

# *The Saskatchewan Medical Care Insurance Payment Regulations, 1994*

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Chapter S-29 Reg 19 (effective November 1, 1994) as amended by Saskatchewan Regulations [82/94](#), [8/96](#), [31/96](#), [18/97](#), [11/98](#), [62/98](#), [1/1999](#), [41/1999](#), [13/2000](#), [103/2000](#), [24/2001](#), [43/2001](#), [4/2002](#), [28/2002](#), [120/2002](#), [22/2003](#), [32/2003](#), [54/2003](#), [108/2003](#), [120/2003](#), [15/2004](#), [19/2004](#), [88/2004](#), [28/2005](#), [109/2005](#), [18/2006](#), [79/2006](#), [117/2006](#), [18/2007](#), [58/2007](#), [106/2007](#), [89/2007](#), [14/2008](#), [15/2008](#), [16/2008](#), [89/2008](#), [48/2009](#), [98/2009](#), [29/2010](#), [88/2010](#) and [11/2011](#).

## **NOTE:**

**This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.**

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## CHAPTER S-29 REG 19

### *The Saskatchewan Medical Care Insurance Act*

#### **Title**

**1** These regulations may be cited as *The Saskatchewan Medical Care Insurance Payment Regulations, 1994*.

#### **Interpretation**

**2** In these regulations:

- (a) **“account”** means an account for payment containing the information required to enable the minister to make payment pursuant to the Act with respect to an insured service;
- (b) **“Act”** means *The Saskatchewan Medical Care Insurance Act*;
- (c) **“registry number”** means a unique number for the purpose of identifying a physician, chiropractor, optometrist or dentist that is known to the physician, chiropractor, optometrist or dentist and is kept on the files of the department for that purpose.

10 Nov 94 cS-29 Reg 19 s2.

#### **Definitions for sections 5 and 6**

**3** For the purposes of sections 5 and 6, with respect to services provided in Saskatchewan:

- (a) **“chiropractor payment schedule”** means:
  - (i) for services provided in the period commencing on September 8, 1992 and ending on March 31, 1998, the schedule adopted by the Medical Care Insurance Branch of the department for payment of chiropractor services and entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Chiropractor, September 8, 1992” as amended by:
    - (A) the Saskatchewan Health Chiropractor’s Newsletter Number 2, dated November 25, 1992; and
    - (B) the Saskatchewan Health Chiropractor’s Newsletter Number 4, dated December 28, 1994;

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(ii) for services provided in the period commencing on April 1, 1998 and ending on March 31, 2006, the schedule adopted by the department for payment of chiropractic services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Chiropractor, April 1, 1998", as amended by:

(A) the Saskatchewan Health Chiropractor's Newsletter Number 7, dated April 1, 1999;

(B) the Saskatchewan Health Chiropractor's Newsletter Number 8, dated January 1, 2001;

(C) the Saskatchewan Health Chiropractor's Newsletter Number 9, dated April 11, 2001;

(D) the Saskatchewan Health Chiropractor's Newsletter Number 10, dated April 1, 2002;

(E) the Saskatchewan Health Chiropractor's Newsletter Number 11, dated May 1, 2003;

(F) the Saskatchewan Health Chiropractor's Newsletter Number 12, dated April 1, 2004; and

(G) the Saskatchewan Health Chiropractor's Newsletter Number 13, dated April 1, 2005; and

(iii) for services provided in the period commencing on April 1, 2006, the schedule adopted by the ministry for payment of chiropractic services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Chiropractor, April 1, 2006", as amended by:

(A) the Saskatchewan Health Chiropractor's Newsletter Number 15, dated April 1, 2007; and

(B) the Saskatchewan Health Chiropractor's Newsletter Number 16, dated April 1, 2008;

(b) **"dentist payment schedule"** means:

(i) for services provided in the period commencing on August 1, 1993 and ending on July 31, 1994, the schedule adopted by the Medical Care Insurance Branch of the department for payment of dentist services entitled "Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Dentist, August 1, 1993";

(ii) for services provided in the period commencing on August 1, 1994, and ending on December 31, 2002 the schedule adopted by the Medical Care Insurance Branch of the department for payment of dentist services entitled "Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Dentist, August 1, 1994";

(iii) for services provided in the period commencing on January 1, 2003, and ending on March 31, 2003 the schedule adopted by the Medical Services Branch of the department for payment of dentist services entitled "Medical Services Branch Payment Schedule for Insured Services Provided by a Dentist, January 1, 2003;

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(v) for services provided in the period commencing on April 1, 2004 and ending on March 31, 2006, the schedule adopted by the department for payment of dentist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2004";

(vi) for services provided in the period commencing on April 1, 2006 and ending on March 31, 2009 the schedule adopted by the department for payment of dentist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2006", as amended by the Saskatchewan Health Dentist's Newsletter Number 1, dated June 1, 2007;

(vii) for services provided in the period commencing on April 1, 2009 and ending on June 30, 2010, the schedule adopted by the ministry for payment of dentist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2009", as amended by:

(A) the Saskatchewan Health Dentist's Newsletter Number 2, dated October 1, 2009; and

(B) the Saskatchewan Health Dentist's Newsletter Number 3, dated April 1, 2010; and

(viii) for services provided in the period commencing on July 1, 2010, the schedule adopted by the ministry for payment of dentist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist or a Dentist Holding a Specialist Licence, July 1, 2010";

(c) **"optometrist payment schedule"** means:

(i) for services provided in the period commencing on April 1, 1994 and ending on May 31, 1996, the schedule adopted by the Medical Care Insurance Branch of the department for payment of optometrist services and entitled "Medical Care Insurance Branch Payment Schedule for Insured Services Provided by an Optometrist, April 1, 1994";

(ii) for services provided in the period commencing on June 1, 1996 and ending on May 31, 1997, the schedule adopted by the department for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, June 1, 1996";

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- (iii) for services provided in the period commencing on June 1, 1997 and ending on December 31, 2000, the schedule adopted by the department for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, June 1, 1997";
- (iv) for services provided in the period commencing on January 1, 2001, the schedule adopted by the department for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, January 1, 2001 and ending on May 31, 2003";
- (v) for services provided in the period commencing on June 1, 2003 and ending on March 31, 2005, the schedule adopted by the department for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, June 1, 2003";
- (vi) for services provided in the period commencing on April 1, 2005 and ending on March 31, 2007, the schedule adopted by the department for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, April 1, 2005";
- (vii) for services provided in the period commencing on April 1, 2007, the schedule adopted by the ministry for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, April 1, 2007 and ending on March 31, 2010", as amended by:
  - (A) the Saskatchewan Health Optometrist Newsletter Number 3, dated April 1, 2008; and
  - (B) the Saskatchewan Health Optometrist Newsletter Number 4, dated April 1, 2009; and
- (viii) for services provided in the period commencing on April 1, 2010, the schedule adopted by the ministry for payment of optometrist services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, April 1, 2010";

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- (d) **“physician payment schedule”** means:
- (i) for services provided in the period commencing on August 1, 1993 and ending on March 31, 1996, the schedule adopted by the Medical Care Insurance Branch of the department for payment of physician services and entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Physician, August, 1, 1993”, as amended by:
    - (A) the Saskatchewan Health Physician’s Newsletter number 9, dated April 1, 1994; and
    - (B) the Saskatchewan Health Physician’s Newsletter number 10, dated November 1, 1994;
  - (ii) for services provided in the period commencing on April 1, 1996 and ending on June 30, 1998, the schedule adopted by the department for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 1996”, as amended by the Saskatchewan Health Physician’s Newsletter number 13, dated March 31, 1997;
  - (iii) for services provided in the period commencing on July 1, 1998 and ending on September 30, 2003, the schedule adopted by the department for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, July 1, 1998”, as amended by:
    - (A) the Saskatchewan Health Physician’s Newsletter Number 15, dated December 1, 1998;
    - (B) the Saskatchewan Health Physician’s Newsletter Number 16, dated April 1, 1999;
    - (C) the Saskatchewan Health Physician’s Newsletter Number 17, dated January 1, 2000;
    - (D) the Saskatchewan Health Physician’s Newsletter Number 18, dated January 1, 2001;
    - (E) the Saskatchewan Health Physician’s Newsletter Number 20, dated June 15, 2001;
    - (F) the Saskatchewan Health Physician’s Newsletter Number 21, dated January 1, 2002;
    - (G) the Saskatchewan Health Physician’s Newsletter Number 22, dated April 1, 2002; and
    - (H) the Saskatchewan Health Physician’s Newsletter Number 23, dated April 1, 2003;

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(iv) for services provided in the period commencing on October 1, 2003 and ending on March 31, 2006, the schedule adopted by the department for payment of physician services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, October 1, 2003", as amended by:

(A) the Saskatchewan Health Physician's Newsletter Number 25, dated April 1, 2004;

(B) the Saskatchewan Health Physician's Newsletter Number 26, dated October 1, 2004;

(C) the Saskatchewan Health Physician's Newsletter Number 27, dated April 1, 2005;

(D) the Saskatchewan Health Physician's Newsletter Number 28, dated October 1, 2005; and

(E) the Saskatchewan Health Physician's Newsletter Number 29, dated December 1, 2006; and

(v) for services provided in the period commencing on April 1, 2007, the schedule adopted by the ministry for payment of physician services and entitled "Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 2007", as amended by:

(A) the Saskatchewan Health Physician's Newsletter Number 31, dated October 1, 2007;

(B) the Saskatchewan Health Physician's Newsletter Number 32, dated April 1, 2008; and

(C) the Saskatchewan Health Physician's Newsletter Number 33, dated October 1, 2008.

10 Nov 94 cS-29 Reg 19 s3; 23 Dec 94 SR 82/94 s2; 22 Mar 96 SR 8/96 s2; 21 Jun 96 SR 31/96 s2; 25 Apr 97 SR 18/97 s2; 13 Feb 98 SR 11/98 s2; 3 Jly 98 SR 62/98 s2; 29 Jan 99 SR 1/1999 s2; 11 Jun 99 SR 41/1999 s2; 17 Mar 2000 SR 13/2000 s2; 22 Dec SR 103/2000 s2; 20 Apr 2001 SR 24/2001 s2; 6 Jly 2001 SR 43/2001 s2; 25 Jan 2002 SR 4/2002 s2; 28 Mar 2002 SR 28/2002 s2; 10 Jan 2003 SR 120/2002 s2; 4 Apr 2003 SR 22/2003 s2; 9 May 2003 SR 32/2003 s2; 20 Jne 2003 SR 54/2003 s2; 17 Oct 2003 SR 108/2003 s2; 31 Oct 2003 SR 120/2003 s2; 16 Apr 2004 SR 15/2004 s2; 1 Oct 2004 SR 88/2004 s2; 1 Apr 2005 SR 28/2005 s2; 14 Oct 2005 SR 109/2005 s2; 17 Mar 2006 SR 18/2006 s2; 25 Aug 2006 SR 79/2006 s2; 5 Jan 2007 SR 117/2006 s2; 30 Mar 30 SR 18/2007 s2; 13 Jly 2007 SR 58/2007 s3; 12 Oct 2007 SR 106/2007 s2; 20 Mar 2008 SR 14/2008 s2; 20 Mar 2008 SR 15/2008 s2; 20 Mar 2008 SR 16/2008 s2; 17 Oct 2008 SR 89/2008 s2; 15 May 2009 SR 48/2009; 13 Nov 2009 SR 98/2009 s2; 16 Apr 2010 SR 29/2010 s2; 13 Aug 2010 SR 88/2010 s2.



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**Definitions for sections 7 and 8**

4(1) For the purposes of sections 7 and 8, with respect to services provided outside Saskatchewan, and subject to subsection (2):

- (a) **“chiropractor payment schedule”** means chiropractor payment schedule as defined in clause 3(a);
- (b) **“dentist payment schedule”** means dentist payment schedule as defined in clause 3(b);
- (c) **“optometrist payment schedule”** means optometrist payment schedule as defined in clause 3(c);
- (d) **“physician payment schedule”** means physician payment schedule as defined in clause 3(d).

(2) For the purposes of this section, with respect to the dentist payment schedule, the schedule entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Dentist, August 1, 1993” became effective on the day on which *The Medical Care Insurance Payment Amendment Regulations, 1993 (No. 2)* were filed with the Registrar of Regulations, and applies to services provided on and from that day, notwithstanding anything contained in that schedule.

10 Nov 94 cS-29 Reg 19 s4.

**Account to be presented to minister**

5(1) The minister may make payment to a person for insured services provided to a beneficiary where the person presents an account to the minister containing:

- (a) the full name of the patient;
- (b) the registration number of the patient;
- (c) the month and year of birth and the sex of the patient;
- (d) the location of services as follows:
  - (i) office;
  - (ii) hospital, in-patient;
  - (iii) hospital, out-patient;
  - (iv) home; or
  - (v) other;
- (e) the diagnosis or a diagnostic code prescribed by the minister;
- (f) where the service is provided in Saskatchewan, the code in the physician payment schedule, chiropractor payment schedule, dentist payment schedule or optometrist payment schedule corresponding to the procedure or treatment performed;
- (g) where the service is provided outside Saskatchewan, the description of the procedure or treatment performed;

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- (h) with respect to:
    - (i) hospital care, the dates of the first and last visits and the total number of visits;
    - (ii) any service other than a hospital visit, the date of each service;
  - (i) the amount charged for each service provided;
  - (j) where the nature of the service is unusual, additional remarks;
  - (k) the name and signature of the person providing service; and
  - (l) where applicable, the name or registry number of the referring practitioner.
- (2) Accounts for insured services provided on or after April 1, 1994 by a physician practising in Saskatchewan are to be presented to the minister by telecommunication for payment, unless the minister otherwise authorizes.
- (3) Notwithstanding clause (1)(k), where the minister has entered into an agreement with any practitioner to accept accounts in an electronic recording medium, an account is not required to contain the signature of the person providing service.

10 Nov 94 cS-29 Reg 19 s5.

**Services within Saskatchewan**

- 6(1) Where an insured service is provided in Saskatchewan to a beneficiary by:
- (a) a chiropractor, the minister shall make payment for that service in accordance with the chiropractor payment schedule and the assessment rules contained in that schedule;
  - (b) a dentist, the minister shall make payment for that service in accordance with the dentist payment schedule and the assessment rules contained in that schedule;
  - (c) an optometrist, the minister shall make payment for that service in accordance with the optometrist payment schedule and the assessment rules contained in that schedule;
  - (d) a physician, the minister shall make payment for that service in accordance with the physician payment schedule and the assessment rules contained in that schedule.
- (2) Where a beneficiary has been referred to a specialist for an insured service by any one of the persons listed in subsection (3), the provisions of these regulations apply as if the beneficiary had been referred to that specialist by another physician.
- (3) For the purposes of subsection (2), the list of persons is:
- (a) an optometrist;
  - (b) a dentist, where the specialist confines his or her practice to the field of:
    - (i) orthopaedic surgery;
    - (ii) plastic surgery;
    - (iii) otolaryngology;

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- (iv) the combined fields of ophthalmology and otolaryngology;
  - (v) neurology;
  - (vi) neurosurgery; or
  - (vii) dermatology;
- (c) a chiropractor.
- (4) Where a beneficiary has been referred to a radiologist by a registered nurse who is entitled pursuant to *The Registered Nurses Act, 1988* to practise in the nurse practitioner category, the provisions of these regulations apply as if the beneficiary had been referred to that radiologist by another physician.
- (5) Where a beneficiary has been referred for an insured service to a specialist listed in subsection (6) by a midwife who is entitled pursuant to *The Midwifery Act* to practise midwifery, these regulations apply as if the beneficiary had been referred to that specialist by a physician.
- (6) For the purposes of subsection (5), a midwife may refer a beneficiary to any of the following:
- (a) an obstetrician/gynecologist;
  - (b) a pediatrician;
  - (c) a neonatologist;
  - (d) an anaesthetist;
  - (e) a radiologist;
  - (f) a psychiatrist;
  - (g) a pathologist.

10 Nov 94 cS-29 Reg 19 s6; 7 May 2004 SR 19/  
2004 s2; 21 Sep 2007 SR 89/2007 s2.**Payment for insured services**

7(1) The minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by a chiropractor, in accordance with the chiropractor payment schedule and the assessment rules contained in that schedule.

(2) The minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by a dentist, in accordance with the dentist payment schedule and the assessment rules contained in that schedule.

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(3) The minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by an optometrist, in accordance with the optometrist payment schedule and the assessment rules contained in that schedule.

(4) Subject to sections 9 and 10, the minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by a physician, in accordance with the physician payment schedule and the assessment rules contained in that schedule.

10 Nov 94 cS-29 Reg 19 s7.

**Exception**

8 The minister shall make payment for a service described in subsection 14(3.1) of the Act in accordance with the physician payment schedule and the assessment rules contained in that schedule.

10 Nov 94 cS-29 Reg 19 s8.

**Services not available in Saskatchewan**

9(1) For the purposes of this section and section 10, “**medical care insurance plan**” means the health care insurance plan of a province within the meaning of the *Canada Health Act*.

(2) Notwithstanding the other provisions of these regulations, the minister may make payment in accordance with subsection (3) with respect to a service that is an insured service pursuant to subsection 14(3) of the Act where:

- (a) a specialist in Saskatchewan in the field of practice in which the insured service falls notifies the minister in writing:
  - (i) that the beneficiary is in need of the insured service;
  - (ii) that the insured service is not available in Saskatchewan; and
  - (iii) whether or not, to the specialist’s knowledge, the insured service is available in any other province of Canada; and
- (b) the case is reviewed by the minister and the minister, on consideration of the availability of the insured service and the nature of the insured service to be provided, is of the opinion that payment ought to be made pursuant to this section.

(3) Where the minister is of the opinion pursuant to clause (2)(b) that the payment ought to be made with respect to a service that is an insured service pursuant to subsection 14(3) of the Act, the minister may make the payment:

- (a) where the insured service is available and is to be provided in a province of Canada other than Saskatchewan, at the same rate as that paid by the medical care insurance plan of that province for a service of the kind provided;

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- (b) where, in the opinion of the minister, the insured service is available in a province of Canada other than Saskatchewan but is to be provided outside Canada, at the same rate as if the insured service had been provided in Saskatchewan;
- (c) where, in the opinion of the minister, the insured service is not available in Canada and the insured service is to be provided outside Canada, at a rate that the minister considers to be fair and reasonable after taking into account the locality in which the insured service is being provided.
- (4) If the minister makes a payment with respect to a service pursuant to subsection (3), the minister may also make a payment, on the same basis as the payment made pursuant to subsection (3), for another service provided to the same beneficiary where the service:
- (a) is an insured service pursuant to subsection 14(3) of the Act; and
  - (b) is ancillary to and is provided in conjunction with the service for which payment was made pursuant to subsection (3).
- (5) Where payment is to be made pursuant to clause (3)(b) or (c), the minister shall calculate the amount payable in Canadian funds based on the exchange rate prevailing on the day that the account for payment is received by the minister.

10 Nov 94 cS-29 Reg 19 s9.

**Agreements with other provinces**

**10** The minister may make payment for a service in accordance with the payment schedule of the medical care insurance plan of a province of Canada where:

- (a) the minister has entered into an agreement with that province providing for payment in accordance with this section;
- (b) the service is provided in that province; and
- (c) the service:
  - (i) is an insured service pursuant to subsection 14(3) of the Act;
  - (ii) is an insured service in that province; and
  - (iii) is not excluded by the agreement mentioned in clause (a).

10 Nov 94 cS-29 Reg 19 s10.

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11(1) Subject to subsection (2), the period of six consecutive months immediately following the provision of the insured service is specified as the period for the purpose of subsection 16(1) of the Act.

(2) Where the minister is of the opinion that the minister did not receive an account within the period specified in subsection (1) due to factors beyond the control of the person presenting the account, that period is increased to 12 consecutive months immediately following the provision of the insured service.

(3) For the purposes of subsection (2), the following factors are deemed not to be factors beyond the control of the person presenting the account:

- (a) neglect;
- (b) loss of the account;
- (c) failure to obtain the account from the person providing the service.

10 Nov 94 cS-29 Reg 19 s11.

**Board defined**

12 In sections 13 to 24, “**board**” means the medical assessment board, the dental assessment board or the optometric assessment board, as the case may be.

10 Nov 94 cS-29 Reg 19 s12.

**Appeal boards continued**

13(1) The medical assessment board established pursuant to *The Medical Care Insurance Payment Regulations* is continued and consists of at least three and not more than five physicians appointed by the board of directors of the Saskatchewan Medical Association, one of whom is to be designated as the chairperson.

(2) The dental assessment board established pursuant to *The Medical Care Insurance Payment Regulations* is continued and consists of at least three and not more than five dentists appointed by the council of the College of Dental Surgeons of Saskatchewan, one of whom is to be designated as the chairperson.

(3) The optometric assessment board established pursuant to *The Medical Care Insurance Payment Regulations* is continued and consists of at least two and not more than four optometrists appointed by the council of the Saskatchewan Association of Optometrists and one ophthalmologist appointed by the council of the College of Physicians and Surgeons of Saskatchewan, one of whom is to be designated by the council of the Saskatchewan Association of Optometrists as the chairperson.

10 Nov 94 cS-29 Reg 19 s13.

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**Term of appointment of members**

14(1) Each member appointed to a board pursuant to section 13 holds office for a term of not more than three years and after that time until the member is reappointed or a successor is appointed.

(2) No member of a board is to hold office for more than two consecutive terms.

10 Nov 94 cS-29 Reg 19 s14.

**Only residents may be members**

15(1) A person who is not a resident of Saskatchewan is not eligible for appointment to a board.

(2) Where a person who is a member of a board ceases to be a resident of Saskatchewan, his or her appointment automatically terminates.

10 Nov 94 cS-29 Reg 19 s15.

**Quorum**

16(1) Where a board consists of an even number of members, 50% of the members constitutes a quorum.

(2) Where a board consists of an odd number of members, a majority of the members constitutes a quorum.

10 Nov 94 cS-29 Reg 19 s16.

**When question lost**

17 Where a board sits with an even number of members and 50% or less of the members vote for a matter or question before the board, the matter or question is lost.

10 Nov 94 cS-29 Reg 19 s17.

**Termination of membership**

18 Where a member of a board is unable for any reason to perform his or her duties as a member, the person who appointed the member may terminate the person's membership on the board.

10 Nov 94 cS-29 Reg 19 s18.

**Remuneration of members**

19 The members of a board are entitled to:

(a) remuneration for their services at the rates approved by the minister;  
and

(b) reimbursement for their expenses incurred in the performance of their responsibilities at the rates paid to members of the public service of Saskatchewan.

13 Jly 2007 SR 58/2007 s4.

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**20** A person who appoints a member to a board shall notify the department of the appointment, resignation or termination of each member appointed by that person.

10 Nov 94 cS-29 Reg 19 s20.

**Appeal may be made**

**21** Where a physician, dentist or optometrist is dissatisfied with the minister's assessment of an account for an insured service provided by him or her to a beneficiary, he or she may appeal from the minister's assessment to:

- (a) in the case of a physician, the medical assessment board;
- (b) in the case of a dentist, the dental assessment board;
- (c) in the case of an optometrist, the optometric assessment board.

10 Nov 94 cS-29 Reg 19 s21.

**Powers of board**

**22** On hearing an appeal pursuant to section 21, a board may:

- (a) confirm the decision of the minister;
- (b) vary the decision of the minister; or
- (c) substitute its own decision for the minister's decision.

10 Nov 94 cS-29 Reg 19 s22.

**Boards may review**

**23(1)** The dental assessment board may review from time to time and make recommendations respecting the method of assessment of accounts for payment for insured services provided to beneficiaries by dentists.

(2) The optometric assessment board may review from time to time and make recommendations respecting the method of assessment of accounts for payment for insured services provided to beneficiaries by optometrists.

10 Nov 94 cS-29 Reg 19 s23.

**Decision binding**

**24(1)** Subject to subsection (2), a decision made by a board pursuant to section 22 is binding on the minister.

(2) Every decision made by a board is subject to any decision made by the joint medical professional review committee established pursuant to subsection 49(1) of the Act or the joint optometric professional review committee established pursuant to subsection 49(3) of the Act, as the case may be.

10 Nov 94 cS-29 Reg 19 s24.

**R.R.S. c.S-29 Reg 14 repealed**

**25** *The Medical Care Insurance Payment Regulations* are repealed.

10 Nov 94 cS-29 Reg 19 s25.