

# Interim Federal Health Program

## Information Handbook FOR *Health Care Professionals*





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## I. OVERVIEW OF THE INTERIM FEDERAL HEALTH PROGRAM (IFHP)

The Interim Federal Health Program (IFHP), is a program funded by Citizenship and Immigration Canada (CIC) that provides limited, temporary, taxpayer-funded coverage of health care benefits to people, including protected persons, refugee claimants, rejected refugee claimants and other specified groups. The IFHP provides several types of coverage depending on their immigration category. The IFHP is a payer of last resort when the beneficiary has no access to any provincial/territorial health care coverage or private health coverage for that service or product.

Health care providers are reimbursed directly for covered services rendered to eligible clients. Medavie Blue Cross is the benefit administrator under contract with CIC to support health care providers seeking financial reimbursement from IFHP for health care services provided to the IFHP beneficiaries.

NOTE: In July 2014, the Federal Court declared the 2012 OIC, the authority for the reformed IFHP, to be invalid. The government is appealing that decision. While that appeal proceeds, CIC will implement temporary health care measures, as of November 5, 2014, to comply with the July ruling.

For additional details on the IFHP program, please visit [www.cic.gc.ca/ifhp](http://www.cic.gc.ca/ifhp).

## 2. ABOUT MEDAVIE BLUE CROSS

With roots back to 1943, Medavie Blue Cross is an industry leader that provides group and individual health, travel, life and disability benefits to more than one million Canadians.

Medavie Blue Cross operates from major locations in Moncton, New Brunswick; Dartmouth, Nova Scotia; Etobicoke, Ontario and Montreal, Quebec as well as six branch offices across the Atlantic Provinces.

A member of the Canadian Association of Blue Cross Plans, Medavie Blue Cross is an independent not-for-profit company governed by a board of directors made up of representatives of the business and health care communities.

Medavie Blue Cross administers various provincial government programs as well as a national contract on behalf of Veterans Affairs Canada, the Canadian Forces and the Royal Canadian Mounted Police and, with other Blue Cross plans, is one of the owners of Blue Cross Life Insurance Company of Canada.

An innovative and progressive company, Medavie Blue Cross is dedicated to fulfilling its core purpose:  
*To help improve the health and well-being of people and their communities.*



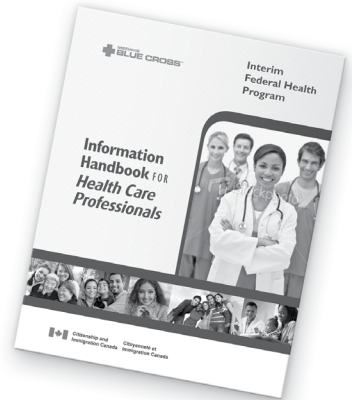
### 3. PURPOSE OF HANDBOOK

The purpose of the *IFHP Information Handbook for Health Care Professionals* is to provide health care professionals with a better understanding of the **Interim Federal Health Program (IFHP)** and to outline the administrative procedures for requesting reimbursement for services rendered.

This handbook explains:

1. Who is eligible to benefit from the IFHP.
2. What health care services are covered by the IFHP.
3. How health care providers are reimbursed for their services.
4. Terms and Conditions for the IFHP Providers.

This handbook is also available through our secure provider web portal at <https://provider.medavie.bluecross.ca>. This section of the website includes all required claim forms in both print and downloadable versions. Additional claim forms may be obtained by faxing a request to 1-506-869-9673 or by calling the toll-free number 1-888-614-1880. The request should include the title of the form and the quantity required.



The most recent version of this handbook is always available to download from the secure provider web portal at <https://provider.medavie.bluecross.ca>.

When deemed necessary, Medavie Blue Cross will also send provider bulletins, either electronically or by letter mail, to Providers with important information regarding policies, benefit changes or new services.

These bulletins should be kept with the *IFHP Information Handbook* for future reference. Bulletins may also be viewed in the secure provider web portal. For Providers who are using the Electronic Claims Submission Service, Medavie Blue Cross sends out notices as well as user tips and information on a regular basis via the e-mail address that was provided at the time of registration.

*This handbook is not intended to represent or replace information, policies or processes for other Federal Programs administered by Medavie Blue Cross such as Veterans Affairs Canada, Canadian Forces and Royal Canadian Mounted Police. Please refer to the documentation for these programs that was provided to you when you registered for approved Medavie Blue Cross provider status. For more information on these programs, contact 1-888-261-4033.*

### 4. CONTACT INFORMATION

#### 4.1. WEBSITE

Visit the secure provider web portal to view the *IFHP Information Handbook for Health Care Professionals*, the latest provider announcements, past and present provider bulletins and more:

1. Visit the secure provider web portal at <https://provider.medavie.bluecross.ca>.
2. From the provider home page, you will be able to find the secure provider web portal, publications, up-to-date comprehensive schedules of covered benefits, claim submission procedures, answers to frequently asked questions, forms and bulletins as well as information on the Electronic Claims Submission Service.
3. You may also contact us directly from this section of the website.

## 4.2. MAILING ADDRESS, FAX NUMBERS AND E-MAIL ADDRESS

Interim Federal Health Program  
Medavie Blue Cross  
644 Main St. PO Box 6000  
Moncton, NB E1C 0P9

E-mail Address: [CIC\\_Inquiry@medavie.bluecross.ca](mailto:CIC_Inquiry@medavie.bluecross.ca)

Fax Number for General Inquiries: 506-867-4651

Fax Number for Claims Submission: 506-867-3841

## 4.3. CUSTOMER INFORMATION CENTRE (TOLL-FREE CALL CENTRE)

The Medavie Blue Cross Customer Information Centre has representatives available to answer inquiries on eligibility, benefits, claim form requests and/or general information.

To assist the Customer Service Representative in answering inquiries more efficiently, please have the following information available:

- Client's eight-digit immigration ID number
- Client's name
- Benefit code - where applicable
- Provider number

Customer Service Representatives are available to answer inquiries Monday through Friday from 8:30 a.m. to 4:30 p.m. (in each Canadian time zone). They can be reached at the following toll-free number: 1-888-614-1880.

## 4.4. CIC CONTACT INFORMATION

Clients who have questions regarding their eligibility for IFHP coverage should contact the CIC Call Centre at 1-888-242-2100. Information on the program and forms for renewing IFHP coverage can be found on the CIC website at [www.cic.gc.ca/IFHP](http://www.cic.gc.ca/IFHP).

# 5. TERMS AND CONDITIONS

## 5.1. INTRODUCTION

The following Terms and Conditions apply to all Approved Providers who provide services to IFHP clients and who accept payment from Medavie Blue Cross for those services submitted as claims.

1. In order to be registered with Medavie Blue Cross, the Provider must be and remain qualified and entitled to practice professional services under the accepted guidelines of their provincial/territorial licensing body, as recognized by Medavie Blue Cross.
2. Provider must verify the eligibility status of each IFHP client before services are rendered.
3. The submission of claims to Medavie Blue Cross whether on paper or sent electronically is to be done in accordance with these Terms and Conditions and Claim Submission Guidelines and all other procedures outlined in the *Interim Federal Health Program Provider Information Handbook for Health Care Professionals* and the Electronic Claims Submission Service Agreement.

4. Medavie Blue Cross will have the right to audit all data and documentation including the right to conduct onsite audits relating to claims for the purposes of administering IFHP.
5. All personal information collected by the Provider with respect to a client is confidential and will not be used or disclosed other than for the purpose of the administration of IFHP, without the individual's consent, unless in accordance with the applicable privacy legislation.
6. Medavie Blue Cross may publish the Provider's contact information in a listing of IFHP service providers on the IFHP website and in publications for the purposes of communicating provider services to clients, unless otherwise advised by the Provider in writing. Medavie Blue Cross may also share this information with third parties for the purpose of conducting surveys to measure Provider satisfaction with Medavie Blue Cross IFHP services.
7. **Providers registering to become an IFHP approved provider are required to read and accept the Terms and Conditions to be an eligible approved provider. Providers registering online to become an IFHP approved provider will be prompted to read and accept the Terms and Conditions at time of registration. Providers registering by mail, telephone, fax or submission of first claim or prior approval will receive a print copy of the Terms and Conditions upon approval. The signed acceptance of Terms and Conditions (for each location, if applicable), MUST be returned to Medavie Blue Cross within sixty (60) days of becoming an IFHP approved provider. Failure to do so will result in termination of approved provider status.**

## 5.2. APPROVED PROVIDER STATUS AND PROVIDER NUMBER

Medavie Blue Cross defines an Approved Provider as a professional who is licensed and in good standing with their provincial/territorial licensing body and is a registered Provider with Medavie Blue Cross. Medavie Blue Cross reserves the right to determine who will be granted Approved Provider Status. Medavie Blue Cross will assign a Medavie Blue Cross Provider Number to the Approved Provider.

A Provider must conform to the registration, licensing or certification required, pursuant to provincial/territorial enactments, to be eligible to provide health benefits. If no such criteria exist, the Provider must meet any requirements established by CIC.

The IFHP recognizes the authority and responsibility of provincial/territorial licensing bodies, pursuant to provincial/territorial enactments, to determine the eligibility of a Provider to practice a profession in a province or territory.

Medavie Blue Cross reserves the right to determine who may participate as a Provider based on criteria established by the IFHP. A Provider's status may be refused, suspended or revoked for reasons including, but not limited to:

- a) the Provider refuses Medavie Blue Cross access to the records and information incidental to the conduct of an audit or otherwise fails to cooperate in the conduct of the audit;
- b) the Provider, either in writing or orally, makes any claim that CIC endorses the health benefits available from that Provider over those of any other Provider;
- c) the Provider specifically directs advertising for health benefits to clients in order to solicit business, unless that advertising is part of a general distribution to all clients and other persons;
- d) the Provider contacts clients by telephone or any other means for the purpose of soliciting business;
- e) the Provider fails to adhere to the requirements outlined in the Benefit Grids;
- f) the Provider is suspected or proven to have committed fraud or abuse; and

- g) the Provider fails to return to Medavie Blue Cross the signed acceptance of Terms and Conditions (for each location if applicable) within sixty (60) days of becoming an IFHP approved provider. Providers submitting an online application to become an IFHP approved provider will be prompted to accept the Terms and Conditions at time of registration.

The Provider shall ensure that they or the representative submitting claims on their behalf will only use their Medavie Blue Cross Provider Number when submitting claims that have been personally rendered by the Provider. It is not acceptable to submit claims for services performed by another party using the Provider's Approved Provider Number, whether or not the other party is approved by Medavie Blue Cross to provide service to clients. If a Provider works at more than one location, Approved Provider Status must be requested for each separate location in order for claims to be considered for reimbursement.

### 5.3. CHANGE OF OWNERSHIP OR ADDRESS/LOCATION CHANGE

The Provider must notify Medavie Blue Cross of any changes to business ownership or address by calling our Customer Information Centre at 1-888-614-1880 or by accessing the secure provider web portal. Failure to notify Medavie Blue Cross as soon as possible could result in payments sent to the previous address and/or delays.

Providers who are using the secure provider web portal or the Electronic Claims Submission Service must also notify us immediately of changes to their e-mail address.

### 5.4. DETERMINING CLIENT ELIGIBILITY

At the first point of contact with CIC or the Canada Border Services Agency, or as soon as possible thereafter, clients who fall within certain groups are assessed to determine if they are eligible for coverage under the IFHP. If eligible, they are issued one of two possible IFHP eligibility documents: a Refugee Protection Claimant Document (with photo) or an Interim Federal Health Program Certificate (IFHC). Two case processing systems are used to print the eligibility documents, examples of each are presented on the following pages.

To ensure reimbursement for their services from the IFHP, health care providers must verify patients' IFHP eligibility (which includes the patient's coverage type and the service/product requested) with Medavie Blue Cross **BEFORE** providing service because the patient's eligibility may cease or coverage can be modified without notice should their immigration status change. **A date printed in the valid until date field of the client's IFHP eligibility document is not sufficient proof of eligibility.**

Up-to-date IFHP coverage verification can be quickly accessed via telephone at **1-888-614-1880** or through the secure provider web portal. Providers must confirm coverage using the Client ID number (UCI number), which is the **eight-digit** number that appears in the text box in the upper right-hand corner of the document.

Providers who are registered to use the secure provider web portal with Medavie Blue Cross will enter their User ID and password.

## Interim Federal Health Certificate of Eligibility (IFHC)

**CANADA IMMIGRATION**

PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI

88092 612 553

0100214757

**INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY**

**TESTIMONIAIRE**

DATE OF BIRTH - 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: 5231 - 8649

DATE SIGNED - SIGNÉ LE: 15 NOV 2011

VALID UNTIL - DATE D'EXPIRATION: EXT. NO. - CODE PROTOG.

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: \_\_\_\_\_

SIGNATURE OF IMMIGRATION OFFICER: \_\_\_\_\_

**Canada**

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

IMM 1442 (05-2005) B

Client ID

Valid until – empty

Date of issue

Coverage expiry date

## Refugee Protection Claimant Document (RPCD)

**CANADA IMMIGRATION**

PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI

BB117 316 883

**REFUGEE PROTECTION CLAIMANT DOCUMENT**

DOCUMENT NO.: REPRINT

SUBJECT: TESTIMONIAIRE

DATE OF BIRTH - 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: 5231 - 8649

DATE SIGNED - SIGNÉ LE: 15 NOV 2011

VALID UNTIL - DATE D'EXPIRATION: EXT. NO. - CODE PROTOG.

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 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.

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: \_\_\_\_\_

**Canada**

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

IMM 1442 (05-2005) B

Client ID

Valid Until – RPCD expiry date

Date of issue

IFHP coverage expiry date

## Interim Federal Health Certificate of Eligibility (IFHC)



Citizenship and Immigration Canada  
Citoyenneté et Immigration Canada

PROTECTED - B

### INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:

Given name(s):

Date of birth: (yyyy/mm/dd)

UCI:

Sex:

Citizenship:

Application no.:

\*\*\*NOT VALID FOR TRAVEL\*\*\*  
\*\*\*DOES NOT CONFER STATUS\*\*\*

The above named individual is eligible for the following coverage:

Coverage:

Effective Date:

Valid Until:

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services covered under the Interim Federal Health Program (IFHP), the individual cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;

- understand that it is my responsibility to renew this coverage before \_\_\_\_\_ 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 *Department of Citizenship and Immigration Act*.

Signature of Holder

Date (yyyy/mm/dd)

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web <https://provider.medavie.bluecross.ca>, phone 1-888-614-1880 or fax 506-867-3824.

Client ID #:  
Family name:

Date of birth: (yyyy/mm/dd)  
Given name(s):

IMM 5695 (11-2013) E

Canada

# Refugee Protection Claimant Document (RPCD)

 Citizenship and Immigration Canada / Citoyenneté et Immigration Canada		PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI - B	
			
		<b>CANADA</b> DD000 000 000 D300001535	
<b>REFUGEE PROTECTION CLAIMANT DOCUMENT</b> THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE <i>IMMIGRATION AND REFUGEE PROTECTION ACT</i>			
		Application No: L010000935 UCI: 87552275	
<b>CLIENT INFORMATION</b>			
Family Name:	DOCUMENTEXAMPLE		
Given Name(s):	SAMPLE		
Date of Birth:	1961/01/01	(yyyy/mm/dd)	
Sex:	FEMALE		
Country of Birth:	ALBANIA		
Country of Citizenship:	ANDORRA		
Date Issued:	2013/11/07	(yyyy/mm/dd)	
Expiry Date:	2015/11/07	(yyyy/mm/dd)	
<b>ADDITIONAL INFORMATION</b>			
Pursuant to subsection 100(3) of the <i>Immigration and Refugee Protection Act</i> , the claim for refugee protection has been deemed to be referred to the Refugee Protection Division of the Immigration and Refugee Board.			
As of 2013/11/07, the above-named individual is eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can cease or be modified without notice if the individual's immigration 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 coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status or if I become eligible for or receive other health insurance; - understand that it is my responsibility to renew this coverage before 2013/03/30 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 <i>Privacy Act</i> and the <i>Department of Citizenship and Immigration Act</i> .			
School age children do not need student authorization to attend primary or secondary schools.			
Name, relationship and signature of accompanying adult (if applicable)			
Signature of person concerned		Money in possession	
		Minister	
<b>***NOT VALID FOR TRAVEL***</b>			
THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA			
IMM 1442B (06-2012)  CBN			

Client ID

Expiry Date  
for RPCD  
only

IFHP  
Effective  
Date

IFHP  
Expiry  
Date

## IMPORTANT:

Once a client has presented their IFHP eligibility document, the Provider must confirm the following:

- client matches either the person in the photograph on the document or, if there is no photo, the client must present another government issued document, with photo; and
- current validity of IFHP coverage through the secure provider web portal or through the Customer Information Centre (Call Centre). It is important to note that it takes a minimum of two working days after the IFHP coverage is issued before it becomes active in the Medavie Blue Cross system.

### Please Note:

The IFHP cannot reimburse claims for any clients who are ineligible for the program at the time of service provision.

**Even when the presented document indicates that IFHP coverage has not expired, Providers MUST verify the current eligibility status since CIC may have cancelled or modified the client's IFHP coverage due to a change in their immigration status.**

## 5.5.AUDIT POLICIES AND PROCESSES

Medavie Blue Cross reserves the right to perform random or annual audits of any Provider billing under this program.

The purpose of the audit function is to ensure that:

- claims paid by Medavie Blue Cross on behalf of IFHP clients have been submitted and paid correctly;
- clients have received the services that were claimed and paid to the Provider.

Determination of the above may be done through onsite audits, requests for claim details from Providers, contact with clients via letter mail (i.e. client verification letters) and analysis of internally generated reports.

Upon request, the Provider will make available to Medavie Blue Cross, for audit purposes, the billing and treatment records that detail treatment provided, fees charged and dates of service for IFHP clients, as well as any other documentation that pertains to client information and the Explanation of Benefits (EOB)/claim acknowledgement forms deemed necessary by Medavie Blue Cross to verify claims submitted by the Provider. Such documentation must be signed by the claimant and kept by the Provider for a period of at least two years. Providers who submit claims electronically must keep a copy of the "Claims Payment Result Screen" signed by the client/claimant. This document must be kept on file for a period of two years as proof of service for audit purposes.

Any employee authorized by Medavie Blue Cross may have access to, take extracts from and make copies of Provider records with respect to the provision of health, dental and pharmacy products/services, including those pertaining to claimant information and Explanation of Benefits (EOB)/claim acknowledgement forms provided to a client and the cost of those services.

Upon the completion of an onsite review, the auditor may request a meeting with the Provider to discuss the next step in the audit process, answer questions he/she may have and, if applicable, address any discrepancies discovered. The auditor will attempt to give the Provider a timeframe for the completion of all analysis, at which time a report of the audit findings will be forwarded to the Provider.

Medavie Blue Cross may audit a claim to determine if the claim conforms to the Claim Submission Guideline requirements. In cases where Medavie Blue Cross determines that the requirements are not met, the claim will be ruled ineligible for payment or, if payment has been made to the Provider, that payment shall constitute a debt subject to recovery by Medavie Blue Cross.

Where, as the result of an audit, Medavie Blue Cross has identified that a prescription is missing or invalid, the Provider may not submit a prescription that the prescriber reissues or duplicates after the service date to support the claim of the Provider.

Medavie Blue Cross has the right to audit any claim submitted by a Provider, whether that claim has been paid or is outstanding for payment, including claims for which **prior approval** was obtained.

Medavie Blue Cross has the right to access and copy any records and information relevant to the Provider's claim and patient's treatment plan including, but not limited to, any manufacturers' invoices and account statements (where the records form part of the basis for the amount billed), claim forms and prescriptions.

Medavie Blue Cross, at the conclusion of an audit, will notify the Provider in writing of the Audit Decision and what amount of a claim, if any, has been identified for payment or recovery.

## **5.6. AUDIT REDRESS PROCEDURE**

A Provider may, within fifteen (15) working days from the date of receipt of the Audit Decision, request that Medavie Blue Cross conduct a Review of that decision. The Provider must direct the request for a Review in writing to:

National Investigative Unit  
Medavie Blue Cross  
PO Box 220  
Moncton NB E1C 8L3

For the purpose of a Review, the Provider may submit new or additional information or reasons why all or a portion of the claim may be eligible for payment. The information submitted will be considered by Medavie Blue Cross and, within a reasonable time period, a Review Decision will be rendered with respect to the eligibility of the claim for payment. Medavie Blue Cross will immediately notify the Provider in writing of the Review Decision.

## **5.7. SANCTIONS**

Medavie Blue Cross may take any of the following actions based on the conclusion of an audit:

- cancel a Provider's status;
- suspend a Provider's status;
- reinstate a Provider's status;
- criminal prosecution;
- civil litigation;
- recover an overpayment by direct cash settlement, by deducting the amount from subsequent payments for eligible claims or other negotiated repayment options;
- refer a matter to an appropriate licensing authority for investigation; and
- no further action.

## **5.8. CONFIDENTIALITY**

All personal information collected with respect to a client is confidential and may not be used or disclosed other than for the purpose of the administration of IFHP, without the individual's consent, unless in accordance with the applicable privacy legislation.

## 5.9. COLLECTION AND USE OF PERSONAL INFORMATION

The purpose of the collection of personal information by Medavie Blue Cross will be solely for the administration of IFHP coverage for services and products. Medavie Blue Cross will comply with the requirements of the Personal Information Protection and Electronic Documents Act and the Privacy Act when collecting, using and disclosing personal information. Personal information will not be disclosed to third parties without consent, except as authorized by law.

## 6. COVERAGES

The IFHP provides different types of coverage according to the beneficiary's immigration status. The six main types of coverage are:

- Type 1, Basic Coverage, Supplemental Coverage and Prescription Drug Coverage
- Type 2, Basic Coverage and Prescription Drug Coverage
- Type 3, Basic Coverage and Public Health or Public Safety Prescription Drug Coverage
- Type 4, Public Health or Public Safety Basic and Public Health or Public Safety Prescription Drug Coverage
- Type 5, Coverage for persons detained under the *Immigration and Refugee Protection Act*
- Type 6, Coverage for Immigration Medical Examination

### 6.1. RESTRICTIONS

Certain restrictions apply to all types of coverage. IFHP will not cover individuals who are eligible for a provincial or territorial health insurance plan or program. The IFHP will not cover services or products for which a person may make a claim under any private insurance plan, without regard to the amount that may be recovered under that plan for those services or products.

The IFHP will not cover Canadian citizens. All services and products must be rendered in Canada.

### 6.2. TYPE I COVERAGE: BASIC COVERAGE, SUPPLEMENTAL COVERAGE AND PRESCRIPTION DRUG COVERAGE

#### Basic Coverage:

The basic coverage under this type includes most services that insured residents are covered for under their provincial or territorial health insurance plans, including:

- in-patient and outpatient hospital services;
- services of medical doctors and other health care professionals licensed in Canada, including pre and postnatal care; and,
- laboratory, diagnostic and ambulance services.

The benefits above are subject to certain limits and the prescribed rates included in the **IFHP Basic Coverage Benefit Grid**.

#### Supplemental Coverage and Prescription Drug Coverage:

The level of coverage provided through the IFHP Type I coverage for supplemental benefits and prescription medications is similar to the level of coverage which may be provided by provincial and territorial governments to certain residents, including residents receiving social assistance.



**Supplemental** Coverage includes health care benefits (both services and products) listed in the **IFHP Supplemental Benefit Grid**, such as:

- limited dental and vision care
- home care and long-term care
- services by allied health care practitioners including clinical psychologists, occupational therapists, speech language therapists, physiotherapists
- Assistive devices, medical supplies and equipment, including:
  - orthopedic and prosthetic equipment
  - mobility aids
  - hearing aids
  - diabetic supplies
  - incontinence supplies
  - oxygen equipment

Prescription Drug Coverage includes most prescription medications and other products listed on Provincial/Territorial public drug plan formularies and certain products included in **IFHP Prescription Drug Coverage List**.

**IFHP Basic Coverage Benefit Grid, IFHP Supplemental Benefit Grid, and IFHP Prescription Drug Coverage List are available at** <https://provider.medavie.bluecross.ca>.

### 6.3. TYPE 2 COVERAGE: BASIC COVERAGE AND PRESCRIPTION DRUG COVERAGE

#### Basic Coverage:

The basic coverage under this type includes most services that insured residents are covered for under their provincial or territorial health insurance plans including:

- in-patient and outpatient hospital services;
- services of medical doctors and other health care professionals licensed in Canada, including pre and postnatal care and,
- laboratory, diagnostic and ambulance services.

The benefits above are subject to certain limits and the prescribed rates included in the **IFHP Basic Coverage Benefit Grid**.

#### Prescription Drug Coverage:

In addition, under Type 2 coverage, IFHP provides coverage for most prescription medications and other products listed on Provincial/Territorial public drug plan formularies and certain products included in **IFHP Prescription Drug Coverage List**.

### 6.4. TYPE 3 COVERAGE: BASIC COVERAGE AND PUBLIC HEALTH OR PUBLIC SAFETY (PHPS) PRESCRIPTION DRUG COVERAGE

#### Basic Coverage:

The Basic Coverage under this type includes most services that insured residents are covered for under their provincial or territorial health insurance plans, including:

- in-patient and outpatient hospital services;
- services of medical doctors and other health care professionals licensed in Canada, including pre and postnatal care, and,
- laboratory, diagnostic and ambulance services.

The benefits above are subject to certain limits and the prescribed rates included in the **IFHP Basic Coverage Benefit Grid**.

**PHPS Prescription Drug Coverage:**

In addition, under Type 3 coverage, IFHP provides PHPS Prescription Drug Coverage which includes prescription medications and related products, **only if required** to prevent or treat a disease posing a risk to public health or to treat a condition of public safety concern, and included in IFHP PHPS formulary. The list of benefits is included in **IFHP PHPS Drug Benefit List**.

**IFHP Basic Coverage Benefit Grid, and IFHP Prescription Drug Coverage List are available at** <https://provider.medavie.bluecross.ca>.

## **6.5. TYPE 4 COVERAGE: PUBLIC HEALTH OR PUBLIC SAFETY (PHPS) BASIC AND PHPS PRESCRIPTION DRUG COVERAGE**

**PHPS Basic coverage** is provided **only to prevent, diagnose or treat a disease posing a risk to public health or to diagnose or treat a condition of public safety concern** and it includes:

- in-patient and outpatient hospital services;
- services of medical doctors and registered nurses licensed in Canada, and,
- laboratory and diagnostic services.

This coverage may pay for initial medical services required to confirm or rule out a disease posing a risk to public health or to treat a condition of public safety concern. The list of benefits and coverage criteria are included in the **IFHP PHPS Benefit Grid and Appendix A: IFHP PHPS Basic Coverage**.

In addition, under Type 4 coverage, IFHP provides:

**PHPS Prescription Drug Coverage** which includes prescription medications and related products, **only if required** to prevent or treat a disease posing a risk to public health or to treat a condition of public safety concern and included in IFHP PHPS formulary. The list of benefits is included in the **IFHP PHPS Drug Benefit List**.

**IFHP Public Health or Public Safety Basic Coverage Benefit Grid, Appendix A: IFHP PHPS Basic Coverage and IFHP Public Health or Public Safety Prescription Drug Coverage List are available at** <https://provider.medavie.bluecross.ca>.

## **6.6. TYPE 5 COVERAGE: FOR PERSONS DETAINED UNDER THE IMMIGRATION AND REFUGEE PROTECTION ACT (IRPA)**

The IFHP also provides coverage for persons who are detained by the Canada Border Security Agency (CBSA) under the *Immigration and Refugee Protection Act (IRPA)*, for as long as they are detained.

This coverage includes medical, dental services and prescription drugs provided either on site in detention facilities or off site (e.g. hospitals, physician offices) when medically necessary. The list of benefits is included in **IFHP Detainees Benefit Grid, Dental Services List and IFHP Prescription Drug Coverage List**.

**IFHP Detainees Coverage Benefit Grid, Dental Services List and IFHP Prescription Drug Coverage List are available at** <https://provider.medavie.bluecross.ca>.

## **6.7. TYPE 6 COVERAGE: COVERAGE FOR THE IMMIGRATION MEDICAL EXAM (IME)**

The IFHP also covers the cost of the Immigration Medical Examination (IME) and IME related diagnostic tests required under the Immigration and Refugee Protection Act (IRPA) for certain categories of beneficiaries. The IME may be provided in conjunction with any other coverage type. The list of benefits is included in **IFHP IME Benefit Grid available at** <https://provider.medavie.bluecross.ca>.

## 7. CLAIM SUBMISSION GUIDELINES

### 7.1. SUBMISSION OF CLAIMS

All claims submitted for payment must be received by Medavie Blue Cross within six months of the date the service was provided. Claims received later than six months from the date of service are not eligible for payment.

When submitting claims, the following information must be included:

1. Client information: name, date of birth, the eight-digit client ID number indicated on the IFHP Certificate of Eligibility or the Refugee Protection Claimant Document.
2. Provider information: name, specialty (if applicable), name of referring prescriber (if specialist is claiming the fee), Provider Number, address, telephone number and fax number.
3. Claim information: invoice number (if applicable), date of service, fee code or service provided, ICD-10-CA<sup>1</sup> code that can be found at <http://apps.who.int/classifications/apps/icd/icd10online> (does not apply to dentists, pharmacists and certain specialties), amount claimed and prior approval, if required.

To identify if a service requires prior approval, consult the IFHP Benefit Grids. For information on how to submit prior approval requests, refer to Prior Approval Procedures in this handbook.

A Provider who submits a claim must:

- a) submit a claim only on or after the service date;
- b) submit the claim to Medavie Blue Cross using the appropriate claim form or electronic format that applies to that health benefit;
- c) ensure all information required to satisfy program criteria is included;
- d) confirm and agree to the submission of the claim in accordance with the Terms and Conditions outlined in this handbook;
- e) confirm that the claim is true and accurate to the best of their knowledge and belief;
- f) confirm that the claim does not include any amount with respect to a health benefit provided to a client for which the Provider has otherwise been reimbursed or will be reimbursed pursuant to a provincial/territorial health care plan or private insurance plan;
- g) confirm that the Provider has complied with the prescription requirements described in the Guidelines;
- h) sign the claim form (if submitting a paper claim form); and
- i) have the client sign the form. Please note: The client's signature will not be mandatory for payment by Medavie Blue Cross for claims submitted for services and procedures rendered by hospital and ambulance providers and for claims billed by Third-Party billing agencies.

### 7.2. PRESCRIPTION REQUIREMENTS

The following terms apply when the Benefit Grid requires that a client have a prescription to establish entitlement to a health benefit:

- a) Health benefits must be prescribed by a physician or other health professional in accordance with the Benefit Grids. Prior authorization must be obtained by the prescriber.
- b) The Provider must obtain and have possession of the prescription before the health benefit is provided to the client. A claim will not be eligible for payment if the Provider obtains the prescription after the service date. Any amounts previously paid with respect to such a claim are recoverable from the Provider.
- c) A prescription may authorize refills in conformity with the Benefit Grid and the Provider may provide a health benefit in accordance with the number of refills designated in the prescription. A refill not designated in the prescription will not be eligible for payment and any amounts previously paid with respect to such a claim are recoverable from the Provider.

<sup>1</sup> International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)  
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The ICD-10-CA and the CCI are property of the Canadian Institute for Health Information.  
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- d) A prescription that is not dated will be deemed invalid and a claim for a health benefit provided by a Provider on the authority of an undated prescription will not be eligible for payment and any amounts previously paid with respect to such a claim are recoverable from the Provider.
- e) A prescription, including all designated refills, will be valid only for the duration in accordance with provincial/territorial pharmacy licensing bodies. A claim for a health benefit provided by a Provider on the authority of an expired or invalid prescription will not be eligible for payment and any amounts previously paid with respect to such a claim are recoverable from the Provider.

### 7.3. METHOD

Claims may be mailed, faxed or submitted electronically to Medavie Blue Cross with the applicable information. The Provider's signature or stamp must be included on claims that are mailed or faxed.

#### Electronic Claims Submission

Please refer to the *Secure Provider Web Portal* and *Electronic Claims Submission Service* guides available on our website at <https://provider.medavie.bluecross.ca>. Also available is the *Pharmacy Claims for Point of Sale (POS) Claims Transmissions* guide.

- **Health Care Professionals and hospitals** – Secure Provider Web Portal and Electronic Claims Submission Service.

Medavie Blue Cross offers a secure provider web portal allowing all registered IFHP provider types to conveniently submit prior approval requests online through the secure provider web portal. The electronic claims submissions service enables you to pre-determine client eligibility, submit claims with real-time adjudication and confirms the amount to be paid by Medavie Blue Cross.

To register for this service, please visit the secure provider web portal at <https://provider.medavie.bluecross.ca> and complete the online provider portal self-registration form.

**NOTE:** *From November 5 until further notice, this feature will not be available as technical changes are underway to reflect the IFHP temporary measures. In the interim, to verify client coverage, please call the Medavie Contact Centre at 1-888-614-1880. Claims can be submitted by mail or can be faxed to 506-867-3841.*

- **Pharmacies** – Pharmacy Claims for Point of Sale (POS) Claims Transmissions.

IFHP pharmacy claims can be submitted electronically to Medavie Blue Cross. This will require changes to pharmacy vendor software in order to include the new carrier codes that will be introduced for IFHP claims. Electronic pharmacy claims for IFHP clients must be sent directly to Medavie Blue Cross using BIN 610047 from all provinces/territories.

***Pharmacies will be required to contact their software vendors to make the necessary changes to their software in order to submit claims electronically.***

#### Paper Claims Submission

Paper claim forms can be downloaded from the secure provider web portal at <https://provider.medavie.bluecross.ca> or by faxing a request to Medavie Blue Cross. Paper claims can be faxed to 506-867-3841 or mailed to the following address:

Interim Federal Health Program  
Medavie Blue Cross  
644 Main St. PO Box 6000  
Moncton, NB E1C 0P9



### Timeline for Submission of Claims

It is important to note the timeline for submission of claims to Medavie Blue Cross:

**Electronic** claims must be submitted:

- Medical claims – **within one hundred and eighty (180) days** of date of service.
- Pharmacy claims through POS system – **within three (3) months** of date of service.

Hours of operation for the Electronic Claims Submission Service are between 7 a.m. and 12 a.m. (Atlantic time), seven (7) days per week.

**Paper** claims must be submitted **within six (6) months** from the date of service.

## 7.4. FEE POLICY

Compensation for physicians is based on the fee-for-service model and IFHP allows physicians to bill using the same procedure codes and reimbursement rates for professional and technical fees that they use when billing their province/territory's health insurance plan.

The compensation model for hospital services is based on a reimbursement of hospitals for the use of their facilities (known as “facility fees”, “per diems” or “technical fees”) as well as the physicians who render direct services (known as “professional fees”). For more information on the IFHP rates for per diem, facility or technical fees, please consult the Benefit Grids.

The IFHP fee policy is to reimburse according to provincially/territorially set fee rates for local residents. Reimbursement will be made according to the rate in place on the date of service. Where provincial/territorial rates for local residents do not exist (i.e., hospital facility fees, etc.), IFHP has developed its own reimbursement rates. The specific fee details for these services are found in the relevant sections of the IFHP Benefit Grids available through the secure provider web portal at <https://provider.medavie.bluecross.ca>.

A Provider must not collect from the client the difference between the total amount billed for the services and the amount to be reimbursed by Medavie Blue Cross, if any.

A Provider must not submit a claim for a health benefit in circumstances where the client has cancelled the request for the health benefit or the client refused to accept delivery thereof.

Fees for services rendered must not be dependent on method of payment nor influenced by whether the service is a covered benefit for the client. The Provider also must not charge higher fees for services when submitting claims electronically than those charged when submitting paper claims to Medavie Blue Cross.

## 7.5. PROCESSING OF CLAIMS

Electronic claim submissions that include all required supporting documentation will be reviewed by an analyst before being processed.

Medavie Blue Cross will process a claim within the standards specified in the handbook subject to the following exceptions and pay the Provider at the appropriate rate:

- a) a claim submitted that does not follow the conditions outlined in this document will not be processed;
- b) a claim submitted at a date later than six (6) months from the service date is not eligible for payment; and
- c) a claim that does not otherwise conform to the Guidelines, including the Benefit Grids, is not eligible for payment.

## 7.6. PROVIDER PAYMENT

Medavie Blue Cross agrees to make payment to the Provider or an Assignee (in cases where payment has been assigned to a third party) every second week for the amount due for claims received and adjudicated during the relevant claim period. The payment, together with a payment summary detailing all claims submitted during that period, will be mailed directly to the Provider. Regardless of the method of payment chosen, a bi-weekly payment summary will be sent by mail for reconciliation purposes.

A direct deposit registration form may be printed from the secure provider web portal at <https://provider.medavie.bluecross.ca>.

Payments include all claim results (both manual and electronic), adjustments or reversals and messages concerning non-payment.

The Provider will examine and verify the accuracy of the payment summary when received and will notify Medavie Blue Cross in writing of any error or omission within thirty (30) days of its receipt. Failing to do so, the Provider and any party claiming thereunder shall lose the right to dispute the accuracy of the information contained in the payment summary and/or the adjustment of the claim made by Medavie Blue Cross shown in the payment summary. If an error in a claim or in a payment is identified by Medavie Blue Cross, it may, at its discretion, adjust the claim at any time, regardless of when the error is discovered, who is responsible for the error and whether or not the claim has been paid. The amount of the error so adjusted shall become immediately due and payable.

## 7.7. CLAIM IRREGULARITIES

Fraud and abuse of health, dental and vision care insurance continues to be a concern to all of us.

The following examples illustrate some of the types of irregularities that are considered fraudulent:

- Submitting electronic claims, paper claim forms and issuing receipts showing services rendered when, in fact, the services have not been rendered.
- Changing the name of a client to ensure payment.
- Changing the dates of service on the claim form in order to bypass frequency limits.
- Changing the Provider information from an ineligible Provider to an approved provider with Medavie Blue Cross.
- Submitting a claim for a service that has been paid in full by the client or a third party.

## 7.8. HELP COMBAT HEALTH CARE FRAUD AND ABUSE

The Medavie Blue Cross National Investigative Unit conducts the audit function to protect the financial integrity of CIC's Interim Federal Health Program. The Unit is accountable to deter, detect, investigate and refer for prosecution cases of health care fraud and abuse committed by participating health care Providers. Fraud is a major concern within the insurance industry. Not only is insurance fraud a criminal offence in Canada, it also negatively impacts the cost of insurance for everyone. If Providers become aware of fraudulent and/or abusive activity relating to the IFHP, they should contact the National Investigative Unit's Fraud Hotline at 1-877-497-3914 or by e-mail at [BC\\_FAPInvestigations@medavie.bluecross.ca](mailto:BC_FAPInvestigations@medavie.bluecross.ca)

## 8. PRIOR APPROVAL PROCEDURES

**IMPORTANT:** Always confirm eligibility before submitting your request or providing services.

**Please include in prior approval request:**

- 1) Provider details: name, provider number, phone number, fax number and name of referring physician (if required);
- 2) Client details: name, date of birth and their eight-digit ID number;
- 3) Service details including diagnosis or ICD code, cost and other details highlighted below.

Prior approval requests for health, dental and vision care services must be sent directly to Medavie Blue Cross through the secure provider web portal at <https://provider.medavie.bluecross.ca>, by mail, via fax to 506-867-3824 or by calling 1-888-614-1880. Prior approval may also be requested by using the IFHP claim forms. Please indicate with a ✓ in the Prior/Post Approval box on the top left hand corner of the claim form.

### 8.1. MEDICAL AND VISION CARE PRIOR APPROVAL REQUESTS

Prior approval requests for the above services may be submitted electronically through the secure provider web portal, by mail or by fax.

Information requirements for medical prior approvals can include (but are not limited to):

- Physician recommendation, a narrative that provides the history, diagnosis, prognosis and justification of the medical need for the recommended services;
- ICD Code; and
- Treatment Plan.

For specific service details including prescriber requirements or relevant supporting information such as clinical details, treatment plans, etc., please consult the Benefit Grids available at <https://provider.medavie.bluecross.ca>.

### 8.2. PRESCRIPTION AND PHARMACEUTICAL PRIOR APPROVAL REQUESTS

For beneficiaries with IFHP Coverage Type 3 and Type 4 IFHP will cover only medications that prevent or treat a disease posing a risk to public health or a condition of public safety concern and included in IFHP PHPS Drug Benefit List available at <https://provider.medavie.bluecross.ca>. Prior authorization must be obtained by the prescriber for all medications.

For beneficiaries with IFHP Coverage Type 1, Type 2 and Type 5 (detainees) prior approval is required for the drug listed as restricted use, limited use, exceptional status or special authorization within the respective provincial drug plan. IFHP will use the same recognition criteria for prior approval and payment as provided in the provincial/territorial public prescription drug insurance plan.

Requests may be submitted electronically through the secure provider web portal, via fax to 506-867-3824, by mail or by calling the Medavie Blue Cross Customer Service Centre at 1-888-614-1880.

## 9. IFHP COVERAGE FOR PREGNANT WOMEN

All pregnant women eligible for the IFHP will receive coverage for hospital, physicians' and nursing services, as well as for diagnostic tests and screenings normally required as part of prenatal care, labour, delivery and postnatal care. These services are covered under the IFHP Basic Coverage. In addition, for the above group, the IFHP provides coverage for prescription medications under the IFHP Prescription Drug Coverage. For details of the IFHP coverage types, please see section 6 of this handbook.

Coverage for health care services and products listed above is available either by virtue of their current eligibility under IFHP Type 1, 2 and 5 (detainees) or, if their current IFHP is Type 3 or Type 4, through a special request for modification to IFHP Type 2 coverage for pregnant women.

A request to modify their coverage to IFHP Type 2 can be submitted by an MD, RN, NP or a Midwife licensed in Canada. Each must be registered with the IFHP. These providers can submit the request with a special form **TYPE 2 COVERAGE REQUEST FOR PREGNANT WOMEN WITH IFH - COVERAGE TYPE 3 OR 4**, available at [https:// provider.medavie.bluecross.ca](https://provider.medavie.bluecross.ca) under the Forms and Agreements section.

Client's IFH eligibility must be verified with Medavie Blue Cross before submitting the request. The client must be eligible for the IFHP at the time of request.

Please see section 5.4 in this handbook for information on how to verify your client's IFH coverage.

The request for IFH Type 2 coverage must include the following information:

1. Client's information (name, 8 digit immigration ID, DOB, current IFH Type)
2. Provider's information (name, speciality, provider ID, address, telephone, fax)
3. Medical Information and the estimated due date.
4. The request must be signed by the client and provider.

Providers may claim reimbursement for their services by submitting the standard medical services claim form. Please note that IFH fee policy and reimbursement criteria included in the section 7.4 of this handbook will apply.

Both the form and the claim can be faxed to 506-867-3824 or mailed to the following address:

Interim Federal Health Program  
Medavie Blue Cross  
644 Main St. PO Box 6000  
Moncton, NB E1C 0P9

If your client is covered under IFH type 3 or 4, the request will be forwarded to CIC. CIC will review the request and inform your client or her legal representative if the request for Type 2 coverage is approved and if so, the period of this coverage. If you submitted a claim for reimbursement for your services, Medavie will process your claim based on the coverage type approved by CIC.

## **10. DENTAL CARE SERVICES**

Dental services as described below are included in Type 1 (Supplemental) Coverage and Type 5 (Detainees Coverage).

### **10.1 DENTAL CARE SERVICES COVERED**

Initial services are limited to emergency relief of pain or infection only. Where the treating dentist considers further treatment necessary and essential, a prior approval request must be submitted to Medavie Blue Cross before treatment is begun.

- Emergency examinations (no more than once every six months per dental office).
- Complete oral examinations and recall examinations are payable up to the rate of an emergency exam.
- Panoramic radiograph or eight periapical X-rays (but not both) will be allowed during the entire eligibility period. X-rays must be clear and discernible and properly labeled or they will be returned. Digital X-rays are acceptable.

- All restorations must be prior approved by submitting clear and discernable X-rays. Restorations are covered for severely affected teeth only. Pre-approved fillings on anterior and molar teeth are restricted to the following: bonded composite resin fillings on anterior teeth and fillings on molar teeth are payable up to the rate of amalgam fillings. Fillings will be paid on a continuous surface basis only.
- Emergency extractions are covered but all claims using “difficult” extraction codes must be submitted with X-rays for justification.
- Prescription drugs (only those needed to treat the emergency condition).
- Anesthetics: under age 13: four units allowed; age 13 and older: eight units allowed. All anesthetics must be submitted for predetermination.

## **10.2 DENTAL CARE SERVICES NOT COVERED**

- Routine root canal treatments, orthodontics, temporary and permanent prosthetics.
- Intravenous sedation and nitrous oxide.
- Prophylaxis and fluoride.
- Facility fees.
- Specialist fees (unless specially approved for oral surgeons and pedodontists).
- Pulpotomies and stainless steel crowns.
- Bite-wing X-rays.
- Restoration of incipient lesions or those not visible on an X-ray are considered routine care and will not be covered.
- Scaling and root planing.
- Complete or partial dentures, relines and repairs.

## **11. VISION CARE**

Vision care services described below are included in Supplemental Coverage only.

- One pair of eyewear (frames and lenses) every 24 calendar months
- One full/partial eye examination every 12 calendar months

## **12. INFORMATION FOR THE PANEL PHYSICIAN (PP)**

Only Panel Physicians are mandated to perform the Immigration Medical Examination (IME). However in certain cases, CIC may approve a non-Panel Physician to perform the examination. It is important to note that unless authorized by CIC, Medavie Blue Cross will not reimburse non-Panel Physician for this service.

Panel Physicians must ask the client to present an IMM 1017 Section A form along with an IFHP Certificate of Eligibility or Refugee Protection Claimant Document (both printed on IMM 1442). They must also ensure that the refugee claimant status of the individual appears on the Section A IMM 1017 form and that the form is duly completed. Panel Physician must contact Medavie Blue Cross to confirm client's IFHP eligibility for IME coverage before providing the services. It is important to validate IFHP coverage, as depending on the status of the client's claim, even if they have an IFHP document, they may not be covered for IMEs. If the client's eligibility cannot be confirmed by Medavie, the client must go back to their local CIC office or call the CIC Call Centre at 1-888-242-2100 to request assistance.

Once the examination is completed, the IME results must be sent to the CIC Regional Medical Office in Ottawa as instructed in the Panel Physician's Information Handbook. However, the invoice for this service must be sent to Medavie Blue Cross. It is important to note:

- CIC determines fees for the IME under the IFHP. The current IFHP codes and fees for the IME can be found in the IME Benefit Grid at <https://provider.medavie.bluecross.ca>.

- Panel Physicians submitting claims for IMEs and IME-related services must use the appropriate benefit codes in the IME Benefit Grid.

NOTE: ICD-10 codes are not required when submitting claims for these tests.

For reimbursement for services, Panel Physicians may use the Electronic Claims Submission Service available through the Medavie Blue Cross secure provider web portal at <https://provider.medavie.bluecross.ca> or submit claims by mail to the following address:

Interim Federal Health Program  
Medavie Blue Cross  
644 Main Street PO Box 6000  
Moncton, NB E1C 0P9

For detailed information on how to submit claims, please refer to the Claims Submission Guidelines.

The complete medical claim form must include the physician's name and signature, the date of service and the relevant benefit codes identified in the Benefit Grids. Please include all relevant patient information such as client ID (eight-digit number), name and date of birth and the client signature. Refugees will not be "furthered" for complementary tests and investigations unless there is a public health concern (i.e. tuberculosis) or a public safety concern. If Panel Physicians receive a request for a furtherance that is not related to public health or public safety (i.e. a furtherance for cardiovascular problems or developmental delay) and if they suspect the furtherance request is not applicable for the client in question, they should contact the NHQDMP by phone or by e-mail for clarification.

Important to note:

- Panel Physicians cannot refuse to provide Immigration Medical Examinations to persons covered by the IFHP.

## 13. FREQUENTLY ASKED QUESTIONS

### WHO DETERMINES ELIGIBILITY?

Eligibility is determined by a CIC Officer at an inland office or by a CBSA Agent at a port of entry after an interview with the refugee or refugee claimant. CIC clients who have questions regarding procedures or services covered by the program must contact a local CIC office or the CIC Call Centre. Telephone numbers for local CIC offices can be found in the local telephone book. Only CIC and CBSA officers can grant eligibility for the IFHP. Medavie Blue Cross should not be contacted for this purpose.

### HOW CAN I VERIFY MY CLIENT'S IFHP COVERAGE TYPE?

Up-to-date IFHP coverage verification can be quickly accessed via telephone at 1-888-614-1880 or through the secure provider web portal. Providers must confirm coverage using the Client ID number, which is the eight-digit number that appears in the text box in the upper right-hand corner of the document.

Providers who are registered to use the secure provider web portal with Medavie Blue Cross will enter their User ID and password.

### WHO CAN SUBMIT A CLAIM?

The IFHP only reimburses registered health care Providers that have been authorized to submit a claim for reimbursement. Clients (refugee claimants and resettled refugees) must not submit claims on their own behalf as they will not be reimbursed nor should other persons or organizations (i.e. private sponsors) submit claims for reimbursement when they pay up-front on behalf of IFHP clients.



### **CAN I REQUEST PRIOR APPROVAL OVER THE TELEPHONE?**

Yes, in the event you are unable to submit your prior approval request electronically. Requests for prior approval can also be submitted via fax. Written requests for prior approval may be required for some services.

### **WHAT FEE RATES ARE PAID?**

Fees are paid in accordance with current provincial/territorial health insurance rates (where applicable), the usual or customary fees for a given service (where applicable) or standard IFHP rates.

### **WHERE SHOULD I SEND MY CLAIM?**

**Claims can be mailed to:**

Interim Federal Health Program  
Medavie Blue Cross  
644 Main St. PO Box 6000  
Moncton, NB E1C 0P9

**Faxed to: 506-867-3841 or, submitted electronically through the secure provider web portal:**  
<https://provider.medavie.bluecross.ca>

### **WHEN WILL I BE PAID?**

Payment will be made within 30 days of the receipt of the claim submission, after verification of the invoice, the allowable service, the procedure codes and the client's complete documentation. Cheques and electronic fund transfer (EFT) payments are issued bi-weekly with your Provider Payment Summary.

### **THE CLIENT DOESN'T HAVE THE PROPER FORMS OR THE COVERAGE HAS EXPIRED. WHAT SHOULD I DO?**

As the administrator of the IFHP, Medavie Blue Cross is only authorized to reimburse Providers for clients with up-to-date coverage. Please ask the client to contact the appropriate CIC office to obtain the proper documents or renew their coverage.

### **CAN IFHP CLIENTS BE ASKED TO PAY FOR ANY SERVICE?**

Providers may not charge the client for covered services. The difference between the amount the Provider is billing and the amount being reimbursed cannot be billed to the client.

The only time a client can be charged is if he/she is not eligible for the service under the IFHP program.

Medavie Blue Cross is authorized to pay health care providers only.

## **14. COMMENTS**

If you have any comments on the *Information Handbook for Health Care Professionals* or any suggestions on additional information you feel should be included, please use the "Contact Us" section on the Provider website or forward your comments to:

Professional and Provider Affairs  
Medavie Blue Cross  
644 Main St. PO Box 220  
Moncton, NB E1C 8L3

## 15. LIST OF ACRONYMS AND DEFINITIONS

**APPROVED PROVIDER STATUS** – To register with Medavie Blue Cross as an Approved Provider of service, the Provider must provide proof of licensing in provinces/territories where the profession is legislated or demonstrate proof of membership in an association credentialed by Medavie Blue Cross as meeting its minimum mandatory requirements.

**BENEFIT GRID** – A document that outlines CIC's benefits and services. Each benefit specifies the prescription requirements, dollar and frequency limits and requirements for prior approval that must be obtained by Providers before providing a client with a benefit/service.

**CBSA** – Canada Border Services Agency. The federal government agency that manages the access of people and goods to and from Canada ([www.cbsa-asfc.gc.ca](http://www.cbsa-asfc.gc.ca)).

**CIC** – Citizenship and Immigration Canada. The federal government department responsible for immigration, settlement, resettlement, citizenship and multiculturalism programs and services ([www.cic.gc.ca/IFHP](http://www.cic.gc.ca/IFHP)).

**CLAIM** – Any method, authorized by Medavie Blue Cross, by which the Provider may request payment from Medavie Blue Cross for services provided to an eligible client.

**CLIENT** – A person who is eligible to receive health benefits through the Interim Federal Health Program.

**CLIENT ID NUMBER** – An eight-digit identification number found on the IFHP Certificate and Refugee Protection Claimant Document and used by Providers to confirm eligibility of a client.

**CLAIMS PAYMENT RESULT SCREEN** – Displays claim details when claims are submitted using the Electronic Claims Submission Service. A copy of this screen must be signed by the claimant and kept on file by the Provider for a period of two years as proof of service for audit purposes.

**CLIENT VERIFICATION LETTERS** – As part of the audit process, Medavie Blue Cross will send letters to randomly selected clients asking them to confirm they received a benefit/service on a particular date and to confirm these benefits/services are in accordance with the claims received from Providers.

**CPhA** – Canadian Pharmacists Association

**DATE OF SERVICE** – The date on which the health benefits from a Provider are supplied to, received and accepted by a client.

**DIN** – Drug Identification Number

**EFT** – Electronic Funds Transfer

**FURTHERED CASE** – A medical officer may determine that additional or more detailed information is required to complete an applicant's medical assessment. This additional information may be in the form of supplemental or more detailed clinical or laboratory investigations or reports and analysis from consultants or specialists. Cases where this additional information is requested are said to be furthered.

**GP** – General Practitioner

**ICD-** International Classification of Diseases

**IFHP** – Interim Federal Health Program

**IME** – Immigration Medical Examination

**MD** – Medical Doctor

**NP** – Nurse Practitioner

**PANEL PHYSICIANS (PP)** – A medical professional appointed by CIC to perform immigration medical examinations and report on the health status of potential permanent and temporary residents to Canada.

**PASSWORD** – An access code sent to providers who register for access to the secure provider web portal that includes the Electronic Claims Submission Service, the Password is entered in conjunction with the User ID for access to the Service. Access to the secure provider web portal by any party using the Provider's approved User ID and Password will be deemed to be authorized by the Provider.

**PAYMENT SUMMARY** – A reconciliation statement included with the provider payment detailing claims submitted and/or any adjustments of claims applied during a relevant claim period.

**PIPEDA** (Personal Information Protection and Electronic Documents Act) – Federal government privacy legislation for the private sector is entitled the Personal Information Protection and Electronic Documents Act. This legislation gives individuals a number of rights concerning their own personal information and places a number of requirements on businesses for protecting this information. Medavie Blue Cross conducts business in compliance with the Act.

**PRESCRIPTION** – A written or verbal order that prescribes the treatment benefits recommended in relation to the client's health needs. If the prescription is written, it must be dated and signed by the required prescriber who is licensed or authorized for that purpose.

**PRIOR APPROVAL** – A special authorization/approval required prior to providing a client with eligible benefits/services.

**PROVIDER** – A health professional or other person who provides health benefits/services to a client and who submits a claim to Medavie Blue Cross for reimbursement under the IFHP.

**PROVIDER NUMBER** – A unique identification number assigned by Medavie Blue Cross to each registered Provider of benefits/services.

**PROVIDER ELECTRONIC CLAIM SUBMISSION AGREEMENT** – A legally binding document that contains the terms and conditions that must be adhered to by the Provider and/or its representative who submits claims electronically on its behalf. Failure to comply with any part of the agreement may result in termination of access to the Electronic Claims Submission Service and/or approved Provider status with Medavie Blue Cross. It is the responsibility of the Provider to familiarize himself/herself with any updates or changes to the agreement.

**RECOVERY** – A monetary recovery/penalty imposed by CIC's agent (Medavie Blue Cross) against any Provider for failure to comply with the Claim Submission Guidelines set out herein and in the respective Benefit Grids. Compliance to these Guidelines is determined through the retrospective audit process as outlined under the section titled "Audit Policies and Processes".





