



Yukon National Pharmacare Program Policy manual



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Introduction

The Yukon National Pharmacare Program provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible Yukon residents. The program was created as part of a federal initiative to improve the accessibility and affordability of prescription medications and related products for Canadians.

This policy manual

This policy manual is intended to serve as a guide for administrators of the Yukon National Pharmacare Program. It outlines the requirements, functions and duties required of the reporting officer, benefits carrier and other program stakeholders when delivering services on behalf of the program.

The policies in this manual are based on the interpretation of the [Pharmacare Act](#), [Health Care Insurance Plan Act](#) and [Health Information Privacy and Management Act](#), among other statutes. Although policies are not law, they provide guidance on how to interpret and operationalize the governing legislation consistently.

All administrators of the Yukon National Pharmacare Program are expected to have sound working knowledge of the legislation and policies that govern their work.

How to use this manual

This manual contains nine policies that provide guidance on how to complete a wide range of duties and functions within the Yukon National Pharmacare Program, such as determining beneficiary eligibility, processing special authorization applications and completing annual federal funding reports.

How the policies are formatted

Each policy is divided into sections that are formatted as follows.

- **Header:** Provides a summary of the office and branch to which the policy relates, the date on which the policy was approved, the date on which the policy was last updated, and the date of the next scheduled review.
- **Purpose:** Describes what the policy is trying to communicate and achieve.
- **Policy statements:** Formal statements that convey the 'rules' related to the policy topic.
- **Definitions:** Describes uncommon words and terms.
- **Authorities:** Provides a high-level overview of the statutes that govern the topic to

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which the policy relates.

- **Related policies and other documents:** Identifies other policies from the Yukon National Pharmacare Program policy manual that relate to or support the policy topic.
- **Procedures:** Outlines the steps to be followed by Yukon National Pharmacare Program administrators.
- **Related forms and other documents:** Lists the forms and other documents used to support the policy requirements and administration.

Situations not covered in this manual

This manual provides guidance on how to handle the most common situations presented within the Yukon National Pharmacare Program. This manual cannot anticipate all the unique and often complex needs of every Yukoner. If a situation arises that is not covered in this manual, the reporting officer should review the matter with the manager of Extended Benefits and Pharmaceutical Programs and, if necessary, seek legal advice.

Policy clarification, updates and future development

Requests for support related to how to use this manual, including questions or clarification of policy statements and procedures, should first be discussed with the manager of Extended Benefits and Pharmaceutical Programs. If further clarification is required, Divisional Support Services may provide support, or legal advice may be obtained.

Any person may propose the creation or amendment of a policy to the Director of Insured Health Services. The Director of Insured Health Services and the Director of Divisional Support Services will collaboratively evaluate the need for the new or amended policy.

A.1: Eligibility

Unit: Yukon National Pharmacare Program	Effective date: April 15, 2026
Branch: Insured Health Services	Last updated: April 15, 2026
Policy number: A.1	Review date: April 15, 2029

Purpose

This policy describes who is eligible for the program and how eligibility for the program is assessed.

Policy

Eligibility criteria

1. To be eligible for the Yukon National Pharmacare Program (YNPP), an individual must:
 - have valid coverage under the Yukon Health Care Insurance Plan (YHCIP); and
 - not be enrolled in a program listed in [policy statement 2](#).
 - Individuals of any age who meet the above criteria are eligible for the YNPP.
2. Individuals are not eligible for the YNPP if they are enrolled in one of the following programs.
 - Indigenous Services Canada Non-Insured Health Benefit Plan
 - Canadian Armed Forces Drug Benefit Plan
 - Veterans Affairs Canada Treatment Benefits Program
 - Correctional Service Canada Essential Health Services Framework
 - Immigration, Refugees and Citizenship Canada Interim Federal Health Program
 - Individuals with valid YHCIP coverage whose enrolment in the programs listed in [policy statement 2](#) cannot be verified by the registration assistant are considered eligible for the YNPP.

Eligibility assessment

3. The registration assistant must validate an individual's eligibility for the YNPP when the individual applies for enrolment in the YHCIP according to:
 - the information provided in the individual's Yukon health care insurance plan application for enrollment;
 - the [eligibility criteria](#); and
 - [policy statement 2](#).

Eligible individuals

A.1: Eligibility

Unit: Yukon National Pharmacare Program	Effective date: April 15, 2026
Branch: Insured Health Services	Last updated: April 15, 2026
Policy number: A.1	Review date: April 15, 2029

4. Individuals deemed eligible for the YNPP are automatically enrolled in the program.

- Refer to [policy A.2](#) for information about enrolment.

Ineligible individuals

5. Individuals may apply for reconsideration if they believe their eligibility was assessed incorrectly.

- Refer to [policy A.5](#) for information about decision reconsideration.

Definitions

Yukon Health Care Insurance Plan: The plan established by the *Health Insurance Plan Act* and the regulations for providing insured health services to insured persons.

Yukon National Pharmacare Program: A federally funded program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

Authorities

- [Health Act](#) (Yukon) 2002, c. 106
- [Health Care Insurance Plan Act](#) (Yukon) 2002, c.107
- [Health Information Privacy and Management Act](#) (Yukon) 2013, c.16
- [Pharmacare Act](#) (Canada) 2024, c. 24

Related policies and other documents

- [A.2: Enrolment](#)
- [A.5: Decision reconsideration](#)
- Yukon health care insurance plan application for enrollment

A.1: Eligibility

Unit: Yukon National Pharmacare Program	Effective date: April 15, 2026
Branch: Insured Health Services	Last updated: April 15, 2026
Policy number: A.1	Review date: April 15, 2029

APPROVED BY:	Shauna Demers	Director, Insured Health Services
DATE:	2026/04/15	

A.2: Enrolment

Unit: Yukon National Pharmacare Program	Effective date: April 15, 2026
Branch: Insured Health Services	Last updated: April 15, 2026
Policy number: A.2	Review date: April 15, 2029

Purpose

This policy describes the enrolment of eligible beneficiaries and the management of enrolment information shared with the benefits carrier.

Policy

Automatic enrolment

1. Individuals deemed eligible for the Yukon National Pharmacare Program (YNPP) are automatically enrolled in the program.
 - o Refer to [policy A.1](#) for information about eligibility.

Management of enrolment information shared with benefits carrier

2. The Director is responsible for ensuring enrolment information of eligible beneficiaries is transmitted to the benefits carrier.
 - o Enrolment information is automatically sent to the benefits carrier by the Yukon Health Care Insurance Plan administration software (administration software) using secure file transfer protocol.
 - o Refer to [policy A.7](#) for information on use, disclosure and breaches of personal health information.
3. The reporting officer or delegate must:
 - o review the daily response file resulting from the transmission of eligible beneficiary enrolment information sent by the administration software to the benefits carrier;
 - o review the monthly reconciliation report received from the benefits carrier;
 - o ensure that discrepancies between the response files, reconciliation reports and records on the administration software are corrected; and
 - o store response files and reconciliation reports according to Insured Health Services records management practices.
 - Refer to [policy A.8](#) for information about records management.
4. The registration assistant must:
 - o apply changes to eligible beneficiary registration information on the administration software as requested by the reporting officer; and

A.2: Enrolment

Unit: Yukon National Pharmacare Program	Effective date: April 15, 2026
Branch: Insured Health Services	Last updated: April 15, 2026
Policy number: A.2	Review date: April 15, 2029

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- o send written confirmation to the reporting officer that the requested changes have been applied.

Reconsideration for individuals excluded from enrolment

5. Individuals may apply for reconsideration if they believe they have been excluded from YNPP enrolment in error.
 - o Refer to [policy A.5](#) for information about decision reconsideration.

Definitions

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

Response file: An automated report issued by the benefits carrier in response to eligible beneficiary enrolment data received from Insured Health Services. Response files include both enrolment reports and error reports.

Secure file transfer protocol: A method for transferring, accessing and managing files over a network. It provides high-level security by encrypting both commands and data during transmission, protecting sensitive information from interception and ensuring data integrity through secure, authenticated connections.

Authorities

- [Health Care Insurance Plan Act](#) (Yukon) 2002, c.107
- [Health Information Management and Privacy Act](#) (Yukon) 2013, c.16

Related policies and other documents

- [A.1: Eligibility](#)
- [A.5: Decision reconsideration](#)
- [A.7: Use, disclosure and breaches of personal health information](#)
- [A.8: Records management](#)

A.2: Enrolment

Unit: Yukon National Pharmacare Program	Effective date: April 15, 2026
Branch: Insured Health Services	Last updated: April 15, 2026
Policy number: A.2	Review date: April 15, 2029

APPROVED BY:	Prev Naidoo	A/Director, Insured Health Services
DATE:	2026/04/15	

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
Branch: Insured Health Services	Last updated: July 9, 2026
Procedure number: A.3	Review date: July, 2029

Purpose

This policy describes eligible beneficiary coverage under the program and how coverage is assessed, approved and declined.

Policy

1. Eligible beneficiaries of the Yukon National Pharmacare Program (YNPP) receive universal, single-payer, first-dollar coverage for eligible products listed on the [Yukon Drug Formulary](#) without incurring any additional personal costs.
 - o Refer to [policy A.1](#) for information about eligibility under the YNPP.
2. Coverage for eligible products is automatically applied when an eligible beneficiary has a prescription for an eligible product filled at a Yukon pharmacy or dispensary.
 - o Refer to [policy A.2](#) for information about enrolment in the YNPP.
3. Costs covered under the YNPP must include the:
 - o drug benefit price listed on the [Yukon Drug Formulary](#);
 - o wholesale markup up to 14%;
 - o pharmacy markup up to 17.5% or \$100, whichever is lower, based on the reimbursed medication cost; and
 - o dispensing fee up to \$11.
4. Coverage of eligible products applies to the lowest-cost generic medication within a therapeutic category (that is, coverage is determined according to the low-cost alternative principle).
 - o Eligible beneficiaries who choose to use the brand name version of a medication covered by the YNPP without special authorization must pay the difference in cost between the name brand medication and the low-cost alternative price listed on the [Yukon Drug Formulary](#).
5. Medication dispensed under the YNPP is subject to a 100-day supply limit each time the prescription is filled.
6. Prescriptions must only be refilled once 66% or more of the existing medication supply has been used.

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
Branch: Insured Health Services	Last updated: July 9, 2026
Procedure number: A.3	Review date: July, 2029

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- o Providers may apply the appropriate override code to grant coverage of a prescription refill prior to the minimum medication supply being used for the purpose of replacing medication that was lost, stolen, or is otherwise inaccessible.
 - Claims for prescriptions refilled before the minimum medication supply has been used and where no appropriate override code has been applied by the provider will be denied by the benefits carrier.
7. Eligible beneficiaries must disclose any changes that may affect their YNPP eligibility status to Insured Health Services (IHS).
- o Refer to [policy A.1](#) for information about eligibility.

Extended medication supply

8. Eligible beneficiaries who will be absent from the Yukon for three months or more are eligible to receive an additional 100-day supply of their prescribed medication.
- o Eligible beneficiaries who will be absent from the Yukon for six months or more must submit a [notification of extended absence form](#) (absence form) to IHS registration.
9. The registration assistant must ensure that absence forms submitted to IHS are:
- o complete;
 - o stamped with the date they were received by IHS;
 - o scanned and uploaded to the eligible beneficiary's profile on the Yukon Health Care Insurance Plan registration software module; and
 - o stored in the appropriate folder in the designated locked filing cabinet.
10. The provider is responsible for applying the appropriate override code to grant coverage for the additional medication supply.
- o Providers must not dispense more than a 200-day supply of medication when filling a prescription.

Special authorization

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
Branch: Insured Health Services	Last updated: July 9, 2026
Procedure number: A.3	Review date: July, 2029

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11. An eligible beneficiary must be granted special authorization by the medical advisor to receive coverage for brand name, biologic originator and exception products that are not open benefits under the YNPP.
- o Refer to [policy A.4](#) for information about special authorization.
12. Special authorization begins on the date the benefits carrier adds the approved authorization to the eligible beneficiary's client profile and remains in effect until the eligible beneficiary is no longer eligible.
- o Costs incurred for products purchased while a special authorization application is pending are not eligible for reimbursement.

Claims for reimbursement

13. An eligible beneficiary or their guardian may submit a claim for reimbursement to the reporting officer for the cost of eligible products purchased outside of the Yukon, if the:
- o eligible product was purchased to replace an identical product that was lost, stolen, damaged or is otherwise inaccessible; and
 - o eligible beneficiary will not be returning to the Yukon within the timeframe required to maintain continuity of therapy provided by the eligible product.
 - At the Director's discretion, reimbursement may be issued in other circumstances if warranted.
14. Claims for reimbursement must include:
- o a completed reimbursement request form (request form);
 - o the reason for the reimbursement request, in accordance with [policy statement 13](#);
 - o an official prescription receipt; and
 - o any relevant details or supporting documentation that may assist in evaluating the request.
15. Claims for reimbursement must be submitted to the YNPP within 12 months of the date of purchase.
16. Upon receiving an eligible beneficiary's request form, the reporting officer must:

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
Branch: Insured Health Services	Last updated: July 9, 2026
Procedure number: A.3	Review date: July, 2029

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- o verify that the request form is complete;
 - o verify that the required information has been provided in accordance with [policy statement 14](#);
 - o verify that the mailing address provided on the request form is the same as the address on file on the benefits carrier's administration software; and
 - o place the request form in the appropriate folder in the locked filing cabinet.
 - If the mailing address provided on the request form is not the same as the address on file with the benefits carrier, the reporting officer must contact the eligible beneficiary and direct them to update their address with IHS registration.
 - Registration information may be updated in person, by phone or online.
17. Claims for reimbursement must be evaluated by the medical advisor within five business days of being received by the YNPP.
18. The reporting officer must notify the applicant of the outcome of the request for reimbursement by mail using the appropriate letter template.
- o If the claim was:
 - approved, the reporting officer must complete the Approved – client letter template; or
 - denied, the reporting officer must complete the Declined – client letter template.
19. The reporting officer must notify the benefits carrier of an approved claim for reimbursement by secure file transfer email that includes:
- o a completed exceptional claims reimbursement template; and
 - o the official prescription receipt.
20. The benefits carrier must issue an explanation of benefits to the eligible beneficiary when a claim for reimbursement is approved.

Processing and disbursement of payments by benefits carrier

21. The benefits carrier must:

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
Branch: Insured Health Services	Last updated: July 9, 2026
Procedure number: A.3	Review date: July, 2029

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- o process payments to providers within three business days of a claim being submitted; and
 - o issue payments to providers weekly.

22. The benefits carrier must issue payments to eligible beneficiaries by cheque within 10 business days of receiving notification of an approved claim from IHS.

Denial of coverage

23. If the benefits carrier denies coverage for a claim at the pharmacy or dispensary, the provider is responsible for:

- o informing the eligible beneficiary that the claim has been denied and providing the reason for denial;
- o verifying that the information on the eligible beneficiary's client profile is correct; and
- o inputting the appropriate override code on the client profile, where applicable.
 - The provider may contact the benefits carrier for support with recurring claims adjudication issues.

24. An eligible beneficiary or their guardian may apply for reconsideration, if they believe a claim that has been denied by the YNPP or the benefits carrier was evaluated incorrectly.

- o Refer to [policy A.5](#) for information about decision reconsideration.

Definitions

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Drug benefit price: The manufacturer's list price at which a drug or device is sold to a wholesaler or provider that does not include any wholesale markup.

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

Eligible product: A medication or contraception that is covered under the Yukon National Pharmacare Program.

Explanation of benefits: A statement provided by the benefits carrier to the eligible beneficiary outlining the details of a claim, including coverage amounts and reasons for denial of coverage.

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
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First-dollar: Coverage where eligible products that are covered under the Yukon National Pharmacare Program are made available at no cost to the eligible beneficiary at the point of sale.

Guardian: A person or entity who protects, cares for, or legally manages the affairs of an individual.

Low-cost alternative: The least expensive version of a medication within a therapeutic category, encouraging the use of low-cost generic medication over brand name medications.

Open benefit: An eligible product that is available to all eligible beneficiaries enrolled in the Yukon National Pharmacare Program and does not require special authorization.

Prescriber: A health care professional who prescribes a medication to an eligible beneficiary under the Yukon National Pharmacare Program.

Provider: A pharmacist or other healthcare provider who dispenses medication to an eligible beneficiary under the Yukon National Pharmacare Program.

Resident: A person lawfully entitled to be or to remain in Canada, who makes their home and is ordinarily present in the Yukon, but does not include a tourist, transient, or visitor to the Yukon.

Single-payer: Coverage where the cost of eligible products covered under the Yukon National Pharmacare Program are made available to eligible beneficiaries and paid for entirely by the Government of Yukon.

Special authorization: The mechanism that grants coverage for brand name, exception, and biologic originator drugs that are not normally covered under the Yukon National Pharmacare Program.

Universal: Coverage where eligible products that are covered under the Yukon National Pharmacare Program are made available to all residents of the Yukon.

Yukon Drug Formulary: The database of prescription medications and products covered under the Yukon Health Care Insurance Plan's medication plans, including the Yukon National Pharmacare Program.

Yukon National Pharmacare Program: A federally funded program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

A.3: Coverage

Unit: Yukon National Pharmacare Program	Effective date: July 9, 2026
Branch: Insured Health Services	Last updated: July 9, 2026
Procedure number: A.3	Review date: July, 2029

Authorities

- [Children's Law Act](#) (Yukon) 2002, c. 31
- [Health Act](#) (Yukon) 2002, c. 106
- [Health Care Insurance Plan Act](#) (Yukon) 2002, c.107
- [Public Guardian and Trustee Act](#) (Yukon) 2003, c. 21

Related policies and other documents

- [A.1: Eligibility](#)
- [A.2: Enrolment](#)
- [A.4: Special authorization](#)
- [A.5: Decision reconsideration](#)
- Approved – client letter template
- Declined – client letter template
- Exceptional claims reimbursement template
- Reimbursement request form
- [Yukon Drug Formulary](#)

APPROVED BY:	Prev Naidoo	A/Director, Insured Health Services
DATE:	2026/07/09	

A.4: Special authorization

Unit: Yukon National Pharmacare Program	Effective date: June 25, 2026
Branch: Insured Health Services	Last updated: June 25, 2026
Policy number: A.4	Review date: June, 2029

Purpose

This policy describes how special authorization for coverage of brand name, exception, and biologic originator products and medications is granted under the program.

Policy

1. An eligible beneficiary must be granted special authorization by the medical advisor prior to receiving coverage for a brand name, exception or biologic originator products or medications.
2. Special authorization:
 - o must be limited to designated products and medications listed on the [Yukon Drug Formulary](#) (YDF);
 - o grants coverage for all strengths of an approved medication; and
 - o does not exempt approved products and medications from Yukon National Pharmacare Program (YNPP) pricing policies unless it has been granted specifically for that purpose.
 - Refer to [policy A.3](#) for information about coverage
3. An application for special authorization must be submitted to the YNPP by the eligible beneficiary's prescriber.

Special authorization for brand name and exception products or medications

4. A prescriber may submit an application for coverage of a brand name product or medication if an eligible beneficiary cannot use the low-cost alternative generic product or medication because:
 - o they have an allergy or intolerance to the non-therapeutic ingredients in the low-cost alternative generic product or medication; or
 - o the low-cost alternative generic product or medication is ineffective in treating the condition it has been prescribed for.
 - Refer to [policy A.3](#) for information about the low-cost alternative principle.
5. A prescriber may submit an application for coverage of an exception medication if an eligible beneficiary:

A.4: Special authorization

Unit: Yukon National Pharmacare Program	Effective date: June 25, 2026
Branch: Insured Health Services	Last updated: June 25, 2026
Policy number: A.4	Review date: June, 2029

- o cannot take the open benefit medication covered under the YNPP due to a medical reason; and
- o meets the criteria indicated under the “Exceptions” section of the medication listing on the [YDF](#).

Special authorization for biologic originators

6. A prescriber may submit an application for coverage of a biologic originator if an eligible beneficiary cannot take the biosimilar medication because the:
 - o eligible beneficiary is currently taking a biologic originator and has been enrolled in the YNPP for less than 6 months;
 - o eligible beneficiary is currently taking a biologic originator and is pregnant;
 - o eligible beneficiary is under 18 years of age and has a condition for which there is no appropriate biosimilar;
 - o eligible beneficiary is allergic to the biosimilar;
 - o biosimilar is incompatible with the eligible beneficiary’s insulin pump; or
 - o biosimilar is ineffective in managing the eligible beneficiary’s condition.
7. Eligible beneficiaries who are taking a biologic originator at the time of enrolment in the YNPP must receive coverage for the biologic originator for the first six months of enrolment.
 - o Eligible beneficiaries must transition to a biosimilar within six months of enrolment to maintain coverage under the YNPP.
8. Eligible beneficiaries who are taking a biologic originator and become pregnant must receive coverage for the biologic originator for the duration of the pregnancy.
 - o Eligible beneficiaries must transition to a biosimilar within six months following the date the pregnancy ends to maintain coverage under the YNPP.
9. Eligible beneficiaries under 18 years of age who have a condition for which there is no appropriate biosimilar must receive coverage for the biologic originator until they turn 18 years of age.
 - o Eligible beneficiaries must transition to a biosimilar within six months following the date they turn 18 years of age to maintain coverage under the YNPP.

A.4: Special authorization

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10. Eligible beneficiaries transitioning to a biosimilar in accordance with [policy statements 8 and 9](#) must receive coverage for the biologic originator until the transition is complete.

Special authorization applications

11. Special authorization applications (applications) must include:

- o an exception request form (request form); and
- o all required supporting documentation indicated under the “Exceptions” section of the medication listing on the [YDF](#), where applicable.

12. An application must be complete for the eligible beneficiary to be considered for special authorization.

13. Applications must be submitted to IHS by fax.

14. Upon receiving an application, the reporting officer or delegate must:

- o verify that the request form is complete;
- o verify that all required supporting documentation has been submitted, where applicable; and
- o place the application in the appropriate folder in the designated locked filing cabinet.
 - If an application is incomplete, the reporting officer must contact the prescriber by fax to obtain the missing information.
 - Refer to [policy A.7](#) for information about disclosure of personal health information by fax.

15. Applications must be evaluated by the medical advisor within five business days of being received by IHS.

16. The reporting officer must notify the prescriber by fax of the outcome of the application.

- o A prescriber may apply for reconsideration of a decision where a request for special authorization was denied.
 - Refer to [policy A.5](#) for information about decision reconsideration.

17. The reporting officer must notify the eligible beneficiary of the outcome of the application by mail using the appropriate letter template.

- o If the application was:

A.4: Special authorization

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Branch: Insured Health Services	Last updated: June 25, 2026
Policy number: A.4	Review date: June, 2029

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- approved, the reporting officer must complete the Approved – client letter template; or
 - denied, the reporting officer must complete the Declined – client letter template.

18. The reporting officer must notify the benefits carrier of approved applications by secure file transfer email that includes the:

- o YNPP policy number;
 - o eligible beneficiary's Yukon Health Care Insurance Plan number;
 - o drug identification numbers of the approved medication;
 - o date coverage begins; and
 - o date coverage ends.
- If the approved application was for coverage of a brand name medication, the reporting officer must include the price type and unit price for the approved medication.

19. The benefits carrier must notify the reporting officer by email when an approved special authorization has been added to the eligible beneficiary's client profile.

- o Coverage for approved applications begins on the date the benefits carrier adds the special authorization to the eligible beneficiary's client profile.

20. The reporting officer must add the approved special authorization to the eligible beneficiary's profile on the Yukon Health Care Insurance Plan administration software.

Definitions

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Biologic: Medications made in, taken from, or partly made from living cells through a complex manufacturing process.

Biologic originator: The first version of a biologic medication.

Biosimilar: Medications that are similar to, but less expensive than, the biologic originator medication. Biosimilars become available after the patent on the biologic originator medication

A.4: Special authorization

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expires. There are no expected efficacy or safety differences between a biosimilar and the biologic originator medication.

Drug identification number: The number assigned by Health Canada to a drug product that uniquely identifies the drug's manufacturer, product name, active ingredients, active strengths, pharmaceutical form and route of administration.

Eligible beneficiary: An individual who is eligible for, and enrolled in, the Yukon Health Care Insurance Plan. Individuals covered under another federal medication program are not covered under the Yukon National Pharmacare Program.

Exception criteria: The conditions which must be met for an eligible beneficiary to be granted Special Authority for coverage of an exception drug under the Yukon National Pharmacare Program.

Generic medication: A medication containing the same active ingredients as an innovator medication that was originally protected by chemical patents. As per Health Canada standards, generic medications are bioequivalent to brand name medications.

Low-cost alternative: The least expensive version of a medication, encouraging the use of low-cost generic medication over brand name medications.

Prescriber: A health care professional who prescribes a medication to an eligible beneficiary under the Yukon National Pharmacare Program.

Special authorization: The mechanism that grants coverage for brand name, exception, and biologic originator medications under the Yukon National Pharmacare Program.

Yukon Drug Formulary: The database of medications and products covered under the Yukon's publicly funded drug plans, including the Yukon National Pharmacare Program.

Yukon National Pharmacare Program: A federally funded program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

Authorities

- [Health Act](#) (Yukon) 2002, c. 106

Related policies and other documents

- [A.3: Coverage](#)

A.4: Special authorization

Unit: Yukon National Pharmacare Program	Effective date: June 25, 2026
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- [A.5: Decision reconsideration](#)
 - [A.7: Use, disclosure and breaches of personal health information](#)
 - Exception request form

APPROVED BY:	Shauna Demers	Director, Insure Health Services
DATE:	2026/06/25	

A.5: Decision reconsideration

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
Policy number: A.5	Review date: August, 2029

Purpose

This policy describes the process for requesting reconsideration of decisions, and how requests are assessed, granted and denied.

Policy

1. A person may request reconsideration of a coverage decision made by the Yukon National Pharmacare Program (YNPP) if they:
 - o believe information in their initial application for coverage was overlooked;
 - o believe governing legislation or policy was misinterpreted;
 - o identify a procedural or communication error; or
 - o have new information that may impact the decision made about the initial request for coverage.
2. An application for reconsideration (application) must include:
 - o a completed reconsideration request form; and
 - o supporting documentation that is relevant to the decision being reconsidered.
3. Applications must be submitted to the YNPP within 20 business days from the date coverage was initially declined.
 - o Applications submitted more than 20 business days from the date coverage was initially declined are not eligible for reconsideration.
4. Applications may be submitted to the YNPP:
 - o by fax;
 - o by mail;
 - o in person; or
 - o by secure file transfer email.
 - Applications must not be submitted by regular email.
5. The method in which the application is submitted by the applicant must be the method in which all subsequent communication is issued by the reporting officer.
 - o If an application is submitted in person, the reporting officer must send any subsequent communication by mail.

A.5: Decision reconsideration

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
Policy number: A.5	Review date: August, 2029

Reconsideration of program eligibility or claims reimbursement

6. Applications for reconsideration must be submitted by an individual or their guardian if the application is regarding:
 - o eligibility for enrolment in the YNPP; or
 - o reimbursement for an eligible product that was purchased outside the Yukon.
 - An individual submitting an application regarding reimbursement for an eligible product purchased outside of the Yukon must be an eligible beneficiary under the YNPP.
 - Refer to [policy A.3](#) for information about coverage under the program.
7. Applications must include supporting documentation relevant to the reconsideration request including, but not limited to:
 - o proof of eligibility for enrolment in the YNPP; and
 - o an official prescription receipt.
 - Refer to [policy A.1](#) for information about eligibility under the YNPP.
 - Refer to [policy A.3](#) for information about coverage under the YNPP.

Reconsideration of special authorization coverage

8. Applications for reconsideration of special authorization coverage must be submitted by an eligible beneficiary's prescriber.
 - o Refer to [policy A.4](#) for information about special authorization.
9. Applications must include supporting documentation relevant to the reconsideration request including, but not limited to:
 - o the individual's medication history;
 - o the individual's diagnostic history, including laboratory results; and
 - o specialist's referrals and consult reports.

Application intake, processing and decisions

10. Upon receiving an application, the reporting officer must:
 - o verify that the application is complete;
 - o verify that all required supporting documentation has been submitted; and

A.5: Decision reconsideration

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
Policy number: A.5	Review date: August, 2029

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- o place the application in the appropriate folder in the locked filing cabinet.
11. If an application is incomplete or requires additional information, the reporting officer must contact the applicant to obtain the information.
- o The applicant must submit the requested information to the YNPP within 7 business days of the date the information was requested.
 - Extensions may be granted at the discretion of the manager of Extended Benefits and Pharmaceutical Programs (manager).
 - If an extension has not been granted and the requested information has not been submitted to the YNPP by the deadline, the application will be deemed abandoned and will not be reconsidered.
12. Within 5 business days of the application being received by the YNPP, the manager is responsible for:
- o evaluating the application;
 - o consulting with the medical advisor, where applicable; and
 - o providing a written evaluation decision to the reporting officer.
 - If the manager is unable to provide the evaluation decision within 5 business days, the manager is responsible for notifying the applicant that additional time is required to complete the evaluation.
13. The reporting officer must notify the applicant of the outcome of the application in accordance with [policy statement 5](#).
- o If the applicant is a prescriber, the reporting officer must also notify the eligible beneficiary the application about of the outcome of the application by mail.
14. The manager must implement decisions made through reconsideration.
15. All reconsideration decisions are final.
- o Decisions that have already been reconsidered are not eligible for further reconsideration.

Definitions

Applicant: An individual, their guardian or prescriber who submits an application to have a decision reconsidered under the Yukon National Pharmacare Program.

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

A.5: Decision reconsideration

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
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Eligible product: A medication or contraception that is covered under the Yukon National Pharmacare Program.

Prescriber: A health care professional who prescribes a medication to an eligible beneficiary under the Yukon National Pharmacare Program.

Reconsideration: A discretionary, internal review of a decision made under the Yukon National Pharmacare Program conducted by the manager of Extended Benefits and Pharmaceutical Programs. Reconsideration is **not** an appeal process and does not entitle applicants to a second decision by right.

Special authorization: The mechanism that grants coverage for brand name, exception, and biologic originator drugs that are not normally covered under the Yukon National Pharmacare Program.

Yukon National Pharmacare Program: A federally funded program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

Authorities

- [Children's Law Act](#) (Yukon) 2002, c. 31
- [Health Act](#) (Yukon) 2002, c. 106
- [Health Care Insurance Plan Act](#) (Yukon) 2002, c.107
- [Health Information Privacy and Management Act](#) (Yukon) 2013, c.16
- [Public Guardian and Trustee Act](#) (Yukon) 2003, c. 21

Related policies and other documents

- [A.1: Eligibility](#)
- [A.3: Coverage](#)
- [A.4: Special authorization](#)
- Reconsideration request form

APPROVED BY:	Shauna Demers	Director, Insured Health Services
DATE:	2026/08/13	

A.6: Consent, collection and documentation of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
Branch: Insured Health Services	Last updated: July 29, 2026
Policy number: A.6	Review date: July, 2029

Purpose

This policy describes consent, collection and documentation of personal health information within the program.

Policy

1. The methods for obtaining consent, and the collection and documentation of personal health information within the Yukon National Pharmacare Program (YNPP) must be carried out in accordance with the [Health Information Privacy and Management Act](#) (HIPMA).
2. Under [HIPMA](#):
 - o Health and Social Services (HSS) is the custodian of eligible beneficiary personal health information; and
 - o Insured Health Services (IHS) staff and the benefits carrier are agents of HSS.
3. Agents must comply with:
 - o [General Administration Manual policy 2.4](#);
 - o [Health and Social Services corporate policy IM-005](#); and
 - o [Health and Social Services corporate policy IM-010](#).
 - If there is any contradiction between this policy and the policies listed in above, the listed policies must be followed.

Privacy training for agents

4. Agents must complete privacy training and submit a signed [HSS Pledge of Confidentiality for Health and Social Services employees](#) (pledge form) prior to being granted access to or handling personal health information.
 - o Refer to [Health and Social Services corporate policy IM-010](#) for information about training requirements and the pledge form.
5. The benefits carrier must provide privacy and security orientation and ongoing privacy and security training to benefits carrier staff in accordance with the service contract.

Consent

A.6: Consent, collection and documentation of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
Branch: Insured Health Services	Last updated: July 29, 2026
Policy number: A.6	Review date: July, 2029

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6. An individual or their substitute decision-maker, where applicable, must provide consent for their personal health information to be:
- o used for the purpose of providing health care to the individual;
 - o disclosed to a recipient other than the individual the personal health information is about.
 - Refer to [policy A.7](#) for information about the use and disclosure of personal health information.
7. An individual's consent is **not** required for the:
- o collection, use or disclosure of the individual's registration information in relation to the provision of the YNPP; and
 - o disclosure of personal health information for the purposes of complying with a summons, warrant, order or similar requirement;
 - Refer to [policy A.2](#) for information about enrolment in the YNPP.
 - Refer to [policy A.7](#) for information about the use and disclosure of personal health information.

Collection and documentation of personal health information

8. Agents must only collect personal health information for the purposes of administering the YNPP, including but not limited to:
- o determining an individual's eligibility for the YNPP;
 - o adjudication of claims by the benefits carrier;
 - o adjudication of special authorization applications;
 - o adjudication of claims reimbursement requests;
 - o adjudication of decision reconsideration requests;
 - o adjudication of extended medication supply requests;
 - o providing claim-specific support to providers; and
 - o providing customer support services to prescribers on behalf of an eligible beneficiary.
9. Agents must:

A.6: Consent, collection and documentation of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
Branch: Insured Health Services	Last updated: July 29, 2026
Policy number: A.6	Review date: July, 2029

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- o only collect personal health information when it is necessary in performing the duties of their role;
 - o limit the amount of personal health information collected to the minimum amount necessary to achieve the purpose of collection;
 - o make reasonable efforts to ensure the accuracy of personal health information being collected; and
 - o not collect personal health information if other information would suffice.
10. The custodian must apply information practices that ensure the confidentiality, security and integrity of the personal health information in its custody or control.
11. Eligible beneficiary personal health information must be stored, processed, transferred and accessed in Canada only.
- o Refer to [policy A.8](#) for information about records management.

Definitions

Agent: A person who acts for or on behalf of the custodian in respect of personal health information, including a person who is an employee of the custodian, or who performs a service for the custodian under a contract or agency relationship with the custodian.

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Collection: The act of gathering, acquiring, receiving, or obtaining information by any means from any source, but not including the transmission of information between a custodian and an agent of that custodian.

Consent: To give permission for a custodian or agent to collect, document, use or disclose personal health information. Where the context permits, this includes the power to give, refuse and withdraw consent.

Custodian: An authorized person who may collect, use and disclose personal health information in accordance with the [Health Information Privacy and Management Act](#).

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

Personal health information: The health information of an individual and prescribed registration information and provider registry information in respect of an individual.

A.6: Consent, collection and documentation of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
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Registration information: The personal information collected about or assigned to an individual for the purposes of providing health services including, but not limited to, the individual's name, gender, date of birth, residential address, telephone number, email address and government-issued personal health number.

Substitute decision-maker: The person chosen under subsection 46(2) of the [Health Information Privacy and Management Act](#) to act on behalf of an individual for the consent to the collection, use, disclosure, making available or accessing of the individual's personal health information.

Yukon National Pharmacare Program: A federally sponsored program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

Authorities

- [Access to Information and Protection of Privacy Act](#) (Yukon) 2018, c. 9
- [Health Information Privacy and Management Act](#) (Yukon) 2013, c.16
- [Health Information General Regulation](#) (Yukon) O.I.C. 2016/159

Related policies and other documents

- [A.2: Enrolment](#)
- [A.7: Use, disclosure and breaches of personal health information](#)
- [A.8: Records management](#)
- [General Administration Manual policy 2.4: information governance](#)
- [Health and Social Services corporate policy IM-005: collection of personal health information policy](#)
- [Health and Social Services corporate policy IM-010: privacy training and HIPMA pledge policy](#)
- [Health and Social Services Health Information Privacy and Management Act \(HIPMA\) resources](#)
- [HIPMA Pledge of Confidentiality for Health and Social Services Employees](#)

A.6: Consent, collection and documentation of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
Branch: Insured Health Services	Last updated: July 29, 2026
Policy number: A.6	Review date: July, 2029

APPROVED BY:	Prev Naidoo	A/Director, Insured Health Services
DATE:	2026/07/29	

A.7: Use, disclosure and breaches of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
Branch: Insured Health Services	Last updated: July 29, 2026
Policy number: A.7	Review date: July, 2029

Purpose

This policy describes how personal health information is used and disclosed, and how breaches of personal health information are managed.

Policy

1. The use, disclosure and protection of personal health information of eligible beneficiaries, including the management of privacy and security breaches within the Yukon National Pharmacare Program (YNPP), must be carried out in accordance with the [Health Information Privacy and Management Act](#) (HIPMA).
2. Under [HIPMA](#):
 - o Health and Social Services (HSS) is the custodian of eligible beneficiary personal health information; and
 - o Insured Health Services (IHS) staff and the benefits carrier are agents of HSS.
3. Agents must comply with:
 - o [General Administration Manual policy 2.4](#);
 - o [Health and Social Services corporate policy IM-004](#);
 - o [Health and Social Services corporate policy IM-006](#);
 - o [Health and Social Services corporate policy IM-007](#);
 - o [Health and Social Services corporate policy IM-008](#);
 - o [Health and Social Services corporate policy IM-010](#); and
 - o [Health and Social Services corporate policy IM-011](#).
 - If there is any contradiction between this policy and the policies listed in above, the listed policies must be followed.

Privacy training for agents

4. Agents must complete privacy training and submit a signed [HSS Pledge of Confidentiality for Health and Social Services employees](#) (pledge form) prior to being granted access to or handling personal health information.

A.7: Use, disclosure and breaches of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
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- o Refer to [Health and Social Services corporate policy IM-010](#) for information about training requirements and the pledge form.
5. The benefits carrier must provide privacy and security orientation and ongoing privacy and security training to benefits carrier staff in accordance with the service contract.

Use of personal health information

6. Agents must only use personal health information when it is necessary in performing the duties of their role, including but not limited to:
- o determining an individual's eligibility for the YNPP;
 - o enrolling an eligible beneficiary in the YNPP;
 - o processing and adjudicating claims, special authorization requests and decision reconsideration requests;
 - o transmitting approved special authorization information to the benefits carrier;
 - o transmitting approved claim information to the benefits carrier;
 - o verification of travel supply requests submitted by providers;
 - o providing claim-specific technical support to providers;
 - o de-identifying personal health information used in non-production system testing environments;
 - o auditing and investigating claims-related fraud and abuse;
 - o generating aggregate reports, such as enrolment reports; and
 - o internal reporting and analysis on claims administration and utilization by the custodian.
7. Agents must limit the amount of personal health information used to the minimum required to achieve the purpose for which it is used.
- o Personal health information must not be used if other information would suffice.

Transmission of personal health information by secure file transfer

8. Enrolment information of eligible beneficiaries shared with the benefits carrier must be transferred using secure file transfer protocol.

A.7: Use, disclosure and breaches of personal health information

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- o Enrolment information is transmitted to the benefits carrier automatically through the Yukon Health Care Insurance Plan administration software interface.
9. Enrolment information of eligible beneficiaries shared with the benefits carrier must be limited to:
- o full legal name;
 - o date of birth;
 - o Yukon Health Care Insurance Plan number;
 - o date of eligibility for coverage under YNPP; and
 - o mailing address.
10. The reporting officer must transmit approved special authorization and claim reimbursement information to the benefits carrier using secure file transfer email.
- o Refer to [policy A.3](#) for information about claim reimbursement.
 - o Refer to [policy A.4](#) for information about special authorization.

Disclosure of personal health information

11. Agents must only disclose personal health information for the purposes of administering the YNPP, including but not limited to:
- o advising eligible beneficiaries and their prescribers of the result of special authorization applications;
 - o advising individuals and their prescribers, where applicable, of the result of decision reconsideration requests;
 - o issuing claims adjudication decisions to providers;
 - o disbursement of payment to eligible beneficiaries for approved out-of-territory claims;
 - o advising providers of approved special authorization;
 - o reconciling claims payment information;
 - o reporting to the Canadian Institute for Health Information; and
 - o reporting to the Government of Canada.

A.7: Use, disclosure and breaches of personal health information

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- Refer to [policy A.9](#) for information about reporting under the YNPP.

12. If information to be disclosed is subject to solicitor-client privilege, agents must consult with the HSS designated privacy officer (privacy officer) prior to releasing the information.

- If agents need assistance in releasing personal health information, or are unsure about what should be released, they must consult with the privacy officer prior to disclosing the information.

13. Agents must record all disclosures of personal health information made without an eligible beneficiary's consent, including:

- the name of the eligible beneficiary;
- the date and purpose of the disclosure; and
- a brief description of the personal health information disclosed.

14. Records of disclosure of an eligible beneficiary's personal health information must be stored on the agents' records management system.

- Refer to [policy A.8](#) for information about records management.

Disclosure of personal health information - fax

15. The reporting officer must only disclose personal health information by fax to an eligible beneficiary's prescriber for the purpose of:

- requesting further information regarding special authorization and decision reconsideration applications;
- communicating the outcome of special authorization and decision reconsideration applications; and
- providing the requested information, if eligible beneficiary has consented to the disclosure.
 - Refer to [policy A.4](#) for information about special authorization.
 - Refer to [policy A.5](#) for information about decision reconsideration.

16. When disclosing personal health information by fax, the reporting officer must:

- include a completed [HSS fax cover sheet](#);
- verify that the prescriber's phone number has been entered correctly;

A.7: Use, disclosure and breaches of personal health information

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- o verify that the fax was sent correctly;
 - o file the documents and fax transmission report in the eligible beneficiary's file in the designated locked filing cabinet.
 - When sending a fax to an unsecure or unknown location, the reporting officer must ensure that the recipient has taken appropriate steps to prevent unauthorized individuals from accessing the faxed documents.

Disclosure under summons, warrant, order or similar requirement

17. Agents may disclose an eligible beneficiary's personal health information without consent for the purpose of complying with a summons, warrant, order or similar requirement issued by a person having jurisdiction in the Yukon to compel the production of personal health information.
18. Agents must notify the Director in writing if a summons, warrant, order or similar requirement is received.
19. Prior to making a disclosure in accordance with [policy statement 17](#), the Director is responsible for:
- o consulting with the privacy officer and Legal Services to seek advice regarding providing statements or disclosing personal health information to the courts or other legal authority where compelled; and
 - o advising agents, based on the advice received, on how to proceed with responding to the summons, warrant, order or similar requirement.
 - For more information, refer to [HSS corporate policy IM-006](#).

Disclosure to RCMP without eligible beneficiary's consent

20. Upon receipt of a request from the Royal Canadian Mounted Police (RCMP) for personal health information, staff must direct the RCMP to:
- o complete the [law enforcement requests for personal information from HSS form](#); and
 - o submit the completed form to the HSS Access to Information office.
21. If the Director has received a completed [law enforcement requests for personal information from HSS form](#) (form) from the RCMP, they must forward the form to the HSS Access to Information office.

A.7: Use, disclosure and breaches of personal health information

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- o The Director must save a copy of the completed form in the electronic file storage system.

Coroners' request - order for production of records

22. Upon receipt of an order for the production of records (order) from the Coroner's Office, the Director is responsible for following [HSS corporate policy IM-011](#).

- o If an IHS staff member receives an order, they must notify the Director.

23. The reporting officer must:

- o identify and compile responsive records;
- o verify if the records are subject to solicitor-client privilege; and
- o provide the responsive records to the Director.
 - Responsive records must be provided in full to the Coroner's Office unless the information requested is subject to solicitor-client privilege.
 - If the responsive records are subject to solicitor-client privilege, the reporting officer must contact the HSS Access to Information office for assistance with redacting the necessary information.
 - If the reporting officer cannot meet the submission deadline indicated in the order, the Director is responsible for requesting an extension from the Coroner's Office.

24. The Director is responsible for:

- o providing the records to the Coroner's Office;
- o recording the details of any personal health information disclosed in response to the order as described in [policy statement 13](#); and
- o storing the disclosure record as described in [policy statement 14](#).

Coroner's request - summons

25. Agents served with a summons by the coroner to attend an inquest must appear on the date and at the time indicated in the summons.

26. If the summons includes a request for information, agents must collect the requested information that is in the custody of the YNPP to bring with them to the inquest.

A.7: Use, disclosure and breaches of personal health information

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27. If any of the requested information is subject to solicitor-client privilege, IHS staff must contact the HSS Access to Information office for assistance with redacting the necessary information.

- o For more information about the requirements for a summons, refer to Appendix B of [HSS corporate policy IM-011](#).

Disclosure to an eligible beneficiary's prescriber

28. Agents must not disclose an eligible beneficiary's personal health information to a prescriber without the eligible beneficiary's consent.

29. If an eligible beneficiary requests that their personal health information be disclosed to a prescriber, the reporting officer must:

- o advise the eligible beneficiary to complete and sign the [Health and Social Services consent to release of information form](#) (consent form);
- o save the completed and signed consent form in the eligible beneficiary's file in the designated locked filing cabinet; and
- o release a copy of the eligible beneficiary's personal health information records, as applicable, to the eligible beneficiary's health care provider.

30. If the reporting officer receives a completed and signed consent form directly from an eligible beneficiary's health care provider, IHS staff must:

- o save the form in the eligible beneficiary's file in designated locked filing cabinet; and
- o release the records to the health care provider by fax as described in [policy statement 16](#).

Security breaches of personal health information

31. In accordance with the [Health and Social Services corporate policy IM-007](#), agents must notify the manager of Extended Benefits and Pharmaceutical Programs (manager) of confirmed or suspected security breaches, including, but not limited to:

- o misdirected faxes, emails or mail;
- o looking up information of eligible beneficiaries without a job-related purpose;
- o theft, loss or disappearance of electronic or paper-based records;

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- o being overheard discussing eligible beneficiary personal health information in a public setting with someone who does not need to know; and
 - o sharing a story with identifying eligible beneficiary information on social media without consent.
32. Agents must **immediately** take appropriate steps to stop or reduce the impacts of a confirmed or suspected security breach, including, but not limited to:
- o immediately recovering information;
 - o shutting down the system that was breached;
 - o revoking or changing device access codes; and
 - o ensuring all individuals who received the breached information confirm, in writing that:
 - no copies of the information were made;
 - the information was not and will not be communicated to anyone; and
 - the information has been securely destroyed or deleted, if applicable.
33. If agents are unsure how to appropriately contain a security breach, they must:
- o contact the privacy officer for assistance; and
 - o assist the privacy officer with additional containment measures, if requested.
34. The manager must:
- o notify the Director of the security breach;
 - o notify the privacy officer of the security breach;
 - o begin completing the [privacy breach reporting form for Health and Social Services Employees](#) (breach report); and
 - o consult with the privacy officer to determine which individuals among HSS's executive team should be notified of the security breach.
 - If the manager believes the security breach resulted from criminal activity, they must immediately notify the RCMP.

A.7: Use, disclosure and breaches of personal health information

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35. The Director is responsible for:

- o consulting with the privacy officer to determine who will lead the security breach investigation and complete the [breach report](#); and
- o assisting assigned individuals with completing the [breach report](#), if needed;
- o submitting the [breach report](#) to the privacy officer; and
- o saving a copy of the completed [breach report](#) on the secure drive.
 - If the assigned individual is no longer working within the department, the Director is responsible for completing the [breach report](#) and submitting it to the privacy officer.

36. The Director is responsible for implementing the recommendations provided by the privacy officer to avoid security breaches of a similar nature from occurring in the future.

Definitions

Access to Information office: The unit within Health and Social Services responsible for managing, processing and responding to public requests for records under legislative acts.

Agent: A person who acts for or on behalf of the custodian in respect of personal health information, including a person who is an employee of the custodian, or who performs a service for the custodian under a contract or agency relationship with the custodian.

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Consent: To give permission for a custodian or agent to collect, document, use or disclose personal health information. Where the context permits, this includes the power to give, refuse and withdraw consent.

Coroner: The chief coroner, an investigating coroner, or a presiding coroner.

Custodian: An authorized person who may collect, use and disclose personal health information in accordance with the [Health Information Privacy and Management Act](#).

Designated privacy officer: The Health and Social Services employee designated to manage, monitor and enforce compliance with privacy legislation and policies.

A.7: Use, disclosure and breaches of personal health information

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Disclosure: In relation to information in the custody or control of a person, means making the information available or releasing it to another person, but includes neither using the information nor its transmission between a custodian and an agent of that custodian.

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

Legal Services: The internal legal counsel branches within the Department of Justice that provide legal advice, representation and legislative services to government departments.

Order for production of records: A document issued by an investigating coroner requesting information related to a deceased person or to the circumstances of their death that may be relevant to an investigation.

Personal health information: The health information of an individual and prescribed registration information and provider registry information in respect of an individual.

Registration information: The personal information collected about or assigned to an individual for the purposes of providing health services including, but not limited to, the individual's name, gender, date of birth, residential address, telephone number, email address and government-issued personal health number.

Secure File Transfer Protocol: A method for transferring, accessing and managing files over a network. It provides high-level security by encrypting both commands and data during transmission, protecting sensitive information from interception and ensuring data integrity through secure, authenticated connections.

Security breach: The theft or loss, or disposition, disclosure or access to personal health information by a person, contrary to the *Health Information Privacy and Management Act*.

Solicitor-client privilege: It means the confidential communications between a client and their legal counsel for the purpose of seeking or receiving legal advice.

Substitute decision-maker: The person chosen under subsection 46(2) of the [Health Information Privacy and Management Act](#) to act on behalf of an individual for the consent to the collection, use, disclosure, making available or accessing of the individual's personal health information.

Summons: A document issued by an investigating coroner requesting the attendance of a witness at an inquest.

A.7: Use, disclosure and breaches of personal health information

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Use: The handling of personal health information in the custody or control of a person in any manner whatsoever, other than collecting or disclosing it. This includes the transmission of personal health information between a custodian and an agent of that custodian.

Yukon Health Care Insurance Plan: The plan established by the [Health Insurance Plan Act](#) and the regulations for providing insured health services to eligible beneficiaries.

Yukon National Pharmacare Program: A federally sponsored program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

Authorities

- [Access to Information and Protection of Privacy Act](#) (Yukon) 2018, c. 9
- [Health Act](#) (Yukon) 2002, c. 106
- [Health Information Privacy and Management Act](#) (Yukon) 2013, c. 16
- [Health Information General Regulations](#) (Yukon) O.I.C. 2016/159

Related policies and other documents

- [A.3: Coverage](#)
- [A.4: Special authorization](#)
- [A.5: Decision reconsideration](#)
- [A.8: Records management](#)
- [A.9: Reporting](#)
- [General Administration Manual policy 2.4: information governance](#)
- [Health and Social Services consent to release of information form](#)
- [Health and Social Services corporate policy IM-004: access to personal information and personal health information](#)
- [Health and Social Services corporate policy IM-006: disclosure of personal health information policy](#)
- [Health and Social Services corporate policy IM-007: security breach policy](#)
- [Health and Social Services corporate policy IM-008: use of personal health information](#)

A.7: Use, disclosure and breaches of personal health information

Unit: Yukon National Pharmacare Program	Effective date: July 29, 2026
Branch: Insured Health Services	Last updated: July 29, 2026
Policy number: A.7	Review date: July, 2029

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- [Health and Social Services corporate policy IM-010: privacy training and HIPMA pledge policy](#)
 - [Health and Social Services corporate policy IM-011: Coroners Request for Information held by the Department of Health and Social Services](#)
 - [Health and Social Services Health Information Privacy and Management Act \(HIPMA\) resources](#)
 - [HSS Fax Cover Sheet](#)
 - [Law Enforcement Requests for Personal Information from Health and Social Services form](#)
 - [Privacy Breach Reporting Form for Health and Social Services Employees](#)

APPROVED BY:	Prev Naidoo	A/Director, Insured Health Services
DATE:	2026/07/29	

A.8: Records management

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
Policy number: A.8	Review date: August, 2029

Purpose

This policy describes the creation, storage, management, retention, access and disposal of records within the program.

Policy

1. The creation, storage, management, retention, access and disposal of records within the Yukon National Pharmacare Program (YNPP) must be carried out in accordance with:
 - o [General Administration Manual policy 2.14](#);
 - o [General Administration Manual policy 2.15](#); and
 - o [General Administration Manual policy 2.26](#).
2. Staff are responsible for:
 - o creating and maintaining complete and accurate records;
 - o storing records only in approved designated repositories;
 - o protecting records from unauthorized access, alteration or destruction;
 - o providing responsive records in response to access to information requests; and
 - o disposing of records in accordance with the approved retention schedules.

Creation and storage of records

3. Electronic records must use standardized naming conventions.
4. File and folder names must:
 - o contain the minimum amount of personal information necessary;
 - o use approved acronyms only;
 - o incorporate unique identifiers or case numbers, where appropriate;
 - o be dated using the YYYY-MM-DD format, where applicable;
 - o identify versions, where version control is required; and
 - o identify drafts, where applicable.
5. Records must be managed in accordance with the [Insured Health Services records retention schedule](#) and the [Transitory Records Schedule](#).

A.8: Records management

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6. Records must only be stored in approved designated repositories, specifically the:
 - o secure shared drive;
 - o designated locked filing cabinet;
 - o benefits carrier's administration software; and
 - o Yukon Health Care Insurance Plan (YHCIP) registration software module.
 7. Records containing personal information or personal health information must be:
 - o stored in accordance with [policy statement 6](#);
 - o secured when unattended;
 - o reproduced only when there is a legitimate operational need; and
 - o transmitted in accordance with [policy statement 45](#).
 8. Staff must maintain an up-to-date inventory of all files containing YNPP records.

Substantive records

9. Substantive electronic records must be converted to an appropriate recordkeeping format, where applicable, before being stored in accordance with [policy statement 6](#). Substantive records include, but are not limited to:
 - o enrolment reports;
 - o financial reports;
 - o special authorization applications;
 - o decision reconsideration applications;
 - o personal health information disclosures; and
 - o correspondence documenting decisions made within the YNPP.
10. Substantive electronic records that are about:
 - o an eligible beneficiary or other individual must be printed and filed in the designated locked filing cabinet; and
 - o general YNPP operations must be stored in the appropriate folder on the secure shared drive.

A.8: Records management

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
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11. Substantive electronic records that are part of the benefits carrier's administration software or YHCIP registration software module do not need to be converted or stored outside of those systems.

Transitory records

12. Transitory records must be managed in accordance with the [Transitory Records Schedule](#).
- o Staff must consult with the HSS records office if they require guidance on applying the [Transitory Records Schedule](#).
13. Transitory records include, but are not limited to:
- o temporary information, such as staff notices about routine events or occasions;
 - o duplicate documents; and
 - o draft documents and working materials that do not provide information on decisions or approvals.
14. Transitory records remain subject to access to information requests made under the [Access to Information and Protection of Privacy Act](#) (ATIPPA), audits and legal discovery until they are appropriately disposed of.
15. Transitory records must **not** be disposed of while there is an active access to information request, audit, investigation or legal discovery in progress.

Email records

16. Staff must assess email messages that document YNPP-related business to determine whether they are substantive or transitory records.
- o Substantive email records include, but are not limited to, messages that:
 - document decisions, approvals or recommendations;
 - authorize or complete business transactions;
 - document financial, legal or contractual matters;
 - support program planning or service delivery;
 - communicate directly with individuals about YNPP administration; and
 - provide evidence of government business activities.
 - o Transitory email records include, but are not limited to:
 - meeting invitations;

A.8: Records management

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- duplicate information;
- routine notifications; and
- courtesy copies.

17. Substantive email records must be:

- o printed or exported from Outlook;
- o managed in accordance with [policy statement 9](#); and
- o deleted from the inbox where they were originally received.

18. Subject to [policy statement 15](#), transitory email records must be deleted when they are no longer required.

19. The reporting officer must ensure email records within the YNPP shared mailbox (ynpp@yukon.ca) are managed in accordance with this policy.

Artificial intelligence records

20. Content created through generative artificial intelligence (AI) is considered a record and must be managed in accordance with the [Use of Generative AI Directive](#).

- o AI-generated records are subject to the same records management requirements as records created by any other means.

21. Prompts used to generate AI content must be retained if they provide necessary context, evidence or explanation for the resulting record.

22. Prompts and outputs must be incorporated into official records by:

- o copying the prompt and output into the associated document; or
- o saving outputs generated through approved enterprise AI applications.

23. Staff are responsible for ensuring AI-generated content is complete and accurate.

Privacy and security

24. All records must be protected against unauthorized access, collection, use, disclosure, alteration or destruction.

25. Records containing personal information or personal health information must be managed in accordance with [ATIPPA](#), the [Health Information Privacy and Management Act](#) (HIPMA) and program policies.

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- o Refer to [policy A.6](#) for information about consent, collection and documentation of personal health information.
- o Refer to [policy A.7](#) for information about use, disclosure and breaches of personal health information.

26. The benefits carrier is responsible for implementing appropriate administrative, technical and physical safeguards to ensure:

- o secure facilities and systems;
- o controlled access to personal health information;
- o protection against unauthorized access, use, disclosure or disposal;
- o compliance with contractual and legislative security requirements.

Access to information requests

27. Staff must respond to requests for access to information made under [ATIPPA](#) in accordance with HSS requirements.

- o If the access request is received by the benefits carrier, the benefits carrier must immediately forward the request to HSS.

28. Upon notification of an access request, staff must:

- o pause the disposal of all records; and
- o preserve all potentially responsive records until the request and any appeal period has ended.
 - Records must not be destroyed, altered or removed while an access request is active.

29. Staff must conduct comprehensive searches of all record repositories as directed by the designated access officer including, but not limited to:

- o the secure shared drive;
- o the shared YNPP email account;
- o staff email accounts;
- o text messages;
- o the designated locked filing cabinet; and
- o the Yukon Health Care Insurance Plan registration software module.

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30. Staff must advise the manager of Extended Benefits and Pharmaceutical Programs (manager) if:

- o there are any concerns about releasing the information contained in the records; or
- o if no responsive records are found.

Correction of records under ATIPPA

31. In accordance with section 35 of [ATIPPA](#), within 30 business days of receiving a request to correct personal information, staff must:

- o make the requested correction to each applicable record; or
- o refuse to make the correction.
 - If the correction request is received by the benefits carrier, the benefits carrier must immediately forward the request to HSS.

32. If the requested corrections are made, staff must provide notification that the request has been completed to:

- o the requestor; and
- o each public body or person that the personal information was disclosed to in the 12 months prior to the correction being made.

33. If the request to correct personal information is refused, staff must:

- o note on each applicable record that the request was made, including the date the request was made; and
- o notify requestor that the:
 - request was refused;
 - reason for the refusal;
 - request has been documented on the applicable records; and
 - requestor has the right to make a complaint in accordance with section 36 of [ATIPPA](#) in respect of the refusal.

Correction of records under HIPMA

34. In accordance with section 28 of [HIPMA](#), within 30 business days of receiving a request to correct personal health information, staff must:

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- o make the requested correction to each applicable record;
 - o refuse to make the correction; or
 - o notify the requestor, if the associated record is not in the custody or control of the YNPP.
 - If the correction request is received by the benefits carrier, the benefits carrier must immediately forward the request to HSS.
 - If responding to the request within 30 business days would unreasonably interfere with YNPP operations, the response timeline may be extended by an additional 15 business days.

35. If the request cannot be responded to within 30 business days, staff must notify the requestor:

- o that an extension of 15 business days is required to respond the request;
- o of the reason for the extension; and
- o when a response can be expected.

36. If the request to correct personal health information is made, staff must notify:

- o the requestor that the correction was made; and
- o if requested by the requestor, any person that the personal health information was disclosed to in the 12 months prior to the correction being made.

37. If the request to correct personal health information is refused, or the YNPP fails to respond to the request in accordance with [policy statement 34](#), staff must advise the requestor that they may provide a statement of disagreement containing the correction request and reason for the correction.

- o If the requestor provides a statement of disagreement, staff must:
 - add the statement of disagreement to any applicable records in the custody of the YNPP in a manner that ensures the statement of disagreement will be read with and form part of the record; and
 - if requested by the requestor, notify any person that the personal health information was disclosed to in the 12 months prior to the request being made that the statement of disagreement has been added to the applicable records.

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38. Staff are not required to make requested changes or add a statement of disagreement to a record if the:

- o personal health information that the requestor seeks to have corrected is a professional opinion or observation made in good faith; or
- o request is of a repetitious, frivolous or vexatious nature.

Retention and disposal of records

39. Records must be retained in accordance with the approved records retention schedules.

- o Substantive records must:
 - be retained for a period of 10 years; and
 - **not** be destroyed or disposed of without proper authorization.
- o Transitory records must be disposed of promptly when they are no longer required for operational purposes.

40. If staff are unable to determine whether a record is substantive or transitory, they must:

- o retain the record;
- o consult with departmental records staff for advice; and
- o apply the appropriate storage or disposal method according to the advice received.

41. Transitory paper records that:

- o contain sensitive or personal information must be placed in the secure shredding bin; and
- o do **not** contain sensitive or personal information may be disposed of in the recycling bin.

42. Electronic transitory records must be deleted in accordance with the [Transitory Records Schedule](#).

43. Electronic storage media must be overwritten or physically destroyed prior to disposal.

44. Upon expiry or termination of the service contract between IHS and the benefits carrier, the benefits carrier is responsible for promptly returning all records in the custody of HSS.

- o The benefits carrier must not retain copies of personal information or personal health information in the custody of HSS unless authorized by law.

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Transmission of records

45. Records must only be transmitted by:

- o fax;
- o mail;
- o secure file transfer email; or
- o secure file transfer protocol.

46. Records containing personal information or personal health information of eligible beneficiaries must be stored, processed, transferred and accessed in Canada only.

- o Refer to [policy A.7](#) for information on use and disclosure of personal health information.

47. Before sending classified records by internal mail, staff must:

- o place the records in a sealed envelope;
- o write or stamp the word “Confidential” on the outside of the envelope;
- o address the envelope to the authorized recipient; and
- o initial the seal.

48. Before sending classified records by external mail, staff must:

- o prepare the records in accordance with [policy statement 47](#); and
- o place the sealed envelope inside an outer envelope that does not display the security classification.

49. Classified incoming mail received by the YNPP must only be opened by the intended recipient or an authorized individual.

Employee exit and role transition

50. Staff must ensure that all records under their care are properly managed prior to changing roles or leaving employment with Government of Yukon.

51. Prior to role change or departure, staff must:

- o transfer all substantive records to approved designated repositories;
- o dispose of all transitory records in accordance with [policy statement 39](#); and

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- o confirm completion of the above records management actions with their supervisor.

52. The manager must ensure that departing staff comply with the records management requirements, including:

- o verifying that the substantive records have been properly transferred; and
- o ensuring access permissions are adjusted or removed upon departure, as appropriate.

Compliance, monitoring and audit

53. HSS and IHS may conduct periodic reviews of records management practices within the YNPP including, but not limited to, assessment of:

- o record classification practices;
- o storage and retrieval systems;
- o email management compliance;
- o retention and disposal practices; and
- o security and privacy controls.

54. Records must be made available for the purposes of audit, investigation, legal proceedings or access to information requests as required by law.

Definitions

Artificial intelligence: The simulation of human intelligence processes by machines, including learning, reasoning, problem-solving, and decision-making.

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Classified record: A record categorized as either confidential, exempted or restricted.

Designated repository: A shared filing system where records are captured, protected, retained and destroyed in accordance with approved records schedules.

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

Generative artificial intelligence: A subset of artificial intelligence that produces content such as text, images and code based on information or prompts submitted by the user.

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Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
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Output: The information provided by a generative artificial intelligence tool in response to a prompt.

Personal health information: The health information of an individual and prescribed registration information and provider registry information in respect of an individual.

Personal information: Recorded information about an identifiable individual.

Prompt: The information provided to a generative artificial intelligence tool by the user.

Record: Recorded information, including written, graphic, electronic, digital, photographic or audio medium, made or received by an organization during the course of business.

Records schedule: A schedule that identifies the period of time that records must be kept to satisfy administrative, operational, financial, legal and research requirements.

Registration information: The personal information collected about or assigned to an individual for the purposes of providing health services including, but not limited to, the individual's name, gender, date of birth, residential address, telephone number, email address and government-issued personal health number.

Secure file transfer protocol: A method for transferring, accessing and managing files over a network. It provides high-level security by encrypting both commands and data during transmission, protecting sensitive information from interception and ensuring data integrity through secure, authenticated connections.

Substantive record: A record that documents decisions, transactions, approvals, or evidence of government business activities and is required to support accountability, legal, financial, or operational requirements.

Transitory record: A record of temporary value that is not required to document or support program operations once its immediate purpose has been fulfilled.

Transitory records schedule: A corporate document that describes the different types of transitory records, outlines department-specific exceptions, and provides the department with the legal authority to destroy those records whenever necessary.

Yukon Health Care Insurance Plan: The plan established by the [Health Care Insurance Plan Act](#) and the regulations for providing insured health services to eligible beneficiaries.

Yukon National Pharmacare Program: A federally sponsored program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

A.8: Records management

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
Policy number: A.8	Review date: August, 2029

Authorities

- [Access to Information and Protection of Privacy Act](#) (Yukon) 2018, c. 9
- [Archives Act](#) (Yukon) 2002, c.9
- [Evidence Act](#) (Yukon) 2002, c. 78
- [Health Information Privacy and Management Act](#) (Yukon) 2013, c. 16
- [Health Information General Regulations](#) (Yukon) O.I.C. 2016/159
- [Financial Administration Act](#) (Yukon) 2002, c. 87
- [Records Management Regulations](#) (Yukon) O.I.C. 1985/017

Related policies and other documents

- [A.6: Consent, collection and documentation of personal health information](#)
- [A.7: Use, disclosure and breaches of personal health information](#)
- [General Administration Manual policy 2.14: records management](#)
- [General Administration Manual policy 2.15: security of public records](#)
- [General Administration Manual policy 2.26: information governance policy](#)
- [Insured Health Services records retention schedule](#)
- [Recordkeeping Guidelines for Generative AI](#)
- [Records Management Procedures Manual](#)
- [Transitory Records Schedule \(2020-003\)](#)
- [Use of Generative Artificial Intelligence \(AI\) Directive](#)

APPROVED BY:	Shauna Demers	Director, Insured Health Services
DATE:	2026/08/13	

A.9: Reporting

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
Policy number: A.9	Review date: August, 2029

Purpose

This policy describes reporting requirements, including roles, responsibilities, timelines and required data that must be reported on to support program administration, health system planning and compliance with the federal funding agreement.

Policy

1. Reporting within the Yukon National Pharmacare Program (YNPP) must be carried out to support:
 - Compliance with the [Universal Access to Contraception and Diabetes Medications and Increased Access to Diabetes Devices and Supplies, Canada-Yukon Funding Agreement](#) (federal funding agreement);
 - financial monitoring and accountability;
 - program administration and performance monitoring;
 - health system monitoring and planning;
 - fraud detection and mitigation; and
 - quality improvement initiatives.

Reporting under federal funding agreement

2. The manager of Extended Benefits and Pharmaceutical Programs (manager) is responsible for ensuring the completion of annual reports to Health Canada in accordance with the [federal funding agreement](#).
3. The reporting officer must:
 - prepare annual reports;
 - coordinate annual reporting activities; and
 - monitor compliance with annual reporting requirements.
4. Annual reports must:
 - include an attested financial statement in accordance with section 4.9.1 of the [federal funding agreement](#) for the preceding fiscal year; and
 - be submitted to the Health Canada no later than October 1st following the end of the fiscal year being reported on.

A.9: Reporting

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5. If the annual reporting deadline cannot be met the reporting officer must, as soon as practicable:
- notify the manager of the delay;
 - provide the reason for the delay;
 - notify Health Canada of the delay; and
 - request an extension to the submission deadline from Health Canada.

Operational reporting by benefits carrier

6. The benefits carrier is responsible for providing reports to the YNPP in accordance with the service agreement regarding:
- program administration;
 - claims data;
 - financial reconciliation;
 - operational monitoring; and
 - audit and fraud management.
7. Report types provided by the benefits carrier to the YNPP must include, but are not limited to:
- enrolment summaries;
 - claims reports, including total claims processed, paid and denied;
 - monthly billing statements;
 - administrative reports; and
 - claims under investigation.
8. The manager is responsible for coordinating with the benefits carrier on reporting needs in accordance with [policy statement 1](#).
- Reports may be scheduled or ad hoc as necessary to support YNPP operations.
9. Reports must be provided using approved secure methods, specifically:
- the benefits carrier's plan administrator portal; or
 - secure file transfer.

A.9: Reporting

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10. The reporting officer is responsible for:

- verifying that all regularly scheduled reports are received to the YNPP shared mailbox (ynpp@yukon.ca);
- generating ad hoc reports using the benefits carrier's plan administrator portal; and
- notifying the manager if a scheduled or ad hoc report has not been received from the benefits carrier.

Claim audit and quality control reporting by benefits carrier

11. The benefits carrier is responsible for:

- conducting monthly audit and quality control reviews of YNPP claim activity;
- investigating instances of suspected fraud or abuse; and
- reporting claims under investigation to the YNPP.

12. Audit and quality control reviews must include identification of unusual claim activity by eligible beneficiaries and providers including, but not limited to:

- repeated claims for the same drug within defined timeframes;
- claims submitted through multiple pharmacies for the same eligible beneficiary;
- claims exceeding approved reimbursement limits;
- suspicious provider billing patterns; and
- other indicators of fraud or abuse identified through system controls and analytics.

13. The manager is responsible for receiving and reviewing reports of claims under investigation provided by the benefits carrier.

Health data reporting requirements

14. The Health and Social Services Population and Public Health Evidence and Evaluation data scientist (data scientist) is responsible for submitting prescription claims data to the Canadian Institute for Health Information (CIHI) National Prescription Drug Utilization Information System database in accordance with established data-sharing agreements and CIHI reporting requirements.

- Claims data must be submitted to CIHI quarterly.

A.9: Reporting

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15. Data submitted to CIHI must include:

- o eligible beneficiary Yukon Health Care Insurance Plan number;
- o eligible beneficiary date of birth;
- o eligible beneficiary gender;
- o pharmacy identifier and jurisdiction;
- o prescriber identifier and jurisdiction;
- o drug cost information, including ingredient cost, markup and professional fee; and
- o program-paid amounts.
 - Refer to [policy A.7](#) for information about use and disclosure of personal health information.

16. The benefits carrier is responsible for providing the required data to the data scientist no later than 30 calendar days before each submission date.

- o Data must be sent by secure file transfer.
- o The data scientist is responsible for merging data provided by the benefits carrier with other YNPP information, where required, to complete the submission.

Use of generative artificial intelligence

17. Staff using generative artificial intelligence (AI) to prepare reports must only do so in accordance with the [Use of Generative Artificial Intelligence \(AI\) Directive](#).

18. When using generative AI for reporting purposes, staff must:

- o use only approved enterprise generative AI tools;
- o verify the accuracy, appropriateness, legality and potential bias of AI-generated content;
- o clearly identify verbatim or near-verbatim AI-generated text or imagery used in reports, where applicable;
- o retain prompts and outputs used to produce reports in accordance with the YNPP's records management requirements.

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- Refer to [policy A.8](#) for information on records management.

Definitions

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon National Pharmacare Program.

Canadian Institute for Health Information: An independent, not-for-profit organization that collects, analyzes and publishes data on Canada's health system and the health of Canadians.

Eligible beneficiary: An individual who is enrolled in the Yukon National Pharmacare Program.

Eligible expenditure: A cost described in section 4.8 of the Universal Access to Contraception and Diabetes Medication and Increased Access to Diabetes Devices and Supplies funding agreement between the Yukon and Canada.

Fiscal year: The 12-month period beginning April 1st of any year and ending March 31st of the following year.

Generative artificial intelligence: A subset of artificial intelligence that produces content such as text, images and code based on information or prompts submitted by the user.

National Prescription Drug Utilization Information System database: The database developed by the Canadian Institute for Health Information that houses pan-Canadian prescription drug claims-level data, primarily for publicly funded drug benefit programs.

Output: The information provided by a generative artificial intelligence tool in response to a prompt.

Prompt: The information provided to a generative artificial intelligence tool by the user.

Yukon Health Care Insurance Plan: The plan established by the *Health Insurance Plan Act* and the regulations for providing insured health services to insured persons.

Yukon National Pharmacare Program: A federally funded program that provides universal, single-payer, first-dollar coverage for a range of contraception and diabetes medication to eligible beneficiaries.

Authorities

- [Access to Information and Protection of Privacy Act](#) (Yukon) 2018, c. 9
- [Health Information Privacy and Management Act](#) (Yukon) 2013, c.16
- [Pharmacare Act](#) (Canada) 2024, c. 24

A.9: Reporting

Unit: Yukon National Pharmacare Program	Effective date: August 13, 2026
Branch: Insured Health Services	Last updated: August 13, 2026
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Related policies and other documents

- [A.7: Use, disclosure and breaches of personal health information](#)
- [A.8: Records management](#)
- [Universal Access to Contraception and Diabetes Medications and Increased Access to Diabetes Devices and Supplies, Canada-Yukon Funding Agreement](#)
- [Use of Generative Artificial Intelligence \(AI\) Directive](#)

APPROVED BY:	Shauna Demers	Director, Insured Health Services
DATE:	2026/08/13	