

# WIC and Medicaid Collaboration Landscape Tool

While Medicaid historically has reached most eligible children and parents, WIC reaches less than half of eligible pregnant people<sup>1</sup> and toddlers and only 37 percent of WIC-eligible Medicaid enrollees. State Medicaid and WIC agencies have many opportunities to work together to increase WIC participation and improve the health of young children and parents.

This tool is intended to help state health and human services agencies, local WIC agencies, anti-hunger and maternal and child health advocates, and other community-based organizations assess the various opportunities for Medicaid and WIC agencies to collaborate, with the goal of increasing participation in WIC. The tool includes key questions about how WIC and Medicaid are structured and the extent to which various opportunities are being used, along with resources to help think them through. These questions and resources can help identify the most promising strategies for increasing WIC enrollment in your state. Some of the questions can be answered by reviewing existing public information and reports, including the Medicaid managed care organization (MCO) contract(s) in your state if they are available, but others will likely require conversations with various stakeholders involved in the administration of WIC and Medicaid. The tool is organized by three goals, with specific strategies within each:

- Goal 1: Medicaid Agency Shares Data With WIC Agency for Outreach and Strengthens Referrals to Increase WIC Enrollment
- Goal 2: Medicaid Supports a Community-Based Health Workforce That Can Strengthen Connections to WIC
- Goal 3: Increase WIC Participation to Strengthen State Medicaid Agencies' Efforts to Improve Quality and Address Health-Related Social Needs (HRSNs)

For more information on these strategies, please also refer to CBPP's report, [State Medicaid Agencies Can Partner With WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children](#).

## Medicaid and WIC Background

Before assessing each of the goals related to stronger Medicaid and WIC agency collaboration, it can be useful to gather some key information about how both Medicaid and WIC operate in your state.

### Key WIC Factors

**WIC Take-up**<sup>2</sup> – USDA estimates that WIC served 53.5 percent of eligible individuals in 2022, which is an increase from 51.2 percent in 2021. These estimates can be used, in combination with state data, to answer the following questions:

- What is the state’s most recent WIC take-up rate? How does this compare to the national average? What have been the trends over time in the state?
- What is the state’s take-up rate by –
  - Participant category (infants, children, and pregnant and postpartum people)?
  - Race and ethnicity?

**WIC Remote Services**<sup>3</sup> – All state WIC agencies have waivers that will remain in effect until September 30, 2026 to offer WIC services remotely, and FNS encourages state agencies to provide virtual options to WIC participants to improve access to WIC’s life-changing benefits. Remote services can also provide more flexibility for states to respond to increased interest in WIC by deploying resources to parts of the state where they are most needed. While all states have physical presence waivers, states vary widely with regard to the extent to which they use these waivers. Offering remote services may not be the default approach across the state and instead may be offered only in very limited circumstances.

- Do local WIC agencies in the state proactively offer the option to applicants and participants to access WIC services remotely? If not, is this option widely available upon request? Or is this option only used in rare or special circumstances?
- If remote services are proactively offered, is this occurring statewide or only in some locations? For all types of appointments or only certain types of appointments (such as nutrition education or recertifications)?
- Is the state using the remote services option to help address higher demand in some areas of the state?

### Key Medicaid Factors

**Medicaid Coverage in the State** – There is variation by state in who is eligible for Medicaid coverage and for how long. Understanding the coverage landscape can inform WIC enrollment strategies for Medicaid

enrollees.

- Postpartum coverage – Federal law requires states to provide pregnancy-related Medicaid coverage through 60 days postpartum. Since April 1, 2022, states have had the option to extend Medicaid postpartum coverage to 12 months via a state plan amendment. As of October 2024, 47 states had taken this option.<sup>4</sup>
  - Has the state extended Medicaid postpartum coverage to 12 months?
- Multi-year continuous eligibility for children – Since January 1, 2024, all states have been required to implement 12-month continuous eligibility for children. Additionally, some states have approved waivers to provide multi-year continuous eligibility to children.<sup>5</sup>
  - Does the state offer multi-year continuous eligibility to children? If so, through what age?
- State-only coverage for people who are immigrants – Some states cover all income-eligible children and/or pregnant people regardless of immigration status.<sup>6</sup>
  - Does the state cover all income-eligible children regardless of immigration status? All pregnant people regardless of immigration status?
- Medicaid Managed Care Organizations (MCOs) – A Medicaid managed care organization (MCO) is an entity that contracts with the state Medicaid agency to manage the provision of covered services to enrollees. It is important to understand how MCOs deliver Medicaid in the state.<sup>7</sup>
  - Which Medicaid MCOs operate in the state and what areas of the state do they cover?
    - Are the Medicaid MCO contracts publicly available?
    - Are Medicaid MCO External Quality Review reports publicly available?
    - Are some Medicaid enrollees covered by state-administered/ fee for service Medicaid? If yes, which groups of enrollees?

## **GOAL 1: Medicaid Agency Shares Data With WIC Agency for Outreach and Strengthens Referrals to Increase WIC Enrollment**

Large shares of WIC-eligible Medicaid enrollees nationwide are not participating in WIC, and there are multiple ways to increase participation. When someone who is pregnant or postpartum applies for Medicaid, or when a caregiver applies for Medicaid for a child under 5, they can be automatically referred to WIC. States can also match Medicaid enrollee data with WIC data to conduct targeted WIC outreach directly to families enrolled in Medicaid and eligible for WIC but not enrolled. In addition, states can

strengthen the referral process by developing a standardized and streamlined referral mechanism that health care providers can use.



### Goal 1 Strategy 1: Measure and track progress on WIC enrollment among Medicaid beneficiaries

1. What is the state doing to support data sharing and measurement between Medicaid and WIC?<sup>20</sup>
2. Do the state's Medicaid and WIC agencies already have cross-program agreements to share data?
3. Which agencies actually share data, and with which other agencies?
4. Does either agency measure the share of WIC-eligible Medicaid enrollees who participate in WIC? If so, is there also measurement for specific subgroups?



### Goal 1 Strategy 2: Refer Medicaid applicants to WIC

1. What types of referrals is the state Medicaid agency making to WIC currently? And how are the referrals made?
2. Does the state Medicaid (or SNAP or TANF) agency automatically send information about applicants to the WIC agency so WIC staff can follow up with those not enrolled in WIC?
3. Can Medicaid applicants request that information be shared with WIC to begin the enrollment process?
4. If not, does the state have an online WIC application that Medicaid applicants or enrollees could be referred to?<sup>9</sup>



### Goal 1 Strategy 3: Use Medicaid data for targeted WIC Outreach<sup>10</sup>

1. Does the state Medicaid agency share enrollee data with WIC? If so, how frequently is it shared?
2. If yes, are these data used to conduct targeted outreach to WIC-eligible families who are not enrolled? How is outreach conducted? How does the WIC agency track whether and how local staff are conducting outreach and the results?
3. Is the state using text messaging for WIC outreach?



### Goal 1 Strategy 4: Strengthen referrals to WIC

1. Does the state Medicaid agency or another entity have a standardized statewide referral tool for WIC that health care providers can readily use?<sup>11</sup>
2. If so, does it include the key information needed for WIC certification or is there another statewide mechanism for WIC staff to obtain contact information, height, weight and iron deficiency blood test results from health care providers? If not, are there promising local strategies that could be replicated?<sup>12</sup>
3. Do Medicaid providers (particularly federally qualified health centers) allow patients to complete WIC certification before or after health care appointments by integrating a WIC video appointment or by co-locating WIC staff in the provider's office?
4. Does the state have a patient information exchange that could be used to facilitate referrals to WIC by health care providers?

## GOAL 2: Medicaid Supports a Community-Based Health Workforce That can Strengthen Connections to WIC

Community-based health workers – which can include community health workers, doulas, home visitors, and case managers – can conduct screenings for food insecurity, refer individuals to programs like WIC, and provide enrollment assistance and support in using WIC benefits. Medicaid can finance a community-based workforce in several ways, including through a “preventive services initiative;” directly as covered Medicaid services; through a Children’s Health Insurance Program (CHIP) Health Services Initiative; or

by using administrative matching funds. States can also include requirements or incentives in Medicaid managed care contracts to build and define a community-based health workforce that can make linkages to WIC.



### Goal 2 Strategy 1: Medicaid Financing of Community-Based Health Workers

1. Does the state's Medicaid program fund community-based health workers?
2. If yes, what types (such as community health workers, doulas,<sup>13</sup> home visitors, case managers)? And what populations do they serve (such as early childhood, postpartum, elderly, people with chronic conditions)? If they serve WIC-eligible populations, is assisting with WIC enrollment part of their scope of service? If not, could it be added to their scope of service?
3. If yes, how does Medicaid finance community-based health workers – preventive services initiative, covered Medicaid service, CHIP health services initiative, or with administrative matching funds?<sup>14</sup>



### Goal 2 Strategy 2: Use Medicaid Managed Care Organization (MCO) Contracting to Build a Community-Based Health Workforce that Can Make Linkages to WIC

1. Do the state's Medicaid MCO contracts require or provide incentives for plans to specify the scope of services and billing for a community-based health workforce?
1. If yes, what type of incentives exist? Do the MCOs work with obstetric or pediatric primary care providers on the incentives? Could these incentives and relationships be leveraged to provide food insecurity screenings and WIC referrals?
3. Do the state's Medicaid MCO contracts provide a set ratio of trained community-based health workers to Medicaid members?



### Goal 2 Strategy 3: Use Medicaid Managed Care Organization (MCO) Contracting to Shape a Community-Based Health Workforce That Can Make Linkages to WIC

1. Do the state's Medicaid MCO contracts reimburse for any community-based health workers?<sup>22</sup>
2. Do the MCO contracts encourage plans to train licensed providers to refer pregnant people, new parents, and children to the community-based health workforce?
3. Do the MCO contracts prefer partnerships with community-based organizations?
4. Do the MCO contracts require community-based health workers to conduct screenings for health-related social needs such as food insecurity? Is there also a requirement to make effective referrals to WIC?
5. Does the state provide Medicaid "targeted case management services?" If yes, to what populations and what types of services?<sup>23</sup>

## GOAL 3: Increase WIC Participation to Strengthen State Medicaid Agencies' Efforts to Improve Quality and Address Health-Related Social Needs (HRSNs)

Contracts with Medicaid MCO's are a critical tool for shaping these efforts in most states. Medicaid can require MCOs to report on meeting WIC-related quality goals, enrollment goals, or both, and states can reward MCOs that improve. State agencies can also require and/or reward MCOs to screen for and track HRSNs and help facilitate WIC enrollment. MCOs can also be required to carry out "performance improvement projects" (PIPs) that include referrals to and enrollment in WIC as strategies to improve performance on both Maternal and Child Core Set quality measures. The Centers for Medicare and Medicaid Services has also provided a framework and additional considerations for states interested in addressing HRSNs through 1115 demonstrations.<sup>8</sup>



### Goal 3 Strategy 1: Engage and Leverage WIC to Support the State's Medicaid Quality Strategy

1. How is the state performing on quality indicators in the Maternal, Adult, and Child Core Sets relevant to WIC ?<sup>21</sup> What are your state's strengths and gaps?
2. How could increased WIC enrollment help the state close any gaps in its current quality performance?



### Goal 3 Strategy 2: Require Medicaid MCOs to Report on Meeting WIC-Related Quality Goals, WIC Enrollment Goals, or Both – and Reward Improvement<sup>15</sup>

1. Does the state require MCOs to publicly report quality data? If yes, how frequently and how is it broken out?
2. How is each MCO in the state performing on the quality indicators relevant to WIC in the Maternal, Adult, and Child Core Sets? Are there minimum requirements the MCOs must meet for any of these quality measures? Are there any penalties or incentives for MCOs related to their quality performance?
3. If yes, are MCOs required to report on whether WIC enrollment goals are met?
4. When are the state's Medicaid MCO contracts up for renegotiation or rebidding? Is there an opportunity to encourage more WIC engagement in future MCO contracts?



### Goal 3 Strategy 3: Incorporate WIC Into Efforts to Address Food Insecurity as a Health-Related Social Need (HRSN)

1. Is the state working to connect Medicaid enrollees with other benefits that address HRSNs? If so, do those benefits include nutrition programs? WIC in particular?
2. Is the state working on a CMS 1115 demonstration waiver focused on HRSNs?<sup>16</sup>
3. Does the state Medicaid agency currently have a precedent for offering "in lieu of" services?<sup>17</sup> Would it be possible to adapt this model to promote WIC referrals?





#### Goal 3 Strategy 4: **Require Medicaid MCOs to Screen for and Track HRSNs, Make Referrals to WIC, and Reward Enrollment in WIC**

1. Does the state require MCOs to screen for food insecurity and refer enrollees to nutrition assistance programs? Are there any incentives for MCOs related to screening and referral?
2. If yes, what type of screening process and tools are being used? Do the MCOs conduct the screenings and referrals themselves or work with health care providers or community-based health workers to do this?
3. Does the state require MCOs to screen for and track other HRSNs?



#### Goal 3 Strategy 5: **Require Medicaid MCOs to Implement Medicaid Performance Improvement Projects (PIPs) That Include WIC Enrollment<sup>18</sup>**

1. What requirements are in the MCO contracts regarding PIPs?<sup>19</sup> How many PIPs are required each year and how are the PIP focus areas selected?
2. Has the state required any PIPs related to child or postpartum health?
3. Has any information related to MCO PIPs made publicly available?

## Endnotes

- 1 Writing about pregnancy has often assumed cisgender identities, with the use of terms like “pregnant women.” Such language excludes people who are transgender or non-binary who give birth. In this tool, we attempt to be more inclusive by referring to pregnant people or using other non-gendered language wherever possible, while in places using gendered labels to avoid misrepresenting the data or quality measures we are citing.
- 2 U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), “National- and State-Level Estimates of WIC Eligibility and Program Reach in 2022,” <https://www.fns.usda.gov/research/wic/ee-2022>. This report includes the most recent data regarding WIC take-up across all states and territories. Note that USDA uses the term “coverage rate” to refer to the share of eligible individuals who participate in WIC, which we refer to as the “take-up rate.” CBPP, “State Fact Sheets: Trends in WIC Coverage and Participation,” [www.cbpp.org/wiccoveragefactsheets](http://www.cbpp.org/wiccoveragefactsheets). These state-specific fact sheets include information on WIC take-up over time and by category and race through 2021, participation data through fiscal year 2023, and related information.
- 3 USDA FNS, “Flexibilities to Support Outreach, Innovation, and Modernization in WIC,” <https://www.fns.usda.gov/wic/modernization/flexibilities>. This is a summary of WIC waivers states have elected.
- 4 Kaiser Family Foundation, “Medicaid Postpartum Coverage Extension Tracker,” <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>. This page tracks state actions to implement extended Medicaid postpartum coverage.
- 5 Kaiser Family Foundation, “Section 1115 Waiver Watch: Continuous Eligibility Waivers,” <https://www.kff.org/policy-watch/section-1115-waiver-watch-continuous-eligibility-waivers/>. Table 1 highlights the states that have approved and pending continuous eligibility waivers for children.
- 6 Kaiser Family Foundation, “State Health Coverage for Immigrants and Implications for Health Coverage and Care,” <https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/>. Figures 3 and 4 highlight state-funded coverage for children, pregnant people, and adults.
- 7 Medicaid.gov, “Medicaid Managed Care Enrollment Report,” <https://www.medicare.gov/medicaid/managed-care/enrollment-report/index.html>. This has information about which managed care entities are operating, area served, and number of enrollees by plan. Kaiser Family Foundation, “Medicaid Managed Care Tracker,” <https://www.kff.org/statedata/collection/medicaid-managed-care-tracker/>. This provides information on quality measures, state reporting requirements, and other MCO data.
- 8 CMS, “Framework for Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP),” <https://www.medicare.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf>. This document lists HRSN services and supports considered allowable under specific Medicaid authorities and provides a discussion of the relevant considerations for each authority.
- 9 Code for America, “The Benefits Enrollment Field Guide,” <https://codeforamerica.org/explore/benefits-enrollment-field-guide/>. This provides information about if WIC has an online application in your state and if it’s integrated with other benefits.
- 10 Zoë Neuberger, “WIC Coordination With Medicaid and SNAP,” CBPP, <https://www.cbpp.org/research/food-assistance/wic-coordination-with-medicare-and-snap-1>. This report includes state-by-state information on ways WIC state agencies are collaborating with Medicaid and SNAP, including data-sharing strategies.
- 11 Two state examples of what a WIC referral tool can look like: 1) Colorado - <https://www.healthinformatics.dphe.state.co.us/WIC-SignUp>; 2) New Jersey - <https://www.state.nj.us/health/forms/wic-41.pdf>.
- 12 The key information WIC needs from a health care provider to complete a WIC certification is described in more detail here: <https://www.cbpp.org/research/food-assistance/state-medicare-agencies-can-partner-with-wic-agencies-to-improve-the-information-useful-for-wic-referrals-cbpp-anchor>.
- 13 Georgetown CCF, “Doula Services in Medicaid: State Progress in 2022,” <https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicare-state-progress-in-2022/>. Provides summary of where states are with the implementation of Medicaid doula reimbursements.

- 14 NASHP, “State Approaches to Community Health Worker Financing through Medicaid State Plan Amendments,” <https://nashp.org/state-approaches-to-community-health-worker-financing-through-medicaid-state-plan-amendments/>. This highlights recent developments related to community health worker state plan amendments and Table 1 lists details by state. MACPAC, “CHIP Health Services Initiatives: What They Are and How States Use Them,” <https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf>. This fact sheet includes information about which states have approved health services initiatives.
- 15 Kaiser Family Foundation, “Medicaid Managed Care Tracker,” <https://www.kff.org/statedata/collection/medicaid-managed-care-tracker/>. This provides information on quality measures, state reporting requirements and other MCO data; State Health & Value Strategies, “Compendium of Medicaid Managed Care Contracting Strategies to Promote Health Equity,” <https://www.shvs.org/resource/medicaid-managed-care-contract-language-health-disparities-and-health-equity/>. This includes equity-forward state examples and template contract language as well.
- 16 Medicaid.gov, “State Waivers List,” <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>. This is a searchable database of state Medicaid waivers; Kaiser Family Foundation, “Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State,” <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#Table3>. Table 3 lists approved and pending social determinant of health (SDOH) provisions by state.
- 17 Managed care plans can offer alternative services “in lieu of” services or settings described in the state Medicaid plan as long as they are medically appropriate, optional to recipients, and cost effective. Examples include offering a dehumidifier to an enrollee with asthma or offering medically tailored meals to an enrollee with chronic health needs who lives in a food desert. This authority allows states to offer services that can prevent or reduce future health care needs and thus address social needs that can worsen health if they go unmet.
- 18 Georgetown CCF, “Medicaid Managed Care, Maternal Mortality Review Committees, and Maternal Health: A 12-State Scan,” <https://ccf.georgetown.edu/2023/10/16/medicaid-managed-care-maternal-mortality-review-committees-and-maternal-health-a-12-state-scan/>. Provides information on maternal health related PIPs in some states.
- 19 States that operate Medicaid managed care programs must have a written quality strategy that includes performance improvement projects to improve access, quality, or timeliness of care.
- 20 Zoë Neuberger, “WIC Coordination With Medicaid and SNAP,” CBPP, <https://www.cbpp.org/research/food-assistance/wic-coordination-with-medicaid-and-snap-1>. This report includes state-by-state information on ways WIC state agencies are collaborating with Medicaid and SNAP, including data-sharing strategies.
- 21 CBPP, “State Medicaid Agencies Can Partner With WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children,” <https://www.cbpp.org/research/food-assistance/state-medicaid-agencies-can-partner-with-wic-agencies-to-improve-the#using-medicaid-managed-care-contracting-cbpp-anchor>. Table 1 highlights the quality measures that most align with WIC.
- 22 Medicaid.gov, “Medicaid Managed Care Enrollment Report,” <https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html>. This has information about which managed care entities are operating, area served, and number of enrollees by plan. Kaiser Family Foundation, “Medicaid Managed Care Tracker,” <https://www.kff.org/statedata/collection/medicaid-managed-care-tracker/>. This provides information on quality measures, state reporting requirements, and other MCO data.
- 23 Kaiser Family Foundation, “Medicaid Benefits: Targeted Case Management,” <https://www.kff.org/medicaid/state-indicator/targeted-case-management/>. This provides information about state coverage of case management services under Medicaid.