

**MEMORANDUM OF UNDERSTANDING  
MODEL AGREEMENT  
BETWEEN  
BADGERCARE PLUS & MEDICAID SSI HEALTH MAINTENANCE  
ORGANIZATION  
AND  
LOCAL WIC AGENCY**

The intent of this Agreement is to collaborate between \_\_\_\_\_ WIC Agency and **UnitedHealthcare Community Plan HMO** regarding members of **United Healthcare Community Plan HMO**.

**The Local WIC Agency agrees to:**

1. Cooperate and communicate with HMO to ensure appropriate services of WIC participants of the HMO.
2. Make available to HMO members non-billable services which may include one or more of the following:
  - ☐ immunization screening;
  - ☐ nutrition services and supplemental foods;
  - ☐ breast feeding promotion and support;
  - ☐ body mass index identification;

Local WIC Agency shall only provide those services to HMO members as determined appropriate at the time of the WIC visit.

3. Refer to and coordinate services with the primary care provider (PCP) of the member as needed according to WIC policies and guidelines, using signed consent when required per WIC confidentiality policies.
4. Give appropriate assistance to member who expresses difficulty in gaining access to HMO and/or to the PCP.
5. Encourage members to seek medical care through HMO.
6. Provide agency contact information to the HMO and notify the HMO of any changes.

**HMO agrees to:**

1. Refer all WIC categorically eligible HMO members to the Local WIC Agency. This includes pregnant women and children under five years old. This may involve case managers who call HMO members, and ensuring providers in the contracted network are educated about making referrals to WIC.

2. Provide Local WIC Agency with the referral processes and point of contact for questions to be used when HMO members require assistance from the HMO.
3. Encourage HMO providers to arrange an appointment for the HMO member within two weeks of the Local WIC Agency referral if the member has not been under care.
4. Provide, on request, feedback to the Local WIC Agency regarding the HMO member's follow-up or lack of follow-up with the PCP.
4. Provide HMO contact information to the Local WIC Agency and notify the Local WIC Agency of any changes.

☐ **This Local WIC Agency provides Blood Lead Screening Services**

**The Local WIC Agency agrees to:**

1. 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.
2. Coordinate screenings with the PCP of the member to ensure appropriate testing schedule is followed. This may be done by using the Wisconsin Blood Lead Registry.
3. Report elevated blood lead screening results done by the Local WIC Agency to the identified PCP.
4. Provide access to records for compliance with Wisconsin BadgerCare Plus and Medicaid SSI contract.

**HMO agrees to:**

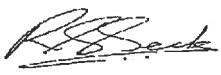
1. Allow WIC to provide blood lead screening services to HMO members.
2. Negotiate an agreed upon contract with the Local WIC Agency regarding claim submission timeframes, rate of payment, etc.
3. Notify the Local WIC Agency of the provider appeal procedures as required by the BadgerCare Plus and Medicaid SSI HMO contract, and abide by the timelines as required in the contract.

**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 through 2024. 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.

<b>HMO</b>	<b>Local WIC Agency</b>
Agency Name:  <b>UnitedHealthcare Community Plan</b>  Authorizing Signature:  	Agency Name:    Authorizing Signature:
Title: Chief Operating Officer	Title:
Date: August 13, 2021	Date: