

INTERIM FEDERAL HEALTH PROGRAM (IFHP) **Important reminders**

November 2025

In accordance with the IFHP claim submission guidelines applicable to all providers, we would like to remind you of the following:

- All claims submitted for payment must be received by Medavie Blue Cross within one hundred and eighty (180) days of the date the service was provided. Effective December 1, 2025, providers must ensure that IFHP claims (including complete supporting documentation if required) are received successfully within one hundred and eighty (180) days from the date of service. This is a firm requirement by the Government of Canada.
- As a one-time exception, all claims currently past 180 days of the date of service must be received by Medavie on or before November 30, 2025, along with a rationale indicating the reasons for late submission and complete supporting documentation, in order to be considered for possible reimbursement.
- The following information must be included on/with the claim to ensure timely processing:
 - Beneficiary information: name, date of birth, the eight or ten-digit Beneficiary ID number (UCI number) indicated on their IFHP eligibility document.
 - Claim information: invoice number (if applicable), date of service, benefit code or provincial billing code, ICD-10-CA1 code or written diagnosis (if applicable), amount claimed and prior approval (if required).
 - The provider's signature or stamp on claims that are mailed or faxed.

Note: Claims rejected due to incomplete or incorrect information must be resubmitted and received by Medavie Blue Cross within 180 days of the date of service. The onus and responsibility are on the provider to submit a complete and accurate claim for reimbursement within the stipulated timeframe.

In order to improve the accuracy of claim submissions, IFHP providers are encouraged to review all payment summaries.

The provider's banking information with Medavie Blue Cross must be up-to-date, and providers must contact Medavie Blue Cross should they not receive payment within 30 days of submitting a complete claim.



