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For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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CHAPTER H-2
HEALTH SERVICES PAYMENT ACT
REGULATIONS

Pursuant to section 5 of the *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2, Council approved the following regulations made by the Prince Edward Island Health and Community Services Agency

INTERPRETATION

- 1. In these regulations** Definitions
- (a) “Act” means the *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2; Act
- (b) revoked by EC; Agency
- (c) “authorization” means an authorization issued to a participating physician or practitioner enabling that person to participate in the Plan; authorization
- (d) “basic health services” means basic health services
- (i) only those services that are rendered by physicians that are medically required but do not include
- (A) services that a person is eligible for and entitled to under the *Workers Compensation Act* R.S.P.E.I. 1988, Cap. W-7.1 or any Act of the Parliament of Canada except the *Canada Health Act* R.S.C. 1985, Chap. C-6 with respect to insured physician services or any other statute or law of any other jurisdiction,
- (B) mileage or travel unless approved by the Minister,
- (C) advice or prescriptions by telephone except anti-coagulant therapy supervision, which is included in basic health services,
- (D) examinations required in connection with employment or applications therefor, insurance, admission to educational institutions, jails, or camps, procurement of a passport or visa, or required in connection with legal proceedings, or any similar examination at the request of a third party,
- (E) group examination, immunizations, or inoculations unless such group prior to administration of such examinations, immunizations or inoculations received approval thereof by the Minister,

(F) preparation of records, reports, certificates or communications except a certificate of committal to a psychiatric, drug or alcoholism facility,

(G) testimony in court,

(H) surgery for cosmetic purposes unless medically required,

(I) dental services other than those listed in Schedule A to these regulations,

(J) dressings, drugs, vaccines, biologicals and related materials,

(K) eye glasses and special appliances,

(L) physiotherapy, chiropractic, podiatry, optometry, chiropody, osteopathy, psychology, naturopathy, audiology, acupuncture, acupressure and similar treatments,

(M) laboratory or radiology services provided under the *Hospital and Diagnostic Services Insurance Act* R.S.P.E.I. 1988, Cap. H-8,

(N) services rendered by or under the direct supervision of a physician, during the rendering of which the physician is not physically present in the same premises as the patient and is not available to the patient,

(O) services rendered by a physician to members of his or her own immediate family (spouse, children and parents, whether by blood or marriage) or household unless approval of the Minister is obtained,

(P) such services that the Minister may, upon the recommendation of the Health Services Payment Advisory Committee, except,

(ii) the procedures listed in Schedule A to these regulations when performed in a hospital by a dentist but only when the condition of the patient is such that the service is medically required to be rendered in hospital or the magnitude of the service, as determined by the Minister, renders it necessary to be performed in a hospital under general anaesthesia,

(iii) the services listed in Schedule B to these regulations when rendered by a prosthodontist and when the condition of the patient is such that the service is determined by the Minister to be medically required,

(iv) services provided in respect of termination of pregnancy performed in a hospital when the condition of the patient is such that the service is determined by the Minister to be medically required;

call

(e) "call" means services rendered by a physician to or on behalf of a patient for a diagnosis or treatment at the home of the patient, at the doctor's office or at a hospital, but no more than one call on a patient per day constitutes a call for the purpose of these regulations

except in exceptional circumstances and unless approved by the Minister;

- (f) “claimant” means a person who submits a claim for payment to the Minister in respect of a basic health service; claimant
- (g) “complement” means the complement of participating physicians for the province approved by the Minister; complement
- (h) “consultation” means a request by an attending physician for an opinion from another physician competent to furnish advice where the patient’s condition demands a further opinion; consultation
- (i) “dentist” means a person lawfully entitled to practice dentistry in the Province of Prince Edward Island under the *Dental Profession Act* R.S.P.E.I. 1988, Cap. D-6; dentist
- (j) “family head” means family head
- (i) where two persons are living together in the same residence as spouses, either spouse as may be jointly designated by them, but if no such designation has been made, the applicant,
- (ii) where spouses are divorced, separated or maintaining separate residences, each spouse, in respect of dependent children whom he or she maintains, or
- (iii) where children are maintained by a person other than their parents, the person standing *in loco parentis*;
- (k) “general practitioner” means a legally qualified medical practitioner who is not a specialist within the meaning of clause (w); general practitioner
- (l) “landed immigrant” means a non-Canadian who establishes residence in Canada and who holds a visa entitling him or her to permanently reside in Canada; landed immigrant
- (m) “Medical Society” means the Medical Society of Prince Edward Island, Canadian Medical Association, Prince Edward Island Division as identified in the *Medical Act* R.S.P.E.I. 1988, Cap. M-5; Medical Society
- (m.1) “Minister” means the Minister of Health; Minister
- (n) “ordinarily present” means present in the province for six months or more, but includes transient persons who have not been resident in another province or country for six months or more if they have been resident in the province continuously for three months or more; ordinarily present
- (o) “participating” in relation to a physician or practitioner means one who holds a valid billing number authorizing the holder to claim payments under the Plan, or has otherwise been admitted to and continues to participate in the Plan; participating

participating province	(p) “participating province” means a province or territory of Canada in which there is in operation a medical care insurance plan in respect of which a contribution is payable under the <i>Canada Health Act</i> ;
Planning Committee	(q) “Planning Committee” means the Physician Resource Planning Committee established under section 2.2 of the Act;
repatriated Canadian	(r) “repatriated Canadian” means a Canadian citizen who has been returned to Canada from outside Canada at public expense because of his or her destitution;
resident	(s) “resident” means a person legally entitled to remain in Canada and who makes his or her home in and is ordinarily present in Prince Edward Island, but does not include a tourist, a visitor to the province, a member of the Canadian Armed Forces, a member of the Royal Canadian Mounted Police, students ordinarily resident in another jurisdiction, or a person serving a term of imprisonment in a penitentiary as defined in the <i>Penitentiary Act</i> (Canada) R.S.C. 1985, Chap. P-5;
returning Canadian	(t) “returning Canadian” means a Canadian citizen who resumes residence in Prince Edward Island on return from outside Canada and who has ceased to be eligible for coverage under a medical care insurance plan operated by another jurisdiction;
returning landed immigrant	(u) “returning landed immigrant” means a landed immigrant who resumes residence in Prince Edward Island on return from outside Canada and who ceased to be eligible for coverage under a public medical care insurance plan in his or her province or territory of origin;
service provider	(v) “service provider” means a physician or practitioner who provides a basic health service;
specialist	(w) “specialist” means a physician whose name is on the specialist register of the College of Physicians and Surgeons of Prince Edward Island, but where a specialist provides services that are not within his or her area of specialization or that could be performed by a general practitioner, he or she shall, in respect of the provisions of those services, be deemed to be a general practitioner;
tariff	(x) “tariff” means the tariff of fees for either medical or dental services, as may be applicable, established by the Minister under section 33 or 34;
visit	(y) “visit” means call. (EC453/96; 612/05; 731/05; 54/09; 670/09)

ADMINISTRATION

- 2.** (1) The Health Services Payment Plan is hereby established. Health Services
Payment Plan
- (2) The Plan comprises the Act, these regulations, the tariff and such administrative procedures, controls and safeguards as are established by the Minister. (EC453/96) *Idem*
- 3.** (1) The Minister may for the more effective and efficient administration of these regulations and the carrying out of duties and powers under the Act establish administrative procedures, controls and safeguards and may delegate to employees of the Minister such of the powers and authorities of the Minister as the Minister may consider advisable. Administration
- (2) Where administrative procedures, controls and safeguards are established, all persons employed by the Minister and all persons who are applicants for a benefit under the Act and all persons who are recipients of moneys under the Act or the regulations are bound thereby as if such were specifically set forth herein. Administrative
procedures binding
- (3) Where the Minister delegates power and authority to employees of the Minister, the employees are bound by the delegation and shall not act outside the power and authority so delegated. Delegation
- (4) No person to whom powers and authorities are delegated by the Minister may further delegate such powers and authorities without the consent in writing of the Minister. (EC453/96) Sub-delegation
- 4.** (1) The Minister may appoint such committees as it considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of the Act and the regulations. Committees
- (2) The Minister shall establish the rate of remuneration and the expense allowance for the members of the committees appointed under subsection (1) and such members are thereupon entitled to such rights of remuneration and expense allowance. (EC453/96) Remuneration
- 5.** (1) The Medical Advisory Committee is continued on the date this section comes into force under the name of the Health Services Payment Advisory Committee. Health Services
Payment Advisory
Committee
- (2) The Health Services Payment Advisory Committee shall be composed of not less than three, and not more than five, medical practitioners appointed by the Minister from among nominations submitted by the Medical Society. Composition

Nomination	(3) The Medical Society shall nominate at least two medical practitioners for any vacant position on the Health Services Payment Advisory Committee.
Term of office	(4) The members of the Medical Advisory Committee holding office immediately before the date this section comes into force shall be deemed to have been appointed under subsection (2) and, subject to subsections (6) and (7), shall continue to be members until the expiry of their original terms of office.
<i>Idem</i>	(5) The term of office of a member of the Health Services Payment Advisory Committee, other than those referred to in subsection (4), is three years, unless the member sooner resigns or his or her appointment is sooner revoked.
Resignation	(6) A member of the Health Services Payment Advisory Committee may resign by giving the Health Services Payment Advisory Committee, the Minister and the Medical Society notice of his or her intention to resign.
Revocation	(7) The Minister may revoke the appointment of any member of the Health Services Payment Advisory Committee (a) for cause; or (b) for failure without reasonable excuse to attend three or more consecutive meetings of the Health Services Payment Advisory Committee.
Notice of intention to revoke	(8) Before revoking the appointment of a member of the Health Services Payment Advisory Committee, the Minister shall cause a notice of the Minister's intention to revoke the appointment to be given to (a) the Health Services Payment Advisory Committee; (b) the Medical Society; and (c) the member, unless the member cannot be found or has left the province.
Effective date	(9) A revocation of a member's appointment made under subsection (7) may not take effect sooner than four weeks after all notices have been given as required in subsection (8).
Vacancy	(10) Where a member of the Health Services Payment Advisory Committee ceases to be a member before the expiry of his or her term in office, the Minister shall appoint a medical practitioner nominated by the Medical Society in accordance with subsection (3) to serve the unexpired portion of the term of the former member.
Remuneration	(11) The members of the Health Services Payment Advisory Committee are entitled to such reimbursement for expenses incurred in

the performance of their duties and to such remuneration for their services as members as the Minister may determine. (EC453/96; 54/09)

6. (1) The Health Services Payment Advisory Committee shall

Functions of Health
Services Payment
Advisory
Committee

- (a) review and make recommendations on all such claims submitted to the Minister as the Minister refers to it;
- (b) advise and make recommendations to the Minister on all such matters affecting the effective and efficient administration of the Plan, the Act and the regulations as the Minister may refer to it;
- (c) review the facts relating to and make recommendations to the Minister concerning cases referred to it by the Minister involving a possible or alleged overservicing of a patient by a physician or an overutilization of basic services by an entitled person;
- (d) review the facts relating to and make recommendations to the Minister relating to the medical requirement of service provided by a physician in such cases as may be referred to it by the Minister;
- (e) make recommendations to the Minister relating to the expanding or restricting of the Plan or basic health services;
- (f) conduct or comment on any investigation or proposals relating to new, novel or unusual medical practices or procedures that have been suggested for inclusion under the Plan;
- (g) make recommendations relating to the establishment, amendment and interpretation of the tariff; and
- (h) advise on such other matters as may be referred to it by the Minister from time to time.

(2) Members of the Health Services Payment Advisory Committee

Powers of members

- (a) have all such powers in carrying out their duties under subsection (1) as may be conferred upon them or delegated to them by the Minister; and
- (b) are hereby vested pursuant to the *Public Inquiries Act* R.S.P.E.I. 1988, Cap. P-31 with the powers of a commissioner under the *Public Inquiries Act*, and the members of the Health Services Payment Advisory Committee shall be deemed to have each been appointed under the *Public Inquiries Act* and to have been commissioned to cause inquiry into and concerning those matters that are within the powers of the Health Services Payment Advisory Committee and within the context and terms of reference referred to in subsection (1).

(3) All such information as may come before the Health Services Payment Advisory Committee shall be dealt with by the Committee in confidence and the provisions of section 17 of the Act apply to the Health Services Payment Advisory Committee. (EC453/96; 54/09)

Confidentiality

Powers of Minister **7.** The Minister is vested with the powers of a commissioner under the *Public Inquiries Act* and shall be deemed to have been appointed under the *Public Inquiries Act* and to have been commissioned to cause inquiry into and concerning those matters that are within the powers of the Minister under the Act. (EC453/96)

REGISTRATION OF ENTITLED PERSONS

Person entitled to benefits **8.** (1) Any resident, subject to such exclusions or conditions as may be imposed by the Act, regulations, formal policies of the Minister or interjurisdictional agreements, is eligible to be registered as a person entitled to benefit in respect of basic health services under the Plan.

Idem (2) Every person who
(a) is
(i) a landed immigrant,
(ii) a repatriated Canadian,
(iii) a returning Canadian,
(iv) a Canadian citizen or a spouse of a Canadian citizen assuming residence in Canada for the first time, or
(v) a spouse or a dependent child of a serving member of the Canadian Armed Forces or the Royal Canadian Mounted Police;
and
(b) has established permanent residence in Prince Edward Island, is entitled to benefits under these regulations from the date the person established such residence, if the person complies with the requirements of section 9.

Service personnel (3) Every person who has been discharged from the Canadian Armed Forces or the Royal Canadian Mounted Police and who has been stationed in Prince Edward Island for at least two months immediately prior to discharge is entitled to payment for basic health services under these regulations from the date of discharge if he or she complies with the requirements of section 9.

Inter-jurisdictional coverage (4) Determination of the effective date of commencement or termination and of other conditions of entitlement for a person moving between Canadian jurisdictions may be subject to interjurisdictional agreements regarding coverage.

Newborn infants (5) A newborn child is deemed to have the same status under these regulations as his or her mother until otherwise determined. (EC453/96; 636/10)

Registration **9.** (1) The Minister shall register any entitled person who makes application or in respect of whom application is made for registration.

(2) A person shall provide the Minister with such information as it may require for the purpose of registration. Information

(3) The Minister may develop, print and issue certificates of registration in such form as the Minister may prescribe. Health Services
Registration
Certificates

(4) Registration certificates referred to in subsection (3) shall be issued to entitled persons and, in the case of a family head, shall be issued to a family head for the family head and all persons who are registered as members of his or her family. Issue of certificates

(5) Every person who has been registered under this section shall report any change in address or marital status to the Minister within one month after the change occurs. (EC453/96) Reports

ELIGIBILITY FOR PAYMENT

10. Every person registered under section 9 is eligible to have payments made in accordance with the Act and these regulations for basic health services provided to that person. (EC453/96) Eligibility

11. (1) An entitled person may be eligible to have payments made for basic health services provided to him or her when out of the province where such basic health services are required as a result of sudden illness or accident or are approved by the Minister Out of province
treatment

(a) at the tariff established by the medical care authority of the jurisdiction in which the services are rendered, if that jurisdiction takes part in the Canadian interjurisdictional arrangement for reciprocal billing; or

(b) at the tariff established by the Minister where the services are rendered outside Canada, or in a jurisdiction which does not take part in the reciprocal-billing arrangement, but are considered by the Minister to be available in Canada in a jurisdiction which takes part in the reciprocal-billing arrangement.

(2) An entitled person may be eligible to have payments made, at such rates as the Minister may determine, for basic health services rendered outside Canada for which prior approval of the Minister has been obtained and which, in the opinion of the Minister, are not available in Canada. Treatment outside
Canada

(3) The Minister may by policy establish requirements concerning prior approval of coverage for non-emergent services rendered out of the province. Prior approval

(4) Where basic health services are rendered to an entitled person outside Prince Edward Island, other than under subsection (1) or (2), the Changes of
residence

following persons may be eligible, subject to subsection (5), to have payment made in accordance with the tariff established under section 2 of the Act for such services:

(a) an entitled person who moves from the province to take up residence in another part of Canada, for a period not exceeding twelve months from the date of departure from this province or until he or she establishes residence in another province, whichever occurs earlier;

(b) an entitled person who moves from the province to take up residence outside Canada, for a period not exceeding twelve months from the date of departure from the province.

Accounts

(5) An entitled person to whom subsection (4) applies shall not be eligible to have payment made under that subsection unless, within six months of the date on which the services were rendered, he or she submits to the Minister an itemized account or receipt in a form acceptable to the Minister that shows the services rendered and the fees payable or paid therefor. (EC453/96)

Recovery for services not qualifying for payment

12. (1) Where the Minister, pursuant to an agreement with another province or territory, has paid moneys for health services rendered in that other province or territory to an entitled person and such services were rendered in circumstances other than those stipulated in section 11, the Minister may collect the amount of the payment from the entitled person as a debt owing to the Minister.

Idem, by court

(2) The Minister may apply to the court to enforce payment of such debt, and in so doing may, notwithstanding the normal secrecy provisions of section 17 of the Act, reveal to the court such information as the court may require concerning the services for which unauthorized payment was made. (EC453/96)

Services not medically necessary

13. (1) Where, in the opinion of the Minister, services provided by a physician for which a claim for payment is made under the Act and these regulations were not medically required, the person making the claim is not entitled to any payment of the cost of the services.

Medical assessment rules

(2) The Minister may establish assessment rules that may be applied by the Minister in determining the amount payable on claims.

Rejection of certain claims

(3) Where, in the opinion of the Minister, a physician renders basic health services that are beyond his or her training or experience the Minister may, with the agreement of the Medical Advisory Committee, reject a claim for payment under the Plan for the services. (EC453/96)

Specialist services

14. Where a specialist renders to an entitled person a basic health service that is outside the specialty of the specialist, the amount payable for the

service is the amount that would have been paid had the service been rendered by a general practitioner. (EC453/96)

15. (1) Where basic health services are rendered by a post-graduate or by a physician who Compensation by hospital

(a) is undergoing medical training in a hospital; and
(b) is receiving a salary from the hospital for his or her services, neither he or she nor the hospital employing him or her is entitled to payment under the Plan for such services unless specifically authorized by the Minister.

(2) The usual attending physician of a patient is not eligible for payment under the Plan for basic health services rendered to the patient by a person referred to in subsection (1) unless the usual attending physician of the patient is physically present with the patient when the basic health service is rendered. (EC453/96) Attending physician to be present

16. (1) Where in the opinion of the Minister a physician renders more basic health services to a patient than are medically required, the Minister may Services in excess of those medically necessary

(a) reject a claim for payment for such basic health services; or
(b) if the services rendered have been paid for, reject such further claims submitted by that physician as will equal in monetary value the claims paid for the unnecessary services.

(2) A physician whose claim is so rejected may appeal to the Health Services Payment Advisory Committee, or such other committee as may be established for the purpose, and the committee may make a recommendation on the matter to the Minister. (EC453/96; 54/09) Idem, appeal

CLAIMS FOR PAYMENT

17. (1) The Minister may make payment in respect of basic health services rendered Claims for payment

(a) to the entitled person or his or her guardian, committee or legal representative; or
(b) where the service provider is a participating physician or practitioner, to that person.

(2) All claims and payments shall be made in accordance with applicable provisions of the tariff. (EC453/96) According to tariff

18. The Minister shall not pay a claim under the Plan in respect of basic health services unless it contains the following information: Form of claim

(a) the patient's name and address, the day, month and year of his or her birth, his or her sex and plan registration number;

- (b) the diagnosis or chief complaint or description of services rendered;
- (c) where the service is provided in Prince Edward Island, the fee code number and the amount corresponding to the procedure or treatment performed;
- (d) where the service is provided outside Prince Edward Island, a description of the service or treatment performed and the fee charged;
- (e) the date of each service, and for hospital visits, the name of the hospital;
- (f) a reasonable explanation if the nature of the service was unusual;
- (g) the identification number of the person providing the service, issued to him or her by the Minister;
- (h) the name of the referring physician or practitioner or the physician or practitioner to whom the patient was referred;
- (i) the names of other physicians or practitioners attending the patient and their relationships to the service rendered;
- (j) whether the services are payable by Workers Compensation Board, the Canadian Pension Commission or a similar government Minister in Canada;
- (k) whether the services were required because of an automobile accident or any other circumstance involving liability of a third party;
- (l) such other information as the Minister may require. (EC453/96)

- Time for submission of claim **19.** (1) A claim for payment in respect of basic health services rendered to an entitled person that contains the information required pursuant to section 18 shall be submitted
- (a) if the claim is submitted by the entitled person, within six months of the date on which the service was rendered; and
 - (b) if the claim is submitted by a participating service provider who rendered the service, within three months of the date the service was rendered.
- Claim out of time (2) Unless the Minister otherwise determines, no payment may be made in respect of a claim that is not submitted within the relevant time period set out in subsection (1).
- Payment to participating service providers (3) Except where an entitled person is charged for a basic health service and submits a claim in respect thereof pursuant to section 11 of the Act or section 24 of these regulations, payment for the basic health service shall be made to the participating service provider in accordance with these regulations. (EC418/02)
- Overpayment **20.** Where the Minister has for any reason paid moneys in excess of the correct amount under any claim, the Minister may withhold from claims

submitted by the claimant moneys in the amount of the overpayment or, in the event that no such claims are received by the Minister within six months of the date of the overpayment, the Minister may collect the amount of the overpayment as a debt owing to the Minister.

21. Where a valid claim for payment is submitted by a physician or practitioner whose authorization is temporary or otherwise restricted under subsection 8(4) of the Act, the Minister may withhold up to 15% of the moneys payable for a period of six months from the date on which the claim is filed. (EC453/96) Physicians holding temporary licenses

22. (1) The Minister may conduct such inquiries and interviews and correspond with such persons as the Minister may consider necessary to investigate, verify or question any claim submitted for payment, both before and after payment has been made. Inquiries

(2) The Minister may request any person claiming payment to allow access to or provide the Minister with all such information, records and documents as the Minister may require for the purpose of investigating a claim or confirming entitlement. Information

(3) The Minister may refuse to make any payment for any claim submitted for payment until the information, records and documents referred to in subsection (2) have been delivered to the Minister, and if the information, records or documents are not delivered within six months of the date of the request therefor, the Minister may reject the claim. (EC453/96) Records to be complete

23. The Minister may correspond with and make such other inquiries as may be necessary of members of the legal profession and insurance companies and their agents respecting third party recovery of moneys in which the Minister has an interest under the Act. (EC453/96) Inquiries

24. (1) Where a basic health service is rendered to an entitled person, who wishes payment to be made for it by the Plan, by a non-participating physician or practitioner or by a participating physician or practitioner who has made a determination pursuant to section 10.1 of the Act to bill the patient directly Claim by patient

(a) the service provider shall not charge the patient an amount for the service greater than that set out in the tariff; and

(b) the service provider must

(i) before rendering the service, inform the patient that the patient will be billed directly and may claim reimbursement from the Minister,

(ii) give the patient a claim form in the form approved by the Minister and enter on it details of the service provided, the date

and location, the charges paid or to be paid by the patient and such other information as the Minister may require for the purposes of section 18, and
(iii) provide to the Minister, in such manner as it may require, the information referred to in subclause (ii).

Payment (2) Upon receipt of a claim under subsection (1) the Minister shall adjudicate the claim and make payment directly to the patient in accordance with the applicable procedures of the Minister. (EC453/96)

PARTICIPATION IN THE PLAN

Application, content **25.** (1) A physician or practitioner who wishes to participate in the Plan shall apply to the Minister and provide the following information in such form and manner as the Minister may require:

- (a) identification of the applicant;
- (b) description of the intended practice, referring to such matters as location, types of service, duration, expected use of hospital facilities;
- (c) a copy of the applicant's license to practise in the province;
- (d) description of any qualification, with evidence of entitlement, to practise any specialty;
- (e) evidence of hospital privileges; and
- (f) such other information or substantiation as the Minister may require.

Reference to the Planning Committee (2) An application by a physician shall be referred to the Planning Committee which shall assess it, taking into consideration the strategy adopted under section 2.1 of the Act, the capacity of the health system to accommodate the applicant's service, the complement and the needs, financial resources and any recommendation of the appropriate division of the Department,, and make a recommendation to the Minister respecting the admission of the applicant as a participant.

Admission (3) The Minister shall decide on the application, taking into account the Planning Committee's recommendation, and where the Minister decides to admit an applicant as a participant shall

- (a) register the applicant and record any conditions pursuant to subsection 8(4) of the Act affecting the participation of the applicant;
- (b) issue an authorization in writing to the applicant recording the conditions referred to in clause (a), and provide instructions regarding claiming;
- (c) inform the appropriate division of the Department and the Planning Committee.

(4) Where the Minister decides to reject an application the Minister shall advise the applicant, giving reasons therefor, and inform the bodies referred to in clause (3)(c). Rejection

(5) References in this section and elsewhere to the Planning Committee, the strategy and complement, and any such other application of sections 2.1 and 2.2 of the Act to admission of participants, apply to physicians but not practitioners. (EC453/96; 731/05; 430/09) Non-application to practitioners

26. A person who has been admitted as a participant in the Plan pursuant to section 25 or 31 shall inform the Minister of any change of circumstances affecting his or her practice or participation such as change of location or type of practice. (EC453/96) Notice of changes

27. (1) A participating physician or practitioner shall give to the Minister at least 30 days notice of his or her intention to stop participating in the Plan. Notice of withdrawal

(2) Where the Minister has received a notice under subsection (1), the Minister shall Action by Minister

(a) set the date upon which participation will cease and suspend or revoke the authorization accordingly;

(b) advise the Planning Committee and the appropriate division of the Department, so that appropriate action may be taken to deal with the vacancy; and

(c) inform the physician or practitioner of the rules governing readmission to participation,

and may hold back for up to 90 days a sum not exceeding 15% of existing outstanding claims in order to enable adjustments to be made with respect to any overpayment.

(3) The Minister may, for the purpose of implementing the strategy adopted under section 2.1 of the Act, provide financial or other incentives to a physician considering withdrawal from the Plan. (EC453/96; 731/05; 430/09) Incentives

28. (1) A participant who expects to be or has been inactive for a period of more than 90 days shall give notice thereof to the Minister. Notice of intended absence

(2) The Minister may, subject to satisfactory arrangements governing the provision of services by other participants, authorize a physician or practitioner to take a temporary leave of absence of up to one year without loss of his or her authorization and the provisions of subsection 27(2) apply in respect of a temporary leave of absence. Temporary leave

Notice of resumption of status as participant	(3) A physician or practitioner on temporary leave of absence shall give 30 days notice to the Minister of his or her resumption of status as a participant.
Early return or extension	(4) A person may not return to active practice either before or after the expiry of the authorized leave of absence without the approval of the Minister.
Late return	(5) If the physician or practitioner does not return to service by the date of expiry of the leave of absence or make an arrangement with the Minister for extension of the leave of absence, the Minister may cancel his or her authorization as a participant. (EC453/96)
Temporary authorization	29. (1) Upon application by a physician or practitioner or as the Minister considers necessary, the Minister may issue a temporary authorization, valid for a period of up to one year, to enable a person to substitute for a participating service provider during absence or incapacity or to provide for such other special circumstances as the Minister may consider appropriate.
Conditions	(2) The Minister may impose conditions or limitations on a temporary authorization. (EC453/96; 731/05; 430/09)
Readmission	30. A physician or practitioner who has ceased to participate in the Plan and who seeks readmission must, unless a temporary leave of absence has been authorized under section 28, reapply as if for initial admission to the Plan. (EC453/96)
Transitional, existing service providers	31. (1) Any physician or practitioner who (a) has received payments from the Minister under the Plan at any time during the period of two years preceding the date on which section 8 of the Act as enacted by Stats. P.E.I. 1995, c.17 comes into force; and (b) wishes to continue to participate in the Plan and gives notice thereof to the Minister by October 31, 1996, shall be entitled to be registered as a participant.
Conditions	(2) The Minister shall issue an authorization to a person referred to in subsection (1) and may impose conditions restricting the nature and scope of practice to that carried on during the preceding two years.
Withdrawal	(3) Subsection (1) does not apply to a physician or practitioner who has withdrawn from participation in the Plan since enactment of section 8 of the Act by Stats. P.E.I. 1995, c.17.
Exclusion, discipline	(4) Subsection (1) does not apply to a physician or practitioner who, during the period of two years referred to in clause (1)(a), has been

subjected to professional discipline and whose license to practise has been revoked or suspended, irrespective of whether the license has been reinstated or a new license granted. (EC453/96; 530/96)

31.1 A physician or practitioner who, during the period of two years referred to in subsection 8(2) of the Act, has been subjected to professional discipline, and whose license to practise has been revoked or suspended, is excluded from the recognition referred to in that subsection, irrespective of whether the license has been reinstated or a new license granted. (EC530/96)

Exclusion,
discipline

31.2 A physician or practitioner referred to in subsection 31(4) or section 31.1 who wishes to participate in the Plan must apply under section 25. (EC530/96)

New application

32. (1) The Minister may impose conditions upon an authorization or suspend or cancel an authorization where

Suspension or
cancellation of
authorization

- (a) disciplinary action is taken against a physician or practitioner by his or her professional regulatory body;
- (b) a physician or practitioner has been convicted of an offence that in the opinion of the Minister affects his or her suitability to participate within the Plan;
- (c) a physician or practitioner has wilfully made a false representation with respect to any claim under the Plan;
- (d) for a period exceeding 90 days a physician or practitioner has not submitted a claim or given some other indication of the intention to continue to participate, and has not given notice of intended inactivity or secured a temporary leave of absence under subsection 28(2); or
- (e) a physician or practitioner has violated any provision of the Act or these regulations.

(2) No action shall be taken by the Minister under subsection (1) unless the physician or practitioner has first been given notice of the intention to take action and has been offered an opportunity to make representations at a hearing conducted by the Minister or such other tribunal or committee as the Minister may determine. (EC453/96; 530/96)

Hearing

TARIFF OF FEES - PAYMENT AMOUNTS

33. (1) In relation to medical services, the Minister shall make payments under the Plan in accordance with

Payments for
medical services

- (a) the Tariff of Fees for Medical Services set by the Minister after consultation with the Medical Society; and

(b) such other formal agreement as may be in force between the Minister and the Medical Society.

Variable rates

(2) The tariff, as well as setting standard categories and rates for basic health services, may also set variable rates, conditions and manners of payment based on such factors as are set out in subsection 14(3) of the Act. (EC453/96)

Payments for dental services

34. In relation to dental services, the Minister shall make payments under the Plan in respect of those dental services that are included in basic health services as set out in the Schedules in accordance with

(a) the Tariff of Fees for Dental Services set by the Minister after consultation with the Dental Association of Prince Edward Island; and

(b) such other formal agreement as may be in force between the Minister and the Dental Association. (EC453/96)

Expenditure-control measures

35. The amount of money available for payment, whether for medical or dental services, is subject to provisions of the *Public Sector Pay Reduction Act* and such other legislation governing provincial health-service expenditures as may apply. (EC453/96)

DENTAL SERVICES

Dentist may provide services

36. A dentist is a “practitioner” pursuant to clause 1(j) of the Act, and may provide those basic health services which are listed in Schedules A and B according to the limitations and conditions of these regulations. (EC453/96)

Hospital and other costs

37. (1) Anaesthetic and other hospital costs associated with dental services provided in a hospital by a practitioner

(a) that are listed in Schedule A or B, are covered under the Plan; and

(b) that are not listed in Schedule A or B, are not covered under the Plan unless the dental services have the prior approval of the Minister.

Practitioner

(2) For the purposes of subsection (1), practitioner means an oral maxillofacial surgeon. (EC339/00)

INSURANCE

Definitions

38. (1) In this section

contract

(a) “contract” means a contract of accident insurance or sickness insurance as defined in the *Insurance Act* R.S.P.E.I. 1988, Cap. I-4 other than automobile insurance as so defined;

(b) “insurer” means an insurer licensed under the *Insurance Act*.

(2) Subject to subsections (3) and (4), an insurer shall not make or renew or make payment under a contract under which an entitled person is to be provided with or to be reimbursed or indemnified for, all or part of the cost of any basic health service.

insurer
Payments by
insurers

(3) Subsection (2) does not apply to a contract covering a person for the cost of basic health services for the first two months after he arrives in Prince Edward Island as a resident.

Exception

(4) Notwithstanding subsection (2), an insurer may make or renew, or make payment under, a contract under which an entitled person is to be provided with or reimbursed or indemnified for the cost of any health service other than a basic health service. (EC453/96)

Idem

MISCELLANEOUS

39. (1) The Minister may disclose information obtained in the administration of the Act

Information
disclosure

(a) in connection with the administration of the *Workers Compensation Act* R.S.P.E.I. 1988, Cap. W-7.1; and

(b) to surveyors authorized by the Canadian Council on Health Services for the purpose of carrying out an accreditation survey.

(2) The Minister may authorize persons responsible for the implementation, support, maintenance and development of the claims processing system to have access to the electronic information maintained within the system. (EC418/02)

Electronic systems
access

40. (1) Where an injured person has received a sum paid for basic health services that is required to be paid to the Minister pursuant to subsection 22(3) of the Act, the person shall also provide the Minister with the following information:

Information
regarding payment

(a) copies of the pleadings of all parties;

(b) a copy of the memorandum of settlement or judgment, as applicable;

(c) the amount claimed as the cost of basic health services, if not specified in the pleadings;

(d) the amount payable to the Minister.

(2) The payment of recovery fees pursuant to subsection 22(14) of the Act shall be as follows:

Legal fees

(a) 15% on the first \$5,000 or less that is recovered;

(b) 10% on the next \$10,000 that is recovered;

(c) 5% on the amount recovered in excess of \$15,000. (EC418/02)

SCHEDULE A

Dental procedures included in basic health services (if in association with a related pathological condition):

1. Revoked by EC339/00;
2. Alveoloplasty and gingivoplasty;
3. Sulcus deepening and ridge construction;
4. Treatment of traumatic injuries to soft tissues within the mouth;
5. Root resection;
6. Incision and drainage of abscess of dental origin;
7. Closed reduction of fractures of mandible and maxilla;
8. Excision of intra-oral cysts;
9. Intra-oral biopsy;
10. Excision of benign intra-oral tumors;
11. Removal of root or foreign body from maxillary antrum;
12. Repair and closure of antro-oral fistula;
13. Closed reduction of temporo-mandibular dislocation;
14. Sialolithotomy;
15. Excision of ranula;
16. Open reduction of fractures of the maxilla;
17. Open reduction of fractures of the mandible;
18. Surgical correction of prognathism or micrognathia;
19. Condylectomy;
20. Therapeutic or diagnostic alcohol nerve block;
21. Avulsion of nerve (mental, intra-orbital or inferior dental);
22. Open reduction of temporo-mandibular dislocation.

SCHEDULE B

Prosthodontic services included in basic health services:

1. Surgical Obturator - Maxillary;
2. Surgical Obturator - Mandibular;
3. Operating Room Time;
4. Follow-up Visits - Hospital;
5. Follow-up Visits - Office;
6. Interim Obturator - Maxillary;
7. Interim Obturator - Mandibular;
8. Final Obturator - Maxillary;
9. Final Obturator - Mandibular;
10. Partial Denture - Maxillary;*
11. Partial Denture - Mandibular; *if necessitated by hard-tissue resection
12. Complete Denture - Maxillary; *
13. Complete Denture - Mandibular; *
14. Fabrication of Radiation Stent;
15. Fabrication of Palatal Drop Prosthesis;
16. Muscosal Guard;
17. Nasal Stent;
18. Radiation Follow-up;
19. Cast Splint;
20. Extra-Oral Prosthesis. (EC453/96)