



The Ontario Temporary Health Program (OTHP)



QUICK GUIDE for Providers



The new **Ontario Temporary Health Program (OTHP)** was created to provide urgent and essential care to those Refugee Claimants and Resettled Refugees who are no longer fully covered by the Interim Federal Health Program (IFHP). This guide answers the three questions most often asked about treating OTHP patients and gives information on how to bill for the services and products you provide.

1. What services and products can I provide under OTHP?

You may provide and bill for urgent and essential services and products that are needed to treat or avoid a medical emergency. For patients who qualify, you may offer:

- Hospital and clinic services
- Services of physicians licensed in Ontario and registered nurses licensed in Ontario
- Laboratory, diagnostic and ambulance services
- Prescription medication equivalent to Ontario Drug Benefit (ODB) Formulary

✓ What is a medical emergency under OTHP? It's an injury or illness that may lead to or poses a threat to a person's life, limb or function – as determined by a physician practicing medicine in Ontario.

The specific coverage you may provide under OTHP is determined by the patient's refugee status, as shown in the chart below. These patients have additional coverage under IFHP.

REFUGEE GROUP	OTHP COVERAGE
Refugee claimants from a designated country of origin (DCO)*	Health Care Coverage
Rejected refugee claimants until their deportation date (must also be eligible under IFHP)	plus Medication
Refugee claimants from a non-designated country of origin (non-DCO)**	Medication only
Resettled refugees who do not receive federal income support	
Resettled refugees who are privately sponsored	
Resettled refugees who receive federal income support	None
Refugees whose claims have been accepted	

***DCO** ("Designated Country of Origin") – From countries that do not normally produce refugees, but have been identified by the federal government as those that respect human rights and offer state protection. Individuals from DCOs are entitled to fewer health benefits on arrival in Ontario.

****Non-DCO** ("non-Designated Country of Origin") – From countries known to produce refugees. They receive the majority of their health care coverage from the IFHP.

2. What patients can I treat and bill for under OTHP?

To qualify for OTHP, most refugee claimant patients must be approved for IFHP coverage **and** pass a three-month wait period (i.e., living in Ontario for at least 3 months). We make three **Exceptions** to the three-month wait rule for:

- persons under the age of 18 years;
- women who require perinatal and prenatal care; and
- persons who require services and products of an **urgent** nature which are those typically provided in response to an **immediate** medical emergency. The services and products shall not be more than what is required to respond to the **immediate** medical emergency.

✓ Always check the date of your patient's refugee claim and status before providing treatment, even if you have already received "Prior-Approval" from Medavie Blue Cross. Most adult refugee claimants who qualify for OTHP must wait three months from the date of their claim for refugee status before they are covered.

Always treat persons under the age of 18 years and women who require perinatal and prenatal care – even if they are past their deportation date. See Question 3 for a list of patients you **cannot** bill under OTHP.

Always indicate on the claim form the applicable **Exception** as noted above when submitting under these circumstances.



3. What patients CANNOT be treated and billed for under OTHP?

- Refugees whose claim for refugee status has been approved.
- Rejected refugee claimants who are past their deportation date, unless they are facing a life-threatening medical condition requiring immediate medical attention. In these cases, provide only the care required to treat the immediate medical emergency.

OTHP CLAIMS SUBMISSION

✓ Providers who receive funding to provide services to uninsured patients, such as Community Health Centres, Midwives, and Public Health Labs, are **not eligible** to submit OTHP claims.

Before treatment:

1. Check your patient's eligibility and explain the coverage they qualify for under IFHP and OTHP.
2. If this is your patient's first claim under OTHP, have them complete and **sign** the OTHP Consent Form.
3. If your patient has already signed and submitted the form on a prior visit, contact Medavie Blue Cross to confirm they remain covered under OTHP (1-888-614-1880).
4. Obtain a copy from your patient of their:
 - Interim Federal Health Certificate of Eligibility (IFHC) **or**
 - Refugee Protection Claimant Document (RPCD)

✓ *You must submit a copy of one of these documents and the signed Consent Form for your claim to be considered for the OTHP. If any documentation is missing, the claim cannot be processed.

After treatment:

To determine OTHP coverage, you must first file a claim with IFHP **before** you file a claim with the OTHP. There are three main steps:

1. Complete the federal IFHP Claim Form and have your patient sign it.

✓ For this form, your provider number is your Medavie Blue Cross Registration Number. It is **not** your OHIP billing number.

2. Submit the IFHP Claim Form to Medavie Blue Cross for adjudication. Medavie Blue Cross will review your IFHP claim and send an Explanation of Benefits and any payment back to you.

3. For services NOT covered under the IFHP claim, now submit to Medavie Blue Cross:
 - OTHP Consent Form, referencing your Medavie Blue Cross provider number
 - Copy of the IFHP Claim Form with "OTHP" written at the top, and any applicable **Exceptions** noted
 - Explanation of Benefits for IFHP received from Medavie Blue Cross
 - Copy of the IFHC or RPCD

Medavie Blue Cross will review your OTHP claim and send another Explanation of Benefits and any payment to you.

4. All claims must be submitted for payment to Medavie Blue Cross within **eight months** of the date the service was provided. Claims exceeding eight months will be rejected. Claims for services dated prior to January 1, 2014, will not be eligible for reimbursement.

✓ Do not charge patients or give them claim forms to submit to OTHP. OTHP does not reimburse patients directly.

? To learn more: please visit <https://www.medavie.bluecross.ca/> and click on the HEALTH PROFESSIONALS link or call Medavie Blue Cross at **1-888-614-1880**.

TERMS AND CONDITIONS:

By accepting reimbursement from the OTHP, the Provider acknowledges that they are subject to audit. The Provider must comply with such audit, which may be carried out by Medavie Blue Cross.

By accepting reimbursement from the OTHP, the Provider's information, including a summary of any audit results, will be provided to the OTHP for the purposes of fraud detection.



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