

## VII. SUMMARY OF INITIATIVE ALTERNATIVES

In order to accomplish development of a national research database that can be used to measure WIC program outcomes and participation dynamics at both the Federal and the State level, there are very little in the way of alternatives. The obvious alternative would be to maintain the present system, where each individual State may chose to link records to measure program outcomes, or the Federal government can conduct a national study using linked records as was done in the national WIC program evaluation.

The only real alternative that might accomplish some or all of the goals of this initiative would be to limit the data linkage to just WIC and Vital Records, and not including Medicaid. The justification for this might be that Vital Record database often contain sources of payment for pre-natal care and delivery, which would include Medicaid. If these data were available, one could compare WIC clients who claimed to be on Medicaid with those that did not report Medicaid as a source of payment.

There are two major problems with this approach. First, not all States require local hospitals to report source of payment, and those that do may not always know at the time of delivery that Medicaid is paying for the services. It is unknown how often this field is left blank by hospital staff, but discussions with two State registrars indicated that both find source of payment data in the vital records system to be unreliable. By cross-linking the WIC and vital records data with the Medicaid data, a more accurate picture of Medicaid participation can be developed.

The second problem with this approach is that there would be a missed opportunity to obtain data that would be valuable in measuring WIC program outcomes and/or participation dynamics. States that still use fee-for-service billing can provide both encounter data and service data in order to determine which services WIC participants are seeking, and often can provide data on the outcome of those services. Even with States that are using managed care plans, and not collecting encounter data, there are still opportunities to capture data on such services as EPSDT, pre-natal care and immunizations. It would seem valuable to have this third source of data on WIC participants to accurately compare outcomes and program dynamics of participants that use Medicaid as compared to those who do not.

As a result, this initiative has not provided a cost estimate for this alternative.