



First Nations Health Authority
Health through wellness

Health Benefits: Medical Transportation Benefit Schedule

Medical Transportation Benefit Schedule

1. Purpose and Scope

The Health Benefits Program manages the medical transportation benefit, which is administered by Health Benefits and Funding Agreement Recipients. The purpose of the *Medical Transportation Benefit Schedule* is to provide details about the criteria and rates for the medical transportation benefit. This document replaces the Medical Transportation Framework and the Medical Transportation Guideline policies.

The *Medical Transportation Benefit Schedule* applies to all medical transportation benefits administered by FNHA and Funding Agreement Recipients, who have assumed responsibility for the administration of the medical transportation benefit.

2. Medical Transportation Benefit Eligibility

Individuals must have Indian Status and be a resident of BC, as defined by the Medical Services Plan (MSP), or be an infant up to up to 24 months of age with an eligible parent in order to receive medical transportation benefits.

3. Medical Transportation

The medical transportation benefit provides financial support towards the cost of transportation, meals, and accommodation when a Client is accessing medically-necessary health services not available in their community of residence.

A Client's community of residence is the municipality in which they reside, with the exception of municipalities in the Metro Vancouver Regional District. For the purposes of medical transportation, Health Benefits Program classifies Metro Vancouver as one community of residence.

Clients seeking medical transportation benefits should submit a travel request prior to the start of their travel. Clients who do not submit a travel request will have to pay for the cost of their travel and request reimbursement for their expenses.

Medical transportation benefits cover the most efficient and economical means of travel, taking into account the urgency of the situation and the Client's medical condition. The Health Benefits Program will not be not responsible for any differences in cost if the Client chooses to make changes to their itinerary. Please see Appendix A for information on Clients' responsibilities.

3.1. Criteria for Coverage

Medical transportation benefits are available under the following conditions:

- travel is to access medically necessary health service(s), including:
 - medical services insured through the BC Medical Services Plan;
 - publicly-funded diagnostic tests and preventative screening programs;
 - traditional healers;
 - Travel to a Treatment Center for Substance Use (formerly NNADAP) funded or referred facilities;
 - opioid agonist therapy; or

- services eligible under the Health Benefits Program that require an in-person appointment;
- the service(s) is not available in the Client's community of residence;
- the service(s) is to the closest appropriate health professional or facility;
- there is confirmation of a scheduled appointment; and
- coverage is not available through other publicly funded health or social programs, such as ICBC or WorkSafe BC, or any private insurance; and
- the Client provides the Health Benefits Program or Funding Recipient with written confirmation from their provider that they attended their scheduled appointment.

Travel that does not meet the above criteria will not be covered by the Medical Transportation Program. If a Client misses a portion of their scheduled travel, or if attendance of a scheduled appointment cannot be confirmed, the Client may be responsible for the cost of the trip and may be required to make their own travel arrangements home. Funding may also be affected for future medical transportation benefits. Please see Appendix A for information on Clients' responsibilities.

The Health Benefits Program is the last payor for medical transportation benefits.

3.1.1. Travelling Providers

When a health professional (e.g. GP/doctor, dentist, etc.), is brought into the community to provide services, the community facility is considered the closest facility. Travel outside the community to access similar services may only be considered if medical documentation indicates that the urgency of the Client's medical condition makes it inappropriate to wait for a travelling provider.

3.1.2. Regular Repeated Travel

Clients who need to travel repeatedly, twice or more per week, on a long-term basis to access medically necessary health services may receive medical transportation benefits for up to four months. Regular repeated travel beyond four months may be covered through the Exceptions process.

Opioid Agonist Therapy

Travel to access opioid agonist therapy (e.g. methadone or Suboxone) is considered regular repeated travel, and may be covered as an Exception.

3.1.3. Long-Term Stays

Travel for more than five consecutive nights in duration may be covered as an Exception.

Clients who need a long term or extended stay to access medical services may be covered for up to three months through the Exceptions process.

3.1.4. Travel to Pick Up Items

Clients who need to travel to pick up medical supplies, or a medical item(s) may be eligible for medical transportation benefits if the item being picked up requires an in-person appointment to be fitted, and the fitting cannot be done in the Client's community of residence.

3.1.5. Traditional Healing

Travel to a traditional healer may be available as an Exception under the following criteria:

- the traditional healer is recognized by the community or Tribal Council;
- the traditional healer is located in the traditional territories where the Client currently resides; and
- the Client has a medical condition confirmed, in writing, by a licensed physician or community health professional for which the traditional healer will provide care.

Travel to bring a traditional healer into the community may be covered as an Exception.

The Health Benefits Program will not cover honoraria, ceremonial expenses, and medicines from traditional healers.

3.1.6 Travel to FNHA Funded Treatment Center for Substance Use

Travel may be covered to a FNHA funded Treatment Center for Substance Use (formerly National Native Alcohol and Drug Abuse Program) or referred facility once per 12 months when a Client has been accepted into the facility. Coverage for Clients to travel to a FNHA funded Treatment Center for Substance Use or referred facility more than once in a 12 month period may be covered as an Exception.

Travel for trips home, or family trips to the treatment facility, during the course of treatment are not a medical transportation benefit unless it is part of the treatment plan as established by the facility and approved prior to starting treatment.

Return travel back to the Client's community of residence will be covered regardless of whether or not the treatment was completed.

3.2. Transportation

Coverage will be provided for the most efficient and economical mode of transportation that transports the Client to their scheduled appointment, taking into consideration the urgency of the situation and the Client's medical condition.

Travel must be arranged in such a way that the Client can attend their appointment and return home at the earliest appropriate means.

Original warrants or travel vouchers will not be replaced if lost or stolen.

3.2.1. Coordinated Travel

If the Client has multiple appointments within a short period of time, or if members of the same household are travelling to the same destination, travel should be coordinated to reduce the number of trips.

3.2.2. Private Vehicle Travel

Where the most appropriate mode of transportation is a private vehicle, only mileage will be covered at a set mileage rate. Additional costs related to hiring a driver or rental car will not be covered.

Mileage may also be covered if a private vehicle is used to travel to a transportation terminal that is located outside of the Client's community of residence.

Mileage will not be provided for any travel within the destination city, including between the Client's accommodation and scheduled appointment.

The mileage rates for private vehicle travel include:

Fee Schedule for Private Vehicle Travel	
Standard Mileage Rate	\$0.23 per kilometer

Health Benefits has identified certain communities that experience significant transportation challenges and higher travel costs. These communities are eligible for a higher mileage rate.

When multiple Clients are travelling in the same vehicle, the private vehicle mileage rate will only be reimbursed for one Client.

3.2.3. *Taxis*

Taxi coverage may be provided for travel between the transportation terminal in the destination city and the Client's booked accommodation, as well as between the Client's accommodation and medical appointment.

Taxi travel will not be approved for Clients travelling in a private vehicle.

3.2.4. *Ambulance Bills*

The Health Benefits Program covers the cost of ambulance transport services in the following situations:

- Transport to a hospital in an emergency situation;
- Transport from a lower level care facility to a higher level care facility; and
- Transport between two hospitals.

Ambulance coverage is based on the rules and rates set out by the BC Emergency Health Services. Coverage for ambulance transport services from the hospital back to the home, and for ambulance services outside of BC may be covered as an Exception.

Ambulance transport services are paid directly by Health Benefits Operations, not Funding Agreement Recipients.

3.3. Meals

The medical transportation benefit supplements the cost of meals in accordance with the following rates:

Fee Schedule for Meal Rates	
Day Trip Rate for same-day trips lasting more than 6 hours	\$15.10 per person
Overnight Rate for overnight trips up to 6 nights duration	\$60 per night per person 5 years of age or over
	\$25 per night per person 4 years of age and under
Weekly Rate for overnight trips of 7 nights or more	\$236 per week per group (including escorts)

Clients travelling for less than 6 hours may still be eligible for the day trip meal rate if they have a medical condition that requires regular meals.

Clients who are travelling for 7 nights or more should be booked in accommodation with cooking facilities and given the weekly meal rate.

3.4. Accommodation

Accommodation coverage is be provided when the medical travel requires an overnight or extended stay away from the Client's community of residence. When a Client has been approved to travel with an escort, the Client and escort are expected to share a room.

The Health Benefits Program will cover the room cost and any appropriate taxes of the most efficient and economical accommodation. The Health Benefits Program will not cover any incidental fees incurred by the Client. Accommodations lasting more than six nights should be in establishments with cooking facilities. The fees listed below are meant as a guide for reasonable nightly rates.

Fee Schedule for Nightly Accommodation Rates		
	High Season (May - Oct)	Low Season (Nov - Apr)
Metro Vancouver	\$250	\$150
Rest of BC	\$150	\$125

3.4.1. Accommodation in a Private Home

Clients who choose accommodation in a private home will be reimbursed in accordance with the following rates:

Fee Schedule for Accommodation in a Private Home	
Rate Per Night	Maximum Rate Per Week
\$30	\$100

The rate for staying in a private home is inclusive of an escort.

3.5. Escorts

Medical transportation coverage may be available for an escort when a Client requires support to access medically necessary health services. Escort coverage is provided up to the appropriate length of time for which the escort is required, based on the Client's health, medical condition, and legal requirements.

If the Client is in the care of a hospital or care facility for more than three days, or an indeterminate period of time, escort coverage may be covered through the Exceptions process.

Coverage for an escort will only be approved if the appropriate travel request is submitted before the start of the trip.

3.5.1. Criteria to Request an Escort

Clients that meet the following conditions may receive escort coverage without needing to submit any additional documentation:

- the Client is a minor (under the age of 19);
- the Client is travelling for prenatal confinement or to be near medical care while awaiting childbirth;
- the Client is travelling for cancer-related appointments; or
- there is an existing record that explains the continued need for an escort.

Clients that meet one of the following conditions and provide written documentation from a physician, nurse, or nurse practitioner that demonstrates their need for an escort may receive coverage:

- the Client has a physical or mental disability and requires assistance with activities of daily living (e.g. dressing, eating, bathing, etc.);
- the Client faces a language barrier;
- the Client will receive instructions on specific and essential home medical or nursing procedures that cannot be given to the Client only; and
- the Client is undergoing a medical procedure (e.g. day surgery) or has a medical condition that results in the Client requiring assistance during the trip.

3.5.2. Criteria to Travel as an Escort

Individuals must meet the following criteria to travel as an escort:

- be a legal adult who can sign consent forms, when necessary;
- be capable of caring for themselves and the Client throughout the duration of the medical travel;
- be capable of translating between the Client's language and English, when necessary;
- be able to share personal space, including accommodation, to support the Client; and
- be able to support the client getting to or from their appointments.

3.6. Reimbursements

Clients who have paid out-of-pocket for expenses that are eligible medical transportation benefits can apply for reimbursement. Clients are to submit reimbursement requests within 12 months of the date of the scheduled appointment. The FNHA Health Benefits Program will reimburse up to the benefit limits outlined in this document.

4. Benefit Exceptions

The following types of travel must be processed through the Exceptions process:

- Escort coverage if the Client is in the care of a hospital or care facility for more than three days, or an indeterminate period of time;
- travel greater than five consecutive nights' duration;
- travel to access opioid agonist therapy (e.g. methadone, Suboxone);
- travel to a traditional healer;
- travel to bring a traditional healer into the community;
- travel to an FNHA Funded Treatment Center for Substance Use or referred facility more than once in a 12 month period; and
- regular, repeated travel beyond four months.

Additionally, Health Benefits Clients who require coverage for travel related to medical transportation that is not currently a benefit and is not an Exclusion may receive coverage through the Health Benefits Exceptions process.

5. Exclusions

Services, and travel that follow the Health Benefits Exclusions principles outlined in the *Health Benefits Framework* will not be covered under the Health Benefits Program. Exclusions cannot be covered through the Health Benefits Exceptions process or the Health Benefits Appeals process.

Health Benefits Exclusions for the medical transportation benefit include, but are not limited to:

- compassionate travel to visit a family member or loved one;
- local travel within one's community of residence;
- travel back to a Client's community of residence if the Client becomes ill while away from home other than on medical travel;
- travel to pick up prescriptions;
- travel by Clients who are in the care of a federal, provincial, or territorial institution, such as Clients who are incarcerated;
- travel to access court-ordered treatment/assessment, or as a condition of parole, that is arranged by the justice system;
- travel to day care or respite care;
- accessing medical appointments when travelling outside of Canada;
- incidental accommodation fees beyond the cost of the room and any applicable taxes; and
- payment of fees for doctor's notes in support of a Client accessing medical transportation benefits.

6. Appeals Process

Health Benefits Clients, their parent/guardian, or representative have the right to appeal a decision made by the Health Benefits Program. An Appeal can be submitted up to 12 months from the date that the benefit was denied. For information on how to submit an appeal, contact the Health Benefits Support line.

7. Personal Information and Privacy

The FNHA is a non-profit society that is governed by the BC Personal Information Protection Act (PIPA). FNHA only collect, use, and disclose Personal Information on a Need to Know basis to conduct FNHA business, programs, or activities where permitted or authorized under PIPA. We do not collect use or disclose more personal information than is required to fulfill those purposes.

We do this in accordance with, the Personal Information Protection Act (PIPA) and other applicable legislation.

Protecting your personal information is our priority, and all of your personal information is kept strictly confidential in accordance with our shared vision, values and 7 Directives.

8. Definitions

Funding Agreement Recipient: a First Nations community or an organization that is mandated by a First Nations community or communities to provide health and wellness programs and services to First Nations communities.

Health Benefits Client(s): people who meet the criteria as described in the *FNHA Programs and Services Guide*.

Health Benefits Exception(s): items, services, or travel that are not defined benefits but which may be approved with appropriate justification.

Health Benefits Exclusion(s): items, services, or travel that will not be covered under the Health Benefits Program under any circumstances and are not subject to the Health Benefits Exception process or the Health Benefits Appeal process.

Medical Transportation Exception: Specific types of travel where the request for coverage must be reviewed by the Health Benefits Medical Transportation staff.

Appendix A: Client Responsibilities

To best utilize the medical transportation benefit, Clients have responsibilities, including:

- When possible, Clients should give at least five days notice prior to travelling to access medically necessary services to allow time for travel arrangements to be made. Without enough notice, Clients may have to reschedule their appointment, or pay for their travel up front and seek reimbursement later.
- Clients should get prior approval from FNHB or the responsible First Nations Health Service Organization for all non-emergency trips.
- Clients should attend their medical appointment as scheduled. Not attending medical appointments as scheduled may impact future medical transportation coverage and in some cases, clients will be required pay for their travel costs on subsequent medical travel, and submit reimbursement requests.
- Clients who miss scheduled and arranged travel and accommodations may be required to pay back any benefits they have received, and may be required to make their own travel arrangements home and pay for their travel costs on subsequent medical travel.
- Clients should get a signed or stamped confirmation from the health professional or facility that they attended their appointment, and provide it to FNHB or the appropriate First Nations Health Service Organization.
- Clients should protect all original warrants or vouchers given to them for their medical trip because they won't be replaced if lost or stolen.
- Clients should give as much notice as possible when cancelling an appointment, and at least 24-hour notice when cancelling hotel or flight arrangements.
- Clients should keep all receipts associated with their medical transportation travel so that they can be submitted for reimbursement.
- Clients must not use threatening or verbally abusive language used towards patient travel clerks or Providers. Such behavior will not be tolerated, and may result in Clients being asked to pay for their travel upfront and request reimbursement later. Clients are responsible for any damages caused to rooms.