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**Interim Federal Health Program (IFHP)  
Eligibility Verification Policy and Claims Submission Process for  
Physician Services for Hospitalized Beneficiaries in receipt of  
*Health Care Coverage (HCC)*  
or  
*Public Health or Public Safety Coverage (PH / PS)***

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November 2013

Effective September 1, 2013, the new eligibility verification policy and claims submission process described below was approved for all hospitalized IFHP beneficiaries in receipt of *Health Care Coverage (HCC)* or *Public Health or Public Safety Coverage (PH / PS)*.

Hospitals are no longer required to verify eligibility daily but must now verify the beneficiary's eligibility, coverage type and expiry date using the Provider Web on the admission date and every 30 days thereafter OR on discharge, whichever comes first, for each continuous stay in hospital. Providers are required to print and retain in their files the screen that shows the patient's name, identification number, coverage type and electronic date stamp as proof that the verification was done.

Should IFHP coverage of hospitalised IFHP beneficiaries change or terminate during their hospital stay, physicians providing services to them must request written confirmation from the hospital admission department that the eligibility verification described above was performed. This proof of eligibility, the screen print-out confirming coverage, must be attached to the physician's paper claim when submitted to Medavie Blue Cross, in order for claims for services provided up to 30 days thereafter or until discharge to be processed based on the coverage in effect at the time of admission. Medavie Blue Cross will process claims based on beneficiary's IFHP coverage effective at the time of that verification.

The delegation for this process is limited to the duration of the hospital stay or the 30-day period during which the beneficiary's coverage has changed or terminated. After the 30-day period, the IFHP coverage change or termination will take effect.

For step by step instructions on verifying patient eligibility, go to the secure provider web portal at: <https://provider.medavie.bluecross.ca> and click on Guides then Quick Reference Guide - Verify Patient Coverage.

**NOTE: This verification process will not apply to IFHP beneficiaries in receipt of *Expanded Health Care Coverage (EHCC)* as the duration of coverage is not subject to change without notice to the beneficiary. For these beneficiaries, hospitals are required only to verify eligibility and duration of coverage, on admission to the hospital. Note that many EHCC beneficiaries are also eligible for provincial or territorial health care coverage either immediately on arrival in Canada or after a 3-month waiting period, and hospitals may also want to ask for a health card.**

