February 4, 2019

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/004/2018]

On January 7, 2019, the Department of Health and Community Services (the Department) received your request for access to the following records:

"Information notes, decision notes, analyses, and/or other background or briefing materials - in any and all formats, including paper and electronic - related to moving the Medical Transportation Assistance for Income Support Clients program to the Department of Health and Community services in 2018, and the operation of the program after the move."

On January 8, 2019, this request was refined to exclude cabinet records while “operation of the program” was clarified to reference the functioning of MTAP following its transfer to the Department.

I am pleased to inform you that a decision has been made by the Department to provide access to some the requested information. Access to the remaining information contained within the records has been refused in accordance with the following exceptions to disclosure as specified in the Access to Information and Protection of Privacy Act (the Act):

Cabinet confidences
27. (1)(i) In this section, "cabinet record" means that portion of a record which contains information about the contents of a record within a class of information referred to in paragraphs (a) to (h).
(2)(a) The head of a public body shall refuse to disclose to an applicant a cabinet record.

Policy advice or recommendations
29. (1)(a) The head of a public body may refuse to disclose to an applicant information that would reveal advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister.

Disclosure harmful to intergovernmental relations or negotiations
34. (1)(a)(v) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to harm the conduct by the government of the province of relations between that government and the following or their agencies: the Nunatsiavut Government.

Disclosure harmful to personal privacy
40. (1) The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party's personal privacy.
Additional information on MTAP can be accessed per the following:


https://atipp-search.gov.nl.ca/public/atipp/requestdownload?id=8787

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.
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).
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INSURED PROGRAMS

Medical Transportation Assistance Program (MTAP)

Policy Number: 

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POLICY STATEMENT

The Medical Transportation Assistance Program (MTAP) provides financial assistance to persons who are required to travel in order to access medically necessary services. The determination of the amount of assistance available, the services covered and the method of travel permitted are based on the financial need of the beneficiary, the availability of the treatment required and the MTAP plan most applicable to the patient. Assistance is only available for the most economical mode of travel to the nearest facility capable of providing suitable treatment for the beneficiary’s condition.

Within MTAP, there are several plans available depending upon the financial need of the beneficiary which is largely determined by the assessment tools used by the Newfoundland and Labrador Prescription Drug Program (NLPDP). There are additional plans available where NLPDP eligibility is not a factor for residents of Labrador and for residents who are required to travel outside of the province for treatment. The goal of MTAP is to help ensure that the financial cost of reaching medical appointments does not become an overwhelming impediment for beneficiaries seeking required medical services.

In order to qualify for MTAP assistance, a beneficiary must demonstrate they meet the eligibility criteria for at least one MTAP plan. Eligible expenses are subject to the requirements of the applicable plan (i.e. MTAP Foundation Plan, MTAP Access Plan, MTAP Labrador Plan, MTAP Out-of-Provience Plan). Where a beneficiary is eligible for 2 or more plans for the same expense, coverage from the most advantageous plan will apply.

MTAP assistance is designed for short term stays. If a longer term stay is anticipated, beneficiaries are encouraged to seek longer term accommodations, such as apartment rentals.

AUTHORITY

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

“AESL” – The Department of Advanced Education, Skills and Labour

“area of residence” refers to an area within 100 kms (200 km return) of the beneficiary’s place of residence. The determination of whether or not an approved 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 designated 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.

“approved medical services” are services provided to a beneficiary of the MTAP Foundation plan by a physician, psychiatrist, or other professional approved by the program and may include social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies and includes specialized insured medical services where applicable.

“HCS” – The Department of Health and Community Services

“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 Insured Services Regulations.

“most economical mode of travel” is understood to be the lowest cost option available and applies to the method of travel; accommodations/meals; and location of the service provider. The determination of the most economical mode of travel shall be determined by the manager or designate who shall consider all relevant information available. MTAP reserves the right to base all calculations on the most economical mode of transportation.

“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 the Medical Care Plan (MCP).

“specialist” means a physician who is recognized as a specialist by the Newfoundland Medical Board or the Canada Health Act.
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.

“suitable treatment” or “suitable alternative treatment”
The determination of whether or not a service or treatment is suitable for treatment of the beneficiary’s condition is a matter of the professional judgment of the Assistant Medical Director (or other designated 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 be deemed conclusive when determining the availability of treatment within the beneficiary’s area of residence, within the province or within the country as appropriate.
HOW THE PROGRAM WORKS

Official original documents for allowable expenses must be submitted along with the appropriate completed application form. 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.

Payer of Last Resort
Beneficiaries shall be required to disclose all sources of travel assistance received related to expenses submitted (including from government and private 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.

Private Insurance/Other Sources of Assistance
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 HCS for assessment.

- Any monies paid by other sources (including private insurance, government and private agencies) 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.
- Amounts received from other sources shall be deducted from a beneficiary’s eligible expenses prior to assessing the claim but do not invalidate a beneficiary’s request for assistance.
- Failure to disclose financial assistance from other sources may result in a reduction of assistance provided and/or denial of subsequent claim(s) and/or prosecution under the Medical Care and Hospital Insurance Act.

Excluded Persons
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.

- 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.

Annual Assistance Limit
Policy development required based on BN-2017-00161

Fraudulent Claims
Fraudulent claims are subject to recovery of assistance provided and may be subject to
prosecution and/or a fine not to exceed $10,000 for a first offence and in the case of a
subsequent conviction for a similar offence to a fine of not more than $20,000.

Redemption of Reward Points/Miles/Vouchers
The Medical Transportation Assistance Program assists with out of pocket expenses.
MTAP does not compensate for the redemption or purchase of reward points/miles/vouchers for airline 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.

Payment to 3rd Parties
Payment directly to 3rd parties is at the discretion of MTAP.

Managerial Discretion
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 (or designate) shall provide a written rationale for the decision made and provide
the following documentation as applicable to the situation:
• Documentation submitted by the beneficiary;
• Written documentation from the referring physician;
• Written recommendation from HCS's medical staff;
• Other supporting documentation.

Confirmation of Services Received
• All beneficiaries are required to provide written confirmation from the service
  provider as proof that they have attended the approved medical appointment for
  which assistance has been provided or requested.

Where assistance is provided in advance of the appointment:
• The beneficiary must provide proof of attendance within 30 days of the
  appointment.
• If confirmation is not received an overpayment (which is subject to recovery by
  MTAP) may be set up on the client's file.
• If the client has multiple trips for which they do not provide confirmation of
  attendance, assistance for future medical travel may be denied.
• All requests for assistance for out-of-province medical transportation must include
  a medical referral from an in-province specialist before travel is approved and
  verification of attendance is required upon return.
• Where available, staff may confirm client attendance using the MCP system (due to
  system limitations, information is available to staff for verification of fee-for-
  service provider appointments only).
• Responsibility for providing proof of attendance at an appointment is that of the
  beneficiary.
Denial or Reduction of Assistance

MTAP reserves the right to deny assistance to a beneficiary:

- with a history of fraudulent / misleading claims; and/or
- a history of not providing confirmation of appointments; and/or
- who travels for treatment to a medical facility which is other than the closest facility providing the treatment or suitable alternative treatment; and/or
- for travel which originates from other than the beneficiary’s Newfoundland and Labrador place of residence; and/or
- who is unable/unwilling to provide the required documentation; and/or
- who does not meet the program requirement(s).

Recovery of Funds

All overpayments are subject to recovery by MTAP:

- Where an overpayment is the result of failure of the beneficiary to provide proof of attendance at an approved appointment for which the beneficiary received assistance in advance of travel, the overpayment may be subject to recovery through one of the following methods:
  o Direct recovery through the Department of Finance from the beneficiary through a mutually agreed upon repayment schedule.
  o Other mutually agreed upon repayment schedule.

Appeals

- Individuals who wish to appeal an NLPDP eligibility assessment can do so through the Income and Employment Support Appeal Board.
- Individuals who have concerns regarding the assessment of their claim may request a review of their file by HCS.

File Review

- A beneficiary may request a review of the assessment of their claim for MTAP assistance 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 when appropriate) and notify the applicant (in writing) of the results of the adjudication.
- A beneficiary may request a final review of the adjudication of their claim by submitting a written request to the Minister. Upon receipt of a request for final review, HCS will establish a Review Committee to review the beneficiary’s claim for assistance.
- The HCS Review Committee shall be comprised of three (3) representatives including at least one (1) representative from the Corporate Services branch and one (1) representative from Professional Services branch and may include a representative of the Department of Justice and Public Safety. The Review Committee shall not consist of any member who has been substantially involved in the claim’s original adjudication.
• The Review Committee will review the beneficiary’s claim to ensure that it was properly adjudicated in accordance with applicable policy and provide written notice of the final decision to the applicant.
• In reviewing the original adjudication, the Review 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 the request for final 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 constitute the subject of the claim.
• Upon reviewing the beneficiary’s claim the Review Committee may determine that:
  i) Reimbursement was calculated correctly, in which case the reimbursement amount will not be adjusted; or,
  ii) Reimbursement was calculated incorrectly, in which case the reimbursement amount may be either increased or decreased.
REQUIREMENTS FOR PRIVATE VEHICLE USAGE

All beneficiaries of private vehicle usage assistance must demonstrate eligibility for at least one MTAP plan and are subject to the requirements of that plan (i.e. MTAP Foundation Plan, MTAP Access Plan, MTAP Labrador Plan etc.)

Confirmation of Specialized Services – Private Vehicle Usage
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 service(s) received.

Submission of Claim(s) - Private Vehicle Usage
  • Eligible private vehicle medical claims may be submitted in advance of travel for MTAP Foundation Plan beneficiaries or by beneficiaries who require ongoing specialized treatment (such as dialysis patients) when:
    i. applications include appropriate medical referrals; and
    ii. pro-payment has been approved by MTAP; and
    iii. the required confirmation of service for previous MTAP assistance (if any) have been received.
  • All other private vehicle medical claims may not be submitted until the number of claimable kilometers exceeds the minimum number of kilometers required. These claims should normally be submitted in the month following the travel period.
  • Eligible private vehicle medical claims must be submitted within 12 months of receiving the insured medical service.

Distance Travelled Calculations - Private Vehicle Usage
  • Kilometers are calculated based on the distance between the community of residency and the community where the specialized insured service is received using the NL Statistics Agency Kilometer Matrix which is available at: www.stats.gov.nl.ca/DataTools/RoadDB/Distance.
  • Kilometers for out-of-province medical travel are calculated using the shortest distance between communities using Google Maps.
  • Calculations for assistance are based on the calendar year beginning on January 1. Where beneficial to the applicant, private vehicle travel incurred in December of the previous year, may be included in the current year’s kilometer calculations provided that no kilometer travelled is counted twice.

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

**Medical Escorts - Private Vehicle Usage**
- Medically required escorts are required to travel with the beneficiary therefore they are not normally eligible for private vehicle assistance.

**Meal per Diem - Private Vehicle Usage**
- The meal per diem is only available where purchased accommodation is required.

**Accommodation Assistance** 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).

- Travel Assistance is not available to beneficiaries who choose to travel to receive medical treatment which is available in their area of residence.
REQUIREMENTS OF THE 50% PRE-PAYMENT OF ECONOMY AIRFARE COMPONENT

All beneficiaries of the Pre-Payment of Economy Airfare Component assistance must demonstrate eligibility for at least one MTAP plan and are subject to the requirements of that plan (i.e. MTAP Foundation Plan, MTAP Access Plan, MTAP Labrador Plan etc.)

How to Apply - 50% Pre-Payment of Economy Airfare

- The beneficiary and the referring physician must complete the application in full. Incomplete applications will be returned to the beneficiary.
- Applicants are encouraged to apply to the Medical Transportation Assistance Program two months prior to the confirmed scheduled appointment/consultation date(s).

Medical Escorts - 50% Pre-Payment of Economy Airfare

- Escort expenses may be eligible for assistance under the 50% pre-payment of economy airfare component as per the general requirements for medically required escorts.

Booking Travel - 50% Pre-Payment of Economy Airfare

- The beneficiary 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 the time of booking the beneficiary will be required to make payment of 50% of the cost of the economy airfare. The remaining 50% will be paid by the Medical Transportation Assistance Program.

Rescheduled/Cancelled Travel - 50% Pre-Payment of Economy Airfare

- If travel has to be rescheduled the beneficiary must notify the Medical Transportation Assistance Program of the reason and the new travel date(s).
- The beneficiary 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 beneficiary will be responsible for repayment of any monies paid by the Medical Transportation Assistance Program when the beneficiary cancels the pre-approved medical travel.

Post-Travel Assessment - 50% Pre-Payment of Economy Airfare

- Once all approved medical travel has concluded the beneficiary 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 the Medical Transportation Assistance Program.
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- 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 the Medical Transportation Assistance Program due to the 50% pre-payment and/or payments by another source (such as private insurance), the beneficiary will be responsible for reimbursement of that amount.

Application of Deductible - 50% Pre-Payment of Economy Airfare
- The department 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.
MTAP FOUNDATION PLAN

- General
- Eligibility
- Enrollment
- Coverage
- Eligible Expenses
  - Airfare
  - Purchased Registered Accommodation
  - Private Accommodation
  - Meal Allowance
    - With Efficiency Unit Accommodation
    - With Hotel/Hostel accommodation
  - Scheduled Transportation Services
  - Ferries
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- Annual Limit on Medical Transportation Assistance
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  - After hours requests for Medical Transportation Assistance
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General - MTAP Foundation Plan:
The MTAP Foundation plan is designed to transfer existing coverage from the Department of Advanced Education, Skills and Labour (AESL) to the HCS program. The MTAP Foundation plan provides 100% coverage for approved medical services, including assistance to attend local appointments. Assistance is available only for the most economical mode of travel to the nearest facility capable of providing suitable treatment for the beneficiary’s condition. Travel arrangements are normally facilitated by designated HCS staff in advance of travel. Where accommodation expenses are submitted after travel without pre-approval of HCS, assistance may be limited to $125 per night.

Eligibility - MTAP Foundation Plan:
Persons registered with the NLPDP Foundation Plan*.

*Note: Certain individuals receiving services through the Regional Health Authorities, children in the care of Child, Youth and Family Services, and individuals in supervised care are also enrolled in the NLPDP Foundation program based on notification from the appropriate authority. These clients are not eligible for MTAP assistance as they receive similar services from their respective authorities.

Enrollment - MTAP Foundation Plan:
No application is necessary by the applicant to enroll in the NLPDP Foundation program. A Prescription Drug Program card is automatically issued to a beneficiary when HCS is notified that an individual is in receipt of income support benefits through the AESL*.

Coverage - MTAP Foundation Plan:
• 100% payment of eligible travel expenses to attend approved medical services provided by a physician, psychiatrist, or other professionals approved by the program (“other” professionals may include social workers, psychologists or nurses employed under the Regional Health Authorities or non-profit agencies).
• Beneficiary coverage includes transportation to attend approved medical services in the beneficiary’s area of residence and/or in the province.
• 100% payment of eligible travel expenses incurred to obtain specialized insured medical services outside the province which are not available in the province (as per the requirements of the Out-of-Province plan).

ELIGIBLE EXPENSES
• Airfare - MTAP Foundation Plan;
• Purchased Registered Accommodations - MTAP Foundation Plan;
  o Accommodations are to be booked by MTAP staff in advance of travel
  o When accommodations are purchased by the beneficiary, the maximum assistance available is $125 per night (to a maximum of $700 per 31 day period).
• Private Accommodations - MTAP Foundation Plan;
  o $25 per night
  o Not eligible for meal allowance

• Meal allowance - MTAP Foundation Plan;
  o A meal allowance is only available when accommodations are purchased
    from a registered accommodations provider.
  o The following meal allowance provisions apply for each night of approved
    purchased accommodation:
    o Efficiency unit accommodation (accommodation which includes
      meals and/or kitchen facilities): A meal allowance of $25 per night of
      paid registered accommodation per family unit (includes escort) to a
      maximum of $500 per 31 day period is available.
    o Hotel/Hostel type accommodation (accommodation which does not
      include meals and/or kitchen facilities): A meal allowance of $25 per
      person per night of paid registered accommodation per person to a
      maximum of $700 per 31 day period is available.

*The program does not have a provision for claiming meals when accommodations
are provided by family/friends.

*Patients cannot claim a meal allowance for in-patient hospital stays

• Scheduled transportation services - MTAP Foundation Plan;
  o Buses;
  o Minivan services;
  o Other when approved by MTAP

• Ferries - MTAP Foundation Plan
  o Includes passenger and vehicle fares
  o May qualify for meal allowance

• Private Vehicle Usage - MTAP Foundation Plan
  o Assistance is available for single journeys greater than 30 km (one-way) or
    for multiple journeys less than 30 km (one-way) requiring the beneficiary to
    travel greater than 250 km per month.
  o Assistance shall be provided at the prescribed rate of 30 cents per eligible
    kilometer traveled (i.e. no deductible is applied however a minimum
    distance is required for reimbursement).

*Taxi Expenses - MTAP Foundation Plan:
  o Taxi expenses may be eligible for assistance when a taxi is used in
    conjunction with air travel or scheduled transportation service (excluding
    ferry) to attend specialized insured medical services not available in the
    beneficiaries area of residence as follows:
    • Airport to hotel/accommodations and return (official receipts are
      required);
**INSURED PROGRAMS**

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- Hotel/accommodations to hospital and return (official receipts are required). Maximum 1 per day (unless treatment warrants additional trips); or
- When taxi usage is the most economical mode of travel.

- Taxi expenses may be eligible for Foundation plan beneficiaries who are unable to travel by public transportation and/or when private transportation cannot be arranged and/or when public transportation is deemed to be unsuitable for those having frequent travel (dialysis or chemo patients for example). The following conditions apply:
  - Taxi receipts may be deemed eligible expenses for beneficiaries who live in rural areas only when all other transportation options are exhausted.
  - Taxis are not to be used in areas where public transportation is available.
  - Beneficiaries who are unable to travel by public transportation are encouraged to avail of GoBus in the St. John’s area.
  - Beneficiaries who have appointments outside of the bus area (i.e. Paradise or Conception Bay South), will be expected to use the bus to the edge of the route where other transportation methods can then be used.
  - Clients from just outside the city where there is no bus transportation, who are otherwise eligible for transportation, can be approved for a taxi for the entire trip – there is no expectation that the taxi drop them at the closest bus stop within the town.
  - Exceptions where taxi transportation can be approved in areas serviced by public transportation will be limited to clients requiring services such as dialysis and cancer treatments. Taxi transportation for this group will cover all medical appointments if required, and not just the ones for dialysis and cancer treatments. Medical notes requesting approval based on other reasons will not ordinarily be approved.
  - Beneficiaries requiring accessible transportation in St. John’s/Mount Pearl will be expected to use the accessible buses or the Go Bus, or can be provided with funding equivalent to the number of bus trips required. In Corner Brook, clients requiring accessible transportation can be issued private vehicle rates or where this is not an option, can be approved for taxi transportation.
  - Any other exceptional case requires the approval of the manager (or designate)

**Additional Eligible Expenses – MTAP Foundation Plan**
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- Parking fees when approved by the manager (or designate)

Deductible(s) - MTAP Foundation Plan:
- None.
- Private vehicle assistance is available for single journeys greater than 30 km (one-way) or for multiple journeys of less than 30 km when the beneficiary travels more than eight times per month. Assistance is available for all eligible kilometers traveled.

Payments - MTAP Foundation Plan:
- Payments for medical transportation services may be made via service authorization to the provider, via direct deposit to the provider or directly to the beneficiary at the discretion of HCS.
- Payment to 3rd parties is at the discretion of MTAP.
- Transportation assistance can only be provided to enable beneficiaries to visit the nearest (from the beneficiary’s area of residence) doctor, medical clinic, optometrist, dentist or hospital (outside the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which do not correspond to this requirement, cannot be provided through the MTAP Foundation plan unless there are extenuating circumstances and must be approved by a manager or designate.
- Approval will not be provided for clients who request to bypass the closest medical facility in order to receive an earlier appointment at a facility further away. In those cases, transportation assistance will only be provided based on the distance to the closest facility.
- Where possible, beneficiaries should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle is issued at $0.30 per kilometer provided that this is more economical than public transportation.
  - NOTE: It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one’s own car as long as it is not done for hire, gain or reward.
- Where a beneficiary does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:
  - The most economical mode of transportation is to be utilized at all times.
  - Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airline. When determining the most economical means, the calculation should include all expenses, i.e. accommodations and meals. For example, a bus trip may include overnight accommodations and meals, whereas a more expensive taxi may make the return trip in one day without those additional costs and may in the end be less expensive.
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**Annual Limit on Medical Transportation Assistance - MTAP Foundation Plan:**
- MTAP Foundation plan beneficiaries are subject to an annual limit of $3,000 per beneficiary.
- Exceptions to the limit are as follows:
  - Beneficiaries accessing services such as dialysis and cancer treatment.
  - Cases which exceed the limit (other than the exceptions above) must be approved in advance by the Manager (or designate).

**Submission of Claims / Requests for Medical Transportation Assistance - MTAP Foundation Plan:**
- MTAP Foundation plan beneficiaries are required to contact MTAP as soon as they are made aware of their need to travel for medical services. In order to ensure advanced payment for travel expenses, the beneficiary must contact MTAP at least 24 hours in advance of their scheduled appointment.
- In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation/accommodation.
- Whenever possible, return transportation and necessary accommodation arrangements should be made by HCS on the beneficiary's behalf.
- Clients requesting transportation assistance for medical reasons must obtain prior approval from MTAP before submitting a claim.
  - Emergencies are exempt from prior approval and must be verified after the service is provided to the beneficiary and before payment is made.
- When defining the cost that MTAP will pay for a Foundation plan beneficiary, the client service manager must consider:
  - The eligibility of travel between two communities (based upon the 60 km round trip criteria); and
  - must determine what medical procedures are provided at local clinics in the district vs the procedures available at hospitals outside the district.

**After-hours Requests for Medical Transportation - MTAP Foundation Plan:**
- After-hours requests for medical transportation should be limited to emergencies only, if buses are running, clients are expected to use a bus.
- For after-hours emergencies when the buses are not running, consideration can be given to provide a taxi to a hospital/clinic and return. Where after-hours staff see a pattern of such requests, client services managers should be notified, with a plan to follow up with the client during working hours.

**Medical Referrals - MTAP Foundation Plan:**
- Beneficiaries must be referred for in-province treatment by an approved medical practitioner such as a physician or psychiatrist, or by other healthcare professional approved by the program (which may include social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies).
• Assistance for out-of-province (within Canada) medical travel requires the referral of an in-province 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 HCS medical staff.
• Assistance for out-of-country medical travel requires an in-province specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

Eligible Services - MTAP Foundation Plan
• Eligible specialized medical 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 physician.

• Eligible Medical Services – MTAP Foundation Plan
When approved in advance by HCS the following services are considered eligible medical services for MTAP Foundation plan beneficiaries:
  o Approved medical appointments covered by MCP as well as blood collection, x-rays etc.
  o Group therapy offered by a certified professional (psychologist, nurse, social worker etc.)
  o Dental visits for children based on the guidelines of the Children’s Dental Health Program (or emergencies for adults)
  o Travel for treatment of opioid addiction
  o Alcohol treatment related medical travel
  o Private clinics for services such as physiotherapy when the cost of the physiotherapy charge is less than the transportation cost, based on the most economical mode of travel, to an MCP covered service (this is the same for home blood collection service)

Confirmation of Services Received - MTAP Foundation Plan
• The beneficiary is required to provide written confirmation from the service provider indicating that they have attended the approved appointment. If confirmation is not received within 30 days, an overpayment (which is subject to recovery by MTAP) may be set up on the client’s file.
• If the client has multiple trips for which they do not provide confirmation of attendance, assistance for future medical travel may be denied.
• All requests for assistance for out-of-province medical transportation must include a medical referral from an in-province specialist before travel is approved and verification of attendance is required upon return.
- Where available, staff may confirm client attendance using the MCP system (due to system limitations, this option is available for verification of fee-for-service provider appointments only).

Recovery of Funds - MTAP Foundation Plan
- All overpayments are subject to recovery by MTAP.
- Where an overpayment is the result of failure to provide proof of attendance at an approved appointment, the overpayment may be subject to recovery through one of the following methods:
  - Deduction from future social assistance benefits (Requires process with AESL) at the rate of 5% per payment until debt recovered.
  - Direct recovery from the beneficiary through mutually agreed upon repayment schedule.
  - Other mutually agreed upon repayment schedule.
- Fraudulent claims are subject to recovery of assistance provided and may be subject to prosecution and/or a fine not to exceed $10,000 for a first offence and in the case of a subsequent conviction for a similar offence to a fine of not more than $20,000.

MTAP reserves the right to deny assistance to beneficiaries with a history of fraudulent claims or a history of not providing confirmation of appointments.
MTAP 65+ PLAN

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- Submission of Claims
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- Ineligible Travel
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General - MTAP 65+ Plan:
This plan is designed to provide coverage to the most vulnerable seniors (those in receipt of the Guaranteed Income Supplement).

Eligibility - MTAP 65+ Plan:
Persons registered with NLPDP 65+ Plan (Low income seniors).

Enrollment - MTAP 65+ Plan:
No application is necessary by the applicant to enroll in the NLPDP Foundation program*. A Prescription Drug Program card is automatically issued to a beneficiary when HCS is notified by Service Canada that an individual is in receipt of the Guaranteed Income Supplement.

*Note: Permanent Residents of Canada who reside in NL must complete an NLPDP application form.

Coverage - MTAP 65+ Plan:
- Financial assistance is available at the rate of 70% of eligible out-of-pocket transportation expenses incurred to attend specialized medical services which are not available in the beneficiary’s area of residence.
- Eligible expenses may include:
  - Airfare;
  - Eligible taxi fares;
  - The use of buses or other appropriate scheduled transportation services;
  - The use of ferries;
  - Purchased registered accommodations;
  - Meal allowance; and
  - Private Vehicle Usage when distance traveled is greater than 1,500 km per year.

Deductible/Minimum Expense - MTAP 65+ Plan:
- None

Payments - MTAP 65+ Plan:
- Assistance is available after beneficiary travel.
- The beneficiary must apply to MTAP for financial assistance.
- Beneficiaries who incur predictable long term costs may be eligible for prepayment of claims of up to 3 months based on individual circumstances (i.e. dialysis patients and some oncology patients). HCS approval for advanced payment is required.
- Assistance is designed for short term stays. If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.

Submission of Claim(s) - MTAP 65+ Plan
• Beneficiaries are required to pay their medical travel costs upfront and make application for cost-sharing of allowable expenses to HCS after attending an eligible medical appointment and/or treatment.
• Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.
• Claims seeking assistance for less than 31 days must be submitted within 12 months from the date of travel.
• Pre-approval of the Manager of Insured Programs (or designate) is required where beneficiaries require assistance for greater than 31 consecutive days in a 12 month period or where a beneficiary requests pre-payment of services.
• Where beneficiaries require greater than 31 consecutive days of coverage, the manager (or designate) shall confirm the medical necessity of the absence from the home community and document the results in the beneficiary file.
• Allowable expenses shall be assessed based on travel dates in relation to the relevant medical appointment/service/treatment date(s).

Criteria for Eligible Travel Expenses - MTAP 65+ Plan
• Unless approved in advance, travel must originate from the patient’s Newfoundland and Labrador place of residence.
• The most economical mode of public transportation and/or accommodation is to be used at all times.
• Transportation assistance for beneficiaries can only be provided to enable them to visit the nearest public provider/facility of the service required.
• The beneficiary must incur an out of pocket expense;
• The expense must be incurred in order to access approved specialized insured medical services not available in their area of residence (medical documentation must be provided);
• The beneficiary must be referred for treatment by an approved medical professional (see Medical Referrals below for specific requirements);
• Unless pre-approved by the medical consultant or designate, treatment or suitable alternative treatment must not be available:
  o in the beneficiary’s area of residence for treatment within the province;
  o in the province for treatment received outside the province (within Canada) or;
  o in the country for treatment received outside the country; or
• Travel related to out-of-province treatment approved in advance by the medical consultant (or designate).

Ineligible Travel - MTAP 65+ Plan
• MTAP assistance is not available for any of the following scenarios:
  o When treatment or suitable alternative treatment is available in the beneficiary’s area of residence; the province; or the country (as applicable) unless approved in advance by the medical consultant or designate.
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- When treatment is considered experimental;
- For participation in clinical trials;
- To obtain a second medical opinion; or
- To avoid wait times.

Medical Referrals - MTAP 65+ Plan

- 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. Applications for medical transportation assistance may be subject to approval of departmental medical staff.

- Assistance for out-of-province (within Canada) medical travel requires the referral of an in-province specialist physician. A copy of the supporting medical referral must be attached to the application. Applications for medical transportation assistance may be subject to the approval of departmental medical staff.

- All assistance for out-of-country medical travel requires an in-province specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

Medically Required Escorts - MTAP 65+ Plan

- Travel expenses incurred by one (1) escort may be eligible for assistance when an escort is recommended by the referring physician. In the case of MTAP Foundation plan beneficiaries, where recommended by the referring healthcare practitioner, and prior approval of HCS, family escort expenses may be considered for financial assistance.

- If an escort is required, the escort(s) is expected to share the same accommodations as the medically referred person unless the beneficiary is hospitalized.

- 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.

- 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 designate).

ELIGIBLE EXPENSES

Accommodation Expenses - MTAP 65+ Plan

- Financial assistance under MTAP is available when the beneficiary incurs expenses for paid registered accommodation in order to obtain approved medical services only when the beneficiary is required to travel more than 200 kilometers (400km return) from their place of residence for approved medical services.
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- The calculation of assistance available for a specific beneficiary shall be based on the actual expense(s) incurred, to a maximum expense of $125 per night, for up to a maximum of $3,000 per month.
- Official receipt(s) are required from the accommodation provider.
- Requests for assistance greater than that stated above will only be considered where exceptional circumstances can be demonstrated and require the approval of the Manager of Insured Programs (or designate).

**Eligible Nights of Accommodation - MTAP 65+ Plan**
- 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.
- **Registered purchased accommodation assistance** is only available when the beneficiary must travel more than 200 km (one way) from their place of residence.

**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.
- 2 x 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.
- 5 x 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).

**Meal Allowance - MTAP 65+ Plan**
- A 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:
  - **Efficiency unit accommodation** (accommodation which includes meals and/or kitchen facilities): A meal allowance of $25 per night of paid registered accommodation per family unit (includes escort) to a maximum of $500 per 31-day period is available.
  - **Hotel/Hostel type accommodation** (accommodation which does not include meals and/or kitchen facilities): A meal allowance of $25 per person per night of paid registered accommodation per person to a maximum of $700 per 31-day period is available.
- The program does not have a provision for claiming meals when accommodations are provided by family/friends.
- Patients cannot claim a meal allowance for in-patient hospital stays.

**Airfare Expenses - MTAP 65+ Plan**
Airfare may be eligible for assistance as follows:
- When air travel is the most economical mode of travel.
- Economy airfare ticket and up to 1 piece of checked luggage (official ticket receipt, itinerary and boarding passes are required).
- MTAP does not provide assistance with first class/business class tickets or their equivalents.
- MTAP does not provide assistance with the cost of seat selection.

**Taxi Expenses - MTAP 65+ Plan**
- Taxi expenses may be eligible for assistance when a taxi is used in conjunction with air travel or scheduled transportation service (excluding ferry) to attend specialized insured medical services not available in the beneficiaries area of residence as follows:
  - Airport to hotel/accommodations and return (official receipts are required);
  - Hotel/accommodations to hospital and return (official receipts are required). Maximum 1 per day (unless treatment warrants additional trips); or
  - When taxi usage is the most economical mode of travel.

**MTAP 65+ Car Rental Expenses - MTAP 65+ Plan**
- 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 the daily allowable taxi expense.
- Car rental expenses are not eligible for mileage reimbursement.

**Scheduled Transportation Service Expenses - MTAP 65+ Plan**
- Scheduled transportation service expenses may be eligible for assistance.
  - Includes registered busing, minivan and ferry services (official receipts are required).

**Private Vehicle Expenses**
- Private vehicle coverage is provided at 20 cents per km after the applicant has reached 1500 kms per calendar year.

**In-Eligible Expenses - MTAP 65+ Plan**
- In-eligible expenses include but are not limited to:
  - personal care items,
  - utilities, and
  - long distance telephone calls.

**Eligible Services - MTAP 65+ Plan**
- Eligible specialized medical 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 physician.

**Additional Eligible Services - MTAP 65+ Plan**
The following services/expenses/treatments have been approved by the minister for MTAP related assistance:
- In-patient mental health and/or addiction services pre-approved by the Director of Mental Health and Addictions (or delegate) as per Trim DOC-21843.
- 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 30km per one-way trip.
- Application of deductible to 50% Pre-payment of Airfare Component as per Trim DOC-19536.

**Ineligible services and treatments** under the MTAP 65+ Plan include but are not limited to:
- General practitioner appointments (scheduled or unscheduled);
- Emergency room visits;
- Laboratory services, such as blood and urine collection;
• Routine diagnostic services such as chest x-rays, EKG, etc.;
• Experimental research or clinical trials;
• Private clinics such as physiotherapy; and,
• Services not insured under the Medical Care Plan (MCP).
MTAP ACCESS PLAN

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General - MTAP Access Plan

- This plan is designed to provide assistance for in-province travel for low income Island residents.

Eligibility - MTAP Access Plan

- Persons registered with the NLPDP Access Plan.
- Must be in receipt of a valid MCP card and fall within the established income thresholds.

Enrollment - MTAP Access Plan

Applicants must apply to NLPDP for coverage under the Access Plan.

Coverage - MTAP Access Plan

- The amount of financial assistance provided by the MTAP Access plan is based on the applicant’s individual circumstances as assessed by the NLPDP Access program. The actual level of assistance shall be the same as those rates provided by the NLPDP Access plan on the date of treatment.
- Access plan rates vary from 20% - 80% of eligible expenses incurred to attend specialized medical services not available in the area of residence.
- Eligible expenses include:
  - Airfare;
  - Eligible taxi fares;
  - The use of buses or other appropriate scheduled transportation services;
  - The use of ferries;
  - Purchased registered accommodations;
  - Meal allowance; and
  - Private Vehicle Usage when distance traveled is greater than 1,500 km per year.

Deductible - MTAP Access Plan:

- None

Payments - MTAP Access Plan

- Beneficiary must apply for assistance after incurring an out-of-pocket travel expense in order to access specialized insured medical services which are not available in their area of residence.
- Beneficiaries who incur predictable long term costs may be eligible for prepayment of claims of up to 3 months based on individual circumstances (i.e. dialysis patients and some oncology patients).
- HCS approval for advanced payment is required.

Submission of Claim(s) - MTAP Access Plan

- Beneficiaries are required to pay their medical travel costs upfront and make application for cost-sharing of allowable expenses to HCS after attending an eligible medical appointment and/or treatment.
Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.

Claims for a duration of less than 31 days must be submitted within 12 months from the date of travel.

Pre-approval of the Manager of Insured Programs (or designate) is required where beneficiaries require assistance for greater than 31 consecutive days in a 12 month period or where a beneficiary requests pre-payment of services.

Where beneficiaries require greater than 31 consecutive days of coverage, the manager (or designate) shall confirm the medical necessity of the absence from the home community and document the results in the beneficiary file.

Allowable expenses shall be assessed based on travel dates in relation to the relevant medical appointment/service/treatment date(s).

Criteria for Eligible Travel Expenses - MTAP Access Plan

- Unless approved in advance, travel must originate from the patient’s Newfoundland and Labrador place of residence.
- The most economical mode of public transportation and/or accommodation is to be used at all times.
- Transportation assistance for beneficiaries can only be provided to enable them to visit the nearest public provider/facility of the service required.
- The beneficiary must incur an out of pocket expense;
- The expense must be incurred in order to access approved specialized insured medical services (medical documentation must be provided);
- The beneficiary must be referred for treatment by an approved medical practitioner (see Medical Referrals below for specific requirements);
- Unless pre-approved by the medical consultant or designate, treatment or suitable alternative treatment must not be available:
  o in the beneficiary’s area of residence for treatment within the province;
  o in the province for treatment received outside the province (within Canada) or;
  o in the country for treatment received outside the country.

Ineligible Travel - MTAP Access Plan

- MTAP assistance is not available for any of the following scenarios:
  o When treatment or suitable alternative treatment is available in the beneficiary’s area of residence; the province; or the country (as applicable).
  o When treatment is considered experimental;
  o For participation in clinical trials;
  o To obtain a second medical opinion; or
  o To avoid wait times.

Medical Referrals - MTAP Access Plan
• 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.
• For all beneficiaries, assistance for out-of-province (within Canada) medical travel requires the referral of an in-province 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.
• For all beneficiaries assistance for out-of-country medical travel requires an in-province specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

**Medically Required Escorts - MTAP Access Plan**

• Travel expenses incurred by one (1) escort may be eligible for assistance when an escort is recommended by the referring physician. In the case of MTAP Foundation plan beneficiaries, where recommended by the referring healthcare practitioner, and prior approval of HCS, family escort expenses may be considered for financial assistance.
• If an escort is required, the escort(s) is expected to share the same accommodations as the medically referred person unless the beneficiary is hospitalized.
• 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.
• 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 designate).

**ELIGIBLE EXPENSES- MTAP ACCESS PLAN**

**Accommodation Expenses - MTAP Access Plan**

• Financial assistance under MTAP is available when the beneficiary incurs expenses for paid registered accommodation in order to obtain approved medical services only when the beneficiary is required to travel more than 200 kilometers (400km return) from their place of residence for approved medical services.
• The calculation of assistance available for a specific beneficiary shall be based on the actual expense(s) incurred, to a maximum expense of $125 per night, for up to a maximum of $3,000 per month.
• Official receipt(s) are required when accommodations are purchased from a registered accommodations provider.
• Beneficiaries requiring greater than 31 consecutive days of accommodation assistance require pre-approval of the Manager of Insured Programs (or designate).
• Requests for assistance greater than that stated above will only be considered where exceptional circumstances can be demonstrated and require the approval of the Manager of Insured Programs (or designate).

Eligible Nights of Accommodation - MTAP Access Plan
• 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.
• Registered purchased accommodation assistance is only available when the beneficiary must travel more than 200 km (one way) from their place of residence.

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.
• 2 x 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.
• 5 x 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).
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Meal Allowance - MTAP Access Plan
- A 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:
  o **Efficiency unit accommodation** (accommodation which includes meals and/or kitchen facilities): A meal allowance of $25 per night of paid registered accommodation per family unit (includes escort) to a maximum of $500 per 31 day period is available.
  o **Hotel/Hostel type accommodation** (accommodation which does not include meals and/or kitchen facilities): A meal allowance of $25 per person per night of paid registered accommodation per person to a maximum of $700 per 31 day period is available.
- The program does not have a provision for claiming meals when accommodations are provided by family/friends.
- Patients cannot claim a meal allowance for in-patient hospital stays.

Airfare Expenses - MTAP Access Plan
- When air travel is the most economical mode of travel.
- Economy airfare ticket and up to 1 piece of checked luggage (official ticket receipt, itinerary and boarding passes are required).
- MTAP does not provide assistance with first class/business class tickets or their equivalents.
- MTAP does not provide assistance with the cost of seat selection.

Taxi Expenses - MTAP Access Plan
- Taxi expenses may be eligible for assistance when a taxi is used in conjunction with air travel or scheduled transportation service (excluding ferry) to attend specialized insured medical services not available in the beneficiaries area of residence as follows:
  o Airport to hotel/accommodations and return (official receipts are required);
  o Hotel/accommodations to hospital and return (official receipts are required). Maximum 1 per day (unless treatment warrants additional trips);
  o When taxi usage is the most economical mode of travel.

Car Rental Expenses - MTAP Access Plan
- Car rental expense may be eligible for assistance only when the beneficiary can demonstrate that this mode of transportation is the most economical mode of travel available.
- The number of days of car rental expense shall not exceed the number of approved nights of paid accommodation.
- Car rental expenses are not eligible for mileage reimbursement.
Scheduled Transportation Service Expenses - MTAP Access Plan
  • Including registered busing, minivan and ferry services (official receipts are required).

Private Vehicle Expenses
  • Private vehicle coverage is provided at 20 cents per km after the applicant has reached 1500 kms per calendar year.

In-Eligible Expenses - MTAP Access Plan
  Ineligible expenses include but are not limited to:
  • personal care items,
  • utilities, and
  • long distance telephone calls.

Eligible Services - MTAP Access Plan
  • Eligible specialized medical 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 physician.

• Additional Eligible Services - MTAP Access Plan
  The following services/expenses/treatments have been approved by the minister for MTAP related assistance:
  • In-patient mental health and/or addiction services pre-approved by the Director of Mental Health and Addictions (or delegate) as per Trim DOC-21843;
  • 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 30km per one-way trip.
  • Application of deductible to 50% Pre-payment of Airfare Component as per Trim DOC-19536.

Ineligible Services and Treatments - MTAP Access Plan
  Ineligible services and treatments include but are not limited to:
  • General practitioner appointments (scheduled or unscheduled);
  • Emergency room visits;
  • Laboratory services, such as blood and urine collection;
  • Routine diagnostic services such as chest x-rays, EKG, etc.;
  • Experimental research or clinical trials;
  • Private clinics such as physiotherapy; and,
  • Services not insured under the Medical Care Plan (MCP).
MTAP ASSURANCE PLAN

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- In-Eligible Expenses
- Eligible Services
- In-Eligible Services and Treatments
- Annual Limit on Medical Transportation Assistance
General - MTAP Assurance Plan
- This plan extends financial assistance for eligible medical travel expenses to individuals and families, who incur significant financial burden due to high drug costs as defined by the NLPDP Assurance Plan. The Assurance plan provides assistance for up to 100% of eligible expenses incurred to attend specialized medical services not available in the beneficiary’s area of residence.

Eligibility - MTAP Assurance Plan
- Persons registered with the NLPDP Assurance Plan.
  - Must be in receipt of a valid MCP card; and
  - Have high drug costs in relation to income; and
  - Have a net annual income less than $150,000 as verified by Canada Revenue Agency (Line 236 Income Tax return).

Enrollment - MTAP Assurance Plan
- Applicants must apply to NLPDP for coverage under the Assurance Plan.

Coverage - MTAP Assurance Plan
- The amount of financial assistance provided by MTAP is based on the applicant’s individual circumstances as assessed by the NLPDP Assurance Plan.
- MTAP Assurance co-payment rates are the same rates as those which are provided to the applicant under the NLPDP Assurance program on the date that treatment is received.
- Eligible expenses include:
  - Airfare;
  - Eligible taxi fares;
  - The use of buses or other appropriate scheduled transportation services;
  - Car Rental
  - The use of ferries;
  - Purchased registered accommodations;
  - Meal allowance; and
  - Private Vehicle Usage when distance traveled is greater than 1,500 km per year.

Payments - MTAP Assurance Plan
- Beneficiaries must apply for assistance after incurring an out-of-pocket travel expense in order to access specialized insured medical services which are not available in their area of residence.
- Beneficiaries who incur predictable long term expenses may be eligible for prepayment of claims of up to 3 months based on individual circumstances (i.e. dialysis patients and some oncology patients). HCS approval for advanced payment is required.
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- Assistance is designed for short term stays. If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.

Submission of Claim(s) - MTAP Assurance Plan

- Beneficiaries are required to pay their medical travel costs upfront and make application for cost-sharing of allowable expenses to HCS after attending an eligible medical appointment and/or treatment.
- Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.
- Claims for duration of less than 31 days must be submitted within 12 months from the date of travel.
- Pre-approval of the Manager of Insured Programs (or designate) is required where beneficiaries require assistance for greater than 31 consecutive days in a 12 month period or where a beneficiary requests pre-payment of services.
- Where beneficiaries require greater than 31 consecutive days of coverage, the manager (or designate) shall confirm the medical necessity of the absence from the home community and document the results in the beneficiary file.
- Allowable expenses shall be assessed based on travel dates in relation to the relevant medical appointment/service/treatment date(s).

Criteria for Eligible Travel Expenses - MTAP Assurance Plan

Unless approved in advance, assistance is only available to the closest medical facility providing the treatment or suitable alternative treatment. Travel must originate from the patient’s Newfoundland and Labrador place of residence.

- The most economical mode of public transportation and/or accommodation is to be used at all times.
- Transportation assistance for beneficiaries can only be provided to enable them to visit the nearest public provider/facility of the service required.
- The beneficiary must incur an out of pocket expense;
- The expense must be incurred in order to access approved specialized insured medical services (medical documentation must be provided);
- The beneficiary must be referred for treatment by an approved medical professional (see Medical Referrals below for specific requirements);

Ineligible Travel - MTAP Assurance Plan

- MTAP assistance is not available for any of the following scenarios:
  - When treatment or suitable alternative treatment is available in the beneficiary’s area of residence; the province; or the country (as applicable).
  - When treatment is considered experimental;
  - For participation in clinical trials;
  - To obtain a second medical opinion; or
  - To avoid wait times.
Medical Referrals - MTAP Assurance Plan

- 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.

- Assistance for **out-of-province (within Canada)** medical travel requires the referral of an in-province 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. Prior approval from the medical consultant or designate may be necessary where treatment or suitable alternative treatment is available in the province.

- Assistance for **out-of-country** medical travel requires an in-province specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

Medically Required Escorts - MTAP Assurance Plan

- Travel expenses incurred by one (1) escort may be eligible for assistance when an escort is recommended by the referring physician.

- If an escort is required, the escort(s) is expected to share the same accommodations as the medically referred person unless the beneficiary is hospitalized.

- 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.

- 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 designate).

Eligible Expenses - MTAP Assurance Plan

**Accommodation Expenses** - MTAP Assurance Plan

- Financial assistance under MTAP is available when the beneficiary incurs expenses for paid registered accommodation in order to obtain approved medical services only when the beneficiary is required to travel more than 200 kilometers (400km return) from their place of residence for approved medical services.

- The calculation of assistance available for a specific beneficiary shall be based on the actual expense(s) incurred, to a maximum expense of $125 per night, for up to a maximum of $3,000 per month.

- Official receipt(s) are required when accommodations are purchased from a registered accommodations provider or where accommodations are not pre-arranged by MTAP.
• Beneficiaries requiring greater than 31 consecutive days of accommodation assistance require pre-approval of the Manager of Insured Programs (or designate).
  • The maximum accommodation expense allowed per 31 day period is $3,000.
  • Accommodation assistance is available for short term stays only. If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.
  • Requests for assistance greater than that stated above will only be considered where exceptional circumstances can be demonstrated and require the approval of the Manager of Insured Programs (or designate).

Eligible Nights of Accommodation - MTAP Assurance Plan
• 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.
• Registered purchased accommodation assistance is only available when the beneficiary must travel more than 200 km (one way) from their place of residence.

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.
• 2 x 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.
• 5 x 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).

**Meal Allowance - MTAP Assurance Plan**

- A 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:
  - **Efficiency unit accommodation** (accommodation which includes meals and/or kitchen facilities): A meal allowance of $25 per night of paid registered accommodation per family unit (includes escort) to a maximum of $500 per 31 day period is available.
  - **Hotel/Hostel type accommodation** (accommodation which does not include meals and/or kitchen facilities): A meal allowance of $25 per person per night of paid registered accommodation per person to a maximum of $700 per 31 day period is available.
- The program does not have a provision for claiming meals when accommodations are provided by family/friends.
- Patients cannot claim a meal allowance for in-patient hospital stays.

**Airfare Expenses - MTAP Assurance Plan**

- When air travel is the most economical mode of travel.
- Economy airfare ticket and up to 1 piece of checked luggage (official ticket receipt, itinerary and boarding passes are required).
- MTAP does not provide assistance with first class/business class tickets or their equivalents.
- MTAP does not provide assistance with the cost of seat selection.

**Taxi Expenses - MTAP Assurance Plan**

- Taxi expenses may be eligible for assistance when a taxi is used in conjunction with air travel or scheduled transportation service (excluding ferry) to attend specialized insured medical services not available in the beneficiaries area of residence as follows:
  - Airport to hotel/accommodations and return (official receipts are required).
  - Hotel/accommodations to hospital and return (official receipts are required). Maximum 1 per day (unless treatment warrants additional trips); or
  - When taxi usage is the most economical mode of travel.

**Car Rental Expenses - MTAP Assurance Plan**

- Car rental expense may be eligible for assistance only when the beneficiary can demonstrate that this mode of transportation is the most economical mode of travel available.
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- The number of days of car rental expense shall not exceed the number of approved nights of paid accommodation.
- Car rental expenses are not eligible for mileage reimbursement.

Scheduled Transportation Service Expenses - MTAP Assurance Plan
- Includes registered busing, minivan and ferry services (official receipts are required).

Private Vehicle Expenses
- Private vehicle coverage is provided at 20 cents per km after the applicant has reached 1500 kms per calendar year.

In-Eligible Expenses - MTAP Assurance Plan
Include but are not limited to:
- personal care items,
- utilities, and
- long distance telephone calls.

Eligible Services - MTAP Assurance Plan
- Eligible specialized medical 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 physician.

- Additional Eligible Services - MTAP Assurance Plan
The following services/expenses/treatments have been approved by the minister for MTAP related assistance:
  - In-patient mental health and/or addiction services pre-approved by the Director of Mental Health and Addictions (or delegate) as per DOC-21843.
  - 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 30km per one-way trip.
  - Application of deductible to 50% Pre-payment of Airfare Component as per DOC-19556.

Ineligible services and treatments - MTAP Assurance Plan
Include but are not limited to:
- General practitioner appointments (scheduled or unscheduled);
- Emergency room visits;
- Laboratory services, such as blood and urine collection;
- Routine diagnostic services such as chest x-rays, EKG, etc.;
- Experimental research or clinical trials;
- Private clinics such as physiotherapy; and,
- Services not insured under the Medical Care Plan (MCP).
Annual Limit on Medical Transportation Costs - MTAP Assurance Plan

- An annual limit of $3000 will be applied to the approval of medical transportation.
- The cap will apply per case.
- Exceptions to the limit are as follows:
  - Clients accessing services such as dialysis and cancer treatment,
  - Clients living in Labrador communities where air travel is the only viable option to obtain medical services,
  - Clients required to travel outside of the province for medical treatment,

Verification - MTAP Assurance Plan
MTAP OUT-OF-PROVINCE PLAN

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General - MTAP Out-of-Province Plan
All MCP beneficiaries who are required to travel out of the province to receive specialized insured medical services which are not available in the province may be eligible for financial assistance of 70% for eligible expenses.

Eligibility - MTAP Out-of-Province Plan
- All MCP beneficiaries are eligible for coverage.
- Assistance is only available when treatment or suitable alternative treatment is not available in the province or country (as applicable) unless pre-approved by the medical consultant or designate.
- 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 out-of-province (within Canada) medical transportation assistance may be subject to approval of departmental medical staff.
- 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.
- An applicant cannot receive MTAP assistance from any other MTAP plan for the same treatment/appointment.

Coverage - MTAP Out-of-Province Plan
- 70% of eligible expenses incurred to access specialized insured medical services which are not available in the province and/or in the country. (100% coverage for Foundation Plan beneficiaries.)
- Limited financial assistance with air ambulance expenses (details to be determined).
- Eligible expenses include:
  - Airfare;
  - Eligible taxi fares;
  - Car Rental
  - The use of buses or other appropriate scheduled transportation services;
  - The use of ferries;
  - Purchased registered accommodations;
  - Meal allowance; and
  - Private Vehicle Usage when distance traveled is greater than 1500 km per year.

Deductible - MTAP Out-of-Province Plan
- $400 per trip. No deductible for Foundation plan beneficiaries.

Payments - MTAP Out-of-Province Plan
• Beneficiary must apply for assistance after incurring an out-of-pocket travel expense in order to access specialized insured medical services which are not available in their area of residence.
• Patients may be eligible for 50% pre-payment of economy airfare.
• Beneficiaries who incur predictable long term expenses may be eligible for prepayment of claims of up to 3 months based on individual circumstances (i.e. dialysis patients and some oncology patients). HCS approval for advanced payment is required.
• Assistance is designed for short term stays. If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.

Submission of Claim(s) - MTAP Out-of-Province Plan
• Beneficiaries are required to pay their medical travel costs upfront and make application for cost-sharing of allowable expenses to HCS after attending an eligible medical appointment and/or treatment.
• Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.
• Claims for duration of less than 31 days must be submitted within 12 months from the date of travel.
• Pre-approval of the Manager of Insured Programs (or designate) is required where beneficiaries require assistance for greater than 31 consecutive days in a 12 month period or where a beneficiary requests pre-payment of services.
• Where beneficiaries require greater than 31 consecutive days of coverage, the manager (or designate) shall confirm the medical necessity of the absence from the home community and document the results in the beneficiary file.
• Allowable expenses shall be assessed based on travel dates in relation to the relevant medical appointment/service/treatment date(s).
• Clients requiring ongoing medical transportation, who currently or previously received cancer treatment, are exempt from the frequency and distance restrictions set out in this policy.

Criteria for Eligible Travel Expenses - MTAP Out-of-Province Plan
• Unless approved in advance, travel must originate from the patient’s Newfoundland and Labrador place of residence.
• The most economical mode of public transportation and/or accommodation is to be used at all times.
• Transportation assistance for beneficiaries can only be provided to enable them to visit the nearest public provider/facility of the service required.
• The beneficiary must incur an out of pocket expense;
• The expense must be incurred in order to access approved specialized insured medical services (medical documentation must be provided);
• The beneficiary must be referred for treatment by an in-province specialist physician (see Medical Referrals below for specific requirements).
• Unless pre-approved by the medical consultant or designate, assistance is not available when treatment or suitable alternative treatment is 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 the country for treatment received outside the country.

**Ineligible Travel - MTAP Out-of-Province Plan**

• MTAP assistance is not available for any of the following scenarios:
  - When treatment or suitable alternative treatment is available in the beneficiary’s area of residence; the province, or the country (as applicable).
  - When treatment is considered experimental;
  - For participation in clinical trials;
  - To obtain a second medical opinion; or
  - To avoid wait times.

**Medical Referrals - MTAP Out-of-Province Plan**

• 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.

• For all beneficiaries, assistance for **out-of-province (within Canada)** medical travel requires the referral of an in-province 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.

• For all beneficiaries assistance for **out-of-country** medical travel requires an in-province specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

**Medically Required Escorts - MTAP Out-of-Province Plan**

• Travel expenses incurred by one (1) escort may be eligible for assistance when an escort is recommended by the referring physician. In the case of MTAP Foundation plan beneficiaries, where recommended by the referring healthcare practitioner, and prior approval of HCS, family escort expenses may be considered for financial assistance.

• If an escort is required, the escort(s) is expected to share the same accommodations as the medically referred person unless the beneficiary is hospitalized.

• 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.

• 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 designate).

**Eligible Expenses - MTAP Out-of-Province Plan**

**Accommodation Expenses - MTAP Out-of-Province Plan**

- Financial assistance under MTAP is available when the beneficiary incurs expenses for paid registered accommodation in order to obtain approved medical services only when the beneficiary is required to travel more than 200 kilometers (400km return) from their place of residence for approved medical services.
- Official receipt(s) are required when accommodations are purchased from a registered accommodations provider or where accommodations are not pre-arranged by MTAP.
- Assistance is designed for short term stays only (to a maximum of 3 months in a 12 month period). If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.
- Beneficiaries requiring greater than 31 consecutive days of accommodation assistance require pre-approval of the Manager of Insured Programs (or designate).

**Eligible Nights of Accommodation - MTAP Out-of-Province Plan**

- 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.
- **Registered purchased accommodation assistance** is only available when the beneficiary must travel more than 200 km (one way) from their place of residence.

**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.
- 2 x 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.
- 5 x 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).

Meal Allowance - MTAP Out-of-Province Plan

- A 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:
  - **Efficiency unit accommodation** (accommodation which includes meals and/or kitchen facilities): A meal allowance of $25 per night of paid registered accommodation per family unit (includes escort) to a maximum of $500 per 31 day period is available.
  - **Hotel/Hostel type accommodation** (accommodation which does not include meals and/or kitchen facilities): A meal allowance of $25 per person per night of paid registered accommodation per person to a maximum of $700 per 31 day period is available.
- The program does not have a provision for claiming meals when accommodations are provided by family/friends.
- Patients cannot claim a meal allowance for in-patient hospital stays.

Airfare Expenses - MTAP Out-of-Province Plan

- When air travel is the most economical mode of travel.
- Economy airfare ticket and up to 1 piece of checked luggage (official ticket receipt, itinerary and boarding passes are required).
- MTAP does not provide assistance with first class/business class tickets or their equivalents.
- MTAP does not provide assistance with the cost of seat selection.

Taxi Expenses - MTAP Out-of-Province Plan

- Taxi expenses may be eligible for assistance when a taxi is used in conjunction with air travel or scheduled transportation service (excluding ferry) to attend
specialized insured medical services not available in the beneficiaries area of residence as follows:
- Airport to hotel/accommodations and return (official receipts are required);
- Hotel/accommodations to hospital and return (official receipts are required). Maximum 1 per day (unless treatment warrants additional trips); or
- When taxi usage is the most economical mode of travel.

**Car Rental Expenses** - MTAP Out-of-Provience Plan
- Car rental expense may be eligible for assistance only when the beneficiary can demonstrate that this mode of transportation is the most economical mode of travel available.
- The number of days of car rental expense shall not exceed the number of approved nights of paid accommodation.
- Car rental expenses are not eligible for mileage reimbursement.

**Scheduled Transportation Service Expenses** - MTAP Out-of-Provience Plan
- Includes registered busing, minivan and ferry services (official receipts are required).

**Private Vehicle Expenses**
- Private vehicle coverage is provided at 20 cents per km after the applicant has reached 1500 kms per calendar year.

**In-Eligible Expenses** - MTAP Out-of-Provience Plan
- Include but are not limited to:
  - personal care items,
  - utilities, and
  - long distance telephone calls.

**Eligible Services** - MTAP Out-of-Provience Plan
- **Eligible specialized medical 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 physician.

**Additional Eligible Services** - MTAP Out-of-Provience Plan
- The following services/expenses/treatments have been approved by the minister for MTAP related assistance:
  - In-patient mental health and/or addiction services pre-approved by the Director of Mental Health and Addictions (or delegate) as per Trim DOC-21843.
  - 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 30km per one-way trip.

- Application of deductible to 50% Pre-payment of Airfare Component as per Trim DOC-19536.

**Ineligible Services and Treatments** - MTAP Out-of-Provience Plan

Include but are not limited to:

- General practitioner appointments (scheduled or unscheduled);
- Emergency room visits;
- Laboratory services, such as blood and urine collection;
- Routine diagnostic services such as chest x-rays, EKG, etc.;
- Experimental research or clinical trials;
- Private clinics such as physiotherapy; and,
- Services not insured under the Medical Care Plan (MCP).
MTAP LABRADOR PLAN

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  - Taxi
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**INSURED PROGRAMS**

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**General - MTAP Labrador Plan**
- All MCP beneficiaries who live and reside in Labrador, regardless of income level, who incur eligible out of pocket expenses to attend medically necessary specialized insured medical services on the island portion of the province which are not available in Labrador, may be eligible for financial assistance of 70% of eligible medical transportation costs incurred.

**Eligibility - MTAP Labrador Plan**
- Universal access for Labrador resident MCP beneficiaries.

**Coverage - MTAP Labrador Plan**
- 70% of eligible travel expenses incurred to obtain specialized insured medical services on the island portion of the province which are not available in Labrador.
- Eligible expenses include:
  - Airfare;
  - Eligible taxi fares;
  - The use of buses or other appropriate scheduled transportation services;
  - The use of ferries;
  - Purchased registered accommodations;
  - Meal allowance;
  - The use of a private vehicle usage when the distance traveled is greater than 1,500 km per year.
- Travel must originate in Labrador.

**Deductible - MTAP Labrador Plan**
- None.

**Payments - MTAP Labrador Plan**
- Beneficiary must apply for assistance after incurring an out-of-pocket travel expense in order to access specialized insured medical services which are not available in their area of residence.
- Patients may be eligible for 50% pre-payment of economy airfare.
- Beneficiaries who incur predictable long term expenses may be eligible for prepayment of claims of up to 3 months based on individual circumstances (i.e. dialysis patients and some oncology patients). HCS approval for advanced payment is required.

Assistance is designed for short term stays. If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.

**Submission of Claim(s) - MTAP Labrador Plan**
- Beneficiaries are required to pay their medical travel costs upfront and make application for cost-sharing of allowable expenses to HCS after attending an eligible medical appointment and/or treatment.
Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.

Claims for a duration of less than 31 days must be submitted within 12 months from the date of travel.

Pre-approval of the Manager of Insured Programs (or designate) is required where beneficiaries require assistance for greater than 31 consecutive days in a 12 month period or where a beneficiary requests pre-payment of services.

Assistance is available for short term stays (less than 3 months). If a longer term stay is anticipated, patients are encouraged to seek longer term accommodations, such as apartment rental.

Where beneficiaries require greater than 31 consecutive days of coverage, the manager (or designate) shall confirm the medical necessity of the absence from the home community and document the results in the beneficiary file.

Allowable expenses shall be assessed based on travel dates in relation to the relevant medical appointment/service/treatment date(s).

Clients requiring ongoing medical transportation, who currently or previously received cancer treatment, are exempt from the frequency and distance restrictions set out in this policy.

Criteria for Eligible Travel Expenses - MTAP Labrador Plan

- Unless approved in advance, travel must originate from the patient’s Newfoundland and Labrador place of residence.
- The most economical mode of public transportation and/or accommodation is to be used at all times.
- Transportation assistance for beneficiaries can only be provided to enable them to visit the nearest public provider/facility of the service required.
- The beneficiary must incur an out of pocket expense;
- The expense must be incurred in order to access approved medical service(s) (Foundation plan beneficiaries only) or approved specialized insured medical services (medical documentation must be provided);
- The beneficiary must be referred for treatment by an approved medical professional (see Medical Referrals below for specific requirements);
- Unless pre-approved by the medical consultant or designate, 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 the country for treatment received outside the country.

Ineligible Travel - MTAP Labrador Plan

- MTAP assistance is not available for any of the following scenarios:
  - When treatment or suitable alternative treatment is available in the beneficiary’s area of residence; the province; or the country (as applicable).
INSURED PROGRAMS

Medical Transportation Assistance Program (MTAP) Polley Document

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- When treatment is considered experimental;
- For participation in clinical trials;
- To obtain a second medical opinion; or
- To avoid wait times.

Medical Referrals - MTAP Labrador Plan

- 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.

- For all beneficiaries, assistance for out-of-province (within Canada) medical travel requires the referral of an in-province 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.

- For all beneficiaries assistance for out-of-country medical travel requires an in-province specialist physician to obtain prior approval from the Medical Care Plan (MCP) for specialized insured patient care which is not available within the country.

Medically Required Escorts - MTAP Labrador Plan

- Travel expenses incurred by one (1) escort may be eligible for assistance when an escort is recommended by the referring physician. In the case of MTAP Foundation plan beneficiaries, where recommended by the referring healthcare practitioner, and prior approval of HCS, family escort expenses may be considered for financial assistance.

- If an escort is required, the escort(s) is expected to share the same accommodations as the medically referred person unless the beneficiary is hospitalized.

- 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.

- 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 designate).

Eligible Expenses - MTAP Labrador Plan

Accommodation Expenses - MTAP Labrador Plan

- Financial assistance under MTAP is available when the beneficiary incurs expenses for paid registered accommodation in order to obtain approved medical services when the beneficiary is required to travel more than 200 kilometers (400km return) from their place of residence for approved medical services.
The calculation of assistance available for a specific beneficiary shall be based on the actual expense(s) incurred, to a maximum of $125 per night, for up to a maximum of $3,000 per month.

Official receipt(s) are required when accommodations are purchased from a registered accommodations provider or where accommodations are not pre-arranged by MTAP.

Beneficiaries requiring greater than 31 consecutive days of accommodation assistance require pre-approval of the Manager of Insured Programs (or designate).

The maximum accommodation expense allowed per 31-day period is $3,000.

Requests for assistance greater than 31 days will only be considered where exceptional circumstances can be demonstrated and require the approval of the Manager of Insured Programs (or designate).

**Eligible Nights of Accommodation -** MTAP Labrador Plan

- 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.

- **Registered purchased accommodation assistance** is only available when the beneficiary must travel more than 200 km (one way) from their place of residence.

**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.

- 2 x 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.

- 5 x the meal allowance may also be claimed (one meal allowance may be claimed for each approved night of accommodation).
INSURED PROGRAMS

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- 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).

Meal Allowance - MTAP Labrador Plan
- A 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:
  - Efficiency unit accommodation (accommodation which includes meals and/or kitchen facilities): A meal allowance of $25 per night of paid registered accommodation per family unit (includes escort) to a maximum of $500 per 31 day period is available.
  - Hotel/Hostel type accommodation (accommodation which does not include meals and/or kitchen facilities): A meal allowance of $25 per person per night of paid registered accommodation per person to a maximum of $700 per 31 day period is available.
- The program does not have a provision for claiming meals when accommodations are provided by family/friends.
- Patients cannot claim a meal allowance for in-patient hospital stays.

Airfare Expenses - MTAP Labrador Plan
- When air travel is the most economical mode of travel,
- Economy airfare ticket and up to 1 piece of checked luggage (official ticket receipt, itinerary and boarding passes are required).
- MTAP does not provide assistance with first class/business class tickets or their equivalents.
- MTAP does not provide assistance with the cost of seat selection.

Taxi Expenses - MTAP Labrador Plan
- Taxi expenses may be eligible for assistance when a taxi is used in conjunction with air travel or scheduled transportation service (excluding ferry) to attend specialized insured medical services not available in the beneficiaries area of residence as follows:
  - Airport to hotel/accommodations and return (official receipts are required);
  - Hotel/accommodations to hospital and return (official receipts are required). Maximum 1 per day (unless treatment warrants additional trips);
  - When taxi usage is the most economical mode of travel.
### INSURED PROGRAMS

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

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### Car Rental Expenses - MTAP Labrador Plan
- 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 the daily allowable taxi expense.
- Car rental expenses are not eligible for mileage reimbursement.

### Scheduled Transportation Service Expenses - MTAP Labrador Plan
- Includes registered busing, minivan and ferry services (official receipts are required).

### Private Vehicle Expenses
- Private vehicle coverage is provided at 20 cents per km after the applicant has reached 1500 kms per calendar year.

### In-Eligible Expenses - MTAP Labrador Plan
- In-eligible expenses include but are not limited to:
  - personal care items,
  - utilities, and
  - long distance telephone calls.

### Eligible Services - MTAP Labrador Plan
- **Eligible specialized medical 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 physician.

- **Additional Eligible Services**
  - The following services/expense/treatments have been approved by the minister for MTAP related assistance:
    - In-patient mental health and/or addiction services pre-approved by the Director of Mental Health and Addictions (or delegate) as per HCS policy (Trim DOC-21843).
    - 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 30km per one-way trip.
    - 50% Pre-payment of Airfare Component.

### Ineligible Services and Treatments - MTAP Labrador Plan
- Ineligible services and treatments include but are not limited to:
  - General practitioner appointments (scheduled or unscheduled);
  - Emergency room visits;
  - Laboratory services, such as blood and urine collection;
  - Routine diagnostic services such as chest x-rays, EKG, etc.;
- Experimental research or clinical trials;
- Private clinics such as physiotherapy; and,
- Services not insured under the Medical Care Plan (MCP).
Information Note
Department of Health and Community Services

Title: Single Entry Medical Transportation Program Status

Issue: Status of the combined single entry medical transportation assistance program for HCS and AESL Income Support clients.

Background and Current Status:
- In a single-entry system, HCS will continue to deliver the Medical Transportation Assistance Program (MTAP), and assume responsibility for delivery of this service to Income Support clients, which formerly had been provided by Department of Advanced Education Skills and Labour (AESL).
- The annual $6.4 million program delivery budget was transferred from AESL to HCS in Budget 2017-18.

Timeline of events:
- June:
  - Medical Transportation Program transferred from AESL to HCS. The services transferred included dialysis and methadone for entire province of NL, as well as all other medical transportation needs for the Avalon Peninsula.
  - Seven (7) Client Service Officers and two (2) Accounting Clerks are transferred from AESL to HCS. Funding was also transferred for eight (8) more Client Service Officers. With this funding, a RSA was approved to hire six (6) CSOs, a PPRA, and Clerk Typist III through an internal competition. There was no funding transferred for a Policy Planning Research Analyst (PPRA) or a Clerk Typist III.
  - The CSOs are responsible for the Pay Authorization Unit (PAU) (this role was previously conducted out of the Clarenville office), assessing client requests over the telephone, assessing incoming documents for reimbursement and confirmation of appointments, setting up payment requests and service authorizations, as well as working with community partners for complex clients, Regional Health Authorities for home support clients.
  - Other duties that are performed outside of the Avalon Peninsula are
    - Mailback Unit (Marystown)
    - Intake Unit (Stephenville)
    - Out of Province travel (Central), and
    - after-hours/on-call service (Central).
  - The Document Processing Unit (DPU) had responsibility of all incoming documents and scanning it to TRIM. These are extra
functions that will need to be performed by the new Medical Transportation Unit.

- For after-hours incoming calls, clients are requested to leave a message or call the On-Call Centre in Gander for urgent request.
- A new module was built in the CAPs program which is used by AESL. HCS can only view client demographics and payments history. Case notes are not available for viewing by HCS.
- TRIM is the electronic filing system that is used. AESL took responsibility for assessing all TRIM documents up to June 4th. There is no ability to view TRIM notes prior to June 4th. This has caused many challenges to staff and clients. The CSOs work with the clients addressing the current travel requirements with no documentation.
- The call volume is extremely high with very few calls being answered. New documents are being faxed and mailed in, and the TRIM queue continues to increase in volume. As there was no clerical support, the summer student scans the mailed-in documents into TRIM. The ECM Coordinator (who is employed by Information Management with HCS) assists with transferring the faxed documents into TRIM.
- With a shortage of staff, and waiting on Human Resources to hire the successful applicants, the TRIM queue continues to increase and clients are still not able to get their calls answered in timely fashion. Vendors and Clients are not being reimbursed as efficiently as they are used to. Some clients had to change appointment dates. Clients, Community Partners, MHAs, Constituent Assistants, etc., call the Manager as well as the Minister of Health and his Executive Assistants. This does allow for some urgent requests to be taken care of.
- Improvements have been made to the phone queue, and a message was placed on the phone stating the email address to allow clients to send an email with their inquiries.

- July:
  - Human Resource Secretariat (HRS) advise that four of the six employees who were transferred from AESL are successful for the permanent positions. HRS forwarded the names of the other six successful applicants.
  - Out of the new six employees, the first commenced employment on 7/29/2019. The remaining staff started: 7/31/2019. Upon commencement of employment, a trainer with AESL trained the staff for one week.
  - Due to the volume of missed calls and the continuous increase of TRIM documents, the Assistant Deputy Minister, Michael Harvey, approved the hiring of 3 temporary employees. Three employees were hired, and the start dates for these employees were: 8/1/2019. In addition, overtime was approved to work through the TRIM documents.
August:

- The Program Planning Research Analyst, Erica Bungay, is hired and started on [redacted]. Erica spent two weeks with the temporary employees with training and assistance.
- The Clerk Typist III is hired and started employment on [redacted]. The student continues to scan documents, but will cease employment on [redacted]. This creates a challenge as the Clerk Typist III does not have the capacity to complete the work that was completed by the Document Processing Unit with AESL along with his regular duties. There will be a bottleneck in the scanning of emails and faxes to TRIM.
- August 17th, all employees are trained. The TRIM queue is gradually decreasing and there is a higher percentage of phone calls being answered.

Analysis:

- The medical transportation component of AESL has been transferred to HCS.
- Relocation of the HCS Insured Programs office from the first floor to the second floor of the Confederation Building, West Block took place in July 2018. Staff transfers from AESL and new recruitment have taken place.
- All new employees are trained, which will allow for an increase in the number of CSOs answering calls and working through the TRIM documents.
- Statistics for medical transportation client interactions for June, July and August (to the 24) are attached in Annex A.
- Issues regarding call responses waiting times and accessing TRIM documents are being addressed and should be resolved as staff becomes more familiarized with operational procedures.

Action Being Taken:

- Regional Manager with AESL will work alongside the Manager of Insured Programs and provide guidance and assistance.
- The PPRA (Erica) will be available to assist CSOs with client inquiries.
- Bus passes will be distributed from HCS. The clerical support will upload the card numbers to Metrobus, and payment will be made upon receipt of invoice.
- Training will be required to assess new applicants (intake) as well as mail-back applications.
- VPN to be set up for the laptops, and CSOs that will be working after-hours will take the computers home to test VPN service.
- Telelink (external call centre) will set up a system to answer client calls, and then contact the CSO on call.
- CAPs issues to be reviewed and discussed with AESL team.
- Rotation for case management so that two CSOs to offer specialized services, i.e. Methadone, Dialysis, Home Supports, Complex Needs, Out of Province Travel, Mailbacks, Bus Passes, and Intake. This rotation will change based on the schedule in place.
• A Decision Note to being drafted requesting an alternate work schedule (1pm to 9pm Monday to Thursday). This will allow for eight CSOs to each work one night a week from Monday to Thursday (two CSOs working each night). This plan interests the staff as they are not working on call during the peak times (4-9) and it will also cut back on overtime costs.
• Phone system to be changed to allow clients to contact a CSO that provides specialized service, i.e. Methadone, Dialysis, Home Supports, All other medical transportation.

• Current Challenges:
  • Additional staff required to assist with the DPU function and TRIM administration
  • Client suspensions in AESL affect payment to clients for medical transportation
  • Other CAPs related problems, such as Asset tab, consent to speak with AESL regarding client related concerns, etc.

• Targeted for September 4:
  • HCS will be responsible for all medical transportation for the Province.
  • CAPs issues will continue to be tracked and discussed with the AESL team.
  • Correspondence will be sent to all clients requesting update medical information as well as completion of a new Consent Form.
  • Policy to be completed and signed.
  • Website to be updated.

Annex A: Statistics for medical transportation client interactions for June, July and August (to the 7th).

Prepared/Approved by: J. Howley/T. Nippard/T. Maher/M. Harvey

Ministerial Approval:

August 22, 2018 DRAFT
Information Note
Department of Health and Community Services

Title: Status of the Single-entry Medical Transportation Program

Issue: Progress report on the status of the single-entry medical transportation assistance program.

Background and Current Status:
- Two medical transportation assistance programs had been operated by government. Both provide assistance to individuals who are required to travel to access medical services. One, known as the Medical Transportation Assistance Program (MTAP), is for general residents of the province and is administered by the Insured Programs section of the Department of Health and Community Services (HCS). The other program provides a similar service for Income Support clients and had been administered by the Department of Advanced Education, Skill and Labour (AESL).
- Government realized that efficiency would be attained by managing both medical travel programs under a single agency and identified this as an objective in The Way Forward (Action 1.4).
- It was determined that the Insured Programs section of HCS would assume the role of administering both programs. It would continue to operate the MTAP program and also administer medical transportation assistance for Income Support clients as separate programs under a single-entry system. The office will be known as Medical Transportation Unit.
- The annual $6.4 million budget for AESL’s medical transportation assistance program was transferred to HCS in Budget 2017-18. The budget for the MTAP program operated by HCS would remain at $...........
- In addition to the program funding, 17 staff positions responsible for administering the AESL medical transportation program was required.
- To accommodate the additional staff, relocation of the Insured Programs office to a larger office space was necessary. The office had been located in the first floor of the Confederation Building, West Block and was moved to the second floor over June and July 2018.
- In addition to physical office set up, recruitment for a number of vacant transferred positions was required. Interviews took place in July and placements were made in August.
- Timeline of events:
  - June 2018:
    o AESL medical transportation assistance service partially transferred from AESL to HCS. The transferred services included transportation assistance for dialysis and methadone patients for all regions of the province as well as general medical transportation for Avalon Peninsula residents.
Seven (7) Client Service Officers and two (2) Accounting Clerks were transferred from AESL to HCS. Funding was also transferred for eight (8) more Client Service Officers. It was determined that a Policy Planning Research Analyst (PPRA) and a Clerk Typist III would be required, so the transferred funding was used to hire six (6) CSO’s as well as the PPRA and Clerk Typist III. Internal competitions were held.

The CSO’s are responsible for the Pay Authorization Unit (PAU) (which had previously been located at the Clarenville office); assessing client requests by telephone; assessing incoming documents for reimbursement requests; confirmation of appointments; setting up payment requests and service authorizations; as well as working with community partners for complex clients, Regional Health Authorities and Home Support clients.

Other duties performed outside of the Avalon Peninsula are:
- Mailback Unit (Marystown)
- Intake Unit (Stephenville)
- Out of Province travel (Central), and
- after-hours/on-call service (Central).

The Document Processing Unit (DPU) (of AESL???) had responsibility for all incoming documents and scanning them to TRIM. These are extra functions that will need to be performed by the new Medical Transportation Unit.

For after-hours incoming calls, clients were requested to leave a message, or call the On-Call Centre in Gander for urgent cases.

A new module was built in the Client Automated Pay System (CAPS) program used by AESL in order to...... (???:). HCS can only view client demographics and payments history. Case notes are not available for viewing by HCS.

All AESL documents are filed in their TRIM system (which is not accessible to HCS staff???). As a result, HCS is unable to view TRIM notes (prior to the June 4th transfer????). This has caused many challenges to staff and clients. The CSO’s must work with the clients addressing the current travel requirements with no documentation.

Call volume was extremely high with many calls answered (due to......???:). New documents are being faxed and mailed in, and the TRIM queue continues to increase in volume. In the absence of clerical support, a summer student had been scanning the mailed-in documents into TRIM. The ECM Coordinator (who is employed by Information Management with HCS) assisted with transferring faxed documents into TRIM.

With a shortage of staff, and the wait required to hire the successful applicants, responses to clients’ phone calls experienced lengthy delays. Vendors and clients were not being reimbursed as efficiently as they had been previously. In some cases, clients had to change appointment dates. Clients, Community Partners, MHAs, Constituent Assistants, etc., often called the Manager, as well as the Minister of Health and his Executive Assistants, to expedite urgent requests.
o Improvements were made to the phone queue, and a message was provided, giving an e-mail address for clients to send inquiries.

- July 2018:
  o Human Resource Secretariat (HRS) advised that four of the six employees transferred from AESL were successful for the permanent positions. HRS also forwarded the names of the other six successful applicants.
  o The six new employees commenced employment on the following dates: s. 40(1). Upon commencement of employment, an AESL employee trained the staff for one week.
  o Due to the volume of missed calls and continuing increase of TRIM documents, Assistant Deputy Minister Michael Harvey approved the hiring of 3 temporary employees. The start dates for these employees were. In addition, overtime was approved for working through TRIM documents.

- August 2018:
  o The PPRA was hired and started on s. 40(1) and spent two weeks with the temporary employees with training and assistance.
  o The Clerk Typist III was hired and started employment on s. 40(1)
  o The work term of the student who had been scanning documents ended on s. 40(1). This created a challenge as the Clerk Typist III does not have the capacity to complete the work started by the DPU at AESL along with his regular duties. As a result, there will be a bottleneck in the scanning of e-mails and faxes to TRIM.
  o As of August 17th, all employees had received training. The TRIM queue is gradually decreasing and there is a higher percentage of phone calls being answered.

Analysis:
- The medical transportation component of AESL was been transferred to HCS and relocation of the HCS Insured Programs office from the first floor to the second floor of the Confederation Building, West Block took place in July 2018.
- Staff transfers from AESL and new recruitment have taken place. All new employees are trained, which will increase the number of CSO’s answering calls and working through the TRIM documents.
- Statistics for medical transportation client interactions for June, July and August (to the 24) are attached in Annex A.
- Issues regarding call responses waiting times and accessing TRIM documents are being addressed and should be resolved as staff becomes more familiarized with operational procedures.

Action Being Taken:
- The Regional Manager with AESL will work alongside the Manager of Insured Programs and provide guidance and assistance.
The PPRA will assist CSO’s with client inquiries.
Bus passes for Income Support clients will be distributed from HCS. The clerical support will upload the card numbers to Metrobus, and payment will be made upon receipt of invoice.
Training will be required to assess new applicants (intake) as well as mail-back applications.
VPN to be set up for the laptops and CSO’s that will be working after-hours will take the computers home to test VPN service.
Telelink (external call centre) will set up a system to answer client calls, and then contact the CSO on call.
CAPs issues are to be reviewed and discussed with the AESL team.
Staff rotation will be established for case management so that two CSO’s will offer specialized services, (i.e., Methadone, Dialysis, Home Supports, Complex Needs, Out of Province Travel, Mailbacks, Bus Passes, and Intake). This rotation will change based on the schedule in place.
A Decision Note is to be drafted requesting an alternate work schedule (1pm to 9pm Monday to Thursday). This will allow for eight CSO’s to each work one night a week from Monday to Thursday (two CSO’s working each night). This plan interests the staff as they are not working on call during the peak times (4:00-9:00) and will reduce overtime costs.
The phone system is to be changed to allow clients to contact a CSO who provides specialized service (i.e., Methadone, Dialysis, Home Supports, all other medical transportation).

Current Challenges:
- Additional staff are required to assist with the DPU function and TRIM administration.
- Client suspensions in AESL affect payment to clients for medical transportation.
- Other CAPs related problems, such as Asset tab, consent to speak with AESL regarding client related concerns, etc.

Targeted for September 4:
- Medical transportation for Central, Western and Labrador Grenfell to be assumed by HCS, which will bring all regions into the combined single entry system.
- CAPs issues will continue to be tracked and discussed with the AESL team.
- Correspondence will be sent to all clients requesting updated medical information as well as completion of a new Consent Form.
- Policy to be completed and signed.
- Website to be updated.
Annex A: Statistics for medical transportation client interactions for June, July and August (to the 7th). [Duplicate]

Prepared/Approved by: J. Howley/T. Nippard/T. Maher/M. Harvey

Ministerial Approval:

August 24, 2018 DRAFT
I. POLICY STATEMENT

i) Overview
Income Support (IS) clients may be eligible to receive financial assistance for travel to medical appointments and treatment facilities for approved services provided by physicians, psychiatrists and other professionals, such as social workers, psychologists and nurses employed by a Regional Health Authority or non-profit agency.

The intent of this policy is to identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.

ii) Authority
Act: N/A Income and Employment Support Act, SNL 2002, Chapter I-0.1, ss.3(2)(a).

Regulations: Income and Employment Support Regulations, ss.19(5) Other income support for which an applicant or recipient may be eligible is: (a) for transportation, an amount determined by the prevailing commercial rates.

iii) Abbreviations
AESL: Department of Advanced Education, Skills and Labour
CAPS: Client Automated Pay System
CSO: Client Services Officer
HCS: Department of Health and Community Services
IS: Income Support
KIV: Keep in view
MCP: Newfoundland and Labrador Medical Care Plan
NLPDP: Newfoundland and Labrador Prescription Drug Plan
RHA: Regional Health Authority

iv) Definitions
Client: Income Support Clients, home support/community support clients, long term care facility residents, private paying personal care home residents, and low income residents who could not otherwise attend medical appointments due to financial constraints.

Department: The provincial government department, known as the Department of Health and Community Services (HCS), which is responsible for administering medical travel financial assistance benefits to Clients.

Local area: An area within a 60 km return trip driving distance of a client’s residence.

Manager: Manager of Insured Programs, Audit and Claims Integrity Division, HCS.
Transportation/travel benefits or assistance: Financial assistance for travel for eligible medical or related purposes.

2. PROGRAM RULES

i) Eligibility Criteria
In determining eligibility for travel benefits, staff must assess need based on the distance that a client must travel to receive the treatment or service; the frequency of the required travel; and the most cost-effective means of transportation.

a) Transportation is not normally provided to clients who have access to medical treatment within their local area – defined as within a 60 km. return trip (using Google maps as a tool); rather clients are required to find their own means of transportation. Where clients living within a 60 km. return trip of their medical appointment demonstrate a need for frequent trips (a minimum of 8 return trips in a 30 day period) for medical treatment, situations are to be assessed on an individual basis.

b) Clients who require medical transportation for trips which exceed 60 kms, round trip can be approved with medical documentation.

c) Travel benefits shall only be provided for return trips from the client’s residence to the nearest physician, medical clinic, optometrist, dentist or hospital (outside the local area) that provides the required service.

d) Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

e) Transportation assistance shall only be provided for visits to physicians and facilities within the client’s RHA, unless the closest facility offering the treatment or service required by the patient is in a farther RHA. In such cases, approval of travel benefits may be considered, provided the farther RHA adheres to the policies of the client’s RHA.

f) Transportation assistance will not be provided for clients to bypass medical facility nearer to their residence in order to receive an earlier appointment at a facility further away. In those circumstances, transportation may be provided, but only as far as the closest facility.

g) Whenever possible, clients should arrange transportation using their own vehicle or through a friend or family member. Reimbursement for private vehicle use is $0.30 per km. However, funding for private vehicle use will not be approved where public transportation would be more economical. NOTE: It is not contrary to the Motor Carrier...
Act to use one’s own personal vehicle, or for a friend or relative to provide transportation using their vehicle, provided it is not done for hire, gain or reward.

h) Where a client does not have access to private transportation, public transportation by licensed carriers may be approved, subject to the following guidelines:
   • The most economical mode of public transportation is to be utilized at all times, including for long distance travel (i.e., a bus rather than air travel).
   • When determining the most economical means, the calculation should include all expenses (i.e., transportation, accommodations and meals). For example, a bus trip may require overnight accommodations and meals. If a taxi could make the return trip in one day without those costs, it may be the least expensive option.

i) Clients requiring medical transportation who currently or previously received cancer treatment are exempt from the frequency and distance restrictions set out in this policy.

ii) Areas Serviced by City Buses

a) Assistance for taxis will not normally be provided in areas serviced by public bus systems in St. John’s, Mount Pearl, Paradise and Corner Brook. Clients with frequent trips (at least 8 in a 30 day period) in these areas can be provided with a monthly bus pass (or equivalent funding) and will be expected to arrange appointments at times when buses are operating.

b) Clients travelling between regions of the province may be provided with taxis for the return trip between their arrival point (e.g., airport, DRL bus drop off site) and their accommodations. To travel from their accommodations to scheduled appointments, clients must use the most economical means available, such as a city bus, rather than a taxi. However, clients may be provided with funds equivalent to the number of bus trips required ($5 per return trip) and make their own arrangements.

c) Clients who require frequent transportation but have been banned from city buses will be provided with funding equivalent to the cost of a bus pass and shall make their own arrangements for transportation to medical appointments.

d) Clients residing in areas serviced by public buses who have appointments outside those areas must use the bus, or their own means, to the limit of the service area. For travel beyond that, assistance may be provided for other transportation methods. NOTE: Metrobus service areas can be viewed at: www.metrobus.com/html-default/system_map.asp.
e) Clients residing in areas not serviced by public buses may be funded for a taxi to the location of their appointment or service. It is not expected that the taxi only bring them to a bus stop.

f) Transportation after 5:00 pm should be limited to emergencies only. Even for emergencies, if the situation allows, clients are expected to use buses during operating hours. For after-hours emergencies when the buses are not running, consideration can be given to provide a taxi to a hospital/clinic and return. Where after-hours staff see a pattern of such requests the Client Services Managers should be notified, with a plan to follow up with the client during working hours.

g) Exceptions where taxi transportation can be approved in areas serviced by public transportation will be limited to clients requiring services such as dialysis and cancer treatments. Taxi transportation for this group will cover all medical appointments if required, and not just those for dialysis and cancer treatments. Medical notes requesting approval based on other reasons will not ordinarily be approved.

h) Clients requiring accessible transportation in St. John’s and Mount Pearl will be expected to use the accessible buses or the Go Bus, or they can be provided with funding equivalent to the number of bus trips required. In Corner Brook, clients requiring accessible transportation can be funded at private vehicle rates. Where this is not an option, taxis may be approved.

i) Any other exceptional case shall be forwarded to the Manager of Insured Programs for approval.

iii) Other Criteria

a) Transportation may be provided for a client to receive treatment that is court ordered, or verified as necessary by a physician/psychiatrist, social worker, psychologist, nurse, or counsellor. These services may include group therapy offered by one of these professionals, or a support group recommended by the professional as part of the client’s service/treatment plan. Transportation to recreational programs, social events and social outings will not be approved, even as part of a treatment plan.

b) Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.
iv) Annual Limit on Medical Transportation Costs

a) An annual limit of $3000 for travel benefits applies per client.

b) Exceptions to the annual limit are as follows:
   - clients accessing services such as dialysis or cancer treatment;
   - clients living in Labrador communities where air travel is the only viable option to obtain medical services; and
   - clients required to travel outside of the province for medical treatment.

c) Staff shall proactively work with clients to determine other options to decrease annual medical transportation costs, and to ensure that clients are aware of the limitations.

d) Cases which exceed the limit (other than the exceptions above) shall be forwarded to the Manager of Insured Programs.

v) In-Province Medical Transportation

a) Clients requesting medical travel benefits must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval but must be verified after the service has been provided to the client and before payment is made.

b) Where possible and practical, travel benefits should not be provided when medical needs are not immediate (i.e., where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

c) To establish the medical transportation assistance a client may receive, staff shall identify communities between which travel benefits may be considered based upon the 60 km round trip criteria. Staff shall also determine whether a particular medical service can be provided at a clinic in the client’s local area, as opposed to another facility at a greater distance, such as a hospital.

d) Distance shall be determined based on kilometres between the client’s home address and the location of the medical service, using the NL Statistics Agency Kilometer Matrix, available at: www.stats.gov.nl.ca/DataTools/RoadDB/Distance. Internet mapping programs, such as Google Maps, Bing Maps, etc. may help determining travel distances.

e) If an escort is requested for an adult, or if requested for both parents of a child, documentation of the medical need (not just for emotional support) is required.

f) Clients occasionally request travel benefits to self-help groups (i.e. AA, GA, etc.) where obtaining verification of attendance may be an issue, due to the confidentiality rules of
the group. Travel assistance may be provided as long as there is medical documentation of the client’s need to attend the group on file.

g) Costs incurred in visiting a chiropractor, massage therapist, etc. cannot be covered through the Income Support Program, even if medically recommended by a physician. Transportation costs will not be considered for treatments considered “uninsured” by the Medical Care Plan (MCP).

h) If a client requires physiotherapy treatment, it should be obtained at the nearest hospital where the treatment is available. However, in exceptional circumstances, travel to and the cost of a private physiotherapist visit may be considered where the combined cost of the visit and the transportation is less than transportation costs to a hospital based physiotherapist covered by MCP. The total cost would be coded as medical transportation.

i) Whenever possible, return transportation costs should be arranged for the client.

j) If required, waiting time for taxis must be kept to a minimum and clients should be advised of this. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.

k) Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with accommodations (i.e. hostel costs or a rental unit) where the cost of the accommodation would be less than the transportation costs.

l) Clients who are in receipt of travel benefits to visit a facility for medical appointments or treatments who choose to move to a residence further away will not receive increased travel benefits. For example, if a client from Mt. Pearl travels to the Health Sciences Centre three days a week, and then moves to Bay Roberts, that client will remain eligible only for assistance for travel from Mt. Pearl; not from Bay Roberts. Likewise, if a physician relocates their office out of the local area, clients will not be eligible to receive increased travel benefits to visit that doctor at his or her new location, unless there are no other physicians who can provide the service any closer.

m) Clients, who are banned from services for behavioural reasons at the nearest facility or pharmacy, will not be approved for increased travel benefits to go to a facility farther away. Approval will only be provided for travel benefits to the nearest facility.

vi) Transportation for Dental Appointments
a) Travel benefits may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):

- For children under 12, as per the Provincial Children’s Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip (verification of attendance required prior to reimbursement);
- For children age 13-17, as per the Provincial Children’s Dental Health Program, once every 24 months for a regular examination (verification of attendance required prior to reimbursement);
- For children under the age of 17 who require additional appointments for other MCP covered procedures (X-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved. Transportation costs for other dental services (i.e. orthodontics, braces, etc.) not covered under the Dental Health Plan will not be approved.
- When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs; and
- For all clients of the Income Support Program, including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter from the dentist confirming the visit and treatment must be provided.

vii) Out of Province Medical Transportation

Transportation to obtain medical services outside the province is occasionally required by IS clients and others who have been deemed eligible for medical travel assistance under this program.

a) When a request is received to provide transportation for travel outside the province, staff must obtain the particulars required for consideration. This includes:
  - the name of the referring specialist;
  - the location and name of physician to whom the patient is referred;
  - the date of the confirmed appointment;
  - the reason for the referral; and
  - any other pertinent information.

b) Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information
regarding the particular request is required, contact can be made with the Physician Services Division of HCS.

c) Non-clients who may request financial assistance should be made aware of the Medical Transportation Assistance Program (MTAP) available through HCS. *(See s. 2(xiii) of this Policy.)*

d) Under the Medical Transportation Program, the following costs can be included in the total cost of the trip:
   - airfare, bus or mileage for private vehicle from this province to the other province;
   - taxi from the airport to the health care centre and return;
   - accommodations (preferably hostel);
   - meal costs of $20 per day per person and
   - expenses for an escort (where medically required).

e) For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the contribution towards the cost of the trip.

f) Where a non-IS client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for Income Support benefits, HCS may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.

g) In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the Income Support Program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.

vii) Medical Escorts

a) In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.
b) Where escorts spend their own money to accompany clients, they may submit claims for reimbursement. Expenses cannot exceed the $.30 per/km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person (where overnight stays are required). Receipts are required.

c) When nursing personnel are required by the attending physician to act as escorts for outpatients who are eligible for Income Support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

viii) Alcohol Related Medical Treatment

a) There are four recognized alcohol residential treatment centers in the province:
   - Recovery Centre, St. John’s
   - Howard House, St. John’s
   - Grace House, Harbour Grace
   - Humberwood Alcohol and Drug Treatment Centre, Corner Brook

b) Persons who are eligible for Income Support benefits will be provided travel benefits for travel to these facilities at the most cost-effective rates.

c) There is no provision to send persons outside of the province for alcohol related treatment unless approved by HCS.

ix) Ambulance Services

a) Air and Road Ambulance Program (100)
   - Income Support clients will be issued new ambulance/dental services cards on their cheques each month. When clients require road ambulance services, they must present their ambulance card to the ambulance driver for coverage. The patient fee charged for road ambulance usage is $115. This coverage is also valid for subsidized residents in nursing homes and non-subsidized residents deemed eligible for travel benefits.

   - For clients requiring an air ambulance, there is an administrative fee charged of $80 which is to be paid as medical transportation. In addition, if a medical escort is required, the additional fee is $50.

   - Where clients are outside of the province and require an ambulance, MCP will not cover any portion of the cost. In the case of Income Support clients, coverage can be
provided for the full amount paid directly to the service provider or reimbursed to the client where they provide proof of payment.

b) Clients who require Road Ambulance Transportation for Renal Dialysis (200)
   - Individuals who access renal dialysis treatment at a hospital or community site and have medical documentation denoting their need to travel by road ambulance can have these fees paid if they are in receipt of Income Support benefits or subsidized home support services through a RHA.

   - Individuals who access renal dialysis treatment at a hospital or community site at least three times/week by road ambulance who are not eligible for IS benefits or subsidized home supports should be referred to their local RHA. The RHAs can use enriched needs guidelines to determine eligibility for partial/full payment of transportation by road ambulance if this need is medically documented by a physician/nephrologist.

x) Methadone Treatment

   a) Clients seeking financial assistance for transportation to Methadone treatments (normally dispensed at pharmacies), must provide medical documentation confirming the need for regular transportation to receive treatments.

   b) Pharmacists may allow “carries” of Methadone (dosages taken at home rather than consumed at the pharmacy). The fee associated with a “carry” is normally covered by a special authorization under NLPDP. Where there are multiple “carries” dispensed at a single visit, (e.g., doses for 3 days) NLPDP will only cover one dispensing fee. However, the pharmacy might still charge, in this example, three dispensing fees; one for each “carry”. The other two would be the responsibility of the client. To avoid these fees, a client may take individual trips for each dose, thus incurring additional travel costs. Therefore, where it would mean HCS would otherwise spend more for additional travel, dispensing fees may be paid as a medical transportation cost.

   c) To ensure that Methadone clients, who are approved to receive “carries”, can travel to their required appointments, each “carry” can be considered as a count towards the eight trip minimum.

   d) Clients travelling to visit doctors for their Methadone prescription may have difficulty obtaining verification of attendance. In these instances, a copy of their prescription will suffice to confirm the medical trip.

   e) Clients who move further from their doctor or pharmacy will only have travel approved based on their previous address. Clients who are banned from a particular
pharmacy will have transportation approved to the nearest facility only and will be expected to make their own arrangements for any shortfall.

xi) Blood Collection

a) The IS Program does not normally provide for the payment of direct health services such as private blood collection services. However, for clients who would be approved for medical transportation based on frequency of visits or the distance of the medical facility from their home, consideration can be given to the payment of such costs where they are more economical than the cost of transportation/waiting time.

xii) Waterford Community Care/Nursing Homes/Alternate Family Care Homes

a) Subsidized residents of the Waterford Community Care Homes and nursing homes are assumed to be eligible for travel benefits if their liquid assets are within IS guidelines.

b) RHAs are responsible for the transportation of subsidized residents of Personal Care homes and Alternate Family Care homes and this should not be approved under the IS Program.

c) Where non-subsidized residents of nursing homes, Community Care homes or Personal Care homes require assistance with medical transportation, a needs test must be completed to determine if eligibility exists.

xiii) Other Medical Transportation Programs

a) MTAP - Medical Transportation Assistance Program (Non-Emergency) (100)

- The intent of MTAP is to provide financial assistance for persons who are not AESL IS clients to travel by commercial air or registered taxi/bus service to access medically insured services not available within their place of residence and/or within the province.
- To be assessed for eligibility for in-province travel, the referring physician is required to complete an application form indicating the medical nature of the referral and to whom the patient is being referred. Assessment for eligibility for out-of-province travel requires referral by a specialist.
- Persons in receipt of IS are excluded from eligibility under MTAP if they are eligible for medical travel assistance under the Medical Transportation Benefits for Income Support Clients policy.
- Kidney, bone marrow and stem cell donors are also exempt from MTAP as donors are eligible for travel assistance through the Eastern Regional Health Authority.
• Further information on MTAP can be obtained by contacting HCS at 1-877-475-2412 or on the HCS website.

b) The Eastern Regional Health Authority, on behalf of HCS, administers the following universal programs to offset travel costs for residents of Newfoundland and Labrador availing of the following services:

• Home Renal Dialysis Training Program (200)
  o The program provides assistance to family members who have been advised by a physician to take training for Home Dialysis for their relative, who is a patient in a hospital or who must travel long distances to an approved centre for dialysis.
  o There is 100% coverage for transportation and accommodation costs.

• Organ Transplant Program (300)
  o The Eastern Regional Health Authority administers an Organ Transplant Program, which is available to all residents of Newfoundland and Labrador.
  o The program covers 100% of the transportation and accommodation costs for donors accompanying patients to approved centres for organ transplants.

c) Further information on these transportation programs can be obtained by contacting the Eastern Regional Health Authority.

2. PROCEDURE

i) General

a) Where prior approval is given for medical transportation, a request should be added in CAPS as well as a case note.

ii) Payment

a) Transportation benefits for personal vehicle use in the amount of $0.30 per kilometer will be paid directly to the client to provide for the expenses involved provided that the transportation meets the other criteria (i.e., nearest treatment, frequency of trips; not within the local office area; and is less expensive than public transportation).

b) When requests are received from clients for payment of pre-approved travel benefits, staff should calculate the amount based on travel distance and $.30/km. The actual eligible amount should be issued; there is no need to round up or down, as CAPS will do any rounding that may be required.
c) Payment for public ground transportation may be made payable to the service provider or to the client. Payment for air travel must be made payable to the airline or travel agent.

**iii) Benefits Added to Recurring Pay Cheques**

a) Clients with long term ongoing medical transportation needs can have funding for these trips included in their regular semi-monthly cheque. The use of recurring pay for ongoing travel benefits requests will be offered to cases where the source of transportation is private vehicle or public transportation (i.e. bus pass). **Clients who use taxi transportation, via service authorization, shall not have their travel costs added to recurring pay.** Those utilizing a taxi for medical appointments, but paying the same as private vehicle rates (shared taxis), can have these benefits placed on recurring pay.

b) To be considered to have this benefit added to a recurring pay cheque, the transportation requirement should be needed for a minimum of three months. As this is meant for long term, frequent medical treatment; it is anticipated that the following types of treatment would fall into the criteria noted:
   - dialysis
   - chemotherapy
   - radiation
   - Methadone program
   - psychiatric programs
   - other treatments which are frequent and will last at least 3 months in duration.

c) While this option is available to all clients there may be some individuals who, because of medical or management issues, would be better served if their bus pass is mailed to them on a regular basis or they are reimbursed for each trip. This decision will be left to the discretion of staff, in consultation with management and AESL staff.

d) Initial verification of the need for ongoing medical transportation is required up front; (i.e., the client will require chemotherapy for 16 weeks). Further verification of attendance at medical appointments must then be provided by the client every three months. This attendance verification may require only one note from the medical professional indicating that the client attended the appointments with the dates noted, rather than a separate note for each date. Based on the compliance of the documentation being received, consideration will be given to extending the time frame for up to six months so that the need for the documentation is less frequent. For clients who receive bus passes, a request from a health care professional for additional months is sufficient verification that previous appointments were kept.

e) KIV’s must be set up and actioned to ensure that verification of medical attendance is received and that the benefit is removed from the allowance at the end of the treatment.
KIV categories already exist in CAPS for “medical confirmation” and “verification of medical appointment;” however, for purposes of this new procedure an additional KIV category has been created in CAPS-Medical Transportation/Recurring Pay and should be utilized for this purpose. Once the verification of attendance is received, staff must action the current KIV and set up a new one for the following 90 days (or 180 days for clients who submit documentation every six months). It is essential that the Pay Authorization Unit keep these KIV’s up to date. If verification is not received within the time frame, the benefit should be removed from the recurring pay allowance and paid only as a reimbursement to the client, or as a payment directly to the supplier. To ensure the integrity of this procedure, managers are asked to monitor the KIV’s and compliance of the documentation received.

f) When the medical transportation request is entered into CAPS, the start and end date of the benefit is required. These dates should not exceed six months as verification of medical appointments is required before further approval can be given. Dates are for informational purposes only. The benefit will not end unless authorized staff suspend the case and complete a reassessment. Although it will not be necessary to change the start and end dates when a further 90 or 180 days are approved, it is expected that when a reassessment is completed for other reasons, that the dates are updated at that time.

iv) Ambulance transportation

a) When IS benefit clients request medical transportation via road ambulance, they shall present their ambulance card to the ambulance driver and the ambulance operators will bill the RHA for payment. Prior to payment by the RHA, a client’s eligibility for the service must be validated under NLPDP. Once eligibility is determined, the RHAs pay the ambulance fee. However, there are situations where an IS client has failed to present the ambulance card to the operator and received an invoice for payment of the patient fee for road ambulance services. Staff should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

b) The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the “include drug card” button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

c) Non-IS clients who request assistance with the cost of ambulance bills must apply to the IS program and have a needs assessment completed.

v) Escort Fees

Department of Health and Community Services
a) Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

3. AUTHORITY LEVEL

i) CSO
   a) Regular transportation requests

ii) Manager of Insured Programs
   a) Extenuating transportation requests
   b) Out-of-province medical transportation
   c) Monitoring KIV’s for recurring pay medical transportation
   d) Exceptions when clients exceed the $3,000 cap

iii) Date revised: August 29, 2018
KEY MESSAGES

Health and Community Services

Medical Transportation Assistance Program
October 17, 2018

Summary:
Since the summer, the NDP have been calling on the Provincial Government to provide people on income support with a bus pass free-of-charge in order to travel for medical appointments. The NDP held a news conference in July which included participation from representatives from the Potlatch Centre and the Gathering Place; and, wanting a bus pass program to be introduced in the province.

Anticipated Questions:
- What is government doing to assist low income people with transportation access?
- Will government consider introducing bus passes through the MTAP?

Key Messages:

- Access to reliable transportation is essential to participation and inclusion in society. We know that accessible transportation is not an option in many areas of the province. For this reason, we continue to offer a variety of government-wide programs that help remove the barriers.

- Newfoundland and Labrador’s Medical Transportation Assistance Program is one of the most comprehensive and generous programs in the country in terms of coverage and scope. We are maintaining this program with the creation of a new single-entry Medical Transportation Assistance Program, which will enable funding to be targeted to those people in most need.

- The program has transitioned to Health and Community Services from Advanced Education, Skills and Labour. There has been some growing pains during the transition. We are working to improve the program to ensure it is meeting the needs of those who need it the most. Bus passes are one such improvement we are considering and we will be meeting with Metrobus officials to discuss its feasibility.

Prepared by: Communications Division, Health and Community Services

Approved by:
Treena Nippard
Paul Smith
**Project title:** Single Entry Medical Transportation Assistance Program

**Description of initiative:** The development of a single provincial medical transportation financial assistance program that combines existing provincial medical Overarching Deliverable/Product to be developed: A single entry medical transportation assistance program

**Public Commitment:** The Way Forward (Action 1.4): Our Government will launch a single provincial medical transportation financial assistance program pilot over the next six months with a select group of clients and implement full roll-out in 2017. 
https://www.gov.nl.ca/thewayforward/action/pilot-a-single-entry-medical-transportation-assistance-program/

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<thead>
<tr>
<th>Status</th>
<th>Measurable Action</th>
<th>Timeline for Completion</th>
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<th>Notes</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Nov-18</td>
<td>Treena Nippard/Paul Smith</td>
<td>In progress - behind schedule</td>
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<td>s. 29(1)(a) s. 34(1)(a)(v)</td>
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<td>2. Business Process Review</td>
<td>Mar-19</td>
<td>Paul Smith (dedicated resource to be determined)</td>
<td>In progress-on schedule</td>
<td>Contact initiated with Justin, currently discussing approach and resources to move forward. May require assignment of dedicated business analyst. Oct 31, 2018 - discussed possible assignment of resource with OCG/PSA. Awaiting response. OCG/PSA has assigned a dedicated financial analyst (Kayla Burton). An initial meeting was held and she is now engaged in preliminary work. Jan 9, 2019 - Work has commenced.</td>
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<td>3. Phone System</td>
<td>Oct-18</td>
<td>Treena Nippard/Paul Smith</td>
<td>Completed</td>
<td>Final tasks are being completed, including message recordings and Perimeter configuration (software which manages and controls the phone system). Implementation may occur as early as October 16. Oct 31, 2018 - phone system has been up and running since mid-October. Teledlink has been engaged to provided dedicated day-time call services. Service went live 8:30 am Dec 4 and is working effectively.</td>
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<td>4. Reassignment of Staff to Phone Triage</td>
<td>Oct-18</td>
<td>Treena Nippard</td>
<td>Completed</td>
<td>This process was instituted in early October and is being monitored for effectiveness. Once the phone system is implemented, it is expected that the four staff will be freed up to augment the Division's capacity in making travel arrangements and processing documentation/payments. Oct 31, 2018 - staff triage discontinued with implementation of phone system.</td>
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<td><strong>5. Transfer responsibility for administration of reciprocal billings/receipts to Grand Falls office</strong></td>
<td>Nov-18</td>
<td>Tony Maher</td>
<td>In progress-on schedule</td>
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<td>Draft Note prepared; to be further discussed with Director (MCP). Director to check with HRS re: any issues or required protocol (none expected). Oct 31, 2018 - met with HRS (Leona Corbett) with favourable response. Will also pursue temp HL position (MTAP) to augment Treena (ISMT). RSAs have been submitted to temporary fill two positions which will be located in the GFW office and focused on reciprocal billings functions which currently are located in St. John’s, thus freeing up MTAP/ISMT capacity for manager. Additionally, a</td>
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<td><strong>In the meantime, a PPRA team lead position will be created for MTAP, thus freeing up the manager to direct more focus on ISMT. Jan 9, 2018 - Two temporary positions have been created and GFW has commenced process (EOI) to fill both. Work is expected to be fully transferred by February. Submission for two HL positions (MTAP/ISMT in St. John’s) is expected to be complete by mid-January.</strong></td>
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<tr>
<td><strong>6. Recruitment of temporary interim staff</strong></td>
<td>Oct-18</td>
<td>Treena Nippard/Tony Maher</td>
<td>Completed</td>
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<td>Both administrative positions have been filled and recruitment is underway for the CSOs (Director has identified individuals and will make offers asap). Oct 31, 2018 - One CSO identified and expected to start very soon. Jan 9, 2019 - These positions have been filled; however, consideration now being given to add two additional temporary positions: accounting clerk and financial claims assessor...to further support MTAP in addressing payment processing timeliness.</td>
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</table>
7. CAPS (system) issues

<table>
<thead>
<tr>
<th>Date</th>
<th>Responsible</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-18</td>
<td>Treena Nlopard/Tony Maher</td>
<td>In progress on schedule</td>
<td>Discussions ongoing with AESL and OCIO. Weekly meetings ongoing. Dedicated meeting scheduled with applicable AESL ADM on Oct 18. Oct 31, 2018 - AESL has committed to assigning prior manager to MTAP unit from Nov to late Dec to assist in transition. This will also involve an assessment of CAPS to ensure the unit has the access and support required, along with access to support resource. AESL are now more active and responsive in identifying and addressing CAPS issues and challenges. Additionally, access to past/historical medical transportation data is forthcoming per communication with AESL exec. Analysis of such information will be invaluable in informing resource allocation and operational structure going fwd. Jan 9, 2019 - While some improvements have occurred, there is still a need to identify ISMT-specific fields and formally request access from AESL for real-time day-to-day reference and to historical information. This is being pursued with assistance from Information Management.</td>
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<thead>
<tr>
<th>Date</th>
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<th>Status</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Mar-19</td>
<td>Paul Smith (led by CSSD as an overall initiative)</td>
<td>In progress on schedule</td>
<td></td>
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</table>

9. Review Claims on a sampling basis.

<table>
<thead>
<tr>
<th>Date</th>
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<th>Status</th>
<th>Details</th>
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<tbody>
<tr>
<td>Dec-18</td>
<td>TBD</td>
<td>In progress on schedule</td>
<td>To be initiated; involving Manager (MTAP), Manager (Audit) and Director (MCP). Oct 31, 2018 - to commence as part of larger process review. Will enlist Gerard P for his expertise in this area. Commencing Nov 27, staff were directed to temporarily cease in-depth PAU review in order to more quickly address payment/documentation backlog. Affected transactions are being logged and will be subject to subsequent post-audit reviews on a judgemental random sample basis. Such an approach, in some form, will still be considered for long-term implementation.</td>
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<tr>
<td>10. Resources to address payment backlog</td>
<td>Oct-18</td>
<td>Treena Nipand/Tony Maher</td>
<td>Completed</td>
</tr>
<tr>
<td>11. Pursue call recording implementation</td>
<td>Jan-19</td>
<td>Paul Smith</td>
<td>Not commenced</td>
</tr>
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<tr>
<th>THE WAY FORWARD COMMITMENT</th>
<th>Current Status of Action</th>
<th>Internal Description of Progress</th>
<th>Most Current Reporting Information on Government Way Forward Website (to be updated on a weekly basis if warranted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a Single Entry Medical Transportation Assistance Program</td>
<td>Completed</td>
<td>Transfer and hiring of staff, training and setting up office space took place during March to August 2018. Implementation of the transfer of AESL medical transportation assistance component for administration by HCS under a single entry system was fully operational by September 2018.</td>
<td>• The transfer of medical transportation service for Income Support clients from AESL to HCS for administration under a single window service has been completed. Continuing from this transition, efforts to improve the efficiency and timeliness of the service are ongoing.</td>
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</table>

Target Completion Date: 2017.