

## Celebrating Ten Years With An Award...And Satisfied Members

Independent Care Health Plan staff and members recently celebrated iCare's 10th anniversary with a double gift of good news.

The Small Business Times honored Independent Care Health Plan in December as the winner of its "Health Care Hero" award in the category of Corporate Achievement in Health Care.

And, in other good news, the results of the 2003 Member Satisfaction Survey showed 97.3 percent of iCare members are satisfied, an increase of almost two percent since the 2002 survey.

"We are very proud and excited that we were recognized as a "Health Care Hero," and also by the member satisfaction survey results," says Pat Jerominski, president and chief executive officer of iCare.

"Because what we do is unique, we take special pride in our work," she added. "Everyone in the organization is very proud of the Health Care Hero award, which is an acknowledgement of the work that they do."

The high level of member satisfaction was the most striking result from the Member Satisfaction Survey, says Kathy Sansone, iCare's Quality Improvement Manager. "Since the survey measured members' satisfaction with both iCare and the providers who work with us, these results reflect well on the staff at

provider offices as well as in our offices," she adds.

An article in the Small Business Times announcing the award described iCare's mission and work, especially in coordinating the care of clients. Jerominski noted in the article that, without iCare, members might struggle to obtain the services they need and the system would have trouble keeping track of them to provide appropriate care. At the same time, iCare is managing state dollars well.

"We've saved the state \$12 million and more since 1997," says Jerominski in the article. "We've demonstrated to the state that we have increased access (to services) and we can save the taxpayers money."

These financial savings have been accomplished while continuing to provide high levels of member satisfaction, notes Jerominski.

The annual Member Satisfaction survey is part of ongoing efforts to monitor iCare's effectiveness and make improvements where needed, says Kathy Sansone.

Good communication among members, providers and iCare staff is one key factor in member satisfaction, Sansone says, noting that the survey showed more members contacting their care coordinators during 2003.

"Some people have a hard time working with the health care system," says Sansone. "Having someone to talk to helps."

Other survey results showed: More members used dental services; most members now have a primary doctor; more members asked for help with transportation and complaints about transportation went down. Following the simplification of the approval process last year, fewer members reported delays in care. Most members also said they found the member newsletter helpful.

The survey also asked members about health habits - like smoking - to gather information that can be used in working with providers to improve programs and treatment plans promoting healthier lifestyles.



# State to Expand SSI Managed Care Program in Milwaukee

The Wisconsin Department of Health and Family Services (DHFS) is expanding the number of SSI managed care programs in Milwaukee County and making managed care mandatory for those eligible recipients covered by Medicaid.

Under this so-called “all-in/opt-out approach,” those eligible recipients who are also covered by Medicare will have the option of voluntarily moving to a managed care program, but will not be required to do so, explains Joyce Binder, iCare’s compliance specialist.

The changes, which will be phased in beginning in March or April of 2005, will probably generate many questions for providers, says Binder. Up until now, iCare has been the only managed care option for SSI disabled and elderly adults in Milwaukee County, and members could choose it voluntarily. The state is making the changes to control costs while improving the quality of care.

“The biggest change for providers will probably be an increased number of inquiries and more questions about eligibility,” says Binder. SSI Medicaid recipients will be notified that they need to enroll in one of the managed care programs, she explains. Those who don’t choose one of the options will

automatically be enrolled in a managed care organization. After eligible recipients try a managed care program for at least two to three months, they may choose to go back to a fee-for-service program or switch to another managed care option. After the initial three-month test period is over, eligible recipients could change their enrollment yearly.

Current iCare members will be informed of other choices available, but can choose to stay with iCare. Those iCare members who don’t make a choice will also automatically remain with iCare.

With all the changes being phased in, “the most important message to providers is to always check eligibility,” says Binder. Providers who are part of iCare may also want to let patients who are choosing a managed care plan know that they are with iCare, she adds.

Approximately 30,000 people in Milwaukee County could potentially be affected by the changes, says Binder. Of these, 6,000 are already iCare members. Of the remaining 24,000, about 13,000 will be required to move to a managed care plan and the other 11,000 (those who are also eligible for Medicare) will have the option

of moving to a managed care plan voluntarily.

If patients who are affected by the changes have questions, providers can direct them to the toll-free number provided with their enrollment materials. providers with questions can call Mike Sebastian at 414-231-1164.

## Provider Reminders...

### Claim and Billing Tips

Here are a few suggestions to help make the process of submitting claims and getting bills paid go more smoothly:

- ❖ Unless iCare directs otherwise, follow FFS (Fee for Service) claim processing guidelines. Be sure to check the State provider web site at <http://dhfs.wisconsin.gov/medicaid4/index.htm> regularly. This web site is an important provider resource, and includes the latest claims processing guidelines and requirements
- ❖ Many iCare members also have Medicare coverage. If you serve iCare members who are also eligible for Medicare, you must be Medicare-certified as well as Medicaid-certified. If an iCare member is eligible for Medicare, please bill Medicare or the primary insurance first. You will need to verify that you have filed with the primary insurance before iCare can pay as secondary insurer. You may use Medicare disclaimer codes when appropriate.
- ❖ Please remember to submit requests for prior authorization to the authorization coordinator at least five days before the procedure is scheduled, and make sure all sections of the prior authorization request form are complete.



# News and Notes

## Tobacco Cessation

Many tobacco cessation support medications can be prescribed without prior authorization if three requirements are met:

1. A physician's order is required for tobacco cessation support medications. Independent Care Health Plan provides prescription benefits for over-the-counter nicotine patches as well as legend (requiring a prescription by federal law) products such as Zyban, the nicotine inhaler and the nicotine nasal spray.
2. Members use a network pharmacy to fill the order.
3. Medications are dispensed within quantity and frequency limits. For example, *iCare* will pay for generic over-the-counter nicotine replacement patches of any strength, but they must be dispensed in a 30-day supply per refill for a maximum of 90 days in any 12-month period; the legend nicotine inhaler for a maximum of 90 days in 12 months; a 30-day supply of Zyban for a maximum of 120 days in 12 months.

Requests for products in excess of quantity and frequency limits are subject to a prior authorization review.

Members are encouraged to obtain additional support through programs collaborating with *iCare*. These include the Wisconsin Quit Line and the community support program offered through St. Michael's Family Care Center Support Groups.

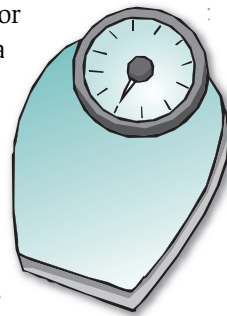


## Personal Care Workers

As of November 1, 2004, *iCare* is contracting with just two providers – Preferred Home Health and Independence First – for personal care services. New members and existing members newly in need of personal care services will be directed to these providers. Members currently receiving personal care services from another provider were contacted by *iCare* to coordinate transition to one of these two providers by January 1, 2005. This change relates only to personal care services and does not apply to other home health services.

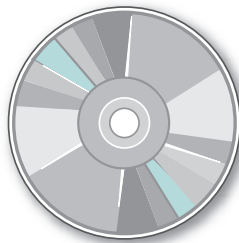
## Weight Loss Medications

Weight loss medications may be prescribed with prior authorization from *iCa*. To obtain approval, members must work with a dietitian to develop healthy eating patterns, and providers must document a member's weight loss of at least two pounds a month.



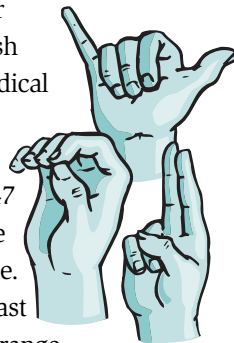
## Other News to Note

- Providers may receive a copy of the new version of the Provider Reference Manual on CD-Rom by calling Provider Relations at 414-231-1032.



- Independent Care Health Plan now has its HMO (Health Maintenance Organization) license so we have established our own credentialing program for all contracted providers.

- We provide *iCare* members who are hearing impaired or who don't speak English with translators for medical appointments. Please contact Member Services at 414-223-4847 as far in advance of the appointment as possible. Generally, it takes at least five working days to arrange for an interpreter for the hearing impaired; three days to arrange for a foreign language translator.



- If you need information about *iCare*'s pharmacy coverage, the provider handbook clearly spells out *iCare*'s pharmacy benefits. We do have a preferred drug list, based on a stepped approach to therapy. If, after checking the handbook, you have questions about a specific drug, you can contact *iCare*'s Pharmacy Services at 414-231-1074 or the MedImpact Claims line at 1-800-788-2949.



**We want to hear from you!**

Do you have news to share for future issues of iCare news? If you have a patient or office success story, a procedural or administrative tip or other information that might be of interest to your fellow providers, please let us hear from you. Contact:

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iCare news is published for providers of services to Independent Care Health Plan members. For information about iCare, please call the following departments:

**Provider Relations** (414) 231-1032  
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**TTY** (800) 947-3529 or 7-1-1  
**Voice** (800) 947-6644 or 7-1-1  
**Fax** (414) 231-1092  
**Claims** (800) 370-2720  
**Pharmacy Services** (414) 231-1074  
**E-mail** info@icare-wi.org

## Success Story: Lolita Finds a Doctor She Can Talk With



Lolita (right) with care coordinator Angie Perez (left).

Finding a doctor who understands is an important step toward better health.

Lolita is an iCare member from the Philippines. She speaks some English and three words of Spanish. “Uno, dos tres (one, two three),” she says with a laugh.

Lolita’s native language is Filipino so she wanted to be able to talk to a doctor in her own language about her asthma.

Her care coordinator, Angie Perez, helped Lolita find a doctor who speaks Filipino. Although the doctor and Lolita are still working to control her asthma, “Lolita is much more comfortable being able to speak directly with her doctor,” says Angie.

Lolita, a mother of eight, came to the United States in 1986. She worked in Houston before moving to Milwaukee, and now lives with one of her three daughters. She has four sons who still live in the Philippines and is trying to get them accepted into the United States.

Even though she is still practicing her English, she took time to write a thank-you note to iCare for helping her find a doctor who speaks her language:

“iCare is a good help to me. Angie always help me...call me to say what to do. I got lot to say but I don’t know how to write good English. Thank you, thank you, thank you. Without you I pass away already.”

