BlueCross BlueShield of New Mexico

Provider Food Programs:

Food Is Medicine Benefit for Pregnant Members with Diabetes

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What is Food Is Medicine?

Food Is Medicine is a benefit for pregnant members with diabetes. The intent is to support vulnerable pregnant members with healthy birth outcomes.

Who is eligible?

Pregnant Medicaid recipients with a diabetes diagnosis (type 1, type 2 or gestational)

Home-delivered, medically tailored meals are fully prepared meals designed by a registered dietitian nutritionist to meet the unique nutritional requirements of pregnant members with diabetes. The meals should incorporate local agriculture, food vendors and food preparation services to the extent practicable.

Home-delivered, medically tailored grocery boxes are distributions of unprepared or lightly processed food meant for members to prepare at home. The contents are designed by an RDN to meet the unique nutritional requirements of pregnant members with diabetes and medically tailored to the member's health needs.

These boxes allow recipients to prepare nutritionally complete meals or provide a significant portion of the ingredients for meals. They include fresh produce, whole grains, legumes and lean proteins. The boxes should incorporate local agriculture, food vendors and food preparation services to the extent practicable. A complete medically tailored grocery box includes a shelf-stable grocery box and a fresh produce box.

Covered Services and Limitations

- Covered services include medically tailored meals or grocery boxes. Members may not receive multiple Food Is Medicine services at the same time.
- Up to **two meals per day** for the member (or the grocery box nutritional equivalent) are covered for up to 11 months, not to extend beyond two months postpartum.
- Individualized meal plans must be designed by an RDN in consultation with the member. The meal plan must adhere to individual nutritional needs and cultural, religious and personal preferences.
- The Food Is Medicine benefit amount must be factored into any existing nutrition supports, such as the Supplemental Nutrition Assistance Program or Women, Infants and Children. The benefit can supplement, but not supplant, existing food supports at the local, state and federal level. If the member is not enrolled in SNAP or WIC, the managed care organization must refer the member to these programs.
- Members who qualify for multiple Medicaid meal programs would work with their provider or Home and Community-Based Services case manager to determine how to best meet their needs.
- Case management and nutritional counseling continue to be available through other benefits.

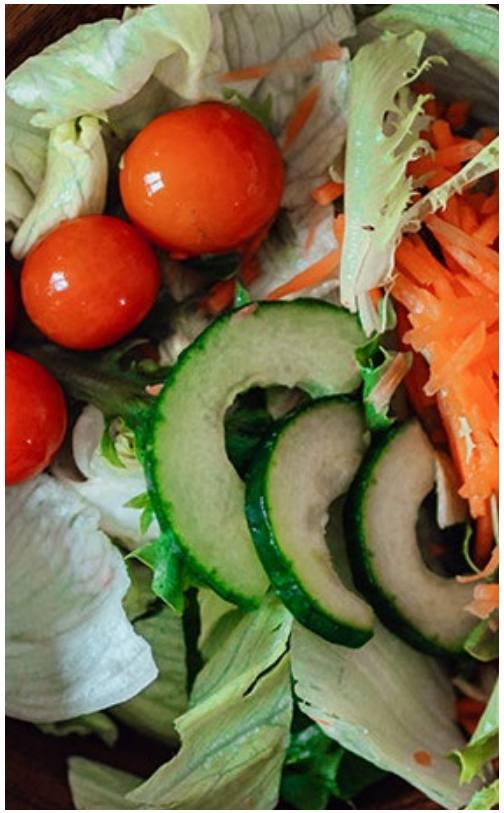
Virtual Health Partners, Inc. is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide digital nutrition programs for members with coverage through BCBSNM.

1 Provider Requirements

Provider Requirements for Food Is Medicine

- Must be enrolled in New Mexico Medicaid as **Provider Type 346 Lodging, Meals**
- Must have knowledge of principles, methods and procedures of the covered nutrition interventions meant to support an individual in obtaining food security and meeting their nutritional needs.
- Must be able to receive referrals from Turquoise Care MCOs. **Prior authorization is not required.**
- Must be able to deliver to the member's residence or other appropriate location, including last mile delivery, and track and report on service delivery (including unsuccessful deliveries).
- Must comply, during all stages of food service operation, with applicable federal, state and local regulations, codes and licensor requirements relating to fire, health, sanitation, safety, building and other provisions relating to the public health, safety and welfare of individuals receiving medically tailored meals or grocery boxes.

Provider Requirements for Community Based Medically Tailored Meals



- Must follow best practice guidelines and industry standards for food safety. This includes meals remaining at safe temperatures, hot or cold, during transit and delivery.
- Must include an RD or RDN or other comparable professional to develop the nutritional content of the meal or grocery boxes.
- Must be able to customize meals to a member's cultural, religious and personal preferences while ensuring the meal or grocery box remains medically-tailored.
- Must ensure that any employee or volunteer who delivers CB medically tailored meals to a member's home has passed a background check, or the provider must use a delivery service such as U.S. Mail.
- Must be able to attain information from the member about their receipt of SNAP or WIC assistance and factor the assistance into the total number of meals required for the member.

2 Referral Process

Referral Process

1. Prior authorization is not required.
2. Complete the universal referral form posted on our provider website.
3. Send completed form directly to support@virtualhp.com.
4. Virtual Health Partners will reach out directly to the member and complete the referral process and connect with the selected food and nutrition provider.

3 Provider Resources

Food Is Medicine Billing and Reimbursement

Claim Type:
CMS 1500 Professional Claim form

Diagnosis Codes:
Food Is Medicine claims must contain a diagnosis code reflecting diabetes and should contain a diagnosis code reflecting pregnancy in one of the first five positions.

Taxonomy:
174200000X

Procedure Code	Description	Modifier	Rate
Medically Tailored Meals			
S5170	Home delivered meals, including preparation; per meal	N/A	Per the fee schedule
Medically Tailored Grocery Box			
S5170	Home-delivered meals, including preparation; per meal	U1 − Weekly grocery box One unit quantity of groceries sufficient for one week of meals. No more than 14 meals.	Per the fee schedule

Participating with Blue Cross and Blue Shield of New Mexico

Providers applying for network participation with BCBSNM:

- Are required to register with the Health Care Authority
- Must register as a Managed Care-only provider, or as Fee-for-Service and Managed Care. Providers applying for network participation with BCBSNM are required to register with the HCA
- Must register as a Managed Care-only provider, or as a Fee-for-Service and Managed Care provider

If a provider fails to enroll, BCBSNM will deny claims. Registration ensures that billing and rendering providers can be identified on claims and encounter reports

Four Ways to Register

- Visit YES New Mexico Medicaid Portal
- Email NM.Customers@hca.nm.gov
- Call 800-283-4465
- Text 505-370-7130

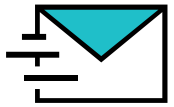
Provider Resources

- See our provider website for resources, trainings and information.
- Update your demographic information
- Review our Provider Reference Manual
- Access or request specialized training
- Review or sign up for our monthly *Blue Review*℠ newsletter
- Check the list of provider representative assignments. Provider representatives are organized by geographical region and provider type.

How to Submit Claims

Electronic submission

- **Payer ID MC721**
- For information on electronic filing of claims, contact Availity® Essentials at **800-282-4548**

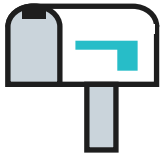


Paper submission

- Must be submitted on the CMS-1500 or CMS-1450 (UB-04) claim form

Duplicate claims

- Verify claims receipt and adjudication with BCBSNM via Availity Essentials prior to resubmitting to prevent denials



Submit forms to:

- Claims: BCBSNM, PO Box 650712 Dallas, TX 75265-0712
- Appeals: BCBSNM, PO Box 660717 Dallas, TX 75266-0717

Claims Submission Best Practices

Member Information

- Name, date of birth and gender
- Member's ID number (as shown on the member's ID card, including the 3-digit alpha prefix YIF)
- Individual member's group number, where applicable

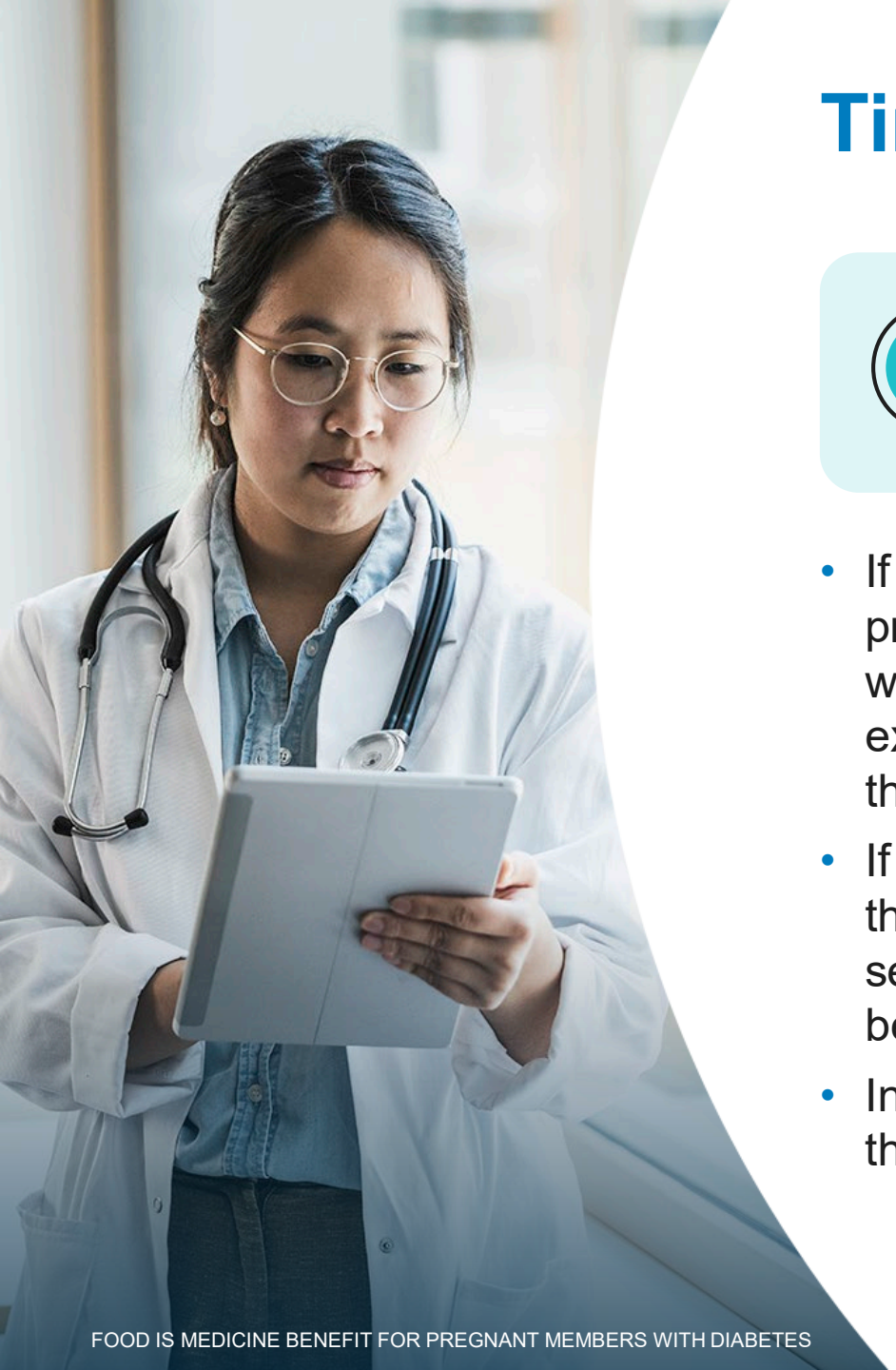
Participating Provider Information

- Provider's Tax Identification Number
- Provider NPI and Taxonomy (Type 1 and Type 2, if applicable)
- Participating provider name and address
- Place of service code
- Preauthorization number, if required

Visit Information

- Indication of:
  - Job-related injury or illness, or
  - Accident-related illness or injury, including pertinent details
- ICD-10 diagnosis codes
- Current Procedural Terminology (CPT®) procedure codes
- NDC codes in accordance with Medicaid requirements
- Date(s) of service(s)
- Charge for each service

Reminder: Before submitting a claim, validate that all charges are listed, and all necessary information has been provided to avoid late charges and corrected claims.



Timely Filing of Claims

Claims should be filed within 90 days; **must file no later than 180 days**.

- If there is a primary carrier, timely filing requires (1) filing with the primary carrier within 180 days from the date of service; and (2) filing with BCBSNM within 180 days from the date of the primary explanation of benefits. The primary carrier EOB must be attached or the information from the EOB must be entered in Availity Essentials.
- If there is not a primary carrier and no documentation furnished that the claim was sent to the wrong carrier within 180 days from the date of service, all claims submitted after 180 days from date of service will be denied.
- Indian/tribal/urban providers have up to two years from the date of the service to file claims.

BlueCross BlueShield of New Mexico

Thank you for joining our webinar!

Questions