



Operational Plan

Data-Sharing to Increase Young Mothers' Benefits Enrollment in Central California

By Anna Banchik, Renata Bartlett, Nolan Green, Dorin Horsfall, Lee Howard, and Kash Sridhar

April 2026

This operational plan was developed by Aspen Policy Academy leaders while participating in the 2026 Tech Executive Leadership Initiative (TELI). It outlines how to make benefits enrollment information available within case management systems. The full project, including a policy brief explaining the leaders' core recommendations, is [available here](#). Please note that all authors' opinions published here are their own. This publication does not reflect the views of the Aspen Policy Academy or the Aspen Institute.

Objective

This document outlines a phased approach to a project that would make benefits enrollment information available to managed care providers (MCPs) in California counties participating in the Transforming Maternal Health (TMaH) Model directly inside their case management systems. This plan provides an operational overview of our proposed solution, the architecture, and the components involved. By developing and maintaining an “Enrollments” API along with a real-time “eligible but not enrolled” flag and integrating these into MCPs’ existing case management systems, the California Department of Health Care Services (DHCS) would ensure that MCPs have access to real-time enrollment data from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). DHCS would develop, manage, and strictly govern the use of the Enrollments API, which should be offered through the Medi-Cal Connect platform.

Flagging enrollment status at the point of care would help reduce participation gaps and improve outcomes for pregnant and postpartum Medi-Cal members. We recommend that Kern County, California, serve as the pilot site in Phase 1.

Once the intended success metrics are met, the approach would be expanded to the 4 other TMaH counties (Fresno, Kings, Madera, and Tulare) and then scaled statewide across Medi-Cal managed care counties.

Operational Overview

DHCS should develop a mechanism to share real-time enrollment data between Medi-Cal, WIC, and MCPs by leveraging existing data sharing agreements. Figure 1 shows the proposed data flow to integrate Medi-Cal enrollment data, WIC enrollment data, and MCP case management systems for the benefit of caseworkers and young mothers in the Kern County pilot group.

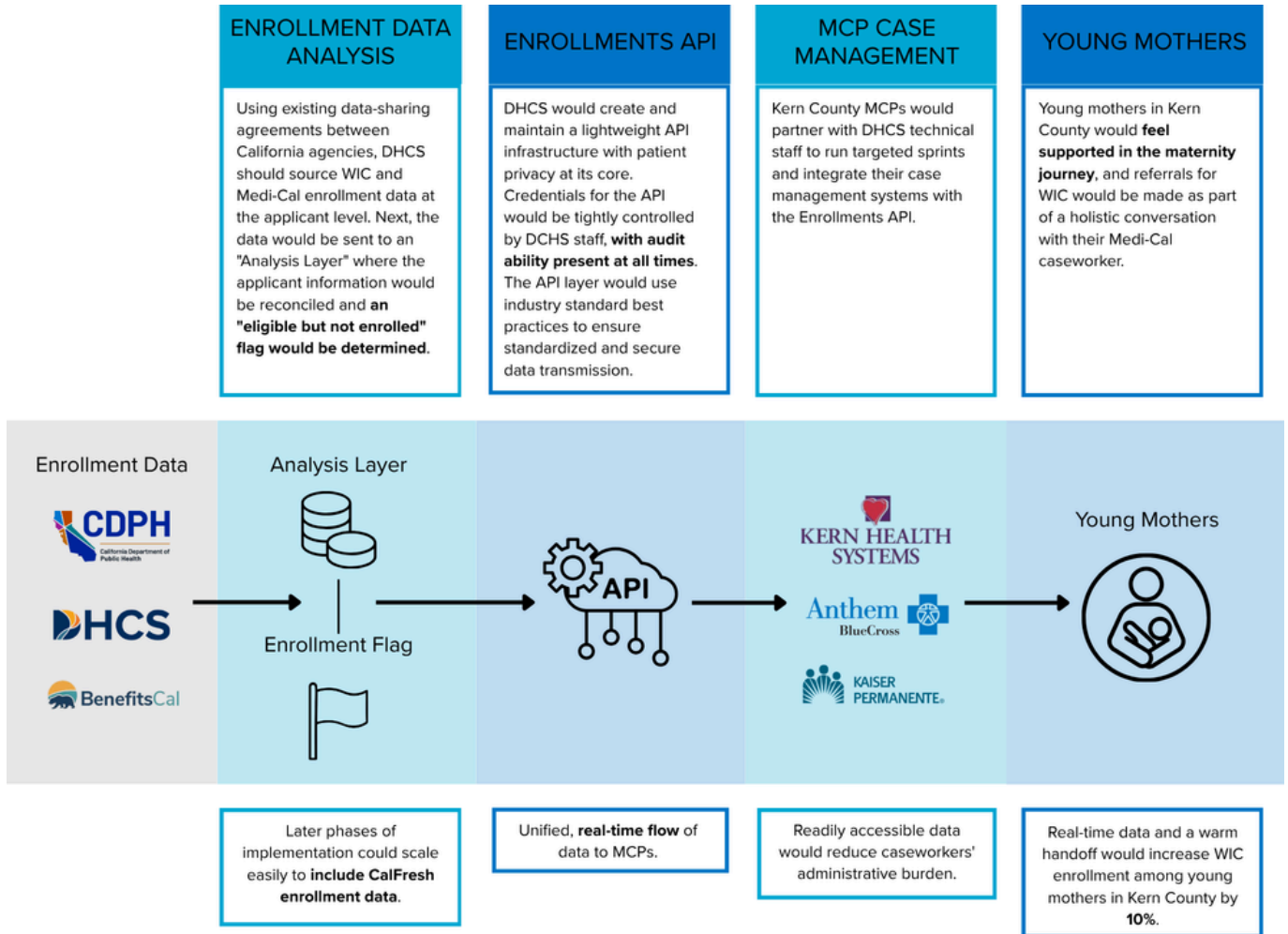


Figure 1. Operational Flow of Enrollments API

Description

Our recommended approach breaks implementation into 4 components for ease of implementation and support.

Component 1: Enrollment Data Analysis

The proposed “Analysis Layer” would allow DHCS to compare enrollment data from Medi-Cal and WIC. Matching records would be flagged and labeled “enrolled” or “eligible for enrollment.” Clients who are enrolled in both Medi-Cal and WIC would be flagged as “enrolled.” Clients who are enrolled in Medi-Cal but not WIC would be flagged as “eligible for enrollment” (provided they are determined to be eligible).

Component 2: Enrollment Status API Layer

Utilizing a simple new Enrollments API, DHCS could share the enrollment flag with MCPs. Credentials for the API would be tightly controlled by DHCS staff, and audit ability would be present at all times. This API layer would use industry standard best practices to ensure standardized and secure data transmission. (See Privacy and Technical Considerations for more detail.)

Component 3: MCP Case Management Integration

Kern County MCP case management systems would be able to leverage the enrollment flag directly in their case systems, showing members’ WIC enrollment data in real time to the caseworker. This seamless native integration with the MCP case management system would allow MCP caseworkers to readily access a young mother’s eligibility for other programs in Kern County (see Figure 2 on following page).

Photo by Faina Gurevich



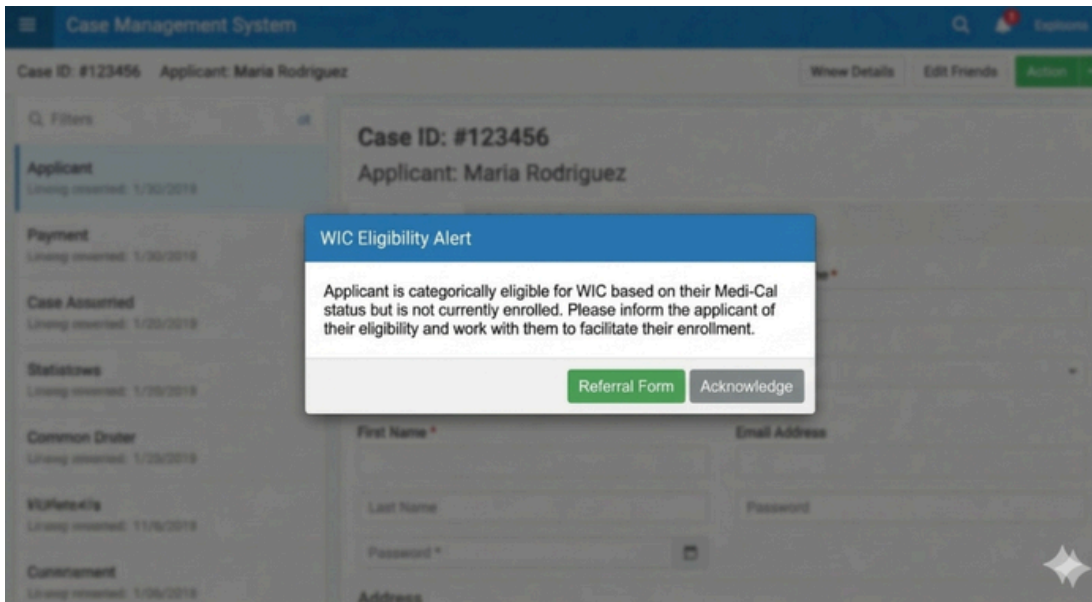


Figure 2. WIC Eligibility Alert

This image was created with the help of AI. Generative AI is experimental and information and image quality may vary. For more information on the extent and nature of AI usage, please contact us.

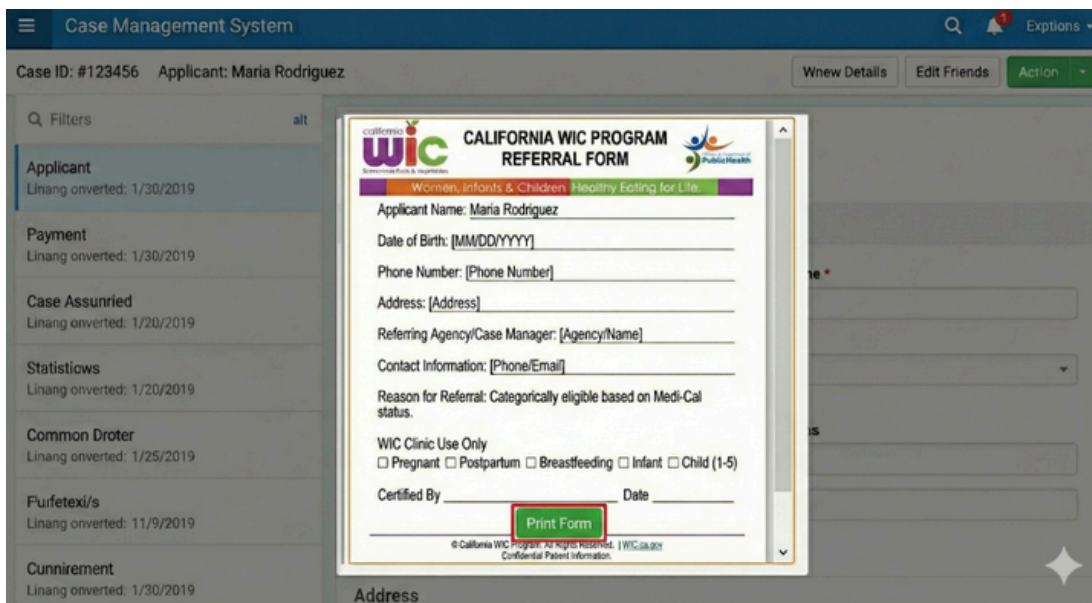


Figure 3. WIC Referral Form

This image was created with the help of AI. Generative AI is experimental and information and image quality may vary. For more information on the extent and nature of AI usage, please contact us.

Component 4: Enhanced Benefit Delivery to Young Mothers

Young mothers of Kern County would feel supported in their maternity journey, and WIC referrals would be made as part of a holistic conversation with their Medi-Cal caseworker.

Budget

Scope	Cost Estimates	Key Resources
Pilot with Kern County MCPs	~\$125,000–\$250,000	<ul style="list-style-type: none">• Program manager• Data integration technologist
TMaH-wide expansion	~\$250,000	<ul style="list-style-type: none">• Expanded tech team
Statewide expansion	~\$500,000—\$1 million	<ul style="list-style-type: none">• Full tech team
Additional costs	~\$350,000	<ul style="list-style-type: none">• Privacy, compliance, audits: \$100,000 annually• Outreach and administration: \$250,000 (to support all counties)

Implementation: Phased Approach

A phased approach is recommended to demonstrate the effectiveness of the proposal, first conducting a pilot in Kern County and then scaling to support additional TMaH counties before making the functionality available to all counties in California. During the first phase, DHCS would build, implement, and test the integration between Kern County’s MCP case management system and the new Enrollments API, which would be made available through the Medi-Cal Connect platform.

Phase 1: Initial Implementation with Kern County MCPs (Pilot)

The MCP case management system would be enhanced to provide real-time WIC enrollment status data. Data would be returned as a binary enrolled/not enrolled flag that would serve as the trigger for referral workflows.

Success Measures

Measure	Goal	Method
Kern County MCP integration	Production usage for each MCP in Kern County	Real-time reporting based on production queries to the enrollment API, broken down by MCP
Increase in WIC enrollments in Kern County	10% increase within 3 months of going live	Monthly analysis of Medi-Cal and WIC enrollments in Kern County to measure month-over-month impact
Decrease in pregnancy-related mortality	5% decrease in pregnancy-related mortality	Quarterly analysis of pregnancy-related mortalities in Kern County

Phase 2: Scale to Remaining TMaH Counties

Upon completion of the pilot in Kern County, the functionality would be expanded to support the 4 remaining TMaH counties. Additional project resources would be needed to support Fresno, Kings, Madera, and Tulare counties as MCPs integrate this functionality.

Phase 3: Scale to All Counties in California

Once the TMaH counties have integrated and demonstrated success, the final step would be to scale to support all counties in California. Again, the project team would have to grow to support the adoption of the API statewide (see Budget section for further detail). The system would be designed so that it could easily expand to new counties and programs.

Privacy and Technical Considerations

Privacy and security safeguards to protect client data and ensure secure data transmission are at the core of this recommendation. The following key functionalities define the scope of this integration:

- **Authentication and security** — The MCP case management system should connect with the Enrollments API securely, and access should be tightly controlled. This would ensure that only designated individuals view the WIC enrollment data.
- **Request/response handling** — The MCP system would access both single member-level and bulk-level requests to retrieve records.
- **Error handling and resilience** — The MCP system would be able to handle common internet errors and switch to a backup if the Enrollments API system goes down, to ensure that care managers can continue working.
- **Consent and audit logging** — To fulfill the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and DHCS's data-sharing agreement, every API call that retrieves member enrollment data should contain a documented consent event, logged with a time stamp, user ID, purpose, and data returned.
- **Data mapping and normalization** — The Enrollments API and the MCP case management system should be tightly integrated so that member data pulled from the API shows up correctly for care managers.
- **Idempotency and deduplication** — If the same eligibility check is triggered twice (user double-clicks, network retry), the system must not create duplicate records.

Photo by Goodshoot from Photo Images



Benefits Recipient User Journey

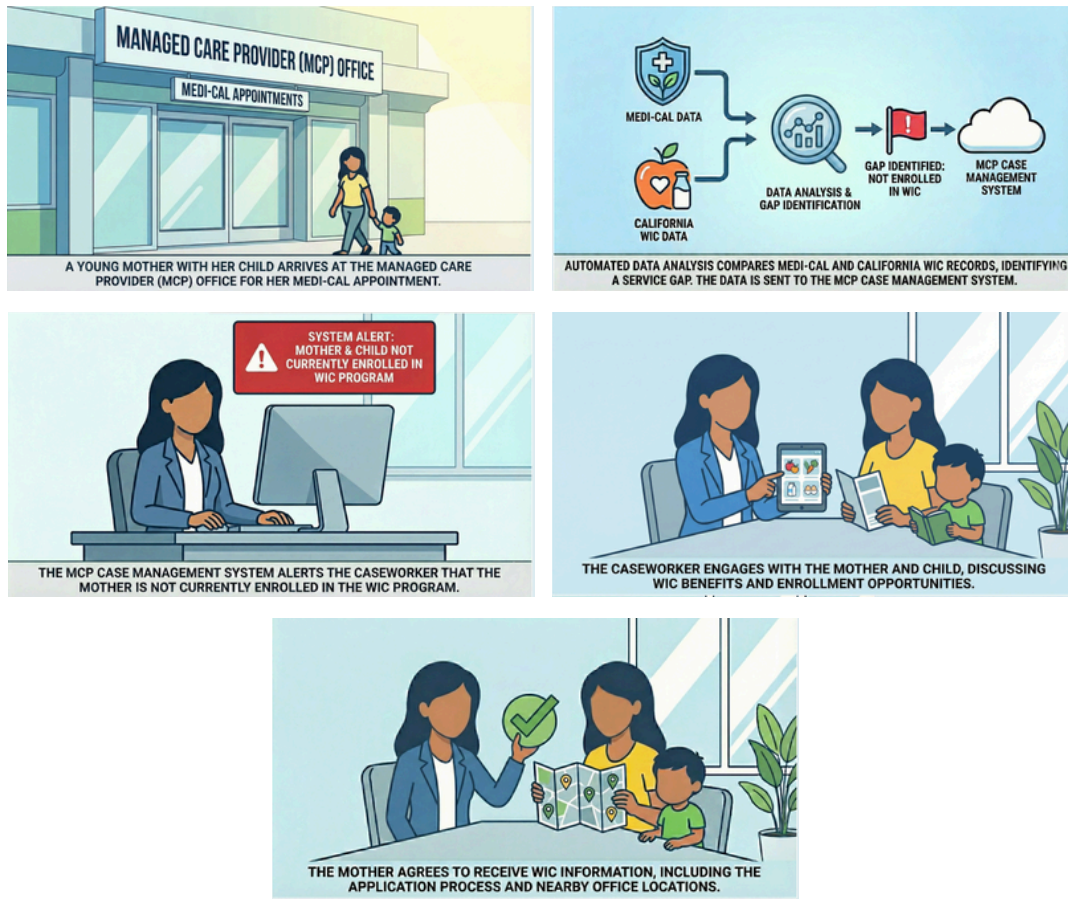


Figure 4. MCP Provides WIC Enrollment Information to a Young Mother

This image was created with the help of AI. Generative AI is experimental and information and image quality may vary. For more information on the extent and nature of AI usage, please contact us.

If you'd like to learn more, see the full project, including a policy brief explaining the leaders' core recommendations, here: aspempolicyacademy.org/project/california-nutrition-benefits-2026.



About the Tech Executive Leadership Initiative (TELI)

This project was completed as part of TELI, a partnership between the Aspen Institute's Policy Academy and the Tech Talent Project. TELI is a multiweek skills-building initiative that prepares experienced technology leaders to engage effectively with public sector challenges. Learn more at aspempolicyacademy.org/teli.