# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPNP9008 (previously MCCP2021; MCUP3100)</td><td colspan="3">Lead Department: Health Services<br>Business Unit: Population Health</td></tr>
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<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="3">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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**I. RELATED POLICIES**:

A. MCUG3118 – Prenatal & Perinatal Care
B. MCQG1015 – Pediatric Preventive Health Guidelines
C. MPNP9006 – 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 packages, 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.
B. Partnership Advantage (PA): Effective January 1, 2028, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Enrollee Handbook. Coverage criteria apply on implementation of D-SNP, subject to CMS and DHCS approval.

**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.

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## VI. POLICY / PROCEDURE:

A. Coverage Guidelines:
   1. WIC services are not covered by Partnership. However, Partnership shall identify eligible members, make referrals, and follow-up as appropriate to support access to WIC services. Partnership members and Partnership Advantage enrollees 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
   1. Providers shall assess members for nutritional risk and food insecurity during applicable visits to support identification of WIC eligibility.
   2. 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.
   3. 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 for further details) and refer each WIC-eligible member to a county WIC program per Federal WIC requirements for program eligibility.
   4. 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.
   5. PCP/OB will refer all eligible Partnership members to WIC and include the member's hemoglobin or hematocrit lab results. Referrals shall be followed up to confirm whether member accessed WIC services, and this status shall be documented in the medical record.
   6. Partnership refers the members and enrollees 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 APL 26–005. Referrals also occur during various outreach activities. All referrals and follow-up outcomes shall be documented in the member's medical record. Refer to Partnership policy MPNP9007 for lactation guidelines and support services.

C. Follow-up, Education and Training
   1. As part of ongoing provider training, Partnership shall ensure that providers understand the WIC program, eligibility requirements, the referral process, and the expectation to document and follow up on referrals.
   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.
   3. Partnership shall monitor referral and follow-up practices as part of Quality Improvement activities.

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 maintain executed MOUs with WIC providers, or document when an MOU cannot be established, outlining respective responsibilities and obligations. MOUs shall be reviewed periodically and define roles, responsibilities, and referral processes.
   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 APL 26-005 Maternity Services for Pregnant and Postpartum Medi-Cal Members (03/25/2026
G. 42 CFR § 422.107, Requirements for dual eligible special needs plans

**VIII. DISTRIBUTION**:
A. Partnership Department Directors
B. Partnership Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE**: Chief Medical Officer

**X. REVISION DATES**:
Medi-Cal (MPNP9008)
08/13/25; 08/12/26

Partnership Advantage (Program effective January 1, 2028)
08/13/25; 08/12/26

**PREVIOUSLY APPLIED TO:**
MCCP2021 (02/15/17 to 08/12/25)
*03/14/18; 03/13/19; 03/11/20; 03/10/21; 03/09/22; 03/08/23; 03/13/24; 03/12/25

MCUP3100 (04/21/2010 to 02/15/2017)
05/15/13; 05/20/15; 05/18/16 to 02/15/2017

*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.

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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.

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