

WIC MOU Template Post-Release Webinar

Objectives for Today's Discussion



Review the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) MOU Template



Review Next Steps for Executing the MOU and the MOU Execution Timeline



Q&A Regarding the MOU Template and Execution Timeline

Goals of the Memorandums of Understanding (MOUs)

The 2024 Medi-Cal Managed Care Contract (Contract) requires all managed care plans (MCPs) to enter into MOUs with counties and third-party entities (Other Parties) to contractually ensure the provision of whole-system, person-centered care.

DHCS Goals for Requiring MOUs

- **Establish minimum requirements** around key Contract provisions for MOUs (e.g., training, data-sharing)
- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all Members, including across MCP carved out services
- Establish **formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs**, including referring and linking Members to Community Supports
- Establish **data sharing pathways** between MCPs and Other Parties to support care coordination and enable robust monitoring
- Provide mechanisms to ensure **overall oversight and accountability** for MCPs to execute MOUs with Other Parties

MOU templates incorporate **existing service and program requirements into a single document** to support MCP/Other Party decision-making and relationship building. Templates are more robust where DHCS has promulgated detailed policies/guidance.

MOU Requirements & Structure

The WIC MOU Template is part of a broader set of documents and additional items focused on the release and execution of the MOUs. These items include:

APL on MOU Requirements

APL 23-029 explains the Base MOU Template and Bespoke MOU Templates

- Explains the intent and purpose of the provisions set forth in the MOUs
- Sets expectations of MCPs, such as an annual review of the MOU
- Details requirements related to MOU execution and submission to DHCS
- Lays out a monitoring plan for how DHCS will oversee MCP compliance with the MOU requirements

Base MOU Template

Contains provisions that must be included in all MOUs

- Clarifies roles and responsibilities of MCP and Other Parties
- Establishes “rules of engagement” to cooperate and address disputes
- Includes DHCS recommended optional provisions that parties may consider for execution

Bespoke MOU Templates

Specific to MCP and Other Party’s relationship and programs applicable under the MOU (e.g., WIC)

- Contains the general **and** program-specific required provisions, including incorporating Other Party requirements based on existing guidance
- Contains DHCS recommended optional provisions that parties may consider for that particular MOU
- Links to specific policies incorporated in the MOU

Overview of MOU Resources

DHCS is releasing resources to assist MCPs and Other Parties with implementing the MOUs

» [DHCS MOU Webpage](#)

- Houses the DHCS issued APL 23-029, Base MOU Template and Bespoke MOU Templates
- [MOU FAQs](#)
 - Provide additional guidance on the APL, Base MOU, and Bespoke MOU Templates
 - Clarifies aspects of MOUs in response to stakeholder feedback
 - Examples of questions answered include: “What are the optional provisions?”; “How can the parties share data?”; and “How will the MOUs be enforced?”
- Other updates will also be posted on the webpage as they become available

» **Technical Assistance**

- DHCS will be providing technical assistance as needed
- DHCS MOU email address: MCPMOUS@dhcs.ca.gov



Purpose of the WIC MOU Template

Level Setting

The WIC MOU template seeks to improve care coordination between MCPs and WIC Agencies through the following:

- » Opening channels of and improving communication between MCPs and WIC Agencies to coordinate care for individuals receiving services from both parties and to address concerns related to care coordination.
 - This coordination will occur at the local level.
- » Enhancing each party's understanding of the other's respective services, eligibility criteria, referral processes, and operations.
 - For instance, each party should provide training and education resources for their respective services to the other party to increase timely coordination and decrease process inefficiencies.

Feedback on the WIC MOU Template

Throughout the MOU development, DHCS gathered stakeholder feedback and worked to align the WIC MOU with stakeholders needs and ensure current guidance was reflected in the MOU.

- » **DHCS received 132 stakeholder comments during the feedback period.** We reviewed these comments and revised the MOU to address these comments where possible.
- » **DHCS has met with CDPH and CHEAC consistently** throughout the period of stakeholder feedback and subsequent revising of the MOU.



**Thank you for
your valuable
feedback!**

Base MOU Template Requirements

Every MOU template contains the following provisions as required under the Contract:

- » **Definitions.** Sets forth the defined terms used in the MOU such as the “MCP-Agency Liaison.” This section also provides that capitalized terms not otherwise defined have the meaning ascribed by MCP's Medi-Cal Managed Care Contract.
- » **Services Covered by This MOU.** Describes the services that MCP and the other party must coordinate for members.
- » **Party Obligations.** Describes each party's provision of services and oversight responsibilities (e.g., each party must designate a point of contact to act as the liaison for coordinating with the other party).
- » **Training and Education.** Requires MCP to provide education to members and Network Providers about covered services and other party's services available. MCP must also train employees who carry out responsibilities under the MOU and, as applicable, Network Providers, Subcontractors and Downstream Subcontractors on the MOU requirements and services provided by the other party.
- » **Referrals.** Requires the parties to refer to each other as appropriate and describes each party's referral pathways.
- » **Care Coordination.** Describes the policies and procedures for coordinating care between the parties, addressing barriers to care coordination, and ensuring ongoing monitoring and improvement of care coordination.
- » **Quarterly Meetings.** Requires the parties to meet at least quarterly to address care coordination, Quality Improvement (QI) activities, QI outcomes, and systemic and case-specific concerns, and to communicate with others within their organizations about such activities.

Base MOU Template Requirements

Every MOU template contains the following provisions as required under the Contract:

- » **Quality Improvement (QI)**. Requires the parties to develop QI activities specifically for oversight of the MOU requirements, including any applicable performance measures and QI initiatives, such as those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization. MCP must document these QI activities in its policies and procedures.
- » **Data Sharing and Confidentiality**. Requires the MCP to have policies and procedure for sharing the minimum data and information necessary to ensure the MOU requirements are met and describes the data and information the other party may share with MCP to improve care coordination and referral processes. Requires the parties to implement policies and procedures for how the minimum necessary information and data (determined by the parties) will be shared in accordance with applicable law.
- » **Dispute Resolution**. Describes the policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS when the parties are unable to resolve disputes.
- » **Equal Treatment**. Provides that nothing in this MOU is intended to benefit or prioritize members over persons who are not members also receiving services from the other party.
- » **General**. Sets forth additional general contract requirements, such as the requirements that the MCP must publicly post the executed MOU, the MCP must annually review the MOU, and the MOU cannot be delegated.

WIC MOU Template Requirements

The following WIC MOU template provisions were revised to address stakeholder feedback:

- » **Training and Education Requirements.** This section was revised to include the following information that MCP must share with Members, Network Providers, and Agency as appropriate, such as:
 - Information about WIC Services, such as who is eligible for WIC Services; how WIC Services can be accessed; WIC program referral processes; referral processes for therapeutic formulas; and care coordination approaches.
 - MCP must provide Agency, Members, and Network Providers with training and/or educational materials, which may include the MCP provider manual on how MCP's Covered Services and any carved-out services may be accessed, including during nonbusiness hours, and information on MCP's relevant Covered Services and benefits such as doula services; lactation consultation services and other breastfeeding support services, including breast pump availability, related supplies, and issuance; outpatient services; Community Health Worker services, dyadic services; and related referral processes for such services.
- » **Referrals Requirements.** This section was revised to clarify the type of information that should be included with Member referrals to

WIC MOU Template Requirements

The following WIC MOU template provisions were revised to address stakeholder feedback:

» **Referrals Requirements.** This section was revised to clarify the type of information that should be included with Member referrals to

WIC, such as:

- As part of the referral, or as soon as possible thereafter, MCP must assist the Network Provider, Member, and Agency, as necessary, with sharing the Member's name, address, relevant portions of the medical record, Medi-Cal number, and contact information (such as the Member's phone/email) as well as a copy of the Member's current (within the past 12 months) hemoglobin and hematocrit laboratory values with Agency as soon as possible. If the Member has not yet had these laboratory tests, MCP must coordinate with the Network Provider and Member to assist the Member with obtaining such laboratory tests as soon as possible.
- MCP must ensure its Network Providers share with Agency relevant information from patient visits, including, without limitation, height and weight measurements, hemoglobin/hematocrit values, blood lead values, immunization records for Infants and Children, and health conditions when referring their patients to Agency and/or when requested by Agency. MCP must also ensure that its Network Providers share with Agency all WIC Program documentation, including necessary CDPH WIC Program forms.

WIC MOU Template Requirements

The WIC MOU template contains the following provisions specific to the MCP relationship with WIC Agencies:

- » **Referrals Requirements (continued)**. The following provisions were revised to clarify what information should be included with Member referrals to WIC for therapeutic formulas:
- As Agency is the payor of last resort, MCP and Agency must coordinate to ensure MCP understands Agency's processes and procedures for providing Members with therapeutic formula as appropriate. MCP must ensure its Network Providers are informed of and follow the requirements for assisting Members in obtaining therapeutic formula from Agency as appropriate.
 - The following information must be included with the WIC referral after submitting a prior authorization (PA) to Medi-Cal Rx for provision of therapeutic formula, including submission of the following information with the referral:
 - (1) a copy of the Medi-Cal Rx PA denial notification upon receipt from Medi-Cal Rx or an attestation from the Provider that the request has been submitted to and denied by Medi-Cal Rx, and
 - (2) a completed WIC Medical Formula and Nutritional Request Form or a prescription or hospital discharge papers that contain: the WIC Participant's first and last name, a qualifying medical diagnosis, the name of the therapeutic formula or medical nutritional, amount required per day, length of time prescribed in months, WIC authorized food restrictions (if applicable), the Network Provider's signature or signature stamp, contact information of the Network Provider who wrote the medical documentation, and the date the Network Provider signed the medical documentation.

WIC MOU Template Requirements

The WIC MOU template contains the following provisions specific to the MCP relationship with WIC Agencies:

- » **Care Coordination.** The following provisions were revised to clarify each party's role and responsibilities, such as:
 - **Population Health Management Requirements.** In order for MCP to ensure Members have access to Medi-Cal for Kids and Teens benefits and perinatal services, MCP must coordinate with Agency as necessary.
 - **Maternity and Pediatric Care Coordination Requirements.** This section implements care coordination requirements specifically for WIC Participants requiring maternity and pediatric care, such as:
 - MCP must implement processes to coordinate care for WIC Participants in primary care; obstetrics-gynecology; pediatric care settings and hospitals where WIC Participants deliver; and for WIC Participants transitioning from inpatient deliveries to outpatient postpartum and pediatric care settings.
 - Agency may advise MCP when WIC Participants who are Members need lactation support services. MCP must arrange for breastfeeding peer counseling services.
 - MCP must assist Members, as necessary, with the referral process and relevant follow-up to ensure Members obtain therapeutic formula from the appropriate source in a timely manner.

WIC MOU Template Requirements

The WIC MOU template contains the following provisions specific to the MCP relationship with WIC Agencies:

- » **Quarterly Meetings.** This section was revised to include the types of barriers and issues MCP and Agency should discuss at quarterly meetings, such as:
 - The Parties must meet as frequently as necessary to ensure proper oversight of this MOU, but not less frequently than quarterly, in order to address care coordination, Quality Improvement (“QI”) activities, QI outcomes, systemic and case-specific concerns such as barriers or issues related to referrals for therapeutic formulas, and communication with others within their organizations about such activities.

2024 MOU Execution Timeline

- » 1/1/2024 Requirement to Have Executed MOUs Go Live
 - » MCPs submit executed MOUs on a rolling basis
 - » MCPs are required to submit quarterly report demonstrating good faith effort and executed MOUs

Quarter/Year	Quarterly Submission Reporting	Submission due to DHCS
Q1: 2024	January 1 – March 31	Last business day of April
Q2: 2024	April 1 – June 30	Last business day of July
Q3: 2024	July 1 – September 30	Last business day of October
Q4: 2024	October 1 – December 31	Last business day of January

Questions?

