

## MEMORANDUM

December 11, 1997

*I'm not sure if  
you have one already*

**SUBJECT: Agreement on Eligibility and Portability**

The provinces and territories have agreed to implement the revised Agreement on Eligibility and Portability effective January 1, 1998.

Attached is a copy of the updated Agreement. The following summarizes the changes:

- 01 Page 01 - Footnote number 2 has been added.
- 02 Page 02/Administrative clarification 2 (b) - This revision clarifies that the province where the member of the CAF or RCMP was stationed provides first day coverage when the member is officially discharged into that province; however, in cases where members have several months of various kinds of "leave" (e.g., rehabilitation, vacation, etc.) prior to date of discharge and the member establishes residence in a new province, the new province of residence provides first day coverage.
- 03 Page 03/Administrative clarification 5 (a) - This revision provides a limit of 12 months to the obligation of the home province to provide coverage to a spouse who moves permanently to another province in advance of the remainder of the family.  
  
NOTE: Quebec requires a regulatory amendment before they can implement this revision. This is expected mid-1998.
- 04 Page 5/Administrative clarification 8 (a) - This is a new clarification which has been included to ensure that there will not be interruptions in coverage for insured persons who are temporarily absent from the home province and are nearing the end of the 12 months allowable temporary absence when they decide to establish residence in the new province.
- 05 Page 5/Administrative clarification 8 (b) - This revision clarifies that in cases involving out-of-province hospitalization, the province of residence will maintain coverage for a minimum of 12 months continuous hospitalization.
- 06 Page 6/Section 10 - This modification confirms that provinces and territories extend coverage for up to 12 months of temporary absence for persons remaining in Canada. (some provinces have different policies for out-of-country absences).
- 07 Sections 2, 5, 6, 8, 9, 10, 11 - The reference to payment of premiums as a condition of eligibility for coverage has been removed.

**Agreement on Eligibility and Portability, Hospital and  
Medical Care Insurance, with Administrative Clarifications  
to January 1, 1998**

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These are minimum standards and individual provinces<sup>1</sup> fully participating in this agreement may exceed them so long as the overall interlocking pattern remains intact.<sup>2</sup>

1. Residence requirements must be the same between Hospital and Medical Care Plans in each province i.e. a person who is a resident from the standpoint of one Plan must always be considered a resident from the standpoint of the other Plan. This is quite independent of the method of financing i.e. with a premium plan a person may elect not to pay his/her premium but this will not affect his/her eligibility to do so nor should his/her access to coverage under the sister plan (if separately funded) be affected.

**Corollaries:**

- waiting periods for coverage must be the same for both Plans;
- portability provisions must be the same for both Plans:
  - while temporarily absent;
  - when moving residence to another province.

2. Bona fide residents who have had no immediate previous opportunity to acquire coverage should be given the same opportunity as possessed by all residents of the province when Hospital and Medical Care Insurance Plans<sup>3</sup> were first introduced i.e. of obtaining coverage from the first day which in their case is the day of arrival/discharge/release. A 30 day (one month) grace period for registration should be provided where applicable. The following groups in particular are covered by this provision:

newborns, members of CAF, RCMP and penitentiary prisoners (on discharge or release).

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<sup>1</sup> Reference to province or provinces includes the territories unless otherwise stated.

<sup>2</sup> The Agreement on Eligibility and Portability applies to insured health services as defined under the *Canada Health Act*, 1984.

<sup>3</sup> For this Agreement, references to a provincial/territorial health care insurance plan include both hospital and medical care insurance unless otherwise stated.

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Administrative clarifications:

- (a) The newborn on arrival has the same insurance status as the mother and receives first day coverage except if the mother is not covered and the father is, in which case, the insurance status is the same as the father.

Notwithstanding provision 2 and the preceding administrative clarification, when a baby born to a female member of the Canadian Armed Forces (either in the province of residence of the mother or in another province, without the mother being there long enough to be deemed to be a resident) does not have health insurance coverage, the province of residence of the mother will provide first day coverage to the newborn.

If a newborn or older child is abandoned or placed for adoption without it being readily determined which province should provide initial coverage commencing at the time of birth or abandonment, the province where the birth occurred or the abandonment or placement for adoption occurred should provide first day coverage from the time of birth, abandonment or placement for adoption as the case may be.

When a child from one province is placed for adoption with residents of another province, the child should be granted coverage from the first day of being placed for adoption by the province providing coverage for the adopting parents.

In the case where the mother is temporarily absent from her home province and gives birth in the second province, and where the baby is either being placed for adoption or being placed with an adoption agency in the second province, then the date of commencement of coverage in the second province will be the date of birth.

- (b) In the case of members of CAF, RCMP and penitentiary prisoners on discharge or release, the province where incarcerated or stationed at time of release or discharge or, in the case of those on leave prior to discharge, the province where residence has been established, as may be appropriate, will provide initial coverage for the customary waiting period of up to three months.

Parolees from a penitentiary will be treated in same manner as discharged prisoners. However, CAF personnel returning from a tour of duty abroad for release in Canada will normally be treated in same way as for returning Canadians. (In the case of penitentiary prisoners, day and full parolees are regarded as being discharged for health insurance purposes).

- (c) In the case of prisoners in a provincial (municipal) jail, the province where incarcerated assumes responsibility for coverage from the date of incarceration and will provide initial coverage for the customary waiting period of up to three months at time of release.

3. Wherever a province has doubts that an applicant really intends to establish residence or has legitimately established residence, it may reserve judgement on the actual payment of claims until the establishment of residence is confirmed. Benefits will be backdated to the date that coverage should have taken effect where there is no doubt, in the first place, that the applicant was establishing residence.

Administrative clarifications:

Coverage will normally be granted when an individual signs an application indicating that he/she is taking up residence in a province and, where required or upon request, provides all required documents showing that he or she has established residence in that province.

In the case of an inter-provincial move when the issue of residence cannot be resolved between the provinces involved, the details should be referred to the Federal-Provincial-Territorial Advisory Committee on Health Services for review and a recommendation as to which province should provide coverage. It should be understood that a province may require that the appeal process, for which provision is made in the legislation of the province, be exhausted before the case is submitted to the F-P-T Advisory Committee on Health Services.

4. In order to avoid gaps in coverage or failure to obtain coverage due to confusion over different provincial requirements as to registration and methods of funding, persons moving from one province to another should be able to apply for coverage at any time during the waiting period and coverage will commence at the conclusion of the waiting period as if application had been made at the time of taking up residence.
5. Subject to a maximum traveling period, when an individual or family moves from Province A to Province B, coverage under Province B would commence on the first day of the third month following the month of arrival in Province B, and coverage under Province A would not cease until midnight of the last day of the second month following the month of arrival in Province B.

Administrative clarifications:

- (a) In instances of a permanent move where one spouse moves from Province A to Province B in advance of the rest of the family, Province A will provide coverage for the spouse having left for the same period of time as that provided for the other members of the family, without exceeding a period of 12 months. The spouse having left will be looked on as temporarily absent until the rest of the family arrives. In such situations, if a child is left behind, e.g. for educational purposes, in Province A when the family moves, the child's residence for health insurance purposes goes with the parents' residence.

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In instances of a permanent move where the other family members move from Province A to Province B in advance of one remaining spouse, Province A will provide coverage for the other family members for the same period of time as for the spouse still residing in province A without exceeding a period of 12 months. Residence is established on the date of arrival of the other spouse and/or other members of the family unit.

- (b) If a family moves permanently from Province A to Province B while a dependent child is a student in Province C, the child's coverage should be obtainable from Province B on the same basis as for the rest of the family, regardless of whether or not the child has been in Province B, at least until the expiry of the student provisions of this agreement.
  - (c) If a family moves from Province A to Province B and leaves a dependent child behind in Province A due to health reasons, the child's coverage should be obtainable from Province B on the same basis as for the rest of the family, regardless of whether or not the child has been in Province B, for a period of up to 12 months. This will allow the parents sufficient time to determine if the child is to be moved to a health facility in Province B. Coverage should be available in Province A when it is determined that the child will remain permanently in Province A or at the end of the 12 month period, whichever comes first.
6. All students married or single, temporarily absent from their home province and in full-time attendance at a university or other approved educational institution, should be treated the same i.e. they would be provided with coverage from the home plan for a 12 month period subject to not establishing permanent residence elsewhere during this period. This period is renewable as often as is appropriate at the discretion of the plan.
- Students becoming married in another province will remain the responsibility of the province of origin subject to above conditions. The new spouse will remain covered by his/her own province until he/she acquires residence in another province in the usual way.
- Students becoming married in another country to a non-resident of Canada will remain the responsibility of the province of origin subject to the above conditions. The spouse will remain non-insured until he/she meets the eligibility requirements of a province/territory of Canada. Children of the marriage who meet eligibility requirements of the province will be able to obtain the same insured status as the parent that is insured.

Administrative clarifications:

- (a) Student nurses (including psychiatric student nurses), interns and residents are to be accepted as students for the purposes of this agreement.
  - (b) Where a student, attending an educational institution full-time is unable to return to the province of origin or is a returning Canadian or a returning permanent resident, the student will be deemed to have established residence in the host province and be entitled to register for coverage at which time the normal waiting period will apply.
  - (c) Coverage for international students and their families is at the discretion of the province of the host educational institution and is not mandatory under this agreement.
7. Workers, married or single, who leave their home province to accept or seek employment elsewhere will remain the responsibility of the province of origin for up to 12 months temporary absence provided they do not establish residence in another province or country and return to the province of origin at least once during the 12 month period or obtain waiver of this requirement from the involved home plan.
8. Each province should consider persons leaving the province, but not establishing residence outside Canada, as temporarily absent for a period of 12 months or until they had established residence in another province, whichever came sooner.

Administrative clarifications:

- (a) Where the temporarily absent person decides to establish residence in the host province and the host province applies a three month waiting period that would extend beyond 12 months of temporary absence from the home province, the host province would begin coverage on the first day of the thirteenth month of temporary absence from the home province. This applies on the condition that the person can demonstrate that he/she has spent at least three months prior to the end of the 12 months in the host province.
- Where a temporarily absent person, who has been continuing to move about without establishing residence, arrives in a host province sometime in the three months prior to the allowable 12 months of temporary absence from the home province and decides to establish residence, the home province would extend coverage beyond the 12 months to the end of the 3 month waiting period to establish residence.
- (b) If an individual is in transit from Province A to Province B but is hospitalized in Province C, he/she is eligible for coverage from Province A for up to 12 months continuous hospitalization and from Province C thereafter if he/she is still hospitalized in Province C unless residence had been established earlier in that year in Province C.

When an insured person is temporarily absent from his/her province of residence and is hospitalized in another province without establishing residence in the other province, and this hospitalization prevents him/her from returning to his/her province of origin within a 12 month period from the time of initial departure, the person will continue to be regarded as a resident of the original province of residence and entitled to continuation of coverage during the period of up to 12 months of continuous hospitalization or until he/she can return to his/her original province of residence, whichever is earlier. The province of hospitalization assumes coverage on the day following discontinuation of coverage by the province of origin.

9. Any individual or family lawfully resident in Canada other than those covered under the categories of Dependent, Student or Temporarily Absent Worker, may request and obtain coverage from any province or territory in which they have been physically present for a period of 3 months, provided were it not for this provision, he/she/they would otherwise not be considered to be temporarily absent from another province or territory. Registration may be undertaken at any time during the 3 month period and coverage will commence 3 months after establishing physical presence in the province.

Collary:

Where an individual or family, lawfully resident in Canada, maintains a dwelling in more than one province, the province in which is situated the dwelling at which the individual/family spends the greater part of each year shall be considered the province of residence and the periods spent elsewhere shall be regarded as periods of temporary absence from the aforementioned province.

Administrative clarifications:

The reference to three months means the customary waiting period of up to three months.

10. Any individual or family having left the home province and continuing to move about in Canada without establishing residence in any province will continue to be regarded as temporarily absent from the home province for a period of 12 months and retain coverage.

11. Whenever a province has reason to believe that a former resident, who has left the province within the previous 1 month period, has actually established residence in another province or country, it may reserve judgement on the actual payment of claims incurred for insured services following the alleged date of establishing residence elsewhere. However, when the situation has become clarified and temporary absence is confirmed, benefit coverage will be backdated so that no loss of temporarily absent coverage will have occurred.
12. The Health Insurance Supplementary Fund will provide for payment of hospital and medical care insurance claims of residents of Canada who, through no fault of their own, have lost or been unable to obtain coverage for insured services under the various provincial health insurance plans, and thus found themselves personally liable for payment of accounts for insured services.

The fund is not for the purpose of providing coverage for the cost of services for insured residents of a province where these services are restricted on an out-of-province basis.

Contributions to the Fund will be made by the provinces initially at one-tenth of a cent per capita multiplied by the insurable population as estimated by the Chief Statistician of Canada as at July 1, 1972, with matching federal contributions.\* The Fund will be replenished on a similar basis when required.

No payment of a patient's account shall be considered unless it has been established that:

- (i) the patient is a resident of Canada and is not a foreign national, other than a permanent resident;
- (ii) the patient has taken the action required at the proper time under provincial law to obtain or maintain relevant hospital or medical care insurance coverage;
- (iii) payment of the account is not the responsibility of any provincial hospitals or medical care insurance plan;
- (iv) the account is in respect of insured services of the national programs as normally provided in the province where the services were received and the province(s) involved have fulfilled the requirements of the relevant provisions of this agreement.

Claim form procedures will follow the pattern previously established for hospital insurance purposes.

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\* Initial funding differed.



Administrative clarifications:

The Fund will be used for payments only in respect of the portion of accounts not payable by any private insurance coverage which the patient has. In all cases any other insurance will be considered as the prime carrier.

13. Additional administrative clarifications:

- (a) Where a person who qualifies as a resident of a province receives insured in-patient services in a hospital located in another province, the rate payable will be the rate approved for that hospital by the provincial authority of the host province.  
An insured person hospitalized in another province would still be required to comply with any restrictions imposed by the hospital insurance plan of his province of residence, such as obtaining prior approval, if this is required for non-emergency situations. If such restrictions are not complied with, coverage could be denied or reduced by the province of residence.
- (b) With respect to coverage of insured hospital and medical services related to vital organ transplants:
  - all such insured service costs incurred by the donor are to be charged to and payable by the plan of the province where the recipient is insured.
  - transportation costs of the vital organ to be donated or of the donor will be similarly considered subject to approval of the plan of the province/territory where the recipient is insured.

This administrative clarification does not preclude a province from covering the hospital, medical or transportation costs incurred by insured residents who contribute vital organs to uninsured recipients.

- (c) Insofar as possible, insured services received by an insured resident from another province, either at a listed health care facility or from a medical practitioner recognized by the host province for payment purposes within its own jurisdiction, will be accepted for payment by the province where the person is insured.

## DEFINITIONS

1. A "dependent" is a resident included under another resident's medical and hospital coverage for any of the following reasons:
  - (a) being a child of a parent or legal guardian who holds insured status;
  - (b) being under the age of majority in the province of residence of the parent or legal guardian who holds insured status, unmarried, and not self-supporting; and
  - (c) being in any other category accepted by the province as conferring dependent status with reference to coverage.
2. A "permanent resident" (previously referred to as a landed immigrant) means a person who has been granted landing in Canada, holds federal immigration documentation to this effect, and establishes residence in Canada, but has not become a Canadian citizen.
3. "Moving" refers to changing residence permanently from one province to another. ("Moves" is used in a similar context).
4. "Province of origin" or "home province" means the last province in which a resident is eligible for health insurance coverage (and from which he may be temporarily absent, if relevant).
5. A "repatriated Canadian" is a distressed Canadian citizen who has been brought back to Canada from abroad at public expense on grounds of destitution.
6. A "resident" is any person defined as such by a provincial hospital or medical care insurance plan.
7. A "returning Canadian" is a Canadian citizen who resumes residence in Canada after ceasing to be eligible for coverage by his province of origin.
8. A "returning permanent resident" (previously referred to as "returning landed immigrant") is a permanent resident who resumes residence in Canada after ceasing to be eligible for coverage by his or her former province or territory of residence.
9. "Temporarily absent" means to be absent from the province of origin for business, education, vacation or other reasons without assuming permanent residence elsewhere and presumably intending to return. ("Temporary absence" is used in a similar context).