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July 29, 2026 | **By Sonya Schwartz,[1] Jennifer Sullivan, and Zoë Neuberger**

Medicaid Managed Care Contracts Offer Opportunity to Connect Eligible Enrollees to WIC

Stakeholders Can Use Adaptable Letter to Recommend Contract Provisions Aimed at Increasing WIC Enrollment

Both Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) — programs with shared goals and shared participants — can improve health during pregnancy, the postpartum period, and the early years of a child's life. A robust body of research demonstrates that WIC participation is associated with improvements in health and access to health care services, which are central to how Medicaid assesses quality of care and health outcomes.[2] Yet WIC is underutilized by Medicaid enrollees, who are automatically income-eligible for WIC. Only 44 percent of WIC-eligible Medicaid enrollees participate in WIC, and a meager 15 percent of WIC-eligible *pregnant* Medicaid enrollees participate.[3]

There are many ways in which state agencies that administer the two programs can work together.[4] During 2024 and 2025, through Project UP — Unlocking the Potential of WIC and Medicaid Agencies to Improve Nutrition and Health, CBPP partnered with advocacy groups in six states (Colorado, Illinois,

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[1] This report was prepared with support from Sonya Schwartz, an independent consultant.

[2] Elisabet Eppes *et al.,* "Participating in WIC Can Help Improve Perinatal and Child Health," CBPP, March 10, 2026, https://www.cbpp.org/research/food-assistance/participating-in-wic-can-help-improve-perinatal-and-child-health.

[3] Courtenay Kessler *et al.*, "National- and State-Level Estimates of WIC Eligibility and WIC Program reach in 2023," United States Department of Agriculture, December 2025, https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer2023-report.pdf.

[4] Sonya Schwartz *et al.,* "State Medicaid Agencies Can Partner with WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children," CBPP and Georgetown University Center for Children and Families, December 20, 2023, https://www.cbpp.org/sites/default/files/12-20-23fa.pdf.

Louisiana New York, Ohio, and Pennsylvania) to identify and promote Medicaid policies that could increase WIC participation.[5]

Three of these groups concluded that adding WIC-related requirements and incentives to state Medicaid contracts with managed care organizations (MCOs) could improve WIC enrollment. They submitted comments to their state Medicaid agencies recommending that specific items be included in contracts being developed. Drawing on these comments, CBPP prepared the adaptable letter below to help stakeholders in other states advocate for WIC-related requirements and incentives in Medicaid managed care contracts.[6]

Why Focus on Medicaid Managed Care Contracts?

More than two-thirds of Medicaid beneficiaries nationally receive most or all of their care from risk-based MCOs [7] that contract with state Medicaid programs to deliver comprehensive Medicaid services to enrollees.[8] Thus, MCOs can play an important role in connecting Medicaid beneficiaries to WIC by screening for and tracking health-related social needs (HRSNs), making referrals to WIC, and coordinating care with local WIC agencies.

What Contract Provisions Can Spur Action by MCOs?

State Medicaid agencies could require MCOs to report on meeting WIC-related goals, sanction MCOs that don't meet requirements, and/or reward MCOs that improve specific outcomes.

For example, the contract could require providers to screen patients for HRSNs such as food security and provide effective referrals to programs like WIC. MCOs could also be required to carry out performance improvement projects that include referrals to and enrollment in WIC as strategies to improve performance on the Centers for Medicare & Medicaid Services' Maternal Core Set and Child Core Set quality measures.[9] Incentives could take the form of increased reimbursement, priority for auto-

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[5] CBPP, "Project Up Overview," https://www.cbpp.org/sites/default/files/project_up_onepager.pdf.

[6] Improving enrollment in the Supplemental Nutrition Assistance Program (SNAP) is also important in improving health for pregnant and postpartum people and young children, but this template letter focuses on WIC.

[7] In risk-based managed care, the state provides the MCO with a monthly capitation payment on behalf of each enrollee to cover the cost of providing covered services. The state makes the payment regardless of whether the beneficiary receives services during the period covered by the payment. Plans are at financial risk for losses if they spend more on services and health plan administration than they are paid by the state. Medicaid and CHIP Payment and Access Commission (MACPAC), "Types of managed arrangements," June 4, 2020, https://www.macpac.gov/subtopic/types-of-managed-care-arrangements.

[8] KFF, "Medicaid Managed Care Tracker," https://www.kff.org/data-collections/medicaid-managed-care-tracker/.

[9] For evidence linking WIC participation to improved outcomes captured in the federal child, maternal, and adult Medicaid quality measures, see Eppes, *et al.*, *op. cit*.

assignment of Medicaid enrollees who don't select a plan, or "extra points" in the re-procurement process.

Requirements and/or incentives can be included in the request for proposals (RFP) for any of the activities or goals associated with increasing WIC participation. When adapting the letter below, stakeholders could specify the activities or results that the state should require or, alternatively, focus on the *types* of activities to promote in the RFP and leave it to the state Medicaid agency to determine how best to encourage MCOs to accomplish them.

How Can Advocates Influence the Contract Process?

When states are planning to re-procure their Medicaid managed care contract, they issue a request for information (RFI) from stakeholders prior to issuing an RFP from prospective MCO "bidders." Stakeholders can respond to this RFI and suggest ideas for the RFP that would encourage MCOs to take steps to increase WIC participation. Medicaid contracts often span five years or longer, and the procurement process often takes more than a year.

Text of Adaptable Letter

The letter below provides an array of options that could be included in a Medicaid managed care RFP to connect Medicaid enrollees to WIC.[10] It provides a menu from which stakeholders can choose the best options for their state based on alignment with state goals, service delivery models, provider capacity, and other factors. The letter also suggests incentives your state could use to motivate MCO behavior.

Example letter. Download Word template at:
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To: [State Medicaid Director]

cc: [State WIC director, governor's advisor, state legislators on health committee, and/or others]

From: [Stakeholders, including health care providers and child health, perinatal health, early childhood, nutrition, and breastfeeding advocates]

Date: [ ]

Re: How Medicaid Managed Care Can Improve Health by Increasing WIC Participation

We are writing to ask you to consider promoting approaches to increase enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as part of the Medicaid managed care contracting process. As indicated by the examples below, a number of states have already adopted such measures.

A robust body of research demonstrates that WIC improves participants' diets, health, and development, which could improve outcomes on Maternal and Child Core Set Medicaid quality measures.[1] Unfortunately, while 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,

[10] An adaptable version of the letter is available at https://www.cbpp.org/medicaid-rfp-letter.

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[1] Eppes, *et al.*, *op. cit*.

only 44 percent of WIC-eligible Medicaid enrollees participate in WIC and a meager 15 percent of WIC-eligible *pregnant* Medicaid enrollees participate.[2]

By requiring or providing incentives for managed care organizations (MCOs) to take certain steps to boost WIC participation — and by rewarding positive outcomes — Medicaid can connect more enrollees to WIC during pregnancy, infancy, and the first four years, a high-stakes period of rapid developmental change.

Our recommendations below present several approaches that would guide MCOs in our state to: [insert summaries of A 1-3 below here]. [State] can use a variety of incentives (see Section B) to motivate MCOs to implement these changes, such as [insert summaries of B 1-3 below here].

In addition to including the specific recommendations below in contracts with MCOs, [State] can add general questions for MCOs to the request for proposals to assess their capacity to address the health-related social needs (HRSNs) of Medicaid enrollees. For example, the Louisiana Medicaid agency asks MCOs to share how they use data, engage stakeholders, and work with community-based organizations to address HRSNs.

A. Options for Medicaid MCOs to Increase WIC Enrollment

1. Enhance Screening and Referrals to WIC With Broadened Referral Requirements and Individual-Level Data Sharing

To support Medicaid MCOs in enhancing screening and referrals to WIC, state contracts with Medicaid MCOs can require and/or provide incentives for MCOs to:

- **Conduct an initial food security screening for each new member within 90 days of enrollment.**[3] For example, Massachusetts requires accountable care organizations to

[2] Kessler *et al.*, *op. cit.*

[3] 42 C.F.R. § 438.208(b)(3).

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complete an initial care needs screening for each enrollee, using a tool that meets contract requirements, within 90 days of enrollment.[4]

- **Refer pregnant enrollees and young children to WIC and SNAP, and provide application and enrollment assistance.** For example, in Oregon, local WIC agencies have agreements with Medicaid coordinated care organizations so that when the latter enroll a pregnant person into Medicaid, they obtain permission to send the person's name to the local WIC agency for WIC staff to reach out.[5] In California, WIC agencies collaborate with health information exchanges (HIE) and health care providers to set up electronic WIC referrals and access to clinical data needed for WIC certification for patients enrolled in MCOs. Providers share electronic rosters of patients who have attended prenatal and well-child appointments with the HIE to forward on to WIC through a referral "standing order."[6]
- **Train providers on the WIC referral process and health data requirements.** Establishing a clear statewide referral process and training providers on it can encourage referrals. In addition, since WIC requires anthropometric data as part of the enrollment process, health care providers can streamline the process and facilitate virtual (rather than in-person) appointments by providing the necessary data (height, weight, and hemoglobin) when making referrals. For example, Colorado's RFP for coordinated care organizations (CCOs, Colorado Medicaid's new approach to managing care) requires them to "train Network Providers on the referral process for WIC, including the use of the online referral form."[7] The state also requires CCO network providers to provide anthropometric data to members in order to facilitate the WIC certification process.

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4 Commonwealth of Massachusetts, "Standard Contract Form," updated July 22, 2021, https://www.mass.gov/doc/1st-amended-and-restated-pcaco-contract-c3/download.

5 Oregon WIC Program, "WIC Field Note: Oregon WIC Coordination with Medicaid Coordinated Care Organizations," WIC Hub, June 9, 2021, https://thewichub.org/oregon-wic-coordination-with-medicaid-coordinated-care-organizations/.

6 National WIC Association, "Streamlining WIC Referral and Data Sharing Systems," July 26, 2024, https://www.nwica.org/blog/streamlining-wic-referral-and-data-sharing-systems.

7 Colorado Accountable Care Collaborative, "Phase III, Draft Contract Requirement for RAEs, Exhibit B, Statement of Work," https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Draft%20Contract%202-13-24.pdf.

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- **Develop pathways for providing individual-level data on WIC participation to MCOs.** This kind of data sharing would likely require two steps. First, the Medicaid agency would share data with WIC to identify Medicaid enrollees who had not enrolled in WIC. Second, the Medicaid agency would provide MCOs with lists of their patients who are eligible for WIC but not enrolled so the MCOs could help them enroll.

2. Strengthen Coordination With a Wider Range of Service Providers

To increase WIC enrollment and improve related health outcomes by strengthening coordination between MCOs and local WIC agencies, state contracts with Medicaid MCOs can require or encourage MCOs to:

- **Develop approaches to using data and engaging stakeholders to improve the health of young families.** As noted above, for example, Louisiana's RFP asks MCOs to describe their experience in utilizing data related to HRSNs to improve health equity and the health status of the people served.[8] It also asks MCOs to describe their approach to engaging key stakeholders and contracting with community-based organizations and public health agencies.[9]
- **Enter into agreements with local WIC agencies to share data and support outreach and care coordination.** For example, California developed a template WIC-Medicaid memorandum of understanding (MOU) and requires MCOs and local WIC agencies to work together to ensure that WIC-eligible Medicaid beneficiaries are enrolled in WIC.[10] The MOU

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[8] Louisiana's RFP refers to "social determinants of health" rather than "health-related social needs," which is used in this piece Louisiana Bureau of Health Services Financing, "Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care," March 1, 2018, https://ldh.la.gov/assets/HealthyLa/LDH_MCO_RFP_WP.pdf.

[9] Louisiana Department of Health Bureau of Health Services Financing, "Louisiana Medicaid Managed Care Organization Model Contract," Appendix B, https://ldh.la.gov/assets/medicaid/RFP_Documents/RFP3/AppendixB.pdf.

[10] California's template WIC-Medicaid MOU is available at California Department of Health Care Services, "Attachment G: Memorandum of Understanding between [Medi-Cal Managed Care Plan] and [Agency] Relating to WIC Services," https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/WIC-MOU-Template.pdf.

requires MCOs and WIC to develop a referral process; provide training for MCO employees, providers, and subcontractors; and provide care coordination and collaboration under the state's 1115 waiver. A number of other state Medicaid programs encourage MCOs to enter into these types of agreements and partnerships. In addition, WIC and Head Start programs in a number of states have formed these types of agreements and partnerships.[11]

- **Integrate WIC referrals and enrollment into prenatal and child health visits.** For example, a primary care pediatric clinic in North Carolina integrated WIC screening and referrals into its electronic health record and trained staff to use it, which resulted in a 40 percent increase in WIC enrollment.[12] In addition, a federally qualified health center in Denver County partnered with WIC to have a WIC specialist co-enroll eligible Medicaid recipients in WIC during medical appointments, which was well received by participants and providers.[13]
- **Strengthen the state's community-based health workforce by specifying the scope of services and billing arrangements**. In collaboration with obstetric and pediatric primary care providers, MCOs can broaden the types of services that community-based workers provide to patients to include services such as providing food insecurity screenings and WIC referrals. MCOs can also add the cost of recruiting community-based

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[11] Headstart.gov, "Enhancing Participant-Centered Services Between the Supplemental Nutrition Program for Women, Infants and Children (WIC) and Head Start Programs," updated October 2019, https://headstart.gov/sites/default/files/pdf/enhancing-participant-centered-services-10-ways.pdf.

[12] The clinic served 14,000 patients, more than 90 percent of whom were enrolled in Medicaid. Bryan Monroe *et al.,* "Assessing and Improving WIC Enrollment in the Primary Care Setting: A Quality Initiative," Pediatrics, Vol. 152, No. 2, August 2023, https://publications.aap.org/pediatrics/article/152/2/e2022057613/192532/Assessing-and-Improving-WICEnrollment-in-the?autologincheck=redirected.

[13] Brittany Goldstein *et al.,* "Integration of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Primary Care Settings," Journal of Community Health, November 2023, https://pubmed.ncbi.nlm.nih.gov/37945779/. Specialized WIC co-enrollment has been popular among participants, providers, and staff. This study found that participants noted positive experiences and that receiving WIC services during health care visits saved them time, money, child care, and transportation. Staff and providers noted the program was convenient for families and offered system-level benefits such as improved interprofessional collaboration and clinic efficiency. Integrating WIC services in a health system leverages existing touchpoints with Medicaid beneficiaries and eliminates barriers to accessing the WIC program, which could be beneficial in locations where gaps exist.

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workers, training them, and integrating them into the care team into their contracts with the Medicaid agency. In addition, MCOs can set a goal in their state contracts of providing a certain number of trained community-based health workers per WIC-eligible members.

- **Shape the state's community-based workforce by requiring or providing incentives for providers to make WIC referrals.** MCOs can then require providers to ensure screening for HRSNs (such as access to nutritious food) and ensure that enrollees receive appropriate services and referrals, including WIC.[14] In addition, states can pay an enhanced rate to MCOs to partner with local clinics or community-based organizations rather than hiring their own workers directly.
- **Take steps toward WIC enrollment.** For example, Florida's contracts require MCOs to track whether health risk assessments have been conducted for pregnant enrollees within three months of enrollment. MCOs must ensure that these assessments are completed for at least 70 percent of pregnant enrollees or the state can sanction the MCO.[15] MCOs could be required to track referrals to WIC and follow-up steps toward enrollment, such as making sure a WIC certification appointment is scheduled or providing height, weight, and hemoglobin.

3. Include Additional Medicaid Services That Promote WIC Participation

State contracts with Medicaid MCOs can promote WIC enrollment and participation by including payment to MCOs for providing:

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[14] Massachusetts' model contract for primary care accountable care organizations requires contractors to ensure screening for HRSNs (such as access to nutritious food) and ensure that enrollees receive appropriate services and referrals. Specifically, for enrollees under age 21, contractors are required to establish and maintain at least one relationship with a provider or social services organization that can assist enrollees in obtaining WIC or SNAP. Enrollees considered at high risk may get additional help securing and using WIC benefits. MassHealth, "Accountable Care Partnership Plan Contracts: 3rd Amended and Restated ACPP Contracts," https://www.mass.gov/lists/accountable-care-partnership-plan-contracts. Also see Schwartz *et al., op. cit.*

[15] Online Sunshine: Official Internet Site of the Florida Legislature, "The Florida 2025 Statutes: 641.545: Subscriber risk assessments; requirements," https://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0600-0699/0641/Sections/0641.545.html.

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- **Non-emergency transportation to nutrition-related services.** Transportation is a common barrier to accessing WIC. Providing transportation is allowed under some states' 1115 waivers, but only for services that are directly related to the goal of the service plan and are described in the service plan. For example, Ohio's five Medicaid MCOs provide no-cost transportation benefits to and from WIC appointments, food banks, food pantries, food clinics, and grocery stores as a part of their plan benefits.[16]
- **Value-added services.** In addition to providing services in the Medicaid state plan, MCOs may voluntarily provide additional services, commonly referred to as "value-added services" that need not be medical services.[17] For example, some North Carolina plans offer value-added services that can promote WIC participation, including baby supplies (like a car seat or diapers), doula services, and supplemental transportation to WIC and physician appointments.[18]

4. Measure Progress Against Specific Data-Driven Outcomes

States can require MCOs to track and share outcomes that measure whether WIC enrollment strategies are working:

- **Tracking aggregate WIC enrollment.** States can require MCOs to obtain and track enrollment data from the local WIC agency without requiring disclosure of individual WIC data.

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[16] Ohio Pharmacists Association, "Ohio Medicaid Managed Care Program Transportation Benefit Resource Guide for Practices," April 2024, https://ohiopharmacists.org/aws/OPA/asset_manager/get_file/518532; Ohio Association of Food Banks, "Need a Ride to Your Health Care Services? Access Ohio Medicaid Transportation Services, Today!" https://ohiofoodbanks.org/site/assets/files/3586/medicaid_transportation_flyer_-_final.pdf.

[17] 42 C.F.R. § 438.3(e)(1)(i). Value-added services are services that are not required under the state Medicaid plan but that the MCO chooses to provide, often using the MCO's administrative dollars, to improve quality and/or reduce costs. The services are typically wellness activities. MACPAC, "In Lieu of Services and Value-Added Benefits," December 8, 2022, https://www.macpac.gov/wp-content/uploads/2022/12/07_In-Lieu-Of-Services-and-Value-Added-Benefits.pdf.

[18] Carolina Complete Health, "Value-added Services and Extra Benefits," https://www.wellcarenc.com/members/medicaid/benefits/additional-benefits.html.

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- **Demonstrating improvement in WIC-related health outcomes.** Improvements could include reducing the number of newborns with low birthweight or increasing well-child visit attendance.[19]

B. Incentives for Medicaid MCOs to Meet WIC-Related Goals

To drive improvements in specific health outcomes, [state] can include incentives in MCO contracts. In addition to enhanced reimbursement, these incentives could include:

1. Member Auto-Assignment

States are required to provide Medicaid and CHIP beneficiaries with an opportunity to make an active, informed decision in selecting their managed care plan. However, if beneficiaries do not actively choose a plan, the state "auto-assigns" them a plan according to a state-designed algorithm. This algorithm could steer beneficiaries toward plans that score higher in quality and performance in areas related to increasing WIC enrollment. For example, an algorithm could reward plans that excel on quality measures related to maternal and child health, or plans that help connect eligible enrollees to WIC.[20]

2. Extra Points Toward Re-Procurement

A state could reward MCOs that take steps to increase WIC enrollment — such as offering optional or "value-added" services or describing a well-conceived plan for helping to build WIC participation — with "extra points," and thus an advantage, in the re-procurement process.

3. Aligning Performance Improvement Projects with Perinatal, Birth, and Early Childhood Outcomes

[19] Quality Improvement Incentives, 42 CFR § 438.6(c) and § 457.1200(c). See also Steven Carlson, Joseph Llobrera, and Zoë Neuberger, "WIC Works: A Cost-Effective Investment in Improving Low-Income Families' Nutrition and Health," CBPP, January 20, 2026, www.cbpp.org/wicworks .

[20] 42 C.F.R. § 438.54, § 457.1200(c), and § 457.1210.

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Under federal law, states must require MCOs to have structured initiatives to improve the quality of care in specific clinical and non-clinical areas.[21] Twenty-two states and DC report linking their quality initiatives, known as performance improvement projects (PIPs), to maternal and perinatal health outcomes, such as prenatal care and postpartum care.[22] States have also conducted PIPs related to young children's health.[23] By focusing PIPs on outcomes related to perinatal and early childhood health, states could create an incentive for MCOs to strive to increase WIC enrollment in order to improve performance on those measures.

New York's First 1000 Days on Medicaid initiative exemplifies this approach. It requires all Medicaid managed care plans to participate in a two-year PIP focused on improving measures like well-child visits, lead screening, immunizations, and maternal depression evaluations. To provide additional incentives for investment, MCOs in the top 10 percent on all outcome measurements are awarded extra points in the state's quality incentive program, and any MCO that effectively engages non-health-sector community-based organizations in its interventions earns an additional point.[24] These extra points translate into financial rewards for the health plans.

Incentives such as these could not only boost Medicaid-supported WIC eligibility referrals and enrollment assistance but also strengthen partnerships between MCOs and groups engaged in WIC outreach and enrollment.

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[21] Medicaid and CHIP Payment and Access Commission, "Quality requirements under Medicaid managed care," June 4, 2021, https://www.macpac.gov/subtopic/quality-requirements-under-medicaid-managed-care/.

[22] Medicaid.gov, "EQR Table 7. Maternal and Perinatal Health Performance Improvement Projects (PIPs) Included in External Quality Review Technical Reports, 2024-2025, Reporting Cycle, by State and Topic Area," https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-table7-mih-pips.pdf. Not all 50 states reported on this topic area.

[23] In a recent scan of 12 states, seven of them had PIPs related to children under age 6. Georgetown University Center for Children and Families, "Medicaid Managed Care and Early Childhood Development: A 12-state Scan," December 12, 2024, https://ccf.georgetown.edu/2024/12/12/medicaid-managed-care-and-early-childhood-development-a-12-state-scan/.

[24] NYS Department of Health, "First 1000 Days on Medicaid," Slide 18, May 2018, https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/docs/2018-06-04_1000_meet6.pdf.

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Thank you for considering these suggestions. We would be happy to discuss them with you; please contact [____] at [_____] for more information.

Sincerely,

[_____]