

MONITORING FOR HEALTH PROGRAM INFORMATION FOR PHARMACISTS

The Monitoring for Health Program helps Ontarians with diabetes who use insulin or have gestational diabetes pay for the cost of their blood glucose testing supplies. The program is funded by the Ontario Ministry of Health and Long-Term Care and administered by Diabetes Canada.

A. Who is eligible?

To qualify for this program, individuals must:

- be Ontario residents with a valid Ontario health card
- be using insulin OR have gestational diabetes
- have no other coverage (in whole or in part) for the supplies being claimed

Note: The individual's first claim form to the program must be signed by a physician or nurse practitioner to confirm insulin use or gestational diabetes.

B. What supplies does the program cover?

- Blood glucose test strips
- Lancets
- Blood glucose meters
- Talking blood glucose meters - for visually-impaired clients only; letter from doctor required

Note: Seniors 65 years or older, children and youth under 25, social assistance recipients, and Trillium Drug Program clients can only submit to the program for lancets and a blood glucose meter (once every 5 years). Test strips for these client groups are covered through ODB. Ontario residents living in long-term care homes are not eligible for the Monitoring for Health Program.

C. Does the program cover insulin, oral medications, sensors (e.g. Libre), pen needles/syringes, or ketone strips?

No. The program only covers blood glucose test strips, lancets and meters.

D. How much does the program cover?

- Strips and lancets: 75% reimbursement up to a maximum of \$920 per year

Note: This means that claimants can submit up to \$1227 in receipts for strips and lancets each year; the program will reimburse 75% (\$920).

- Blood glucose meter: 75% reimbursement up to a maximum of \$75 once every 5 years
- Talking blood glucose meter: 75% reimbursement up to a maximum of \$300 once every 5 years; visually-impaired clients only; letter from doctor required to confirm visual impairment

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E. How does the program work?

There are two ways to submit a claim to the Monitoring for Health Program:

Option A – Claim submitted directly by individual claimant

- Individual claimants can submit a claim directly to the Monitoring for Health Program after purchasing their testing supplies at an Ontario pharmacy.
- If this is the claimant's first claim to the program, the form must be signed by a physician or nurse practitioner to confirm insulin use or gestational diabetes. For subsequent claims, this section of the form can be left blank.
- Completed claim forms and accompanying receipts must be mailed to the Monitoring for Health Program at the address listed at top of claim form.
- Claim forms and receipts must be originals – photocopies will not be accepted. Receipts must include the name and address of the pharmacy; date of purchase; name, quantity and price of item(s) purchased, and total amount paid. Non-descriptive debit or credit card receipts will not be accepted.
- Once the claim is processed, the claimant will receive a cheque for the reimbursement amount (75%).

Option B – Claim submitted by pharmacy through Third-Party Billing

- Claimant pays only 25% at point-of-purchase for those testing supplies covered by the program.

Note: Exclusions apply for some client groups. Please see Sections A - C of this information sheet.

- Pharmacy submits completed claim form and accompanying receipts to the Monitoring for Health Program; reimbursement (75%) is issued directly to the pharmacy.
- **IMPORTANT!!**
 - Ensure the claimant completes the claim form in full each time a claim is submitted. Incorrect or incomplete information will delay processing of claims.
 - Ensure the claimant signs Section 3 – Option B to assign reimbursement to your pharmacy. The claim will not be processed without the claimant's signature.
 - Receipts submitted by your pharmacy must indicate both total cost (100%) and the amount (25%) paid by the claimant. Receipts also must include pharmacy name/address, date of purchase, item(s) purchased, etc. Non-descriptive debit or credit card receipts will not be accepted.

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- F. How long does it take for a claim to be processed?
Please allow 8 weeks for claims to be processed. We make every attempt to process claims as quickly as possible.
- G. Is there a deadline for submitting claims and receipts?
Yes. The Monitoring for Health Program year runs from April 1 – March 31. All claims/*receipts must be received at our office by no later than March 31st*. Any claims received after the March 31 deadline will be counted towards the next program year.
- H. Can claimants carry-over any unused amounts to the following program year?
No. If claimants do not use the full reimbursement amount available to them in one program year, the unused portion cannot be carried-over to the next program year. To make full use of the reimbursement amount available to claimants, ensure that receipts are received at our office by no later than March 31st each year.
- I. How do I know when my customers have reached their annual reimbursement limit?
Claimants can submit claims on their own and may purchase supplies at more than one pharmacy location, so we cannot guarantee that the reimbursement amount available to your customer has not changed since the last time s/he made a purchase at your pharmacy. If you would like to confirm the amount of reimbursement available to a program claimant please contact:
- Email: mfhp@diabetes.ca
Tel: 1-800-361-0796
- J. How do I begin? Do I need to register my pharmacy with the program?
No, there is no formal registration process. Simply email mfhp@diabetes.ca and we will mail you a supply of claim forms.

Email mfhp@diabetes.ca to order more claim forms at any time. Please provide full mailing address for your pharmacy each time you order.

- K. What if I have more questions about the program?
For more information, please contact us at:

Email: mfhp@diabetes.ca
Toll-free: 1-800-361-0796

Mailing Address: Monitoring for Health Program
1000 – 170 University Ave.
Toronto, ON M5H 3B3