

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**BETWEEN**  
**LOCAL WIC AGENCY AND**  
**MANAGED HEALTH SERVICES INSURANCE CORP. AND NETWORK HEALTH PLAN (HMO)**

**PURPOSE AND SCOPE**

Wisconsin Medicaid and BadgerCare Plus encourage the establishment of a memorandum of understanding between Local Women, Infants, and Children (“WIC”) Agencies and Health Maintenance Organizations (“HMOs”). For purposes of this agreement, MHS is defined as an HMO and references to an HMO are understood to reference MHS. This Memorandum of Understanding (MOU) recognizes that the Local WIC 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. The HMO and the Local WIC Agency agree to facilitate inter-agency communication and inform staff from both the HMO and the Local WIC Agency about the policies and procedures for this cooperation, coordination, and communication.

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**SECTION I — RESPONSIBILITIES OF LOCAL WIC AGENCY**

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**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;
  - ☐ Social determinants of health (SDOH) screening
    - SDOH screening may include categories such as: transportation, financial resources, food, housing, social support, childcare, employment, safety, health behaviors (ex. needs primary care or dental referral)

Local WIC Agency shall only provide those services to the 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 the HMO and/or to the PCP.
5. Encourage members to seek medical care through the HMO.
6. Provide agency contact information to the HMO and notify the HMO of any changes.

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**SECTION II — RESPONSIBILITIES OF HMO**

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**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.
5. Provide HMO contact information to the Local WIC Agency and notify the Local WIC Agency of any changes.

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### **SECTION III — RESPONSIBILITIES BOTH PARTIES**

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**The parties mutually agree:**

1. 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).
2. 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 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. 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.

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### **SECTION IV — BLOOD LEAD SCREENING SERVICES:**

- *Check box below for availability of Local WIC Agency blood lead screening services*
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☐ **This Local WIC Agency does not provide Blood Lead Screening Services**

- Section IV does not apply to MOU if Blood Lead Screening Services are not provided

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

**The parties mutually agree:**

1. Negotiate an agreed upon Participating Provider Agreement between Local WIC Agency and HMO regarding claim submission timeframes, rate of payment, etc.

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**SECTION V — SIGNATURES OF AUTHORIZED REPRESENTATIVES**

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<b>Local WIC Agency:</b> Sauk County WIC	<b>HMO:</b> <b>Managed Health Services Insurance Corp.</b>
Name — Authorized Agency Representative (Print) Joyce Smidl	Name — Authorized HMO Representative <b>David Wolff</b>
Title — Authorized Agency Representative Nutrition Program Director	Title — Authorized HMO Representative <b>CFO/Interim CEO</b>
<b>SIGNATURE</b> — Authorized Agency Representative	<b>SIGNATURE</b> — Authorized HMO Representative
Date Signed*	Date Signed*

<b>Designated Local WIC Agency Liaison:</b>  Name/Title: Joyce Smidl Phone: 608-355-4302 Email: joyce.smidl@saukcountywi.gov	<b>Designated HMO Liaison:</b>  Manager, Start Smart for your Baby Program MHS Health Wisconsin and Network Health Plan <a href="mailto:MHSClinicalOperations@mhswi.com">MHSClinicalOperations@mhswi.com</a>
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**Local WIC Agency Demographic Information**

Local WIC Agency Name: Sauk County WIC  
Tax ID: 39-6005740  
NPI: 1962535088  
Street Address: 505 Broadway, Suite 372, Baraboo, WI  
County: Sauk

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