

INTERIM FEDERAL HEALTH PROGRAM

IMPORTANT INFORMATION FOR ALL CIC PROVIDERS REGARDING CHANGES IN IFHP ELIGIBILITY DOCUMENTS

May 2011

This notice is to inform you that effective 26 March 2011 the eligibility documents for the IFHP recipients were adjusted to better reflect the program requirements, enable electronic verification and prevent fraud.

IFHP eligibility documents

Patients can have one of two CIC documents that identify them as recipients of IFHP coverage (see sample documents attached):

Refugee Protection Claimant Document (RPCD)

The RPCD identifies individuals whose claim to refugee status has been referred to the Immigration and Refugee Board (IRB), i.e. **refugee claimants**. In addition, the RPCD contains language which confirms the claimant's initial eligibility for IFHP coverage. The default validity period of the RPCD is five (5) years. However, the initial period of IFHP coverage on the RPCD is two (2) years.

Interim Federal Health Certificate (IFHC)

The IFHC is issued as an initial IFHP eligibility document to **resettled refugees** and **victims of trafficking in persons**. The IFHC may also be issued to any eligible person on the renewal of their coverage – but only if their previous eligibility document was issued before 26 March 2011. The initial validity period of the IFHP coverage on the IFHC, as well as the default extension period, is one (1) year.

IMPORTANT NOTE:

The above documents identify patients as recipients of IFHP coverage which, however, can be canceled without notice. Health care providers **must verify with Medavie Blue Cross** that their patient's coverage is still current **BEFORE** providing services.

Note that immigration **detainees** are not issued a printed certificate. Their information is registered electronically and provided to the IFHP Claims Administrator. They may be provided with an accompanying letter from the Canada Border Services Agency (CBSA) Holding Centre requesting medical service, and indicating that they qualify for IFHP benefits.

IFHP document replacement upon coverage extension

When the IFHP coverage expires on either of the eligibility documents (RPCD or IFHC), if the document was issued before 26 March 2011 and if an extension is approved, the recipient will receive a new IFHC.

However, if either of these documents (RPCD or IFHC) were issued after 26 March 2011, they will not be replaced when the IFHP coverage expires. The IFHP recipients will continue using their existing IFHP eligibility document (RPCD or IFHC) for the duration of their coverage. Their coverage extension will only be registered electronically in CIC's system and transferred to Medavie Blue Cross.

IMPORTANT:

Note that it takes a minimum of **two (2) working days** after IFHP coverage is issued by CIC before it becomes active in Medavie Blue Cross' system.



Signature on IFHP eligibility documents

IFHP recipients are now required to sign the provider claim form before it is submitted to Medavie Blue Cross. Since the IFHP eligibility documents are issued individually for persons over the age of 14 years, the recipient's signature on a claim form must match the signature on her/his IFHP eligibility document. For children younger than 14 years old, their parent or legal guardian, where present, must sign the IFHP eligibility document and the provider claim form after receiving a health-care service.

IMPORTANT: Health-care providers should not accept an IFHP eligibility document if it is not signed by the document owner in the area entitled "Signature of Holder".

"Valid Until" date eliminated on the Interim Federal Health Certificate

Since the IFHP coverage can be cancelled without notice if a client's immigration or financial status changes, new IFHP Certificates no longer contain an expiry date and their "valid until" box is empty. However, the initial IFHP coverage expiry date is shown above the signature of the document holder. Recipients are advised of their responsibility to renew their coverage before the expiry date and annually thereafter, as required. The recipients can verify their IFHP coverage expiry dates by calling the CIC Call centre at 1-888-242-2100.

IMPORTANT: Because the new IFHP Certificate does not show a "Valid Until" date, health-care providers must confirm their patients' IFHP coverage with Medavie Blue Cross on every visit before providing services.

We recommend you **USE THE FOLLOWING PROCEDURE** when identifying the eligibility of your patient for IFHP coverage:

1. examine the existing eligibility document and ensure that the patient is the person in the photograph on the document;
2. ensure the document is signed by the holder;
3. verify the IFHP coverage expiry date located in the following text of the document:
"I, the undersigned: [...] understand that it is my responsibility to renew this coverage before (**DATE**) and annually thereafter, as required";
4. confirm the patient's coverage through electronic pre-determination on the Medavie Blue Cross secure web portal for providers;

OR

confirm the patient's coverage by calling the Medavie's Contact Centre.

If you have any questions regarding these changes, please visit the Medavie Blue Cross website at <https://provider.medavie.bluecross.ca> or call the Medavie Blue Cross Contact Centre at 1-888-614-1880.

Attachment: sample IFHP eligibility documents



Interim Federal Health Certificate of Eligibility (IFHC)

88092 612 553
0100214757

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

CANADA

TEST CANADA EXEMPLAIRE

BIRTH DATE - DATE DE NAISSANCE 01 JAN 1970	SEX - SEXE MALE
COUNTRY OF BIRTH - PAYS DE NAISSANCE LIECHTEN	COUNTRY OF CITIZENSHIP - CITOYEN DE ARAB EMI
OFF. FILE NO. - N° DE RÉF. DU BUREAU 210400000000	CLIENT ID - ID DU CLIENT 0231 - 8649
DATE SIGNED - SIGNÉ LE 15 NOV 2011	VALID UNTIL - DATE D'EXPIRATION EXT. NO. - CODE PROLOG

REMARKS:
AS OF 15 NOV 2011, THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR HEALTH-CARE COVERAGE UNDER THE INTERIM FEDERAL HEALTH PROGRAM (IFHP). THIS COVERAGE CAN CEASE WITHOUT NOTICE IF THE INDIVIDUAL'S IMMIGRATION OR FINANCIAL STATUS CHANGES. THEREFORE, HEALTH-CARE PROVIDERS MUST VERIFY THE ELIGIBILITY OF THE INDIVIDUAL WITH THE IFHP ADMINISTRATOR BEFORE PROVIDING SERVICES.

I, THE UNDERSIGNED:
- DECLARE THAT I REQUIRE ASSISTANCE FOR HEALTH CARE. I WILL NOTIFY CIC IMMEDIATELY OF ANY CHANGES TO MY IMMIGRATION OR FINANCIAL STATUS, OR IF I QUALIFY FOR OTHER HEALTH INSURANCE;
- UNDERSTAND THAT IT IS MY RESPONSIBILITY TO RENEW THIS COVERAGE BEFORE 15 NOV 2012 AND ANNUALLY THEREAFTER, AS REQUIRED;
- UNDERSTAND THAT MY MEDICAL AND PERSONAL INFORMATION WILL BE SHARED WITH CIC, IFHP CLAIMS ADMINISTRATION AND OTHER APPROPRIATE THIRD-PARTIES FOR THE ADMINISTRATION OF THE IFHP AND THAT PERSONAL INFORMATION MAY BE SHARED WITH OTHER GOVERNMENT INSTITUTIONS AND OTHER THIRD-PARTIES IN ACCORDANCE WITH THE PRIVACY ACT AND THE IMMIGRATION AND REFUGEE PROTECTION ACT.

SIGNATURE OF HOLDER _____ IMMIGRATION OFFICER _____

Canada

THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

Annotations:
 - Client ID: 0231 - 8649
 - Valid until - empty
 - Date of issue: 15 NOV 2011
 - Coverage expiry date: 15 NOV 2012

Refugee Protection Claimant Document (RPCD)

BB117 316 883

REFUGEE PROTECTION CLAIMANT DOCUMENT DOCUMENT NO. : REPRINT

CANADA

TEST CANADA EXEMPLAIRE

BIRTH DATE - DATE DE NAISSANCE 01 JAN 1970	SEX - SEXE MALE
COUNTRY OF BIRTH - PAYS DE NAISSANCE LIECHTEN	COUNTRY OF CITIZENSHIP - CITOYEN DE ARAB EMI
OFF. FILE NO. - N° DE RÉF. DU BUREAU 210400000000	CLIENT ID - ID DU CLIENT 0231 - 8649
DATE SIGNED - SIGNÉ LE 15 NOV 2011	VALID UNTIL - DATE D'EXPIRATION EXT. NO. - CODE PROLOG 15 NOV 2016

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT.

PURSUANT TO SUBSECTION 100.(1) OF THE IMMIGRATION AND REFUGEE PROTECTION ACT, THE REFUGEE PROTECTION CLAIM HAS BEEN DETERMINED TO BE ELIGIBLE FOR DECISION BY THE REFUGEE PROTECTION DIVISION.

CONSEQUENTLY, PURSUANT TO SUBSECTION 100.(3) THE REFUGEE PROTECTION CLAIM IS REFERRED TO THE REFUGEE PROTECTION DIVISION OF THE IMMIGRATION AND REFUGEE BOARD.

AS OF 15 NOV 2011, THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR HEALTH-CARE COVERAGE UNDER THE INTERIM FEDERAL HEALTH PROGRAM (IFHP). THIS COVERAGE CAN CEASE WITHOUT NOTICE IF THE INDIVIDUAL'S IMMIGRATION OR FINANCIAL STATUS CHANGES. THEREFORE, HEALTH-CARE PROVIDERS MUST VERIFY THE ELIGIBILITY OF THE INDIVIDUAL WITH THE IFHP ADMINISTRATOR BEFORE PROVIDING SERVICES.

I, THE UNDERSIGNED:
- DECLARE THAT I REQUIRE ASSISTANCE FOR HEALTH CARE. I WILL NOTIFY CIC IMMEDIATELY OF ANY CHANGES TO MY IMMIGRATION OR FINANCIAL STATUS, OR IF I QUALIFY FOR OTHER HEALTH INSURANCE;
- UNDERSTAND THAT IT IS MY RESPONSIBILITY TO RENEW THIS COVERAGE BEFORE 15 NOV 2013 AND ANNUALLY THEREAFTER, AS REQUIRED;
- UNDERSTAND THAT MY MEDICAL AND PERSONAL INFORMATION WILL BE SHARED WITH CIC, IFHP CLAIMS ADMINISTRATION AND OTHER APPROPRIATE THIRD-PARTIES FOR THE ADMINISTRATION OF THE IFHP AND THAT PERSONAL INFORMATION MAY BE SHARED WITH OTHER GOVERNMENT INSTITUTIONS AND OTHER THIRD-PARTIES IN ACCORDANCE WITH THE PRIVACY ACT AND THE IMMIGRATION AND REFUGEE PROTECTION ACT.

SCHOOL AGE CHILDREN DO NOT NEED STUDENT AUTHORIZATION TO ATTEND PRIMARY OR SECONDARY SCHOOLS.

NOT VALID FOR TRAVEL

NAME, RELATIONSHIP AND SIGNATURE OF ACCOMPANYING ADULT _____

SIGNATURE OF PERSON CONCERNED _____ MONEY IN POSSESSION _____

Canada

THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

Annotations:
 - Client ID: 0231 - 8649
 - Valid Until - RPCD expiry date: 15 NOV 2016
 - Date of issue: 15 NOV 2011
 - IFHP coverage expiry date: 15 NOV 2013

