

## MEMORANDUM OF UNDERSTANDING

### COUNTY OF TULARE HEALTH & HUMAN SERVICES AGENCY HEALTH SERVICES BRANCH (HSB) and BLUE CROSS OF CALIFORNIA and AFFILIATES (“Blue Cross”)

#### II. WOMEN, INFANTS AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM

Final 1/5/01 (DHS approval 6/01) Revised 11/16/05

CATEGORY	TULARE COUNTY CSB WIC PROGRAM	BLUE CROSS OF CALIFORNIA
<b>A. LIAISON</b>	<ol style="list-style-type: none"> <li>1. Responsible for appointing a WIC Liaison to coordinate activities with Blue Cross and to notify WIC staff of their roles and responsibilities.</li> <li>2. WIC Liaison will provide Blue Cross and Blue Cross providers with a list of WIC clinic sites, addresses, dates and hours of operation; at minimum annually and with updates as available.</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify a local Blue Cross Liaison to coordinate activities with the WIC Program.</li> <li>2. Provider Training Staff will notify Blue Cross staff and providers of their responsibilities for the WIC Program.</li> <li>3. Blue Cross Liaison will provide the WIC Program with an updated Provider Directory, at minimum annually, and with updates as available.</li> </ol>
<b>B. PROVIDER NETWORK</b>	<ol style="list-style-type: none"> <li>1. Act as a resource to Blue Cross and Blue Cross Primary Care Physicians (PCP), OBs and perinatal service providers regarding WIC policies and guidelines. Update this information as necessary.</li> <li>2. Assist Blue Cross in conducting provider training on WIC program services and federal regulations, as requested.</li> <li>3. Distribute WIC referral forms, PM 247 and PM 247A to Blue Cross providers along with WIC informational brochures.</li> <li>4. Offer training to Blue Cross PCPs, OBs and perinatal service providers to enhance delivery of services.</li> <li>5. Inform Blue Cross of Federal WIC requirements for program eligibility regarding biochemical and anthropometric requirements.</li> <li>6. Participate in the development of innovative methods to serve providers and their patients to increase access to WIC and to promote continuity of care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider Training Staff, Blue Cross Liaison and/or CRC Staff, with consultation from WIC Liaison will conduct and/or arrange for provider training and orientation on WIC program services and Federal regulations to enhance service delivery to the members.</li> <li>2. Blue Cross Liaison, CRC Staff, and WIC Liaison will participate in the development of innovative methods to link PCPs, OBs, perinatal service providers, members and the WIC program to increase access to WIC and promote continuity of care.</li> <li>3. Blue Cross Liaison will facilitate distribution of WIC referral forms, PM 247 and PM 247A to all PCP, OB and perinatal service providers, as needed.</li> <li>4. Provider Training Staff, Blue Cross Liaison and/or CRC Staff will inform Blue Cross PCP/OBs to initiate appropriate referral and/or prescription for the following (not provided by WIC): <ul style="list-style-type: none"> <li>• Medical Nutrition Therapy services for appropriate conditions,</li> <li>• Medically necessary formulas.</li> <li>• Provide medically prescribed and therapeutic formulas</li> </ul> </li> </ol>
<b>C. CLIENT REFERRAL AND</b>	<ol style="list-style-type: none"> <li>1. Share information with Blue Cross and Blue Cross providers regarding referrals to</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider Training Staff, Blue Cross Liaison and Community Resource Staff will instruct</li> </ol>

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<b>OUTREACH</b>	<p>appropriate community resources and agencies.</p> <ol style="list-style-type: none"> <li>2. Coordinate with Blue Cross in conducting outreach efforts to Blue Cross members not using preventive health services.</li> <li>3. Provide information and refer participants who are Blue Cross members to their Primary Care Physician (PCP) as part of the standard referral to health care.</li> <li>4. Provide Blue Cross with current categories eligible for WIC; provide updates whenever changes are made.</li> </ol>	<p>Blue Cross providers to make direct referrals to the WIC program.</p> <ol style="list-style-type: none"> <li>2. Referral to WIC program will include required, dated anthropometric, biochemical data and other indicators of physical and medical status recorded on one of the following (in order of preference): <ul style="list-style-type: none"> <li>• Child Health and Disability Prevention (CHDP) program PM 160 – PHP,</li> <li>• WIC referral form (PM 247 or PM 247A),</li> <li>• Physician prescription pad, or</li> <li>• Other form agreed upon by both WIC and Blue Cross.</li> </ul> </li> <li>3. Provider Training Staff will ensure WIC services, including nutrition education, supplemental food, and community referrals, are identified in the Member Services Guide, Evidence of Coverage, to be automatically distributed to members within seven (7) days of effective enrollment date.</li> <li>4. Blue Cross will coordinate with WIC in conducting outreach efforts to Blue Cross members for follow-up and missed appointments.</li> </ol>
<b>D. APPOINTMENT SCHEDULE &amp; FOLLOW-UP</b>	<ol style="list-style-type: none"> <li>1. Schedule a WIC appointment to determine eligibility for pregnant women and migrant family members within 10 working days after receipt of initial referral. WIC referrals for members other than pregnant women and/or migrant family members will be scheduled and notified of their eligibility status within 20 working days after receipt of initial referral.</li> <li>2. Attempt to contact each pregnant woman who misses her first WIC appointment to apply for participation, by telephone or mail, and provide her with a rescheduled appointment upon request.</li> <li>3. Attempt to contact participants on day prior to follow up of recertification appointment and day following missed recertification appointment.</li> <li>4. To provide plan with recertification schedule for all categories for participants.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider Training Staff, Blue Cross Liaison and CRC Staff will instruct Primary Care Physicians (PCPs) and Obstetricians (OB) of their responsibility for scheduling medical appointments to complete the WIC referral.</li> <li>2. Blue Cross PCP will be advised that PCP is responsible for primary care case management, coordination, medical referrals and continuity of care.</li> <li>3. Blue Cross PCPs will be advised to document WIC referrals in the member's medical record.</li> <li>4. When performing medical record reviews, Blue Cross Quality Management Analyst will assess medical record for documentation of WIC referral and follow-up.</li> </ol>

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<b>E. HEALTH REQUIREMENTS &amp; EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Inform Blue Cross of Federal WIC requirements for program eligibility:               <ol style="list-style-type: none"> <li>a. Biochemical: Hemoglobin (Hgb) or Hematocrit (Hct) at enrollment and at each succeeding six (6) month certification except for:                   <ul style="list-style-type: none"> <li>• infants younger than 6 months</li> <li>• Children whose blood value was within normal limits at the previous certification; for these children the Hgb/Hct test is required every 12 months.</li> </ul> </li> <li>b. Anthropometric: height/ length and weight for enrollment <i>and</i> with each six (6) month recertification.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Inform Blue Cross providers of the Federal WIC anthropometric and biochemical requirements for program eligibility.</li> <li>2. Blue Cross providers will be advised to perform Hgb/Hct test and height/length and weight measurements and document anthropometric and biochemical data on referral form, and in the member's medical record as needed for WIC enrollment and recertification.</li> <li>3. Provide a copy of the member's health assessment and any nutrition risk assessment to WIC after the member's consent has been given to release this information.</li> </ol>
<b>F. BREASTFEEDING PROMOTION AND SUPPORT</b>	<ol style="list-style-type: none"> <li>1. Provide education and encourage all prenatal and breastfeeding WIC participants to breastfeed as the preferred method of infant feeding in the first year of life, consistent with World Health Organization (WHO) recommendations for a breastfeeding friendly environment.</li> <li>2. WIC will create and maintain a positive clinic environment, which endorses breastfeeding as the preferred method of infant feeding as mandated by Federal Regulation CFR 246.11[c][8].</li> <li>3. Work collaboratively with Blue Cross to:               <ol style="list-style-type: none"> <li>a. support the efforts of Blue Cross contract hospitals to promote breastfeeding;</li> <li>b. train Blue Cross providers on breastfeeding promotion and support.</li> </ol> </li> <li>4. Collaborate with Blue Cross to provide culturally relevant breastfeeding materials.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider Training Staff, Blue Cross Liaison and CRC Staff will work collaboratively to:               <ul style="list-style-type: none"> <li>• Develop a consistent breastfeeding message with the WIC Coordinator,</li> <li>• Implement a policy to create a positive environment in PCP, OB, perinatal service providers' offices and hospitals which endorses breastfeeding as the preferred method of infant feeding,</li> <li>• Provide breastfeeding education to all Blue Cross prenatal and breastfeeding women,</li> <li>• Collaborate with WIC to provide culturally relevant breastfeeding material.</li> </ul> </li> </ol>
<b>G. NUTRITION ASSESSMENT AND EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Determine the nutritional risk(s) for WIC Program eligibility at enrollment and recertification based on review of anthropometric, biochemical, clinical, medical and/or dietary information.</li> <li>2. Develop and document a goal for dietary improvement that is participant selected.</li> <li>3. Implement standardized high-risk criteria as developed by State and Federal WIC guidelines.</li> </ol>	<ol style="list-style-type: none"> <li>1. With input from WIC program staff, Medical Director and UM/QM Director or designee will use reasonable efforts to ensure the development of high-risk intervention models that are compatible with WIC criteria and guidelines for intervention and care.</li> <li>2. Provider Training Staff, Blue Cross Liaison and CRC Staff will instruct PCP, OB and perinatal service providers to:               <ul style="list-style-type: none"> <li>• Document physical/medical, biochemical</li> </ul> </li> </ol>

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	<ol style="list-style-type: none"> <li>4. Develop nutrition interventions for serving high-risk patients, assessment tools and intervention strategies.</li> <li>5. Provide contract formula alternate formula and/or supplemental nutrition package for eligible participants, as appropriate.</li> <li>6. WIC Registered Dietitian will provide anticipatory guidance (education plan) for conditions that do not require medical nutrition therapy.</li> </ol>	<p>and anthropometric data, plus any diagnosed clinical conditions, on member's WIC referral form,</p> <ul style="list-style-type: none"> <li>• Provide subsequent biochemical test results or anthropometric and physical/medical data, on request,</li> <li>• Complete Medical Justification For Alternate Formula form for infant members requiring special formula,</li> <li>• Provide appropriate referral for Medical Nutrition Therapy services for appropriate medically necessary diagnosed conditions,</li> <li>• Provide prescription for infants needing special medically prescribed formulas (non-WIC contract) as a benefit to Managed Care members.</li> <li>• Identify nutritionally high-risk women and children according to WIC standardized risk criteria and follow Blue Cross guidelines for intervention and care.</li> </ul>
<b>H. QUALITY IMPROVEMENT</b>	<ol style="list-style-type: none"> <li>1. Provide consultation to Blue Cross regarding WIC Federal mandates for previously specified medical data.</li> <li>2. Review and analyze data available through ISIS (Integrated Statewide Information System) and other data collection sources, as is pertinent to the WIC program.</li> <li>3. Share aggregate WIC data with Blue Cross.</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish standards and policies that ensure provider compliance with Federal WIC mandates, California CHDP, EPSDT and CPSP mandates for WIC referral criteria.</li> <li>2. Collect and share aggregate data available through Blue Cross resources.</li> <li>3. Clinical Quality Auditor will review member records as part of annual review at PCP sites to verify that preventive care (including nutrition assessment and counseling, following CPSP and CHDP guidelines) is part of regular prenatal visits and well-child checkups.</li> </ol>
<b>I. MOU/AGREEMENT MONITORING</b>	<ol style="list-style-type: none"> <li>1. Schedule quarterly meetings with Blue Cross Liaison to monitor this MOU.</li> <li>2. Conduct an annual review, update, and/or negotiation of this agreement, as is mutually agreed.</li> <li>3. Provide 60 days notice to Blue Cross should CSB-WIC Program decide to modify this agreement. [Unless mandated by Department of Health Service directives, State mandated requirements or Federal guidelines]</li> </ol>	<ol style="list-style-type: none"> <li>1. Local Blue Cross Liaison will meet with the WIC Program Liaison to monitor this agreement quarterly and/or upon request.</li> <li>2. Local Blue Cross Liaison will conduct an annual review, update, and/or negotiation of this agreement, as is mutually agreed.</li> <li>3. Local Program/Regional Manager will provide 60 days notice to the CSB-WIC Program should Blue Cross decide to modify this agreement.</li> </ol>
<b>J.</b>		

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<b>FEDERAL/STATE MANDATE</b>	1. The WIC program is mandated by Federal Regulation CFR 246.4(a)(8) to refer participants who are income eligible to Medi-Cal providers. The California mandates for WIC are in Title 22, Chapter 6 of the California Code of Regulations (CCR) and Section 311 of the Health and Safety Code.	1. The referral of Medi-Cal beneficiaries to the WIC program is mandated by Federal Health Care Financing Administration (HCFA) Regulations 42 CFR 421.63C and California Code of Regulations (CCR) Title 22, Sections 50157 and 50184

FOR BLUE CROSS OF CALIFORNIA  
STATE SPONSORED BUSINESS



Signature

Linda Pollnow, Vice President and General Manager  
State Sponsored Business

Date: 12-18-06

FOR TULARE COUNTY  
HEALTH AND HUMAN SERVICES AGENCY



Signature

John Davis, Director  
Tulare Health and Human Services Agency

Date: 8/28/06

FOR COUNTY OF TULARE  
COUNTY BOARD OF SUPERVISORS

Signature

Allen Ishida, Chairman  
Board of Supervisors

Date: \_\_\_\_\_

**APPROVED AS TO FORM:  
COUNTY COUNSEL**

By flangley 10/10/06  
Deputy