



September 28, 2020

Dear City of Milwaukee Health Department,

As part of the Medicaid Program for BadgerCare Plus recipients, Care Wisconsin Health Plan—Trilogy Health Insurance, Inc (Trilogy) is reaching out to renew our Memorandum of Understanding (MOU) with specific providers to complement our medical network. We would like to thank you for your past participation and ask that you sign and return the attached documents.

We are now required to have an MOU with the Health Department as well as an MOU for PNCC should you offer those services. Both documents are enclosed for your review.

Please keep a copy for your records and send the original signed pages to the address below.

*Scas Management Group
Attn: Contracting Department
3073 S Chase Ave, Ste 300
Milwaukee, WI 53207*

Trilogy is locally owned and operated and provides various types of insurance programs in Wisconsin. Our customer service, provider relations and management staff are proud to offer their high level of service to providers. We are confident that you will agree that Trilogy continues to be reliable and easy to work with.

For questions or to speak with a contracting representative, please call Scas Management Group at 414-755-3619. Scas Management Group has been hired by Trilogy to develop the physician, hospital, and ancillary provider panel and to establish MOU's for our Wisconsin Medicaid product. Please feel free to contact us at the number above if you have any questions.

Thank you in advance for continuing to work with our Trilogy Medicaid members.

Sincerely,

Maria Ledger
CEO
Care Wisconsin Health Plan--Trilogy Health Insurance, Inc



Respect for our Customers
Responsiveness to their Needs
Responsibility for our Actions

**Memorandum of Understanding between Care Wisconsin Health Plan-Trilogy Health Insurance, Inc.
and
City of Milwaukee Health Department**

This Memorandum of Understanding (MOU) is between Care Wisconsin Health Plan--Trilogy Health Insurance, Inc. (Trilogy) and the undersigned Health Department (Provider).

The intent of the MOU is to provide limited health care services by Provider for Trilogy Members. This MOU is understood to include and reimburse Provider for Covered Services to Trilogy Members in which Trilogy contracts with the Wisconsin Department of Health Services for BadgerCare Plus HMO Services at Medicaid Fee-for-Service rates. Billable and non-billable services which may include one or more of the following: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Oral Health e.g. dental sealants, fluoride varnishes | <input type="checkbox"/> Prenatal Care Coordination Services (PNCC)
(If yes, complete the PNCC form) |
| <input type="checkbox"/> HealthCheck Exams and/or Interperiodic HealthCheck Screens | <input type="checkbox"/> Women, Infant and Children Services (WIC) |
| <input type="checkbox"/> Blood Lead Level Screening | <input type="checkbox"/> Targeted Case Management (TCM) |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Care Coordination for Children with Special Needs |
| <input type="checkbox"/> Body Mass Index Identification | <input type="checkbox"/> Child Welfare Services |
| <input type="checkbox"/> Birth to Three | |

Provider agrees to:

1. Facilitate and/or provide the above indicated services for age appropriate Trilogy members who voluntarily present for services.
2. Interview Trilogy members to determine if/when the same or similar service has been provided in the recent past by Provider or by a primary care provider (PCP) to avoid duplication of services
3. Coordinate the services of its Lead Program (i.e. nursing follow up and coordination, outreach, and environmental inspections of the home) with PCP for the family of the lead toxic child and provide written reports to the PCP according to program guidelines.
4. Report to Trilogy network providers, on request, the results of all services provided by Provider with appropriate medical release form the patient/parent/legal guardian.
5. At all times encourage Trilogy members to seek medical care from their PCP.
6. Provide appropriate assistance to Trilogy members who express difficulty in gaining access to the Trilogy network and/or to the PCP, contacting Trilogy Customer Service or Member Advocate at 855-530-6790 or advocate@scasmg.com.
7. Submit request for payment of Covered Services to Trilogy within one hundred twenty (120) days after the occurrence of all events necessary to establish the amount of the claim for payment on a completed CMS 1500 billing form (or its successors) and to accept the Medicaid Fee Schedule payment as payment in full.
8. Participate in Trilogy's Quality Assessment/Performance Improvement Program (QAPI).



Respect for our Customers
Responsiveness to their Needs
Responsibility for our Actions

- 9. Provide access to records for compliance with the State BadgerCare Plus contract for those services provided by Provider.
- 10. Include in Exhibit A complete information on locations covered under this agreement and billing information as requested.

Trilogy agrees to:

- 1. Allow Provider to provide agreed upon services for Trilogy members.
- 2. Accept referrals from Provider’s staff to Trilogy network providers for Trilogy members who require follow up care.
- 3. Encourage Trilogy PCPs to follow the current Centers for Disease Control (CDC) recommendations for screening children for blood lead poisoning as well as recommendations for follow up of children who are identified as having elevated blood lead levels.
- 4. Encourage Trilogy network providers to use the Wisconsin Immunization Registry (WIR).
- 5. Reimburse Provider within thirty (30) days of receipt of a clean claim. In the event the BadgerCare Plus fee-for-service rate is adjusted by DHS on a retrospective basis, the revised rate will be applied to claims received after the notification date. No retroactive adjustment to previous claim payments will be made.
- 6. In the event that DHS retroactively disenrolls a Trilogy member after services have been paid, Trilogy will adjust previously paid claims to Provider until the account is clear. In the event there are insufficient new claims to cover the amount owed Trilogy, Provider will be notified with a request for refund.

Trilogy and Provider agree to communicate, cooperate and work to resolve inter-agency coordination of care, working in common to remove access barriers, coordinating care and providing culturally competent services for Trilogy members utilizing PNCC, TCM or Child Welfare services. Trilogy will designate at least one individual to serve as the contact person for the Provider for these types of services.

Terms of Agreement:

Agreement shall automatically renew annually unless either of the parties shall notify the other party in writing no later than 60 days prior to the expiration of the current agreement that it desires to modify the Agreement.

City of Milwaukee Health Department
841 N Broadway, Room 315
Milwaukee, WI 53202

**Care Wisconsin Health Plan—
Trilogy Health Insurance, Inc**
10201 West Innovation Drive, Suite 100
Wauwatosa, WI 53226-4822 (414-755-3619)

Name — Authorized Agency Representative (Print) <i>Kirsten Johnson</i>
Title — Authorized Agency Representative <i>Commissioner of Health</i>
SIGNATURE — Authorized Agency Representative <i>Kirsten Johnson</i>
Date Signed <i>6.30.21</i>

Name — Authorized HMO Representative (Print) Maria Ledger
Title — Authorized HMO Representative CEO
SIGNATURE — Authorized HMO Representative
Date Signed



**MEMORANDUM OF UNDERSTANDING BETWEEN
City of Milwaukee Health Department
PRENATAL CARE COORDINATION PROVIDER
AND**

CARE WISCONSIN HEALTH PLAN--TRILOGY HEALTH INSURANCE, INC

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. The PNCC 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. 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 PNCC providers and HMOs. The MOU recognizes that the PNCC 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.

TERMS OF AGREEMENT

This agreement will automatically renew annually unless either of the parties notify the other party in writing no later than 60 days prior to the expiration of the current agreement that it desires to modify or cancel the Agreement.

SECTION I — RESPONSIBILITIES OF PRENATAL CARE COORDINATION PROVIDER

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.
3. Notify the HMO 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 the HMO and work diligently 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.
5. 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.
6. Send the HMO a completed copy of the *Pregnancy Questionnaire* within two business days of receiving the request.
7. Share other relevant information with the HMO to coordinate services and help ensure healthy birth outcomes.
8. Consult with the designated HMO liaison, as needed, on member-specific issues.
9. 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 key point of contact for the PNCC provider.
2. Share the liaison's name and contact information with the PNCC provider.
3. Inform HMO 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 this MOU.

Continued



Respect for our Customers
 Responsiveness to their Needs
 Responsibility for our Actions

EXHIBIT A

**Memorandum of Understanding between CARE WISCONSIN HEALTH PLAN--TRILOGY HEALTH INSURANCE, INC
 and
 City of Milwaukee Health Department**

Contact Information (for information regarding claims, address changes and/or facility(s) changes:

Contact Name: Nicholas Bolden
 Contact Address: 841 N Broadway St., 3rd Floor Milwaukee WI 53202
 Contact Telephone Number: 414-286-2952 Fax Number: 414-286-5164
 Contact Email Address: nbolden@milwaukee.gov

LOCATION(S) COVERED UNDER THIS AGREEMENT:

NAME: City of Milwaukee Health Department
 ADDRESS: 841 N Broadway St 3rd Floor
 CITY: Milwaukee STATE: Wisconsin
 ZIP: 53202 PHONE: 414-286-3521
 TAX ID: 39-6005532 TAXONOMY #: 2083P0901X
 NPI: 1386774958 (Health check) MEDICAID #: 41855700
 CONTACT & #: Rhoda Seabern 414-286-2973

NAME: Keenan Health Center, Tuberculosis Control Clinic
 ADDRESS: 3200 N 36th St
 CITY: Milwaukee STATE: Wisconsin
 ZIP: 53216 PHONE: 414-286-8630
 TAX ID: 39-6005532 TAXONOMY #: 261QP2300X
 NPI: 1386774958 MEDICAID #: 41855700
 CONTACT & #: Rhoda Seabern 414-286-2973

NAME: Keenan Health Center, Family Planning/STD Clinic
 ADDRESS: 3200 N 36th St
 CITY: Milwaukee STATE: Wisconsin
 ZIP: 53216 PHONE: 414-286-8630
 TAX ID: 39-6005532 TAXONOMY #: 261QF0050X
 NPI: 1023253028 MEDICAID #: 100016501
 CONTACT & #: Rhoda Seabern 414-286-2973

BILLING INFORMATION

NAME: City of Milwaukee Health Department
 ADDRESS: 841 N Broadway St 3rd Floor
 CITY: Milwaukee STATE: Wisconsin
 ZIP: 53202 PHONE: 414-286-5164
 CONTACT: Rhoda Seabern TELE #: 414-286-2973

NAME: City of Milwaukee WIC – Northwest Health Center

ADDRESS: 7630 W Mill Rd

CITY: Milwaukee **STATE:** WI

ZIP: 53218 **PHONE:** 414-286-3521

TAX ID: 39-6005532 **TAXONOMY #:** 261QH0100X

NPI: 1518260843 **MEDICAID #:** 100016843

CONTACT & #: Rhoda Seabern 414-286-2973

SECTION III — SIGNATURES OF AUTHORIZED REPRESENTATIVES

Name — PNCC Agency
City of Milwaukee Health Department

Name — HMO
Care Wisconsin Health Plan--
Trilogy Health Insurance, Inc.

Name — Authorized Agency Representative (Print)

Kirsten Johnson

Name — Authorized HMO Representative (Print)

Maria Ledger

Title — Authorized Agency Representative

Commissioner of Health

Title — Authorized HMO Representative
CEO

SIGNATURE — Authorized Agency Representative



SIGNATURE — Authorized HMO Representative

Date Signed*

6.30.21

Date Signed*

Name and Contact Information (if known)
Designated PNCC Liaison

Name: Rhoda Seabern

Title: Program Assistant II

Address: 841 N Broadway St., 3rd Floor
Milwaukee WI 53202

Phone: 414-286-2973

Fax: 414-286-5164

Email: RSEABE@milwaukee.gov

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

Name: Christine Thompson, RN, BSN

Title: Director of Quality & Clinical Services

Phone: 414-771-6177 Ext: 124

Fax: 414-771-1159

Email: cthompson@ipn-wi.com