

Travelling for Medical Services?

We're here to help.

If you have travelled for specialized medical treatments or services, you may be eligible for financial help.

Medical Transportation Assistance Program (MTAP)



What is the Medical Transportation Assistance Program (MTAP)?

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

- Community and/or
- Province/country.

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

MCP beneficiaries (patients) who must travel for specialized insured medical services may be eligible to claim for medical travel to **the nearest treatment facility**. The patient must travel to/from their home in Newfoundland and Labrador to qualify.

Eligible costs to claim include:

- a) Economy Airfare
- b) Accommodations
- c) Meal Allowances
- d) Car Rentals
- e) Taxis (when used in conjunction with airfare or bus)
- f) Scheduled Transportation Services (e.g. bussing, ferries)
- g) Private Vehicle

Patients must pay their medical travel costs upfront before applying to MTAP for financial help.

Exception: Labrador-Grenfell Health Zone* residents travelling in-province can apply to have 75% or more of their flight prepaid using the **NEW** In-Province Flight Voucher program. Also all residents travelling out-of-province by air can apply to have 50% of their flight prepaid using the Out-of-Province Airfare Partial Pre-Payment program.

** The Labrador-Grenfell Health Zone comprises the area north of Bartlett's Harbour and Englee on the Northern Peninsula, and all of Labrador.*

Claim Process Overview

Medical Transportation Assistance Claim Form

A patient or claimant (the person who incurred the costs and lives in the same household as the patient) can apply for financial help after a single medical travel trip concludes by completing, signing and submitting one of the **NEW** online fillable claim forms.

- **In Province Medical Transportation Assistance Claim**; or
- **Out-of-Province Medical Transportation Assistance Claim**

A claim must include the wet signature of the claimant and for patients 16 years and older. An electronic or stamped signature is **NOT** acceptable.

Claim forms can be found on the Department of Labrador Affairs webpage under the Medical Transportation Programs link.

Claim Documentation Requirements

Medical Referral

- **In-Province**
Claim does not need a referral from a Newfoundland & Labrador physician.
- **Out-of-Province** (patient care not available in-province)
A claim must include a referral from a Newfoundland & Labrador specialist physician. This referral can be used within a 12-month period for multiple out-of-province trips when the primary diagnosis remains the same (e.g. stem cell treatment). MTAP may need advice from the Department of Health and Community Services' medical staff before it can approve a claim.
- **Out-of-Country** (patient care not available within Canada)
A claim must include the referral from a Newfoundland & Labrador specialist physician and prior approval from MCP for out-of-country treatment.

Non-Medical Escort

When a referring physician recommends a travel companion, who is not a medical professional, as a requirement for the patient, travel costs incurred by the non-medical escort (escort) may be eligible for financial help (e.g. flight, meal allowances).

Escort considerations:

- One escort is eligible for funding when a referring physician recommends them as absolutely medically necessary (and **cannot be just for emotional support**).
- The escort's travel must be to/from the patient's Newfoundland and Labrador home community to qualify.
- As the escort must travel with the patient, they may not be eligible for private vehicle funding.
- The escort is expected to share the same accommodations as the patient unless that person is hospitalized.
- Where the patient is hospitalized for an extended period, escort funding may be limited to the costs incurred to travel to/from the patient's home to the treatment facility.

Patient must provide a medical note from the referring physician when a claim includes costs for a non-medical escort. The medical note must explain the patient's need for a non-medical escort in relation to their medical condition, illness, injury or treatment. The obligation to obtain sufficient documentation from a referring physician to support an escort request rests with the patient.

MTAP does not offer funding for non-medical escort costs when the only reason is to provide the patient emotional support.

Appointment Confirmation

Claims submitted after travel is complete do not need an appointment confirmation record (i.e. a document confirming an appointment).

An appointment confirmation record is ONLY required when a patient applies for one of MTAP's prepayment flight options (i.e., In-Province Flight Voucher or Out-of-Province Airfare Partial Pre-Payment).

Appointment confirmation record must include:

- Date and time (if available) of appointment (including admission and discharge dates if applicable).
- Name of specialist physician
- Reason for the appointment (e.g. dermatology, colonoscopy, etc.)

Attendance Confirmation

Claims must include an attendance confirmation record with the following information:

- Date and time (if available) a patient attended their appointment (including admission and discharge dates if applicable).
- Reason for the appointment (e.g. dermatology, colonoscopy, etc.)
- Specialist signature or signature of a delegated authority.

Official Receipts

Claims must include clear and legible copies of the official receipts with confirmation of payment (e.g. credit card receipt) for the following eligible costs, if applicable.

- Airfare (official ticket receipt, baggage claim receipt and itinerary).
- Registered Purchased accommodations
- Taxis
- Car rentals
- Scheduled Transportation Service: registered busing, minivan and ferry services

Do not submit meal, private accommodation, gas, and/or any other receipts for non-eligible costs as they are **NOT** required for assessment and will not be considered for payment.

Electronic Banking

To receive funding, claimants of the Medical Transportation Assistance Program must enroll in the government's direct deposit program using the Direct Deposit form found on the Department of Labrador Affairs webpage under the Medical Transportation Programs link.

The direct deposit form must be signed by the bank account holder and stamped by your banking institution or include a VOID cheque with your current address.

Period of Time to Submit a Claim NEW

- A patient or claimant must submit a claim every month when travelling for more than 31 consecutive days.
- All other claims must be submitted within 12 months of the date of the insured specialized medical service.

Where to Submit

Once completed, the patient or claimant can email their claim with the required supporting documentation and official receipts for eligible costs to: mtap@gov.nl.ca

Alternatively, a patient or claimant can mail or fax their claim and support 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**

Fax: 709-729-1918

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

[Medical Transportation Programs - Labrador Affairs \(gov.nl.ca\)](http://gov.nl.ca/mtap)

Private Insurance/Other Sources of Funding

MTAP is the payer of last resort. Patients, who have private health insurance benefits must have their medical travel costs assessed by the private insurance provider prior to submitting an MTAP claim to the Department for assessment. Patients must disclose any monies paid by another provider with confirmation of the amount paid to patient or on the patients' behalf. Failure to disclose money received from private insurance/other sources for claims submitted to MTAP will result in the recovery of funding provided by MTAP.

Ineligible Travel

MTAP does not help with out-of-province travel costs to access specialized insured medical services or medical opinions when patient care is available in the province. Additionally all specialized insured medical services must be absolutely medically necessary; elective and/or services for cosmetic purposes will not be considered.

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 patient'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.

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.
- Patients who receive funding for medical travel from Federal or Provincial Departments, Agencies, Boards or Commissions such as the WorkplaceNL, or the Provincial Health Authority are not eligible under this program.
- Bone marrow/stem cell and organ donors who receive financial help for medical travel through the Provincial Health Authority are not eligible for funding under the program.

Redemption of Reward Points/Miles/Vouchers

MTAP assists with out of pocket costs. MTAP does not compensate for the redemption or purchase of reward points/miles/vouchers for airfare, claimable costs and/or purchased registered accommodations. However, any receipts for applicable taxes/fees or charges for the issuance of such services may be submitted for consideration.

How the Program Works

Eligible Expenses

Private Vehicle

Patients who travel more than 500 kilometers 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 the following financial help:

- 20 cents per kilometer

Financial help is only available for eligible kilometers traveled after the first 500 eligible kilometers.

Non-Eligible Kilometers

- Local travel within the area where the specialized insured services service is less than 50 kilometers one way.
- Patients who travel via private vehicle to access non-specialized insured services.

Other Considerations

- MTAP calculates kilometers based on the distance between the patient's home town and the community where the specialized insured service is received using the NL Statistics Agency Kilometer Matrix. The Matrix is available at www.stats.gov.nl.ca/DataTools/RoadDB/Distance
- MTAP calculates kilometers for out-of-province medical travel using the shortest distance between communities on Google Maps.
- MTAP's funding and kilometer deductible calculations are based on a 12-month period beginning on the date of the first eligible specialized appointment.
- A single claimant may combine eligible kilometers for immediate family members who live in the same household in order to reach the kilometer requirement. Where patients travel together for appointments, only one individual may claim the kilometers travelled.
- Patients or claimants claiming private vehicle mileage must record their kilometers in the In-Province Medical Transportation Assistance Claim form or Out-of-Province Medical Transportation Assistance Claim form.
- Claimants with a high number of private vehicle claims can use the Private Vehicle Worksheet with their claim form. MTAP will not assess the Private Vehicle Worksheet when submitted in isolation, it must be submitted with the In-Province or Out-of-Province Medical Transportation Assistance Claim form.

Airfare, Accommodations, Meals, Taxis & Other

Labrador–Grenfell Health Zone Residents, In and Out-of-Province Travel

Economy Airfare Funding Rates

Financial help is available on total eligible costs in a 12-month period from the date of the initial travel as follows:

- 100% reimbursement of the first \$1,000.
- 75% of costs greater than \$1,000

Accommodations, Meals, Taxis & Other Funding Rates

Financial help is available on total eligible accommodations, meal allowances, taxis, car rentals and scheduled transportation services (bussing and ferries) in a 12-month period from the date of the initial travel as follows:

- 50% on the first \$4,000 costs.
- 75% of costs in excess of \$4,000.

Island Residents, In and Out-of-Province Travel

Financial help is available on total eligible economy airfare, accommodations, meal allowances, taxis, car rentals and scheduled transportation services (bussing and ferries) in a 12-month period from the date of the initial travel as follows:

- \$400 family deductible on the first \$400 of eligible costs.
- Next \$100 is reimbursed at 100%.
- Next \$3000 is reimbursed at 50%.
- Expenses greater than \$3500 is reimbursed at 75%.

Eligible Cost Share Details – In-Province and Out-of-Province

A. Economy Airfare:

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

B. Accommodations:

Registered purchased and private accommodation allowances are available to be claimed when the nearest treatment center is located outside the patients' area of residency (**more than 200 kilometers one way from the place of residence**).

Registered Purchased (official receipt required)

- \$125 per Diem, In-Province and Out-of-Province.
- \$3,000 In-Province and Out-of-Province, maximum amounts in a 31-day period.
Available when patients are 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.

Private (i.e. staying with family and/or friends)

- \$25 nightly benefit, paid at 100% - In-Province and Out-of-Province.
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 costs when calculating the island resident's \$400 family deductible.

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

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.

Patients travelling out of province or Labrador patients travelling to the island portion of the province by private vehicle to reach the nearest treatment facility may be entitled to extra night(s') accommodation depending on related ferry schedules and final distance travelled.

C. Meal Allowances:

The following meal allowances apply when registered purchased accommodations or private accommodations qualify for financial help:

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

D. Taxis:

Eligible when used with air travel or bus (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 cost.

F. Scheduled Transportation Service:

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

Eligible costs 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 costs.

Partial Pre-Payment of Economy Flight Options

In Province Flight Voucher Program NEW

Who Is Eligible

Labrador-Grenfell Health Zone residents can apply to the fast track In-Province Flight Voucher program when booking in-province commercial air travel (economy) for specialized insured medical services.

This voucher is not available to patients outside of the Labrador-Grenfell Health Zone or to Labrador-Grenfell Health Zone patients wishing to book travel through an airline other than PAL.

Coverage

The In-Province Flight Voucher can prepay 75% or more of a patient and non-medical escort's total pre-set ticket costs.

Patient and non-medical escort vouchers will be limited to three consecutive trips within a six month period unless a related post travel Medical Transportation Assistance claim is submitted, assessed and verified.

Application Process

A patient or claimant can apply for the In-Province Flight Voucher by submitting an **In Province Flight Voucher Application** by email to: PALFlightVoucher@gov.nl.ca.

Application must include appointment confirmation record and support for a non-medical escort (if applicable).

Please note: Monthly fluctuating fuel surcharges can have a minor effect on the final amount a patient pays.

Other Considerations

- MTAP should receive the application at least two working days before the travel date.
- A separate application will be required for each trip request.
- If the In-Province Flight Voucher is approved, MTAP will provide the patient a Travel Authorization Number. A separate Travel Authorization Number will be provided for an applicable escort, if approved. The Travel Authorization Numbers will indicate whether the approval is for one-way or round-trip, the expiry date and MTAP subsidy amount.
- Using the Travel Authorization Numbers, patient and escort can book a flight through PAL and pay a pre-set ticket amount (depending on route and patient funding level) regardless of how far or close to medical service date.
- The patient is able to change or cancel a flight at no additional charge
- The escort is required to travel from/to the same location (airport) as the patient.
- At the time of booking, the patient will be required to make payment towards the cost of their portion of the economy flight.
- If a patient and/or escort are no shows, the patient will be charged for the entire cost of the flight.

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 patient will be responsible for repayment of any monies paid by MTAP if the patient cancels and does not rebook in the following 12 month period.

Post-Travel Assessment

- Once all approved medical travel has concluded, the patient must complete a Claim for MTAP Financial Assistance.
- Patients and non-medical escort flight vouchers will be limited to three consecutive trips within a six month period unless a related MTAP Financial Assistance claim is submitted, assessed and verified.
- If the post-medical assessment identifies that an 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.

Out-of-Province Airfare Partial Pre-Payment Program

Who Is Eligible

Patients can avail of the Out-of-Province Airfare Partial Pre-Payment program when booking out-of-province commercial air travel (economy) for specialized insured medical services.

Coverage

The Out-of-Province Airfare Partial Pre-Payment can prepay 50% or more of a patient and non-medical escort's total airfare costs.

Application Process

A patient or claimant can apply by completing the **Out-of-Province Partial Flight Prepayment Application** and emailing it to mtap@gov.nl.ca:

Other Considerations

- MTAP should receive the application at least two weeks prior to date of travel working days before the travel date, and must have appropriate medical referrals.
- Patients that have not submitted their claim for a previous pre-payment will not be eligible for another pre-payment until it is submitted and assessed by MTAP staff.
- If pre-payment of economy airfare is approved, MTAP will provide the patient a Travel Authorization Number. The Travel Authorization Number will state whether the approved travel is for the patient only, escort only, or for the patient and escort. It will also say 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 patient 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 patient 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.

Island Residents

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-Grenfell Health Zone 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 patient 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 patient will be responsible for repayment of any monies paid by MTAP when the patient cancels the pre-approved medical travel.

Post-Travel Assessment

- Once approved medical travel has concluded, the patient must submit a MTAP Financial Assistance claim, travel itinerary and attendance confirmation record within 12 months to MTAP. Failure to submit a MTAP Financial Assistance claim may be considered an overpayment and the patient will be responsible for reimbursement of that amount.
- 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.
- Patients that have not submitted their claim for a previous pre-payment will not be eligible for another pre-payment until a related MTAP Financial Assistance claim is submitted, assessed and verified.