

**Medicaid Reimbursement**

- I. For WIC participants who are on Medicaid or Medicaid Affordable/Accountable Care Organizations (ACOs), the cost of enteral and metabolic formulas will be covered under the following conditions:
  - a. Tube Feedings: Participant.
    - i. Must be currently enrolled in Medicaid and receive services through traditional Medicaid or a Medicaid ACO.
    - ii. Is on total nutrition by tube feeding due to a missing, damaged, or nonfunctional part of the gastric system.
    - iii. May not be on tube feeding due to failure to thrive or psychological problems.
    - iv. May not be receiving supplemental oral feedings.
    - v. Must receive a product that has a Medical Reimbursement Code.
    - vi. Must be on a special formula (not a standard breastmilk substitute).
  - b. Metabolic Formula: Will be considered for coverage
    - i. Must be currently enrolled in Medicaid and receive services through traditional Medicaid or a Medicaid ACO.
    - ii. Must receive a metabolic product that has a Medical Reimbursement Code that is listed on the Approved Medicaid Reimbursement Product List.
- II. How to receive Medicaid coverage.
  - a. If a WIC participant meets either of the above criteria, the WIC RD should take the following steps:

Step	Action
1	Notify the participant that Medicaid or Medicaid ACOs will provide the product in cases of total tube feeding of a special medical formula.
2	WIC may provide product until Medicaid has approved; the participant should not be refused service.
3	<p>Contact the appropriate medical supply company or pharmacy for Medicaid coverage of formulas.</p> <ul style="list-style-type: none"> <li>• IHC Home Health: use the designated Medicaid fax form posted on SharePoint for IHC Home Health.</li> <li>• CNS: contact by calling 801-410-8786.</li> <li>• Coram: contact by calling 801-436-4898.</li> </ul> <p>Medicaid will provide current fax forms to be used for referral to Medicaid and Medicaid ACOs. These will be posted on SharePoint. Fax the applicable Medicaid Fax form with the current FAFAF.</p>

4	WIC dietitian will facilitate this process by faxing the information to Medicaid or Medicaid ACOs. Document all procedures
5	Contact the State WIC RD Team if you have problems with this procedure.

III. Medicaid Reimbursement beyond supplemental WIC.

- a. For WIC participants who are receiving the maximum amount of formula authorized, and who are on Medicaid, Medicaid will provide additional formula needed by the participant on a case by case basis.

IV. Documenting Medicaid Provided or State Ordered-Formula in VISION.

- a. When a client is receiving a state ordered formula or formula **that** is being provided through Medicaid, this will need to be documented in the VISION system.

**b. Documenting Medicaid-provided formula without issuing complementary foods:**

- i. Select the "Special Diet" check box. Enter medical documentation information from the Formula and Food Authorization Form (FAF) under Documentation.
- ii. Select the appropriate "Medicaid-Provided Formula" or "State-Ordered Formula" model food package.
- iii. Select the "Direct Ship" check box in the food package grid. This allows the VISION system to recognize that the participant is receiving a state ordered formula benefit without actually receiving checks. Once the package has been verified, the package must be "printed" on the Food Benefits screen. Actual checks will not print for this package because the "Direct Ship" check box was selected, which registers into the system that benefits were issued.

**c. Documenting Medicaid-provided formula and issuing complementary foods:**

- i. Select the "Special Diet" check box. Enter medical documentation information from the Formula and Food Authorization Form (FAF) under Documentation.
- ii. Select an appropriate model food package with the desired complementary foods.
- iii. Medicaid-provided formula does not need to be added to the food package grid because the system recognizes benefits are being issued through the printed food instruments.