



## **MEMORANDUM OF UNDERSTANDING BETWEEN CITY OF MILWAUKEE HEALTH DEPARTMENT PRENATAL CARE COORDINATION PROVIDER AND TRILOGY HEALTH INSURANCE**

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. 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. Trilogy is responsible for managing the member's overall care. Trilogy and Provider agree to make good faith efforts to facilitate inter-agency communication and inform staff from both parties 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 Provider and Trilogy 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. This Memorandum of Understanding between City of Milwaukee Health Department Prenatal Care Coordinator Provider and Trilogy Health Insurance (the "Attachment") governs the parties' relationship regarding PNCC services.

### **SECTION I — RESPONSIBILITIES OF PROVIDER**

Under this Attachment, Provider will do the following:

1. Designate at least one individual to serve as a liaison between Provider and Trilogy.
2. Share the liaison's name and contact information with Trilogy.
3. Notify Trilogy 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 Trilogy and work diligently to enroll them in PNCC services within five days of receiving the referral. This includes the following activities:
  - Providing Trilogy with the name and contact information of the member's designated care coordinator.
  - Notifying Trilogy if the member is determined ineligible or if the member declines PNCC services.
5. Obtain a written Release of Information, a copy of which is attached hereto for reference, from all members receiving PNCC services to support the sharing of information with obstetric care providers and other health care providers.
6. Send Trilogy a completed copy of the *Pregnancy Questionnaire* within two business days of receiving the request.
7. Share other relevant information with Trilogy to coordinate services and help ensure healthy birth outcomes.
8. Consult with the designated Trilogy liaison, as needed, on member-specific issues.
9. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this Attachment.

### **SECTION II — RESPONSIBILITIES OF TRILOGY**

Under this agreement, Trilogy will do the following:

1. Designate at least one individual to serve as a liaison between Trilogy and Provider. This individual will be the key point of contact for Provider.
2. Share the liaison's name and contact information with Provider.
3. Inform Trilogy 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 Attachment.

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