

Therapeutic Formula Training Part 2 Working with Medi-Cal



May 2013

Introductions

Cheryl Barrios M.S., R.D. Program Evaluation and Policy Branch <u>Cheryl.Barrios@cdph.ca.gov</u> Subject: "Therapeutic Formula" (916) 928-8579



- * WIC Federal Regulations pertaining to Therapeutic Formula
- * Medi-Cal Legislative Changes
- * Medi-Cal Plans
- * Medi-Cal Therapeutic Formula Policies
- * Examples of Medi-Cal Denials
- * Healthy Families Transition

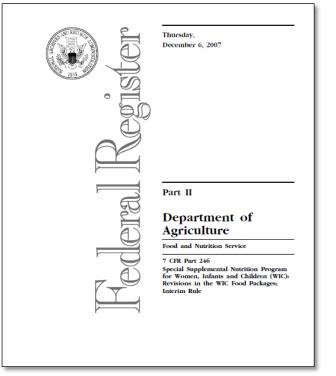


- Staff will increase their understanding of Medi-Cal Enteral Nutrition Product (Therapeutic Formula) policies and
- * Staff will **better understand** the Medi-Cal process for obtaining therapeutic formula



Federal Regulations

* WIC is the payor of last resort



7CFR 246.10 (e)(3)

Federal Regulations (cont.)

- * WIC may issue therapeutic formula when:
 - there is a documented qualifying condition for the formula;
 - > supported by medical documentation; and
 - > when formula is not provided by another provider

7CFR 246.10 (e)(3)

Therapeutic Formula July 2012 – January 2013



WIC Issuance	"Other Provider"
Rates	Issuance Rates
2.0%	1.2%

CA WIC Therapeutic Form	nula (TF)	Total Cost
TF issued on FIs: PediaSure issued on FIs :		\$4,742,664
TF provided by State WIC		\$ 53,972
	Total	\$ 4,796,636

Medi-Cal

Fee-for-Service and Managed Care



Assembly Bill 97

- * Legislation changed how Medi-Cal does business:
 - Increased documentation requirements from Providers
 - * Redefined/changed the formulary for Therapeutic Formula
 - Enteral Nutrition products limited to tube feeding except Early Periodic Screening Diagnostic and Treatment (EPSDT) eligible beneficiaries –
 - Full-scope Medi-Cal and birth to 21 years of age

Dept. Health Care Services/WIC Notification to Providers of changes

- From August–October 2011, Department of Health Care Services (DHCS) notified Medi-Cal Providers
- In April 2012, WIC distributed a PWPC providing information to Local Agencies regarding Medi-Cal policy changes
- In July 2012, Medi-Cal Managed Care (MMC) Division of DHCS issued Policy Letter 12-005 to all MMC Health Plans

Fee-for-Service

- * Fee-for-Service (FFS)
 - * Also referred to as "straight Medi-Cal"
 - Participants may choose any pharmacy that accepts Medi-Cal Rx's

FFS Therapeutic Formula Process

- * Pharmacist ensures documentation is complete.
- * If additional information is needed, Pharmacist contacts participant's (PPT's) medical provider.
- * Pharmacist completes the Treatment Authorization Request (TAR) and submits it to Medi-Cal.

FFS Pharmacy Process

- Pharmacist submits a TAR to Medi-Cal for authorization: two possible outcomes:
 - 1. It is approved and the pharmacy fills the Rx for the therapeutic formula; or
 - 2. It is denied by Medi-Cal and the <u>pharmacy</u> receives an **Adjudication Notice** with the reason for denial and notifies the participant. The participant brings the denial and necessary documents to WIC for the therapeutic formula.

FFS Therapeutic Formula Process

- * A TAR is denied by Medi-Cal when the medical necessity criteria is not met for the formula.
- Participants can request the Pharmacist to appeal denied TARs.
- The Pharmacist has 60 days from the date of the denial to submit the additional documentation to Medi-Cal for the formula.

FFS Pharmacy

* Pharmacist chooses **not** to submit a TAR to Medi-Cal for authorization



Medi-Cal Managed Care

- * Medi-Cal Managed Care (MMC)
 - * Most MMC Health Plans contract with Pharmacies
 - The participant may contact their MMC provider to request a list of approved pharmacies
 Phone number on back of participant's Medi-Cal card

Medi-Cal Managed Care

- Participant submits prescription to pharmacy and it is either approved or denied.
 - 1. It is approved and the pharmacy fills the Rx for the therapeutic formula.
 - 2. It is denied and the participant receives a denial with the reason for the denial. The participant brings the denial and necessary documents to WIC for the therapeutic formula.

MMC Ombudsman

- Help beneficiaries having problems contacting their plan, accessing services, or navigating the managed care system
- Coordinate and process all State fair hearing requests submitted by beneficiaries enrolled in a managed care plan
- * Their toll free number is 1 (888) 452–8609

Medi-Cal Policies



Where to find Medi-Cal Policies



http://www.cdph.ca.gov/programs/wicworks/Pages/WICInf antFormula-TherapeuticFormula.aspx

Where to find Medi-Cal Policies

Training

- ->>> Therapeutic Formula Training Part 1 (PPT)
- ** Therapeutic Formula Training Part 1 Q and A (PDF)

For additional information, please contact Denay.Mintz@cdph.ca.gov phone 916-928-8762 or Paula.Etcheberry@cdph.ca.gov phone 916-928-8539.

Formula Product Information Links

- ---> Mead Johnson
- -->> Abbott
- ---> Nutricia
- ->> Nestle/Gerber

Insurance Resources

- -----> Medi-Cal Apply for Medical
- -----> Medi-Cal Enteral Nutrition Policy
- ->> Medi-Cal Managed Care Health Plan Directory
- ----> California Healthy Families Program
- ->> California Children's Services
- ->> Directory of Regional Centers

		ation Pro	
			->> Provider Manuals
CD1-C	Part 2	– Phar	macy
Contraction of Contraction	ZIP		Medi-Cal Program (00medi-cal)
A CONTRACTOR	ZIP		Medi-Cal Provider Manual Contents
	ZIP	1	Manual Organization (0Amanorg)
di-Cal Subscription	ZIP		How to Use This Manual (0Bhwtouse)
ervice (MCSS) ovider Bulletins	ZIP		Getting Started: Where to Find the Answers D (0Cgetstart)
ovider Manuals	ZIP		Contents (Part 2 – Medi-Cal Billing and Policy): Pharmacy (2toc ph)
	ZIP		Enteral Nutrition: An Overview (enteral)
	ZIP	12	Enteral Nutrition Products: Elemental and Semi-Elemental (enteral element)
	ZIP		Enteral Nutrition Products: Metabolic (enteral meta)
	ZIP	12	Enteral Nutrition Products: Specialized (enteral spec)
	ZIP	111	Enteral Nutrition Products: Specialty Infant (enteral spec infant)
	ZIP		Enteral Nutrition Products: Standard (enteral standard)

Medi-Cal Policies: Overview

- * MMC Health Plan benefits shall be at least equivalent to those of FFS benefits.
- * A licensed prescriber within the scope of his or her practice must write the Rx for therapeutic formula, other forms are not accepted.
 - Pediatric Referral Form is not a legal Rx and Pharmacies will not accept them.

Medi-Cal Policies: Overview

* Documentation Requirements: Infants

- Diagnosis as documented in the medical record by the licensed prescriber;
- Copy of medical record;
- Duration of time needed for the formula;
- Birth weight, current weight & length
- > Number of weeks premature (if it applies) with corrected age
- > Maximum age 9 months, plus 29 days at time of authorization
- Biochemical, clinical and/or dietary indicators, and
- > Daily caloric requirement calculated for 31 days

Medi-Cal Policies: Overview

- * Documentation Requirements: Children
 - Diagnosis as documented in the medical record by the licensed prescriber;
 - Copy of medical record;
 - Duration of time needed for the formula;
 - Current weight & height
 - > Number of weeks premature (if it applies) with corrected age
 - Biochemical, clinical and/or dietary indicators, and
 - Daily caloric requirement calculated for 31 days

Enteral Nutrition Products: Specialty Infant





Enteral Nutrition Products: Specialty Infant

This section lists nutrient-altered, specialty infant enteral nutrition products medically needed for use in prematurity, low birth weight, cow's milk protein allergy, fat malabsorption, renal disorders, chylothorax or long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). Regular infant formula products are not a benefit regardless of route of administration (tube or oral) and regardless of reduced iron content or thickened form. For additional help, refer to the *Enteral Nutritional Products: An Overview* section of this manual.

Specialty infant products listed in this section of the manual may be oral or tube fed (beneficiaries under EPSDT are exempt from the *Welfare and Institutions Code* (W&I Code), Section 14132 (ab) tube feeding limitation).

Authorization

A Treatment Authorization Request (TAR) or Service Authorization Request (SAR) is required for all enteral nutrition products.



enteral spec infant 2

Medical Criteria

In addition to the Prescription Requirement, Medical Criteria and Documentation Requirements listed in the *Enteral Nutrition: An Overview* section of this manual, the following medical criteria must be met and documented clearly on or attached to the authorization request to receive authorization for Medi-Cal reimbursement for all specialty infant enteral nutrition products.

- Product use limited to birth through age 12 months.
 - Corrected age (CA) applies to infants born prior to 37 weeks gestation.
 - CA example: If birth date is 36 weeks gestation (4 weeks early), remove 4 weeks from Actual Age (AA) since birth to get CA. CA is always younger than AA.

Note: CA shall be used only when infant was born prior to 37 weeks gestation.

- Product use beyond age 12 months (including CA when applicable) requires documented medical justification clearly supplied on, or with, the authorization request, as documented in the infant's medical record.
- * Maximum age 9 months plus 29 days at time of authorization; CA applies, except when noted.
- + Authorization is limited to a maximum 2 month term, except when noted.
- Quantities based on sole source nutrition are approved up to 6 months of age except:
 - Infants that do not make expected progress in advancement to solid foods, usually associated with a
 lessening in kcals/kg of body weight need (recognized by American Academy of Pediatrics), require
 additional medical documentation, stated clearly on or with the authorization request, as documented in
 the infant's medical record.

Product Type Criteria

Specialty infant products authorized for Medi-Cal reimbursement are limited to the products listed and specified product numbers published in this manual section. Product number approved on a TAR or SAR shall be the same product number dispensed and billed.

Specialty infant enteral nutrition products are grouped by the product types listed below which are based on the manufacturer indications for use, age or corrected age (CA) of beneficiary, size of beneficiary, related caloric needs and accepted standards of practice.

For each of the following product types, additional criteria outlined in this section must also be met to receive authorization.

Specialty Infant Enteral Nutrition Product Types

- Premature and Low Birth Weight Products (Prem/LBW)
- Extensively Hydrolyzed Products (EH)
- 100% Amino Acid-Based Products (100% AA)
- Fat Malabsorption Products (Fat)
- Renal Products (Renal)
- Chylothorax or Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD deficiency)

4

BENEFICIARY AND PRODUCT LIMITATIONS TABLE

Premature and Low Birth Weight products

20 or 22 kcal/ounce

- · Similac Expert Care Neosure powder or ready to feed (RTF), 20 kcal per ounce
- · Enfamil Premature liquid with iron, or without iron, 20 kcal per ounce
- · EnfaCare powder or ready to use (RTU), 22 kcal per ounce

24 or 30 kcal/ounce

- · Similac Special Care ready to feed (RTF), 24 or 30 kcal per ounce
- Enfamil Premature liquid, with iron, or without iron, 24 kcal per ounce Human Milk Fortifier (HMF)
 - Similac Human Milk Fortifier (HMF) powder

Beneficiaries are limited to:

For all premature and low birth weight products:

- Born prior to 37 weeks gestation, or
- Birth weight < 3500 gm, and
- All of the following shall accompany each request for authorization and re-authorization:
 - Weeks gestation
 - Current age
 - Birth weight
 - Current weight

AND-

For 24 or 30 kcal per ounce products:

 Infants shall have a current weight less than 3500 grams, at the time of dispensing.

For HMF products:

- Infant shall be fully breast fed with no other infant nutrition product used at the same time; and
- Current weight less than 3600 grams at the time of dispensing (weight gain is expected to be 33–34 grams/day when calculating 31 day supply limits, to predict weight during an authorization term).

Product is limited to:

For 24 or 30 kcal per ounce products:

 A one month maximum term per authorization and re-authorization request, before medical re-evaluation and new prescription is required.

For HMF products:

 A one month maximum term per authorization and re-authorization request, before medical re-evaluation and new prescription is required.

BENEFICIARY AND PRODUCT LIMITATIONS TABLE (continued)

Extensively Hydrolyzed Products ("hypo-allergenic," "semi-elemental")

- · Similac Expert Care Alimentum w/iron powder or liquid
- · Nutramigen powder, or liquid concentrate, or ready to use (RTU) liquid
- Nutramigen Enflora-LGG powder
- Pregestimil powder

Beneficiaries are limited to:

- Current diagnosed cow's milk protein allergy (diagnosis signed by a licensed prescriber must be on, or attached to, each request for authorization and re-authorization), or
- Current diagnosed breast milk or infant formula intolerance exists and is documented in the medical record (diagnosis signed by a licensed prescriber must be on, or attached to, each request for authorization and re-authorization)

AND-

Nutramigen with Enflora LGG Powder is authorized for reimbursement only when all of the following are documented and met (signed by licensed prescriber with prescriber's contact information on the request) at each authorization :

- No immune function disorder, and
- Infant current body weight greater than 3500 grams, and
- Documented intolerance to all of the following comparable products without prebiotic
 - Similac Expert Care Alimentum powder (without prebiotic), or liquid when qualified, and
 - Nutramigen powder (without prebiotic) or liquid when qualified.

Product is limited to:

Powdered form is required.

Liquid form is authorized only when one or more of the following is met:

- Infant born at less than 34 weeks gestation (documentation must accompany each authorization and re-authorization request),or
- Birth weight was less than 1800 grams (documentation must accompany each authorization and re-authorization request), or
- Infant is currently diagnosed with immune function disorder (documentation must accompany each authorization and re-authorization request).

Medi-Cal Policies: Formularies

- * Formulary for Therapeutic Formula
 - * Prescribed formula must be included in the formulary
 - MMC formularies may differ depending on the health plan

Medi-Cal Denials



Medi-Cal Fee-for-Service Denial

State of California - Health and Human Services Agency Department of Health Care Services

CONFIDENTIAL

EDMUND G. BROWN JR., Governor

Utilization Management Division

ADJUDICATION RESPONSE



DCN (Internal Use Only): Date of Action: 02/29/2012 07:47:11 Regarding: TAR Control Number:

This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

Svc #	Service Code	Modifier(s)	From Date of Service		Units	Quantity	% Var	Price	Status	PI
1	49735010804		02-28-2012	05-28-2012	4	4,000.000	0		Denied	0
	Svc Desc :	NEOCATE POL	NDER							
	Reason(s):	Prior Authorizat								
	Comment(s):	As of oct 01/20 nutrition product of age	11 the implement t in quantities (entation of W&I exceed 6month	PER america old daily cal	an academy of po loric requirement	ediatrics recor is therefore n	nmendation,t ot autorized b	hat infant leyond 6m	onth

Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Be sure the Patient's eligibility is current before rendering service.

If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.



Medi-Cal Fee-for-Service Denial

State of California - Health and Human Services Agency Department of Health Care Services

CONFIDENTIAL

EDMUND G. BROWN JR., Governor

Utilization Management Division

ADJUDICATION RESPONSE

Provider Number: Fax Number: (877) 505-9059 A-MED HEALTH CARE 5302 RANCHO RD HUNTINGTN BCH, CA 92647-2069

DCN (Internal Use Only): Date of Action: 07/24/2012 10:09:08 Regarding: TAR Control Number:



This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

Svc #	Service Code	Modifier(s)	From Date of Service	Thru Date of Service	Units	Quantity	% Var	Price	Status	PI
1	70074057431		07-23-2012	a second seco	2	0.000 0.00				
	Svc Desc :	SIMILAC EXPE			<u> </u>	3,339.000	0		Denied	0
	Reason(s);	Prior Authorizati			e des des contrado de la composición d Composición de la composición de la comp					
	Comment(s):	Baby's current w LBW infants to a divided by 24kca 5cans/mo only	t =5 b or 2.27	rg, average pe story rates of g expert)= 11.35	diatrics enter Jowth Thus 1 oz/da y x 30d 3	al caloric intakes 20kcal/kg/tay x 2 20kcal/kg/tay x 2	of approx, 12 .27kg=272.4 can yields 7	kcal/day; 272 5-80oz of 340	able most Akcal/day 75 aprox Lended	d

Medi-Cal Managed Care Denial (Page 1 of 3)

Cal Care IPA 2115 Compton Avenue Corona, CA (951) 280-7700

Date: 8/24/2012

To: CULMER, MICHAEL MD

Fo: LIFECARE SOLUTIONS INC MD

Fax: (310) 548-1310 Fax: (626) 683-5428

Denial Notification

This is a notification to inform you that the referral request has been reviewed by Harvey Green, MD.

The Referral Request is:

× Not Medically Necessary

Not a Covered Benefit

Carved Out By CCS

Carve Out

If you disagree with this decision please call 951-280-7895 and speak with the Medical Reviewer.

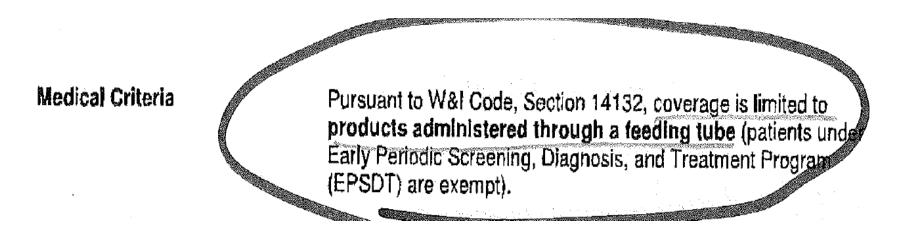
Attached: Denial Notification Guidelines

Medi-Cal Managed Care Denial (Page 2 of 3)

 \bigcirc

Patient	Last Na	me		First Name	First Name Gender D.O.B.					
Diagnosis C	lode	Descr	iption							
V1502		PERS	ONAL I	HISTORY OF ALL	ERGY TO M	IILK PRODUCTS				
CPT Code	Modi	Modifier Visits Description				Print in Seattleff				
84150			-1	ENTRAL F NUTRITIONALLY CMPL WINTACT NUTRIENTS						
A9901			1 DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS							
				Medica	Group D	enial Information				
Authorizati	ion #	Eligibi	liity Ef	fective Date	Status	Received Date	Decision Date	Exp Date		
900441		2/1/20	12		DENY	8/23/2012	8/24/2012	11/22/2012		
Comments				State -	1.1					

Medi-Cal Managed Care Denial (Page 3 of 3)



Medi-Cal Denials

* Please fax all denials to the SECURE State fax at the following number:

(916) 440-5581

* Please do not black out any participant information

Healthy Families Transition and Effect on Therapeutic Formula



Questions



Email questions to:

Cheryl.barrios@cdph.ca.gov

Subject: "Therapeutic Formula"