

Administration Manual Insulin Pump Program (IPP)

*Policies and Procedures
Version 3.0*

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Section 1: Introduction

The purpose of this Manual is to present the policies and procedures of the Insulin Pump Program (IPP) in one document.

This Manual forms part of the agreement among the Department of Health, New Brunswickers living with diabetes, their agents, parents or guardians (if applicable), Physicians, Regional Health Authorities and Approved Vendors to support access to insulin pump therapy. The Department of Health reserves the right to revise this Manual.

This Manual is for use by Clients/Families, Health Care Providers, Regional Health Authorities and Approved Insulin Pump Vendors and is intended to provide guidance in managing the process of providing subsidy support.

Overall Governance

The Department of Health, through the Primary Health Care Branch, Chronic Disease Prevention and Management Unit (CDPMU) provides the overall governance of the Insulin Pump Program. The Minister has authority pursuant to the *Regional Health Authorities Act*.

Operational Governance

The New Brunswick Insulin Pump Program is coordinated and delivered through the Vitalité Regional Health Authority to citizens throughout New Brunswick.

Vision

To support New Brunswickers who are living with diabetes, and whom are medically eligible for insulin pump therapy, to obtain fair and affordable access to a range of pump devices and the basic operating supplies.

Privacy and Confidentiality

IPP will be managed, in compliance with the *Right to Information and Protection of Privacy Act* (or *RTIPPA*) and the *Personal Health Information Privacy and Access Act* (or *PHIPAA*).

Section 2: Roles and Responsibilities

General Overview

Clients who wish to use insulin pump therapy, must meet the medical and eligibility criteria and complete an IPP Approval Authority Form which is signed and submitted by the physician specialist. Only devices included in the Approved Vendor List are eligible for support. The client, in consultation with the physician specialist, must select the desired vendor and model. The physician will provide the paperwork to the IPP Administrator indicating the selected vendor and model.

The applicant must complete the Financial Contribution Assessment section of the Approval Authorization Form and submit the necessary documentation to the IPP Coordinator in order to determine the client/family's financial contribution. The IPP Coordinator will advise the vendor of the client/family's decision to purchase including the selected model, basic operating supplies, and financial contribution amount. The vendor will send the client an invoice indicating the financial contribution and identified model and basic operating supplies. The client must pay the invoice amount directly to the vendor. When this is paid, the pump will be shipped by the vendor to the client's preferred address using mail or courier service with tracking.

The remaining balance owing for the pump device and/or basic operating supplies will be billed directly to the IPP Business Office. The invoice to IPP Business Office must include evidence of delivery (mail or courier service tracking number).

If a vendor and client have contracted to a payment program by installment, the vendor may invoice the Insulin Pump Program for the outstanding balance once the contract has been signed. The Program will not cover any future losses that the vendor may incur, if the client/family defaults on the agreed payment installment contract.

Roles and Responsibilities

Role of the Applicant

- To make contact with the IPP Coordinator to learn about the process and expectations involved in the initial application for financial support for the purchase of the pump device and for ongoing assistance for pump supplies.
- To make the decision to start insulin pump therapy.
- To select the appropriate device in collaboration with the care team.
- To review and provide written consent to participate in the program.
- To complete the Financial Contribution Assessment and to supply the Notice of Assessment(s) from Revenue Canada used in determining the client/family financial contribution.
- To confirm purchase decision with the IPP Coordinator after receiving written

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determination of the available subsidy. This may be done by phone with the IPP Coordinator.

- To provide the selected vendor with the financial contribution payment as determined for the device purchase.
- To provide the selected vendor with the financial contribution payments as determined for device supplies.
- To make arrangements with the vendor if additional supplies are needed, above the funded amount. In this case the client/family is responsible for the entire cost.
- To follow the treatment plan that has been designed to qualify for ongoing financial support.
- To notify the IPP Coordinator if there has been a significant change in the client/family situation that would impact the ability to pay the financial contribution, as determined in the assessment of benefit. This would include a change in employment status resulting in a net change of client/family income, additional children, insurance coverages, etc.
- To advise the IPP Coordinator if the client has transferred to another physician specialist relative to their pump management.
- To complete the annual Approval Authority Form to determine the financial contribution for supplies or for pump replacement (if eligible).

Role of the Physician specialist

- To determine a client's eligibility and interest in insulin pump therapy.
- In order to sign off on the medical eligibility the signing physician must be a licensed specialist in Pediatrics, Endocrinology or Internal Medicine with Diabetes Specialty.
- To provide information to the client to learn more about the financial support available from IPP. This may include providing the client with IPP Business Office contact information and website.
- To provide the applicant/client and/or family and/or agent with the list of Approved Vendors and assist in the selection of the appropriate device and supplies.
- To work with the client's vendor as required, to ensure appropriate assessment and trial equipment is obtained and authorize the equipment that meets the client's requirements.
- To complete the appropriate sections (Sections 1, 2, and 3) of the Approval Authorization Form (AAF).
- To send the AAF, using normal inter-office referral processes within the regional health authority, to the client's diabetes care team.
- To provide the client with the client portion of the AAF (Sections 4 and 5). These sections are the client/family's responsibility to complete and submit to the IPP Business Office.
- To provide an appointment within an appropriate time frame when the client notifies the receipt of a new pump device.
- To ensure appropriate education and support for the client in learning the necessary knowledge and skills to manage diabetes with pump therapy.
- To ensure that support is available to the client and family.
- To monitor and support the client regularly and determine that the client continues to

- meet the IPP eligibility requirements.
- To annually resubmit the AAF.

Role of the Diabetes Care Team

- To receive and review the AAF, notifying the clinic of the treatment plan to start the applicant on insulin pump therapy and to follow standard clinic protocols for implementing insulin pump therapy.
- To ensure the AAF is forwarded, using secure internal communication messaging, to the IPP Business Office for processing.
- The diabetes care team should include a nurse who is responsible for designing, implementing and monitoring an individual nursing care plan with the client/family; a dietitian, who is responsible for designing, implementing, and monitoring individual nutrition care plans for the client with an emphasis on carbohydrate counting education.
- The team is collectively responsible for assessing the readiness for pump therapy, assisting in the selection of the device, providing the required education and ongoing support, ensuring adequate pump training and monitoring the effectiveness of pump therapy.

Role of the Approved Vendor

- To complete the necessary application for approval to be included in the Approved Vendor list, and demonstrate the requisite proof or commitment to meet the identified requirements.
- To provide information and resources for the client and the physician specialist / diabetes care team regarding the makes and models of equipment available.
- To provide technical support as agreed to in the ‘application for approval’ to become an Approved Vendor.
- To provide demonstration and assessment equipment and replacement supplies and devices as reasonably requested by the physician specialist/diabetes care team.
- To work cooperatively with the applicant and diabetes care team to ensure that the choice of equipment is appropriate to meet the user’s basic requirements.
- To maintain an adequate stock of the equipment which they are authorized to sell to clients, honor the agreed manufacturer warranties as stipulated in the application for approval to become an Approved Vendor, and provide after sale service as has been also agreed.
- To liaise with the IPP Coordinator in facilitating the purchase of devices and supplies by program clients.
- To invoice the client or family/agents for purchase of the device, specifying the device and financial contribution of the client or family/agent. To supply and invoice the client or family/agents quarterly for purchase of the device operating supplies, identifying the supply order and the financial copayment required.
- To coordinate all sales each month so that a maximum of one monthly invoice is sent to

the IPP Business Office, with all sales of devices and supplies clearly detailed by client account number, the financial contribution received, any outstanding amount due, and delivery tracking number.

- To meet all conditions specified in their executed vendor approval agreement.
- To provide or sponsor certified insulin pump instruction programs on a regular basis within the province annually in both official languages.
- To assist the client and diabetes care team in developing and customizing workflow processes to ensure that they have appropriate access to the required data downloads from the devices to monitor and develop treatment plans.

Role of the Insulin Pump Program (IPP) Administrator

- To provide the client with appropriate information to enable the applicant/client and/or family and/or agent to make an informed decision about their interest in participating in the IPP. This includes informing the applicant/client and/or family and/or agent about the need to supply proof of client/family income, an explanation of how the financial contribution is determined and assisting the client/family to determine their estimated contribution, and the process of payments to the selected vendor for both the device and supplies.
- To remind the client that the financial contribution amount may be eligible for refund by their private health insurance provider. Clients should consult with their carrier to review reimbursable expenses.
- To inform the applicant/client and/or family and/or agent that monies paid out as part of the financial contribution could be an eligible medical expense relative to income tax and that they should keep their receipts and explore this further as required.
- To provide information to the applicant/client and/or family and/or agent to assist them in helping to identify possible sources of support if the client/family financial contribution is still causing financial hardship.
- To participate and support the process for approval of client subscription in the IPP, including providing necessary paperwork to the physician specialist and client/family.
- To review the submitted AAF (Sections 1, 2, and 3) application from the physician specialist/diabetes care team.
- To review the submitted application from the client (AAF, Sections 4, 5) and authenticate the proof of client/family income submitted.
- To calculate the required financial contribution, and provide written determination to the client/family of the available subsidy,
- To contact the selected vendor, after the client/family has confirmed purchase decision, providing necessary information concerning the client, the managing physician specialist/diabetes care team, the selected product model and supplies, and the required financial contribution (co-pay) for the device as well as for the ongoing supplies.
- To review and process as necessary information submitted by the client that may impact the client/family contribution amount. This would include change in employment, additional children, etc.
- To manage the invoices received from the vendors in accordance with approved accounts payable processes.

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- To complete the necessary data entry to populate the IPP database.
- To maintain an up to date account profile for each client as well as for the program.
- To produce reports on a scheduled and ad hoc basis.
- To send out annual reminders to resubmit the AAF to the physician specialist as well as notifying the client.
- Process annual renewal forms submitted, appropriately notifying the client and the vendor of the client's eligibility and financial contribution and ongoing government subsidy.
- To maintain a file of all completed forms.
- To answer the toll free phone line. To provide afterhours consultation and access on request.

Section 3: Device & Supply Coverage

An insulin pump is a programmable device that holds an insulin cartridge or reservoir and delivers a continuous flow (basal rate) of insulin to the body. An infusion set connects the insulin pump delivery device to your body. The pump sends out rapid-acting insulin through a cannula at the endpoint that is inserted under the skin.

Only those makes and models of insulin pumps listed in the Approved Vendors List are available for funding assistance. Appendix 1 includes the Approved Vendors List, current to the date indicated on the List. The official copy of this list is available from the IPP Coordinator. The supplies subsidy is limited to the cost of the infusion sets and cartridges/reservoirs.

Note: The applicant must pay the vendor fully and directly for any non funded items he/she may choose to purchase.

Insulin Pump Devices

Clients, who wish to use insulin pump therapy, must meet the medical criteria which are signed by the physician specialist and submitted through the relevant diabetes clinic (care team). Only devices included on the Approved Vendor list are eligible for support from the IPP. The client, in consultation with the physician, must select the desired vendor and model. The physician specialist will provide the signed AAF (sections 1, 2, 3) to the client's diabetes care team. The diabetes care team will submit sections 1, 2, and 3 using secure communication processes, to the IPP Administrator indicating the selected vendor and model. The IPP Coordinator will advise the vendor of the decision to purchase including both the selected model and required client/family financial contribution. The vendor will send the client an invoice indicating the financial contribution required and identified model. The client must pay this amount directly to the vendor. When this is paid, the pump will be shipped by the vendor to the client's preferred address using mail or courier service with tracking. The remaining balance owing for the pump device will be billed directly to IPP Business Office. This invoice must include evidence of delivery (mail or courier service tracking number).

If during or following the designated funding period, a change in medical condition leaves the applicant unable to use the currently funded insulin pump, the Program will consider contribution towards the cost of a replacement insulin pump.

It is important to consider the supplies that will be required for the selected pump. The financial subsidy is based on standard usage and clients/families will be wholly responsible if additional supplies are needed. Please review Appendix 1: Approved Vendors: Devices and Supplies for what is funded.

Replacement of insulin pumps devices

Clients of the IPP are eligible to receive a replacement device after 5 years from the date of receiving their previous device as a client of the IPP. Replacement devices will only be funded

when a device is no longer under warranty. When the device is no longer under warranty and beyond economical repair, the client may apply for a replacement.

The manufacturer's warranty is expected to cover pumps that must be replaced due to defects.

If during or following the designated funding period, a change in medical condition leaves the applicant unable to use the currently funded insulin pump, the Program will consider contribution towards the cost of a replacement insulin pump.

Warranty

It is expected that any need for replacement pumps related to manufacturing defects should be covered by the manufacturer's warranty. The Approved Vendor must provide the client with the manufacturer's written warranty when the device is provided to the client at the time of purchase.

Repairs

All Approved Vendors provide a full warranty for the cost of repairs or replacement pumps. Approved Vendors are also expected to provide a temporary replacement pump when necessary, within 24 hours to the client's home or designated address, while the client's pump is being repaired.

Individuals/families must adhere to vendor programs to return damaged or faulty devices and are wholly responsible for the cost of any device not returned to the vendor.

Insulin Pump Supplies

IPP will provide funding assistance for supplies related directly to the insulin pump such as the infusion sets and cartridges. This is limited to the supplies associated for the devices included in the Approved Vendors list. ***IPP will not cover supplies related to continuous glucose monitors, blood glucose test strips, or accessories etc.***

The expected volume of supplies and financial subsidy is based on standards by the manufacturer, based on recommended usage. The client/family financial contribution will be pro-rated based on 4 shipments per year. Each shipment will contain enough supplies, based on normal usage for 13 weeks. The supplies must be purchased directly from the vendor and shipped by the vendor to the client's preferred address, using mail or courier service with tracking. The client is required to pay the contribution determined in the benefit assessment process, prior to shipment of the supplies. The outstanding balance will be billed by the Vendor to the IPP Business Center. All vendors are required to be able to deliver replacement supplies to a clients' home or designated address within 3 business days.

The client/family is responsible for advising the manufacturer if there is a problem with the supplies, including insecure packaging, defective equipment etc. The manufacturer's contact

center should be contacted directly to report the problem and make arrangements for supply substitution. The client/family should also advise the diabetes care team, in order to assist in identifying major issues that may need to be addressed.

It is important to consider the supplies that will be required for the selected pump. The financial subsidy is based on standard usage and clients/families will be wholly responsible if additional supplies are needed. The device and supplies should be appropriate based on the client's daily insulin usage. Any supplies required above the 'normal use' will be the sole responsibility of the family. The annual quantity of supplies that is funded, in association with each vendor, is listed in Appendix 1.

Section 4: Applicant Eligibility for Program Benefits

The following criteria must be met.

VALID MEDICARE NUMBER

The applicant must be insured as defined in the New Brunswick Medical Services Payment Act and have a valid New Brunswick Medicare Number.

PERMANENT RESIDENCE

The applicant must hold permanent residency in New Brunswick.

Eligibility Criteria for Insulin Pumps and Supplies

New Brunswickers, twenty-five (25) years of age and under with Type 1 diabetes, will be eligible for funding assistance if they meet the following established criteria as ascertained by the managing physician specialist and diabetes care team:

- Clients and their families/caregivers (if applicable) must already be involved in regular follow up by their diabetes health care team and be reviewed at least 3 times per year and demonstrate a sound knowledge of diabetes self-management.
- Clients and/or their families/caregivers (age dependent) must already demonstrate sound knowledge of carbohydrate counting.
- Clients and their families/caregivers (if applicable) must already be practicing self monitoring of blood glucose, a MINIMUM of four times/day (at least before meals and at bedtime) and agree to continue to do as such.
- The client and their families/caregivers must complete an insulin pump educational program, given by a certified insulin pump instructor.
- There is evidence of appropriate, ongoing family support (if the client is a pediatric patient) . The client is actively attempting to meet and/or maintain the A1c goal that is identified in their care plan (reflecting the most current Diabetes Canada clinical practice guidelines for diabetes management¹).
- The client has not had more than two (2) diabetic ketoacidosis (DKA) in the previous 6 months.

¹ <http://guidelines.diabetes.ca/fullguidelines>

Annual Renewal of Insulin Pump Supplies Grant

Annually , New Brunswickers aged twenty-five (25) years of age and under with type 1 diabetes must continue to meet the medical eligibility criteria as outlined above in order to continue to be eligible for government subsidy for the supplies. As well:

- The client is actively attempting to meet and/or maintain the A1c goal that is identified in their care plan (reflecting the most current Diabetes Canada clinical practice guidelines for diabetes management).
- Has not had more than one episode of diabetic ketoacidosis (DKA) in the last year

Section 5: Application Form

The applicant's Medicare number is the unique identifier for access to the Program. This number will be used on all correspondence to the physician specialist and Diabetes Program reports. However the Medicare number will not be shared with Vendor related communications and a second identifier will be assigned for all external communications with the vendor.

There is one key application form called the *Approval Authorization Form*. A copy is available in Appendix 2. This has five parts; *Basic Demographic information*, *Medical Criteria and Confirmation of Eligibility*, *Device and Supplies Requested*, *Financial Contribution Assessment*, and *Release of Information*.

Sections 1, 2, and 3 (Basic Demographic, Medical Criteria, and Confirmation of Eligibility) are completed during the office visit with the ordering physician specialist, and forwarded to the clients' diabetes care team. The diabetes care team reviews the application and completes any missing information then sends the form to the Insulin Pump Program Business Office.

Sections 4 and 5 (Financial Contribution Assessment and Release of Information) are given to the applicant (as applicable) to be completed and sent along with the necessary supporting documentation to the IPP Business Office. The same form is used for the initial application and the annual renewal.

Medical Criteria and Confirmation of Eligibility: The physician specialist is responsible for determining if a patient meets the medical criteria requirements to participate in the provincial funding subsidy program. The applicant/parent/guardian must co-sign the form to indicate that they understand what will be expected from them. The physician specialist must complete and submit the medical approval form to the client's diabetes care team. The client/family, in consultation with the physician and diabetes care team, must select the desired insulin pump device and/or supplies.

Financial Contribution Assessment: This is completed by the applicant and/or the parent(s) or agent (as applicable) and is renewed annually. It must be accompanied by a copy of the Canada Revenue Agency Notice of Assessment(s) for the most recent tax year from the applicant or all individuals contributing to the family income. The family income considers in addition to an independent applicant, households occupied by two or more people related by birth, common-law union, marriage, or adoption. **All incomes that contribute to the family income must be reported.**

Release of Information: The release is signed by the parents or applicant (if 16 years of age or older), indicating that they are aware of the personal health information or personal information that will be exchanged in order to support the business processes of this program.

The following reviews each part in detail:

Approval Authorization Form (AAF)

The form has a total of five sections.

Each section consists of a series of questions to be answered or statements to be confirmed either by inserting specific information (e.g. name, Medicare number, date of birth, medical condition and information, device code etc.) or by checking appropriate boxes with an “x”. A copy is available in Appendix 2.

The application must be completed in full to be accepted for processing.

The Approval Authorization Form includes the following components:

Medical Criteria and Confirmation of Eligibility:

Section 1 – Basic Demographic

Section 2 – Medical criteria and Confirmation of Eligibility

Section 3 – Device and Supplies Requested

Financial Contribution Assessment:

Section 4 – Financial Contribution Assessment

Release of Information:

Section 5 – Release of Information

Medical Criteria and Confirmation of Eligibility

Section 1 – Basic Demographic

This section must be completed in full to be accepted for processing.

Information required:

Applicant's biographical information including name, address, date of birth, valid New Brunswick Medicare Card number and telephone number(s), parental information (name, address, telephone) if different from applicant or legal guardian (name, address, telephone) if different from applicant as applicable.

Section 2 – Medical Criteria and Confirmation of Eligibility

This section requires the physician specialist's signature as well as the signature of the applicant (if aged 16 and over) or the applicant's parent(s)/agent.

Information required:

- Dates and results of A1c results; new users will need one A1c within the last 6 months; renewal applications require the most recent 2 A1c measures and should be within the last year.
- Confirmation of number of episodes of DKA; New users should not have had more than 2 DKA episodes within the previous 6 months. Renewal applications should not have had more than 1 DKA episode in the last 12 months. *Consideration will be given to DKA episodes resulting from circumstances outside the client's control such as mechanical issues etc.*
- Applicants and their caregivers (if applicable) must already be involved in regular follow up by their diabetes health care team and be reviewed at least 3 times a year and demonstrate a sound knowledge of diabetes self-management including:
 - A sound knowledge of carbohydrate counting
 - Self monitoring of blood glucose and record keeping of results a minimum of 4 times a day and agrees to continue to do so
 - Injection site rotation
 - Appropriate sick day knowledge and management
 - Appropriate family support (as appropriate)
- Attendance at a diabetes program and participates in a diabetes education program 3-4 times per year, which includes periodic evaluation by a dietitian; (indicate location of the applicant's primary clinic).
- Signature of the physician specialist confirming that the applicant has type 1 diabetes and has demonstrated clinical appropriateness for insulin pump therapy.
- Signature of applicant or parent/agent agreeing to the treatment expectations as listed.

Section 3 – Device and Supplies Requested

The physician specialist or a designate from the diabetes care team will complete this section indicating the make, model and requisite supplies for the insulin pump requested. Only those makes and models of insulin pumps listed in the Approved Vendors List are available for funding assistance. Appendix 1 includes the Approved Vendors List, current to the date indicated on the List. The official copy of this list is available from the IPP Coordinator.

Financial Contribution Assessment

Section 4 – Financial Contribution Assessment

The purpose of this form is to establish the applicant financial contribution payment that will be required. It includes the basic demographic information and confirms the applicants as also recorded on the first page of the application. The contribution assessment considers the applicant/family income, the family size and the selected device.

The next segment establishes both family size and family income. This section is given to the applicant to complete and submit to the IPP Coordinator, accompanied by a copy of the most recent tax year Notice of Assessment from Canada Revenue Agency for all contributors to the family income to establish the total family income.

The family size should include all the individuals living in the household being supported by the family income. For 2 parents with 2 children this would be 4 individuals. For 2 parents with children from a previous marriage, it should include the 2 parents as well as all children *living in the household* as well as *all children for whom child support is being paid, regardless of their primary family home*. As well, this should include children under the age of 26 who are receiving financial support from the family unit. The IPP Coordinator is available to provide further guidance in determining the family size if needed.

Establish the net family income. All contributors to the family income are required to submit a copy of their Notice of Assessment issued by Canada Revenue Agency. The amounts from Line 150 (net income) and Line 435 (total taxes payable) will be used to determine the net family income. As well the marital status will be used to determine if there should be a notice of assessment from one or two persons depending on the household structure (i.e. single income households or common law or married couples) from the most recent tax year. All income that contributes to the family income must be reported.

The family income considers, in addition to an independent applicant, households occupied by two or more people related by birth, common-law union, marriage, or adoption.

Please note, failure to provide the Canada Revenue Agency, Notice of Assessment will result in an incomplete application and therefore the application will be rejected.

Applicants or those considered to be contributors to the family income, who have not filed income tax for the previous year, will be required to file their income tax, even if they have no reportable income.

If, at the time of application, there has been a significant change in the family income such as job loss, layoff etc, the applicant is invited to contact the IPP Coordinator to discuss the situation. They may be asked to submit a written request for special consideration, indicating when the change happened, and providing appropriate evidence of the revised income such as a pay stub. Applicants are further invited to discuss unusual circumstances with the IPP Coordinator if they believe that the family contribution creates economic hardship because their true family circumstances are not fully represented. The Department of Health, Chronic Disease Prevention and Management Unit will review these special cases. Requests for special consideration can be sent to:

Department of Health
Chronic Disease Prevention and Management Unit
P.O. Box 5100
Fredericton, N.B. E3B 5G8

Release of Information

Section 5 – Release of Information

The applicant or his/her parent or his/her agent, are required to sign this section, acknowledging that personal and private health information is required to be released to select stakeholders and thereby

- Authorizes the physician specialist and diabetes care team to release confidential information about the applicant to the IPP as part of the initial start up and for the annual renewal process.
- Authorizes the IPP to release confidential information to the selected vendor (name, address, telephone, parent or agent's name, family co-pay amount, diagnosis of diabetes in applicant, physician's name, and primary pediatric diabetes clinic).
- Authorizes the Vendor to inform the IPP about the tracking number assigned when product is mailed.
- Demonstrates awareness that the New Brunswick Department of Health will be reviewing and monitoring related health system utilization and health status indicators to support ongoing quality improvement efforts and to assist in determining the overall impact of the IPP as part of the government commitment to improving wellness. This includes all information reported on the form.
- Understands that all electronic files that are transferred relating to the patient are transferred using appropriate security protocols.
- Understands that records will be retained long term in accordance with the regional and government record retention policy. Precautions are in place to ensure that this

- information is appropriately secure, in accordance with government and regional health authority guidelines.
- If an applicant is less than sixteen (16) years of age, the legal guardian or parent will sign the form. Applicants who are sixteen (16) years of age and older should sign their own forms. Applicants who are sixteen (16) years of age and older and unable to sign the form may give oral consent and the form may be signed by his/her agent. The agent acts as a witness to the declaration. During the annual renewal process, the ordering physician specialist will be advised if the patient has turned sixteen (16) years of age, and request to have the patient sign the consent/authorization.

Submission of Approval Authorization Form

The physician's office will send the **AAF** (Sections 1, 2, 3) to the Diabetes care team using standard interoffice referral processes. The Diabetes care team will be responsible for electronically transferring the **AAF** (Sections 1, 2, 3) using secure approved communication processes to the IPP. Sections 4 and 5 of the AAF are sent in by the client/family along with the supporting paperwork.

NOTE: Applications with missing or incomplete information will be returned directly to the Diabetes care team or client/family as appropriate for correction.

Notification of Determination of Financial Contribution

A letter will be sent to the applicant/parent(s) or agent after receipt of the completed IPP application, indicating the applicant/family's financial contribution. The completed program application includes the *Approval Authorization Form* with sections completed by a physician and submitted by the diabetes care team, and the Financial Contribution Assessment Form sections completed and submitted by the client parent/guardian(s) and all necessary supporting documentation. Any disagreement with the amount of the Financial Contribution can be sent to:

Department of Health
Chronic Disease Prevention and Management Unit
P.O. Box 5100
Fredericton, N.B. E3B 5G8

Client/Family Participation Confirmation

After receipt of the *Notification of Determination of the Financial Contribution*, the client/parent(s)/agent must contact the IPP Coordinator to confirm participation. The IPP Coordinator will then continue to process the application and contact the vendor to begin the process of ordering the device and supplies as well as provide the client/family financial contribution amounts to the vendor for invoicing.

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Expiry date of the Application Form

The IPP Business Office will consider the fully completed Approval Authority Form current and valid for one (1) year from the date of signature of the physician, once the form has been received by the IPP Administrator. Clients will have a 3 month grace period to renew expired forms before the client will be denied access to subsidy benefits. It is the same form for both the initial application and the renewal application.

Contact Information

New Brunswick Insulin Pump Program

Tracadie-Sheila Hospital
400, rue des Hospitalières
PO Box 3180
Tracadie-Sheila, NB E1X 1G5

Email: NBIPP-PPINB@gnb.ca
Office: 506-394-3382
Toll free number: 1-855-655-5525
Office Fax: 506-394-3381
Toll Free Fax: 1-855-290-2371

Section 6: Funding and Payment

Only approved vendors are eligible to participate in this program. Approved vendors are registered through the Service New Brunswick procurement process and have met the standards established for the Insulin Pump Program.

Funding Amounts and Payment

For applications approved for funding the client must pay the vendor directly the amount determined for the financial contribution. The vendor will invoice the IPP Business Office. The invoice will include evidence of device shipment using a tracking number or similar process.

In the case of pump purchases, any alternate payment plans developed between the applicant and the Vendor will be the sole responsibility of the Vendor and the applicant. If a vendor and client/family have contracted to a payment program by installment, the vendor may invoice the IPP Business Office for the outstanding balance once the contract has been signed. IPP will not cover any future losses that the vendor may incur, if the client/family defaults on the agreed payment installment contract.

In the case of supplies the client/family financial contribution will be prorated based on a quarterly shipment of supplies approximately every 13 weeks, based on recommended usage patterns. The Vendor will send the client/family an invoice each quarter with the anticipated supply shipment and family co-payment required. The client/family will be responsible for paying the family contribution prior to the order being shipped. The Vendor will invoice the IPP Business Office for the remaining balance from each shipment, once it is shipped. If there is a need for additional supplies, this will be solely the responsibility of the client and family.

Section 7: General Vendor Policies

Only ‘approved’ Vendors are eligible to be reimbursed through the New Brunswick Insulin Pump Program.

Development of the Approved Vendors List

Service New Brunswick is responsible for soliciting information from vendors about supplies and devices eligible for coverage within the Insulin Pumps and Supplies on behalf of the regional health authorities: It is the responsibility of Service New Brunswick to enter into pricing agreements with approved vendors on behalf of the regional health authorities and the Department of Health. The contract will be signed by Vitalité for a period of 5 years.

Confidentiality and Privacy Policy

The vendor must treat all personal information, general information or documentation that may identify a client as confidential. The vendor must make every attempt to ensure that confidential client records are secure and that access to such records is controlled.

The vendor will not disclose or release any personal information, without obtaining the express consent of the client or his or her agent, prior to the release or the disclosure of such information or documents.

The vendor must advise its staff of these requirements and must take appropriate action to maintain compliance by staff.

Solicitation of Business

A vendor must not contact IPP clients to inform them that they are eligible for a new device at the end of the replacement period.

Informing Persons of the Program

The Approved Vendor must inform individuals enquiring about the purchase of a pump device that there are government programs available and refer them to the physician specialist or the Insulin Pump Program Business Centre or the New Brunswick government website.

Warranties

The Approved Vendor must provide the client with the manufacturer's warranty at the time of providing the device to the client. The terms of these warranties are described in the device-specific manuals or vendor agreements.

Repairs of purchased devices

The Program does not contribute toward the cost of repairs of purchased devices under any circumstances.

Payment Procedures

The following processes will be followed to support the payment procedures.

1. The IPP Coordinator will advise the vendor of the decision to purchase including the selected model and/or supplies and required client/family financial contribution
2. The vendor will send the client an invoice indicating the financial contribution required and identified model and/or supplies.
3. The client must pay this amount directly to the vendor. When this is paid, the device and/or supplies will be shipped by the vendor to the client's preferred address using mail or courier service with tracking.
4. The vendor will submit no less than monthly, an invoice to the IPP Business Office that itemizes the transactions by client account and will include the family contribution received and the delivery tracking number for each shipment.
5. If a vendor and family have contracted to a payment program for the insulin pump by installment, the vendor may invoice the Insulin Pump Program for the outstanding balance once the contract has been signed. The Insulin Pump Program will not cover any future losses that the vendor may incur, if the client/family defaults on the agreed payment installment contract.
6. The vendor will notify the IPP Business Office of:
 - a. client return of an insulin pump
 - b. discontinuation of service