

1555 North RiverCenter Drive
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Milwaukee, Wisconsin 53212

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www.iCareHealthPlan.org



RECEIVED

JUN 20 2022

Sauk Co. Health Dept

SAUK COUNTY HEALTH DEPT
505 BROADWAY ST STE 372
BARABOO, WI 53913

Dear Prenatal Care Coordination Agency,

BadgerCare Plus and Medicaid HMOs are required to complete a joint Memorandum of Understanding (MOU) with Prenatal Care Coordination (PNCC) providers in all shared service areas. This MOU is to ensure communication, facilitate service coordination, and promote healthy birth outcomes, among other goals outlined in the attached MOU.

As iCare enrolls Medicaid and BadgerCare Plus members within your service area, we request a MOU be completed to create a mutual understanding of responsibilities and set standards to help coordinate services for current or future iCare members participating in your PNCC program.

Your PNCC agency is receiving this MOU because iCare does not currently have one on file or the MOU on file is expiring in 2022.

Please review and complete the enclosed MOU. The signed MOU should be returned to iCare by USPS in the envelope provided, through Fax: 414-272-5681 ATTN: Network Development, or by e-mail at NetDev@iCareHealthPlan.org.

It is important to one keep one copy of the signed MOU for your records and return one copy to iCare.

For questions, please contact iCare's Network Development Department.

Sincerely,

Network Development Contract Specialist
Independent Care Health Plan- iCare
1-414-918-7517
lbartelt@icarehealthplan.org
www.iCareHealthPlan.org

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SECTION III — SIGNATURES OF AUTHORIZED REPRESENTATIVES

Name — PNCC Agency

Sauk County Health Department

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

Anthony Mollica

Date Signed*

Date Signed*

6/16/2022

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

Name and Contact Information (if known) — Designated PNCC
LiaisonName and Contact Information (if known) — Designated HMO
Liaison

Bao Xiong

Supervisor of Care Coordination- Badger Care Plus

414-918-7539

bxiong@icarehealthplan.org

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