

# ForwardHealth **UPDATE**

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## NEW WISCONSIN MEDICAID IN LIEU OF SERVICE: MEDICALLY TAILORED MEALS

### Overview

Effective January 1, 2025, BadgerCare Plus or Wisconsin Medicaid SSI HMOs can choose to reimburse Medicaid-enrolled, Food Is Medicine providers for providing medically tailored meal services to eligible members. These HMOs are listed on the [Wisconsin Department of Health Services \(DHS\) BadgerCare Plus: HMO Information](#) page.

This benefit is **not** available to members enrolled in fee-for-service Medicaid coverage in Wisconsin.

Medically tailored meals are an **in lieu of service** in Wisconsin. In lieu of services are optional services that an HMO can choose to offer. They are medically appropriate and cost-effective substitutes for other services covered by Medicaid. An in lieu of service can be a preventative service that helps avoid a future, more complicated and costly treatment. For example, medically tailored meals may be in lieu

### AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

### TO

Community Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

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of hospitalizations and emergency room visits because they are expected to reduce a future need for these services.

In lieu of services are only offered to members with certain medical conditions.

Members with these conditions may be eligible for medically tailored meals:

- Members who have a high-risk pregnancy or are high-risk postpartum
- Members with diabetes who have been discharged from a hospital in the past 90 days
- Members with cardiovascular disease who have been discharged from a hospital in the past 90 days

ForwardHealth has created a new provider type, called Food Is Medicine, in which providers who want to offer these covered services can enroll. Food Is Medicine providers must enroll with Wisconsin Medicaid before contracting with HMOs.

This ForwardHealth Update covers the following topics:

- [Covered Services for Medically Tailored Meals](#)
- [Referrals](#)
- [Member Eligibility](#)
- [Provider Enrollment](#)
- [Resources](#)

## Covered Services for Medically Tailored Meals

Medically tailored meals are fresh or frozen prepared meals customized by a registered dietitian (RD) to meet a member's unique health needs. These meals help members manage their medical conditions, meet their nutrition goals, and avoid hospital stays or emergency room visits. Meals must accommodate a member's allergies, specific food preferences, and cultural or religious restrictions or preferences.

Meals must be provided under the supervision of an RD who is licensed to practice in Wisconsin. This means:

- The dietitian must meet with the member to develop a meal plan tailored to the member's specific needs. This visit may occur either in person or via real-time, interactive, audio-visual or audio-only telehealth.
- The dietitian must follow evidence-based, nutritional practice guidelines to address medical conditions, symptoms, allergies, medication management, and side effects. If a member has multiple medical issues, restrictions,

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or preferences, the dietitian must individualize the meal plan to meet all conditions.

- The dietitian must be employed by or contracted with the Food Is Medicine provider and have access to meal nutrition information to verify that the meal plan meets the member's needs.

Reimbursement for medically tailored meals covers the preparation—and, if applicable, delivery—of up to two meals per day for up to 12 weeks.

Reimbursement also includes any assessments with the dietitian.

After the initial 12 weeks, HMOs may reauthorize the meal service every 12 weeks for up to one year (365 days) from the initial authorization. If the member has another eligibility event, such as a hospitalization, the HMO may reauthorize the service again every 12 weeks for up to one year following that event.

### Service Documentation

For any services provided to a Medicaid member, providers must prepare and maintain truthful, accurate, complete, legible, and concise documentation and medical and financial records. At minimum, service documentation must comply with Wis. Admin. Code § DHS [106.02\(9\)](#), as applicable, and include information about:

- Meals provided.
- Mode of service delivery for meals (delivery or pick-up).
- Mode of service delivery for dietitian visits (in-person, audio-visual telehealth, or audio-only telehealth).

HMOs may specify additional documentation requirements in their provider contracts or agreements. Providers are required to produce or submit documentation to HMOs or DHS upon request.

### Submitting Claims for Reimbursement

Food is Medicine providers will bill HMOs for services provided. HMOs are required to provide training, support, and technical assistance to providers regarding their claim submission and payment processes. For more information, contact the appropriate HMO provider services department(s). Contact information for HMO provider services can be found on the ForwardHealth Portal on the Resources and Help tab on the [HMO Providers](#) page.

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Providers must use designated codes and modifiers when submitting claims to HMOs for medically tailored meals. Billing codes indicate which service was provided for the member. Modifiers are submitted with billing codes to indicate additional information, such as the clinical population the member belongs to.

BILLING CODES FOR MEALS		
Code	Description	Modifiers
S5170	Home delivered meals, including preparation; per meal	U1, U2, and/or U3
S9977	Meals, per diem, not otherwise specified	U1, U2, and/or U3
BILLING CODES FOR DIETITIAN SERVICES		
Code	Description	Modifiers
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	U1, U2, and/or U3
97803	Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes	U1, U2, and/or U3
97804	Medical nutrition therapy; group (2 or more individual[s]), each 30 minutes	U1, U2, and/or U3
S9470	Nutritional counseling, dietitian visit [use for real-time, interactive, <b>audio-only</b> telehealth visits]	U1, U2, and/or U3

Providers should:

- Use the U1 modifier when billing for high-risk pregnant or postpartum members.
- Use the U2 modifier when billing for members with diabetes after a hospital discharge.
- Use the U3 modifier when billing for members with cardiovascular disease after a hospital discharge.

**Providers may use more than one modifier if the member is receiving services for more than one of these conditions.** For example, 97802 with modifiers U2 and U3 may be billed to indicate that a member with diabetes and cardiovascular disease who was recently discharged from a hospital received an initial medical nutrition therapy assessment from a registered dietitian.

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## Provider Referrals and Member Requests

There are three ways that members can access medically tailored meals.

- A licensed network provider for a BadgerCare Plus HMO or Medicaid SSI HMO can make a referral.
- An HMO could identify members who would be eligible.
- A member can request the service directly.

A licensed HMO network provider may refer members for meal services if they believe the services to be medically appropriate. Such network providers include hospitals, federally qualified health centers, primary care providers (such as physicians, nurse practitioners, or physician assistants), and specialist providers.

The HMO is responsible for reviewing any referrals to determine if the member meets both the eligibility criteria and the HMO's service authorization requirements before authorizing the service.

A member can contact their HMO to request medically tailored meals, or an HMO can identify members who might qualify. In both cases, HMO licensed clinical staff will determine if the service is medically appropriate and if the member meets eligibility criteria. The HMO must document their findings in the member's record.

## Member Eligibility

To be eligible for medically tailored meals, a member must be enrolled in an HMO that contracts with Food Is Medicine providers. One of these clinical criteria must also be true:

- The member has a high-risk pregnancy or is high-risk postpartum, as determined by the referring provider or HMO-licensed clinical staff, including members in obstetric medical homes.
- The member has diabetes and has been discharged from a hospital in the past 90 days.
- The member has cardiovascular disease and has been discharged from a hospital in the past 90 days.

## Members Who Are Not Eligible

Medically tailored meal services are only covered for members enrolled in participating BadgerCare Plus or Medicaid SSI HMOs.

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Meals are **not** covered for members with fee-for service Medicaid coverage or coverage under any other Wisconsin Medicaid programs, such as:

- Family Care
- Family Care Partnership
- IRIS (Include, Respect, I Self-Direct)
- Program of All-Inclusive Care for the Elderly (PACE)
- Children's Long-Term Support (CLTS) Program

## Provider Enrollment

Beginning December 1, 2024, Food Is Medicine providers can enroll with Wisconsin Medicaid. Enrollment allows them to receive reimbursement for the medically tailored meal services they provide to members enrolled in participating BadgerCare Plus or Medicaid SSI HMOs.

Providers must enroll with Wisconsin Medicaid first. Once enrolled, they can then contract with one or more HMOs. Enrolled Food Is Medicine providers who are contracted or have an agreement with at least one HMO can provide and bill for covered services beginning on January 1, 2025.

More information is available on the ForwardHealth Portal (the Portal) under [Provider Enrollment Information](#). Providers may also contact Provider Services at 800-947-9627 with questions about the enrollment process.

## Provider Enrollment Criteria

To enroll with Wisconsin Medicaid, new providers must:

- Have experience providing Food Is Medicine services, including medically tailored meals, healthy home-delivered meals, medically tailored groceries, healthy food boxes, or similar services.
- Have protocols in place to ensure food quality, freshness, and safety when a member receives it.
- Have appropriate infrastructure and capacity to provide medically tailored meals as defined in the ForwardHealth policy, including documenting service delivery and meals served.
- Employ or contract with RDs or registered dietitian nutritionists (RDNs) who will supervise the meal plan and provide initial and follow-up assessments of a member's dietary needs. RDs and RDNs must have a license to practice in Wisconsin, but they do not need to be individually enrolled as Wisconsin Medicaid providers.

# QUICK LINKS

- [Provider Identification topic #3421](#)
- [Provider Enrollment Information](#) page
- [Information for Specific Provider Types](#) page
- [User Guides](#) page
- [Trainings](#) page
- [HMO Providers](#) page
- [Updates](#) page
- [Online Handbook](#)

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## Wisconsin Medicaid Enrollment Process

Providers can find information about enrollment on the ForwardHealth Portal (the Portal) [Provider Enrollment Information](#) homepage. The [Information for Specific Provider Types](#) page will offer enrollment information specific to Food Is Medicine providers.

To enroll with Wisconsin Medicaid as a Food Is Medicine provider, the provider should:

1. Access the [Portal](#).
2. Click **Become a Provider** in the Providers box on the Portal homepage. The Provider Enrollment Information homepage will be displayed.
3. Click [Start or Continue Your Enrollment Application](#) on the upper left side of the Provider Enrollment Information homepage.
4. Click [Medicaid/Border Status Provider Enrollment Application](#) in the To Start a New Medicaid Enrollment box.
5. Read the instructions, then click **Next**.
6. Navigate through the enrollment wizard, enter or select the applicable information, and click **Next** to continue.
7. On the Provider Type panel, select **Food Is Medicine**.
8. Continue through the enrollment panels to complete the application.

## Revalidation

All providers must confirm their information with Wisconsin Medicaid every three years to stay enrolled. This is known as revalidation. Providers receive notices that let them know they need to revalidate their enrollment.

During revalidation, providers update their enrollment information and sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation.

## Notice of Enrollment Decision

Once a provider starts the application process, they will have 10 days to complete it. **If the application is not completed within 10 days, the provider will need to restart the application process.**

After the provider completes the enrollment application, ForwardHealth will approve or deny the enrollment application and:

- Enroll the provider if the application is approved.
- Send a letter to the applicant with reasons for the denial.

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ForwardHealth will notify the provider of their enrollment status in less than 60 days and usually within 10 business days.

ForwardHealth will send a welcome letter to new Medicaid-enrolled providers, with a copy of the provider agreement and an attachment. This attachment contains important information such as effective dates and the assigned provider type and specialty.

### Effective Date of Enrollment

The effective date of a provider's enrollment will be based on the date ForwardHealth receives the complete and correct enrollment application materials. ForwardHealth considers an application complete when all required information has been correctly submitted and any supplemental documents have been received.

The date the provider submits their online enrollment application to ForwardHealth is the earliest effective date possible and will be the effective date if both of the following are true:

- The applicant meets all requirements.
- ForwardHealth has received any required supplemental documents within 30 calendar days of the date the enrollment application was submitted. To avoid a later enrollment effective date, providers are encouraged to upload documents during the enrollment process.

**“ForwardHealth considers an application complete when all required information has been correctly submitted and any supplemental documents have been received.”**

If ForwardHealth receives any applicable, supplemental documents more than 30 days after the provider submits the enrollment application, the provider's effective date will be the date ForwardHealth received all of these documents.

### Establishing a Portal Account

Providers use their Portal accounts keep their information current with ForwardHealth. To request Portal access and the necessary PIN, providers should:

1. Access the [Portal](#), and click the **Providers** icon.
2. In the Quick Links box on the Providers page, click **Request Portal Access**. The Request Portal Access page will be displayed.
3. Enter their National Provider Identifier (NPI) in the NPI number field in the NPI Information section. (Note: If a provider does not have an

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NPI, they should refer to ForwardHealth Online Handbook Provider Identification topic [#3421](#) for information on how to request one.)

4. Click **Search**. The ForwardHealth Enrollment for Requested NPI section will auto-populate with the provider's information that ForwardHealth has on file. If ForwardHealth cannot find the NPI, the page will refresh, and it will not be populated with the provider's information.
5. Click the appropriate row from the ForwardHealth Enrollment for Requested NPI section. The Selected NPI section will auto-populate with the selected information.
6. Enter the provider's Social Security number (SSN) or Tax Identification Number (TIN) in the SSN or TIN field in the Selected NPI section.
7. Click **Submit**. If the request is successful, a confirmation page will be displayed.

After a provider successfully requests Portal access, a letter will be mailed to the provider that includes:

- A PIN. Access to the secure Portal is not possible without a PIN.
- A login ID. For security purposes, the login ID only has digits three through six of the NPI or Provider ID.

Providers should not share their login information with anyone except appropriate staff. ForwardHealth recommends that providers change their login information when staff changes occur.

### **Adding Multiple Organizations or Enrollments**

Portal users with administrative accounts may add multiple organizations to an existing Portal account. This feature lets providers manage multiple organizations or enrollments with one Portal account. Providers can switch between different organizations or enrollments as needed for each transaction.

The [ForwardHealth Provider Portal Account User Guide](#) offers information on setting up Portal accounts.

### **Maintaining Demographic Information**

Once enrolled, providers are responsible for updating their information, such as addresses, through the demographic maintenance tool.

The [ForwardHealth Portal Demographic Maintenance Tool User Guide](#) provides information on updating information on the Portal.

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## Reimbursement for Services

Food Is Medicine providers must be contracted or have an agreement with at least one HMO to receive reimbursement for services provided to members in those HMOs. Providers can find more information about the HMOs currently contracted with Wisconsin Medicaid in the HMO section of the DHS [BadgerCare Plus: Member Information](#) page.

## Resources

ForwardHealth encourages providers to use these resources on the Portal to help them succeed in doing business.

## Trainings

For more information about the enrollment process, providers can view the recorded Food Is Medicine Provider Enrollment Training on the [Trainings](#) page.

## Updates and Online Handbook

[Updates](#) are the first source of provider information and announce the latest information about Wisconsin Medicaid policy and coverage changes.

Providers can find current policy in the [Online Handbook](#).

## Policies and Procedures

Food Is Medicine providers are required to follow all existing Medicaid policies and procedures detailed in the [Online Handbook](#).

## Portal Messaging and Email Subscription

ForwardHealth sends Portal account and email subscription messages to notify providers of newly released Updates and other information.

Providers who have established Portal accounts will automatically receive notifications from ForwardHealth in their Portal Messages inbox.

Providers and other interested parties may also [register](#) to receive email subscription notifications. Refer to the [ForwardHealth Portal Email Subscription User Guide](#) for instructions on how to sign up for email subscriptions.

## Provider Services

For questions about enrollment, providers can contact Provider Services at 800-947-9627, Monday–Friday, 7 a.m.–6 p.m. Central time.

# RESOURCES

[BadgerCare Plus: Member Information](#)

# NEVER MISS A MESSAGE

Stay current on policies and procedures by signing up for Portal text messages or email alerts! These alerts let providers know when there is a new secure Portal message. Go to the **Message Center** on the secure Portal and click **Notification Preferences**. Section 12.4 of the [ForwardHealth Provider Portal Account User Guide](#) has detailed instructions.

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Additionally, WiCall is an automated voice response system that allows providers to access enrollment information by phone. Providers can reach WiCall at 800-947-3544 and select option “1” to begin.

For HMO-specific policies and procedures, like billing and claims questions or service authorization questions, providers should contact the appropriate HMO provider services department(s). Contact information for HMO provider services can be found on the ForwardHealth Portal on the Resources and Help tab on the [HMO Providers](#) page.

## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements Wis. Admin. Code § DHS [106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions or termination from the Medicaid program.

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**This Update was issued on 12/02/2024 and information contained in this Update was incorporated into the Online Handbook on 01/16/2025.**

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).