

NUTRICIA NAVIGATOR

OUR COVERAGE AND FULFILLMENT SUPPORT PROGRAM FOR YOUR PATIENTS



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Reimbursement Manager



NUTRICIA
NAVIGATOR



DISCLAIMERS

- Nutricia Navigator is a service of Nutricia North America.
- The content of this program relates to enteral formula coverage in the USA and is intended for healthcare professionals.
- The information provided in this presentation is an overview and does not constitute product coverage or reimbursement advice.
- The purpose of this presentation is to provide examples of how to navigate the health insurance landscape. Information should not be interpreted as an endorsement by Nutricia North America (NA) and does not represent Nutricia's position on sufficient or adequate coverage for medical nutrition. Nutricia NA makes no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability to an individual's particular situation. All medical necessity determinations must be made by the responsible clinician.
- Determinations of coverage of therapeutic nutrition for an individual must be made by the appropriate health plan. Nutricia NA does not guarantee coverage of any insurance plan provider and will not reimburse any claims denied by third-party payers.

LEARNING OBJECTIVES

- Recognize the breadth and scope of Nutricia Navigator
- Discover how to access the program and refer your patients
- Identify the best Nutricia Navigator representative for you in case of program questions



NUTRICIA
NAVIGATOR

OBTAINING FORMULA COVERAGE CAN BE STRESSFUL AND A BARRIER TO FOLLOWING A SPECIAL DIET

PATIENTS SOMETIMES FACE MANY ROAD BLOCKS

- Insufficient insurance coverage
- Dropped insurance coverage due to age
- Loss of insurance due to change in employment status
- Complicated insurance plans
- Overwhelming paperwork
- Pre-authorization process
- Home health care providers or pharmacies not wanting to service a patient



Carson & Chance
Ages 7 & 9, diagnosed with EoE

Coverage and access problems likely influence adherence and can significantly prevent patients from following their special diet.

NUTRICIA NAVIGATOR IS HERE TO HELP YOUR PATIENTS

FROM YOUR NEOCATE® RECOMMENDATION TO CAN-IN-HAND FOR YOUR PATIENTS



A **free assistance program** to help guide your patients with food allergies through the world of formula coverage and access with personalized **one-on-one** support.

Who does Nutricia Navigator Support?

- All patients on Neocate products
- No age restrictions



Hailey
Age 9 months
Diagnosed with FPIES



Remington
Age 18 years
Diagnosed with EoE

FROM NEOCATE COVERAGE TO FULFILLMENT

NUTRICIA NAVIGATOR: COMPREHENSIVE ONE-ON-ONE SUPPORT

WE STAND BY YOUR PATIENTS' SIDE UNTIL ALL COVERAGE QUESTIONS HAVE BEEN ANSWERED

On a confidential basis, Nutricia Navigator will :

- Advocate and help obtain health insurance coverage
- Assist with pre-determinations, prior authorizations and support the medical necessity review
- Provide billing error support
- Facilitate in appealing insurance denials for Neocate
- Explore the best financial options for each family
- Initiate joint calls between patients, health care teams and insurance companies to help guide families through difficult reimbursement procedures

DEDICATED PRODUCT FULFILLMENT TEAM

NUTRICIA NAVIGATOR GOES BEYOND HELPING TO OBTAIN FORMULA COVERAGE

- Assist in finding a home health care provider or pharmacy to provide Neocate to your patients
 - Identify an in-network supplier
 - Facilitate special orders through retail pharmacy
 - Compile and deliver the necessary prescription and supporting medical documentation to service the patient
 - Follow up to communicate the case outcome



SUPPORT WHILE NAVIGATOR IS WORKING FOR YOUR PATIENT

At the time of the referral the Nutricia Navigator team will assess the family's situation and provide continued assistance to support the family.




Karyn
Age 8
Diagnosed with EoE

ADDITIONAL SUPPORT IF COVERAGE CAN'T BE FOUND

NEOCATE ASSISTANCE PROGRAM

- Program to support patients who have no insurance, whose insurance does not cover Neocate, or are ineligible for other programs
- Relevant supporting documentation required
- Patient and health care professional (HCP) signatures required
- Call or email the Nutricia Navigator team for an application



THE NEOCATE[®] ASSISTANCE PROGRAM

NUTRICIA
neocate[®]

The Neocate Assistance Program is designed to help families obtain Neocate when no other options are available. Patient's may qualify at a discounted rate, based on eligibility requirements.

Quinn, Age: 16 months
Diagnosed with cow milk allergy

NUTRICIA
Advanced Medical Nutrition

Questions or comments about the Neocate Assistance Program?
Call 1-800-365-7354

NUTRICIA NAVIGATOR HAS A STRONG TRACK RECORD

FREE TAILORED SERVICE TO MEET YOUR PATIENTS' NEEDS

- Our success rate in following through to “can-in-hand” for patients on Neocate is over 70%
- We treat each patient like family and always strive for the best outcome

“[Nutricia] Navigator has been a blessing for my family”

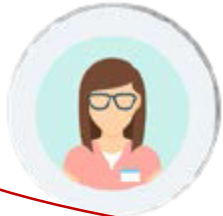
“The service was absolutely outstanding, we were granted coverage just yesterday.”

HOW TO SIGN UP FOR NAVIGATOR SERVICES

THREE EASY STEPS TO GET STARTED USING THE NUTRICIA NAVIGATOR SERVICE – STEP 1



Step #1



One-time: Complete the *Prescriber Information Form*




For each new patient: Fill out the *Patient Information Form*



Email or fax the forms to Nutricia Navigator

ONE TIME SUBMISSION OF PRESCRIBER INFORMATION FORM

- Pertinent information about the prescribing health care professionals (you) and practice
- Makes the process easier when your patients utilize Nutricia Navigator service
- Needs to be completed one time
- Forms are electronically fillable and digitally signable




NUTRICIA
LIFE-TRANSFORMING NUTRITION

Please Print and Press Firmly
Phone: 800-365-7354

Prescriber Information Form

Please Fax Completed Form to: 877-777-0164 or
Email Completed Form to: nutricianavigator@nutricia.com



NUTRICIA
NAVIGATOR

PRACTICE INFORMATION

Practice Name		Office Phone	Fax	
Practice Address		City	State	Zip
Practice Contact Name		Title	Phone	Email Address
Practice Tax ID Number (9 digits) (Required)		Specialty	Preferred DME Provider	

PRESCRIBER INFORMATION
(Please complete for each healthcare professional who will be prescribing Nutricia products)

NPI (10 digits)	Name	Phone Number	Cell Number	Email Address

ADDITIONAL INFORMATION
Preferred DME provider (to be completed if individual healthcare professional preference differs from practice)

Name of Healthcare Professional	Preferred DME Provider
Payer provider number (to be completed if different than Tax ID)	
Payer	Provider Number
Payer	Provider Number

AUTHORIZING SIGNATURE: Prescriber has completed this form and understands that the information will be used by Nutricia North America, Inc. and its contracted agent solely to determine if third party coverage is available for Nutricia products for those patients of prescriber who choose to use Nutricia Navigator.

Signature _____ **Date** _____

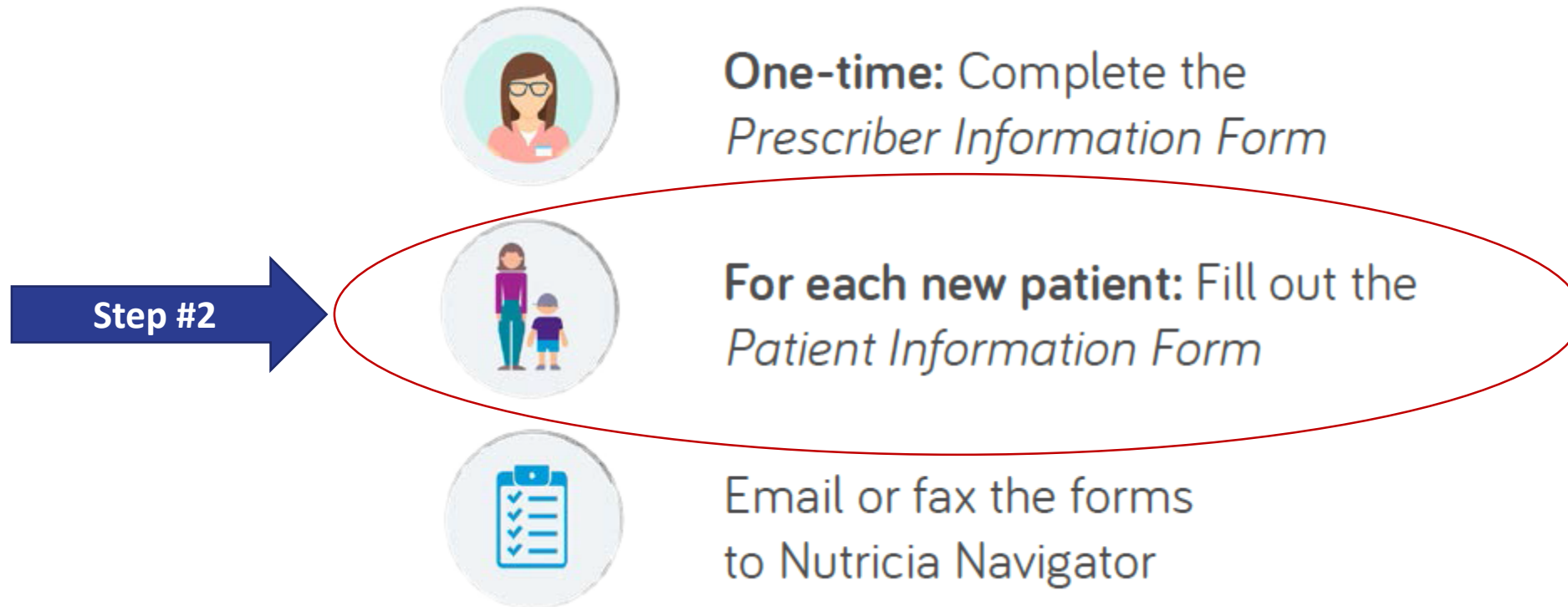
Print Name _____

Questions about this Program? Please call **800-365-7354**.

Reimbursement Specialists are available Monday through Friday, between the hours of 7:00 am and 3:00 pm Pacific Time. Voice mail is available for requests received after hours and Specialists will respond to these calls by the next business day.

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THREE EASY STEPS TO GET STARTED USING THE NUTRICIA NAVIGATOR SERVICE – STEP 2



PATIENT INFORMATION FORM

- HIPAA-compliant form that allows the Nutricia Navigator team to gather all pertinent medical information
- New form for each patient referral
- HCP and the patient/legal guardian must sign the form
- Forms are electronically fillable and digitally signable

NUTRICIA **NUTRICIA NAVIGATOR**
Nutricia Navigator Patient Information Form
 Please Print and Press Family Phone: 800-365-7354
 Please Fax Completed Form to: 877-777-0164 or Email Completed Form to: nutricianavigator@nutricia.com

Service Requested

SERVICE	SERVICE	SERVICE
<input type="checkbox"/> Verify Insurance Benefits	<input type="checkbox"/> Help with Prior Authorization-Dental (please attach)	<input type="checkbox"/> Other - Please Identify
<input type="checkbox"/> Help with Prior Authorization	<input type="checkbox"/> Help Finding a Supplier	

Documentation

DOCUMENTATION	DOCUMENTATION	DOCUMENTATION
<input type="checkbox"/> Patient Health Insurance Card (front & back)	<input type="checkbox"/> Prescription	<input type="checkbox"/> Other Notes
<input type="checkbox"/> Growth Chart	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Letter of Medical Necessity
<input type="checkbox"/> Prior Authorization Request	<input type="checkbox"/> Prior Authorization Denial	
<input type="checkbox"/> Other - Please Identify		

Patient Information

Last Name _____ First Name _____ Middle Initial _____ Sex _____ Date of Birth _____ Weight (lb) _____
 Street Address _____ City _____ State _____ Zip Code _____ Home Number _____ Cell Number _____
 Name of Patient Representative to Contact if Necessary _____ Phone Number _____
 Email Address _____

Medical Benefit (Please complete both benefit sections or provide front and back of insurance card)

Company Name _____ Telephone _____
 Subscriber Name _____
 Relation to Patient _____
 Social Security # _____ Date of Birth _____
 Policy ID # _____ Group _____
 Employee Name _____

Prescription Drug Benefit

Authorization to Disclose and Use Medical Information

I hereby authorize the collection, processing, storage, use, disclosure, transmission, and distribution of my personal health information for the purposes of providing, coordinating, or supporting the delivery of health care services to me, my family, or my dependent. I understand that my health information may be shared with other healthcare providers and may be used for research, quality improvement, and other purposes. I understand that my health information may be shared with other healthcare providers and may be used for research, quality improvement, and other purposes. I understand that my health information may be shared with other healthcare providers and may be used for research, quality improvement, and other purposes.

Patient Signature _____ Relationship to Patient _____ Date Signed _____
 Healthcare Professional Signature _____ Date _____
 Healthcare Professional Name (Please Print) _____ Phone Number _____

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Patient Signature

HCP Signature

THREE EASY STEPS TO GET STARTED USING THE NUTRICIA NAVIGATOR SERVICE – STEP 3



One-time: Complete the *Prescriber Information Form*



For each new patient: Fill out the *Patient Information Form*

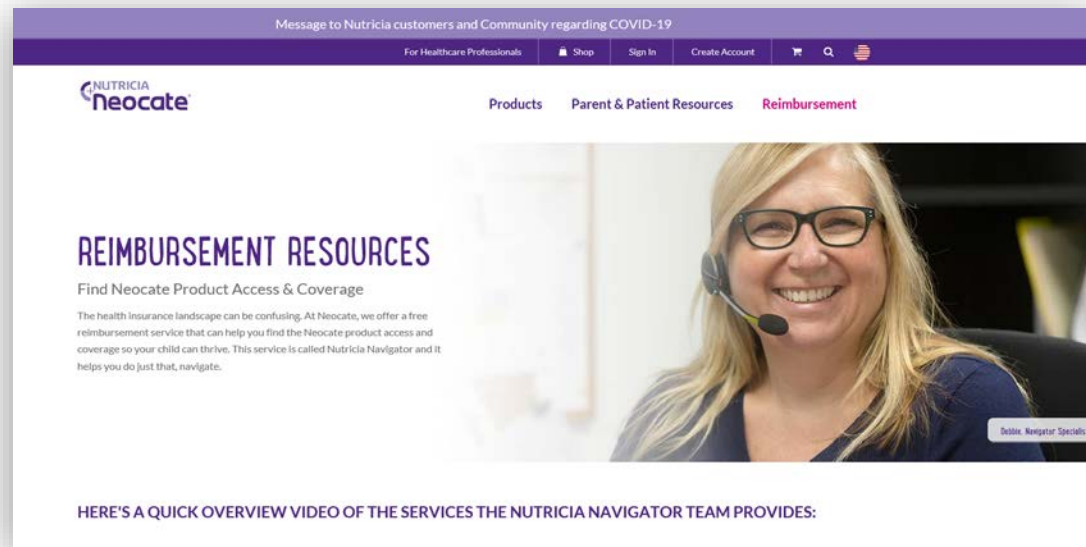
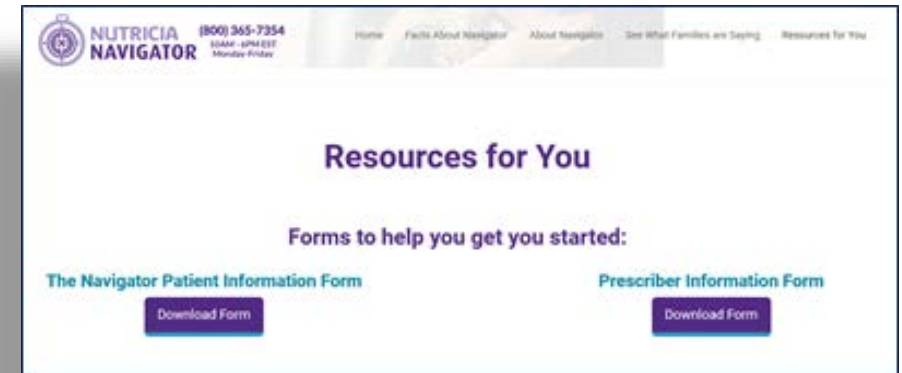


Email or fax the forms to Nutricia Navigator

Step #3

FIND COVERAGE SERVICE INFORMATION, NAVIGATOR FORMS AND LETTERS OF MEDICAL NECESSITY

- Find the forms online at:
- <http://www.neocate.com/reimbursement>



**THE NUTRICIA NAVIGATOR TEAM
AND
THE PATIENT-HCP NAVIGATOR JOURNEY**

MEET YOUR NUTRICIA NAVIGATOR TEAM



**10+ years of
experience with
medical food
coverage**

The Navigator Patient and Healthcare Professional (HCP) Journey



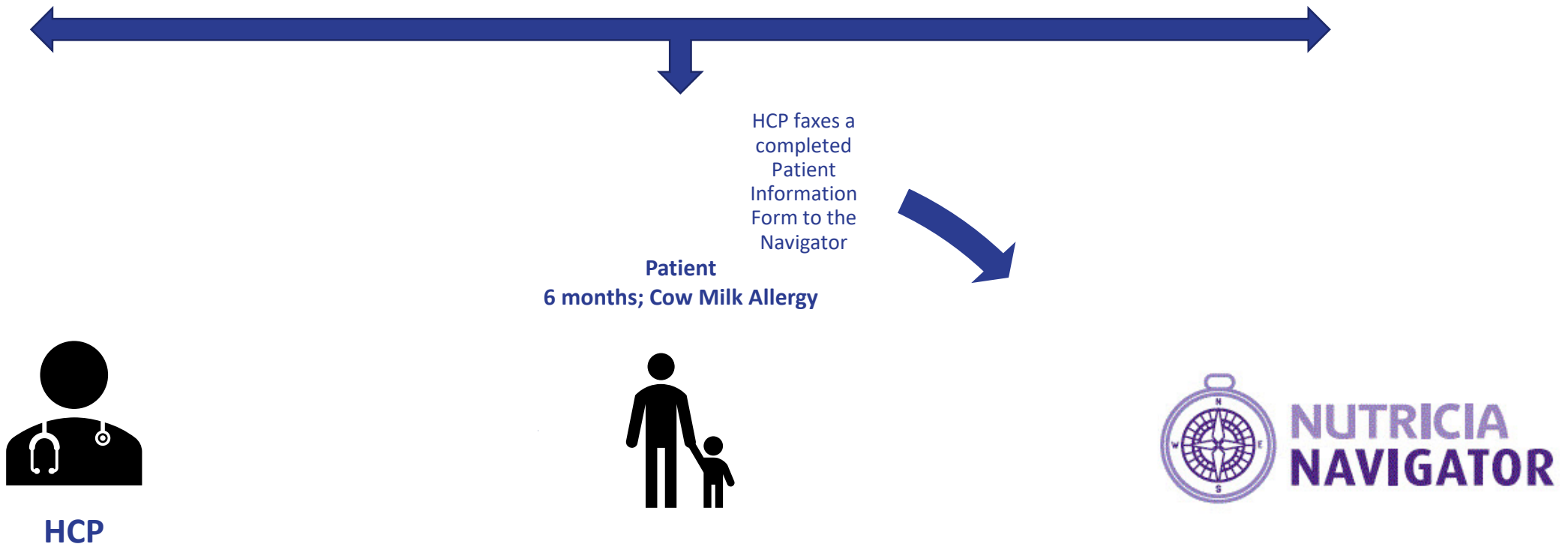
Patient
6 months; Cow Milk Allergy



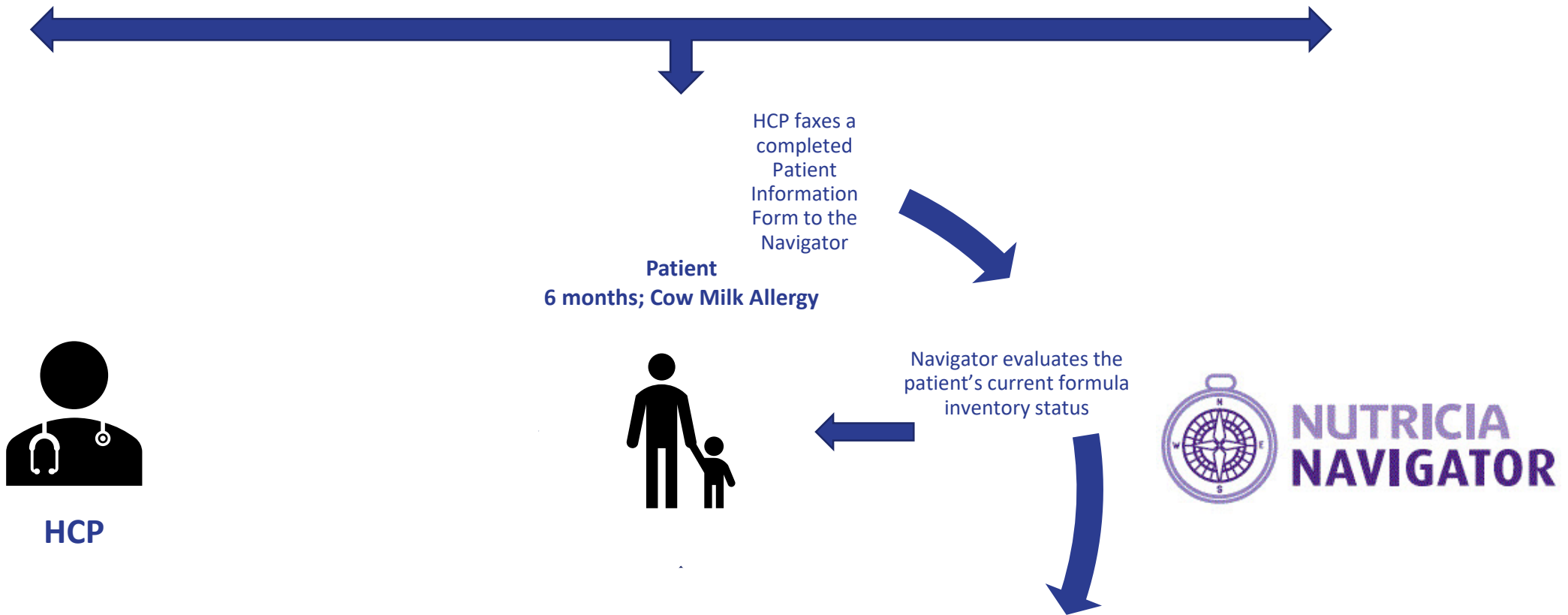
HCP



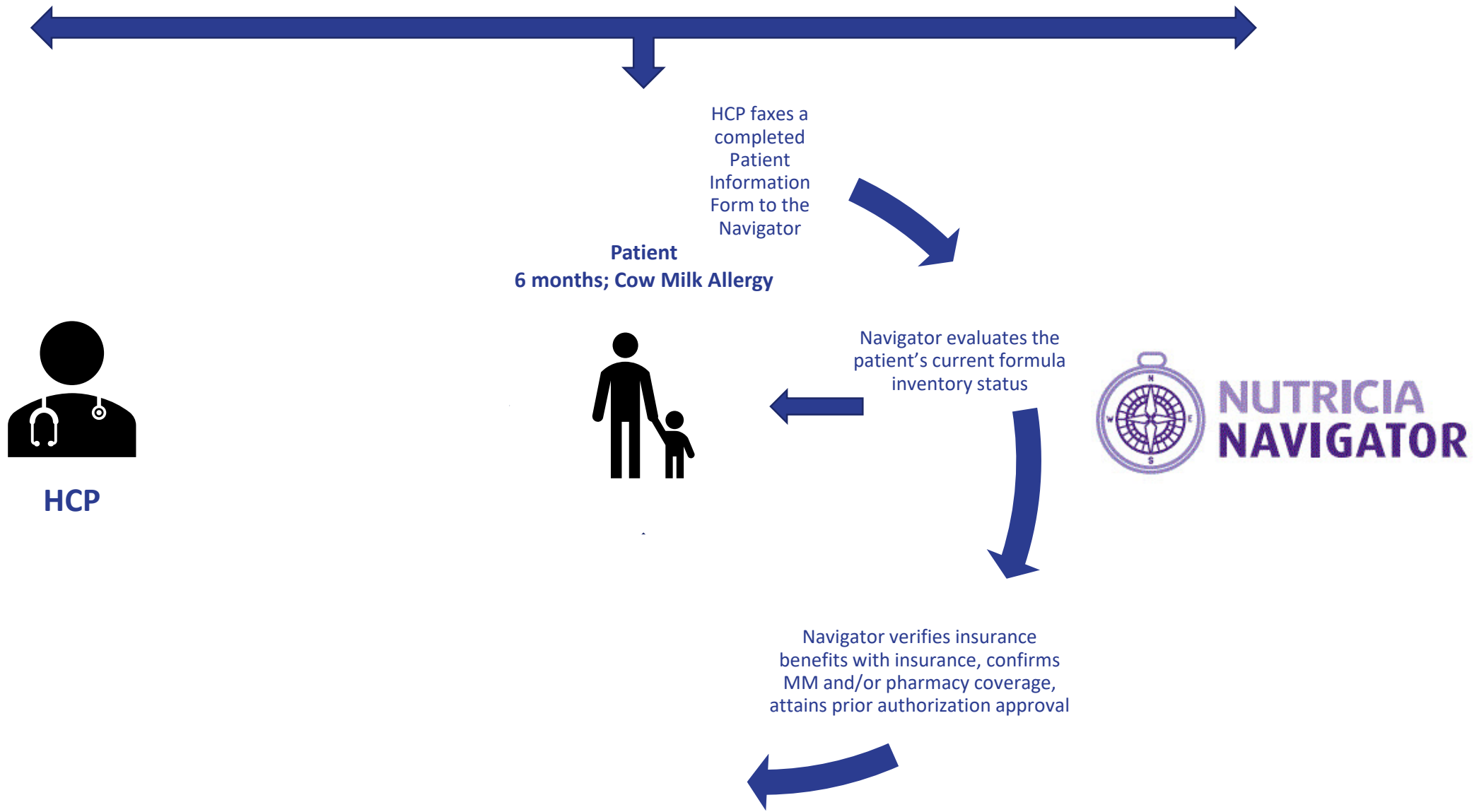
The Navigator Patient and Healthcare Professional (HCP) Journey



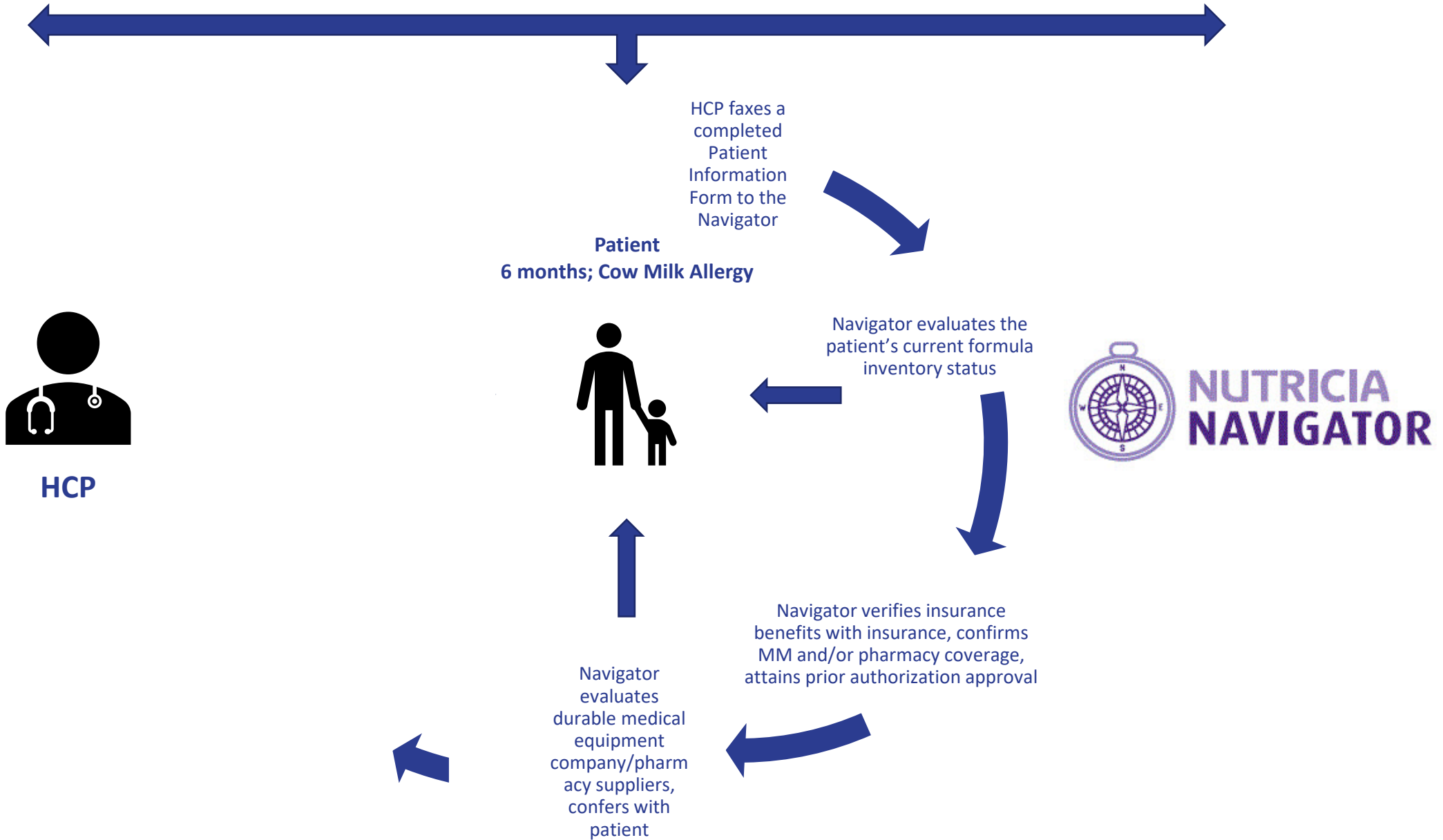
The Navigator Patient and Healthcare Professional (HCP) Journey



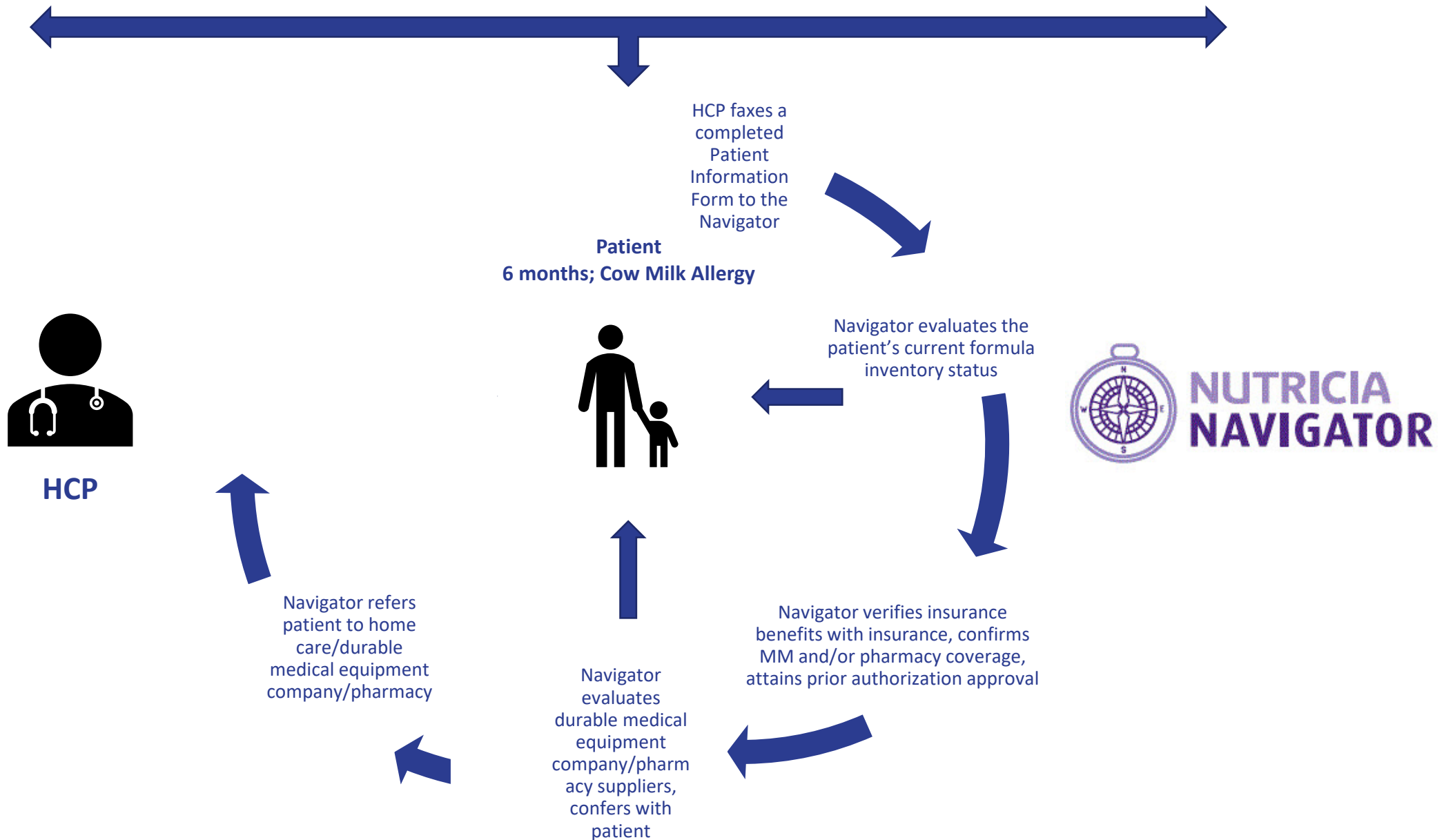
The Navigator Patient and Healthcare Professional (HCP) Journey



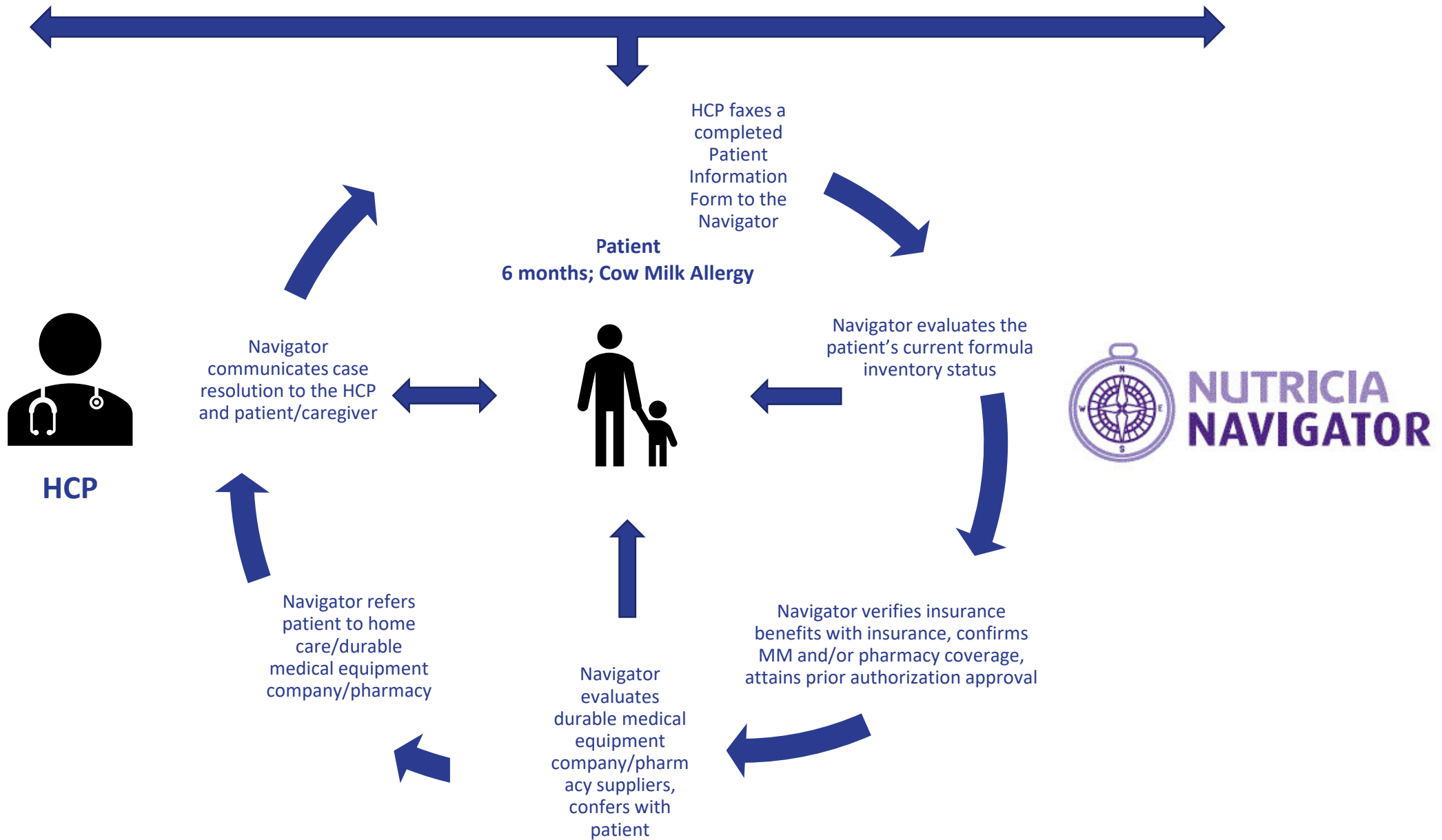
The Navigator Patient and Healthcare Professional (HCP) Journey



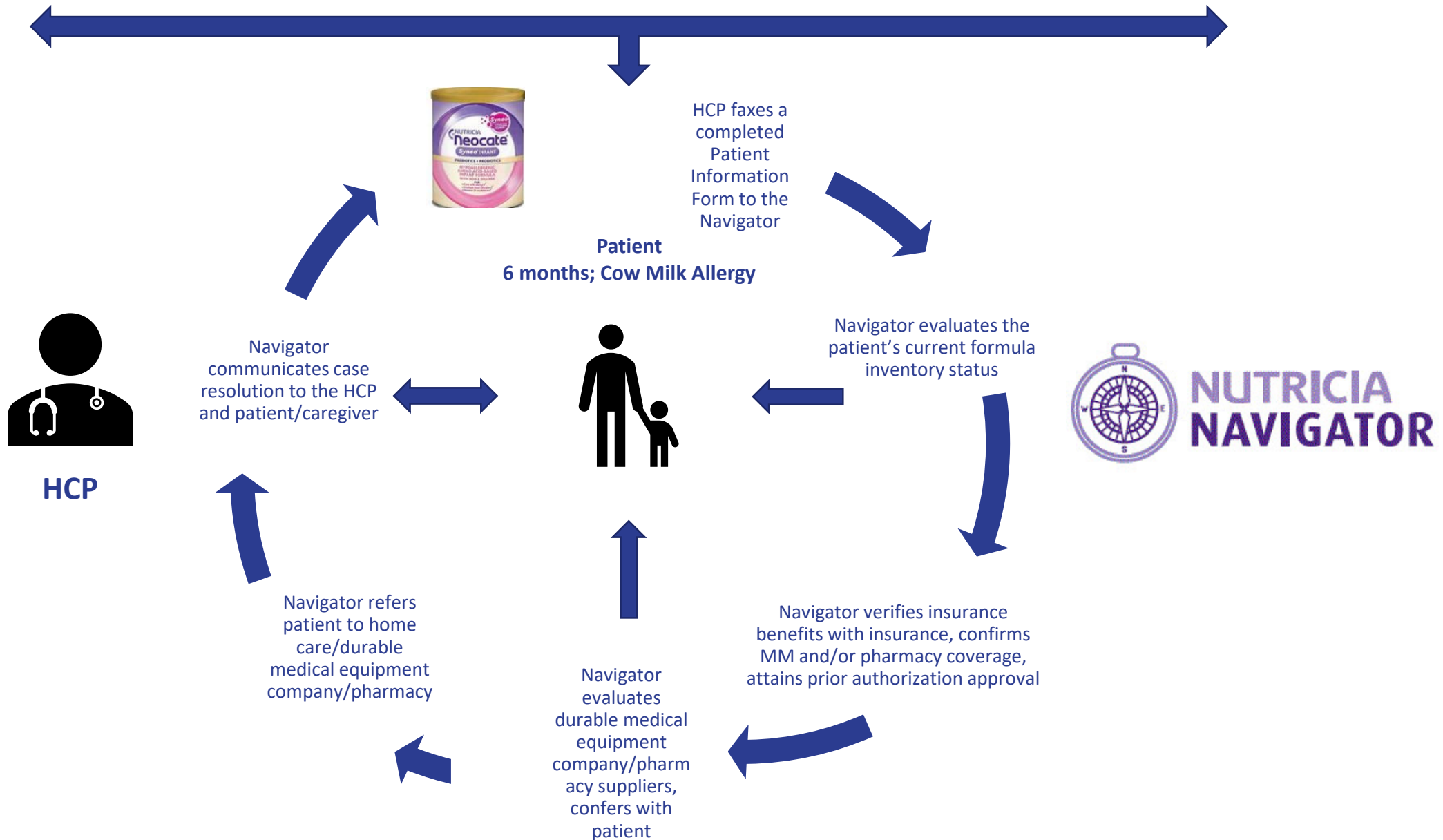
The Navigator Patient and Healthcare Professional (HCP) Journey



The Navigator Patient and Healthcare Professional (HCP) Journey



The Navigator Patient and Healthcare Professional (HCP) Journey





YOUR TAKE-HOME MESSAGES FOR NUTRICIA NAVIGATOR

1. Nutricia Navigator is a FREE and CONVENIENT service to help with formula coverage and access
2. Patients of all ages on a Neocate product are eligible
3. Three EASY steps to refer your patients – refer early on in the process
4. For questions or more information, contact us:



Call
800-365-7354



Available Monday through Friday
10:00 am to 6:00 pm ET



Fax
877-777-0164



Email
NutriciaNavigator@nutricia.com



<http://www.neocate.com/reimbursement>

THANK YOU

QUESTIONS?

HOW TO CONTACT NUTRICIA NAVIGATOR:

Call: 800-365-7354

Email: Nutricianavigator@nutricia.com

Visit: <http://www.neocate.com/reimbursement>



JAN ALVARADO

Nutricia Navigator Team

**THANK YOU AND PLEASE PROVIDE
US WITH YOUR FEEDBACK**

SCAN THE QR CODE OR VISIT THE LINK BELOW:

[HTTPS://WWW.SURVEYMONKEY.COM/R/HCPNAVIGATOR](https://www.surveymonkey.com/r/HCPNAVIGATOR)

