This Computes!

Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #266

Update on Medical Foods

Medical Foods are a benefit of both the CCS and GHPP programs and can be authorized for patients with metabolic disorders. Medical Foods are specialized foods and are not the same as enteral nutrition formulas. For more than 10 years, CCS and GHPP programs have had one pharmacy provider who provided medical food services statewide. However, in mid-June 2008, this sole provider informed CCS and GHPP programs that they will no longer provide this service.

In response to losing our only provider of medical foods, CMS staff have developed a new medical foods ordering process, and have had conversations with Special Care Center (SCC) Dietitians and local pharmacies to provide an orientation to the new process and by mid August we anticipate that six to eight pharmacies, statewide, will begin dispensing medical foods.. The new process is based on a successful medical foods pilot project we conducted this year. The new process streamlines many aspects of the former process and results in easier and faster processing which should result in families receiving medical foods within two to three weeks of the request.

Effective immediately, requests for medical foods requests will be submitted to the CCS and GHPP programs on an excel spreadsheet, entitled "Medical Foods Request and Order Form". This spreadsheet contains all information needed for

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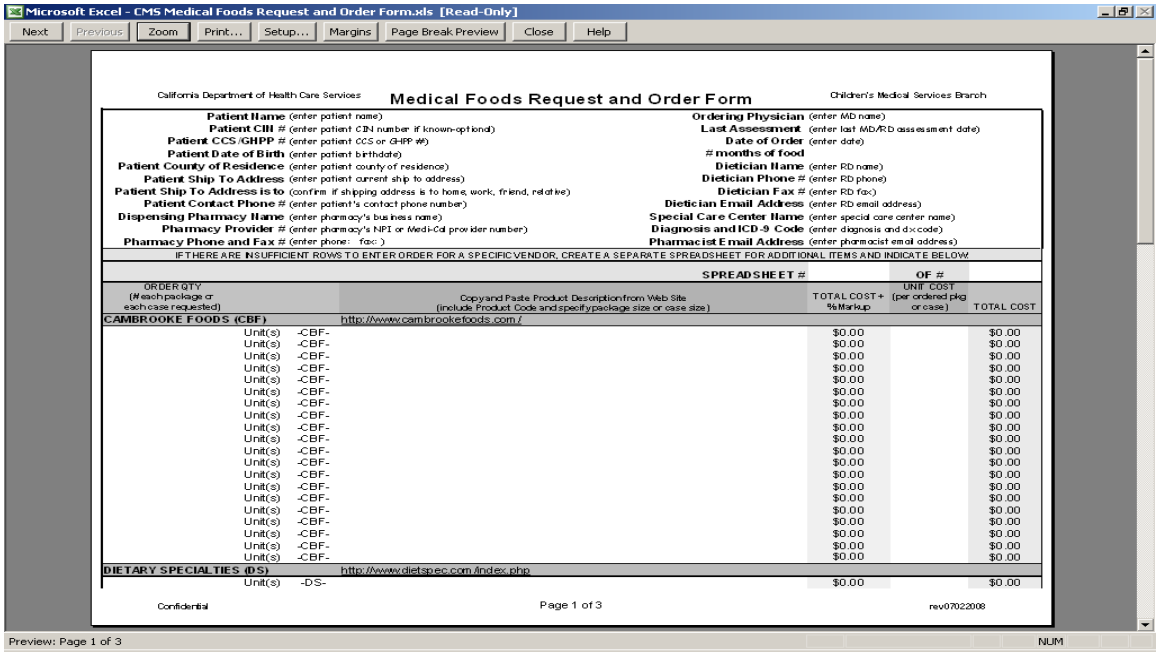
initiating the SAR and will be used by the SCC Dietitian as the “requesting” form. If signed by the requesting physician and dated, this form will also act as the prescription. See the example of the Medical Foods Request and Order Form (ed. 07/02/2008) below. The actual form is also attached.



Microsoft Excel - CMS Medical Foods Request and Order Form.xls [Read-Only]

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California Department of Health Care Services

Medical Foods Request and Order Form

Children's Medical Services Branch

Patient Name	(enter patient name)	**Ordering Physician**	(enter MD name)
Patient CIN #	(enter patient CIN number if known-optional)	**Last Assessment**	(enter last MD/RD assessment date)
Patient CCS/GHPP #	(enter patient CCS or GHPP #)	**Date of Order**	(enter date)
Patient Date of Birth	(enter patient birthdate)	**# months of food**	
Patient County of Residence	(enter patient county of residence)	**Dietician Name**	(enter RD name)
Patient Ship To Address	(enter patient current ship to address)	**Dietician Phone #**	(enter RD phone)
Patient Ship To Address is to	(confirm if shipping address is to home, work, friend, relative)	**Dietician Fax #**	(enter RD fax)
Patient Contact Phone #	(enter patient's contact phone number)	**Dietician Email Address**	(enter RD email address)
Dispensing Pharmacy Name	(enter pharmacy's business name)	**Special Care Center Name**	(enter special care center name)
Pharmacy Provider #	(enter pharmacy's NPI or Medi-Cal provider number)	**Diagnosis and ICD-9 Code**	(enter diagnosis and dx code)
Pharmacy Phone and Fax #	(enter phone: fax:)	**Pharmacist Email Address**	(enter pharmacist email address)

IF THERE ARE INSUFFICIENT ROWS TO ENTER ORDER FOR A SPECIFIC VENDOR, CREATE A SEPARATE SPREADSHEET FOR ADDITIONAL ITEMS AND INDICATE BELOW

SPREADSHEET # **OF #**

ORDER QTY (# each package or each case requested)	Copy and Paste Product Description from Web Site (include Product Code and specify package size or case size)	TOTAL COST + %Markup	UNIT COST (per ordered pkg or case)	TOTAL COST
CAMBROOKE FOODS (CBF)	http://www.cambrookefoods.com/			
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
Unit(s) -CBF-		$0.00		$0.00
DIETARY SPECIALTIES (DS)	http://www.dietspec.com/index.php			
Unit(s) -DS-		$0.00		$0.00

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Steps for the New County CCS Program Process for Medical Foods

The CMS Branch will continue to authorize all medical foods requests except for children residing in Los Angeles and San Diego counties, which continue to process requests for medical food products independently.

1. The SCC Dietitian faxes copies of the following documents to the County CCS program or the appropriate Regional Office:

- A completed Medical Foods Request and Order Form,
- current physician report, and
- current nutrition report.

  Note: These two reports may be combined in a single team report.

At the same time, the SCC Dietitian emails electronic copies using encryption software for sending the Medical Foods Request and Order Form to the CMS Branch.

2. The County CCS program or Regional Office staff enters and initiates the pending SAR with Service Code Z5999 and "1" unit and proceeds with the following:

- Use 91 prefix SAR for those who have Medi-Cal full scope, no share of cost.
- Use 97 prefix SAR for those who have Healthy Families and straight CCS.
- Choose "Medical Foods" from the drop down list in CMS Net. *(There is no need to add individual medical foods to the SAR.)*
- Complete an EPSDT Supplemental Services (EPSDT-SS) Worksheet. Enter the pended SAR number on the EPSDT-SS Worksheet. Make a note in the bottom section of the worksheet "required documents" that current medical and nutrition reports have been received. Please also identify the dates of the reports.
- Fax EPSDT-SS Worksheet with pended SAR number entered on the worksheet to the CMS Branch FAX (916) 327-1144, Attention: Galynn Thomas.
- There is no need to fax Medical Foods Request and Order Form to CMS Branch because the SCC Dietitian will email an encrypted copy of it to the CMS Branch at the same time reports are faxed to the County CCS program and/or Regional Office staff.

3. After the pended SAR is approved by CMS Branch staff, the County CCS program and/or Regional Office staff will be notified via encrypted email by the CMS Branch staff that the SAR is approved. County CCS program and/or Regional Office staff will fax the approved SAR to the following:

- Pharmacy vendor and
- Requesting SCC Dietitian

Additionally, the family should be sent a copy of the approved SAR which lists the approved medical foods.

CMS Branch Review and Process Includes**:**

- Verification of completeness of EPSDT-SS Worksheet and Medical Foods Request and Order Form
- Review of cost of the total order
- Completion and approval of SAR
- Email (using encryption) County CCS program or Regional Office and pharmacy regarding the completed SAR number
- Completion of CMS Case Note

You will not receive any new requests from California Medical Pharmacy since they are no longer dispensing medical foods. Please do not call them regarding new or existing orders. A new CCS/GHPP Numbered Letter (NL) on Medical Foods will be written and posted soon. Attached to the new NL will be a revised EPSDT-SS Worksheet that reflects the new process.

If you have questions during this gap of service and transition to a new process, please contact Galynn Thomas at 916-327-2299 or Judy Sundquist at 916-322-8785.

Enclosure

Patient Name	(enter patient name)	**Ordering Physician**	(enter MD name)
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Patient Date of Birth	(enter patient birthdate)	**# months of food**	
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Patient Ship To Address is to	(confirm if shipping address is to home, work, friend, relative)	**Dietician Fax #**	(enter RD fax)
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Pharmacy Phone and Fax #	(enter phone: fax:)	**Pharmacist Email Address**	(enter pharmacist email address)

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Unit(s)	-CBF-		$0.00		$0.00
Unit(s)	-CBF-		$0.00		$0.00
Unit(s)	-CBF-		$0.00		$0.00
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Unit(s)	-CBF-		$0.00		$0.00
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Unit(s)	-CBF-		$0.00		$0.00
Unit(s)	-CBF-		$0.00		$0.00
Unit(s)	-CBF-		$0.00		$0.00
Unit(s)	-CBF-		$0.00		$0.00
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Unit(s)	-CBF-		$0.00		$0.00
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Unit(s)	-CBF-		$0.00	$0.00
Unit(s)	-CBF-		$0.00	$0.00
Unit(s)	-CBF-		$0.00	$0.00
DIETARY SPECIALTIES (DS)		http://www.dietspec.com/index.php		
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
Unit(s)	-DS-		$0.00	$0.00
MADDYS/APPLIED NUTRITION (M/AN)		https://www.dietforlife.com/		
Unit(s)	-M/AN-		$0.00	$0.00
Unit(s)	-M/AN-		$0.00	$0.00
Unit(s)	-M/AN-		$0.00	$0.00
Unit(s)	-M/AN-		$0.00	$0.00
Unit(s)	-M/AN-		$0.00	$0.00
MED DIET (MD)		http://www.med-diet.com/index.htm		
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
Unit(s)	-MD-		$0.00	$0.00
NUTRICIA/ LO PROFIN (N/LP)		http://www.myspecialdiet.com/Shop/Search.aspx?t=department&i=15		
Unit(s)	-N/LP-		$0.00	$0.00
Unit(s)	-N/LP-		$0.00	$0.00

Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
Unit(s)	-N/LP-		$0.00		$0.00
PKU PERSPECTIVES (PKUP)		http://www.pkuperspectives.com/			
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
Unit(s)	-PKUP-		$0.00		$0.00
TASTE CONNECTIONS (TC)		http://www.tasteconnections.com/			
Unit(s)	-TC-		$0.00		$0.00
Unit(s)	-TC-		$0.00		$0.00
Unit(s)	-TC-		$0.00		$0.00
Unit(s)	-TC-		$0.00		$0.00
Unit(s)	-TC-		$0.00		$0.00
			$0.00	**TOTAL FOR THIS ORDER**	

INCLUDE WITH THIS FORM AND DATED WITHIN THE LAST 6 MONTH:

1. A written prescription signed by a CCS paneled or GHPP authorized physician. Physician signature below constitutes a legal prescription.

2. Nutrition assessment and treatment plan by a CCS paneled or GHPP authorized Registered Dietitian (RD) that includes the

number
of phenlalanine exchanges from low protein foods.
3. Medical history and center evaluation which includes diagnosis, medical conditions, and documentation of medical food necessity.

Physician Signature Box	**Signature Date**

CA Lic #:	Physician Name (Print):	Telephone#:	NPI#: