POSTED

An agreement for the Reciprocal Processing of Out-of-Province Claims for Medical Services by Physicians.

BETWEEN:

The Minister of Hospitals and Medical Care
of the Province of Alberta
(the "Minister")

AND:

Health Services Branch
Department of Health & Human Resources
Government of Yukon
(the "Department")

WHEREAS the parties wish to enter into an agreement for the administration of claims relating to the provision of medical services by physicians in the Yukon to residents of Alberta and by physicians in Alberta to residents of the Yukon.

NOW THEREFORE the parties agree as follows:

SECTION 1 - TERM OF AGREEMENT

1. This agreement shall come into effect on April 1, 1988.

SECTION 2 - DEFINITIONS

2. For the purposes of this Agreement:

"Host Province" means the province or territory other than the "Province of Origin" where a "Resident" obtains "Insured Physician Services".

"Insured Physician Services" means all physician services towards the cost of which the Federal government is making a financial contribution in accordance with the Canada Health Act and the Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977.

"Provincial Authority" for the Yukon Territory means the Health Services Branch, Department of Health and Human Resources and for the Province of Alberta means the Minister.

"Province of Origin" means the province or territory where a person is a resident and eligible for health insurance coverage.

"Resident" means any person defined as a resident for the purposes of the provincial or territorial medical care insurance plan administered by either of the parties hereto.

SECTION 3 - GENERAL PROVISIONS

3(1) This Agreement shall not apply to the services listed in Schedule "A", attached hereto and forming part of this Agreement.

3(2) Subject to subsection 3(1), where Alberta is the Host Province, a Resident of the Yukon shall be eligible for and entitled to the same Insured Physician Services as are provided to the Residents in the Host Province if he or she presents a current health identification card.

3(3) Subject to subsection 3(1), where the Yukon is the Host Province, a Resident of Alberta shall be eligible for and entitled to the same Insured Physician Services as are provided to Residents in the Host Province if he or she presents a current health identification card.

3(4) Where Insured Physician Services are provided, the physician shall record the patient's health identification number, patient surname, given name and initial, birthdate, and sex on the claim submitted.

3(5) A claim for Insured Physician Services provided in and processed by the Host Province shall be paid by the Host Province on behalf of the Province of Origin if the claim is complete and the physician has agreed to accept the payment as payment in full.

3(6) The Host Province shall issue monthly statements to the Province of Origin, either electronically or on magnetic tape, in the form attached as Schedule "B", or in writing in the form attached as Schedule "C".

3(7) All payments by the Provincial Authority of the Host Province shall be made at the approved rate payable by that Authority at the date of service. Adjustments will be made periodically for billing or accounting errors and retroactive fee schedule changes.

The forms attached as Schedule "B" and Schedule "C" shall be used to indicate any adjustments under this Agreement.

3(8) The Province of Origin shall reimburse the Host Province for payments made on its behalf within 30 days of receipt of a statement.

3(9) The Province of Origin recognizes the validity of decisions made by the Host Province regarding the eligibility of a Resident to insured services, provided the provisions of this Agreement have been met.

3(10) The costs of Insured Physician Services provided in the Host Province to a Resident who cannot provide proof of his coverage shall be the responsibility of the Resident.

3(11) Each party has the right to review administrative procedures of the other party relating to this Agreement at any reasonable time in order to meet auditing requirements.

3(12) The Province of Origin may require the Host Province to provide detailed information with respect to a reasonable sample of payments made on its behalf and to tabulate the findings for review at an evaluation meeting to be held at a mutually agreeable time following the implementation of this Agreement.

SECTION 4 - TERMINATION

4. Either party may terminate this agreement at any time by giving 180 days notice by registered mail to the other party.

SECTION 5 - NO ASSIGNMENT

5. This Agreement shall not be assigned by either party.

SECTION 6 - AMENDMENTS

6. No amendment or change to, or modification of, this Agreement shall be valid unless it is in writing and signed on behalf of both parties.

SECTION 7 - NOTICE

7. Any notice or other communication under this Agreement may be addressed to:

(a) in the case of the Minister to:

Assistant Deputy Minister
Health Care Insurance Division

(b) in the case of the Department to:

The Director
Health Services Branch
Department of Health & Human Resources
P.O. Box 2703
Whitehorse, Yukon Y1A 2C6

IN WITNESS WHEREOF this Agreement has been executed on behalf of the parties on the dates noted below:

FOR THE DEPARTMENT OF HEALTH
AND HUMAN RESOURCES OF THE
YUKON TERRITORY

Roxann Beitel
WITNESS

Margaret Joe
MINISTER

DATE: 88-06-30

FOR THE MINISTER OF HOSPITALS
AND MEDICAL CARE
OF THE PROVINCE OF ALBERTA

Linda Peet
WITNESS

Bob Elton

DATE: 88-08-04

APPROVED PURSUANT TO THE ALBERTA
DEPARTMENT OF FEDERAL AND
INTERGOVERNMENTAL AFFAIRS ACT

WITNESS

MINISTER OF FEDERAL AND
INTERGOVERNMENTAL AFFAIRS

DATE: 88-08-23

Appendix A

SERVICES EXCLUDED UNDER THE INTER-PROVINCIAL AGREEMENTS FOR THE RECIPROCAL PROCESSING OF OUT-OF-PROVINCE MEDICAL CLAIMS

This arrangement covers medically required services rendered by medical practitioners, with the following exclusions:

1. Surgery for alteration of appearance (cosmetic surgery).
2. Sex-reassignment surgery.
3. Surgery for reversal of sterilization, contraception and sterilization procedures.
4. Therapeutic abortions.
5. Routine periodic health examinations, routine eye examinations.
6. In-vitro fertilization, artificial insemination.
7. Acupuncture, acupressure, transcutaneous electro-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy.
8. Services to persons covered by other agencies: RCMP, Armed Forces, Workers' Compensation Board, Department of Veterans Affairs, Correctional Services of Canada (Federal penitentiaries).
9. Services requested by a "third party".
10. Routine circumcision of newborn.
11. Psychoanalysis.
12. Psychiatric or physiatric team conference when patient is not present.
13. Polysomnograms.
14. Genetic screening and other genetic investigations, including DNA probes.
15. Anaesthetic services and surgical assistant services associated with all of the foregoing.

SCHEDULE "B"

DETAIL RECORD

DATA ELEMENT	POSITION	FORMAT	SIZE	COMMENTS
Province Code	1 - 2	A/N	2	
Billing Period	3 - 5	A/N	3	
Statement Line Reference No.	6 - 11	N	6	
Health Identification No.	12 - 23	A/N	12	
Surname	24 - 41	A	18	
First Name	42 - 50	A	9	
Second Initial	51 - 51	A	1	
Date of Birth	52 - 57	N	6	
Sex	58 - 58	A	1	
Diagnostic Code	59 - 61	A/N	3	
Start Date of Service	62 - 67	N	6	YYMMDD
End Date of Service	68 - 73	N	6	
Benefit Code	74 - 79	A/N	6	
Number of Services	80 - 81	N	2	
Fee Paid	82 - 87	N	6	
Practitioner No.	88 - 97	A/N	10	
Specialty Code	98 - 99	A/N	2	
Claim/Micro Number	100 - 110	A/N	11	
Claim Line Number	111 - 111	A/N	1	
Adjustment Code	112 - 112	A/N	1	
Pay To Code	113 - 113	A/N	1	
Claim Number	114 - 120	A/N	7	
Filler	121 - 32	A	12	

TRAILER RECORD

DATA ELEMENTS	POSITION	FORMAT	SIZE	COMMENTS
Province Code	1 - 2	A/N	2	
Billing Period	3 - 5	A/N	3	
Filler	6 - 6	A	1	
Record Type	7 - 12	A	6	Trailer
Billing Statement Start Date	13 - 18	N	6	YYMMDD
Billing Statement End Date	19 - 24	N	6	YYMMDD
Total Paid Amount	25 - 34	N	10	
Total Detail Lines	35 - 40	N	6	
Starting Line Ref No.	41 - 46	N	6	
Ending Line Ref No.	47 - 52	N	6	
Filler	53 - 132	A	80	

SCHEDULE "C"

RECIPROCAL CLAIMS PROCESSING

1.3.3 REPORT CONTENT EXPLANATION

The following describes the report heading contents:

HEADING LINE	DESCRIPTION
LINE ONE	-identifies the province that paid the claims listed on the report and the date the report was produced.
LINE TWO	-report name.
LINE THREE	-identifies the province in which the patients listed on the report are registered.
LINE FOUR	-contains the earliest and most recent date on which claims listed on the report were paid. This corresponds to the BILLING STATEMENT START DATE and BILLING STATEMENT END DATE described in the INTERPROVINCIAL RECIPROCAL CLAIM FILE.

The following provides an explanation of the report column contents, by providing a cross reference to the data elements in the INTERPROVINCIAL RECIPROCAL CLAIM FILE.

REPORT COLUMN HEADING THIS REPORT	DATA ELEMENT NAME ON INTERPROVINCIAL RECIPROCAL CLAIM FILE	REPORT COLUMN ORIGINAL REPORT FORMAT
LINE REF. #	STATEMENT LINE REFERENCE NO.	LINE REF. #
HEALTH I.D. #	HEALTH IDENTIFICATION NO.	HEALTH I.D. #
PATIENT SURNAME	SURNAME	PATIENT SURNAME
GIVEN	FIRST NAME	GIVEN NAME
I	SECOND INITIAL	INITIAL
BIRTH DATE	DATE OF BIRTH	DATE OF BIRTH
SEX	SEX	SEX
DIAG CODE	DIAGNOSTIC CODE	DIAG. CODE
SR #	NUMBER OF SERVICES	NO OF SERVICES
SERVICE DATE START	START DATE OF SERVICE	DATE OF SERVICE
SERVICE DATE END	END DATE OF SERVICE	not on original
SERVICE CODE	BENEFIT CODE	SERVICE CODE
FEE PAID	FEE PAID	FEE PAID
DOCTOR #	PRACTITIONER NO.	DOCTOR #
SP CD	SPECIALTY CODE	SPECIALTY CODE
CLAIM OR MICROFILM	CLAIM/MICRO NUMBER	CLAIM OR MICROFILM
L N #	CLAIM LINE NUMBER	not on original
A C	ADJUSTMENT CODE	not on original
P T C	PAID TO CODE	not on original

SCHEDULE C

MEDICAL CARE PLAN OF NEWFOUNDLAND ("Host Province")
STATEMENT OF MEDICAL CARE
PAYMENTS MADE ON BEHALF OF NOVA SCOTIA RESIDENTS ("Province of Origin")
STATEMENT DATE YY/MM/DD TO YY/MM/DD

LINE REF. #	HEALTH I.D. #	PATIENT NAME..... SURNAME	GIVEN	I	BIRTH DATE	S E X	DIAG CODE	SR #	SERVICE START	DATE END	SERVICE CODE	FEE PAID	DOCTOR #	SP CO	CLAIM OR MICROFILM	L N #	A C	P T C
999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXX	X	YYMMDD	X	XXXX	Z9	YYMMDD	YYMMDD	XXXXXX	ZZZZ9.99	9999999999	XX	XXXXXXXXXXX	X	X	X
TOTAL					SERVICES	ZZ.Z19					AMOUNT	ZZZZZ.ZZ.99						