



RECEIVED

FEB 12 2021

Sauk Co. HCS Dept

Wisconsin
10701 W. Research Drive
Wauwatosa WI 53226

February 9, 2021

Dear Director:

The Wisconsin Department of Health Services (DHS) has language in the BadgerCare Plus and/or Medicaid SSI Health Maintenance Organization (HMO) contract which requires HMOs to make a good faith effort to obtain a Memorandum of Understanding (MOU) with all Wisconsin County Human Service Agencies, Health Departments, School Based Services providers and **Birth to Three** providers in our service area to develop a working relationship.

UnitedHealthcare Community Plan is encouraging all Wisconsin County Human Service Agencies, School Based Services providers and Birth to Three providers that provide service to our members to sign the attached MOU.

Should your organization choose to receive reimbursement by UHC for claims submitted to UHC for BadgerCare Plus and Medicaid SSI HMO-covered services under the Medicaid program, a UHC standard provider agreement will need to be executed in addition to signing the enclosed MOU. A provider agreement with UHC is not necessary for those services provided and billed directly to the state. A provider agreement is only necessary if services being provided are HMO covered services and your organization would like to be a part of the UHC network. The attached MOU is a mechanism put in place to coordinate services to members covered by the BadgerCare Plus and Medicaid SSI programs as outlined in the WI Medicaid Provider Guide.

Please complete the following steps:

- Sign the copy of the MOU and return to UHC c/o Bobbi Klebenow, 10701 W. Research Drive, Wauwatosa, WI 53226; or email scanned copies to bobbi_klebenow@uhc.com.
- Keep a copy of the completed, signed MOU for your files
- To execute a provider agreement, please contact us with a written request. The contact information is listed on the MOU. One of our provider contracting representatives will contact you.

UnitedHealthcare Community Plan is committed to ensuring the best quality of care for our members. We hope this collaboration will improve the health in Wisconsin's Medicaid members.

If you have any questions please contact Bobbi Klebenow at (414) 443-4337 or email: bobbi_klebenow@uhc.com.

To learn more about us, please visit our website at www.uhccommunityplan.com

Sincerely,

Ralph B. Beck, LUTCF RHU® ChHC™
Chief Operating Officer

Attachment: UHC MOU

**MEMORANDUM OF UNDERSTANDING
BETWEEN
HEALTH MAINTENANCE ORGANIZATION
AND
TARGETED CASE MANAGEMENT (TCM) AGENCY AND CHILD WELFARE AGENCY**

The intent of this Agreement is to provide limited health care services by the TCM and Child Welfare Agencies for members of UnitedHealthcare Community Plan HMO. For purposes of this Agreement, "HMO" shall be inclusive of UnitedHealthcare Community Plan and its affiliates - defined as entities under control of, controlling, or under common control with, HMO.

The TCM and Child Welfare Agencies agrees to:

1. Cooperate and communicate with HMO to remove access barriers, coordinate care and ensure continuity and culturally appropriate care and services to HMO members;
2. Make available to HMO members billable and non-billable services which may include one or more of the following:
 - ☐ Targeted case management;
 - ☐ other: _____

TCM and Child Welfare Agencies shall only be required to provide those services to HMO members as are available from TCM and Child Welfare Agencies at the time services are requested.

3. Determine Medicaid eligibility on every individual prior to providing a billable service, including determining BadgerCare Plus and Medicaid SSI HMO enrollment. This may be done by using the online ForwardHealth Portal or by calling WiCall at 1-800-947-3544, 24 hours a day, 7 days a week for eligibility verification.
4. Report to the HMO or identified PCP the results of all services done by the TCM and Child Welfare Agencies.
5. Coordinate services with the primary care provider (PCP) of the member and or the HMO.
6. Give appropriate assistance to member who expresses difficulty in gaining access to HMO and/or to the PCP.
7. At all times, encourage members to seek medical care through HMO;
8. Provide access to records for compliance with Wisconsin BadgerCare Plus and Medicaid SSI contract for those services provided by TCM and Child Welfare Agencies which were specifically approved.
9. Provide contact information to the HMO and notify the HMO of any changes.

HMO agrees to:

1. Allow TCM and Child Welfare Agencies to provide agreed upon services to HMO members.


2. Accept referrals from TCM and Child Welfare Agencies staff to HMO providers for HMO members who require follow-up care and assist in the outreach to members who the TCM and Child Welfare Agencies identifies as requiring urgent or emergent follow-up care.
3. Follow-up on all members seeking care through TCM and Child Welfare Agencies. Every attempt will be made to educate members to access care through HMO.
4. Encourage HMO providers to arrange timely appointment for the HMO member.
5. Provide, on request, feedback to the TCM and Child Welfare Agencies regarding the HMO member's follow-up or lack of follow-up with the PCP.
6. Provide contact information to the TCM and Child Welfare Agencies and notify the TCM and Child Welfare Agencies of any changes.
7. Obtain Department of Health Services approval, as per required by contract, for this proposed MOU/contract, prior to signature by either party.

The parties mutually agree:

Any communication, data reporting or other disclosure of information under this agreement shall be done consistent with all applicable state and federal laws including, but not limited to, the security and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA).

This Agreement shall be effective on the date of the last to sign of the parties as set forth below and remain in effect for 3 years. Either party may terminate this Agreement upon thirty (30) days written notice delivered in person, by courier or by United States mail, postage prepaid and certified.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

HMO	TCM and Child Welfare Agencies
Authorizing Signature: Date: 2/8/2021  Ralph Beck UnitedHealthcare Community Plan 10701 W. Research Dr. Wauwatosa, WI 53226 414-443-4337	Authorizing Agency Name: (Please print) Authorizing Signature: Date: Tax ID #:
Title: COO	Title:

Julie Jaech

From: Amy Merwin
Sent: Thursday, March 18, 2021 7:57 AM
To: Julie Jaech
Cc: Treemanisha Stewart
Subject: FW: MOU Review
Attachments: SKM_C45821031806510.pdf

Julie –

We will work together on doing this first one together so you know how to do this, as this will be one of your regular tasks.

I am only working today to attend a meeting with Cathy and Treemanisha and will be back on Monday. If you want to try this on your own today you can, as I know you've had your training, but feel free to wait until Monday too.

Thanks

Amy Elizabeth Merwin
Financial Analyst

Sauk County Health Department
505 Broadway Suite 372
Baraboo WI 53913

608-355-4319

A Smile Can Change Someones Day!



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Notice: This email is sent by a publicly owned system and may be subject to open records and archival requirements under Wisconsin State Law.

From: Treemanisha Stewart <treemanisha.stewart@saukcountywi.gov>
Sent: Thursday, March 18, 2021 7:53 AM
To: Amy Merwin <amy.merwin@saukcountywi.gov>
Subject: MOU Review

Good Morning,
Please put this through the MOU routing system. Thank you.

~Best,
-Treemanisha
Office 608-355-4301

Memorandum of Understanding (MOU)

Between

Sauk County Nurse Family Partnership Program and Anthem Blue Cross Blue Shield

Sauk County Nurse Family Partnership (NFP) Program is a service funded by a range of private and public funding sources, including the Maternal, Infant and Early Childhood Home Visiting program (MIECHV) , **Medicaid, TANF** and public welfare funds, Title V Maternal and Child Block Grant, child abuse prevention, juvenile justice and delinquency prevention, substance abuse and mental health, tobacco settlement, state, city, and county general funds, early childhood/school readiness, pay for success/social impact bonds and private philanthropy, in addition to state and local general funds.

The NFP Program is responsible for outreach, risk assessment, care planning, care coordination, and follow up to support high-risk women.

The NFP Program agrees to facilitate effective communication between agencies, work to resolve interagency coordination and communication problems, and inform staff from the NFP Program about the policies and procedures for this cooperation, coordination, and communication.

Recognizing that these "clients-in-common" are at high risk for poor birth outcomes, the NFP Program agrees to cooperate in removing access barriers, coordinating care, and providing culturally competent services.

This agreement becomes effective on the date when both the HMO and the NFP Program have signed. It remains in effect until it is cancelled in writing with two weeks' notice by either signer.

Name of Health Care Provider: Anthem Blue Cross Blue Shield	Name of NFP Program:
Authorizing Signature: _____	Authorizing Signature: _____
Title: _____	
Name and Contact Information Title: Name: Address: Email: Phone:	Name and Contact Information Title: Name: Address: Email: Phone:
Date: _____	Date: _____

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Name of Health Care Provider: Anthem Blue Cross Blue Shield	Name of NFP Program: <i>Birth to Three program</i>
Authorizing Signature: _____	Authorizing Signature: <i>Brent R. Miller</i>
Title: _____	
Name and Contact Information Title: Name: Address: Email: Phone:	Name and Contact Information Title: <i>ADMINISTRATOR</i> Name: <i>BRENT R. MILLER</i> Address: <i>505 BROADWAY, BARABOO WI</i> Email: <i>brent.miller@saukcountywi.gov</i> Phone: <i>608-355-3274</i>
Date: _____	Date: <i>10/15/2021</i>

53913