

## INFORMATION SHEET FOR INTERIM FEDERAL HEALTH PROGRAM RECIPIENTS

### 1. What is the IFHP? Who is eligible for IFHP?

The Interim Federal Health Program (IFHP) is funded by Citizenship and Immigration Canada (CIC). It gives temporary health-care coverage to certain people in Canada who do not have insurance or the money to pay for health-care services. This helps them get needed care, assists with their integration into Canadian society and reduces risks to public health.

IFHP eligible groups are: refugee claimants awaiting determination by the Immigration and Refugee Board (IRB), failed claimants awaiting removal from Canada, resettled refugees, protected persons in Canada waiting to receive their provincial/territorial health insurance coverage, persons detained under the *Immigration and Refugee Protection Act* and victims of trafficking in persons. Eligible people can get IFHP coverage until they qualify for provincial/territorial health plan or until they can pay for their health services.

### 2. Where do IFHP recipients get health services?

IFHP does not provide services directly to the recipients but repays the cost of care to health-care providers (physicians, dentists, hospitals, pharmacies). IFHP recipients can get health-care services anywhere in Canada from any IFHP-registered providers. The list of such providers is available online at [www.ifhp-pfsi.ca](http://www.ifhp-pfsi.ca).

### 3. Do I pay for health-care services myself?

No. If you receive IFHP, you should not be charged for health-care services. IFHP repays providers directly through the IFHP Claims Administrator, Medavie Blue Cross. If you pay a provider for a service, you **CANNOT** be repaid through IFHP. Before receiving any services, ask if a provider participates in the IFHP and agrees to send their bill to Medavie Blue Cross. You do not have to accept services from health-care providers who do not participate in the IFHP. For example, if a pharmacy asks you to pay for medication, you can try to find another pharmacy that is registered with the IFHP.

### 4. What document proves IFHP coverage?

The IFHP eligibility document is a computer-generated form, which includes security features, a stamped photograph and a statement about the sharing of a recipient's personal and medical information. There are two types of eligibility documents:

**1) Refugee Protection Claimant Document** – for people whose claim to refugee protection status was referred to the Immigration and Refugee Board.

**2) Interim Federal Health Program Certificate** – for resettled refugees and victims of trafficking.

Note that the IFHP Certificate will be issued once for the entire duration of your coverage and it will not show a "valid until" date. If your coverage is extended, it will be registered only electronically in CIC's system. Once your IFHP coverage is issued by CIC, it takes a minimum of 2 working days before it becomes active in Medavie Blue Cross' system and your eligibility can be verified by a health-care provider.

### 5. What are my responsibilities as an IFHP recipient?

- ☒ Before receiving any health services, ask if a provider participates in the IFHP and agrees to send their bill to Medavie Blue Cross. After you have received a health service from a provider, you must **sign** the provider's reimbursement claim form, on paper or on an electronic payment screen.
- ☒ You may be randomly chosen to get a letter from Medavie Blue Cross, asking you to confirm if you received health services on a certain date, which were claimed by a provider. This will prove if the service was provided and will help prevent fraud. These requirements do not affect your eligibility for IFHP coverage or immigration status in any way.
- ☒ To ensure that your IFHP coverage remains valid, you must apply for an extension before your existing coverage expires. You can call the CIC Call Centre at **1-888-242-2100** to find out when your IFHP coverage expires and request application forms for the IFHP extension.

To find out the expiry date of your IFHP coverage, you should call the CIC Call Centre at **1-888-242-2100** and have your IFHP document ready.

### 6. When does IFHP coverage expire?

If you are a refugee claimant, you are covered while your refugee protection claim is being considered by the IRB. Note that your coverage can be cancelled without notice if your immigration or financial status changes.

If the IRB determines your status to be a Convention refugee, or if you receive a positive decision on your Pre-removal Risk Assessment (PRRA) application, your IFHP coverage will automatically expire **in 3 months**. During this time, you must contact the provincial or territorial health insurance plan in the place where you live, in order to find out when you can apply for provincial/territorial health coverage. In some provinces, you may become eligible as soon as you receive a positive decision, in which case you should apply right away. However, if it takes longer than 3 months, you may need to apply for an IFHP extension depending on your circumstances.

If you are a resettled refugee, you will receive IFHP coverage only during the period when you receive assistance under the Resettlement Assistance Program (RAP) or a private sponsorship. Once you receive provincial/territorial health insurance, your IFHP eligibility is limited to supplemental coverage.

If you have status of protected person in Canada and no longer have IFHP coverage, but you received instructions to undergo a repeat Immigration Medical Examination (IME), the CIC will issue special IFHP coverage **for 4 months** to cover only the IME-related costs.

If you withdrew or abandoned your refugee claim, your IFHP coverage will automatically expire **in 45 calendar days**. During this time, you should leave Canada and verify your departure with an immigration officer.

If your refugee claim failed but you did not comply with a removal appointment and a warrant is issued for your removal from Canada, or when a failed refugee claimant's departure from Canada is confirmed, IFHP coverage will expire **immediately**.



## 7. What does the IFHP cover?

IFHP benefits include **basic coverage** (benefits covered by provincial/territorial health plans) and **supplemental coverage** (benefits similar to those provided to social assistance recipients). IFHP Benefit Grid provides more detail on eligible health services and is available online at <https://provider.medavie.bluecross.ca>. Here is a summary of IFHP benefits:

### SERVICES COVERED WITHOUT PRIOR APPROVAL:

#### Basic Coverage:

- Medical Services:
  - ▶ Doctor Visits
  - ▶ Standard
- Immunizations
  - ▶ Prenatal and Obstetrical Care
  - ▶ Lab Tests and X-Rays
- Hospital Services:
  - ▶ Medical and Surgical Care, including:
    - ▶ Anaesthesia
    - ▶ Psychiatric Care
    - ▶ Dialysis
    - ▶ Blood Transfusion
    - ▶ Chemotherapy
    - ▶ Radiotherapy
    - ▶ Diagnostic Imaging (Magnetic Resonance Imaging, Computer Tomography Scans and Ultrasound)

#### Supplemental Coverage:

- Vision Care:
  - ▶ One Pair of Eyewear (glasses and/or lenses every two years)
  - ▶ One Vision Test per year
- Dental Care:
  - ▶ Emergency Examinations
  - ▶ X-rays
  - ▶ Extractions
  - ▶ Anaesthesia
- Pharmaceuticals:
  - ▶ Essential prescription medications
- Community-Based Services:
  - ▶ Nursing Visits
- Other Services:
  - ▶ Emergency Ambulance
  - ▶ Immigration Medical Examinations
  - ▶ Post Arrival Health Assessment for Resettled Refugees
  - ▶ Pressure Garments and Continence Aids
  - ▶ Ostomy and Surgical Supplies

### SERVICES COVERED ONLY WITH PRIOR APPROVAL:

#### Supplemental Coverage:

- Dental Care:
  - ▶ Certain Fillings
  - ▶ Dentures
- Community-Based Services:
  - ▶ Home Care Visits
  - ▶ Long Term Care
- Facilities
  - ▶ Other Services:
    - ▶ Occupational therapy
    - ▶ Physiotherapy
    - ▶ Speech therapy
    - ▶ Oxygen therapy and respiratory aids
    - ▶ Hearing Aids
    - ▶ Mobility Aids
    - ▶ Orthotics & Prosthetics

### EXAMPLES OF SERVICES NOT COVERED:

#### Medical Care:

- ▶ Acupuncture
- ▶ Cosmetic Procedures
- ▶ Chiropractic Treatment
- ▶ Plastic Surgery for Aesthetic Purposes
- ▶ Condoms
- ▶ Homeopathic and Naturopathic Treatment
- ▶ Non-medical Male Circumcisions
- ▶ Podiatry
- ▶ Third Party Medical Reports/Services
- ▶ Medical Advice by Telephone or other Means of Telecommunications

- ▶ Renewal of Prescriptions by Pharmacists
- ▶ Medical Legal Reports
- ▶ Massage Therapy
- ▶ Fertility Treatments
- ▶ Reversal of Sterilization
- Procedures
- Dental Care:**
  - ▶ Orthodontics
  - ▶ Root Planing
  - ▶ Root canal
  - ▶ Cosmetic Services
  - ▶ Crowns
  - ▶ Veneers
  - ▶ Implants

## 8. What do I do if my IFHP coverage is expiring?

You can download instructions and forms online at [www.cic.gc.ca/english/information/applications/ifh.asp](http://www.cic.gc.ca/english/information/applications/ifh.asp). Or, call the CIC Call Centre at **1-888-242-2100** and ask them to send you the forms. Completed forms must be submitted to a local Canada Immigration Centre identified in the instructions. To keep your IFHP coverage valid, you should submit your application **4 weeks before** your coverage expires.

## 9. Where do I get more information on the IFHP?

Visit CIC website [www.cic.gc.ca](http://www.cic.gc.ca)  
 Visit Medavie Blue Cross website [www.ifhp-pfsi.ca](http://www.ifhp-pfsi.ca)  
 CIC Call Centre toll free number **1-888-242-2100**.

### Important IFHP information for health-care professionals

Providers must verify patients' IFHP eligibility with Medavie Blue Cross **BEFORE** providing service, as their eligibility may cease without notice. Note that it takes a minimum of **2 working days** after the IFHP coverage is issued by CIC before it becomes active in Medavie Blue Cross' system.

Providers **must NOT charge** IFHP recipients for services rendered. Instead, providers bill the IFHP through Medavie Blue Cross.

An IFHP **recipient must sign** the provider claim form before it is submitted to Medavie Blue Cross.

Based on the program fee schedule, the IFHP pays 100% of costs associated with eligible services and may also share payment for services with other government insurance plans. However, requests for co-payment from private insurance plans are not accepted.

Prescription drug coverage for IFHP recipients matches the **formularies of provincial/territorial** drug benefit programs for social assistance recipients, with a few exceptions to address the specific needs of IFHP recipients. This ensures availability of covered drugs in all jurisdictions and maintains continuity of care for recipients after their transition to provincial/territorial health insurance plans.

Across Canada, IFHP enforces the **lowest cost** alternative rule and reimburses at the cost of available equivalent **generic preparations**.

Claims must be sent directly to Medavie Blue Cross:
 

- ▶ electronically through the Secure Provider Web portal at <https://provider.medavie.bluecross.ca>
- ▶ or, paper claims mailed to:
  - Interim Federal Health Program
  - Medavie Blue Cross
  - 644 Main St. PO Box 6000
  - Moncton, NB E1C 0P9

Prior approval requests can be sent electronically, by mail, via fax to **506-867-3824** or by calling **1-888-614-1880**. Further details are available in the IFHP Provider Handbook at <https://provider.medavie.bluecross.ca>

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