

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MCCP2021 (previously MCUP3100)			<b>Lead Department:</b> Health Services Business Unit: Care Coordination	
<b>Policy/Procedure Title:</b> Women, Infants and Children (WIC) Supplemental Food Program			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/21/2010		<b>Next Review Date:</b> 03/12/2026 <b>Last Review Date:</b> 03/12/2025		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>	<input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>	
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 03/12/2025	

**I. RELATED POLICIES:**

- A. MCUG3118 – Prenatal & Perinatal Care
- B. MCQG1015 - Pediatric Preventive Health Guidelines
- C. MCNP9006 – Doula Services Benefit
- D. MCCP2036 - Memorandum of Understanding (MOU) Requirements For Medi-Cal Managed Care Plans and Third-Party Entities

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Members Services

**III. DEFINITIONS:**

- A. WIC - Women, Infants and Children Supplemental Nutrition Program - The Special Supplemental Nutrition Program for Women, Infants, and Children - A 100% federally funded program providing nutritious food (via prescriptive checks), individual counseling and nutrition education, breastfeeding promotion and support, and referrals to other needed services to at-risk, low- to moderate-income (up to 185% of the federal poverty level) pregnant, postpartum, and breastfeeding members, children up to the age of five; and parents/guardians and other family members in households with a child under age five.

**IV. ATTACHMENTS:**

N/A

**V. PURPOSE:**

To define the responsibilities of Partnership HealthPlan of California (Partnership) and the respective Women, Infants and Children (WIC) Providers in the counties Partnership serves.

**VI. POLICY / PROCEDURE:**

- A. Coverage Guidelines:
  - 1. WIC services are not covered by Partnership. However, Partnership members who are eligible for WIC supplemental food services will be referred to their respective County WIC Providers.
  - 2. WIC serves pregnant, postpartum, and breastfeeding members, as well as children up to age five and parents/guardians and/or other family members in households with a child under age five.
- B. Identification and Referral

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1. The primary care provider (PCP) or obstetrician (OB) is responsible for identifying and referring members who are pregnant, breastfeeding or postpartum and children under the age of five who are eligible for WIC supplemental food.
  2. During a well-child visit, PCPs will perform a nutritional assessment, as well as hemoglobin or hematocrit laboratory tests following the AAP Bright Futures Periodicity schedule (refer to link: [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf) for further details), and refer each WIC-eligible member to a county WIC program per Federal WIC requirements for program eligibility.
  3. Partnership will be responsible for the cost of hemoglobin or hematocrit laboratory value and lead test. Lab results will be documented in the member's medical record with the PCP.
  4. PCP/OB will refer all eligible Partnership members to WIC and include the member's hemoglobin or hematocrit lab results.
  5. Partnership refers the members who are pregnant, breastfeeding, or postpartum, or a legal guardian for a member under the age of five, to the WIC program either as part of the initial evaluation of newly pregnant members pursuant to 42 CFR section 431.635(c) and PL 98-010. Referrals occur during various outreach activities. All referrals are documented in member's medical record.
- C. Follow-up, Education and Training
1. As part of ongoing provider training, Partnership will work to ensure that providers understand the WIC program, eligibility requirements, and the referral process.
  2. Partnership, through its member handbook, newsletters, and brochures, seeks to promote member understanding of the WIC program, the need for and how to obtain services, and the benefits to be realized by following instructions received.
- D. Memorandum of Understanding (MOU) Requirements
1. Per APL 23-029 Attachment G WIC MOU, Partnership and the respective WIC Providers in the counties Partnership serves shall execute a MOU outlining respective responsibilities and obligations.
  2. Refer to Partnership policy MCCP2036 - Memorandum of Understanding (MOU) Requirements For Medi-Cal Managed Care Plans and Third-Party Entities for more details.

## VII. REFERENCES:

- A. Title 42 Code of Federal Regulations (CFR) Section [431.635\(c\)](#)
- B. Title 22 California Code of Regulations (CCR) Sections [50157](#) and [50184](#)
- C. Contract between Department of Health Care Services (DHCS) and Partnership: Contract Exhibit A, Attachment III Section 4.3.19
- D. California Department of Public Health WIC Program Overview: <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/AboutWIC.aspx>
- E. DHCS [APL 23-029 - Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities](#) (01/08/2025)
  - Attachment G: [Women, Infant, & Children Memorandum of Understanding Template](#)
- F. DHCS Policy Letter [\(PL\) 98-010](#): Breastfeeding Promotion (12/10/1998)

## VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

## IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

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**X. REVISION DATES:**

MCCP2021 (02/15/17)

\*03/14/18; 03/13/19; 03/11/20; 03/10/21; 03/09/22; 03/08/23; 03/13/24; 03/12/25

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:**

MCUP3100 (04/21/2010 to 02/15/2017)

05/15/13; 05/20/15; 05/18/16 to 02/15/2017

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.