Scott Walker
Governor

Kitty Rhoades
Secretary

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 888-692-1402
dhs.wisconsin.gov

State of Wisconsin

Department of Health Services

MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN THE DEPARTMENT OF HEALTH SERVICES (DHS) / DIVISION OF HEALTH CARE ACCESS AND ACOUNTABILITY (DHCAA) AND DIVISION OF PUBLIC HEALTH (DPH) / OFFICE OF HEALTH INFORMATICS (OHI)

This Memorandum of Understanding (MOU) will initiate the creation of an inter-agency transfer account, which allows for the provision of data and information products and technical assistance, and supports the Division of Health Care Access and Accountability (DHCAA) need for data, data sets, analyses and assistance available from the Office of Health Informatics (OHI). Activities and projects may be added by amendment.

This MOU identifies anticipated and funded projects that are eligible for Medicaid administrative funding.

This MOU will also serve the Title V-MCH including CYSHCN and WIC Programs with the overall goal to improve the health status of low income women, infants and children including children with special health care needs by assuring access to, provision of preventive services and of any necessary treatment and/or follow up care allowed under the Social Security Act. It is intended that care be provided in the context of an ongoing provider-patient-family relationship and from continuing care providers who can provide quality and comprehensive care. The MOU will allow for the sharing of data, reports, and other relevant information as well as the developing of collaborative and/or complimentary service programs.

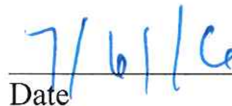
This MOU is effective for the period of July 1, 2016 through June 30, 2017. The projects supported are described in the "DHCAA-OHI MOU SFY 2017 Projects List" below.

The list will also include Title V, WIC and DHCAA agreed upon services and collaborates supported by federal legislation: Social Security Act 1902(a)(11)(B) and 505(a)(5)(F)(ii); Title 42, Chapter IV CFR; CMS's State Medicaid Manual; and MCHBs Title V Guidance.

The list of projects in the Activities Section list the anticipated costs to be charged for each project, with federal and non-federal shares combined. The total invoiced amount to DHCAA shall not exceed $929,400. Funding for each initiative will be reviewed with the DHCAA entity involved in the project as funds are committed. All data and analytics requests and projects not specifically identified in the following document will be reviewed and approved by DHCAA management through an agreed upon process prior to work beginning. Actual costs will be billed

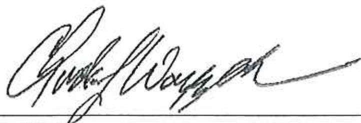
quarterly and will be based on the DOHAAS system. The estimated costs are $100.00 times the number of projected OHI staff hours required for the projects identified.

Signatures:



Marlia K. Mattke, Deputy Administrator
Division of Health Care Access and Accountability

Date



Charles Warzecha
Deputy Administrator
Division of Public Health

Date

ITEM	Estimated AMOUNT	PAGE
OHI Core Health and Population Data Activities		
1. DHCAA Requests for Data and Consultation	$30,000	4
2. Online Access to Data (Maintenance-No Impact to Approval Process)	$27,300	4
3. Population Estimates (Maintenance-No Impact for Approval Process)	$44,500	5
4. Maternal and Infant Health Reports (Maintenance-No Impact for Approval Process)	$10,000	6
5. Family Health Survey (Maintenance-No Impact to Approval Process)	$399,700	6
6. BRFS and Reports (Maintenance-No Impact to Approval Process)	$69,000	8
7. Linked Health Care Files (Maintenance-No Impact to Approval Process)	$40,000	9
Subtotal	**$620,500**	
OHI Integrated Data Analysis Projects		
8. PRAMS and Medicaid Analysis	$10,000	10
9. Prescription Drug Monitoring Program Data and Analysis of Medicaid Members	$70,000	11
10. Medicaid's Children's Behavioral Health Project	$15,000	11
11. Medicaid Health Plan Analysis	$30,000	12
Estimated Subtotal	**$125,000**	
OHI Other Projects		
12. Data for High Risk Pregnancy Registry (Maintenance-No Impact to Approval Process)	$6,800	12
13. Medicaid Claims, WHIO, and HIE Analysis	$90,000	13
14. Health Economics Analysis	$87,100	14
15. OHI's Access to Medicaid's Data	Permission	15
Estimated Subtotal	**$183,900**	
Estimated Total for OHI Projects	**$929,400**	
<u>Title V and WIC Projects</u>		15-21
16. Medicaid Managed Care		
17. Wisconsin Program for CYHCN		
18. SSI Recipients Under 16		
19. Wisconsin WIC Program		
20. Toll free Telephone Numbers		
21. HealthCheck (EPSDT)		
22. Prenatal Care Coordination (PNCC)		
23. Medicaid Application Identification and Assistance		
24. Cooperative and Collaborative Relationships		
25. SSA and SYSHCN		

*Amounts above and within the Activities Section are estimates. The maximum amount DHCAA can be invoice appears on the page one of the MOU.

SFY 2017
Activities Section*

<u>OHI Core Health and Population Data Resources</u>

1. DHCAA Requests for Data and Consultation

OHI staff will respond to requests for aggregate data, maps, geocoded data, data files, and data consultation in support of DHCAA program activities related to the administration of Medicaid and other programs, including eligibility-related planning or issues, reports for CMS, information to meet requests from the legislature, program evaluation and quality improvement studies by DHS or DHCAA, and budget planning or support studies. Note that some specific services covered in other items also may carry budget lines for focused data requests (e.g. demographic services and the Family Health Survey).

OHI Contact: Milda Aksamitauskas

Funded OHI Cost

	Hours	Est. Cost
DHCAA data requests, consultation and custom files	up to 300	$30,000

2. On-Line Access to Customized Birth, Death, Hospitalization, Injuries, Behavior Risk Factors and Population Data (Maintenance-No Impact to Approval Process)

WISH (Wisconsin Interactive Statistics on Health) is an interactive Web-based query system that allows DHCAA analysts and others to produce custom tables by choosing topics, key measures, and row and column categories, for specific geographic areas, sub-populations and time periods. WISH is a collection of 12 topic-specific modules producing customized statistics on maternal and infant health, infant mortality, general mortality, population estimates, injuries and behavioral risk factors for diseases. WISH birth and death modules allow Medicaid analysts to access up-to-date data on mothers and babies for comparison to HMO recipients. This data is available statewide as well as by region and county (for some measures).

The modules will be updated with the newest available birth, death, population, behavior risk factor, hospitalization and emergency department data. As with all DHS tools, WISH must be periodically updated to conform to accessibility and format standards, more advanced functionality and upgrades to statistical package it is based on. Older modules are also updated to incorporate improvements developed for the new modules.

OHI Contact: Karl Pearson.

Products:

- WISH modules updated with newest available birth, death, population, behavior risk factor, hospitalization and emergency department data.

Funded OHI Cost

	Hours	Est. Cost
Total Cost	700	
DHCAA funding @ 39%	up to 273	$27,300

3. Demographic Services and Population Estimates (Maintenance-No Impact to Approval Process)

Estimates of the size and demographic characteristics of the Wisconsin population are used by DHCAA for Medicaid-related program planning, development and evaluation. Demographic information is also critical for calculating population-based rates and other health statistics used in Medicaid program administration.

OHI will construct estimates for the Wisconsin county-age-sex population that incorporate data from the US Census Bureau and Wisconsin DOA.

OHI will use data from the US Census Bureau and National Center for Health Statistics to produce county population estimates by race and Hispanic ethnicity for 2015 that bridge the old and new (multi-racial) race measurement standards, providing denominators for race-based rate calculations that would otherwise not be possible.

OHI will update the published life expectancy tables series, based on the state's age-specific mortality rates during 2013-2015.

OHI will produce population estimates for income and poverty-level groups by age and sex for the state. These estimates will be based on data from the 2010 Census and the U.S. Census Bureau's American Community Survey, which began in 2006. Estimates will be provided for 2015. This will provide income-based population estimates for program and budget development as DHCAA explores eligibility variations.

OHI staff with demographic expertise will provide population data and estimates as requested, as well as advice and consultation about demographic aspects of analyses and methodologies, for DHCAA, DPH and DLTC.

OHI Contact: Karl Pearson.

Products:

- Estimates for age-by-sex population for each county.
- 2015 county population estimates by race, Hispanic ethnicity, age and sex that "bridge" the old and new (multi-racial) race measurement standards.

- Updated life expectancy tables using the 2013-2015 mortality experience.
- Income and poverty estimates by age-group and sex for 2015.
- Life expectancy tables for each county by race/ethnicity where data allows.
- Consultation about demographic methodology and resources for analyses.
- Custom files of Census and estimated population data for analysts, as requested.
- Maps of health demographic data.

Funded OHI Cost

	Hours	Est. Cost
Total Cost	1,350	
DHCAA Share @ 33% of total	445	$44,500

4. Maternal and Infant Health Reports (Maintenance-No Impact to Approval Process)

The annual report Wisconsin Births and Infant Deaths, required by statute, provides trend and current information on natality, fetal and infant mortality, birth weight, parity and factors associated with adverse birth outcomes. This report provides maps, key reference and background statistics for Medicaid program planning, administration, and evaluation.

OHI Contact: Karl Pearson.

Products:

- Annual report *Wisconsin Births and Infant Deaths*

Funded OHI Cost

	Hours	Est. Cost
Total Cost	up to 200	
DHCAA Share @ 50%	up to 100	$10,000

5. Family Health Survey (Maintenance-No Impact to Approval Process)

The Family Health Survey (FHS) is the only source of readily available information about the number and characteristics of people in Wisconsin who lack health insurance, about the utilization of health care services and the health status of the population. These data and analyses are used by DHCAA for policy analysis, outreach, and evaluation.

The FHS conducts telephone interviews with 2,400 randomly selected households throughout the state, collecting information on 6,000 household members. Survey questions ask about the usual place of care, activity limitations, mental health, dental care, and chronic health conditions, in addition to an extensive set of questions about current and past year health insurance coverage. The survey data represent all persons living in Wisconsin households.

OHI contracts with the University of Wisconsin Survey Center (UWSC) for several specialized activities, including:

- Selection and management of the stratified random sample of Wisconsin residential addresses.
- Production of a CATI program for use by telephone interviewers.
- Testing, implementation of the survey instrument and collection of data.
- Development of the data set.
- Processing and cleaning of the data set.
- Weighting of the final data set to the residential population of Wisconsin.

OHI is responsible to survey instrument development, data documentation, data management, contract administration, and data analysis and reporting.

Based on the feedback from the DHCAA staff, several questions are continued in the calendar year 2016 and 2017 survey. Topics covered by questions requested by DHCAA include:

- Marketplace Insurance
- SeniorCare
- Access to Care
- Health Literacy
- Housing Stability/Homelessness
- Reasons for Uninsurance
- Mental Health

Factsheets on children's health, insurance estimates, insurance and health economics, emergency room utilization are planned for calendar 2016-2017

General direction for the survey comes from the FHS Advisory Board, which is representative of all Divisions funding the survey. There are several representatives from the DHCAA on the FHS Advisory Board.

Interview Time Estimation Method. Timed reading of all questions, combined with timing of several recorded interviews. The average interview takes **24 minutes**, per the Contractor's records.

Survey Topics	Approx Interview Time (in minutes)	Percent of Interview Time	Primary Users
Household Composition	2	8%	All
Health Status and Limitations	2.5	10%	DPH
Caregiving	1	4%	DLTC-BADR
Health Care Utilization	4	16%	DHCAA/DPH
Chronic Health Conditions	2	8%	DPH/DLTC
Health Insurance coverage	6	23%	DHCAA
Employment and Insurance	6	23%	DHCAA

Demographics	1.5	6%	All
Closing of Interview	.5	2%	All

Final Summary

Division	Time	Total (Percent)
DPH	4.5 minutes + 1 minute (shared "All" portion)	5.5 minutes (21%)
DHCAA	15.5 minutes + 1 minute (shared "All" portion)	16.5 minutes (65%)
DLTC-BADR	1 minutes + 0.5 minute (shared "All" portion)	1.5 minutes (6%)
DLTC-other	0.5 minutes + 0.5 minute (shared "All:" portion)	1 minutes (4%)
DMHSAS	1 minute (shared "All" portion)	1 minute (4%)

OHI Contact: Carlie Malone.

Products:

- Complete annual weighted data set and documentation, 2016 survey.
- Publish FHS data factsheets and data book.
- Conduct small data analysis projects, when requested by DHCAA.
- Finalize 2017 questionnaire and data analysis plan for 2016-2017.
- Provide accessible FHS weighted data files and documentation, when requested.
- Train DHCAA staff with access to FHS data sets as needed.

Funded OHI Cost

	Staff Hours	Staff Costs	Survey Lab Costs	Est. Cost
Total Cost SFY17	3,350 (FHS)		$280,000 (CY 2017)	
DHCAA share @ 65%	2,1777 (FHS)	$217,700	$182,000	$399,700

6. Behavioral Risk Factor Survey and Reports (Maintenance-No Impact to Approval Process)

The Wisconsin Behavioral Risk Factor Survey (BRFS) is part of the Behavioral Risk Factor Surveillance System, a national system of health surveys carried out in all states and U.S. territories in collaboration with the Centers for Disease Control and Prevention (CDC).

BRFS is a telephone survey incorporating both landline and cell phone samples to measure population-level prevalence rates of major health risk factors, use of health screenings and disease prevention behaviors. In addition to a large array of physical health and demographic measures, BRFS includes a few mental health measures. The core BRFS questionnaire is developed collaboratively by the national BRFS program at CDC and the state/territory BRFS coordinators. In Wisconsin, chronic disease and other

public health programs, and researchers from the UW-Madison and elsewhere, purchase additional questions that inform their programs or research.

While CDC funds the cost of fielding the core BRFS questions, it provides only partial salary support for the Wisconsin BRFS coordinator/project director. This MOU item will fund a portion of the BRFS coordinator's time to collaborate with the Wisconsin BRFS data collection contractor, the University of Wisconsin Survey Center, on issues related to sample performance and data quality, question design, monitoring of interviewer performance, development of cost estimates, and response to CDC's mid-year BRFS initiatives. This item also partially funds the BRFS coordinator's time to edit quarterly data files provided by CDC, produce the final (annual) BRFS data set and codebook for use by Wisconsin epidemiologists and others, provide consultation about BRFS data and analysis to epidemiologists and others, and analyze BRFS data for annual publications.

This MOU item will facilitate informed access to BRFS data by DHCAA staff, upon request.

Wisconsin BRFS coordinator/project director and OHI Contact: Anne Ziege.

Products:

- BRFS datasets and documentation.
- BRFS Health Counts: Summary of prevalence estimates for major risk factors, health conditions, screenings and diagnosed chronic diseases.
- Analysis of the Medicaid/BadgerCare question, on request.
- Data analysis, estimates and interpretation of chronic disease risk factor and prevalence measures and other measures of interest available from BRFS.

Funded OHI Costs

	Hours	Staff Costs	Select Module(s) 2017 collection year	Est. Cost
Total Cost	up to 500		Up to $52,000	
DHCAA share	up to 170 (34%)	$17,000	$52,000 (100%)	$69,000

7. Linked Health Care Files (Maintenance-No Impact to Approval Process)

Linked health care files include the Linked Birth Outcomes Surveillance System, linked inpatient-death files, and patient-level hospitalization files, which is used by DPH program administration, planning and evaluation. The Linked Birth Outcomes Surveillance System matches Medicaid eligibility records for mothers and infants to birth certificate and hospital discharge records and links mothers' birth histories in a Maternal Registry. This system ties outcome to health care payers and providers, documents health care services provided to high-risk populations, and details birth outcomes, medical conditions and maternal histories not readily available in Medicaid claims files.

Patient-level hospitalization and emergency department links match records for the same individual to provide a more integrated picture of chronic disease care. Recent work has expanded patient-level record matching to five-year periods and to death records, enabling the estimation of long-term readmission and survival rates for patients with chronic diseases or particular surgical interventions.

The data matching occurs on a quarterly basis.

OHI Contact: Richard Miller.

Products:

- Linked Birth Events Files combining data from birth records, newborn hospitalizations, Medicaid eligibility, and death records.

Funded OHI Costs

	Hours	Est. Cost
Total Cost	up to 800	
DHCAA Share @ 50%	up to 400	$40,000

Integrated Data Analysis Projects

8. Pregnancy Risk Assessment Monitoring System Survey and Medicaid Analysis

Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing survey of new mothers conducted jointly by CDC and DPH. In each participating state, PRAMS collects population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Wisconsin began participating in PRAMS in 2007 and now has six (6) years of data for analysis.

DPH Research Review Board and Medicaid's Chief Medical Officer approved linking Medicaid's pregnant women claims data with the PRAMS survey and conducting analysis about access to prenatal care and satisfaction with the care received. OHI will conduct the analysis with ongoing consultation from the Medicaid program.

OHI Contact: Milda Aksamitauskas.

Products:

- Dataset of PRAMS survey results linked with Medicaid's claims.
- Internal reports about access to prenatal care, satisfaction with the care received, and other questions identified during the analysis.

Funded OHI Cost

	Hours	Est. Cost
Total cost	up to 100	$10,000

9. Prescription Drug Monitoring Program Data and Analysis of Medicaid Members

DHS has entered into an ongoing agreement with the Prescription Drug Monitoring Program (Department of Safety and Professional Standards) to receive controlled substance data on a monthly basis. OHI has cleaned and organized the data into a relational SQL database, matched data at a patient level and linking patients to Medicaid eligibility, mortality, birth, and hospitalization data to build a comprehensive prescription drug overdose surveillance system and is producing maps since data is geocoded. OHI staff receives batches of PDMP records monthly (on a 12th of a month), organize and archive those records, identify Medicaid members and providers and transmit Medicaid-related records to the DSS. On January 1, 2017, the PDMP system will be upgraded and OHI will have to redo some of the data organization work in the database to account for the system and data changes. OHI staff will also provide the DHCAA with analytic services on PDMP data requests and will share indicators reported to CDC and SAMHSA grants.

OHI Contact: Ousmane Diallo

Funded OHI Cost

	Hours	Est. Cost
Data cleaning, organizing and Medicaid Member Identification	300	$30,000
Analytic Services and Data Extracts of Medicaid Members	200	$20,000
Servers and other BITS related costs to hosting data (DHCAA portion)	n/a	$20,000
Total cost	up to 500	$70,000

10. Medicaid's Children's Behavioral Health Project

OHI analyst will lead a workgroup and will conduct analysis for the Children's Behavioral Health Project. OHI will work with the DHCAA and DMHSAS staff and HP contractors to generate a dataset and to conduct analysis on prescription patterns of psychotropic drugs, diagnoses, psychosocial/psychotherapeutic services, cost of prescriptions and other items raised by the project team.

OHI Contact: Justin Martin.

Products:

- Dataset and analysis as agreed to by the intra-Division workgroup.

Funded OHI Cost

	Hours	Est. Cost
Total cost	up to 150	$15,000

11. Medicaid's Health Plan Analysis

OHI will conduct data analysis related to quality improvement, health plan comparison, program and policy change related projects, and maps using Medicaid's claims, hospital discharge and other pertinent datasets. The measures and data questions will be specified by the DHCAA.

OHI Contact: Richard Miller.

Funded OHI Cost

	Hours	Est. Cost
Total cost	up to 300	$30,000

Other OHI Projects

12. Data for the High Risk Pregnancy Medical Home Birth Registry (Maintenance-No Impact to Approval Process)

DHCAA has developed a registry of mothers' prior birth outcomes using Medicaid claims data. This permits DHCAA to share information on a client's history of adverse outcomes with Medicaid's managed care organizations. This is part of the data support provided by DHCAA to HMOs in aid of a high risk pregnancy medical home pilot initiative aimed at improving birth outcomes.

OHI recently developed methods to link birth records for all mothers across 13 years of births. OHI has used these linked records to collect information about prior birth outcomes. This has already proven valuable for estimating the potential effect of a proposed Medicaid drug benefit that promised to decrease premature birth rates. It can be a valuable data resource for both DHCAA and DPH.

Linked birth records for the same mother could be updated on a relatively continuous basis. With the cooperation of the Vital Records' Registrar, this new information could be shared with DHCAA for transmission to HMOs as new pregnant women get enrolled.

Vital Records will provide ongoing submission of birth information where hospitals indicate Medicaid as a payer. There will also be a reconciliation of records since Medicaid's records may indicate more births as Medicaid births.

OHI Contact: Lisa Walker

Products:

- A database of linked birth records by mother.
- A database of mothers' birth outcomes summarized from the linked birth records.
- A system and process for sharing information on prior birth outcomes with the registry.

- A system and process for periodic updating of the mothers' registry and the reference files used by DHCAA.
- Ongoing submission of data from Vital Records and record reconciliation.

Funded OHI Cost

	Hours	Est. Cost
Total Cost for Vital Records Data Submission	up to 26h + per record charge ($4,200)	$6,800

13. Medicaid Claims, WHIO and HIE Analysis

OHI analysts will conduct claims analysis on ad-hoc and as needed basis. Recent examples of such analysis include setting up requirements for ongoing reports for Care4Kids project, analysis for a Gold Card project, analysis on neonatal abstinence syndrome babies and other topics as they become priority or of interest to the DHCAA.

The Wisconsin Health Information Organization data base contains a huge volume of claims data that spans multiple health care systems and settings including physician's offices, outpatient services, pharmacy claims, labs, radiology and hospitals. Wisconsin's Medicaid data is part of this database, and through analysis of the WHIO data, there is potential for better understanding of Medicaid patients' encounters with the health care system, and thereby, discovery of ways to make a Medicaid patient's interaction with the health care system more efficient and cost effective.

Two (2) or three (3) OHI staff continues to maintain and improve expertise, and these people should create more standard reports, provide updates to all DHS staff interested in the data, keep everyone apprised of changes to the data and/or tools and provide consulting support to anyone wanting to use the data.

WHIO currently claims to have one of the most comprehensive claims payer databases in the country. WHIO will soon be able to add Medicare data to their claims database and will be looking at adding clinical data over time. The current data mart has been in development for three (3) years and has not been used extensively as a source of data by DHS. DHS has contributed about $1.5 million for the development of the data mart and continues to support maintenance and enhancements this year. DHS can expect some ongoing changes to the data when Medicare or clinical data is added and some anomalies are found in the data as it is used more heavily. An assessment of the value of the data mart to DHS should be completed so that the agency can evaluate a level for future investment.

Two (2) or three (3) OHI staff continues to develop expertise, and these people should create more standard reports, provide updates to all DHS staff interested in the data, keep everyone apprised of changes to the data and/or tools and provide consulting support to anyone wanting to use the data.

The Health Information Exchange (HIE) has been planned and WISHIN is proceeding with the implementation. There were a number of use cases defined for the network, and the initial implementation will only implement the first few. It is important that DHS decide which of the remaining use cases (or new use cases) should be implemented next. It is also important for DHS to decide how the data on the network should/can be shared, captured or reported. The Analysis, Visualization and Reporting (AVR) project should provide a platform for enabling and controlling access and supporting analysis and presentation of these data. OHI can provide a team who will define the use of the AVR system to present HIE and other health data in a common, flexible format that enables analysis across the domain.

OHI Contact: Milda Aksamitauskas and Oskar Anderson

Products:

- Use WHIO to answer questions related to claims data with public health perspective.
- Learn to compare Medicaid's data from the Business Objects data warehouse to Medicaid's data in the WHIO data mart.

Funded OHI Cost

	Hours	Est. Cost
Total cost	up to 871	$87,100

14. Health Economics Analysis

Office of Health Informatics has hired a health economist to take a lead role in integrating economic concepts into the various health data analysis performed in the Office. Healthcare spending is about one fifth of the US economy. There is a broad need for widespread understanding of the economics of population health and use of such analysis in decision making for prevention, health outcomes and healthcare system changes. This position is particularly important in supplying economic projections for predictive and prescriptive analyses.

The health economist serves as the Division's resident expert on economic analysis, providing interpretation of research, data and other pertinent information both as requested by senior managers and in conjunction with the Division's Chief Epidemiologist. The health economist leads and conducts highly complex special studies involving the development, recommendations and implementation of various preventative health policies. DHCAA projects will be collaboratively developed among staff in both Divisions.

Funded OHI Cost

	Hours	Est. Cost
Total cost	up to 900	$90,000

15. OHI's Access to Medicaid's Claims [permission]

Three (3) staff persons in OHI will analyze claims as directed by the DHCAA (projects #1, 7, 8, 10, 13, 14, 15). OHI staff working on both of these projects will be granted access to Business Objects and DSS Sequel Server claims analysis, drug, iC encounter datamart, member, provider, reference claims and mental health universes as well as interChange pertaining to claims. Staff are Justin Martin, Reka Sundaram-Stukel, and Aman Tandias.

Team working on the Healthy Births Outcome Registry will have access to the DSS universe for this registry and vital records data.

PRAMS-Medicaid analysis team (project 8) will have access to information about mothers participating in the high-risk pregnancy medical homes. Currently, it is Reka Sundaram-Stukel, Justin Martin, Richard Miller, and Carlie Malone.

Title V and WIC Projects

It is understood that the parties following, as representatives of the programs indicated, are in substantive agreement with the following points – Title V, WIC and DHCAA:

Title V and WIC funded agencies (projects) will be encouraged, and where appropriate required to make available their range of services to the recipients of Medicaid, including outreach to assure that all family members who may qualify are informed about the program and how to apply.

Recipients of Medicaid will be encouraged to utilize Title V and WIC services when appropriate.

Title V – Program income from Title XIX reimbursement services will be applied as State matching resources, against requirements stated in federal Title V regulations.

The parties are in agreement regarding operation of the federally mandated EPSTD Program, known in Wisconsin as "HealthCheck" (Reference 42 CFR440.40 (b) and Part 441, Subpart B.

The parties agree personally, or by representation, to periodically address issues and resolve programs, and to jointly develop formal procedures that will carry out the spirit and letter of the agreement. An ongoing liaison will be developed between the DHPH and the DHCAA to review content standards for Health Check.

An ongoing workgroup of staff from DHCAA and MCH/CYSHCN programs agree to meet on a regular basis to discuss opportunities, changes, and proposed revisions within workflows and coverage for populations being served by the parties' part of this MOU.

This MOU has been developed to address issues outlined including, but not limited to referring eligible clients between participating programs, obtaining reimbursement for services rendered; sharing of data, reports and other relevant information; and developing collaborative and/or

complimentary service programs, promoting access to services, coordination of care that is quality, family centered, data driven, evidence based, evaluated and capable of being sustained.

16. Medicaid Managed Care

A. Develop an important system link between Wisconsin's Public Health System and Medicaid Manage Care System consistent with the mission of public health and core functions of public health assessment, assurance and policy development.

B. Encourage state, regional and local health department staff to participate in any Medicaid Managed Care Advisory Groups.

C. Provide local health departments and WIC projects with essential information on how the Medicaid Managed Care System works current information on Medicaid quality of care indicators, and the current Medicaid reimbursement.

D. Provide HMOs with information on local health departments, MCH, CYSHCN and WIC projects and the services they provide.

E. Promote coordination and collaboration between local health departments, MCH, CYSHCN, and WIC projects, HMOs and other Title XIX Managed Care Programs.

F. Title V and WIC funded agencies will encourage recipients of Medicaid who are eligible for HealthCheck services to receive preventive care through HealthCheck screening. Medicaid children who are enrolled in managed care programs must receive Medicaid services from their assigned managed care providers.

G. Require the HMOS to provide written information to and refer potentially eligible pregnant, breastfeeding, and postpartum women, infants and children to the WIC Program, at least annually. Referrals should include relevant health data (e.g. length/height and weight measurements, hematocrit or hemoglobin, documentation of nutrition-related medical conditions, etc.). In addition, the ongoing provision of relevant health data is encouraged in order to prevent duplication services in subsequent WIC certifications.

17. Wisconsin's Program for CYSHCN

The Wisconsin Program for Children and Youth with Special Health Care Needs and Title XIX will continue coordination and cooperation efforts through established mechanisms including: electronic data exchange and other data exchange for the administration, evaluation and analysis of the CYSHCN Program. Title V/Title XIX cooperative work group will continue to develop mutually agreed upon procedures for CYSHCN to provide technical assistance to the DHCAA regarding services covered by Title XIX.

18. SSI Recipients Under 16

The Disability Determination Bureau (DDB) in the DHCAA agrees to continue to send CYSHCN referral materials on all selected children under 16 years of age for whom a disability determination has been requested as part of the application for SSI benefits. These selection criteria are outlined in the screening device that was attached to the 1992 Cooperative agreement. The referral material will be sent after the disability determination has been made and will include identifying information and some medial psychological reports. The DDB will send referral information on all selected children under age 16 whether their claim is allowed or denied.

19. Wisconsin WIC Program

The WIC Program will refer WIC applicants/participants to Medicaid programs and services (e.g., the agency that determines Medicaid eligibility, HealthCheck, Prenatal Care Coordination, and Case Management). The WIC Program may not disclose individual client information, such as lab results, and manual or computer-generated lists or extract files of women, infants and children eligible for Medicaid programs to the appropriate Medicaid provider without an MOU with each provider. Client information disclosed must be limited to the purpose of the referral. The Medicaid provider receiving the information will not re-disclose the information to a third party except to the extent the additional disclosure is for the purpose of accomplishing the purpose of the initial referral. Informed written consent of the client or person legally authorized to give consent on behalf of the client shall be obtained prior to the disclosure of treatment for mental illness, developmental disabilities, and alcoholism or drug abuse; and for HIV infection as required by Wis. Stat. 252.15.

The DHCAA will recommend and encourage that county economic support workers refer Medicaid and FoodShare Program applicants to the WIC Program. The DHCAA will recommend and encourage that county economic support application sites display WIC posters and distribute WIC brochures, which are available from the WIC Program.

20. Toll-Free Telephone Numbers

MCH Hotline

Title XIX, Tile V, and WIC will maintain a toll-free MCH hotline service for all Wisconsin residents including Title XIX recipients, who may call to locate: Title V grantees, HealthCheck, WIC, Alcohol and Other Drug Abuse (AODA), Healthy Start, Presumptive Eligibility, Genetic Services, Prenatal Care Coordination (PNCC), and other health care providers. In addition the Title V CYSCHN and the Part C Birth-to-3 Programs will have a comprehensive hotline called First Step Program to provide information and referral. DPH and DHCAA further agree to collaborate on the development and discrimination of materials used to publicize these toll-free numbers.

21. HealthCheck (ESPDT)

The purpose of HealthCheck is to provide comprehensive preventative services, to identify health problems early and to assure coordinated follow-up services to the Medicaid children and youth birth to 21 years of age. Title V state agencies and Title XIX state agencies have a mutual commitment to improving services to this population. In order to maximize the effective operation of Wisconsin's fee-for-service Title XIX, Title V and WIC Programs, the following methods for coordination have been established:

A. For identification of individuals under 21 years of age needing health services, HealthCheck Outreach providers must utilize the quarterly and monthly reports to assist their outreach and case management efforts. Manage core enrollees are excluded from this list.

B. Title V agencies certified and providing HealthCheck Outreach services may request listings of Medicaid providers in their service area from DHCAA for purposes of referral.

C. HealthCheck outreach agencies will refer all identified Title XIX recipients to the appropriate ancillary services such as: WIC Program, Title V projects, local health departments, community-based agencies, Head Start, school health programs, the CYSHCN Program, and any other public or private provider.

D. The Title V and WIC Providers must refer to all Medicaid HMO enrolled children to their HMO for the comprehensive HealthCheck screening.

E. Title V agencies certified as HealthCheck providers will identify all primary healthcare and nutritional needs of their Title XIX recipients and will refer patients, as appropriate, to the WIC Program, Title V projects, local health departments, community based agencies, Head Start, school health programs, the CYSHCN Program, and any other appropriate public or private provider.

F. Title V and Title XIX agencies will inform providers of Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, which is listed as a resource for providers conducting HealthCheck comprehensive examinations. HealthCheck providers, however, will be expected to adhere to the HealthCheck periodicity schedule. The Title V an XIX agencies will cooperate when providing technical consultation and support sessions for potential HealthCheck screeners.

G. Exchange of reports established services are provide periodically an upon request by either agency including continued collaboration and agreement for the identification of new data needs, reporting formats, and time frames.

H. Payment and reimbursement procedures and policy clarifications are provided to all HealthCheck providers and the Title V Program. Additional assistance with

billing instructions is provided by the Title XIX fiscal agent. The Title XIX agency will provide technical training on Medicaid policy and billing for HealthCheck certified providers, including the HealthCheck "other services" component.

I. Jointly evaluate policies that affect both agencies depending on changes in the clinical aspects, provider needs, and utilization of the program by recipients, quality assurance reports, and state or federal mandates.

J. Periodically review and jointly plan for changes in this section based on individual agency needs, legislative inquiries, and state or federal mandates.

22. Prenatal Care Coordination (PNCC)

The purpose of Prenatal Care Coordination is to support women during pregnancy by enhancing the support they receive complimentary to medical prenatal care. PNCC consists of socioeconomic, psychosocial and emotional support along with health education. In order to maximize the quality and reach of this benefit for Wisconsin's Title XIX and Title V Programs, the following methods for coordination have been established.

A. The MCH Perinatal Nurse Consultant will review all provider applications in collaboration with DHCAA Policy Analyst.

B. The MCH Perinatal Nurse Consultant will coordinate regional PNCC provider meetings in collaboration with MCH Regional Consultant staff to promote and guide quality improvement activities.

C. The MCH Perinatal Nurse Consultant will work with DHCAA staff to promote quality care coordination within the OB Medical Home Initiative.

23. Medicaid Applicant Identification and Assistance

Wisconsin Title V, Title XIX and WIC Programs agree to collaborate with programs and services to identify pregnant women and children who may be eligible for Medicaid and once identified, to assist them in applying for such assistance, including the following: Title V, Title XIX and WIC Programs agree to collaborate on assisting Medicaid recipients with selecting an appropriate managed care delivery system.

24. Cooperative and Collaborative Relationships

Title V, Title XIX, and the WIC Programs agree to establish cooperative and collaborative relationships, including workgroups, and periodic meetings, with respect to the following programs and services including, but not limited to:

- HealthCheck (EPSDT)
- Immunizations
- CYSHCN
- Recipient Access/Provider Participation (including Electronic Benefit Transfer)
- Medicaid Clinic Review
- Prenatal Care Coordination (PNCC)
- Healthy Start
- Birth-to-Three
- Children Come First
- Medicaid Outreach Eligibility
- BadgerCare (including Title XXI)
- Family Planning Waiver
- Implementation of Medicaid Eligibility Functions (with the Department of Workforce Development

A. <u>Maternal, Child and Obstetric Projects Quarterly Check-Ins</u>

DPH and DHCAA will hold quarterly check-in meetings on Maternal, Child and Obstetric Initiatives that are relevant to both divisions. Each division will present project updates and together attendees will discuss opportunities for continued collaboration. Topics will include, but are not limited to: 1) OB Medical Homes for High Risk Pregnant Women; 2) Title V Block Grant priorities and activities; 3) Tobacco Cessation for pregnant women; and 4) Relevant policy updates.

Meetings will be scheduled and facilitated by DHCAA (currently done by Tara Gessler).

B. <u>Wisconsin Perinatal Quality Collaborative (WPQC)</u>

DHCAA and DPH (BBM and OHI) will both be active members and participants in the emerging (WPQC). This will include participation in regular planning meetings, supporting the development and implementation of quality improvement change packages, facilitating the involvement of local health departments and Medicaid providers and health plans (when appropriate), and contributing DHS data to help inform and track WPQC efforts.

C. <u>Collaborative Improvement and Innovation Network (CoIIN)</u>

DPH and DHAA will participate in the HRSA COIIN Preconception Health and Interconception Care team. This will include participation in monthly partner calls and national meetings, supporting quality improvement efforts with external partners respective to our networks, facilitating reporting of data on selected measures, and contributing to evaluation a sustainability planning.

25. SSA and CYSHCN

The SSA agrees to disseminate CYSHCN materials to SSA district offices. These CYSHCN materials will be given to child claimants who are financially ineligible for SSI or to those applying for other SSA programs. CYSHCN agrees to formally refer to the SSA with client consent, information on all children whose medical condition may have improved so that disability may no longer exist. CYSHCN continues to agree to respond to requests from the SSA for medical records with client consent.

Responsibilities/Termination

The agencies represented in this agreement will identify specific staff members who will have assigned responsibility for implementing this agreement within their respective programs. The organizations agree to review the agreement annually and update as necessary.

Any party in this agreement may terminate it at any time by providing written notice to the other parties. This agreement may be amended in writing at any time by mutual agreement of the parties. This agreement remains in effect until terminated or amended in accordance with this provision.

Accountability of the MOU

A. The following will review progress of OHI projects and priorities:

- Oskar Anderson, Director, Office of Health Informatics
- Milda Aksamitaukas, Health Analytics Section Chief
- Rachel Currans-Henry, Director, Bureau of Benefits Management (DHCAA)
- Rebecca McAtee, Deputy Bureau Director, Bureau of Benefits Management (DHCAA)
- Dr. Lora Wiggins, Chief Medical Officer (DHCAA)
- Linda Hale, Family Health Section Chief (BCHP/DPH)

OHI will submit a monthly progress report to DHCAA on MOU activities and DHCAA will set up a meeting if required to discuss status and reset priorities.

B. The following will review progress of Title V and WIC projects and priorities:

- Linda Hale, WI Title V MCH Director and Family Health Section Chief
- Dr. Sharon Fleischfresser, CYSHCN Medical Director
- Patti Hauser, WI WIC Director and Nutrition Section Chief
- Rachel Currans-Henry, Bureau Director, Bureau of Benefits Management (DHCAA)
- Dr. Lora Wiggins, Chief Medical Officer (DHCAA)

Term of the MOU:
Effective Date: 7/1/2016 through 6/30/2017
All Previous Effective Dates: 7/1/2015 through 6/30/2016 and many prior SFYs.

Length of Term:
Expiration Date: 6/30/2017

Review Cycle Period:
Target Review Date, if applicable: NA

Termination with Notice:
Either party can terminate this MOU with a 30 calendar day notice. Other technical assistance or projects identified by either party during the MOU will be negotiated and further specified as Amendments to this MOU. The amendment(s) will be written and signed by the proper representatives of each agency and identify the exact nature of the assistance to be provided. Fiscal specifications, if any need to be identified. The Amendment(s) will be attached to this MOU.