

POSTED

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

BETWEEN:

Her Majesty the Queen In Right of the Province
of Nova Scotia, as represented by the Honorable
Minister of Health & Fitness (herein called "The
Province of Nova Scotia")

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 Nova Scotia to residents of Yukon
_____ and by physicians in Yukon
_____ to residents of Nova Scotia;

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".

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"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 Province of Nova Scotia means the Health Services and Insurance Commission and for the Province or Territory of Yukon, means the Department _____.

"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 Nova Scotia is the Host Province, a Resident of Yukon 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 of the Province of Origin.
- 3(3) Subject to subject 3(1), where Yukon is the Host Province, a Resident of Nova Scotia 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 of the Province of Nova Scotia.

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- 3(4) Where Insured Physician Services are provided, the physician shall record the patient's health identification number, patient surname, given name and initial, birth date, 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 (at Host Province rates).
- 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) If a resident cannot provide proof of coverage, a claim cannot be filed with the Host Province plan.

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- 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 in writing 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 shall be in writing and shall be sent by registered mail, postage prepaid and addressed

(a) in the case of the Province of Nova Scotia to:

Minister of Health & Fitness
P. O. Box 488
Halifax, Nova Scotia
B3J 2R8

(b) in the case of the Province or Territory of Yukon _____ 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:

SIGNED, SEALED AND DELIVERED
the presence of

HER MAJESTY THE QUEEN IN
RIGHT OF THE PROVINCE OR TERRITORY OF
Yukon _____

Roxann Beitel
Witness

Maureen Joe
Minister of Health and
Human Resources

30-06-88
Date

HER MAJESTY THE QUEEN IN
RIGHT OF THE PROVINCE OF
NOVA SCOTIA

Georgia Dempsey
Witness

John R. Althorn
Minister of Health & Fitness

July 25, 1988
Date

SCHEDULE "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 and 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 psychiatric 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 any of the foregoing.

SCHEDULE "B"

DETAIL RECORD

<u>Data Element</u>	<u>Position</u>	<u>Format</u>	<u>Size</u>	<u>Comments</u>
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	89(4)V99
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 - 132	A	12	

TRAILER RECORD

<u>Data Elements</u>	<u>Position</u>	<u>Format</u>	<u>Size</u>	<u>Comments</u>
Province Code	1 - 2	A/N	2	
Billing Period	2 - 5	A/N	3	
??? Filler	6 - 6	A	1	
Record Type	7 - 12	A	6	TRAILR
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	89(8)V99
Total Detail Lines	35 - 40	N	6	
Starting Line Ref. Nop.	41 - 46	N	6	
Ending Line Ref. No.	47 - 52	N	6	
??? Filler	53 - 132	A	80	

MEDICAL SERVICES PLAN OF BRITISH COLUMBIA ("Host Province")
 STATEMENT OF MEDICAL CARE
 PAYMENTS MADE ON BEHALF OF ALBERTA RESIDENTS ("Province of Origin")
 STATEMENT DATE DD/MM/YY TO DD/MM/YY

RUN YY/MM/DD HH:MM

LINE REF.	HEALTH I.D. #	PATIENT NAME SURNAME	GIVEN	BIRTH DATE	DIAG CODE	SR #	SERVICE START	DATE END	YMMDD	YMMDD	DOCTOR #	SP CD	CLAIM OR MICROFILM	L A P N C T #
99999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXX	29	YMMDD	XXXX	XXXX	ZZZZ	99	9999999999	XX	XXXXXXXXXXXX	XX

SERVICES 22.ZZ9- AMOUNT ZZZZ.ZZZ.99-

TOTAL

SCHEDULE "C"

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R E C I P R O C A L C L A I M S P R O C E S S I N G

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 GIVEN	SURNAME	PATIENT SURNAME GIVEN NAME
I	FIRST NAME	INITIAL
BIRTH DATE	SECOND INITIAL	DATE OF BIRTH
SEX	DATE OF BIRTH	SEX
DIAG. CODE	SEX	DIAG. CODE
SR #	DIAGNOSTIC CODE	NO. OF SERVICES
SERVICE DATE START	NUMBER OF SERVICES	DATE OF SERVICE
SERVICE DATE END	START DATE OF SERVICE	not on original
SERVICE CODE	END DATE OF SERVICE	SERVICE CODE
FEE PAID	BENEFIT CODE	FEE PAID
DOCTOR #	FEE PAID	DOCTOR #
SP CD	PRACTITIONER NO.	SPECIALTY CODE
CLAIM OR MICROFILM	SPECIALTY CODE	CLAIM OR MICROFILM
L N #	CLAIM/MICRO NUMBER	not on original
A C	CLAIM LINE NUMBER	not on original
P T C	ADJUSTMENT CODE	not on original
	PAID TO CODE	

