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Non-Insured Health Benefits

The NIHB Program provides supplementary health benefits, including medical transportation,
for registered First Nations and recognized Inuit throughout Canada.
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MEDICAL TRANSPORTATION POLICY FRAMEWORK JULY 2005

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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**

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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.

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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.

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- 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.

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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.

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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

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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.

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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;

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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.

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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.

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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.

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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.

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.

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“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.

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.

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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.