

# **PEI Ostomy Supplies Program**

## Plan Overview:

The PEI Ostomy Supplies Program is a publicly funded program administered by Health PEI. Persons with a permanent abdominal ostomy will be eligible for financial assistance for the following categories of supplies;

- Skin wafers
- Ostomy pouches
- Adhesive removers
- Skin barrier wipes
- Stoma powders, pastes, and barrier rings
- Ostomy belts

Only supplies in the above categories are eligible for reimbursement.

Coverage is in the form of reimbursement, and will be based on the client's household income.

The amount of coverage of eligible supplies is up to \$2400 per program year (amount is \$1200 for period January 1 to June 30, 2019).

Coverage beyond \$2400 in a program year is not eligible for reimbursement. Receipts will be applied to the date applicable to the program year, and cannot be used outside of the eligible program year.

## **Eligibility:**

- Clients must have a valid PEI Health Card, and be a PEI resident.
- Clients must have a permanent abdominal ostomy.
- Clients must have filed PEI taxes in the previous taxation year.
- The program year will run from July 1 to June 30 each year. As this program is effective Jan 1, 2019, this first time period will run from January 1 to June 30, 2019 with eligible benefits of up to \$1200.
- Clients will have their eligible benefits prorated based on the date of enrollment in the program.

Clients covered under Income Support, Nursing Home Program, and any federal program (eg Veterans Affairs, NIHB) under which they are eligible for ostomy supplies will continue to access supplies under those programs.

#### Enrollment:

Clients with a permanent ostomy will be enrolled in the program by their healthcare provider (physician, nurse practitioner, or NSWOC nurse), using **the Health Provider Form, Ostomy Supply Program Registration Form.** 

The client must also complete and submit an **Ostomy Supply Program Patient Application Form.** This form allows the program staff to calculate the client's financial obligation. The level of coverage is as follows:

Household Income	Patient Pays Full Cost Of Supplies	Percentage Reimbursed	Client Responsibility
\$0-19,999	Patient Pays Full Cost Of Supplies	90%	10%
\$20,000 - \$49,999	Patient Pays Full Cost Of Supplies	80%	20%
\$50,000 - \$99,999	Patient Pays Full Cost Of Supplies	70%	30%
\$100,000 +	Patient Pays Full Cost Of Supplies	60%	40%

Clients will be notified in writing of their enrollment in the program, as well as their financial responsibility.

## Coverage once enrolled in the Ostomy Supplies Program:

Clients will purchase and pay for their supplies at their home health care centre/pharmacy. Clients will submit original receipts, as well as a completed **Ostomy Supply Claim Submission Form**, to the address on the form. Claims may be submitted monthly, (or less often if desired) and receipts will not be considered if older than six months from date of purchase.

For clients who have private insurance for ostomy supplies, claims must be submitted to the private insurer first. Once the client has received a benefit statement from their insurer, the client may submit the benefit statement, receipts, and a completed **Ostomy Supply Claim Submission Form** to this office for reimbursement.

Processed receipts will not be returned; clients should keep copies for their own records.

Claims may take 4-6 weeks to be processed.

Clients may request for reimbursement to be deposited directly into their bank account by submitting a Direct Deposit Form. Otherwise, a reimbursement cheque will be mailed to the address on the Ostomy Supplies Claim Submission Form.

Coverage beyond \$2400 in a program year is not eligible for reimbursement. Receipts will be applied to the date applicable to the program year, and cannot be used outside of the eligible program year.

Claims can be submitted to:

PEI Pharmacare Attention: Manual Claims PO Box 2000 Charlottetown, PE C1A 7N8

# Forms:

Forms can be found on the PEI Pharmacare website:

Health Care Provider Form Ostomy Supply Program Registration Ostomy Supply Program Patient Application Form Ostomy Supply Program Claims Submission Form

# Mailing Adress & Contact information:

PEI Pharmacare 16 Fitzroy Street Sullivan Building Charlottetown, PE C1A 7N8

**Telephone:** (902) 368-4947 **Toll free:** 1-877-577-3737