



Monitoring for Health Program Client Information Sheet

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 Ministry of Health and Long-Term Care and administered by Diabetes Canada.

A. Who is eligible?

To qualify for this program, you must

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

Note: Your **first** claim form to the program must be signed by a doctor or nurse practitioner to confirm that you use insulin to manage your diabetes or have gestational diabetes.

B. What kind of diabetes supplies does the program cover?

- Blood glucose test strips
- Lancets (used to prick your finger for testing)
- Blood glucose meters
- Talking blood glucose meters (for visually-impaired clients only; letter from doctor required)

Note: Children/youth under 25, seniors 65+, ODSP/OW clients, and Trillium Drug Program clients can only submit to the program for reimbursement of **lancets** (and a blood glucose meter once every 5 years, if needed). Test strips are covered through the Ontario Drug Benefit (ODB) program. Long-term care home residents are not eligible for the Monitoring for Health Program.

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

No. The program 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 you 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

E. How does the program work?

- Supplies must be purchased at an Ontario pharmacy.
- Receipts must include the name of the item purchased, the cost per unit, and the total amount paid, as well as the date of purchase and the name/address of the pharmacy. If your pharmacy cash register receipt does not include this information (e.g. Costco cash register receipts do not indicate name of item purchased), please ask the pharmacist for a handwritten official pharmacy receipt and include this receipt when submitting your claim.

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- Items **do not** need to be purchased on prescription to be eligible for reimbursement.
- **Note:** Do not use rewards points (e.g. Optimum points) or gift cards for your purchase. Purchases made with rewards points or gift cards will not be reimbursed.
- You can submit a claim each time you purchase supplies, or save up your receipts and submit once or twice a year – whatever works best for you.

There are two ways to submit a claim to the program:

Option A

1. **Complete the claim for in full.** If this is your **first** claim to the program, you must have the form signed by a doctor or nurse practitioner to confirm insulin use or gestational diabetes.
2. **Purchase your supplies** at an Ontario pharmacy. Be sure to keep the receipts.
3. **Mail your completed claim form and receipts to the program address listed at the top of the claim form.** **Note:** Original claim forms and receipts only – no photocopies please, but keep a copy/scan/picture for your records.
4. Once your claim has been processed, you will receive a cheque for the amount reimbursed (75%) and a new claim form for your next claim.

Option B

1. **Contact your pharmacist to see if the pharmacy offers third-party billing** for the Monitoring for Health Program. With third-party billing, you pay only 25% of the cost of eligible supplies and the pharmacy submits to the program directly for the 75% reimbursement.
2. **Complete the claim form in full.** If this is your **first** claim to the program, you must have the form signed by a doctor or nurse practitioner to confirm insulin use or gestational diabetes.
3. **Purchase your supplies from the pharmacy** and pay only the 25% not covered by the program.
4. **Sign the claim form** in the appropriate section to assign reimbursement to the pharmacy.
5. The pharmacist will then submit your claim and receipts to the program and the reimbursement will be issued to the pharmacy directly. **If your pharmacy does not offer third-party billing, please see Option A above.** (Please note: We do not keep a list of pharmacies offering third-party billing, since some pharmacies only offer this service to their regular customers.)

F. How long will it take to receive my cheque?

Due to the high volume of claims received, average cheque processing time is currently 8 weeks from the time your claim is received at our office. We make every attempt to process claims as quickly as possible. Please allow at least 8 weeks before contacting our office to check on the status of your claim, if you have not yet received reimbursement.

G. Is there a deadline for submitting my receipts?

Yes. The program year begins on April 1st each year and ends on March 31st the following year. *All claims and receipts must be received at our office by no later than March 31st.*

Questions?

mfhp@diabetes.ca | 1-800-361-0796