Health PEI

PEI Insulin Pump and Glucose Sensor Program – INITIAL

Family Contribution Assessment and Release of Information

This application is for *(check all that apply)*:

☐ **New insulin pump** ☐ **Pump supplies** ☐ **Glucose sensors**

Individual who requires the above listed devices (Please Print)

Last Name		**First Name**		**Middle Initial**	
PHN #		**DOB**			

Address (Mailing address)

Street # and Name				Apt#	
City / Town		Province		Postal Code	
Cell phone	( )	Home phone	( )		

Email address to communicate with Program Administrator	

If the above named individual is <u>under age 19</u>, please indicate living arrangements:

☐ Both parents ☐ One parent ☐ Other (specify)____

- **Parents/ Guardian are to complete Section A on Page 2**

If the above named individual is <u>age 19 or over</u>, please indicate current status:

☐ Single (including widowed or divorced)

If single are you a full-time student?

- **If YES**:
  - The young adult who is a full-time student, please <u>sign the consent below</u>
  - The parent / guardian (s) of the full-time student (i.e. the dependent) are to complete **Section A on page 2**.
- **If NO**:
  - Go directly to **Section B on page 3**.

☐ Married/Common law:

- Go directly to **Section B on page 3**

<u>Consent of young adult aged 19 to 24 years, who is a full-time student</u>:

If you are <u>living as a dependent</u> (ex: high school or university student, full time):

- you must review / sign the consent below, giving permission for your parent / guardian to apply on your behalf
- your parent / guardian must complete Section A on page 2 and sign the Declaration on page 4
- As an adult, you must sign the Release of Information consent on page 5 and the Glucose Sensor Agreement on page 6

I, ____________________________, born ________________ being 19 years of age or older, consent to my
(print name) (yyyy/mm/dd)

parent/s making this application on my behalf for funding assistance under the PEI Glucose Sensor Program

____ Date: ________________________
Signature of Young Adult (yyyy/mm/dd)

Please <u>mail</u> *completed application to:
Insulin Pump Program Administrator
Four Neighborhoods Health Center,
152 St Peter's Road, Charlottetown, PE, C1A 5P8
* *Faxed or electronic /scanned copies will <u>not</u> be accepted*

Toll Free Contact information:
1-833-335-0538
diabetesadminofficer@ihis.org

SECTION A:

Household Information for Applicant on behalf of a Dependent (Under age 19 or a full time student aged 19 to 24)

Parent / Legal Guardian of individual noted on page 1					
Last Name		First Name		Middle Initial	
Social Insurance Number		Date of birth			
Spouse / Partner (Of Parent / Legal Guardian)					
Last Name		First Name		Middle Initial	
Social Insurance Number		Date of birth			
Address of parent/ guardian ☐ Same as noted on page 1					
Street # and Name				Apt #	
City / Town		Province		Postal Code	
Cell phone	( )	Home Telephone	( )		
Email Address					

Does the parent/ guardian, or spouse / partner have:			
Third party health insurance that would cover part or all of the cost of insulin pump and pump supplies?	☐ Yes	☐ No	If you answered "No" to both questions proceed to page 4
Third party health insurance that would cover part or all of the cost of glucose sensors?	☐ Yes	☐ No	
If "yes" to above, please provide the following information			

Name of health insurance company	
Terms of Coverage For pump, pump supplies and glucose sensors	If you are not aware of your coverage, please contact your insurance company to inquire
If there is **more than one plan** that provides coverage, please provide information on the additional health plan	
Name of health insurance company	
Terms of Coverage For pump, pump supplies and glucose sensors	If you are not aware of your coverage, please contact your insurance company to inquire

If applying for coverage under the Glucose Sensor Program, please answer the following:	
When purchasing glucose sensors at your pharmacy… • If you are not aware, please contact your insurance company to inquire	☐ The pharmacy can direct-bill your insurance company at the time of purchase
	☐ You must pay full cost at the pharmacy and then submit your receipts to your insurance company for reimbursement

Upon completion of the above section, please proceed to:

- **Page 4 - *Declaration and Consent***
- **and Page 5 *Consent for Release of Personal Health Information***
- **If you are also applying for coverage under the Glucose Sensor Program, please forward these additional two documents with your application**
  - **Page 6: You are to complete – *Client / Family Agreement for Glucose Sensors***
  - **Page 7: Your health care provider is to complete – *Special Authorization Request (only needs to be completed at time of initial application, i.e. not annually)***

Personal information, including health information, on this form is collected by Health PEI under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act and*/or the *Health Information Act* for the purposes of determining your eligibility for the Health PEI Insulin Pump Program and the Health PEI Glucose Sensor Program,, for evaluating the program and for other purposes permitted by law. Your information will be collected, used and disclosed only as permitted by law. For more information, visit www.healthpei.ca/yourprivacy or contact the Health PEI Provincial Diabetes Clinical Leader at (902) 368-4243.

SECTION B:

Household Information for Independent Applicant (Age 19 or over, AND not a full time student)

Information of Applicant					
Last Name		First Name		Middle Initial	
Applicant's Social Insurance Number					
Information of Spouse / Partner (if applicable)					
Last Name		First Name		Middle Initial	
Social Insurance Number		Date of birth			

Do you or your spouse / partner have:			
Third party health insurance that would cover part or all of the cost of insulin pump and pump supplies?	☐ Yes	☐ No	If you answered "No" to both questions proceed to page 4
Third party health insurance that would cover part or all of the cost of glucose sensors?	☐ Yes	☐ No	
Name of health insurance company			
Terms of Coverage For pump, pump supplies and glucose sensors	If you are not aware of your coverage, please contact your insurance company to inquire		
If there is **more than one plan** that provides coverage, please provide information on the additional health plan			
Name of health insurance company			
Terms of Coverage For pump, pump supplies and glucose sensors	If you are not aware of your coverage, please contact your insurance company to inquire		

If applying for coverage under the Glucose Sensor Program, please answer the following:	
When purchasing glucose sensors at your pharmacy… (If you are not aware, please contact your insurance company to inquire)	☐ The pharmacy can direct-bill your insurance company at the time of purchase
	☐ You must pay full cost at the pharmacy and then submit your receipts to your insurance company for reimbursement

Upon completion of the above section, please proceed to:

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Declaration and Consent

Health PEI

I/We, the undersigned, declare that the information provided on this application is true and correct to the best of my/our knowledge.

I/We, the undersigned, understand that refusing to submit information or knowingly furnishing false or incomplete information is an offence under the *Drug Cost Assistance Act*.

For the purpose of verifying program eligibility, I/we authorize Health PEI to obtain information from:

- My employer, my insurer, and my plan administrator regarding private insurance coverage;
- The Provincial Health Plan (the Plan) regarding my eligibility for health services and release of my PHN;
- Retail pharmacies, to access prescription drug information in order to verify claims

I/We, the undersigned, agree to notify Health PEI of any changes to the household, insurance coverage, or any other factor which may affect my level or eligibility of coverage.

I/We, the undersigned, hereby consent to the release by the Canada Revenue Agency (CRA), of income, expense and identifying information from income tax returns or from other sources, copies of notices of assessment or reassessment, and copies of information slips (for example, T2202A, T3, T4 and T5 slips) filed with CRA. The information will be relevant to, and used solely for the purpose of determining and verifying my eligibility and entitlement for assistance, and collecting overpayments of assistance under the Drug Cost Assistance Programs identified above.

A parent or legal guardian may provide consent for all dependents under the age of 18.

This authorization is valid for the two taxation years preceding the date of this application, the current taxation year and each subsequent consecutive taxation year for which I apply for assistance under the Drug Cost Assistance Programs identified above.

I understand that there are risks associated with sending personal health information to an unsecured email address, including a risk that my information could be accessed by someone else in transit. I accept

Name of Applicant	Signature	Date (yyyy/mm/dd)
Name of Spouse (if applicable)	Signature	Date (yyyy/mm/dd)

By signing above I certify that the information given on this application and in any documents attached is correct, complete, and fully discloses my household conditions.

I understand that a false statement constitutes fraud and may result in recovery of any benefits paid.

I acknowledge that it is my responsibility to report any change to the information provided within 30 days of the change coming into effect.

Name of insulin pump user:		PHN	

Consent for Release of Personal Health Information
Insulin Pump Program

Health PEI

Personal health information is required to be released to key partners as part of the business process and continuous quality improvement of the Insulin Pump Program. Personal health information will be used and disclosed only for:

- assessing, verifying and approving eligibility for the program
- the administration, monitoring and evaluation of the program
- facilitating communication between the pump / pump supplies vendor, Health PEI and the applicant

These partners include the Health PEI Insulin Pump Program Administration Office, the selected pump vendor and their approved subcontractor(s), employees of Health PEI, and the Provincial Diabetes Program to ensure a fair administration, monitoring and evaluation of the program. The collection use and disclosure of your personal health information will be limited to only the information required to manage these specific functions. We are committed to protecting personal health information and will only disclose it as permitted by the *Health Information Act*.

The IPP Administration Office will inform the selected vendor and their approved subcontractor(s) of the family contribution that will be required towards the purchase of the pump and supplies. The vendor and their approved subcontractor(s) will also inform the Administration Office of the mailing address and tracking number of the orders when shipped and report returns or discontinuation of supplies and/or insulin pumps as well as misuse of supplies.

This Family Contribution Assessment Form will be stored in a secure filing system with access limited to authorized users. Precautions are in place to ensure that this information is appropriately secure, in accordance with government and Health PEI guidelines.

As well, all collected information from the necessary application forms, will be entered into a database that may be used within Health PEI, to evaluate the Insulin Pump Program and to identify opportunities for improvement. In addition, the vendors and their approved subcontractors may provide Health PEI with pump device and supply usage information. This data will be kept in a secure database, with access limited to authorized users. The database and all records with the Health PEI Insulin Pump Program, diabetes clinics and the IPP Administration Office will be retained in accordance with the appropriate Health PEI record retention schedule.

The vendor and their approved subcontractor(s) may offer a variety of services such as access to a vendor supported website for personal health information and insulin pump data download and analysis. I /We understand that I/We use these services or resources at my/our own risk and the services and resources are not endorsed in whole or in part by the Government of Prince Edward Island, Health PEI, or the Insulin Pump Program.

If an applicant is less than nineteen (19) years of age, the legal guardian or parent must sign the form.

Name of Parent / Guardian	Signature	Date (YYYY/MM/DD)
Name of Parent / Guardian	Signature	Date (YYYY/MM/DD)
Name of applicant if adult	Signature of adult applicant	Date (YYYY/MM/DD)

Health PEI

Client/ Family Agreement for Glucose Sensors

Note: *In this Agreement, "I" refers to the individual, (and/or the parent/ guardian, as appropriate) who will be using the glucose sensor;*

I ______________________________ wish to apply for benefits under the Health PEI Glucose Sensor Program.

Please check (√) each box to indicate you have read and agree with each statement.

- ☐ I am under the care and management of a primary care provider (doctor/ NP), physician specialist or Certified Diabetes Educator (or Health PEI Provincial Diabetes Program Diabetes Educator)
- ☐ I am knowledgeable in how to use the sensor appropriately
- ☐ I have knowledge of what sensor technology can do and how it can benefit my diabetes care
- ☐ I am willing to use the sensor properly and to use the data from this technology to make safe and effective diabetes management decisions
- ☐ I am willing to share my sensor information with my healthcare team to optimize my diabetes management
- ☐ I am prepared to attend regular follow-up appointments with my diabetes care provider / diabetes team.
- ☐ I am aware that I have to reapply annually by July 1st each year or my benefits under this program will cease. Prior to reapplying I must have submitted my income tax return to Canada Revenue Agency for the previous year.

Preferred method of communication with Program Administrator:

- ☐ Via email at the following address: ____
- ☐ Via regular mail at the address provided on the first page

______________________	______________________	______________
Name of Client (print)	Client signature (if age 19 and over)	Date (*yyyy/mm/dd*)

If under age 19:

______________________	______________________	______________
Name of Parent / Caregiver (print)	Name of Parent / Caregiver (signature)	Date (*yyyy/mm/dd*)

Health PEI

SPECIAL AUTHORIZATION REQUEST

HEALTH CARE PROVIDER: PLEASE COMPLETE ALL SECTIONS.
INCOMPLETE APPLICATIONS WILL BE RETURNED

Glucose Sensor Program

This form must be completed by your Health Care Provider i.e. Physician / Nurse Practitioner or Certified Diabetes Educator (or Health PEI Provincial Diabetes Program Diabetes Educator) and submitted with your completed application.

SECTION 1 – PATIENT INFORMATION

PERSONAL HEALTH NUMBER (PHN)		PATIENT (FAMILY) NAME	PATIENT (GIVEN) NAME(S)
DATE OF BIRTH (YYYY/MM/DD)		PATIENT'S MAILING ADDRESS	

Section 2 – Requester's Information

NAME AND MAILING ADDRESS	APPLICATION DATE YYYY MM DD
	REQUESTER'S TELEPHONE #
	REQUESTER'S FAX #

Section 3- Sensor Detail Information as per Health Canada approval

REQUESTED SENSOR Freestyle Libre (choose one)		
☐ Libre or ☐ Libre 2 • **For patients age 4 and over** • **Sensor wear time = 14 days** • **Dispense period = 28 days**	☐ Dexcom • **For patients age 2 and over** • **Sensor wear time = 10 days** • **Dispense period = 30 days**	☐ Medtronic • **For patients age 2 and over** • **Sensor wear time = 7 days** • **Dispense period = 35 days**

Section 4- Type of insulin therapy

Insulin Pump brand:
- ☐ Medtronic
- ☐ Tandem
- ☐ Omnipod

☐ Multiple daily injections of insulin (*please specify below*)
- Basal insulin *(name)* ____________________ Number of injections per day _______
- Bolus insulin *(name)* ____________________ Number of injections per day _______

Section 5- Confirmation of Eligibility - initial and renewal

Patients must meet the following criteria for special authorization:

For the treatment of patients who are **on multiple daily injections of insulin** (3 or more injections / day) **OR** an **insulin pump AND**

- ☐ The patient is under the care & management of a primary care provider, physician specialist or CDE / Health PEI PDP diabetes educator
- ☐ The patient demonstrates the capacity to use the sensor appropriately
- ☐ The patient demonstrates a reasonable understanding of what sensor technology can do and how it can benefit their diabetes care
- ☐ The patient affirms a willingness to use the sensor properly & to use the data to make safe & effective diabetes management decisions

OTHER COMMENTS (IF APPLICABLE)

Discontinuation Request (Complete only if discontinuing Special Authorization)

I authorize Health PEI to discontinue to Special Authorization for eligibility under the Glucose Sensor Program as this patient no longer meets the eligibility criteria. This has been discussed with the patient / caregiver.

Name of Health Care Provider ______________________________________ Effective Date of Discontinuation ___________________________

Signature of Health Care Provider ______________________________________

Health PEI may request additional documentation to support this Special Authorization Request. Personal information, including health information, on this form is collected by Health PEI under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act and*/or the *Health Information Act* for the purposes of determining your eligibility for the PEI Glucose Sensor Program, for evaluating the program and for other purposes permitted by law. Your information will be collected, used and disclosed only as permitted by law. For more information, visit www.healthpei.ca/yourprivacy or contact the Health PEI Provincial Diabetes Clinical Leader at (902) 368-4243.

REQUESTER'S SIGNATURE (REQUIRED)____**DATE:** ________________________

Please retain this page for information purposes

How do we define “Household”?
A household means a person, the person’s spouse, if the person has a spouse, and any dependents. No person may be considered to be part of more than one household.

How do we define “Spouse”?
A spouse is a person who is married to you or with whom you are living in a marriage-like relationship. A spouse may be of the same gender.

How do we define “Dependent”?
A dependent is a child of a person or the person’s spouse, who

- is under 19 years of age and does not have a spouse, or
- is 19 years of age or over but under 25 years of age, is a full- time student and does not have a spouse;

What if I am single, 19 years of age or over and still living with my family?
If you are 19 years of age or over, and **NOT** a full-time student, you must complete your own registration form. If you live with your parents, are NOT a full-time student and do not have a spouse or dependents, you are a family of one for our purposes. Do not include your parents’ names or their incomes on your registration form

How do we define “Household Income”?
Household income means the total income of the persons in a household, other than any dependents. For each household member, use Line 15000 (Total Income) from the preceding year’s tax return, and deduct any amounts reported on lines # 21000 (Split–Pension Amount), # 21400 (Child Care Expenses), # 22000 (Support Payments Made).This amount represents each individual’s income for the purpose of Drug Program coverage. Add together the individual amounts for each household member identified above to determine total household income.

How do we calculate coverage under the Insulin Pump Program?
Take the household income you just calculated; determine which income range you fall under:

Total Household Income Ranges	Percentage of Coverage
$0 to $20,000	100%
$20,001 to $40,000	95%
$40,001 to $50,000	90%
$50,001 to $100,000	70%
$100,001 and above	60%

How do we calculate coverage under the Glucose Sensor Program?
Take the household income you just calculated; determine which income range you fall under:

Total Household Income Ranges	Estimated co-pay per dispense to be paid at any PEI Pharmacy *(every 26 to 35 days depending on sensor type)*	
	No private insurance	With private insurance*
$0 to $20,000	$0.00	$0.00
$20,001 to $40,000	$10.00	$2.00
$40,001 to $50,000	$20.00	$4.00
$50,001 to $100,000	$60.00	$12.00
$100,001 and above	$80.00	$16.00

***** If you have private health insurance that provides partial coverage for glucose sensors, your co-payment will be either 20% of the standard copay (as noted in the table above) or the amount