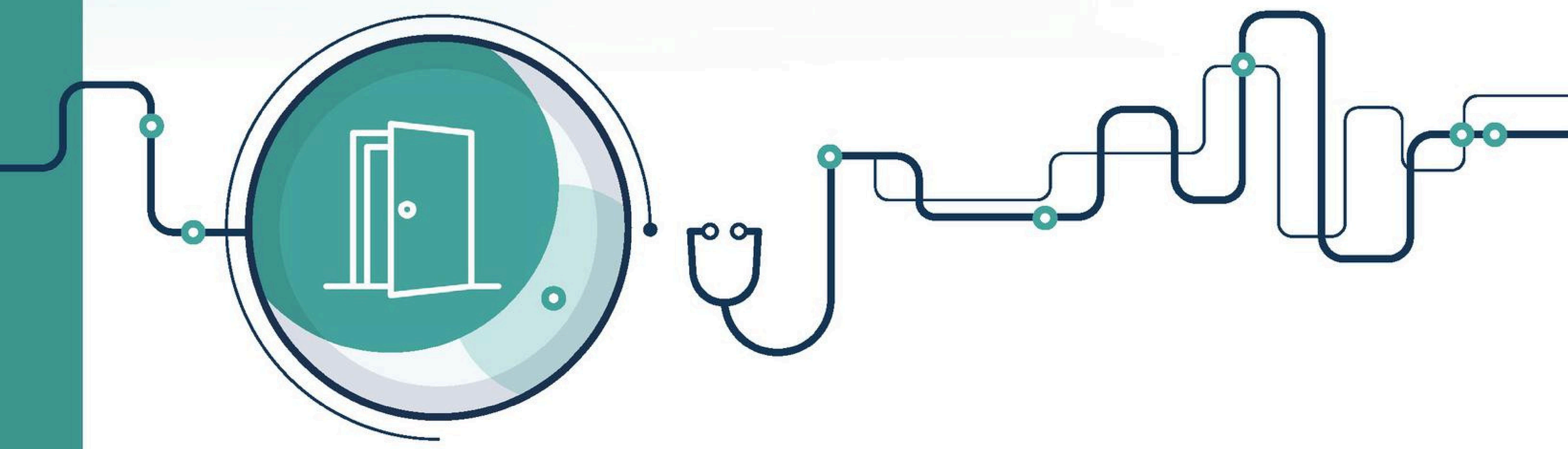
September 2026 edition

INFORMATION GUIDE
FOR HEALTH CARE PROFESSIONALS

Interim Federal Health Program (IFHP)



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A SANTÉ QUÉBEC WEST-CENTRAL MONTREAL HEALTH AND SOCIAL SERVICES UNIVERSITY NETWORK COLLABORATION

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

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PRAIDA PROGRAMME RÉGIONAL D'ACCUEIL ET D'INTÉGRATION DES DEMANDEURS D'ASILE

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 *Information Handbook for In Canada Health-care Professionals* (IFHP) effective as of May 1, 2026. For more information and full details, please refer to the Medavie Blue Cross Handbook available at:

Medavie Blue Cross (2026, July). *Interim Federal Health Program: Information Handbook for In Canada Health-care Professionals*. https://docs.medaviebc.ca/providers/guides_info/IRCC/In-Canada-Provider-Handbook_2026-07-31-131536_znrl.pdf

TEAM (2022 EDITION)

- Noémie Trosseille, project manager, CERDA
- Geneviève Minville, Planning, Programming and Research Specialist, CERDA
- Mélanie M. Gagnon, Team Leader, CERDA
- Pénélope Langlais-Oligny, Planning, Programming and Research Specialist, CERDA
- Janet Cleveland, Researcher on the Rights and Health of Asylum Seekers, Refugees and Non-Status Migrants, IU SHERPA
- Alexis Jobin-Théberge, Senior Partnership and Accommodation Advisor, PRAIDA

UPDATES (2026 EDITIONS)

- Amélie Robert, Content Review and Update Professional, CERDA

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- Noémie Boudrias-Fournier, Assistant to the Immediate Superior, CIUSSS West-Central Montréal
- Nathalie Chénier, Social Worker, CISSS de l'Outaouais
- Mélanie L'Archer, Coordinator, CISSS Montérégie-Centre
- Natasha Ivisic, Administrative Officer, CISSS de Laval
- Maïté Michaud-Lefort, Social Worker, CISSS de Lanaudière
- Chloé Paillé, Assistant to the Immediate Superior, CISSS de l'Outaouais
- Caroline Vézina, Assistant to the Immediate Superior, CIUSSS de la Capitale-Nationale
- Roula Yammine, Social Worker, CISSS de Laval

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INTRODUCTION

In Québec, 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 Québec health care system.

The purpose of this guide is to help health care 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.

INFOGRAPHICS

To **demystify** the IFHP health coverage and the related procedures for professionals and patients, available in 4 languages.

DID YOU KNOW?

This guide is **also available online** at cerda.info and is easy to use.

AN OVERVIEW OF THE IFHP

WHAT IS THE IFHP ?

- It is a program funded by Immigration, Refugees and Citizenship Canada (IRCC) that covers health care costs for some groups, 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. Québec offers them a range of services, including health insurance by the Régie de l'assurance-maladie du Québec (RAMQ). They also benefit from IFHP coverage for 1 year for services that are not covered by RAMQ.

ASYLUM SEEKERS (REFUGEE CLAIMANTS)

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

DID YOU KNOW?

In some cases, the IFHP is **also available 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 TYPES OF COVERAGE

- Obtain an overview of the different types of IFHP coverage and specific care
- Understand the coverage 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 IF REQUIRED, COMPLETE A PRE-AUTHORIZATION

- 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

UNDERSTAND IFHP COVERAGE

The IFHP includes several types of coverage that each offer different benefits. Individuals are entitled to one or more types of coverage depending on their status and their eligibility for the provincial health insurance offered by the RAMQ.

The different *Benefit Grids* for the program are available at:

https://ifhp.medaviebc.ca/en/benefit-grids

NEW IN 2026

Starting on May 1, 2026, the federal government is introducing a **copayment system** for **supplemental and prescription drug coverage**. From now on, beneficiaries will have to pay a portion of their health care costs. **New limits** have also been introduced for some types of care (for example, the number of treatments covered per calendar year).

Starting on July 31, 2026, some elements of the supplemental coverage are transferred to the basic coverage. Therefore, **copayments no longer apply to these elements**. Some **new conditions** are also implemented (for example, frequency limits).

BASIC COVERAGE

Similar to coverage offered by the RAMQ. The IFHP reimburses 100% of the established rates for health care and services. No copayment is required.
For full details, see the most recent *Benefit Grid - Basic Coverage.*

	Services offered to inpatients and outpatients Midwifery services, up to $3,042 Medical services. However, surgeries performed for cosmetic or religious purposes, elective surgeries and gender-affirming 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. Laboratory, diagnostic and ambulance services Ambulance transportation costs up to $350	**ASYLUM SEEKERS** Throughout the processing of the asylum application ✷ • **If the asylum application is accepted :** for a maximum of 90 days or until the RAMQ card is obtained if an extension has been granted • **If the asylum application is rejected:** until the date set for the asylum seeker to leave **RESETTLED REFUGEES (government-assisted and sponsored)** Pending RAMQ entering into effect, up to a maximum of 90 days following arrival
	Limited long-term care (**new in 2026**)	
	Some medical equipment for use outside of health establishments: feeding pumps, ventilators, apnea monitors, etc. (**new in 2026**)	

COVERAGE FOR IMMIGRATION MEDICAL EXAMINATION (IME)

The IFHP reimburses 100% of the established rates for examinations.
For full details, see the most recent *Benefit Grid - IME and IME Tests.*

	IME and diagnostic tests related to IME.	**ASYLUM SEEKERS** The IME must be completed within 30 days following the refugee claimant's arrival with a physician designated by IRCC.

SUPPLEMENTAL COVERAGE

The IFHP reimburses 70% of the established rates for health care and services. The remaining 30% can be billed to beneficiaries.
For full details, see the most recent *Benefit Grid - Supplemental Coverage.*

	Limited dental care
	Limited vision care
	Limited home care outside the public health and social services system
	Services provided by health professionals outside the public health and social services system, including psychologists, occupational therapists, speech therapists, audiologists and physiotherapists
	Prostheses and some assistive devices, supplies or medical equipment for use outside health establishments

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.

SPONSORED REFUGEES

While the refugee receives financial support from the sponsoring group, up to 12 months after arrival.

ASYLUM SEEKERS

Same as basic coverage

DRUG COVERAGE

Beneficiaries must pay $4 for each prescription drug filled or refilled. The remaining cost of the prescription drug is reimbursed by the IFHP.
For full details, see the most recent *Benefit Grid - Prescription Drug Coverage.*

	Prescription drugs and other products listed on provincial drug plan forms. Starting on May 1, 2026, diabetic supplies and feeding formula are now included in this coverage instead of supplemental coverage. **EXCEPTIONS TO COPAYMENTS**: Like the RAMQ, the IFHP fully covers medications provided free of charge in health establishments or by public health services.

RESETTLED REFUGEES AND ASYLUM SEEKERS

Same as supplemental coverage

ASYLUM SEEKERS :

- If the asylum application is accepted, but the registration with the RAMQ cannot be processed within 90 days of acceptance, the person can apply for an IFHP extension.

- 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 (for example, an 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 RAMQ, IFHP or private insurance and who do not have the financial capacity to access health care can be redirected to :

Clinic for migrants with precarious status of **Doctors of the World**
https://doctorsoftheworld.ca/help/clinic-for-migrants-with-precarious-status
438-844-5696 (Montréal) • 1-877-801-1678 (toll free)

SPECIFIC SERVICES

Some services require pre-authorization. See the Benefit Grids mentionned on pages 5 and 6 of this document.

MENTAL HEALTH SERVICES

Basic coverage includes certain mental health services and care, such as:

- Mental health services provided by physicians (such as psychiatrists) or by psychologists practicing in the public health establishments
- Services provided by psychiatric hospitals

Supplemental coverage includes certain services outside the public system such as:

- **Up to 10 psychotherapy sessions of 1 hour each, per calendar year (new in 2026).** The maximum hourly rate permitted in Québec is $125 ($87.50 of which is reimbursed by the IFHP). The treatment must be prescribed by a doctor or a nurse practitioner.
- **New in 2026** As a transitional measure, individuals already receiving psychotherapy between January 1 and May 1, 2026, can request to renew a block of 10 additional sessions until December 31, 2026. Starting on January 1, 2027, the cap on the number of sessions will apply to all beneficiaries.

DID YOU KNOW?

The IFHP reimburses the provider $20.25 per hour to pay **for interpretation services required for mental health services only**.
Patients can be billed $8.70 per hour for these services.

VISION CARE

Supplemental coverage includes the following vision care services :

- One pair of glasses (frames and lenses) every **36 calendar months**, according to the thresholds in effect **(new in 2026)**
- One complete/partial eye exam every **24 calendar months** **(new in 2026)**

Frequency limits for vision care do not apply for **patients aged 18 or under.**

OCCUPATIONAL THERAPY, PHYSIOTHERAPY AND SPEECH THERAPY

Basic coverage includes:

- Initial assessment (**new in 2026**)
- **12** outpatient **physiotherapy sessions** per calendar year for patients with specific health conditions (**new in 2026**)
- **12** outpatient **occupational therapy sessions** per calendar year (**new in 2026**)
- Outpatient **speech therapy sessions** (**new in 2026**)
- Inpatient care in **rehabilitation facilities**

Supplemental coverage includes:

- Initial assessment
- **12 physiotherapy sessions** per calendar year for patients with specific health conditions
- **20 occupational therapy sessions** per calendar year for patients with specific health conditions
- **Speech therapy sessions** for patients with specific health conditions

A medical prescription is needed for care included in this coverage. Services can be provided at home or in a clinic (outside the public health and social services system).

For full details, see the most recent Benefit Grids.

DENTAL CARE

This care is included in **supplemental coverage**.

For all the details and restrictions, consult the most recent *Benefit Grid* for dental care offered in Québec :

https://ifhp.medaviebc.ca/en/benefit-grids

- Dental care coverage covers services, examinations and X-rays for **emergency care** such as pain, infections or trauma.

- Protheses may be covered under some criteria.

- Coverage is **not designed to cover routine care**, such as cleanings. However, since March 2022, some services are covered without pre-authorization, including restoring teeth from cavities in most cases (up to $1,000 reimbursed by the IFHP per calendar year) and repairing prostheses.

- 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.

For **services not covered by the IFHP and for copayments**, the patient may benefit from the ***Canadian Dental Care Plan*** if they are eligible to apply. For more details, you can refer your patients to *Carnets de route* :

https://carnetsderoute.info/en/info/health-care/#dental-health

ADDITIONAL CERDA TOOLS TO CONSULT:

Available at https://cerda.info/sante-dentaire-prda-repere

- ***Oral Health Care for Refugees and Refugee Claimants: Guide for Dentists in Québec***

  This tool contains guidelines for your practice, including the different types of public coverage that refugees and refugee claimants (asylum seekers) may be entitled to.

- ***Are You a Refugee or Refugee Claimant? You Probably Have Access to Dental Coverage in Québec.***

  This tool contains key information to help refugees and refugee claimants (asylum seekers) access dental care. You can download it and distribute it to your patients.

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 under the IFHP prescription drug coverage.

CHILDREN

Children born outside Canada and seeking asylum are covered by the IFHP.

Children born in Canada are all Canadian citizens by law, regardless of the parents' status. They are eligible for RAMQ coverage from birth.

The Maison Bleue, in collaboration with **PRAIDA** and **CERDA**, created an infographic to help parents seeking asylum register their newborns with the RAMQ. This material is available in 5 languages (French, English, Spanish, Haitian Creole and Punjabi). Do not hesitate to print it and share it with your patients : https://cerda.info/couverture-sante-enfant/

Français | **English** | **Español** | **Kreyòl** | **ਪੰਜਾਬੀ**

REGISTER AS A PROVIDER

To register as an IFHP provider, you must:

- Be a professional member in good standing of a provincial professional order recognized by Medavie Blue Cross
- Have a licence issued by the professional order

Recognized health establishments, such as a clinic, can also register as providers to obtain reimbursement for use of its facilities, equipment or certain technical and professional services. Consult the *Benefit Grids* to learn more on eligible reimbursement.

HOW TO REGISTER

ONLINE

Via the secure website
Fast and easy !
https://www.medaviebc.ca/en/health-professionals/register

VIA A PAPER FORM

Download :
https://docs.medaviebc.ca/providers/forms/2026/Provider-IFHP-Registration-Form.pdf

By mail:
644 Main Street, PO Box 6000, Moncton (NB) 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 **1-888-614-1880**. Once registered, they must contact their software provider to update their carrier 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 full details, please consult the Medavie Blue Cross Information Manual.

DID YOU KNOW?

The lack of establishments and professionals joining the IFHP as providers deprives beneficiaries of services and care to which they are entitled.

It's a good reason to register!

It is **important** to contact Medavie Blue Cross customer service by phone (1-888-614-1880) or through the secure Web portal (ePay) to notify them of any change in your situation such as change of address and update the provider status.

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 HEALTH ESTABLISHMENTS SERVICES

Reimbursement to establishments for the use of their facilities equipment and certain technical or professional services. However, physicians are reimbursed directly for the services they provide.

FOR DENTISTS

Costs for dental treatment are reimbursed at 70% of rates listed in the provincial dental fee guide. The remaining 30% can be billed to patients.

Reimbursement rates are based on agreements with the *Ministère de la Santé et des Services sociaux* (MSSS) and professional associations (like the *Association des chirurgiens-dentistes du Québec*). In some cases, specialists can bill the IFHP using the rates established by the agreement between their association and the MSSS. In some cases, fees are limited to those charged by general practitioners.

FEE POLICY

Reimbursement 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 Grids.
For basic coverage and coverage for the immigration medical exam, the provider **must not** collect the difference between the total amount billed and the amount that will be reimbursed by Medavie Blue Cross from the patient.
For supplemental coverage and prescription drug coverage, the provider must not collect more than the copayment amount established by the IFHP from the patient.
The provider 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 provider **must not** submit claims for care and services that the patient has refused or cancelled.

To view the entire Policy and for full details, please refer to the **Fees Policy** from the Medavie Blue Cross Information Manual (p. 11).

PROVIDER WEB PORTAL

The *Secure Provider Web Portal* (ePay) allows you to:

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

VERIFY THE ADMISSIBILITY OF A PATIENT

It is imperative to **always** check patients' eligibility **before** providing care. Coverage can be cancelled without notice if the migratory status of the beneficiary changes.

1. VERIFY THE ELIGIBILITY DOCUMENTS

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

- The Refugee Protection Identity Document (RPID), with a photo
- Temporary replacement of the lost or stolen RPID
- Interim Federal Health Program Certificate of Eligibility (IFHP Certificate), with or without a photo
- An Acknowledgement of Claim letter, which includes a notice to return for an interview

Note that since March 25, 2025, IRCC has issued a new document called *Refugee Protection Identity Document* (RPID). It will gradually replace the *Refugee Protection Claimant Document* (RPCD). However, RPCDs that have already been issued will stay valid until their indicated expiry date.

Before moving on to next step, confirm that:

- ☑ The person possesses one of these documents
- ☑ Their identity matches the information in the document

Most asylum seekers' documents are photocopies certified by the border services, because the original documents are systematically seized.

2. VERIFY THE CURRENT VALIDITY OF PROTECTION

It is imperative to confirm the current validity of protection with the secure website (ePay) or through the call centre (1-888-614-1880). You will be asked to provide the **8 or 10 digits of the identification number (UCI)** appearing on the upper right corner of the eligibility documents. This confirmation supersedes the document's information. For example, an expired document does not necessarily mean that the patient is not eligible for the IFHP.

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 most recent IFHP *Benefit Grids* to see if a service requires pre-authorization.

  It is available at : https://ifhp.medaviebc.ca/en/benefit-grids

A minimum period of 2 working days is to be expected between the beginning of the protection and the activation in the Medavie Blue Cross system. **If a patient requires care during these 2 working days, follow these steps :**

- Confirm that it is within the 2 business days 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 (approximately 2-3 working days).
- Pre-authorization requests can be completed during the 2 working days by phone or by fax.

DID YOU KNOW?

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

COMPLETE A PRE-AUTHORIZATION, IF NECESSARY

Prior approval procedures must be completed quickly and diligently to avoid delays.

COMPLETE THE FORM

To complete a prior approval request, simply use the claim form by checking the box located in the upper left corner: **PRIOR AND POST APPROVAL**

INCLUDE THE FOLLOWING DETAILS IN THE REQUEST		
Provider information	**Patient information**	**Details regarding the service**
• Name • Provider number assigned upon registration • Telephone and fax number • Name of attending physician, if needed	• Name • Birth date • 8 or 10-digit identification number (UCI number)	• Diagnosis or ICD code✴ • Total cost and the portion of the cost that is eligible for the IFHP • Following details, according to the type of service offered:

✴ ICD (International Statistical Classification of Diseases and Related Health Problems) codes can be found at: https://ifhp.medaviebc.ca/en/benefit-grids

FOR MEDICAL AND VISION CARE SERVICES	FOR PRESCRIPTIONS AND PHARMACEUTICAL CARE	FOR DENTAL SERVICES
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.	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 the RAMQ's prescription drug insurance plan. The same exception code as the RAMQ must be used.	The standard dental claim form, indicating procedure codes, fees, treatment plan and notes, if applicable. X-rays must be clear, legible, and properly labelled.

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

FOR PSYCHOTHERAPY CARE OUTSIDE A PUBLIC HEALTH ESTABLISHMENT

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 prior approval request. This assessment may be billed for a maximum of 4 hours.

TRANSMIT THE PRIOR APPROVAL REQUEST

ONLINE

via secure website (ePay)
Fast and easy!
https://secure.medavie.bluecross.ca/eai/login

BY MAIL

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

BY FAX

506-867-3824

BY PHONE

1-888-614-1880

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 prior approval request, for example), recheck eligibility to confirm that there have been no changes.

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.

MAKE A CLAIM

Medavie Blue Cross only reimburses the establishments and professionals registered as providers. **A beneficiary should never pay for covered costs**, as they will never be reimbursed.

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 point of sale (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.

- **Paper form** : Your signature is required on the paper form, except for claims submitted for services and procedures dispensed by hospital and ambulance providers and for claims billed by third-party billing agencies.

Patient information	Provider information	Details regarding the service
• Name • Birth date • 8 or 10-digit identification number (UCI number)	• Name • Specialty, if applicable • Name of prescribing physician if the specialist is claiming fees • Provider number assigned upon registration • Mailing address • Telephone and fax number	• Invoice number, if applicable • Date of service • Fee or service code provided • ICD-10 code (does not apply to dentists, pharmacists and certain specialists) • Requested amount • Cost of the service, specifying the portion eligible for the IFHP and the portion billed to the patient, if applicable • Pre-authorization, if needed

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 Grids* :

Treatment benefits must be prescribed by a preapproved 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 provider.

4. SUBMITTING A CLAIM

Submit on or after service date within processing times.

ONLINE

- via the secure website (ePay)
  Fast and easy!
  https://secure.medavie.bluecross.ca/eai/login

VIA A PAPER FORM

Include the stamp and signature of the provider on the paper forms.

- **By mail:**
  Interim Federal Health Program
  MedavieBlue Cross
  644 Main Street, PO Box 6000, Moncton (NB) E1C 0P9
- **By fax:** 506-867-3841

The provider must keep supporting documents for verification purposes (for example, proof of payment of the copayment by the beneficiary)

PHARMACIES

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

5. RECEIVE A PAYMENT

- Payments are made **every 2 weeks if sent by mail and every week for direct deposit**. In exceptional cases, delays of a few months are sometimes possible.
- A payment statement is sent by mail or via the providers' secure website (ePay) depending on the chosen option.
- 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.

PROVIDERS' OBLIGATIONS FOR COPAYMENTS

Inform the beneficiary how much they will be charged before providing the service or product.
Do not charge more than 30% of the cost of a service or product included in supplemental coverage or more than $4 for a prescription drug or product included in prescription drug coverage.
Provide the beneficiary with a receipt for the copayment.
You are not required to provide a service or product to a beneficiary who cannot pay the copayment, unless your code of ethics requires you to. You may refer them to another professional.
If a beneficiary does not pay the copayment after receiving the service or product, the IFHP will not reimburse you for the beneficiary's portion.

WAIVE COPAYMENT, IN PART OR IN FULL

The program allows providers to receive payment only for the amount billable to the IFHP and to waive, in full or in part, the copayment billable to the beneficiaries. To do this, it is necessary to:

- **Produce a receipt** with the real amount paid by the beneficiary, even if the total is $0.
- **Keep** a copy of the receipt as **proof** of the agreed-upon billing or collection practice.

6 CONTACT INFORMATION

TO CONTACT MEDAVIE BLUE CROSS

WEBSITE FOR PROVIDERS (EPAY)

https://secure.medavie.bluecross.ca/eai/login

MAILING ADDRESS

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

EMAIL

CIC_Inquiry@medavie.bluecross.ca

FAX FOR CLAIMS SUBMISSIONS

506-867-3841

TOLL-FREE CALL CENTRE FOR IFHP PROVIDERS

1-888-614-1880 Monday to Friday
from 6 am to 9 pm

TO CONTACT IRCC

CALL CENTRE

1-888-242-2100

WEBSITE

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