



MRT Initiative 5901 (Phase 2) Coverage for Enteral Formula

JULY 25, 2013

**DIVISION OF OHIP OPERATIONS
OFFICE OF HEALTH INSURANCE PROGRAMS**

NEW YORK
state department of
HEALTH

Division of OHIP Operations



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Webinar Objectives



- **New Benefit limits**
- **Overview of Utilization Management procedures**
- **Stakeholder feedback**

Previous Enteral Benefit



Prior to June 7, 2013, Enteral Benefit applied to:

- Beneficiaries who are fed via nasogastric, gastrostomy or jejunostomy tube.
- Beneficiaries with inborn metabolic disorders.
- Children up to 21 years of age, who require liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.
- Or, subject to standards established by the commissioner, for persons with a diagnosis of HIV infection, AIDS or HIV-related illness or other diseases and conditions.

New Benefit limit



Effective June 7, 2013, the following three coverage criteria are added to the benefit limit.

- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, **and who**:
 - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; **or**

New Benefit limit



- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, **and who**:
 - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and a documented, unintentional weight loss of 5 percent or more within the previous 6 month period, up to 1,000 calories per day; **or**

New Benefit limit



- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, **and who**;
 - require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated. (These individuals are not subject to a 1,000 calorie limit)

Utilization Management



Why additional prior approval requirements?

- New benefit expands coverage and spending
- No specific funding allocated
- Global spending cap

New Utilization Management (UM)



Paper Prior Approval required for:

- Oral fed adults with a BMI between 18.5 and 21.9 who have demonstrated at least a 5% weight loss over previous 6 months.
- Oral fed adults with a BMI under 18.5 requiring more than 2-three month authorizations within a 365 day period.

New UM (Cont.)



Paper Prior Approval required for:

- Oral fed adult with a permanent structural limitation (tube feeding contraindicated)
- Oral fed children (under 21) requiring more than 1,000 calories per day
- Oral fed children (under 21) with a BMI of 18.5 or higher

Existing UM



Paper Prior Approval required for:

- All individuals requiring more than 2,000 calories per day
- Individuals who must change dispensing providers while refills remain on the prescription. Acceptable reasons are current provider is no longer able to fill the order or the individual moves and does not have reasonable access to that provider.

Goals Achieved



- Expanded coverage for the most medically fragile beneficiaries
- Avoided unnecessary increase in expenditures

Questions/Comments



Provide written questions or comments to:

OHIPMedPA@health.ny.gov

MRT: Additional Information



- **MRT Website:**

http://www.health.ny.gov/health_care/medicaid/redesign/

- **Sign up for email updates:**

http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm

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