



www.canada.ca/nihb

Non-Insured Health Benefits (NIHB)

Medical Transportation Policy Framework (Interim)

Effective date: April 2017

Table of Contents

- Introduction
- 1. General Principles
- 2. Coordinated Travel
- 3. Modes of Transportation
- 4. Emergency Transportation
- 5. Client Escorts
- 6. Appointments
- 7. Residential Addictions Treatment Travel Policy
- 8. Traditional Healer Services Travel Policy
- 9. Meals and Accommodations
- 10. Reimbursement of Travel Expenses
- 11. Exceptions
- 12. Exclusions
- Appendix A - Definitions
- Appendix B - Client Eligibility
- Appendix C - Meal, Accommodation and Kilometre Allowances
- Appendix D - Privacy
- Appendix E - Appeal Process
- Appendix F - Non-Insured Health Benefits (NIHB) Audit Program

Note to Reader:

Health Canada's First Nations and Inuit Health Branch and the Assembly of First Nations have undertaken a Joint Review of the NIHB Program, including the medical transportation benefit. The objectives of this collaborative process are to enhance client access to benefits, identify and address gaps in benefits, and improve service delivery to be more responsive to client needs. This NIHB Medical Transportation Policy Framework has been updated (2017) as an interim measure to clarify existing policy in some areas, and respond to preliminary issues identified through Joint Review discussions to date. Once the Joint Review of the medical transportation benefit is completed, further revisions to this policy framework are anticipated.

Introduction

Foreword

The Non-Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits when these benefits are not otherwise covered through private or provincial/territorial health insurance plans or social programs. NIHB Program benefits include prescription drugs and over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on reserve or in the community of residence.

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 delivery and administration of all medical transportation benefits under the federal NIHB Program. These policies apply to NIHB funded services, whether they are administered by the First Nations and Inuit Health Branch (FNIHB) or by First Nations or Inuit Health Authorities or organizations (which includes territorial governments) under a contribution agreement. In some cases, First Nations and Inuit may receive health benefits coverage through a self-government agreement (for example, the Government of Nunatsiavut, or the Nisga'a Lisims Government) or through a separate agreement (for example, the BC First Nations Health Authority). These entities may manage and deliver benefits according to different policies than those outlined in this Framework. As such, clients served under such agreements should contact the organization responsible for their health benefits program/plan directly for information on the applicable policies.

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 First Nations and Inuit Health Branch (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.

1.3

Medical transportation benefits may be provided for clients to access the following types of medically necessary 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 ordered by a physician or other health professional within his or her scope of practice and which are covered by provincial/territorial health plans;
- publically-funded alcohol, solvent, drug abuse and detox treatment;
- traditional healers;
- Non-Insured Health Benefits (vision, dental, mental health, medical supplies and equipment); and
- Publically-funded preventative screening e.g. breast cancer screening (where coordination with other medical travel is not feasible).

1.4

Medical transportation benefits include ground, water and air travel, meals and accommodations. For more information, refer to Sections 3 (Modes of Transportation), 4 (Emergency Transportation) and 9 (Meals and Accommodations).

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. Extensions may be considered on an exception basis.

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.

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.

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 First Nations and Inuit Health Branch (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

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 (Meals, Accommodations 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.

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.

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 First Nations and Inuit Health Branch (FNIHB) or of a First Nations or Inuit Health Authority or organization.

5. Client Escorts

5.1

Medical transportation benefits may include coverage for transportation, accommodations and meals for medical or non-medical escorts for clients travelling to access medically required health services.

5.2

Escorts must be preauthorized by FNIHB or a First Nations or Inuit Health Authority or organization and meet the criteria for coverage of an escort (outlined below).

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

Coverage for a non-medical escort may be approved when there is a legal or medical requirement that results in the client being unable to travel alone, such as where the client:

- a. Is a minor;
- b. Requires alternative legal consent/decision making;
- c. Requires assistance with activities of daily living (e.g. assistance with dressing, eating, bathing etc.);
- d. Faces a language barrier (i.e. health services at the referred location are not available in the clients spoken language(s));
- e. Is to receive instruction on specific and essential home medical/nursing procedures that cannot be given to the client only;

- f. Is undergoing a medical procedure (e.g. outpatient general anesthetic) or has a medical condition that will result in the client requiring assistance during the trip; and/or
- g. Is a pregnant woman whose trip is for the purpose of childbirth (including being closer to care while awaiting childbirth).

Requests for coverage for non-medical escorts must be made / supported by a community health professional except where:

- a. The client is a minor (based on the date of birth, all minors will be provided with coverage for a non-medical escort);
- b. The client is a pregnant woman whose trip is for the purpose of childbirth (all such clients will be provided with coverage for a non-medical escort)
- c. The client will receive outpatient sedation as part of a medical procedure and will be unable to travel home unaccompanied following the procedure; or
- d. There is existing documentation in the client's file that supports the continuing need for a non-medical escort such as:
 - o language barrier,
 - o escort travel previously approved as part of a series of related treatments,
 - o client has a permanent condition and as a result will always require assistance while travelling.

Details of the medical condition are not required. However, additional justification may be required in exceptional circumstances (such as for clients requiring more than one escort).

5.6

When coverage for an escort has been authorized, the escort must be capable and willing to provide the assistance that the client needs, for the duration it is required. Depending on the client's needs, for example, the escort is:

- a. Able to sign consent forms or provide a patient history;

- b. Able to provide the required physical and/or other required care when the client needs it. An escort should not require assistance for his or her own needs during the trip (this is important where the client may be admitted to hospital, leaving the escort on his or her own);
- c. Proficient in translating between indigenous language and English/French;
- d. Able to drive if the role includes providing ground transportation; and
- e. Able to share personal space to support client.

5.7

Escorts should continue to be covered as long as the medical or legal requirement continues to exist. In some cases, it may be more practical financially to have the escort stay longer.

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 First Nations and Inuit Health Branch (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 necessary health services unless justification is provided to explain why the client was unable to attend or to notify the appropriate public carrier of the cancellation.

7. Residential Addictions Treatment Travel Policy

7.1

Travel will be funded to the closest appropriate National Native Alcohol and Drug Abuse Program (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 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.

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 First Nations and Inuit Health Branch (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;
- 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.

9. Meals and Accommodations

9.1

Medical transportation benefits may include assistance with meals and accommodations 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 accommodations will be chosen, taking into consideration the client's health condition, location of accommodations and travel requirements to access medically required health services.

9.3

Accommodations arrangements will be made by First Nations and Inuit Health Branch (FNIHB) or a First Nations or Inuit Health Authority or organization. Clients who choose to make different accommodations arrangements will be responsible for the difference in the cost between the two.

9.4

When available, meals and accommodations must be obtained from the boarding homes or commercial establishments with which FNIHB or a First Nations or Inuit Health Authority or organization has 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 accommodations may be provided on a case by case basis, which may include the review of the medical justification, time of appointment, distance traveled and scheduled and/or coordinated medical transportation.

9.8

When accommodations are provided in a private home, assistance not to exceed the regional rate set out for private accommodations may be reimbursed. Reimbursements will only be issued to the client. For more information, refer to Appendix C (Meal, Accommodations 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, accommodations 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, to enable the client to make arrangements to reside where the services are located. Extensions may be considered on an exception basis. A weekly food allowance as per the regional rate may be provided.

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 Non-Insured Health Benefits (NIHB) Program and based on:

- a. Negotiated rates;
- b. Rates set out in the terms and conditions of the relevant contribution agreement;
- c. Published First Nations and Inuit Health Branch (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 accommodations will be

as per the regional rates. For more information, refer to Section 9 (Meals and Accommodations) and Appendix C (Meal, Accommodations 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, Accommodations and Kilometre Allowances).

11. Exceptions

11.1

Certain types of travel may be considered on an exceptional basis with the appropriate justification (should be coordinated with other travel wherever possible). 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. Medical Supplies and Equipment and vision care benefits where a fitting is required and these fittings cannot be made on the reserve or in the community of residence;
- c. Transportation for clients to access supervised opioid addiction treatment (e.g. methadone, Suboxone) may be provided for up to four months 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;
- d. Other requests for travel will be reviewed on a case-by-case basis with appropriate justification.

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; (e.g. medical certificate for employment);
- 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 or medical supply and equipment products where a fitting is not required;
- 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 and/or respite care.

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, accommodations 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 accommodations, 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 to deliver the NIHB Program.

"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 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 accommodations to access medically required health services not available on the reserve or in the community of residence.

"Medically Necessary Health Services"

means those health services that 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.

"Non-Medical Escort"

means a travelling companion for a client who is not the client's treating health professional (see "Medical Escort" above). For instance, a parent/guardian or family member.

"Private Accommodations"

means overnight accommodations that is not in a commercial establishment but rather at the home of a family 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 necessary 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 for NIHB Program benefits, a client must be a Canadian resident and registered or eligible to be registered under a provincial or territorial health insurance plan and have the following status:

- registered Indian according to the Indian Act; or
- Inuk recognized by an Inuit Land Claim organizations; and
- not otherwise covered under a separate agreement (e.g. a self-government agreement such as the Nisga'a and Nunatsiavut agreements) with federal, provincial or territorial governments.
- an infant less than 1 year old whose parent is a registered First Nations person or a recognized Inuk.

Appendix C - Meals, Accommodations and Kilometre Allowances

Approved medical transportation benefits may include meals, accommodations 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 Accommodations).

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 accommodations, a weekly allowance as per the regional rate may be provided to assist with the purchase of food items while away from home.

Accommodations Allowance

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

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

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

In cases where a stay for an extended period (see section 9.10) is required, every effort must be made to utilize the most efficient and economical medical transportation benefits, including self-catering accommodations.

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.

Appendix D - Privacy

As a federal government program, Health Canada's NIHB Program has the responsibility to protect personal information under their control in accordance with the Privacy Act and its related Treasury Board privacy policy and directives, and is also responsible for ensuring that the personal information collected is limited to that which is necessary to administer the Program.

For more information on Health Canada's privacy practices, please contact the Health Canada/Public Health Agency of Canada Privacy Management Division at 613-948-1219 or by email at privacy-vie.privee@hc-sc.gc.ca.

Appendix E - 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.

Contact information can be found at www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php

Level 1 Appeal

The first level of appeal is the NIHB Regional Director, 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 Executive, 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.

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

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.