



JUN 30 1995

Reply to
Attn. of: SF-115

Subject: Coordination Initiative: WIC and Medicaid Programs
That Utilize Managed Care Providers

To: Regional Directors
Supplemental Food Programs
All Regions

Attached is Policy Memorandum: #95-20 regarding the above subject. On May 11, we transmitted a memorandum to you on the same subject. Subsequently, as we notified you by cc:mail, a revision to paragraph one of the memorandum was necessary. After incorporating the revision, we determined that it was appropriate to incorporate this memorandum into the WIC policy memorandum system. Therefore, attached is the revised version of the subject memorandum and attachments for transmittal to your State agencies.



STANLEY C. GARNETT
Director
Supplemental Food Programs Division

Attachment

The contents of this guidance document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.



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Subject: WIC Policy Memorandum: #95-20
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Public Law (P.L.) 103-448, which reauthorized the WIC Program, requires the Department of Agriculture and the Department of Health and Human Services (DHHS) to carry out a coordination initiative between the WIC Program and the Medicaid Program. The law requires coordination between the WIC Program and State Medicaid Programs that use coordinated or managed care providers under contract or under waiver authority as permitted under the Social Security Act. This would include contract authority under Section 1903(m) or waiver authority under Section 1115 or 1915(b) of the Social Security Act. In such cases, the legislation requires continued coordination between the WIC and the Medicaid Program including (1) the referral of potentially eligible women, infants and children between the two programs, including referrals to WIC by Medicaid managed care providers and (2) the timely referral of medical information by the Medicaid Program (e.g., managed care providers) to the WIC Program. As you know, under separate previous legislation, generally, both the WIC and Medicaid Programs are required to refer individuals to their respective programs.

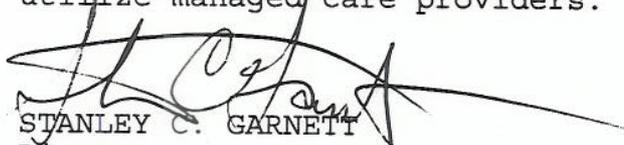
Soon after enactment of P.L. 103-448, we met with representatives from the DHHS' Health Care Financing Administration (HCFA), which oversees the administration of the Medicaid Program, regarding this coordination initiative. Medicaid Program staff indicated their willingness to facilitate such coordination and apprise State Medicaid Directors about this initiative. Attached is a memorandum transmitted by HCFA to its State Medicaid Directors regarding referral of potentially eligible women, infants and children to WIC and the provision of medical information to WIC by State Medicaid Programs that use managed care providers.

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Please apprise WIC State agencies about this legislatively mandated coordination initiative and provide them with a copy of the attached HCFA memorandum. We would encourage WIC State agencies to contact their Medicaid counterparts as soon as possible to discuss whether current referral efforts between their respective programs ensure referrals to WIC by Medicaid managed care providers and to discuss how collectively the agencies can coordinate the timely referral of medical information by Medicaid providers to the WIC Program. To assist WIC State agencies in determining the extent to which State Medicaid Programs use managed care providers, attached is a report issued by HCFA entitled, "1994 Medicaid Managed Care Enrollment Report." This report provides specific State-by-State information on the name and type of managed care programs, area of coverage, and enrollment data. Since this report reflects enrollment as of June 30, 1994, WIC State agencies should obtain any updated information, including any new providers that have been approved since this report was compiled.

Some WIC State agencies have already been successful in working with their State Medicaid counterparts to ensure Medicaid provider agreements specify and require that Medicaid health care providers refer individuals to the WIC Program. The Medicaid provider agreements could be expanded to address the timely referral of medical information. The attached HCFA memorandum includes a sample WIC referral form that could establish the basis for the development of a State-specific WIC form. However, some WIC State agencies may be able to utilize existing WIC referral forms for this initiative. Please note that the sample WIC referral form developed by HCFA effectively addresses the issue of confidentiality by merely requesting the patient's written authorization for the Medicaid provider to share information with the WIC Program.

Final regulations will be published in the near future to incorporate into the WIC regulations the specific legislative requirement concerning this coordination initiative between WIC and State Medicaid Programs that utilize managed care providers.



STANLEY C. GARNETT
Director
Supplemental Food Programs Division

Attachments

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MEMORANDUM

DATE APR 12 1995

FROM Director
Medicaid Managed Care Team

SUBJECT WIC Referrals by Medicaid Managed Care Providers

TO State Medicaid Directors

Section 1902(a)(11)(C) of the Social Security Act provides for the coordination of Medicaid and the Special Supplemental Food Program for Women, Infants, and Children (WIC). Public Law 103-448, §204(e) expands this provision to say that States using managed care arrangements to serve their Medicaid beneficiaries must assure that coordination exists between the WIC and Medicaid Managed Care Programs. This coordination should include the referral of potentially eligible women, infants, and children to the WIC Program and the provision of medical information by providers working within Medicaid managed care plans to the WIC Program. In order to foster compliance with the expanded rule, the Health Care Financing Administration has developed a referral form for States to use as a guide in the development of their own forms.

To be eligible for WIC benefits, a competent professional authority must diagnose a pregnant woman, a breast feeding woman, a non-breast feeding postpartum woman, an infant, or a child under age 5 as being at nutritional risk. To accommodate the various ways States determine nutritional risk, the attached form provides for the release of information as requested by the WIC Program. States may wish to modify the form to allow for the collection of medical information required by their WIC Programs. Suggested medical information, which has been derived from sample forms used in other states, includes: nutrition related metabolic disease; diabetes; low birth weight; failure to thrive; prematurity; infants of alcoholic, mentally retarded or drug addicted mothers; AIDS; allergy or intolerance that effects nutritional status; and anemia.

Should you have any questions as you develop your form and continue to collaborate with the WIC Program, please call your HCFA Regional Office contact (see attached list for name and number). Thank you for your continued efforts!

Sincerely,



Rita F. Johnson

cc: Associate Regional Administrators, Division of Medicaid
U.S. Department of Agriculture, Food and Nutrition Service

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