

Health Plan, Inc.

New Mexico Medicaid - Home Delivered Meal Service Referral Form

Food is Medicine for Pregnant Members With Diabetes (Gestational, Type 1 and/or Type 2) Standardized for use across all Managed Care Organizations (MCOs) and vendors.
Pregnancy Code: (Z Code)
Diagnosis Code: (Type 1, Type 2 or Gestational Diabetes)
Provider/Facility to Complete
Managed Care Organization (check appropriate payer)
\square Blue Cross Blue Shield of New Mexico (BCBS) \square Molina Healthcare of New Mexico (MHC)
□ Presbyterian Health Plan (Presbyterian) □ United Healthcare of New Mexico (UHC)
Referral Submitted By:
Name of Referring Individual:
Organization Name: (e.g., clinic/community organization)
Phone: Email:
Member Meal Information
• Name:
Medicaid ID #:(Optional)
Member/Subscriber ID #:(Required)
Date of Birth:
Street Address: Apt/Unit:
• City: State: NM ZIP Code:
Primary Phone Number:
Email Address:
Gender and/or Preferred Pronouns: □ She/Her/ Hers (Female) □ Him/Him/His (Male)
☐ They/Them (Gender Neutral) ☐ Unknown
Preferred Language: □ English □ Spanish □ Other:
 Supplemental Nutrition Assistance Program (SNAP)/ Women, Infants, and Children (WIC) Is the member receiving SNAP or WIC benefits?
☐ Yes ☐ No
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	• Prima		:					-		
	Select Appro	opriate Meal Prov			irect		Meals on Wh	neels New Mexico		
	Meal Type			☐ Homestyle Direct Meal Type			Meal Type			
				General Wellness			☐ General Wellness			
		y/Low-Sodium		Heart-Friendly			Heart-Friendly			
	Protein-Plus	<u>, , </u>		Low-Sodium			1.100.111.1101.111.1		•	
	Renal-Friend	ly		Low-Sodium and Low-Fat			Renal-Friendly			
	Diabetes-Frie			Power-Pag	ked		Vegetarian			
	Gluten-Free			Renal-Frie	Renal-Friendly					
	Pureed	eed		□ Diabetes-Friendly						
	Vegetarian			Gluten-Restricted						
				Vegetarian			Texture			
							Pre-Cut/Diced			
							Softened/I	Riced		
							Pureed			
	Allergens (c	heck all that app	ly):							
	□ Dairy	□ Fish		l Shellfish	☐ Tree Nuts		☐ Sesame ☐ Dark Greens			
	□ Egg	□ Peanut		☐ Wheat ☐ Citrus		□ Coconut □ Soy		□ Soy		
	☐ Chile	□ Other				_				
	Food Preferences (optional):									
	□ No Pork □ No Mushrooms □ No Strawberry □ Other – list below									
	Special delivery instructions, other food preferences, religious and/or cultural considerations,									
	and other food locations for rural areas:									

Program Type (select one):					
□ Medically Tailored Meals: Up to two meals per day					
Number of Meals/Day: Select					
Meal Benefit Start Date					
Meal Benefit Duration in Weeks (Remaining Pregnancy + Eight Weeks Postpartum):					
Member's Anticipated Due Date:					
☐ Medically Tailored Grocery Box : One week of meals, no more than 14 meals					
Number of Meals/Day: Select					
Grocery Benefit Start Date					
Grocery Benefit Duration in Weeks (Remaining Pregnancy + Eight Weeks Postpartum):					
Member's Anticipated Due Date:					
Instructions for Submission:					
Send completed form directly to the members' MCO:					
BCBS - support@virtualhp.com					
MHC - molina nm foodismedicine@molinahealthcare.com					
Presbyterian - foodismedicine@phs.org					
UHC - nm healthequity@uhc.com					
For MCO: Please send completed form to the following selected vendor:					
Instructions for Submission:					
Include the approved authorization number and referral form and submit them to the selected meal provider:					
Mom's Meals - ctintake@momsmeals.com (1-866-224-9485)					
Homestyle Direct - dataentry@homestyledirect.com					

 $\textbf{Meals on Wheels New Mexico} \textbf{-} \underline{clients@mow-nm.org}$