



Department of Social Development

**Health Services
Therapeutic Nutrient Program**

**Dietary Supplement Benefit
Reference Guide**

Table of Contents

PART 1 – DIETARY SUPPLEMENT BACKGROUND	3
PART 2 – DIETARY SUPPLEMENT POLICY	4
Eligibility	4
Application Form	4
Section 1	4
Section 2	4
Section 3	5
Required Documents:	5
PART 3 – GENERAL PROCEDURES FOR MEDICAL AUTHORIZED PRESCRIBERS	5
PART 4 – GENERAL PROCEDURES FOR REGIONAL STAFF (CASE MANAGERS/SOCIAL WORKERS)	5
PART 5 – GENERAL PROCEDURES FOR PHARMACIES	6
Cost Estimate E-Form	6
Processing	6
Notification of Decision	6
Invoicing	6
Training Provided	6
PART 6 – HEALTH SERVICES ROLE	6
Health Services Review	6
Decision	7
Approvals	7
Refusals	7
Issuing Payments	7
PART 7 – ADDITIONAL INFORMATION	7
APPENDIX A: Medical Criteria	8
APPENDIX B	9
Medical Supply Pricing Policy	9
Definitions	10
Pricing	10
Confidentiality	10
Invoicing	10
APPENDIX C: Sample Forms	11

PART 1 – DIETARY SUPPLEMENT BACKGROUND

The Health Services Program offers a number of health benefits and services to Social Development clients who have an active health card. Specific client groups eligible through Health Services include:

- Social Assistance recipients and their dependents
- Health-Card-Only clients (those unable to cover the cost of service because of extensive health needs)
- Clients in the Child and Youth Services Program
- Long-Term Care clients residing in Adult Residential Facilities
- Nursing Home clients
- Mental Health clients residing in facilities

Health Services Program has administered the Dietary Supplement benefit since 2016. It is part of the Therapeutic Nutrients (TN) program, which also includes the Enteral Feeding benefits and Total Parenteral Nutrition (TPN) benefits. Specific client groups eligible for the TN program include:

- Social Assistance recipients and their dependents
- Health-Card-Only clients (those unable to cover the cost of service because of extensive health needs)
- Those within the Child and Youth Services Program
- Long-Term Care clients residing in Adult Residential Facilities
- Mental Health clients residing in facilities

In November 2019, after consultation with healthcare professionals, improvements were made to policies and procedures, building on the improvements implemented in July 2013. Changes will apply to all new clients who submit an application for the Dietary Supplement benefit, and to all existing clients at the time of renewal. The department's goal is to ensure long-term sustainability for clients who are medically justified to receive the Dietary Supplement benefit.

This guide is intended for authorized prescribers (physicians, nurse practitioners, or registered dietitians), recommending the Dietary Supplement program; speech therapists recommending thickening products; pharmacies supplying the benefit; and regional staff within the Department of Social Development supporting their clients. The guide is also available to help Adult Residential Facilities Operators and Health Services Administrators gain a better understanding of the new policies and procedures regarding this special benefit.

Information on the Enteral Feeding benefit and TPN benefit are not included in this reference guide.

The revised Dietary Supplement Application, dated March 2021, is available online. A sample is included in [Appendix C](#).

PART 2 – DIETARY SUPPLEMENT POLICY

Eligibility

The Dietary Supplement benefit is intended for clients of the department:

a) who require short-term caloric supplementation to aid in their preparation for surgery, or recovery from surgery, severe injury, serious disease, or the side effects of medical treatment.

and/or

b) who because of their medical diagnosis, present with one or more severe chronic conditions that prevent them from obtaining adequate daily nutrition received by eating real food alone (including pureed).

Please note: This benefit is not intended to alleviate food security issues for clients. Dietary supplements will only be provided when medical justification supports the need for the benefit, as described in [Appendix A](#).

Application Form

For Health Services to accurately assess a client's eligibility for this benefit, Sections 1, 2, and 3 of the Dietary Supplement Application must be completed by an authorized prescriber as follows:

Section 1

The authorized prescriber provides the **patient's diagnosis** and **explains** the medical justification for this benefit (why the patient cannot eat real food, including pureed) and indicates one or more of the following applicable **condition(s)**:

- Major physical trauma
- Preoperative period
- Postoperative period
- Significant weight loss
- Moderate to severe immune suppression objectively documented
- Currently receiving chemotherapy, radiation, or interferon treatment
- GI malabsorption condition objectively documented
- Neurological degeneration objectively documented

See further explanation of these conditions in [Appendix A](#).

Section 2

The authorized prescriber must provide the recommended treatment, quantity per day, and the duration of need (3 months, 6 months, 12 months, or long term). All requests over 6 months require an attached letter of explanation that provides further detailed justification for the benefit. Subsequent requests within a 2-year period (for 3-, 6-, or 12-month approvals) also require an attached letter of explanation.

A **Dietary Supplement Application** form must be completed regardless of how long the benefit is required. If an authorized prescriber requests to extend the benefit beyond the maximum time (i.e., 3, 6 or 12 months), another Dietary Supplement Application form must be completed during a follow-up appointment with the client, and a letter of explanation must be attached. In situations where the client's medical condition supports a **long-term (indefinite) approval**, and the application form and attached letter clearly explain the need, Health Services will no longer require another application form from the authorized prescriber for this client. This change has been implemented to reduce the administrative burden placed on health care professionals when it is evident that the client's medical situation for requiring the benefit is unlikely to change.

Dietary Supplement Benefit Reference Guide

Benefits that are approved long term require a new cost estimate only when there is a price adjustment from the original approval.

Assistance will be provided based on the most economical brand available at a client's pharmacy, unless the client has a medical condition (i.e., celiac disease) where the client requires a specific brand. The medical condition must be indicated on the **diagnosis** and **explanation** section of the form.

This benefit is limited to a maximum of no more than **four** cans per day for adults and **two** cans per day for children under the age of 15.

Section 3

The authorized prescriber provides his/her name, designation, telephone and fax number.

Required Documents:

Health Services requires:

- **Dietary Supplement Application** form, that includes:
 - the condition
 - diagnosis
 - medical justification and/or supporting documentation
 - the recommended quantity per day and duration of need
- **Excel cost estimate E-form** submitted by a pharmacy.

Only the most recent version of the application form (dated March 2021) will be accepted. Incomplete forms will delay processing.

PART 3 – GENERAL PROCEDURES FOR MEDICAL AUTHORIZED PRESCRIBERS

Authorized prescribers must complete the mandatory Sections 1, 2 and 3 of the Dietary Supplement Application form and, if applicable, include a detailed letter of explanation for benefit requests over 6 months or for subsequent requests. Once a Dietary Supplement Application form is complete, the prescriber returns the form to the client or forwards it by fax to the appropriate pharmacy that was chosen by the client.

PART 4 – GENERAL PROCEDURES FOR REGIONAL STAFF (CASE MANAGERS/SOCIAL WORKERS)

Regional staff are expected to respond to Health Services' requests within 5 working days or requests may be refused.

Regional staff will review with clients the medical conditions outlined in [Appendix A](#), and will help clients self-assess if they are entitled to this benefit by exploring why they cannot sustain their health by eating real food – including pureed. If a client confirms that he/she meets one of the medical criteria, the Case Manager/Social Worker will provide the client with a copy of the Dietary Supplement Application form.

Regional staff will inform their clients that this benefit may only be issued upon recommendation from an authorized prescriber and, if the benefit is approved, it will be based on the most economical brand available at his/her pharmacy.

Regional staff will inform their clients if any part of the application process is missing (i.e., the application is incomplete, the cost estimate E-form not received, recommended treatment not provided).

Regional staff will inform their clients of Health Services' decision regarding their request for the Dietary Supplement benefit.

PART 5 – GENERAL PROCEDURES FOR PHARMACIES

Pharmacies must be approved with the Province of New Brunswick with an active Vendor Number that is accessible to staff at Health Services.

Cost Estimate E-Form

Once pharmacies receive the completed Dietary Supplement Application, they produce a Health Services cost estimate, using the Excel E-form provided by the Province (via WatchDox). Pharmacies must offer generic products, unless additional medical justification is provided. The dietary supplement products must adhere to the pricing policy indicated in the Pharmacy Pricing Agreement with Social Development (see [Appendix B](#)).

Processing

Both the Dietary Supplement Application form and cost estimate E-form are forwarded to Health Services for processing via fax (application form) and WatchDox (E-form).

Notification of Decision

Health Services reviews the application package and notifies the pharmacy of their decision via WatchDox or fax. If a client is approved, Health Services sends the pharmacy an official approval form for the Dietary Supplement program and indicates the duration of the approval. It is the responsibility of the pharmacy to ensure product is not given to a client after the approval period has ended.

Invoicing

Once a client picks up product, the pharmacy uses the E-form (Master Sheet) to create an invoice and submits it to Health Services via WatchDox. Pharmacies submit invoices only once a month to Health Services. The benefit will be authorized and paid three weeks after the service date.

Training Provided

Health Services provides WatchDox and E-form training. Contact [Health Services](#) to request a training session.

PART 6 – HEALTH SERVICES ROLE

Health Services Review

Once Health Services receives an application package consisting of a Dietary Supplement Application form (via fax) and a cost estimate E-form (via WatchDox), an administrator conducts a thorough review to determine a client's eligibility for this benefit.

Health Services administrators ensure each application package is complete and confirm the following information is **correctly** provided:

- client name and birthdate
- health card number
- medical diagnosis and detailed explanation
- additional letter of explanation if required
- product (generic)
- quantity
- duration of need
- prescriber identification information

Dietary Supplement Benefit Reference Guide

Health Services administrators review each cost estimate E-form and ensure the following are **correctly** provided:

- vendor ID number
- client name
- client birthdate
- client health card number (not Medicare number)
- product name (generic)
- product quantity as indicated on the attached application form
- pricing (See [Appendix B](#): Pharmacy Pricing Agreement with Social Development)

Health Services administrators confirm that a condition has been identified, and a diagnosis and explanation of why the client cannot eat real food is included. (See [Appendix A](#).)

If information is missing from an application package, Health Services administrators will ask regional staff to contact their client. Clients are then required to contact either their authorized prescriber or pharmacy, and request that missing information be forwarded to Health Services on their behalf.

Decision

Health Services notifies Case Managers (via NBCase) of the decision by sending a Task. Case Managers contact their client with the details of the decision.

Health Services notifies Social Workers of the decision via email. Social Workers contact their client with the details of the decision.

Approvals

If approved, regional staff are informed of the amount, cost, and duration of the approval, and asked to share this information with their client. Health Services completes an approval form and updates the existing cost estimate E-form to reflect the decision. Both documents are sent to the pharmacy via WatchDox or fax.

Refusals

If a client is refused, regional staff are provided with an explanation of the reason supporting the decision and asked to share this information with their client. Health Services updates the existing cost estimate E-form to reflect the refusal and sends it to the pharmacy via WatchDox or fax.

Issuing Payments

Health Services receives an email notification that an invoice has been sent from a vendor (via WatchDox). Before authorizing and issuing payments for the Dietary Supplement benefit, Health Services reviews invoices, and ensures they are accurate and complete. Invoices must reflect the approved product, amount, and duration of the approval. Should information be missing from an invoice (i.e., vendor number, service date, name and birthdate of client), then the invoice will be refused and returned for to the vendor via WatchDox or fax.

PART 7 – ADDITIONAL INFORMATION

For additional information on the Dietary Supplement Benefit, please contact:

Lisa Dow : Lisa.dow@gnb.ca (506-453-2070)

Alisson Grenon-Bent : Alisson.grenon-bent@gnb.ca (506-444-2475)

If you wish to obtain additional information regarding other programs, benefits, and services offered by Health Services, please visit our [website](#).

APPENDIX A: Medical Criteria

Medical Condition	Description
Major physical trauma	Major motor vehicle accident or personal physical injury, such as an accident or a physical assault, that would require a recovery period of several weeks to months with regular medical follow-up
Preoperative or Postoperative period	Major surgery, such as orthopedic, cardiac, neurosurgery, or as part of cancer treatment that would require an extended recovery period
Significant weight loss	Weight loss of at least ten percent of usual body weight associated with a major physical illness, cancer, or mental illness (such as dementia or major depression). Diagnosis, measurement, and medical justification demonstrating the severity of the condition must be provided.
Moderate to severe immune suppression	Generally secondary to either an underlying immunosuppressive condition or secondary to medications that can cause immunosuppression, such as those for rheumatoid arthritis or Crohn's disease. Diagnosis and explanation of the severity of the condition at the time of application must be provided.
Currently receiving chemotherapy, radiation or interferon treatment	Treatment must interfere with ability to consume enough amounts of regular food. Diagnosis and medical justification demonstrating the severity of the condition at the time of application must be provided.
GI malabsorption conditions	Malabsorption conditions such as severe esophageal dysmotility disease, short gut syndromes, post colonic or small bowel resection, and post partial gastrectomy. Does not include celiac disease, lactose intolerance, or IBS, without detailed information from a GI specialist.
Neurological degeneration	A medical condition severe enough to interfere with the ability to consume regular food, such as post stroke that affects swallowing, or Parkinson's disease. Diagnosis and medical justification demonstrating the severity of the condition must be provided.

APPENDIX B

Medical Supply Pricing Policy

After August 1, 2016 (Phase 1) all invoices submitted to the Health Service Group shall reflect the following medical supply pricing policy:

PHASE 1		
Medical Supply Category Health Service Group	AAC Mark-Up %	Effective Date
1a. Ostomy Supplies and Catheterization	30%	August 1, 2016
1b. Incontinence Supplies - (Health Services Only)	20%	August 1, 2016
2a. Therapeutic Nutrients – Supplement (Enteral Feeding Only)	20%	August 1, 2016
2b. Therapeutic Nutrients – Supplies (Enteral Feeding Only)	30%	August 1, 2016
3. Breathing Aids – Pharmacy Only	30%	August 1, 2016
4. Other Medical Supplies (except sleeves and compression stockings*)	30%	August 1, 2016
5. Therapeutic Nutrients – Dietary Supplement	20%	October 1, 2016

* *Invoiced at Retail Price*

After December 1, 2017 (Phase 2) all invoices submitted to the regions for Medical Related Benefits shall reflect the following medical supply pricing policy:

PHASE 2		
Medical Supply Category - Other -	AAC Mark-Up %	Effective Date
6. Cancer Dressing	30%	December 1, 2017
7. Diabetic Supplies	20%	December 2, 2017
8. Infant Formula and Thickening Agents	20%	December 1, 2017
9. Incontinence Supplies (Regional only)	20%	December 1, 2017
10. Over the Counter Supplies	20%	December 1, 2017
11. Other Medical Supplies (Regional Only)	30%	December 1, 2017

Dietary Supplement Benefit Reference Guide

Definitions

Actual Acquisition Cost (AAC)

The cost of a product to the provider, based on reasonable and customary purchasing practices, which is calculated by:

- a) deducting from the total amount paid or payable, exclusive of shipping charges, by the provider to purchase the product, the value of any price reduction;
- b) dividing the result obtained under paragraph (a) by the number of units purchased by the pharmacy or dispensing physician, and
- c) multiplying the unit cost determined under paragraph (b) by the number of units dispensed.

Please Note: Franchise fees not to be considered part of AAC, as they are operating costs.

Retail Price

The regular price a pharmacy would charge a client for a given product (in the quantity delivered) on the date that it is delivered, including any discounts or special promotions offered on such a date.

Pricing

The reimbursement to pharmacies for medical supplies are based on the *Actual Acquisition Cost (AAC)* of a product plus a percentage markup-up depending on its medical supply category, while complying with the following policies:

- a) If the *Actual Acquisition Cost (AAC)* of a product plus the percentage markup-up corresponding to its medical supply category exceeds its *Retail Price*, the reimbursement will be capped to its *Retail Price* of the product,
- b) A pharmacy shall sell or dispense the generic version of medical supplies before the consideration of brand name products.**

Confidentiality

The Code of Ethics of the New Brunswick College of Pharmacists states that: "A Pharmacist, Certified dispenser or Registered student shall respect and protect the patient's right of confidentiality.

Pharmacists are also considered "Custodians" under the *Personal Health Information Privacy and Access Act*. The obligations and responsibilities of custodians are defined in the Act which can be found at: <http://laws.gnb.ca/en/ShowPdf/cs/P-7.05.pdf>

Pharmacists shall immediately notify the Province of any unauthorized disclosure of confidential information by its employees, associates, servants, agents or any third party.

Invoicing

Pharmacists shall submit all claims via the secured Health Services WatchDox site at <https://collaboration.gnb.ca>.

APPENDIX C: Sample Forms

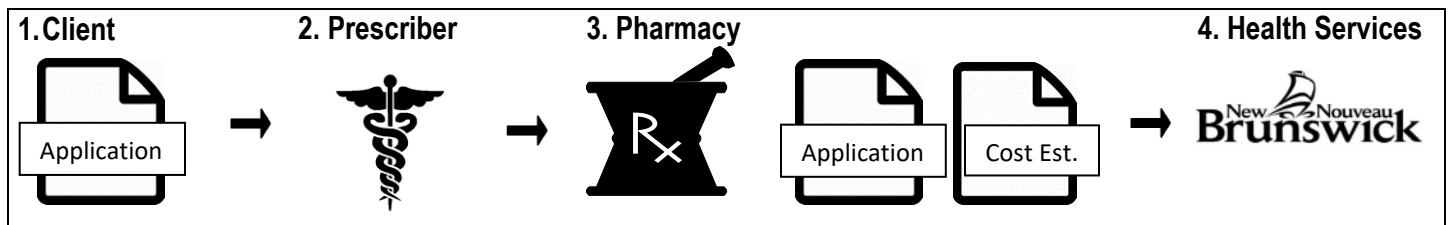


**HEALTH SERVICES
DIETARY SUPPLEMENT APPLICATION**

SOCIAL DEVELOPMENT
Health Services
P.O. Box 5500, Fredericton, N.B., E3B 5G4
Toll Free: 1 (844) 551-3015
Fax: (506) 453-3960

The purpose of this form is for Social Development - Health Services to obtain enough medical information to determine eligibility for the Dietary Supplement Program.

The Application Process: 1) Client presents application 2) Authorized prescriber completes application 3) Application submitted to pharmacy 4) Pharmacy sends application and cost estimate to Health Services for a decision



CLIENT INFORMATION	
LAST NAME:	
FIRST NAME:	
DATE OF BIRTH:	
S.D. HEALTH CARD #:	
NB MEDICARE #:	

SECTIONS 1, 2 & 3 ARE FOR AUTHORIZED PRESCRIBERS ONLY: PHYSICIAN, NURSE PRACTITIONER, REGISTERED DIETICIAN (& SPEECH THERAPIST PRESCRIBING THICKENING PRODUCTS)

SECTIONS 1, 2 & 3 MUST BE COMPLETED. INCOMPLETE FORMS WILL DELAY PROCESSING.

1) DIETARY SUPPLEMENT BENEFIT: <i>Check applicable conditions and provide diagnosis and explanation.</i>	
MANDATORY (Indicate at least one)	MANDATORY
<input type="checkbox"/> Major physical trauma Date of trauma: _____	DIAGNOSIS and EXPLANATION why patient cannot eat real food (including pureed): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Preoperative period <input type="checkbox"/> Postoperative period Date of surgery: _____	
<input type="checkbox"/> Significant weight loss only Current BMI or other measure: _____	
<input type="checkbox"/> Moderate to severe immune suppression <i>(Complete diagnosis / explanation)</i> _____	
<input type="checkbox"/> Receiving chemotherapy, radiation or interferon treatment Year of treatment: _____	
<input type="checkbox"/> GI malabsorption syndrome <i>(Complete diagnosis / explanation)</i> _____	
<input type="checkbox"/> Neurological degeneration <i>(Complete diagnosis / explanation)</i> _____	
<input type="checkbox"/> No medical justification for this benefit <i>(Complete diagnosis / explanation)</i> _____	

Dietary Supplement Benefit Reference Guide

1) RECOMMENDED TREATMENT		
PRODUCT	QUANTITY	DURATION OF NEED
<i>Generic given unless medical justification for brand name is provided</i>	<i>Number of cans (max 4/day)</i>	<u>Letter of explanation</u> required for 6+ months and <u>all renewals</u>
		<input type="checkbox"/> 3 months <input type="checkbox"/> 12 months (+ letter) <input type="checkbox"/> 6 months <input type="checkbox"/> Long term (+ letter)

2) AUTHORIZED PRESCRIBER INFORMATION – ALL FIELDS ARE MANDATORY		
PRESCRIBER'S STAMP (NAME and DESIGNATION)	PRESCRIBER'S INFORMATION	
	PRESCRIBER'S SIGNATURE:	
	TELEPHONE #:	
	FAX #:	
	DATE:	

AUTHORIZED PRESCRIBER: FORWARD COMPLETED APPLICATION TO PHARMACY BY CLIENT OR FAX
PHARMACY: SUBMIT APPLICATION AND COST ESTIMATE TO HEALTH SERVICES UNIT

