

Medically Tailored Meals

Medicaid Managed Care In Lieu of Service

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Agenda

- Background
- Overview of new benefit
- Service definition
- Referrals and member eligibility
- Provider enrollment
- Next steps
- Questions and answers





Background



Medicaid in Wisconsin

- A state-federal program that provides health care coverage to low-income adults, children, and people with disabilities
 - BadgerCare Plus: low-income adults, children, and pregnant people
 - SSI Medicaid: low-income adults with disabilities who are eligible for Supplemental Security Income (SSI)
 - Over 1 million people in Wisconsin are enrolled
 - Medicaid members have a higher burden of chronic disease compared to the general public
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Food is Medicine

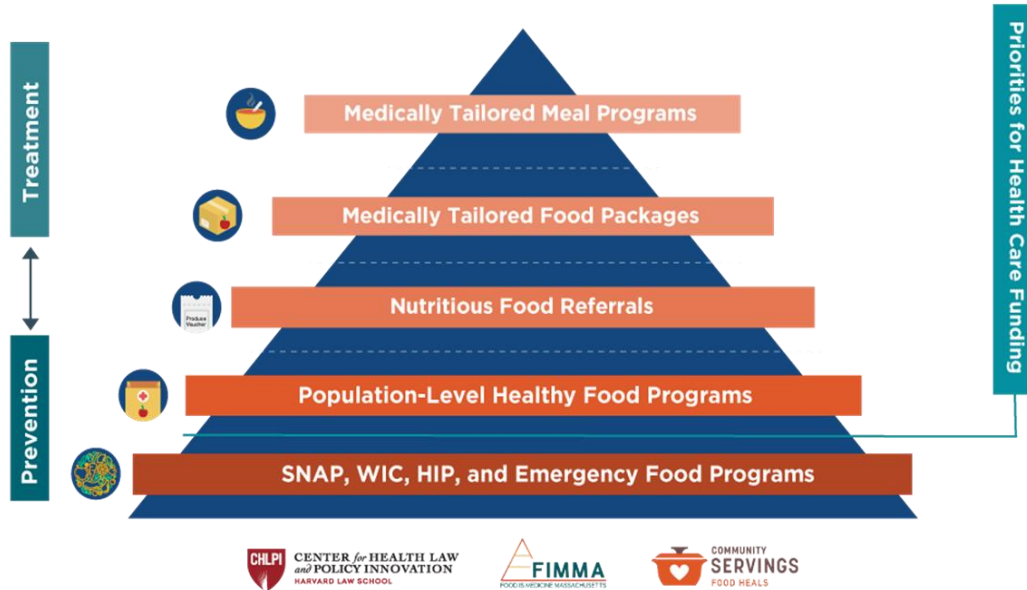
- Many diseases or conditions are caused or worsened by diet
- Food is Medicine is a range of interventions that respond to the link between nutrition and health





Food is Medicine Interventions

FOOD IS MEDICINE PYRAMID



- Treatment-oriented services like medically tailored meals
- Prevention-oriented services like government food programs (SNAP and WIC)



Food is Medicine in Wisconsin

- Emerging state Food is Medicine coalition with active leadership from academic health partners
- In efforts to address drivers of health, many pilots happening in health systems around the state, esp with produce boxes
- WI DHS-Medicaid joined Center for Health Care Strategies HRSN Learning Collaborative '25-'26
- WI Association of Health Plans active leaders



Overview of New Benefit



New! Medically Tailored Meals

- In 2025, Medically tailored meals (MTMs) will be a new in lieu of service for eligible members enrolled in participating BadgerCare Plus or Medicaid SSI HMOs
- MTMs are fresh or frozen prepared meals customized by a registered dietitian to meet a person's unique health needs



Benefits

- MTMs help people:
 - Manage a medical condition
 - Meet their nutrition goals
 - Avoid hospital stays or emergency room visits
- The service also:
 - Improves health outcomes
 - Lowers the cost of care
 - Increases member satisfaction





Federal Requirements for ILOS

- In lieu of services are optional for HMOs and members
- Members must be enrolled in a participating HMO to receive the service
- Services must be “medically appropriate and cost effective”
- Combined in lieu of service costs may not exceed 5% of total Medicaid payments to HMOs



Service Definition



Service Details

- Eligible members can get:
 - Up to two meals per day
 - For up to twelve weeks, or longer if medically appropriate (up to one year)
 - At no cost to them
- Initial and follow up visits with a registered dietitian





Customized

- Follow evidence-based nutritional practice guidelines to address medical conditions or symptoms
- Accommodation for common food restrictions, preferences, and allergies
- Gluten free, vegetarian, dairy free, and/or vegan options
- Culturally appropriate meals with traditional ingredients





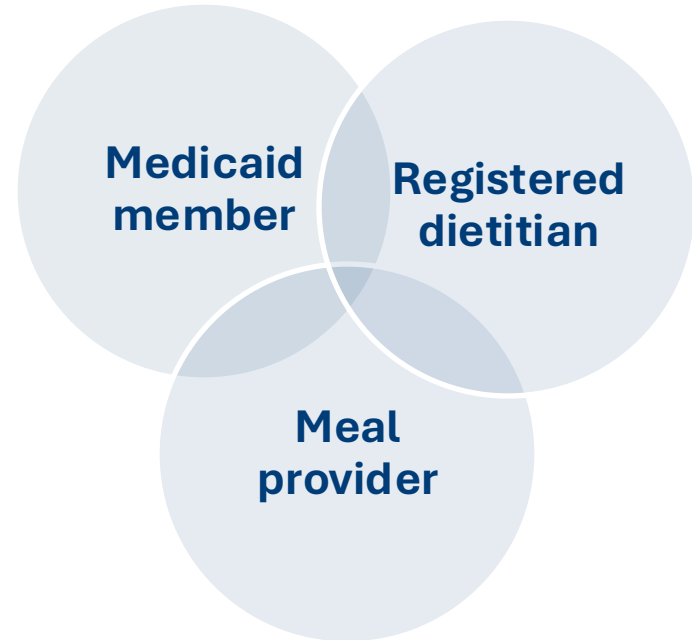
Easy to Use

- The meals will be already prepared, portioned, and possibly cooked
- Members should only need to reheat the meal and should not need extensive kitchen equipment or cooking skills
- The meals may be delivered or available for pickup, depending on the service provider



Registered Dietitians

- **Must:**
 - Be licensed (certified) by the State of Wisconsin
 - Be employed or contracted by the meal provider, who will bill Medicaid
 - Meet with the member in person or via telehealth to develop an individualized meal plan





Referrals and Member Eligibility



Eligibility

- ☑ Members enrolled in a BadgerCare Plus HMO or Medicaid SSI HMO may be eligible for the meals
- ☑ The member must have coverage with an HMO that has opted in to offer the benefit
- ☑ Members must also be in one of the eligible populations to receive the benefit



Eligible Populations

High-risk pregnant or
postpartum members

Members hospitalized for diabetes in the past
90 days

Members hospitalized for cardiovascular
disease in the past 90 days



Not Eligible

- ✗ Members in any other Medicaid programs, such as:
 - Family Care
 - Family Care Partnership
 - Include, Respect, I Self-Direct (IRIS)
 - PACE
 - Children's Long-Term Support Services (CLTS)
- ✗ Members with a fee-for-service plan are not eligible



Three Referral Pathways



Medical Referral



Self Referral



HMO Referral



How It Works

Medical Referral	Self Referral	HMO Referral
Care provider identifies the service is medically appropriate and refers patient to the HMO	Medicaid member learns about the service and requests it directly from their HMO	HMO identifies prospective candidates and reaches out proactively
HMO verifies medical appropriateness, determines eligibility and authorizes the service	HMO determines eligibility and medical appropriateness and authorizes the service	



Provider Enrollment



Provider Enrollment

- Providers are required to enroll with WI Medicaid before contracting with HMOs
- Provider enrollment opened on 12/1/2024

Meal providers will be enrolled with the provider type **Food is Medicine**



Their provider specialty will be **medically tailored meals**



Meal Providers

- Food Is Medicine providers must:
 - Be experienced at providing Food is Medicine services
 - Have protocols that ensure food quality, freshness, and safety
 - Employ or contract with registered dietitians who will supervise the meal plans and assess members' dietary needs



Next Steps



Next Steps



Assisting providers with enrollment



Communicating to announce benefit to members, referring providers, and other interested parties



Monitoring 2025 service utilization and costs for each eligible population



Resources

- 
- WI Medicaid Food is Medicine webpage and ForwardHealth Update:
 - dhs.wi.gov/medicaid/foodismedicine.htm
 - www.forwardhealth.wi.gov/kw/pdf/2024-48.pdf
 - Food Is Medicine Coalition:
 - fimcoalition.org/about-fimc/our-model/
 - Food Is Medicine, from the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion:
 - odphp.health.gov/foodismedicine



Questions and Answers





Thank you!

Protecting and promoting
the health and safety of
the people of Wisconsin



WISCONSIN DEPARTMENT
of HEALTH SERVICES



References

1. CDC. “Surveillance - United States Diabetes Surveillance System.” *Gis.cdc.gov*, 2023, gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html#.
2. “Heart Health in Wisconsin.” Wisconsin Department of Health Services, Dec. 2017, dhs.wi.gov/publications/p01270.pdf.
3. “Wisconsin Maternal Mortality Review Team Recommendations: 2020 Pregnancy-Associated Deaths.” June 2024.
4. “Massachusetts Food Is Medicine State Plan .” June 2019.

Food for Childhood, Maternal, and Family Health

Supportive Research Findings from Factor Health Labs at Dell Medical School,
UT Austin

Alignment with Federal and State Health Priorities

MAHA Report (May 2025)

Federal response to the national **childhood chronic disease crisis**, emphasizing two urgent areas:

- **American Diet** – targeting overconsumption of ultra-processed foods
- **Lifestyle** – promoting physical activity and reducing screen time

Texas House Bill 26 (2025 Legislative Session)

State-level action to address **high-risk pregnancies** and birth complications linked to:

- Gestational diabetes
- Hypertension
- Obesity

Provisions under HB 26 include:

- ✓ Medicaid-covered **nutrition counseling and education**
- ✓ Access to **medically tailored meals**
- 🕒 Potential inclusion of **fresh produce prescriptions** in future expansions



Engagement as a Foundation for Success

- **2-Step Strategy: Exposure -> Choice**
- **Make it part of daily life.**
Embed engagement into routines so it feels natural, not added.
- **Empower through flexibility.**
Let people choose how and when to participate—ownership drives outcomes.



Children and Family Health: Diet-Focused Intervention

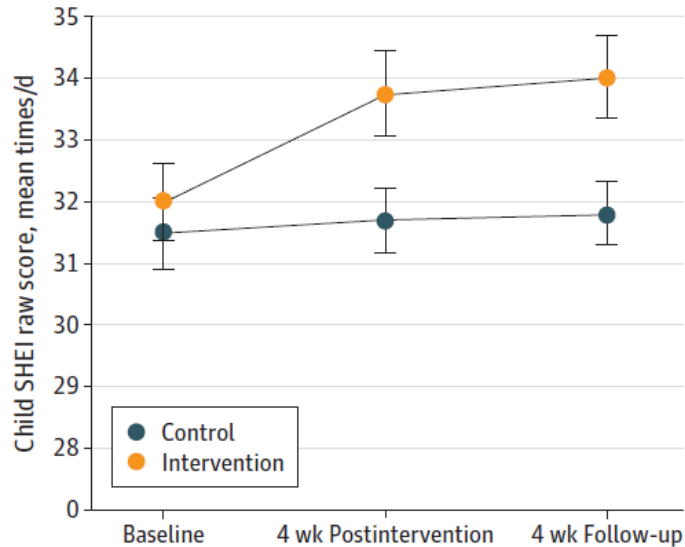
- **2-group RCT, 2021**
68 low-income families with 1 index child (ages 5–11) and 1 caregiver
- **4-week Intervention**
 - Weekly 10-lb boxes of fruits and vegetables
 - \$10 grocery gift card each week
 - \$10 bonus gift card during final 3 weeks for task completion
 - One-time \$25 preparation tool (e.g., blender, cooking pan)
- **Follow-up at 8 weeks**
- **Key Outcome**
Easily accessible produce and unrestricted grocery cards led to **improved child diet**, sustained 4 weeks post-intervention



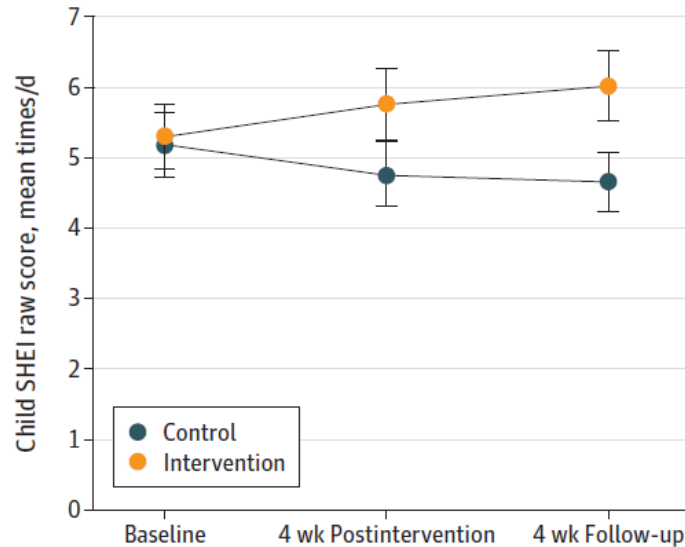
Changes in Eating – Overall and F & V Focus

Index Child

A Overall



B Fruits and vegetables



Means and SEs are presented.

Replicated Results – Second Trial

2 group RCT, 2023 - 2024

119 Child/caregiver dyads, with index child in grades K – 5, and active member in Boys and Girls Club afterschool program offering evidence –based Coordinated Approach to Child Health (CATCH) programming.

Phase 1 weeks 1-4

- 4 weekly 10 lbs boxes of fresh fruits and vegetables with recipe cards distributed at afterschool program
- 2, \$20.00 grocery store cards

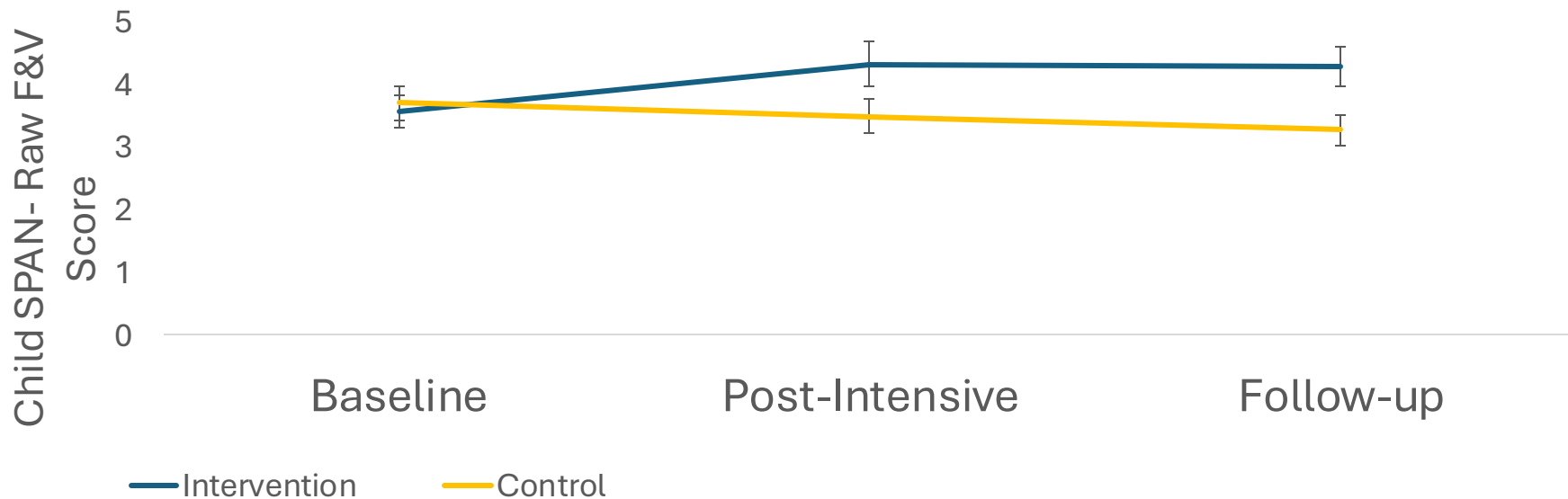
Phase 2 weeks 5-22

Engagement sheets every 2 weeks that triggered additional \$10.00 grocery cards when completed.



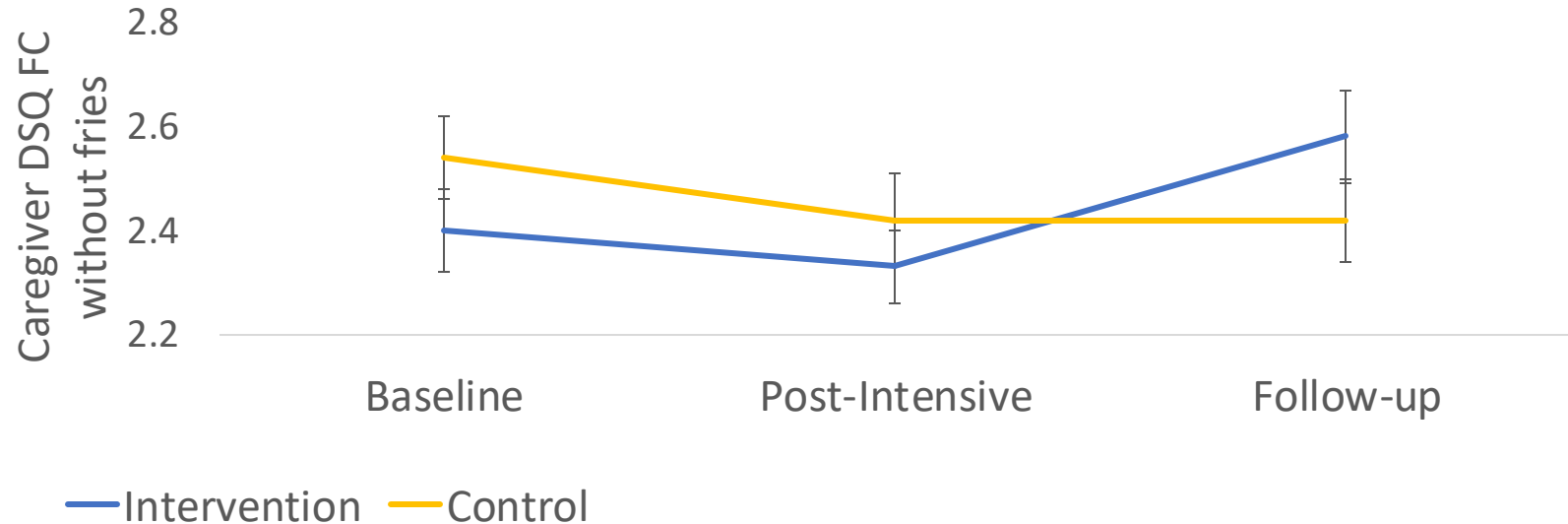
SPAN – F&V for Children Across Assessments

Figure 3A



DSQ – F&V without fries for Caregivers Across Assessments

Figure 3B



Nurture Program Overview

(Driscoll Health Plan & Factor Health Labs)

Target: Pregnant in STAR & CHIP Perinate, (age 30+)

Timeline: Oct 2022 – July 2023

Program Duration: Through pregnancy

Core Components:

- Monthly packages with:
 - \$40 in unrestricted grocery gift cards
 - Healthy eating guides & recipes
- Two bilingual, tailored **tele-nutrition consults**





Nurture Program: Strong Engagement & Participation



High Enrollment

99% of women expressed interest when reached by Community Health Workers

Bilingual outreach via texts, flyers and phone calls ensured accessibility



Nutritional Counseling Uptake

89% of participants attended at least one consult

82% completed both sessions

Flexible scheduling & language options boosted participation



Grocery Gift Card Utilization

86% of grocery cards were fully redeemed

Average of **\$234** used per participant over the program

Nurture Program Outcomes: Maternal and Newborn Health

- ✓ More vaginal deliveries and fewer C-sections
- ✓ Reduction in preterm births and hypertension
- ✓ Shorter hospital stays for newborns

Observed Trends: Program v Comparison Groups

Outcome	Program Group	Control Group	Difference
Vaginal Births	56%	49.5%	▲ +6.5%
Preterm Births	13%	17%	▼ -4%
Gestational Diabetes	36%	38%	▼ -2%
Pregnancy-Induced Hypertension	19%	21%	▼ -2%
Preeclampsia	8%	10%	▼ -2%
Newborn Length of Stay (days)	3.7	4.6	▼ -0.9 days
Small for Gestational Age	5.9%	2.5%	▲ (reversed outcome)

Key Learnings: Behavior Change Starts with Engagement

💡 Sequence Matters:

- Effective lifestyle interventions must **start with engagement**
- Begin with **exposure**, then **build behavior change**

🌱 Personalization Drives Participation:

- Deliver support **within daily life**:
 - At the child's afterschool program
 - Grocery gift cards offering choice
 - Nutrition sessions shaped around **participant-selected pregnancy goals**

📈 Scalability Strategy:

- Personalization may be harder to scale at first
- But it enables **higher initial engagement**
- Once behaviors are established, **standardize and scale** for broader reach

