



PRESS RELEASE

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FOR IMMEDIATE RELEASE

***i*Care Picked to Participate in PRIDE Consortium to Improve Health Care Delivery** (Milwaukee, March 5, 2014)

Independent Care Health Plan (*i*Care) has been chosen to participate in the PRIDE consortium, a partnership dedicated to Promoting Integrated Care for Dual Eligibles. The consortium is a select group of seven community-based health care organizations identified by experts across the United States for their commitment, capacity and progress in delivering high-quality, coordinated care to high-needs, high-cost Medicare and Medicaid beneficiaries. It is an initiative of the Center for Health Care Strategies and is supported by a grant from The Commonwealth Fund, a private foundation based in New York City.

The consortium members were selected from states that are promoting integrated care for individuals dually eligible for Medicare and Medicaid services, who account for \$300 billion a year in healthcare expenditures.

"*i*Care was honored to be asked as one of seven organizations in the country to participate," says *i*Care CEO, Dr. Thomas Lutzow. "The PRIDE consortium provides us with a platform for discussing barriers to integration of Medicare and Medicaid services, both at the member recipient level as well as the administrative infrastructure level. These two major systems were developed historically from two different sets of legislation at the national level. Making those programs work together can be a challenge. The federal Centers for Medicare & Medicaid Services (CMS) is working with states to achieve this integration through plans like *i*Care. The PRIDE consortium enables us to identify and communicate where there are opportunities for improvement."

The consortium seeks to support the growth of integrated care plans for dual-eligible populations that:

1. Integrate care across settings and financing streams, including integration of medical care, behavioral health and long-term services and supports (LTSS)

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2. Promote quality care, quality of life, chronic illness management and effective prevention through services and supports responsive to the needs of diverse members, families and populations
3. Increase efficiency and reduce wasteful healthcare spending while maintaining quality
4. Provide a compelling value proposition for dually eligible members relative to fee-for-service Medicare and Medicaid
5. Assure accountability to purchasers for measurable performance in cost, quality and access.

Independent Care was one of the first managed care organizations in the country to implement a care coordination model integrating medical, behavioral health and social services to improve individual health outcomes. Formed in 1994 through a partnership between Humana Wisconsin Health Organization and the Milwaukee Center for Independence, *iCare* was itself a demonstration project, started with a three-year Health Care Financing Administration (HCFA) grant to develop innovative ways to improve the quality and cost-effectiveness of health care programs.

Recognized in 1996 by the U.S. Department of Health and Human Services as a Special Honoree in the “Models that Work” completion, *iCare* has saved the Wisconsin Medicaid program over \$28 million in discounted payments since 1999. In 2005, the Wisconsin Medicaid program adopted a model of care coordination much like *iCare*’s when it expanded its Medicaid Supplemental Security Income (SSI) program to include other managed care organizations.

Independent Care currently works with the state and federal government to provide managed care coverage to approximately 15,000 Wisconsin residents characterized as high needs, high cost populations, including individuals with multiple chronic illnesses, physical disability, mental illness, frailty and/or dementia – especially those who are dually eligible for both Medicare and Medicaid services due to their poor health, advanced age and poverty.

The other consortium members include CareSource (OH), Commonwealth Care Alliance (MA), Health Plan of San Mateo (CA), Together4Health (IL), UCare (MN), and VNSNY CHOICE (NY). Consortium members will engage in collaborative problem-solving, extract and share lessons about their key challenges and success factors, delineate strategies and best practices for achieving high performance and disseminate these to other health plans, consumer groups and federal and state policy makers.

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Among the issues the consortium will address are effective models for expanding service and support networks, ways to better integrate and improve care coordination between medical and long term services and supports, best practices for effectively engaging consumers, measures to continuously monitor and improve quality while managing costs efficiently, and strategies for expanding enrollment and retaining members.

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