

Dear Provider:

RE: Veterans Independence Program (VIP)

We have recently received a request on your behalf for information on how to become a registered provider under Veterans Affairs Canada's (VAC) Veterans Independence Program (VIP).

The Veterans Independence Program assists Veterans and other eligible individuals to remain healthy and independent in their own homes or communities. It does this by offering a variety of services to those who meet the eligibility requirements. The services approved for individuals through the program are determined based on their particular circumstances and health needs. VIP is not intended to replace other federal, provincial or municipal programs and may be combined with these other services to best meet the individual's needs.

Medavie Blue Cross is administering the payment of VIP claims on behalf of VAC. This means that providers, who are eligible for registration, will receive their payments from Medavie Blue Cross.

To promote a national standard of service, Veterans Affairs Canada has established Provider Criteria for each of the services offered under VIP.

Please see the attached **Application Kit** for a description of the services and the provider criteria associated with each.

In order to begin receiving payments made payable to your business or company's name for VIP services rendered to eligible clients under VIP, you must become a registered provider with Medavie Blue Cross. If you do not meet the requirements to become a registered VIP provider, you may continue to provide services to Veterans by having them reimburse you directly.

Please complete the VIP Provider Application Form and attach the required documentation. Your completed application can be mailed or faxed to the address/fax number indicated on the VIP Provider Contact Information sheet.

If you are approved as a registered VIP provider, you will receive an email and a welcome letter with all relevant information required to submit payments. You may use your own invoice as long as it contains all of the information necessary to process your claims.

For any questions regarding your application, please contact our toll-free Provider Inquiry line at 1-888-261-4033.

Sincerely,
Corporate Provider Services
Medavie Blue Cross

Encl.

VETERANS INDEPENDENCE PROGRAM - PROVIDER APPLICATION FORM

Provider Contact Information

Company Name: _____

Contact Person: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax Number: _____

E-mail Address: _____

Please send all correspondence in: ☐ English ☐ French

VIP SERVICE	Indicate (✓) which service(s) you wish to provide
Ambulatory Health Care	<input type="checkbox"/> Adult Day Program <input type="checkbox"/> Health Assessments, Diagnostic Services, etc.
Health and Support Services (RN, Physio, OT, MD)	<input type="checkbox"/> Type: _____
Access to Nutrition	<input type="checkbox"/> Transporting Meals to Veterans <input type="checkbox"/> Transporting Veterans to Meals
Personal Care	<input type="checkbox"/> Personal Care Worker
Transportation Service	<input type="checkbox"/> Taxi Service <input type="checkbox"/> Transportation for the Disabled
Home Adaptations	<input type="checkbox"/> Contractor

Provider Eligibility Criteria Compliance and Supporting Documentation

☐ I have read and clearly understand the provider eligibility criteria for the Veterans Independence Program (VIP).
 I hereby state that to the best of my knowledge, I do meet this provider criteria and have enclosed supporting documentation to this effect.

☐ Non Profit/GST/Business Number, please indicate:

☐ If applying to become a Personal Care Provider - **Personal Care Credentials (photocopy or company letter required),**

☐ If applying to become a Health and Support Services Provider, provide your:

License Number: _____

Name of Licensing Organization: _____

☐ If applying for Ambulatory Health Care Provider Status - **Program Pamphlet required.**

Provider Signature: _____ Date: _____

Provider Claims Submission Agreement

By registering as a provider and submitting claims to Medavie Inc., operating under the business name Medavie Blue Cross ("Medavie"), You ("You" or "Your") agree to the following terms and conditions ("Terms and Conditions"). These Terms and Conditions include:

- The Provider Information Kit;
- The Health Benefits Programs; and,
- The End User Agreement: governing Your use of the Health Professional secure section of Medavie's website.

These Terms and Conditions, together with all applicable agreements and documents referenced in these Terms and Conditions, form Medavie's agreement with You. You are responsible for ensuring that Your employees, agents and subcontractors comply with these Terms and Conditions. Medavie may change this agreement, including the applicable agreements and documents referenced hereto with or without Your consent. Medavie will notify You of any change to these Terms and Conditions upon Your access or use of the Health Professional secure section of Medavie's website. If you continue to submit claims after any such change is effective, You will be deemed to have accepted the change.

1. Definitions. In this agreement:
 - (1) VAC means Veterans Affairs Canada.
 - (2) CAF means the Canadian Armed Forces.
 - (3) RCMP means the Royal Canadian Mounted Police.
 - (4) DND means Department of National Defence
 - (5) IRCC means Immigration, Refugees and Citizenship Canada.
 - (6) Departments means VAC, DND, RCMP and IRCC.
 - (7) IFHP means Interim Federal Health Program
 - (8) Provider Information Kit means the document bearing this title, as amended, provided or made available to all providers by Medavie and which sets out additional terms and conditions, policies and procedures required for the submission of claims.
 - (9) Health Benefits Programs means the benefit plan or program established by the Departments under which Your client is covered.
 - (10) Business Day means a day other than a Saturday, Sunday, or statutory holiday in the Province of New Brunswick.
2. Licenses, Permits. In order to be registered as a provider with Medavie, You must obtain and retain an unrestricted license and be eligible to practice professional services under the accepted guidelines of Your provincial/territorial licensing body as recognized by Medavie and the Departments, or, where regulation does not exist, of Your provincial/territorial healthcare association as recognized by Medavie and the Departments. You are responsible to immediately notify Medavie of any restriction, conditions or limitations to practice, or loss of Your licensure.
3. Health Benefits Programs. The Departments establish the policy guidelines and rules with respect to eligibility to the Health Benefits Program and any benefits covered thereunder. Medavie will notify You of any change to these policy guidelines and rules upon Your access or use of the Health Professional secure section of Medavie's website.
4. Submission of Claims. You acknowledge that the claims that you submit, whether electronically or on paper, to Medavie for payment of healthcare services provided to Your clients under VAC, CAF, RCMP, IFHP and Medavie Blue Cross and subsidiary Blue Cross plans of Canada Health Benefits Programs are subject to those terms and conditions. By submitting claims to Medavie, you represent and warrant to Medavie that the claims are authentic and constitute an accurate account of the services that you provided and the charges billed thereon are in accordance with these Terms and Conditions.
5. Prior IFHP Verification. Providers must verify the eligibility status of each IFHP client **before** services are rendered.
6. IFHP Providers. Providers registering to become an IFHP approved provider are required to read and accept these Terms and Conditions to be an eligible approved provider. Providers registering on-line to become an IFHP approved provider will be prompted to read and accept these Terms and Conditions at the time of registration. Providers registering by mail, telephone, fax or submission of first claim or prior approval, will receive a printed copy of these 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 sixty (60) days of becoming an IFHP approved provider. Failure to do so will result in termination of IFHP approved provider status.
7. Collection and Use of Personal Information. All personal information collected from Your client is confidential and will not be used or disclosed other than for the purposes of administering the Health Benefits Programs, without Your client's consent, unless in accordance with the applicable privacy legislation. You agree to observe and comply with the requirements of all applicable privacy legislation and amendments thereto with respect to any such personal information in Your possession.
8. Audit Rights. Medavie will have the right to audit all data and documentation, including the right to conduct on-site audits, relating to claims for the purposes of administering the Health Benefits Programs.
9. Consent to Use and Disclose Contact Information. You authorize Medavie and the Departments to publish Your contact information for the purposes of communicating provider services to clients, unless You advise Medavie otherwise in writing. You further authorize Medavie to disclose Your contact information to third parties for the purpose of conducting surveys measuring provider satisfaction with Medavie services.
10. Indemnity. You shall save harmless and fully indemnify Medavie, its successors, assigns, directors, officers, employees and agents from and against all claims, demands, actions, losses, damages, liability, judgements, costs and expenses which they may suffer or incur as a result of, in respect of, or arising out of any error, omission, breach of the agreement on Your part, Your employees' part or Your subcontractors' part, or any negligence or other tortious act committed by You, Your employees or Your subcontractors.
11. Termination. This agreement is effective until terminated by You or Medavie. You may terminate this agreement at any time by giving written notice to Medavie. Medavie may terminate this agreement at any time and for any reason with or without notice to You.
12. Fees: You shall not submit a claim with a fee/rate exceeding the fee/rate charged by you to any patient paying cash for the same service/product. You will be required to substantiate cash rates upon audit.
13. General.
 - 13.1 Benefit and Binding. This agreement shall ensure to the benefit of and be binding upon the respective heirs, executors, administrators, successors, and permitted assigns of the parties hereto, as applicable.
 - 13.2 Assignment. This agreement is not assignable by You, in whole or in part, without the specific written consent of Medavie. Medavie may assign this agreement at any time without notice or Your consent.
 - 13.3 Severability. If any provision of this agreement is determined to be invalid or unenforceable, in whole or in part, such invalidity or unenforceability shall attach only to such provision, and all other provisions hereof shall continue in full force and effect.
 - 13.4 Applicable Laws. This agreement will be governed by the laws applicable in the Province of New Brunswick. You irrevocably submit to the jurisdiction of the courts in the Province of New Brunswick. The parties hereby waive any right to a jury trial.
 - 13.5 Survival. The following provisions will survive the termination of this agreement: Section 8 (Audit Rights), Section 7 (Collection and Use of Personal Information), Section 13 (General).
 - 13.6 Effective Date. This agreement will become effective when You sign below or agree to it electronically.

Date: _____ Provider or Authorized Signature: _____

Provider or Authorized Person's Printed Name: _____ Title: _____

Medavie Blue Cross Provider Number (if applicable): _____

Submit your completed form by - Soumettez le formulaire de demande dûment rempli par :

E-mail: **provider@medavie.bluecross.ca** - Courriel : **fournisseurs@medavie.croixbleue.ca**

Fax: **506-869-9673** - Télécopieur : **506-869-9673**

Mail: **Medavie Blue Cross, c/o Corporate Provider Services, 644 Main Street, PO Box 220, Moncton, NB E1C 8L3**

La poste : **Croix Bleue Medavie, Services aux fournisseurs, 644, rue Main, C. P. 220, Moncton (N.-B.), E1C 8L3**

A **separate** application is required for each provider number for which you submit claims. Please allow up to 2-4 weeks for processing.

Une demande **distincte** est requise pour chaque numéro de fournisseur pour lequel vous soumettez des demandes de règlement.

Veillez prévoir de deux à quatre semaines pour le traitement de votre demande.

Section A - Please print clearly / Écrivez lisiblement

Provider Name
Nom du fournisseur

Provider Number
Numéro du fournisseur

Clinic/Business Name
Nom de la clinique/
entreprise

Provider/Clinic/Business
Address - Adresse du
fournisseur/clinique/
entreprise

City/Town
Ville

Province

Postal Code
Code postal

Telephone
Téléphone

Fax
Télécopieur

E-mail Address
Courrier électronique

Section B - Voided cheque is mandatory in order to process your request. / Un chèque annulé est obligatoire afin de compléter votre demande.

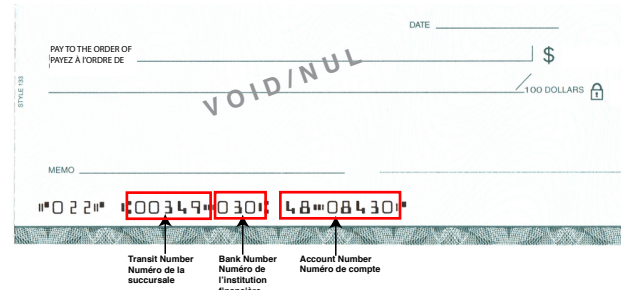
Payment is made to - Paiement à l'ordre de :

☐ Provider - Fournisseur ☐ Clinic/Business - Clinique/Entreprise

Transit Number
Numéro de succursale

Bank Number
Numéro de l'institution

Account Number
Numéro de compte



Section C - Authorization / Autorisation

I (provider) _____ of (clinic/business name) _____ ,
am an authorized signing officer(s) for the purpose of completing this Direct Deposit form as the applicant(s). I authorize Medavie Blue Cross to
directly deposit payments for the applicant(s) into the account noted on the attached cheque. This instruction cancels all previous instructions for
direct deposit claims payment. I agree to reimburse Medavie Blue Cross for any funds deposited to this account in error. This authorization will
remain in effect until further notice.

Je (le fournisseur) _____ de (nom de la clinique/entreprise) _____ ,
suis un signataire autorisé à remplir le présent formulaire de demande d'inscription au dépôt direct comme réquérant ou en son nom. J'autorise
Croix Bleue Medavie à déposer directement les remboursements du réquérant dans le compte mentionné sur le chèque joint. Les présentes
directives annulent toutes directives précédentes concernant le paiement par dépôt direct des demandes de règlement. Je consens à rembourser
Croix Bleue Medavie pour tous fonds déposés par erreur dans mon compte. L'autorisation demeure en vigueur jusqu'à avis contraire.

Signature of Provider Named Above
Signature du fournisseur susmentionné

Effective Date
Date d'entrée
en vigueur

Signature of Authorized Signing Officer for Named Clinic/Business (if applicable)
Signature du signataire autorisé pour la
clinique/entreprise nommée (le cas échéant)

Effective Date
Date d'entrée
en vigueur

NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT THE SIGNATURE OF THE PROVIDER NAMED ABOVE.
NOTE : LA DEMANDE NE SERA PAS TRAITÉE SANS LA SIGNATURE DU FOURNISSEUR SUSMENTIONNÉ.

Veterans Independence Program (VIP) - Provider Contact Information

TOLL FREE PROVIDER INQUIRY LINE
1-888-261-4033

To register as a VIP provider – mail your application to:

Medavie Blue Cross
Corporate Provider Services
644 Main Street
PO Box 220
Moncton, NB E1C 8L3

OR

Fax your application to: **1-506-869-9673**

OR

Email your application to: **provider@medavie.bluecross.ca**

Once you've become a registered/approved provider, mail your claims to:

National VIP Provider Payment Centre
PO Box 6200
STN LCD 1
Moncton, NB E1C 8R2

Invoices must include the following:

- Provider number, name and address
- Veteran's name and Identification number (K)
- Date(s) of service
- Service provided and benefit code
- Provider's original signature / stamp
- Client or client representative's signature

Veterans Independence Program (VIP) - Service Description and Criteria

1. HEALTH AND SUPPORT SERVICES

Health and Support Services are health assessments, diagnostic services, care, maintenance and related personal care provided by health professionals such as doctors, nurses, dentists, occupational therapists, physiotherapists and dieticians in the client's home. These can be provided only when they are not insured services under a professional health care system or available to clients as residents of a province.

Health professionals must meet the regulatory requirements as established in their province of work. Only those professionals who meet VAC's registration criteria are eligible to perform these services.

Providers	Criteria
Physicians	Licensed with the provincial Medical Board or College of Physicians and Surgeons.
Dentists	Licensed to practice in the province in which the client obtains service.
Nursing Providers	Licensed with provincial Nursing Licensing College / Association as a Registered Nurse.
Physiotherapists	Licensed to practice in the province in which the client obtains service.
Occupational Therapists	Licensed to practice in the province in which the client obtains service.

Important Note:

Proof of credentials must be submitted when applying to become a registered VIP provider for Health and Support Services.

- If you are an individual, we require copies of your current certification or registration.
- If you are a company that employs the above health professionals, we require a letter of proof (on company letterhead) that certifies that all of your staff who supply services to Veterans have the required certification as outlined above.

2. PERSONAL CARE SERVICES

Personal Care Services are approved services provided by agencies or individuals other than those defined as "Health Care Professionals"; i.e. physicians, nurses, etc.

Personal Care Services include supervision required by clients who cannot be left unattended and those services required in the performance of the activities of daily living (ADL):

- Eating
- Dressing
- Washing
- Grooming - may include basic foot hygiene. Any foot care that has a medical component must not be performed by personal care workers.
- Applying prosthetic appliances
- Attending to the wants of nature (toileting)
- Ambulation

The above noted services are also available for respite care, in relief of someone else who normally assists with the client's ADL.

No services beyond those listed may be provided under Personal Care Services regardless of the personal care worker's training.

Where applicable, providers must meet provincial standards for personal care. In the provinces where no standard exists, providers must meet the following criteria:

Where applicable, providers must meet provincial standards for personal care. In the provinces where no standard exists, providers must meet the following criteria:

Providers	Criteria
Personal Care Workers	<ul style="list-style-type: none"> - Business or GST Number - Must have completed a recognized personal care training program, consisting of a minimum of 120 hours of training and provide copy of documentation. The training must demonstrate that the individual has competency in all identified areas of Personal Care Services covered by VAC. <p>(Note: regardless of training, personal care workers must not provide services beyond those identified above).</p> <ul style="list-style-type: none"> - Must have a valid and current First Aid and CPR Certification.

Important Note:

Proof of Personal Care Credentials must be submitted when applying to become a registered VIP provider for Personal Care.

- If you are an individual, we require copies of your current certification.
- If you are a company that employs Personal Care workers, we require a letter of proof (on company letterhead) that certifies that all of your staff who supply services to Veterans have the required certification as outlined above.

* If you require clarification on the standards in your province, please contact the toll-free Provider Inquiry Line at 1-888-261-4033.

3. HOUSEKEEPING SERVICES

Note: although Housekeeping remains an element under the VIP, providers of Housekeeping services are no longer being registered with Medavie Blue Cross. Those eligible for Housekeeping support through VIP now receive an upfront grant. It is the client's responsibility to use this grant to pay their service provider for Housekeeping services rendered.

Housekeeping activities include tasks or domestic chores that are required to support the client in remaining self-sufficient at their principal residence.

Examples of Housekeeping Services include:

- General house cleaning
- Laundry, ironing and mending
- Making and changing beds
- Vacuuming and cleaning floors
- Meal preparation
- Dusting and general pick up

4. GROUNDS MAINTENANCE SERVICES

Note: although Grounds Maintenance remains an element under the VIP, providers of Grounds Maintenance services are no longer registered with Medavie Blue Cross. Those eligible for Grounds Maintenance support through VIP now receive an upfront grant. It is the client's responsibility to use this grant to pay their service provider for Grounds Maintenance services rendered.

Grounds Maintenance activities are those regularly required to maintain the grounds immediately surrounding the client's principal residence.

Examples of Grounds Maintenance Tasks:

- Snow removal from steps, walkways and driveways to allow safe access to the principal residence.
- Snow and ice removal from roofs and eaves troughs when such conditions pose a threat to safety and access.
- Periodically cleaning leaves and debris from eaves troughs.
- Lawn mowing and raking.
- Sweeping leaves from pathways, trimming hedges, shrubs and trees when failure to do so would pose a threat to the client's safety and access.

5. ACCESS TO NUTRITION

Access to Nutrition is aimed at ensuring clients access nutritional food. It covers the cost of:

- Transportation of food to the home (i.e. Meals on Wheels programs)
- Transportation of the client to a local restaurant or community facility to obtain meals (i.e. Wheels to Meals programs, or Veteran taking a taxi to restaurant, meal hall, etc.)

This benefit **does not include**:

- The cost to purchase food, with the exception of programs where the cost of the meal and transportation may be considered one (i.e. Meals on Wheels or Wheels to Meals).
- The services of professional dietitians or nutritionists (covered under Health and Support Services).
- Homemaker charges for meal preparation (covered under Housekeeping Services).

Providers	Criteria
Access to Nutrition Services	<ul style="list-style-type: none">- Business or GST Number <p>*Volunteer / non-profit agencies are exempt from the above criteria, however, must provide proof of volunteer / non-profit status.</p>

Important Note:

If you are transporting Veteran clients, a valid driver's license for the class of vehicle being operated is required by law.

6. AMBULATORY HEALTH CARE SERVICES

Ambulatory Health Care Services refers to:

- Health services such as, health assessments, diagnostic services, social and recreational services (i.e. Adult Day Program) as provided by or under the supervision of a health professional in a health centre or other similar facility.
- Transportation of the client to receive the service.

Providers	Criteria
Ambulatory Care Facility or Program	<ul style="list-style-type: none">- Business or GST Number <p>*Volunteer / non-profit agencies are exempt from the above criteria, however, must provide proof of volunteer / non-profit status.</p>
	Provide all three health services noted above. -OR- Provide one of the above health services if: <ol style="list-style-type: none">1. There are no available health centres or similar facilities that provide all three services.2. Service is being provided under the supervision of a health professional.3. The care plan supports the positive effect that the service will have on the client's

Important Note:

If you are applying to become a registered provider for Ambulatory Care, you must submit a pamphlet explaining the type of Adult Day Program program you offer.

7. TRANSPORTATION SERVICES

Transportation Services may be approved to allow clients to foster independence and to avoid social isolation when their health condition makes travel difficult. These may include transportation to: church services, funerals, occasional visits to friends / relatives, community centres, banks, grocery stores and special occasion shopping.

Providers	Criteria
Transportation Services	<ul style="list-style-type: none">- Business or GST Number <p>*Volunteer / non-profit agencies are exempt from the above criteria, however, must provide proof of volunteer / non-profit status.</p>

Important Note:

A valid driver's license for the class of vehicle being operated is a requirement by law.

8. HOME ADAPTATIONS

Home Adaptations are those modifications necessary in order to assist a client in remaining independent at home.

The VAC Area Office will determine the needs of the client and the appropriate interventions.

- The need for the adaptations must be for health reasons to permit the client's access to essential facilities for the basic activities of daily living, such as sanitation, cleanliness, food preparation and sleep.
- All home adaptations must be pre-authorized by the Department.
- There must be proof or sign off of the work being satisfactorily completed prior to payment. The authorization itself is not sufficient.

Providers	Criteria
Contractor i.e. electrician, plumber, carpenter, etc.	<ul style="list-style-type: none">- Business or GST Number

9. INTERMEDIATE CARE SERVICES

Intermediate Care Services (Federal Type II Care) is the provision, in community facilities of the following care and services in response to Federal Type II health needs:

- Daily nursing or personal care under the direction or supervision of qualified medical and nursing staff;
- Assistance with activities of daily living;
- Any social, recreational and other related services provided to meet the psychosocial needs of the residents of the facility;
- Accommodations and meals.

Providers	Criteria
Intermediate Care Facility	Intermediate Care Services may only be approved if the service is provided in a facility: <ul style="list-style-type: none">- licensed by the province or territory, or accredited by the Canadian Council on Health Services Accreditation (CCHSA) to provide this level of care.