



## **MINISTERIAL POLICY**

### **Department of Health and Social Services**

### **Medical Travel – Appeal Process**

#### **1. Statement of Policy**

Clients have the right to appeal medical travel decisions as outlined in this Ministerial Policy (Policy).

#### **2. Principles**

The Department of Health and Social Services will adhere to the following principles when implementing this Policy:

- (1) All residents of the Northwest Territories (NWT) should have access to the necessary and appropriate Insured Health Services.
- (2) The cost of medical travel should not be an economic barrier to access Insured Health Services.
- (3) The Medical Travel program should be transparent and accountable.
- (4) The Medical Travel program is complementary to other medical travel benefit plans and is considered the payor of last resort.

#### **3. Scope**

The Policy outlines the process to be used to appeal decisions related to the application of provisions under the Ministerial Policies established under the Government of the Northwest Territories' *Medical Travel Policy*.

#### **4. Definitions**

Client – could be an Eligible Person, a parent or Guardian.

**Director of Medical Insurance** - the person appointed under s. 23 of the *Medical Care Act*.

**Eligible Persons** - NWT residents with a valid health care card who have a Valid Medical Referral to access necessary and appropriate Insured Health Services.

**Insured Health Services** - services covered by the *Hospital Insurance and Health and Social Services Administration Act* and the *Medical Care Act*.

**Guardian** - A person who is lawfully entitled to make decisions on behalf of another.

**Health Care Provider** - a physician, nurse practitioner, registered midwife or community health nurse licensed to practice in the NWT.

**Nearest Centre** - the nearest approved facility that is available to provide the necessary and appropriate insured health service required for the patient.

**Valid Medical Referral** - written authorization from a Health Care Provider to refer an eligible person to the nearest centre for necessary and appropriate insured health services from any community in the Northwest Territories.

## **5. Authority and Accountability**

### **(1) General**

#### **a) Minister**

The Minister of Health and Social Services (the Minister) is accountable to the Executive Council for the implementation of this Policy.

#### **b) Deputy Minister**

The Deputy Minister of Health and Social Services (the Deputy Minister) is accountable and responsible to the Minister for the administration of this Policy.

### **(2) Specific**

#### **a) The Minister:**

(i) may approve changes to this Policy.

#### **b) The Deputy Minister or designate:**

(i) may make recommendations to the Minister regarding the implementation of this Policy;

- (ii) will monitor the administration and implementation of this Policy;
  - (iii) will evaluate the Policy periodically and make recommendations to the Minister for revisions to the Policy as necessary.
- c) The Director of Medical Insurance:
- (i) will review and decide on appeal applications made in accordance with this Policy;
  - (ii) will determine the manner of conducting the appeal; and
  - (iii) may allow or dismiss the appeal.

## **6. Provisions**

(1) A Client has the right to appeal a decision made under the Ministerial Policies established under the Government of the Northwest Territories' *Medical Travel Policy*.

(2) Appeals must be submitted by the Client in the approved form.

The *Appeal Request Form* can be obtained from any Health Centre or Hospital or from the Department of Health and Social Services website under Medical Travel.

(3) The Client has 60 days from the receipt of a decision to submit an appeal.

(4) The completed *Appeal Request Form* should be sent, either by fax or by e-mail, to:

Director of Medical Insurance  
Fax: (867) 873-0266  
Email: [medtravappeal@gov.nt.ca](mailto:medtravappeal@gov.nt.ca)

(5) The Director of Medical Insurance will review the *Appeal Request Form*, within 5 business days from the date it is received, to ensure it contains sufficient information to consider the appeal.

a) If yes, the Director of Medical Insurance will make a decision and advise the Client accordingly, in writing:

i. within 10 business days from the date the appeal form was received, if the decision is required for pending medical travel or;



- (ii) within 30 business days from the date the appeal form was received , if the medical travel has already occurred.
- b) If no, the Director of Medical Insurance will contact the Client or relevant Health Care Provider to request additional information before making a decision.
- (6) The reason(s) for the decision will be included in the letter.
- (7) The Director of Medical Insurance will advise the Medical Travel Office of the appeals decision.
- (8) The decision is final and there are no further levels of appeal.

## **7. Exclusions**

Clinical decisions made to determine whether a Valid Medical Referral should be issued are not subject to appeal.

## **8. Financial Resources**

Financial resources required under this Policy are conditional on approval of funds in the Main Estimates by the Legislative Assembly and there being a sufficient unencumbered balance in the appropriate activity for the fiscal year for which the funds would be required.



**Glen Abernethy**

**Minister**

*16 30/1/19*  
\_\_\_\_\_  
**Date**