eWIC: FROM THE CLINIC PERSPECTIVE

Presentation to Local Agency Staff
**Introduction**

- **About MAXIMUS**
  - Provides eWIC planning and technical assistance
  - More than 15 years experience with eWIC
  - Has provided planning support to more than 30 WIC State Agencies

- **MAXIMUS’ role in the transition to eWIC**
  - Assisting the Multi-State Consortium (MSC) – ITCA, Kansas and New Hampshire – in planning for eWIC
  - Developing required documentation for USDA and eWIC procurement
  - Providing technical assistance as needed
Purpose of this Presentation

- eWIC is coming, there is a mandate that all WIC State Agencies convert to eWIC issuance by 2020
- This presentation provides high level information about how eWIC works and how it may impact you when it is implemented
- Similar information is being provided to all MSC member stakeholders (state staff, local staff and vendors)
- Please note:
  - There may differences between the MSC State Agencies when they implement eWIC
  - State Agencies have not made all decisions at this time
  - This is intended to be a high-level overview, and not the final word of exactly how states will implement
Overview of Topics

- eWIC Basics
- eWIC in the Store
- WIC Clinic Activities
- Preparing for eWIC
- Questions
eWIC Basics
eWIC History

- **eWIC Timeline**
  - 1995 – First smartcard eWIC pilot (Wyoming)
  - 2002 – First statewide smartcard eWIC system (Wyoming)
  - 2004-2009 – Texas and New Mexico rollout smartcard eWIC systems
  - 2005 – Michigan and Washington implement online eWIC pilots
  - 2009 – Michigan, first statewide online WIC EBT system
  - 2010 – Healthy Hunger Free Kids Act mandates eWIC by 2020

- **Currently 15 States with eWIC:**
  - Online: Chickasaw, FL, KY, MA, MI, NV, VA, WI, WV
  - Smartcard: Cherokee, Isleta, NM, OH, TX, WY

eWIC: From the Clinic Perspective
Benefits of eWIC: WIC Staff

- Improves accuracy and efficiency
- Increased ease modifying benefits for children who enter foster care
- Removes requirement to purchase materials related to printing paper checks/vouchers
- Reduces staff time needed for paper check/voucher issuance-related activities, such as printing, and voiding unused benefits
- Makes it easier to report and account for benefits
- More data available for reporting (specific food items purchased, food item costs, when and how benefits have been used)
- Redemption data is available more quickly
Benefits of eWIC: Vendors

- In-lane processes more efficient because checks/vouchers no longer have to be signed and completed with date and purchase amount.

- Less error prone, because things like effective dates and benefit amounts are validated by the system, and not cashiers at the time of transaction.

- Easier and faster to receive payment since vendors are paid within two business days through an automated clearinghouse (ACH) deposit.
  - In NH, invoices no longer need to be submitted to the State office.

- Vendors experience labor savings, since it is no longer necessary to count and deposit checks/vouchers.

- Issues related to unsigned checks are eliminated.
Benefits of eWIC: Participants

- Less stigma than paper benefits because the card is similar to a debit or SNAP card transaction
- Improves ability to manage benefits, such as family member’s benefits having synchronized dates
- More secure because the card requires a PIN to complete transactions
- If lost or stolen, the card can be disabled through a call to customer service, and a new card reissued to the client without a loss of benefits
- Improved shopping experience; participants can buy the quantities they need, rather than having to use the whole check at once
Paper vs. eWIC: Issuance

**Paper System**

- Food items are printed on a paper check/voucher, and verified by a cashier at the time of purchase.
- Checks/vouchers are issued to each participant within a household.

**eWIC**

- Food items are represented in an account, organized by categories and the available amount.
- Participant benefits are combined into one household account.

*eWIC: From the Clinic Perspective*
Food Categorization

- Foods are represented by codes for:
  - Category (Cat)
  - Subcategory (Subcat)

- Cat is the high level food group, such as:
  - Low Fat/Fat Free Milk
  - Legumes

- Subcat is the specific food within a the Cat group, such as:
  - Skim milk; powdered milk; lactose-free milk
  - Peanut butter; dry beans/peas; canned beans
In addition, each subcat is associated with a Unit of Measure (UOM):

- Gallon (GAL)
- Container (CTR)
- Ounce (OZ)
- Pound (LB)
- Dozen (DOZ)
- Can (CAN)
- Etc.
## Food Categorization

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Cat</th>
<th>Subcat</th>
<th>Description</th>
<th>Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese</td>
<td>02</td>
<td>000</td>
<td>Cheese all types</td>
<td>Pound</td>
</tr>
<tr>
<td></td>
<td></td>
<td>001</td>
<td>Cheese</td>
<td>Pound</td>
</tr>
<tr>
<td></td>
<td></td>
<td>002</td>
<td>Reduced Fat Cheese</td>
<td>Pound</td>
</tr>
<tr>
<td></td>
<td></td>
<td>003</td>
<td>Low Sodium Cheese</td>
<td>Pound</td>
</tr>
<tr>
<td></td>
<td></td>
<td>004</td>
<td>Tofu</td>
<td>Pound</td>
</tr>
<tr>
<td>Eggs</td>
<td>03</td>
<td>000</td>
<td>Eggs all types</td>
<td>Dozen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>001</td>
<td>Fresh eggs in Dozen Cartons</td>
<td>Dozen</td>
</tr>
<tr>
<td>Cereal</td>
<td>05</td>
<td>000</td>
<td>Cereal all types</td>
<td>Ounce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>001</td>
<td>Cereal - hot and cold</td>
<td>Ounce</td>
</tr>
<tr>
<td>Legumes/Beans</td>
<td>06</td>
<td>000</td>
<td>Legumes/Beans all types</td>
<td>Cont</td>
</tr>
<tr>
<td></td>
<td></td>
<td>001</td>
<td>Peanut Butter 18 oz</td>
<td>Cont</td>
</tr>
<tr>
<td></td>
<td></td>
<td>002</td>
<td>Dry or Can Beans/Peas 16 oz</td>
<td>Cont</td>
</tr>
<tr>
<td></td>
<td></td>
<td>003</td>
<td>Canned Beans (4 cans = 1 Container)</td>
<td>Cont</td>
</tr>
</tbody>
</table>

This example is from the National Food Category / Subcategory List. Specific offerings/sizes may vary from state to state.

eWIC: From the Clinic Perspective
A WIC benefit balance is a combination of subcategory level balances. For example:

1 DOZ Eggs
36 OZ Cereal
1 CTR Peanut butter; dry beans/peas; 4 cans of beans
16 OZ Whole wheat bread or whole grains
5.5 GAL Low fat/fat free milk
3 CTR Juice, 48 OZ
10 $$$ Fruits and Vegetables
Benefit Aggregation

- Benefits for participants within a household are aggregated (combined) into a single household account.
- The benefits of all participants in the household can be accessed from one card.
- Families experience the ability to better manage their benefits.
- Requires that all benefits issued in a household/family have the same last date to use.
  - Some states will accomplish this through automatically prorating benefits for new participants added to the household/family.

eWIC: From the Clinic Perspective
Fruit & Vegetable Benefits

- **New Terminology**
  - Fruit & Vegetable Check (FVC) in eWIC called Fruit & Vegetable Benefits (FVB)

- They are not treated as different, but as a Food Category

- Value represented in dollars and cents

- If participant does not spend all FVB in one shopping trip, remaining benefits will be available through the end of the issuance period
WIC Paper vs. eWIC: Redemption

- **Paper WIC Redemption**
  - Participants must accurately sign & date their check/voucher
  - WIC items must be separated at checkout
  - Cashier must:
    - Know what items in the store are WIC authorized
    - Determine if items are WIC authorized and can be purchased with the check/voucher
    - Check valid use dates
  - Vendor must stamp checks/vouchers, and deposit in bank or account or redeem from State Agency

- **eWIC Redemption**
  - Cardholder must enter a PIN
  - WIC item separation not necessarily required
  - The system determines which items can be purchased based on the UPC(s) scanned
  - System determines daily settlement amount, vendor paid in 1 – 2 business days

*eWIC: From the Clinic Perspective*
A list of all State Agency approved WIC items is maintained and distributed to retail systems in the Approved Product List (APL) file.

Retail systems download the APL everyday to process new or updated items.

The APL is used as part of the transaction process to identify WIC vs. non-WIC items.

Universal Product Codes (UPCs) and Price Look Up (PLU) codes that are provided in the APL are used to identify State Agency WIC approved items in the store for a particular state agency.
eWIC in the Store
Types of eWIC Retail Transactions

- Balance Inquiry
- Purchase Transaction (with Pre-purchase Balance Inquiry)
- Void / Reversal
The cardholder uses a PIN to authorize balance inquiry and purchase transactions.

The retail system uses the APL to validate scanned items to determine if they are WIC authorized.

A purchase transaction is a combination of two transactions: a pre-purchase balance inquiry, and the WIC foods purchase.

The current balance is downloaded as part of the pre-purchase balance inquiry transaction before a purchase transaction can occur. This information is used by the retail system to validate that the cardholder is eligible to purchase a scanned item.
Card is swiped and cardholder enters their PIN

System validates the card, PIN and retailer

Balance obtained

Each food item is scanned

- Compared to APL maintained locally to determine if it is an allowable WIC item
- Compared to cardholder balance to determine if there is sufficient balance to purchase
Transaction Overview: Part 2 of 2

- Store price captured for each food item
- Discounts such as coupons, loyalty cards or other specials are captured
- The system approves/denies the transaction. If approved:
  - The household’s account balance is reduced by the amounts (qty) of each item being purchased, and
  - For items with a price exceeding the Not To Exceed (NTE) amount, the paid amount for that item is reduced and paid amount for the transaction calculated
- A receipt showing purchase details, the new food balance, and last date to spend benefits
eWIC Clinic Activities
In the eWIC system, establishing an eWIC Account requires three components:

- Account set-up
- Benefit issuance
- Card issuance

Accounts are associated with a household ID.

Benefits are associated with the account; not a card.

- This means that loss of the physical card does not mean loss of benefits, as long as the card did not have unauthorized use while lost or stolen.
- The card is a key to accessing the account to which the benefits are associated.
Clinic Functions and Work Flow

- **Account Set-Up**
  - Occurs in the background; can be tied to card issuance or benefit issuance.
  - Generally does not require staff to initiate, and systems set up the account when the participant is certified.

- **Account Updates**
  - Changes made to a household record (e.g., zip code or status) in the MIS will be sent to the eWIC to update the account.
  - Typically occurs in the background.
Clinic Functions and Work Flow

- **Benefit Issuance**
  - Can occur at any time once the food package is assigned, and the account is set up.
  - Optional clinic flow options:
    - Can be issued when benefits are assigned
    - Can be issued in combination with card issuance

- **Benefit Changes**
  - As voids or food package changes are made in the MIS, the information will be updated immediately in the eWIC system.
Clinic Functions and Work Flow

- Card Issuance
  - Cannot occur until account has been established.
  - Can occur in the work flow at any time once the account is set up. There are different clinic flow options:
    - Could be issued when benefits are assigned/issued
    - Could be issued at the end of the appointment as part of a check out process
  - To issue, the card is typically swiped through a card reader connected to the MIS which captures the number; that number is transmitted to the eWIC system.
  - Participants receiving their first card will need to be trained; can be done by nutritionist, or by a clerk that issues the card.
  - Most clinics tend to issue the card at the point in the appointment when they used to print checks/vouchers.
Card Maintenance

- Cards may need to have their status changed, such as a deactivation because it is lost, stolen or damaged.
- Cards need to be replaced.
- States will need to consider where these activities could fit into the flow of clinic responsibilities:
  - If there is a single card issuance point in the clinic, that is often where card maintenance functions are handled.
  - Even when CPAs or Nutritionists handle card issuance, card maintenance is often completed by front desk clerks.
Clinic Functions and Work Flow

- PIN Selection
  - Cardholders will select their PIN on a device connected to the MIS, or a separate device that connects to the eWIC system over phone or internet.
  - PIN selection by phone is also an option.
  - PIN selection is typically done at the same time as card issuance.

- PIN Changes
  - Participants may have the option to change their PIN by phone.
  - They will also be able to change their PIN in the clinic.
  - PIN changes are typically handled by the same staff that are responsible for card replacements.
Troubleshooting Activities

- **Balance / Transaction Questions**
  - Cardholders will be able to get their balance through multiple ways.
  - Clinic staff will have access to balance and transaction information to help troubleshoot issues.

- **Cardholder Balance Inquiry Methods**
  - Print out from clinic with initial issuance amount
  - Last receipt
  - eWIC customer service automated voice response system
  - Cardholder portal
  - Phone app*
  - Text message*

*not available in all systems*
Troubleshooting Activities

- Card problems
  - In most systems, clinic staff are able to look at the system to see if there is anything blocking the card from being used (i.e., card is deactivated, or the PIN is locked).
  - Clinic staff can replace the card if there are issues.
  - In some systems, clinic staff can reset PIN if there are issues; in most systems PINs unlock automatically at midnight.
Preparing for eWIC

eWIC: From the Clinic Perspective
Planning Activities

- **Cost Analysis**: Compares the financial impact of transitioning from checks/vouchers to eWIC
- **Gap Analysis**: Assesses if the MIS needs updates to support eWIC
- **Procurement Options Analysis**: Determines how the state will obtain the services of an eWIC contractor
- **Development of Implementation Advance Planning Document (IAPD)**: This is the planning document submitted to for USDA/FNS for approval that describes the transition plan in extensive detail
- **Development of a scope of work for the eWIC service provider**, describes what services they will provide
Timeline

- The planning phase will be completed by February 2016
- Planning activities will determine the eWIC implementation schedule
- After planning is complete:
  - Hire an eWIC service provider
  - Prepare for implementation
  - Pilot eWIC
  - Rollout eWIC statewide
MIS Updates

- Development has already started to modify the WIC MIS to support eWIC.

- As part of the planning project, the MSC will define any new functions that need to be added or any that need to be changed, such as:
  - Changes to benefit issuance / benefit changes
  - Addition of card issuance/replacement functions
  - Ability to get the current balance
Preparation Activities

- Integration of eWIC in Clinics
  - eWIC Planning Committee
  - Look at current issuance processes
  - Could a new eWIC process fit into the place of a paper process, or is a new process need?
  - Installation of PIN pads / card readers

- Training of clinic staff
  - Changes in the MIS to support eWIC
  - PIN selection (if separate from MIS)
  - New policies and procedures
  - Troubleshooting
  - How to train participants about card use
Questions?

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