

Gitxsan Health Society Patient Transportation

1. Will patient travel cover all my costs for travel to a medical appointment?

The Patient Transportation Program provides supplementary benefits for Kispiox, Glen Vowell and Gitanmaax eligible clients. It may not cover all costs associated with a client's medical condition and travel requirements. The most economical and efficient mode of transportation must be used, taking into consideration the client's medical condition and the urgency of the situation.

2. What do I need to put in a travel claim?

A referral from a GP, family physician, or a health professional is required —this is mandatory. Travel expenses will not be covered without written confirmation of attendance at an appointment by health facility/professional. The time frame for client reimbursement requests through NIHB is a maximum of 12 months from the date of service. Original receipts must be provided.

If it is your first time claiming travel you must have your band number, full given name, date of birth, personal health number, updated contact information (including where you reside).

3. What is my responsibility?

Obtain all of the necessary paper work for the trip prior to leaving the community. i.e. Referral from GP, confirmation of appointment with specialist.

Give the Patient Transportation Clerk at least 5 days notice prior to your appointment. Upon receipt of the notice, the proper travel arrangements can be made.

Clients who do not provide sufficient notice may have to pay for the travel and be reimbursed later provided they have a signed confirmation of attendance to the appointment.

Refrain from becoming verbally abusive or threatening to the Patient Transportation Clerk. They do their very best to provide you with the service you require in a timely manner.

Give at least 24 hour prior notice when canceling an appointment. Ie. Hotels and airlines need at 24 hours notice.

Get prior approval on all non-emergency trips. The only exception is in the case of a medical emergency.

Attend your medical appointment as scheduled. Clients who do not attend appointments must pay back any benefits they have received or pay for any rescheduled appointment travel costs.

Protect all of the original warrants issued to you for their medical trip. Warrants will not be reissued if lost or stolen.

Do not damage property or abuse accommodation arrangements. Ie. Excessive noise.

Get a signed confirmation of attendance from the health professional and return to Patient Transportation Clerk upon your return.

Retain and submit all necessary receipts required.

4. Is my dental appointment covered?

Dental appointments are covered. Orthodontic and Dental Surgery appointments will be sent in for benefit exception to NIHB Regional Office (Health Canada).

5. What is a Benefit Exception?

Certain types of travel may be considered on an exceptional basis, including but not limited to:

Diagnostic tests for educational purposes,

Speech assessment/therapy and provincially supported preventative screening programs when coordinated with other medical appointments.

Fittings for medical supplies and equipment benefits.

Benefit exceptions have to be prior approved by the NIHB Regional Office. Benefit Exception requests are to be submitted to the NIHB Regional Office using the Benefit Exception Form and accompanied by all relevant documentation.

6. Is travel to Detox covered?

All travel for detox must be submitted to the NIHB Regional Office for approval as a benefit exception.

7. Is travel to a Treatment Centre covered?

Treatment is covered to closest centre and is approved by the Regional NNADAP Treatment Manager. Return travel will not be covered if the client discharges him/herself before the treatment is completed. We cover meals and travel to and from the treatment centre only.

8. Is travel to a Vision Specialist covered?

Travel to an Ophthalmologist is covered when referred by a family physician. Optometrist appointments are only covered when referred by an Ophthalmologist.

9. Is travel to an Audiologist covered?

(No) It has to be sent to FNHA Office for approval as a benefit exception.

10. Is travel for a Mammogram covered?

(No) It has to be sent off for benefit exception due to it being set up in Hazelton every three months.

11. What if I need to stay longer than 5 days?

Prior approval is required from the FNHA office for trips requiring more than 5 consecutive days stay. Requests for long-term or extended stays should be submitted as a benefit exception and accompanied by the appropriate documentation. After 30 days, a benefit exception must be submitted and approved and FNHA will be responsible for the accommodation portion.

12. Is travel for laboratory/ blood work and other testing covered?

A benefit exception will submitted to FNHA office for prior approval or reimbursement.

13. Will I get an escort?

The use of an escort must be preauthorized by FNHA following the request of a doctor. An escort form must be filled out by the physician with details on how and why the escort needs to assist the client.

14. What are the meal rates for medical over 5 days?

For trips that are up to seven (7) nights in duration:

\$48 per night's stay

\$25 per night's stay for children under 9

For trips that are seven (7) or more nights in duration, a weekly rate will apply

A maximum weekly rate of \$163 per week, inclusive of the escort.

15. Will meals be covered for day trips?

The same-day travel rate of \$10 for trips that are 6 hours or more in duration has not changed...
For the winter months of November to March, there is lunch coverage for travel to Terrace.

16. What kind of medical travel is excluded?

Compassionate travel (i.e. an escort for support; if they need a driver)

Appointments other than to the nearest appropriate health facility

Appointments for clients in the care of federal or provincial institutions

Return trips home in cases of illness while away from home for reasons other than for approved travel to access medically required services

Travel only to pick up new or repeat prescriptions or vision-care products appointments/ treatments that are neither a provincially insured health service nor an NIHB benefit, such as private, non insured physiotherapy or counseling.

17. Do I get medical coverage if I was in a job related or motor vehicle accident?

FNHA does not provide or pay health services for registered First Nations clients if they are eligible for other available sources of benefits under any provincial or social funded programs or private insurance plans i.e. ICBC, WCB, or Correctional services

18. How do I appeal FNHA's decision?

Appeals must be submitted in writing and can be initiated by the client, legal guardian, or interpreter. Accompanied with supporting documents to justify the exceptional need.

Level 1 Appeal – The first level of appeal is the Manager, FNHA

Level 2 Appeal – the second level of appeal is the Regional Director, FNHA

Level 3 Appeal – The third and final level of appeal is the Director General, Non-Insured Health Benefits, First Nations and Inuit Health Branch, Manulife Building, 55 Metcalfe Street, Postal Locator 4006A, Ottawa, Ontario K1A 0K9.

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