

**MEMORANDUM OF UNDERSTANDING
BETWEEN
INDEPENDENT CARE HEALTH PLAN
AND
PRENATAL CARE COORDINATION PROVIDER**

INSTRUCTIONS

Prenatal Care Coordination (PNCC) services are paid fee-for-service by Wisconsin Medicaid and BadgerCare Plus for all members, including those enrolled in state-contracted HMOs. The PNCC provider may not determine the need for specific medical care, or make referrals directly to providers of medical care, for services covered under the HMO contract. The HMO is responsible for managing the member's overall care. The HMO and the PNCC provider agree to facilitate inter-agency communication and inform staff from both the HMO and the PNCC agency about the policies and procedures for this cooperation, coordination, and communication.

PURPOSE AND SCOPE

Wisconsin Medicaid and BadgerCare Plus require the establishment of a memorandum of understanding (MOU) between PNCC providers and HMOs. The MOU recognizes that the PNCC agency and the HMO have "clients-in-common" and agree to cooperate in removing access barriers, coordinating care, and providing culturally competent services. The MOU provides a framework for establishing a working relationship between both entities.

PERIOD OF AGREEMENT

This MOU becomes effective on the date that **both** the HMO and the PNCC provider have signed it. The MOU remains in effect for three years from the date of the last signature. At the end of the three-year term, the MOU must be renewed in order to remain in effect. If the MOU is not renewed, it will expire.

This MOU may be amended at any time by mutual agreement, with the changes noted in a signed and dated addendum to this document.

SECTION I — RESPONSIBILITIES OF PRENATAL CARE COORDINATION PROVIDER

Under this agreement, the PNCC provider will do the following:

1. Designate at least one individual to serve as a liaison between the PNCC provider and the HMO.
2. Share the liaison's name and contact information with the HMO.
3. Notify the HMO when providing PNCC services to one of its members. (*HMO enrollment information is included in the ForwardHealth Enrollment Verification System*).
4. Contact members referred by the HMO and work diligently to enroll them in PNCC within five days of receiving the referral. This includes the following activities:
 - Providing the HMO with the name and contact information of the member's designated care coordinator.
 - Notifying the HMO if the member is determined ineligible or if the member declines PNCC services.
5. Obtain a written Release of Information from all members receiving PNCC services to support the sharing of information with obstetric care providers and other health care providers.
6. Send the HMO a completed copy of the *Pregnancy Questionnaire* within two business days of receiving the request.
7. Share other relevant information with the HMO to coordinate services and help ensure healthy birth outcomes.
8. Consult with the designated HMO liaison, as needed, on member-specific issues.
9. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.

SECTION II — RESPONSIBILITIES OF HMO

Under this agreement, the HMO will do the following:

1. Designate at least one individual to serve as a liaison between the HMO and the PNCC provider. This individual will be the key point of contact for the PNCC provider.
2. Share the liaison's name and contact information with the PNCC provider.
3. Inform HMO members about the availability and benefits of PNCC services and share a listing of local PNCC providers, if necessary.
4. Inform appropriate network providers about the availability and benefits of PNCC services.
5. Encourage obstetric care providers to establish MOUs with PNCC providers to delineate their working relationship.
6. Ensure that appropriate staff and network providers understand when and how to refer women for PNCC services.
7. Facilitate communication between network providers and care coordinators, when necessary.
8. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.

Continued

SECTION III — SIGNATURES OF AUTHORIZED REPRESENTATIVES

Name — PNCC Agency	Independent Care Health Plan — HMO
Name — Authorized Agency Representative (Print)	Tony Mollica — Authorized HMO Representative (Print)
Title — Authorized Agency Representative	CEO/President — Authorized HMO Representative
SIGNATURE — Authorized Agency Representative	SIGNATURE — Authorized HMO Representative
Date Signed*	Date Signed*

*This MOU expires no later than three years from the latest date signed.

Name and Contact Information (if known) — Designated PNCC Liaison	Name and Contact Information (if known) — Designated HMO Liaison Bao Xiong Supervisor of Care Coordination- Badger Care Plus 414-918-7539 bxiong@icarehealthplan.org 1555 N. RiverCenter Drive, Suite 206 Milwaukee, WI 53212
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