

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

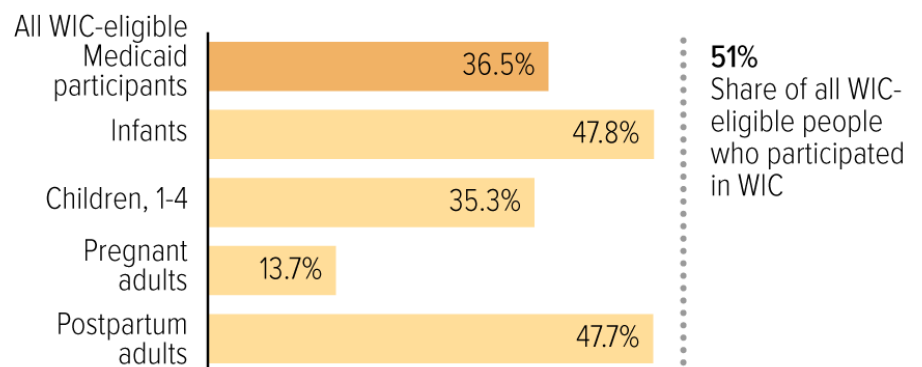
even smaller share of eligible Medicaid enrollees.

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



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

Research shows that WIC participation reduces premature births, infant deaths, and low birth weights; increases children’s preventive care and immunization rates; improves diets; and helps boost cognitive development for infants and children.

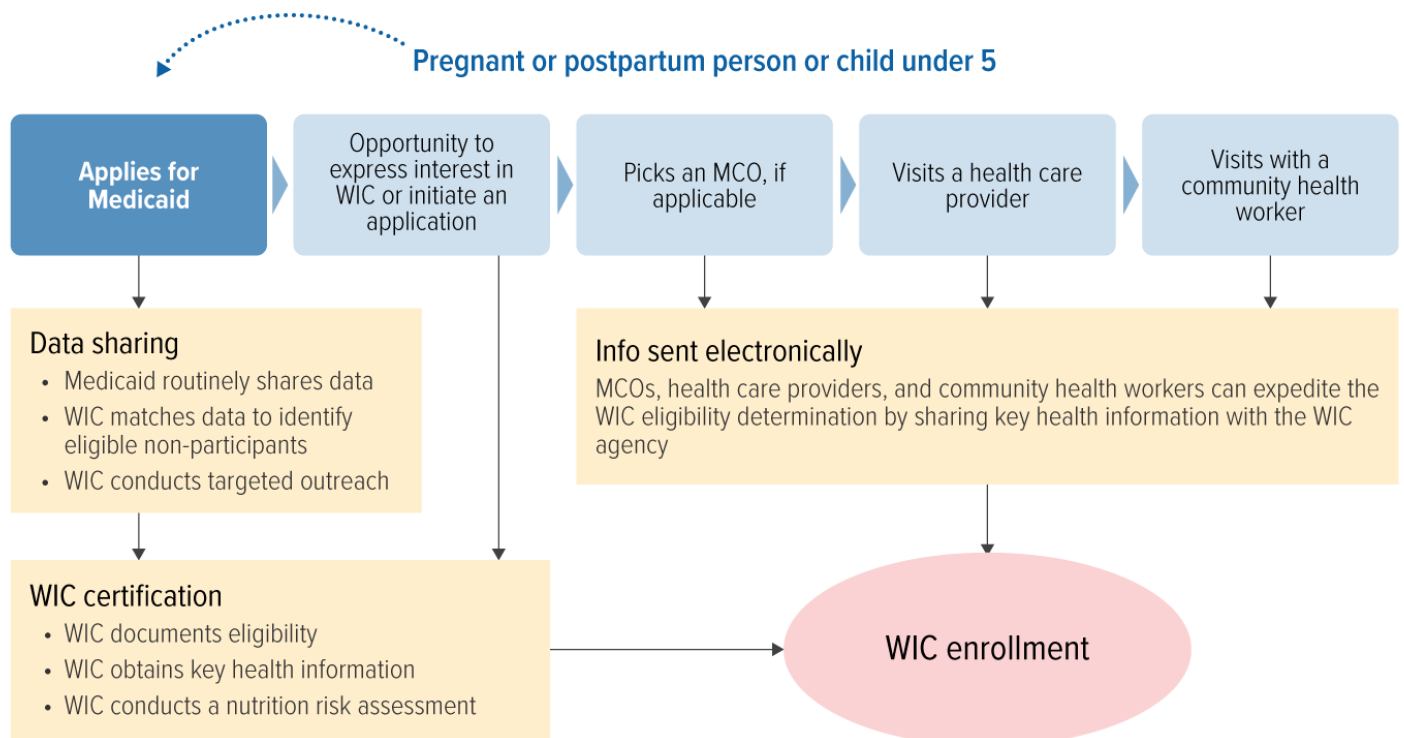
State Medicaid and WIC agencies can work together to increase WIC participation and improve the health of young children and parents nationwide. To enroll as many people who qualify for WIC as possible, states ideally would use the strategies

described on the next page to take advantage of every opportunity to connect Medicaid applicants and enrollees with WIC.

Medicaid-Related Entry Points to WIC

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

- Every Medicaid applicant who is pregnant, postpartum, or a child under age 5 could be routinely and automatically referred to WIC.
- Medicaid enrollees who aren’t yet enrolled in WIC could be referred to WIC by state Medicaid agencies through a state data-matching process that leads to direct WIC outreach.
- Then, as Medicaid enrollees receive health care services, managed care organizations (MCOs), health care providers, and community-based health workers could make robust referrals to WIC.



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

Strategies to Connect Medicaid Applicants and Enrollees with WIC



Share Medicaid enrollee data with WIC agencies to identify eligible families who are not enrolled in WIC, conduct targeted outreach to them, and simplify their enrollment. 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 WIC-eligible Medicaid families who are not enrolled. In addition, states can strengthen the referral process by developing a standardized and streamlined referral mechanism for health care providers to use.



Support a community-based health workforce that can strengthen connections to WIC. Community-based health workers can help mitigate food insecurity for pregnant and postpartum people and young children by conducting screenings for food insecurity, referring individuals to food assistance programs, (including WIC), and providing enrollment assistance and support in using WIC benefits. Medicaid can finance a community-based workforce in several ways. 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.



Work with health care providers and Medicaid managed care organizations to include WIC enrollment as a strategy to improve quality and address health-related social needs (HRSN). Contracts with MCOs 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 can reward MCOs that improve. Medicaid can also require MCOs to screen for and track HRSN and make referrals to WIC and then can reward enrollment in WIC. Finally, Medicaid can require MCOs to carry out “performance improvement projects” that include referrals to and enrollment in WIC as strategies to improve performance on federally required quality measures.