

Placemat Information

First Nations and Inuit Health Branch (FNIHB)

The First Nations and Inuit Health Branch's (FNIHB) Performance Measurement Strategies have been developed in alignment with Health Canada's Program Alignment Architecture (PAA) and focus on the third strategic outcome "*First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status.*" Supporting the delivery of health services and benefits to First Nations and Inuit requires a variety of programmatic delivery services, health infrastructures, and supplementary health benefits.

1. Primary Care – Home & Community Care (HCC)

- **Case Management:** A managed care process that incorporates care planning, referrals and service linkages to existing services provided both on and off-reserve/settlement
- **Home Care Nursing Services:** Direct service delivery, supervision and teaching of personnel providing personal care services
- **Home Support Services:** Personal care includes services such as bathing, grooming, dressing, transferring, and care of bed-bound clients; home management assistance, includes such services as general household cleaning, meal preparation, laundry and shopping. FNIHCC home support services are intended to enhance and not duplicate INAC Assisted Living Services.
- **In-Home Respite Care:** A service to provide safe care of clients (usually a few hours at a time) and a break for family caregivers, so that they can continue to provide care, thereby delaying or preventing the need for institutional care
- **Access to Medical Supplies and Equipment:** Provision of and access to medical equipment, supplies, and pharmaceutical that are specialized to client needs within home and community care

Linkages: Established linkages with other professional and social services, both within and outside the community

2. Healthy Child Development

Healthy Child Development (HCD) administers contribution agreements and direct departmental spending to support culturally appropriate community-based programs, services, initiatives, and strategies related to maternal, infant, child, and family health. The range of services includes prevention and health promotion, outreach and home visiting, and early childhood development programming.

Targeted areas in the delivery of HCD programming include: prenatal health, nutrition, early literacy and learning, and physical and children's oral health. The program objective is to address the greater risks and lower health outcomes associated with First Nations and Inuit infants, children, and families. HCD programming activities have demonstrated success in increasing access to services to support healthy outcomes.

Below is a summary of each HCD component, which aligns with Health Canada's resource management system:

- The **Maternal Child Health (MCH) Program** provides home-visiting by nurses and family visitors to pregnant women and families with young children in First Nations communities. Program components include: case management, screening, assessment, detection, referrals, as well as health promotion strategies to improve maternal child health and identify risk factors for gestational diabetes, maternal and infant mental health issues, family violence, disability in children, etc. Examples of interventions include promotion of breastfeeding, healthy eating, and physical activity with strong links to other community-based programs so that families benefit from a variety of approaches to support healthy habits.
- The **Canada Prenatal Nutrition Program-First Nations and Inuit Component (CPNP-FNIC)** supports improved maternal and infant health through activities relating to nutrition screening, education, and counselling; maternal nourishment; and breastfeeding promotion, education and support. Activities address the prenatal and early life risk factors for childhood obesity and include promoting a healthy weight before, during, and after pregnancy, and breastfeeding.
- **Aboriginal Head Start On Reserve (AHSOR)** supports the healthy growth and development of First Nations children living on reserve from birth to age six. Program components include culture and language; nutrition; education (including early literacy and learning activities to support school readiness); health promotion; early detection of children with disability and referral; social support; and parental and family involvement. Programming can be centre-based, delivered through outreach services/home visits, or a combination of the two.

- The **Fetal Alcohol Spectrum Disorder (FASD) Program** supports First Nations and Inuit communities to undertake activities that will educate and raise awareness about the impacts of FASD; support women in stopping or reducing alcohol use while pregnant; facilitate access to earlier diagnosis; and build capacity in front-line staff to develop successful prevention and intervention programs and services for families.
- The **Children’s Oral Health Initiative (COHI)** focuses on the prevention of dental disease and the promotion of good oral health practices of First Nations and Inuit children from birth to age seven and their families (including pregnant women). Educational resources are also developed to support workforce development for the community-based workers responsible for the delivery of COHI services.
- **Public Health Nursing Services and Community Health Representatives** is associated with the delivery of the HCD sub-sub program by community health representatives and/or public health nurses and their support staff in health centres. This includes public health services in health centres.

Within this group, the primary target populations for HCD include pregnant women, and mothers and their infants and young children (up to the age of seven) living in First Nations and Inuit communities.

Healthy Child Development activities also target community-based workers and health professionals such as community health nurses, dental therapists and dental hygienists for training, continuous education and professional development.

The **Public Health Agency of Canada (Agency)** delivers maternal and child health programming such as the Canada Prenatal Nutrition Program (CPNP), Community Action Program for Children (CAPC), Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and FASD programs. The programs target First Nations, Inuit and Métis children and their families living off reserve and in Northern communities.

Employment and Social Development Canada (ESDC) has the lead federal policy authority and responsibility for early childhood education and development. In addition, ESDC is responsible for the management and delivery of the First Nations and Inuit Child Care Initiative. The program targets children up to the age of 12 years and their families living in First Nations and Inuit communities.

3. Healthy Living

FNIHB invests to promote healthy behaviours and supportive environments in the areas of healthy eating, physical activity, food security, chronic disease prevention, management and screening, and injury prevention policy. Key activities supporting program-delivery include: chronic disease prevention and management, injury prevention, the Nutrition North Canada—Nutrition Education Initiatives, Community Dental Therapy, Aboriginal Diabetes Initiative (ADI), and the First Nations and Inuit component of the Federal Tobacco Control Strategy.

The following programmatic components align with Health Canada’s resource management system, and include:

- The **Aboriginal Diabetes Initiative (ADI)** was created to help improve the health status of Indigenous individuals, families, and communities through actions aimed at reducing the prevalence and incidence of diabetes and its risk factors. Program elements include: primary prevention, physical activity, healthy eating promotion, community food security planning, screening and treatment, as well as continued education and training for Chronic Disease Prevention Workers.
- **Nutrition Education Initiatives** and **Nutrition North Canada (NNC)** activities, respectively, aim to: 1) support the development and delivery of food security and nutrition-related policies, programs and services; and, 2) fund and support nutrition education initiatives in isolated First Nations and Inuit communities that are eligible for the full NNC retail subsidy administered by Indigenous and Northern Affairs Canada (INAC).
- **Community Dental Therapy** services aim to improve and ultimately maintain the oral health of First Nations living on reserve and Inuit living in communities at a level that is comparable to other Canadians living in similar conditions. This activity helps increase access to care in First Nations and Inuit communities, notably in remote and isolated locations, by offering basic clinical care, emergency and preventive services as per their scope of practice. Oral health services (both the Children’s Oral Health Initiative [COHI] and Community Dental Therapy services) are predominantly delivered by dental therapists.
- The **Federal Tobacco Control Strategy** includes a component for First Nations and Inuit. Its primary interest is identifying best practices and success factors in the implementation of comprehensive tobacco control strategies in First Nations and Inuit communities across Canada that are holistic and socially and culturally appropriate.
- **Other Chronic Diseases** - Expenditures associated with activities related to the prevention of chronic diseases other than diabetes and integrated chronic disease

prevention and management among First Nations and Inuit include: knowledge development and exchange, partnership development, education and capacity building.

- **Unintentional Injury Prevention** - Expenditures associated with activities related to the prevention of unintentional injuries include: informing policy and program development, knowledge development and exchange, partnership development and education.
- **Public Health Nursing Services and Community Health Representatives** is the delivery of the HL program by community health representatives and/or public health nurses and their support staff in Health Canada regional offices or in health centres. This includes public health services in health centres.

The **Public Health Agency of Canada (Agency)** focuses on preventing chronic diseases (like cancer, heart disease and oral health) and injuries, as well as responding to public health emergencies and infectious disease outbreaks.

The **National Aboriginal Diabetes Association (NADA)** is to be the driving force in addressing diabetes and Indigenous people as a priority health issue by working together with people, Indigenous communities and organizations in a culturally respectful manner in promoting healthy lifestyles among Indigenous people today and for future generations.

4. Mental Wellness

Mental Wellness services include prevention, early intervention, treatment, and aftercare.

Key services supporting program delivery include: substance abuse prevention and treatment, mental health promotion, suicide prevention, and health supports for participants of the Indian Residential Schools Settlement Agreement. The program objective is to support community-based programming and services that aim to reduce risk factors, promote protective factors, and improve health outcomes associated with the mental wellness of First Nations and Inuit people to address the greater risks and lower health outcomes associated with the mental wellness of First Nations and Inuit individuals, families, and communities.

- **Brighter Futures** focuses on child development and injury prevention services at the community level as well as parental skills.
- **Building Healthy Communities** assists First Nations and Inuit communities in developing community-based approaches to mental health crisis management and youth solvent abuse.

- The **National Aboriginal Youth Suicide Prevention Strategy** aims to increase protective factors (e.g., youth leadership) and decrease risk factors (e.g., loss of traditional culture) related to Aboriginal youth suicide.
- The **National Native Alcohol and Drug Abuse Program (NNADAP)** and the **National Youth Solvent Abuse Program (NYSAP)** support a national network of residential treatment centres, as well as community-based prevention, intervention, aftercare and follow-up services in most First Nations and Inuit communities.
- **National Anti-Drug Strategy (NADS)**—Expenditures associated with provision of the NADS program to First Nation and Inuit communities include: treatment centre modernization, accreditation, workforce development, and mental wellness teams. **Mental Wellness Teams** represent a community-based and multi-disciplinary team approach to providing mental health and addictions services that blend traditional, cultural and mainstream approaches. Mental Wellness Teams provide proactive services and try to address issues before they escalate into a crisis. Although the purpose of the Mental Wellness Teams is to provide ongoing services rather than to primarily serve as crisis teams, their flexibility has enabled them to respond to a crisis when needed.
- The **Indian Residential Schools Resolution Health Support Program** provides mental health and emotional supports to eligible former Indian Residential School students and their families.
- The **Victims of Family Violence Initiative (VFVI)** supports the improvement and strengthened access to trauma-informed and culturally relevant health care services for victims of violence.
- **Public Health Nursing Services and Community Health Representatives** associated with the delivery of the Mental Wellness sub-sub program by community health representatives and/or public health nurses and their support staff in regional offices or in health centres. This includes salaries and operating funding at regional offices, as well as public health services in health centres.

The **Public Health Agency of Canada (Agency)** collaborates with MW programming on formalized working groups (e.g., Interdepartmental Working Group on Suicide Prevention) and on Inter-departmental Letters of Agreement. The Agency is a member of the Implementation Team for the First Nations Mental Wellness Continuum Framework.

5. NON-INSURED HEALTH BENEFITS (NIHB)

a. NIHB CONTACT INFORMATION

Dental Benefits (nationally administered):

1-855-618-6291

Orthodontic Benefits (e.g. braces; nationally administered):

1-866-227-0943

Regionally administered benefits:

1-866-885-3933

- Extension 1 - Medical Transportation
- Extension 2 - Medical Supplies & Equipment
- Extension 3 - Vision Care (e.g. eye exams, glasses, etc)
- Extension 4 - Mental Health Services

b. MENTAL HEALTH BENEFIT INFORMATION

The Non-Insured Health Benefits (NIHB) Program's Mental Health Counselling (MHC) benefit is intended to provide coverage for mental health counselling to address crisis situations when no other mental health services are available and/or being provided. This benefit is intended to support the provision of immediate psychological and emotional care to individuals in significant distress to stabilize their condition, minimize potential trauma from an acute life event, and, as appropriate, transition them to other mental health supports.

If you're experiencing emotional distress and want to talk, call the First Nations and Inuit Hope for Wellness Help Line at 1-855-242-3310. It's toll free and open 24 hours a day, 7 days a week. If you or someone you know is in immediate danger, call 911 or the number for emergency services in your community.

What is covered?

The MHC benefit provides up to a maximum of 15 onehour sessions per mental health crisis over a 20 week period. Eligible billable services under the MHC benefit may include:

- Initial assessment (maximum of 2 one hour sessions) performed by an enrolled provider; and
- Counselling sessions on a fee-for-service basis as per Prior Approval Form (e.g. individual, family, or group counselling).

Please note that with the exception of the initial assessment, all services and modalities for the delivery of services must be prior-approved by the Health Canada regional office.

Who can provide Mental Health Counselling?

Mental Health Counselling must be provided by therapists registered with a legislated professional regulatory body from the disciplines of psychology and social work with clinical counselling orientation or mental health counsellors with education and training comparable to registered clinical psychologists or social workers. All professionals must be eligible for independent practice in the province/territory in which the service is being provided. In exceptional circumstances other providers may be accepted, on a limited basis, subject to certain conditions.

To provide Mental Health Counselling services to NIHB clients, providers must be enrolled with the NIHB program. More information on the [provider enrolment process](#) can be found in the NIHB and Indian Residential Schools Resolution Health Support Program (IRS RHSP) Guide to Mental Health Counselling Services.

How do eligible recipients access Mental Health Counselling?

NIHB clients should first contact their local community organizations (health centre, friendship centre, or primary health care provider) to determine if community mental health programs are available. If other mental health counselling services are not available, clients may contact their Health Canada regional office for a list of mental health counselling providers close to their community of residence.

Following the initial assessment, the provider will submit a [Mental Health Counselling Prior Approval Form](#) to Health Canada for determination of eligibility for coverage under NIHB.

How can I obtain more information on the Mental Health Counselling?

Please consult the joint [NIHB and IRS RHSP Guide to Mental Health Counselling Services](#) for more information on benefits eligible for coverage, [how to access services through telehealth](#), the [provider enrolment process](#), the [prior approval process](#), [claims reimbursement](#) and the [appeal process](#).

c. PHARMACY BENEFIT INFORMATION

Are Pharmacy Benefits/Drugs covered by the Non-Insured Health Benefits (NIHB) Program?

Yes. The NIHB Program covers prescription drugs and some over-the-counter products listed on the NIHB Drug Benefit List (DBL).

If you already have drug coverage through your work (private insurance) or through a provincial/territorial health insurance plan, your pharmacist must submit the claim for

payment to your other plan first. If you do not have another health plan, then your pharmacist will submit the drug claim to the NIHB Program.

How do I access NIHB pharmacy benefits?

First, you must be eligible under Health Canada's Non-Insured Health Benefits Program. If you are, you must then obtain a prescription from a physician or other licensed prescriber and that prescription must be filled at a pharmacy.

Pharmacies that are registered with the NIHB Program can bill the Program directly at no expense to you.

Who can prescribe drugs under the NIHB Program?

To be recognized by the NIHB Program, the prescriber must be a physician or other licensed health practitioner with authorization to prescribe medication within the scope of practice in their province or territory and within the mandate of the Program.

Who can provide NIHB pharmacy benefits?

You may take your prescription to any licensed pharmacy to be filled. However, only those pharmacies that have registered with the NIHB Program can bill the Program directly rather than requiring that you pay upfront.

The NIHB Program strongly encourages pharmacies to bill the NIHB Program directly. However, if you choose a pharmacy that is not registered with NIHB, you must pay the bill directly and then submit your receipts to NIHB for possible reimbursement.

If your pharmacy chooses not to bill the NIHB Program directly, you can contact the Health Canada regional office which may assist you in finding a pharmacy in your area which bills the NIHB Program directly.

The pharmacist should tell you, as the client, if you will have to pay for services upfront.

Can I continue to use my current pharmacy if they do not bill the NIHB Program directly?

Yes, that is your choice. However, it is recommended that you contact the Health Canada regional office before filling prescriptions or purchasing prescribed items, to ensure that these are eligible for coverage under the NIHB Program.

In cases where the pharmacy does not directly bill the NIHB Program, remember that you must pay for your prescription first, and then submit all necessary documentation to the NIHB Program to be considered for reimbursement.

Remember that your pharmacy may charge more than the amount that is covered by NIHB, which means that you would not be reimbursed the full amount you paid.

Your request for reimbursement can be submitted to NIHB up to one year from the date on which the services were received.

What is a prescription drug?

A prescription drug is a medication that can be provided only with a prescription from a health care professional who is licensed to prescribe by the province or territory (most commonly a doctor, dentist, nurse practitioner) before it can be filled by a pharmacist.

What is an 'over-the-Counter' (OTC) drug?

Over-the-counter drugs can be sold at a pharmacy without a prescription, for example, an antihistamine or acetaminophen. Over-the-counter drugs listed on the NIHB Drug Benefit List require a prescription in order to be covered by the NIHB Program.

What is an 'Open Benefit Drug'?

Open benefit drugs are listed on the NIHB Drug Benefit List and are covered without the need to meet established coverage criteria.

What are 'Limited Use Benefits'?

Limited Use Benefits are drugs listed on the NIHB Drug Benefit List and have specific criteria that must be met by the client's medical condition if these are to be approved for coverage by the NIHB Program.

When I filled my prescription I received a generic drug. Why?

The NIHB Program covers the costs of the 'lowest cost alternative drug'. This means that the NIHB Program will reimburse only the best price for a same drug, which is commonly known as a generic drug and is the same as the brand-name product.

If the client cannot take the generic drug because of an adverse drug reaction to that generic drug, the NIHB Program will cover a brand name drug at a higher cost. However documentation will be required from the prescriber explaining why the generic drug is not an option.

Is prior approval required before billing the NIHB Program for a prescription?

The NIHB Program maintains a comprehensive Drug Benefit List and most prescribed drugs are included on that list, so the pharmacist can dispense them immediately.

However, the pharmacist must obtain prior approval from the national NIHB Drug Exception Centre in Ottawa when the:

- Drug is not on the NIHB Drug Benefit List;
- Physician has written 'no substitution' on the prescription;
- Drug is listed as a 'limited use drug' requiring prior approval; or
- Drug is a 'maximum allowable' benefit which means the client has reached the quantity limit.

What is not covered by the NIHB Program? (Exclusions)

Exclusions include drug therapies for particular conditions which fall outside the NIHB mandate and are not covered as benefits under the NIHB Program. Some examples include, but are not limited to:

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

To find out more about what is excluded, please consult the [NIHB Drug Benefit List](#).

Does NIHB have special benefits available for chronic renal failure clients?

Chronic renal failure clients may be eligible to receive a list of supplemental benefits/drugs that are required on a long-term basis and which are not included as benefits for all NIHB clients.

Does NIHB have special benefits available for palliative (end of life) clients?

Clients who have a terminal illness and are near the end of their life may be eligible to receive a list of benefits/drugs not included as benefits for all NIHB clients.

Is there an appeal process when a benefit has been denied?

A client, parent, legal guardian or representative may initiate an appeal when an eligible benefit has been denied by the NIHB Program.

For a case to be appealed, a signed note or letter from the client, parent or legal guardian, accompanied by supporting information from the service provider or prescriber (e.g. a doctor) must be submitted to the NIHB Program. There are three levels of appeal available. More information on the [appeal process](#), or please contact the nearest [Health Canada regional office](#).

Where can I get more information about the NIHB Pharmacy Benefit?

For more information about the Pharmacy Benefit you can call the Health Canada regional office or consult the HC Web site for additional [benefit information](#).

d. DENTAL BENEFIT INFORMATION

What Dental Benefits are covered by the Non-Insured Health Benefits (NIHB) Program?

- Diagnostic services (e.g. examinations or x-rays);
- Preventive services (e.g. cleanings);
- Restorative services (e.g. fillings);
- Endodontics services (e.g. root canals);
- Periodontal services (e.g. deep cleanings);
- Prosthodontic services (e.g. removable dentures);
- Oral surgery services (e.g. removal of teeth);
- Orthodontic services (e.g. braces); and
- Adjunctive services (e.g. general anaesthetics or sedation).

How can I access Dental Benefits under the NIHB Program?

First, you must be an eligible client under the Non-Insured Health Benefits Program. Then, you must be examined by a dental provider who will establish a treatment plan and discuss with you the services that you will require.

The dental provider should tell you what is covered by the NIHB Program, because certain services may need to be pre-approved by the NIHB Program.

If your provider doesn't know whether the service is covered by the NIHB Program, you can obtain that information by contacting the Health Canada regional office, or the National Dental Predetermination Centre (NDPC) for those regions which have been centralized, and asking the dental benefits staff what is and is not covered.

What does "predetermination" mean?

- Predetermination, also known as pre-approval, is the process of obtaining approval in advance. This process involves a review of the case against established NIHB policies, criteria and guidelines before the service is rendered.
- Predetermination or pre-approval is required on certain dental services.
- All cases requiring predetermination must be sent by your dental provider's office to the appropriate Health Canada regional office, or NDPC for review and a coverage decision before treatment begins.

NDPC address and contact information are as follows:

National Dental Predetermination Centre

A.L. 1902D, 2nd Floor, Jeanne Mance Building
200 Eglantine Driveway, Tunney's Pasture
Ottawa, ON K1A 0K9

Toll free phone #: 1-855-618-6291

Toll free tax #: 1-855-618-6290

- Predetermination is required for all orthodontic services. Requests must be sent to the Orthodontic Review Centre at the following address: Orthodontic Review Centre Non-Insured Health Benefits First Nations and Inuit Health Branch Health Canada Address Locator 1902C 2nd Floor, Jeanne Mance Building 200 Eglantine Driveway Ottawa, Ontario K1A 0K9
- Predetermination requests must be supported with additional documentation from your dental provider, such as x-rays, supporting rationale, tooth charting, etc. The additional documentation may vary depending on the dental service required.

Who can provide dental benefits?

Dental services must be provided by a licensed dental professional, such as a dentist, dental specialist, or denturist.

Do I have to pay upfront for dental benefits?

The NIHB Program strongly encourages dental providers to bill the NIHB Program directly. The dental provider has an obligation to tell you, as the client, if you will have to pay for services before treatment is started.

Can I continue to see my current dental provider if they do not bill the NIHB Program directly?

Yes, that is your choice. However, it is recommended you contact the Health Canada regional office or NDPC before receiving any dental service to ensure that this particular dental service is eligible for coverage under the NIHB Program.

In such cases, you must pay your provider yourself, and then submit a request with all necessary documentation to the NIHB Program in order to be considered for reimbursement.

Remember that your provider may charge more than the amount that is covered by the NIHB Program, which means that you would not be reimbursed the full amount that you paid. The request for reimbursement can be submitted to NIHB up to one year from the date on which the services were received.

Do emergency dental services require predetermination?

No. Emergency dental services do not require predetermination. Emergency services include treatment for acute dental problems and associated examinations, radiographs, procedures for the immediate relief of pain and infection, arresting bleeding, and preliminary care of trauma to the mouth.

My child needs braces. Where can I find more information on NIHB orthodontic services?

For more information about NIHB orthodontic services you can call the Orthodontic Review Centre at 1-866-227-0943. Information on orthodontic services can also be found on Health Canada's NIHB website at:

http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_dent/2012-guide/index-eng.php

Is there an Appeal Process when a benefit has been denied?

A client, parent, legal guardian or representative may initiate an appeal when a benefit has been denied by the NIHB Program.

For a case to be reviewed as an appeal, a signed note or letter from the client, parent or legal guardian, accompanied by supporting information from the dental provider (e.g. dentist) must be submitted to the NIHB Program. There are three levels of appeal available.

Some dental procedures are exclusions of the NIHB Program and are not eligible for appeal (e.g. implants).

For more information on the appeal process please refer to the Appeal Procedures section on Health Canada's NIHB website: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/appe/index-eng.php or contact the Health Canada regional office or NDPC.

Where can I get more information about the NIHB Dental Benefit?

For more information about Dental Benefits you can call the Health Canada regional office or NDPC. NIHB Dental Benefit information can also be found under the Benefit Information section of Health Canada's NIHB website at: www.healthcanada.gc.ca/nihb

e. EYE & VISION CARE BENEFIT INFORMATION

What Eye and Vision Care Benefits are covered by the Non-Insured Health Benefits (NIHB) Program?

- Eye examinations, when they are not insured by the province/territory (e.g. eye exams for children, elderly and diabetic clients in some provinces/territories);
- Eyeglasses that are prescribed by a vision-care provider;
- Eyeglass repairs;
- Eye prosthesis (an artificial eye); and
- Other vision care benefits depending on your specific medical needs.

How do eligible clients obtain these benefits?

- You must be examined by an optometrist or an ophthalmologist, to obtain a prescription;
- You should take the prescription to a recognized vision provider, such as an optician or an optometrist; and
- That provider must obtain pre-approval of the benefit by calling or faxing the Health Canada regional office.

Who can prescribe eligible Eye and Vision Care Benefits?

Services must be prescribed by a licensed vision care professional, such as an optometrist or ophthalmologist to be considered eligible.

Who can provide eligible Eye and Vision Care Benefits?

To be eligible for coverage, eye and vision care services must be provided by a licensed optometrist or optician.

How often will the NIHB Program cover an eye exam?

- Every 24 months for a person 18 years and over.
- Every 12 months for a person younger than 18 years.
- When there is a change or correction in vision.

However, if you have diabetes (or another medical condition) you may be eligible for a complete eye exam every 12 months.

Why does the NIHB Program cover eye examinations only every two years for adults?

It is common medical practice for eye examinations to be performed every two years for healthy individuals with no underlying conditions. The NIHB Program may cover follow-up examinations when medically necessary, for example in cases with an underlying medical condition such as diabetes.

Are eyeglass repairs covered by the NIHB Program?

Yes, under the following conditions:

- The total cost of the repair cannot exceed the cost to replace the eyeglasses; and
- Only one major repair and one minor repair are covered within the eyeglasses replacement time frame (12 or 24 months).

Please note that replacement frames or sets of lenses are not eyeglass repairs. Replacements or repairs as a result of misuse, carelessness or negligence are not covered by the NIHB Program.

What Eye and Vision Care items or services are not covered by the NIHB Program? (Exclusions)

The following is a list of some (but not all) excluded items:

- Vision care goods and services covered by provincial/territorial health insurance plans
- Esthetic products;
- Vision exams required for a job, drivers license or to engage in sports activity;
- Safety glasses for sport, leisure or work use;
- Implants (e.g. punctual occlusion procedure); and
- Laser surgery

Is there an appeal process when a benefit has been denied?

A client, parent, legal guardian or representative may initiate an appeal when an eligible benefit has been denied by the NIHB Program.

For a case to be appealed, a signed note or letter from the client, parent or legal guardian, accompanied by supporting information from the service provider or prescriber (e.g. doctor) must be submitted to the NIHB Program. There are three levels of appeal available.

For more information on the appeal process, please refer to the Appeal Procedures section on Health Canada's NIHB website: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/appe/index-eng.php or contact the Health Canada regional office.

Where can I get more information about the NIHB Eye and Vision Care Benefit?

For more information, you can call the Health Canada regional office. NIHB Eye and Vision care benefit information can also be found under the Benefit section of Health Canada's NIHB website at: www.healthcanada.gc.ca/nihb

How do I contact the Health Canada regional office in my area?

A list of Health Canada regional offices is available on the Health Canada website at: www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php

f. MEDICAL SUPPLIES & EQUIPMENT

What Medical Supplies and Equipment Benefits are covered by the NIHB Program?

The NIHB Program offers coverage for a range of Medical Supplies and Equipment items.

What are the general Medical Supplies and Equipment categories?

- Audiology equipment (e.g. hearing aids);
- Medical equipment (e.g. wheelchairs and walkers);
- Medical supplies (e.g. bandages and dressings);
- Orthotics and custom-made footwear;
- Oxygen and respiratory supplies and equipment;
- Pressure garments; and
- Prosthetics.

Who can prescribe Medical Supplies and Equipment Benefits?

Medical Supplies and Equipment Benefits must be prescribed by:

- A physician;
- A nurse practitioner for certain medical supplies and equipment items, such as bandages, ostomy supplies, wheelchairs; or
- A health professional licensed to prescribe by a province or territory and recognized by the Health Canada NIHB Program.

Please note that a nurse practitioner cannot prescribe continuous positive airway pressure (CPAP).

Why does NIHB require a prescription for Medical Supplies and Equipment?

A prescription from a physician, medical specialist, or nurse practitioner is required to demonstrate the item or service requested is medically necessary.

Who can provide Medical Supplies and Equipment Benefits?

Providers differ across the provinces and territories. Please contact the Health Canada regional office for information on eligible providers in your area.

Do I have to pay upfront for Medical Supplies and Equipment Benefits?

The NIHB Program strongly encourages medical supplies and equipment providers to bill the NIHB Program directly.

If your medical supplies and equipment provider chooses not to bill the NIHB Program directly, please contact the appropriate Health Canada regional office, which may provide you with a list of providers in your area that will bill the NIHB Program directly.

The medical supplies and equipment provider has an obligation to tell you, as the client, if you will have to pay for items upfront.

Can I continue to see my current medical supplies and equipment provider if they do not bill the NIHB Program directly?

Yes, that is your choice. However, it is recommended you contact the Health Canada

regional office in advance to ensure that the item you need is eligible for coverage under the NIHB Program.

In such cases, you must pay the provider yourself, and then submit a request with all of the proper information to the NIHB Program in order to be considered for reimbursement. Remember that your provider may charge more than the amount that is covered by the NIHB Program, which means that you would not be reimbursed the full amount that you paid.

The request for reimbursement can be submitted to NIHB up to one year from the date on which the services were received.

Are there any medical supplies and equipment items not covered by the NIHB Program? (Exclusions)

Yes, there are some items which are not covered as a medical supplies and equipment benefit under the NIHB Program and are not eligible for appeal.

Some examples include, but are not limited to, items used exclusively for sports, work or education; items for cosmetic purposes; or experimental equipment, treatment and therapies.

Is there an appeal process when a benefit has been denied?

A client, parent, legal guardian or representative may initiate an appeal when a benefit has been denied by the NIHB Program.

For a case to be appealed, a signed note or letter from the client, parent or legal guardian, accompanied by supporting information from the service provider or prescriber (e.g. doctor) must be submitted to the NIHB Program. There are three levels of appeal available.

More information on the appeal process is available on the Health Canada Website or contact the Health Canada regional office.

Where can I find more information on the Medical Supplies and Equipment Benefit?

For more information you can call the Health Canada [regional office](#).

For a complete list of eligible [MS&E items](#) please visit Health Canada's NIHB Website.

For the [Medical Supplies and Equipment Criteria](#) please visit Health Canada's NIHB Website.

g. MEDICAL TRANSPORTATION

What Medical Transportation Benefits are covered by the NIHB Program?

The Non-Insured Health Benefit (NIHB) Program may provide assistance so you can access eligible, medically necessary health services that cannot be obtained in the community of residence. This may include assistance with meals and accommodation expenses.

Access to medical transportation benefits requires approval in advance by the Health Canada regional office. Medical transportation benefits that were not prior approved will be considered case by case. Emergency travel is post-approved.

In emergency situations, when prior approval has not been obtained, expenses may be reimbursed by FNIHB or a First Nations or Inuit Health Authority or organization when appropriate medical justification is provided to support the medical emergency and approved after the fact.

What types of health services can I access using Medical Transportation?

Medical Transportation benefits may be provided to help you to access the following types of services:

- Provincial/territorial insured medical services (e.g. doctors' appointments, hospital care, health programs provided to all provincial residents);
- Eligible Non-Insured Health Benefits approved by the NIHB Program; and
- Alcohol, solvent, drug abuse and detox treatment preapproved by the NIHB Program.

What conditions must be met in order to access NIHB Medical Transportation Benefits?

If you are an eligible NIHB client, the following conditions apply:

- The medical service you require is not available locally;
- You have first used up all other transportation benefits available from other federal, provincial/territorial or private programs;
- Travel is to the nearest appropriate health facility only;
- The most economical and efficient means of transportation is used, taking into consideration the urgency of the situation and the client's medical condition;
- Transportation to health services is coordinated to ensure maximum cost-effectiveness; and
- Benefits must be preapproved by the Health Canada regional office or can be approved after the fact if there is medical justification and it meets NIHB Program criteria.

Will NIHB cover Medical Transportation to a medical appointment near my home?

No. NIHB does not cover Medical Transportation to access appointments within your home community.

Does NIHB cover escorts for Medical Transportation travel?

The NIHB Program will cover eligible travel costs for medical or nonmedical escorts in certain circumstances:

- **Medical Escort:** When a physician or a registered nurse is needed to monitor the condition of the client's health during travel.
- **Non-Medical Escort:** A nonmedical escort may be covered at the request of a health professional. Examples of situations that may require a Non-Medical Escort
 - The client has a physical/mental disability such that he or she cannot travel without help;
 - Is medically incapacitated;
 - Is a minor and needs to be accompanied;
 - Requires legal consent by a parent or guardian; or
 - Requires a translator, if translation services are not available at the health facility.

Does NIHB cover compassionate travel?

No. Medical Transportation for compassionate travel is not a benefit (exclusion) under the NIHB Program.

When would the NIHB Program cover meals and accommodations?

Assistance with meals and accommodations may be provided while in transit to access medically necessary health services. Please contact the Health Canada regional office for more information on coverage and rates.

Is there an Appeal Process when a benefit has been denied?

A client, parent, legal guardian or representative may initiate an appeal when an eligible benefit has been denied by the NIHB Program.

For a case to be appealed, a signed note or letter from the client, parent or legal guardian, accompanied by supporting information from the service provider or prescriber (e.g. doctor) must be submitted to the NIHB Program. There are three levels of appeal available.

For more information on the appeal process refer to the [Appeal Process Section](#) or contact the [Health Canada regional office](#) nearest you.

I was injured while on vacation in another province/territory. Will NIHB arrange Medical Transportation to transfer me back to my home province/territory?

No. The NIHB Program does not cover transportation to a home community when an injury has caused the cancellation of a trip or transfer clients between hospitals, within a province/territory or from one province/territory to another.

How does NIHB respect my privacy?

Health Canada's Non-Insured Health Benefits Program is committed to protecting clients' privacy and safeguarding the personal information in its possession. When a benefit request is received, the NIHB Program collects, uses, discloses and retains an individual's personal information according to the applicable federal privacy legislation.

Where can I find more information on the Medical Transportation Benefits covered by the NIHB Program?

More information about the Medical Transportation Benefit is available on the Medical Transportation fact sheet page of the HC Website or contact your nearest Health Canada [regional office](#).

Medical Transportation Benefit information can also be found under the [Benefit Information section](#) of Health Canada's NIHB website.