

A G R E E M E N T

DATED September 28th, 1981

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT  
OF THE PROVINCE OF SASKATCHEWAN,  
herein acting and represented by  
the Minister of Health for the  
Province of Saskatchewan, and hereinafter  
referred to as "Saskatchewan"

OF THE FIRST PART

- and -

HER MAJESTY THE QUEEN IN RIGHT  
OF THE YUKON TERRITORY, herein  
acting and represented by the  
Minister of Health for the Yukon  
Territory, and hereinafter referred  
to as "Yukon"

OF THE SECOND PART

THIS AGREEMENT made in duplicate this 28th day of  
September, 1981

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF  
THE PROVINCE OF SASKATCHEWAN,  
herein acting and represented by  
the Minister of Health for the  
Province of Saskatchewan, and hereinafter  
referred to as "Saskatchewan"

OF THE FIRST PART

- and -

HER MAJESTY THE QUEEN IN RIGHT OF  
THE YUKON TERRITORY, herein acting  
and represented by the Minister of  
Health for the Yukon Territory, and  
hereinafter referred to as "Yukon"  
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 Province of Saskatchewan and the  
Residents of 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 Province of Saskatchewan  
to residents of the Yukon Territory  
and by the Yukon Territory to residents  
of the Province of Saskatchewan.

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

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 Province of Saskatchewan means the Saskatchewan Hospital Services Plan, Saskatchewan Department of Health, and for the Yukon means the Health Services Branch, Yukon, Dept. of Health.
6. "province of origin" means the province of which a person declares himself to be a resident and eligible for insured services.

7. "resident" means any person who is a resident pursuant to the hospital insurance plan of his province of origin.

## II. PAYMENT OF CLAIMS

Claims for out-of-province insured hospital inpatient services provided to residents of the Province of Saskatchewan 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. Authorized charges incurred by a resident of Saskatchewan in the Yukon Territories shall be paid for by the patient.

8. Authorized charges incurred by a resident of  
the Yukon Territories in  
the Province of Saskatchewan  
shall be paid for by ~~the patient~~ Yukon Territory.
9. 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.
10. 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.
11. 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 this Agreement have been met.
12. 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.
13. 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.

14. 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 Province of Saskatchewan in connection with this Agreement may be addressed to:

Mr. G. H. Loewen, Executive Director  
Saskatchewan Hospital Services Plan  
3475 Albert Street  
Regina, Saskatchewan S4S 6X6

2. All notices and communications to

Yukon Territory

in

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connection with this Agreement may be addressed to:

Deputy Minister  
Government of Yukon  
Department of Health & Human Resources  
Box 2703  
Whitehorse, Yukon  
Y1A 2C6

VIII. ASSIGNMENT

This Agreement may not be assigned.



IN WITNESS WHEREOF Saskatchewan 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:

HER MAJESTY THE QUEEN IN RIGHT  
OF THE PROVINCE OF SASKATCHEWAN,  
AS REPRESENTED BY THE MINISTER  
OF HEALTH

June S. Butz  
Witness

Armand Kiefer  
Minister of Health

Oct 28 / 81  
Date

HER MAJESTY THE QUEEN IN RIGHT  
OF THE PROVINCE OF

Yukon Territory

Walter Fitzsimmons  
Witness

Alan R. Davidson  
Per: Minister of Health

28 September 1981  
Date



Saskatchewan  
Health  
Hospital Services  
Plan

# Declaration of Hospital Insurance Coverage In-patient Interprovincial Agreement

Hospital Admission No.

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          |  | Initial  |             |
| Permanent Address<br>(street & number, box no. or R.R.) |  | City, Town, Village |  | Province | Postal Code |
| Temporary Address<br>(street & number, box no. or R.R.) |  | City, Town, Village |  | Province |             |

is presently in the Province of Saskatchewan for the following reason:

1.  Vacation or travelling through Saskatchewan
2.  Medical referral
3.  Temporary employment
4.  Attending educational institution
5.  Other \_\_\_\_\_

Expected date of return to home province



|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

6.  New resident of Saskatchewan - enter date of establishing residence



|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

|  |                        |
|--|------------------------|
| Is insured for hospital in-patient services by the province of | Insurance Identity No. |
|--|------------------------|

|               |                  |                   |
|---------------|------------------|-------------------|
| Hospital Name | Hospital Code No | Date of Admission |
|---------------|------------------|-------------------|

|                              |  |
|------------------------------|--|
| Witness (Hospital signature) | Signature of person making declaration |
|------------------------------|--|

Date

If signed by a person other than the Patient  
Indicate relationship to the patient & address

Additional Information

SCHEDULE "A"

Items to be included on the Declaration of Hospital Insurance Coverage:

1. Patient's name and address
2. Patient's registration number and province of responsibility
3. Reason for being in the province
4. If a new resident of the province the date of establishing permanent residence
5. Name of hospital providing the service
6. Date of admission to hospital and hospital admission number
7. Declaration statement
8. Date and signature of hospital official who witnessed and obtained declaration
9. Signature of person making declaration
10. Space for additional information such as:
  - a. relationship of person signing the declaration to the patient if other than the patient
  - b. address of person signing declaration if not given earlier

SCHEDULE "B"

Items to be included on the monthly statement:

1. Registration number
2. Patient's name and address
3. Date of birth
4. Sex
5. Diagnostic code
6. Procedure code
7. Date of admission
8. Date of separation
9. Number of days
10. Standard ward rate
11. Amount
12. Hospital name and location
13. Long-stay indication
14. Accident indication