

## The Interim Federal Health Program Questions and Answers

### General Questions

#### **Q1. What is the Interim Federal Health Program?**

The Interim Federal Health Program (IFHP) provides limited, temporary health coverage for resettled refugees, refugee claimants and certain other groups who are not eligible for provincial or territorial health-care coverage, as defined in the [IFHP Policy](#). The IFHP is a payer of last resort, limiting benefits to those who lack public health insurance or comprehensive private insurance.

#### **Q2. How was the IFHP restored?**

On April 1, 2016, the IFHP was restored to pre-2012 levels of coverage for all beneficiaries. All individuals [eligible](#) for [coverage](#) under the IFHP now receive:

- basic health-care services (i.e. standard physician and hospital care),
- supplemental services, including limited vision and urgent dental care, and
- Prescription drug coverage.

These program changes are **not retroactive**. Services provided to refugees prior to April 1 are rendered according to the IFHP temporary measures announced in November 2014.

#### **Q3. How is the IFHP administered?**

The program is administered by Medavie Blue Cross. Health-care providers must be registered with Medavie Blue Cross to submit claims for the services provided to eligible IFHP beneficiaries.

#### **Q4. Where can IFHP beneficiaries seek care?**

The IFHP does not provide services directly to beneficiaries but reimburses the cost of services provided by health-care providers (physicians, dentists, hospitals, pharmacies). IFHP beneficiaries must visit health-care practitioners who are registered, or willing to register, with Medavie Blue Cross. To find a health-care provider who is registered with the IFHP, visit the 'Search IFHP Providers' list on the Medavie Blue Cross IFHP website at <http://www.ifhp-pfsi.ca>.

### IFHP Eligibility and Health Coverage

#### **Q5. What is meant by basic, supplemental and medication coverage?**

*Basic coverage* is similar to what provinces and territories provide their residents. It includes hospital services and services provided by a doctor, including pre-and post-natal care, laboratory, diagnostic and ambulance services and vaccinations.

*Supplemental coverage* is similar to what provinces and territories provide their residents on social assistance. It includes both services and products such as:

- urgent dental and limited vision care;
- home care and long-term care;
- services provided by allied health care practitioners including clinical psychologists, occupational therapists, speech language therapists, physiotherapists; and
- assistive devices, medical supplies and equipment.

*Medication coverage* is similar to what provinces and territories provide their residents on social assistance and includes coverage for most prescription medications.

The benefits covered by the IFHP have certain limits including maximum dollar amounts. For more details, please consult the [IFHP benefit grids](#).

**Q6: At what point does IFHP coverage end?**

For resettled refugees, IFHP coverage for basic care ends as soon as they have provincial or territorial health insurance. IFHP coverage of supplemental benefits and prescription drugs for resettled refugees continues for the period that they are receiving either government assistance or the support of private sponsors, usually one year.

For successful claimants, coverage is maintained while they transition to provincial or territorial health insurance. For rejected claimants, they are covered until they leave Canada or until they become eligible for provincial or territorial health insurance through another immigration stream. Claimants who abandon or withdraw their claims before a decision is made, also lose IFHP coverage.

For others, IFHP coverage ends entirely when they become eligible for provincial or territorial health insurance or when they leave Canada.

**Q7. How long does it take for IFHP coverage to become active in the Medavie Blue Cross system?**

All refugees are eligible for IFHP coverage from the date the certificate is issued. However, it takes two (2) business days from the day the certificate is issued for the eligibility information to be reflected in the Medavie Blue Cross system. In cases where it appears that it is taking longer than the 2 business days, providers can contact the IFHP at [IFH-PFSI@cic.gc.ca](mailto:IFH-PFSI@cic.gc.ca)

To ensure that refugees can access services during this 2 business day period, health-care providers have been advised that they can confirm the beneficiary's eligibility by verifying the "effective date" on the IFHP Certificate and delay the submission of the invoice or claim until the coverage has been updated in Medavie's system.

IFHP providers have up to six (6) months from the date of service to submit invoices electronically (3 months for pharmacy claims). Additional information can be found on the Medavie Blue Cross provider website at <https://provider.medavie.bluecross.ca/>.

## Information for Health-Care Providers

### **Q8. How do health-care providers register with the IFHP Claims Administrator, Medavie Blue Cross?**

Health-care providers can sign up to become a registered provider by completing the [IFHP Provider Registration Form](#). Completed forms can be submitted to Medavie Blue Cross via post, fax or email. Providers also have the option of registering on the [provider's website](#) by clicking on the "[Request Account](#)" link on the top right of the screen and following through the process. For more detailed instructions on how to register, providers can call Medavie Blue Cross directly at 1-888-614-1880.

**Note:** Pharmacies must register to become an IFHP provider by contacting Medavie Blue Cross directly at 1-888-614-1880. Once registered with Medavie Blue Cross, pharmacies are required to contact their software vendors to update their carrier codes so that IFHP pharmacy claims can be submitted electronically to Medavie Blue Cross.

### **Q9. What happens once a health-care provider is registered with Medavie Blue Cross?**

Once a health-care practitioner is registered with Medavie Blue Cross, they can submit claims for services rendered to IFHP beneficiaries. Each new registered provider will receive a complete [Provider Kit](#) from Medavie Blue Cross in the language of their choice (English or French). The Provider Kit includes a welcome letter, claim forms, a direct deposit request form, benefit grids, and the IFHP Information Handbook for Health Care Professionals. A link to the handbook is also available online on the [IRCC website](#).

### **Q10. How does a registered IFHP health-care provider verify that a person is eligible for treatment?**

Registered providers must verify a client's IFHP eligibility **prior** to providing the service. This can be done by contacting the Medavie Blue Cross Customer Information Centre or online through the IFHP Secure Provider Web Portal:

- [Medavie Blue Cross Customer Information Centre](#): A beneficiary's eligibility can be verified by all registered providers by contacting the Medavie Blue Cross Customer Information Centre at 1-888-614-1880 Monday through Friday from 8:30 a.m. to 4:30 p.m. (in each Canadian time Zone).
- [IFHP Secure Provider Web Portal](#): All registered providers can verify client's eligibility and coverage for specific health benefits through electronic claims submission available on the IFHP Secure Provider Web Portal at <https://provider.medavie.bluecross.ca>.

Once providers have verified a client's eligibility for IFHP, they can consult the IFHP Benefit Grids available at <https://provider.medavie.bluecross.ca>. Each benefit grid contains the specific list of services and products covered under the IFHP plan. Benefits are subject to limits and maximum dollar amounts and some benefits require special authorization from Medavie Blue Cross.

IRCC does not advise on whether or not specific benefits/services will be covered for each beneficiary. In many cases, the beneficiary's current immigration status and specific clinical information can affect what is

covered. Medavie Blue Cross would be able to provide this information to health-care providers registered with IFHP, who can contact Medavie at [CIC\\_Inquiry@medavie.bluecross.ca](mailto:CIC_Inquiry@medavie.bluecross.ca), via phone at 1-888-614-1880, or via fax at 506-867-3841.

**Q11. What is the process for validating eligibility and submitting claims to Medavie Blue Cross for services rendered by health-care providers?**

The IFHP provides several options for providers to determine whether the service or product is covered or not under the IFHP depending on their type (hospital, doctor, pharmacists, etc.) or their specialty/profession (general practitioner, psychiatrist, optometrist, etc). Claims can be mailed, faxed or submitted electronically to Medavie Blue Cross with the applicable information.

- **Health-Care Professionals** – *Secure Provider Web Portal and Electronic Claims Submission:* Medavie Blue Cross offers a secure provider web portal allowing hospitals, medical doctors, nurses, audiologists and other eligible health service providers to conveniently verify their patient’s eligibility, submit claims (7 a.m. to 12 a.m. 7 days per week) or prior approval requests (24/7) online. This portal enables them to pre-determine client eligibility for specific treatment and depending on their speciality, submit claims with real-time adjudication and confirmation of the amount to be paid by Medavie Blue Cross.
- **Pharmacies** – *Pharmacy Claims for Point of Sale (POS) Claims Transmissions:* Pharmacy providers can verify coverage for specific drugs and submit claims electronically to Medavie Blue Cross through Pharmacy Claims for Point of Sale (POS) Claims Transmissions. A beneficiary’s eligibility can be verified through the IFHP Secure Provider Web Portal.
- **Dentists**- can verify coverage for specific treatment and send claims electronically through CDAnet, DACnet, or Reseau ACDQ to Medavie Blue Cross. A beneficiary’s eligibility can be verified through the IFHP Secure Provider Web Portal.

Certain claims are not available for electronic submission, and providers have to contact the Medavie Blue Cross Call Center or submit claims/special authorization requests by mail or fax. 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

**Q12. Who can submit a claim for reimbursement to Medavie Blue Cross?**

Only registered health-care providers who have been authorized to submit a claim for reimbursement will be reimbursed by Medavie Blue Cross. A claim from an un-registered provider will be put on hold until the provider completes the registration.

Neither IFHP beneficiaries nor other persons or organizations (i.e. private sponsors) acting on behalf of a beneficiary should submit claims when they have paid up-front for health-care services or products. These claims will not be reimbursed.

**Q13. What are the timelines for submission of claims?**

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

- **Electronic Claims Submission:**
  - Medical Claims: Medical claims must be submitted within six (6) months from the date of service.
  - Pharmacy Claims: Pharmacy claims submitted through the POS system must be submitted within (3) months from the date of service.
  
- **Paper Claims Submission**: Paper claims must be submitted within six (6) months from the date of service.

Claims received later than six months from the date of service are not eligible for payment.

Providers should note that electronic claim submission through the secure web portal is a more convenient, faster and preferred submission method. Electronic submission allows sending and adjudicating claims in real time.

**Q14. What are the fee rates paid to health-care providers?**

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.

**Q15. When can providers expect to be paid once they submitted a claim?**

Payment will be made within thirty (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 payments are issued bi-weekly with a provider payment summary.

**Q16. Does the Interim Federal Health Program offer co-payment arrangements with other insurance plans or programs?**

The IFHP is a payer of last resort, meaning that it provides benefits to those who lack public health insurance or comprehensive private health insurance. The IFHP does not cover the cost of health-care services and products where a claim can be made under a public or private insurance plan/program, regardless of the amount that may be covered under that plan/program for those products or services. The IFHP does not coordinate benefits with other insurance plans or programs and therefore, does not offer co-payment arrangements.

**Q17. Can health-care providers ask IFHP beneficiaries to pay for a service?**

Health-care providers may not charge the IFHP beneficiary for covered services. The difference between the amount that a provider bills to Medavie Blue Cross and the amount being reimbursed cannot be billed to the client.

**Q18. What dental services are covered under the IFHP?**

IFHP dental coverage is limited to emergency relief of pain or infection, emergency examinations, restorations and extractions of severely-affected teeth, as well as the x-rays, emergency prescriptions and anesthetics.

Examples of dental services that are not covered include root canals, prophylaxis, orthodontic treatment, etc., including any procedures that are the initial steps towards these services. The IFHP provider website outlines the [dental care services](#) that are both covered and not covered. Providers are asked to use this information as a guide to IFHP dental coverage.

**Q19. What dental codes and fees are paid for services covered under the IFHP?**

The IFHP administers dental benefits based on provincial or territorial dental codes. The IFHP fees are based on Provincial and Territorial Dental Association suggested fee guides for General Practitioners. The IFHP adjudication system is not set-up to generate a list of dental codes eligible for reimbursement. The dental adjudication system is set up to determine whether or not a specific code is covered, not covered, or requires special authorization.

Providers can always contact the Medavie Blue Cross Call Centre at 1-888-614-1880 and can ask about the coverage status of specific codes.

**Q20. Can dental providers submit claims electronically?**

Yes, dental claims can be submitted electronically. Dental providers may consult the [electronic dental claims reference guide](#).

*For additional information, please see the [IRCC IFHP website](#), including [Questions and Answers](#) for clients and health-care providers.*