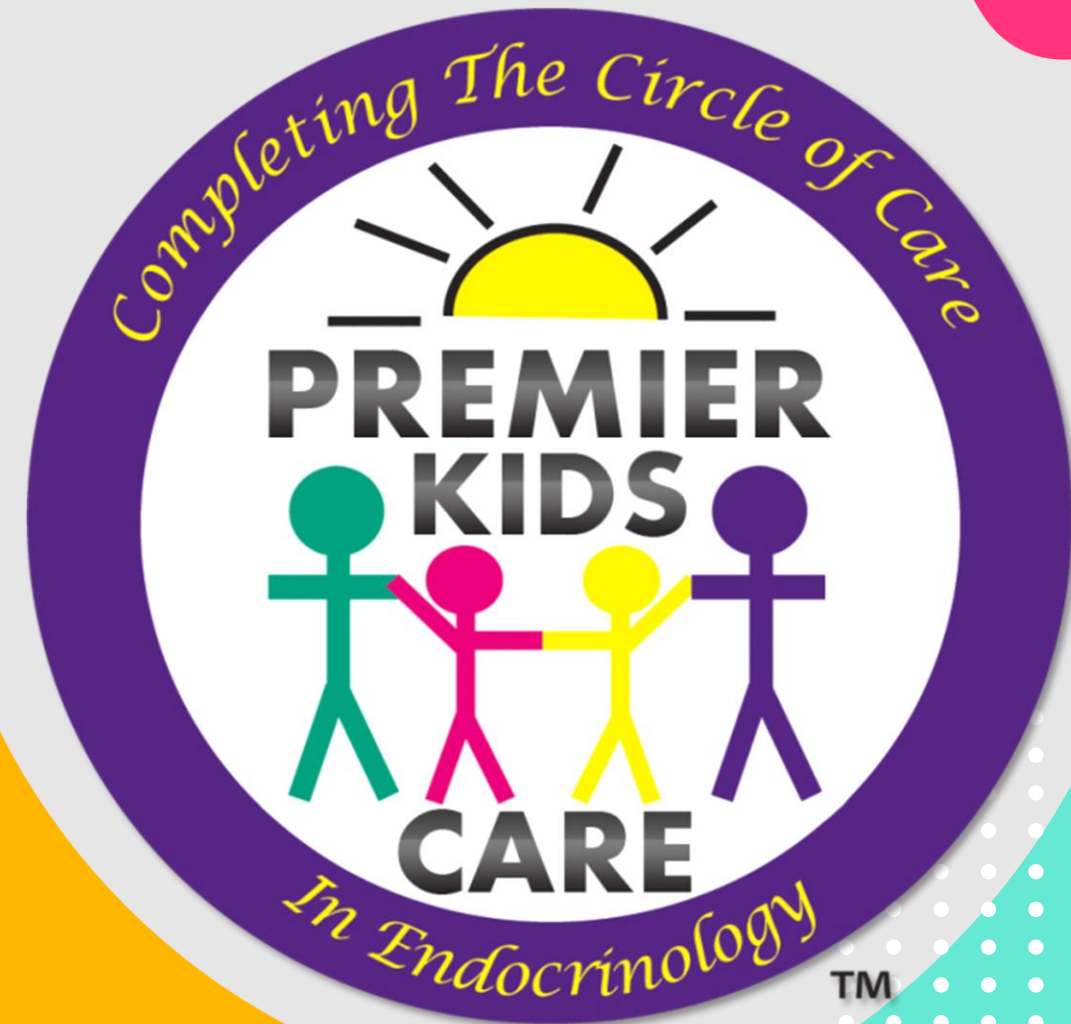
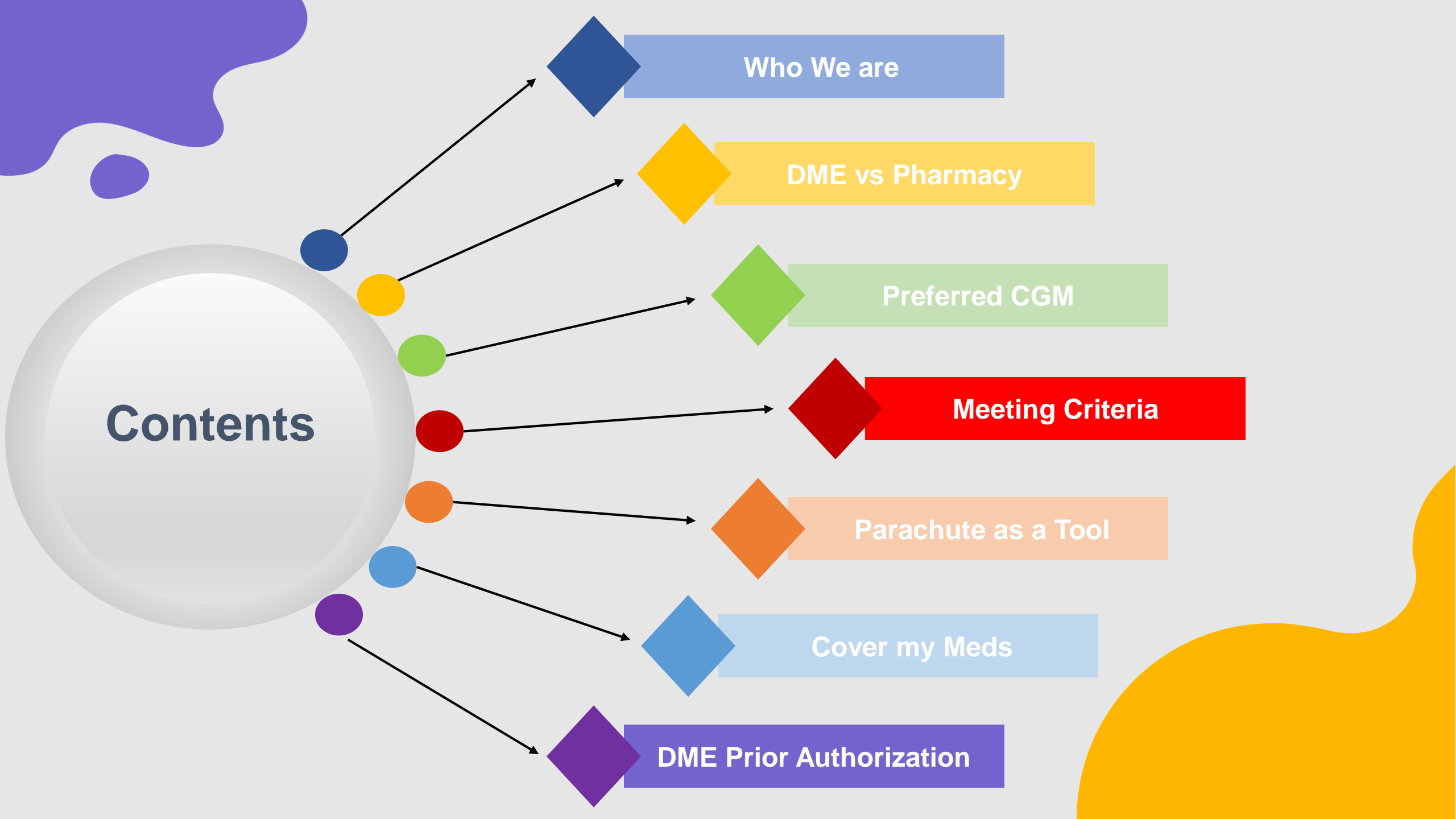




# Specialty Pediatric Endocrine & Diabetes Provider

*“Quality Care...Because We Care”*





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# Who We Are

- Premier Kids Care, Inc. (PKC) is a Pediatric Pharmacy/ DME provider and has been *successfully servicing patients since 1996.*
- Founded by a Registered Nurse, PKC focuses on the principles of honesty and integrity with the goal to always provide the highest level of patient care possible.
- The company has a team of Clinical Endocrine Specialists and Business Account Managers in the field to support our patients and Physicians.
- PKC has capable and experienced Customer Service and Sales Support teams to ensure optimal communication and efficient time management.
- The PKC team will provide accurate and thorough benefit investigation answering any questions or concerns from parents and walk the family through all areas of start up.

# We are Accredited by...



**ACHC**

Accreditation Commission for Health  
Care – Pharmacy and DME



**HCCA**

Health Care Compliance Association



**Medicaid and Medicare  
Certified**

# Circle of Care





# How Do We Do It?

Why PKC?



## We Specialize

We only work with a few disease states. We are passionate about our patients and their families. PKC remains the only Pediatric focused DME and Pharmacy for Type One Children. In addition, we follow our patients into adulthood providing quality service and care for all ages.



## We Educate

In conjunction with the MD offices we help our families navigate their new diagnosis and continuum of care through quality education.



## We Communicate

We believe that communication is the best way to keep our patients happy and healthy. We utilize multiple avenues to keep our patients on track.





### **We Support**

We support our MD offices by helping with paperwork, answering insurance questions and submitting the PA paperwork on the patient's behalf.



### **We Empower**

Because they have received quality education and training, our patients feel confident to take on their Diabetes and live their best life!



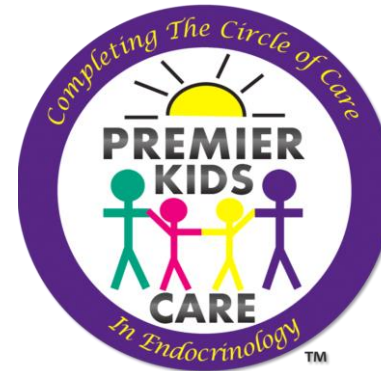
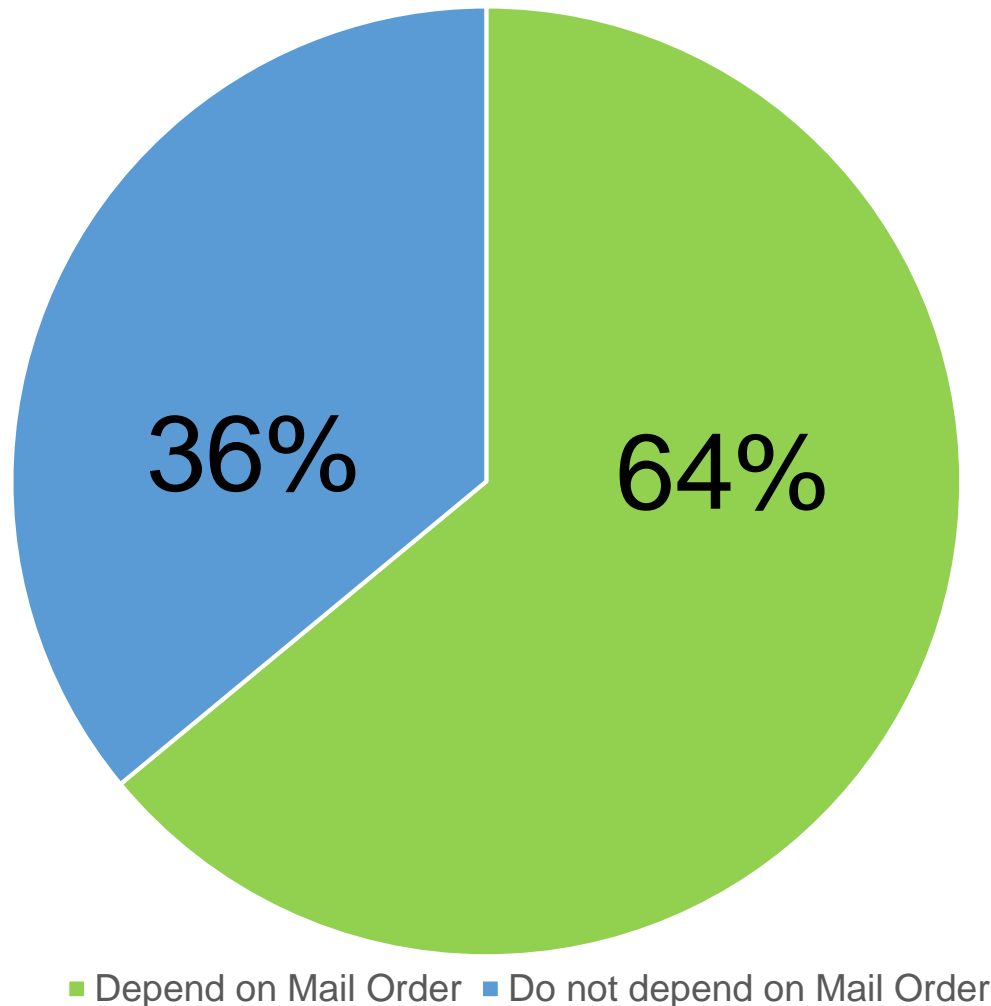
### **We Care**

Many of our families form a special bond with their Care Coordinator. They become family.

**Quality Care....Because  
We Care**

# What is the best fit for your patient?

Peachstate Health Plan Patients



PKC



LOCAL  
PHARMACY

In Quarter 3 of this year, we took a survey of our Peachstate Health plan patients. The survey question was “Do you have adequate transportation to your local pharmacy, or do you depend on mail order benefit?”



# Preferred CGM

Plan	CGM	Insulin Pump	Pharmacy Formulary
Amerigroup	RX	DME & RX	Dexcom & Freestyle Libre Omnipod 5 & Omnipod DASH
Caresource	RX	DME & RX	Dexcom & Freestyle Libre Omnipod 5 & Omnipod DASH
Georgia Medicaid	DME	DME & RX	Omnipod 5 & Omnipod DASH
Peach State Health Plan	DME	DME & RX	Omnipod 5 & Omnipod DASH

DME plans do not have “preferred” equipment

# Meeting Criteria

## Criteria for Insulin Infusion Pumps

The member has a diagnosis of insulin dependent type 1 diabetes mellitus (diagnosed insulin dependent prior to age thirty (30) or gestational diabetes

The treating endocrinologist or physician who is experienced in providing insulin infusion therapy orders an insulin pump and attests that he/she will monitor the member's status while the device is used

The physician documents a history of poor glycemic control on multiple daily injections of insulin, including persistently elevated HBA1C level of >7.0%

The physician documents additional history of poor control, such as

- Injection of insulin 3 or more times per day
- More than 3 adjustments of daily dosage over the previous 6 months
- Testing of sugar at least 4 times per day for the previous 2 months
- One documentation in the record of a fasting C-peptide level less than or equal to 110% of the lower limits or the normal range of the testing laboratory range or less than or equal to 200% of the lower limits of the normal range for the individuals with a creatinine clearance of <50: AND
- At least one of the following should also be present:
  - Glycosylated Hemoglobin level over 7%
  - History of Hypoglycemia (less than 55) on more than 4 occasions in previous 4 weeks
  - Wide fluctuations in blood glucose levels prior to mealtime
  - Dawn phenomenon with fasting blood sugars over 200mg/Dl on more than 3 times a week for 4 weeks

The member has demonstrated the ability and commitment to comply with the regimen of pump care, frequent self-monitoring of blood glucose, and careful attention to diet and exercise, and has received appropriate training on usage of the pump

The insulin pump has a total coverage warranty for repair or replacement for four (4) years. After four (4) years Medicaid will allow a request for a replacement device if necessary.

# Meeting Criteria

## Criteria for Continuous Blood Glucose Monitors

Coverage considered for members under the age of 21 years old (or on a case-by-case basis for members over 21) if the members currently has a diagnosis of uncontrolled Type I DM or Type II DM requiring 3 or more injections of insulin per day AND one of the following indications (s):

- Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
- Hypoglycemic unawareness: patient is not aware of symptom, but it may be witnessed by others
- Poor glycemic control despite at least 4 finger-sticks per day
- Hypoglycemia overnight
- Recurring diabetic ketoacidosis (DKA)
- Specific indications will be considered on a case-by-case basis when appropriate
- Insulin pump usage with poor control
- Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic under 21-years if age

# Parachute Health

## Bridging the gap in communication

- A quicker, more efficient way to send referrals and follow them through to the end
  - Fulfilment status – Become a follower on the order to give you real time updates on where we are at with processing the order
  - Allows healthcare providers and PKC to message one another at any given moment (ask questions, request follow ups)
- Sending and Receiving Documents
  - PKC has insurance specific documents stored in Parachute needed for processing referrals.
  - We work directly with Parachute Health to add documents to their platform for both the pharmacy and the provider's office to use



# Cover My Meds



- We have a team of case managers who work diligently to process your referrals within the first 24-48 hours of receiving them
- PKC uses Cover My Meds to submit prior authorization requests for pharmacy formulary items *IF* the plan allows it
  - ❖ Some plans require the provider's office to submit the request (e.g. Omnipod 5 and Omnipod DASH requests must be submitted by HCP for straight Georgia Medicaid patients)
- Prior authorization requests submitted via Cover My Meds have a 24-72 hour turnaround time

# Georgia Medicaid DME HCPC Codes & Quantities

## CGMs Dexcom & Freestyle Libre

## Tandem Pump

## Omnipod Eros

\*If the patient already has an  
Eros PDM\*

**A4239**

Dexcom &  
Freestyle Libre  
Sensors

*(one box per month for twelve  
months)*

**E2103**

Dexcom and  
Freestyle Libre  
receiver/reader

*(one receiver/reader  
per year)*

**E0784**

Tandem  
Pump

*(One pump every four years)*

**A4230**

Infusion Sets  
(plastic canula)

**A4231**

Trusteel  
Infusion sets

**A4232**

Cartridges

*(120, 156, or 180 depending on change  
frequency for codes A4230, A4231 and  
A4232)*

**A9274** –  
refill pods

*(120, 156, or 180 depending on  
change frequency)*



# Prior Authorization Forms

## Georgia Medicaid Certificate of Medical Necessity

Georgia Medicaid requires the CMN be filled out in its entirety with correct codes and quantities filled in

Physicians Name:		Physicians Address and Telephone Number:			
Physicians NPI Number:					
HCPCS Code(s)	<input type="checkbox"/> K0553	<input type="checkbox"/> K0554	<input checked="" type="checkbox"/> A4239	<input type="checkbox"/> A9277	<input checked="" type="checkbox"/> E2103
Place of Service	HOME		x12		X1

I certify that the continuous glucose monitor and supplies are medically necessary for this member, and that I have had a face-to-face evaluation with this member within the six (6) months preceding this order, and I am enrolled with Georgia Medicaid for the purpose of ordering, referring, or prescribing medical services.

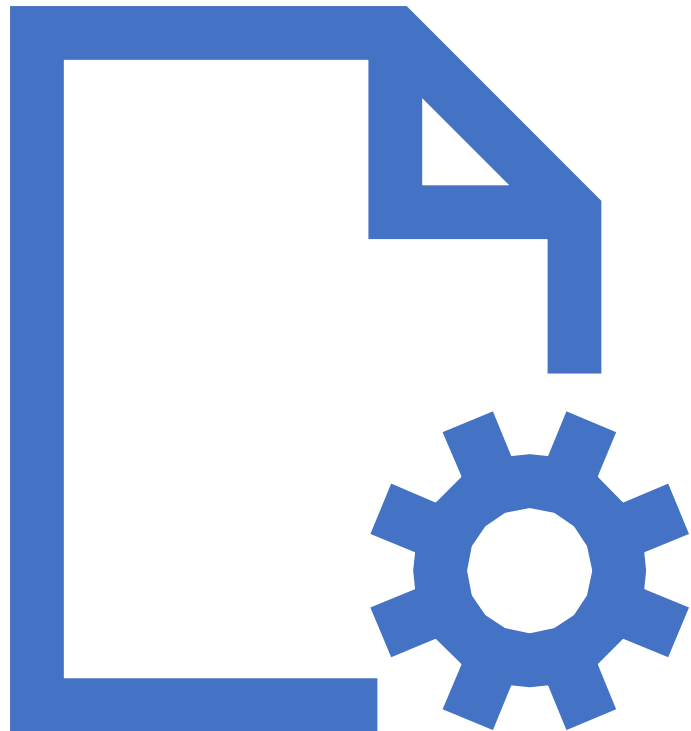
Date of face-to-face evaluation \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must have occurred within 180 days prior to the order date)

Physician's Signature  \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Stamps are not an acceptable form of authentication for the date or signature on a certificate of medical necessity or prescription/written order submitted to Georgia Medicaid.**

Prior authorization requests must be submitted within 180 days (6 months) of the face-to-face evaluation date and 90 days (3 months) of the physician's signature date

# Other Required Documents



- 1) Chart Notes of the patient's most recent appointment
  - a) The date on the chart notes must match the face-to-face date on the Georgia Medicaid CMN
  
- 2) 30 days of Blood glucose logs showing the patient's sugar has been checked at least 4 times per day
  - a) Can be handwritten, Dexcom Clarity, LibreView, Glooko, Tidepool report, etc

Using a cloud-based platform to access blood glucose data makes it easier for the patient, provider and DME supplier!

# GAMMIS Portal

Georgia Medicaid Management  
Information System

PKC uses the GAMMIS portal to submit prior authorization requests for all Medicaid DME plans

Turnaround times are conditional to each plan...

**Georgia Medicaid** : Maximum of 30 days for review

**Caresource and Amerigroup** : 3-5 business days

**Peachstate Health Plan** : 5-7 business days

Initiate a Prior  
Auth request by  
entering the  
patient's Medicaid  
ID

Requesting  
provider's  
information (i.e.  
PKC)

Diagnosis code and  
HCPC  
codes/quantities  
that we are  
requesting prior  
authorization for

Patient's height  
and weight

Most recent face  
to face encounter  
date and the date  
the physician  
signed the order

Ordering  
physician's first  
and last name

Once the prior authorization has been submitted, we attached all documentation required by the patient's plan (CMN, clinical notes, BG logs, etc) for review.

GAMMIS generates a "tracking ID" that can be used at anytime to check the status of the PA request.



Contact us at  
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Or  
Send your referrals directly to us at  
[newstarts@premierkidscare.com](mailto:newstarts@premierkidscare.com)

