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1.00 INTRODUCTION

A client has the right to appeal a denial of a medical transportation benefit under the Client Travel Policy. There is only one level of appeal available. Appeals must be submitted in writing by the client, parent, legal guardian or interpreter on the approved form.

2.00 ELIBILITY

Clients who are denied a medical travel benefit under the Client Travel Policy but who feel they were entitled to the benefit have a right to appeal. However, this only includes the right to appeal decisions relating to:

- The non-approval of a request for an escort;
- The non-approval of a request to travel to a location other than an approved centre;
- The non-approval of a request to travel urgently when the practitioner considers travel can appropriately wait until the client next travels to a location in which the treatment is available;
- The need to pay back travel benefits if the client misses an appointment or does not attend the scheduled appointment.


3.00 APPEAL PROCESS

Request for Appeal Forms can be obtained from any Health and Social Services Health Centre or Hospital.

3.01 Client Responsibility

Clients should be advised to ensure the Appeal Form is completed fully and accurately, and that it includes the following information:

- The reason/condition for which the benefit was requested;
- The reason an escort was requested, if applicable;
- The name of the client's community;
- The name(s) of the practitioner(s) who were involved in making the decision regarding travel;
- The client's health care card number;
- The name of the client's employer, if the client is employed.

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Once the client has completed the Appeal Form it should then be faxed to the appropriate Department of Health and Social Services regional office where the Director will review the appeal and make a decision.

3.02 Level 1 Appeal (Final)

- The Director will research the client's claim and make a decision based on the client's needs, availability of alternatives and the provisions in the Client Travel Policy.
- Once a decision is made the Director will advise the client of the decision.
- The decision of the Director is binding and there are no further levels of appeal.

4.00 APPEAL PROCESS – GN EMPLOYEES

A GN employee has the right to appeal a denial of a medical transportation benefit under the terms of the Collective Agreement. There are two levels of appeal. Appeals must be submitted in writing by the employee or interpreter on the approved form.


5.01 Eligibility

GN Employees who are denied a medical travel benefit but who feel they were entitled to the benefit have a right to appeal. However, this only includes the right to appeal decisions relating to:

- The non-approval of a request for an escort;
- The non-approval of a request to travel to a location other than an approved centre;
- The non-approval of a request to travel urgently when the practitioner considers travel can appropriately wait until the client next travels to a location in which the treatment is available;
- The need to pay back travel benefits if the client misses an appointment or does not attend the scheduled appointment.

5.02 Client Responsibility

GN employees should be advised to ensure the Appeal Form is completed fully and accurately, and that it includes the following information:

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- The reason/condition for which the benefit was requested;
- The reason an escort was requested, if applicable;
- The name of the client's community;
- The name(s) of the practitioner(s) who were involved in making the decision regarding travel;
- The client's health care card number;
- The name of the client's employer, if the client is employed.

Once the GN employee has completed the Appeal Form it should then be faxed to the Department of Health and Social Services Executive Director of Corporate Services (or designate) for review and decision.

5.03 Level 1 Appeal

- The Executive Director of Corporate Services will research the employee's claim and make a decision based on the employee's needs, availability of alternatives and the provisions in the Client Travel Policy.
- Once a decision is made the Executive Director of Corporate Services will advise the employee of the decision.

5.04 Level 2 Appeal

- Level 2 appeals are made to the Department of Finance.
- Level 2 appeals are the final level of appeal and all decisions are binding.

For additional information about the appeal process individuals can contact the Department of Health and Social Services at:

Department of Health and Social Services
Health Insurance Programs
P.O. Bag 003 Rankin Inlet

Toll Free Line 1-800-661-0833
Fax Line 1-800-645-8092
Email nhip@gov.nu.ca