MEMBER PROFILE:

Independent Care Health Plan

Independent Care Health Plan (iCare) is a for-profit health plan in southeastern Wisconsin that serves older adults and people with disabilities. iCare was formed in 1994 through a partnership between Humana, a managed care organization operating nationwide, and the Centers for Independence, a locally-based social service organization serving people with special needs (from children to older adults) and their families. An in-depth understanding of community-based disability services combined with insurance management expertise allows iCare to provide its members with insurance coverage that is individualized and person-centered.

Medicare-Medicaid Integration Status

iCare serves Medicare-Medicaid enrollees through two plans. The first is a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) that provides care for approximately 5,000 Medicare-Medicaid enrollees. The second is a Fully Integrated Dual Eligible (FIDE) SNP that promotes integration by providing all Medicare and Medicaid state plan services and aligning care management within a single managed care organization. iCare’s FIDE-SNP, which is part of Wisconsin’s Family Care Partnership program – an integrated health and long-term care program for frail elderly and people with disabilities – covers 440 Medicare-Medicaid enrollees.

Key to Success: Weaving Together an Extender Network

Through iCare’s experience providing disability services, the plan has identified four common issues in the care of members with disabilities:

1. Establishing and maintaining member engagement, including compliance and adherence;
2. Maintaining communication with members who are often transient, reside in remote geographic areas, or are otherwise hard-to-reach;
3. Ensuring member satisfaction and retention; and
4. Providing extra support to members with cognitive impairments.

To address these issues, iCare has developed an array of “extender” resources (i.e., individuals, organizations, or technologies) that further the organization’s reach and its points of contact with members. These extenders are a valuable part of iCare’s approach, for members with cognitive disabilities, as well as for older adults and members with physical disabilities.

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**QUICK FACTS**

- **Organization type:** Managed care organization
- **Tax status:** For profit
- **Year founded:** 1994
- **Integration models:** D-SNP and FIDE-SNP
- **D-SNP and FIDE-SNP enrollment:** 5,440 Medicare-Medicaid enrollees
- **Service area:** Southeastern Wisconsin

**PRIDE Contact**

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The Promoting Integrated Care for Dual Eligibles (PRIDE) initiative, made possible by The Commonwealth Fund, is a consortium of high-performing health care organizations focused on improving the care of individuals dually eligible for Medicare and Medicaid. The Center for Health Care Strategies (CHCS) is helping PRIDE members to identify and test innovative strategies that enhance and integrate care for Medicare-Medicaid enrollees. CHCS is a nonprofit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care. For more information, visit www.chcs.org.
Upon enrollment, /Care’s staff focuses on understanding the member’s personal situation. /Care gathers the member’s contact information as well as the contact information for significant others, neighbors, and friends. /Care first asks individuals who have informal, unpaid relationships with members to serve as primary extenders. These primary extenders – family, friends, and neighbors – are considered the most effective because the member trusts and maintains contact with them. Primary extenders can act as health advocates, as members may be more likely to listen to the requests of primary extenders than their health care provider. Extenders can add persuasive energy to /Care’s requests, encouraging members to keep appointments or follow instructions for diet, exercise, or smoking cessation. If these informal supports are not available, paid or incentivized extenders, like personal care workers, health guides, or staff from other assistance agencies are used. /Care’s care managers view all the partners involved in a member’s care plan as a potential extender resource and part of its care team.

**INTEGRATED CARE IN ACTION**

/Care has found a unique way to leverage an existing community resource to benefit its members. IMPACT 2-1-1 Milwaukee¹ is part of a nationwide program of community-based call centers providing confidential information and online resources for people in need. These call centers connect individuals with local social service organizations to access: (1) housing; (2) food; (3) family/legal support; (4) health and mental health services; and (5) employment/income support. IMPACT 2-1-1 Milwaukee fields an average of 2,500 calls per week and has staff available 24/7/365.

/Care is attempting to use IMPACT 2-1-1 Milwaukee as an extender for the plan’s members and is exploring a corporate relationship that will encourage /Care staff to volunteer at IMPACT 2-1-1 Milwaukee’s call center. Through this initiative, /Care staff will gain in-depth knowledge of the organization’s database of community service agencies, aiding them in their daily /Care role of helping to resolve members’ social service needs. /Care has also hired former IMPACT 2-1-1 Milwaukee staff, including its current member advocate. This individual has been instrumental in integrating his familiarity of local community services agencies that he gained through IMPACT 2-1-1 throughout /Care.

¹ For more information on IMPACT 2-1-1 Milwaukee see: [http://www.impactinc.org/impact-2-1-1/](http://www.impactinc.org/impact-2-1-1/).