in the NIHB policy.
- All predetermination requests must be sent by your dental provider's office to the NIHB Dental Predetermination Centre for review before the start of treatment. Contact information can be found in Section 5 at the back of this handbook.
- Your predetermination request requires additional supporting documentation, which should be sent by your dental provider to the NIHB Dental Predetermination Centre as necessary.

About the Process

- The NIHB Program strongly encourages dental providers to bill the NIHB Program directly for the cost of your treatment instead of asking you to pay up front. The dental provider must tell you if you will have to pay for services **before treatment is started**.
- All basic treatment needs (e.g. cleanings, fillings, removal of teeth, etc.) must be completed before any major dental services are requested (e.g. crowns, dentures, orthodontics etc.).
- If a benefit is denied, you may be able to appeal the decision. (See Section 2.8 of this handbook on the *Procedure for Appeals under Health Canada's NIHB Program* for more information.)

What is not covered/exclusions

Exclusions are categories of dental services that are beyond the scope of the NIHB Program and therefore not covered and not considered for appeal. Examples include, but are not limited to:

- Cosmetic services (veneers, bleaching)
- Extensive rehabilitation
- Halstrom appliances (sleep apnea)
- Implants
- Ridge augmentation (for denture fitting)

For more detailed information regarding what is covered under the Health Canada NIHB Dental benefit, visit the Health Canada website at: www.health.gc.ca/nihb

2.4 EYE AND VISION CARE BENEFITS

Please Note: Eye and vision care benefits in the Northwest Territories and Nunavut are coordinated by the territorial governments on behalf of Health Canada's NIHB Program. Please contact the Government of the Northwest Territories or the Government of Nunavut for more information regarding these benefits. Contact information is available in Section 5 at the end of this handbook.

What is covered?

This section provides an overview of the benefits offered under Health Canada's NIHB eye and vision care benefit. For more detailed information on what is covered or how often you can access each service, please contact your NIHB recognized vision care provider or the Health Canada regional office in your area (see Section 5).

The following eye and vision care benefits are covered by the NIHB Program, except when provided as an insured service by the province/territory (e.g. eye exams for children, elderly and diabetic clients). All eye and vision care benefits require prior approval from the NIHB Program.

- **General Eye and Vision Exams**
- **Specific and Follow-up Eye Exams** (May be approved for unique medical conditions on a case-by-case basis.)
- **First pair of eyeglasses** (Lenses and frames up to a maximum amount determined by the Health Canada regional office.)
- **Eyeglasses Replacement and Repairs**
 - Every 24 months* for a person 18 years old and over (*Early replacements may be covered within the 24 month period if there is a significant change in vision. Please contact your regional office for more information.) Every 12 months for a person younger than 18 years old.
 - In the case of breakage, damage or loss, written justification and appropriate written proof, such as an accident report, is needed for the consideration of a replacement eyeglasses request.
 - Replacement coverage as a result of misuse, carelessness or client neglect will not be considered.

Information for Nunavut and Inuvialuit beneficiaries living outside the Northwest Territories or Nunavut:

How do I access eye and vision care benefits?

- Contact the Health Canada regional office in your area (see Section 5) for help finding a recognized vision care professional/provider near you.
- Have your eyes examined by a recognized NIHB vision care professional (ophthalmologist or optometrist).
- Take your prescription to a recognized provider (optometrist or optician).
- Tell them that you are eligible for NIHB Program coverage.
- All eye and vision care benefits require prior approval from the NIHB Program.

What are my responsibilities?

- Tell your vision care provider if you are covered under any other health plan or program (such as private insurance through your employer).
- Give your vision care provider your Health Canada NIHB identification number ('N' number).
- Make sure the provider has all of your correct personal information.
- Make sure your vision care provider has received prior approval if required before treatment begins.
- Remember to ask for proof of attendance if required for medical transportation (see Section 2.6 for more information);
- Should you have to pay up front for an NIHB approved vision expense, you may submit your original receipt and a copy of the prescription (eye exam) to the Health Canada regional office in your area (see Section 5) for consideration of reimbursement by the NIHB Program. Expenses are only reimbursed **up to one year** from the date of service and/or purchase. (Please see Section 2.9 for more information on client reimbursement under the Health Canada NIHB Program.)

Who can prescribe eye and vision care benefits?

- The vision benefit must be prescribed by a licensed vision care professional such as:
 - An ophthalmologist (a doctor that specializes in diseases of the eye); or
 - An optometrist who is licensed to check your vision and to prescribe lenses to correct vision problems.

Who can provide eye and vision care benefits?

- A NIHB recognized provider may be one of the following:
 - An ophthalmologist;
 - A licensed optometrist; or
 - An optician (prepares the eyeglasses that have been prescribed).

Exceptions

All cases described below require prior approval *and* a written prescription with proper medical justification provided by a NIHB recognized health professional. Contact your NIHB recognized health provider or the Health Canada regional office in your area (see Section 5) for more information on NIHB Program policies and criteria for exceptions to be covered under the eye and vision care benefit.

- **Polycarbonate lens or other safety frames and lenses** (Monocular clients)
- **Contact Lenses** (When *medically necessary* as prescribed for medical eye conditions. *Medically necessary* conditions include, but are not limited to: astigmatism, corneal irregularities, and treatment of certain ocular pathologies.)
- **Replacement of Contact Lenses**
- **Trial of Bifocals**
- **Tints and Coating for Lenses**
- **Oversized Frames**

What is not covered/exclusions

Examples include, but are not limited to:

- Vision care goods and services covered by the provincial/territorial health insurance plans
- Additional carrying cases for glasses or contact lenses
- Two pairs of glasses, except in the situations listed under "bifocal lenses"
- Bifocal contact lenses
- Cleaning kit
- Esthetic products
- Shampoo (e.g. "no more tears" type shampoo solution)
- Vision exams required for a job, a driver's license or to engage in a sports activity
- Vision exams at the request of a 3rd party (e.g. completing a report or medical certificate)
- Any vision items for esthetic purposes
- Contact lens solution

- Industrial safety frames or lenses for sports or professional use
- Sunglasses with no prescription
- Progressive or trifocal lenses
- Photocromic/photocromatic lenses
- Replacements or repairs as a result of misuse, carelessness or negligence
- Implants (e.g. punctual occlusion procedure)
- Refractive laser surgery
- Treatments with investigational/experimental status
- Vision training

For detailed information on the eye and vision care benefits covered by the NIHB Program, please review the Vision Care Benefit List available on Health Canada's website at www.health.gc.ca/nihb

2.5 MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

What is covered?

This is an overview of the types of medical supplies and equipment benefits covered by the NIHB Program. Medical supplies and equipment (MS&E) may include:

- Hearing aids and supplies
- Medical Equipment (e.g. wheelchairs, walkers)
- Medical Supplies (e.g. bandages, dressings, ostomy)
- Orthotics and custom-made footwear
- Pressure garments and pressure orthotics
- Prosthetics (artificial limbs)
- Oxygen Therapy
- Respiratory Therapy

For a complete list of eligible MS&E items in alphabetical order, visit the Health Canada website at: www.health.gc.ca/nihb

The recommended quantities for items are based on the typical medical needs of clients. Requests for more than the recommended quantity may be considered if there is a medical need and if the request is supported by medical justification provided by the health care prescriber/provider. For more detailed information on how often you can access each benefit, please contact your NIHB recognized health care prescriber/provider or the Health Canada regional office in your area (see Section 5).

How do I access medical supplies and equipment benefits?

- Eligible MS&E benefits are those that are available through registered pharmacies and MS&E providers for personal use in a home or outpatient setting.
- Get a prescription from your NIHB recognized prescriber such as a doctor to see a NIHB recognized provider. Please contact your Health Canada regional office in your area (see Section 5) for more information on recognized providers in your area.
- If a benefit is denied, you can appeal the decision. (For more information, please see the *Procedure for Appeals under Health Canada's NIHB Program* in Section 2.8 of this handbook.)

What are my responsibilities?

- Tell your MS&E provider if you are covered under any other health plan or program (such as private insurance through your employer);
- Tell the provider that you are eligible to receive benefits under the NIHB Program;
- Provide your Health Canada NIHB identification number ('N' number);
- Make sure the provider has all your correct personal information;
- Follow all warranty instructions and get the item repaired when necessary;
- Remember to ask for proof of attendance if required for medical transportation benefits (see Section 2.6 for more information); and
- If you no longer require a purchased item (e.g. wheelchair, walker), find out if the item can be used by someone else by contacting:
 - your local Health Centre; or
 - the Health Canada regional office closest to you (Section 5).
- If you pay up front for an item or service that is an eligible benefit under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed **up to one year** from the date of service and/or purchase. (Please see Section 2.9 for more information on client reimbursement under the Health Canada NIHB Program.)

Who can prescribe medical supplies and equipment benefits?

- A doctor; or
- A health professional licensed to prescribe by the province or territory and recognized by the NIHB Program.

Exceptions

Benefits not on the MS&E benefit list may be covered when an exceptional medical need is shown and supported by medical evidence. For more information regarding Program criteria and policies regarding the coverage of exceptions, please contact your NIHB recognized health provider or contact the Health Canada regional office in your area (see Section 5).

What is not covered/exclusions

Examples include, but are not limited to:

- Assistive listening devices (excluding eligible hearing aids)
- Assistive speech devices (e.g. keyboard speech systems, speech enhancers)
- Cochlear implants
- Custom-made mask for ventilation
- Electric/myoelectric limb prosthetics
- Exercise devices (e.g. for use in therapeutic treatments)
- Experimental equipment
- Foot products manufactured only from laser or optical scanning or computerized gait and pressure analysis systems
- Permanently fixed equipment (e.g. grab bars and ceiling lifts)
- Hospital beds and mattresses
- Implants
- Items for cosmetic purposes
- Items used exclusively for sports, work or education
- Incentive spirometer
- Orthopaedic footwear (off the shelf)
- Part of a surgical procedure
- Providing oxygen for indications which do not meet the medical criteria of the NIHB Program (e.g. angina and pain relief from migraines)
- Respiratory equipment for in-patients of an institution
- Scooters

- Short-term compression stockings/garments (e.g. post-operative: surgical stripping, sclerotherapy, and edema conditions)
- Temporary prosthetics required as part of a surgical procedure

2.6 MEDICAL TRANSPORTATION BENEFITS

Please Note: Medical transportation benefits in the Northwest Territories and Nunavut are coordinated by the territorial governments on behalf of Health Canada's NIHB Program. Please contact the Government of the Northwest Territories or the Government of Nunavut for more information regarding these benefits. Contact information is available at the end of this handbook (see Section 5).

What is covered?

The description below is meant to provide an overview of medical transportation coverage by the NIHB Program. Please contact your local Health Centre or your Health Canada regional office (see Section 5) for more detailed information on Health Canada's medical transportation benefit.

Medical transportation benefits may be provided to help with travel costs to the nearest appropriate health professional or health facility to receive eligible medically necessary health services that are not available in your home community (e.g. appointment with a doctor, for hospital care or to access other NIHB benefits like dental and short-term crisis intervention mental health counselling).

Types of Transportation

- Land and water transportation (e.g. private vehicle, boat taxi)
- Scheduled and chartered flights
- Ground and air ambulance

The most efficient and economical method of transportation consistent with the urgency of the situation and your medical condition must be used at all times.

- *You will be responsible* to pay any additional costs if you choose to use a transportation method or go to services other than what was pre-approved by NIHB.

- When scheduled and/or coordinated medical transportation benefits are provided, clients who choose to use another mode of transportation will be responsible for the full cost.

Coordinated Travel

- All your medical appointments should be scheduled for the same day or trip, where possible.

Meals and Accommodations

- The amount of coverage will depend on preset regional rates. Regional rates are available through your Health Canada regional office (see Section 5).
- The most economical and efficient accommodation will be chosen, taking into consideration your health condition, the location of the health service being received and the travel requirements.
- Accommodation arrangements can be made by your local Health Centre or the Health Canada regional office. If prior approval is not obtained, you may be responsible for paying the full cost.
- If you need to stay close to medically necessary care/treatment for a long period of time, contact your Health Canada regional office to discuss your options for help with the cost of meals, accommodation and in-city transportation over a three-month period.

Escorts

- Medical Transportation coverage for escorts is only approved in certain circumstances, according to Program policies. Please contact the Health Canada regional office in your area (see Section 5) to request prior approval if an escort is needed.
- Medical transportation coverage may include transportation, accommodation and meals for medical and non-medical escorts.

Addictions Treatment

- The NIHB Program may cover travel for the treatment of alcohol, drug or solvent abuse.
- Travel will be covered to the nearest appropriate National Native Alcohol and Drug Abuse Program (NNADAP) funded/referred facility in your home province/territory (some exceptions for out-of-province/territory treatment may be approved by the Program).
- Clients are to meet all treatment centre entry requirements before a medical transportation request can be approved.

- Coverage of transportation will not be provided if the client checks themselves out of treatment against the advice of the counsellor before completing the treatment plan.

Information for Nunavut and Inuvialuit beneficiaries not living in the Northwest Territories and Nunavut:

How do I access medical transportation benefits?

- Contact your local Health Centre or the nearest Health Canada regional office (see Section 5) for information.
- Your local Health Centre will help book you an appointment with the nearest appropriate health or service provider.
- If a benefit is denied, the decision can be appealed. (Refer to the *Procedure for Appeals under Health Canada's NIHB Program* in Section 2.8 for more information.)

What are my responsibilities?

- You must have prior approval from the NIHB regional office in your area (see Section 5) to access any medical transportation benefits.
- Tell your service provider if you are covered under any other health plan or program.
- Provide your Health Canada NIHB identification number ('N' number).
- Make sure your personal information is correct.
- In emergency situations, when prior approval is not possible, eligible expenses may be reimbursed. (Appropriate medical justification and approval, after the fact, are required.)
- Coordinate appointment times to avoid repeat trips.
- Ask your health care provider or representative to provide proof/confirmation that you have attended the appointment (e.g. have the office complete your travel voucher or provide a "confirmation of attendance" letter or slip before you leave).
- If you do not attend a scheduled appointment and medical transportation benefits have been provided, a reason must be given to the Health Centre or the NIHB Program explaining why you were unable to attend the appointment or cancel your appointment in advance. If this is not done, you may have to pay for the cost of the return trip or for the next trip to access medically necessary health services.

Exceptions

Medical Transportation to access the following may be considered *on an exceptional basis* if an appropriate reason/justification is provided. Please contact your Health Canada regional office for more information:

- Diagnostic tests for educational purposes (e.g. hearing tests for children required by a school).
- Speech assessment and therapy, when coordinated with other approved NIHB medical travel to a provincially/territorially insured service.
- Medical supplies and equipment benefits fitting—if a fitting is required and cannot be made in the community where you live.
- Transportation for methadone treatment may be covered for up to four (4) months. An extension with a medical reason/justification may be considered.
- Provincial/territorial preventative screening programs when coordinated with other medical travel and the cost of testing is covered under the provincial/territorial health plan.

What is not covered/exclusions

Certain types of travel, benefits and services will not be covered under the NIHB Program under any circumstances and are not subject to the NIHB appeal process. Examples include, but are not limited to:

- Travel and related benefits (e.g. meals and accommodation, ambulance) where they are the responsibility of another party or provided as an insured service.
- Compassionate travel (e.g. family visits unless prior approval has been obtained as a part of the treatment plan at a drug and alcohol rehabilitation facility).
- Travel for clients in the care of a federal, provincial or territorial institution (e.g. incarcerated clients).
- Court-ordered treatment/assessment, or as a condition of parole, coordinated by the justice system.
- Travel for clients residing off-reserve in a location where the necessary health service is available locally.
- Travel for the purpose of a third-party requested medical examination.
- The return trip home in cases of an illness while away from home other than for approved travel to access medically necessary health services.
- Travel only to pick up new or repeat prescriptions, or vision care products.

- Payment of professional fee(s) for preparation of doctor's note/document preparation to support provision of benefits.
- Transportation to an adult day care, respite care and/or safe house.

For detailed information on the medical transportation benefits covered by the NIHB Program, please visit the Health Canada website at: www.health.gc.ca/nihb

2.7 SHORT-TERM CRISIS INTERVENTION MENTAL HEALTH COUNSELLING BENEFITS

Please Note: Mental health service benefits in the Northwest Territories and Nunavut are provided by the territorial governments (and not through Health Canada's NIHB Program). Please contact the Government of Nunavut or the Government of the Northwest Territories for more information regarding these services. Contact information is available at the end of this handbook (see Section 5).

What is covered?

Short-term crisis intervention mental health counselling services are only covered by the NIHB Program when no other mental health services are available. This section provides an overview of the short-term crisis intervention mental health counselling benefits available under Health Canada's NIHB Program. For more detailed information, please contact your Health Canada regional office.

The NIHB Program provides coverage for the following types of counselling for clients or families:

- When there is a crisis or at-risk situation and there is no other source of immediate funds for services.
- An initial assessment by a professional mental health therapist in order to develop a treatment plan (maximum two hours).
- Mental health short-term crisis treatment and referral services by a NIHB recognized mental health professional.

For more information regarding what is covered under the short-term crisis intervention mental health counselling benefit, please contact your Health Canada regional office or visit the Health Canada website at: www.health.gc.ca/nihb

Information for Nunavut and Inuvialuit beneficiaries living outside the Northwest Territories and Nunavut:

How do I access short-term crisis intervention mental health counselling?

- Prior approval is needed to access this benefit.
- Call the Health Centre or the Health Canada regional office in your area (see Section 5) to obtain a list of registered mental health providers.
- You may be required to use a program in your community.
- If a benefit is denied, you can appeal the decision. (Refer to the *Procedure for Appeals under Health Canada's NIHB Program* in Section 2.8 for more information.)

What are my responsibilities?

- Tell the mental health provider if you have coverage under any other health plan or program (such as private insurance through your employer);
- Tell the provider that you are eligible to receive benefits under the NIHB Program;
- Give your Health Canada NIHB identification number ('N' number) to your mental health service provider;
- Make sure the provider has all of your correct personal information; and
- Attend your scheduled appointments. Remember to ask for proof of attendance if required for medical transportation (see Section 2.6 for more information).
- If you pay up front for an eligible benefit under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed **up to one year** from the date of service and/or purchase. (Please see Section 2.9 for more information on client reimbursement under the Health Canada NIHB Program.)

Who can provide short-term crisis intervention mental health counselling?

- Registered Therapists (those within the disciplines of clinical psychology, clinical social work or counselling psychology).
- Mental Health Therapists who are on the list of approved service providers. Each Health Canada regional office maintains its own list. Please contact your Health Canada regional office in your area (see Section 5) for an NIHB recognized provider in your area.

What is not covered/exclusions

Examples include, but are not limited to:

- Any assessment service that is not considered to be a mental health crisis (e.g. fetal alcohol spectrum disorder, learning disabilities, and child custody and access)
- Court-ordered assessment/therapy services to clients
- Early Intervention Programs (for infants with delayed development)
- Educational and vocational counselling
- Group counselling
- Life skills training
- Long-term counselling/non-crisis counselling
- Psychiatric Services
- Psychoanalysis
- When another program or agency is responsible for providing the service

For more information on what is covered under the NIHB short-term crisis intervention mental health counselling benefit, please visit the Health Canada website at: www.health.gc.ca/nihb

2.8 PROCEDURE FOR APPEALS UNDER HEALTH CANADA'S NIHB PROGRAM

This section provides information regarding the procedure for appeals under the Health Canada NIHB Program. If you live in Nunavut and the Northwest Territories, medical transportation and vision care benefits are administered through the territorial governments. Please contact either the Government of the Northwest Territories or the Government of Nunavut for information regarding the process for appeals for these benefits including short-term crisis intervention mental health counselling which are managed by the territorial governments. (Contact information is available in Section 5 at the end of this handbook.)

What do I do if I have been denied benefits?

When a benefit has been denied by Health Canada's NIHB Program, you, your parent, or legal guardian may appeal the decision. In the event that you are unable to start the appeal process on your own, you may have someone act on your behalf, as long as you give them written permission to do so. There are three (3) levels of appeal available: Level 1, Level 2 and Level 3.

Level 1 Appeal

You, your parent, or legal guardian must send a signed note or letter with supporting information from your provider or prescriber to the Health Canada NIHB Program.

What information is required from my provider or prescriber?

- The condition for which the benefit is being requested;
- The diagnosis and prognosis, including what other alternatives have been tried;
- Relevant test results; and
- Justification for the proposed treatment and any additional supporting information.

Steps to submit an appeal

- Submit your letter of appeal and supporting documentation by mail.
- Clearly mark "APPEALS-CONFIDENTIAL" on the envelope.

When the appeal is received, it will be reviewed by a health professional (e.g. pharmacist, dentist, orthodontist or optometrist) for a decision by NIHB. The decision will be based on the specific needs of the client, medical justification, the availability of alternatives and NIHB Program policy.

Please note: Your request will be reviewed by a different health professional at each level of appeal.

A written explanation of the decision will be sent to you within 30 business days of Health Canada receiving the appeal. If a response is not received within this timeframe, contact the Health Canada regional office in your area (see Section 5) and for dental/orthodontic services, the NIHB Dental Predetermination Centre for an update.

Level 2 and 3 Appeals

If you, your parent, or legal guardian disagree with the Level 1 Appeal decision, or if there is new information available for review, you may have the appeal reviewed at the 2nd

level. Submit with your appeal additional or new supporting information from your provider or prescriber. After the Level 2 Appeal, should you disagree with the decision, the case may be reviewed at the 3rd and final level of appeal. Submit with your appeal additional or new supporting information from your provider or prescriber.

Where do I submit an appeal for *Drug* Benefits?

Level 1

To start an appeal, submit information to:

Manager, Pharmacy Unit

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902A
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Level 2

If you do not agree with the Level 1 Appeal decision or there is new information available for review, you can ask to have the decision reviewed at the second level.

Send the information to:

Director, Benefit Management Review Services Division

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902A
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Level 3

If you do not agree with the Level 2 Appeal decision or there is new information available for review, you can ask to have the decision reviewed at the third and final level.

Send the information to:

NIHB Director General

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1909A
200 Eglantine Driveway, 9th floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Where do I submit an appeal for *Medical Supplies and Equipment, Vision, Short-Term Crisis Intervention Mental Health Counselling and Medical Transportation Benefits*?

Please note: Appeal procedures will be different for clients living in Nunavut and the Northwest Territories for medical transportation and vision. Short-term crisis intervention mental health counselling benefits are coordinated through the territorial governments. Please contact your territorial government for more information regarding the procedure for appeals for these benefits. Contact information is available at the end of this handbook (see Section 5).

Level 1

To start an appeal, submit the documentation to the:

NIHB Regional Manager

Clearly mark the envelope “APPEALS-CONFIDENTIAL”

Mail the information to the Health Canada regional office in your area (see Section 5).

Level 2

If you do not agree with the Level 1 Appeal decision, you can ask to have the appeal reviewed at the second level. Send the information to:

FNIHB Regional Director, and mail it to the Health Canada regional office in your province or territory (see Section 5).

Level 3

If you do not agree with the Level 2 Appeal decision, you can ask to have the appeal reviewed at the third and final level. Send the information to:

NIHB Director General

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1909A
200 Eglantine Driveway, 9th Floor
Tunney’s Pasture
Ottawa, ON K1A 0K9

Where do I submit an appeal for *Dental Services*?

All dental appeal requests must be sent to the NIHB Dental Predetermination Centre (DPC) located in Ottawa. Please see the section on the next page for information regarding submitting an appeal for orthodontic services.

Level 1

To start an appeal, submit the documentation to the:

NIHB Dental Predetermination Centre (Dental Services)

Manager, Dental Policy Unit

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902D
200 Eglantine Driveway, 2nd Floor
Tunney’s Pasture
Ottawa, Ontario K1A 0K9

Level 2

If you do not agree with the Level 1 Appeal decision, you can ask to have the appeal reviewed at the second level. Send the information to:

NIHB Dental Predetermination Centre (Dental Services)

Director, Benefit Management and Review Services Division

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902D
200 Eglantine Driveway, 2nd Floor
Tunney’s Pasture
Ottawa, Ontario K1A 0K9

Level 3

If you do not agree with the Level 2 Appeal decision, you can ask to have the appeal reviewed at the third and final level. Send the information to:

NIHB Dental Predetermination Centre (Dental Services)

NIHB Director General

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902D
200 Eglantine Driveway, 2nd Floor
Tunney’s Pasture
Ottawa, Ontario K1A 0K9

Where do I submit an appeal for *Orthodontic Services*?

Appeals for orthodontic services must be received by the NIHB Dental Predetermination Centre before the client reaches the age of 19. No appeals will be considered after the client's 19th birthday.

For an appeal of orthodontic coverage, please advise your dental provider that they must submit the following to support the appeal:

1. Diagnostic Orthodontic Models—soaped and trimmed (mounted or unmounted);
2. Cephalometric—radiograph(s) and tracing;
3. Photographs—3 intra oral and 3 extra oral;
4. Panoramic radiograph or full mouth survey;
5. Treatment plan, estimated duration of active and retention phases of treatment and costs submitted either on a Health Canada NIHB Orthodontic Summary Sheet, CAO Standard Orthodontic Information Form or letter on the Orthodontist's letterhead;
6. Completed Health Canada NIHB Dental Claim Form; and
7. Parent/Guardian signature (including 'N' number and/or date of birth).

To start an appeal, you or your parent/guardian must work with your provider to submit the necessary information to the NIHB Dental Predetermination Centre:

Level 1

NIHB Dental Predetermination Centre (Orthodontic Services) Manager, Dental Policy Unit

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902C
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Level 2

NIHB Dental Predetermination Centre (Orthodontic Services) Director, Benefit Management and Review Services Division

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902C
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Level 3

NIHB Dental Predetermination Centre (Orthodontic Services) NIHB Director General

First Nations and Inuit Health Branch—Health Canada
Non-Insured Health Benefits
Postal Locator 1902C
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

2.9 CLIENT REIMBURSEMENT UNDER THE HEALTH CANADA NIHB PROGRAM

Please remember: If you live in Nunavut or the Northwest Territories, medical transportation and vision benefits are coordinated by the territorial governments. Short-term crisis intervention mental health counselling services are offered by the territorial governments and not offered through the NIHB Program.

For reimbursement of these benefits, please contact the Governments of Nunavut or the Northwest Territories for more information. (Contact information is available at the end of this handbook in Section 5.)

How can I be reimbursed if I have paid for my prescription, service or item?

Service providers are encouraged to bill the NIHB Program directly so that clients do not have to pay up-front for the services they receive. If, however, the service provider is not a registered provider, you may have to pay for your prescription, service or item up front and be reimbursed later, following NIHB approval.

If you pay directly for goods or services, you may seek reimbursement **within one year from the date of service or date of purchase**. To be reimbursed, the service or item must be an eligible benefit under the NIHB Program and must have been received after your date of eligibility for the NIHB Program. Reimbursements are made up to the established NIHB regional fees.

Requests for reimbursement of eligible NIHB benefits must include:

- a completed NIHB Client Reimbursement Form*;
- original receipts; and
- a copy of the prescription you may have received (where applicable).

For more detailed information regarding benefit specific requirements, visit the Health Canada website at: www.health.gc.ca/nihb

This information must be sent to your Health Canada regional office or the NIHB Dental Predetermination Centre for dental/orthodontic requests (see Section 5).

*The NIHB Client Reimbursement form can be found on the Health Canada website at: www.health.gc.ca/nihb



3. GOVERNMENT OF NUNATSIAVUT DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM

[The content in this section is the responsibility of the Government of Nunatsiavut.]

The Government of Nunatsiavut's Department of Health and Social Development (DHSD) administers their own Non-Insured Health Benefits (NIHB) Program as part of their self-government agreement to beneficiaries of the Labrador Inuit Land Claims Agreement.

3.1 INUIT CLIENT ELIGIBILITY (Labrador)

To be eligible for benefits under the Nunatsiavut NIHB Program, you must be a Canadian resident and be:

- a beneficiary of the Labrador Inuit Land Claims Agreement

How do I become eligible for Nunatsiavut's NIHB Program?

1. Register with the Labrador Inuit Land Claims Agreement.
To register contact the Membership Office of the Nunatsiavut Government. (Please see Section 5 of this handbook for contact information.)
2. You will receive a Nunatsiavut membership card, please have your card available when accessing benefits under the NIHB Program.
3. Bring the Nunatsiavut membership card when visiting health care providers (e.g. doctor, nursing station/clinic or drug store) and keep it with your provincial/territorial health card.

Are my children covered under the Nunatsiavut NIHB Program?

- Babies are covered under their parents' membership for one year. Birth information must be sent to the Membership Office in Nain. (Please see Section 5 of this handbook for contact information.)

BENEFITS COVERED BY THE GOVERNMENT OF NUNATSIAVUT NIHB PROGRAM

The Government of Nunatsiavut administers their own NIHB Program as part of their self-government agreement. The Nunatsiavut NIHB Program has chosen to adopt Health Canada's policies to guide the benefits that are provided, and for the sake

of standardization and evidence-based support. Therefore, there are many similarities between the benefits covered under Health Canada's NIHB Program and the Government of Nunatsiavut's Program. In this section, to avoid duplication, when the information pertaining to specific benefits is the same as the Health Canada NIHB Program the reader is directed to the relevant page in the Health Canada section.

3.2 DRUG BENEFITS

The Nunatsiavut NIHB Program provides eligible clients with coverage for pharmacy benefits. Coverage is provided for prescription drugs that are listed on Health Canada's *NIHB Drug Benefit List* and approved over-the-counter (OTC) medications.

How do I access drug benefits?

- If you are given a prescription; bring the prescription to a pharmacy (or to a health centre that may arrange to have the prescription sent to a local pharmacy).
- Tell the pharmacist that you are eligible to receive benefits under the Nunatsiavut NIHB Program.
- In some cases, the pharmacist may have to call the Nunatsiavut NIHB Program to obtain approval.

What are my responsibilities?

- Tell the pharmacist if you have coverage under any other health insurance plan;
- Give your Nunatsiavut health card or NIHB identification number ('N' number);
- Make sure that all your personal information is correct; and
- Talk to your pharmacist about your prescription and how to take it.

What is covered?

For detailed information about the pharmacy benefit and what is covered under the Nunatsiavut NIHB Program, please see Section 2.2 on the Health Canada NIHB Drug benefit which begins on page 4.

Prior Approval

For more information regarding prior approval (pre-approval) for a drug, please see the Prior Approval section on page 5.

Please note:

- When prior approval is required for a drug, the pharmacist must contact the Government of Nunatsiavut NIHB Pharmacy Analyst.
- If a drug that requires prior approval is needed on an emergency basis and review by the Nunatsiavut Pharmacy Analyst is not possible, the pharmacist can dispense an initial course of treatment for some drugs, but the pharmacist must contact the Nunatsiavut Pharmacy Analyst as soon as possible for approval to be back-dated to cover the emergency supply.

3.3 DENTAL BENEFITS

Dental benefits are covered under the Nunatsiavut NIHB Program. Coverage is determined on an individual basis, taking into consideration the client's current oral health status, client history, scientific research and NIHB Program policies.

For more detailed information on how to access benefits, who can provide benefits, prior approvals needed and what is covered under the NIHB Program, please turn to Section 2.3 on the Health Canada Dental benefit on pages 5–7 of this handbook.

Remember: Please make sure to check with the Government of Nunatsiavut NIHB Dental Analyst for coverage details prior to seeking any dental treatment.

3.4 EYE AND VISION CARE BENEFITS

Eye and vision care benefits are covered under the NIHB Program except when provided as an insured service by the province (e.g. eye exams for children, elderly and diabetic clients).

For detailed information about the eye and vision care benefits available under the Nunatsiavut NIHB Program, please see Section 2.4 of this handbook on Health Canada's Eye and Vision Care Benefits on pages 7–9.

Remember:

- Prior approval is needed to access any eye and vision care benefits covered by the Nunatsiavut NIHB Program. Contact the Nunatsiavut Department of Health and Social Development regional office.
- Payment is made to the service provider.
- If a benefit is denied, you can appeal the decision. The denied request must meet the established criteria for an appeal. (For more information, please see the *Procedure for Appeals under the Nunatsiavut Government NIHB Program* section on page 21.)

3.5 MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

Certain medical supplies and equipment (MS&E) items are covered under the Nunatsiavut NIHB Program in accordance with Program policies.

For specific information about how to access MS&E benefits, what is covered and exclusions under the Nunatsiavut Program, please go to the Health Canada section on MS&E which is on pages 9 and 10 of this handbook.

Please note: If you no longer require the MS&E item (e.g. wheelchair, walker) contact your local Health Centre or the Nunatsiavut Government Department of Health and Social Development.

3.6 MEDICAL TRANSPORTATION BENEFITS

Assistance with the coverage of transportation to the nearest appropriate health professional or health facility to access medically necessary health services that are not available in the community of residence may be available under the Nunatsiavut NIHB Program. This may include help with the coverage of meals and accommodation when these expenses happen while travelling during approved medical transportation.

For detailed information about how to access the medical transportation benefit and what benefits are available under the Nunatsiavut NIHB Program, please turn to Section 2.6.

Remember:

- Prior approval is required to access any medical transportation benefits.
- In emergency situations, when prior approval has not been obtained, eligible expenses may be reimbursed. (Appropriate medical justification and approval after the fact are required.)
- The amount of coverage will depend on preset regional rates. Regional rates are available through the Nunatsiavut Government.
- Accommodation arrangements can be made by the Health Centre or the Nunatsiavut Government. If prior approval is not obtained, you may be responsible for the full cost. If post-approved, you will be responsible for the cost difference if you choose to make your own arrangements.
- Contact your local Health Centre or the Nunatsiavut Government Department of Health and Social Development for more information (see Section 5).

3.7 SHORT-TERM CRISIS INTERVENTION MENTAL HEALTH COUNSELLING BENEFITS

Under the Nunatsiavut NIHB Program some short-term crisis intervention mental health counselling benefits are available to address crisis or at-risk situations. Prior approval from the Health Centre or the Nunatsiavut Government Department of Health and Social Development is required to access short-term crisis intervention mental health counselling benefits.

Please note:

- Short-term crisis intervention mental health counselling benefits are only covered when no other mental health services are available.
- Contact the Health Centre of the Nunatsiavut Government NIHB Program for a list of registered mental health providers in your community.

For more information regarding accessing the short-term crisis intervention mental health counselling benefit and what is covered under the Nunatsiavut NIHB Program, please see Section 2.7 on Health Canada's short-term crisis intervention mental health counselling benefits on pages 12 and 13.

3.8 PROCEDURE FOR APPEALS UNDER THE NUNATSIAVUT GOVERNMENT NIHB PROGRAM

I've been denied benefits, what do I do?

You, your parent or legal guardian may start an appeal process when a benefit has been denied by the Government of Nunatsiavut NIHB Program, as long as the denied request meets the established criteria for an appeal. Appeals are meant to deal with issues around policy and procedures only. Disagreeing with a decision to deny a request for a benefit or service that is not covered under the NIHB Program is not grounds for an appeal. If you feel that an established Nunatsiavut Government Department of Health and Social Development (DHSD) NIHB policy or benefit has not been followed or provided, this would be a justified reason for an appeal. You may have someone act on your behalf to start the appeal process as long as you give them written permission to do so.

You, your parent or legal guardian must send a letter with supporting information from your provider or prescriber to the NIHB Program, Nunatsiavut Government DHSD.

What information is required from my provider or prescriber?

- The condition for which the benefit is being requested;
- The diagnosis and prognosis, including what other alternatives have been tried;
- Relevant test results; and
- Justification for the proposed treatment and any additional supporting information.

Steps to submit an appeal

- Submit your letter of appeal and supporting documentation by mail to the following address:

**Nunatsiavut Government Department of
Health and Social Development
Non-Insured Health Benefits (NIHB)
200 Kelland Drive
P.O. Box 496, Station C
Happy Valley-Goose Bay
Newfoundland and Labrador A0P 1C0**

- Clearly mark “Appeals-Confidential” on the envelope.
- A written explanation of the decision will be sent to you within one month of the Nunatsiavut Government receiving it.
 - If you, your parent or legal guardian do not receive a response within one month, contact the Nunatsiavut Government Department of Health and Social Development (see Section 5).

The Department of Health and Social Development of the Nunatsiavut Government is committed to ensuring fair and equitable access to benefits for all beneficiaries of the Labrador Inuit Land Claims Agreement.

Beneficiaries are encouraged to bring concerns in writing to:

**NIHB Manager
Nunatsiavut Government Department of
Health and Social Development
Non-Insured Health Benefits (NIHB)
200 Kelland Drive
P.O. Box 496, Station C
Happy Valley-Goose Bay
Newfoundland and Labrador
A0P 1C0
Phone: (709) 896-9750
Fax: (709) 896-9751**

The NIHB manager can refer a concern to the Deputy Minister and/or the Minister of Health. Please put your concerns in writing. For clarification purposes, written responses are forwarded to beneficiaries with the decision.

3.9 CLIENT REIMBURSEMENT UNDER THE NUNATSIAVUT NIHB PROGRAM

How can I be reimbursed if I’ve paid for my prescription?

Service providers are encouraged to bill the Government of Nunatsiavut NIHB Program directly so that clients do not have to pay when they receive health care goods or services; however, if the service provider is not a registered provider under the Nunatsiavut NIHB Program, you may have to pay for your prescription and be reimbursed later.



4. NUNAVIK BOARD OF HEALTH AND SOCIAL SERVICES INSURED/NON-INSURED HEALTH BENEFITS (INIHB) PROGRAM

[The content in this section is the responsibility of the Nunavik Board of Health and Social Services.]

The Insured/Non-Insured Health Benefits (INIHB) Program is administered by the Nunavik Regional Board of Health and Social Services.

4.1 INUIT CLIENT ELIGIBILITY (Northern Quebec)

To be eligible for benefits under the Nunavik INIHB Program, you must be a Canadian resident and be:

- a beneficiary listed on the register of the James Bay Northern Quebec Agreement (JBNQA) whose main residence is in Nunavik; or
- a beneficiary who resides in Nunavik, but is temporarily absent such as:
 - a student (post-secondary level or interns);
 - an inmate (correctional centre or halfway house);
 - a client requiring medical care outside of the region.

How do I become eligible for Nunavik's INIHB Program?

1. Register as a beneficiary of the James Bay Northern Quebec Agreement.
2. Access to benefits depends on keeping your membership information up-to-date. (Although Makivik Corporation is responsible for maintaining a register of beneficiaries, please address your membership issues to the appropriate landholding enrollment office.)

Are my children covered under the Nunavik INIHB Program?

- Your child is automatically covered under their mother's Makivik number for one year.
- After the age of one, you must register your child with the appropriate landholding enrollment officer. You will need your baby's:
 - birth certificate; or
 - adoption papers.

If you are a JBNQA beneficiary, but your main residence is located outside the Nunavik territory or in the James Bay territory:

You are not eligible for INIHB administered by the Nunavik Regional Board of Health and Social Services if your main residence is located outside of the Nunavik territory. You may be eligible for Health Canada's NIHB Program. To determine your eligibility:

- Contact your landholding corporation or Makivik to modify your status and get your 'N' number, which is required by Health Canada to access the NIHB Program (coverage is retroactive to the date your application was approved).
- It may take a few days to process any changes in status of your 'N' number; and
- Contact the Health Canada regional office nearest you to access Health Canada's NIHB Program. (Please see Section 5 at the end of this handbook for contact information.)

If you are not a JBNQA beneficiary, but are an Inuk living in Nunavik:

You are not covered by Nunavik's INIHB Program, but you may be covered by Health Canada's NIHB Program.

- A 'N' number will be required from Health Canada to access the NIHB Program. (Please see section on how to become eligible for Health Canada's NIHB Program on page 3.)
- As a resident of the Nunavik region, health services can be accessed at your local Health Centre or CLSC (local community service centre) or if the health services cannot be accessed there, your appointments and medical transportation will be arranged as per the Nunavik Regional Board of Health and Social Services policy regarding users of transportation to all institutions in Région 17 (Nunavik).

When you have your 'N' number and need coverage under Health Canada's NIHB Program:

- Prior approval is required for coverage of certain benefits under Health Canada's NIHB Program. For prior approval, contact the Health Canada Quebec regional office. (Please see section at the end of this handbook for contact information.)
- Contact the Health Canada Quebec regional office to find a NIHB recognized provider in the area you are staying or where you may be going.
- Present your 'N' number to the provider when you obtain health services.
- Keep all receipts for drugs, vision, dental and medical supplies and equipment for possible reimbursement by Health Canada's NIHB Program. For information regarding client reimbursement under Health Canada's NIHB Program see Section 2.9 of this handbook or contact the Health Canada Quebec regional office. (Please see section at the end of this handbook for contact information.)

BENEFITS COVERED BY NUNAVIK'S INIHB PROGRAM

4.2 DRUG BENEFITS

How do I access drug benefits?

- If you are given a prescription; bring the prescription to a pharmacy (or your local Health Centre/CLSC);
- In some cases, the pharmacist may have to call the INIHB Program to obtain approval.

What are my responsibilities?

- Talk to your pharmacist about your medication and how to take it.
- If you have to pay up front for an INIHB approved medication, you may submit your original receipt for consideration of reimbursement to the INIHB Program.
- Expenses for drugs are only reimbursed for **up to one year** from the date of purchase.
- Beneficiaries cover the cost for drugs recommended by doctors that are not included in the INIHB Program.

Who can prescribe drugs under the INIHB Program?

- A doctor;
- A nurse practitioner; or
- A dentist.

Who can provide drug benefits?

Drug benefits must be provided by a registered pharmacy provider.

What is covered?

- Prescription and some doctor-prescribed Over-The-Counter (OTC) drugs listed on the Régie de l'assurance maladie du Québec (RAMQ) List of Medications.

The RAMQ List of Medications can be found by visiting the following link (in French only): www.prod.ramq.gouv.qc.ca/DPI/PO/Commun/PDF/Liste_Med/Liste_Med/liste_med_mod1_2011_12_16_fr.pdf

Prior approval

Prior approval is needed for all exception and certain limited use drug benefits. When prior approval is required for a drug, the pharmacist must contact the INIHB Program.

- When a drug requiring prior approval is needed on an emergency basis and timely review by the INIHB Program is not possible, the pharmacist may dispense an initial course of treatment for some drugs.
- The pharmacist must contact the INIHB Program as soon as possible for approval to be back-dated to cover the emergency supply. Any further dispensing of the drug will follow the usual prior approval process.

What is not covered/Exclusions

- Anti-obesity drugs
- Household products (regular soaps and shampoos)
- Cosmetics
- Alternative therapies including glucosamine and evening primrose oil
- Megavitamins
- Drugs with experimental status
- Vaccinations for foreign travel indications
- Hair growth stimulants and wigs
- Impotence drugs
- Cough preparations containing codeine

4.3 DENTAL BENEFITS

How do I access dental benefits?

- Make an appointment with the dental provider of your local Health Centre or CLSC (local community service centre). Since dental services are provided in Nunavik, they will not be authorized elsewhere, except if a treatment is not available in Nunavik or in cases of an emergency while you are outside Nunavik.
- The dental provider will examine your teeth and tell you what services you will need. If the service provider decides that you have to seek services outside Nunavik, the INIHB Program must be contacted for predetermination.
- If you need to see a dental provider while you are outside Nunavik for emergency dental services, you do not require predetermination. These services consist of acute dental problems including examinations and radiographs, procedures for the immediate relief of pain and infection (pulpotomies and pulpectomies, open and drain), arresting haemorrhage, and preliminary care of trauma to the mouth. Any post-treatment, if not available in Nunavik, has to be approved by the INIHB Program before it begins.

What are my responsibilities?

- Go to your scheduled dental appointments;
- Tell the dental office, in advance, if you cannot attend your appointment;
- Make sure your dental provider has all of your correct personal information; and
- Whenever you have a problem with your teeth, call your dental provider.

Who can provide dental benefits?

- Dental services must be provided by a licensed dental professional such as a dentist, dental specialist, denturist or any dental professional recognized as a dental provider by the INIHB Program.

What is covered?

For detailed information about what dental benefits are covered under the INIHB Program, please look to the Health Canada NIHB Program under the “*What is covered?*” header in the dental benefit section. The INIHB Program has chosen to adopt many of Health Canada’s policies for dental coverage. The section on what dental benefits are covered under Health Canada NIHB Program is under the “*What is covered?*” header starting on page 5.

Predetermination

- All cases requiring predetermination or pre-approval should be sent by your dental provider’s office to the INIHB Program office for review prior to the start of treatment.

4.4 EYE AND VISION CARE BENEFITS

Remember: Under the Nunavik INIHB Program, all eye exams and treatments must be delivered in the Province of Quebec.

How do you access vision benefits?

- There are specialists who go to the communities at least once or twice every year, contact your local Health Centre or CLSC (local community service centre) to schedule an appointment.
- Another option is to see the specialists while you are down in south Québec (for a visit or for a medical reason), contact the INIHB Program to verify if you are eligible.
- Have your eyes examined by an ophthalmologist or an optometrist.
- Take your prescription to a recognized provider, such as an optometrist or an optician.
- Tell them that you are eligible for INIHB Program coverage and ask them to contact the Program for prior approval.

What are your responsibilities?

- Tell the recognized provider if you have coverage under any other health plan.
- Make sure the provider has all of your correct personal information.
- If you have to pay up front for an INIHB approved vision expense, you may submit your original receipt and a copy of the prescription (eye exam) for consideration of reimbursement to the INIHB Program.
- Expenses for vision are only reimbursed **up to one year** of the date of service and/or purchase.

Who can prescribe vision benefits?

- The vision benefit must be prescribed by a licensed vision care professional such as:
 - An ophthalmologist (a physician that specializes in diseases of the eye); or

- An optometrist who is licensed to check your vision and to prescribe lenses to correct vision problems.

Who can provide vision benefits?

- A recognized provider may be one of the following:
 - An ophthalmologist (Eye Specialist);
 - A licensed optometrist; or
 - An optician (prepares the eyeglasses that have been prescribed).

What is covered?

The following benefits are covered by the INIHB Program except when provided as an insured service by the Régie de l'assurance maladie du Québec (RAMQ) (e.g. eye exams for children, elderly). Payment is made to the provider in the areas listed below. All eye and vision care benefits require prior approval from the INIHB Program.

General Eye and Vision Exams (Follow-Up Exam)

- Every 24 months for a person between the ages of 18 and 64.
- Covered by RAMQ every 12 months for a person younger than the age of 18 and over 64.
- Eye exam up to a maximum amount determined by the Health Canada regional office.

Minor/Partial Eye Exams

- May be approved for unique medical conditions on a case-by-case basis for a person between the ages of 18 and 64.
- When a severe abnormality in ocular or visual condition requires a thorough assessment using specific tests.
- When there is a prescription change of + or – 0.50 diopters.
- Eye exam up to a maximum amount determined by the Health Canada regional office.

Eye Exams Under Dilation

- May be approved for a person between the ages of 18 and 64 every 24 months.
- Specific eye exams for diabetics or for a person with myopia over 5.00 diopters.
- Eye exam up to a maximum amount determined by the Health Canada regional office.

First Pair of Eyeglasses

- With a written prescription from the optometrist or ophthalmologist.

- Will be approved with a prescription of at least a spherical equivalent of + or – 0.50 diopters.
- Lenses and frames up to a maximum amount determined by the Health Canada regional office.
- All initial and replacement frames provided will be of a type that can be repaired and carry a replacement warranty against defective workmanship and material for a minimum of one (1) year from date of issue.
- Lenses include: unifocal (distance or near vision), aspheric, bifocal, or high index (HIL). Some restrictions apply.
- Prescriptions more than one (1) year old but less than two (2) years old will be considered on a case-by-case basis.

Replacement Eyeglasses/Lenses

- Every 24 months for a person 18 years old and over.
- Every 12 months for a person younger than 18 years.
- One replacement of lenses within the eyeglasses replacement time frame (12 or 24 months) if there is a prescription change of + or – 0.50 diopters.
- Lenses include: unifocal (distance or near vision), aspheric, bifocal, or high index (HIL). Some restrictions apply.

Eyeglass Repairs

- The total cost of the repair must not be more than it would cost to replace with standard frames.*
- One repair within the eyeglasses replacement time frame (12 or 24 months).
- Repairs required as a result of misuse, carelessness or client negligence are not a benefit.

**Replacement frames or sets of lenses are not eyeglass repairs.*

Exceptions

All cases as described below require prior approval *and* a written prescription with proper medical justification that will be provided by the health practitioner.

Monocular clients

- Polycarbonate or other safety lenses.

Replacement Eyeglasses

- In the case of breakage, damage or loss, written justification and appropriate written proof, such as an accident report, is required for consideration of replacement eyeglasses.

Contact Lenses

- When *medically necessary* as prescribed for medical eye conditions. (*Medically necessary* conditions include, but are not limited to: astigmatism, anisometropia or antimetropia, corneal irregularities, and treatment of certain ocular pathologies.)
- Back-up eyeglasses are also included as a benefit.
- Cost of the soft foldable lens for cataract surgery is covered by the INIHB Program.

Replacement of Contact Lenses

- Every 24 months for a person 18 years old and over.
- Every 12 months for a person younger than 18 years.
- One replacement of contact lenses within the replacement time frame (12 or 24 months) if there is a prescription change of + or – 0.50 diopters.
- When medically necessary as prescribed for a medical eye condition.

Trial of Bifocals

- A pair of bifocal glasses can be replaced by two pairs of glasses (one for distance and one for reading), only if the client attempts full-time use for a minimum of two (2) months and a maximum of three (3) months. If unsuccessful, the frames will be used for one of the two pairs of glasses. Medical documentation is required.

Coating for Lenses

- Anti-Reflective Coating—in cases where the client is eligible for high index lenses.
- Scratch Resistant Coating—included in the lenses (with a 2 year warranty).
- Ultraviolet Protection Filter—included in the lenses.

Frames

- Frames and unifocal lenses (2nd set) for those who cannot wear bifocals, will be evaluated on a case-by-case basis.

What is not covered/exclusions

- Vision care goods and services covered by the Régie de l'assurance maladie du Québec (RAMQ)
- Additional carrying cases for glasses or contact lenses
- Cleaning kit
- Esthetic products

- Shampoo (e.g. “no more tears” type shampoo solution)
- Vision exams required for a job or driver’s license or to engage in a sports activity
- Vision exams at the request of a 3rd party (e.g. completing a report or medical certificate)
- Contact lenses for esthetic purposes
- Two pairs of glasses (exception see “trial of bifocals” section)
- Safety lenses with polycarbonate lenses (exception see “monocular clients” section)
- Contact lens solution
- Industrial safety frames or lenses for sports or professional use
- Sunglasses
- Progressive or trifocal lenses
- Photocromic/photocromatic lenses
- Replacements or repairs as a result of misuse, carelessness or negligence
- Implants (e.g. punctual occlusion procedure)
- Refractive laser surgery
- Treatments with investigational/experimental status
- Lacrimal plug
- Vision training

4.5 MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

How do I access medical supplies and equipment benefits?

- If you are in your community and you require medical supplies and/or equipment, contact your local Health Center or CLSC (local community service centre) to discuss your needs. Medical supplies and equipment benefits are covered by different programs accessible through your healthcare institution.
- When you are staying at the Module du Nord Québécois (MNQ) during a medical visit, the INIHB Program covers the rental of medical equipment (wheelchair, walker, oxygen and respiratory) and the purchase of medical/ostomy/dressing supplies. Give your prescription to your liaison nurse who will contact the INIHB Program to obtain approval.

- Orthotics, custom footwear, pressure garments and prosthetics may be covered by the INIHB Program (except if covered by the Régie de l'assurance maladie du Québec [RAMQ]). Make an appointment with a doctor or your local Health Centre/CLSC or see a licensed prescriber (specialist) while you are in southern Quebec (for a visit or for a medical reason). Give your prescription to your liaison nurse who will contact the INIHB Program to obtain approval.
- Audiology services may be covered by the INIHB Program (except if covered by RAMQ). There are specialists who go in the communities every year, so contact your local Health Centre or CLSC to schedule an appointment with them. Since these services are provided in Nunavik, they will not be authorized elsewhere.

What are my responsibilities?

- Follow all warranty instructions and get the item repaired when necessary; and
- If you no longer require the item (e.g. wheelchair, walker) contact your local Health Centre or CLSC to find out if the item can be used by someone else.

Who can prescribe medical supplies and equipment benefits?

- A doctor; or
- A health professional licensed to prescribe by a province or territory and recognized by the INIHB Program.

What is covered?

- Medical supplies and equipment benefits covered by the INIHB Program require prior approval and a prescription from an eligible prescriber.

What is not covered/exclusions

- Assistive listening devices (excluding eligible hearing aids)
- Assistive speech devices (i.e. keyboard speech systems, speech enhancers)
- Cochlear implants
- Custom-made mask for ventilation
- Electric/myoelectric limb prosthetics
- Exercise devices
- Experimental equipment
- Foot products manufactured only from laser or optical scanning or computerized gait and pressure analysis systems
- Grab bars permanently fixed
- Hospital beds and mattresses

- Implants
- Items for cosmetic purposes
- Items used exclusively for sports, work or education
- Incentive spirometer
- Part of a surgical procedure
- Respiratory equipment for in-patients of an institution
- Scooters
- Temporary prosthetics required as part of a surgical procedure

4.6 MEDICAL TRANSPORTATION BENEFITS

How do I access medical transportation benefits?

- Prior approval by your local Health Centre or CLSC (local community service centre) is required; contact them for information, appointment and booking.

What are my responsibilities?

- When you do not attend a scheduled appointment and medical transportation benefits have been provided, you may be required to assume the cost incurred in obtaining another appointment unless justification is provided to explain why you were unable to attend or notify the appropriate public carrier of the cancellation.
- This benefit may be provided when you are referred by the Régie de l'assurance maladie du Québec (RAMQ) for medically necessary health services to a facility outside Québec when such services are covered by RAMQ.

What is covered?

- Travel costs to the nearest appropriate health facility or health professional for clients to receive eligible medically necessary health services not available in the home community. This may include meals and accommodation for patients and authorized escorts for approved transportation to access medically necessary health services while in transit residences or at the Module du Nord Québécois (MNQ). Approved transportation includes:
 - Ground ambulance in the south
 - Air travel :
 - Scheduled flights
 - Chartered flights
 - Air ambulance (EVAQ)

- The most efficient and economical mode of transportation consistent with the urgency of the situation, and the medical condition of the client is to be utilized at all times. If you choose to use another method of transportation, you will be responsible for the cost difference.
- When scheduled and/or coordinated medical transportation benefits are provided, but you choose to be referred to an institution other than the one designated by your local Health Center or CLSC, you will be responsible for the cost difference.

Meals and Accommodations

- Assistance will be provided with meals and accommodation in transit residences in Kuujuaq, Puvirnituq or at the Module du Nord Québécois (MNQ) in Montreal when travelling to access medically necessary health services.

Escorts

- May include transportation, accommodation and meals for medical and non-medical escorts.
- Prior approval by your local Health Center or CLSC is required, and the length of time is determined by your medical condition or legal requirements.

Criteria for Escorts

- If you are between 14 and 18 years old, except if you requested to travel without an escort (depends on your condition);
- If you are over 18 years old, an escort may be authorized depending on your condition:
 - you suffer from a physical or mental disability;
 - you are gravely ill or in imminent danger of dying;
 - you are an elder (65 years or older) who speaks only Inuktitut.

Please note: When an escort has been authorized, the following criteria should be considered in selecting the escort:

- A family member who is required to sign consent forms or provide your history;
- A reliable member of the community who is interested in your well-being;
- Physically capable of taking care of themselves as well as yourself and not require assistance or an escort themselves;
- Proficient in translating from Inuktitut to English or French and aged 18 years old or older.

Other medically necessary health services

- Travel to medical services defined as insured services by RAMQ (e.g. appointments with physician, hospital care).
- Diagnostic tests and medical treatments covered by RAMQ.
- To access other INIHB approved benefits if not available in your home community.

What is not covered/exclusions

Certain types of travel, benefits and services will not be provided as benefits under the INIHB Program under any circumstances and are not subject to the INIHB appeal process. These include:

- Travel and related benefits (e.g. meals and accommodation, ambulance) where they are the responsibility of another party (Commission de la Santé et de la sécurité du travail, Société de l'assurance automobile du Québec etc.) or provided as an insured service.
- Compassionate travel (e.g. family visits unless prior approval has been obtained as a part of the treatment plan prescribed by a physician of your local Health Center or CLSC.)
- Travel for clients in the care of a federal, provincial or territorial institution (e.g. incarcerated clients).
- Court-ordered treatment/assessment, or as a condition of parole, coordinated by the justice system.
- Travel for clients residing in a location where the necessary health service is available locally.
- Travel for the purpose of a third-party requested medical examination.
- The return trip home in cases of an illness while away from home other than for approved travel to access medically necessary health services.
- Travel only to pick-up new or repeat prescriptions, or vision care products.
- Payment of professional fee(s) for preparation of doctor's note/document preparation to support provision of benefits.
- Transportation to an adult day care, respite care and/or safe house and private detox centre.
- Transportation for the purpose of applying social or youth protection programs.
- Transportation related to mental health counselling except in the case of short-term crisis intervention counselling.

4.7 SHORT-TERM CRISIS INTERVENTION MENTAL HEALTH COUNSELLING BENEFITS

How do I access short-term crisis intervention mental health counselling?

- Contact your local Health Centre or CLSC (local community service centre) to discuss your needs. Short-term crisis intervention mental health counselling by a recognized professional mental health therapist is first offered through the Quebec network of institutions. You may be required to use a program in your community.

What are my responsibilities?

- Tell your local Health Centre or CLSC to contact the INIHB Program for prior approval; and
- Attend your scheduled appointments.

Who can provide short-term crisis intervention mental health counselling?

- Short-term crisis intervention mental health counselling must be provided by a licensed mental health provider in the fields of clinical psychology, clinical social work or counselling psychologist.
- Mental health providers from other disciplines may be considered in exceptional situations.

What is covered?

Short-term crisis intervention mental health counselling services are only covered when no other mental health services are available. Available services include:

Service for the Community

- Fees and associated travel costs for the mental health professional(s) may be made available when it is deemed cost-effective to provide such services in a community or in response to a crisis which affects many clients and families within that community.

Counselling for Clients and Families

- When there is a crisis or at-risk situation and there is no other source of immediate funds for service.
- Fees for professional mental health therapists for an initial assessment and to develop a treatment plan (maximum two (2) hours).

- Mental health short-term (approximately 10 sessions) crisis treatment and referral services by, or recognized by, professional mental health therapists including initial assessment and development of a treatment plan.

What is not covered/exclusions

- Any assessment service that is not considered to be a mental health crisis (e.g. fetal alcohol spectrum disorder, learning disabilities, child custody and access, etc.)
- Court-ordered assessment/therapy services
- Early Intervention Programs (for infants with delayed development)
- Educational and vocational counselling
- Group counselling
- Life skills training
- Long-term counselling/non-crisis counselling
- Psychiatric services
- Psychoanalysis
- When another program or agency is responsible for providing the service.

4.8 PROCEDURE FOR APPEALS UNDER THE NUNAVIK INIHB PROGRAM

I've been denied benefits, what do I do?

You, your parent or legal guardian may start an appeal process when a benefit has been denied by the INIHB Program. You may have someone act on your behalf to start the appeals process as long as you give them written permission to do so. You, your parent or legal guardian must send a letter with supporting information from your care provider or prescriber to the INIHB Program.

What information is required from my care provider or prescriber?

- The condition for which the benefit is being requested;
- The diagnosis and prognosis, including what other alternatives have been tried;
- Relevant test results; and
- Justification for the proposed treatment and any additional supporting information.

Steps to submit an appeal

There are 2 levels of appeals available:

- **Level 1 request:** An appeal can be submitted in person or in writing to the Executive Director of the Nunavik Regional Board of Health and Social Services (NRBHSS). If you, your parent, or legal guardian disagrees with the Level 1 appeal decision, or if there is new evidence or information available for review, you may have the appeal reviewed at Level 2.
- **Level 2 request:** An appeal can be submitted in writing to the NRBHSS Board of Directors.
Clearly mark “Appeals-Confidential” on the envelope.
Forward all appeals to the following address:

Chairperson of NRBHSS Board of Directors
Nunavik Regional Board of Health and Social Services
P.O. Box 900
Kuujjuaq, Quebec
J0M 1C0
Phone: (819) 964-2222
Fax: (819) 964-2277
Website: www.rrss17.gouv.qc.ca
- A written explanation of the decision will be sent to you within 45 days of submitting the appeal.
 - If you, your parent or legal guardian do not receive a response within 45 days, contact the Nunavik Regional Board of Health and Social Services

The criteria used to evaluate requests are:

- a. The beneficiary's eligibility and rights under the program standards;
- b. Medical necessity, as determined by a physician or dentist. When a prescription or refused prescription is at issue, an additional medical opinion will be necessary.

4.9 CLIENT REIMBURSEMENT UNDER THE NUNAVIK INIHB PROGRAM

Service providers are encouraged to bill the INIHB Program directly so that you do not have to pay for services when receiving health care goods or services; however, you may be required to pay up front and be reimbursed later.

If you have paid directly for goods or services, you may seek reimbursement from the INIHB Program **within one year** from the date of service and/or date of purchase. To be reimbursed, the service or item must be listed with the INIHB Program.

All requests for reimbursement of eligible INIHB benefits must include:

- Original receipts; and
- A copy of the prescription.

This information should be sent to the following address:

Nunavik Regional Board of Health and Social Services
Insured/Non-Insured Health Benefits (INIHB)
Services assurés non-assurés (SANA)
P.O. Box 900
Kuujjuaq, Quebec
J0M 1C0
Phone: (819) 964-2222
Website: www.rrss17.gouv.qc.ca



5. CONTACT INFORMATION

HEALTH CANADA

Health Canada Regional Offices

Northern Region

Non-Insured Health Benefits
Health Canada
Qualicum Building
2936 Baseline Road
Tower A, 4th Floor
Ottawa, Ontario K1A 0K9
Toll free: 1-888-332-9222
Fax (toll free): 1-800-949-2718

Northern Region (Yukon office)

Non-Insured Health Benefits
Health Canada
300 Main Street, Suite 100
Whitehorse, Yukon Y1A 2B5
Telephone: (867) 667-3942
Toll free: 1-866-362-6717
Fax: 1-867-667-3999

Atlantic (PEI, NS, NB, NL)

Non-Insured Health Benefits
Health Canada
1505 Barrington Street, Suite 1525
Halifax, Nova Scotia B3J 3Y6
Telephone: (902) 426-2656
Toll free: 1-800-565-3294

Quebec

Non-Insured Health Benefits
Health Canada
200 René Lévesque Boulevard West
Guy-Favreau Complex, East Tower,
Suite 404
Montreal, Quebec H2Z 1X4

Short-Term Crisis Intervention

Mental Health Counselling

Telephone: (514) 283-2965
Toll free: 1-877-583-2965
Fax: (514) 496-2962

Vision/Pharmacy/Medical Supplies and Equipment/Medical Transportation

Telephone: (514) 283-1575
Toll free: 1-877-483-1575
Fax: (514) 496-7762

Ontario

Non-Insured Health Benefits
Health Canada
1547 Merivale Road, 3rd floor
Postal Locator 6103A
Nepean, Ontario
K1A 0L3

General NIHB Inquiries

Toll free: 1-800-640-0642

Manitoba

Non-Insured Health Benefits
Health Canada
391 York Avenue, Suite 300
Winnipeg, Manitoba
R3C 4W1

Pharmacy/Medical Supplies and Equipment/ Vision

Toll free: 1-800-665-8507
Fax (toll free): 1-800-289-5899

Medical Transportation

Toll free: 1-877-983-0911
Fax: (204) 984-7834

Saskatchewan

Non-Insured Health Benefits
Health Canada
South Broad Plaza
2045 Broad Street, 1st Floor
Regina, Saskatchewan S4P 3T7
Toll free: 1-866-885-3933

Alberta/British Columbia*

Non-Insured Health Benefits
Health Canada
Canada Place
9700 Jasper Avenue, Suite 730
Edmonton, Alberta T5J 4C3

General NIHB Inquiries

Telephone: (780) 495-2694
Toll free: 1-800-232-7301

Medical Transportation

Telephone: (780) 495-2708
Toll free: 1-800-514-7106

**Inuit clients who wish to register to have their health care premiums paid in British Columbia should call 1-800-317-7878.*

NIHB Dental Predetermination Centre*Orthodontic Services*

Non-Insured Health Benefits
Health Canada
200 Eglantine Driveway, 2nd Floor
Postal Locator 1902C, Tunney's Pasture
Ottawa, Ontario K1A 0K9
Toll free: 1-866-227-0943
Fax (toll free): 1-866-227-0957

Dental Services

Non-Insured Health Benefits
Health Canada
200 Eglantine Driveway, 2nd Floor
Postal Locator 1902D, Tunney's Pasture
Ottawa, Ontario K1A 0K9
Toll free: 1-855-618-6291
Fax (toll free): 1-855-618-6290

Nunavut, Northwest Territories and Inuvialuit**Nunavut Tunngavik Incorporated**

Igluvut Building
P.O. Box 638
Iqaluit, Nunavut X0A 0H0
Telephone: (867) 975-4900
Toll free: 1-888-646-0006
Fax: (867) 975-4949
Email: recept@tunngavik.com
Web Site: www.tunngavik.com

Government of the Northwest Territories

P.O. Box 1320
Yellowknife NT X1A 2L9
Toll free: 1-800-661-0830
Web Site: www.gov.nt.ca

Inuvialuit Regional Corporation

Bag Service #21
Inuvik, NT X0E 0T0
Telephone: (867) 777-2737
Fax: (867) 777-2135
Email: info@irc.inuvialuit.com
Web Site: www.irc.inuvialuit.com

Government of Nunavut

Nunavut Health Insurance Programs Office
Department of Health and Social Services
Bag 3
Rankin Inlet, NU X0C 0G0
Toll free: 1-800-661-0833
Web Site: www.gov.nu.ca

Nunatsiavut

Nunatsiavut Government

Department of Health and Social Development

Non-Insured Health Benefits (NIHB)

200 Kelland Drive

P.O. Box 496, Station C

Happy Valley—Goose Bay

Newfoundland and Labrador AOP 1C0

Telephone: (709) 896-9750

Fax: (709) 896-9751

Toll-Free: 1-866-606-9750

Email: DHSD-regionalreception@nunatsiavut.com

Web Site: www.nunatsiavut.com

Nunatsiavut Government

Membership Office

25 Ikajuktauvik Road

P.O. Box 70

Nain, Newfoundland and Labrador

AOP 1L0

Telephone: (709) 922-2942

Fax: (709) 922-2931

Toll-Free: 1-866-922-2942

Nunavik

Nunavik Regional Board of Health and Social Services

PO Box 900

Kuujuaq, Quebec J0M 1C0

Telephone: (819) 964-2222

Fax: (819) 964-2888

E-mail: information_rrsss17@ssss.gouv.qc.ca

Website: www.rrsss17.gouv.qc.ca

Makivik Corporation (Head Office)

P.O. Box 179

Kuujuaq, Quebec J0M 1C0

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