

Community Healthcaring Kitchener-Waterloo linked PDF IFHP BILLING TOOLS

IFHP Billing Tools

Eligibility

Different classes of refugees and refugee claimants are eligible for the Ontario Health Insurance Plan (OHIP) and/or the Interim Federal Health Program (IFHP). Recipients of Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance for Children with Severe Disabilities (ACSD) are also eligible for coverage through the Ontario Drug Benefit (ODB) Program and Extended Health Benefit.

Under the IFHP, Basic Coverage is similar to OHIP and the health insurance plans of other provinces and territories. It includes health care professional services in the community and hospital, pre- and post-natal care, and diagnostic and laboratory services. IFHP Prescription Drug Coverage is a level of medication coverage similar to ODP, while IFHP Supplemental Coverage is similar to what is provided for social assistance recipients (including assistive devices, medical supplies, and limited dental and vision care).

Class of refugee	Coverage Type
<p>Resettled refugees Government-Assisted Refugees (GARs) Blended Visa Office-Referrred Refugees (BVORs) Privately Sponsored Refugees (PSRs)</p>	<p>Basic Coverage – until covered by OHIP</p> <p>Supplemental and Prescription Drug Coverage – as long as client is under private sponsorship and receiving income support from the Resettlement Assistance Program (RAP)</p>
<p>Protected persons in Canada individuals who receive a positive decision on their asylum claim individuals who receive a positive decision on their pre-removal risk assessment (PRRA) and become a protected person</p>	<p>Basic, Supplemental, and Prescription Drug Coverage – until covered by OHIP, or for 90 days from the date the asylum claim or PRRA is accepted</p>
<p>Refugee claimants claimants awaiting decision from the Immigration and Refugee Board of Canada (IRB), including decision on appeals rejected refugee claimants ineligible refugee claimants, whose claim for asylum is ineligible to be referred to the IRB and who are eligible to apply for a pre-removal risk assessment (PRRA) individuals who receive a positive decision on their PRRA and receive a stay of removal</p>	<p>Basic, Supplemental, and Prescription Drug Coverage – until client leaves Canada or becomes eligible for OHIP</p> <p>This coverage is canceled <i>immediately</i> when the client’s asylum claim is withdrawn or determined to be abandoned by the IRB.</p>

Those who have questions about their IFHP coverage may contact the Immigration, Refugees, and Citizenship Canada (IRCC) Call Centre at 1 888 242 2100.

IFHP Approved Provider Registration

Health care providers who wish to submit billing claims for their patients covered under the IFHP must first register to obtain Approved Provider status for each location they work at and a Medavie Blue Cross

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Provider number. Registration can be completed online at the Medavie Blue Cross [registration page](#). (Any changes to providers' address/business ownership should be reported on the Provider Web Portal or by calling the Customer Information Centre at 1 888 614 1880.)

Approved Providers can access the [Web Portal](#) to determine client IFHP status and submit claims online.

IFHP Claim Submission

Eligible patients are assigned an 8-10 digit Client ID number for the Interim Federal Health Program, which can be found on either their Refugee Protection Claimant Document or their Interim Federal Health Certificate. This Client ID number can be entered on the Provider Web Portal to verify the patient's current status.

IFHP claims must be submitted to Medavie Blue Cross within 6 months (180 days) of the date when the service was provided. Claims require the fee code for the service provided, as well as the ICD-10 code (can be found [here](#)).

Claims may be submitted electronically on the [Provider Web Portal](#). Step-by-step instructions and screenshots of claim submission may be found [here](#).

Paper claims can be made on [this](#) form. Once completed and signed, by both the provider and the patient, the form may be faxed to 506 867 3841 or mailed to "Interim Federal Health Program," Medavie Blue Cross, 644 Main St., PO Box 6000, Moncton, NB E1C 0P9.

Payment is made for services covered under IFHP within 30 business days of receipt of the claim submission. A Provider Payment Summary, along with associated cheques and electronic fund transfers, is issued every other week. Providers may apply for direct deposit using [this](#) form.