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A G R E E M E N T

DATED November 19, 1981

BETWEEN

The Commissioner of the Northwest Territories as represented by the Chairman of the Territorial Hospital Insurance Services Board, hereinafter referred to as the "Northwest Territories"

OF THE FIRST PART

- and -

OF THE SECOND PART

The Commissioner of the Yukon Territory as represented by the Director of Health, hereinafter referred to as the "Yukon Territory"

THIS AGREEMENT made in duplicate this 19th day of
November, 1981

BETWEEN:

The Commissioner of the Northwest Territories as represented by the Chairman of the Territorial Hospital Insurance Services Board, hereinafter referred to as the "Northwest Territories"

OF THE FIRST PART

- and -

The Commissioner of the Yukon Territory as represented by the Director of Health, hereinafter referred to as the "Yukon Territory"

OF THE SECOND PART

WHEREAS in the interests of administrative efficiency and in order to improve availability of insured hospital inpatient services to residents of the Northwest Territories and the Yukon Territory, respectively, the parties hereto agree that it is desirable to enter into an agreement for the administration of matters relating to the provision of insured hospital inpatient services provided by the Northwest Territories to residents of the Yukon Territory and by the Yukon Territory to residents of the Northwest Territories.

NOW THEREFORE the parties hereto agree each with the other as follows:

C.I. DEFINITIONS

In this Agreement:

1. "approved standard ward rate" means the per diem payment made by the provincial authority of the host province to a hospital for the provision of services to an inpatient.
2. "authorized charges" means the charges for insured hospital inpatient services made by the hospital providing the services directly to the patient as authorized by provincial legislation.
3. "host province" means the province where a resident obtains insured services other than the province of origin.
4. "insured hospital inpatient services" means all hospital inpatient services towards the cost of which the Federal Government is making a financial contribution in accordance with the Hospital Insurance and Diagnostic Services Act and the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act.
5. "provincial authority" for the Northwest Territories means The Territorial Hospital Insurance Services Board and for the Yukon Territory means the Yukon Hospital Insurance Plan.
6. "province of origin" means the province of which a person declares himself to be a resident and eligible for Hospital Insurance Benefits.
7. "resident" means any person who is a resident pursuant to the hospital insurance plan of his province of origin.

8. "province" for the purpose of this agreement is deemed to include the Northwest Territories and the Yukon Territory".

II. PAYMENT OF CLAIMS

Claims for out-of-territory insured hospital inpatient services provided to residents of the Northwest Territories or to residents of the Yukon Territory shall be sent to the provincial authority in the host province and shall be processed by that provincial authority with subsequent payment to be made by the provincial authority of the province of origin to the host province in accordance with this Agreement.

III. TERMS OF COVERAGE

1. Subject to paragraph 2, any resident shall be eligible for the insured hospital inpatient services provided in a host province, on his statement that he is an insured person in his province of origin, if confirmed by the completion of the "Declaration of Hospital Insurance Coverage" containing information of the kind set out in the schedule attached hereto as 'Schedule A', and forming part of this Agreement.
2. The resident's eligibility to receive insured hospital inpatient services, as stated in paragraph 1, is subject to the condition that if he had received the inpatient hospital services in the province of origin, he would be eligible to have payment made by the province of origin for those hospital services.

3. All claims for insured hospital inpatient services processed by a provincial authority of a host province shall be paid by that provincial authority only if they are supported by a duly completed "Declaration of Hospital Insurance Coverage".
4. Subject to paragraph 6 of this Article and to Article IV, residents receiving services in a host province shall be eligible for the same insured hospital inpatient services as are provided to residents of the host province.
5. All claims for insured hospital inpatient services shall be processed by the provincial authority of a host province in which the services are received, provided that the hospital providing the services is a hospital to which the provincial authority makes payment for hospital inpatient services provided by that hospital to residents of the host province.
6. All processing by the provincial authority of a host province shall be done at the approved standard ward rate of the hospital providing the insured hospital inpatient services. However, authorized charges may be either applied or exempted, and if applied, the approved standard ward rate payable shall be reduced accordingly.
7. On a monthly basis the provincial authority of the host province shall furnish to the provincial authority of the province of origin statements containing the information described in Schedule "B" attached hereto and forming part of this Agreement.

8. On a monthly basis the provincial authority of the province of origin shall pay the provincial authority of the host province for inpatient services rendered to residents of the province of origin as billed.
9. The provincial authority of the province of origin shall recognize and shall not challenge the validity of any decision made by the provincial authority of the host province regarding the provision of insured hospital inpatient services provided the provisions of the Agreement have been met.
10. The costs of insured hospital inpatient services provided in the host province to a resident who cannot provide proof of eligibility shall be the responsibility of the resident.
11. Each of the Parties hereto shall have the right to review the administrative procedures the other Party is following with respect to the implementation of this Agreement in order to meet the requirements of its provincial auditor.
12. The Provincial Authority of the province of origin may require the host province to provide detailed information for a reasonable sample of processing done on its behalf by the provincial authority of the host province. This information will form the basis of an evaluation meeting to be held at a suitable time following implementation of this Agreement.

IV. EXEMPTIONS

- (a) In the case of the Party of the First Part, the Agreement shall not apply to the following service:
- cosmetic surgery
 - therapeutic abortions
 - reversal sterilization procedures
- (b) In the case of the Party of the Second Part, the Agreement shall not apply to the following services:
- cosmetic surgery
 - therapeutic abortions
 - reversal sterilization procedures

V. TERM

This Agreement shall come into effect on the first day of October, 1981 and shall continue in effect until terminated in accordance with the provisions of this Agreement.

VI. TERMINATION

This Agreement may be terminated for any reason by either Party upon a minimum of six months' written notice by registered mail to the other Party.

VII. NOTICE

1. All notices and communications to the Northwest Territories in connection with this Agreement shall be in unity and shall be sent by registered mail to:

Chairman,
Territorial Hospital Insurance Services Board
c/o Department of Health,
Government of the Northwest Territories,
Yellowknife, N.W.T. X1A 2L9

2. All notices and communications to the Yukon Territory

in connection with this Agreement shall be in writing

and shall be sent by registered mail to:

Yukon Hospital Insurance Services
Box 2703
Whitehorse, Y.T.
Y1A 2C6

VIII. ASSIGNMENT

This Agreement may not be assigned.

IN WITNESS WHEREOF Northwest Territories and

Yukon Territory

have caused this Agreement to be executed by their respective officers duly authorized in that behalf.

SIGNED, SEALED AND DELIVERED
in the presence of:

THE COMMISSIONER OF THE
NORTHWEST TERRITORIES AS
REPRESENTED BY THE CHAIRMAN
OF THE TERRITORIAL HOSPITAL
INSURANCE SERVICES BOARD



Witness



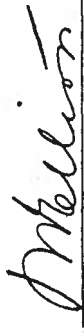
Chairman, THIS Board

16/04/81

Date

HER MAJESTY THE QUEEN IN RIGHT
OF THE ~~PROVINCE~~ OF

Yukon Territory



Witness



J. Davie, Deputy Minister

November 19, 1981

Date



TERRITORIAL
HOSPITAL
INSURANCE
SERVICES

Schedule A

DECLARATION OF HOSPITAL INSURANCE COVERAGE
IN-PATIENT INTERPROVINCIAL AGREEMENT

HOSPITAL ADMISSION AND
SEPARATION FORM NUMBER

HEREBY DECLARE, CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING IT TO HAVE THE SAME EFFECT AS IF IT WERE MADE UNDER OATH AND BY VIRTUE OF THE CANADA EVIDENCE ACT THAT:

Patient's Surname		Given Name(s)		Insurance Identification Number	
Permanent Address (R.R. Group, Box and/or Street & Number)		City		Province	
Temporary Address (R.R. Group, Box and/or Street & Number)		City		Province	
				Postal Code	

presently in the Northwest Territories for the following reason:

- 1. Vacation
- 2. Medical Referral
- 3. Temporary Employment
- 4. Attending Educational Institution
- 5. Other
- 6. New Resident of Northwest Territories

Expected Date of Return

Day	Mo.	Yr.

Date of Establishing Residence

Day	Mo.	Yr.

ENTITLED TO RECEIVE INSURED HOSPITAL IN-PATIENT SERVICES FROM THE PROVINCE OF RESIDENCE.

Hospital Name		Date of Admission	
		Day	Mo. Yr.

Witness (Authorized Hospital Signature)

Signature of person making declaration

Address if different from above

Date

Additional Information

INTER-PROVINCIAL RECIPROCAL BILLING ARRANGEMENT FOR HOSPITAL IN-PATIENT SERVICES

PATIENT FROM:

NEWFOUNDLAND	PRINCE EDWARD ISLAND	NOVA SCOTIA	NEW BRUNSWICK
<u>Acceptable Identification</u>	<u>Acceptable Identification</u>	<u>Acceptable Identification</u>	<u>Acceptable Identification</u>
Completion of the Declaration of Hospital Insurance Coverage form and presentation of the Newfoundland Medical Care Plan Card.	Completion of the Declaration of Hospital Insurance Coverage form and presentation of the P.E.I. Hospital and Health Services Commission Card.	Completion of the Declaration of Hospital Insurance Coverage form and presentation of the Nova Scotia Medical Services Insurance Card.	Completion of the Declaration of Hospital Insurance Coverage form and presentation of the New Brunswick Hospital-Medicare Card.
<u>Excluded Services</u> ¹	<u>Excluded Services</u> ¹	<u>Excluded Services</u> ¹	<u>Excluded Services</u> ¹
Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures	Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures	Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures	Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures
Contact: Tom Redmond, Out-of-Province Claims. Phone (709) 737-3107.	Contact: Supervisor of In-Province Claims. Phone (902) 892-4281.	Contact: Supervisor, Out-of-Province Claims. Phone (902) 424-5615.	Contact: Supervisor, Out-of-Province Claims. Phone (506) 453-2160.
<u>Authorized Charges</u> ²	<u>Authorized Charges</u> ²	<u>Authorized Charges</u> ²	<u>Authorized Charges</u> ²
The patient is responsible for authorized charges of the Province of Newfoundland. The authorized charge is \$3 a day for a maximum of 15 days or \$45 per hospitalization. There are a number of circumstances under which patients may be exempt from this charge. For example, persons of age 65 and over are exempt. Sometimes it will be difficult for hospitals to determine whether or not a patient is exempt. In such cases it is suggested that the charge be collected and the patient advised to apply directly to Newfoundland Hospital Insurance for any refund to which they may be entitled.	The patient is not responsible for authorized charges. The payment to the host plan will include such charges.	The patient is not responsible for authorized charges. The payment to the host plan will include such charges.	The patient is not responsible for authorized charges. The payment to the host plan will include such charges.

¹If a patient is admitted from another province for one of the three excluded services, please contact the home plan at the phone number indicated above for information regarding possible coverage of the services and the proper method for billing.

²Authorized Charges do not include charges for preferred accommodation or any other charges for non-insured services.

INFORMATION SHEET FOR HOSPITAL ADMITTING OFFICES

August 1981

INTER-PROVINCIAL RECIPROCAL BILLING ARRANGEMENT FOR HOSPITAL IN-PATIENT SERVICES

PATIENT FROM:

QUEBEC	ONTARIO	MANITOBA	SASKATCHEWAN
<u>Acceptable Identification</u>	<u>Acceptable Identification</u>	<u>Acceptable Identification</u>	<u>Acceptable Identification</u>
Completion of the Declaration of Hospital Insurance Coverage form and presentation of the Quebec Health Insurance Plan Card.	Completion of the Declaration of Hospital Insurance Coverage form and presentation of the Ontario Health Insurance Plan Card.	Completion of the Declaration of Hospital Insurance Coverage form. (If patient cannot provide M.H.S.C. registration number, certification that patient has been a resident of Manitoba for at least three months - provide dates and places of residence for past 12 months under "Additional Information").	Completion of the Declaration of Hospital Insurance Coverage form requiring the Registration and Beneficiary numbers from the Saskatchewan Health Services Card.
<u>Excluded Services</u> ¹	<u>Excluded Services</u> ¹	<u>Excluded Services</u> ¹	<u>Excluded Services</u> ¹
Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures	Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures	Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures	Cosmetic Surgery Therapeutic abortions Reversal sterilization procedures
Contact: Payment to Beneficiary vices. Phone (418) 643-8114.	Contact: Hospital Co-ordinator. Phone (416) 965-0949.	Contact: Out-of-Province Claims Section. Phone (204)786-7380.	Contact: Director of Benefits. Phone (306) 565-3262.
<u>Authorized Charges</u> ²	<u>Authorized Charges</u> ²	<u>Authorized Charges</u> ²	<u>Authorized Charges</u> ²
The patient is not responsible for authorized charges of the host province. The payment to the host plan will include such charges. However, adult patients accommodated for prolonged care are responsible for the Quebec Ward Charge of \$10.05 per day.	The patient is not responsible for authorized charges. The payment to the host plan will include such charges.	The patient is not responsible for authorized charges. The payment to the host plan will include such charges.	The patient is responsible for authorized charges.

¹If a patient is admitted from another province for one of the three excluded services, please contact the home plan at the phone number indicated above for information regarding possible coverage of the services and the proper method for billing.

²Authorized Charges do not include charges for preferred accommodation or any other charges for non-insured services.

INFORMATION SHEET FOR HOSPITAL ADMITTING OFFICES

August 1981

INTER-PROVINCIAL RECIPROCAL BILLING ARRANGEMENT FOR HOSPITAL IN-PATIENT SERVICES

PATIENT FROM:

ALBERTA

BRITISH COLUMBIA

NORTHWEST TERRITORIES

YUKON

Acceptable Identification

Acceptable Identification

Acceptable Identification

Acceptable Identification

Completion of the Declaration of Hospital Insurance Coverage form and presentation of the Alberta Health Insurance Card.

Completion of the Declaration of Hospital Insurance Coverage form and presentation of a valid Medical Services Plan Card, or valid British Columbia Pharmacare card, or valid B.C. Drivers Licence.

Completion of the Declaration of Hospital Insurance Coverage form and presentation of the N.W.T. Health Care Plan Certificate of Registration. If patient cannot provide a registration number, then the Declaration must provide dates and places of residence for the past 12 months under "Additional Information."

Completion of the Declaration of Hospital Insurance Coverage form and presentation of the Yukon Health Care Insurance Plan Card.

Excluded Services ¹

Excluded Services ¹

Excluded Services ¹

Excluded Services ¹

Cosmetic Surgery
Therapeutic abortions
Reversal sterilization procedures

Cosmetic Surgery
Therapeutic abortions
Reversal sterilization procedures

Cosmetic Surgery
Therapeutic abortions
Reversal sterilization procedures

Cosmetic Surgery
Therapeutic abortions
Reversal sterilization procedures

Contact: Manager, Claims Processing.
Phone (403) 427-1581.

Contact: Vern Richards,
Graeme Paterson or Peter Bacon.
Phone (604) 387-1066.

Contact: Chief of Finance and Health
Insurance Administration.
Phone (403) 873-7714.

Contact: Health Care Plan
Administrator. Phone (403) 667-5367.

Authorized Charges ²

Authorized Charges ²

Authorized Charges ²

Authorized Charges ²

Patient is not responsible for authorized charges. The payment to the host plan will include such charges.

A British Columbia resident receiving services in another province is required to pay the B.C. User Charge. \$6.50 per day Ward Charge - General and Rehab. Hospitals. \$10.50 per day Ward Charge - Extended Care Hospitals. No User Charge for extended care patients under the age of 19.

The patient is not responsible for authorized charges. The payment to the host plan will include such charges.

The patient is not responsible for authorized charges. The payment to the host plan will include such charges.

¹If a patient is admitted from another province for one of the three excluded services, please contact the home plan at the phone number indicated above for information regarding possible coverage of the services and the proper method for billing.

²Authorized Charges do not include charges for preferred accommodation or any other charges for non-insured services.

BILLING PERIOD: FROM

TO

MONTHLY STATEMENT

NWT-HCP USE ONLY

Name of Hospital Insurance Plan

STATEMENT OF HOSPITAL IN-PATIENT PAYMENTS MADE

ON BEHALF OF NORTHWEST TERRITORIES RESIDENTS

NWT HCP i.#	Patient's Name & Address	Date of Birth DD/MM/YY	Sex	Diag. Code	Date Arrived Out of Prov. DD/MM/YY	Date of Admission DD/MM/YY	Date of Separation DD/MM/YY	H C P USE	Total Days	Std. Ward Rate	Amount Submitted	Hospital Name & City or Town	Long Stay Y or N	Accident Y or N
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