



Iowa WIC EBT

**Picking a Technology Choice for
the Iowa WIC Program**



Factors Contributing to our Decision



Involvement of our key stakeholders



Weighing the input



Considering how the options line up in context



Identifying Key Stakeholders

Our Key Stakeholders are All Who Have an Interest in, or are Effected by, What we are Doing:

- Vendors (grocery, pharmacy, farmer's markets)
- Local agencies, clinics, participants
- Contractors (banking, MIS M&O)
- Internally (other bureaus, divisions, and agencies)
- Other programs (Medicaid, SNAP, Head Start)

Grocery	<ul style="list-style-type: none">• Large chains• 651 stores
Pharmacy	<ul style="list-style-type: none">• Special formula• 118 stores
Farmers	<ul style="list-style-type: none">• 299 Markets accept WIC CVV and FMNP



Involving Key Stakeholders



To involve key stakeholders as partners

- Devised a communication plan
- Created opportunities for partnering
 - EBT Vendor Advisory Group
 - EBT Clinic Advisory Group

Building EBT partnerships with stakeholders

- The type of the relationships change over the lifecycle of the project
 - Informational – Sharing the information
 - Advisory – Get the real scoop
 - Partnership – Work together

Stakeholder concerns may weigh differently – that is normal

- Vendor participation is absolutely critical for implementation success
- Many internal stakeholders are largely informational



Weigh all of the input



**The feasibility study findings provide the framework.
Knowing the concerns and position of stakeholders fills in the overall picture.**

Example:

The feasibility study suggested that Iowa retail vendors did not have an EBT platform preference , but why?

- We shared, and discussed, the findings with the vendor advisory group
- We met with the Point-of-Sale suppliers for our state

Through discussion with our vendor stakeholders we learned the “why”

- Large chain vendors in Iowa have already implemented WIC EBT in both offline and online states, and feel they can do either in Iowa
- The largest supplier of POS equipment in Iowa began replace their retail client’s systems with EMV-compliant card readers early in 2012, and project that most will be upgraded before we expect to implement WIC EBT statewide



Consider how the options lineup in
context of the framework of the feasibility
study and the broader picture of
stakeholder input



What are the showstoppers?



- Staffing – Iowa’s small state agency
 - Hiring in-house staff for EBT not a viable option
 - Adding EBT responsibilities to the workload of existing staff not a viable option
 - The Iowa WIC Program does not have direct control of IT support for building, implementing, and maintaining a full or partial EBT system
 - The Iowa WIC Program does not have the staff, telephony, or contact center tools to manage an EBT help desk in-house



Affordability

- Paper least cost
- Online & offline outsourced models were both within NSA

Capacity

- 9FTEs/8 shared SA staffing
- Limited technical support
- MIS system modification required for EBT

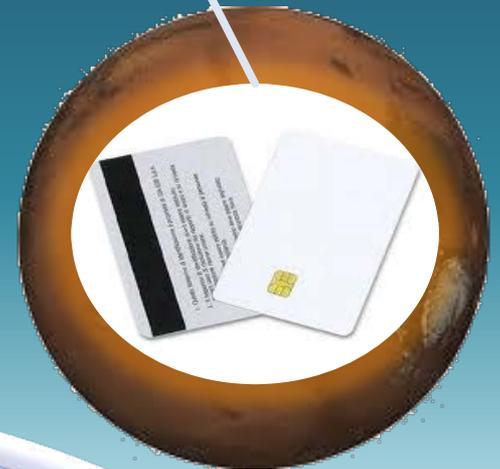
Impact

- 660 retailers
- 140 local clinics
- 70,000 WIC participants

With the options aligned in context, what do we really need to do EBT?



For Iowa the **answers** were **services** and **competitive pricing**



Iowa's Decision



Based on the input of our stakeholders weighed within the context of the feasibility study findings, the best WIC EBT procurement approach:

Service-based Platform-neutral

The Iowa WIC program, in partnership with Colorado WIC, will produce an RFP based on the services needed to support WIC EBT, accept bid proposals from both online and offline EBT services providers, and award to the bidder with the services required at the best value.

