

**H2237 Independent Care Health Plan, Inc.**  
**Dual Eligible (Dual Eligible Subset - Medicare Zero Cost-sharing) Special Needs Plan**

**Model of Care Score: 85.00%**

**3-Year Approval**

**January 1, 2015 – December 31, 2017**

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**Target Population**

The Independent Care Health Plan, Inc. (*iCare*) Dual-Eligible Special Needs Plan (D-SNP) serves all dual eligibles who meet state-defined, Medicaid eligibility categories for managed long-term care and live in one of its service areas in Wisconsin. The majority of members reside in urban areas which primarily consists of Milwaukee County; the remaining members reside in Kenosha, Dane and Racine Counties in southeastern Wisconsin.

Sixty percent of the 760 members are female and 40 percent are male. Thirty percent are elderly (over age 65) and the remaining 70 percent are disabled adults (ages 18 – 64). The racial composition among the membership is: African American (57 percent), Caucasian (25 percent), Hispanic (7 percent), unknown (3 percent) and other (2 percent). The majority of members speak English (81 percent), but there are a few members who speak Spanish or are non-verbal.

*iCare* members have multiple co-morbidities and each member has an average of six conditions. Fifty-four percent of members have a mental health condition. The five leading mental health conditions within the population are: depression (29.29 percent), anxiety disorder (12.21 percent), schizophrenia (9.83 percent), alcohol dependency (9.81 percent) and bipolar-manic depressive disorder (9.55 percent).

**Provider Network**

Members have access to: primary, urgent and emergency care, inpatient/outpatient hospitals, laboratories, radiology centers, pharmacies, vision care, behavioral health, home health agencies, skilled nursing facilities, hospice care and transportation. All contracted providers are accessible to members during normal business hours and offer emergency availability. If a member requires services that are not available in the plan's network or county, the provider relations specialist contacts the out-of-network provider to determine if they are interested in executing a contract to provide services.

To address members' needs for long-term care, *iCare* also has a network of providers that deliver the following services: residential, day care, vocational, consumer education and training, financial, habilitation, home delivered meals and home modifications.

## **Care Management and Coordination**

Within 30 days of enrollment and semi-annually thereafter, the interdisciplinary team (IDT) completes an in-person, comprehensive assessment of each member's health and psychosocial status. This assessment identifies the member's needs, strengths, short and long-term outcomes, informal supports and ongoing clinical or functional conditions that require long-term care, a course of treatment or regular monitoring.

Within 60 days of enrollment, the IDT develops the member-centered plan (MCP) which specifies the member's desired long-term care and personal experience outcomes, steps/supports needed to achieve the outcomes and the individual(s) on the team responsible for tracking of steps/supports related to achieving the outcomes. In addition to the quarterly home visits and the semi-annual reassessment/revision of the MCP, the IDT communicates with the member, his or her caregiver(s) and care providers to update the MCP in the event of an emergency room visit, hospitalization, new diagnosis, change in social supports or the ability to meet his or her own basic needs.

The composition of the IDT varies based upon the member's needs, but all staff and providers' have experience with long-term support programs, hospice, nursing homes, assisted living facilities such as community-based residential facilities and other settings designed for clients with multiple medical and psychiatric co-morbidities. At a minimum, each member's IDT consists of a care manager, a registered nurse and a nurse practitioner. The primary care physician, specialists and/or ancillary providers also participate in the IDT. Providing collateral support to all members' IDTs are: a member rights specialist, an authorization coordinator, pharmacy services representatives, a pharmacist, behavioral health staff, the member services department, the quality improvement department, a medical director and the member's caregiver/legal guardian/family.

This MOC summary is intended to provide a broad overview of the SNP's MOC. Although the full extent of any MOC cannot be conveyed in a short summary, this summary provides the reader with a general overview of how the SNP addresses beneficiary needs.

For more information about this health plan refer to the Special Needs Plan's website at:

<http://www.icare-wi.org/>