

Nebraska Elemental Formula Reimbursement Program

Program Eligibility Description

What is this Program: Nebraska residents with certain medical conditions that require medically necessary amino acid-based elemental formulas may receive reimbursement of up to fifty percent (50%) of out-of-pocket expenses for these formulas. A maximum reimbursement of \$12,000 is available in a twelve month period for out-of-pocket expenses incurred on or after July 1, 2014.

Who is eligible? To be eligible, individuals must:

- 1) Have a physician's written order for an amino acid-based elemental formula for the diagnosis and treatment of Immunoglobulin E and non-Immunoglobulin E mediated allergies to multiple food proteins, food-protein-induced enterocolitis syndrome, eosinophilic disorders, or impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract;
- 2) Have out-of-pocket expenses for this formula not covered by private insurance, Medicaid, WIC, or charitable grants;
- 3) Reside in the State of Nebraska;
- 4) Be a US Citizen or be legally present in the United States; and
- 5) Provide the applicant's Social Security number (or the parent's/guardian's if applicant is a minor) necessary to process the reimbursement.

Need to know: Reimbursement for formula is on a first-come, first-served basis until funds available are exhausted in a fiscal year. All forms and documents required to determine eligibility must be properly completed and submitted in order to qualify. Reimbursement requests must include receipts. Reimbursements will not be processed on any incomplete applications until all requirements are met. Complete applications will be processed in the order in which they are received.

How to apply: If you are reading this information on our web site, click [here](#) to open and print the application and claim form. You may also request the form by calling 1-800-801-1122 or sending an e-mail to dhhs.elementalformulareimbursementprogram@nebraska.gov. After you have completed the form, you may scan and e-mail the completed form, receipts, and insurance denial if applicable to dhhs.elementalformulareimbursementprogram@nebraska.gov (not a secure site), or you may fax to 402-471-1541, or send by US Mail to Nebraska Elemental Formula Reimbursement Program, Lifespan Health Services Unit, NE DHHS, P.O. Box 95026, Lincoln, NE 68509.

Questions: Contact the Elemental Formula Reimbursement Program at the e-mail, phone, fax and/or address listed above under "**How to apply.**"