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**Interim Federal Health Program (IFHP)  
Eligibility Verification Policy and Claims Submission Process for Hospitalized  
Beneficiaries in receipt of  
Health Care Coverage (HCC)  
or  
Public Health or Public Safety Coverage (PH / PS)**

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Effective September 1, 2013, a new eligibility verification policy and claims submission process have been approved for all hospitalized IFHP beneficiaries in receipt of *Health Care Coverage (HCC)* or *Public Health or Public Safety Coverage (PH / PS)*.

Hospitals will no longer be required to verify eligibility daily. Rather than daily eligibility verification, hospitals will be required to verify the beneficiary's eligibility, coverage type and expiry date using the Provider Web (eligibility search feature) for the same date as that of the admission and every 30 days thereafter OR on discharge, whichever comes first, for each continuous stay in hospital. Providers are required to print and retain in their files the screen that shows the patient's name, identification number, coverage type and electronic date stamp.

On discharge or at the end of the 30-day period, if the eligibility verification through the Provider Web indicates that coverage has changed or terminated, hospitals should submit their claim on paper to Medavie Blue Cross and attach a copy of the eligibility search screen print-out, with the electronic date stamp showing the date of admission, as proof that the verification was done. Medavie Blue Cross will process claims based on beneficiary's IFHP coverage effective at the time of that verification. The delegation for this process is limited to the duration of the hospital stay or the 30-day period during which the beneficiary's coverage has changed or terminated. After the 30-day period, the IFHP coverage change or termination will take effect.

For step by step instructions on verifying patient eligibility, go to the secure provider web portal at: <https://provider.medavie.bluecross.ca> and click on [Guides](#) then [Quick Reference Guide - Verify Patient Coverage](#).

**NOTE:** This verification process will not apply to IFHP beneficiaries in receipt of *Expanded Health Care Coverage (EHCC)* as the duration of coverage is not subject to change without notice to the beneficiary. For these beneficiaries, hospitals are required only to verify eligibility and duration of coverage, on admission to the hospital. Note that many EHCC beneficiaries are also eligible for provincial or territorial health care coverage either immediately on arrival in Canada or after a 3-month waiting period, and hospitals may also want to ask for a health card.