



Medicaid in Oregon:

The vital role of WIC and
WIC Nutritionists

objectives

1. Describe the evolution of Medicaid in Oregon including Coordinated Care Organizations (CCO) and full implementation of Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
2. Assess how EPSDT will impact the medical formula landscape
3. Learn how the OHA Ombuds team can support WIC Nutritionists
4. Analyze the process using a case study
5. Discuss change opportunities within OHA and WIC

Gratitude

WIC and the dietitians,
nutritionists who work in WIC
provide critical services

Formula shortages and formula
recalls highlighted the life saving
services you provide our families

Thank you for the dedication,
support and compassion you
provide WIC families every day

Welcome

Ellen Pinney, OHA Ombuds team

Health Systems Division Client
Services Unit

Health Systems Division Policy
Leads

OHA Innovator Agents



Oregon Health Plan (OHP)

OHP is Oregon's Medicaid program providing health care to low-income families

OHP was launched in 1989

Triple aim of OHP/Medicaid: improve health, improve patient experience, and lower health care costs

The evolution of Medicaid in Oregon - Oregon Health Plan (OHP)

OHP expanded in 2009 to cover uninsured children

2009

Coordinated Care Organizations (CCOs) combined mental, dental and physical and added care coordination

2012

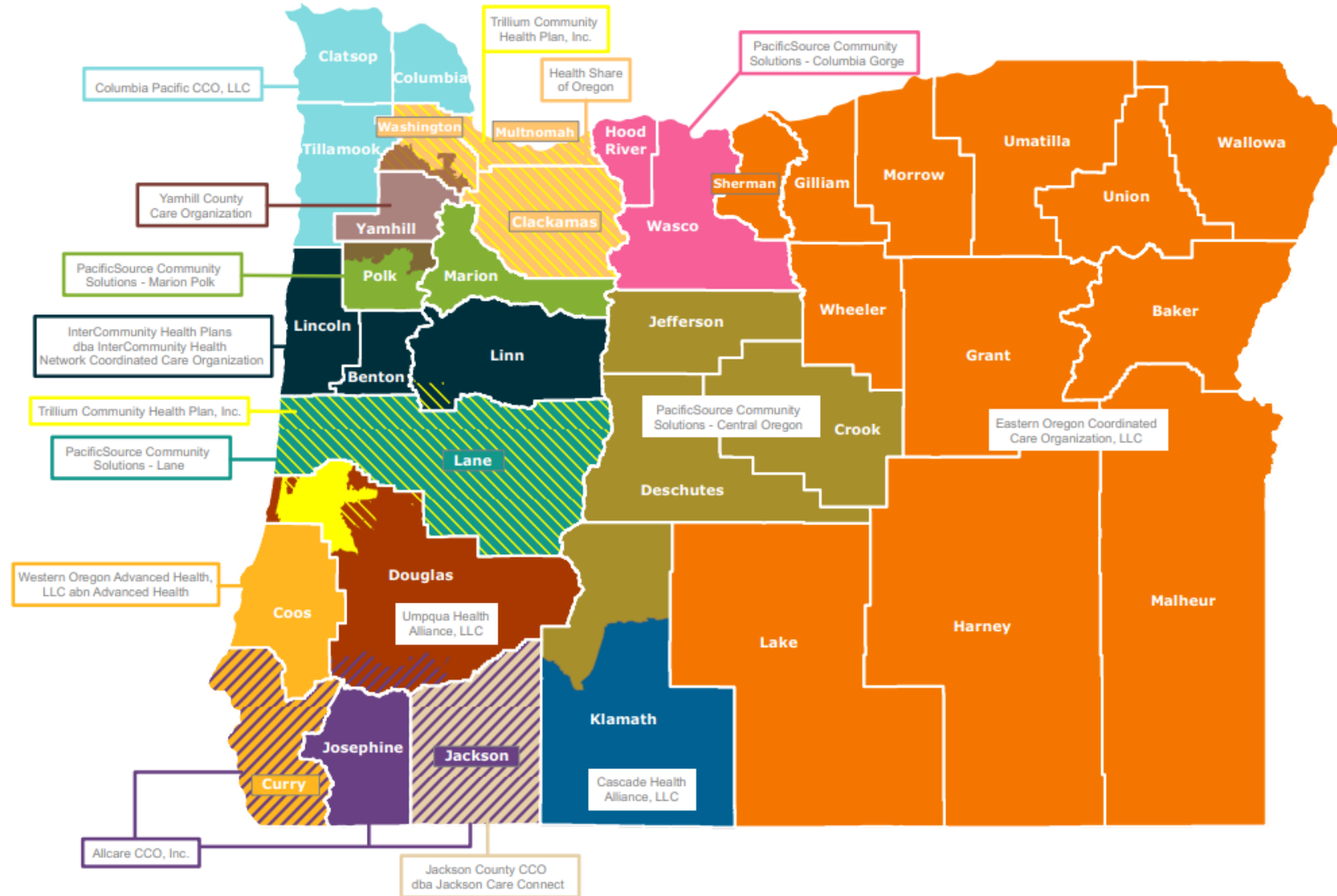
Oregon **fully** implements Early and Periodic Screening, Diagnostic and Treatment (EPDST)

2023

Coordinated Care Organizations

- A coordinated care organization (CCO) is a network of health care providers (physical, dental, mental health) who have agreed to work together in their local communities to provide the OHP package of benefits to people who receive health care coverage under the Oregon Health Plan (Medicaid).
- CCOs are obligated to coordinate dental, mental and physical health care for their enrollees and to assign care coordination to members with high needs.
- Today, there are 16 CCOs operating in communities around Oregon; each are locally organized.
- 90% of OHP members are enrolled in a CCO. About 10% of the 1.4 million enrolled in OHP are in fee for service (FFS). Tribal members have the right to choose FFS at any time. Clients who have private insurance primary but also have OHP secondary must be in fee for service, they cannot be in a CCO.

Coordinated Care Organization 2.0 Service Areas



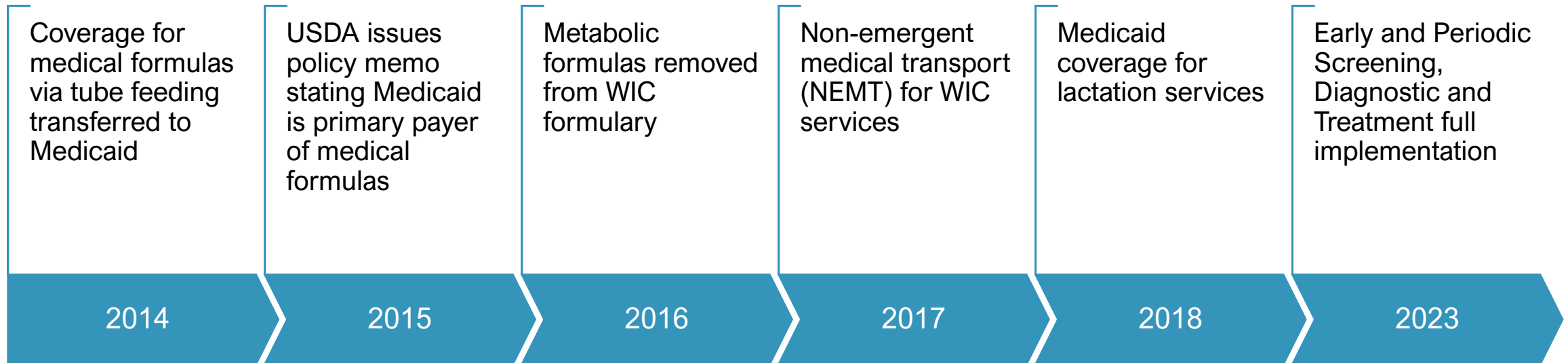


Thoughts or
Questions?

What does EPSDT mean for dietitians working outside of WIC

- EPSDT provides more opportunities for dietitians to bill for their services
- How to prepare:
 1. Obtain your licensure
 - Registered dietitians must be licensed to bill for nutrition services through EPSDT. For more information on Licensed Dietitians see the Oregon Licensure webpage:
<https://www.oregon.gov/oha/PH/HLO/Pages/Board-Licensed-Dietitians-Information.aspx>
 2. Obtain your [National Provider Identifier \(NPI\)](#)
 3. Obtain your [Oregon Health Plan Provider Identifier](#)
 4. Apply to individual CCOs to be credentialed

WIC & Medicaid Timeline



What does
EPSDT mean
for Oregon
WIC?

Any non-bid formula
that is medically
necessary and
appropriate is a
covered benefit under
Medicaid and
required by EPSDT.

Coordination of care is required

- Medical formulas that are medically appropriate and necessary are a Medicaid covered benefit and reinforced by EPSDT
- It will take time to correct incorrect messaging “Go to WIC for formula”
- WIC is preventative nutrition with WIC nutritionists coordinating care with teams providing medical nutrition therapy
- EPSDT requires medically necessary formulas to be provided by Medicaid through a CCO or the FFS program depending on the participant’s enrollment



WIC
issuance
data
of medical
formulas

1,580 medical formulas were issued by Oregon WIC in October 2023

895 to infants
(57%)

642 to
children (41%)

43 to women
(<1%)



Formulas for food sensitivities and premie formulas comprised 60% of medical formulas issued

+

•

○

WIC Participant Rights

Participants have the right to:

- Access to medical formula that is medically necessary and appropriate.
- Know that medical formula is an OHP covered benefit.
- Know that WIC is supplemental and due to federal regulations, unable to provide the full benefit that Medicaid must provide.
- Receive a written denial, known as a Notice of Adverse Benefit Decision or NOABD, from their CCO or the fee for service program, if a medical formula is denied.
- Access to either the Client Services Unit or the Oregon Health Authority Ombuds program when they need support. The OHA Ombuds program is statutorily directed to serve as advocates for those who receive OHP and Medicaid.



Thoughts or
Questions?

Oregon Health Authority

Ombuds Program

Presentation to Local Agency WIC Nutritionists
November 28th, 2023

Oregon
Health
Authority

EXTERNAL RELATIONS DIVISION

TODAY'S PRESENTATION

- **Ombuds Program**
 - History and Purpose
 - Who we are
 - Who we serve
 - Ombuds and WIC.
 - Client Services Unit.

Why does the Oregon Health Authority have an Ombuds Program?

Oregon Revised Statute (ORS) 414.712

Scope:

OHA shall provide:

- Ombudsman services for *Oregon Medicaid recipients*
- An ombudsman shall serve as a recipient's *advocate* whenever there are concerns about *access to, quality of or limitations on care*

Noteworthy Elements:

- Under the OHA Director's supervision and control
- Reports to the Governor and the Oregon Health Policy Board quarterly
- Reports can be found here:
<https://www.oregon.gov/oha/ERD/Pages/Ombuds-Reports.aspx>
- The OHA Health Systems Division (HSD), which administers the Oregon Health Plan, provides formal response to Ombuds year-end recommendations

Overview of Ombuds Statutory Scope

OAR 410-120-0000 (167) https://oregon.public.law/rules/oar_410-120-0000

“Ombudsman Services” means advocacy services provided by the Authority to clients whenever the client is reasonably concerned about access to, quality of, or limitations on the health services provided.

OAR 410-141-3875 (12) https://oregon.public.law/rules/oar_410-141-3875

In all investigations or requests from the Department of Human Services Governor’s Advocacy Office, the Authority’s Ombudsperson or hearing representatives, the MCE, and participating providers shall cooperate in ensuring access to all activities related to member appeals, hearing requests, and grievances including providing all requested written materials in required timeframes.

and ...

CCO Contract Exhibit O – Grievance and Appeal System, 2 Grievances (d) (p 229 of 302)

<https://www.oregon.gov/oha/HSD/OHP/pages/cco-contract-forms.aspx>

<https://www.oregon.gov/oha/HSD/OHP/Documents/2021-CCO-Contract-Template.pdf>

Contractor shall promptly cooperate and cause its Subcontractor to promptly cooperate with any investigations and resolution of a Grievance by either or both DHS’ Client Services Unit and OHA’s Ombudsperson as expeditiously as the affected Member’s health condition requires, and within timeframes set forth in or required by this Contract.

“OMBUDS?”

Funny name. Serious work.

Swedish: “Representative of the People”

Spanish: “Defensor del Pueblo” “Defender of the Public”

Arabic: امين المظالم “Ameen Al Mathalim” “Safeguarder of Injustices”

***English:* “Here to help”**

HERE TO HELP WHO?

MORE

THAN 1 IN 4

OREGONIANS

ARE
ENROLLED IN
HEALTH
PLAN

EXTERNAL RELATIONS DIVISION

Oregon
Health
Authority

WHEN OHP MEMBERS HAVE QUESTIONS / CONCERNS...

I am supposed to be able to get a ride to my doctor appointments. The driver did not pick me up on time to make the appointment. **My doctor's office is going to drop me** because I've missed so many appointments!



EXTERNAL RELATIONS DIVISION

OHP is denying my child formula that is essential for her health and well being.



I need detox but the provider says there is a **6 week wait for OHP clients**. Or I can pay \$26,000 out of pocket.



Ombuds Works Closely with Client Services Unit.

- Client Services Unit (CSU) is part of Oregon Health Authority's Health Systems Division.
- CSU handles 1000 plus calls each day and helps clients at every level of understanding and confusion learn more about how to access their benefits.
- Ombuds program is designed to be the door for cases that cannot be resolved by the Fee for Service Program, by the CCO or Client Services Unit.
- Especially for what we anticipate to be a newer book of business with many learnings for all of us, it is appropriate to send WIC formula cases first to CSU with a cc to the Ombuds program.
- We will work together to resolve your concerns.

Client Services Unit.

Ask.OHP Ask.OHP@odhsoha.oregon.gov

1-800-273-0557

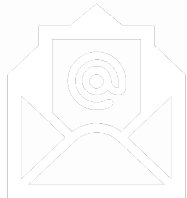
CONTACT THE OMBUDS TEAM

Hablamos Español



Call us toll-free:

877-642-0450



Email us:

OHA.OmbudsOffice@oha.oregon.gov



Send a secure email from the Ombuds website:

www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx

EXTERNAL RELATIONS DIVISION

Oregon
Health
Authority

Case study: Kate Farms

- WIC dietitian in Deschutes county was contacted by clinical dietitian stating that WIC needed to provide Kate Farms formula, a formula not on our formulary
- Deschutes county dietitian contacted State WIC office
- State WIC office contacted the Ombuds team
- Ombuds team contacted nurse coordinator at Central Oregon Pediatric Associates (COPA) and care coordinator at Pacific Source
- What had been a confusing 4-6 months, was resolved with the assistance of the Ombuds team within weeks
- Part of the delay was a denial in the pre-authorization process without clear guidance on how to resolve the issue



Thoughts or
Questions?

Changes
needed to
ensure a
successful
transition to
Medicaid as
first payer of
medical
formulas

- Revise Oregon Administrative Rules
 - OAR 410-148-0100 states: “Reimbursement will not be made for the following: Oral infant formula that is available through the Women’s, Infant and Children (WIC) program
- Correct criteria for determining when a formula is medically necessary
- Improve reimbursement rates set by OHA’s Health Systems Division and each CCO
- Improve access - Durable Medical Equipment (DME) companies are not willing to provide oral supplements due to poor reimbursement rates
- Improve access- should oral supplements be provided by DME vendors or pharmacies?
- Improve communication and education for:
 - Families
 - CCOs
 - Providers
 - Clinical dietitians and other health care providers

What the future might look like at the local agency level

- Local agency WIC clinics may see a decrease in the number of requests for medical formulas
 - Specialty clinics (NICU, GI, renal) will complete paperwork to provide the formula and/or complete the CCO prior authorization form
- Certifiers may learn of formula being provided by an outside source during a WIC appointment
 - Mark in progress note- what is the formula, where is it coming from?
 - To be determined: have the family complete a form to coordinate care

What process changes are needed at the State level to coordinate care?

Should WIC:

- Change the WIC Medical Documentation Form (MDF)?
 - Include OHP number
- Create a new form/cover sheet to assist with coordination of care?
 - Include:
 - A statement regarding medically necessary formula is a covered benefit of OHP
 - A checkbox for health care providers:
 - Attempted to obtain from CCO
 - Need WIC to provide for 1-2 months while setting up CCO process
 - Family understands that WIC is supplemental and may not be able to provide the full amount of formula required to meet child's nutrient/calorie needs

What else?



Thoughts or
Questions?

Next steps for the State WIC team

Work with Medicaid partners to change Oregon Administrative Rules (OARs) to clarify that Medicaid is the primary payer of medical formulas, not WIC



Resource development with input from local agencies



Work with Innovator Agents and CCOs to ensure correct WIC messaging is provided to medical providers, families, and partners

Next Steps for Local Agencies

1

Continue to issue medical formulas as per policy

2

Decrease the number of Medical Documentation Forms initiated by WIC

3

Notify your nutrition consultant when a family reports:

- Medicaid is not providing formula for tube feedings
- Medicaid denials


4

Gather information that the Ombuds team will need

- OHP number
- Name of CCO
- Name of DME supplier

A large teal circle is positioned on the left side of the slide, partially overlapping the text.

Thank you!

- For the amazing work you provide day in and day out
 - For weathering the storms that continue to come
 - Know that you have more tools and supports available
 - Change takes time and we are moving in the right direction to coordinate care for our shared families
- 
- A decorative graphic consisting of several short, curved, grey dashed lines arranged in a semi-circular pattern in the bottom right corner of the slide.

Resources

Glossary of Medicaid terms: <https://www.oregon.gov/oha/HSD/OHP/Pages/OHP-terms.aspx>

Oregon EPSDT:
<https://www.oregon.gov/oha/hsd/ohp/pages/epsdt.aspx>

Oregon licensure webpage for dietitians: <https://www.oregon.gov/oha/PH/HLO/Pages/Board-Licensed-Dietitians-Information.aspx>

National Provider Identifier (NPI)
<https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/how-apply>

Oregon Health Plan Provider
<https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>

Contacts

- Health Systems Division Client Services Unit
 - Ask.OHP@odhsoha.Oregon.gov
 - 800-273-0557
- Oregon Health Authority Ombuds team
 - OHA.OmbudsOffice@odhsoha.oregon.gov
 - 877-642-0450
- EPSDT state team EPSDT.Info@odhsoha.oregon.gov