Model of Care
Medicare, Medicaid SSI, BadgerCare+, Family Care Partnership
**iCare Benefit Plans**

- Medicare – SNP
  - iCare Special Needs Plan
- Medicaid – SSI
- Medicaid - BadgerCare+
- Family Care Partnership

- It is essential as a provider that you verify a Member's eligibility, as it may change frequently
- Check ForwardHealth & iCare eligibility via Customer Service or iCare Portal
The iCare Medicare Plan is a Medicare Advantage program that offers health care benefits for all eligible Medicare beneficiaries with special needs.

iCare is a Coordinated Care plan with a Medicare contract and a contract with the State of Wisconsin Medicaid program.

iCare 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.

iCare acts as a partner to complement the efforts of its physicians, hospitals, and ancillary providers to achieve the following goals
iCare’s Goals

- Improve healthcare access for our Members
- Improve health outcomes and quality of life for our Members
- Improve communication together with Members and stakeholders
  - Providers including Physicians, Nurses, Therapists and administrative staff
  - HealthCare Facilities
  - Home caregiver
  - Personal care workers
  - Family and Friends
  - The MEMBER
- Manage healthcare costs
Achieving our goals together

• Conducting a comprehensive assessment to identify the Members Medical, Behavioral and Social needs
• Creating a dynamic care plan with the Member
• Monitoring Member progress towards their goals
• Identifying resources available to meet the Members needs
• Coordinating service provisions
• Assisting Members with accessing services
• Working to promote behavioral change and self empowerment within our Members
• Implementing quality improvement initiatives and so much more!!
Who we serve
Where our Members are

[iCare Service Area Map for Care Management]

Legend:
- SNP, SSI, DC+
- SSI
- DC, 2S
- FDP, SSI, SSI, DC
- SNP
- DC+
- SSI, SNP

Western Counties:
- SSI: 1,001
- FDP: 279
- SNP: 1,852
- DC+: 2,400

North Central Counties:
- SSI: 899
- SNP: 685
- DC+: 6,043

Southeastern Counties:
- SSI: 4,231
- FDP: 421
- SNP: 5,572
- DC+: 18,127

Legend:
- Counties outlined in green are managed by Madison Office/CC
- Counties inside red line are managed by Green Bay Office/CC
- Counties inside black line are managed by Milwaukee

Created by Shikha Soochi
Description of our population

- Low socioeconomic status
- Low health literacy
- Disabilities including mental health and substance abuse challenges
- Unstable housing
- Co-morbidities including serious health challenges such as diabetes, COPD, Cardiovascular Disease and others
iCare Member Demographics

- Ethnicity
  - 58% African American
  - 30% Caucasian
  - 8% Hispanic
  - <4% Other

As reported by the Members
Vulnerable Members – iCare
Member Demographics

• Behavioral and Mental Health needs of iCare’s Membership
• 1 in 5 Medicare patients are readmitted to a hospital within 30 days of discharge
  • Medication discrepancies
    • NOTE: Providers should complete a Medication Reconciliation with all Members Post-Hospitalization Discharge/Follow-up within 30 days
  • Discharge instructions/order confusion
  • Social determinants
  • Lack of home support
  • Provider follow-up appointments
    • NOTE: Providers are strongly encouraged to verify Member Hospitalizations within the past 30 days
Medicare SNP
Care Coordination

• *iCare’s* Medicare Plan is a Medicare Advantage program that offers health care benefits for all eligible Medicare beneficiaries with special needs
• *iCare* covers everything that original Medicare covers
• *iCare* also covers Part D drugs, and Part B drugs such as chemotherapy drugs and some drugs administered by the provider

• Essential elements of Care Coordination SNP
  • Initial & Annual Health Risk Assessments (HRA)
  • Individualized Care Plan (ICP)
  • Interdisciplinary Care Team (ICT)
  • Monitoring Acute Changes in Condition
  • Managing Transitions in care
  • Identifying risk level including moving ‘High Risk’ referrals to Specialty Services
  • Work with Member’s Healthcare providers to maintain Member wellness
  • Community Health Worker
iCare Transitions in Care

• Readmission Risk Assessment completed by Discharge Planners
• Contact with Member within 5 days; home visit for Members deemed to be High Risk to readmit
• Medication Reconciliation sent to the PCP’s office for signature and saving in the member’s medical record
• Provider Appointments made post-discharge, assistance offered arranging transportation
• Risk/Acuity stratification post-discharge to assign the best level of care management intervention
SNP Enhanced Benefits

- Health Education with Transportation
- Vision
- Personal Emergency Response System*
- Weight Watchers with Transportation
- Dental
- Silver Sneakers Fitness
- Readmission Prevention
- Over the Counter Medications
- 24/7 Nurse Advice Line

*Enhanced benefit availability should be verified with iCare prior to rendering service
Specialty Services

- Disease Management
- Discharge Planning
- Re-admission prevention (RAP)
  - All ages for SNP
- Behavioral Health (UM/UR)

- Specialty Services includes a team of:
  - Care Managers
  - RN & NP’s
  - Intervention Specialist
  - Community Health Worker
Medicaid – SSI
Care Coordination

• An iCare expert team with varied educational and work experience is assigned to each member, who receive a comprehensive assessment, care plan, care coordination and case management services

• Essential Elements of Care Coordination

• Initial & Annual HRA’s
  • Individualized Care Plan (ICP)
    • Communicate regularly with providers; Updates and/or modifications to the ICP as needed
  • Managing transitions in care
  • Monitoring acute change(s) in condition
  • Intervention specialist for high needs
  • Community Health Worker
SSI – Enhanced Benefits

• Gym Membership
BadgerCare +

- Childless adults up to 64 years of age (CLA)
- Mother and child (MCH)
  - Includes caretaker

- Essential elements of Care Coordination
  - Initial Health Needs Assessment (HNA)
  - Monitoring care and promoting preventive screenings
  - Access to appropriate medical and behavioral care and resources
  - Establishing desired outcomes and following up
  - Complete prenatal/post-partum assessments

Cross coverage for Mom & Baby program
with BC+
Family Care Partnership

• Health and Long-Term Care (LTC) program that fully integrates all aspects of a Member’s care
• Designed to meet the LTC needs of frail older adults and people with physical and/or developmental disabilities
• Goal to help Members maintain their independence within the community setting working in collaboration with the PCP provider for home and community based LTC services

iCare Interdisciplinary Team
Nurse Practitioner
RN
CM
FCP Benefits

• iCare FCP covers Medicare, Wisconsin Medicaid, and home and community-based LTC services
• Services support the member’s best possible functioning in the least restrictive setting
• 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
FCP Enhanced Benefits

- Dental
- Silver Sneakers
- Vision
- Weight Watchers

Enhanced benefit availability should be verified with iCare prior to rendering service
CMS 5 Star Measures

- Medicare (Special Needs Plan and Family Care Partnership)
  - Preventive Screens (HEDIS)
  - Testing/Control
  - Follow-up Appointments
  - Member Satisfaction
  - Member Education
DHS Pay for Performance (P4P)

• SSI and BadgerCare+
  • Preventive screening
  • Testing/Control
  • Follow-up Appointments
• Member Satisfaction
• Member Education
Provider Education Responsibilities

• Annually review iCare Model of Care training
  • Provider information can be found on our [website](#)
    • Education>Resources>Model of Care
Thank you!

Please contact us with any questions:
Customer Service – 1-800-777-4376