NATIONAL NEWCOMER NAVIGATION NETWORK

RÉSEAU NATIONAL DE NAVIGATION POUR NOS NOUVEAUX ARRIVANTS

Report on N4's Interim Federal Health Program Community of Practice Working Group

Advancing IFHP coverage and promoting health equity for refugees in Canada

May 2025

ACKNOWLEDGEMENTS

The National Newcomer Navigation Network (N4) is a national network for the diversity of providers who assist newcomers in navigating the complex Canadian health care and social service systems. N4 is hosted at and governed by CHEO, a pediatric health care and research centre in Ottawa, Ontario. This report represents the results of an N4 Community of Practice (CoP) Working Group: Advancing IFHP coverage and promoting health equity for refugees in Canada, led by Christine Kouri, Mariah Maddock, Cat Goodfellow and Chantel Spade at N4. We wish to thank all our participants for their contributions. For a full list of Working Group members, please see Appendix A.

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INTRODUCTION & RATIONALE

The National Newcomer Navigation Network (N4) promotes best practices in ensuring health equity for newcomers to Canada. N4's stakeholders have had a long-standing interest in addressing inequitable access to and experiences with healthcare for newcomers who are provided temporary coverage of health benefits through the Interim Federal Health Program (IFHP). N4 conducted preliminary research and outreach to key informants. Under the guidance of N4's CoP Steering Committee, a time-limited pan Canadian, intersectoral Working Group was then formed with an aim to ensure health equity for IFHP recipients. Membership of the Working Group can be found at the end of the report.

N4 facilitated the Working Group to realize its goal through three steps:

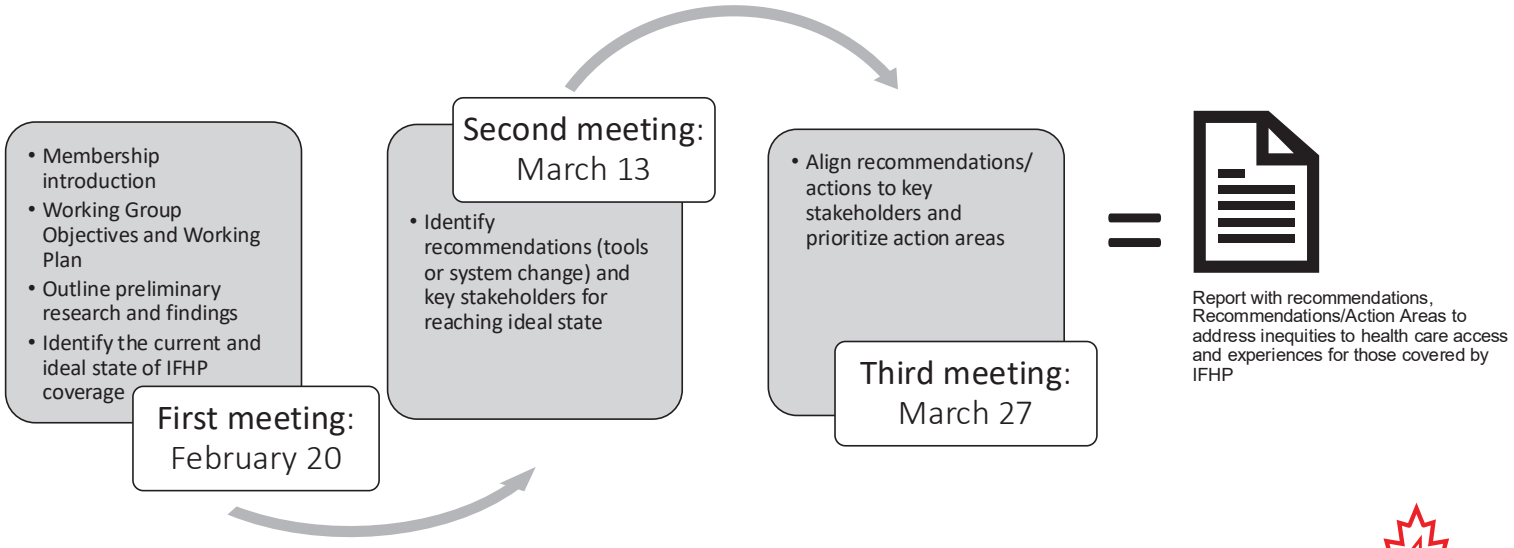
1. Developing a common understanding of

- Key facilitators and barriers of IFHP coverage for refugee claimants in Canada
- An ideal state of IFHP coverage for refugee claimants in Canada
- Best or promising practices to achieve the desired future state

2. Establishing concrete and actionable recommendations to leverage best and emerging practices to reach a desired state

3. Developing a knowledge mobilization strategy and communication plan to action the recommendations

MEETING AGENDA AND KEY AGENDA POINTS



The Working Group met virtually on February 20th, March 13th and March 27th, 2025.

During the first meeting, participants responded to four questions using the Zoom Whiteboard function and the chat box. These data were collated and sorted by theme and frequency.

- What are the facilitators for equitable healthcare access and experiences for those eligible for IFHP coverage?
- What does an ideal state look like to ensure equitable access to health care and experiences for those eligible for IFHP coverage?
- What are the barriers to equitable health care access and experiences for those eligible for IFHP coverage?
- If newcomers eligible for IFHP were at the table today, what else would they want us to know?

In the second and third meetings, participants discussed and honed the themes, proposed recommendations and suggested action areas. To support prioritization by future recipients of the suggested action areas, members of the Working Group were asked to rank them according to impact of the change and effort for implementation.

THEME 1: SCOPE OF COVERAGE

The scope of coverage under IFHP has evolved in response to sustained advocacy and collaboration with service providers. For example, dental coverage was significantly expanded approximately ten years ago following consultations with dentists and stakeholders, and enhanced coverage for audiology was added after targeted advocacy efforts. These cases demonstrate the impact of structured feedback and engagement with service providers enrolled in IFHP and those who access or support others to gain access to healthcare through coverage under IFHP. To build on this, the Working Group strongly recommends establishing a formal mechanism to regularly solicit the input of health and allied health services and settlement providers on unintended service gaps, which would support the continuous improvement of the program. Academics with research interests in promoting equitable experiences with IFHP should also be involved in this consultation process, as they can help identify gaps at the policy or legislative level. Understanding how these benefit grids are reviewed and identifying touchpoints for stakeholder feedback will enable a more proactive and structured approach, rather than relying on occasional or reactive advocacy. Suggestions included creating a portal for real-time feedback from patients and providers or an invitational roundtable. When soliciting feedback, leveraging organizations with a national mandate, such as the National RAP Coordinating Body (for settlement providers), HealthcareCAN and the Canadian Refugee Health Network (for health and allied health providers) for consultation.

Scope of coverage				
Recommendation	**Action**	**Priority**		**Interest Groups**
▪ Improve documentation related to scope of coverage ▪ Close gaps between current coverage and patient needs ▪ Close difference between grids and actual reimbursements	▪ Understand the current processes used by IRCC / Medavie in updating the benefit grids ▪ Identify unmet patient needs to ensure equitable access to care of IFHP vs. provincial coverage ▪ Review current documentation and identify areas for improvement to increase clarity	High impact	Low-Moderate Effort	▪ Medavie Blue Cross ▪ IRCC ▪ National RAP Coordinating Body ▪ Canadian Refugee Health Network ▪ Health and Allied Health Service providers ▪ HealthcareCAN
	▪ Facilitate consultations with service providers to identify needs and to approach Medavie with feedback	High impact	Moderate Effort	

THEME 2: INTERPRETATION

Language barriers present an additional challenge to equitable access and experiences with IFHP. This is particularly due to limited access to and coverage of trained medical interpreters. In many cases, health professionals inappropriately rely on family members or untrained staff to support interpretation, raising concerns about confidentiality and patient safety. The Working Group recommended that interpretation services be formally included in IFHP benefit grids to improve access for clients with language barriers. They also emphasized coverage alignment to current compensation rates. For example, access to interpretation during mental health services is covered under IFHP; however, only $28/hour is reimbursed which is well below market rates. IRCC and Medavie are aware that the hourly rate for interpretation is below the market rate and that there is not adequate interpretation coverage. Both parties are working together to make improvements to interpretation coverage.

Access to interpretation is a broader systemic issue that creates inequities across sectors. While addressing this issue is outside of the scope of this Working Group, it remains prominent to improving access and promoting equitable experiences with IFHP. In 2022, N4 developed a position paper which outlines a national standard for interpretation which calls for centralized interpretation services with coverage for all publicly funded healthcare services in consultation with service providers from diverse sectors across Canada. N4 recommends partners leverage the position paper and continue provincial advocacy to make the case for provincially funded interpretation services.

Interpretation Services				
Recommendation	**Action**	**Priority**		**Interest Groups**
▪ Allow billing for interpretation across all services and at an appropriate level	▪ Advocate for adequate coverage of interpretation services to be added to the benefit grids	High impact	Hight effort	▪ Medavie Blue Cross ▪ IRCC

THEME 3: PATIENT NAVIGATION AND EXPERIENCE

Supports for patient navigation of IFHP can be challenging for some. Medavie has legal obligations to restrict sharing of privacy of personal health information with non-registered providers. Those who traditionally support newcomers through Settlement Provider Organizations (SPOs) are not within the circle of care, limiting the sharing of information to general guidance. The working group recommended the establishment of systems to support sharing with of information with non-registered providers. Additionally, improved communication and patient navigation tools, such as direct links to navigators, are needed to enhance access and support by IFHP recipients.

IRCC and Medavie are aware of these current challenges. A pilot project started in December 2024 for Beneficiary Support Representatives (BSRs) so that settlement provider organizations (SPOs) can speak on behalf of clients. This initiative is currently under evaluation. N4 encourages the expansion and evaluation of this initiative and suggests that settlement providers obtain client written consent as part of the process to ensure alignment to legislation regarding the sharing of personal health information, and to respect the autonomy of the clients.

Concerns from the working group were also raised about how changes in IRCC documentation about Medavie proof of coverage are communicated to provincial ministries of health. As of March 25, 2025, IRCC and CBSA will issue a new Refugee Protection Identity Document (RPID), replacing the Refugee Protection Claimant Document (RPCD). This bilingual, secure photo ID improves privacy by removing certain identifiers such as gender/sex and eligibility status. While existing RPCDs remain valid until expiry, renewal and replacement instructions are available online, along with sample immigration documents. Including clear guidance on such changes in final recommendations was emphasized as essential for ensuring smooth transitions and consistent provincial awareness.

THEME 3: PATIENT NAVIGATION AND EXPERIENCE

Patient navigation and experience				
Recommendation	**Action**	**Priority**		**Interest Groups**
▪ Ensure patients can self-navigate IFHP coverage and/or have access to navigational supports ▪ Address inequities in experience of heath care with IFHP vs. provincial coverage (bias/discrimination) ▪ Ensure providers are aware of most up to date information regarding proof of coverage documentation	▪ Collate/develop simple information resources in various languages for patients and those that support them that explain IFHP (including a healthcare coverage eligibility map)	Moderate – High Impact	Moderate - High Effort	▪ Settlement organizations ▪ IRCC ▪ Medavie Blue Cross ▪ Health and allied health professionals
	▪ Understand and address bias non-traditional insurance creates (e.g. issue a plastic card)	High Impact	High Effort	
	▪ Advocate for health and allied health providers to identify by a sign or sticker if they serve patients covered by IFHP	High Impact	Moderate Effort	

THEME 4: PROVIDER ENROLLMENT AND IFHP UTILIZATION

Healthcare providers are unclear or have misinformation regarding how to enroll as providers with IFHP. Health and allied health professionals can perceive enrollment as challenging and complex, discouraging participation. While direct incentives for enrollment may be limited, positioning IFHP participation alongside provincial coverage as a professional obligation could help normalize the process. For example, physicians must show registration or medico-legal coverage when signing a hospital contract. Having this coverage is expected for physicians. This is especially relevant for health and allied health professionals transitioning into practice from training. Additional suggestions include promoting IFHP through visible clinic signage, improving reimbursement rates to attract more providers, and adding enrollment and utilization strategies to organizational action plans.

IRCC and Medavie Blue Cross have been holding live information sessions on IFHP and how to register as a provider. N4 suggests that these events be recorded for just in time access and be leveraged by others who orient providers to billing processes and/or those seeking to self-educate. IRCC and Medavie Blue Cross are also building awareness by attending the 2025 International Refugee and Migration Health Conference. N4 has made suggestions around other health and settlement conferences that would offer fruitful conversations around IFHP.

Working Group members noted that the current list of registered providers provided on the Medavie website is not up to date. IRCC is aware of the issues around current provider lists and are working on a more accurate and accessible list of enrolled providers to support clients and those who support them to find providers.

Finally, IFHP billing practices are not aligned with the Canada Health Act, particularly by prohibiting extra billing and direct billing to patients, as is done in provinces and with other private insurance practices. Many current IFHP providers do not adhere to these standards, partly due to confusion regarding Medavie Blue Cross's role as a private program administrator. This lack of clarity in billing practices can directly affect patient access to care, especially when individuals cannot pay out-of-pocket or seek reimbursement after being asked to pre-pay for care. The Working Group emphasized the importance of reviewing and improving the current IFHP promotion strategy to ensure clearer communication and better alignment with billing policies.

THEME 4: PROVIDER ENROLLMENT AND IFHP UTILIZATION

Provider enrolment and experience				
Recommendation	**Action**	**Priority**		**Interest Groups**
▪ Reduce barriers to provider enrolment in IFHP ▪ Improve accuracy and access to IFHP enrolled providers	▪ Form an education strategy for existing and future medical providers on IFHP which reviews, enhances and promotes guidance to provider enrolment - IRCC	High Impact	Moderate Effort	▪ Medavie Blue Cross ▪ IRCC ▪ Organizations that educate health and allied health professionals eligible to bill under IFHP. For example, regulators, associations, faculties of medicine and schools of allied health professionals, orientation programs for Internationally Educated Health Professionals (IEHPs).
	▪ Ensure access to an accurate list of IFHP enrolled providers – separate	High Impact	High Effort	
	▪ Ensure settlement workers and other providers who cannot register with IFHP have a mechanism to contact Medavie with questions or issues on behalf of their client	High Impact	Moderate Effort	
	▪ Align IFHP billing practices with the Canada Health Act and ban direct billing	Moderate - High Effort	Moderate - High Effort	

THEME 5: IFHP ADMINISTRATION AND PROCESSING

Many refugee claimants face significant challenges transitioning from the Interim Federal Health Program (IFHP) to provincial health coverage once their refugee claim is accepted. A common obstacle is the three-month waiting period for enrollment in the provincial health system, which many newcomers are unaware of. Currently, IRCC does notify claimants about applying for provincial health coverage in the paperwork they receive post-arrival. However, in reality, this information is often missed or overlooked by refugee claimants during their initial arrival. Therefore, it is recommended that refugee claimants receive a notification in an alternative format three months before IFHP termination to prepare accordingly. N4 suggests that settlement organizations include in their standard work for supporting refugees the timing for registration onto the provincial program. Additionally, the refugee claimant decision letter package should include clear, accessible instructions on enrolling in provincial healthcare while accounting for the varying eligibility criteria and processes across provinces. There is also a need for standardized explanations of IFHP coverage during the asylum process, as many claimants only become aware of the process via their Acknowledgement of Claim without any detailed orientation.

Greater standardization across provinces and stronger collaboration with IRCC could help streamline IFHP administration and improve coverage transitions. In Quebec, for example, families often experience lapses in IFHP coverage during status changes, facing a 90-day gap before provincial coverage is activated. While extensions are available, the process can be challenging to navigate and would benefit from clearer communication.

THEME 5: IFHP ADMINISTRATION AND PROCESSING

IFHP administration and processing				
Recommendation	**Action**	**Priority**		**Interest Groups**
▪ Reduce billing process burdens ▪ Ensure no gaps in coverage at enrolment/renewal and transition to provincial coverage ▪ Ensure IFHP client errors are treated equitably as compared to other insurance coverage (e.g. care paid for by patients that are covered are not eligible for reimbursement)	▪ Understand provider experiences of billing processes and gaps in coverage – Consultation process	High Impact	High Effort	▪ IRCC ▪ Medavie ▪ Settlement organization
	Develop a simple, easy-to understand, billing guide for healthcare service providers (including myth-busting on the process and timelines)	High Impact	High Effort	
	Develop a notification to be sent to beneficiaries prior to transition from IFHP to provincial health care	High Impact	Moderate Effort	
	Update refugee documentation to have plain language and (1) explain in the Acknowledgement of Claim what IFHP is (2) give clear directions on how to enroll in provincial healthcare once a positive decision is made for a refugee claim	High Impact	Moderate - High Effort	

THEME 6: ROLE OF IFHP

A centralized enrollment system that integrates both provincial health coverage and the Interim Federal Health Program (IFHP) would improve the overall health coverage experience for refugee claimants. This would streamline access, reduce confusion, and ensure smoother transitions as claimants' immigration statuses evolve. It is also recommended to map out the differences among health service coverage and payments across provinces, as inconsistencies can lead to service delays or denials. Greater transparency and coordination in this area would support more equitable access to care.

A discussion was held regarding the role of IFHP vs moving to a system where refugees are immediately enrolled in provincial healthcare coverage. While eliminating IFHP may seem like a good idea in theory, caution would be needed to ensure access to the social assistance programs (e.g., provincial social assistance programs) are not impacted, creating gaps in coverage. Therefore, eliminating IFHP would require strengthening coordination between IFHP and provincial or private supplementary programs to ensure that refugee claimants do not face gaps in essential services during critical transition periods.

Role of IFHP				
Recommendation	**Action**	**Priority**		**Interest Groups**
▪ Decrease or eliminate the need for IFHP while ensuring refugee health coverage remains consistent or improves	▪ Develop a position paper/briefing note outlining the recommendation	Moderate Impact	Moderate – High Effort	▪ IRCC

ACTIONS/FUTURE STEPS/LEGACY

To support the effective implementation of the recommendations and associated key action areas, N4 recommends the establishment of a dedicated subcommittee of an organization with a national mandate to take over the support that N4 provided. This subcommittee should include representation from both the health and settlement sectors to ensure a well-rounded, collaborative approach.

Furthermore, it is essential that this group maintain a direct connection with IRCC and Medavie Blue Cross. Their involvement will be instrumental in aligning policy and service delivery, and in ensuring that interpretation and access strategies are integrated into broader newcomer health and settlement frameworks. This collaborative structure will provide the necessary leadership, oversight, and coordination to move this important work forward.

APPENDIX A

Working Group Members:

Name	Organization/Affiliation	Location
Laila Demirdache	Community Legal Services Ottawa, Lawyer	ON
Y.Y. Brandon Chen	University of Ottawa, Professor and Lawyer	ON
Shazeen Suleman	Pediatrician	ON
Vanessa Redditt	Crossroads Clinic, Physician	ON
Mona Zeid	Inter-Cultural Association of Greater Victoria, Settlement Services Coordinator	BC
Winifred Vugampore	Mount Carmel Clinic, Social Worker/Counsellor	MB
Gillian Smith	Halifax Refugee Clinic, Settlement Worker	NS
Lili-Anne Kondo	Community Legal Services Ottawa, Community Developer	ON
Melissa Piccioni	Montreal Children's Hospital, Patient Navigator	QC
Reham Eldadah	Pharmacist	NS
Debra Stein	SickKids Centre for Community Mental Health, Child and Youth Psychiatrist	ON
Soraya Centeno	Vancouver Island Counselling Centre for Immigrants and Refugees, Clinical Counsellor	BC
Janet Cleveland	McGill, Psychiatrist/Researcher (Legal)	QC
Nida Khan	SMILE, Director of Research and Development	National
Sukaina Dada	SMILE, CEO	National
Tracy Glynn	Advocate, Madhu Verma Migrant Justice Centre and Canadian Health Coalition	NB
Joel Buckler	Physiotherapist	NS