

# Formula Resource Packet

This packet describes what you can do if your health insurance does not pay for formula.

## Table of Contents

### **Page 1: File Appeal with Health Insurance Plan**

### **Page 2: Explore Government Programs**

- Medicaid Waivered Services
- Women, Infant, and Children (WIC) program

### **Page 3: Contact Formula Manufacturer**

- Formula Assistance Program
- Direct Purchase

### **Page 5: Discuss Substitutes for Prescription Formula**

- Nonprescription Formula
- Fortified Milk

### **Pages 6–7: Use Food Support Program**

### **Page 7: Purchase Formula from PHS**

#### Table of Contents

## File Appeal with Health Insurance Plan

### What is an appeal?

An appeal is a written request asking your health insurance plan to change its decision about not paying for formula, when a Prior Authorization has been denied. Your appeal may or may not be successful.

### Who can make an appeal?

- A patient 18 years of age or older
- The legal caregiver of a patient under 18 years of age
- The medical provider who wrote the prescription for the formula
- Pediatric Home Service cannot appeal your insurance plan's decision.

### How do I file an appeal?

Call your insurance plan's customer service department. The phone number is on the back of your insurance card or on the denial letter the insurance company sent. Customer service can explain the appeal process and send you the forms you need. Give the information and forms to your medical provider if that person is making the appeal.

### Any time you talk with someone from your child's insurance plan about your appeal, write down the

- Person's name and phone number.
- Date of the phone call.
- Information you receive during the conversation.
- Conversation reference number, if available.

### How long does the appeal process take?

Ask customer service at your insurance plan how long the appeal process takes. It may take one to two months. Call to check on the progress of your appeal after you or the medical provider send the forms back to the insurance plan.

### What information should I send with my appeal forms?

- The product name of the formula and the amount your child needs each day
- Treatment and progress notes from clinicians who work with your child's nutrition
- **IMPORTANT!** A letter from the medical provider who prescribed the formula. The letter must explain the medical reason your child needs formula.
- Any other information your insurance plan told you to send

### What should I do if the appeal is successful?

Fax or mail the letter you receive from your insurance plan to Admissions department at PHS. Call PHS Admissions department if your insurance plan tells you on the phone that it approves your appeal. PHS will contact your insurance plan for written approval. PHS can ship up to a one-month supply of formula after it receives written approval of the appeal.

## Explore Government Programs

### Medicaid Waivered Services

Contact your case worker if your child receives Medicaid and is part of a waiver program in your state. Ask if the waiver pays for formula prescribed to treat a medical condition. The websites below list programs and services, including Wavier programs, in Minnesota and Wisconsin. You can learn what each program provides and see if your child can be a part of the program. Contact your county (MN) or state (WI) social service department if you are not sure if your child is part of a waiver program.

Program	Phone Number	Website
Waiver Programs— <b>Minnesota</b>	Contact your county’s social service office. Ask for Medicaid waiver programs.  Call United Way at 211 or 800-543-7709 if you do NOT know the phone number for your county’s social service office.	<a href="http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/hcbs-waivers.jsp">http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/hcbs-waivers.jsp</a>
Waiver Programs— <b>Wisconsin</b>	608-266-1865	<a href="https://www.dhs.wisconsin.gov/waivermanual/index.htm">https://www.dhs.wisconsin.gov/waivermanual/index.htm</a>
Waiver Programs— <b>Iowa</b>	877-481-6777	<a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers</a>

### Women, Infant, and Children (WIC) Program

WIC is a program that helps pregnant women, new mothers, babies, and young children eat well. Your household income determines whether your child can be part of the WIC program.

Call the telephone numbers or visit the websites to find out if your child qualifies for WIC.

Program	Phone Number	Website
WIC—Minnesota	800-657-3942	<a href="https://www.health.state.mn.us/people/wic/">https://www.health.state.mn.us/people/wic/</a>
WIC—Wisconsin	800-642-7837	<a href="https://www.dhs.wisconsin.gov/wic/index.htm">https://www.dhs.wisconsin.gov/wic/index.htm</a>
WIC—Iowa	515-281-6650	<a href="https://idph.iowa.gov/WIC">https://idph.iowa.gov/WIC</a>

## Contact Formula Manufacturer

Some manufacturers have Patient Assistance Programs to help with the cost of formula. These programs are for families in financial trouble who do not have insurance that pays for formula. Contact the manufacturer of your child’s formula to ask about the rules of their Patient Assistance Program.

Look on the formula container for the name of the manufacturer or ask the medical provider who prescribed the formula.

You can buy formula directly from the manufacturer if you do not qualify for the Patient Assistance Program.

Manufacturer	Patient Assistance Program	Direct Purchase
<b>Abbott</b> Neosure, Similac, Elecare, Ensure, Pediasure, Jevity, Osmolite, others	Patient Assistance Foundation <ul style="list-style-type: none"> <li>866-801-5657</li> </ul>	800-258-7677 <a href="http://www.abbottstore.com">http://www.abbottstore.com</a>
<b>Mead Johnson</b> Enfacare, Enfamil, Nutramigen, Pregestimil, others	Patient Assistance Foundation <ul style="list-style-type: none"> <li>800-222-9123</li> <li><a href="https://www.enfamil.com/reimbursement-support/">https://www.enfamil.com/reimbursement-support/</a></li> </ul>	800-222-9123 <a href="http://shop.enfamil.com/">http://shop.enfamil.com/</a>
<b>Nestle</b> Gerber Good Start, Nutren, Boost Kid Essentials, Boost, Peptamen, Vivonex, Carnation Instant Breakfast, others	Patient Assistance Program <ul style="list-style-type: none"> <li>855-210-6228</li> <li><a href="https://www.nestlehealthscience.us/patient-assistance-program">https://www.nestlehealthscience.us/patient-assistance-program</a></li> </ul>	888-240-2713 <a href="http://www.nestlenutritionstore.com">http://www.nestlenutritionstore.com</a>
<b>Nutricia</b> Neocate, Nutra, Neocate Splash, others	Neocate Assistance Program <ul style="list-style-type: none"> <li>800-636-2283</li> </ul> <a href="http://www.neocate.com">http://www.neocate.com</a> (Choose Reimbursement and then Letters of Medical Necessity)	800-365-7354 <a href="https://www.neocate.com/shop/neocate-products/">https://www.neocate.com/shop/neocate-products/</a>
<b>PBM</b> Bright Beginnings	None available	800-410-9629 <a href="https://www.brightbeginningssoy.com/">https://www.brightbeginningssoy.com/</a> (Choose Where to Buy at top of page)
<b>Real Food Blends</b>	<a href="https://www.realfoodblends.com/insurance/">https://www.realfoodblends.com/insurance/</a> (Choose Denials)	1-888-484-9495 <a href="https://www.realfoodblends.com/">https://www.realfoodblends.com/</a> (choose Shop now)

**Formula Resource Packet [continued]**

<b>Manufacturer</b>	<b>Patient Assistance Program</b>	<b>Direct Purchase</b>
<b>Functional Formularies</b> Nourish, Liquid Hope	None available	1-844-631-8365 <a href="https://www.functionalformularies.com/shop.html">https://www.functionalformularies.com/shop.html</a>
<b>Katefarms</b>	805-845-2446 <a href="https://www.katefarms.com/customer-service/insurance/">https://www.katefarms.com/customer-service/insurance/</a>	805-845-2446 <a href="https://shop.katefarms.com/">https://shop.katefarms.com/</a>

## Discuss Substitutes for Prescription Formula

### Nonprescription Formula

**IMPORTANT!** Talk to the medical provider who wrote the prescription for your child's formula before you use a nonprescription formula.

You can buy formula that does not need a prescription at retail stores such as Cub Foods, Lunds & Byerlys, Walgreens, CVS, Target, Walmart, and Costco. Some of these stores also have their own brand names of soy or cow's milk infant, pediatric, and adult formulas.

- Walmart: Parent's Choice
- Target: Up and Up
- Sam's Club: Member's Mark
- Walgreens: Walgreens Well Beginnings
- Costco: Kirkland

### Fortified Milk

**IMPORTANT!** Ask the medical provider who wrote the prescription for your child's formula before you use fortified milk as a substitute for formula.

You can add ingredients to milk to increase its protein or calories. The following are some possibilities.

- Mix 1 packet of Carnation Breakfast Essentials powder drink mix with
  - 1 cup whole milk = 280 calories
  - 1 cup 2% milk = 253 calories
  - 1 cup 1% milk = 233 calories
  - 1 cup skim milk = 220 calories
- Add protein powder or nonfat dry milk powder to liquid milk
  - Example: 1 cup whole milk + 4 Tablespoon nonfat dry milk powder = 210 calories

## Use Food Support Program

These resources may help pay for food for your whole family. The money you save can be used to buy your child’s formula.

Program	Contact Information
<p><b>Minnesota Food HelpLine</b></p> <ul style="list-style-type: none"> <li>Supplemental Nutrition Assistance Program (SNAP) for families with low income</li> <li>Statewide phone help in many languages to apply for SNAP</li> </ul>	<p>888-711-1151  <a href="http://www.hungersolutions.org/minnesota-food-helpline/">http://www.hungersolutions.org/minnesota-food-helpline/</a></p>
<p><b>FoodShare Wisconsin</b></p> <ul style="list-style-type: none"> <li>FoodShare Benefits for families with low income</li> <li>Statewide phone help in many languages to apply for FoodShare Benefits</li> </ul>	<p>800-362-3002  <a href="http://www.dhs.wisconsin.gov/foodshare/">http://www.dhs.wisconsin.gov/foodshare/</a></p>
<p><b>Children and Youth with Special Health Needs (CYSHN)—Minnesota</b></p> <ul style="list-style-type: none"> <li>Source of information about services and resources for children with special health care needs</li> </ul>	<p>651-201-5000  <a href="https://www.health.state.mn.us/people/childrencyouth/cyshn/index.html">https://www.health.state.mn.us/people/childrencyouth/cyshn/index.html</a>  <a href="mailto:health.cyshn@state.mn.us">health.cyshn@state.mn.us</a></p>
<p><b>Children and Youth with Special Health Care Needs (CYSHCN)—Wisconsin</b></p> <ul style="list-style-type: none"> <li>Source of information about services and resources for children with special health care needs</li> </ul>	<p>608-266-1865  <a href="https://www.dhs.wisconsin.gov/cyshcn/index.htm">https://www.dhs.wisconsin.gov/cyshcn/index.htm</a></p>
<p><b>211 Minnesota, Wisconsin, and Iowa</b></p> <ul style="list-style-type: none"> <li>Source of information in many languages for local community resources, including food</li> </ul>	<p><a href="https://www.211unitedway.org/">https://www.211unitedway.org/</a></p> <p>Minnesota—Metro Region                  211 or 800-543-7709  <a href="http://www.gtcuw.org">www.gtcuw.org</a></p> <p>Minnesota and Wisconsin—Great Rivers                  211 or 800-362-8255  <a href="http://www.greatrivers211.org">http://www.greatrivers211.org</a></p> <p>Iowa                  211 or 800-244-7431  <a href="https://www.211iowa.org/">https://www.211iowa.org/</a></p>
<p><b>Fare for All—Minnesota</b></p> <ul style="list-style-type: none"> <li>Healthy food for purchase at discount</li> </ul>	<p>763-450-3880  <a href="http://www.fareforall.org">www.fareforall.org</a></p>

## Use Food Support Program (continued)

These resources may help pay for food for your whole family. The money you save can be used to buy your child’s formula.

Program	Contact Information
<p><b>Iowa Food Assistance</b></p> <ul style="list-style-type: none"> <li>Supplemental Nutrition Assistance Program (SNAP) for families with low income</li> </ul>	<p>877-347-5678  <a href="https://dhs.iowa.gov/food-assistance">https://dhs.iowa.gov/food-assistance</a></p>
<p><b>Children with Special Health Needs—Iowa</b></p> <ul style="list-style-type: none"> <li>Source of information about services and resources for children with special health care needs</li> </ul>	<p>515-229-6213  <a href="https://idph.iowa.gov/BETS/Pediatric-Resources/Children-with-Special-Health-Care-Needs">https://idph.iowa.gov/BETS/Pediatric-Resources/Children-with-Special-Health-Care-Needs</a></p>

## Purchase Formula from PHS

We ask you to sign an *Advanced Notice of Non-Covered Service Payment Request* that says you agree to pay PHS for your child’s formula.

We accept a credit card, check, or money order. Once we receive payment we can send you formula. Speak with anyone in Customer Service (800-225-7477) if you would like to purchase formula from PHS.