

**MEMORANDUM OF UNDERSTANDING  
BETWEEN**

**GROUP HEALTH COOPERATIVE OF EAU CLAIRE &  
ITS ADMINISTERED PROGRAMS**  
(Hereinafter referred to as “HMO”)

AND

**PRENATAL CARE COORDINATION AGENCY**  
West Square Building, 505 Broadway St #372  
Baraboo, WI 53913-2401  
(Hereinafter referred to as “PNCC”)

**Effective Date:** August 1, 2022

Scope and Purpose. Prenatal care coordination services for all recipients, including those enrolled in Managed Care Organizations such as Group Health Cooperative of Eau Claire, are paid as “fee-for-service” by the Wisconsin Medicaid Program administered by the Wisconsin Department of Health and Family Services. The Prenatal Care Coordination Agency (PNCC) is responsible for services which include outreach, risk assessment, care planning, care coordination and follow-up to support high-risk pregnant women. Group Health Cooperative of Eau Claire is responsible for coordinating and managing medically necessary services. Successful provision of the services to individual recipients requires cooperation, coordination and communication between the HMO and the PNCC.

Responsibilities of PNCC and HMO.

I. Responsibilities of PNCC

- a. Designate at least one individual to serve as liaison between the PNCC and HMO.
- b. Share the Liaison’s name and contact information with the HMO.
- c. Notify the HMO when providing PNCC services to one of its members.
- d. Contact members referred by the HMO and work diligently to enroll them in PNCC within five (5) days of receiving the referral.
  - i. Provide the HMO with the name and contact information of the member’s designated care coordinator.
  - ii. Notify the HMO if the member is determined ineligible or if the member declines PNCC services.
- e. Obtain a written Release of Information from all members receiving PNCC services to support the sharing of information with obstetric care provider and other health care provider.
- f. Send the HMO a completed copy of the *Pregnancy Questionnaire* within two (2) business days of receiving the request.
- g. Share other relevant information with the HMO to coordinate services and help ensure healthy birth outcomes.
- h. Consult with the designated HMO liaison as needed, on member-specific issues.
- i. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.

II. Responsibilities of HMO

- a. 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.
- b. Share the liaison’s name and contact information with the PNCC provider.
- c. Inform HMO members about the availability and benefits of PNCC services and share a listing of local PNCC providers, if necessary.
- d. Inform appropriate network providers about the availability and benefits of PNCC services.
- e. Encourage obstetric care providers to establish MOUs with PNCC provider to delineate their working relationships.
- f. Ensure that appropriate staff and network provider understand when and how to refer women for PNCC services
- g. Facilitate communication between network providers and care coordinators, when necessary.
- h. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.

*Letter of Agreement between Group Health Cooperative of Eau Claire and Sauk County Health Department  
Effective Date: August 1, 2022*

Term. This Memorandum of Understanding (MOU) becomes effective on the date indicated and when signed by both parties. Termination of the Agreement shall be in writing with two (2) weeks' notice by either party. MOU remains in effect for three (3) years from effective date. The MOU must be renewed in order to remain in effect. If the MOU is not renewed, it will expire.

Amendment. This Agreement may be amended at any time by mutual written agreement of Provider and the Cooperative. However, should this Agreement need to be amended to meet applicable law, the Cooperative will notify Provider in writing at least thirty (30) days prior to implementation and approval by Provider is not needed. These regulatory appendices, and any attachments to them, are expressly incorporated into this Agreement and are binding on the parties to this Agreement. In the event of any inconsistent or contrary language between a regulatory appendix and any other part of this Agreement, including but not limited to addendums, amendments and exhibits, the provisions of the regulatory appendix will control, to the extent it is applicable.

Confidentiality. HMO and the PNCC shall maintain the confidentiality of all information regarding members in accordance with all applicable state and federal statutes and regulations including the Health Insurance Portability and Accountability Act (HIPAA).

Contact Information.

PNCC Liaison Name: Jessie Phalen

HMO Liaison Name: Taylor Hanson – QI Manager

PNCC Liaison Phone: 608-355-3290

HMO Liaison Phone: 715-852-2994

PNCC Liaison Fax: 608-355-4329

HMO Liaison Fax: 715-598-7530

**GROUP HEALTH COOPERATIVE OF EAU CLAIRE**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Sarah North**  
**CEO & General Manager**

**SAUK COUNTY HEALTH DEPARTMENT**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Brent Miller**  
**Administrator**

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]**

Subsequent Review and Approval. This MOU must be reviewed and approved every three (3) years at a minimum from initial signature. HMO and PNCC agree by signature below that there have been no changes to this Agreement. This Agreement will continue in effect for three (3) years from most recent signature date.

**GROUP HEALTH COOPERATIVE OF EAU CLAIRE**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Name**  
**Title**

**NAME OF PROVIDER**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Name**  
**Title**

Subsequent Review and Approval. This MOU must be reviewed and approved every three (3) years at a minimum from initial signature. HMO and PNCC agree by signature below that there have been no changes to this Agreement. This Agreement will continue in effect for three (3) years from most recent signature date.

**GROUP HEALTH COOPERATIVE OF EAU CLAIRE**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Name**  
**Title**

**NAME OF PROVIDER**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Name**  
**Title**