



Medical TRANSPORTATION



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Medical Transportation

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MEDICAL TRANSPORTATION

In Quebec, the majority of the First Nations communities manage the medical transportation program on their own through contribution agreements reached between the band council and Health Canada. The application of this component of the NIHB Program is problematic for many communities.

This component of the NIHB Program can cover the costs related to transportation, accommodations and certain other related fees such as meals for the client and their escort so that they can access the health services they require outside of the community or town they reside in.

Health Canada is responsible for managing the medical transportation contribution agreements (containing the financial parameters as well as the program plan) reached with the transferred communities and some First Nations organisations such as Mamit Innuat and certain Native Friendship Centres (Val-d'Or and Senneterre). Health Canada is also responsible for the authorisation and reimbursement of the transportation for some First Nations individuals residing off-reserve (can include the costs related to transportation, accommodations and meals for the client and their escort).

In Health Canada's offices that are located in Montreal, Program Agents are matched with communities and/or Aboriginal organisations in order to provide support in the application of Health Canada's framework.

HOW ARE THE SERVICES PROVIDED BY THE COMMUNITY?

In most cases, the community hires a medical transportation coordinator who is responsible for applying the framework's regulations while facilitating the coordination of the transportation.

The services that can be provided are generally stipulated in the community's specific program plan and it is important to be familiar with it. However, this document does not contain information of a financial nature. Among other things, it includes information on the types of transportation that you can provide or the specific cities that your population can travel to.

For example, if you receive a bill for ambulance services, it may be a good idea to verify in your program plan whether you are authorised to directly reimburse the transportation or if you must transmit the bill to Health Canada when your program does not allow you to provide reimbursement.

TRAINING ON THE FRAMEWORK

Health Canada is responsible for the training related to the comprehension and application of the Medical Transportation Framework which is the tool defining the service eligibility criteria. It is possible for the medical transportation coordinators to request training on the framework from Health Canada. To request the training, contact the medical transportation program agent affiliated with your community.



See the appended Medical Transportation Framework.

FIRST NATIONS ORGANISATIONS THAT CAN BE INVOLVED IN PROVIDING MEDICAL TRANSPORTATION

The Regroupement Mamit Innuat is a tribal council representing the interests of four Innu communities that are located to the extreme east of the Gulf of St. Lawrence: Ekuanitshit, Nutashkuan, Unamen Shipu and Pakua Shipu. Mamit Innuat provides them with services in the health and social services, administrative, technical and consultation fields.

Furthermore, Mamit Innuat signed a contribution agreement with Health Canada and is responsible for offering to **all of the non-Agreement communities** of Quebec transportation and accommodation services that are intended for First Nations members who are required to travel for medical reasons to the large urban centres of **Sept-Îles, Quebec** and **Montreal**. Mamit Innuat has access to vans facilitating the coordination of the transportation and has reached specific agreements with shelters and other accommodation services. This allows for decreasing the costs associated with transportation for First Nations who need to travel to large urban centres.

Montreal: 1-855-844-7090 (patient services)

Quebec: 1-855-365-4959 (patient services)

Sept-Îles: 1-800-463-7633 and 1-800-455-6596

<http://www.mamit-innuat.com>

The Native Friendship Centres of Val-d'Or and Senneterre signed contribution agreements with Health Canada and can coordinate and pay for the transportation of the off-reserve populations that are located in their respective regions. If the client needs to travel to one of the three large urban centres served by Mamit Innuat, the Friendship Centre will take care of coordinating the transportation and accommodations with this organisation.

Val-d'Or Native Friendship Centre: 819-825-6857 www.caavd.ca.

Senneterre Native Friendship Centre: 819-737-2324.

MEDICAL TRANSPORTATION FOR THE FIRST NATIONS MEMBERS RESIDING IN A COMMUNITY

All of the communities have a medical transportation coordinator.

They benefit from a **small amount** of flexibility through which they can authorise transportation and accommodations for their clients. However, the Medical Transportation Framework governs and restricts the communities in the management of their services.

The communities can be subjected to auditing by Health Canada at all times. That is why it is important for the community transportation coordinators to be well informed regarding the limitations of the framework in order to avoid eventual deficits.

All of the transportation and accommodations arrangements for a client residing in a community must be preauthorised by the transportation coordinator, except in emergency situations* and in certain exceptional situations.**

* **For emergency situations**, preauthorisation must be requested as soon as possible from the community transportation coordinator or Health Canada if, for example, the community does not cover ambulance transportation.

** **The exceptional situations** require written authorisation from Health Canada's regional office. The following is the list of exceptions:
(MT = medical transportation)

- Four-month limit: when a client must repeatedly travel beyond a four-month period (Framework, section 1.6);
- NNADAP in another province: when a client must access a treatment centre that is subsidised or recommended by NNADAP and located outside of their province of residence (Framework, section 7.1);
- Transportation for a community return for a client who has abandoned NNADAP treatment against the advice of the treatment centre professionals (Framework, section 7.7);
- MT (medical transportation) program benefits for an additional NNADAP treatment within a one year period (Framework, section 7.8);
- MT program benefits for a client who must access health care while they are under the responsibility of a treatment centre that is subsidised or recommended by NNADAP (Framework, section 7.9);

- For all other exceptions related to NNADAP (Framework, section 7.10);
- Three-month period: when a client requires MT program benefits in order to remain in proximity to the treatment location for a period exceeding three months (Framework, section 9.10);
- Methadone: when a client must travel for a period exceeding four months in order to receive pharmacist-supervised methadone ingestion (Framework, section 11.1d);
- When a client needs to be accompanied by more than one escort.

When the medical transportation (MT) is in transit or headed for Montreal, Quebec or Sept-Îles, the community transportation coordinator should contact Mamit Innuat so that this organisation can take care of meals, transportation and local accommodations.

In this situation, the community transportation coordinator must coordinate the patient's travel up to the urban centre and then the Regroupement Mamit Innuat will take over for meals, transportation and local accommodations.

If the medical appointment is located in a city other than Quebec, Montreal or Sept-Îles, the community transportation coordinator will be responsible for the coordination of the entire trip.

FOR FIRST NATIONS MEMBERS RESIDING OUTSIDE OF A COMMUNITY

If the community that the client belongs to provides services intended for the off-reserve members, it is the community transportation coordinator that will approve and coordinate the trip for the client, except in certain exceptional situations.



See page 19 of the NIHB information booklet.

If the community does not provide services to its off-reserve members, it is usually Health Canada that must preauthorise and reimburse the client's transportation.

Health Canada's Claims Processing Centre: 1-877-483-1575.

However, depending on the client's place of residence as well as the destination, Health Canada could possibly refer the client either to a Native Friendship Centre bound by a medical transportation contribution agreement for the off-reserve First Nations members of its region (Val-d'Or and Senneterre) or to Mamit Innuat.

THE MOST ECONOMICAL MEANS OF TRANSPORTATION AND ACCOMMODATIONS

It is very important to mention that the community medical transportation coordinators, Health Canada and the three other Aboriginal organisations authorising transportation and accommodations prioritise the most **cost-effective** mode of transportation and accommodations depending on the circumstances.

With that in mind, if a community or organisation has reached an agreement with a shelter, its services must be sought out first unless a specific medical condition justifies another type of accommodation (person in a wheelchair).

For example, the community transportation coordinator could authorise a stay in a shelter at a cost of \$30 per night. If the client prefers to stay in a hotel charging \$70 per night, they must cover the \$40 difference.

MEDICAL TRANSPORTATION DECISION TREE

The FNQLHSSC created a poster illustrating and outlining the procedures associated with the authorisation of medical transportation in compliance with the Medical Transportation Framework.

This decision tree is an excellent tool that provides assistance for explaining to the client the eligibility criteria associated with the services, while reiterating that the authorisation procedures stem from Health Canada rather than the community transportation coordinator.

This tool (poster measuring four feet by five feet) was sent to all of the health centres for the medical transportation coordinators.



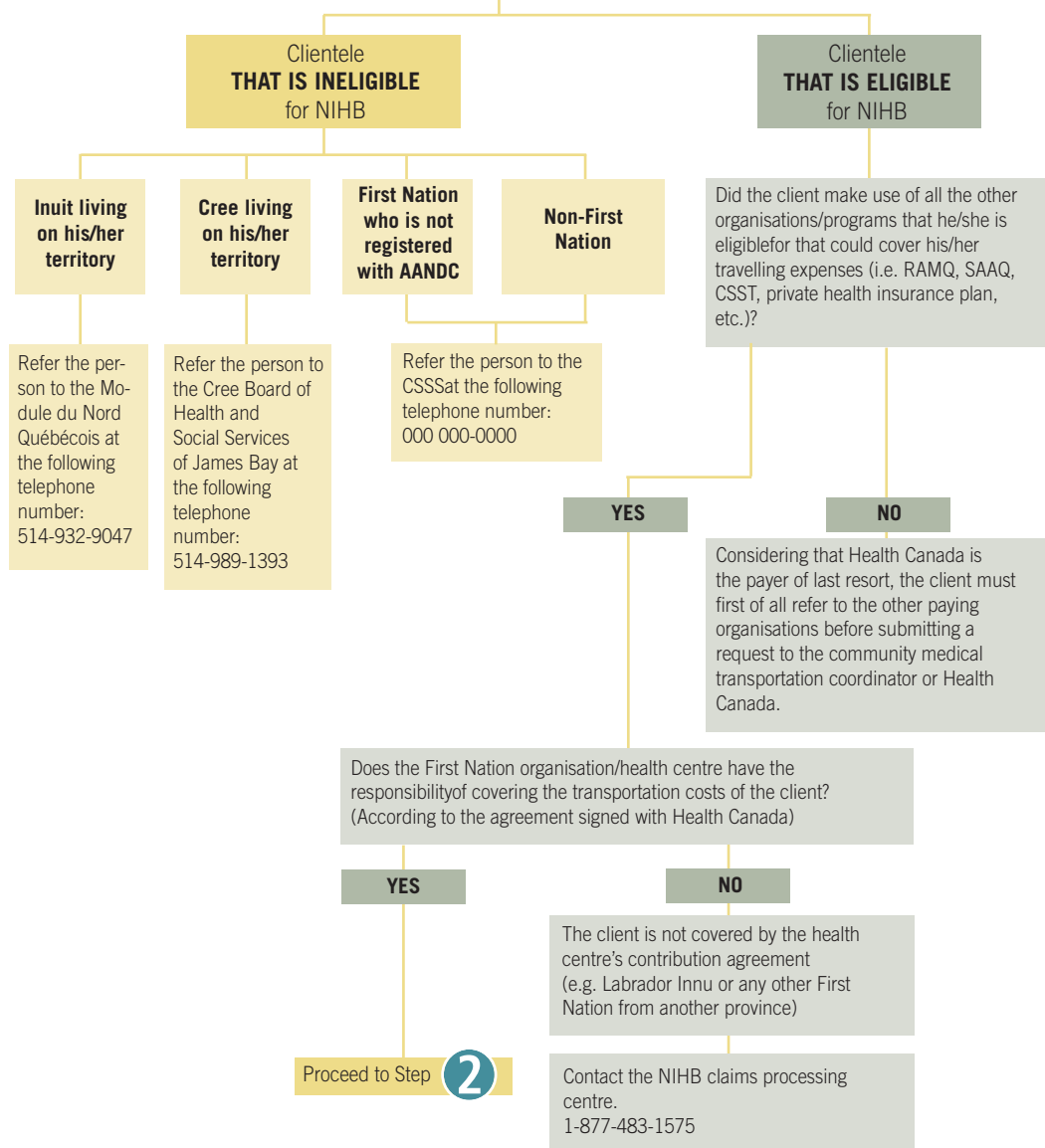
See the medical transportation decision tree following this section.

STEP

1

Client eligibility

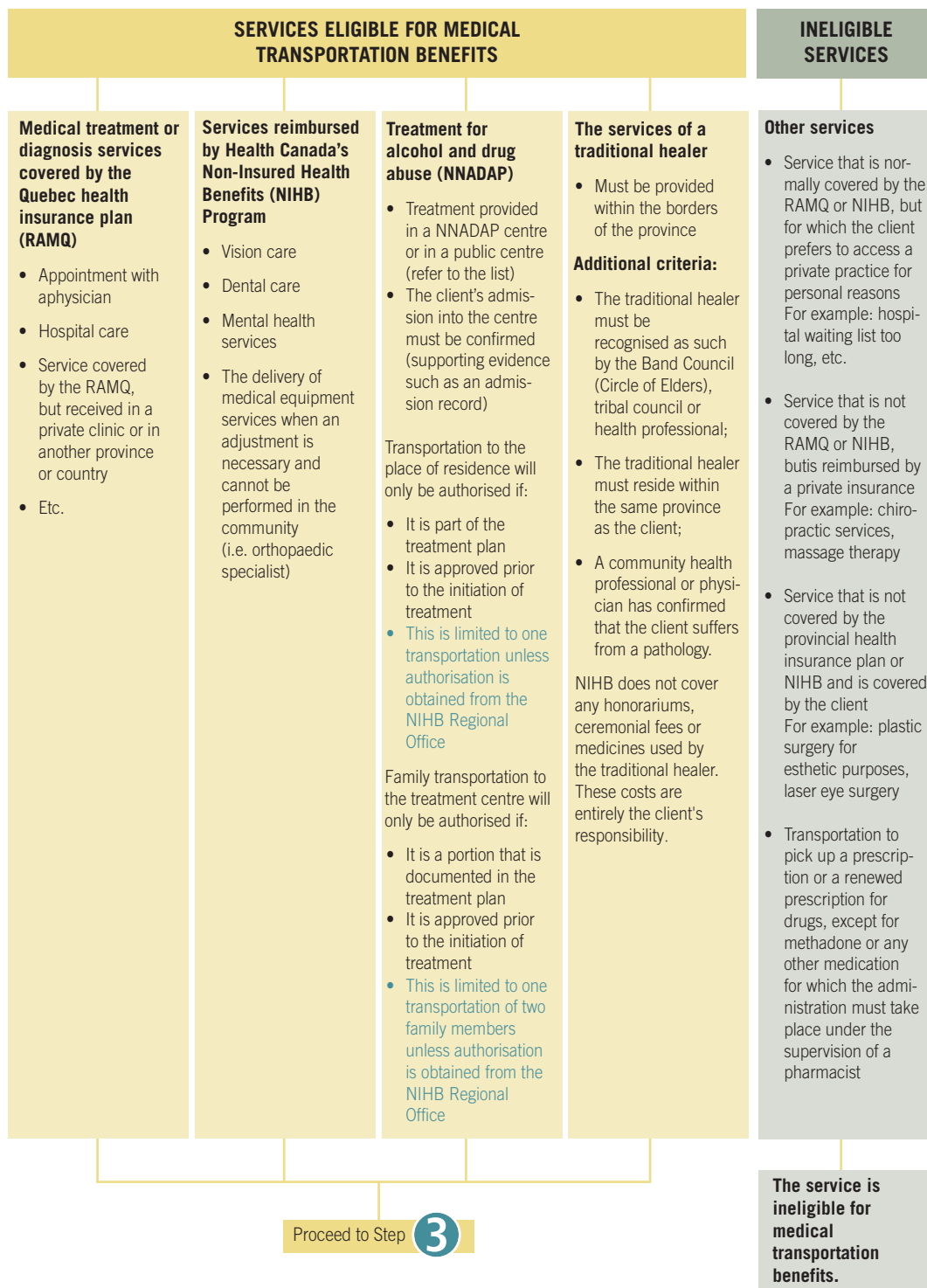
- Must be a First Nations registered with AANDC in accordance with the Indian Act or an Inuit residing outside of the Agreement territory OR
- A child less than one year of age of a parent registered with AANDC AND
- Be registered or eligible for a provincial health plan (i.e. RAMQ, OHIP, NB Medicare, etc.)

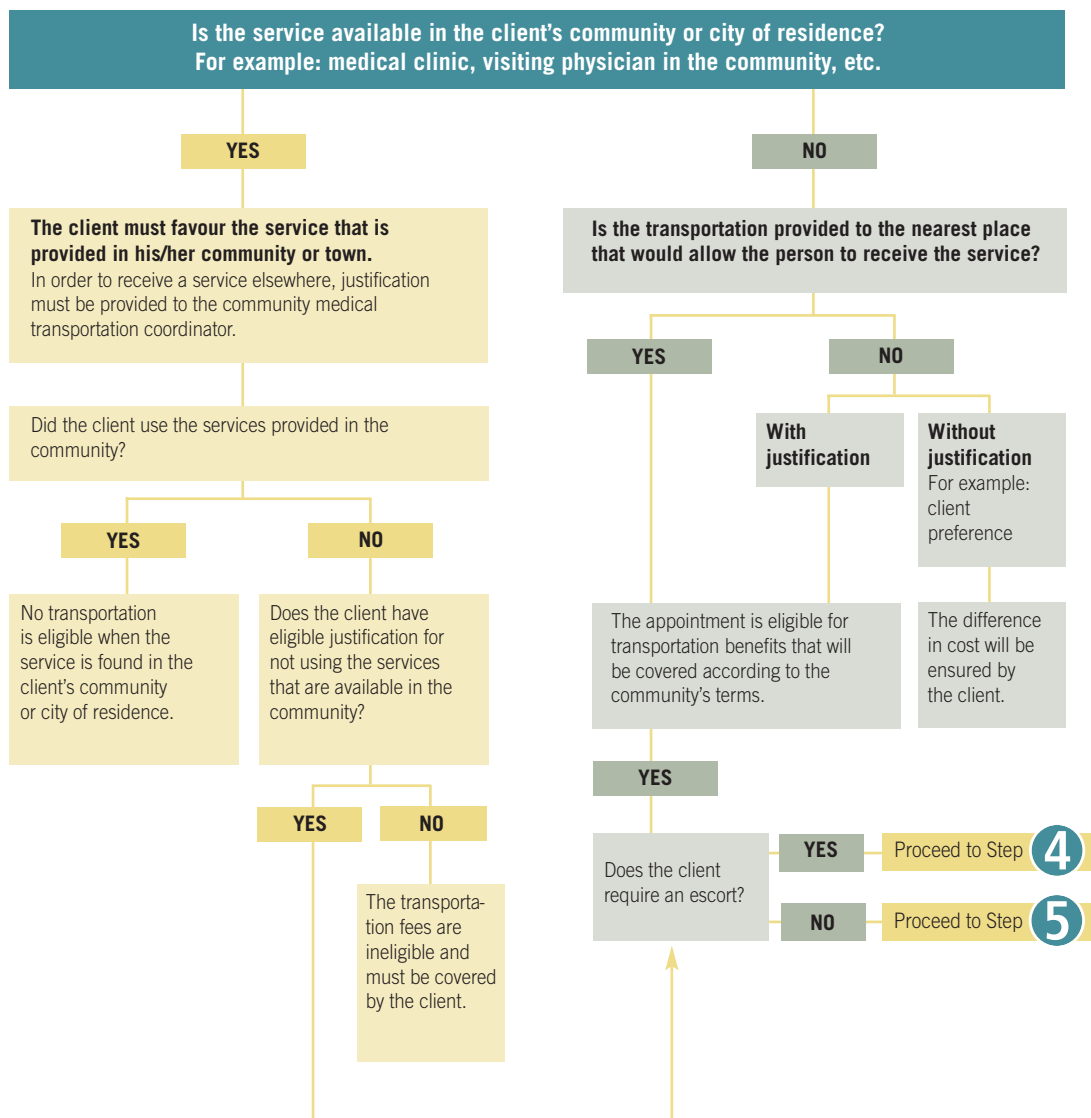


EMERGENCY

- Dealing with the situation and taking care of the emergency
- Asking for authorisation as soon as possible (before the departure or requesting post-authorisation after the patient's departure)

What service does the client wish to access?





Justification for an escort

Conditions to be respected:

- The presence of an escort for medical reasons must be justified by the nurse from the health centre or the health professional referring the client

AND

- The escort must be medically or legally required

The presence of an escort is required for one of the following reasons:

NO

The escort's travel expenses are ineligible and must therefore be covered by the client or the actual escort

YES

A) The client has a physical or mental disability causing him/her to require assistance for mobility purposes.

B) The client suffers from a medical incapacity (i.e. two broken legs).

C) The client has a mental disability demonstrated by a court requiring assistance.

D) There is a need to obtain the legal consent of the parent or guardian.

E) The client is a minor (less than 18 years of age).

F) The client has a language issue and no translator is available at the health facility.

G) There are directives that cannot be provided to the client alone concerning the care to be provided to the client during the return home.

The escort's travel expenses are eligible

Questions to consider regarding the escort choice:

Is the escort:

- A family member who can sign forms and provide information on the client;
- Someone who is trustworthy;
- Physically capable of taking care of him/herself and the client without requiring the assistance of an escort for him/herself;
- Able to effectively translate from the Aboriginal language to French or English;
- Capable of welcoming the client into his/her personal space;
- Someone who cares for the client's well-being;
- Someone who can act as a driver when the client is unable to get to an appointment or return from one.

The escort must be present with the client during his/her travels

The escort's return

The escort must return to the community as quickly as possible unless:

- A medical or legal reason requires him/her to extend his/her presence
- It is more cost effective to extend the stay

Proceed to Step

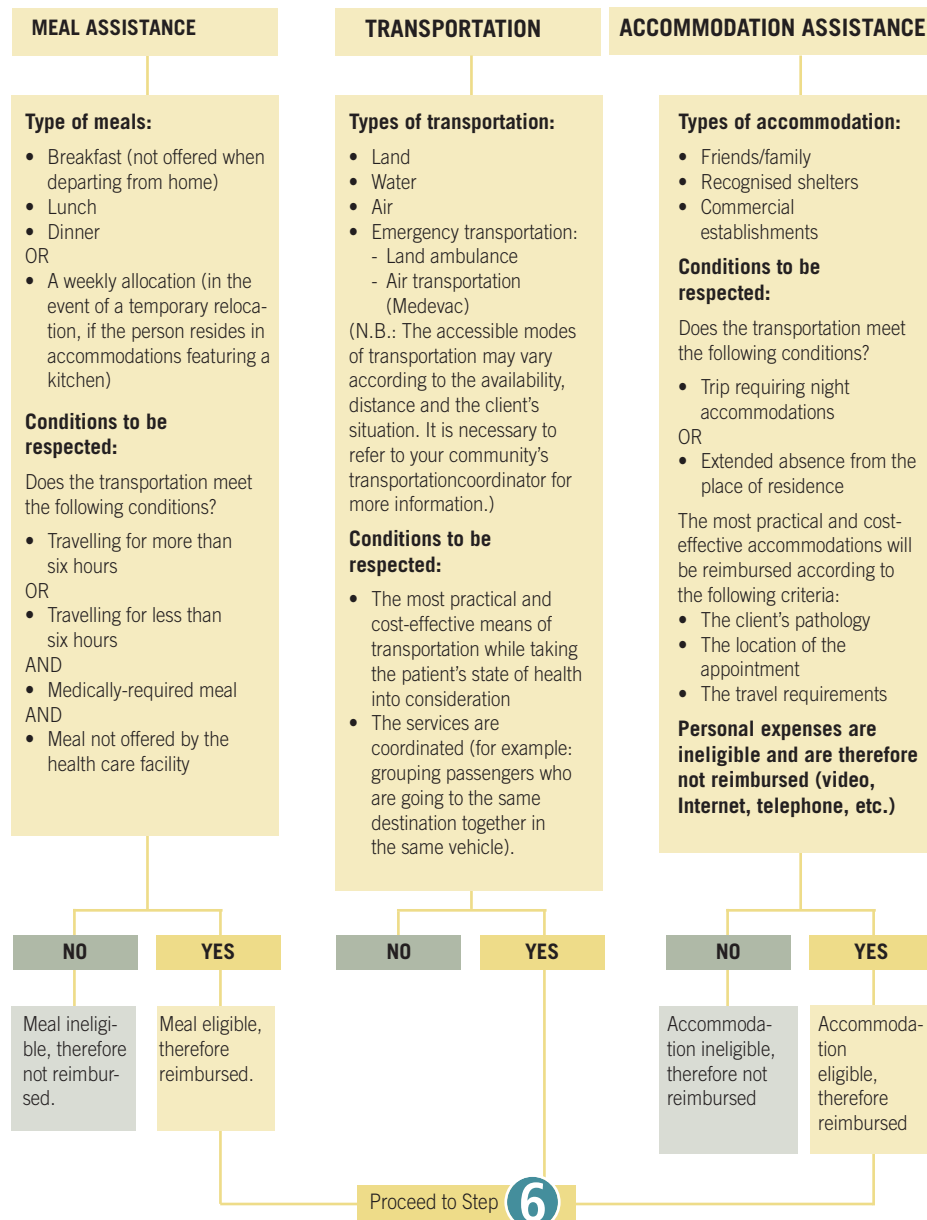
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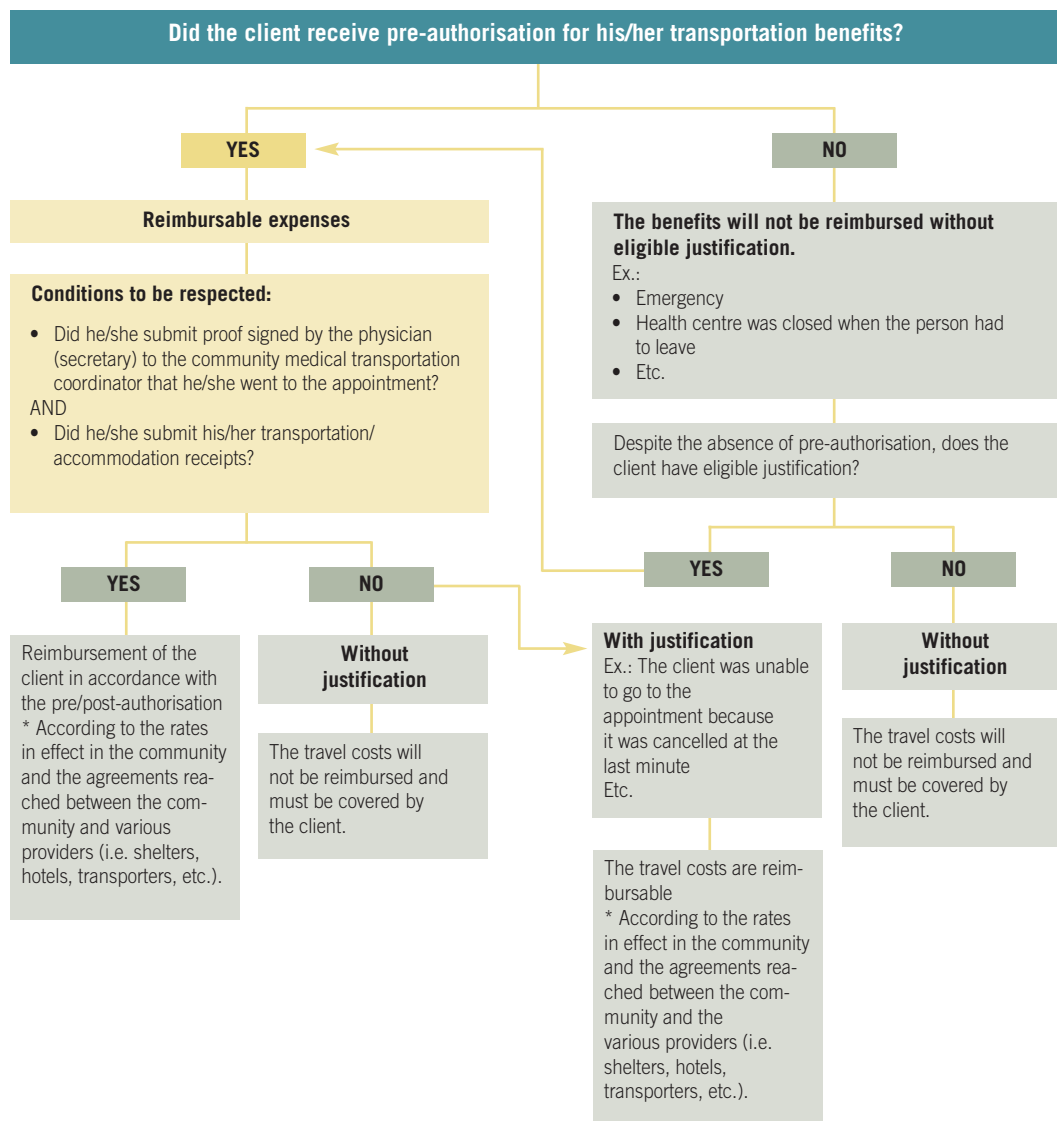
More than one escort

In all cases, the presence of more than one escort must be authorised directly by Health Canada.

GENERAL PRINCIPLES

- The client has used all the other sources of funding that he/she could have access to either under the Régime d'assurance-maladie du Québec (RAMQ), a social program, a program funded by the State (SAAQ, CSST, etc.) or a private insurance plan.
- Prior authorisation is necessary for each benefit (meal assistance, transportation and accommodation assistance).
- The client's personal choices, other than the options provided by the program, are at his/her expense.





This diagram in 6 steps was developed for information purposes only.
It illustrates the file-processing procedures currently observed and does not reflect the process recommended by the FNQLHSSC in any way.

Frequently Asked Questions

MEDICAL TRANSPORTATION

IF THE HEALTH PROFESSIONAL REFERS MY CLIENT TO ANOTHER SPECIALIST LOCATED IN ANOTHER CITY, WILL MY MEDICAL TRANSPORTATION BE COVERED?

Not necessarily. The medical transportation coordinator, Health Canada or the responsible First Nations organisation must request medical justification from the treating physician in order to provide justification for the referral to this specialist, particularly if other professionals who practice the same speciality are located nearby.

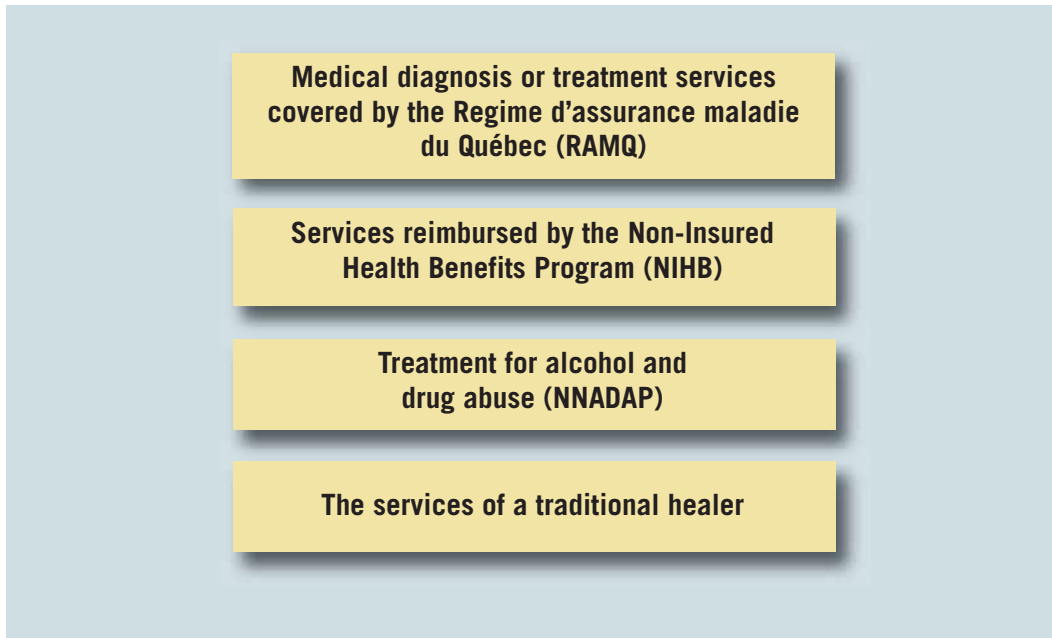
FOR EXAMPLE:

The client lives in Mashteuiatsh and consults a physician in Quebec. The physician in Quebec refers the client to a specialist located in Montreal. The medical transportation coordinator in Mashteuiatsh must obtain justification from the physician for the referral to another city other than Quebec. If there is no valid reason supporting the physician's referral, the suggestion could be made to consult with another physician in Quebec before authorising the transportation to Montreal.

Health Canada could, in the context of a random verification, decide not to approve the medical transportation for the patient's transfer to a specialist in Montreal if adequate justification was not provided.

IF YOUR CLIENT RECEIVES HEALTH CARE OR SERVICES IN A PRIVATE CLINIC, IS THE MEDICAL TRANSPORTATION COVERED?

NO. Only transportation to the following services are covered



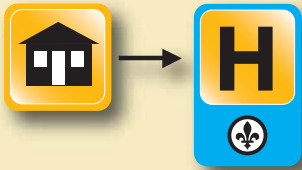
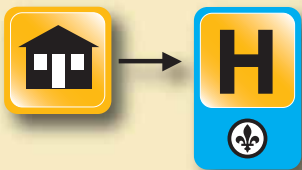
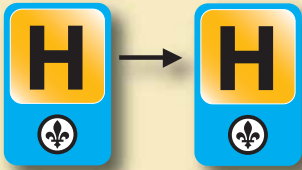
See pages 15 to 20 of the NIHB information booklet.

Example #1: If your client sets an appointment in a private clinic to obtain an evaluation with an occupational therapist, transportation will not be covered. Your client must consult an occupational therapist in a hospital or CSSS so that their transportation can be covered.

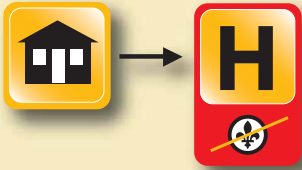
Example #2: If a patient receives a mammography in a private clinic, her transportation will not be provided. She must set an appointment in the nearest hospital providing this service so that her transportation can be covered.

WHO PAYS FOR AMBULANCE SERVICES?

AMBULANCE SERVICES IN THE PROVINCE OF QUEBEC

POPULATION UNDER THE AGE OF 65	
Type of transportation	Payer organization / details
<p>The patient is picked up at a personal residence in Quebec and taken to a hospital located in the province of Quebec</p> 	<p>The individual (Health Canada) is responsible for payment of transportation</p>
POPULATION AGED 65 AND OLDER	
Type of transportation	Payer organization / details
<p>The patient is picked up at a personal residence in Quebec and taken to a hospital located in the province of Quebec</p> 	<p>The Quebec hospital or HSSC in the region where the patient lives is responsible for payment</p> <p>Aboriginal users aged 65 or older and not under agreement are eligible under the User Transportation Policy of the MSSS, regardless of their place of residence in Quebec. <i>MSSS, Appendix 4 of circular 2009-005, p. 3</i></p>
GENERAL POPULATION – NO AGE CRITERIA	
Type of transportation	Payer organization / details
<p>The patient is transferred between two hospitals located in the province of Quebec</p> 	<p>In all cases of transfer by ambulance between two healthcare facilities in the Quebec system, the MSSS is, through its healthcare facilities managed by the Health and Social Services Agencies, responsible for the transportation costs involved. <i>(See MSSS, Appendix 1 of circular 2009-005)</i></p> <p>With regard to transportation between healthcare facilities, the User Transportation Policy of the MSSS applies to Aboriginal persons who are registered in the Indian Registry of AANDC. <i>MSSS, Appendix 4 of circular 2009-005, p. 3</i></p>

OUT-OF PROVINCE AMBULANCE TRANSPORTATION

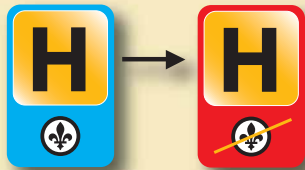
Type of transportation	Payer organization / details
<p>The patient is picked up at a personal residence in Quebec and taken to a hospital in another province (Ontario or New-Brunswick)</p> 	<p>0-65: The individual (Health Canada) is responsible for payment of transportation 65 and older: The HSSC where the user lives is responsible for payment of transportation</p> <p>Pick up of a user at a personal residence or public place for emergency transportation by ambulance:</p> <ul style="list-style-type: none"> • 0-65: charged to the user (or paying agency, as applicable). • 65 and older: paid by the HSSC where the user lives (except where there is a specific agreement, for example the agreement between Abitibi-Témiscamingue and Ontario on specialized services). <p><i>MSSS, Appendix 1 of circular 2009-005, p. 9</i></p>

INTERPROVINCIAL HOSPITAL TRANSFER

Type of transportation

Payer organization / details

The patient is picked up at a hospital in Quebec and transferred to an out-of-province hospital (Ontario or New-Brunswick)



The Quebec hospital or HSSC in the region where the patient lives is responsible for payment

- A.** When a user is picked up in Quebec and the nearest and most appropriate hospital for providing the required care is located in another province, the Quebec hospital or HSSC in the region where the user lives is responsible for payment in its entirety.
MSSS, Appendix 1 of circular 2009-005, p. 9

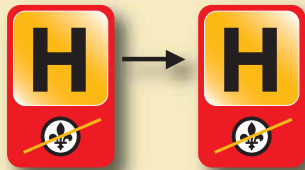
The patient is picked up at an out-of-province hospital and transferred to one in Quebec



The Quebec hospital or HSSC in the region where the patient lives is responsible for payment

- B.** When a user is transferred to a Quebec hospital to complete the care episode after having been originally sent to an out-of province hospital for treatment of an event occurring in Quebec, the Quebec hospital or HSSC in the region where the user lives is responsible for payment.
MSSS, Appendix 1 to circular 2009-005, p. 9

The patient is picked up at an out-of-province hospital and transferred to another out-of-province hospital



The individual (Health Canada) is responsible for payment of transport

- When a transfer episode is required between two hospitals or HSSCs in another province, the user is responsible for the costs.
MSSS, Appendix 1 to circular 2009-005, p. 9



Appeal Procedures

Medical Transportation

- 118 Practical advice in order to properly prepare a letter of appeal
- 119 Things that could be included in the letter of appeal
- 121 First level of appeal
- 122 Second level of appeal
- 123 Third level of appeal



APPEAL PROCEDURES FOR MEDICAL TRANSPORTATION

Regardless of whom is in charge of the medical transportation (community, Mamit Innuat, Native Friendship Centre, Health Canada), it is always possible for a patient to appeal a decision not to authorise their transportation for medical reasons.

Considering that the regulations of the framework are decreed by Health Canada, it is sometimes necessary to provide more justification to this organisation regarding the need for a service through an appeal process.

There are three possible levels of appeal in order to try and overturn Health Canada's decision.

The process is practically the same for all three levels of appeal.

In summary, the appeal processes consist of sending a letter signed by the client expressing their disagreement with Health Canada's decision and requesting a review of their file.



See the appended example of a letter of appeal.

You can support your client in their process, but **it is necessary for it to be initiated by the patient or their legal guardian, meaning that they must sign the letter of appeal.**

In order to optimise the chances of the response being positive and decrease the delays associated with Health Canada's processing of the file, it is important for the letter to be structured properly.

PRACTICAL ADVICE IN ORDER TO PROPERLY PREPARE A LETTER OF APPEAL

It is **necessary** to properly understand the reasons why the medical transportation was denied. These reasons will be needed in order to draft the letter of appeal properly.

- Verify the reasons for the denial with the community medical transportation coordinator.
- You can call Health Canada's Claims Processing Centre in order to check the reasons for the denial. Take notes on these reasons.

Health Canada's Claims Processing Centre: 1-877-483-1575.

- Verify the elements that are covered by Health Canada's medical transportation program.



See pages 15 to 18 of the NIHB information booklet.



See the appended framework.

- Check the eligibility criteria using the decision tree for transportation authorisation.



See the decision tree pages 106 to 111.

- Verify the exceptions and exclusions related to medical transportation. If it is a matter of a program exclusion, no appeal is possible. An exclusion is automatically denied.



See page 20 of the NIHB information booklet.

- It is preferable to have a good collaborative relationship with the health care prescriber to proceed with the appeal process, since additional information could be required from them later on in the process. Example: additional medical justification in order to rent a private hotel room due to your client's medical condition.



You can also refer to page 31 of the NIHB information booklet.

THINGS THAT COULD BE INCLUDED IN THE LETTER OF APPEAL:

- The client must clearly express their disagreement with Health Canada's decision;
- Describing and justifying the need for the medical transportation;
- Listing and emphasising the health problems that could arise if the transportation is not authorised (Example: travelling by bus could be risky for someone undergoing chemotherapy treatment with an extremely vulnerable immune system);
- If applicable, you can make use of the notes on Health Canada's motives and reasons for the denial that you obtained when calling Health Canada's Claims Processing Centre.



See the appended example of a first level of appeal letter.

It is important to include as much information as possible in the letter of appeal.

OTHER RELEVANT DOCUMENTS TO BE INCLUDED WITH THE LETTER OF APPEAL.

In certain appeal cases, medical justification could be required by Health Canada. You could then add to your letter of appeal:

- Supporting letters from a physician or other specialists, etc.;
- Any other relevant documents or additional information.

You will then have to contact the professional involved to ask them to collaborate with you and justify in writing your client's need.



If you are experiencing problems related to collaboration with the professional/provider, you can always contact the Health Care Liaison Agent of the FNQLHSSC in order to obtain support for the steps to be taken.

Health Care Liaison Agent: 418-842-1540.



FIRST LEVEL OF APPEAL MEDICAL TRANSPORTATION

The letter of appeal signed by the client and the other supporting documents must be mailed to Health Canada in an envelope labelled “**Appeals – Confidential**” to the following address:

NIHB Regional Manager
First Nations and Inuit Health Branch
Quebec region
Guy-Favreau Complex, East Tower, Suite 404
200 René-Lévesque Boulevard West
Montreal, Quebec H2Z 1X4

If the cost of the transportation or accommodations for medical reasons that your client is appealing **has already been paid** by them, you must also include:

- The **original** invoice from the transporter/hotel;
- The reimbursement form specific to medical transportation duly filled out by the client (see the appended form);
- Any other relevant documents (supporting letter from a physician, etc.).



SECOND LEVEL OF APPEAL

MEDICAL TRANSPORTATION

If the client disagrees with the decision that was made by Health Canada following the first level of appeal, they can initiate the process for the second level of appeal.



See the appended example of a letter for the second level of appeal.

It is important to properly understand the reasons behind the denial during the first level of appeal and to use these reasons to draft your letter for the second level of appeal. Once again, you can make use of the health professional's collaboration in order to justify the need for the transportation or accommodations.

The client can simply modify the first letter of appeal by:

- Changing the date;
- Changing the title of the letter from “first appeal” to “second appeal”;
- Adding the required justifications.

You can support your client in their appeal process, but **it is necessary for it to be initiated by the patient or their legal guardian, meaning that they must sign the letter of appeal.**

The letter for the second level of appeal signed by your client and the other supporting documents must be labelled “**Appeals – Confidential**” and mailed to Health Canada at the following address:

Regional Director, FNIHB
Quebec region
Guy-Favreau Complex, East Tower, Suite 404
200 René-Lévesque Boulevard West
Montreal, Quebec H2Z 1X4



THIRD LEVEL OF APPEAL MEDICAL TRANSPORTATION

If the client disagrees with the decision made by Health Canada regarding their request in the context of the second level of appeal, they can send a last letter to the third and **final level of appeal**.



See the appended example of a letter for the third level of appeal.

The client can simply modify the second letter of appeal by:

- Changing the date;
- Changing the title of the letter from “second appeal” to “third appeal”;
- Adding the required justifications.

The letter for the third level of appeal signed by your client and the other supporting documents must be labelled “**Appeals – Confidential**” and mailed to Health Canada at the following address:

NIHB Director General
First Nations and Inuit Health Branch
Non-Insured Health Benefits
200, Eglantine Driveway, Jeanne Mance Building
Postal Locator 1914A
Ottawa (Ontario) K1A 0K9

If the client hasn't had any news regarding their request after a month, they can contact Health Canada's regional office at 1-877-483-1575.



The FNQLHSSC can provide you with support and assistance for all of the steps you will take with your client. Our expertise in the area of health care and services allows us to provide you with guidance while helping you to develop strategies related to demonstrating your needs and resolving your clientele's access issues.

Examples:

- Support in the development of the letters of appeal;
- Contacts with the health professionals concerned by the problem and facilitation of the steps to be taken among them;
- Development of strategies in a concerted fashion with you and your client in order to access health care and services;
- Transmission of contact information for various contacts and other relevant information;
- Advice and assistance related to the interpretation of the Medical Transportation Framework.

You can contact the Health Care Liaison Agent of the FNQLHSSC at any time in order to obtain support at 418-842-1540.



Letters of Appeal

Medical Transportation

First level of appeal
Second level of appeal
Third level of appeal
Examples - First level of appeal

You can consult the documents for this section on the CD included with this GPS or on the website of the FNQLHSSC.

You can also modify, adapt and/or photocopy these documents.

www.cssspnql.com



FIRST LEVEL OF APPEAL

MEDICAL TRANSPORTATION

CONFIDENTIAL

Community, location)

(Date)

Regional Manager, Non-Insured Health Benefits

First Nations and Inuit Health Branch
Quebec region
Guy-Favreau Complex, East Tower, Suite 404
200 René-Lévesque Boulevard West
Montreal, Quebec H2Z 1X4

Re.: **First level of appeal for denied medical transportation coverage**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs of my medical transportation. Indeed, my request was rejected and I completely disagree with this decision.

I require this transportation for the following reasons:

Being unable to access this treatment could have the following consequences on my health:

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: _____

Band number: _____ Date of birth: _____

Address: _____

Tel.: _____

Other relevant information:



SECOND LEVEL OF APPEAL

MEDICAL TRANSPORTATION

CONFIDENTIAL

Community, location)

(Date)

Regional Director

First Nations and Inuit Health Branch
Quebec region
Guy-Favreau Complex, East Tower, Suite 404
200 René-Lévesque Boulevard West
Montreal, Quebec H2Z 1X4

Re.: **Second level of appeal for denied medical transportation coverage**

Dear Sir/Madam,

The purpose of this letter is to make a second appeal regarding Health Canada's decision not to cover the costs of my medical transportation.

Indeed, my request was rejected during the first level of appeal and I still disagree with this decision.

I require this transportation for the following reasons:

Being unable to access this treatment could have the following consequences on my health:

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: _____

Band number: _____ Date of birth: _____

Address: _____

Tel.: _____

Other relevant information:



THIRD LEVEL OF APPEAL

MEDICAL TRANSPORTATION

CONFIDENTIAL

Community, location)

(Date)

Director General, Non-Insured Health Benefits

First Nations and Inuit Health Branch
200, Eglantine Driveway, Jeanne Mance building
Postal Locator 1914A
Ottawa (Ontario) K1A 0K9

Re.: **Third level of appeal for denied medical transportation coverage**

Dear Sir/Madam,

The purpose of this letter is to make a third appeal regarding Health Canada's decision not to cover the costs of my medical transportation.
Indeed, my request was rejected during the second level of appeal and I still disagree with this decision.

I require this transportation for the following reasons:

Being unable to access this treatment could have the following consequences on my health:

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: _____

Band number: _____ Date of birth: _____

Address: _____

Tel.: _____

Other relevant information:



FIRST LEVEL OF APPEAL

MEDICAL TRANSPORTATION (ACCOMMODATIONS)

CONFIDENTIAL

Community, location)

(Date)

Regional Manager, Non-Insured Health Benefits

First Nations and Inuit Health Branch
Quebec region
Guy-Favreau Complex, East Tower, Suite 404
200 René-Lévesque Boulevard West
Montreal, Quebec H2Z 1X4

Re.: **First level of appeal for denied coverage related to accommodations in the context of medical transportation**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs of my medical transportation accommodations. Indeed, my request was rejected and I completely disagree with this decision.

The distance to be travelled between my home and my medical appointment is significant; I have no other choice but to sleep on location considering my medical condition. Enclosed with this request, you will find medical justification from my physician.

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: _____

Band number: _____ Date of birth: _____

Address: _____

Tel.: _____

Encl. Medical justification

Other relevant information:



SECOND LEVEL OF APPEAL

MEDICAL TRANSPORTATION (ACCOMMODATIONS)

CONFIDENTIAL

Community, location)

(Date)

Regional Director

First Nations and Inuit Health Branch
Quebec region
Guy-Favreau Complex, East Tower, Suite 404
200 René-Lévesque Boulevard West
Montreal, Quebec H2Z 1X4

Re.: **Second level of appeal for denied coverage related to accommodations in the context of medical transportation**

Dear Sir/Madam,

The purpose of this letter is to make a second appeal regarding Health Canada's decision not to cover the costs of my medical transportation accommodations. Indeed, my request was rejected and I completely disagree with this decision.

The distance to be travelled between my home and my medical appointment is significant; I have no other choice but to sleep on location considering my medical condition. Enclosed with this request, you will find medical justification from my physician.

I would like to thank you in advance for reconsidering my situation and, as I await the results, please accept my best regards.

Name: _____

Band number: _____ Date of birth: _____

Address: _____

Tel.: _____

Encl. Medical justification

Other relevant information:



THIRD LEVEL OF APPEAL

MEDICAL TRANSPORTATION (ACCOMMODATIONS)

CONFIDENTIAL

Community, location)

(Date)

Director General, Non-Insured Health Benefits

First Nations and Inuit Health Branch
200, Eglantine Driveway, Jeanne Mance building
Postal Locator 1914A
Ottawa (Ontario) K1A 0K9

Re.: **Third level of appeal for denied coverage related to accommodations in the context of medical transportation**

Dear Sir/Madam,

The purpose of this letter is to make a third appeal regarding Health Canada's decision not to cover the costs of my medical transportation accommodations. Indeed, my request was rejected and I completely disagree with this decision.

The distance to be travelled between my home and my medical appointment is significant; I have no other choice but to sleep on location considering my medical condition. Enclosed with this request, you will find medical justification from my physician.

I would like to thank you in advance for reconsidering my situation and, as I await the results, please accept my best regards.

Name: _____

Band number: _____ Date of birth: _____

Address: _____

Tel.: _____

Encl. Medical justification

Other relevant information:



Framework

Medical Transportation



Health
Canada

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Canada

Non-Insured Health Benefits

The NIHB Program provides supplementary health benefits, including medical transportation,
for registered First Nations and recognized Inuit throughout Canada.
Visit our Web site at: www.hc-sc.gc.ca/fnihb/nihb

MEDICAL TRANSPORTATION POLICY FRAMEWORK JULY 2005

"Our mission is to help the people of Canada maintain and improve their health"

Canada

NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM

First Nations and Inuit Health Branch

Health Canada

MEDICAL TRANSPORTATION POLICY FRAMEWORK

Ce document est aussi offert en français sous le titre :

**CADRE DE TRAVAIL SUR LE
TRANSPORT POUR RAISON MÉDICALE**

Effective date: July 2005

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Medical Transportation Policy Framework

Non-Insured Health Benefits Program

INTRODUCTION

Foreword

The Non-Insured Health Benefits (NIHB) Program provides a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs or other publicly funded programs to eligible registered First Nations and recognized Inuit. The benefits provided under the NIHB Program supplement private insurance or provincial/territorial health and social programs, such as physician and hospital care and community health programs. The benefits funded include prescription drugs, over-the-counter medication, medical supplies and equipment, crisis intervention mental health counselling, dental care, vision care and medical transportation to access medically required health services not provided on the reserve or in the community of residence. The NIHB Program also funds provincial health premiums for eligible clients in Alberta and British Columbia.

Framework Objective

The NIHB Medical Transportation Policy Framework defines the policies and benefits under which the NIHB Program will fund eligible registered First Nations and recognized Inuit (clients) with access to medically required health services not provided on the reserve or in the community of residence. Medical transportation benefits are funded in accordance with the mandate of the NIHB Program, which includes providing non-insured health benefits that are appropriate to the needs of the clients and sustainable. 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 Medical Transportation Policy Framework applies to the funding of medical transportation benefits by the First Nations and Inuit Health Branch (FNIHB) 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.

Medical Transportation Policy Framework

Non-Insured Health Benefits Program

1. GENERAL PRINCIPLES

- 1.1** Medical transportation benefits are funded in accordance with the policies set out in this framework, to assist clients to access medically required health services that cannot be obtained on the reserve or in the community of residence, when access would otherwise be denied. Exceptions may be granted, with justification and FNIHB approval, to meet exceptional needs.
- 1.2** Access to medically required health services may include financial assistance to the client or arranging for the provision of services from the reserve or community of residence when the following conditions are met:
- a) The client has exhausted all other available sources of benefits for which they are eligible under provincial/territorial health or social programs, other publicly funded programs (e.g., motor vehicle insurance, workers' compensation) or private insurance plans;
 - b) Travel is to the nearest appropriate health professional or health facility (when health professionals are brought into the community to provide the service, the community facility is considered the nearest appropriate facility);
 - c) The most economical and efficient means of transportation is used, taking into consideration the urgency of the situation and medical condition of the client;
 - d) A FNIHB or First Nations or Inuit Health Authority or organization representative or on-site medical professional has determined that medically required health services are not available on the reserve or community of residence;
 - e) Transportation to health services is coordinated to ensure maximum cost-effectiveness;
 - f) Transportation benefits are provided when prior approved by FNIHB or a First Nations or Inuit Health Authority or organization or post approved upon medical justification if consistent with the framework;
 - g) 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; and
 - h) When public transit is not available.

Medical Transportation Policy Framework

Non-Insured Health Benefits Program

- 1.3** Medical transportation benefits may be provided for clients to access the following types of medically required health services:
- ▶ medical services defined as insured services by provincial/territorial health plans (e.g., appointments with physician, hospital care);
 - ▶ diagnostic tests and medical treatments covered by provincial/territorial health plans;
 - ▶ alcohol, solvent, drug abuse and detox treatment;
 - ▶ traditional healers; and
 - ▶ Non-Insured Health Benefits (vision, dental, mental health).
- 1.4** Medical transportation benefits include ground, water and air travel, meals and accommodation. For more information, refer to Sections 3 (Modes of Transportation), 4 (Emergency Transportation) and 9 (Meals and Accommodation).
- 1.5** Medical transportation benefits may be provided for an approved escort. Refer to Section 5 (Client Escorts).
- 1.6** In cases where a client is required to travel repeatedly on a long term basis to access medical care/treatment, medical transportation benefits will be provided for up to four months. During this time, an assessment will be conducted involving the treating physician, other relevant health professional(s) and the client to determine the provision of further benefits, taking into consideration the client's medical condition.
- 1.7** Medical transportation benefits may be provided when the client is referred by the provincial/territorial health care authority for medically required health services to a facility outside of Canada when such services are covered by a provincial/territorial health plan and the medical transportation benefits are not covered by provincial/territorial health or social programs, other publicly funded programs or private insurance.
- 1.8** When a request for medical transportation is denied, an appeal process is available. Appeals must be initiated by the client or by a designate acting on their behalf. For more information, refer to Appendix E (Appeal Process), or contact the NIHB Regional Office.

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

2. COORDINATED TRAVEL

- 2.1** When more than one client is travelling to the same location, where practical and economical, appointments and travel arrangements will be coordinated to ensure optimum cost-effectiveness.
- 2.2** When more than one medically required service is required in a week and/or more than one family member needs to access a medically required service in the same week, where practical and economical, appointments and travel arrangements will be scheduled for the same day to ensure optimum cost-effectiveness.
- 2.3** When more than one client is travelling in the same vehicle, the rate reimbursed will be for one trip only. Where applicable, an appropriate schedule of fixed rates will be established.

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

3. MODES OF TRANSPORTATION

- 3.1** The most efficient and economical mode of transportation consistent with the urgency of the situation and the medical condition of the client is to be utilized at all times as approved by FNIHB or a First Nations or Inuit Health Authority or organization. Clients who choose to use another mode of transportation will be responsible for the difference in the cost between the two.
- 3.2** When scheduled and/or coordinated medical transportation benefits are provided by FNIHB or a First Nations or Inuit Health Authority or organization, clients who choose to use another mode of transportation will be responsible for the full cost. For more information please refer to Section 2 (Coordinated Travel).
- 3.3** The following modes of transportation (including special needs vehicles) may be utilized for medical transportation benefits:

Ground travel

- ▶ Private vehicle
- ▶ Commercial taxi
- ▶ Fee for service driver and vehicle
- ▶ Band vehicle
- ▶ Bus
- ▶ Train
- ▶ Snowmobile taxi
- ▶ Ground ambulance

Water travel

- ▶ Motorized boat
- ▶ Boat taxi
- ▶ Ferry

Air travel

- ▶ Scheduled flights
- ▶ Chartered flights
- ▶ Helicopter
- ▶ Air ambulance
- ▶ Medevac

Medical Transportation Policy Framework

Non-Insured Health Benefits Program

Private Vehicles

- 3.4** a) When it has been determined by FNIHB or a First Nations or Inuit Health Authority or organization that a private vehicle is the most appropriate, efficient and economical means of transportation, the payment of a per kilometre allowance may be authorized for the use of a private vehicle by a client to access medically required health services. For more information, refer to Appendix C (Meal, Accommodation and Kilometre Allowances).
- b) The payment of a private vehicle per kilometre allowance will not be approved when scheduled and/or coordinated medical transportation is available from FNIHB or a First Nations or Inuit Health Authority or organization.
- c) Reimbursement of the per kilometre allowance for the use of a private vehicle will be issued to the client. With the authorization of the client, Band or community nursing personnel, reimbursement can be issued to the driver or the Band if applicable.
- d) When public transportation is available and the client chooses to use his/her own private vehicle, reimbursement will be made at either the equivalent public transportation rate or at the established private vehicle per kilometre allowance rate, whichever is the lesser.

Fee for Service Driver and Vehicle, Commercial Taxi

- 3.5** a) The use of fee for service drivers and vehicles or commercial taxis may be authorized when they have been determined by FNIHB or a First Nations or Inuit Health Authority or organization to be the most appropriate, efficient, and economical mode of transportation. Where applicable, an appropriate schedule of fixed rates will be established.
- b) The use of fee for service drivers and vehicles or commercial taxis will not be approved when scheduled and/or coordinated medical transportation is available from FNIHB or a First Nations or Inuit Health Authority or organization.
- c) Fee for service drivers and vehicles who are not regulated by a regulatory body, FNIHB or a First Nations or Inuit Health Authority or organization must ensure that a copy of the appropriate driver licenses, vehicle registration and certificate of insurance as a public carrier are kept on file with FNIHB or a First Nations or Inuit Health Authority or organization.

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Indemnification

- 3.6** Whether Band vehicle and drivers or fee for service drivers are used to provide medical transportation benefits, FNIHB or a First Nations or Inuit Health Authority or organization shall ensure:
- a) All medical drivers carry and maintain a valid provincial/territorial driving permit and appropriate liability insurance in relation to the carriage of passengers by vehicle or other motorized conveyances;
 - b) All medical drivers undergo a screening process, including background checks and references, whereby the general trustworthiness of the driver is assessed, bearing in mind that the driver will not only be operating a motor vehicle, but also entrusted with the transport of medical patients and will frequently be alone with such persons for extended periods;
 - c) All vehicles carry and maintain a valid license, registration and appropriate liability insurance in relation to the carriage of passengers by vehicle or other motorized conveyances;
 - d) All vehicles used for medical transportation are in good working order, including seat belts and child safety seats, and that all laws applicable to transportation are adhered to by all drivers.

Public Transportation (air, bus, train, ferry)

- 3.7** The use of public transportation may be authorized when it has been determined to be the most appropriate, efficient, and economical means of transportation, consistent with the urgency of the situation and the medical condition of the client, and it is provided to access the nearest appropriate facility.

Charter Flights

- 3.8** In the case of air travel, when a group of clients is travelling to the same location, where applicable and when more economical, charter flights will be arranged rather than individual scheduled flights. Clients may not opt to use the regularly scheduled flight unless they assume the full cost of the air travel.

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

4. EMERGENCY TRANSPORTATION

- 4.1** Assistance with the cost of ambulance services will be provided when such services are required for emergency situations.
- 4.2** Salaries for doctors or nurses accompanying clients on the ambulance are not covered.
- 4.3** Licensed ambulance operators will be reimbursed according to the terms, conditions and rules of the regionally negotiated payment schedules.

Ground Ambulance

- 4.4** Medical transportation benefits for emergency ground ambulance include only the portion of the services not covered by provincial/territorial health or social programs, other publicly funded programs, or private health insurance plans (equivalent amount billed to other provincial/territorial residents).

Air Ambulance/Medevac

- 4.5** Medical transportation benefits for emergency air ambulance/medevac services include only the portion of the services not covered by provincial/territorial health or social programs, other publicly funded programs or private health insurance plans (equivalent amount billed to other provincial/territorial residents).
- 4.6** Medical transportation benefits include air ambulance/medevac transportation for a client in emergency situations when:
 - a) A medical assessment has been conducted by an on-site nurse or physician and the need for emergency transportation to a hospital for either immediate or emergency treatment has been established and transportation by a commercial scheduled flight could compromise the client's condition;
 - or
 - b) The emergency occurs in a remote location and neither an on-site nurse nor physician is available to conduct a medical assessment and the air ambulance/medevac has been authorized by a representative of FNIHB or of a First Nations or Inuit Health Authority or organization.

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5. CLIENT ESCORTS

- 5.1** Medical transportation benefits may include the provision of transportation, accommodation and meals for medical or non-medical escorts for clients travelling to access medically required health services.
- 5.2** The use of an escort must be preauthorized by FNIHB or a First Nations or Inuit Health Authority or organization. The length of time for which the escort is authorized will be determined by the client's medical condition or legal requirements.
- 5.3** Medical transportation benefits do not include the payment of a fee, honorarium or salary to medical or non-medical escorts.

Medical Escorts

- 5.4** Medical escorts, either a physician or registered nurse, may be approved in cases which involve a client with a health condition where monitoring and/or stabilization are required during travel and such services are not covered by the provincial/territorial health or social program, other publicly funded program or private insurance.

Non-Medical Escorts

- 5.5** The provision of a non-medical escort may be approved, following a doctor's or community health professional's request, only when there is a legal or medical requirement such as:
- a) Where the client has a physical/mental disability of a nature that he or she is unable to travel unassisted;
 - b) Where the client is medically incapacitated;
 - c) Where the client has been declared "mentally incompetent" by a court of competent jurisdiction and assistance to access medically required health services, legal consent or help with activities of daily living is required;
 - d) When there is a need for legal consent by a parent or guardian;
 - e) To accompany a minor (as determined by provincial/territorial legislation) who is accessing medically required health services;

Medical Transportation Policy Framework
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- f) When a language barrier exists to access medically required health services and these services are not available at the referred location; or
- g) To receive instructions on specific and essential home medical/nursing procedures that cannot be given to the client only.

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

- a) A family member who is required to sign consent forms or provide a patient history;
- b) A reliable member of the community;
- c) Physically capable of taking care of themselves and the client and not requiring assistance or an escort themselves;
- d) Proficient in translating from local language to English/French;
- e) Able to share personal space to support client;
- f) Interested in the well being of the client; and
- g) Able to serve as driver when client is unable to transport him/herself to or from appointment.

5.7 Unless there is a medical or legal requirement for an escort to stay longer, or it is more practical financially to have the escort stay longer, the escort shall return to the community by the earliest and most economical reasonable means.

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6. APPOINTMENTS

- 6.1** When accessing medical transportation benefits, confirmation that the client has accessed a medically required health service must be obtained from the health care professional or his/her representative and submitted to FNIHB or a First Nations or Inuit Health Authority or organization.
- 6.2** When a client does not attend a scheduled appointment and medical transportation benefits have been provided, the client may have to assume the cost of the return trip or of the next trip to access medically required health services unless proper justification is provided to explain why the client was unable to attend or to notify the appropriate public carrier of the cancellation.

Medical Transportation Policy Framework
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7. ADDICTIONS TREATMENT TRAVEL POLICY

- 7.1** Travel will be funded to the closest appropriate NNADAP funded/referred facility in the home province only. Exceptions are made to travel outside the province only when the required treatment is not available in the home province or when a neighbouring province's treatment centre is the closest centre and approved by the NIHB Regional Office.
- 7.2** Clients are required to meet all treatment centre entry requirements prior to medical transportation benefits being authorized.
- 7.3** Only the most efficient and economical method of transportation will be authorized, taking into account the medical condition of the client.
- 7.4** An escort is only provided for a client as defined in Section 5 (Client Escorts).
- 7.5** Trips home during the course of treatment will not be authorized unless part of the treatment plan as established by the facility and approved prior to starting treatment.
- 7.6** Family trips to the treatment facility will not be authorized unless it is a documented part of the treatment program and approved prior to starting treatment.
- 7.7** Transportation to return the client to the community will not be provided for clients who discharge themselves from treatment, against advice from the treatment centre counsellor, before completing the program; exceptions may be considered for clients who are minors or in cases when proper justification is provided and approved by the NIHB Regional Office.
- 7.8** Travel to access additional treatment within a one year period requires approval from the NIHB Regional Office.
- 7.9** Medical transportation benefits will only be provided for clients while in the care of the treatment centre when approved by the NIHB Regional Office.
- 7.10** Exceptions may be authorized, with appropriate justification, when approved by the NIHB Regional Office.

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8. TRADITIONAL HEALER SERVICES TRAVEL POLICY

- 8.1** Medical transportation benefits, within the client's region/territory of residence, may be provided for clients to travel to see a traditional healer or, where economical, for a traditional healer to travel to the community.
- 8.2** Medical transportation benefits to access traditional healer services must be preauthorized by FNIHB or a First Nations or Inuit Health Authority or organization. On an exception basis, authorization may be granted after the fact by FNIHB or a First Nations or Inuit Health Authority or organization when appropriate medical justification is provided and approved.
- 8.3** When the traditional healers selected by the client are outside of the client's region/territory of residence, travel costs will be reimbursed for travel to the region/territorial border only.
- 8.4** The following criteria must be considered prior to approving medical transportation benefits for traditional healer services:
- ▶ The traditional healer is recognized as such by the local Band, Tribal Council or health professional;
 - ▶ The traditional healer is located in the client's region/territory of residence;
 - ▶ A licensed physician, or if a licensed physician is not routinely available in the community, a community health professional or FNIHB representative has confirmed that the client has a medical condition.
- 8.5** The NIHB Program does not pay for any associated honoraria, ceremonial expenses or medicines. These costs remain the sole responsibility of the client.

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9. MEALS AND ACCOMMODATION

- 9.1** Medical transportation benefits may include assistance with meals and accommodation when these expenses are incurred while in transit for approved transportation to access medically required health services. For more information, refer to Appendix B (Client Eligibility).
- 9.2** Where 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 travel requirements to access medically required health services.
- 9.3** Accommodation arrangements will be made by FNIHB 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.
- 9.4** When available, meals and accommodation must be obtained from the boarding homes or commercial establishments with which FNIHB or a First Nations or Inuit Health Authority or organization have a negotiated Standing Offer or other contractual agreement.
- 9.5** Where special arrangements have not been made (e.g., boarding homes), meals taken in commercial establishments will be reimbursed as per established regional rates, in accordance with this framework.
- 9.6** Assistance with meals may be provided where the time away from home to attend the medically required appointment is more than 6 hours in one day. The assistance will be provided as per the regional rates for either a lunch or a dinner, depending on the time of day the travel is occurring. Breakfast is not payable for same day trips. Assistance with a meal when the time away is less than 6 hours may be provided in circumstances where meals are a required component of the medical treatment and a meal is not provided by the facility.
- 9.7** Assistance with overnight accommodation may be provided on a case by case basis, which may include the review of the medical justification, time of appointment, distance travelled and scheduled and/or coordinated medical transportation.
- 9.8** When accommodation is provided in a private home, assistance not to exceed the regional rate set out for private accommodation may be reimbursed. Reimbursements will only be issued to the client. For more information, refer to

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Appendix C (Meal, Accommodation and Kilometre Allowances).

- 9.9** Other expenses are the responsibility of the client (e.g., telephone charges, room damage, movie rentals, game rentals, room service, tips, gratuities, etc.) and will not be reimbursed.
- 9.10** In cases where a client is required to reside close to medical treatment outside their reserve or community of residence for an extended period, the cost of meals, accommodation and in-city transportation to access the medical care/treatment, when they are not covered by provincial/territorial health or social programs, other publicly funded programs or private insurance plans, may be covered for up to a three month transition period only. A weekly food allowance as per the regional rate may be provided.

Medical Transportation Policy Framework
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10. REIMBURSEMENT OF TRAVEL EXPENSES

- 10.1** Reimbursement to clients, approved escorts and service providers will be in accordance with the transportation policies and benefits of the NIHB Program and based on:
- a) Negotiated rates;
 - b) Rates set out in the terms and conditions of the relevant contribution agreement;
 - c) Published FNIHB rate(s);
 - d) The actual expense of a commercial carrier/service with the submission of original itemized receipts.
- 10.2** Only service providers who have a negotiated contractual arrangement or who have been approved by FNIHB or a First Nations or Inuit Health Authority or organization will be reimbursed for medical transportation benefits they have provided.
- 10.3** All invoices submitted for payment for the reimbursement of expenses for medical transportation benefits must be submitted within 1 year of the service being provided. Requests for reimbursements submitted more than 1 year after the service is rendered will be rejected.
- 10.4** Medical transportation benefits include coverage for some or all of the travel expenses incurred by clients to access medically required health services at the nearest appropriate facility. If clients wish to access equivalent services elsewhere, they will be responsible for the difference in the cost of such travel. In cases where scheduled and/or coordinated medical transportation benefits are provided by FNIHB or a First Nations or Inuit Health Authority or organization, the clients will be responsible for the full cost.
- 10.5** Reimbursement to the client for meal allowances and private accommodation will be as per the regional rates. For more information, refer to Section 9 (Meals and Accommodation) and Appendix C (Meal, Accommodation and Kilometre Allowances).
- 10.6** When private vehicles are used, reimbursement to the client will be as per the regional rate. For more information, refer to Appendix C (Meal, Accommodation and Kilometre Allowances).

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11. EXCEPTIONS

11.1 Certain types of travel may be considered on an exceptional basis with the appropriate justification. These types of travel include, but are not limited to the following:

- a) Diagnostic tests for educational purposes, such as hearing tests for children required by the school;
- b) Speech assessment and therapy when coordinated with other medical travel and cost of treatment is covered under the provincial/territorial health plan or educational institution;
- c) Medical Supplies and Equipment benefits where a fitting is required and these fittings cannot be made on the reserve or in the community of residence;
- d) Transportation for clients to visit a pharmacy for pharmacist-supervised methadone ingestion may be provided for up to four months for methadone patients in order to allow stabilization for carries (e.g., where the patient takes doses home) or alternate arrangements to be made. Extensions with justification may be considered;
- e) Provincially/territorially supported preventative screening programs when coordinated with other medical travel and the cost of the testing is covered under the provincial/territorial health plan;
- f) Other requests for travel will be reviewed on a case by case basis with appropriate justification.

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

12. EXCLUSIONS

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

- a) Compassionate travel;
- b) Appointments for clients in the care of federal, provincial or territorial institutions (e.g., incarcerated clients);
- c) Court-ordered treatment/assessment, or as a condition of parole, coordinated by the justice system;
- d) Appointments while travelling outside of Canada, other than as outlined in Section 1 (General Principles);
- e) Travel for clients residing in an off-reserve location where the appropriate health services are available locally;
- f) Travel for the purposes of a third-party requested medical examination;
- g) The return trip home in cases of an illness while away from home other than for approved travel to access medically required health services;
- h) Travel only to pick-up new or repeat prescriptions or vision care products;
- i) Travel to access health related services that are not identified in section 1.3, unless coordinated;
- j) Payment of professional fee(s) for preparation of doctor's note /document preparation to support provision of benefits;
- k) Transportation to adult day care, respite care and/or interval/safe houses.

**Medical Transportation Policy Framework
Non-Insured Health Benefits Program**

APPENDIX A

DEFINITIONS

“Appeal Process” is a three level process which allows clients to appeal a decision when they have been denied a medical transportation benefit.

“Band Driver and Vehicle” means a driver who is hired by a Band and who drives vehicles owned/leased and operated by a Band to drive clients to medically required health services.

“Boarding Home” means an establishment providing board, accommodation and associated support services while in transit.

“Client” means a recognized Inuit or registered Indian according to the *Indian Act* who is eligible to receive medical transportation benefits under the NIHB Program.

“Commercial Establishment ” means for-profit commercial accommodation, such as hotels and motels, which provide overnight lodging.

“Community Health Professional” means a health professional who is a member in good standing of a professional association.

“Community of Residence” means the geographic or urban area in which the client resides.

“Exception” means goods, services and/or travel which are not defined benefits but which may be approved with appropriate justification.

“Exclusion” means goods, services and/or requested travel which will not be provided as benefits under the NIHB Program under any circumstances and are not subject to the NIHB appeal process.

“Fee-for-service Driver and Vehicle” means a driver who is recommended by Chief and Council, who is approved and recognized by FNIHB or a First Nations or Inuit Health Authority or organization and who uses their own vehicle to drive clients to medically required health services not available on the reserve or in the community of residence.

“First Nations or Inuit Health Authority or organization” means a First Nations or Inuit Health Authority or organization (including territorial government) who is accountable for the provision of medical transportation benefits to eligible clients and who receives funds from Health Canada in accordance with the terms and conditions of a signed Contribution Agreement.

“FNIHB” means the First Nations and Inuit Health Branch of Health Canada.

“Insured Service” means health care services and treatment as defined by the *Canada Health Act* and Provincial/Territorial Health Care program for the province/territory in which the client resides.

“Meal Allowance” means an allowance that is provided to assist with meal costs for clients travelling away from home.

“Medevac” means a medical evacuation by air charter for clients in emergency situations.

Medical Transportation Policy Framework Non-Insured Health Benefits Program

“Medical Escort” means either a physician, registered nurse, paramedic or any other health professional (e.g., nurse practitioner).

“Medical Transportation Benefits” means the travel expenses incurred by clients and escorts for ground, water and air travel, meals, and accommodation to access medically required health services not available on the reserve or in the community of residence.

“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.

“Medically Required Health Services” means those services that are required for medical reasons and are covered under a provincial/territorial health insurance plan and are not available on the reserve or in the community of residence.

“Nearest Appropriate Facility” means the facility located closest to the client’s place of residence which is capable of providing the 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.

“NIHB” means the Non-Insured Health Benefits Program of the First Nations and Inuit Health Branch of Health Canada.

“Private Accommodation” means overnight accommodation that is not in a commercial establishment but rather at the home of a relative, friend or acquaintance.

“Private Vehicle Kilometre Allowance” means a kilometre rate that is payable for the use of privately owned vehicles to transport clients to medically required health services.

“Reserve” means land set aside by the federal government for the use and occupancy of an Indian group or band.

“Scheduled and/or Coordinated Medical Transportation Benefits” means medical transportation services that are provided on a regular basis from the community by FNIHB or First Nations or Inuit Health Authorities or organizations for the client to access services.

“Service Providers” means individuals or companies who provide medical transportation benefits and are reimbursed by FNIHB or First Nations or Inuit Health Authorities or organizations for the services they provide. They may include band and fee-for-service drivers, public transportation carriers, hotels, motels, boarding homes and restaurants.

APPENDIX B

CLIENT ELIGIBILITY

To be eligible to receive medical transportation benefits under the Non-Insured Health Benefits Program, a person must be:

- a) A registered Indian according to the *Indian Act*; or
- b) An Inuk recognized by one of the Inuit Land Claim organizations - Nunavut Tunngavik Incorporated, Inuvialuit Regional Corporation, Makivik Corporation or Labrador Inuit Association. For Inuit residing outside of their land claim settlement area, a letter of recognition from one of the Inuit claim organizations and a long form birth certificate are required; or
- c) An infant up to one year old of an eligible parent; and
- d) Currently registered or eligible for registration, under a provincial or territorial health insurance plan.

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

APPENDIX C

MEAL, ACCOMMODATION AND KILOMETRE ALLOWANCES

Approved medical transportation benefits may include meal, accommodation and kilometre allowances when these expenses are incurred while in transit to access medically required health services at the nearest appropriate facility. For more information, refer to Section 9 (Meals and Accommodation).

Daily Meal Allowances

When no commercial establishments or boarding homes with negotiated arrangements are available, meals are to be taken in commercial establishments and a meal allowance as per the regional rates may be provided.

Weekly Food Allowance for Extended Stays

In cases where a client is required to be close to medical treatment for extended periods of time for ongoing medical care/treatment and is residing in a self-catering accommodation, a weekly allowance as per the regional rate may be provided to assist with the purchase of food items while away from home.

Accommodation Allowance

The most efficient and economical accommodation consistent with the medical condition of the client and the costs incurred to travel to and from the accommodation to the medically required health services is to be utilized at all times.

When an approved boarding home is available, accommodation in a commercial establishment will not be authorized. When a boarding home is not available or it is full, commercial accommodation will be authorized and reimbursement will be at the rate negotiated with the establishment. Clients who choose alternate accommodation will be responsible for the difference in costs between the two or the full cost if accommodation is not reimbursable.

When staying in private accommodation, to assist the host for the costs incurred in providing overnight accommodation, an allowance as per the regional rate may be provided.

In cases where an extended stay, up to a three month period, is required, every effort must be made to utilize the most efficient and economical medical transportation benefits, including self-catering accommodation.

Medical Transportation Policy Framework

Non-Insured Health Benefits Program

Private Vehicle Kilometre Allowance

The most efficient and economical mode of transportation consistent with the urgency of the situation and the medical condition of the client is to be utilized at all times. This includes scheduled and/or coordinated medical transportation benefits provided by FNIHB or a First Nations or Inuit Health Authority or organization. When this mode of transportation is the use of a private vehicle, an allowance may be paid as per the regional rate to cover the operating costs of the owner's vehicle. Clients who choose to use their private vehicle when a more efficient and economical mode of transportation is available will be responsible for the difference in cost between the two.

Exceptions to the foregoing allowance may be considered by FNIHB, where it can be demonstrated that due to extreme conditions or unique community location the private vehicle kilometre allowance is clearly inadequate.

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

APPENDIX D

PRIVACY

The Non-Insured Health Benefits (NIHB) Program of Health Canada is committed to protecting an individual's 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 privacy legislation. The information collected is limited only to information needed for the NIHB Program to administer and verify benefits.

As a program of the federal government, NIHB must comply with the *Privacy Act*, the *Canadian Charter of Rights and Freedoms*, the *Access to Information Act*, Treasury Board policies and guidelines, including the Treasury Board of Canada Government Security Policy, and the Health Canada Security Policy. The NIHB Privacy Code addresses the requirements of these acts and policies.

Objectives of the NIHB Privacy Code:

- ▶ to set out the commitments of the NIHB Program to ensure confidentiality through responsible and secure handling of personal information collected for program delivery, administration and management; and
- ▶ to foster transparency, accountability, increased awareness of the NIHB Program's privacy procedures and practices.

The NIHB Privacy Code is based on the ten principles set out in the Canadian Standards Association, *Model for the Protection of Personal Information* (The CSA Model Code), which is also Schedule 1 to the *Personal Information Protection and Electronic Documents Act (PIPEDA)*. This is commonly regarded as the national privacy standard for Canada.

The Privacy Code can be found on the Health Canada website at www.hc-sc.gc.ca/fnihb/nihb, or obtained from First Nations and Inuit Health Branch Regional Offices.

The Non-Insured Health Benefits Privacy Code will be reviewed and revised on an ongoing basis as Federal Government privacy policies, legislation and/or program changes require. The Program would be pleased to receive stakeholder advice on the Code at anytime.

APPEAL PROCESS

A client has the right to appeal a denial of a medical transportation benefit under the Non-Insured Health Benefits (NIHB) Program. There are three levels of appeal 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.

At each level of appeal, the information will be reviewed by an independent appeal structure that will provide recommendations to the program based on the client's needs, availability of alternatives and NIHB policies.

Level 1 Appeal

The first level of appeal is the NIHB Regional Manager, First Nations & Inuit Health Branch.

Level 2 Appeal

If the client does not agree with the Level 1 Appeal decision and wishes to proceed further, the second level of appeal is the Regional Director, First Nations & Inuit Health Branch. Joint regional review structures may be in place.

Level 3 Appeal

If the appeal is denied at Level 2 and the client does not agree with the decision, they may take their request to the final appeal level. The third and final level of appeal is the Director General, Non-Insured Health Benefits, First Nations and Inuit Health Branch, Jeanne Mance Building, Address Locator 1919A, Room 1909A, Tunney's Pasture, Ottawa, Ontario K1A 0K9

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

Medical Transportation Policy Framework
Non-Insured Health Benefits Program

APPENDIX F

NIHB AUDIT PROGRAM

Medical transportation benefit audits are performed to meet program accountability and verify compliance with program requirements and the terms and conditions of applicable contribution agreements.

The objectives of the NIHB Audit Program are to:

- ▶ detect billing/claim irregularities, whether through error or fraudulent claims;
- ▶ ensure that the services paid for were received by the NIHB client;
- ▶ ensure that appropriate documentation in support of each claim is retained, in accordance with the terms and conditions of the Program.

The audit activities are based on accepted industry practices and accounting principles and may be carried out up to a maximum of two years from the date of service. Providers must retain a copy of the original authorizing voucher/warrant and receipt in accordance with provincial or territorial requirements, and any other information to support a claim on file for two years from the date of service for audit purposes. Claims for which the original authorizing voucher/warrant and receipt or supporting documentation is not available for review, including those with prior approvals, may be recovered through the audit program.

Records relating to NIHB clients must be maintained and the authorizing voucher/warrant and receipt for all the services provided in accordance with all applicable laws. All records shall be treated as confidential so as to comply with all applicable provincial/territorial and federal privacy legislation.



Forms

Medical Transportation

NIHB Client Reimbursement Request Form

Documents required by the NIHB Program to reimburse costs related to health services can be found on the next page of this form. Please note that all NIHB policies and requirements for coverage apply. **Note: All requests for reimbursement of eligible benefits must be made within one year from the date of service.**

It is important to submit ALL related documents or there will be a delay in processing your claim. Please keep copies for your files.

Part 1 – Client Information (client receiving the service)

Surname:	First and Middle Names:
Address: Apt.:	Postal Code:
City: Province/Territory:	Telephone number: () -
Identification Number:	Date of Birth: / / (YYYY/MM/DD)
Are you covered for any of these expenses under any other health plan(s)/program(s)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes , please attach a copy of a detailed statement or explanation of benefits form from all other plan(s)/program(s).	

Part 2 – Parent, Guardian or Person to whom payment should be made

Please provide the name and address of the person to whom payment should be made if different from client receiving the service. If client is under one year of age and not registered, please provide parent or guardian information. The person must also be over the provincial/territorial legal age.

Surname:	First and Middle Names:
Address: Apt.:	Postal Code:
City: Province/Territory:	Telephone number: () -
Identification Number (if applicable):	Date of Birth: / / (YYYY/MM/DD)
Relationship to Treated Client:	

Part 3 – Details of Claim

Instructions on what information is needed to be included with the completed client reimbursement form are listed on the next page. Fill in the total of **all** receipts for each category.

List Benefit Items Requested: (Prescription drugs, Medical Supplies & Equipment, Vision and Eye Care, Medical Transportation or Dental/Orthodontic Benefits)	Cost
TOTAL AMOUNT CLAIMED:	

Part 4 – Authorization and Signature

I authorize the release of any records that are relevant to the processing and payment of all claims held by the service provider to Health Canada, its agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by Health Canada or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.	
Client, Parent, Guardian or Person having a legally recognized authority	Date: / / (YYYY/MM/DD)
Print Name:	Signature:

Privacy statement

Health Canada also requires your authorization in order to collect information from your medical provider for services provided to you and paid for by the Non-Insured Health Benefits Program. The NIHB Program is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, the NIHB Program collects, uses, discloses and retains your personal information in accordance with the applicable federal privacy laws and policies. Further details of the NIHB Privacy Code can be found on the Health Canada website: http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_priv/2005_code/index-eng.php.

INFORMATION YOU NEED TO INCLUDE WITH YOUR COMPLETED CLIENT REIMBURSEMENT FORM**FOR ALL BENEFITS:**

- Original receipt(s) for proof of payment. Credit card/Debit (Interac) slips are not acceptable forms for proof of payment.
- Sign and complete all applicable parts of this NIHB Client Reimbursement Request Form. Forms that are not signed will be returned to the client for signature. **Please see exceptions to the Dental /Orthodontic and Medical Transportation Benefits below.**
- If applicable, submit your detailed statement or explanation of benefits form from all other health plan(s)/program(s). Note: Original receipts are not required when submitting the detailed statement or explanation of benefits form as the primary insurer requires them. In such cases, a copy of the original receipt is acceptable.

Prescription Drugs

- No additional information other than what is listed above is required.

In addition to the items listed above, please submit the specific requirements for the benefits listed below:

Medical Supplies and Equipment, Vision & Eye Care

- A copy of your prescription.

Dental or Orthodontic Services (Please note: When submitting for reimbursement specifically for **Dental or Orthodontic Services** only, you may use the NIHB Client Reimbursement Request Form OR a Dent-29 Form).

- A completed claim form provided by the dental or orthodontic service provider. Only need one of the following:
 - Association des Chirurgiens Dentistes du Québec Dental Claim and Treatment Plan Form
 - Standard Dental Claim Form
 - Canadian Association of Orthodontics Information Form

Medical Transportation (Please note: When submitting for reimbursement specifically for medical transportation only, you may use the NIHB Client Reimbursement Request Form OR a regional specific medical transportation form provided by the Health Canada regional office).

- Proof of your medical appointment attendance.

MAILING INSTRUCTIONS

For all reimbursements (other than Orthodontics), please mail your completed form(s) and receipt(s) to the Health Canada Regional Office where service was provided.

BC Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
757 West Hastings Street, Suite 540
Vancouver, British Columbia V6C 3E6
Telephone (toll-free): 1-800-317-7878
Dental (toll-free): 1-888-321-5003

Alberta Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
9700 Jasper Avenue, Suite 730
Edmonton, Alberta T5J 4C3
Telephone (toll-free): 1-800-232-7301
Dental (toll-free): 1-800-232-7301

Saskatchewan Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
2045 Broad Street, 4th Floor
Regina, Saskatchewan S4P 3T7
Telephone (toll-free): 1-800-667-3515
Dental (toll-free): 1-877-780-5458

Manitoba Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
391 York Avenue, Suite 300
Winnipeg, Manitoba R3C 4W1
Telephone (toll-free): 1-800-665-8507
Dental (toll-free): 1-877-505-0835

Ontario Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
1547 Merivale Road, 3rd floor
Postal Locator 6103A
Nepean, Ontario K1A 0L3
Telephone (toll-free): 1-800-640-0642
Dental (toll-free): 1-800-640-0642

Quebec Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
200 René-Lévesque Boulevard West
Guy-Favreau Complex, 4th floor
Montréal, Québec H2Z 1X4
Telephone (toll-free): 1-877-483-1575
Dental (toll-free): 1-877-483-5501

Atlantic Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
1505 Barrington Street
Suite 1525, 15th Floor, Maritime Centre
Halifax, Nova Scotia B3J 3Y6
Telephone (toll-free): 1-800-565-3294
Dental (toll-free): 1-800-565-3294

Northern Region (NWT & Nunavut)

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
Qualicum Building
2936 Baseline Rd., Tower A – 4th Floor
Ottawa, Ontario K1A 0K9
Telephone (toll-free): 1-888-332-9222
Dental (toll-free): 1-888-332-9222

Northern Region (Yukon)

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
300 Main Street, Suite 100
Whitehorse, Yukon Y1A 2B5
Telephone (toll-free): 1-867-667-3942
Dental (toll-free): 1-888-332-9222

FOR ORTHODONTIC SERVICES

Please mail your completed orthodontic forms and receipt(s) to the Orthodontic Review Centre.

Orthodontic Review Centre

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
55 Metcalfe Street, 5th Floor
Postal Locator 4005A
Ottawa, Ontario K1A 0K9
Telephone: 1-866-227-0943



Health
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Canada

Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.

NIHB Client **TRANSPORTATION** Reimbursement Request Form

Documents required by the NIHB Program to reimburse costs related to health services can be found on the next page of this form. **All requests for reimbursement of eligible benefits must be made within one year from the date of service.**

Si vous désirez recevoir votre correspondance en français, veuillez cocher ici ☐

Part 1 - Client information (client receiving the service)

Surname:		First & Middle names:	
Address:		Apt. :	Postal Code:
City:	Province/Territory:		Phone number (day): () -
Cell Phone number: () -			Phone number (evening): () -
Identification number (10 digits):			Date of birth (YYYY/MM/DD):

Part 2 - Information on parent, guardian or person to whom payment should be made (if different from the client receiving the service)

Surname:		First & Middle names:	
Address:		Apt. :	Postal Code:
City:	Province/Territory:		Phone number: () -
Identification number (10 digits):			Date of birth (YYYY/MM/DD):
Relationship to the client:			

Part 3 - Information on appointment

Date:	Time:	Location:
Doctor's name:		Specialty:

Part 4 - Details on transportation

Autorization number (if necessary):				
Date:	Departure:	Time:	Arrival:	Time:
Number of meals (including escort):		Breakfast:	Lunch:	Dinner:
Kms:	Time of departure from appointment:		Time of arrival at residence:	
Parking fees (receipt required):			Accommodations costs:	

*** If you have more than 1 appointment and made more than 1 trip, please fill out the back of this page.**

Part 5 - Authorization and Signature

I authorize the release of any records that are relevant to the processing and payment of all claims held by the service provider to Health Canada, its agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by Health Canada or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.	
Client, Parent, Guardian or Person having a legally recognized authority	Date (YYYY/MM/DD):
Print name:	Signature:

*** This claim will be processed if the signature appears on the form.**

Part 3 - Information on appointment

Date:	Time:	Location:
Doctor's name:	Specialty:	

Part 4 - Details on transportation

Authorization number (if necessary):				
Date:	Departure:	Time:	Arrival:	Time:
Number of meals (including escorte):	Breakfast:	Lunch:	Dinner:	
Kms:	Time of departure from appointment:		Time of arrival at residence:	
Parking fees (receipt required):		Accommodations costs:		

Part 3 - Information on appointment

Date:	Time:	Location:
Doctor's name:	Specialty:	

Part 4 - Details on transportation

Authorization number (if necessary):				
Date:	Departure:	Time:	Arrival:	Time:
Number of meals (including escorte):	Breakfast:	Lunch:	Dinner:	
Kms:	Time of departure from appointment:		Time of arrival at residence:	
Parking fees (receipt required):		Accommodations costs:		

Part 3 - Information on appointment

Date:	Time:	Location:
Doctor's name:	Specialty:	

Part 4 - Details on transportation

Authorization number (if necessary):				
Date:	Departure:	Time:	Arrival:	Time:
Number of meals (including escorte):	Breakfast:	Lunch:	Dinner:	
Kms:	Time of departure from appointment:		Time of arrival at residence:	
Parking fees (receipt required):		Accommodations costs:		

INFORMATION YOU NEED TO INCLUDE WITH YOUR COMPLETED REIMBURSEMENT FORM.**For all benefits:**

- Original receipt(s) for proof of payments. Credit card/debit (Interac) slips are not acceptable forms for proof of payment.
- Sign and complete all applicable parts of this NIHB Client Reimbursement Request Form.
- If applicable, submit your detailed statement or explanation of benefits form from all other health plan(s)/program(s). In such cases, a copy of the original receipt is acceptable. **Note:** Original receipts are not required when submitting the detailed statement or explanation of benefits from the primary insurer requires who them.

For the Medical Transportation

- Original receipt(s) for proof of payments. Credit card/debit (Interac) slips are not acceptable forms for proof of payment.
- Proof of your medical appointment attendance.

Please mail your completed form(s) and receipt(s) to:

Non-Insured Health Benefits - First Nations and Inuit Health - Health Canada
200, René-Lévesque Boulevard West - Guy-Favreau Complex, 4th floor
Montréal (Québec) H2Z 1X4
Telephone (toll-free) : 1-877-483-1575



Fee schedule

Medical Transportation

RATES for MEDICAL TRANSPORTATION Program (clients and escorts)

Medical Transportation (Last update: 2012-04-01)	
TRANSPORTATION / km	MAXIMUM
AMBULANCE	Provincial Rate
PRIVATE VEHICLE (with authorization from the Medical Transport. Coord.)	17 ¢
PRIVATE VEHICLE on GRAVEL ROADS (with authorization)	20 ¢
COMMUNITY MEDICAL TRANSPORTATION VEHICLE	S/O
COMMERCIAL TAXI with a licence from CTQc	Provincial Rate
COMMERCIAL TAXI - WAITING TIME	Not accepted
CONTRACTED DRIVER / VEHICLE - km with a client onboard	74 ¢
CONTRACTED DRIVER / VEHICLE - WAITING TIME	Not accepted

MEALS (for authorized clients and escorts who must spend more than 6 hours away from home in order to attend a medical appointment)	MAXIMUM
BREAKFAST	\$8
LUNCH	\$10
DINNER	\$15
WEEKLY FOOD ALLOWANCE (1 person in the accommodation) MT Policy Framework, Section 9.10, page 17 and Appendix C, page 24)	\$75
WEEKLY FOOD ALLOWANCE (2nd person in the accommodation)	\$25

ACCOMMODATION (for authorized clients and escorts) / night	MAXIMUM
BOARDING HOME (rate does not include meals)	\$30
PRIVATE ACCOMMODATION - friend / family (rate does not include meals)	\$20
COMMERCIAL ESTABLISHMENT (if boarding homes are not available) with authorization and a RECEIPT	\$75
COMMERCIAL ESTABLISHMENT (2nd person in the same room) with authorization and a RECEIPT	\$25

*** Use of vehicles with taxi permit :**

- (1) The maximum reimbursement paid per kilometre travelled by a vehicle for which the owner has a valid taxi permit from the "Commission des transports du Québec" will be in accordance with the current rates of the "Commission des transports du Québec".
- (2) No reimbursements will be paid for waiting time.
- (3) When more than one Client is travelling in the same vehicle, the rate reimbursed will be for one trip only;

*** Contracted driver and vehicle :**

- (1) Mileage travelled without passengers will not be reimbursed;
- (2) When more than one Client is travelling in the same vehicle, the rate reimbursed will be for one trip only;
- (3) No reimbursements will be paid for waiting time.

