

MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN PRENATAL CARE COORDINATION PROVIDER AND
Managed Health Services Insurance Corp and Network Health Plan (HMO)

INSTRUCTIONS

Prenatal Care Coordination (PNCC) services are paid fee-for-service by Wisconsin Medicaid and BadgerCare Plus for all members eligible to receive those services, 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 by the HMO. 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 a PNCC provider and HMOs in the PNCC service area. The MOU recognizes that the PNCC provider and the HMO have shared members and agree to cooperate and coordinate care. The MOU provides a framework for establishing a working relationship between both entities.

PERIOD OF AGREEMENT

This MOU will become effective on the **date the PNCC provider has received written or published certification approval from the Wisconsin Department of Health Services (DHS)**. The MOU will remain in effect until either the HMO or the PNCC disenrolls from Medicaid or is terminated from ForwardHealth, unless either party terminates the MOU based on a breach of the MOU's responsibilities, listed below.

HMOs can confirm a PNCC provider's certification status by consulting DHS's weekly provider report.

If either party to this MOU terminates the MOU based on a breach of its terms, both parties are obligated to immediately notify the DHS Office of the Inspector General within 30 days of the termination date at DHSOIGAdmin@dhs.wisconsin.gov that the MOU has been terminated.

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 AGENCY

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; provide updated liaison name and/or contact information to the HMO.
3. PNCC liaison shall return a signed, completed copy of the MOU (including both pages) to the HMO for counter-signature. .
4. Upon PNCC agency's receipt of an MOU that is counter-signed by the HMO, PNCC shall confirm its receipt with the HMO liaison.
5. Notify the HMO when providing PNCC services to one of its members. (*HMO enrollment information is included in the ForwardHealth Enrollment Verification System*).
6. Contact members referred by the HMO and attempt 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.
7. 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.
8. Send the HMO a completed copy of the *Pregnancy Questionnaire* within two business days of receiving the completed Questionnaire.
9. Share completed *Care Plan* and/or other relevant information with the HMO to coordinate services and help ensure healthy birth outcomes. Consult with the designated HMO liaison, as needed, on member-specific issues.
10. 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 point of contact for the PNCC provider.
 2. Share the liaison's name and contact information with the PNCC provider.
 3. Upon receiving an MOU that is signed by the PNCC agency, HMO shall counter-sign and return the completed document to the PNCC liaison.
 4. Inform HMO members about the availability and benefits of PNCC services. Share a listing of local PNCC providers with members, if necessary.
 5. Ensure that appropriate staff and network providers understand when and how to refer women for PNCC services.
 6. Facilitate communication between network providers and PNCC providers, including PNCC care coordinators..
 7. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.
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SECTION III — SIGNATURES OF AUTHORIZED REPRESENTATIVES

Name – PNCC Agency County of Sauk	HMO: Managed Health Services Insurance Corp
Name – Authorized Agency Representative (Print) Lisa M Wilson	Name – Authorized HMO Representative Gregory Langer
Title – Authorized Agency Representative County Administrator	Title – Authorized HMO Representative Vice President, Network Development & Contracting
SIGNATURE – Authorized Agency Representative  <small>Lisa M Wilson (Feb 5, 2026 14:32:25 CST)</small>	SIGNATURE – Authorized HMO Representative  <small>Gregory Langer (Feb 5, 2026 14:35:32 CST)</small>
Date Signed* Feb 5, 2026	Date Signed* Feb 5, 2026

Designated PNCC Liaison: Name/Title: Lisa Wilson, Administrator Phone: 608-355-3273 Email: Lisa.wilson@saukcountywi.gov	Designated HMO Liaison: Manager, Start Smart for your Baby Program MHS Health Wisconsin and Network Health Plan MHSClinicalOperations@mhswi.com
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PNCC Provider Demographic Information

Tax ID: 39-6005740

NPI: 1780717801

Street Address: 505 Broadway, Baraboo, WI 53913

County: Sauk