

INFORMATION GUIDE FOR HEALTHCARE PROFESSIONALS

Interim Federal Health Program (IFHP)

*Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal*

Québec 

A CIUSSS WEST-CENTRAL MONTREAL COLLABORATION

This document was produced by the Center of Expertise on the Well-Being and Physical Health of Refugees and Asylum Seekers (CERDA) in collaboration with the SHERPA University Institute and the Regional Program for the Settlement and Integration of Asylum Seekers (PRAIDA).



This document can be downloaded on our website at www.cerda.info

REFERENCE

The information gathered within this guide is largely drawn from the Medavie Blue Cross Healthcare Professional Information Handbook (PHIP) effective as of March 1, 2022. For more information and all details, please refer to the Medavie Blue Cross Handbook available at the following address: https://bit.ly/PFSI_handbook

Croix Bleue Medavie (2022, mars). « Programme fédéral de santé intérimaire: Manuel d'information à l'intention des professionnels de la santé ». https://docs.medaviebc.ca/providers/guides_info/IFHP-Information-Handbook-for-In-Canada-Health-care-Professionals.pdf

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INTRODUCTION

In Quebec, refugees and asylum seekers benefit from health coverage under the Interim Federal Health Program (IFHP).

However, they have limited access to services, in part because few health care professionals and establishments are registered as IFHP providers.

This situation has repercussions on people's health as well as on the Quebec health care system.



The purpose of this guide is to help healthcare professionals register as IFHP providers and complete the administrative procedures related to the services offered to refugees and asylum seekers.

This guide is accompanied by:



A NOTE

To **explain** the ongoing issues regarding access to care for refugees and asylum seekers and to provide possible solutions.

AN OVERVIEW OF THE IFHP

WHAT IS THE IFHP?

▶ This is a program funded by Immigration, Refugees and Citizenship Canada (IRCC) providing coverage of health care costs to some groups of people, including refugees and asylum seekers.

▶ The IFHP is a payer of last resort when the beneficiary is not covered by public health insurance or a private health insurance plan.

For people who have RAMQ coverage or a private insurance plan, the IFHP does not cover services or products that are already covered by the other plans.

THE BENEFICIARIES

RESETTLED REFUGEES

- obtain permanent residence upon arrival in Canada. The province of Quebec offers them a range of services, including health insurance (RAMQ). They also benefit from IFHP coverage for 1 year, for services that are not covered by RAMQ.

ASYLUM SEEKERS

- claim refugee status. Between the time the person submits their asylum application and the time a decision is made, the person has a temporary status. Throughout the asylum application examination process, Quebec offers these people a range of services. Their health insurance, the IFHP, is offered by the Government of Canada.

DID YOU KNOW?

The IFHP is also available in some cases to victims of human trafficking and people detained under the Immigration and Refugee Protection Act (IRPA).

BECOME AN IFHP PROVIDER IN 5 SIMPLE STEPS

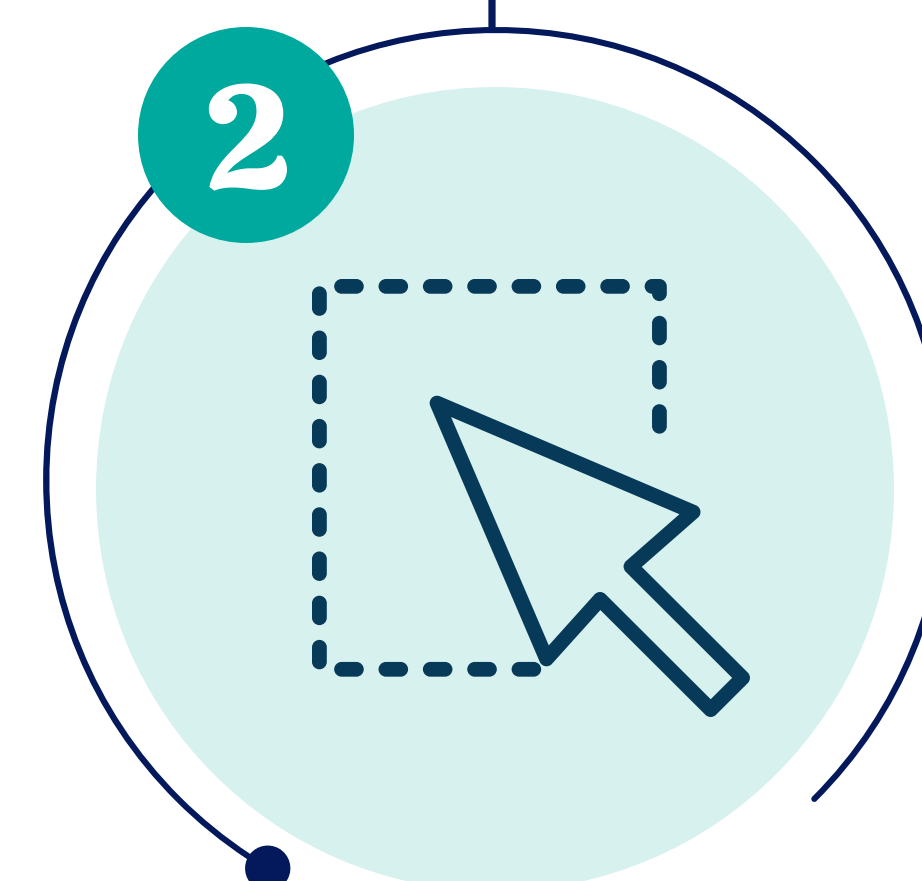
1



UNDERSTAND THE COVERAGES

- Obtain an overview of the different IFHP coverages and specific care
- Understand the coverages according to the profile of the beneficiaries and the particular clientele

2



REGISTER AS A PROVIDER

- Follow the steps to become an IFHP provider
- Learn about the terms and conditions of membership in the IFHP

3



VERIFY PATIENT ELIGIBILITY

- Know the conditions of admissibility of patients
- Check if the request requires pre-authorization **before** providing care

4



COMPLETE A PRE-AUTHORIZATION, IF REQUIRED

- If the request requires pre-authorization, complete and submit a pre-authorization request via the provider's secure website ([ePay](#)) OR by mail **before** providing care.

5



MAKE A CLAIM

- Complete and submit claim via secure provider website ([ePay](#)) OR by mail **after** providing care



1. UNDERSTAND IFHP COVERAGE

The IFHP includes several coverages that each cover different benefits. Individuals are entitled to one or more coverages depending on their status and their eligibility for the provincial health insurance offered by the Régie de l'assurance maladie du Québec (RAMQ).

BASIC COVERAGE - Similar to coverage offered by the RAMQ For full details: https://bit.ly/basic_coverage		
	<ul style="list-style-type: none"> Services offered to inpatients and outpatients 	<p>RESETTLED, GOVERNMENT-ASSISTED AND SPONSORED REFUGEES Pending RAMQ entering into effect, up to a maximum of 3 months following arrival</p> <p>ASYLUM SEEKERS Throughout the processing of the asylum application :*</p> <ul style="list-style-type: none"> If the asylum application is accepted: for a maximum of 90 days or until the RAMQ card is obtained; If the asylum application is rejected: until the date set for the asylum seeker to leave.
	<ul style="list-style-type: none"> Midwifery services, up to \$3,042 	
	<ul style="list-style-type: none"> Medical services. However, surgeries performed for cosmetic or religious purposes, elective surgeries and gender affirmation surgeries are not covered. As for orthopedic surgeries, they are limited to acute care or when the timing of the surgery will affect the development of the child. 	
	<ul style="list-style-type: none"> Laboratory, diagnostic and ambulance services 	
	<ul style="list-style-type: none"> Ambulance transportation costs up to \$350 	
SUPPLEMENTAL COVERAGE - Similar to the coverage offered to the beneficiaries of the Social Assistance Program. For full details: https://bit.ly/supplement_coverage		
	<ul style="list-style-type: none"> Limited dental care 	<p>GOVERNMENT-ASSISTED REFUGEES While the refugee is receiving income support benefits (Resettlement Assistance Program), usually up to a limit of 12 months after arrival. In some cases, income support can be extended for up to 24 months, in which case the IFHP coverage is maintained.</p> <p>SPONSORED REFUGEES While the refugee receives financial support from the sponsoring group, up to 12 months after arrival.</p> <p>ASYLUM SEEKERS Similar to basic coverage.</p>
	<ul style="list-style-type: none"> Limited vision care 	
	<ul style="list-style-type: none"> Home care and long-term care 	
	<ul style="list-style-type: none"> Services provided by allied health professionals, including psychologists, occupational therapists, speech therapists, audiologists and physiotherapists 	
	<ul style="list-style-type: none"> Assistive devices, supplies and medical equipment 	
DRUG COVERAGE - Similar to coverage offered to beneficiaries of the Social Assistance Program. For full details: https://bit.ly/prescription_drug_coverage		
	<ul style="list-style-type: none"> Prescription drugs and other products listed on provincial drug plan forms 	<p>RESETTLED REFUGEES AND ASYLUM SEEKERS Similar to supplemental coverage.</p>
COVERAGE FOR IMMIGRATION MEDICAL EXAMINATION (IME)		
	<ul style="list-style-type: none"> IME and diagnostic tests related to IME 	<p>ASYLUM SEEKERS The IME must be completed within 30 days following the refugee claimant's arrival with a physician designated by the IRCC.</p>

*** ASYLUM SEEKERS :**

- If the person remains in Canada after the date on which their removal order becomes enforceable, they are considered to be without status and no longer have IFHP coverage, even if they take regularization steps (e.g.: application for permanent residence on humanitarian and compassionate grounds).
- If the person comes from a country for which there is a suspension (moratorium) of removals, they retain their IFHP coverage even after the final rejection of their asylum application. IFHP coverage remains valid as long as the stay of removal is in place or until the person obtains permanent status.
- Migrants with precarious status not covered by the the RAMQ, IFHP or private insurance and who do not have the financial capacity to access health care can be redirected to the **Clinic for migrants with precarious status of Doctors of the World** • <https://doctorsoftheworld.ca/help/clinic-for-migrants-with-precarious-status> • 438-844-5696 (Montreal) • 1-877-801-1678 (toll free)

UNDERSTANDING IFHP COVERAGE

SPECIFIC SERVICES*

*Some services require pre-authorization. See Benefit Charts on p. 10.



MENTAL HEALTH SERVICES

- ▶ **Basic coverage** includes certain mental health services and care, including:
 - Mental health services provided by physicians, including psychiatrists;
 - Services provided by psychiatric hospitals.
- ▶ **Supplemental coverage** includes certain services including:
 - Up to 10 one-hour psychotherapy sessions, with the possibility of renewal for 10 additional sessions.



VISION CARE

- ▶ **Supplemental coverage** includes the following vision care services :
 - One pair of glasses (frames and lenses) every 24 calendar months, according to the thresholds in effect;
 - One complete/partial eye exam every 12 calendar months



DENTAL CARE

- ▶ For all the details and restrictions, refer to the **IFHP Table of benefits for dental care offered in Quebec**:
https://bit.ly/dental_benefits_Quebec
 - Dental care coverage covers services, examinations and X-rays for **emergency care** such as pain, infections or trauma.
 - Coverage is **not designed** to cover routine care, such as cleanings. However, since **March 2022**, some services are covered without pre-authorization, including the restoration of teeth from cavities in most cases (up to \$1,000 per calendar year) and the repair of prostheses. **See the Benefits Chart for full details.**

DID YOU KNOW?

The IFHP reimburses \$28.95 per hour for interpretation services required for mental health services **only**. The interpreters must be registered with the IFHP.

- If other services are deemed necessary, a pre-authorization request may be required.
- Certain services, including root canals, prophylaxis, orthodontic treatments and procedures prior to these services are not covered.

SPECIFIC PATIENTS

PREGNANT WOMEN



- ▶ Services included for pregnant women eligible under **basic coverage**:
 - Hospital services
 - Services provided by a physician Diagnostic and screening tests that are a standard part of prenatal care
 - Care related to labour, childbirth and postnatal care
 - Abortions
- ▶ The IFHP also provides coverage for prescription drugs under the IFHP prescription drug coverage.

CHILDREN



- ▶ Since September 22, 2021, **children settling in Quebec for more than 6 months per year** are eligible for the RAMQ (health and drug insurance).
- ▶ The three-month period during which people settling in Quebec are not eligible for the RAMQ (waiting period), is abolished for **all children**.

THIS DOES NOT APPLY TO CHILDREN WHO ARE ASYLUM SEEKERS. THEY ARE COVERED BY THE IFHP



2. REGISTER AS A PROVIDER

To register as an IFHP provider, you must be a professional member in good standing of your provincial professional order and have a license issued by the latter and recognized by Medavie Blue Cross.

HOW TO REGISTER ?

ONLINE



via the secure website (ePay)

It's fast and easy!

<https://bit.ly/electroPaie>

VIA A PAPER FORM



Available at https://bit.ly/Provider_registration_form

By mail:

644 rue Main, C.P. 6000, Moncton (N.B.) E1C 0P9

By fax: 506-869-9673

By email: provider@medavie.bluecross.ca

In order to become a provider,

PHARMACIES

must call **Medavie Blue Cross at 1-888-341-1880**. Once registered, they must contact their software provider to update their insurer code so that drug claims under the IFHP can be submitted electronically to Medavie Blue Cross.

TERMS AND CONDITIONS

▶ Professionals **must read and accept the general terms and conditions** in order to be approved as IFHP care providers. It is also important to read the fee policy.

For all the details, please consult the Medavie Blue Cross Information Manual:

https://bit.ly/PFSI_handbook

It is **important** to contact Medavie Blue Cross customer service by phone (1-888-614-1880) or through the secure web portal ([ePay](#)) to inform them of any change in your situation such as a change of address, thus updating the caregiver status.

DID YOU KNOW?

The lack of professionals joining the IFHP as providers deprives recipients of services and care to which they are entitled. **It's a good reason to register!**

SIGN UP AS A PROVIDER

FEE POLICY



FOR PHYSICIANS

- ▶ Reimbursement under the fee-for-service model
- ▶ To claim reimbursement of their fees, physicians must use the same codes and rates as when billing the RAMQ




FOR HOSPITAL SERVICES

- ▶ Reimbursement to hospitals for the use of their facilities and to physicians for the provision of direct services



FOR DENTISTS

- ▶ Costs for dental treatment are reimbursed at 100% of rates listed in the provincial dental fee guide

- 
- Refunds will be made according to the rate in effect on the date of service. The IFHP has established its own reimbursement rates for services for which provincial rates do not exist. These rates can be found in the IFHP Benefit tables.
 - The provider **must not** collect from the patient the difference between the total amount billed and the amount that will be reimbursed by Medavie Blue Cross.
 - Providers must claim applicable taxes on taxable goods and services under provincial and federal tax regulations and provide tax amounts in claims.
 - Requests that do not meet the deadlines for submission, IFHP guidelines and conditions will not be eligible for payment.
 - The supplier **must not** submit claims for care and services that the patient has refused or canceled..

To view the entire Policy and for full details, please refer to the Fees Policy from the Medavie Blue Cross Information Manual (p.11):
https://bit.ly/PFSI_handbook

PROVIDER WEB PORTAL

The secure web portal for providers ([ePay](#)) allows you to:

- ✔ Check the patient's coverage;
- ✔ Submit, manage and track claims and pre-authorization requests;
- ✔ Access payment statements;
- ✔ Manage and update supplier profile.



3. VERIFY THE ADMISSIBILITY OF A PATIENT

It is imperative to always check the admissibility of patients before providing care. Coverage can be canceled without notice if the migratory status of the beneficiary changes.

1. VERIFY ELIGIBILITY DOCUMENTS

Beneficiaries are eligible as soon as they receive one of the following documents:

- ✔ The Refugee Protection Claimant Document (RPCD), with photo;
- ✔ Temporary replacement of the asylum seeker's lost or stolen document;
- ✔ Interim Federal Health Program Certificate of Eligibility (IFHP Certificate), with or without photo;
- ✔ An Acknowledgment of Claim letter, which includes a notice to return for an interview;
- ! Most asylum seeker's documents are photocopies certified by the border services, because the original documents are systematically seized.
- ✔ If necessary, verify eligibility by phone at 1-888-614-1880 or via the secure providers' website ([ePay](#)) with the eight or ten-digit identification number of the patient that appears in the upper right corner of the document (UCI number)

2. CONFIRM THE FOLLOWING DETAILS

- ✔ Identify of the person;
- ✔ The current validity of the protection via the secure website ([ePay](#)) by entering the UCI number or via the call center

A minimum period of two working days is to be expected after the entry into force of the protection of the IFHP before it becomes active in the Medavie Blue Cross system. If a patient requires care during these two working days, follow these steps:

- ✔ Confirm that it is within the two business day period by checking the effective date on the certificate.
- ✔ Provide care and wait for the information to appear in the Medavie Blue Cross system before submitting the claim, i.e. approximately two to three working days.
- ✔ Pre-authorization requests can be completed during the two working days.

3. CHECK IF THE SERVICE REQUEST REQUIRES PRE-AUTHORIZATION

- ✔ **Certain services require pre-authorization**, including certain prescribed medications, psychotherapy services, interpretation services and certain assistive devices.

Consult the **IFHP Benefit Tables** to see if the service requires pre-authorization:

- Basic coverage table: https://bit.ly/basic_coverage
- Supplemental coverage table: https://bit.ly/supplement_coverage
- Prescription drugs table: https://bit.ly/prescription_drug_coverage
- Dentale care table: https://bit.ly/dental_benefits_Quebec

Hospitals providing long-term care to IFHP beneficiaries must check their IFHP eligibility every 30 days.

DID YOU KNOW?



4. COMPLETE A PRE-AUTHORIZATION, IF REQUIRED

Pre-authorization requests must be completed quickly and diligently to avoid delays.

COMPLETE THE FORM



TO complete a pre-authorization request, simply use the claim form by checking the box located in the upper left corner of the form:

PRE- AND POST-APPROVAL

INCLUDE THE FOLLOWING DETAILS IN THE REQUEST

✓ Provider information

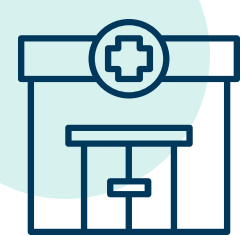
- Name
- Provider number
- Telephone and fax number
- Name of attending physician if needed

✓ Patient information

- Name
- Birth date
- 8-digit identification number (UCI number)

✓ Details regarding the service

- Diagnosis or ICD code*
- The cost
- The details below, according to the type of service offered:



FOR MEDICAL AND VISION CARE SERVICES

- ✓ The doctor's prescription, a narrative report that gives the history, diagnosis, prognosis and justification of the medical need for the recommended services.
- ✓ ICD Code
- ✓ Treatment plan



FOR PSYCHOTHERAPY CARE

A doctor's prescription is required to initiate the therapy and to request its renewal. The psychologist must submit an initial assessment report and treatment plan with the pre-authorization request. This assessment may be billed for a maximum of four hours.



FOR PRESCRIPTIONS AND PHARMACEUTICAL CARE

- ✓ Pre-authorization is required for drugs listed as restricted use, limited use, exceptional status or special authorization by the RAMQ . IFHP will use the same recognition criteria for pre-authorization and payment as provided in the RAMQ prescription drug insurance plan.



FOR DENTAL CARE SERVICES

- ✓ The standard dental claim form, indicating procedure codes, fees, treatment plan and notes, if applicable.
- ✓ X-rays must be clear, legible, and properly labeled

It is **important** to ensure that you have authorization for the entire treatment plan before providing some of the care.

*ICD (International Statistical Classification of Diseases and Related Health Problems) codes can be found at: https://bit.ly/ICD_codes

COMPLETE A PRE-AUTHORIZATION, IF REQUIRED

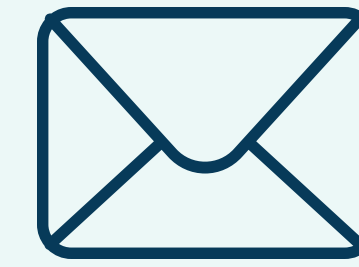
TRANSMIT THE PRE-AUTHORIZATION REQUEST

ONLINE



via secure website (ePay)
It's simple and fast!
<https://bit.ly/electroPaie>

BY MAIL



**Interim Federal Health Program
Medavie Blue Cross**
644, rue Main, C.P. 6000, Moncton (N.B.) E1C 0P9

BY FAX



506-867-3824

BY PHONE



1-888-614-1880

DID YOU KNOW?

You can appeal a denial of an authorization request within 180 days of the decision being rendered via the provider web portal ([ePay](#)) or by mail

IMPORTANT

If there is a delay between the initial verification of the beneficiary's eligibility and the moment of providing care (due to delays following a pre-authorization request, for example), re-check eligibility to confirm that there have been no changes.



5. MAKE A CLAIM

COMPLETE THE CLAIM FORM

1. VERIFY TREATMENT DELAYS

✔ **Electronic and paper claims** must be submitted within 180 days of the date of service.

✔ **For pharmacies**, claims for products prescribed through the POS software must be submitted within 90 days of the service date.

2. PREPARE THE CLAIM

Use the paper or electronic form that applies depending on the benefit.

✔ **Patient information**

- Name
- Birth date
- 8-digit identification number (UCI number)

✔ **Provider information**

- Name
- Specialty, if applicable
- Name of prescribing physician if the specialist is claiming fees
- Provider number
- Mailing address
- Telephone and fax number

✔ **Details regarding the service**

- Invoice number, if applicable
- Date of service
- The fee or service code provided
- The ICD-10 code (does not apply to dentists, pharmacists and certain specialists)
- The requested amount
- The pre-authorization, if needed

✔ **Sign the claim if it is a paper form**

The patient's signature is required on the paper form, except for claims submitted for services and procedures received by hospital and ambulance providers and for claims billed by third-party billing agencies.

3. CONFIRM THE FOLLOWING ELEMENTS

- All required information is included;
- The claim is true and accurate;
- The claim does not include amounts that have been or will be reimbursed by the RAMQ or private insurance ;
- Prescription requirements have been met (see below).

Compliance with prescription terms

When the IFHP requires a prescription to assess the patient's eligibility for a benefit, the following terms and conditions apply, as per the IFHP Benefit Schedules:

- Treatment benefits must be prescribed by a pre-approved physician or healthcare professional.
- The care provider must have the prescription before dispensing the medications to the patient.
- The provider can dispense a drug according to the number of refills indicated on the prescription. A renewal not indicated on the prescription will not be reimbursed.
- A prescription without a date will be deemed invalid. No refund request submitted featuring an undated order will be refunded.
- A prescription and the indicated refills will only be valid for as long as prescribed by provincial pharmacy regulatory authorities.
- Any paid request that does not comply with these terms will be recoverable from the supplier.

MAKE A CLAIM

4 SUBMITTING THE CLAIM

Submit on or after service date within processing times.

✓ ONLINE



via the secure website (ÉlectroPaie)

Fast and easy!

<https://bit.ly/electroPaie>

✓ VIA A PAPER FORM

Include the stamp and signature of the supplier as well as the signature of the patient on the paper forms.

BY FAX



506-867-3824

BY MAIL



**Interim Federal Health Program
Medavie Blue Cross**

644, rue Main, C.P. 6000, Moncton (N.B.) E1C 0P9

PHARMACIES

- Drug claims must be made through point of sale (POS) and submitted directly to Medavie Blue Cross using NIE 610047.
-
- To do this, pharmacies should contact their software provider to make the necessary changes. The software should be modified to include the new codes of insurer to add to claims.

RECEIVE A PAYMENT

- ✓ Payments are made **every two weeks**. Exceptionally, delays of a few months are sometimes possible.
- ✓ A payment statement is sent by mail.
- ✓ To sign up for direct deposit, visit the providers' secure website ([ePay](#)).

Verify the accuracy of the payment statement. If there is an error, notify Medavie Blue Cross within 30 days.



6. COORDINATES

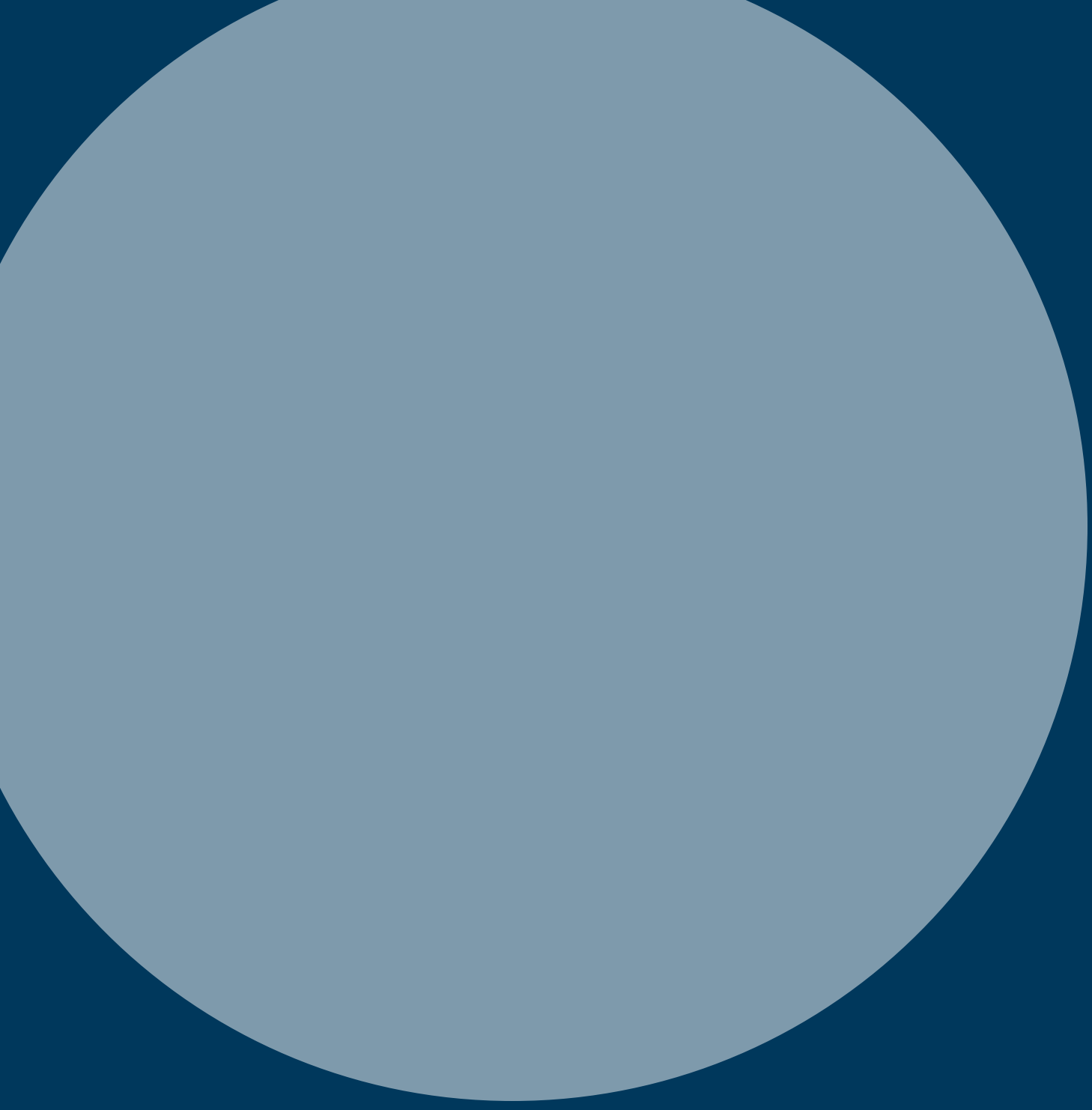


TO REACH MEDAVIE BLUE CROSS

Web site for providers (ePay)	https://bit.ly/electroPaie
Mailing address	Medavie Blue Cross Interim Federal Health Program 644, rue Main, C.P. 6000 Moncton (N.-B.) E1C 0P9
Email	CIC_Inquiry@medavie.croixbleue.ca
Fax for claims submissions	506-867-3841
Toll-free call centre for providers	1-888-614-1880 Monday to Friday 6 am to 9 am

TO REACH THE IRCC

Call centre	1-888-242-2100
Web site	www.cic.gc.ca/PFSI



**Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal**

Québec 