

The mission of Independent Health Care Plan (*iCare*) is to secure the wellness of persons with complex medical or behavioral health conditions while respecting their dignity and values of caring stakeholders. It is *iCare*'s vision to be a recognized leader in providing value-added Medicare and Medicaid integrated services to a vulnerable population.

The *iCare* Medicare Plan is a Medicare Advantage program that offers health care benefits for all eligible Medicare beneficiaries with special needs. This plan is available to anyone who has both Medical Assistance from the State of Wisconsin and Medicare. Independent Care Health Plan (*iCare*) is a Coordinated Care plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Independent Health Care Plan combines health care services provided by Medicaid and Medicare to offer members a complete package of benefits, including the Medicare Part D Prescription Drug program.

Independent Care's Model of Care (MOC) provides members in both Wisconsin SSI Managed Care and the Dual SNP (D-SNP) Plans 001 and 009 with a fully integrated package that includes an assigned Care Coordinator (CC) and a Registered Nurse Case Manager (RNCM). The *iCare* Family Care Partnership (FCP) Plan 007 is a health and long-term care (LTC) program that fully integrates all aspects of members' care. It is designed to meet the long-term care needs of frail older adults and people who have physical or developmental disabilities. A care management team provides members with extensive support services. *iCare*'s Partnership program offers a member-centered care model, where members are part of a team of professionals that includes a Nurse Practitioner (NP), a Registered Nurse (RNCM), a Social Services Care Manager (CM) and an extensive network of other professionals.

The FCP care management team is trained to assure members receive coordinated services to help them maintain their independence and remain active in the community. Members participate in team decision making, including working in collaboration with the member's primary care provider for all medical and LTC supports. *iCare* FCP covers Medicare, Wisconsin Medicaid, and home and community-based LTC services. Member benefits include health, prescription drugs and LTC services. Services support the member's best possible functioning in the least restrictive setting. The member centric approach emphasizes services provided in the location desired by the member by the providers desired by the member and embodies the needs of choice and autonomy and independence.

Every *iCare* member (all plans) receives a comprehensive, integrated assessment accompanied by a comprehensive member-centered individualized care plan. The care plan is designed to address all needs; including physical, behavioral and mental health needs. Identifying healthcare providers to meet member needs is critical for *iCare*'s members. Independent Care Health Plan contracts with most major health systems including those with geriatric, mental health, rehabilitative, and palliative care. Care management teams incorporate services available

throughout the community to meet the needs of vulnerable members. Attention to essential needs is vital to the member's health; therefore the assigned care management team assists each member with referrals to various community based resources and support groups as needed.

The *iCare* MOC recognizes that health promotion and disease prevention must be centered on the whole person. Attention is given to each individual member's preferences and strengths in order to maximize optimal health. With *iCare*'s singular focus on Medicaid and Medicare members, all aspects of *iCare*'s operations are completely devoted to this Model of Care and additional contractual requirements from the State of Wisconsin.

The majority of *iCare*'s D-SNP members are characterized by low socioeconomic status, low health literacy, disabilities including mental health and substance abuse challenges, unstable housing and co-morbidities including serious health challenges such as COPD, Diabetes, Hypertension, etc. They are further characterized by social isolation, poor housing conditions leading to negative environmental factors such as lead exposure, unsafe neighborhoods with random acts of violence, poor access to health and other resources as well as social supports, and limited knowledge base of or experience with a healthy lifestyle including self-determination. These challenging characteristics are also multi-generational, where the cycle of poverty, poor health and shortened life expectancy is repeated indefinitely. With over twenty-four thousand *iCare* Medicaid and Medicare members who share these characteristics, it becomes essential to identify vulnerable members who may benefit from more intensive care management services.

Independent Care Health Plan defines our most vulnerable members as those who exhibit a trend of increased utilization due to acute or chronic conditions that are progressing toward a poor health outcome, including death.

Care Management traditionally relies on three primary methods to identify members with increasing health needs. The first method involves identifying risk status at the time of the Health Risk Assessment and/or at the time of a change in condition, for instance a hospitalization, readmission, an observation stay or an Emergency Room visit. The second method is to review the high cost utilizer list produced by the Financial Analytics Department which ranks members according to their costs associated with ER, Inpatient, Physician costs, Pharmacy costs, and also the member's risk level and the date of the last RN Record Review. Attention is given to those members with increasing utilization to determine if they are receiving appropriate services to address all the factors that may impact the member's ability to stabilize their condition(s) or improve their overall health outcomes. A third method for Plan 007 involves an algorithm that identifies outliers for comparative data sets, such as acute and primary service costs versus long-term care support services.