



**NORTHERN PATIENT
TRANSPORTATION
PROGRAM**

POLICY MANUAL

February 1995

Northern Patient Transportation Program Policy Manual

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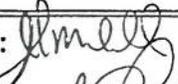
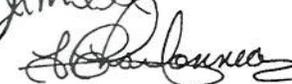
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Northern Patient Transportation Program Policy Manual

Policy Title: Introduction To The Northern Patient Transportation Program	Policy No. 1.1
	Reviewed By: 
	Approved By: 
	Date: FEB 09 1995

- a) The Northern Patient Transportation Program (N.P.T.P.) subsidizes medical transportation costs for qualifying Manitoba residents in the event they require; medical treatment, diagnostic services, qualifying therapeutic services or medical specialist consultation services not available in their home community.
- b) The Northern Patient Transportation Program may apply to emergency or elective medical travel as defined in this manual. All travel subsidies are subject to the terms and conditions specified in the manual.
- c) The N.P.T.P. may cover the travel costs of medical specialists providing or operating itinerant clinics at hospitals or municipalities in the program coverage area.
- d) The N.P.T.P. may provide travel costs or other subsidies, in whole or in part, for persons accompanying a qualifying individual during the course of an N.P.T.P. transport. Patient escorts can be categorized as medical or non-medical.
- e) The N.P.T.P. operates in the most cost effective manner possible guaranteeing program efficiency and longevity. This will be achieved through monitoring program statistical information, ensuring patients travel to the closest appropriate location where required services are available, monitoring the elective program funds allocated to the regional hospitals and promoting, wherever practicable, the maintenance of medical specialist services in northern Manitoba.
- f) The Government of Manitoba reserves the right to provide patient transportation services directly, as it deems appropriate.

Northern Patient Transportation Program Policy Manual

Policy Title: Legislative Authority for the Northern Patient Transportation Program	Policy No. 1.2
	Reviewed By: <i>J. Small</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

The Northern Patient Transportation Program is established and operated in accordance with Sections 20 (1),(2),(3) of The Ambulance Services Act which state:

Northern Patient Transportation Program.

20(1) From and out of the Manitoba Health Services Fund, the commission may from time to time

- (a) pay financial grants to regional authorities charged with the administration of the Northern Patient Transportation Program; or
- (b) make direct payments to such persons as the commission may determine;

to be used for the purposes of that program and in such manner as the commission may direct.

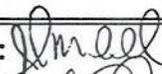
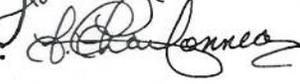
"Northern Patient Transportation Program" defined.

20(2) In this section, "Northern Patient Transportation Program" means the program established to provide, or to assist financially or otherwise in the provision of, transportation services required to enable persons located at places within that part of northern Manitoba specified and described in a regulation of the commission to obtain medical treatment or diagnosis that is not available at those places.

Residents.

20(3) Benefits under the Northern Patient Transportation Program are available only to or in respect of persons who are residents as defined in The Health Services Insurance Act, and any question that arises as to whether or not a person is a resident within the meaning and for the purposes of this section may be determined by the commission and its decision is final and binding.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 1.2
Legislative Authority for the Northern Patient Transportation Program	Reviewed By: 
	Approved By: 
	Date: FEB 09 1995

and; Section 16(1),(2) of Manitoba Regulation 300/88 "The Ambulance Services and Licenses Regulation", which states:

Northern Patient Transportation Program

16(1) The Northern Patient Transportation Program applies in the following areas of Northern Manitoba:

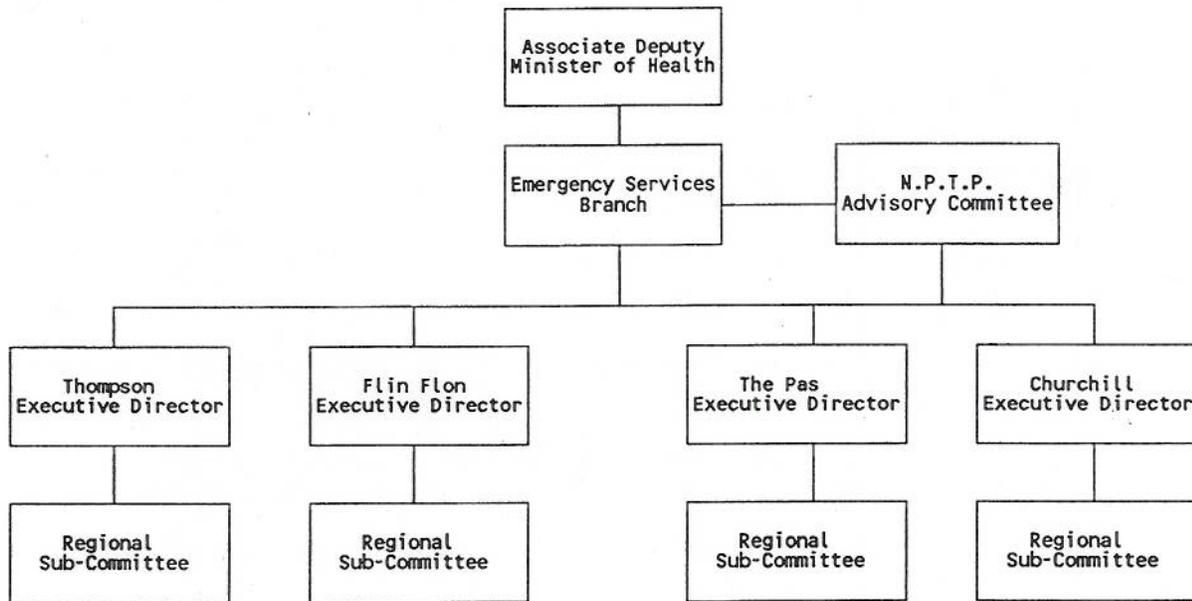
- (a) North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg;
- (b) North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

16(2) The Northern Patient Transportation Program applies in the area known as Matheson Island each year when surface travel is not possible by winter road or ferry.

Northern Patient Transportation Program Policy Manual

Policy Title: Organization of the Northern Patient Transportation Program	Policy No. 1.3
	Reviewed By: <i>J. Small</i>
	Approved By: <i>[Signature]</i>
	Date: FEB 09 1995

The following organizational chart expresses the reporting and decision making structure for the Northern Patient Transportation Program.



Northern Patient Transportation Program Policy Manual

Policy Title: Eligibility	Policy No. 2.0
	Reviewed By: <i>J. M. Lee</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

- 1) For the purpose of the N.P.T.P., northern patients are persons located in a geographic locale eligible for program coverage who require emergency transportation for medical reasons and who satisfy Code 2, 3 and 4 transport criteria, when the services required are not available in the local communities.
- 2) Any Manitoba resident who has, or has applied for, a Manitoba Health registration number, is eligible for Codes 0 and 1 transportation subsidies when required for medical reasons, from within the geographic area covered by the program, with the exclusions as listed in Policy 2.5 in this Manual.
- 3) The Northern Patient Transportation Program applies:
 - a) north of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg;
 - b) north of the 51st parallel from Lake Winnipeg to the Ontario boundary;
 - c) Matheson Island during periods of winter freeze and spring thaw when road or ferry access is unavailable

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 2.1
Patient Coverage	Reviewed By: <i>J. Mill</i> Approved By: <i>L. D. Jones</i> Date: FEB 09 1995

1. The Northern Patient Transportation Program provides:
 - a) Return transportation or transportation subsidy for patients transferred on an emergency basis from any health facility in northern Manitoba to the closest appropriate medical facility or hospital which can provide the required services.
 - b) Return transportation or transportation subsidy for persons requiring elective hospital and other medical treatment which is not available at their community. Transportation or transportation subsidies will apply only for travel to the closest appropriate location which can provide the required services.
 - c) The Northern Patient Transportation Program does not provide subsidy for expenses incurred by the patient as a result of transportation to another health care facility, such as:
 - salary costs for escorts
 - accommodation
 - meals, etc.
 - d) Transportation subsidy to an individual who has been paneled in a medical facility where:
 - i) an acute or sub acute bed is being occupied;
 - ii) no personal care home facilities exist within the home community;
 - iii) there is no opportunity for the individual to receive the required care within a home situation, and
 - iv) the individual must be transported to a personal care facility outside of the home community.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 2.2
Escort Coverage	Reviewed By: <i>J. Miller</i> Approved By: <i>L. P. Lorne</i> Date: FEB 09 1995

1. Medical Escort Coverage:

- a) Return transportation for a patient's escort who may be a doctor, nurse, technician or other person medically qualified to minimize or reduce the risk of deterioration to the patient's medical condition arising from or during the necessary medical travel. Medical escorts must be authorized in writing by the patient's attending physician prior to the transport.
- b) Medical escort's overnight room and board to a maximum of allowable benefits as specified in Appendix A of this Manual. Room and board for one night only unless pre-approved by a program administrator from Manitoba Health.
- c) Return taxi from the airport or bus depot to the hospital or clinic for initial appointment only (receipts required).
- d) In the case of hospital to hospital transfers, the sending facility is responsible to ensure appropriately qualified medical escorts accompany patients requiring this service.
- e) Any facility which is required to provide a physician escort with a patient shall be responsible for travel costs if a special charter is utilized to return the physician to his/her originating community.

Authorization for return charter may be approved by Manitoba Health if appropriate conditions are met. Such conditions would include:

Sending facility left without a physician on-call.

Any disaster situation that would place undue strain on remaining resources of the originating facility.

Any circumstance deemed appropriate by Manitoba Health at the time of request for authorization of return charter for a physician.

Authorization for air charters may be obtained as per Policy 5.0.

Northern Patient Transportation Program Policy Manual

Policy Title: Escort Coverage	Policy No. 2.2
	Reviewed By: <i>J. Miller</i> Approved By: <i>J. P. Jones</i> Date: FEB 09 1995

2. Non-Medical Escort Coverage

A non-medical escort is a parent/guardian, relative or other lay person travelling with a patient who is:

- a) a minor (under age of majority); or
- b) incapacitated through illness or physical disability to such extent that he/she cannot function independently; or
- c) incapacitated by mental or emotional disability to such extent that he/she cannot function independently or may become a danger to himself/herself or others.

NOTE: An expressed need for support services, such as translation service, or reassurance and emotional support does not qualify for non-medical escort subsidies for the purposes of this policy, unless a physician provides written documentation as to the medical necessity for translation services.

- d) One non-medical escort only will be authorized. If both parents of a minor wish to travel as escorts only one escort subsidy will be paid.
- e) Attending physicians wishing to request authorization of a non-medical escort must provide the request in writing describing the nature of the patient's disability and the medical requirement for a non-medical escort.

Northern Patient Transportation Program Policy Manual

Policy Title: Escort Coverage	Policy No. 2.2
	Reviewed By: <i>J. M. Bell</i> Approved By: <i>A. P. Jones</i> Date: FEB 09 1995

Non-medical escorts are eligible for:

- Return transportation or transportation subsidy to the community where the travel was initiated.
- Room and board expenses to a maximum allowable benefit as specified in Schedule A of this Manual. Room and board expenses for one night only unless approved by a program administrator from Manitoba Health.
- Return taxi from the airport or bus depot to the hospital or clinic for initial appointment only (receipts required).

Northern Patient Transportation Program Policy Manual

Policy Title: Medical Specialist Travel Coverage	Policy No. 2.3
	Reviewed By: <i>J. Miller</i> Approved By: <i>J. P. [Signature]</i> Date: FEB 09 1995

a) Intent:

To promote and support itinerant medical specialist clinics in the north.

b) Coverage:

- . Return transportation for qualified and licensed medical specialists providing itinerant medical clinics or services at a hospital facility in the N.P.T.P. coverage area.
- . Two taxi fares per clinic day (ie. home to airport, airport to clinic, clinic to hotel, etc.). Receipts required.
- . Accommodation and meal allowances to a maximum allowable benefit as specified in Appendix A. Receipts required.

c) Qualification:

- . Itinerant medical services must be arranged by the regional facility with prior approval of Manitoba Health, a quarterly report will be provided to the Emergency Services Branch. The activity report will contain the following information:
 - specialist's name
 - clinic dates
 - number of patients seen
 - number requiring follow-up or referral out of community
- . Reports for the quarters ending June 30, September 30, December 31, and March 31 will be due at Manitoba Health three weeks after these dates respectively.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 2.4
Out of Province Travel Coverage	Reviewed By: <i>J. Mill</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. All out of province travel must be pre-approved by the Out of Province Section of the Insured Benefits Branch of Manitoba Health.
2. Criteria for approval of travel subsidy is as follows:
 - a) Recommendation is made by an appropriate Manitoba medical specialist if a specific, medically necessary and scientifically acceptable service is not available in Manitoba.
 - b) A letter describing the patient's medical requirements and particulars must be forwarded for approval to Manitoba Health by the appropriate Manitoba medical specialist.
 - c) If approved by Manitoba Health, reimbursement for reasonable out of province travel costs will be made through the Out of Province Claims area of the Insured Benefits Branch, Manitoba Health.
3. If a patient located in a geographic locale covered by the N.P.T.P. (who has been pre-approved for out of province medical travel) requests a travel warrant, the following applies:
 - a) a warrant for return transportation to Winnipeg by the most medically appropriate means will be provided;
 - b) a travel warrant cannot be issued if the out of province travel approval has not been verified by the Out of Province Claims area of the Insured Benefits Branch of Manitoba Health;
 - c) out of province travel approvals can be verified by calling 786-7303;
 - d) a verification number will be provided and should be clearly marked on the warrant form; and
 - e) normal NPTP travel exclusions apply to out of province claims.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 2.5
N.P.T.P. Exclusions	Reviewed By: <i>J.M. Bell</i>
	Approved By: <i>St. Paul Jones</i>
	Date: FEB 09 1995

1. The following list represents examples of services currently excluded from N.P.T.P. coverage:
 - a) Chiropractic service
 - b) Dental services, with the exception of those surgical procedures that are conducted in hospital and are insured under The Health Services Insurance Act.
 - c) Psychological assessment
 - e) Psychiatric services - except those visits to a bonafide psychiatrist
 - e) Non-insured plastic surgery
 - f) Detoxification services
 - g) Ambulance or taxi costs except between air flights or in the instance where that is the only means of transportation
 - h) Transportation costs for patients covered by Federal Medical Services
 - i) Transportation costs covered as employees' benefits or by other statutes
 - j) Transportation costs for recipients of economic security benefits
 - k) Acupuncture
 - l) Inoculations for travel outside of Canada

2. Individuals completing warrants on behalf of patients are responsible to ensure warrants are issued for eligible procedures only. Claims for travel costs arising from warrants issued for services not eligible for coverage under The Health Services Insurance Act or its regulations may be denied by Manitoba Health. In this case, payment of travel costs may be recovered from the patient or the agent inappropriately completing the travel warrant. Regional facilities will not be responsible for recoveries from third party agents. This function will be undertaken by Manitoba Health. These situations shall be reviewed on a case by case basis.

3. The Northern Patient Transportation Program will not be used to provide transportation costs for moving patients and/or personal care home residents because of an employee strike at a hospital, personal care home or similar medical facility.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 2.6
Medical Equipment	Reviewed By: <i>J. Miller</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. The sending facility must ensure all equipment necessary for the safe transportation of the patient is supplied.
2. The equipment and its safe return shall be arranged as necessary by the sending facility.
3. All equipment used in transportation must be clearly marked with the name of the facility to which it belongs.
4. The N.P.T.P. will pay return transportation costs for equipment used in the transfer of eligible patients subject to the following:
 - a) equipment is returned to the sending facility utilizing the most economic and practical means of transportation.

Northern Patient Transportation Program Policy Manual

Policy Title: Responsibility for Patient Care on Interfacility Patient Transfers	Policy No. 2.7
	Reviewed By: <i>J. Miller</i> Approved By: <i>L. P. Jones</i> Date: FEB 09 1995

1. Where a patient is to be transferred from one health care facility or hospital to another, under the Northern Patient Transportation Program, the sending facility:
 - a) is responsible to select the most appropriate form of transportation in consultation with the attending physician;
 - b) is responsible to ensure an appropriately qualified escort accompanies the patient during the transport;
 - c) is responsible to ensure all equipment, medications or other interventions necessary to sustain the patient during transport are provided; and
 - d) is responsible to ensure all pertinent documentation, test results, medical orders and/or other documentation required by the receiving facility are transferred with the patient.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 3.0
Regional Administration	Reviewed By: <i>J. M. Bell</i>
	Approved By: <i>H. D. Burns</i>
	Date: FEB 09 1995

1. A hospital in each N.P.T.P. region will be designated by Manitoba Health to operate the elective component of the Northern Patient Transportation Program.
2. The designated hospital will be responsible to:
 - a) Establish a regional N.P.T.P. committee with representation from hospital or nursing station administration, medical staff, and at least one lay member representing the region. This committee will be responsible to review and advise the designated hospital on matters related to the provision of the N.P.T.P. in the region.
 - b) Appoint a member to the provincial Northern Patient Transportation Program Advisory Committee and provide for costs to attend meetings.
 - c) Employ a regional transportation officer responsible for administration, financial accounting, outreach training and program statistics for each region.
 - d) Provide financial and statistical reports on program utilization for the region as requested by Manitoba Health.
 - e) Provide an annual audited financial statement to Manitoba Health indicating the financial performance of the program. This audit will be in a form approved by Manitoba Health.
 - f) Recover payments or partial payments, which are paid on behalf of patients travelling under an elective N.P.T.P. warrant, where coverage is provided under Workers Compensation, Manitoba Hydro, M.T.S., R.C.M.P., Economic Security or any other insurance policy or statute. Financial records for the region will show all such recoveries.
 - g) Regions may choose to implement a \$25 administration charge pertaining to third party billing and recoveries.

Northern Patient Transportation Program Policy Manual

Policy Title: Regional Transportation Officers	Policy No. 3.1 Reviewed By: <i>J. Small</i> Approved By: <i>A. Lounes</i> Date: FEB 09 1995
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The primary duties of the Regional Transportation Officers are to:

1. Consult with the referring physician on elective non-emergency cases as necessary.
2. Determine the eligibility for transportation subsidy by considering:
 - a) the medical services available within the region;
 - b) the availability of any appropriate lower cost transportation; and
 - c) the necessity and availability of medical or non-medical escort.
3. Issue a warrant for the transportation (See Appendix "B").
4. Arrange for appropriate escort.
5. Arrange for non-medical services (ie. interpreter's services at point of destination).
6. Coordinate emergency hospital-to-hospital transportation as required.
7. Maintain both financial and statistical records and provide them to Manitoba Health as required.
8. Assure that warrant officers in other areas within the region are informed of and adhere to policies of the Northern Patient Transportation Program. This may include coordinating and/or providing outreach training.
9. Collect and process the \$50 transportation charge or any other charges owing to the N.P.T.P. from other agencies or individuals.

Northern Patient Transportation Program Policy Manual

Policy Title: Thompson Region	Policy No. 3.3 <hr/> Reviewed By: <i>J. M. Bell</i> Approved By: <i>L. P. [Signature]</i> Date: FEB 09 1995
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The following communities are covered by the designated hospital at Thompson:

Bird	-	ROB OLO	Oxford House	-	ROB 1CO
Brochet	-	ROB OBO	Pikwitonei	-	ROB 1EO
Cross Lake	-	ROB OJO	Pukatawagan	-	ROB 1GO
Gillam - Town	-	ROB OLO	Shamattawa	-	ROB 1KO
Granville Lake	-	ROB OPO	Sipiwesk	-	ROB 1SO
Ilford	-	ROB OSO	South Indian Lake	-	ROB 1NO
Lac Brochet	-	ROB 2EO	Split Lake	-	ROB 1PO
Lawrie River	-	ROB OWO	Sundance	-	ROB 2AO
Leaf Rapids - Town	-	ROB 1WO	Thicket Portage	-	ROB 1RO
Lynn Lake - Town	-	ROB OWO	Thompson, City of	-	ROB OC8
Nelson House	-	ROB 1AO	Wabowden	-	ROB 1SO
			York Landing	-	ROB 2BO

Northern Patient Transportation Program Policy Manual

Policy Title: The Pas Region	Policy No. 3.4
	Reviewed By: <i>J. Mill</i> Approved By: <i>A. Paulson</i> Date: FEB 09 1995

The following communities are covered by the designated hospital at The Pas:

Cormorant - ROB OGO
Moose Lake - ROB OYO

The Pas, Town of - R9A 1K4
Wanless - ROB 1TO

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 3.5
Flin Flon Region	Reviewed By: <i>J. Mill</i> Approved By: <i>J. Palourea</i> Date: FEB 09 1995

The following communities are covered by the designated hospital at Flin Flon:

Cranberry Portage - ROB OH0
Flin Flon, City of - R8A 1N2

Sherridon - ROB 1LO
Snow Lake, Town of - ROB 1MO

Northern Patient Transportation Program Policy Manual

Policy Title: Churchill Region	Policy No. 3.6
	Reviewed By: <i>J. Mill</i>
	Approved By: <i>L. P. Jones</i>
	Date: FEB 09 1995

The following communities will be covered by the designated hospital at Churchill:

Churchill, LGD of - ROB OEO
Herchmer - ROB OEO
McClintock - ROB OEO

Tadoule Lake - ROB 2CO
Weir River - ROB OEO

Northern Patient Transportation Program Policy Manual

Policy Title: Southeast Region	Policy No. 3.7 <hr/> Reviewed By: <i>J. Miller</i> Approved By: <i>C. Paulsen</i> Date: FEB 09 1995
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1. The following communities comprise the southeast N.P.T.P. region:

Berens River - ROB OAO	Little Grand Rapids - ROB OVO
Big Black River - ROB OZO	Loon Straights - ROC 1XO
Bissett - ROE OJO	Manigotagan - ROE 1EO
Bloodvein - ROC OJO	Matheson Island - ROC 2AO
Easterville - ROC OVO	Norway House - ROB 1BO
Gods Lake - ROB OMO	Poplar River - ROB OZO
Gods River - ROB ONO	Princess Harbour - ROC 2PO
Grand Rapids - ROC 1EO	Red Sucker Lake - ROB 1HO
Island Lake - ROB OTO	St. Theresa - ROB 1JO
Pauingassi - ROB OVO	Wanipigow - ROE 2EO

This region is administered through the Manitoba Health N.P.T.P. office at Flin Flon.

2. a) During the seasonal period of winter freeze up and spring thaw when ferry or winter road passage is impossible, the community of Matheson Island will be included in the southeast program region for the purposes of the program.
- b) Winter road and/or ferry operation will be verified with the Department of Highways and Transportation before warrants are issued on elective cases at:

Ferry Information Contact: 945-3424 (Winnipeg)

Winter Road Information Contact: 677-6540 (Thompson)

Also: 1-800-282-8069

Northern Patient Transportation Program Policy Manual

Policy Title: Other Communities or Agencies Involved in Processing N.P.T.P. Warrants	Policy No. 3.8 Reviewed By: <i>J. Mill</i> Approved By: <i>J. Charbonneau</i> Date: FEB 09 1995
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1. The following communities are not covered under the Northern Patient Transportation Program, but because they are involved in processing warrants for people en route to southern hospitals, they may be shown as the location where warrants are completed:

Selkirk - R1A OB5	Pine Falls - ROE 1MO
Brandon - R7A 2B3	Arnes - ROC OCO
Ashern - ROC OEO	Gimli - ROC 1BO
Gypsumville - ROC 1JO	Riverton - ROC 2RO
Beausejour - ROE OCO	Waasagomach Bay - ROB 1ZO
Dauphin - R7N 1R7	

2. The following agencies may be involved in processing or originating N.P.T.P. warrants while not being located in a coverage area:

Brandon Mental Health Centre
 Selkirk Mental Health Centre
 Manitoba Development Centre - Portage la Prairie

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 4.0
Authority for Patient Coding	Reviewed By: <i>J. Mill</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. A physician or in the case of a more remote location the most medically qualified person will determine the patient's acuity status. The determination of acuity status will take into account:
 - a) Is this an immediately life-threatening situation requiring hospital admission?
 - b) Is this a condition that has been diagnosed as requiring urgent hospital treatment, where failure to provide such treatment would jeopardize the life of the patient or cause significant morbidity?
 - c) Does the patient require additional specialist or treatment services not available in the home community but where there is a low risk of deterioration jeopardizing the life of the patient or causing significant morbidity?

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 4.1
Emergency	Reviewed By: <i>J. Mell</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. Emergency (Codes 2,3 & 4)

May require immediate medical treatment. Delay may be harmful to the patient. Disorder may be severe or potentially threaten life or function.

2. a) Emergency cases may be flown (unless contraindicated).
- b) Emergency cases may be transported by land ambulance where necessary.
- c) All air charter flights require an authorization number (See 5.1).

LIFEFLIGHT

Manitoba Government/Air Ambulance: 945-8990

If no response: 786-7289

3. Travel coverage for aeromedical evacuation does not include the cost of land ambulance or other commercial conveyance fees at either end of the air journey. These remain an uninsured cost for which the patient is responsible.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 4.3
Elective	Reviewed By: <i>J. M. [Signature]</i>
	Approved By: <i>[Signature]</i>
	Date: FEB 09 1995

1. Elective (Codes 0,1)

An elective patient is one assessed by the physician to require additional evaluation or treatment which is not available locally. In the elective case there is a low risk of deterioration jeopardizing the life of the patient or causing significant morbidity.

2. For elective cases the mode of transportation will be determined by the physician, in consultation with the Regional Transportation Officer. This decision will be based upon the following:
- the most economical and appropriate mode of transportation available;
 - the need for the patient to be escorted because of medical or non-medical reasons;
 - the availability of an appropriate escort; and
 - the closest facility where required services are available with consideration given to the most practical for travel purposes.
3. All elective patient transports will be subject to a \$50 transportation charge; the remainder of the costs for the medically appropriate mode of conveyance are covered by the Northern Patient Transportation Program.
4. Individuals who must travel for repetitive or extended treatments or therapy may be exempted from the \$50 transportation charge upon submission of all pertinent information for review by the program Medical Director. The program Medical Director will review exemption requests on a case by case basis in consultation with the patient's physician.
5. Travel coverage for medical evacuation by air does not include the cost of land ambulance or other commercial conveyance at either end of the journey. These charges remain an uninsured cost for which the patient is responsible.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 4.4
Air Travel for Elective Transports	Reviewed By: <i>J. Miller</i>
	Approved By: <i>J. Robinson</i>
	Date: FEB 09 1995

1. Air Travel Subsidy for elective cases may be provided to all those who have a medical condition the physician warrants will deteriorate causing an increased risk of mortality or significant morbidity if other than air transport is utilized. Some examples are:
 - a) Pregnancy - all high risk pregnancies
 - all newborns
 - all pregnancies in last three weeks where adequate medical care not available
 - following an amniocentesis
 - b) Severely physically handicapped.
 - c) Orthopedic - full leg or body cast
 - prolapsed intravertebral disc
 - d) Hemo or peritoneal dialysis.
 - e) Chemo or radio therapy.
 - f) Penetrating injuries of the eye or recent eye injuries.

2. All those requiring follow up appointments, unless they fall into the above categories, will receive subsidies for ground travel only.

Northern Patient Transportation Program Policy Manual

Policy Title: Pre-Authorization for Aeromedical Charter Flights	Policy No. 5.0
	Reviewed By: <i>J. Mill</i>
	Approved By: <i>[Signature]</i>
	Date: FEB 09 1995

1. All charter air flights being booked or engaged for a patient, where payment for the charter is based on the issuance of an N.P.T.P. warrant, must be pre-authorized by Manitoba Health.
2. Charter flights can be pre-authorized by calling Lifelight at 945-8990. Lifelight staff will triage each call and where appropriate issue a pre-authorization for payment of the charter.
3. Pre-authorization will be validated by a number provided by Lifelight staff. This number must be recorded in the carrier information box on the warrant form.
4. Warrant forms and invoices from charter air carriers remitted without a pre-authorization number will not be immediately processed for payment. The air carrier will be notified the charter was not pre-authorized and payment will be withheld pending the submission of a detailed patient status report from the sending facility.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 5.1
Authority to Establish Air Charter Rates & Ground Ambulance Rates	Reviewed By: <i>J. Miller</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. Manitoba Health retains the exclusive right to negotiate and establish common rates payable for air charter services and ground ambulance services on behalf of the program, its agents and the Government of Manitoba.
2. Manitoba Health may establish differential payment rates for air taxi services, basic air ambulance services and advanced air ambulance services. These different levels of aeromedical evacuation service may also be defined by regulation or Manitoba Health policy.
3. Once an air charter rate or ground ambulance rate has been established, no designated hospital or other agent of the program may provide any additional remuneration or incentive, beyond the established rates under the program.
4. Ground ambulance rates will be paid based solely on a per trip basis regardless of the number of patients carried.

Northern Patient Transportation Program Policy Manual

Policy Title: Commercial Carriers for Land Transport (Bus or Rail)	Policy No. 5.2
	Reviewed By: <i>J. M. Ell</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. Patients travelling by rail or bus must be advised the Northern Patient Transportation Program pays only the most economical fare available. Wherever possible excursion fares should be sought.
2. If practical, the N.P.T.P. Regional Transportation Officer may purchase blocks of open ended tickets for bus or rail travel. This can only be permitted under the following conditions:
 - a) The tickets can be used prior to any expiry date imposed by the passenger carrier.
 - b) Purchase of block tickets can provide an economical alternative to single purchase tickets.
 - c) Each ticket issue will only take place when a valid warrant has been completed.
 - d) The facility accounting system can account for all the tickets purchased with program funds.
 - e) Any loss of tickets purchased with elective program funds will be reported to Manitoba Health as soon as the loss is identified.
3. No warrant will be exchanged for cash value in the interest of obtaining a lower fare.

Northern Patient Transportation Program Policy Manual

Policy Title: Personal Vehicle Travel	Policy No. 5.3
	Reviewed By: <i>J. Miller</i>
	Approved By: <i>A. Paulsen</i>
	Date: FEB 09 1995

1. Rates for personal vehicle mileage will be specified in Appendix A of this manual.
2. Only one mileage charge per vehicle will be paid even if more than one qualifying patient and escort are travelling together.
3. Original gasoline receipts must be submitted by claimants wishing to recover costs for personal vehicle mileage and must fall within one day of the appointment date appearing on the transportation warrant.
4. Funds for personal vehicle mileage may not be paid in advance of the medical travel taking place.
5. Payment will be made to a maximum of the lesser of either bus fare or rail fare, less the transportation charge.
6. Personal mileage will be paid based on travel to the nearest location bus or rail travel is available and the equivalent bus fare less the applicable transportation charge will be used from that point.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 5.4
Patient and Escort Repatriation	Reviewed By: <i>J. Miller</i> Approved By: <i>A. Robinson</i> Date: FEB 09 1995

1. Patient repatriation to northern communities must be achieved through the most care effective and cost efficient mode of transportation.
2. Recommendations regarding requests for specific modes of transportation for patient repatriation must be accompanied by appropriate medical documentation (i.e. request for air travel versus bus).
3. Escort repatriation will be provided by the most cost effective means unless accompanying a patient at the request of appropriate medical authority. For example, where an escort travels with a patient by air but is returning alone, repatriation will occur by the most economic mode of conveyance.
4. Patients and escorts who are transported from the north by other government agencies should have return travel subsidy provided by said agency. In these instances repatriation subsidy will not be provided by the Northern Patient Transportation Program.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 5.5
Responsibility for Facility Initiated Transfer of Scheduled Elective Procedures	Reviewed By: <i>J. M. Ell</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. Where a hospital providing medical service, requests that an elective patient procedure be transferred to another facility for ease of scheduling, staff education or for a purpose other than lack of availability, the sending facility shall be responsible for the \$50 transportation change.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 5.6
Repatriation of Deceased	Reviewed By: <i>J. Mill</i> Approved By: <i>J. P. [Signature]</i> Date: FEB 09 1995

1. Repatriation of deceased individuals will only be permitted when the individual was initially referred out of the home community through the Northern Patient Transportation Program.
2. Unused portions of transportation tickets must be submitted with copies of charges for direct transportation costs associated with the repatriation prior to subsidy being provided.
3. Transportation subsidy will be provided only to a maximum of the cost of one seat for one way air transportation to the individual's home community.
4. Transportation subsidy will only be provided after submission of all appropriate documentation and verification by staff of Manitoba Health.

Northern Patient Transportation Program Policy Manual

Policy Title: Personal Care Homes	Policy No. 5.7
	Reviewed By: <i>J. Miller</i>
	Approved By: <i>L. Robinson</i>
	Date: FEB 09 1995

1. Transportation will be undertaken by the most care effective and cost efficient mode of conveyance possible.
2. Appropriate transportation subsidy will be provided for individuals who must be transported to a personal care home when:
 - a) no personal care home facilities exist in their home community
 - b) no other opportunity for palliation is available within their home community
 - c) residency in an out of community personal care home has been confirmed
3. Transportation subsidy for aeromedical evacuation does not include the cost of land conveyance fees at either end of the air journey. These remain an uninsured cost for which the patient is responsible.

Northern Patient Transportation Program Policy Manual

Policy Title:	Policy No. 6.0
Elective Program Grants	Reviewed By: <i>J. Mill</i>
	Approved By: <i>[Signature]</i>
	Date: FEB 09 1995

1. Grants for the elective component of the Northern Patient Transportation Program will be made available semi-monthly to the designated hospital by Manitoba Health.
2. Grants will be calculated annually and are based on the following:
 - a) percentage increase in fares;
 - b) percentage increase in volume for the region;
 - c) number of medical consultants available within the region.
3. Regions may raise supplementary funds from non-provincial sources such as local municipalities and the voluntary sector.

Northern Patient Transportation Program Policy Manual

Policy Title: Elective Program Budget Requirements	Policy No. 6.1
	Reviewed By: <i>J. M. Hill</i> Approved By: <i>[Signature]</i> Date: FEB 09 1995

1. Elective Program budgets shall be submitted on or before March 1 of each year.
2. Audited financial statements shall be submitted on or before October 31 of each year.
3. Quarterly reports shall be submitted outlining actual amounts compared to budgeted amounts. Variance explanations shall be included to account for surplus or deficit situations.

Reports for the quarters ending June 30, September 30, December 31, and March 31 will be due at Manitoba Health three weeks after these dates respectively.
4. Budget information shall contain a minimum detail of:
 - a) Transport activity - including diagnostic procedure requiring transportation.
 - b) Escort expenses.
 - c) Specialist/Itinerant travel and expenses.
 - d) Administration details including - salaries and benefits, office supplies, committee expenses, accounting and audit costs.

Northern Patient Transportation Program Policy Manual

PAYMENT RATES

1. Personal Vehicle Distance Subsidy \$0.28/kilometer

2. Meal Allowance Subsidy to a maximum

	<u>Breakfast</u>	<u>Luncheon</u>	<u>Supper</u>
North of 53° parallel	\$5.40	\$7.05	\$12.20
South of 53° parallel	\$4.90	\$6.55	\$11.35

3. Hotel Subsidy to a maximum

North of 53° parallel - \$60.00 based on single occupancy & taxes

South of 53° parallel - \$55.00 based on single occupancy & taxes

4. Private Accommodation Rate

\$20.00

5. All claims must be accompanied by original receipts.

Northern Patient Transportation Program Policy Manual

INSTRUCTIONS FOR COMPLETION OF THE WARRANT

WARRANT INFORMATION: (To be completed by Issuing Authority)

- . PATIENT CATEGORY - Check the appropriate box to indicate the category of the person using the warrant. IF a separate warrant is used for return travel, the warrant type box must be consistent with the initial warrant.
- . WARRANT TYPE - Check appropriate box to indicate the warrant type.
- . DATE - Enter the day, month and year the warrant form is issued.
- . PATIENT INITIAL WARRANT NO.
 - If the warrant is the patient's initial warrant, please leave this area blank.
 - If the warrant is the patient's return warrant, quote the initial warrant number.
 - If the warrant is for use by an escort only and the patient is being transported under a separate warrant, enter the patient's warrant number.

PATIENT/ESCORT INFORMATION:

If a warrant is completed for use by a patient or patient with escort:

- . NAME - Enter patient's surname and given name(s).
- . SEX - Enter the patient's sex.
- . MANITOBA HEALTH NO. OF PATIENT - Enter the Manitoba Health registration number of the patient.
- . ADDRESS - Enter the home community address of the patient.
- . POSTAL CODE - Enter the home community postal code.

APPENDIX "B"

- . **BIRTHDATE OF PATIENT** - Enter day, month and year of patient's birth - if obtainable.
- . **EMPLOYER** - Enter the name of the employer of the patient, patient's spouse or patient's guardian.
- Indicate if patient is receiving income security and enter their client services #.
- . **TREATY NO.** - Enter treaty number and Band name of patient - if applicable (Treaty Indian or Inuit).
- . **CONTACT TELEPHONE NO.** - Enter the telephone number where the escort or persons aware of the patient's situation can be contacted.
- . **TYPE OF ESCORT** - Enter type of escort.
- . **PATIENT ESCORTED BY** - Enter name of escort.
- . **TYPE OF CASE** - Check appropriate box indicating patient's condition. Please note wheelchair is considered ambulatory.
- . **MEDICAL RECOMMENDATION** - Check appropriate box indicating form of transportation (Warrant).

If warrant is completed for use by an escort or a specialist, complete the warrant as follows:

- . **NAME** - Enter escort/specialist's surname and given name(s).
- . **ADDRESS** - Enter the home address of the escort/specialist.
- . **SEX** - Enter the sex of the escort.
- . **CONTACT TELEPHONE NO.** - If escort is required to remain overnight, enter the telephone number where escort can be contacted.
- . **TYPE OF ESCORT** - Enter type of escort.
- . **MEDICAL RECOMMENDATION** - Check appropriate box indicating form of transportation.
- . **IF AN ESCORT WARRANT** - Include patient's Manitoba Health Insurance # and patient's initial warrant #.

MEDICAL INFORMATION: To be completed by physician or designated Medical Authority (Applicable to patient only).

- . PATIENT INITIAL DIAGNOSIS - Enter the patient's diagnosis.
- . MEDICAL SPECIALIST - Enter Office or Hospital.
- Enter Consult or Followup.
- Enter Initial or Return Appointment.
- . REASON - If applicable, indicate reason(s).
- . DIAGNOSTIC PROCEDURES - If applicable, indicate diagnostic procedure(s).
- . TREATMENT - If applicable, indicate treatment(s).
- . REFERRED TO - Enter name of referral; ie. doctor, hospital or medical facility.
- . DATE OF APPOINTMENT - Enter day, month and year of patient's appointment.
- . WARRANT APPROVAL - If Elective has been checked under "Patient Category", enter the name and title of person approving warrant with accompanying signature and date. (ie. regional transportation officer).
- . MEDICAL AUTHORIZATION - Enter name of medical authority with accompanying signature and date.

THIRD PARTY LIABILITY:

- Where a billing to a third party is possible, check the appropriate box to indicate the recovery source.

TRANSPORTATION INFORMATION:

- . POINT OF DEPARTURE - Enter patient's and/or escort's point of departure, postal code and region number.
- . DESTINATION - Enter patient's and/or escort's destination, postal code and region number.

CONDITIONS: (Transportation Officer Instructions)

- . NOTE - Transportation Officer must make recipient aware of conditions of this warrant and obtain signature.

CARRIER INFORMATION:

- . NAME OF CARRIER - Enter name of carrier and check corresponding box.
- . PATIENT TICKET NUMBER - For "Patient Only", enter ticket number and number of seats. (To be completed by carrier providing the transportation).
- For "Patient with Escort", enter ticket numbers and number of seats. (To be completed by carrier providing the transportation).
- . ESCORT/SPECIALIST TICKET NUMBER - For "Escort Only", or specialist, enter ticket number. (To be completed by carrier providing the transportation).
- . AGENT'S SIGNATURE - Signature of carrier agent and date.
- . INVOICING - For "Elective" cases only. Enter the address of the applicable regional transportation officer.

SPECIAL NOTE

No warrants will be issued to a claimant following a hospital or physician visit unless the claimant produces written proof that the visit actually took place.