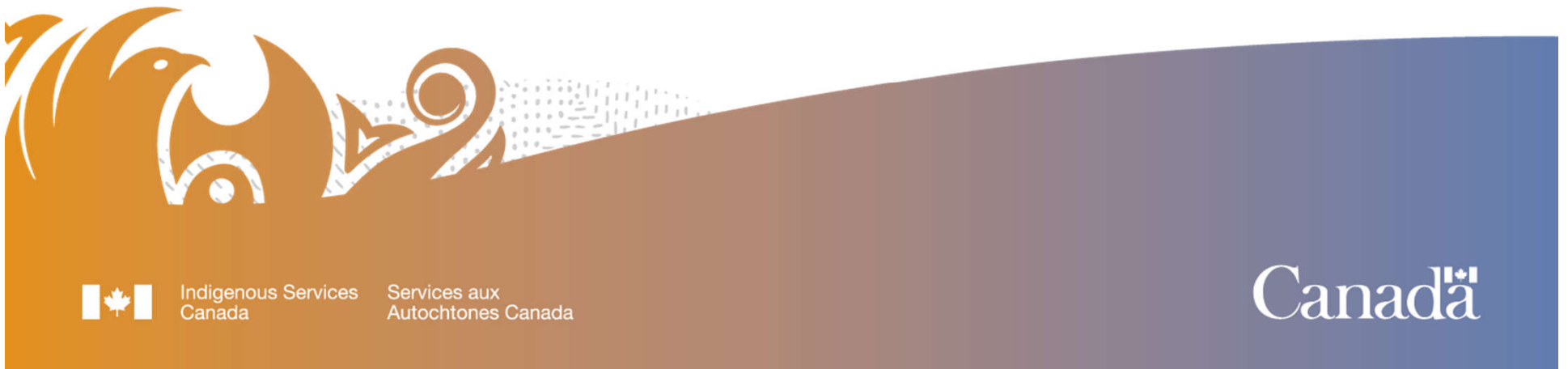




Non-Insured Health Benefits (NIHB) - Alberta

September 2022 V5

For Information – NIHB Health Co-Management Subcommittee



Outline

- NIHB Program Updates
- NIHB Regional Processing Status
- NIHB Expenditures and Utilization Data
- Special Topics

NIHB Program Updates

General Information on Updates

- NIHB provides a webpage that is updated as changes to benefit coverages occur. You can access this information directly at:

<https://www.sac-isc.gc.ca/eng/1578079214611/1578079236012>

- You can also “subscribe” to updates if you register an email (quick link from the above URL) and notification will be sent to you when NIHB changes occur.

- Express Scripts Canada also provides benefit updates in the form of National and Regional Newsletters and Bulletins for each benefit area administered by HICPS. You can access this information directly at:

<https://nihb-ssna.express-scripts.ca/>

(Follow the links through each benefit area)

NIHB Program Updates

Coverage for unregistered children under 2 years

- In order to allow time for parents to register their children for First Nation status or with their Inuit land claim organization, NIHB now covers unregistered children up to 2 years of age (extended from 18 months, previously) if they have a parent or guardian who is NIHB eligible
- Some types of benefits may require a temporary client ID number
- Parents or guardians should begin the application process for First Nation status or recognition by an Inuit land claim organization as soon as possible and well in advance of their child's second birthday
- Applications for First Nation status take 6-8 months to process (on average), and may take longer in some cases
- for information on First Nation registration, visit ISC page on Indian status <https://www.sac-isc.gc.ca/eng/1100100032374/1572457769548>
- for information on Inuit beneficiary enrollment, contact your land claim organization

NIHB Program Updates

Pharmacy

New Listings (September)

- Entuzity KwikPen, a high concentration insulin pen, is now covered as an open benefit without prior approval
- The following new listings are covered as limited use benefits with prior approval:
 - Mayzent for the treatment of secondary progressive multiple sclerosis
 - Kesimpta for the treatment of adult patients with relapsing-remitting multiple sclerosis
 - Evrysdi for the treatment of 5q spinal muscular atrophy
 - Riabni for the treatment of rheumatoid arthritis, granulomatosis with polyangiitis and microscopic polyangiitis. Riabni is a biosimilar to Rituxan (the reference biologic drug)

NIHB Program Updates

Pharmacy

New Listings - Coverage for Fertility Medications (**September**)

- NIHB will now consider coverage on a case-by-case basis for medications used for assisted fertility treatments. Previously, these were exclusions of the program
- This coverage is for medications only. Other services and procedures related to fertility treatment may be covered or supported by provincial and territorial programs
- Fertility treatment is an area that is evolving, so a variety of different medications may be prescribed. For this reason, not all medications used as part of a fertility treatment are listed in the NIHB drug benefit list
- Pharmacy providers should call the Drug Exception Centre (DEC) to initiate a request for coverage of prescribed fertility medication

NIHB Program Updates

Pharmacy

New Listings (June)

- The following medications and products are now covered as open benefits without prior approval:
 - Duobrii (halobetasol/tazarotene) lotion for the treatment of moderate to severe plaque psoriasis
 - GE200 Blood Glucose Test Strips, within program quantity limits
 - Durezol (difluprednate) eye solution to reduce inflammation after cataract surgery
 - Lotemax (loteprednol) eye solution, gel and ointment to reduce inflammation after cataract surgery
 - Prolensa (bromfenac) eye solution to reduce pain and inflammation after cataract surgery

NIHB Program Updates

Pharmacy

New Listings (**June - continued**)

- The following new listings are covered as limited use benefits with prior approval:
 - Osnuvo (teriparatide) injection for the treatment of osteoporosis. Osnuvo is a biosimilar to Forteo (the reference biologic drug)
 - Cabometyx (cabozantinib) tablets for the treatment of liver cancer
 - Ajovy (fremanezumab) for the prevention of migraine in adults who meet certain medical criteria
 - Calquence (acalabrutinib) for treatment of chronic lymphocytic leukemia in adults
 - Aectura Breezhaler (indacaterol/mometasone furoate) for the treatment of asthma in patients aged 12 years and older

NIHB Program Updates

Pharmacy

New Listings (June - continued)

- Enerzair Breezhaler (indacaterol/glycopyrronium/mometasone furoate) for the treatment of asthma in patients who meet certain medical criteria
- Beovu (brolucizumab) for the treatment of certain types of macular degeneration
- Ilumya (tildrakizumab) injection for the treatment of moderate to severe plaque psoriasis
- Crysvita (burosumab) for the treatment of X-linked hypophosphatemia (XLH)
- Riabni (rituximab) for the treatment of rheumatoid arthritis, granulomatosis with polyangiitis and microscopic polyangiitis. Riabni is a biosimilar to Rituxan (the reference biologic drug)
- Mayzent (siponimod) for the treatment of secondary progressive multiple sclerosis

NIHB Program Updates

Pharmacy

Increased coverage for Champix and Zyban (June)

- NIHB now covers the following amounts for these smoking cessation products:
 - Champix – increased to 330 tablets per year
 - Zyban – increased to 360 tablets per year
- The one year period begins on the date the first prescription is filled
- NIHB accepts prescriptions from pharmacists for Champix and Zyban, if this is within their provincial/territorial scope of practice

NIHB Program Updates

Pharmacy

Eligible nutrition products recommended by dietitians (June)

- NIHB covers selected nutrition products (infant formula or nutritional supplements) when medically necessary, with prior approval
- NIHB accepts recommendations from dietitians for eligible nutrition products , if this is within their provincial/territorial scope of practice
- You may obtain a prescription or a recommendation for nutrition products from a physician, nurse practitioner or dietitian (where allowed)
- Check the drug benefit (*DBL) list to find eligible products and coverage criteria

NIHB Program Updates

Medical Supplies & Equipment

New Coverage for Specialized Feeding Supplies (September)

- Specialized feeding bottles and teats have been added as limited use benefits with prior approval:
 - 8 bottles with teats are covered every 6 months
 - 4 replacement teats are covered every 3 months
 - These items are used by children with complex feeding needs due to conditions like dysphagia, cleft palate or other craniofacial anomalies
- For more information, check the Self-care equipment and supply benefits list

NIHB Program Updates

Medical Supplies & Equipment

Low Vision Aid Prescribers (September)

- The following types of health professionals are now recognized by NIHB to prescribe low vision aids:
 - low vision specialists (LVS)
 - registered nurses (RNs)
 - nurse practitioner (NP)
 - physicians (MDs)
- Low Vision aids are not part of the Vision Care Benefit (which is corrective eyewear), but includes supportive products such as magnifiers or canes.
- More information can be found in the Low vision equipment and supplies benefits list

NIHB Program Updates

Medical Supplies & Equipment

MedicAlert Subscription Change (September)

- NIHB now covers a 5-year renewable subscription instead of a lifetime subscription, which is no longer offered by MedicAlert
- Clients are eligible for 2 IDs within that timeframe
- If you previously had a lifetime subscription, it will remain active until you contact MedicAlert to update your information. Then you will be transitioned to the 5-year subscription
- Remember to contact MedicAlert if there is any change in your medical condition so they can update your file
- More information on NIHB coverage of MedicAlert subscriptions is available in the Self-care equipment and supplies benefits list

NIHB Program Updates

Medical Supplies & Equipment (June/July)

End of COVID-19 Temporary Policy Changes - In effect as of July 1, 2022

- The temporary policy changes for COVID-19 (as described in the October 2021 COVID-19 - INFORMATION FOR MEDICAL SUPPLIES AND EQUIPMENT (MS&E) PROVIDERS bulletin) have ended June 30, 2022.
- This change is a return to pre-COVID policy/framework specifications and does not mark a major change in “base” benefits coverage. Some temporary COVID-19 changes have become permanent program policy, in full or with modifications (noted in following slides)
- Normal program requirements for prescriptions are in effect for MS&E benefits. For replacement of equipment or supplies, prescriptions must not be older than one year for most benefits
- As of July 1, 2022, providers should once again refer to the Medical Supplies and Equipment (MS&E) Guide and Benefit Lists for policies that will apply. <https://sac-isc.gc.ca/eng/1585320116553/1585320137871>

NIHB Program Updates

Medical Supplies & Equipment

Coverage of oral digital thermometers (June)

- Oral digital thermometers are covered as open benefits, at a cost of up to \$16 once every 5 years
- They are covered with a prescription from a doctor or nurse practitioner, or a recommendation from a registered nurse or licensed/registered practical nurse

NIHB Program Updates

Medical Supplies & Equipment

Requests for supplemental home oxygen (June)

- As of July 1st, 2022, all requests for supplemental home oxygen (initial or renewal) will again require testing (waived during temporary COVID terms)
- Either an arterial blood gas (ABG) or an oximetry test is required for coverage of oxygen
- For supplemental home oxygen renewal, a respiratory therapist or registered nurse can request a change in oxygen equipment or in the quantity being requested. A written explanation for the change must be provided with the request

NIHB Program Updates

Medical Supplies & Equipment

Coverage of tele-audiology (June)

- Providers who are equipped for tele-audiology may continue to perform these services virtually for clients who live in remote areas:
 - fitting and dispensing of hearing devices
 - hearing device performance check and readjustment

Expanded eligibility for hearing aids (June)

- NIHB has expanded eligibility for hearing aids to cover adults with a wider range of hearing loss
- Your provider can confirm if you meet the criteria for coverage

NIHB Program Updates

Medical Supplies & Equipment

Coverage changes for eye prosthesis (June)

- The recommended replacement guideline for eye prostheses was changed to 5 years (from 3 previously) because adjustment services are now covered to adapt the prosthesis to changes in the eye socket over time
- The recommended frequency guideline for polishing was increased to 2 times per year
- Conformers are now covered. These are temporary shells used to hold the shape of the eye socket before fitting the prosthesis
- Optometrists were added as prescribers of eye prosthesis
- Ocularists can now recommend replacement of eye prosthesis

NIHB Program Updates

Dental Benefits

No Updates (**June/September**)

Vision Care Benefit

No Updates (**June/September**)

NIHB Program Updates

Medical Transportation

Private Vehicle Kilometric Rate Increase (**July**)

- Effective July 01, 2022, the NIHB Private Vehicle Kilometric Rate for all eligible clients travelling in Alberta increased from \$0.21 to \$0.225 (22.5 cents per kilometer).
- The rate increase was established by the National Joint Council. NIHB National (and regions) set coverage rates based on this authority.

NIHB Program Updates

Mental Health Counselling

Updated Guide to Mental Health Counselling benefits (September)

- NIHB recently updated the Guide to mental health counselling benefits to clarify some policies and processes
- Quick Link <https://www.sac-isc.gc.ca/eng/1576093404318/1579114266033>
- Section 3.2.1 Finding a provider and accessing services, was added to provide helpful information on getting started
- Appendix A lists all types of mental health counsellors that are eligible to provide services under NIHB, by province and territory. Health professions are regulated separately by each province and territory, so NIHB provider eligibility reflects these differences

NIHB Program Updates

Mental Health Counselling

Updated Guide to Mental Health Counselling benefits (September - continued)

- The following table outlines which professionals are recognized in Alberta

Legislated regulatory body and professional designation
Alberta College of Social Workers - registered clinical social worker
College of Alberta Psychologists - registered psychologist
College of Registered Psychiatric Nurses of Alberta - registered psychiatric nurse

Note that health professionals are regulated at the provincial or territorial level; there are no national legislated regulatory bodies for mental health counselling providers. As a result, not all professions are recognized in all provincial/territorial jurisdictions.

Mental health professional licensing varies between jurisdictions, and in order to enrol with NIHB, providers must be a legally regulated health professional, licensed under provincial or territorial law to practice mental health counselling (psychotherapy) in the province or territory where the client is located.

NIHB Program Updates

Mental Health Counselling

Updated Guide to Mental Health Counselling benefits (September - continued)

- Section 3.4 clarifies types of counselling eligible for coverage:
 - assessment sessions of up to two hours may be initiated by an eligible provider without prior approval, to plan a course of treatment for the client
 - individual counselling is provided on a one-on-one basis. If another person participates (such as a family member, in a support or information-providing role), there should be no additional charge for the other participant
 - group counselling, up to a maximum of 8 eligible NIHB clients, where all clients participate in active counselling. This can include family counselling
- Coverage is provided for eligible NIHB clients only. If a participant in a group counselling session is not an eligible client, their counselling cannot be billed to the NIHB program

NIHB Regional Processing Status

Medical Supplies & Equipment

As of September 15, 2022 Processing Status:

Daily Prior Approvals:

Sep 15 (processing current day)

Consultant PAs:

Sep 15 (processing current day)

MS&E Client Reimbursements:

Sep 15 (processing current day)

NIHB Regional Processing Status

Vision Care

As of September 15, 2022 Processing Status:

Eye Exam Approvals:

Sep 15 (processing current day)

Eye Glasses Approvals:

Sep 15 (processing current day)

Vision Client Reimbursements:

Sep 15 (processing current day)

NIHB Regional Processing Status

Mental Health Counselling and IRS

As of September 15, 2022 Processing Status:

Mental Health Approvals:

Sep 15 (processing current day)

IRS Approvals:

Sep 15 (processing current day)

IRS Payment Processing:

Sep 12 (processing 3 days behind for payments to providers)

NIHB Regional Processing Status

Medical Transportation / ERU

- Since March 17, 2020, in response to COVID-19 health measures, the ERU continues to provide service by working remotely.
- In the last 46 days (from Aug 01) the ERU has received an average of 309 faxes/calls per day. There has been a slight increase since the last report of an average 226 faxes/calls a day.
- The ERU's average call wait time in August/September was 9 minutes for calls received in the general call que. Calls received in the community coordinator Que experienced a wait time for 17 minutes and 35 seconds.

NIHB Program QACC Unit Status

Agreement Management as of September 21, 2022

- 93.65% of the Initial 22-23 FY allocation has been allocated and approved by the Program to 62 CA holders
- Next steps Winter Call Out towards October Month End to collect Additional Funding Requests

Medical Transport Reporting system (MTRS):

New Community MT Coordinators: 22 Total Community MT Coordinators: 189

New Edm Referral Unit MT Clerks: 3 Total Edm Referral Unit MT Clerks: 53

QACC MTRS Trainers have facilitated 30 training sessions; Community: 29 ERU: 1

- HQ has conducted a total of 3 scheduled outages for updates to the MTRS system to date
- QACC pulls weekly data reports as back up in case of unexplained system outage during weekends

Medical Transportation Statistics: for April 1, 2022 to August 31, 2022 period

Reports are due by October 14, 2022, therefore they are currently being pulled and created for distribution to Community's by COB September 29, 2022.

Quality Assurance and Community Capacity

Effective September 09, 2022 all Community's were assigned amongst four Sr. Community Outreach Officers to provide NIHB Program support. Communication has gone out to Health Directors.

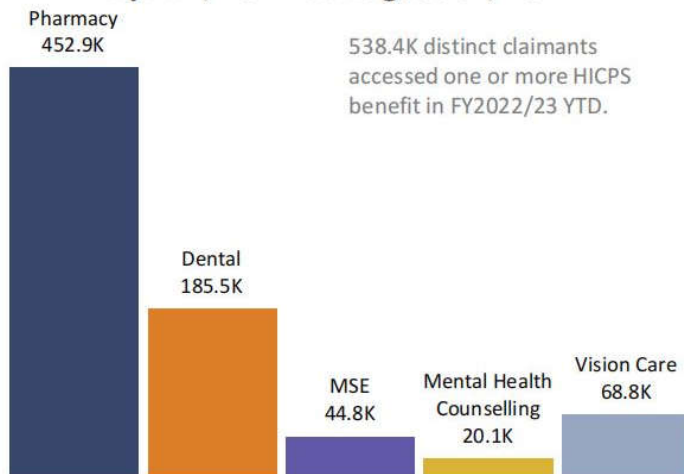
- Next steps - Community visits for introductions and engagement are expected October Month End
- Sr. QACC staff are facilitating (via MS teams) NIHB Program Overviews to communities

NIHB National Aggregate Utilization

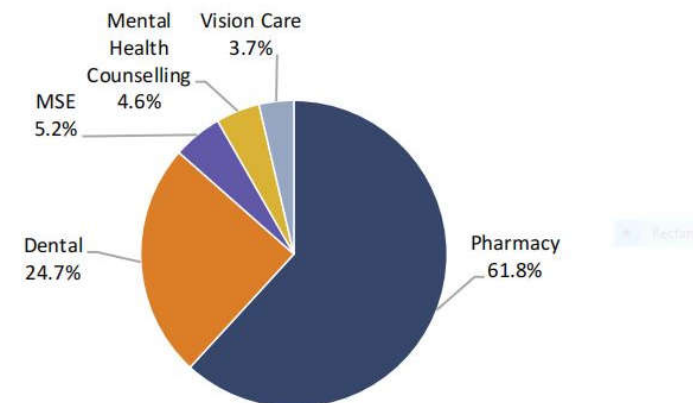
HICPS Utilization - ESC Processed (Annual) *

Benefit	Claimants			Paid Claims			NIHB Expenditures		
	2021/22 YTD	2022/23 YTD	YOY % Change	2021/22 YTD	2022/23 YTD	YOY % Change	2021/22 YTD	2022/23 YTD	YOY % Change
Pharmacy	423,255	452,890	7.0%	8,906,197	9,361,061	5.1%	\$269,413,645	\$302,292,854	12.2%
Dental	179,114	185,545	3.6%	951,462	991,578	4.2%	\$112,423,326	\$120,607,999	7.3%
MSE	44,170	44,752	1.3%	150,862	155,052	2.8%	\$24,401,749	\$25,473,605	4.4%
Mental Health Counselling	15,074	20,133	33.6%	97,476	124,012	27.2%	\$17,559,236	\$22,588,513	28.6%
Vision Care	70,621	68,775	-2.6%	97,891	93,853	-4.1%	\$18,504,446	\$17,889,604	-3.3%
Total	511,850	538,385	5.2%	10,203,888	10,725,556	5.1%	\$442,302,402	\$488,852,576	10.5%

**HICPS NIHB Claimants by benefit
April 1, 2022 to August 31, 2022**

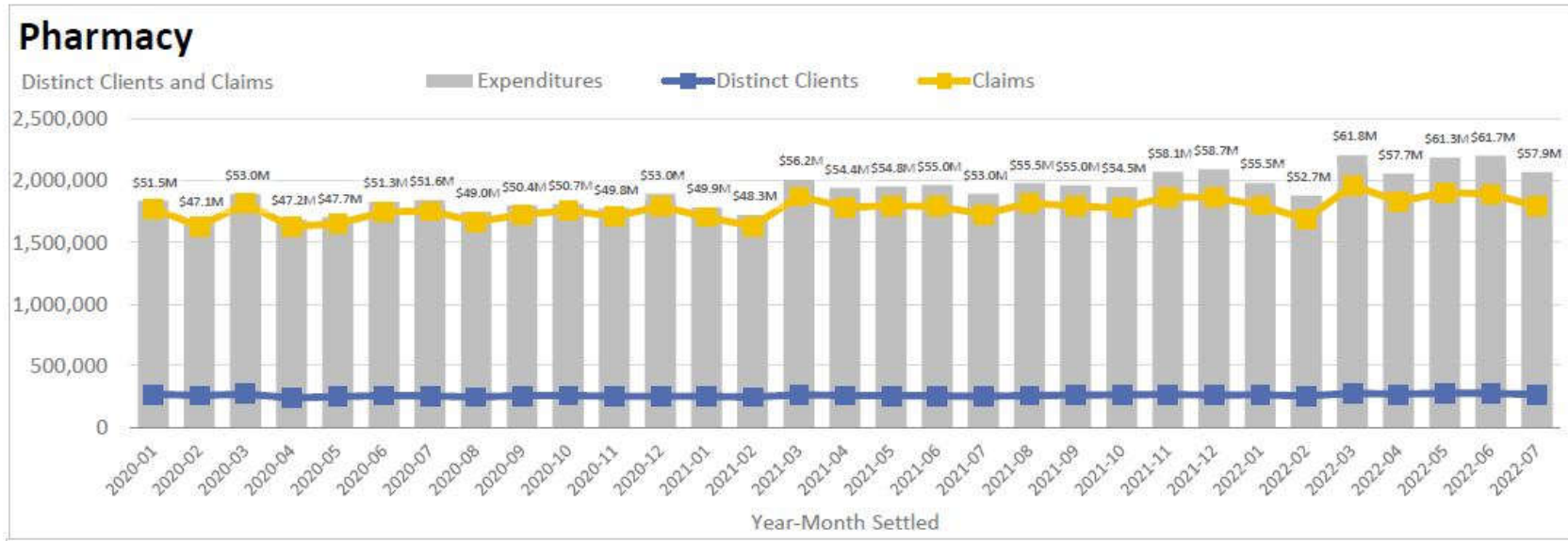


**HICPS NIHB Expenditures by benefit
April 1, 2022 to August 31, 2022**

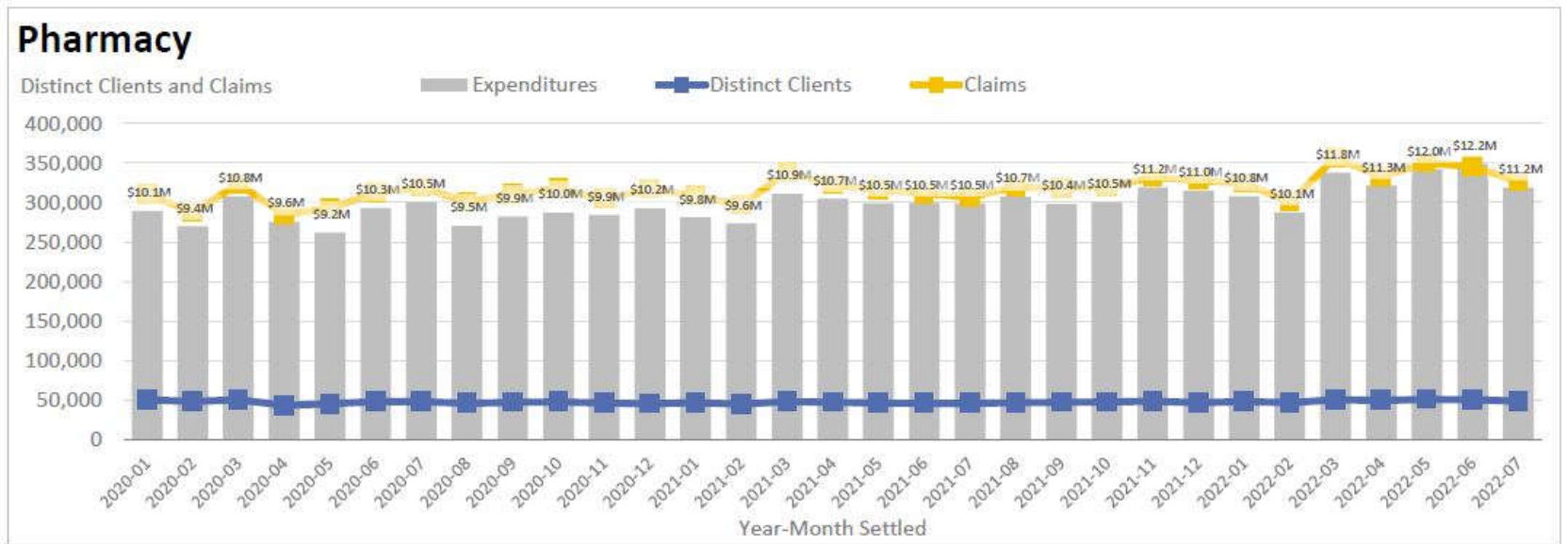


* Does not represent MT as this is HICPS /Express Scripts data ONLY. MT is administered through MTRS . (Similarly with MHC portions under Contract or CA are not captured)

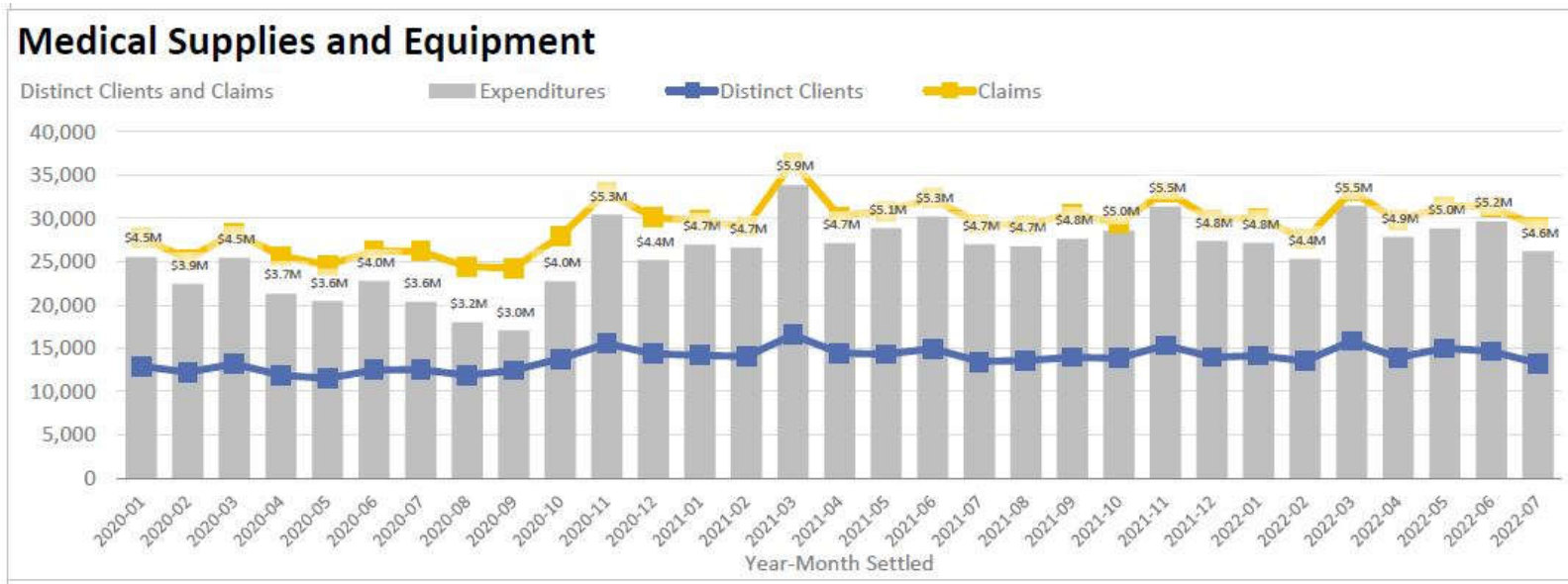
National NIHB Benefit - Pharmacy



Alberta NIHB Benefit - Pharmacy



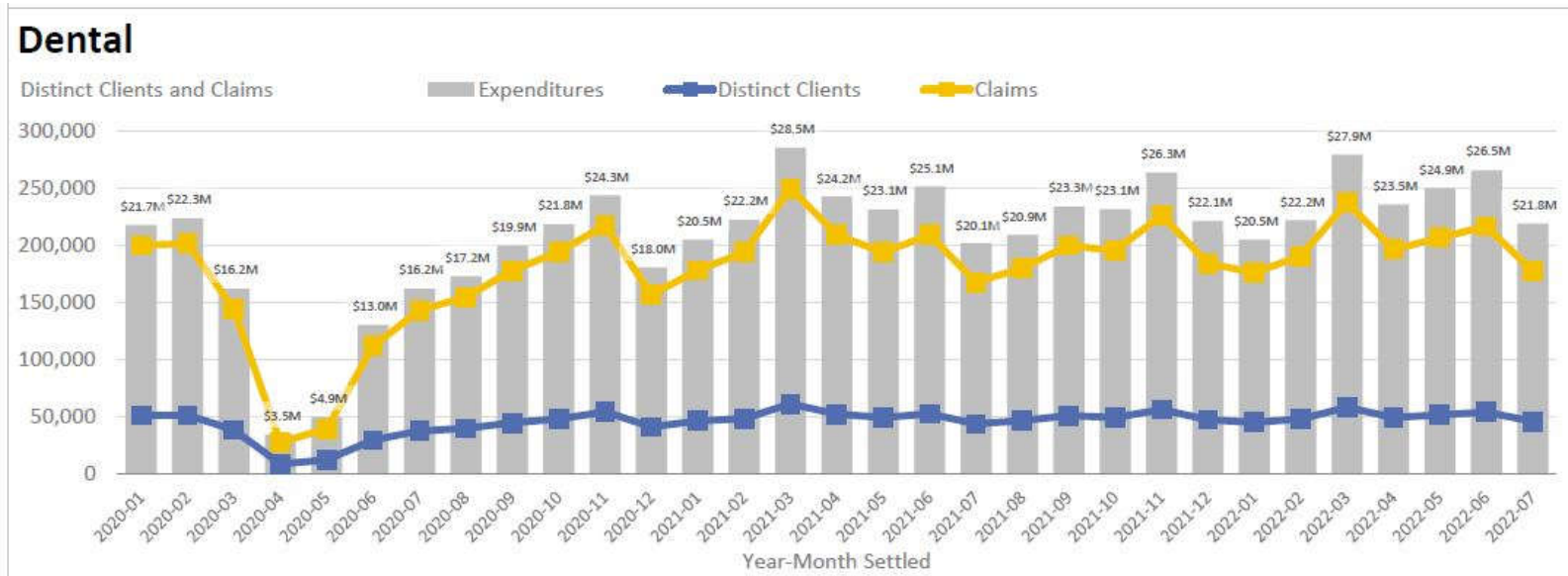
National NIHB Benefit - Medical Supplies & Equipment



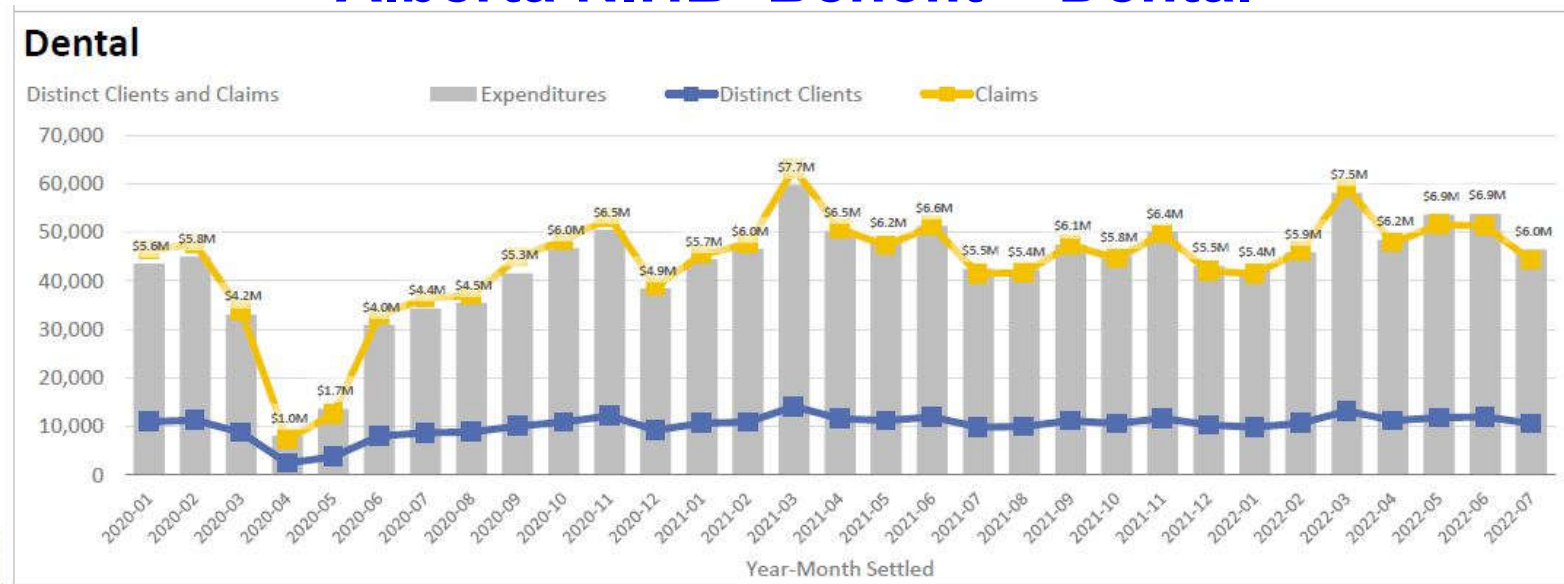
Alberta NIHB Benefit - Medical Supplies & Equipment



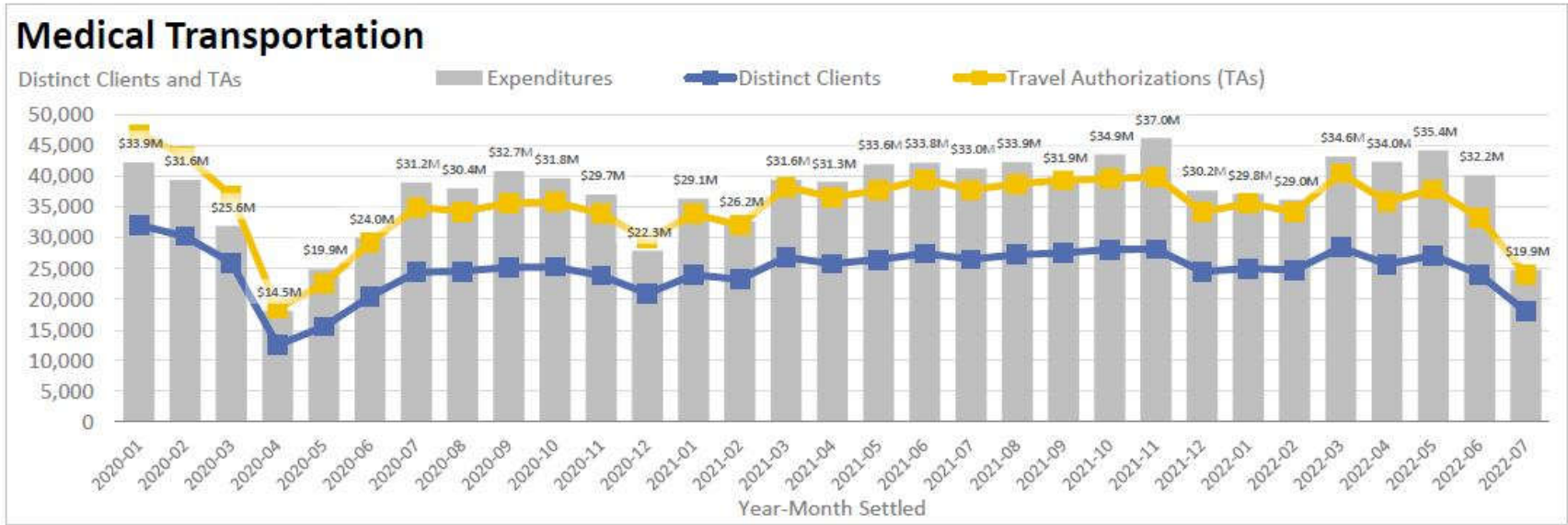
National NIHB Benefit - Dental



Alberta NIHB Benefit - Dental



National NIHB Benefit - Medical Transportation



Alberta NIHB Benefit - Medical Transportation



Data to July 31 2022

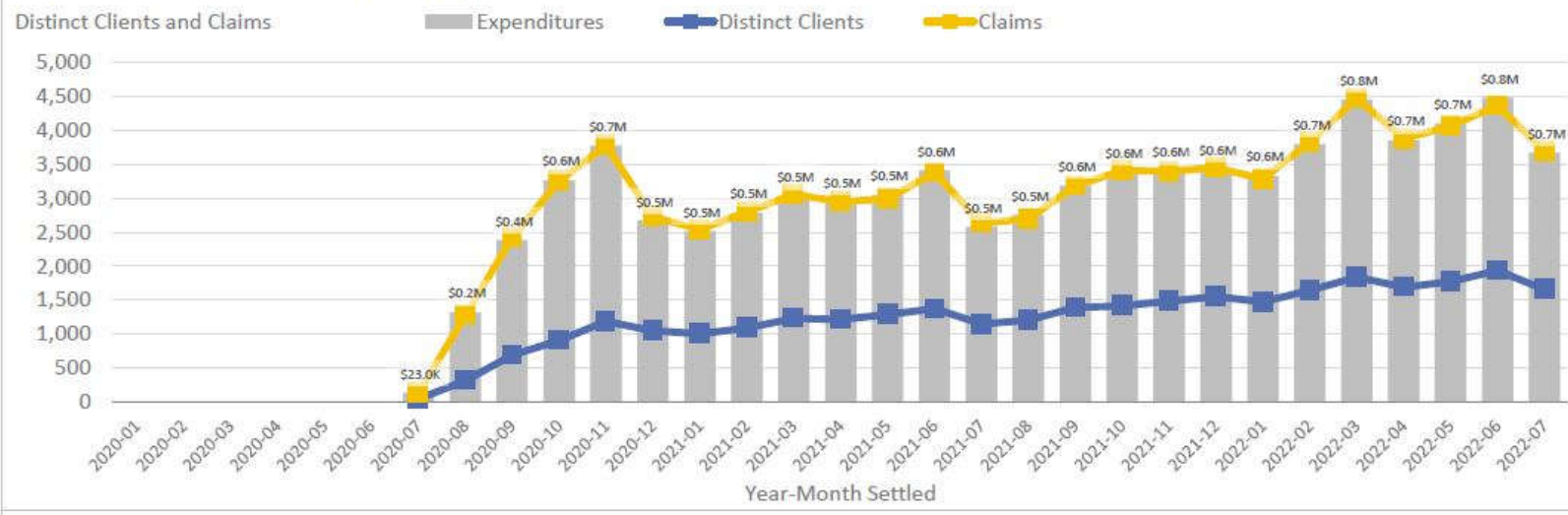
National NIHB Benefit - Mental Health Counselling

Mental Health Counselling



Alberta NIHB Benefit - Mental Health Counselling

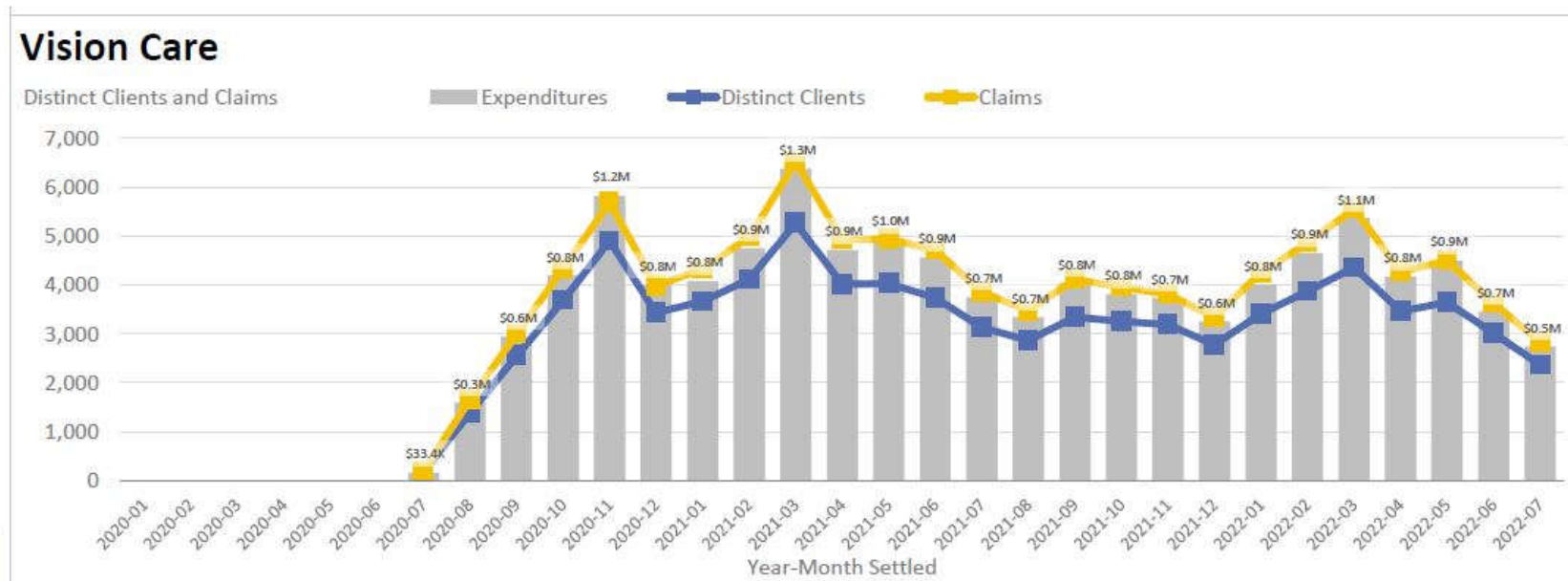
Mental Health Counselling



National NIHB Benefit - Vision



Alberta NIHB Benefit - Vision



NIHB Special Topics / Updates

MHC Service Delivery Review

- NIHB HQ has identified MHC for a review of service delivery models in an effort to assess utilization, collection and review of reporting, policy adherence and fiscal equity across the typical means of delivery. (fee-for service (direct bill), ISC Contract, First Nations HFA (CA))
- Overall, there is continued growth in MHC expenditures, recognizing the need for MHC, there are some concerns that expenditures are being driven by factors outside of client needs.
- Much of the focus of review will be on ISC- contracted providers specifically around :
 - utilization rates for official/unofficial contracts
 - time providers are spending in community (while being compensated) without seeing clients.
 - services/activities that are outside the scope of the benefit
- This is an initial review by NIHB HQ with an intent to maintain access but look at alternative models for consideration and to develop interim guidelines

NIHB Special Topics / Updates

Edmonton / In-city Transportation Review/Renewal

- Bigstone Medical Transportation (MT) has been utilizing a van model or a mixed model (with some taxi trips) to deliver In-City MT services to all eligible NIHB clients since undertaking a pilot project in 2000. The funding mechanism for this service has alternated between Health Funding Arrangements and contracts over the years.
- In June of 2018, three options for service delivery were presented to the HCoM table following a discussion at subcommittee. A decision was made to support Bigstone (through Kee Wee Tin Nok) with delivering the service. The agreement with Kee Wee Tin Nok expires on March 31st, 2023.
- Currently looking for direction from subcommittee with how to proceed with the decision-making process for April 2023 and beyond. For consideration will be: status quo, fee for service free market taxi supports and Contribution Agreement – through an Request For Proposal. All CA models would need to be cost effective.
- Suggest that KWTN Transport present utilization statistics (with a cost model) to assist subcommittee in their review of service options and renewal. Suggest a special Teams/Zoom meeting of subcommittee for this purpose.

NIHB Special Topics / Updates

NIHB MHC Providers currently enrolled but not eligible as vendors

- There is a “legacy issue” currently identified in the Alberta MHC provider list. We have identified a number of providers (13) currently enrolled in ESC/HICPS as not meeting the standards of eligibility for NIHB. The issue is isolated to Social Workers enrolled without the mandatory “clinical” designation from their College.
- This issue is a result of administrative error during the transition to Express Scripts Canada, where registration was removed as a primary function from region. In addition there were instances where NIHB-AB knowingly “grandfathered” providers to ensure client safety and continuity of care.
- As it currently stands, clients are not receiving treatment from providers that are allowed to practice in Alberta (providing treatment). These providers also risk violation of their own College’s definitions of “scope of practice” and Alberta’s Health Professions Act.
- NIHB region is concerned regarding the position of NIHB HQ and any possible directive if advised.
- Seeking recommendations on the following potential elements of a solution:
 - Transition clients to “approved” vendors immediately (revoke registration)
 - Give providers a “grace period” (determine length) to gain clinical designation (freeze new referrals)
 - Revoke registration of providers that remain ineligible following a determined “grace period”
 - Determine a communication strategy for clients and vendors
 - Need to consider, client safety/continuity of care, reasonable time frames, transition strategies, and liability implications for both client and the provider operating “out of scope” and outside of a regulatory body’s designations and legislation

NIHB Regional Team

Title	Name	Contact
A/Director	Kimberley Loh	587-338-7514
Benefits Manager	Corey Leyte	587-930-5415
ERU Manager	MJ Morgadinho	587-340-4385
A/QACC Manager	Samantha Craig	780-237-1569
Senior Advisor, Program Delivery	John Cristescu	780-242-0463
NIHB Urban Navigator	Alison Tremblay	587-920-4113
Senior Advisor	Diane Breitreutz	

NIHB Contact Information

Alberta Regional Inquiries	Benefits Call Centers	
<p>Non-Insured Health Benefits – Alberta Region Office Canada Place 9700 Jasper Avenue Suite 730 Edmonton AB T5J 4C3</p>	<p>NIHB Client Call Center at Express Scripts Canada</p>	<p>Tel.: 1.888.441.4777</p>
<p>General NIHB Inquiries Telephone: 780.495.2694 Toll free: 1.800.232.7301</p>	<p>NIHB Dental Predetermination Centre (DPC)</p>	<p>Tel.: 1.855.618.6921 Fax: 1.855.618.6290</p>
<p>Medical Transportation Telephone: 780.495.2708 Toll free: 1.800.514.7106</p>	<p>Orthodontic Services</p>	<p>Tel.: 1.866.227.0943 Fax: 1.866.227.0957</p>
	<p>Drug Exception Centre (DEC):</p>	<p>Tel: 1.800.580.0950</p>