

iCarenews FOR PROVIDERS

THE LATEST NEWS AND INFORMATION FROM INDEPENDENT CARE HEALTH PLAN

Member Assessments Matter

Independent Care is required to conduct assessments of Supplemental Security Income (SSI) and Special Needs Plan (SNP) recipients within 60 days of their effective date. To more effectively meet this requirement, we are providing a free \$5 Walgreens Card as an incentive for our members.

If your office notices that a patient's insurance has switched from Fee-for-Service (FFS) to iCare, please encourage them to contact us for their assessment.

Continued on page 4



What's Inside. . .

BadgerCare Plus Update.....	2
Provider Updates	
Email Your Provider	
Information.....	3
Taxonomy Requirements	3
Secure Email Implemented.....	3
Order Screenings Together.....	3
Treating Chronic Pain	4
Hometown Hero.....	6
MATC/iCare Scholarship	6
Road to Independence Video	
Challenge	6

www.icare-wi.org



Apply for iCare's Continuing Education and Reimbursement Program



Independent Care has a Continuing Education and Reimbursement program for providers who want to expand and enhance their level of performance through continuing education courses.

Independent Care network providers who work with iCare members may qualify for reimbursement to help them in their pursuit of continuing education credits at the following prestigious institutions:

- Harvard Medical School Department of Continuing Education
- Mayo School of Continuing Education
- Medscape CME
- American College of Chest Physicians

The classes offered in this program complements our clinical pathways for the reduction of inpatient admissions (asthma, CHF, cocaine, COPD, diabetes and hypertension). **Independent Care has provided a listing of on-line classes on our website.** Follow the class links provided under each school program to access the class descriptions.

Eligibility

To be eligible for continuing education reimbursement, a provider must be contracted and in good standing in the iCare provider network.

Amount of Reimbursement

Reimbursement will be made upon the successful completion of approved course work and will cover tuition. Before taking the course you must complete and submit the Continuing Education and Reimbursement Program Pre-Approval form, which can be accessed at our website. Independent Care will reimburse the first 50 providers who apply. Reimbursements for the listed courses are not to surpass \$100.00 per year.

How to Apply

To apply for iCare's Continuing Education and Reimbursement Program, fill out and send us the on-line pre-approval form on the iCare website:

<http://www.icare-wi.org/providers/Education.aspx>

BadgerCare Plus Update

Changes to BC+ Standard and Benchmark Plans

The Department of Health Services (DHS) recently awarded contracts to Abri Health Plan, Children's Community Health Plan, CommunityConnect, and UnitedHealthcare to administer BadgerCare Plus Standard and Benchmark Plans. Independent Care Health Plan did not pursue a contract for offering the BadgerCare Plus Standard and Benchmark Plans.

All BadgerCare Plus Standard and Benchmark plan members living in Milwaukee, Racine, Kenosha, Waukesha, Washington, Ozaukee Counties will be asked to choose and enroll in one of the four HMOs. Even if members are currently enrolled in an HMO that will still be available, they will still need to choose an HMO. This does not affect members currently enrolled in:

- SSI Medicaid,
- Medicaid for the Elderly Blind or Disabled (EBD), or
- BadgerCare Plus Core Plan members

Independent Care will continue to provide services to BadgerCare Plus Standard and Benchmark plan members until which time they transition to a new HMO. **We will continue to offer the BadgerCare Plus Core Plan.**

Members currently enrolled in the BadgerCare Plus Standard and Benchmark plans will be sent an enrollment packet when it is time for them to choose their new HMO. The packets will include information about each available HMO and how to enroll. Members will be able to pick their HMO online, through the mail or by phone.

As it is today, if the member receives an HMO enrollment packet and does not choose an HMO using one of the available methods, s/he will be auto-assigned to one of the available HMOs.

Members will be asked to choose their new HMO over the course of three months. This process will begin in mid-July, mid-August, or mid-September 2010 depending on where the member lives. Each month, members will be sent the enrollment packet and asked to choose their new HMO.

Members who enroll in the BadgerCare Plus Standard or Benchmark Plan after May 1, and live in Milwaukee, Racine, Kenosha, Ozaukee, Washington and Waukesha counties will not be enrolled in an HMO until they receive an HMO packet in July, August, or September, based on where they live. Members will be able to receive health care fee-for-service until they are enrolled in an HMO.

BadgerCare Plus Renewals

We are going into the third month of renewals for the Transitional BC+ Core Plan Members (TCLA) who were automatically transitioned from GAMP to the Core Plan in January 2009. Please continue reminding your patients of the importance of completing their renewals within the required time frames.

While the renewals for people with birthdays in January, February, March and April were due by March 31st to avoid any gap in coverage, they are still able to complete their renewal until 4/30/10 (although there may be a lapse in coverage if the verification and payment are not also in by 4/30).

If a TCLA member submits a renewal application, pays the fee (unless it is waived for meeting the HUD definition of "homeless"), and submits all proper verifications by 4/30/10, their coverage can be backdated to begin 4/1/10 with no gap in coverage. If the renewal is submitted by 4/30/10, but the fee or verifications are still not submitted by 4/30, the individual may still get coverage, but it will not begin until the 1st or 15th of the month after their fee and all required verifications are submitted in a timely fashion.

Please remember for the March group the renewal application must be submitted via ACCESS or phone by 4/30/10 to continue to have BadgerCare Plus Core coverage. If it is submitted after 4/30/10, the applicant will be placed on the Core Plan waitlist and the security code will no longer work for them.

Also, TCLA members instructed to apply by 3/31/10 are still able to get their physical examination until 4/30/10 and be eligible for continuing enrollment in the Core Plan. Any physicals completed after 4/30 will not be honored, and the renewal application will be denied.

The same timeline will be true of the group that must renew by 4/30 (birthdays in May, June, July, August) or their coverage will close, and those that must renew by 5/31 (Birthdays in September, October, November, or December). These groups will have the same amount of time for their grace period and the same duration of time to meet the other requirements. Therefore, as of 5/1 the coverage for the April group will be closed, until their renewal is completed within the allowed timeframe.

If you have any questions regarding the renewal process please feel free to contact Sarah Fraley at Sarah.Fraley@dhs.wisconsin.gov or Connor Sperry at Connor.Sperry@wisconsin.gov or call the ESC partner line at 1-888-415-2116 or 608-261-9305.

Provider Updates

Email Address to Forward Your

Provider Information

In order to maintain the integrity of our provider information, forward the following information to the new provider email address:

- Current provider roster
- Certification information per provider; Medicaid, Medicare or both
- Office manager contact information, include email address
- Forward all changes; terminations, additions, address, phone, etc.
- Email roster/changes to NetDev@icare-wi.org
- Mail roster/changes attn:

Network Development
1555 N. RiverCenter Dr.
Suite 206
Milwaukee, WI 53212



Secure Email Implemented

With the adoption of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), it is required that all communications containing Protected Health Information (PHI) be secured. To help implement this important and practical security measure, iCare began using ZixCorp's e-mail encryption services to protect our communications on December 14, 2009.

This move will help ensure our members' PHI remains confidential.

To both meet HIPAA regulations and comply with improved best-practice standards, all email communication you receive from us containing PHI takes advantage of ZixCorp's encryption services. ZixCorp's easy-to-use e-messaging protection makes it effortless for you to receive and read any encrypted communications - whether you are a ZixCorp customer or not. The privacy of business communication is important to us and we want to ensure your information stays private.

You must register with ZixCorp to retrieve secure email from the Secure Message Center. Email recipients can learn more about this service by visiting the **User awareness site**.

HgbA1c & LDL, Order them Together

As part of iCare's process improvement for our diabetic members, we are working on improving the number of members with diabetes who get both a Hemoglobin A1c and a cholesterol measure (LDL) completed within the measurement year.

Our results from 2009 showed we are improving, but remain far below the goal for obtaining both an HgbA1c & LDL within the same year:

Your help is required. When ordering your diabetic patient's lab work, order the HgbA1c and LDL at the same time.

Medicare & Medicaid cover both HgbA1c and LDL for screening. The appropriate corresponding diagnostic code should accompany the claim.

Results	2008	2009	Goal
HgbA1c	66.9%	71.6%	78%
LDL	61.6%	66.6%	71%
Both HgbA1c & LDL	51.7%	51.3%	75%

Providers should indicate screening procedure code(s) when submitting claims in the following instances:

- For routine tests or procedures performed to identify members at increased risk for diseases.
- When a member is asymptomatic or does not have a personal history of the disease (or related conditions) for which the screening test is being performed.

Providers should indicate diagnostic procedure code(s) when submitting claims in the following instances:

- There are symptoms or other indications of a medical problem.
- To confirm a previous diagnosis.
- There is a personal history of a medical problem or related condition.
- During a screening, a problem or medical condition is found and a biopsy or other sample is taken for further study and analysis.

TREATING CHRONIC PAIN

Chronic pain and its management represents a large percentage of your patients (our iCare members). When treating patients with chronic pain, it is important to distinguish if you are treating a disease where pain is a prominent feature of the disease or if you are treating chronic pain as a disease or syndrome itself.

Chronic pain is often defined as pain that lasts more than 3 months but in some cases the 6 month criteria is used. A more recent approach has suggested that chronic pain be considered whenever the pain lasts longer than the reasonable expected healing period for the tissues involved.

Recently at iCare we have embarked on a project to identify diseases frequently seen in our members/your patients, where chronic pain is a prominent feature and to look at best practice management of the pain component.



One of the most recognized diseases associated with pain is cancer. In literature from the National Cancer Institute it is estimated that “cancer pain can be managed effectively through relatively simple means in up to 90 percent of the 8 million Americans who have cancer or a history of cancer.” They state that flexibility is key to managing cancer pain and give the following suggestions;

1. Ask about pain regularly.
2. Believe the patient and family reports of pain and what relieves the pain.
3. Choose pain-control options appropriate for the patient, family and setting.
4. Deliver interventions in a timely, logical and coordinated fashion.
5. Empower patients and families to control their course as much as possible.

Further detail can be found in an excellent summary at:

<http://www.cancer.gov/cancertopics/pdq/supportivecare/pain/healthprofessional/allpages>

Another condition that involves pain management is sickle cell disease. The National Heart, Lung and Blood Institute notes that pain from vaso-occlusive events can start as early as 6 months of age and that “management of pain in childhood affects a person’s ability to cope as an adolescent and adult.” Pain is the top cause of emergency room visits and hospitalizations. Frequent episodes of acute pain can change into chronic pain as tissue damage occurs particularly related to bone changes.

A large part of pain management in the acute setting focuses on medication. The management of the chronic component involves patient education to avoid precipitating events such as cold exposure or dehydration and the use of medications such as Hydroxyurea to diminish the number of acute events. A comprehensive review of the subject is available at:

http://www.nhlbi.nih.gov/health/prof/blood/sickle/sc_mngt.pdf

Low Back Pain is one of the most common reasons for a visit to the doctor. The medical literature is full of articles and guidelines and despite this, inappropriate evaluation and treatment is common. Most patients with benign low back pain will improve without focal treatment in 2 weeks.

Often however, treatment jumps right to the aggressive stage, totally skipping conservative management. A comprehensive clinical evaluation should be done and documented. Conservative care includes only ordering tests when the currently accepted “red flags” (history of cancer, fever, osteoporosis, systemic disease, serious acute accident, over 50 years of age, failure to respond to 4 to 6 weeks of conservative treatment, to name a few) are present. It also includes non-narcotic medications, home exercise, physical (or occupational) therapy or other non-invasive treatment such as chiropractic care. Invasive interventions will be topic in a future issue of this newsletter.

- Continued on next page -

Image: m_bartosch/FreeDigitalPhotos.net

Treating Chronic Pain - Continued from page 3

A good guideline for adult back pain can be found at the National Guideline Clearinghouse at:

www.guideline.gov/summary/summary.aspx?doc_id=13479&nbr=006888&string=adult+AND+low+AND+back+AND+pain

Fibromyalgia (FMS) research has improved whatever little understanding we have of this entity but there still is no definitive testing to make the diagnosis. It continues to be made on the basis of extensive exclusion of other conditions. While the American College of Rheumatology criteria are still used, it is felt they are not comprehensive enough for all cases of FMS.

Again, one of the primary goals in treatment is patient education and self management with avoidance of chronic use of treatments that foster dependency. Newer medications on the market are aimed at CNS function as narcotics have been found to be of little value in the treatment of FMS.

A good article on the current status of clinical diagnosis and treatment can be found at:

<http://emedicine.medscape.com/article/329838-overview>

Finally, a few words about Chronic Pain Syndrome (CPS). CPS is considered to be multifactorial and still not very well understood. It is estimated 50 million Americans are disabled partially or totally due to chronic pain (all forms of pain.) CPS can have effects in all areas of a patient's life and lead to behavior changes including depression, use of alcohol and drugs and magnification of disability. As this is felt to be a multifactorial process, treatment is best when it is multidisciplinary. Again, conservative treatment is the cornerstone of care with the focus being to decrease pain behavior while modulating the pain response.

Clearly pain in all of its forms is a large topic and you can expect to see future articles on specific topics related to pain and its management.

*Dr. Donna Davidoff
Associate Medical Director*

Member Assessments Matter - Continued from page 1



**Care Management Manager
Deborah Peterson**

According to Care Management Manager Deborah Peterson, the assessment requirement fits into our model of care, where we provide comprehensive health care services

for our members. The assessments are performed to establish a baseline of the member's current health status and are used to establish an individualized plan of care. The assessment encompasses information related to:

- Member communication, translation and interpreter needs
- Primary social services issues and community resource availability
- Provider access for medical and

behavioral health services

- Access to hospital based services and emergency room use
- Pharmacy and medication needs
- Health condition(s)

"We look at the information to see where we can help in finding providers and keeping people out of the emergency room (ER). Getting them the preventive care they need prevents unnecessary ER and inpatient visits. Our main goal is to improve their quality of life and their health. We can do this by assisting them to understand their benefits and help them to navigate the complex health care field," stated Peterson.

During the assessment, the member is also educated on *iCare's* program components and services, member rights and responsibilities, access to *iCare* network providers and access to transportation services.

Independent Care is required to submit a

monthly report to the Department of Health Services (DHS) and Automated Health Systems, Inc. (AHSI) regarding the status of member assessments.

Peterson indicated that members are reassessed on an annual basis. Reassessments are also performed as status changes are reported or identified through other sources (hospital stays) to evaluate the need for care plan modifications. Care management is ongoing at the level determined by the individual member's needs.

Independent Care's unique care management model is built upon personal and trusted relationships between our members and Care Coordinators. Our approach to member assessments benefit practitioners when there is a Care Coordinator available who is familiar with the medical, behavioral health, and social service needs of their patients.

Hometown Hero



Independent Care network provider **Gigi Pomerantz** was recognized last month by the Wisconsin State Assembly with the **Hometown Hero Award** for her commitment to social justice and involvement in Haiti relief efforts.

Pomerantz, an Aurora UW Medical Group Family Nurse Practitioner, has been performing volunteer work in Haiti since 2006 and founded Youthaiti—an organization

dedicated to helping and encouraging young Haitians in their development of ecological projects in sanitation and water-source protection, community gardening and reforestation in their own communities. She left to assist in relief efforts in Haiti on February 13 and returned on March 3.

For more information on Youthaiti, go to www.youthaiti.org

Pomerantz was featured in our **Summer 2008** *iCareNews*.

*i*Care Scholarship Helping to Make Dreams Come True



David Woolfolk, II, 45, became the first recipient of a scholarship established by *i*Care to help people with disabilities attend the Milwaukee Area Technical College (MATC). Woolfolk was recognized during the MATC Partners In Excellence Scholarship Recognition Dinner, held at the Italian Community Center on March 30.

Woolfolk is a second year student at MATC and is currently enrolled in the Baking Production Pastry Arts program. He received a one-year, \$2500 scholarship from the

MATC/*i*Care Scholarship Fund, which will go toward his tuition.

Originally from Kentucky, Woolfolk moved to Milwaukee in 1999. He participates in work/study at MATC, where he trains students on running the school bakery at night.

"I want to thank *i*Care for helping me to go forward with my dream, which is to travel abroad and become a pastry chef or own a business," stated Woolfolk.

Video Challenge Focuses on Awareness

Independent Care recently developed a contest aimed toward Milwaukee Public High School students to raise awareness on issues faced by people with disabilities and to focus on individual efforts to succeed in the face of adversity. Calling it the "**Overcoming Obstacles on the Road to Independence Video Challenge**," the contest is entirely hosted on-line, with links to Facebook, Twitter and YouTube for updates and to post videos.

The Video Challenge involves Milwaukee Public School students, 9th through 12th grade, creating a 1 to 3 minute video that focuses on the theme of the contest. A \$1000 prize will be awarded for the video that best meets the criteria for being creative, original, interesting, on message, and impactful.

In establishing this Video Challenge, *i*Care believes it can help today's youth recognize the challenges faced by people with disabilities, promote a better understanding of their needs and assist in removing obstacles for realizing a life of independence and self-fulfillment.

WE WANT TO HEAR FROM YOU!

Do you have news to share for future issues of *i*CareNews? 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:

Independent Care Health Plan
Derrick C. Lewis, Editor
1555 N. RiverCenter Drive, Ste. 206, Milwaukee, WI
53212, 414-231-2904

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

Provider Services (414) 231-1029
E-mail NetDev@icare-wi.org
Member Services (414) 223-4847
TTY (800) 947-3529 or 7-1-1
Voice (800) 947-6644 or 7-1-1
Fax (414) 231-1092
Claims (888) 333-6820
Pharmacy Services (414) 223-4847

www.icare-wi.org