



Interim Federal Health Program

Information Handbook for Pre-Departure Medical Services Providers

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1. PURPOSE OF PROVIDER HANDBOOK

The purpose of the *Interim Federal Health Program (IFHP) Information Handbook for Pre-Departure Medical Services Providers* is to provide 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 for Pre-Departure Medical Services under the IFHP.
2. What Pre-Departure Medical Services are covered by the IFHP.
3. How health-care providers are reimbursed for their services.
4. Terms and conditions for the IFHP Approved Pre-Departure Medical Services Providers.

This handbook is available on the Medavie Blue Cross website at medaviebc.ca/en/health-professionals. When deemed necessary, Medavie Blue Cross will also send bulletins via email to providers, with important information regarding policies, benefit changes or new services. These bulletins should be kept for future reference.

Services rendered in Canada to eligible clients are explained within the Information Handbook for Health-care Professionals available at medaviebc.ca/en/health-professionals under Forms & Resources, IRCC, In Canada.

2. ABOUT MEDAVIE BLUE CROSS

Medavie Blue Cross is the IFHP Claims Administrator. Medavie Blue Cross is responsible for registering health-care providers and paying them for any eligible IFHP claims submitted.

Medavie Blue Cross is a public health program administrator for federal and provincial governments.

An innovative and progressive company, Medavie Blue Cross is dedicated to fulfilling its mission:

Improving the wellbeing of Canadians

For more information on Medavie Blue Cross, please visit medaviebc.ca.



3. OVERVIEW OF THE INTERIM FEDERAL HEALTH PROGRAM

Interim Federal Health Program: In Canada

In Canada, the Interim Federal Health Program (IFHP) provides limited, temporary coverage of health-care benefits to resettled refugees, refugee claimants and certain other groups until they qualify for provincial/territorial health coverage or leave the country. The IFHP will not cover Canadian citizens. The IFHP provides clients with coverage for basic health-care services, such as physician and hospital care, supplemental services and prescription drug coverage. For certain groups of clients in Canada, the IFHP also covers the cost of one Immigration Medical Examination (IME).

Services rendered in Canada to eligible clients are explained within the Information Handbook for Health-care Professionals available at medaviebc.ca/en/health-professionals under Forms & Resources, IRCC, In Canada.

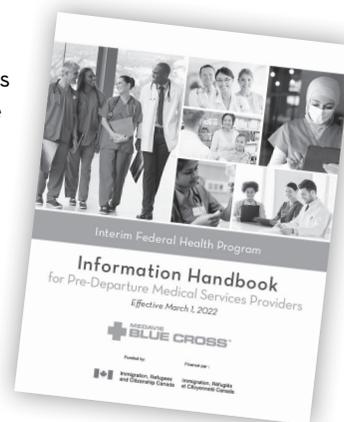
Interim Federal Health Program: Pre-Departure

Outside Canada, the IFHP provides coverage of some Pre-Departure Medical Services for **Canada-bound resettled refugees**. The scope of coverage includes the cost of the Immigration Medical Examination and follow-up treatment of health conditions that would make an individual inadmissible to Canada; communicable diseases prevention and control; outbreak response management and control; and medical support in transit.

The services covered under Pre-Departure Medical Services (PDMS) can be rendered by Immigration, Refugees and Citizenship Canada (IRCC) Panel Physicians (PP), Panel Radiologists (PR) and secondary care providers such as hospitals, laboratories and specialists. The International Organization for Migration (IOM) is a key service provider in the delivery of all pre-departure components. IOM-affiliated PP are the sole providers of vaccination services.

Health-care providers are reimbursed directly for services covered by the IFHP that are provided to eligible clients. Medavie Blue Cross administers these claims and is responsible for supporting health-care providers seeking financial reimbursement for health-care services provided to IFHP clients.

For more information on the program, please visit the IRCC IFHP website at www.cic.gc.ca/ifhp.



4. IFHP PRE-DEPARTURE MEDICAL SERVICES (PDMS)

4.1. Coverage and Eligible Benefits

The scope of IFHP Pre-Departure Medical Services coverage is limited to:

1. The cost of the Immigration Medical Examination (IME) and follow-up treatment of health conditions that would make an individual inadmissible to Canada under paragraph 38(1) (a) of the *Immigration and Refugee Protection Act* (IRPA) (i.e. active tuberculosis and untreated syphilis).
2. Communicable disease prevention and control, through the provision of selected vaccinations aligned with Canadian immunization guidelines. Vaccinations at this time may only be delivered by the International Organization for Migration (IOM) and can be offered to resettled refugees who are unimmunized, under-immunized or have an unknown immunization status. This service is voluntary and does not impact the refugee's application for resettlement to Canada.
3. Medical support during travel to Canada includes coverage of certain medical services and devices that individuals with medical conditions require to travel to Canada. For example, assistive devices, portable oxygen, and medical attendant (nurse, MD) or other health-care professional support during travel.
4. Management and control of communicable diseases in refugee camps.

The benefits under each coverage are subject to certain limits as determined by IRCC. For more details, please consult the **IFHP Pre-Departure Medical Services Benefit Grid** available online at medaviebc.ca/en/health-professionals/pre-departure-medical-services.

Note: Requests for medical support in transit and outbreak management require prior approval from the IRCC. Further information on the prior approval processes can be found in section 5 of this handbook.

Services rendered in Canada to eligible clients are explained within the Information Handbook for Health-care Professionals available at medaviebc.ca/en/health-professionals under Forms & Resources, IRCC, In Canada.

5. PRIOR APPROVAL AND CLAIMS PROCEDURES

The following Pre-Departure Medical Services require prior approval:

- A.** Requests for services/products to treat communicable disease outbreaks in refugee camps.
- B.** Requests for refugees who require medical care or other support during travel to Canada.

To request prior approval for the above services, please refer to the procedures below:

A. Responding to Disease Outbreaks in Refugee Camps

The IFHP will reimburse the services and products related to diagnostic testing (rapid and serologic), post-exposure prophylaxis (vaccines and drug therapy), pre-departure health screening and personnel cost including the cost of physician and nursing visits. Prior approval requests for communicable disease outbreaks in refugee camps must be sent to the IRCC Regional Medical Office (RMO) responsible for that geographic region as soon as an outbreak is detected. For contact information, please see section 11.3 of this handbook.

Steps to follow:

As soon as the Panel Physician (PP) or International Organization for Migration (IOM) identifies a situation requiring epidemic response, a prior approval request (see Section 15) must be sent to the IRCC Regional Medical Office (RMO) for review and approval. The request must include the following information:

1. Location and description

Provide a short description of population demographics and description of area/facility of outbreak site (i.e. camp, region, province, country, etc.)

2. Confirmation of an outbreak

Epidemiological case definition, case finding, lab confirmation (if any), method initially reported and steps taken to confirm it, how serious (potential for spread, mortality and complications), number of cases and particular groups at risk among those identified for resettlement to Canada (clients), how soon the group will be traveling to Canada.

3. Ongoing action (capacity)

Provide a brief description of the current response and capacity, including investigation done and control measures taken (human, medical, etc.).

4. Proposed response

To expedite prior approvals, the description and proposed response/recommendations should be concise and include specific control measures and activities and expected cost per client, including:

- Treatment of cases and carriers
- Isolation of cases
- Surveillance of suspects
- Immunizations - Obtain all immunization records (consult IFHP Vaccination Documentation worksheet, if available). Identify required vaccine(s) and number of doses. Confirm vaccine cost per doses including the administration costs.
- Chemoprophylaxis
- Personal protection
- Environmental hygiene
- Personal hygiene
- Disinfection and sterilization
- Pre-departure screening
- Other

Note that the request will also be reviewed by the Interim Federal Health Program unit in Ottawa to ensure compliance with the IFHP policy. If approved, RMOs will send a confirmation email indicating the maximum fee per client for the request.

Once the request is approved, the IFHP PDMS Approved Providers (IOM PP/PR) can proceed with the services as approved by IRCC and send claims for reimbursement using the specific IFHP benefit code for outbreak management (please consult the IFHP Pre-Departure Medical Services Benefit Grid) to Medavie Blue Cross, along with a copy of the confirmation email received from IRCC.

Important to note: The confirmation email from IRCC must accompany the claim to Medavie Blue Cross for reimbursement.

Medavie Blue Cross will process the claim for reimbursement for the IFHP PDMS Approved Providers (IOM/PP/PR) as per the amounts authorized by IRCC.

B. Requests for Medical Support in Transit

Steps to follow:

If the PP/IOM identifies a client who may require medical support during their travel to Canada, a prior funding approval request using an IFHP form (see Section 14) for **PRIOR-APPROVAL FORM FOR IFHP MEDICAL SUPPORT IN TRANSIT** must be sent to the IFHP at IRCC.IFHP-PFSI.IRCC@cic.gc.ca for approval. The request must include all relevant patient information, provider details, clinical information and recommendations for medical support in transit specifying medical services, devices or products and the expected cost.

The IFHP will review the medical aspects of the request as well as verify its compliance with IFHP policy and costs related to in-transit support services.

If funding is approved by IRCC, Part 1 of the signed form will be returned to the requestor authorizing funding for the delivery of medical services and/or products.

Important to note: The approved form signed by IRCC must accompany the claim for Medical Support in Transit sent to Medavie Blue Cross for reimbursement.

6. CLAIM SUBMISSION GUIDELINES

6.1. Submission of Claims

All claims submitted for payment must be received by Medavie Blue Cross within six (6) months of the date the service was provided. Claims received later than six (6) months from the date of service are not eligible for payment and will be rejected.

When submitting claims, the following information must be included:

- a. client information: name, date of birth, and the eight or ten-digit client ID number (UCI - Unique Client Identifier) indicated on the Interim Federal Health Certificate of Eligibility (IFHC);
- b. provider information: name, specialty (if applicable), name of referring prescriber (if specialist is claiming the fee), provider number (as issued by Medavie Blue Cross), email and fax number;
- c. claim information: invoice number (if applicable), date of service, benefit code, ICD-10 (if applicable), amount claimed and provide a copy of the approved prior approval from IRCC, if relevant; and
- d. a photocopy of the client's IFHC (non-IOM affiliated providers only).

When submitting paper claims, i.e. a claim not submitted electronically, the following information must also be included:

- a. the provider's signature
- b. the claim amount indicated in its local currency or in Canadian dollars
- c. type of currency

The paper claims must be legible.

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 Medical Services form for Approved Pre-Departure Medical Services Providers;
- 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 (in full or in part) pursuant to another health-care plan or private insurance plan;
- g. if the claim is for medical support in transit or communicable disease outbreak management, attach a copy of the approval (form or email) from IRCC; and
- h. sign; scan and send the claim form to Medavie Blue Cross via email or fax.

Note: IOM-affiliated providers (panel members and secondary care providers) will submit their claims to IOM and will then be reimbursed by IOM. They are not required to submit their claims to Medavie Blue Cross. IOM, as an Approved Pre-Departure Medical Services Provider for IFHP, is responsible for delivery of eligible services or products to IFHP clients directly and submission of claims to Medavie Blue Cross.

6.2. How to Submit a Claim

Claims must be sent via email or fax to Medavie Blue Cross with the applicable information. The provider's signature must be included on claims.

Claim Submission via Email

Claims can be sent to Medavie Blue Cross at medavieworld@bellaliant.net.

Paper Claims Submission

Paper claim forms can be downloaded from the Medavie Blue Cross website at: medaviebc.ca/en/health-professionals/pre-departure-medical-services or by emailing or faxing a request to Medavie Blue Cross.

Paper claims can be faxed to: (001 + 1) + 506-867-3841.

Timeline for Submission of Claims

It is important to note that claims must be submitted within **six (6) months** from the date of service. Claims with a date of service greater than 6 months will not be eligible and will be rejected for payment.



6.3. Fee Policy

- Compensation is based on a fee-for-service model. The IFHP fee policy is to reimburse according to usual and customary fee rates in place on the date of service.
- 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.

6.4. Processing of Claims

Claims submitted with 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 be rejected;
- 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 Terms and Conditions, including the Benefit Grid, is not eligible for payment.

6.5. Provider Payment

Medavie Blue Cross agrees to make a payment to the provider every second week for the amount due for claims received and adjudicated during the relevant claim period. The payment will be in Canadian funds or local currency and sent by wire transfer directly to the provider. A bi-weekly payment summary will be emailed to the provider for reconciliation purposes.

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.

6.6. Claim Irregularities

Fraud and abuse of health-care insurance is a concern to all of us. The following examples illustrate some of the types of irregularities that are considered fraudulent:

- Submitting 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.

6.7. Help Combat Health-Care Fraud and Abuse

The Medavie Blue Cross Government Business Audit 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 Government Business Audits unit by email at BC.FAPInvestigations@medavie.bluecross.ca.

7. TERMS AND CONDITIONS FOR IFHP APPROVED PRE-DEPARTURE PROVIDERS

7.1. IFHP Approved Pre-Departure Provider Status and Provider Number

Medavie Blue Cross defines an **Approved Pre-Departure Medical Service Provider** as a professional, medical facility or an organization (e.g. IOM) who is:

- an IRCC panel member (including Panel Physicians (PP), Panel Radiologists (PRS)) or a secondary care provider who is currently registered, certified or licensed by their respective regulatory body (where applicable) or otherwise authorized by IRCC to provide eligible services or products to the IFHP clients overseas; and
- registered with Medavie Blue Cross.

Medavie Blue Cross will register and assign a provider number to the Approved Pre-Departure Medical Service Provider. 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 fails to adhere to the requirements outlined in the Benefit Grid;
- d. the provider is suspected or proven to have committed fraud or abuse; and
- e. the provider fails to return to Medavie Blue Cross the signed acceptance of Terms and Conditions (for each location if applicable) within ninety (90) days of becoming an approved IFHP Pre-Departure Medical Service Provider.

7.2. Terms and Conditions

The following Terms and Conditions apply to all Approved Pre-Departure Medical Service Providers who provide services to the IFHP clients and who accept payment, either directly or through a third-party billing agent, 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 licensing body (where applicable), as recognized by Immigration, Refugees and Citizenship Canada (IRCC) or otherwise authorized by IRCC to provide eligible services or products to the IFHP clients overseas.
2. Providers must verify the eligibility status of each IFHP client **before** services are rendered.
3. The submission of claims to Medavie Blue Cross, whether by fax or via email, is to be done in accordance with these Terms and Conditions, claim submission guidelines and all other procedures outlined in the *IFHP Information Handbook for Pre-Departure Medical Services Providers*.
4. Medavie Blue Cross has the right to audit the provider's data and documentation relating to their claims for the purpose of administering the IFHP.

5. All personal information collected by the provider with respect to a client is confidential and cannot be used or disclosed without the individual's consent other than for the purpose of the administration of the IFHP, unless in accordance with the applicable privacy law.
6. IRCC maintains a list of the Panel Physicians authorized to perform IMEs for Canada which indicates if the panel physician is registered with Medavie Blue Cross as an IFHP provider and accept IFHP clients.
7. Providers registering to become an IFHP approved provider are required to read and accept the Terms and Conditions. Providers registering by email, fax or submission of the first claim will receive a copy of the Terms and Conditions upon approval. The signed acceptance of the Terms and Conditions (for each location, if applicable) **MUST** be returned to Medavie Blue Cross within **ninety (90) days** of becoming an IFHP approved provider. Failure to do so will result in termination of approved provider status.

8. DETERMINING CLIENT ELIGIBILITY

Eligible Clients

All overseas refugees found eligible for resettlement to Canada are eligible for Pre-Departure Medical Services.

IFHP eligibility for Pre-Departure Medical Services is determined by IRCC visa offices.

Eligible clients who are instructed to present themselves to PPs who are not affiliated with the IOM will be issued medical instructions and an Interim Federal Health Certificate of Eligibility (IFHC) by IRCC visa offices. This certificate is proof of eligibility for Pre-Departure Medical Services. Clients must present the IFHC each time they see a **non-IOM affiliated health-care provider**.

Eligible clients who are instructed to present themselves to an IOM affiliated Panel Physician will **not** be issued an IFHC unless their situation requires that they be referred to a non-IOM affiliated provider.

In circumstances when IOM affiliated PPs refer IFHP clients to non-IOM affiliated providers, the IOM mission must request an IFHC for the client from the IRCC visa office prior to the referral. Clients must present the IFHC to the non-IOM affiliated provider.

All clients that are eligible for PDMS must also present a passport or other government-issued photo identification. For a list of approved identification documents, please refer to the Panel Members Handbook available at <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/panel-members-guide.html#sec1.5.4>.

How to Verify Eligibility

As indicated in the Approved Pre-Departure Medical Services Provider Terms and Conditions, providers must verify the eligibility status of each IFHP client **before** services are rendered to ensure reimbursement.

Non-IOM affiliated providers must reference the following procedures:

- Confirm that the client has an IFHC;
- Confirm that the identity of the person on IFHC matches the person in the identification document; and
- Retain a photocopy of the client's IFHC in their records.

IOM-affiliated providers will have client eligibility confirmed by the IOM. The IOM must follow the following procedures to confirm client eligibility for IOM-affiliated providers:

- Confirm that the identity of the person matches the person in the identification document; and
- Using the client's IMM 1017 Form, confirm that the 'IMM Type' is: 'Ref - Overseas'

IMMIGRATION DETAILS
IMM Type: Refugee-overseas

- IOM can also verify this designation using eMedical:

Visa
Refugee-overseas

Please Note:

To ensure that services are reimbursed, non-IOM affiliated providers must attach a copy of the client's IFHC to their claims for reimbursement to Medavie Blue Cross. For more information, please refer to section 6, Claims Submission Guidelines.

If you have questions related to a client's eligibility, you can send an email to Medavie Blue Cross at the following email address: medavieworld@bellaliant.net, indicating the client's UCI number (Unique Client Identifier - indicated in the IFHC) and benefit code.

Pre-Departure Medical Services are only offered to refugees overseas and do not include other immigrant categories (e.g. students, workers, members of the family class). The IFHP cannot reimburse claims for any clients who are ineligible for the program at the time of the service.

8.1. Interim Federal Health Certificate of Eligibility (IFHC) (without a photo)



Government of Canada
Gouvernement du Canada

PROTECTED - B

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:

Given name(s):

Date of birth: (yyyy/mm/dd)

UCI:

Gender:

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.canada.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 will 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 won't 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)

NOTE FOR HEALTH-CARE PROVIDERS:

Providers in-Canada **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://www.medaviebc.ca/en/health-professionals>.

Client ID no.:

Date of birth:

(yyyy/mm/dd)

Family name:

Given name(s):

8.2 Interim Federal Health Certificate of Eligibility (IFHC) (with a photo)



9. 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.

Upon request, the provider will make available to Medavie Blue Cross, for audit purposes, the billing and treatment records including details on the 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 kept by the provider for a period of at least two (2) years from the date the service was rendered.

Medavie Blue Cross may audit a claim to determine if the claim conforms to the Terms and Conditions. In cases where Medavie Blue Cross determines that the Terms and Conditions 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.

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.

9.1. 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:

Government Business Audit
Medavie Blue Cross
PO Box 220
Moncton NB E1C 8L3
Canada

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 by email of the Review Decision.

9.2. 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;
- 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; or
- take no further action.

9.3. Collection and Use of Personal Information

Medavie Blue Cross administers the IFHP claims for clients and health-care service providers on behalf of IRCC and is permitted to collect and use personal information for this purpose. Personal information is collected about IFHP clients, their support representatives, and health-care service providers to:

- Confirm a client's IFHP eligibility and coverage under the IFHP
- Support health-care providers seeking financial reimbursement from the IFHP
- Verify invoices and process claims
- Assist clients and health-care providers with IFHP-related inquiries

Medavie Blue Cross will also share personal information with registered IFHP health-care service providers to confirm a client's eligibility.

Personal information may be used internally for program and reporting purposes, for quality assurance, and to determine an individual's eligibility for other IRCC programs. The information may also be used internally for research and statistical purposes, for program policy and evaluation, and for internal audit.

Failure to provide necessary personal information may prevent Medavie Blue Cross from processing IFHP claims.

For more information about Medavie Blue Cross privacy practices, please contact the Medavie Blue Cross Company Security Officer.

IRCC and Medavie Blue Cross, for the purpose of IFHP claims administration, operates in accordance with the Privacy Act. In addition to protecting your personal information, the Privacy Act gives individuals the right to request access to and correction of personal information. For more information about these rights, or about our privacy practices, please contact IRCC's [Access to information and Privacy Division](#). Individuals also have the right to file a complaint with the Privacy Commissioner of Canada regarding the handling of personal information under the IFHP.

10. FREQUENTLY ASKED QUESTIONS

WHO CAN ISSUE THE IFHP CERTIFICATE?

The eligibility of a client is determined by an IRCC Visa Officer, who is responsible for issuing the IFHC to the client. Medavie Blue Cross should not be contacted for this purpose.

HOW CAN I VERIFY MY CLIENT'S IFHP ELIGIBILITY?

Non-IOM affiliated providers can verify IFHP eligibility by confirming that the client has an IFHC and that the identity of the person on the IFHC matches their identification document(s). To ensure that the service will be reimbursed, please photocopy the client's IFHC and attach it to the claim submitted to Medavie Blue Cross.

If you have questions related to a client's eligibility, you can also send an email to Medavie Blue Cross at: medavieworld@bellaliant.net, indicating the client's UCI and benefit code.

WHO CAN SUBMIT A CLAIM?

The IFHP only reimburses Approved Pre-Departure Medical Services Providers that have been authorized to submit a claim for reimbursement. Clients (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 on behalf of IFHP clients.

IOM affiliated providers will submit their claims to IOM, and will then be reimbursed by IOM. They are not required to submit their claims to Medavie Blue Cross. IOM, as an Approved Pre-Departure Medical Services Provider for IFHP, is responsible for delivery of eligible services or products to IFHP clients directly and submission of claims to Medavie Blue Cross.

WHAT FEE RATES ARE PAID?

Fees are paid in accordance with the usual and customary rates for a given service (where applicable) and as approved by IRCC. If you have questions about the approved rates in your country, please contact IFHP at IRCC.IFHP-PFSI.IRCC@cic.gc.ca.

WHERE SHOULD I SEND MY CLAIM?

Claims can be sent to Medavie Blue Cross by:

Email: medavieworld@bellaliant.net

Fax: (001 + 1) + 506-867-3841

Mail: Interim Federal Health Program
Medavie Blue Cross
644 Main St. PO Box 6000
Moncton, NB E1C 0P9
Canada

WHEN WILL I BE PAID?

Payment will be made within thirty (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. Wire transfers in Canadian funds or local currency are issued bi-weekly.

THE CLIENT DOESN'T HAVE THE PROPER FORMS OR COVERAGE.

As the administrator of the IFHP, Medavie Blue Cross is only authorized to reimburse providers for clients with up-to-date coverage. Providers may contact Medavie Blue Cross (Section 11) to ask about client eligibility. If this cannot be confirmed, or if this client is determined to be ineligible, please ask the client to contact the appropriate IRCC visa 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. Any difference between the amount the provider wishes to bill and the amount permitted for reimbursement cannot be charged 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.

11. MEDAVIE BLUE CROSS WEBSITE AND CONTACT INFORMATION

11.1. Medavie IFHP Website and Secure Provider Portal

Medavie Blue Cross offers a public IFHP website with general information on the program, both for pre-departure and in Canada, as well as a website designed for health-care providers. Visit the Medavie Blue Cross website to view the *IFHP Information Handbook for Pre-Departure Medical Services Providers*, the latest provider announcements, past and present provider bulletins and more:

- Visit the Medavie Blue Cross website at medaviebc.ca/en/health-professionals (the Provider Secure Portal).
- From the provider home page, you will be able to find publications, up-to-date comprehensive schedules of covered benefits, claim submission procedures, answers to frequently asked questions, forms and bulletins.

11.2. Address, Telephone and Fax Number

Contact Medavie Blue Cross by:

Email: medvieworld@bellaliant.net

Telephone: +1 800 63328431 (800 MEDAVIE1) (Monday to Friday, 6 a.m. to 9 p.m. Eastern Standard Time)

Fax: (001 + 1) + 506-867-3841

Mail: Interim Federal Health Program
Medavie Blue Cross
644 Main St. PO Box 6000
Moncton, NB E1C 0P9
Canada

In order to assist you with questions you may have regarding IFHP Pre-Departure Medical Services PDMS or client eligibility, please provide the following information with your inquiry:

- Medavie Blue Cross Provider number
- Client's ID number (Unique Client Identifier), which is the eight or ten-digit number that appears on the IFHC
- Client's name
- Benefit code - where applicable

11.3. Immigration Refugees and Citizenship Canada Contact Information

IRCC Regional Medical Offices

LONDON

Mail: London Regional Medical Office
Canadian High Commission
Canada House
Trafalgar Square
London, UKSW1Y 5BJ

Email: LDNPPMD@international.gc.ca

MANILA

Mail: Regional Medical Office
Canadian Embassy
Level 7, Tower 2, RCBC Plaza
6819 Ayal Avenue
Makati City
0707, Philippines

Fax: +632 843 1103

Email: MANILMC-MD@international.gc.ca

NEW DELHI

Mail: Regional Medical Office
High Commission of Canada
7/8 Shantipath, Chanakyapuri
New Delhi 110021, India

Fax: +91 11 41782020

Email: DELHIMC@international.gc.ca

OTTAWA

Mail: Regional Medical Office
Migration Health Branch
300 Slater Street
Ottawa, ON K1A 1L1

Fax: +1 613 954 6211

Email: IRCC.MHBPMInquiries-RenseignementsMPDGMS.IRCC@cic.gc.ca

12. LIST OF ACRONYMS AND DEFINITIONS

APPROVED MEDAVIE BLUE CROSS PROVIDER NUMBER – A unique identification number assigned by Medavie Blue Cross to each registered provider of benefits/services.

APPROVED PRE-DEPARTURE MEDICAL SERVICES PROVIDER – A health professional or other person/organization who provides health benefits/services to a client and who submits a claim to Medavie Blue Cross for reimbursement under the IFHP.

APPROVED PRE-DEPARTURE MEDICAL SERVICES PROVIDER STATUS – To register with Medavie Blue Cross as an Approved Pre-Departure Medical Services Provider, the provider must be a professional, medical facility or an organization who is an IRCC panel member (including designated PPs, PRs and laboratories) or a secondary care provider who is currently registered, certified or licensed by their respective regulatory body (where applicable) or otherwise authorized by IRCC to provide services or products to the IFHP clients overseas.

CLAIM – Any method, authorized by Medavie Blue Cross, by which the Approved Pre-Departure Medical Services 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 or ten-digit unique client identification (UCI) number on the IFHC and used by Approved Pre-Departure Medical Services Providers to confirm the eligibility of a client.

DATE OF SERVICE – The date on which the health benefits from a provider are supplied to, received and accepted by a client.

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.

ICD – International Classification of Diseases

IFHC – Interim Federal Health Certificate of Eligibility

IFHP – Interim Federal Health Program

IFHP PRE-DEPARTURE MEDICAL SERVICES BENEFIT GRID – A document that outlines IRCC's benefits and services. Each benefit specifies the prescription requirements, frequency limits and requirements for prior approval that must be obtained by Approved Pre-Departure Medical Services Providers before providing a client with a benefit/service.

IME – Immigration Medical Examination

IOM – International Organization for Migration

IRCC – Immigration, Refugees and Citizenship Canada. The federal government department responsible for immigration, settlement, resettlement and citizenship programs and services.

MD – Medical Doctor

PANEL MEMBER – A general term that refers to a health-care professional or medical facility authorized by IRCC to perform IMEs.

PANEL PHYSICIAN (PP) – A licensed medical doctor designated by IRCC to perform, grade and submit immigration medical examinations.

PANEL RADIOLOGIST (PR) – A radiologist designated to perform, grade, and submit chest x-rays for IMEs.

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.

PDMS – Pre-Departure Medical Services

PRIOR APPROVAL – A special authorization/approval required prior to providing a client with eligible benefits/services.

RECOVERY – A monetary recovery/penalty imposed by IRCC’s agent (Medavie Blue Cross) against any provider for failure to comply with the Terms and Conditions set out herein and in the respective Benefit Grid. Compliance to these Terms and Conditions is determined through the retrospective audit process as outlined under the section titled “Audit Policies and Processes”.

SECONDARY CARE PROVIDER – A health-care professional, including a specialist or a medical facility other than a panel member.

UCI – Unique Client Identifier

WIRE TRANSFER – A method of electronic funds transfer from one person or entity to another made from one bank account to another bank account.

13. COMMENTS

If you have any comments on the *IFHP Information Handbook for Pre-Departure Medical Services Providers* or any suggestions on additional information you feel should be included, please contact Medavie Blue Cross by:

Email: medavieworld@bellaliant.net

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

PRIOR-APPROVAL FORM FOR IFHP MEDICAL SUPPORT IN TRANSIT (PART 2)



**INTERIM FEDERAL HEALTH PROGRAM
MEDICAL SUPPORT IN TRANSIT PRIOR APPROVAL FORM FOR
PRE-DEPARTURE MEDICAL SERVICE PROVIDERS (PART 2)
PROTECTED "B" (WHEN COMPLETED)**

1. CLIENT INFORMATION
First Name, Last Name _____ IME Number _____ UCI Number _____ Anticipated date of Departure _____ Year Month Day
2. OTHER INFORMATION
Medical Diagnoses of Primary Significance (please add ICD-10 code) _____ _____ _____ Any further clinical details regarding requested services: Medical (MD/Nurse)/Medical Oxygen/Special Seating/Other _____ _____ _____ Client medically stable for the intended travel itinerary? <input type="radio"/> Yes <input type="radio"/> No If No, please estimate when. _____ How would this Medical Support in Transit request improve outcome, and why is it needed over and above standard airline safety procedures? Please also attach summary of travel/aviation medical references used to support decision making in this request (e.g. International Air Transport Association medical guidelines, aviation medical textbook, Aerospace Medical Association guidelines, or similar published professional guidance). _____ _____ _____ _____ Who is the current caregiver responsible for providing the client's specialized medical needs on a day-to-day basis? (e.g., self, relative, friend, other) _____ _____ Is the caregiver accompanying the client on the same travel itinerary? <input type="radio"/> Yes <input type="radio"/> No Please ensure a written plan for medical handoff of care at the final destination is in place, in accordance with IOM Guidelines. _____ Name and Specialty of Provider completing this Medical Support in Transit Request: _____ _____

Complete Part 1 (administrative) and Part 2 (medical) portions of this form and send to IFHP at IRCC.IFHP-PFSI.IRCC@ci.gc.ca with cc to the IRCC Regional Medical Office in your region. Attach additional documentation if needed.

If approved, IFHP will sign and return Part 1 to you. To claim reimbursement, please send a copy of Part 1 signed by IRCC, together with your claim to Medavie Blue Cross at medavieworld@bellalliant.net.

IMPORTANT: A copy of this form (both Part 1 and Part 2) must be kept on file for audit purposes.

15. PRIOR-APPROVAL FORM FOR IFHP PRE-DEPARTURE MEDICAL SERVICES OUTBREAK MANAGEMENT ACTIVITIES

	Immigration, Refugees and Citizenship Canada Immigration, Réfugiés et Citoyenneté Canada	IFHP PRIOR-APPROVAL FORM FOR PRE-DEPARTURE MEDICAL SERVICES - OUTBREAK MANAGEMENT ACTIVITIES FORMULAIRE DU PFSI D'AUTORISATION PRÉALABLE POUR LES SERVICES MÉDICAUX AVANT LE DÉPART - ACTIVITÉS DE GESTION DES ÉPIDÉMIES				
PROVIDER INFORMATION/RENSEIGNEMENTS SUR LE FOURNISSEUR						
Name/Nom:		Provider Number/Numéro de fournisseur:				
Address/Adresse:		City/Ville:				
State/État/ Province:	Country/Pays:	Postal or Zip Code/Code postal ou Zip:				
Telephone / Téléphone:		Fax / Télécopieur:				
DIAGNOSTIC INFORMATION/RENSEIGNEMENTS SUR LE DIAGNOSTIC						
PROPOSED MEASURES AND APPROACH/MESURES ET TRAITEMENTS PROPOSÉS						
PROPOSED MEASURES AND APPROACH/MESURES ET TRAITEMENTS PROPOSÉS						
	#	Services or Products Requested/ Services ou produits demandés	Expected Date of Service/Date de service prévue	Units of Time / Unités de temps	Comments or Notes / Commentaires ou Notes	Amount Claimed / Montant réclamé (\$CAD)
	1.					
	2.					
	3.					
	4.					
	5.					
CERTIFICATION/ATTESTATION						
I hereby certify that the above statements are true • Je confirme par la présente que les déclarations ci-dessus sont véridiques.						
Provider's original signature/stamp • Signature originale/sceau du fournisseur :						Date:
<input type="checkbox"/> Services/products recommended for approval by RMO Officer • Services/produits recommandés aux fins d'approbation par le médecin-chef régional						
Signature:						Date:
<input type="checkbox"/> Costs of eligible services/products approved by IFHP • Coûts des services/produits admissibles approuvés par le PFSI						
Signature:						Date:
The purpose for the collection of personal information by Medavie Blue Cross will be solely for the administration of IFHP services and benefits. Medavie Blue Cross will comply with the requirements of the <i>Personal Information Protection and Electronic Documents Act</i> and the <i>Privacy Act</i> when collecting, using and disclosing personal information. Personal information will not be disclosed to third parties except as authorized by law.						
La collecte de renseignements personnels par Croix Bleue Medavie servira seulement à des fins d'administration des services et des avantages du PFSI. Croix Bleue Medavie se conformera à la <i>Loi sur la protection des renseignements personnels et les documents électroniques</i> et à la <i>Loi sur la protection des renseignements personnels</i> lorsqu'elle recueillera, utilisera et divulguera des renseignements personnels. Les renseignements personnels ne seront pas divulgués à des tiers parties, sauf dans la mesure prévue par la loi.						
		The Interim Federal Health Program is administered by Medavie Blue Cross and is funded by Immigration, Refugees and Citizenship Canada. Le Programme fédéral de santé intérimaire (PFSI) est administré par Croix Bleue Medavie et financé par Immigration, Réfugiés et Citoyenneté Canada.				

CIC-044E 02/21

¹²⁴ The Blue Cross symbol and name are registered trade-marks of the Canadian Association of Blue Cross Plans and are used under licence by Medavie Blue Cross, an independent licensee of the Canadian Association of Blue Cross Plans.