

Illinois WIC Program

Nutrition Practice Standard- Explanation of WIC Food Benefits Letter

July 2016; May 2021

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy and Procedure Manual. The Illinois WIC Program Formulary includes certain exempt infant formulas and WIC eligible nutritionals. These items comply with the definition in section 412(h) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 350a(h)) and meet the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107. These items are referred to as “Medically Prescribed Formulas.” The Formulary is reviewed on an annual basis to ensure a sufficient variety of products is available, however WIC is a supplemental program and will not meet everyone’s needs. For participants who have a current medical card, Illinois Department of Healthcare and Family Services (HFS) may authorize payment for non-WIC formulas, participants who are 100% tube fed or for quantities exceeding what WIC can provide. Participants must go through a Durable Medical Equipment ¹ (DME) provider who will supply the formula and process the necessary paperwork to submit to HFS for payment. The purpose of the Explanation of WIC Food Benefits letter is to assist with program integrity efforts by standardizing communication with HFS to ensure participants are not receiving formula products from both programs.

When to Complete the Explanation of WIC Food Benefits Letter:

WIC participants may present to the clinic with a WIC Formula and Medical Nutritional Prescriptions form requesting:

- A WIC approved formula, in which the **prescribed amount exceeds the amount provided by WIC**, (overage).
 - In these instances, WIC CPAs may offer a referral for medically prescribed formula assistance from HFS. Staff should make the prescribing health professional aware of the amount WIC can provide.
- A formula **not offered on the WIC Formulary** (non-WIC formula)
 - The WIC Formulary is shared annually with HFS therefore a letter from WIC is not needed. Staff should advise the prescribing health professional of viable options provided through WIC.
 - If the health professional is not willing to change to a WIC Formulary product, participant should be advised to work through a DME provider who contracts with HFS to try and obtain the product.

Overage	Non-WIC Formula
<ul style="list-style-type: none">• HFS letter generated from WIC agency• participant receives max amount allotted from WIC• requesting HFS to provide remainder	<ul style="list-style-type: none">• HFS letter not generated

- A WIC approved formula in which the participant does not consume food orally (NPO) and **is fed 100% via a feeding tube**. In these instances, WIC CPAs may offer a referral for medically prescribed formula assistance from HFS and the participant would not receive benefits through WIC.
 - WIC Staff should complete the HFS Explanation of WIC Food Benefits letter so the participant can obtain the full prescription amount through HFS. The participant should be instructed to return to WIC when feedings by mouth resume to be re-evaluated.

Tube Fed 100% Terminated/Ineligible	Tube Fed 100% WIC Active	Tube Fed Partially WIC Active	Tube Fed 100% Never Certified
<ul style="list-style-type: none"> • HFS letter generated from WIC agency 	<ul style="list-style-type: none"> • HFS letter generated from WIC agency • provide participant with 1 month of formula until HFS process stable 	<ul style="list-style-type: none"> • HFS letter would not be generated unless WIC did not meet needs; overage letter would be generated • receives formula/food through WIC 	<ul style="list-style-type: none"> • HFS letter would not be generated • refer DME or participant to Central Office

Documentation of Participant receiving Medically Prescribed Formula from outside source:

In order to clearly respond to questions regarding possible fraud or abuse of the program, the CPA should ask if the participant receives formula through a DME provider. This would be assessed on a case by case basis, the CPA should inquire when assessing the question about ‘what is your infant/child using to eat or drink?’ on the Nutrition screen and/or upon time of food package assignment. If participant is receiving formula through WIC and a DME provider, follow the steps listed under ‘How to Complete the Explanation of WIC Foods Benefit Letter.’

¹ Each local agency needs to determine the DME provider(s) available in their community to whom participants may be referred for additional formula assistance.

How to Complete the Explanation of WIC Food Benefits Letter:

Step 1: Obtain a completed WIC Formula and Medical Nutritional Prescriptions form; ensure all required information is documented as indicated in the Illinois WIC PPM, Supplemental Food section. (If the participant is terminated/ineligible, a prescription form is not required)

Step 2: Complete the Explanation of WIC Food Benefits letter

A. Name of participant

Date of Birth

Check the appropriate box regarding the participants eligibility status:

- if active, indicate the certification and termination dates
- if terminated, indicate the date participant terminated from the program
- if not eligible, indicate ineligible for WIC

If the participant is terminated or ineligible for the program, continue with E. and complete the remaining steps

B. Indicate name of formula prescribed

C. Check the appropriate box regarding what WIC is providing to the participant:

- Not receiving formula from WIC
 - ingesting formula solely through a feeding tube and is not taking anything by mouth
 - if 1 month of formula is provided until the DME process is initiated, check this box and indicate the date ranges on the food instruments
- Receiving formula from WIC
 - If the participant takes formula or food orally but the amount that WIC provides does not meet the amount prescribed by the physician. Complete the chart indicating the amount of formula provided by WIC for each month according to the WIC formulary for the entire certification period of the participant. If there is a change in the product prescribed during this timeframe and an overage is still warranted, a new referral letter should be completed.

D. Include participant contact information and any pertinent comments to clearly explain the situation and assist with the approval request from WIC's perspective. For example, a change in formula resulting in completion of a new letter, etc.

E. Sign, date, include name of local agency and telephone number

Step 3: Scan the WIC Formula and Medical Nutritional Prescriptions form and Explanation of Benefits letter in the participant record. Document in General notes and Referral provided.

Step 4: Instruct the participant/caretaker to take the completed letter with original WIC Formula and Medical Nutritional Prescriptions form to a DME provider who contracts with HFS. The DME will then submit the request to HFS for approval and subsequent reimbursement. Allow 30 days for HFS approval/authorization for the request.

If the DME provider or HFS should decline the referral/request, the participant should be referred to the Family Case Manager and/or sources of financial or food assistance in the community. Formula manufacturers may also have patient assistance programs available; refer to the appropriate website for further information. In addition, the participant should be instructed to communicate with their physician regarding the denial, ability of the participant to obtain the prescribed formula, the amount of formula they are receiving and what products are available through WIC.

Abbott Products

<https://www.abbott.com>

Mead Johnson

<https://www.meadjohnson.com>

Nestle

<https://www.nestlehealthscience.us/>

Nutricia North

<https://www.neocate.com>

America