

MEMORANDUM OF UNDERSTANDING

Between:

City of Milwaukee Fire Department – Mobile Integrated Healthcare Program

And

Independent Care Health Plan (“iCare”)

PURPOSE:

This Memorandum of Understanding, (“MOU”), is executed by and between the City of Milwaukee Fire Department - Mobile Integrated Healthcare (MFD-MIH) and Independent Care Health Plan (“iCare”) to pilot a program for certain iCare members as designated by iCare and to provide specific outreach services for those members.

IMPLEMENTATION OF AGREEMENT:

Outreach Program

iCare Agrees to:

- Provide comprehensive information to the MFD-MIH on each member as designated by iCare for participation in this pilot program to facilitate outreach and program administration. iCare acknowledges that MFD-MIH can only serve residents of Milwaukee County. If a designated member moves outside of Milwaukee County, they are no longer eligible to participate in the program.
- Pay MFD-MIH \$600.00 to locate/contact the designated iCare members to be enrolled to receive services from MFD. This fee will be paid regardless of location outcome.
- Pay MFD-MIH \$1200.00 to engage the iCare members in the MIH Program for the delivery of 4 visits as further set forth below, to be paid on a pro-rata basis at the rate of \$300.00 per completed visit dependent upon the number of visits completed for that member.
- Meet with MFD monthly (at minimum) to review cases and determine potential next steps for each enrolled member and/or the overall program.

The City of Milwaukee Fire Department - Mobile Integrated Healthcare Program Agrees to:

- Attempt to locate, engage and enroll iCare members designated by iCare into the MIH pilot program.
- Subject to any applicable pro-rating as described above, invoice a total program cost not to exceed \$1,800.00 per member without the prior approval of iCare.
- Provide enrolled members with a total of 4 in-person outreach visits, including but not necessarily limited to the following components as applicable and adapted to the individual needs and circumstances of the member: home safety check and reporting of necessary repairs to the landlord, evaluation and review of social factors affecting member’s health, asthma environmental assessment and engagement of American Lung Association representatives (within ALA limitations) to work with the member on subsequent visits as appropriate, administration of member self-assessment questionnaires (initial and follow up), physical exam including EKG, blood pressure check, and blood sugar check, mental health screen, medication reconciliation and offering of home prescription delivery services through local pharmacies, and chronic disease education and resources, all as more specifically described on **Attachment 1** to this MOU.
- Meet with iCare monthly (at minimum) to review cases and determine potential next steps for each enrolled member and/or the overall program.

- Provide *iCare* with a Patient Outcomes Report for each member engaged in the MIH Pilot Program, consisting at a minimum of the following information: _____?

The parties agree to comply with all applicable state and federal privacy laws as they may pertain to member information. Transference of HIPAA protected information is covered in the EXECUTED Business Associate Agreement between the City of Milwaukee Fire Department and *iCare*.

EFFECTIVE DATE:

This MOU is effective upon signature of both parties and shall remain in effect until terminated by either party. Either party may give notice of termination to the other party at any time upon thirty (30) days advance written notice. This MOU may be amended at any time upon the mutual agreement of the parties; any such amendments shall be in writing and signed by both parties.

The undersigned, by signing below, acknowledges that he/she is the authorized representative for their respective party.

AGREED TO BY:

Mark A. Rohlfig

Fire Chief
Milwaukee Fire Department

Thomas Lutzow
President/CEO
Independent Care Health Plan

Date

Date

MFD MIH VISIT PARAMETERS

Visit 1

Patient Demographics

Past Medical History-Identify patient's PCP, Patient Medications.

Activities-Biometric, Smoke Detector, Home Safety Inspection.

Condition Appropriate Assessment Worksheet

Advanced Directives delivered to patient for completion.

Initial Health Questionnaire

Patient Social Determinates of Health questionnaire(s)

Environmental Assessment for Asthma patients- American Lung Association

Document initial Outcome Measures

If we identify an immediate need for Behavior Health intervention active the Emergency System or reach out to local resources.

Visit 2

Review-Update or complete any pertinent patient worksheets, history, or data (PCP info, medical insurance, etc...)

Follow up on Environmental Assessment findings. Reach out to local resources for asthma trigger mitigation.

Disease Education-Discuss disease process with patient (no more than two diseases at a time)

Condition Appropriate Assessment Worksheet

Caseworker-attempt to identify care organization. MIH admin will reach out to set up joint MIH Caseworker visit on visit 4.

MIH admin will contact Hayat Pharmacy representative to attend the THIRD visit

If we identify an immediate need for Behavior Health intervention active the Emergency System or reach out to local resources.

Visit 3

Review-Update or complete any pertinent patient worksheets, history, or data (PCP info, medical insurance, etc...)

Disease Education-Discuss disease process with patient (no more than two diseases at a time)

Complete Condition Appropriate Assessment Worksheet

Medication Reconciliation-Hayat Pharmacy representative will attend visit to assist with reconciliation and dispose of expired or duplicate medications.

MIH admin will contact Case Worker representative to attend the FOURTH visit

If we identify an immediate need for Behavior Health intervention active the Emergency System or reach out to local resources.

Visit 4 or Final visit

Review-Update or complete any pertinent patient worksheets, history, or data (PCP info, medical insurance, etc...)

Environmental mitigation supplies will be delivered by American Lung Association

Disease Education-Discuss disease process with patient for final time and ask if they have any questions.

Advanced Directives (Confirm completion)

Final Health Questionnaire

Outcome Measures-Review and complete as necessary

Soft hand off of patient to Caseworker-Introduce patient to case worker and inform the patient that he/she will continue patient care from this point.

******Let the patient know that they can always dial 911 in an emergency or contact us via our "Non-Emergency Line."******

*Award the patient the **MIH diploma** signifying successful completion of our program!*