

December 3, 2018

COR/2018/075958

Dear Applicant:

Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS/131/2018]

On November 20, 2018, the Department of Health and Community Services (the Department) received your request for access to the following records:

“This request pertains to the Medical Transportation Assistance Program. Please provide the following information: (1) all policies and procedures related to the program, (2) how long a wait to access specialist services has to be for the wait to equate to non-access to service, in which MTAP financial support could be provided for travel (for example, a 2 year wait, 5 year wait, 10 year wait, etc.), (3) the basis for MTAP requiring a specialist to refer someone outside the province when access to a specialist takes many years, is the basis for requesting financial support for travel, and a family doctor referral would be more efficient, (4) the number of appeals received per year since 2013, and (5) the success rate of appeals per year since 2013.”

I am pleased to announce that the Department has decided to provide access to the requested information. As per the policy, if a service is available in the province, the Department does not reimburse medical transportation regardless of wait time. If there is a specialist in the province to provide the medical service, travel is not eligible regardless of who completes the referral.

In July 2017, upon recommendation from the Office of the Citizen’s Representative, clients denied reimbursement are given an opportunity to have their file reviewed. Wording on ineligibility letters states, *“If you are not in agreement with this decision, you can request to have your claim reassessed. You can do this by submitting a written request explaining your grounds for the review of your application. Should you have any additional documentation you wish to provide for the review, please enclose it with your request. Your request can be sent to Treena Nippard, Manager of Insured Services, Department of Health and Community Services, P.O. Box 8700, St. John’s, NL A1B 4J6.”*

Since July 2017, there have been approximately five appeals. The success rate for appeals is estimated to be three to four as most appeals were denied, as the claim was ineligible due to policy.

The Act requires us to provide an advisory response within 10 days of receiving the request. As this request has been completed prior to day 10, this letter also serves as our Advisory Response.

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the *Access to Information and Protection of Privacy Act* (the Act). A request to the Commissioner must be made in writing within

15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John's, NL. A1B 3V8
Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the *Act*.

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7010 or by email at MichaelCook@gov.nl.ca.

Sincerely,



Michael Cook
ATIPP Coordinator
/Enclosures

Access or correction complaint

42. (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52 (1) or 53 (1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21 ;

(b) a decision respecting an extension of time under section 23 ;

(c) a variation of a procedure under section 24 ; or

(d) an estimate of costs or a decision not to waive a cost under section 26 .

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.

Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42 , the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner's refusal under subsection 45 (2).

**AUDIT & CLAIMS INTEGRITY DIVISION
POLICIES AND PROCEDURES**

INSURED PROGRAMS

Document Number: DOC-36379

**MEDICAL TRANSPORTATION ASSISTANCE
PROGRAM (MTAP) - POLICY**

Page: 1 of 15

Approval Date: March 13, 2018

Approved by: Hon. John Haggie

1. POLICY STATEMENT

- i) Overview
- ii) Authority
- iii) Definitions

2. PROGRAM RULES

- i) How the program works
- ii) Deductible/first dollars
 - a) Island residents
 - b) Labrador residents
 - c) Pre-payment of airfare component
- iii) Submission of claim(s)
- iv) Eligible travel
- v) Ineligible travel
- vi) Medical referrals
 - a) In-province
 - b) Out-of-province (within Canada)
 - c) Out-of-country
- v) Medically required escorts
- vi) Payer of last resort
- vii) Private insurance/Other sources of assistance
- viii) Excluded persons
 - a) AES recipients/Eligibility checklist
- ix) Redemption of reward points/miles/vouchers

3. ELIGIBLE EXPENSES

- i) Airfare
- ii) Accommodation
 - a) General provisions
 - b) Eligible nights of accommodation
- iii) Meal allowance
 - a) In-province
 - b) Out-of-province
- iv) Taxis
- v) Car rental
- vi) Scheduled transportation service
- vii) Ineligible expenses

4. ELIGIBLE SERVICES

- i) Eligible services
- ii) Additional eligible services
 - a) Out-of-province mental health inpatient treatment programs
 - b) Private vehicle use < 200 km from home community
 - c) Application of deductible to pre-payment of airfare component
- iii) Out of province air ambulance assistance
 - a) Requests for financial assistance with air ambulance expenses
 - b) Assistance available
- iv) Ineligible services

5. MANAGERIAL DISCRETION

- i) Timelines for eligibility/Length of coverage guidelines

6. FILE REVIEW

7. COMPONENT SPECIFIC REQUIREMENTS

- i) Private vehicle usage component
 - a) Application form: Private vehicle usage
 - b) Qualification criteria
 - c) Confirmation of specialized services
 - d) Submission of claim(s)
 - e) Distance travelled calculations
 - f) Eligible kilometres
 - g) Ineligible kilometres
 - h) Medical escorts
 - i) Meal per diem
- ii) 50% Pre-payment of airfare component
 - a) Application form: Pre-payment of airfare
 - b) How to apply
 - c) Medical escorts
 - d) Booking the travel
 - e) Rescheduled/cancelled travel
 - f) Post-travel assessment
 - g) Application of deductible

1. POLICY STATEMENT

i) Overview

The Medical Transportation Assistance Program (MTAP) provides financial assistance to beneficiaries of the Medical Care Plan (MCP) who incur substantial out-of-pocket travel costs to access specialized insured medical services which are not available in their immediate area of residence and/or within the province.

MCP beneficiaries required to travel for specialized insured medical services may be eligible for financial assistance under MTAP for airfare (and related eligible taxi fares); private vehicle usage; purchased registered accommodations (and related meal allowance); busing; and use of ferries, based on program criteria. (Deductibles may apply).

Eligible residents booking commercial air travel for specialized insured medical services have the option to have 50% of their economy airfare prepaid prior to travel under the Pre-payment of Airfare component of the program. Labrador residents will be eligible for full prepayment of airfare up to \$1000, subject to annual assistance limits.

Specialized insured medical services include: visits to a specialist; treatments such as chemotherapy, dialysis, and radiation; and, investigations such as nuclear medicine tests, MRI and PET scans.

ii) Authority

The Medical Transportation Assistance Program (MTAP) operates under the authority of the Minister of Health and Community Services (the Minister) under powers granted by the *Medical Care and Hospital Insurance Act* and related *Regulations*.

iii) Definitions

“area of residence” refers to an area within 200 kms (one way) of a beneficiary’s place of residence. The determination of whether or not an insured medical service is available within the beneficiary’s area of residence, within the province or within the country is a matter of the professional judgment of the Assistant Medical Director (or other appropriate medical staff of HCS). Decisions are based on the clinical documentation available which may include but is not limited to the letter of referral to and/or the clinical notes from the medical practitioner who provided the treatment. The determination shall include consideration as to the availability of suitable alternative treatment within the beneficiary’s area of residence, within the province or within the country as appropriate.

“insured services” are the services covered, or insured, under the Newfoundland and Labrador Medical Care Plan (MCP), as listed in the Medical Payment Schedule and/or the *Medical Care Insurance Insured Services Regulations*.

“**MTAP**” is the Medical Transportation Assistance Program.

“**MCP**” is the Newfoundland and Labrador Medical Care Plan.

“**place of residence**” where acceptable documentation is not available to the contrary, a beneficiary’s place of residence is the current address on file with MCP.

“**specialist**” means a physician who is recognized as a specialist by the Newfoundland Medical Board. An “in-province specialist physician” may include an out-of-province specialist who has been approved by HCS to provide specialist medical care to residents of the province.

“**specialized insured medical services**” are insured services which are provided by a specialist or specified medical services approved by MTAP, and/or the Minister.

2. PROGRAM RULES

i) How the Program Works

Patients are required to pay their medical travel costs up-front and make application for cost-sharing of allowable expenses to HCS after attending an eligible medical appointment. Official original documents for allowable expenses must be submitted, along with the appropriate completed application form(s). If a patient requires follow-up treatment and additional medical travel is required, MTAP may request an applicant to seek prior approval for the follow-up travel assistance

Allowable expenses are assessed based on travel dates in relation to medical appointments/service date(s). Expenses incurred must be reasonable and based on the most economical mode of travel. Personal care items, utilities, and long distance telephone calls are not eligible expenses. Patients may be eligible for 50% pre-payment of economy airfare.

ii) Deductible/First Dollars

a) Island Residents

- For residents of the island portion of the province, there is a \$400 family deductible in a 12 month period from the date of initial travel, for which the beneficiary is responsible.
- The next \$100 of eligible expenses, over the \$400 family deductible, is fully reimbursed by MTAP.
- The balance of eligible expenses between \$500 and \$3000 of the total claim are cost-shared by MTAP at the rate of 50%.
- The balance of eligible expenses in excess of \$3,000 during the 12-month period are cost-shared, with MTAP providing assistance at the rate of 75%.

**Medical Transportation Assistance Program (MTAP)
Policy**

Approval Date: March 13, 2018

b) Labrador Residents

- Labrador residents shall receive full payment up to the first \$1,000 of eligible airfare and purchased accommodation expenses within a 12 month period from the date of the initial travel.
- The balance of eligible between \$1000 and \$3000 are cost shared by MTAP at a rate of 50%.
- The balance of eligible expenses in excess of \$3,000 during the 12-month period are cost shared, with MTAP providing assistance at the rate of 75%.

c) Pre-payment of Airfare Component

- See section 7(ii)(d) of this policy.

iii) Submission of Claim(s)

- a) Claims must be submitted on a monthly basis for residents who require travel in excess of 31 days.
- b) Claims for a duration of less than 31 days must be submitted within 12 months from the date of travel.
- c) All claims must be submitted within 24 months of the date of the insured specialized medical service.
- d) Pre-approval of the Manager of Insured Programs, or delegate, is required where beneficiaries require assistance for more than 31 consecutive days in a 12 month period.
 - Procedure: Where beneficiaries require more than 31 consecutive days of coverage, the Manager or delegate, shall confirm the medical necessity of the absence from the home community at least every 3 month period and document the results in the beneficiary's file.
- e) Allowable expenses shall be assessed based on travel dates in relation to the relevant medical appointment/service/treatment date(s).

iv) Eligible Travel

In order to qualify for MTAP assistance, the following criteria must be met:

- a) the medical travel must originate from the patient's Newfoundland and Labrador residence.
- b) the beneficiary must incur substantial out-of-pocket expense;
- c) the expense must have been incurred in order to access medically required insured specialized service;
- d) the beneficiary must be referred for treatment by an approved medical practitioner (see **Medical Referrals** below for specific requirements);
- e) the treatment, or suitable alternative treatment, must not be available:
 - in the beneficiary's area of residence, for treatment within the province;
 - in the province, for treatment received outside the province (within Canada) or;
 - in Canada, for treatment received outside the country.

v) Ineligible Travel

MTAP assistance is not available for any of the following scenarios:

- a) when treatment or suitable alternative treatment is available in the beneficiary's area of residence; the province; or the country (as applicable);
- b) when treatment is considered experimental;
- c) for participation in clinical trials;
- d) to obtain a second medical opinion; or
- e) to avoid wait times.

vi) Medical Referrals

- a) Assistance for in-province medical travel requires the referral of a Newfoundland and Labrador physician. The referring physician must complete the required information on the applicable application form.
- b) Assistance for out-of-province (within Canada) medical travel requires the referral of a Newfoundland & Labrador specialist physician. A copy of the supporting medical referral must be attached to the application. Applications for medical transportation assistance may be subject to approval of departmental medical staff.
- c) Assistance for out-of-country medical travel requires a Newfoundland & Labrador specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

vii) Medically Required Escorts

- a) One escort is eligible for MTAP assistance when the referring physician recommends that an escort is required.
- b) Travel expenses incurred by an escort may be eligible for assistance when an escort is recommended by the referring physician.
- c) If an escort is required, the escort is expected to share the same accommodations as the medically referred person unless the beneficiary is hospitalized.
- d) Where the beneficiary is hospitalized for an extended period, escort assistance under MTAP may be limited to the expenses incurred to travel to/from the beneficiary's place of residence to the treatment facility.
- e) Expenses for medical escort travel must originate from the patient's home community. However, escorts who arrive from an area other than the patient's home community and who share the accommodation with a beneficiary, may be eligible for the per diem assistance. These cases are to be determined based on the circumstances of the beneficiary, the recommendation of the referring physician and the discretion of the Manager of Insured Services or delegate.

viii) Payer of Last Resort

Beneficiaries shall be required to disclose all sources of travel assistance received related to expenses submitted (including from government sources). Failure to disclose money received from private insurance or other sources for expenses submitted to MTAP may

result in the recovery of assistance provided by MTAP. Fraudulent claims may be subject to prosecution.

ix) Private Insurance/Other Sources of Assistance

- a) MCP beneficiaries, who have private health insurance benefits, must have their medical travel expenses assessed by the private insurance provider prior to submitting an MTAP application to the department for assessment.
- b) Any monies paid by private insurance or other sources for eligible expenses must be disclosed and attached to the application form. Any monies paid in the form of a copy of the private insurance assessment must be attached to the application form.

x) Excluded persons

- a) Income Support recipients are not eligible as their medical travel costs may be eligible for funding by the Department of Advanced Education, Skills and Labour.
 - Procedure: All approved claims must include confirmation from the assessor confirming that the applicant is not an AES client.
- b) Residents who receive funding for medical travel from Federal or Provincial Departments, Agencies, Boards or Commissions such as the Workplace Health, Safety & Compensation Commission or Regional Health Authorities are not eligible under this program.
- c) Bone marrow/stem cell and organ donors who receive financial assistance for medical travel through the Eastern Regional Health Authority are not eligible for assistance under this program.

ix) Redemption of Reward Points/Miles/Vouchers

MTAP assists with out-of-pocket expenses and does not compensate for the redemption or purchase of reward points/miles/vouchers for air tickets, claimable expenses and/or purchased registered accommodations. However, any receipts for applicable taxes/fees or charges for the issuance of such services may be submitted to the Program for consideration under the Program's cost sharing provisions.

3. ELIGIBLE EXPENSES

i) Airfare expenses may be eligible for assistance as follows:

- a) Economy airfare ticket and up to one piece of checked luggage (official ticket receipt, itinerary and boarding passes are required).
- b) MTAP does not provide assistance with first class/business class tickets or their equivalents.

ii) Accommodation expenses

a) General Provisions

MCP beneficiaries required to travel for specialized insured medical services may be eligible for financial assistance under MTAP when the beneficiary incurs out-of-pocket expenses for

paid registered accommodation (and related per diems) in order to obtain required specialized insured services which are not available in their area of residence.

- Up to a maximum of \$125 per night (official receipt required) when accommodations are purchased from a registered accommodations provider.
- The program does not provide assistance for claiming expenses for accommodations provided by family/friends.
- Beneficiaries requiring more than 31 consecutive days of assistance require pre-approval of the Manager of Insured Programs or delegate.
- Beneficiaries medically required to take up temporary residence in another region of the province or another province/territory while receiving specialized insured medical treatment or awaiting transplantation, can claim up to a maximum of \$3,000 (official receipt required) for each period of 31 consecutive days.

b) Eligible Nights of Accommodation

The maximum number of nights which may be eligible for MTAP assistance is determined by the number of days routinely required to receive the necessary insured service/treatment plus one additional night.

Scenario 1: Insured service(s)/treatment received on a single day

- A maximum of two (2) nights' accommodation may be claimed for a single appointment/treatment. This allows the patient accommodation on the day prior to the appointment (night 1), allows the patient accommodation on the day of the appointment (night 2) and allows the patient to return to their home on the day following the appointment.
- Twice the meal allowance may also be claimed (one meal allowance may be claimed for each approved night of accommodation).
- Flight costs, and related taxi expenses may be claimed by the beneficiary.
- Costs related to flight cancellations or other unforeseen circumstances, may be claimed.
- Additional night(s) of accommodation may be eligible for assistance if they are required as a result of the patient's condition (medical documentation may be required).

Scenario 2: Appointment(s)/treatment received over several days (i.e. 4 days of treatment)

- A maximum of five (5) nights' accommodation may be claimed for treatment which is required over a 4 day period. This allows the patient accommodation on the day prior to the appointment (night 1), allows the patient accommodation for the duration of the treatment (nights 2-4) and allows the patient to return to their home on the day following the appointment.
- Five times the meal allowance may also be claimed (one meal allowance may be claimed for each approved night of accommodation).
- Flight costs, and related taxi expenses may be claimed by the beneficiary.

**Medical Transportation Assistance Program (MTAP)
Policy**

Approval Date: March 13, 2018

- Costs related to flight cancellations or other unforeseen circumstances, may be claimed.
- Additional night(s) of accommodation may be eligible for assistance if they are required as a result of the patient's condition (medical documentation may be required).
- **Registered purchased accommodation assistance** is only available when the beneficiary must travel more than 200 km (one way) from their place of residence.

iii) Meal Allowance / per diem

The meal allowance is only available when accommodations are purchased from a registered accommodations provider. The following meal allowance provisions apply for each night of approved purchased accommodation:

In-province to a maximum of \$29 per night of paid registered accommodation per person.

Out-of-province to a maximum of \$43 per night of paid registered accommodation per person.

- a) The maximum meal allowance for any 31 day period is \$700 per person.
- b) The program does not have a provision for claiming meals when accommodations are provided by family/friends.
- c) Patients cannot claim a meal allowance for in-patient hospital stays.
- d) Beneficiaries requiring more than 31 consecutive days of assistance require pre-approval of the Manager of Insured Programs or delegate.

iv) Taxis

Taxi expenses may be eligible for assistance when used in conjunction with air travel or scheduled transportation service (excluding ferry service) as follows:

- a) Airport to hotel/accommodations and return (official receipts are required).
- b) Hotel/accommodations to hospital and return (official receipts are required).
- c) Maximum 1 per day (unless treatment warrants additional trips).

v) Car rentals

Car rental expenses may be eligible for assistance when used in conjunction with air travel. The number of days of car rental expense shall not exceed the number of approved nights of paid accommodation. Daily car rental expenses must not exceed the anticipated cost of daily allowable taxi expense.

vi) Scheduled Transportation Services

Scheduled transportation service expenses may be eligible for assistance, including registered busing, minivan and ferry services (official receipts are required).

vii) Ineligible expenses

These include but are not limited to:

- a) personal care items,
- b) utilities, and
- c) long distance telephone calls.

4. ELIGIBLE SERVICES

i) Eligible services

Eligible services include the services covered, or insured, under the Newfoundland and Labrador Medical Care Plan (MCP) as listed in the Medical Payment Schedule when provided by a specialist as defined by the *Medical Care and Hospital Insurance Act*.

ii) Additional eligible services

The following services/expenses/treatments have been approved by the minister for MTAP related assistance:

- a) In-patient mental health and/or addiction services pre-approved by the Director of Mental Health and Addictions (or delegate).
- b) MCP beneficiaries, who require access to medical services within their area of residence with such frequency as to meet the requirements of the private vehicle component of the program, may be eligible for mileage assistance only, provided the distance traveled exceeds 50km per one-way trip.
- c) Application of deductible to Pre-payment of Airfare Component.

iii) Out of Province Ambulance/Air Ambulance Assistance

Ambulance service and other forms of transportation of patients are explicitly listed as “services not insured” by the *Medical Care Insurance Insured Services Regulations* and, as such, assistance for these services is not available under MTAP. However, where an MCP beneficiary incurs significant out-of-pocket expense due to having received emergency air ambulance/medivac services while temporarily out of the province, the beneficiary may request financial assistance from HCS.

a) Requests for Financial Assistance with Air Ambulance Expenses

Requests for financial assistance for costs incurred for out of province medivac services will be considered by HCS:

- on a case by case basis; and
- when the beneficiary receives no other support for the expense incurred (i.e. insurance, etc.).
- where the services provided are seen as medically necessary on an emergency basis.

b) Assistance Available

- Where a request for assistance is recommended by HCS, the level of assistance recommended is to be calculated based on the application of MTAP criteria (including deductibles).
- All payments for assistance for out of province air ambulance medivac expenses require ministerial approval.
- Assistance shall be paid direct to the service provider. Where assistance is to be paid to other than the service provider the applicant must provide a written justification

and documentation (if requested by HCS) as to why the payment should not be paid to the service provider.

c) No assistance is available for road ambulance costs incurred outside of the province.

iv) Ineligible services and treatments include but are not limited to:

- a) general practitioner appointments (scheduled or unscheduled)
- b) emergency room visits;
- c) laboratory services, such as blood and urine collection;
- d) routine diagnostic services such as chest x-rays, EKG, etc.;
- e) experimental research or clinical trials;
- f) private clinics such as physiotherapy; and
- g) services not insured under the Medical Care Plan (MCP).

5. MANAGERIAL DISCRETION

i) Timelines for Eligibility/length of Coverage Guidelines

All claims are assessed based on the individual circumstances of the beneficiary. Where managerial discretion is exercised to extend or deny assistance to a beneficiary, the manager shall provide a written rationale for the decision made and provide the following documentation as applicable to the situation:

- a) written documentation from the referring physician;
- b) written recommendation from HCS's medical staff;
- c) other supporting documentation.

6. FILE REVIEW

- i) A beneficiary may request a review of the assessment of their MTAP claim by submitting a written request to the Manager of Insured Services (HCS). Upon receipt of a request for review, the Manager will review the application for reimbursement in consultation with the Professional Services Branch of HCS and notify the applicant (in writing) of the results of the adjudication.
- ii) A beneficiary may request a review of the adjudication of their claim by submitting a written request to the Minister. Upon receipt of a request for review, HCS will establish a Review Committee to review the beneficiary's claim for assistance.
- iii) The Review Committee shall be comprised of representatives of HCS' Corporate Services and Professional Services branches and may include a representative of the Department of Justice and Public Safety. The Review Committee shall not consist of any member who was substantially involved in the claim's original adjudication.
- iv) The Review Committee will review the beneficiary's claim to ensure that it was properly adjudicated in accordance with applicable policy.
- v) In reviewing the original adjudication, the Review Committee shall consider all relevant aspects of a beneficiary's claim, including:
 - a) the relevant records related to the beneficiary's claim, as well as any documentation submitted by the beneficiary in support of a request for review.

- b) whether prior approval was necessary for the service, and whether such was appropriately obtained;
- c) whether appropriate patient referral occurred; and
- d) the insurability of the service(s) which are the subject of the claim.
- vi) Upon reviewing the beneficiary's claim the Review Committee may determine that:
 - a) reimbursement was calculated correctly, in which case the reimbursement amount will not be adjusted; or,
 - b) reimbursement was calculated incorrectly, in which case the reimbursement amount may be either increased or decreased.
- vii) The beneficiary will be provided with written notice of the final decision of a Review Committee.

7. COMPONENT SPECIFIC REQUIREMENTS

i) Specific Requirements of the Private Vehicle Usage Component

a) Application Form

[Application Form: Private Vehicle Usage](#) 

b) Qualification criteria

- MCP beneficiaries who travel via private vehicle to access medically required specialized insured services, treatments and diagnostic procedures which are not available within 50 kilometers of their area of residency or which are not available in the province may be eligible for mileage assistance at the prescribed rate.
- Travel assistance is not available to beneficiaries who choose to travel to receive medical treatment which is available in their area of residence.

c) Confirmation of Specialized Services

- Specialized services include: consultation with a specialist or sub-specialist, chemotherapy, dialysis, radiation treatment, nuclear medicine, MRI, and PET Scans.
- All claims for assistance for medical travel via private vehicle require written confirmation from the service provider indicating:
 - the date(s) the service(s) was provided; and
 - the specialized service(s) received.

d) Submission of Claim(s)

- Eligible private vehicle medical claims are not to be submitted until the number of claimable kilometres exceeds the minimum number of kilometers required in a 12-month period.
- Eligible private vehicle medical claims must be submitted within 24 months of receiving the insured specialized medical service.

e) Distance Travelled Calculations

- Kilometres are based on the distance from the community of residency to the community where the specialized insured service is received, as determined using the NL Statistics Agency Community to Community Distance Finder at: www.stats.gov.nl.ca/DataTools/RoadDB/Distance
- Kilometres for out-of-province medical travel are calculated using the shortest distance between communities using Google Maps.
- Calculations for assistance are based on a 12-month period beginning on the date of the first eligible specialized appointment.

f) Eligible Kilometres

- Immediate family members who live in the same household may be combined by a single claimant in order to reach the kilometre requirement.
- Where appointments are on the same date, family members who live in the same household are expected to travel together for appointments.
- All kilometres claimed must be recorded on the Claim for Private Vehicle Usage Form. (Attach additional pages if needed).
- The signature of all patients 16 years and older is required authorizing payment of the claim to the claimant.
- Once a claim is approved, a payment is issued to the claimant.

g) Medical Escorts

- Medically required escorts are required to travel with the beneficiary, therefore they are not normally eligible for private vehicle assistance.

h) Meal per diem

- The meal per diem is only available where purchased accommodation is required.

i) Registered purchased accommodation assistance

- This is only available when the nearest treatment center is located outside the beneficiaries' area of residency (more than 200 km one way) from the place of residence).

ii) Specific Requirements of the Pre-Payment of Economy Airfare Component

a) Application Form

[Application Form: 50% Pre-Payment of Airfare](#) 

b) How to Apply

- The patient and the referring physician must complete this application in full. Incomplete applications will be returned to the patient.

**Medical Transportation Assistance Program (MTAP)
Policy**

Approval Date: March 13, 2018

- Applicants are encouraged to apply to the Medical Transportation Assistance Program two months prior to the confirmed scheduled appointment/consultation date(s).

c) Medical Escorts

- Escort expenses may be eligible for assistance under the pre-payment of economy airfare component as per the general requirements for medically required escorts.

d) Booking Travel

- The patient will be provided with appropriate contact information of the travel agency partnering with the Medical Transportation Assistance Program in order to book the required medical travel. At all times, airfare shall be “economy” only and assistance shall be within an individual’s annual funding limits.

○ *Island Residents*

At the time of booking, the patient will be required to make payment of 50% of the cost of the economy airfare. The remaining 50% will be paid by MTAP.

○ *Labrador Residents*

For airfare costing up to \$1000, MTAP will prepay the full fare price, for the first trip within a year. For airfare costs exceeding \$1000, MTAP will prepay \$1000, plus 50% of the remaining cost of the fare. For any additional trips by a beneficiary within the year, further airfare prepayments shall be limited to any unused amount from the initial \$1000 allowance, plus 50% of the residual cost of the fare.

e) Rescheduled/Cancelled Travel

- If travel has to be rescheduled the patient must notify MTAP of the reason and the new travel date(s).
- The patient will be responsible to pay any extra charges as a result of rescheduling. The charges can then be submitted for assessment with the post-medical travel claim.
- The patient will be responsible for repayment of any monies paid by MTAP when the patient cancels the pre-approved medical travel.

f) Post-Travel Assessment

- Once all approved medical travel has concluded the patient must complete a Claim for Airfare and Purchased Registered Accommodations form and submit it, along with the travel itinerary and a confirmation of the medical appointment(s), to MTAP.
- Any additional eligible expenses and/or payment(s) received from another source such as a private insurance company will be factored into the post-medical travel assessment.

- Deductibles will be applied where applicable.
- If the post-medical assessment identifies that an overpayment was made by MTAP due to the 50% pre-payment and/or payments by another source (such as private insurance), the patient will be responsible for reimbursement of that amount.

g) Application of Deductible

- MTAP provides assistance equal to 50% of the airfare for first time Island applicants who submit a *50% Pre-payment of Airfare* claim and who have no other eligible expenses within a 12 month period.

**MEDICAL TRANSPORTATION ASSISTANCE PROGRAM (MTAP)
FILE REVIEW COMMITTEE**

TERMS OF REFERENCE

PURPOSE

- At the request of an MCP beneficiary, the File Review Committee (the Committee) shall review a beneficiary's Medical Transportation Assistance Program (MTAP) claim(s) to ensure that it was properly adjudicated in accordance with applicable MTAP policy and/or practice.
- In reviewing the original adjudication, the Committee shall consider all relevant aspects of a beneficiary's claim, including:
 - i) The relevant records related to the beneficiary's claim, as well as any documentation submitted by the beneficiary in support of a request for review.
 - ii) Whether prior approval was necessary for the service, and whether such was appropriately obtained;
 - iii) Whether appropriate patient referral occurred; and
 - iv) The insurability of the service(s) which are the subject of the claim.
- Upon reviewing the beneficiary's claim the Committee may determine that:
 - i. The beneficiary is entitled to MTAP assistance;
 - ii. The beneficiary is not entitled to MTAP assistance;
 - iii. Reimbursement was calculated correctly, in which case the reimbursement amount will not be adjusted; and/or;
 - iv. Reimbursement was calculated incorrectly, in which case the reimbursement amount may be either increased or decreased.

MEMBERSHIP

- Membership of the Committee shall be ad hoc, and shall normally be comprised of three (3) executive members of the Department including a member of the Corporate Services Division and a member of the Medical Services Division. Membership may also include a representative of the Department of Justice and Public Safety.
- The Committee shall not consist of any member who was substantially involved in the claim's original adjudication.

COMMITTEE CHAIR

- The Committee chair shall be the Executive Director of Audit Claims and Integrity or designate.

MEETING TIMES AND DATES

- The Committee shall meet on an ad hoc basis at the call of the Chair.
- The Chair may decline to review a file where the Chair is of the opinion that the request is:
 - Trivial or frivolous;
 - Excessively broad; or
 - Made in bad faith.
- Where the Chair declines to review a file, the beneficiary shall be notified in writing of the Chair's opinion and the reason for it.

**MEDICAL TRANSPORTATION ASSISTANCE PROGRAM (MTAP)
FILE REVIEW COMMITTEE**

TERMS OF REFERENCE

RECORDS OF DECISION

- A record of decisions made by the Committee shall be kept by the Chair.
- The Chair will provide the beneficiary with written notice of the final decision of the Committee regarding their claim signed by the Deputy Minister on behalf of the Minister.

VOTING

- All decisions of the Committee shall be made by majority vote.