

**Important Information for all  
Interim Federal Health Program Providers**

**Changes to the Interim Federal Health Program  
Effective April 1, 2016**

March 2016

Immigration, Refugees and Citizenship Canada (IRCC) will be restoring the Interim Federal Health Program (IFHP) to the levels of coverage available before 2012 for all beneficiaries on **April 1, 2016**.

The IFHP will provide full health-care coverage for all eligible beneficiaries, including:

- Basic coverage – similar to provincial/territorial health care, including hospital and physician services.
- Supplemental coverage – similar to coverage provided by provinces and territories to those on social assistance, including vision and urgent dental care.
- Prescription drug coverage – similar to coverage provided by provinces and territories to those on social assistance.

**These program changes are not retroactive. The IFHP temporary measures announced in November 2014 will stay in place until the program is fully restored on April 1, 2016.**

**It is also important for providers to note:**

1. Changes to the Interim Federal Health Certificate of Eligibility (IFHC)

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. See example attached.

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. See example attached.

*Reminder:* A client's IFHP coverage can be cancelled without notice if their immigration status changes. Providers must continue to verify that a client is eligible for the program and that the services requested are covered under the IFHP before they are provided. Client eligibility can be verified online through the IFHP Secure Provider Web Portal at <https://provider.medavie.bluecross.ca> or by calling the Medavie Blue Cross Contact Centre at 1-888-614-1880. Call Centre representatives can be reached Monday to Friday from 8:30 a.m. to 4:30 p.m. (in each Canadian time zone).

2. Hospitals must continue to verify the patient's eligibility on admission and every 30 days thereafter OR on discharge, whichever comes first, for each continuous stay in hospital. Providers are required to print and retain in their files the screen that shows the patient's name, identification number, coverage type and electronic date stamp as proof that the verification was done.

.../2



### 3. IFHP Coverage for Pregnant Women

Pregnant Women will no longer be a separate eligible group under the program and therefore, providers are no longer required to follow procedures to confirm pregnancies. However, a pregnancy request form will still need to be submitted for any services provided prior to April 1, 2016.

The updated *Information Handbook for Health Care Professionals* provides further information on changes to the program as well as examples of the IFHC and Refugee Protection Claimant Document.

The handbook is available at <https://provider.medavie.bluecross.ca>.

For further information on the changes to the Interim Federal Health Program, please visit <https://provider.medavie.bluecross.ca>.

You may also visit the IRCC website at [www.cic.gc.ca/ifhp](http://www.cic.gc.ca/ifhp), on or after April 1, for more program information.

Please share this information with the members of your Association. If you or your members have any questions, please call the Medavie Blue Cross Contact Centre at **1-888-614-1880**.



Certificate issued after April 10, 2016

# 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\*\*\***

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](http://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 #: \_\_\_\_\_ Date of birth: (yyyy/mm/dd) \_\_\_\_\_  
 Family name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_



Certificate issued prior to April 10, 2016

# INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

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



**UCI:** xxxxxxxx



**Application no.:** I1000xxxxxx

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

The above named individual is eligible for the following coverage:

**Coverage:**

Basic Coverage, Supplemental Coverage and Prescription Drug Coverage

**Effective Date:**

2015/11/24

**Valid Until:**

2016/11/23

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 2016/11/23 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 #:** xxxxxxxx  
**Family name:** family

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