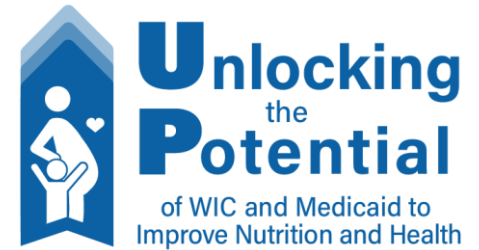


Project UP: Unlocking the Potential of WIC and Medicaid to Improve Nutrition and Health

Elisabeth Wright-Burak, CCF
Lauren Hall, Alicia Huguelet, Zoë
Neuberger, Jenny Sullivan, CBPP
Sonya Schwartz, consultant

May 13, 2024



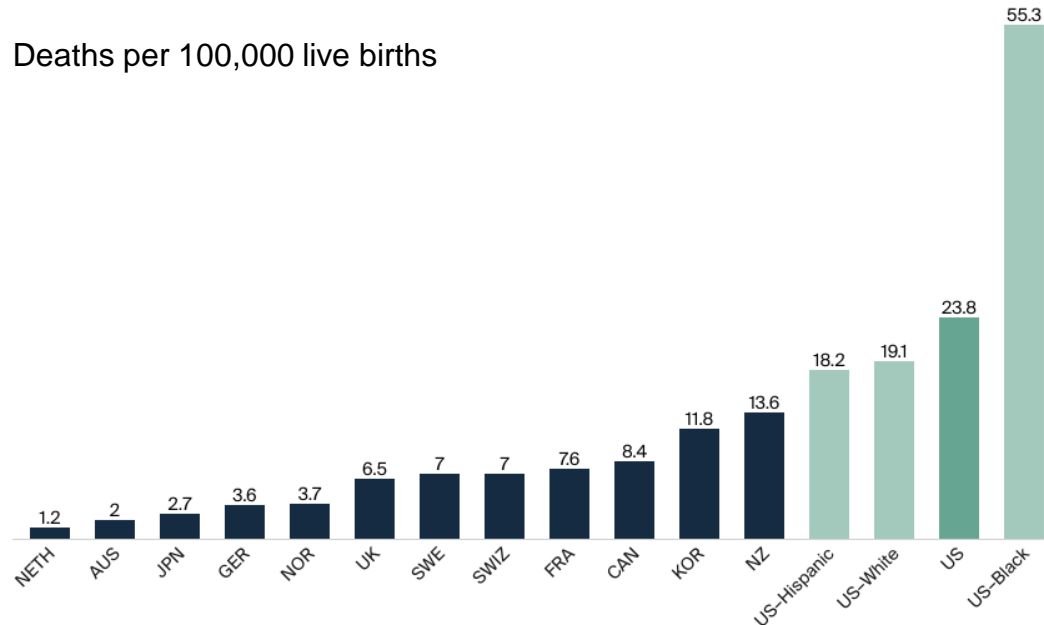
Today's Roadmap

- Perinatal Health and Current Health Policy Landscape
- How WIC Addresses Health-Related Social Needs
- WIC Eligibility and Benefits
- Leveraging Medicaid to Increase WIC Participation
- From Strategies to Action
- Q&A



U.S. Maternal Mortality Rate Exceeds That in Other High-Income Countries

Deaths per 100,000 live births



 Download data

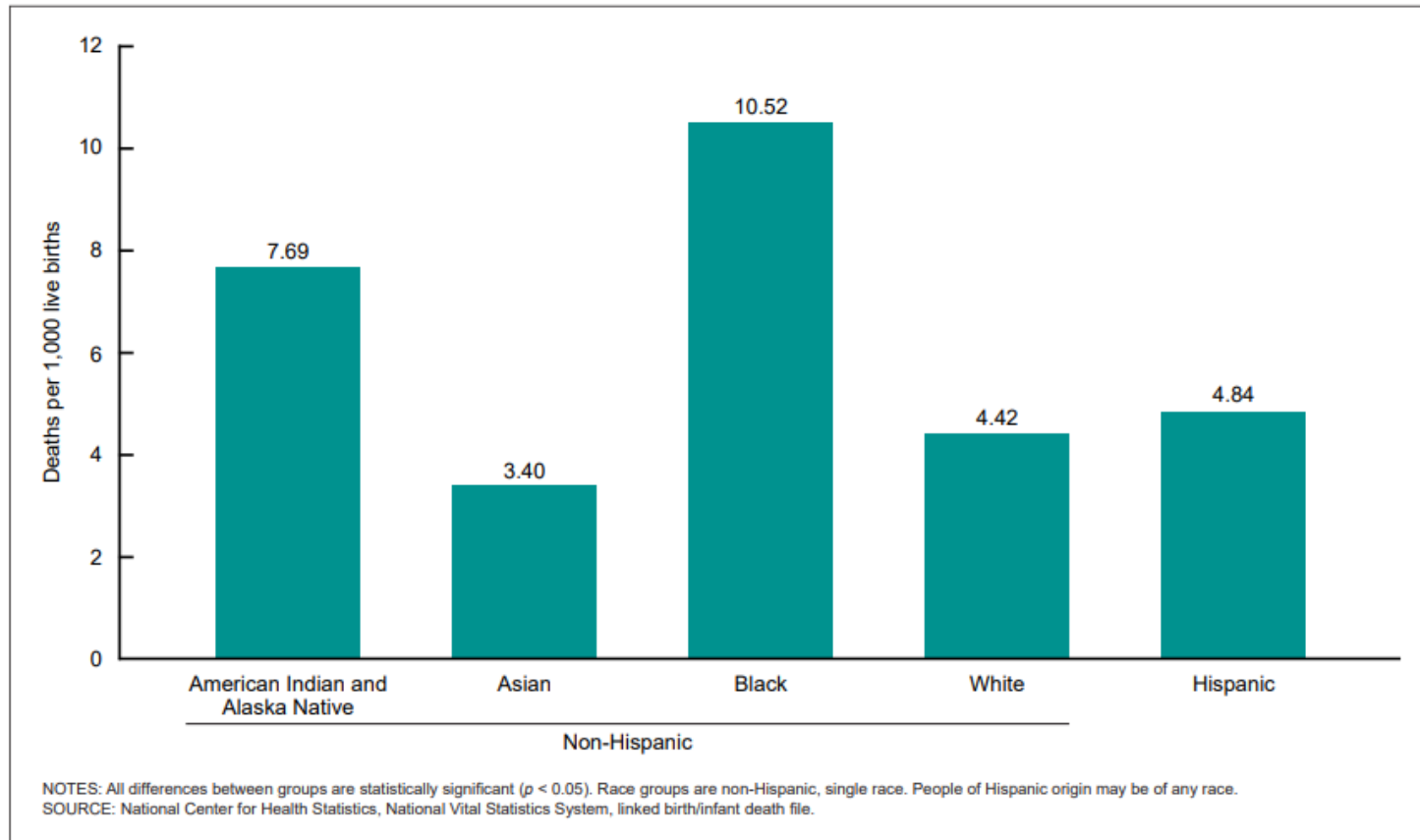
Notes: The maternal mortality ratio is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2019 data for SWIZ; 2020 data for AUS, CAN, GER, JAP, KOR, NETH, NOR, SWE, and US.

Data: Data for all countries except US from [OECD Health Statistics 2022](#). Data for US from Donna L. Hoyert, [Maternal Mortality Rates in the United States, 2020](#) (National Center for Health Statistics, Feb. 2022).

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, "The U.S. Maternal Mortality Crisis Continues to Worsen: An International Comparison," To the Point (blog), Commonwealth Fund, Dec. 1, 2022. <https://doi.org/10.26099/Bvem-fc65>

Inequitable Infant Mortality Rates (National Rate = 5.48)

Figure 1. Infant mortality rate, by maternal race and Hispanic origin: United States, 2019–2021

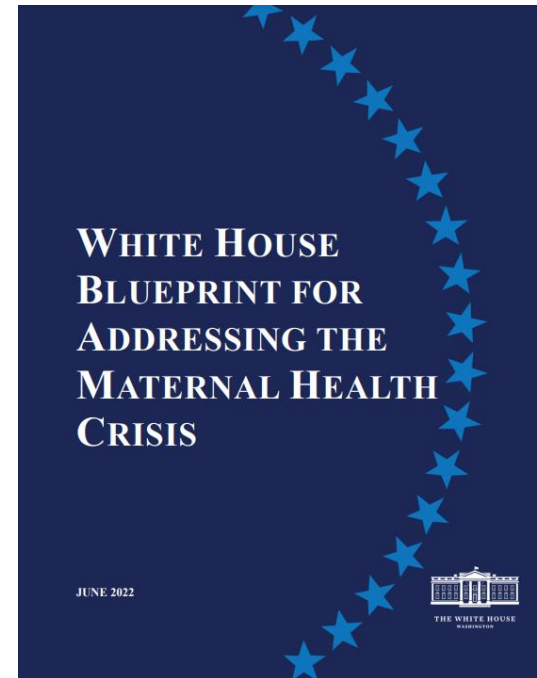
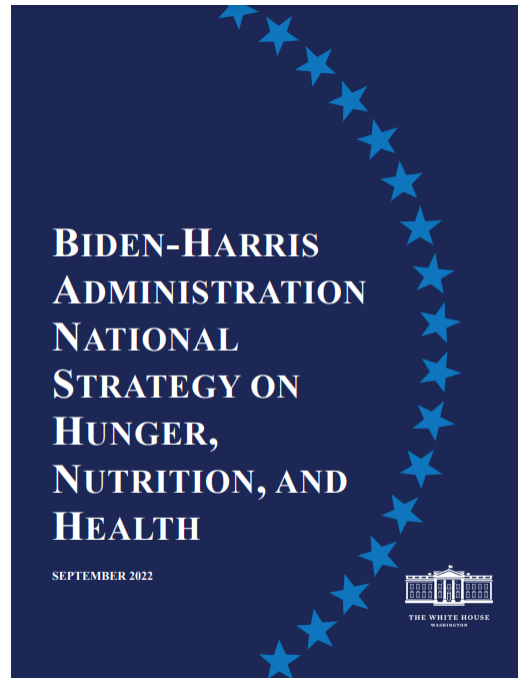
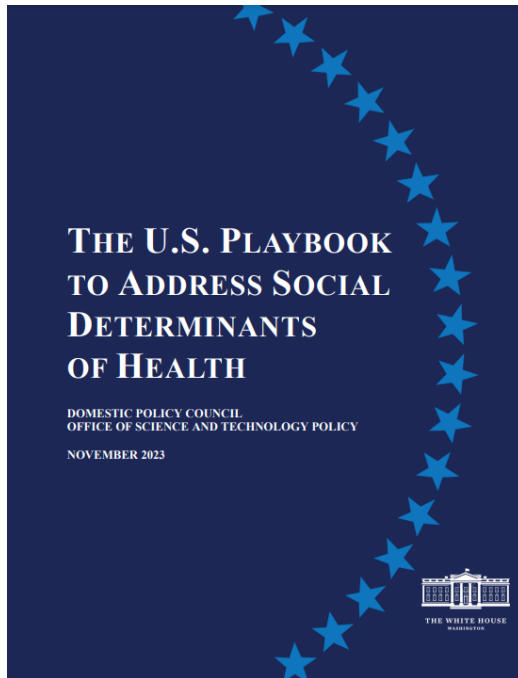


Why the Focus on Medicaid?

- More than 40% of all births in the US paid by Medicaid or CHIP
 - More than two-thirds of births to Black and American Indian and Alaska Native women due to economic disadvantage/income
- Medicaid covers 1.5 million pregnant or postpartum women annually
- Medicaid or CHIP covers > 42% of all U.S. **children under age 6**
 - > 50% children 0-6 in 8 states
 - > 75% of low-income children 0-6 (200% FPL)

Sources: Kaiser Family Foundation, [Births Financed by Medicaid](#), 2022. Kaiser Family Foundation, 2022. [Medicaid and Racial Health Equity](#). HHS ASPE, "[Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage \(2023 Update\)](#)"
Georgetown University Center for Children and Families analysis of US Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS).

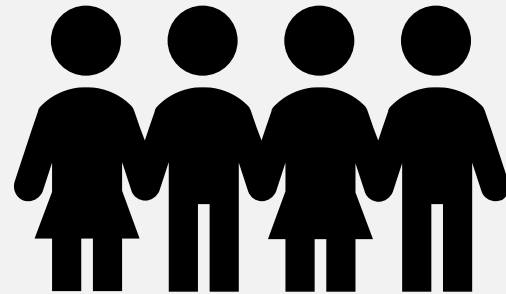
Recent White House Developments



Recent Medicaid Developments



Postpartum coverage



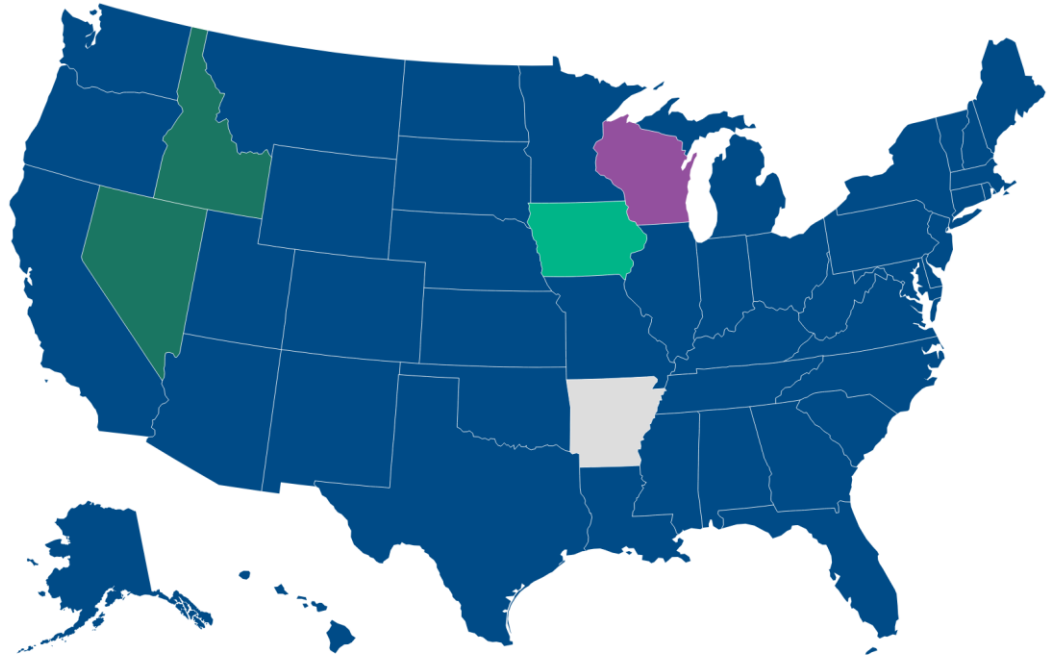
Continuous coverage

Medicaid Momentum: Most States have Extended Postpartum Medicaid and CHIP Coverage

Only 2 states (AR, WI) have not yet moved to adopt the full 12 months of postpartum coverage for pregnant women in Medicaid and CHIP

Postpartum Coverage Tracker Map

- 12-month extension implemented (46 states including DC)
- Planning to implement a 12-month extension (2 states)
- Pending legislation to seek federal approval through SPA or 1115 Waiver (1 state)
- Limited coverage extension proposed (1 states)



Note: CMS approved the U.S. Virgin Island's state plan amendment on 6/23/2023.

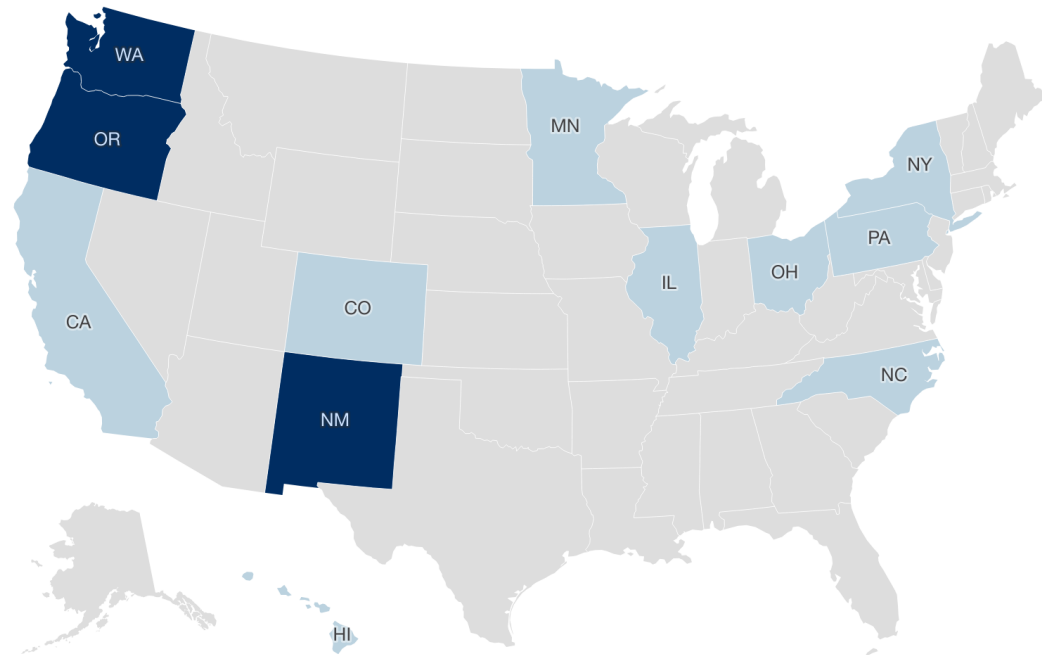
Source: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of March 28, 2024.

Source: Kaiser Family Foundation (2024), [Medicaid Postpartum Extension Tracker](#)

States Extending Continuous Coverage Periods for Young Children > 12 mos

Development and Implementation of Multi-Year Continuous Eligibility (CE) for Children

■ Implementing ■ In development



Birth to age 6: HI, MN, NC, NM, NY, OR, PA, WA

Under age 5: CA

Under age 4: OH

Under age 3: CO

2 years for all children: IL

Source: Georgetown University CCF analysis of state legislative actions. See more information on sources here.



Recent Medicaid Developments

- 1115 waivers
- Case management



How WIC Addresses Health-Related Social Needs

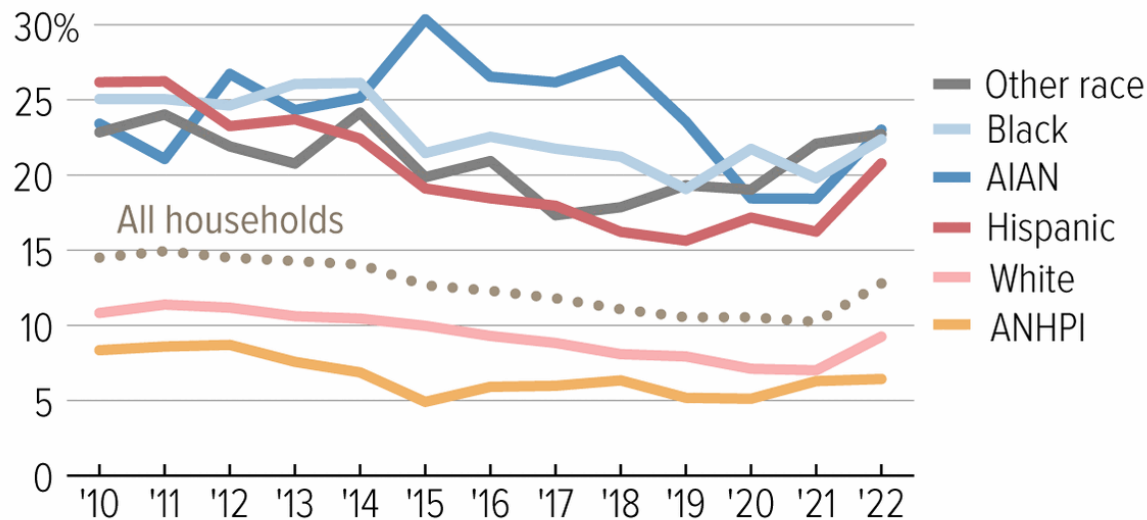
Food Insecurity as a Health-Related Social Need (HRSN)

HRSN: Need for social supports related to underlying social determinants of health that when not met may exacerbate poor health and quality of life outcomes



Food Insecurity by Race and Ethnicity Reveals Stark Inequities

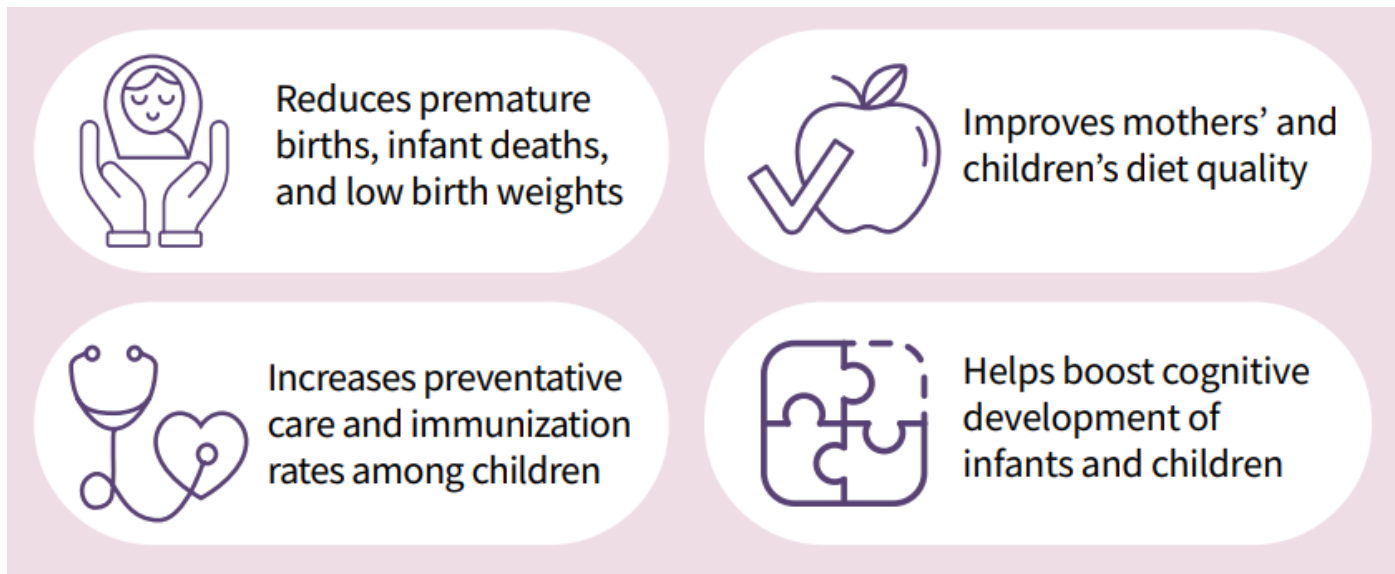
Households that lacked access to adequate food at some point in the year



Note: Other race = people who are more than one race. AIAN = people who are American Indian or Alaska Native. ANHPI = people who are Asian, Native Hawaiian, or Pacific Islander. Hispanic households may be of any race. Race and ethnicity for the household are based on that of the household reference person (in whose name the housing unit is owned or rented).

Source: U.S. Department of Agriculture, Current Population Survey Food Security Supplement 2010-2022

WIC Contributes to Positive Developmental and Health Outcomes



Reduces premature births, infant deaths, and low birth weights

Improves mothers' and children's diet quality

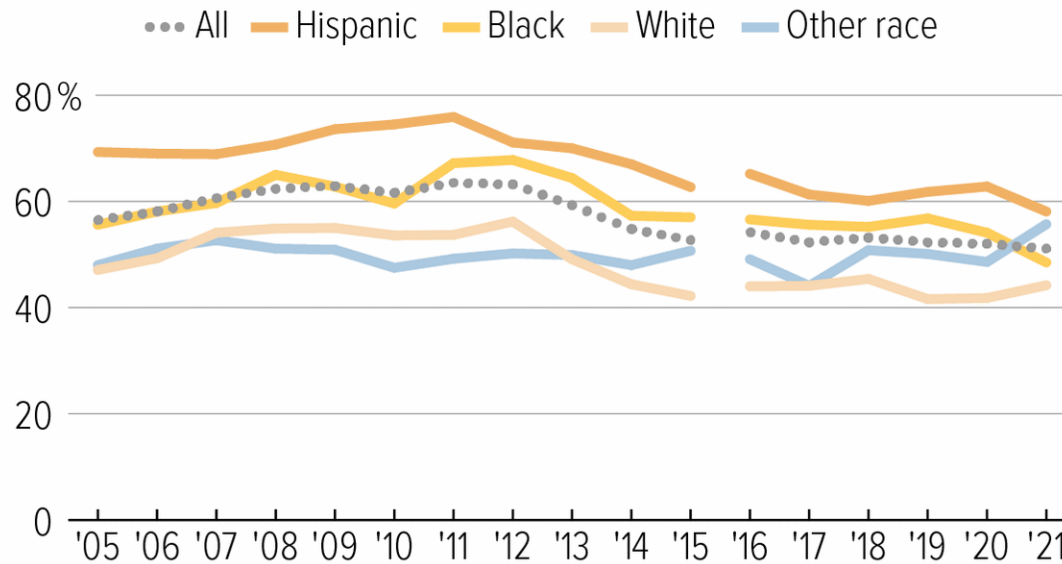
Increases preventative care and immunization rates among children

Helps boost cognitive development of infants and children

For more information, see [WIC Policy Basics](#) and [WIC Works](#).

People of Color Likelier to Participate in WIC, But Increasing WIC Participation By Eligible People Could Improve Health Outcomes and Reduce Inequities

Share of eligible people participating in WIC



Note: Hispanic people may be of any race. Other race = people who are American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, or more than one race. Estimates for 2016-2021 are not comparable to earlier data due to methodological changes.

Source: U.S. Department of Agriculture reports on “National and State Level Estimates of WIC Eligibility and Program Reach” for 2019 and 2021

Recent WIC developments



USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

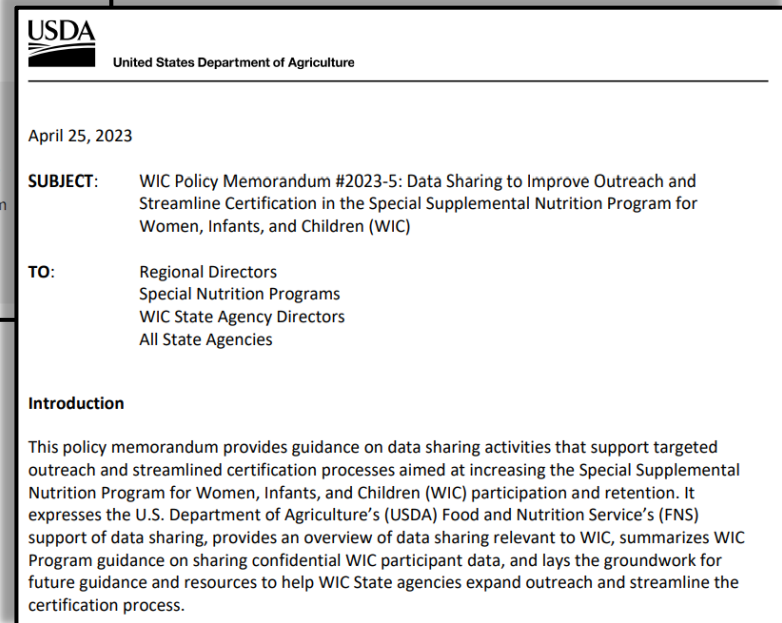
HOME

FNS awards cooperative agreement to streamline enrollment in WIC through data matching

Washington, Sept. 21, 2023 – USDA's Food and Nutrition Service awarded a cooperative agreement of nearly \$10 million to the Johns Hopkins Bloomberg School of Public Health in support of ongoing efforts to modernize and enhance the Special Supplemental Nutrition Assistance Program for Women, Infants and Children, with the goal of helping all eligible mothers and children access the program to afford healthy food.

Press Release
Release No. FNS-016.23
Contact: FNS Press Team

[Contact Us](#)



USDA
United States Department of Agriculture

April 25, 2023

SUBJECT: WIC Policy Memorandum #2023-5: Data Sharing to Improve Outreach and Streamline Certification in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

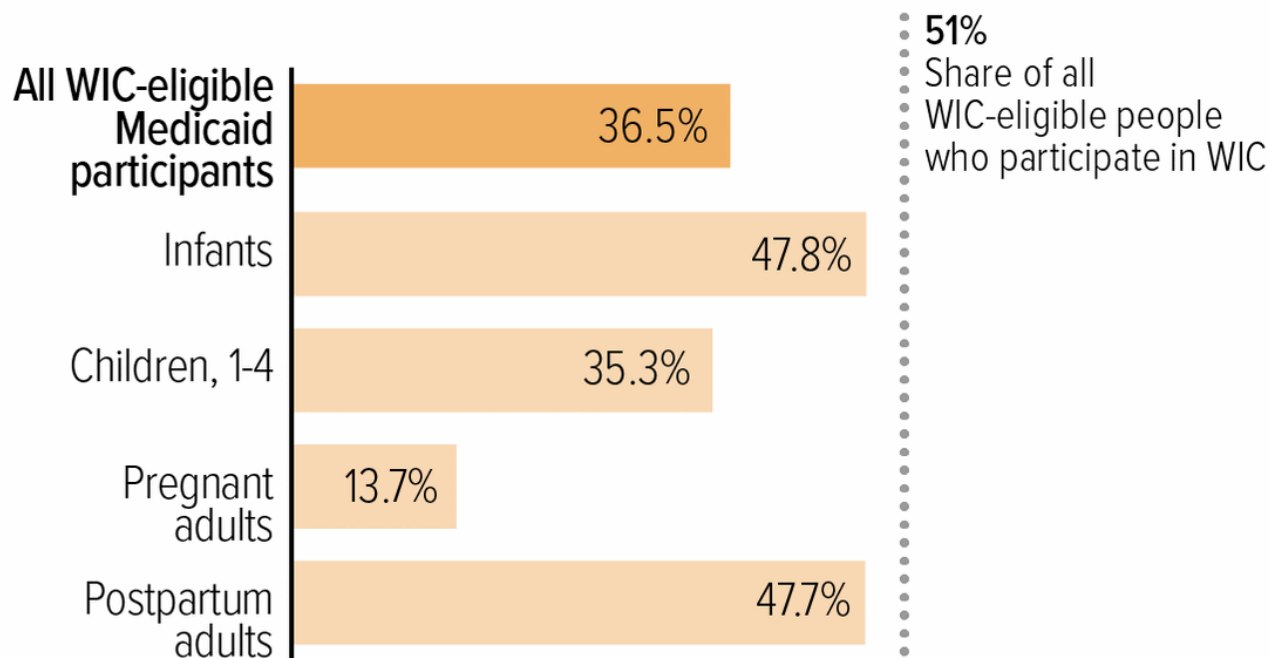
TO: Regional Directors
Special Nutrition Programs
WIC State Agency Directors
All State Agencies

Introduction

This policy memorandum provides guidance on data sharing activities that support targeted outreach and streamlined certification processes aimed at increasing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participation and retention. It expresses the U.S. Department of Agriculture's (USDA) Food and Nutrition Service's (FNS) support of data sharing, provides an overview of data sharing relevant to WIC, summarizes WIC Program guidance on sharing confidential WIC participant data, and lays the groundwork for future guidance and resources to help WIC State agencies expand outreach and streamline the certification process.

Most WIC-Eligible Medicaid Enrollees Don't Participate in WIC

Share of WIC-eligible Medicaid enrollees who participate in WIC, 2021

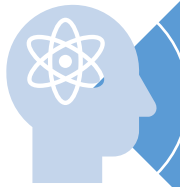


Source: U.S. Department of Agriculture, National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2021, Table 5.1

Project UP Overview



Goal: Promote Medicaid and WIC policies designed to increase WIC take-up



Materials: Reports and presentations on promising strategies

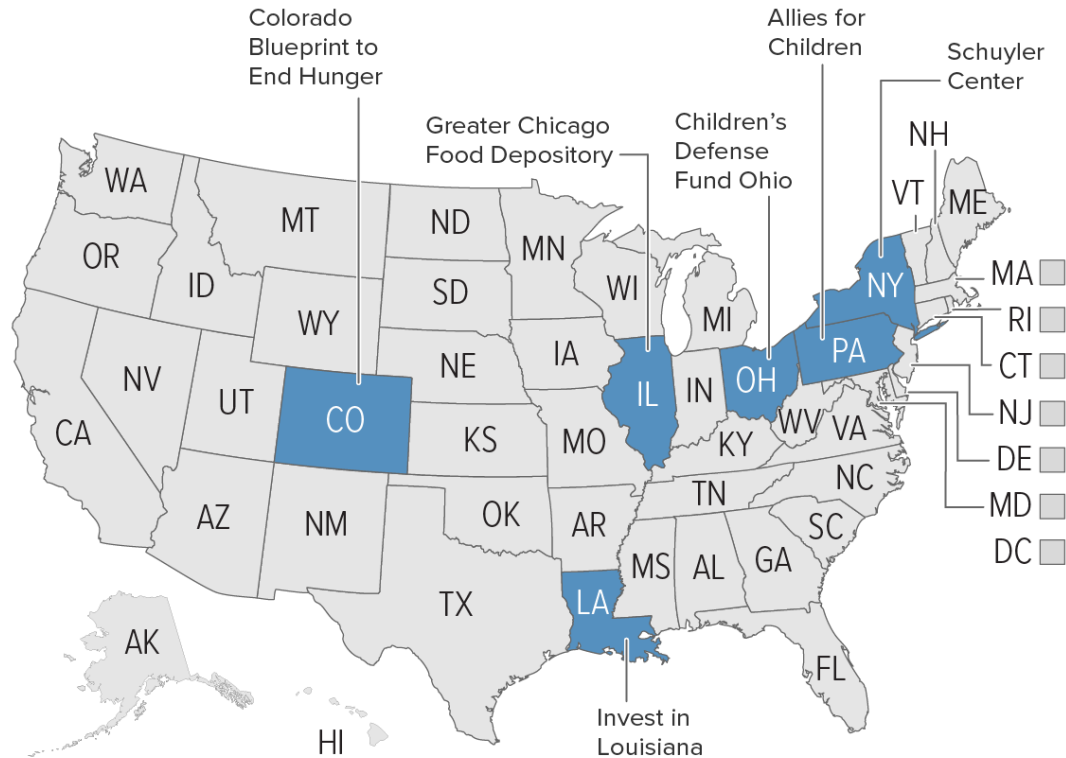


State advocacy: Support state advocates working to establish Medicaid and WIC policies that increase WIC take-up



Partnership: Work with national groups and state stakeholders to share learning and identify promising approaches

Project UP: Initial States



*The following state organizations are working in partnership with others:

- IL (EverThrive Illinois, Raising Illinois, Shriver Center, and Start Early)
- NY (Community Health Center Association of New York State)
- OH (Ohio Association of Foodbanks)
- PA (PA Partnerships for Children, Thriving PA, and the WIC Stakeholders Collaborative)

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WIC Benefits and Eligibility

WIC Benefits



Healthy foods



Nutrition education



Breastfeeding support



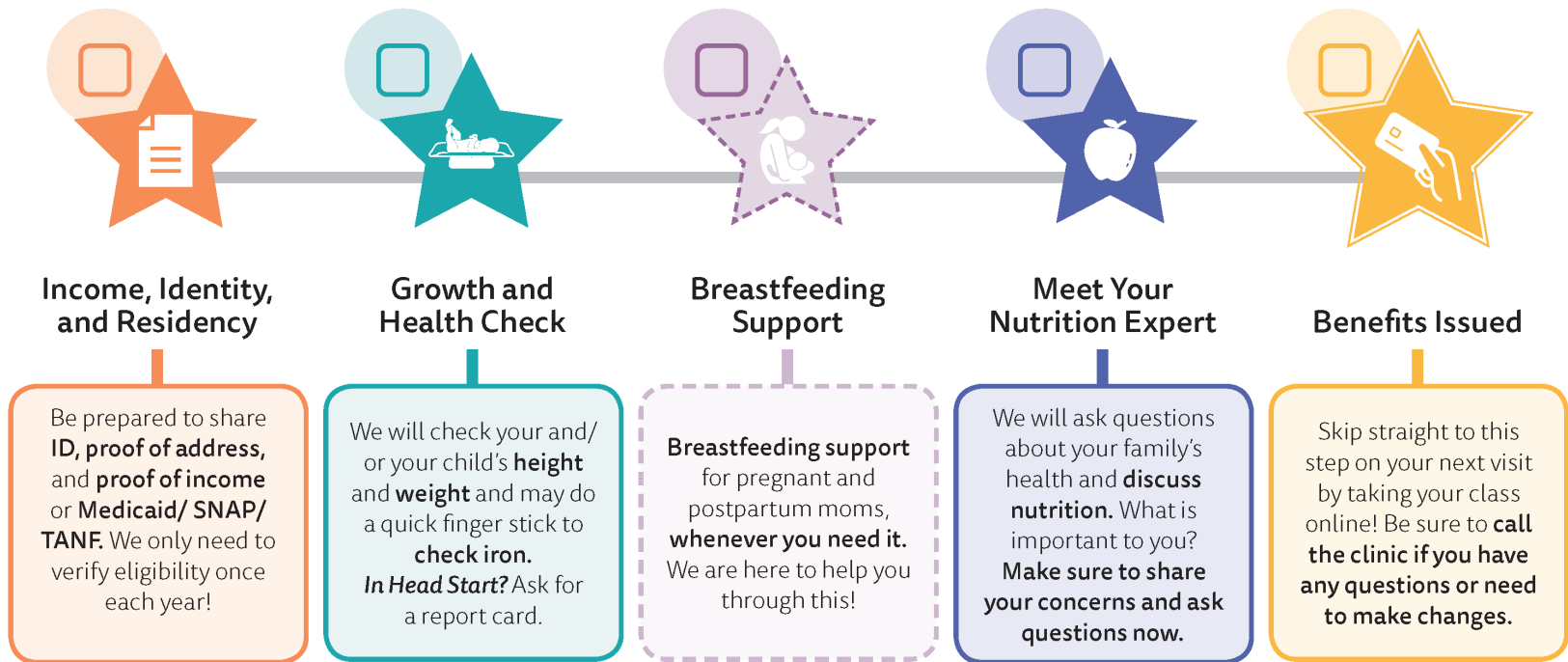
Referrals

WIC Eligibility Criteria



- Category
 - Pregnant and postpartum people
 - Infants
 - Children under age 5
- Income eligibility
 - $\leq 185\%$ FPL
 - Adjunctive eligibility: SNAP, Medicaid, TANF
- Meet nutritional risk criteria

WIC Certification and Initial Steps



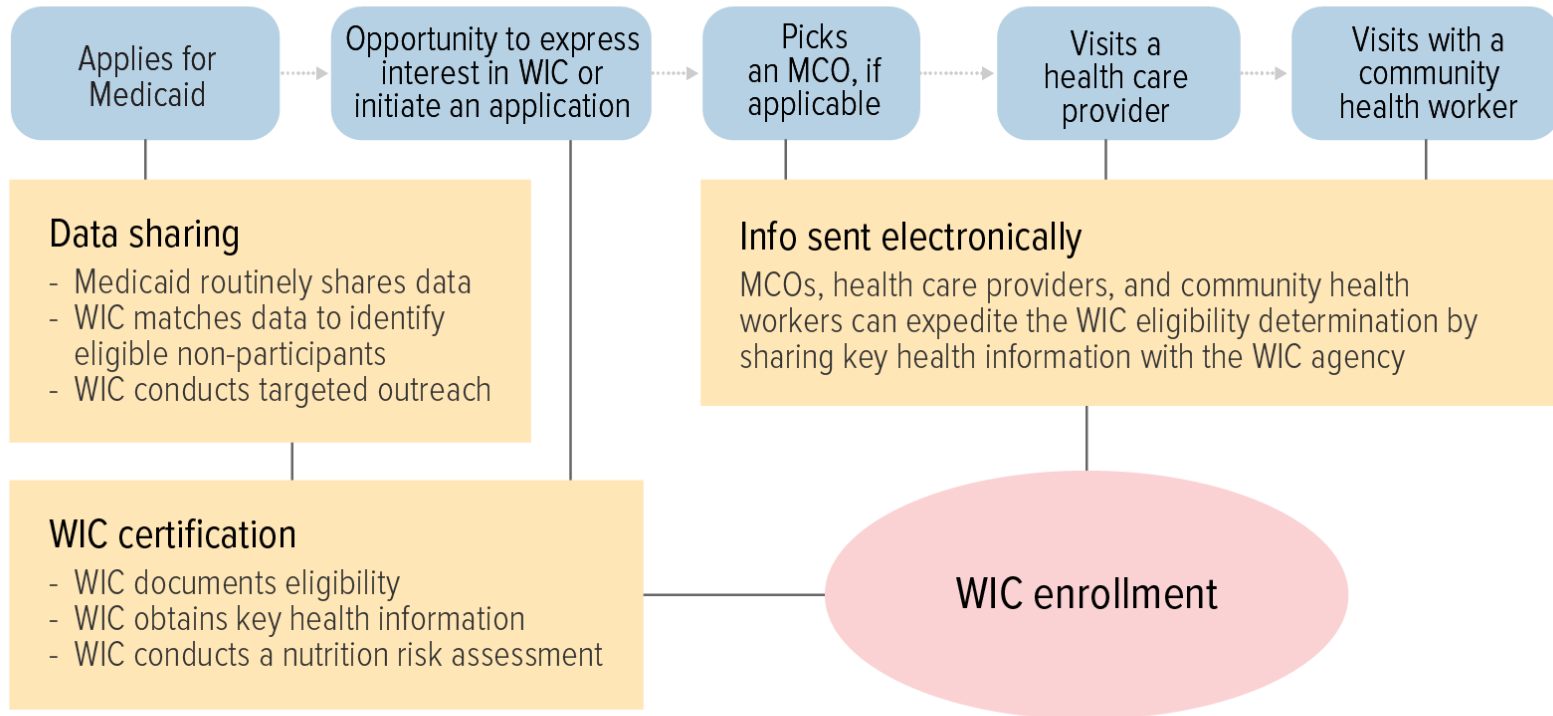
Questions?

Leveraging Medicaid to Increase WIC Participation

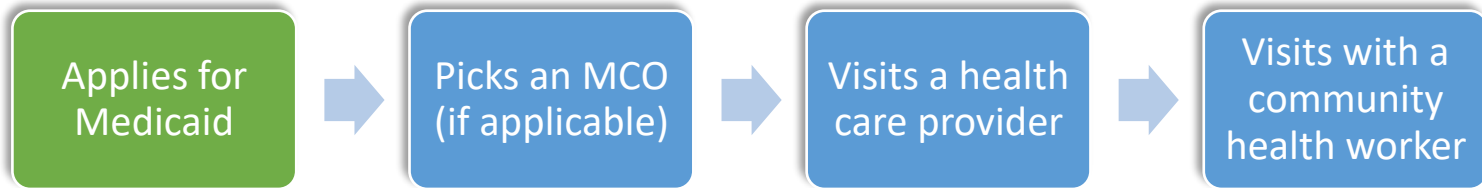
Medicaid-Related Entry Points to WIC

Medicaid and WIC can collaborate at the state level to facilitate WIC enrollment

Pregnant or postpartum person or child under 5

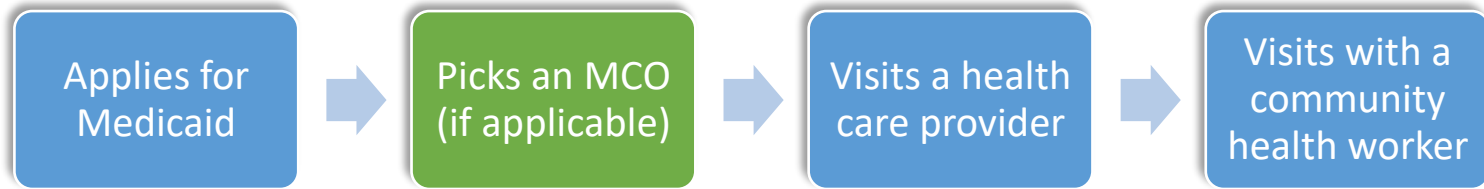


MCO = Managed Care Organization. "Key health information" includes the height, weight, and iron deficiency blood test result of an applicant.



Opportunities at the Medicaid Application Stage

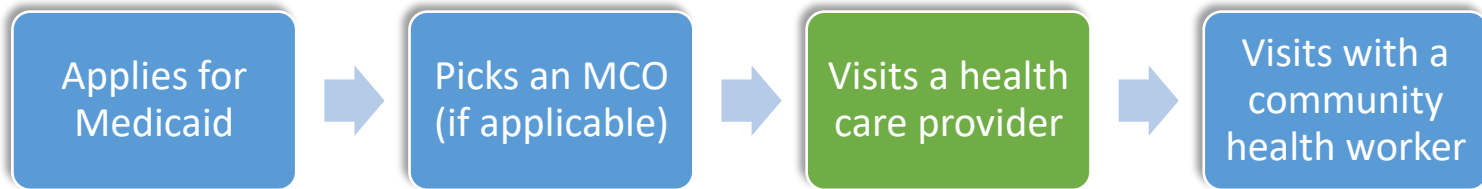
- Medicaid agency sends applicant information to WIC agency so WIC staff can follow up
- Medicaid applicant could request their information be shared with WIC to start the enrollment process
- Medicaid agency provides information on WIC to WIC-eligible applicants



Opportunities at the Managed Care Enrollment Stage

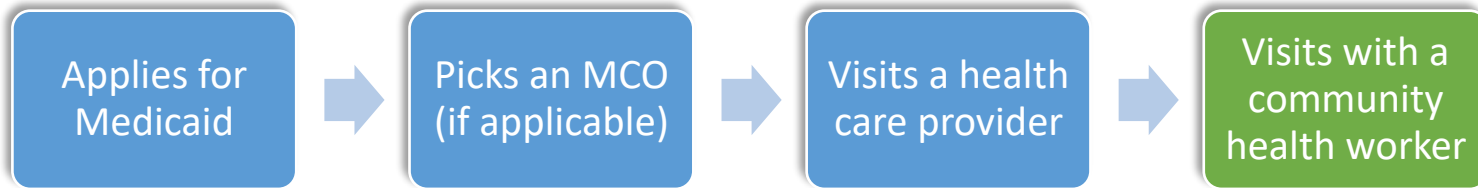
- MCO screens members for food insecurity (and other HRSNs) and makes referrals to WIC
- MCO trains its in-network providers to refer pregnant people, new parents, and children to community-based health workforce who can support WIC enrollment (community health workers, doulas, home visitors, case managers)*
- MCO texts members about WIC/how to enroll
- MCO shares anthropometric and hemoglobin A1C data with WIC
- MCO sets and is rewarded for meeting WIC enrollment goals

*If the state funds these kinds of workers through Medicaid



Opportunities When Receiving Health Care Services

- Health care providers screen patients for HRSN, including food insecurity
- Providers can use a patient information exchange to refer a patient to WIC
- WIC staff can use patient information exchange to obtain height, weight, iron deficiency blood test results from provider
- WIC staff can share whether they have followed up and, with consent, can also share the enrollment status of referred patients with health care providers (closed-loop referral)



Opportunities with Community-Based Health Workers

- Could be a Community Health Worker/Promotora, doula, home visitor, or case worker
- Community-based health worker serves pregnant/postpartum people and households with young children
- Community-based health worker screens for food insecurity and assists family with WIC enrollment or makes a referral to WIC
- Community-based health worker can bill Medicaid for providing these services (or is paid by MCO)

Policy Changes to Increase WIC Participation

Use data from Medicaid

- Automatic referrals to WIC from Medicaid
- Conducting targeted outreach using data matching

Medicaid-supported workforce opportunities

- More Community Health Workers, doulas, home visitors, and/or case managers making referrals to WIC and providing enrollment assistance
- MCO contracts that support/build a workforce that can make linkages to WIC

Work with providers and MCOs to improve WIC enrollment

- Leverage WIC to support the state's Medicaid quality strategy
- Incorporate WIC into efforts to address food insecurity as a health-related social need (HRSN)

Referrals from Medicaid to WIC

WIC-eligible Medicaid applicants get referred to WIC (automatically or upon request)

Medicaid agency strengthens provider referrals by offering a statewide mechanism that includes information WIC needs for remote certification

Sharing Medicaid (& SNAP) Data with WIC

Data sharing agreement (34 states + 5 in progress)

Share data (30 states + 8 in progress)

Measure enrollment gap & monitor progress

Analyze subgroups (24 states)

Conduct targeted outreach via text, phone, & mail
(13 states + 6 in progress)

Medicaid Financing Approaches for Community-Based Health Workers

Preventive Services Initiative

- Unlicensed practitioners recommended by a physician or another licensed provider provide preventive services

Covered Medicaid Service

- CBHWs provide health education, promotion and coaching

CHIP Health Services Initiative

- CBHWs provide WIC-related approaches that improve health outcomes for children

Administrative Activity

- Recruit, train and integrate CBHWs for pregnant and postpartum people and children, lots of flexibility.

Medicaid Managed Care Contracting

States can provide incentives to build and shape a community-based health workforce

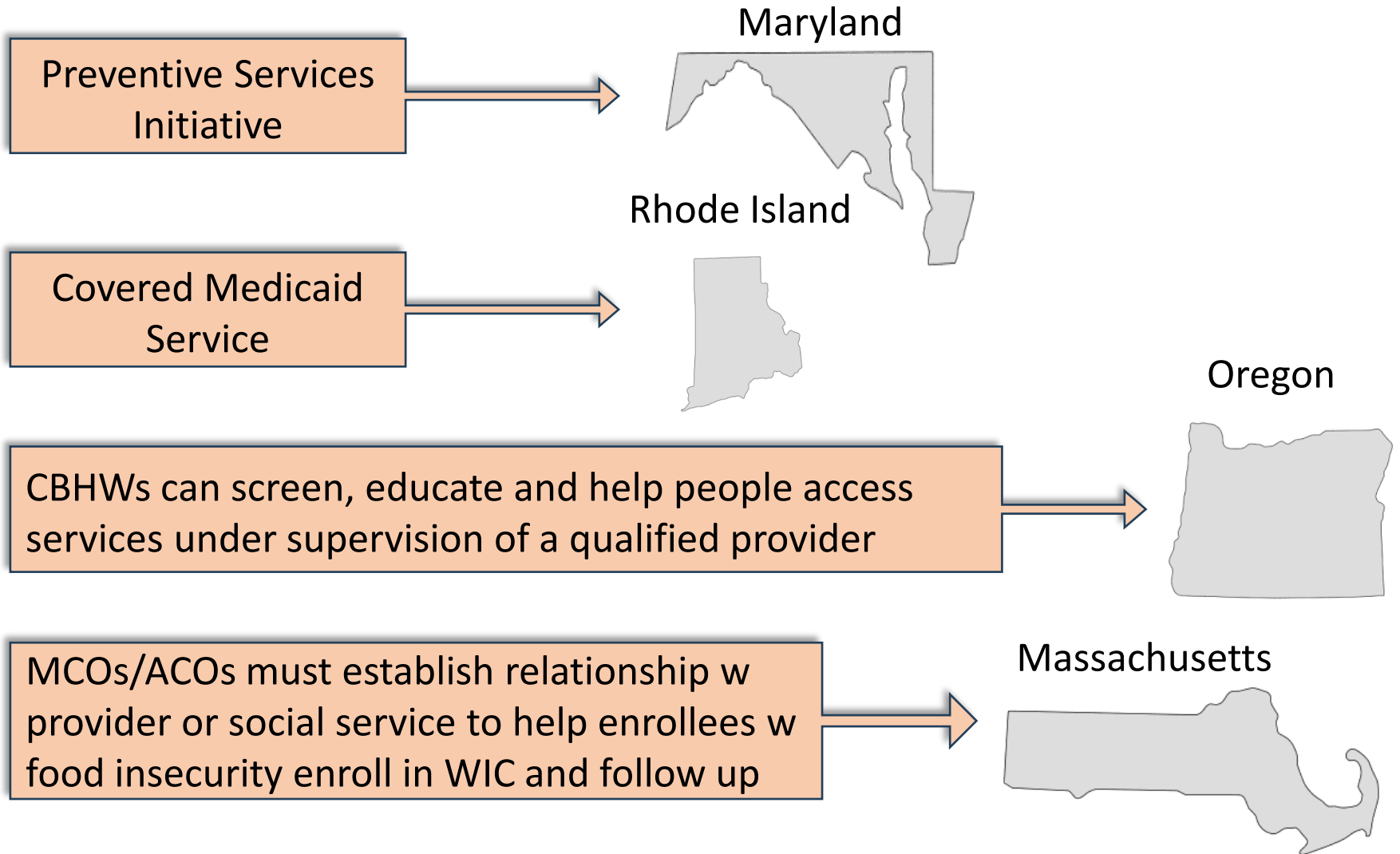
Build

- Scope of services and billing arrangements
- Ratio of CBHWs to members

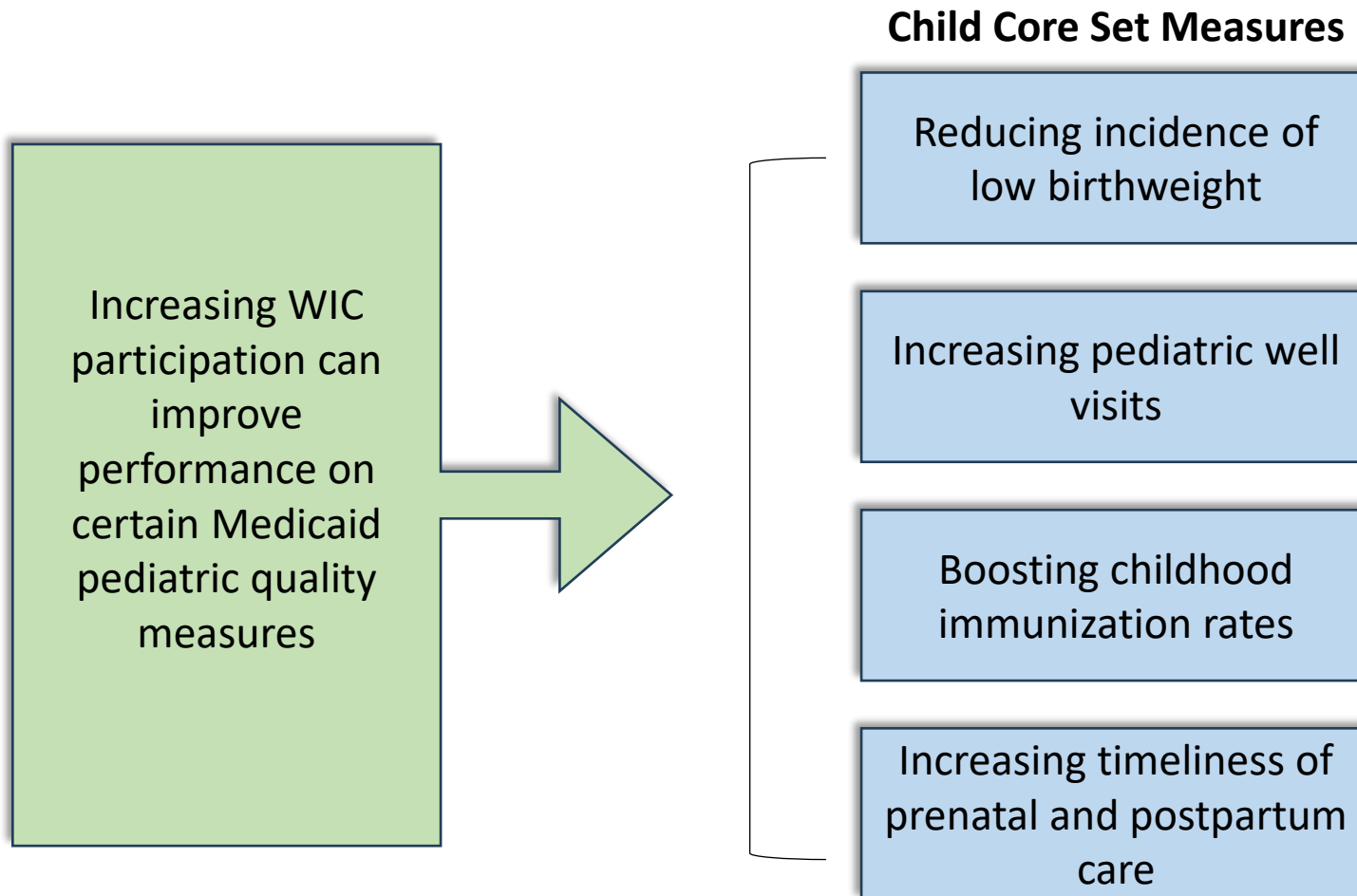
Shape

- CBHW functions, CBO partnerships
- Food insecurity screenings, effective WIC referrals, case management

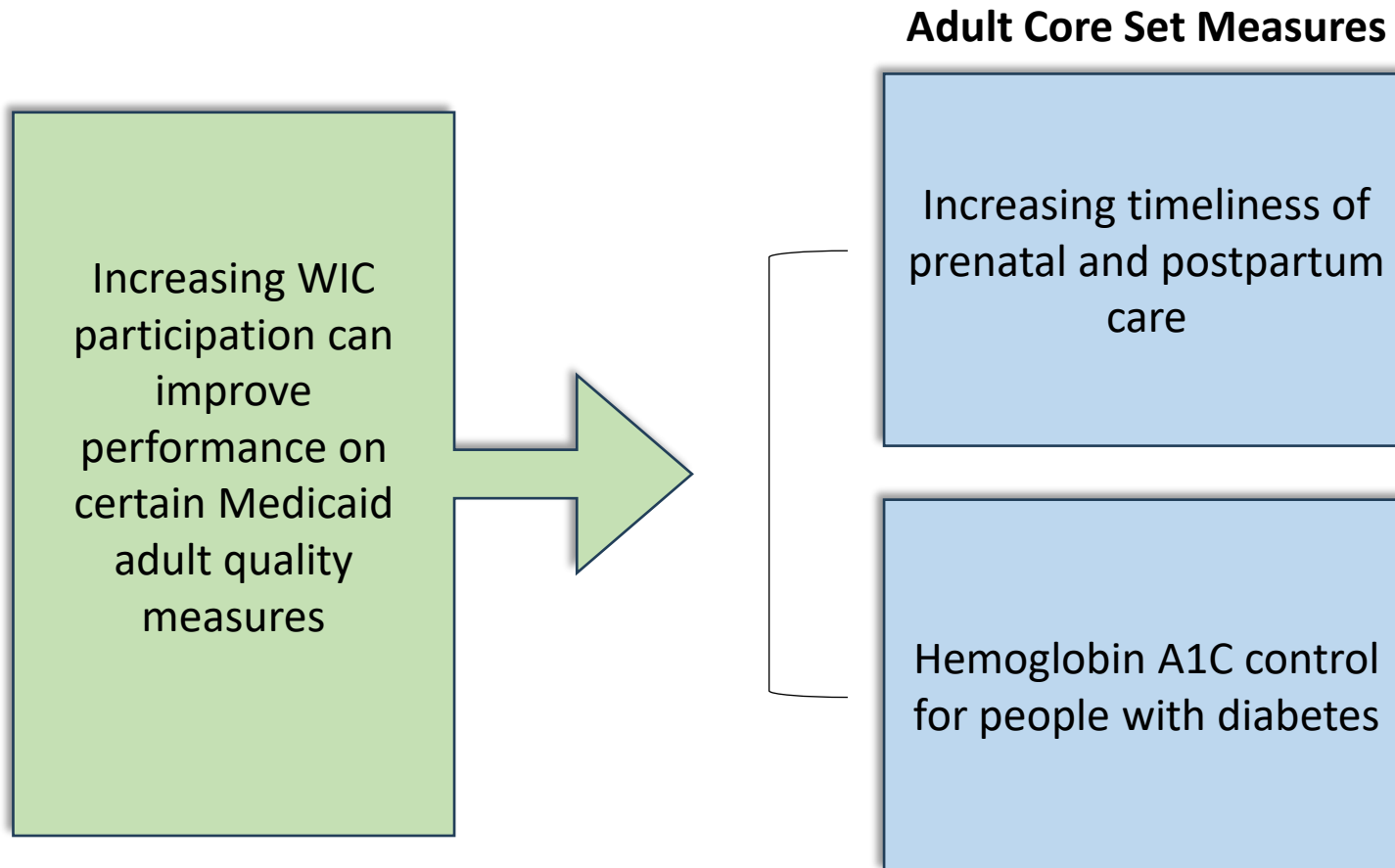
Medicaid Workforce Examples



Increasing WIC Participation Can Improve Medicaid Quality



Increasing WIC Participation Can Improve Medicaid Quality (continued)



From Strategies to Action

Opportunities for Advocates: Set the Table

Advocates are natural connectors and trusted partners in states to:

- Leverage Relationships
- Broker Knowledge
- Convene/Build Coalitions
- Engage Families and Community-based Partners
- Cultivate Leaders

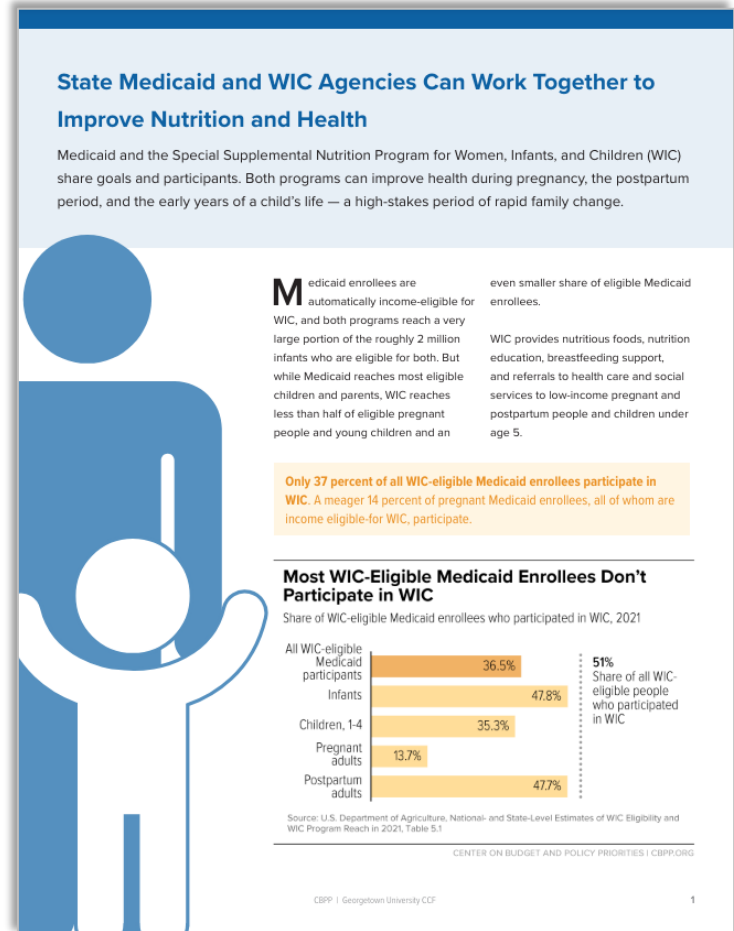
Opportunities for Advocates: Create a Collective Action Plan

- Identify, research, prioritize Medicaid/WIC options
 - including political feasibility, considerations
- Educate state leaders about Medicaid/WIC potential
- Connect to larger maternal and early childhood initiatives (e.g. postpartum coverage, managed care re-procurement)
- Develop and employ advocacy strategy
 - legislative
 - **administrative/agency***
 - MCO
 - provider or community

Questions?

Resources - CBPP

- Brief: [State Medicaid and WIC Agencies Can Work Together to Improve Nutrition and Health](#) (April 2024)
- Paper: [State Medicaid Agencies Can Partner With WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children](#) (December 2023)
- Paper: [WIC's Critical Benefits Reach Only Half of Those Eligible](#) (February 2024)
- State Fact Sheets: [Trends in WIC Coverage and Participation](#) (February 2024)
- Policy Basics: [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (October 2022)
- Paper: [WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades](#) (January 2021)



State Medicaid and WIC Agencies Can Work Together to Improve Nutrition and Health

Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) share goals and participants. Both programs can improve health during pregnancy, the postpartum period, and the early years of a child's life — a high-stakes period of rapid family change.

Medicaid enrollees are automatically income-eligible for WIC, and both programs reach a very large portion of the roughly 2 million infants who are eligible for both. But while Medicaid reaches most eligible children and parents, WIC reaches less than half of eligible pregnant people and young children and an even smaller share of eligible Medicaid enrollees.

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services to low-income pregnant and postpartum people and children under age 5.

Only 37 percent of all WIC-eligible Medicaid enrollees participate in WIC. A meager 14 percent of pregnant Medicaid enrollees, all of whom are income eligible for WIC, participate.

Most WIC-Eligible Medicaid Enrollees Don't Participate in WIC

Share of WIC-eligible Medicaid enrollees who participated in WIC, 2021

Category	Share of WIC-eligible Medicaid enrollees who participated in WIC, 2021
All WIC-eligible Medicaid participants	36.5%
Infants	47.8%
Children, 1-4	35.3%
Pregnant adults	13.7%
Postpartum adults	47.7%

51% Share of all WIC-eligible people who participated in WIC

Source: U.S. Department of Agriculture, National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2021, Table S.1

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CBPP | Georgetown University CCF

Resources - CBPP

www.cbpp.org/medicaidwicresources

Intro to WIC Intro to Medicaid WIC effectiveness research WIC certification streamlining Health and nutrition outcomes
Health-related social needs **Cross program collaboration** WIC data Medicaid data

Cross program collaboration

Medicaid and WIC

CBPP
State Medicaid Agencies Can Partner With WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children → | Blog → | Brief → | One-pager →

CBPP
WIC Coordination With Medicaid and SNAP →

CBPP
Toolkit: Increasing WIC Coverage Through Cross-Program Data Matching and Targeted Outreach →

CBPP
Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC → | Brief →

CBPP
Matching Data Across Benefit Programs Can Increase WIC Enrollment → | Brief →

Resources – Georgetown CCF

The screenshot shows the website for the Georgetown University Center for Children and Families. The header includes the university name, school name, and center name, along with a search bar and navigation links for Topics, Blog, Data, State Data Hub, Research, Projects, and About Us. The main content area is titled "Maternal & Early Childhood Health" and features three articles:

- State Medicaid Opportunities to Support Mental Health of Mothers and Babies During the 12-Month Postpartum Period**
Elisabeth Wright Burak, Anne Dwyer, Tanesha Mondestin, Guest
January 23, 2024
- Multi-Year Continuous Eligibility for Children**
Children maintain health coverage without unnecessary administrative red tape.
- Medicaid Managed Care, Maternal Mortality Review Committees, and Maternal Health: A 12-State Scan**
Andy Schneider, Tanesha Mondestin, Ella Mathews, Eni Akinniyi
October 16, 2023

- [Maternal & Early Childhood Health](#) (issue area landing page)
- [Opportunities to Support Maternal and Child Health Through Medicaid's New Postpartum Extension, July 2022](#)

The Project UP Team

Lauren Hall

lhall@cbpp.org

Alicia Huguelet

ahuguelet@cbpp.org

Zoë Neuberger

neuberger@cbpp.org

Sonya Schwartz

sonya@sonyaandpartners.com

Jenny Sullivan

jsullivan@cbpp.org

Georgetown Center for Children & Families

Elisabeth Wright-Burak

Elisabeth.burak@georgetown.edu

