

MEDICAID POLICY INFORMATION SHEET

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Initial

Public Comment

Final

Brief description of policy:

This policy removes prior authorization of enteral formula/supplies from the telephonic authorization review PACER telephone line. Durable medical equipment providers will submit prior authorization requests for enteral formulas/supplies via the Community Health Automated Medicaid Processing System (CHAMPS) or by fax to the Program Review Division. This policy also announces the development of an enteral formula/supplies form.

Reason for policy (problem being addressed):

Although the PACER telephonic authorization line has streamlined the prior authorization process for other items (e.g., negative pressure wound therapy, home infusion, etc.), it has not been as effective for authorization of enteral formulas/supplies.

Budget implication:

- budget neutral
- will cost MDHHS \$ _____, and (select one) budgeted in current appropriation
- will save MDHHS \$ _____

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

No.

Does policy have operational implications on other departments?

No

Summary of input:

- controversial (Explain)
- acceptable to most/all groups
- limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2406-DMEPOS	Date: March 15, 2024

Comments Due: April 19, 2024
Proposed Effective Date: June 1, 2024
Direct Comments To: Lisa Trumbell
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<p>Policy Subject: Prior Authorization Changes to Enteral Formulas/Enteral Supplies</p> <p>Affected Programs: Medicaid, Children’s Special Health Care Services (CSHCS)</p> <p>Distribution: Hospitals, Physicians, Medical Suppliers, Federally Qualified Health Centers (FQHCS), Rural Health Centers (RHCs) and Tribal Health Centers (THCs), Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)</p> <p>Summary: This policy announces changes to the prior authorization process for enteral formula and enteral supplies.</p> <p>Purpose: Although the PACER telephonic authorization line has streamlined the prior authorization process for other items (e.g., negative pressure wound therapy, home infusion, etc.), it has not been as effective for authorization of enteral formulas/supplies.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues: N/A</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
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THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Hospitals, Physicians, Medical Suppliers, Federally Qualified Health Centers (FQHCS), Rural Health Centers (RHCs) and Tribal Health Centers (THCs), Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Issued: May 1, 2024 (Proposed)

Subject: Prior Authorization Changes to Enteral Formulas/Enteral Supplies

Effective: June 1, 2024 (Proposed)

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP or an ICO the provider must check with the beneficiary's MHP or ICO for prior authorization requirements.

The purpose of this policy is to inform providers of changes to the prior authorization (PA) process for enteral formulas and enteral supplies. Effective on and after June 1, 2024, Michigan Department of Health and Human Services (MDHHS) will **no longer** require the ordering practitioner to call for telephonic authorization review on the PACER telephone line for initial and/or renewal of enteral formula/supplies authorization requests.

Enteral Formula/Supplies Prior Authorization on or after June 1, 2024

Ordering Practitioner

For initial and renewal enteral formulas/supplies, the ordering practitioner will complete a written order, the MSA-2401 - Medical Justification for Enteral Therapy Form (see attached) and send this form, along with any other supporting medical documentation, to the medical supplier. The MSA-2401 - Medical Justification for Enteral Therapy Form will be posted to the MDHHS website at: www.michigan.gov/medicaidproviders >> Policy, Letters and Forms >> Forms.

Effective June 1, 2024, the Program Review Division (PRD) will no longer accept verbal authorizations for enteral formulas/supplies via the PACER telephone line (844-PACERMI/844-722-3764).

Medical Supplier

The medical supplier will submit the prior authorization request, along with the MSA-1653-B - Special Services Prior Approval Form, the physician order, and the MSA-2401 - Medical Justification for Enteral Therapy Form through the Community Health Automated Medicaid Processing System (CHAMPS) prior authorization subsystem or via fax: 517-335-0075.

For emergency prior authorization of initial orders for beneficiaries discharging from the inpatient hospital setting, the medical supplier can call the Program Review Division at 800-622-0276 to request a verbal authorization (Refer to the of the Emergency Prior Authorization subsection Medical Supplier chapter within the [MDHHS Medicaid Provider Manual](#) for emergency PA policy criteria).

All other enteral formula/supplies policy standards of coverage, documentation and payment rules remain unchanged.

All other durable medical equipment/medical supplies requiring the practitioner to call the PACER telephonic authorization review line (e.g., parenteral formulas, home infusion, etc.) remain unchanged. (Refer to the Medical Supplier chapter and Directory Appendix of the [MDHHS Medicaid Provider Manual](#).)

Michigan Department of Health and Human Services

Medical Justification for Enteral Therapy

The Durable Medical Equipment (DME) provider can only provide answers to the following fields: Beneficiary ID Number, First and Last Name, Date of Birth (DOB), type of enteral formula therapy requested, and formula requested. The ordering physician must complete all other fields.

Ordering Physician Name		Ordering Physician Specialty/Subspecialty	
Beneficiary ID Number	First Name	Last Name	Date of Birth

Type of Enteral Therapy Requested	<input type="checkbox"/> Formula <input type="checkbox"/> Thickener <input type="checkbox"/> Relizorb		
Route of Administration	<input type="checkbox"/> Oral <input type="checkbox"/> Tube Feed		
Enteral Formula Number 1			
Formula Requested	Type of Diet		
Total Daily Caloric Requirement	Amount/Day (Calories) of Formula		
Economic alternatives tried (i.e. high calorie shakes, OTC supplements, blended foods), if specialty formula, what is the medical contraindication to using standard less costly alternatives:			
Enteral Formula Number 2			
Formula Requested	Type of Diet		
Total Daily Caloric Requirement	Amount/Day (Calories) of Formula		

Diagnosis/Patient History (related to the need for formula)	
Current Height and Weight	
Current BMI (wt/ht ratio if < 3 years old)	
Date Measured	
Height/Weight Change Over Time	
For coordination of care purposes, are there any other insurances or programs covering formula for this beneficiary? If so, please indicate the insurance or program and formula.	

Provider Name (Typed/Printed)	DME Provider Signature:	Date
<p>AUTHORITY: Title XIX of the Social Security Act COMPLETION: Is Voluntary but is required if payment from applicable program is sought.</p> <p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.</p>		

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