MEDAVIE BLUE CROSS™

Interim Federal Health Program

Information Handbook FOR Health-care Professionals

Effective April 1, 2016





Immigration, Refugees and Citizenship Canada

Immigration, Réfugiés et Citoyenneté Canada

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1. OVERVIEW OF THE INTERIM FEDERAL HEALTH PROGRAM (IFHP)

The Interim Federal Health Program (IFHP) provides limited, temporary coverage of health-care benefits to resettled refugees, refugee claimants and certain other groups. As of April 1, 2016, the IFHP provides full health-care coverage for all eligible beneficiaries, that includes basic, supplemental and prescription drug coverage. The IFHP is a payer of last resort, limiting benefits to those who do not have access to public health insurance or to a private insurance plan for a service or product.

Health-care providers are reimbursed directly for services covered by the IFHP that are rendered to eligible beneficiaries. Medavie Blue Cross is the claims administrator under contract with Immigration, Refugees and Citizenship Canada (IRCC) to support health-care providers seeking financial reimbursement from the IFHP for health-care services provided to IFHP beneficiaries.

For more information on the program, please visit the IRCC IFHP website at 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.

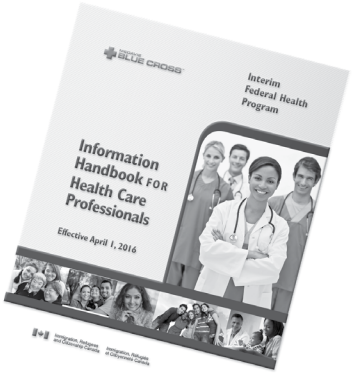
A member of the Canadian Association of Blue Cross Plans, Medavie Blue Cross is an independent not-for-profit company governed by a board of directors made up of representatives of the business and health-care communities.

Medavie Blue Cross administers various provincial government programs as well as a national contract on behalf of Veterans Affairs Canada, the Canadian Armed 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 providers with a better understanding of the IFHP and to outline the administrative procedures for requesting reimbursement of 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 online through the **IFHP 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 and allows providers to submit claims with real-time adjudication and confirmation of the amount to be reimbursed by Medavie Blue Cross. 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.

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 Armed 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

Medavie Blue Cross offers a public IFHP website with general information on the program as well as a secure web portal, designed for health-care providers. 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
Fax Number for General Inquiries: 506-867-4651
Fax Number for Claims Submission: 506-867-3841

4.3. IFHP PROVIDER INQUIRY (TOLL-FREE CALL CENTRE)

The Medavie Blue Cross IFHP Provider Inquiry 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. IRCC CONTACT INFORMATION

Clients who have questions regarding their eligibility for IFHP coverage should contact the IRCC Call Centre at 1-888-242-2100. Information on the program can be found on the IRCC IFHP website at 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. The 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 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 IRCC.

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 IRCC 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 IFHP Provider Inquiry 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

As indicated in the Terms and Conditions, providers must verify the eligibility status of each IFHP client before services are rendered.

IFHP eligibility is determined by an IRCC or Canada Border Services Agency (CBSA) officer shortly after a client's arrival in Canada. If found eligible under the IFHP, their coverage is effective from the date that they are issued one of two possible IFHP eligibility documents:

1) A Refugee Protection Claimant Document (RPCD) (with photo)
2) An Interim Federal Health Program Certificate (IFHC)

Please Note:

- Certificates issued after April 10, 2016, will no longer include an expiry date or reference to the coverage type as all clients are eligible for full health-care coverage.
- For clients eligible for the IFHP prior to April 10, their IFHC continues to be valid until such time that IRCC issues a new certificate. Providers should reference the information box at the bottom of the document which highlights client details to use when validating eligibility and submitting claims for processing.

Examples of the RPCD and new version of the IFHC are presented on the following pages.

To ensure reimbursement for their services from the IFHP, health-care providers must verify that a patient is eligible for the program and that the service requested is covered BEFORE providing the service. This can be done by noting the Client ID number (UCI number), which is the eight-digit number that appears on the IFHP eligibility documents, and contacting the Medavie Blue Cross IFHP Provider Inquiry or online through the IFHP Secure Provider Web Portal:

- **Medavie Blue Cross IFHP Provider Inquiry**: Up-to-date IFHP coverage verification can be quickly accessed via telephone by contacting the Medavie Blue Cross IFHP Provider Inquiry 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.

Please Note:

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

Providers MUST verify the eligibility status of each IFHP client as IFHP coverage can be cancelled without notice due to a change in their immigration status.

Immigration, Refugees and Citizenship Canada / Immigration, Réfugiés et Citoyenneté Canada

PROTECTED "B" / PROTÈGÈ "B"

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

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

UCI:

Application No.:

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

As of (yyyy/mm/dd), you are eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). The length of time you are covered is based on your immigration status. For details, it is recommended you visit the IFHP website at **www.cic.gc.ca/ifhp**.

It is important to be aware that your coverage can be cancelled without notice if your immigration status changes. Therefore, participating health-care providers must confirm your eligibility for health-care coverage with the IFHP administrator at each visit, before providing services.

This certificate must be presented to the health-care provider, along with a government issued photo ID, before receiving services, so that the provider can contact the IFHP administrator to confirm that you are eligible under the IFHP for the service and/or product being requested.

If you pay for services covered by the IFHP, you cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify Immigration, Refugees, and Citizenship Canada (IRCC) immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;

- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my 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) _____

To the health-care provider;

You **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, Medavie Blue Cross may be contacted, by telephone at 1-888-614-1880, by facsimile at 506-867-4651 or through their website at **https://provider.medavie.bluecross.ca**.

Client ID #:
Family name:
Date of birth: (yyyy/mm/dd)
Given Name(s):

IMM 5695 (04-2016) E

Canada

REFUGEE PROTECTION CLAIMANT DOCUMENT

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

Application No:

UCI:

CLIENT INFORMATION

Family Name:
Given Name(s):
Date of Birth: *(yyyy/mm/dd)*
Sex:
Country of Birth:
Country of Citizenship:
Date Issued: *(yyyy/mm/dd)*
Expiry Date: *(yyyy/mm/dd)*

ADDITIONAL INFORMATION

Pursuant to Subsection 100(1) of the *Immigration and Refugee Protection Act*, this refugee protection claim has been determined to be eligible for a 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 Refugee Board.

As of the above-named individual is eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can be cancelled 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 IRCC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my 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*.

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

*****NOT VALID FOR TRAVEL*****

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 IFHP Provider Inquiry (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 see section 5.5. for procedures on how to confirm eligibility during the two working day period.

5.5. PROCEDURES DURING THE TWO BUSINESS DAYS FOLLOWING ISSUANCE OF IFHP ELIGIBILITY

It is important to note that it takes **two (2) business days** from the day that the IFHP eligibility documents are issued for the eligibility information to be reflected in the Medavie Blue Cross system. Beneficiaries are still eligible during this two (2) business day period.

In cases where an IFHP client is requesting services within two (2) business days of the "effective date" indicated on the IFHP eligibility documents, providers are asked to:

1) review the "effective date" on the certificate to confirm that it is within the two business day period;
2) render the service/product and delay the submission of the invoice to Medavie Blue Cross until the coverage has been updated in their system (i.e. 2-3 business days).

Providers have up to six (6) months from the date of service to submit invoices electronically (3 months for pharmacy claims).

Prior Approval Requests

Prior approval requests can be submitted by phone or via fax to Medavie Blue Cross during the two (2) business day period. This allows the review process for requests to begin on the day the prior approval is requested.

Reminder: The IFHP is not designed to reimburse beneficiaries directly. If a beneficiary pays for services/products covered by the IFHP, the individual cannot be reimbursed.

5.6. 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.

5.7. 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 EIC 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.

5.8. 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.

5.9. 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.

5.10. 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 full coverage to all eligible beneficiaries, including Basic, Supplemental, and Prescription Drug Coverage. For most groups of beneficiaries, the IFHP also covers the cost of **one** Immigration Medical Exam (IME) and IME-related diagnostic tests required under the *Immigration and Refugee Protection Act* (IRPA).

The basic health-care coverage available under the IFHP is similar to the coverage offered through provincial/territorial health insurance. Coverage for supplemental health-care services and prescription drugs is similar to what provinces and territories provide to Canadians who receive social assistance.

6.1. RESTRICTIONS

The IFHP does 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. IFHP COVERAGE AND ELIGIBLE BENEFITS

Basic Coverage (similar to health-care coverage provided by provincial/territorial health insurance plans) includes:

- in-patient and outpatient hospital services
- services provided by medical doctors, registered nurses and other health-care professionals, including pre and postnatal care
- laboratory, diagnostic and ambulance services

Supplemental Coverage (similar to the coverage provided to social assistance recipients by provincial/territorial governments) includes:

- limited dental and vision care
- home care and long-term care
- services provided 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

- Prescription medications and other products listed on provincial/territorial public drug plan formularies.

Coverage for the Immigration Medical Exam (IME)

- For most categories of beneficiaries, the IFHP also covers the cost of one IME and IME-related diagnostic tests required under the IRPA.

The benefits under each coverage are subject to certain limits and prescribed maximum dollar amounts. For more details, please consult the **IFHP benefits grids** available online 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[1] 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.

[1] International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)

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.
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** – *Secure Provider Web Portal and Electronic Claims Submission*: Medavie Blue Cross offers a Secure Provider Web Portal allowing all registered IFHP providers 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.
- **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 a fee-for-service model. The IFHP allows physicians to submit claims 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 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 IRCC'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**

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 check mark (√) 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

Prior approval is required for drugs 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 IFHP Provider Inquiry at 1-888-614-1880.

9. DENTAL CARE

IFHP dental coverage provides coverage for emergency care for dental conditions involving pain, infection or trauma. It is not intended to provide on-going regular or routine dental care.

Services, post emergency exams and radiographs, are limited to emergency relief of pain or infection only. Routine care is not eligible. If the treating dentist considers additional treatment necessary, such as restorations and complicated extractions, a prior approval request must be submitted to Medavie Blue Cross before treatment begins.

Please note that certain services such as root canals, prophylaxis, orthodontic treatment etc., including any procedures that are the initial steps towards these services, are **not covered** under IFHP dental coverage.

The IFHP dental benefits are limited to services indicated in the Dental Benefit Grid available online at https://provider.medavie.bluecross.ca.

Documents required for submitting a prior approval for dental treatment:

1. A standard dental claim form with procedure codes and fees and treatment plan/notes if applicable.

2. Radiographs that are clear, discernible and properly labeled.

IFHP Fees:

Payment for dental treatments for IFHP clients is made at 100% of the provincial/territorial (PT) Dental Fee Guides for General Practitioners.

Due to the difference in coding practices across the PTs, specific dental codes are not listed in the IFHP dental benefit grid. Providers can contact the Medavie Blue Cross IFHP Provider Inquiry at 1-888-614-1880 to enquire about the coverage status of specific codes.

10. VISION CARE

Vision care services described below are included as part of the IFHP Supplemental Coverage.

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

11. INFORMATION FOR THE PANEL PHYSICIAN (PP)

Only Panel Physicians are mandated to perform the Immigration Medical Examination (IME). However in certain cases, IRCC may approve a non-Panel Physician to perform the examination. It is important to note that unless authorized by IRCC, 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. 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 IRCC office or call the IRCC Call Centre at 1-888-242-2100 to request assistance.

Once the examination is completed, the IME results must be sent to the IRCC 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:

- IRCC 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.

12. FREQUENTLY ASKED QUESTIONS

WHO DETERMINES ELIGIBILITY?

Eligibility is determined by an IRCC Officer at an inland office or by a CBSA Agent at a port of entry after an interview with the refugee or refugee claimant. IRCC clients who have questions regarding procedures or services covered by the program should visit the IRCC IFHP website or contact the IRCC Call Centre. Only IRCC and CBSA officers can determine eligibility for the IFHP. Medavie Blue Cross should not be contacted for this purpose.

HOW CAN I VERIFY MY CLIENT'S IFHP 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, 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 IRCC 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.

13. 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:

Corporate Provider Services
Medavie Blue Cross
644 Main St. PO Box 220
Moncton, NB E1C 8L3

14. 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 IRCC'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).

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

IRCC – Immigration, Refugees and Citizenship Canada. The federal government department responsible for immigration, settlement, resettlement, citizenship and multiculturalism programs and services (www.ircc.gc.ca/IFHP).

MD – Medical Doctor

NP – Nurse Practitioner

PANEL PHYSICIANS (PP) – A medical professional appointed by IRCC 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 IRCC'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".