

# **MEDICAID COVERAGE OF MEDICAL FORMULAS**

The role of WIC and our partners

**Welcome!**

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**Ellen Pinney**, OHA Ombuds Team

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**Belle Shepherd**, OHA Innovator Agent

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**Lacy John**, OHA Medicaid Division

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**Nick Stroud**, EPSDT

# Objectives

Review	Review the changes to OARs and impacts to WIC
Learn	Learn how the OHA Ombuds Program supports families and WIC Nutritionists
Learn	Learn how the OHA Innovator Agents liaise with CCOs and how to foster local partnership
Understand	Understand the role Home enteral/parenteral nutrition and IV services (EPIV) play in providing medical formula
Discuss	Discuss opportunities and barriers that OHA and WIC can support
Share	Share local agency strategies to partner with Innovator Agents, Ombuds, Health Care Providers, CCOs



HEALTH SYSTEMS DIVISION

Tina Kotek, Governor

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**Date:** March 14, 2024

**To:** Coordinated care organizations

**From:** Nathan Roberts, Health and Professional Services Policy manager  
Medicaid Programs  
Tiare Sanna, MS, RDN, Oregon WIC Director

**Subject:** Oregon Health Plan (OHP) is primary payer for covered formulas and nutritional supplements covered by OHP and WIC, effective January 12, 2024.

Effective January 12, 2024, the Oregon Health Authority (OHA) [updated Oregon Administrative Rule 410-148-0100\(5\)\(d\)](#) to clarify that Oregon Health Plan (OHP) is the primary payer for formulas covered by the Oregon Health Plan to treat women, infants and children who are both enrolled in OHP and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This includes formula and nutritional supplements administered orally and/or via tube feeding.

#### Why is this happening?

This rule update is to comply with federal regulations in [7 CFR 246.10\(e\)\(3\)\(vi\)](#) and federal guidance from the U.S. Food and Drug Administration in [WIC Policy Memorandum #2015-07, EO Guidance Document #FNS-GD-2015-0044](#).

#### What should you do?

For formula and/or nutrition supplements services requested on or after January 12, 2024:

- Share this current information with clinical staff who review and process requests for formula and/or nutrition supplements.
- Review and update policies and procedures as needed to ensure that eligible members can access this benefit with no requirement to use WIC resources first.

#### Questions?

If you have any questions, please contact Lacy John at [Lacy.M.John@oha.oregon.gov](mailto:Lacy.M.John@oha.oregon.gov).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

# Oregon Administrative Rule (OAR) Change

## Home Enteral/Parenteral Nutrition and IV Services (410-148-0100(6))

(6) The Oregon Health Plan (OHP) shall be primary payer, before the Women's, Infant and Children (WIC) program, for all formula covered by OHP to treat those infants and children who are enrolled in both OHP and participating in the WIC program.

CCO Memo – March 2024



**We are  
here**

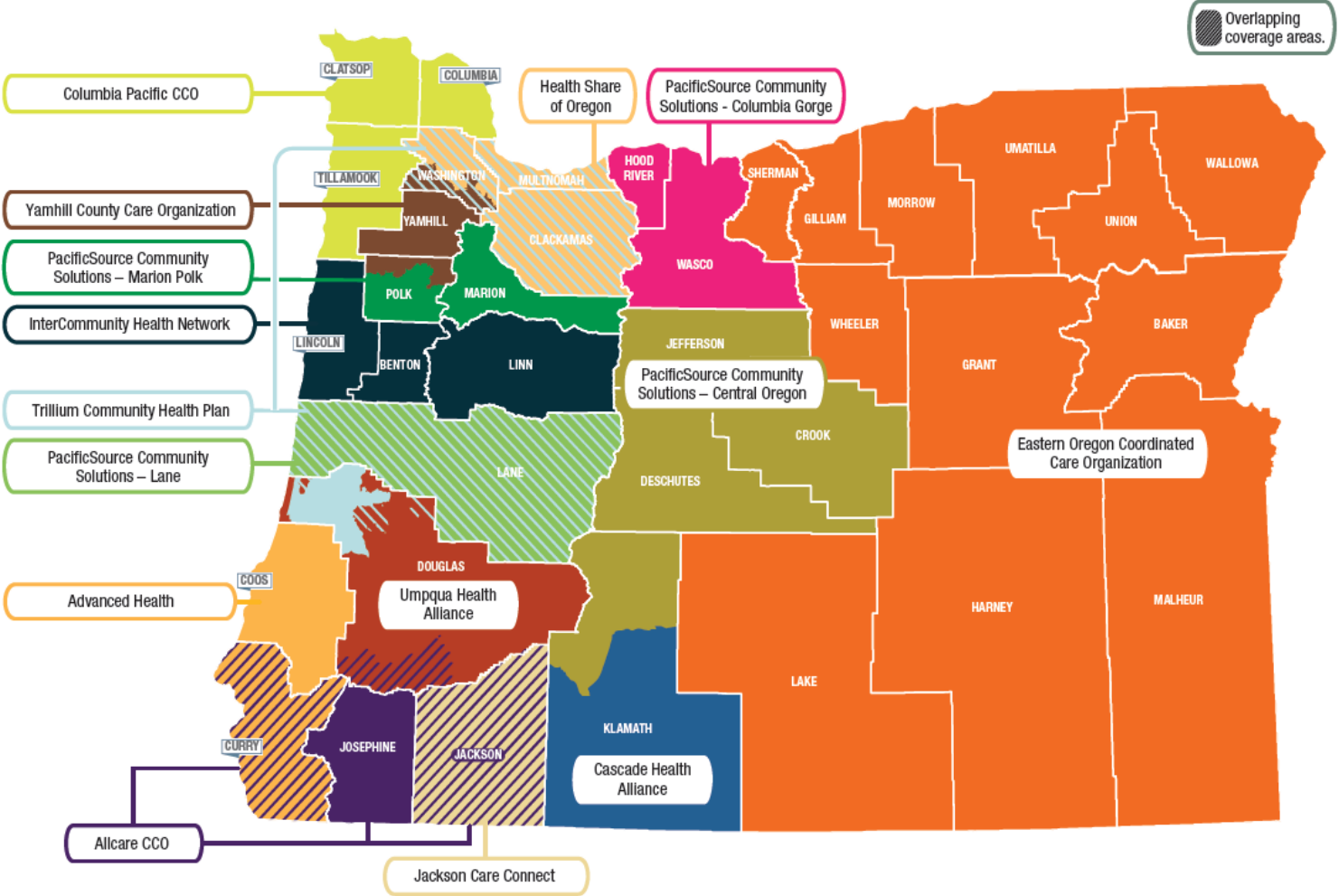
**To listen  
and  
help you**

# **OHA OMBUDS PROGRAM**

# Ombuds Program

- What are you seeing/learning from WIC families/staff
- Referral process for WIC

Coordinated Care Organization 2.0 Service Areas



OHA  
INNOVATOR  
AGENTS

# Innovator Agents

- Partnering with local agency coordinators/dietitians (some have already met)
- Connecting to CCO medical directors and care coordinators
- Supporting healthcare providers with PA process
- Available for ongoing support with this and other issues

- How to find us:

<https://www.oregon.gov/oha/erd/pages/innovator-agents.aspx>





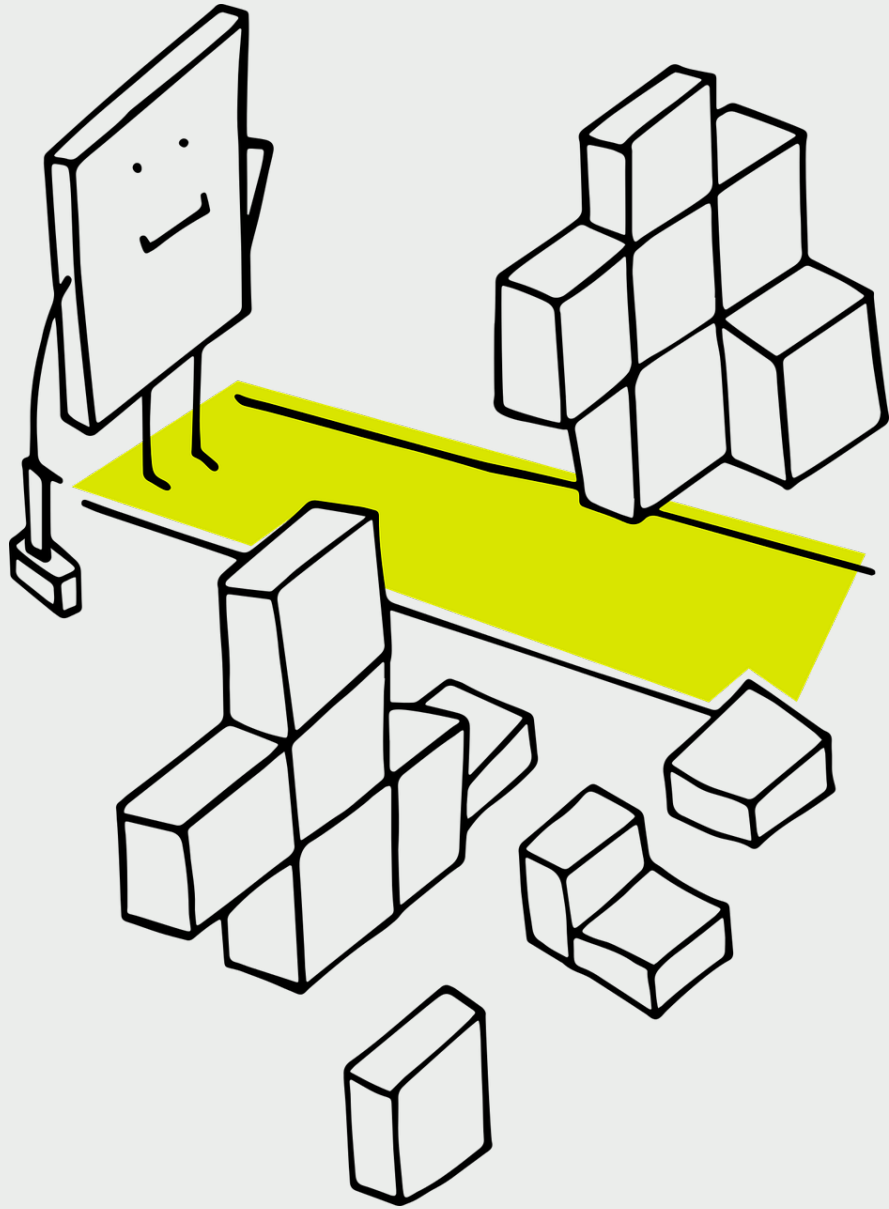
**OHA HEALTH  
SYSTEMS  
DIVISION:  
EPIV, EPSDT**

# OHA HSD: Home enteral/parenteral nutrition and IV services (EPIV)

- Listening sessions held in Spring 2024
  - Revised Oregon Administrative Rules (OAR)s
  - Increase the number of EPIV providers who provide medical formula
  - Ongoing EPIV and Durable Medical Equipment (DME) rule revisions annually
  - State WIC and Medicaid partners continue meeting regularly
- Goal of improving access to medical formulas across Oregon.

# OHA HSD: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

- Medical formulas that are medically appropriate necessary are a Medicaid benefit and reinforced by EPSDT.
- Approval/denial process for CCOs
- Providers needing support for Open Card PA process can contact [OHA Provider Services](#).



## Discussion

- What barriers and opportunities are you learning of through your community healthcare partners and WIC families?
- What questions do you have for our partners?
- Please share your experiences and strategies at the local level.



# JACKSON COUNTY

*Health & Human Services*

**Jackson County**  
Health and Human Services

**Autumn Chadbourne**  
*WIC Program Manager*

140 S Holly Street Medford  
541-774-8203  
541-774-8012  
[chadboar@jacksoncountyor.gov](mailto:chadboar@jacksoncountyor.gov)

TTY: 541-774-8138  
[www.jacksoncounty.org](http://www.jacksoncounty.org)

Dear Healthcare Provider,

We received your request that {NAME} receives {NAME OF FORMULA} from the WIC Program. Although this has been approved, WIC is a supplemental nutrition program and we may not be able to provide the full amount {NAME} may require for their medical condition.

Because {NAME OF FORMULA} is a considered a medical formula, we encourage you to work with Jackson Care Connect or AllCare to cover {NAME OF FORMULA}.

The Oregon Health Authority updated the Oregon Administrative Rule (OAR) on Home Enteral/Parenteral Nutrition and IV Services (410-148-0100(6)). This updated rule states that Oregon Health Plan (OHP) shall be primary payer, before the Women, Infants and Children (WIC) program, for all formula covered by OHP to treat those infants and children who are enrolled in both OHP and participating in the WIC program. This includes medical formula and nutritional supplements administered orally and/or via tube feeding.

For more information, please follow the prior authorization process of the Coordinated Care Organizations providing health care coverage to Jackson County WIC Participants. We have included their customer service numbers below:

**Jackson Care Connect:** (541) 500-0567 or (855) 722-8208

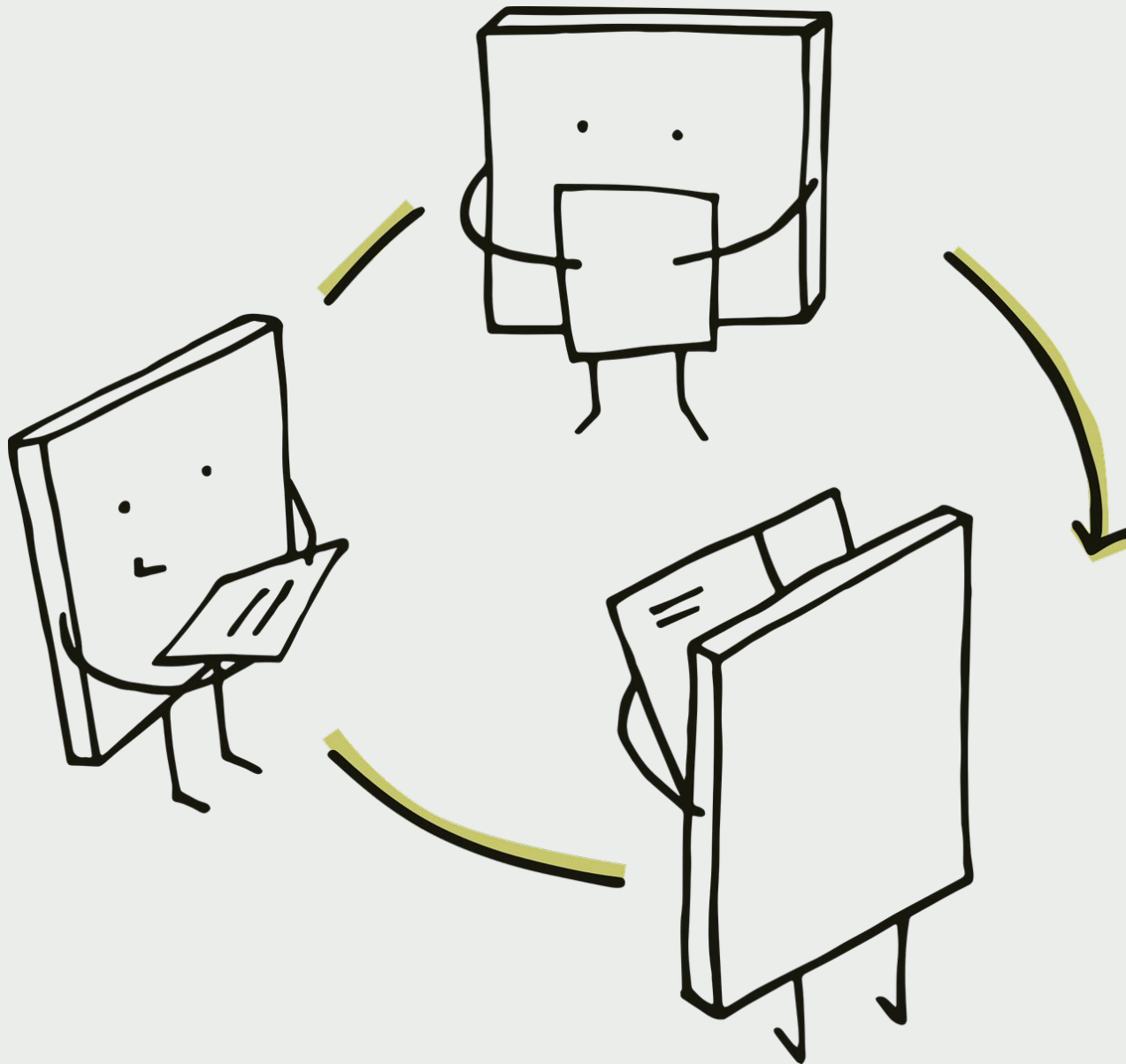
**AllCare:** (888) 460-0185

We appreciate your partnership and support to provide the best nutrition possible to Jackson County WIC Participants.

In health,

Autumn Chadbourne,  
WIC Program Manager  
[chadboar@jacksoncountyor.gov](mailto:chadboar@jacksoncountyor.gov)  
(541) 774-8020

Meredith McDonald, MPH, RDN, CLC  
Registered Dietitian, Jackson County WIC  
[mcdonamj@jacksoncountyor.gov](mailto:mcdonamj@jacksoncountyor.gov)  
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**NEXT STEPS**

# Next Steps for the State WIC Team

1. Update OHP providers on rule change and encourage partnership between providers and WIC dietitians via Provider Matters newsletter on December 6.
2. Share letter with Oregon Healthcare providers and dietitians regarding OAR change and WIC's role in providing specialty formula.
3. Continue working with partners to ensure correct WIC messaging is provided to medical providers, families, and partners.
4. Continue updating our existing resources based on feedback and questions from WIC local agencies, and feedback from partners.
5. Present to statewide partners, as able.

# Proposed Next Steps for Local Agencies

1. Meet with your Innovator Agent
2. Utilize Jackson County's letter template (or other resource) to communicate changes to HCPs after an MDF is received
3. Continue to issue medical formulas according to policy and signed MDF
4. Continue referring to Ombuds, CCO Care Coordinators, etc.



**THANK YOU**

To our guest speakers  
and to all Oregon WIC  
staff who are dedicated  
to supporting WIC  
families every day.



# MEDICAL DOCUMENTATION FORM REVISIONS

Align with new food package

&

Support coordination for OHP families



OREGON

**Women, Infants and Children (WIC)  
Medical Documentation Form**

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

**A. Patient information**

Patient's name (Last, First, MI):	DOB:
Patient/Caregiver's name (Last, First, MI):	Phone #:
<input type="checkbox"/> Provide WIC Dietitian consult <input type="checkbox"/> Patient on tube feeding (provide name of formula, enteral company in section C)	

**B. Medical formula - Check all that are acceptable**

- 1 ► Medical diagnosis or qualifying condition: \_\_\_\_\_
- 2 ► Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: \_\_\_\_\_ (not to exceed 12 months)
- 3 ► Prescribed amount: ☐ \_\_\_\_\_ per day **OR** ☐ maximum allowable

INFANTS/CHILDREN	CHILDREN
<b>Prematurity:</b> <input type="checkbox"/> EnfamCare <input type="checkbox"/> Neosure	<b>Contract infant:</b> <input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort
<b>Extensively Hydrolyzed:</b> <input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil <input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> Allow store brand Alimentum	<b>Milk-based, lactose free:</b> <input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5
<b>Added rice starch:</b> <input type="checkbox"/> Enfamil AR <input type="checkbox"/> Allow store brand Enfamil AR	<b>Extensively Hydrolyzed:</b> <input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5
<b>Amino Acid:</b> <input type="checkbox"/> Elecare Infant <input type="checkbox"/> PurAmino <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Syneo <input type="checkbox"/> Alfamino <input type="checkbox"/> Neocate Nutra	<b>Amino Acid:</b> <input type="checkbox"/> Elecare Jr <input type="checkbox"/> Alfamino Jr. <input type="checkbox"/> Neocate Jr. <input type="checkbox"/> Neocate Splash
<b>Renal:</b> <input type="checkbox"/> Similac PM 60/40	<b>Other specialty products:</b> <input type="checkbox"/> Ketocal 3:1 <input type="checkbox"/> Ketocal 4:1 <input type="checkbox"/> Duocal <input type="checkbox"/> Monogen <input type="checkbox"/> Portagen <input type="checkbox"/> Liguigen <input type="checkbox"/> Compleat Pediatric <input type="checkbox"/> Ensure Clear
<b>MCT:</b> <input type="checkbox"/> EnfaPort	<b>ADULTS ONLY</b>
	<input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein <input type="checkbox"/> Glucerna <input type="checkbox"/> Suplena CarbSteady

**C. WIC Supplemental foods**

All WIC foods will be provided unless indicated below: **OR** ☐ request WIC Nutritionist to determine foods

<b>Infants 7-12 months</b> <b>Omit:</b> <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	<b>Children older than 12 months and adults:</b> Omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other _____ <b>Include:</b> <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred pureed infant fruits/vegs in place of fresh produce <input type="checkbox"/> Whole milk in place of lower fat for adults and children older than 23 months with qualifying medical diagnosis (must be receiving formula - no exceptions). <b>Additional Instructions:</b> _____
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**D. Health care provider information**

Signature of health care provider:	Date:
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND <input type="checkbox"/> CNM
Medical office/clinic:	Clinical RD name:
Phone #:	Fax #: Email:

WIC USE ONLY	Date form received:	Exp. Date:	RDN review (signature & review date):	<input type="checkbox"/> FW order	WIC ID:
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OREGON

**Women, Infants and Children (WIC)  
Medical Documentation Form**

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

**A. Patient information**

Patient's name (Last, First, MI):	DOB:	OHP#
Patient/Caregiver's name (Last, First, MI):	Phone #:	
<input type="checkbox"/> Provide WIC Dietitian consult <input type="checkbox"/> Patient on tube feeding (provide name of formula, enteral company in section C)		

**B. Medical formula - Check all that are acceptable**

- 1 ► Medical diagnosis or qualifying condition: \_\_\_\_\_
- 2 ► Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: \_\_\_\_\_ (not to exceed 12 months)
- 3 ► Prescribed amount: ☐ \_\_\_\_\_ per day **OR** ☐ maximum allowable

INFANTS/CHILDREN	CHILDREN
<b>Prematurity:</b> <input type="checkbox"/> EnfamCare <input type="checkbox"/> Neosure	<b>Contract infant:</b> <input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort
<b>Extensively Hydrolyzed:</b> <input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil <input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> Allow store brand Alimentum	<b>Milk-based, lactose free:</b> <input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5
<b>Added rice starch:</b> <input type="checkbox"/> Enfamil AR <input type="checkbox"/> Allow store brand Enfamil AR	<b>Extensively Hydrolyzed:</b> <input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5
	<b>ADULTS ONLY</b>
	<input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein
<input type="checkbox"/> OTHER: _____ (Only formulas listed on page 2 can be issued.)	

**C. WIC Supplemental foods****WIC Nutritionist will determine appropriate supplemental foods unless indicated below.**

<b>Infants 7-12 months</b> <b>Omit:</b> <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	<b>Children older than 12 months and adults:</b> Omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other _____ <b>Include:</b> <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred infant fruit and vegetable in place of fresh produce and/or juice <input type="checkbox"/> Plant-based alternatives (tofu, nut, seed butters) for eggs <input type="checkbox"/> Plant-based milk alternatives, yogurts, and cheeses <b>Changes to milk-fat:</b> <input type="checkbox"/> Low/nonfat milks, yogurt <input type="checkbox"/> Whole/reduced fat milk, yogurt <b>*Whole milk in place of lower fat for adults and children older than 23 months with qualifying medical diagnosis (must be receiving formula from WIC or Medicaid- no exceptions).</b> <b>Additional Instructions:</b> _____
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**D. Health care provider information**

Signature of health care provider:	Date:
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND <input type="checkbox"/> CNM
Medical office/clinic:	Clinical RD name:
Phone #:	Fax #: Email:

WIC USE ONLY	Date form received:	Exp. Date:	RDN review (signature & review date):	<input type="checkbox"/> FW order	WIC ID:
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# Section A

- Added a line for patient's OHP# for improved coordination with health care providers regarding coverage of medical formulas for shared clients.

## A. Patient information

Patient's name (Last, First, MI):

DOB:

OHP#

Patient/Caregiver's name (Last, First, MI):

Phone #:

☐ Provide WIC Dietitian consult

☐ Patient on tube feeding (provide name of formula, enteral company in section C)

## Section B

- Removed formulas that are seldomly issued in TWIST using statewide issuance data
  - *No change has been made to the formulas available on our APL/in TWIST*
- Added line for health care provider to write in a formula not listed in section B - "Other: (Please see page 2 for a complete list of non-contract formulas)"
  - *No change has been made to page 2 of the MDF*

## B. Medical formula - Check all that are acceptable

- ① ► Medical diagnosis or qualifying condition: \_\_\_\_\_
- ② ► Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: \_\_\_\_\_ (not to exceed 12 months)
- ③ ► Prescribed amount: ☐ \_\_\_\_\_ per day OR ☐ maximum allowable

### INFANTS/CHILDREN

Prematurity:

☐ EnfaCare ☐ Neosure

Extensively  
Hydrolyzed:

☐ Nutramigen ☐ Pregestimil  
☐ Extensive HA ☐ Alimentum  
☐ Allow store brand Alimentum

Added  
rice starch:

☐ Enfamil AR  
☐ Allow store brand Enfamil AR

### CHILDREN

Contract  
infant:

☐ Advance ☐ Soy ☐ Sensitive ☐ Total Comfort

Milk-based,  
lactose free:

☐ PediaSure ☐ Nutren Jr.  
☐ Boost Kid Essentials 1.0 ☐ Boost Kid Essentials 1.5

Extensively  
Hydrolyzed:

☐ PediaSure Peptide  
☐ Peptamen Jr. 1.0 ☐ Peptamen Jr. 1.5

### ADULTS ONLY

☐ Ensure ☐ Ensure Plus ☐ Boost Plus ☐ Boost High Protein

☐ OTHER:

(Only formulas listed on page 2 can be issued.)

## Section C

- Opting out method: “WIC Nutritionist will determine appropriate supplemental foods unless indicated below.”
- Revised to align with food package changes based on the final rule
  - Juice
  - Plant-based alternatives
  - Changes to milk fat
- Included “Medicaid” as medical formula provider



## WIC Nutritionist will determine appropriate supplemental foods unless indicated below.

Infants 7-12 months

Omit:

- ☐ Infant cereal
- ☐ Infant jarred fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of fresh produce and/or juice★

★ ☐ Plant-based alternatives (tofu, nut, seed butters) for eggs ☐ Plant-based milk alternatives, yogurts, and cheeses

★ **Changes to milk-fat:** ☐ Low/nonfat milks, yogurt ☐ Whole\*/reduced fat milk, yogurt

\*Whole milk in place of lower fat for adults and children older than 23 months with qualifying medical diagnosis (must be receiving formula from WIC or Medicaid- no exceptions).

Additional  
Instructions:

## Section D and Page 2

No changes made.

**WE WANT YOUR  
FEEDBACK!**

Please share any additional  
feedback with  
[ellen.r.hill@oha.Oregon.gov](mailto:ellen.r.hill@oha.Oregon.gov)