

# Bulletin



Bulletin Number	Date	Direct inquiries to
4484	August 5, 2008	Ministry of Health and Long-Term Care
Distribution		
Physicians, Hospitals, Clinics and Laboratories		

## **Subject: Northern Health Travel Grant Program**

### **Help Your Patients, Help Your Staff, Help Yourself**

The Ministry of Health and Long-Term Care is moving forward with its goal to modernize and streamline service delivery for Ontarians. To achieve this there is an initiative underway to provide more timely payment of the Northern Health Travel Grant (NHTG) to your patients and to reduce the volume of NHTG inquiries and requests for additional information received by your office.

#### **What are the benefits to you and your patients if the NHTG application is completed correctly?**

- You and your staff will receive fewer follow-up inquiries from NHTG Program representatives.
- Fewer applications will be denied or returned to your patients.
- Faster payment.

In a recent review of NHTG applications, it was found that missing information was a main cause for applications being returned to the applicant (patient) and/or prompting letters and telephone calls to your office.

Please review the following **instructional diagrams** to help ensure the required information is provided on all applications.

#### **For more information:**

If you have any questions or comments regarding this bulletin or the NHTG Program, please call:

- (705) 675-4010 (local area)
- 1 800 461-4006 (for service in English)
- 1 800 461-1149 (for service in French)

**Web Information:** <http://www.health.gov.on.ca/english/public/pub/ohip/northern.html>

**NOTE:** Please do not remove the cover sheet from the NHTG Application as it contains important information needed by the applicant regarding the completion of the form.

**If you are the REFERRING PROVIDER:**

When a referral is required, all fields must be completed for this section in order to ensure prompt/accurate processing; however, please pay special attention to the fields highlighted below as these have been identified as the major causes of NHTG inquiries to your staff and/or the return or denial of applications to your patients.

**Section 3 – Northern referring provider**

Primary Diagnostic Code	Reason for referral	Did you see the patient in Northern Ontario	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referring provider number	Specialty
Date of appointment with specialist year month day		Referring provider's last name		Initials	( )
Name of specialist or hospital referred to				City/Town referred to	
I certify that the patient is <i>unable to</i> for health or safety reasons without companion.		Referring provider's signature		I certify that the referral of the above named is medically necessary.	
Please note: Was patient referred to the closest specialist as per ministry list?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain ((attach separate page if needed))	

- A** Your Provider Number and Specialty code are required to process the application.
- B** Your signature or signature stamp is required for accountability of information.
- C** Your signature or signature stamp is required for accountability of information.
- D** A **medical reason** is required when referring a patient to a specialist other than one nearest to your patient's area of residence.

**If you are the SPECIALIST:**

All fields must be completed for this section in order to ensure prompt/accurate processing; however, please pay special attention to the fields highlighted below as these have been identified as the major causes of NHTG inquiries to your staff and/or the return or denial of applications to your patients.

**Section 4 – Specialist**

Specialist's last name	Initials	<input type="checkbox"/> Consultation <input type="checkbox"/> Procedure <input type="checkbox"/> Surgery <input type="checkbox"/> Follow-up visit - assessment	Specialist's Provider number	Specialty
City/Town service provided in		Specific service provided	Date of Treatment year month day	
Name of hospital/facility service provided in				
Is this service insured by OHIP?	Specialist's telephone number	Specialist's signature		
<input type="checkbox"/> Yes <input type="checkbox"/> No	( )			

- A** Your last name is required to verify your provider number.
- B** Your Provider Number and Specialty code are required to process the application.
- C** The location where the service was provided is required to calculate the distance the patient was required to travel.
- D** The date of treatment is required to confirm the patient's eligibility on the date of service.
- E** Your signature or signature stamp is required for accountability of the information.