


## Letter of Direction #62

**Date:** July 22, 2025

**To:** Turquoise Care Managed Care Organizations

**From:** Dana Flannery, Director, Medical Assistance Division 

**Subject:** 1115 Demonstration Waiver Benefit: Food Is Medicine for Pregnant Members with Diabetes

**Title:** Food Is Medicine Benefit for Pregnant Members with Diabetes

The purpose of this letter of direction is to provide the Turquoise Care (TC) Managed Care Organizations (MCOs) with information on implementing and monitoring the Food Is Medicine (FIM) benefit for pregnant members with diabetes. This benefit is intended to support vulnerable pregnant members and healthy birth outcomes. This benefit is implemented under the 1115 Waiver and includes home-delivered, medically tailored food consisting of medically-tailored meals (MTMs) and medically-tailored grocery boxes (MTGs).

The effective date of Food is Medicine is July 1, 2025. The Food is Medicine benefit is intended to be a phased approach starting with home-delivered, medically tailored food (meals or grocery boxes). At a minimum, MCOs are expected to go-live on the effective date (July 1, 2025) with MTM.

### 1. Definitions:

**Home-Delivered, Medically Tailored Meals (MTMs)** are fully prepared meals that are designed by a registered dietitian nutritionist (RDN) to meet the unique nutritional requirements of pregnant members with diabetes. MTMs should incorporate local agriculture, food vendors and food preparation services to the extent practicable.

**Home-Delivered, Medically Tailored Grocery Boxes (MTG)** are distributions of unprepared or lightly processed foods that members are meant to prepare for consumption 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. The contents are sufficient to prepare nutritionally complete meals or provide a significant portion of the ingredients for such meals, including fresh produce, whole grains and

legumes, and lean proteins. MTGs should incorporate local agriculture, food vendors and food preparation services to the extent practicable. A complete medically-tailored grocery box will be comprised of a shelf-stable grocery box plus a fresh produce box.

**2. Provider Requirements:**

- a. Must be enrolled in New Mexico Medicaid as Provider Type 346 Lodging, Meals;
- b. 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;
- c. Must be able to receive referrals from providers and Turquoise Care MCOs;
- d. Must be able to track and report on service delivery (including unsuccessful deliveries);
- e. Must comply, during all stages of food service operation, with applicable federal, state and local regulations, codes, and licensure requirements relating to fire, health, sanitation, safety, building, and other provisions relating to the public health, safety, and welfare of individuals receiving MTM or MTG;
- f. Must follow best practice guidelines and industry standards for food safety;
  - i. Must include a Registered Dietician or RDN or other comparable professional to develop the nutritional content of the Meals/Grocery Boxes and provide a medically tailored meal/grocery box customized to the member's health needs. If the MCO elects to contract with a provider that utilizes a comparable professional, the MCO must document which provider type this comparable professional will be and how they are comparable in the FIM Implementation Plan detailed in Section 8;
- g. Must be able to customize to a member's cultural, religious and personal preferences while ensuring the Meal/Grocery Box remains medically-tailored; and
- h. Must be able to attain information from the member about their receipt of SNAP or WIC assistance and factor this assistance into the total number of meals requested for the member.

**3. Eligible Members:**

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

**4. Prior Authorizations:** No Prior Authorization is required. A referral for a confirmed eligible member from various sources to the meals provider for a nutritional assessment is required which results in a personalized meal plan designed by an RDN. Providers are required to be able to produce the personalized meal plan.

**5. Covered Services and Limitations:**

- a. Covered Services include MTM or MTG;
- b. Up to 2 meals per day for the member (or the grocery box nutritional equivalent) for a duration of up to 11 months, not to extend beyond 2 months postpartum.
- c. Limitations of Covered Services:
  - i. Must document existing nutrition supports such as SNAP and WIC and factor into individualized FIM benefit amount. The Medicaid FIM 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 MCO must refer the member to these programs;

- ii. Must have an individualized meal plan designed by an RDN in consultation with the member. The meal plan must adhere to individual nutritional needs and cultural, religious and personal preferences;
- iii. A member cannot receive multiple Food Is Medicine services at once but may choose between MTM and MTG;
- iv. For members who qualify for multiple Medicaid meals programs, the member would work with their provider or HCBS case manager to determine how to best meet the member's needs; and
- v. Case Management and Nutritional Counseling continues to be available through other benefits.

#### 6. Billing and Reimbursement:

- a. **Claim Type:** Claims for FIM are professional claims and must be submitted on a CMS 1500 Professional Claim form.
- b. **Diagnosis Codes:** FIM claims must contain a diagnosis code reflecting diabetes and should contain a diagnosis code reflecting pregnancy in one of the first 5 positions.
- c. **Taxonomy:** 174200000X
- d. **Procedure Codes:** Codes are outlined in the Reimbursement section below
- e. **Reimbursement:** MCOs must reimburse at a minimum the rates per the fee schedule. MCOs may reimburse up to \$140 for MTG. MCOs should prioritize this reimbursement allowance to support the network of local providers and local food resources.

Table 1: Food Is Medicine

Code	Description	Modifier	Rate
Medically Tailored Meals			
S5170	Home delivered meals, including preparation; per meal	NA	Per the fee schedule
Medically Tailored Grocery Box			
S5170	Home delivered meals; including preparation; per meal	U1- Weekly grocery box  1 unit Quantity of groceries sufficient to for 1 week of meals. No more than 14 meals	Per the fee schedule

#### 7. Managed Care Organization Requirements

- a. MCOs must develop managed care provider contracting information and dedicated support for potential FIM providers. This includes requirements to be able to customize FIM services and adhere to individual nutritional needs and cultural, religious and personal preferences;
  - b. MCOs must develop and widely disseminate information to community stakeholders regarding accessing the Food Is Medicine benefit;
  - c. MCOs must incorporate FIM into a statewide closed loop referral system;
  - d. MCOs must develop and widely disseminate information to physicians on the process of referring managed care members to FIM benefit;
  - e. MCOs must collaborate with Community Based Organizations (CBOs) to develop infrastructure that will eliminate barriers to becoming a FIM provider and to increase utilization of regional vendors and food producers;
  - f. MCOs must implement measures to ensure that MTM and MTG received by managed care members are customized to the member by RDNs;
  - g. MCOs must implement measures to ensure that vendors contracted to provide MTM and MTG are meeting generally accepted dietary guidelines for the beneficiary's condition(s); and
  - h. MCOs must partner with existing state agencies and social service providers to connect managed care members experiencing food insecurity with programs such as SNAP, WIC, and TANF in order to supplement existing supports.
- 8. Implementation Plan:** MCOs must submit an implementation plan detailing how they will operationalize the FIM benefit by June 16, 2025. Reporting shall consist of a report-like file that includes narrative or other relevant response types or supporting documentation including:
- a. How the MCO will implement FIM services;
  - b. How to implement referral and screening processes that includes referral from a prescribing provider/practitioner, WIC/SNAP Screening, WIC/SNAP referrals, and HRSN screening;
  - c. How the MCO will incorporate local agriculture, food vendors, and food preparation services in their implementation of this benefit;
  - d. How the MCO will address the need for culturally responsive and culturally appropriate food for recipients;
  - e. How the MCO will determine benefit overlaps between other nutrition supports a member may receive and adjust the FIM benefit accordingly so as not to exceed a full nutritional regimen;
  - f. How the MCO will communicate with and train providers on the benefit, including how to refer members per the referral requirements, and how the MCO will communicate and educate members on the availability of this benefit, as well as eligibility criteria and member access; and
  - g. Any other information or supportive documentation pertaining to implementation of this benefit.

This LOD will be sunset with the incorporation into the contract or MAD Managed Care Policy Manual.