

Travelling for Medical Services?

We're here to help.

If you have incurred travel costs relating to insured specialized medical treatments, you may be eligible for financial assistance.

Medical Transportation Assistance Program (MTAP)

- Airfare and Purchased Registered/Private Accommodation
- Private Vehicle Usage
- Pre-Payment of Economy Airfare



What is the Medical Transportation Assistance Program (MTAP)?

The Medical Transportation Assistance Program (MTAP) provides financial assistance to beneficiaries of the Medical Care Plan (MCP) who incur substantial out-of-pocket travel costs to **access specialized insured medical services** which are not available in the beneficiaries:

- Immediate area of residence and/or
- Within the Province.

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

MCP beneficiaries (beneficiaries) required to travel for specialized insured medical services may be eligible to make a claim for medical travel to **the nearest treatment facility**. Beneficiaries are expected to pay their medical travel costs up front prior to making application for cost-sharing of allowable expenses. Travel **must be to/from the patient's Newfoundland and Labrador place of residence** to qualify.

A beneficiary can make application for financial assistance by completing one or more of the following applicable claim forms:

- 1) [Airfare and Purchased Registered/Private Accommodations](#) - [Application Form Here](#)**
 - a) Airfare
 - b) Accommodations
 - c) Meal Allowances
 - d) Taxis (when used in conjunction with airfare),
 - e) Car Rentals
 - f) Scheduled Transportation Services (when used in conjunction with private vehicle)
- 2) [Private Vehicle Usage](#) - [Application Form Here](#)**
- 3) [Pre-Payment of Economy Airfare](#) - [Application Form Here](#)**

Once completed, a beneficiary can mail or email their application(s) with the required supporting documentation and official receipts for allowable expenses to the following:

**Medical Transportation Assistance Program
Department of Labrador Affairs
Government of Newfoundland and Labrador
P.O. Box 8700, St. John's, NL A1B 4J6**

mtap@gov.nl.ca

Private Insurance/Other Sources of Assistance

MTAP is the payer of last resort. MCP beneficiaries, who have private health insurance benefits must have their medical travel expenses assessed by the private insurance provider **prior to** submitting an MTAP application to the Department for assessment. Beneficiaries must disclose any monies paid by another provider with confirmation of the amount paid to beneficiary or on the beneficiaries' behalf. Failure to disclose money received from private insurance/other sources for claims submitted to MTAP will result in the recovery of assistance provided by MTAP.

A Non-Medical Escort

When a referring physician recommends a traveling companion, who is not a medical professional, as a requirement for the MCP beneficiary patient, travel expenses incurred by the escort may be eligible for financial assistance (e.g. flight, meal allowances). The escort is expected to share the same accommodations as the medically referred patient unless that person is hospitalized. The escort's travel must also be to/from the patient's Newfoundland and Labrador home community to qualify. Furthermore, since escorts are required to travel with the beneficiary, they are not normally eligible for private vehicle assistance.

Medical Referrals

- In-province medical travel requires the referral of a physician. The referring physician must complete the required information on the applicable application form and sign it.
- 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 included with the application. Applications for medical transportation assistance may be subject to approval of departmental medical staff. A new referral must be included with each travel claim, unless it is for the same primary diagnosis within a 12-month period.
- Out-of-country medical travel may be eligible for travel assistance if the in-province specialist physician has obtained prior approval for out-of-country treatment from MCP.

Confirmation of Specialized Insured Services

Confirmation of each appointment (including admission and discharge dates if applicable) stating the reason for the appointment with the specialist signature must be included with the claim for reimbursement. **Claims without confirmation of attendance will not be processed.**

Excluded Persons

- Income Support recipients are not eligible as their medical travel costs may be eligible for funding under Medical Transportation Assistance Program for Income Support clients.
- 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 the program.

Ineligible Travel

MTAP does not assist with out-of-province travel expenses incurred to access specialized insured medical services or medical opinions when patient care is available in the province.

Whether travelling within the province or outside of the province, MTAP is not available for any of the following scenarios:

- To obtain a second opinion.
- To avoid wait times.
- When treatment is considered experimental.
- To participate in clinical trials.
- When a treatment or suitable alternative treatment is available in the beneficiary's area of residence, province, or country.

Non-eligible 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.
- Services not insured under MCP.

[Redemption of Reward Points/Miles/Vouchers](#)

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

[Submission of Claim\(s\)](#)

- Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.
- All other claims must be submitted within 24 months of the date of the insured specialized medical service.

[Electronic Banking](#)

To receive assistance, applicants of the Medical Transportation Assistance Program are required to enroll in the government's direct deposit program by completing and submitting a [mcp-direct-deposit.pdf \(gov.nl.ca\)](#).

How the Program Works

1. Airfare and Purchased Registered/Private Accommodations Component

Beneficiaries are required to pay their medical travel costs upfront prior to making application for cost sharing of eligible expenses.

Island Residents

There is a \$400 family deductible in a 12 month period (from the date of initial travel) on eligible expenses such as airfare and registered purchased accommodations. The first \$100 of eligible expenses in excess of \$400 is reimbursed at 100%. The next \$3000 is reimbursed at 50%, and any remaining eligible expenses in excess of \$3,500 during the 12-month period are reimbursed at 75%.

*Some exceptions apply.

Labrador Residents

There is 100% reimbursement for the first \$1,000 of eligible airfare and purchased registered accommodation expenses in a 12-month period (from the date of the initial travel). Eligible expenses for the next \$3,000 are cost shared with MTAP at the rate of 50%. Remaining eligible expenses in excess of \$4,000 during a 12-month period are cost shared with MTAP at an assistance rate of 75%.

*Some exceptions apply.

Eligible Expenditures Cost Shared or Eligible Benefit

A. Airfare:

Eligible for economy ticket (official ticket receipt and itinerary required) and expenses for one baggage claim.

B. Accommodations:

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

The maximum number of nights a patient 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.

For example: a maximum of two (2) nights' accommodation may be claimed for a single appointment or treatment. This allows the patient accommodation on the day prior to the appointment (night 1) and accommodation on the day of the appointment (night 2). The patient would then be expected to return to their home on the day following the appointment.

Registered Purchased Accommodations

- Eligible for one night prior to and one night for day of medical service, at a minimum (if facility more than 200 km one way from the place of residence).
- Up to a maximum of \$125 per diem (official receipt required) when accommodations are purchased from a registered accommodations provider.
- Patients medically required to take up temporary residence in another region of the province or another province/territory while receiving specialized medical treatment or awaiting transplantation, can claim up to a maximum of \$ 3,000 (official receipt required) for each period of 31 consecutive days.

Private Accommodation Benefit - Effective April 1, 2021

- Available when staying with family and/or friends.

- Eligible for one night prior to and one night for day of medical service, at a minimum (if more than 200 km one way from the place of residence).
- Maximum \$25 nightly benefit, paid at 100%.
- Not available on dates when registered purchased accommodations claims are submitted.

Please Note: Island residents are only eligible to receive payment for the private accommodation benefit once the \$400 family deductible is met. This benefit, if claimed, will not be counted towards the balance of total eligible expenses when calculating the island resident's \$400 family deductible.

C. Meal Allowances:

The following meal allowance provisions apply when registered purchased accommodations or private accommodations (effective April 1, 2021) qualify for financial assistance under the Medical Transportation Assistance Program:

- In-Province, \$29 per diem.
- Out-of-province, \$29 per diem when private accommodations claimed.
- Out of Province, \$43 per diem when registered purchased accommodations claimed.
- Maximum amount in a 31-day period is \$700.
- Patients cannot claim a meal allowance for in-patient stays.

D. Taxis:

Eligible when used with air travel (official receipts required) or scheduled transportation service (excluding ferry service). Coverage includes:

- Airport to accommodations and return or
- Airport to hospital or medical service provider and return.
- Accommodations to hospital or medical service provider and return.

E. Car Rentals:

Eligible only when used with air travel (official receipts required). Cost must be equal to or lower than the cost of daily allowable taxi expense.

F. Scheduled Transportation Service:

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

Allowable expenses will be assessed based on travel dates in relation to medical appointment/service date(s). Personal care items, utilities, and long distance telephone calls are not eligible expenses.

Claims for any of the expense/benefit groups above must be submitted on the Medical Transportation Assistance [Airfare-and-Purchased-RegisteredPrivate-Accommodations-revised.pdf \(gov.nl.ca\)](#) and the [mcp-priv-veh-worksheet.pdf \(gov.nl.ca\)](#).

2. Private Vehicle Usage Component

Overview

Effective April 1, 2021, residents who travel in excess of 500 kilometres by private vehicle during a 12-month period to attend medically required specialized insured services, which are not available within 50 kilometers one way of their home community, may be eligible for financial assistance at the prescribed rate of 20 cents per kilometre.

Assistance is only available for eligible kilometres traveled after the first 500 eligible kilometres.

Prior to April 1, 2021, residents who travel in excess of 1,500 kilometres by private vehicle during a 12-month period to attend medically required specialized insured services which are not available within 50 kilometers one way of their home community, may be eligible for financial assistance at the prescribed rate of 20 cents per kilometre.

Assistance is only available for eligible kilometres traveled after the first 1500 eligible kilometres.

How to Claim

- Patients must complete the [Private-Vehicle-Usage-Form-2022.pdf \(gov.nl.ca\)](#).
- Kilometres 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 Kilometre Matrix which is available at [www.stats.gov.nl.ca/DataTools/RoadDB/Distance](#)
- Kilometres for out-of-province medical travel are calculated using the shortest distance between communities using Google Maps.
- Calculations for assistance are based on a 12-month period beginning on the date of the first eligible specialized appointment and once set (anniversary date), will remain the same and roll forward from year to year for private vehicle claims.
- A single claimant may combine eligible kilometres for immediate family members who live in the same household in order to reach the kilometre requirement. Where patients travel together for appointments, only one individual may claim the kilometres travelled.
- All kilometres claimed must be recorded on the [mcp-priv-veh-worksheet.pdf \(gov.nl.ca\)](#). (Attach additional pages if needed).
- The attending physician, specialist or health care provider must confirm patient attendance at the medical appointment.
- Signature of all patients 16 years and older is required.
- Eligible private vehicle medical claims are not to be submitted until the number of claimable kilometres exceeds the minimum number of kilometers required in a patient's 12-month period (i.e. 500 kilometres).
- Once a claim is approved, a payment is issued to the claimant providing the claimant resides in the same household; otherwise, it is paid to the beneficiary.

Non-Eligible Kilometres

- Local travel or travel within the area where the service received is not claimable (i.e. less than 50 kilometers one way).
- Residents who travel via private vehicle to access non-specialized insured services are not eligible for medical travel assistance under the Medical Transportation Assistance Program.

3. Pre-Payment of Economy Airfare

Overview

Beneficiaries who are eligible for airfare and purchased registered or private accommodations may apply for a pre-payment of economy airfare using the [Application-for-Pre-Payment-of-Economy-Airfare.pdf \(gov.nl.ca\)](#).

- Application must be received by MTAP a minimum of two weeks prior to date of travel, and must have appropriate medical referrals.
- Beneficiaries that have not submitted their claim for a previous pre-payment will not be eligible for another pre-payment until the post-claim is submitted and assessed by MTAP staff.

- If approval for pre-payment of economy airfare is granted, the patient will be issued a Travel Authorization Number indicating whether the approved travel is for the patient only, escort only, or for the patient and his/ her escort. It will also indicate whether the approval is for one-way or round-trip travel.
- The escort is required to travel from/to the same location (airport) as the patient.
- The beneficiary will be provided with appropriate contact information of the travel agency partnering with MTAP in order to book the required medical travel.
- At the time of booking, the beneficiary will be required to make payment towards the cost of the economy airfare (as confirmed by the Medical Claims Assessor). The remaining will be paid by MTAP.
- Beneficiaries who have private health insurance or funding from another source will not be eligible for pre-payment of airfare.

Island Resident

For the initial travel in a 12-month period, the patient's travel authorization will be for the cost of economy airfare less the \$400 family deductible, the next \$100 paid at 100% and the remainder paid at 50%.

Example: if the cost of a round trip ticket is \$1,000, the patient will receive a travel authorization for \$350.
 $\$1,000 - \$400 \text{ deductible} - \$100 = \$500 * 50\%$ (cost shared assistance rate) + \$100 (paid at 100%) = **\$350 travel authorization**

Labrador Residents

For the initial travel in a 12-month period, travel authorization will be for \$1000 towards the cost of economy airfare plus 50% of any remaining costs above the \$1,000. For any additional trips by a beneficiary within the year, further airfare prepayments shall be limited to any unused amount from the initial \$1000 allowance, plus 50% of the residual cost of the fare.

Example 1: if the cost of the first trip ticket in a 12-month period is \$1,500, the patient will receive a travel authorization for \$1,250.

$1,000 + (\$500 * 50\%$ (cost shared assistance rate)) = **\$1,250 travel authorization**

Example 2: if the cost of the first trip ticket in a 12-month period is \$850, the patient will receive a travel authorization for \$850.

Rescheduled/Cancelled Travel

- If travel has to be rescheduled, the patient must notify MTAP of the reason along with the new travel date(s).
- The beneficiary will be responsible for paying any additional costs 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 MTAP when the patient cancels the pre-approved medical travel.

Post-Travel Assessment

- Once all approved medical travel has concluded, the patient must complete a Claim for Airfare and Purchased Registered/Private Accommodations and submit it along with the travel itinerary and confirmation of the medical appointment(s) and attendance to MTAP.
- If the post-medical assessment identifies that any overpayment was made by MTAP (e.g. due to payments by another source such as private insurance), the patient will be responsible for reimbursement of that amount.

- Beneficiaries that have not submitted a post-claim (Claim for) will not be eligible for another pre-payment until the post-claim for the previous claim is submitted.

MEDICAL TRANSPORTATION ASSISTANCE PROGRAM

CLAIM FOR AIRFARE AND PURCHASED REGISTERED/PRIVATE ACCOMMODATIONS

CHECKLIST

Please ensure that this application is completed in full and you have enclosed all supporting documentation; otherwise, your application will be returned requesting additional information.

Please review the following information prior to claim submission:

- The Medical Transportation Assistance Program is the payer of last resort. All sources of payment for travel assistance must be disclosed.
- One claim must be completed for each appointment date within a 31-day period.
- The application must be completed in full. Original signature of claimant is required as electronic or stamped signature is not acceptable. The referring physician section must be completed and signed by an in-province physician.
- Out-of-province medical travel requires the referral of an in-province specialist for insured specialized services that are not available within this province. Please enclose a copy of the in-province specialist medical referral to the out-of-province health provider. A referral letter is required for each specialized visit and one follow-up visit within a 12 month period. One claim must be completed for each appointment date within a 31-day period.
- Confirmation of appointments must state the reason for the appointment, as only specialized appointments are eligible for payment.
- Ensure you have enclosed original receipts with the confirmation of payment.
- Electronic banking is required. Please complete the direct deposit form and have it stamped by your banking institution or attach a VOID cheque.
- Do not submit meal and/or gas receipts, as they are **NOT** required for assessment.

Claims can be submitted to:

**Medical Transportation Assistance Program
Department of Labrador Affairs
Government of Newfoundland and Labrador
P.O. Box 8700, St. John's, NL A1B 4J6**

mtap@gov.nl.ca

For all other information, please call 1-877-475-2412 or visit the website at:

<https://www.gov.nl.ca/la/medical-transportation-assistance-program-mtap/>

