



CHILDREN NOW



Women Infant Child (WIC) Express Lane Eligibility (ELE) to Medi-Cal for Children

Proposal: Provide funding for implementing expedited Medi-Cal enrollment for WIC children by using WIC eligibility information and federal Express Lane Eligibility (ELE) authority. Additionally, create and fund a Medi-Cal presumptive eligibility pathway from WIC for pregnant women.

Objective:

California has made tremendous progress with 97% of California children covered. There are 202,000 remaining uninsured children, half of whom are already eligible for Medi-Cal but not enrolled. Covering the remaining uninsured requires smart strategies for finding and enrolling those eligible but not enroll, such as going to where large numbers of eligible children are and creating expedited enrollment pathways by using eligibility information already collected.

Background:

WIC is a federally funded health and nutrition program for pregnant, postpartum and breastfeeding women, infants and children under age 5 to improve birth and health outcomes. Eligibility requires: incomes under 185% FPL; state residency; and determined “nutritional risk.” Immigration status is not obtained for eligibility. Average monthly WIC enrollment is 1.1 million, which includes 602,000 children and 234,000 infants. The WIC eligibility system currently checks participants’ Medi-Cal enrollment by linking to Medi-Cal’s MEDS: *About 90,000 WIC children and 13,000 WIC pregnant women do not have Medi-Cal, despite eligibility.* [i]

Federal ELE authority allows WIC income eligibility findings to be used to determine Medicaid enrollment for children. State statute authorizes a WIC automated enrollment gateway but requires a budget appropriation[ii]. Express enrollment for pregnant women would require a federal waiver. However, with a state plan amendment, WIC pregnant women could be determined presumptively eligible for Medi-Cal while a full application is completed.

How it would work:

If an applicant enters “no” for “source of healthcare” on the WIC application, an additional question would pop up asking to initiate express enrollment for Medi-Cal using the WIC eligibility findings. If additional information is needed, county Medi-Cal workers can obtain in follow up, so as not to add extra work for WIC staff.

Proposed Strategy and Costs:

State budget funding is needed and directive for DHCS to implement the state WIC automated enrollment gateway by January 2019. The potential costs in the budget year include: Less than a million dollars for one-time system modification (some of which would qualify for 90% federal match) and administrative implementation costs; and increased Medi-Cal enrollment amounting to about \$8 million General Fund. This proposal could also save administrative costs in the long run by streamlining Medi-Cal enrollment and retention.

[i] “Pending” enrollment was counted as Medi-Cal enrolled. Department of Public Health, September 2017.

[ii] Section 12694 of the Insurance Code

(https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=INS&division=2.&title=&part=6.2.&chapter=16.1.&article)