

NON-INSURED HEALTH BENEFITS (NIHB) GOVERNMENT OF NORTHWEST TERRITORIES (GNWT) MEDICAL SUPPLIES AND EQUIPMENT PROGRAM ACTIVITY REPORT

DCI Number/Fiscal Year: HC-P064 (2023-2024)

NOTE: This document is a representation of the reporting requirements for DCI HC-P064. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

The Financial/Program Activity Reports noted above must include the following data elements for each authorized claim for the reporting period:

1. Total number of claims broken down by:
 - a. Communities
 - b. Providers
 - c. Client name
 - d. Date of birth
 - e. Territorial Health Care Number
 - f. Drug Identification Number (DIN) or medical supplies and equipment description
2. Total amount paid out during the reimbursement period;
 - a. Shipping date
 - b. Copy of all way-bills & backup documentation supporting the way bill charges

The required financial and program reports are to be sent to the Regional Office.