

**HEALTH CANADA
FIRST NATIONS AND INUIT HEALTH**

NON-INSURED HEALTH BENEFITS

MEDICAL TRANSPORTATION GUIDELINES

PACIFIC REGION

APRIL 1, 2009

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1.0 INTRODUCTION

The national **NIHB Medical Transportation Policy Framework** (MTPF) (Appendix A) defines the policies and benefits under which the NIHB Program will fund eligible registered First Nations and recognized Inuit clients to access medically required health services not provided on the reserve or in the community of residence. The NIHB Medical Transportation Policy Framework sets out a clear definition as to the eligibility of clients, the types of benefits to be provided and criteria under which they will be funded.

The NIHB MTPF applies to the funding of medical transportation benefits by the NIHB Regional Offices or by First Nations or Inuit Health Authorities or organizations (including territorial governments) who, under a contribution agreement, have assumed responsibility for the administration and funding of medical transportation benefits to eligible clients.

The **Pacific Regional Medical Transportation Guidelines** are NOT intended to replace the national MTPF. The Regional Guidelines are intended to enhance the national MTPF and reflect established regional rates and clarification in the application of the program. The regional guidelines will provide greater clarity and direction to those administering medical transportation benefits in British Columbia and ensure consistent application of policy.

1.1 GENERAL PRINCIPLES

The Medical Transportation Program provides **supplementary** benefits intended to ensure that eligible clients have access to medically-required services. It is not intended to cover all costs that may be associated with a client's medical condition and travel requirements.

Assessment of benefits will be based on professional medical and dental judgement, consistent with the best practices of health services delivery and evidence-based standards of care. The program will be managed in a transparent, sustainable and cost-effective manner.

FNIH or First Nations Health Authority or organization representatives determine if the client is eligible for benefits and that access to medically required health services cannot be obtained on the reserve or in the community of residence as per the MTPF. The most **economical and efficient** mode of transportation must be used, taking into consideration the client's **medical condition and the urgency of the situation**.

In order to determine eligibility for medical transportation benefits for a specialist appointment, the client must provide the following documentation: a referral from a GP, family physician or other health professional, and confirmation of appointment from the health provider/health facility.

Clients must be **referred to a specialist**; they cannot “self-refer.” A referral from a GP to a specialist is considered valid for six months, after which the client is required to get a new referral note.

After the appropriate medical travel arrangements have been made and the client has attended their appointment, the client must provide confirmation of attendance from the health provider/health facility.

Travel expenses **will not** be reimbursed without written confirmation of attendance. The time frame for client reimbursement requests through NIHB is a maximum of 12 months from date of service. No reimbursement will be provided when scheduled transportation could reasonably have been used (e.g., medical transportation vans).

Travel expenses will only be considered for services that are eligible through the BC Medical Service Plan or covered by NIHB and is to the **closest** appropriate medical professional and/or facility.

Clients who are travelling to access medically required services are to schedule their travel arrangements appropriately so that they attend their appointments and return home on **earliest available** means. Clients should not extend their travel beyond what is medically required, nor are they entitled to "stopovers" en route. Clients who choose to stay longer will be responsible for any additional costs and may be required to pay for their return trip back to their community.

Clients who are in isolated locations where air/ferry travel is only available during specific times (ie., week days) are to schedule their appointments so that they are not required to stay over the weekend or longer than necessary.

Exceptions may be considered for medical transportation and should be submitted on the Medical Benefits Exception form (see Appendix B).

2.0 MEDICAL TRAVEL

2.1 COORDINATED TRAVEL

Whenever possible, clients are to coordinate appointments for optimum cost-effectiveness. As an example:

- * clients who have to travel for medical appointments should schedule dental or vision care appointments as well.
- * when more than one medically necessary service is required in the same week for one or more family member(s), where practical and economical, appointments and travel arrangements will be scheduled for the same day to ensure optimum cost-effectiveness.
- * clients who are required to have non urgent laboratory work or other non urgent testing, are to coordinate with other upcoming medical appointments.

2.2 MEDICAL TRANSPORTATION VANS

In those communities who are operating medical transportation van(s), clients are to coordinate appointments with regularly scheduled van trips.

If a client is able to access a medically necessary service using the van system and chooses not to do so, the client is responsible for their own transportation costs and will not be reimbursed.

2.3 DENTAL TRAVEL

Travel to access eligible dental benefits under the Non-Insured Health Benefits program is a medical transportation benefit. The NIHB Dental Policy Framework describes who is eligible to receive dental benefits, what types of benefits are provided and the policies under which they will be funded.

Dental travel funding follows the same principles outlined in the Medical Transportation Framework; including that travel to the closest appropriate provider, by most economical means, etc.

Dental travel is **not provided** when there is a provider in the local area who is willing to work with the NIHB Dental program.

Travel for dental services that are not within the local service area or are not to the closest provider require prior approval from the NIHB Regional Office and should be sent in as an exception (see Appendix C).

Travel is not provided for dental services that are not an NIHB benefit.

Travel is not provided if the client has missed appointments with the local provider for which charges may be owing and the client chooses to go to another provider farther away. **(NOTE: NIHB does not fund missed appointment charges.)**

Orthodontic travel is approved as an exception through the NIHB Regional office. Orthodontic travel will only be approved when the orthodontic services have been approved by the national Orthodontic Review Committee.

2.3 TRAVEL TO DETOX

Travel to access detox services may be considered a benefit where a referral has been made by a Community Health Professional, Community Health Representative, or an Alcohol and Drug Counsellor, and the services provided are covered under the BC Medical Services Plan. **All travel for detox must be submitted to the NIHB Regional Office as a benefit exception.**

2.4 NNADAP TREATMENT TRAVEL

Travel to access alcohol and drug treatment programs will be funded to the closest appropriate NNADAP funded/referred facility. Travel outside the province will only be considered when the required treatment is not available in the home province or when a neighbouring province's treatment centre is the closest centre and it is approved by the Regional NNADAP Treatment Manager.

Clients are required to meet all treatment centre entry requirements (physical exams are billed to the NNADAP Regional Office) prior to medical transportation benefits being authorized.

Travel to treatment centres may be arranged on a return basis; however, NIHB may not fund return travel costs if the client discharges him/herself before treatment has been completed. Exceptions may be considered for clients who are minors or in cases when proper justification is provided and approved by the NIHB Regional Office.

2.5 VISION TRAVEL

Travel for clients for regular/routine vision care services may be provided when coordinated with other medical appointment(s). Travel to see a vision care specialist may be provided with a referral from the physician or optometrist. Travel to pick up vision care products is an exclusion under Medical Transportation Policy Framework.

2.6 METHADONE TRAVEL

Travel for clients to visit a pharmacy for pharmacist-supervised methadone ingestion is a **benefit exception** and may be provided for up to four months. Extensions may be considered with justification. Methadone travel should be submitted to the NIHB Regional Office as a benefit exception.

2.7 TRADITIONAL HEALERS

Medical transportation benefits to see a traditional healer may be provided for clients to travel to access services of a traditional healer or, where economical, for a traditional healer to travel to the community.

Medical transportation benefits to access traditional healer services is a **benefit exception** and should be submitted to the NIHB Regional Office for approval.

The following criteria must be considered prior to approving medical transportation benefits for traditional healer services:

1. The traditional healer is recognized as such by the local Band or Tribal Council
2. The traditional healer is located in the client's region of residence
3. A licensed physician or a community health professional has confirmed that the client has a medical condition

2.8 LONG TERM OR EXTENDED STAYS

For trips requiring more than 5 days consecutive stay, prior approval is required by the NIHB Regional Office. Requests for long term or extended stays should be submitted as benefit exceptions and accompanied by the appropriate documentation.

Where possible, accommodation on trips requiring more than 5 days stay are to be made in establishments that have self-catering or cooking facilities.

Long term or extended stays for medical services may be approved up to three months.

Long term or extended stays required for more **than 30 days**, need to be submitted as an exception and if approved, and on request of the First Nation organization, NIHB will make arrangements to pay for the accommodation. Meals and travel costs remain with the First Nation organization.

Where a client is required to remain in an urban setting to access medically required services for an extended period of time, travel back to the home community **during** the treatment period is **not** a medical transportation benefit.

If, upon medical advice, a client is required to relocate to an urban centre to be close to an appropriate health facility so that they may receive on-going medical care/treatment for an undetermined but extended amount of time, Medical Transportation benefits may be provided for up to a three-month transition period to assist the client in making the necessary living arrangements. This would include such situations as clients who are transplant recipients, or recipients who cannot return back to their community for medical reasons.

FNIH/First Nations Medical Transportation Program does **not** provide financial assistance with on-going expenses for either meals, accommodation or in-city transportation following the **three-month transition period**. Benefit exceptions may be considered on a case by case basis and should be sent in on the appropriate Exception Form to the NIHB Regional Office. These requests are to be submitted at least two weeks prior to the end of the initial 3 month period.

2.9 REPEATED ON GOING MEDICAL CARE

As per Section 1.6 of the MTPF, when a client is required to travel repeatedly to access on-going medical care transportation benefits may be provided for up to four months. If repeated travel is still required after the four month period, a benefit exception may be considered. Exceptions are considered on a case by case basis and should be sent in on the appropriate Exception Form to the NIHB Regional Office. These requests are to be submitted at least two weeks prior to the end of the initial period.

2.10 NON URGENT LABORATORY/BLOOD WORK AND OTHER TESTING

Clients who require non urgent laboratory/blood work and/or other testing must schedule their travel that is the most efficient and cost effective means. Travel for non urgent laboratory/blood work and other testing, is to be avoided when the travel would involve weekend travel or if the client would be required to stay longer than 2 days due to air/ferry schedules. These requests should be submitted at least forty eight hours (or whatever the community policy is) prior to travelling.

3.0 ESCORTS

Where the client needs assistance to access medically required services outside of their home community, medical transportation benefits **may include** the provision of **some or all** of the following: transportation, accommodation, and meals for an escort.

The use of an escort must be preauthorized by FNIH or a First Nations Health Authority or organization, following the request of a doctor or community health professional.

For an escort to be considered, a request signed by a physician clearly describing:

why and **how** the escort will be assisting the client. This may be on the Physician Escort Request Form (see Appendix D), or in other written format.

the **length of time** for which the escort is authorized will be determined by the client's medical condition or legal requirements.

NOTE: A letter or signed Escort Form from the doctor **does not** automatically approve an escort. The rationale for the request for an escort must fall within criteria outlined in Section 5.5 of the Medical Transportation Policy Framework:

Client has a physical/mental disability such that he or she requires assistance with activities of daily living, such as bathing, dressing, feeding and decision-making.

Client requires assistance with all his/her activities of daily living as a result of a current medical condition, such as bathing, dressing, feeding.

Client requires legal consent by a **parent or guardian** (i.e. client is a minor)

Client needs a translator (i.e. client does not speak or understand English)

A family member requires instructions on necessary medical procedures that cannot be given to the client alone.

General Anaesthesia (Day Surgery)

Escorts **must** meet the criteria outlined in the MTPF:

A family member who is required to sign consent forms or provide patient history.

A reliable member of the community

Physically capable of taking care of themselves and others

Does not require an escort themselves when on medical travel

Proficient in translating from local language to English

Able to share personal space with the client

Interested in the client's well-being

Able to serve as driver when the client is unable to transport him/herself to

or from appointments

Escorts who accompany a client on a medivac where the client is to remain in the hospital for 2-3 days may be provided accommodation and meals if Physician Escort Form indicates client will be returning to the community within 2-3 days **and** will require an escort to travel back home. If client is required to stay longer than 2-3 days then the escort should return back to the home community.

Individuals who wish to remain with the hospitalized client after 3 days will not be provided meals and/or accommodations.

Escorts are **not** provided for clients who are in the care of a **hospital or long term facility** for more than 3 days. Requests for escort longer than three days, when a client is in the hospital, is a **benefit exception and should be submitted to the NIHB Regional Office with the appropriate documentation (benefit exception form and physician's escort request form)**. **NOTE:** Written documentation by a physician or other hospital professional stating that the patient needs someone to act as a care attendant or to provide emotional support will not be considered as it does not the MTPF criteria.

In situations where the client must travel to and remain in an urban setting to receive medical services for extended appointments/treatments (ie, radiation) or must be located close to a hospital (i.e. pre-natal confinement) an escort may be approved to take the client to the initial appointment and to assist the client to return to the community once they are able to travel.

If the escort decides to remain with the client for the duration of the required period, meals and accommodation costs will not be covered, unless the escort has been approved as an exception through the NIHB Regional Office.

Escorts for compassionate travel are considered an **EXCLUSION** of the program and would include, but not be limited to, situations such as:

- Clients 19 years or older who are inpatients of a hospital, care facility, rehabilitation facility;
- Clients who do not have a valid driver's license and so cannot drive
- Clients who are nervous to fly or do not want to travel alone
- Clients who want emotional support

4.0 ACCOMMODATION/MEALS/MILEAGE

4.1 ACCOMMODATION

Assistance with overnight accommodation may be provided on a case by case basis, which may include a review of the medical justification, time of appointment, distance travelled and scheduled and/or coordinated medical transportation.

When the trip includes an overnight or extended stay away from the client's residence, the most efficient and economical type of accommodation will be chosen, taking into consideration the client's health condition, location of accommodation and duration of stay. Where possible, Easter Seals, Cancer Lodge, Heather House and other lodgings must be considered.

Accommodation arrangements will be made by FNIH or a First Nations or Inuit Health Authority or organization. Clients who choose to make different accommodation arrangements will be responsible for the difference in the cost between the two.

Where accommodation and meals are provided, all other expenses are the responsibility of the client. This would include, but is not limited to, the following:

- Telephone charges
- Room or valet service
- Movie or game rentals
- Tips or gratuities
- Lost or stolen items
- Property damage

Accommodation in a private home is reimbursed at the rate of \$30 per night's stay, up to a **maximum of \$100 per week**. The private accommodation rate is **inclusive** of an escort and any taxi's that may be required. Reimbursements will only be issued to the client.

4.2 MEALS

Assistance with meals will be provided to clients requiring overnight accommodation and wherever practical, meals will be arranged in connection with the accommodation.

Meal rates are as follows:

For trips that are up to five (5) nights in duration:

- \$31.00 per night's stay
- \$15.50 per night's stay for children under 9 years of age

For trips that are between five to fourteen (5-14) nights in duration:

- \$25.00 per night's stay
- \$12.50 per night's stay for children under 9 years of age

For trips that are over fourteen (14) nights in duration, a weekly rate will apply.

- A maximum weekly rate of \$126.00 per week
 - A maximum weekly rate of \$63.00 per week for children under 9 years of age

When and where available, clients who will be out of the community for **two weeks or more** are to be provided accommodation in a kitchenette or a self contained unit.

When a client is out on medical travel for **more than a month** a maximum weekly rate of \$126.00 for meals will be applied. This weekly rate would be **inclusive of any escort, except in the case where the client is a child under 9.**

Assistance with a meal may be provided where the time away from home to attend the medically required appointment is more than 6 hours in one day. In such instances, \$10 will be paid for lunch. Breakfast is not payable for same day trips.

Assistance with a meal when the time away from home is less than 6 hours may be provided in circumstances where meals are a component of the medical treatment and a meal is not provided by the facility (i.e. dialysis, diabetes, high-risk pregnancy). In such instances, \$10 will be paid for lunch. Breakfast is not payable for same day trips.

Medical travel of **5 or more days duration** should be submitted to the NIHB Regional Office as a benefit exception. If possible, clients who will be out of the community for longer than 5 days should be provided accommodation in a kitchenette or a self contained unit.

4.3 MILEAGE RATES

The NIHB kilometre allowance is a supplementary benefit intended to offset some of the costs associated with private vehicle use. It is not intended to cover all costs that may be associated with private vehicle use nor is it intended to compensate a driver's time.

The payment of a per kilometre allowance may be authorized where it has been determined by FNIH or a First Nations Health Authority or organization that:

- a private vehicle is the most appropriate, efficient and economical means of transportation;

- scheduled and/or coordinated medical transportation is not available.

If scheduled and/or coordinated medical transportation is available and the client chooses to use his/her own vehicle, a per kilometre allowance will not be approved.

If public transportation is available and the client chooses to use his/her own vehicle, reimbursement will be the equivalent public transportation rate or the established per kilometre rate, whichever is the lesser.

The current per kilometre allowance for private vehicles is \$0.20 a kilometre.

As of April 1, 2009, private vehicle allowance rates (private mileage rates) are to be harmonized with the commuting rates of the Treasury Board National Joint Council. Regional rates will be updated annually on April 1st based on the rates established on January 1 of the same calendar year. Funding arrangements with First Nation organizations will also reference the NJC rate as of January 1 of the current calendar year. **NOTE:** At this time, should the NJC rate drop below the current BC regional rate of 20 cents, the BC regional kilometre rate of \$0.20 will remain in effect.

5.0 EXCEPTION/EXCLUSIONS

5.1 EXCEPTIONS

Certain types of travel may be considered on an exceptional basis, including, but not limited to:

- diagnostic tests for education purposes
- speech assessment/therapy and provincially supported preventive screening programs when coordinated with other medical appointments
- fittings for Medical Supplies and Equipment benefits

Benefit exceptions are to be prior approved by NIHB Regional office. Exception requests are to be submitted to the NIHB Regional Office using the Benefit Exception Form and accompanied by all the relevant documentation.

The following are some benefit exceptions examples, but not limited to:

- Travel to Detox
- Travel to pharmacy supervised methadone
- Travel to Traditional Healers
- Accommodation over 5 days
- Long Term/Extended Stays over 30 days
- Escort more than 3 days when client is in hospital.

5.2 EXCLUSIONS

Exclusions, as outlined in the Medical Transportation Framework, will not be considered and are not appealable, including but not limited to:

- compassionate travel
- appointments other than to the nearest appropriate health facility
- appointments for clients in the care of federal or provincial institutions
- return trip home in cases of illness while away from home for reasons other than for approved travel to access medically required services
- appointments while travelling outside of Canada
- travel only to pick up new or repeat prescriptions or vision-care products
- appointments/treatments that are not a provincially insured health service nor an NIHB benefit, such as private, non-insured physiotherapy or counselling

5.3 THIRD PARTY EXCLUSIONS

First Nations and Inuit Health does not provide or pay for health services for Inuit or registered First Nations clients if they are eligible for other available sources of benefits under any provincial/territorial health or social programs, other publicly funded programs or private insurance plans.

The following exclusions do not fall under the parameters of the FNIH mandate:

- * Provincial Ministry of Employment and Income Assistance (MEIA) clients residing off-reserve are covered through the Ministry's Medical Transportation. Supplemental benefits are paid by Pharmacare or the Ministry of Health;
- * The Workers Compensation Board (WCB), including the Crime Victim Assistance Program, is responsible for workplace injuries or victims of assault who have obtained a police reference number;
- * The Insurance Corporation of British Columbia (ICBC) is responsible for the health and welfare of clients when the health services required are related to a motor vehicle accident;
- * First Nations clients who are in the care of federal, provincial or territorial institutions (i.e. Correction Services of Canada);
- * Clients who have access to an alternate health insurance program (i.e. Sun Life).

There may be instances where a client's third-party provider (i.e. WCB or ICBC) does not provide coverage for items that would normally be benefits under the Medical Transportation Program. In such a case, the request may be submitted to the NIHB Regional Office as a benefit exception.

6.0 APPEAL PROCESS

A Client has the right to appeal the denial of a medical transportation benefit under the Non-Insured Health Benefits (NIHB) Program. There are three levels of appeals available. Appeals must be submitted in writing and can be initiated by the Client, legal guardian or interpreter. At each stage, the appeal must be accompanied by supporting information to justify the exceptional need.

The appeal will be reviewed and a decision will be made based on the specific needs of the client, the availability of alternatives and NIHB Policy. Expert advice and the recommendations of health professionals will be considered during the appeal process.

Level 1 Appeal - The first level of appeal is the Manager, First Nations and Inuit Health, Pacific Region

Level 2 Appeal - the second level of appeal is the Regional Director, First Nations &

Inuit Health, Pacific Region.

Level 3 Appeal - The third and final level of appeal is the Director General, Non-Insured Health Benefits, First Nations and Inuit Health Branch, Manulife Building, 55 Metcalfe Street, Postal Locator 4006A, Ottawa, Ontario K1A 0K9.

At all levels of the appeal process, the Client will be provided with a written explanation of the decision taken.

First Nations health authorities or organizations who directly provide medical transportation benefits should have their own internal appeal process and that process is communicated to clients who disagree with a benefit decision.

7.0 CLIENT RESPONSIBILITY

Clients who access medical transportation through Non-Insured Health Benefits, either at the community level or the NIHB Regional Office, are responsible to:

- give at least 5 days notice (or as per the community's policy) prior to leaving the community. Upon receipt of the notice, the proper transportation arrangements can be made. **Note:** Clients who do not provide sufficient notice may be required to reschedule their appointment or pay for the travel and get reimbursed.
- obtain all of the necessary paperwork for their trip prior to leaving the community: i.e. referral from GP, confirmation of appointment with specialist.
 - get prior approval for all non-emergency trips. The only exception is in the case of a medical emergency.
- attend their medical appointment as scheduled. Clients who do not attend medical appointments may be required to pay back any benefits they have received and/or pay for their travel costs on subsequent medical travel.
 - get a signed confirmation of attendance from the health professional and return it to the Transportation Coordinator after the medical appointment.
- protect all of the original warrants issued to them for their medical trip. Warrants will not be reissued if lost or stolen.
 - give notification when cancelling an appointment prior to the date of the appointment; including 24 hours notice to cancel any hotel arrangements.
- retain and submit all necessary receipts required.
 - not damage property or abuse accommodation arrangements, such as excessive noise.
 - not become verbally abusive or threatening to the patient transportation clerk or coordinator.

Clients may be required to pay for their own travel arrangements and submit a client reimbursement form with the appropriate documentation or may have charges deducted off their next travel arrangements; in such cases as:

- a) Client is verbally or physically abusive;
- b) Client fails to provide the required medical documentation (referral or confirmation of attendance) or receipts
- c) Client is no longer accepted in commercial establishments or on commercial transportation because of inappropriate behaviour or intoxication.
- d) Client does not make it to their scheduled appointment
- e) When FNIH or a First Nation organization is charged for damages; billed for keys; or no shows.

8.0 REPORTING REQUIREMENTS

First Nations and Inuit recipients who administer Medical Transportation through a funding arrangement assume responsibility for the administration and funding of benefits identified in the funding in accordance with the Medical Transportation Policy Framework (MTPF); the Regional Guidelines and the applicable schedule for Medical Transportation in their funding agreement.

All recipients in a funding arrangement are required to report as per the terms of their funding agreement. For Medical Transportation that includes a report on the 21 reporting elements.

An electronic spreadsheet has been designed to assist First Nations in satisfying the 21 required reporting elements of the agreement.

1. *Client identification number;*
2. *Client date of birth;*
3. *Gender*
4. *Departure Date*
5. *Departure Location*
6. *Departure Province*
7. *Destination Location*
8. *Destination Province*
9. *Return Date*
10. *Escort Reason*
11. *Appointment / Admission / Discharge Date and Time*
12. *Health Care Speciality*
13. *Transportation Type*
14. *Mileage Amount*
15. *Total Amount paid for transportation*
16. *Accommodation Type*
17. *Number of Nights*
18. *Total Amount paid for accommodation*
19. *Total amount paid for meals*
20. *Other Benefits*
21. *Total cost of trip*

9.0 DEFINITIONS

The national Medical Transportation Framework outlines several definitions, this section is to provide further clarification on specific definitions.

Medical Escort - means either a physician, registered nurse, paramedic or any other health professional such as a nurse practitioner. Medical escort is not someone who is accompanying a client to attend an appointment or while in the hospital.

Medically Incapacitated - means a client who is travelling immediately prior to or after medical treatment and the physician or medical institution has indicated he/she is unable to travel without an escort.

Nearest Appropriate Facility - means the facility located closest to the client's place of residence which is capable of providing medically required health service appropriate to the client's medical condition. When health professionals are brought into the community to provide the service, the community facility is considered the nearest appropriate facility.

Clients wishing to travel further to access services because there is not a wait list, or they have relocated and want to have the same physician, etc., is not considered the closest provider.

Escorts for Minors - must be the parent and/or legal guardian. Escorts for minors are provided as the legal authority to sign and make decisions for the client and cannot be other family members, boyfriend/girlfriend, etc.

APPENDIX A

MEDICAL TRANSPORTATION POLICY FRAMEWORK

APPENDIX B

MEDICAL TRANSPORTATION

BENEFIT EXCEPTION REQUEST FORM

APPENDIX C

DENTAL TRAVEL

BENEFIT EXCEPTION REQUEST FORM

APPENDIX D

MEDICAL TRANSPORTATION

PHYSICIAN'S ESCORT REQUEST FORM

APPENDIX E

SAMPLE CLIENT LETTERS

These sample letters are provided for communities as references

only. Communities may choose to adopt, adapt or not use at all.

Sample 1 - First Letter to Client

Dear:

The administration and funding for Medical Transportation is in accordance with the national NIHB Medical Transportation Policy Framework and the BC Regional Medical Transportation Guidelines, which sets out clear definitions as to the eligibility of clients, the types of benefits to be provided and criteria under which they will be funded. I am attaching copies for your reference.

We have tried to accommodate your travel arrangements and explained to you on several occasions the requirements for medical transportation, however, we are still experiencing difficulties.

On several, we have made travel arrangements for you to access medically required services and

(ADD ONE OR MORE OF THE FOLLOWING)

- have been advised that you have not attended appointments,
- have not received receipt of confirmation of appointments
- have not received the required receipts
- have been advised that hotel damages were done

have not shown up for your flight
have not shown up for your hotel

As a result, this letter is to advise you that effective this date, should these **actions or behaviour continue** all patient travel for medical appointments will no longer be processed by this office and you will have to pay for the travel yourself and get reimbursed.

It is unfortunate this type of action has to be take, but medical transportation benefits is for the purpose of accessing medically required appointments within the Medical Transportation Policy Framework. Clients are required to (ADD WHAT THE ACTION IS, FOR EXAMPLE)

attend appointments and submit confirmation of appointments
submit appropriate documentation, such as receipts

If you have any questions or require further clarification, please do not hesitate to contact
XXXXXX.

Yours truly,

Sample 2 - Client has to make their Own Arrangements

Dear:

We have advised you several times, most recently through a letter dated _____ that should your actions and/or behaviours persist, you may have to make future travel arrangements yourself and seek reimbursement after the fact.

Again, we would like to remind you that the administration of medical transportation must be done within the NIHB Medical Transportation Policy Framework and the BC Regional Medical Transportation Guidelines which set out clear definitions as to the eligibility of clients, the types of benefits to be provided and criteria under which they will be funded.

As a result of your actions, this is to advise you that effective this date, all patient travel for medical appointments **will no longer be processed by this office** and you will be required to make your own travel arrangements for medically required appointments and get reimbursed for eligible expenses.

It is unfortunate the above action has to be take, but we have exhausted all attempts to correct the situation have been unsuccessful. Your reimbursement for medical travel should be sent to our office following your appointment.

Please note that all travel must be **prior approved** by this office and all travel must be within the Medical Transportation Policy Framework, specifically:

- Client reimbursement must include confirmation of appointment, copy of referral if going to a specialist, original receipts for hotel, airline, taxi's.
- Travel must be to the closest appropriate provider.

Failure to get prior approval or submit the proper documentation with your reimbursement request may result in your claim not be approved.

If you have any questions or require further clarification, please do not hesitate to contact XXXXXX.

Yours truly,

APPENDIX F

OTHER SUPPORTING DOCUMENTATION