



INFORMed

A newsletter for Providers of Independent Care Health Plan

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Help spread the word!

Please forward this email to others in your organization who need this information.

Your Role in Keeping iCare Members Eligible for their Medicaid Benefits!

The Medicaid continuous enrollment requirement implemented during the COVID-19 pandemic will end April 1, 2023. As a result, the Wisconsin Department of Health Services (DHS) will outreach to inform and educate members they need to complete their BadgerCare Plus or Medicaid SSI renewal. Outreach tactics include mailings, text messages, emails, push notifications through the MyACCESS app, and more. iCare will support DHS' efforts through our own outreach campaign using similar communication channels. These campaigns will start in April and continue through 2024.

Thirty (30) days prior to a member's renewal date, DHS will send a packet in the mail, which will include instructions on how to complete their renewal. The first health care renewals will be due in June 2023 and distributed over a 12-month period through May 2024. If DHS does not receive the member's renewal, a reminder communication will be sent. iCare will also send its own notification.

The loss of Medicaid benefits could be detrimental to some of iCare's most vulnerable members — potentially affecting ongoing care plans and continuity of care. As a member's health care provider your strong recommendation to your patients to complete their Medicaid renewal and/or update their contact information with DHS so they don't miss important benefit information could be the difference in whether the member has health insurance coverage, or not.

ClaimCheck Transition to ClaimsXten

iCare uses automated procedure coding review software to monitor all professional claims submitted for reimbursement to ensure policy compliance.

Effective December 2022, iCare replaced our current coding review software, McKesson ClaimCheck, with Change Healthcare ClaimsXten. Regardless of the date of service of the claim, claims processed after December 10, 2022 will use the ClaimsXten code editor. Wherever possible, ClaimsXten will edit in a similar fashion to ClaimCheck, so the transition should have limited impact to providers.

Questions? Please contact iCare via [email](#) or call Customer Service at 1-800-777-4376.

EVV Hard Launch May 1, 2023

Based on data provided by Wisconsin Department of Health Services (DHS) and our claim data, we have identified multiple EVV Data errors due to span billing. The units billed within a span MUST be evenly divisible by the number of days. If you are not able to do this, it is highly encourage to bill each date of service separately. As a reminder, once DHS commits to hard launch of EVV, if your EVV data does not match your claim data, payment will be denied. If you have any questions or would like claim data examples, please contact iCare by [email](#).

Detail Span Billing (iCare follows DHS billing guidelines)

EVV has not changed existing fee-for-service span billing policy; however, EVV edits will help to enforce this existing policy after hard launch. Provider agencies should check with their HMO, MCO, or IRIS FEA regarding detail span billing requirements.

Per current fee-for-service policy, span dates may only be billed when the same services are provided for the same number of units for each date of service. The procedure code, revenue code, modifier, and units billed must all be the same for each date included in the date span. Unless the EVV units for every day in the date span are identical, DHS encourages provider agencies to bill each DOS separately to avoid denials.

To calculate units billed per day, the total units in the date span will be divided by the days in the span. If the units billed per day are greater than the calculated EVV units for any date in the date span, the detail will post an explanation of benefits message and deny.

For example, if a provider agency bills for 15 units for three days, there must be at least five EVV units for each of the three days in the date span. If the EVV units were captured as six units on Monday, five units on Tuesday, and four units on Wednesday, the date span detail would deny because Wednesday does not have at least five EVV units.

DHS will not deny a claim detail if the EVV units are greater than units billed.

Source: <https://www.forwardhealth.wi.gov/kw/pdf/2021-26.pdf>

Provider Reference Manuals Updated February 2023

The iCare Provider Reference Manuals were updated in February 2023. These documents are a provider's primary resource to efficiently conduct transactions related to iCare members. Please download and save a copy for your reference.

- [Medicaid/Medicare Reference Manual](#)
- [Family Care Partnership Manual](#)

As updates occur to these documents, versions will be posted to our provider [web page](#) (scroll down half way on this page and click on the appropriate button), sent out through a INFORMed News Brief (email blast), and also included in this e-newsletter.

Where do you find the Member Rights and Responsibilities Statement and Subscriber Information? The iCare BC/SSI Member Handbook!

We want members and providers to have easy access to resources that can help members get the most from their benefits. The member handbook is a useful tool to know about! With the member handbook, members and providers can learn about iCare Medicaid plans.

The handbook covers topics like:

- Member rights and responsibilities. This statement is [available on our web site too](#).
- Subscriber information. Examples include choosing a primary care provider, how to get hospital or behavioral health services, or covered and non-covered benefits.
- How to request interpreter or language services and/or materials in formats to meet special needs.
- How to file a grievance or appeal.
- Cultural competency.
- Privacy Notice

The member handbook is updated every year. Members and their providers can [view it on our web site](#).

Members can request that a copy be mailed to them at no cost. Call Customer Service at 1-800-777-4376 (TTY: 711) or use the [Hard Copy Request Form](#) on our web site to request one today.

iCare Web Site Updated Provider Search Tool

We're pleased to announce the [Provider Search Tool](#) on the iCare web site received an upgrade! The new robust search functionality now includes the option of searching for providers in four distinct ways:

- Medical
- Hospital
- Pharmacy
- Home and Community-based Services

Users can search by name, specialty, location and more within each category. And new to the search is the "Advanced Search" capability to narrow down results in areas like whether the provider is accepting new patients, provider gender, hospital affiliation, medical group affiliation and languages spoken.

Please note: Depending on the search platform used and your computer's internet speed, it may take a few moments for the list to be created. But, for the best search experience, we encourage users to enter as much data as possible prior to clicking the "Find Provider" button. PDFs of the hard copy directories can still be found on the [Member Documents page](#).

Prior Authorization Updates

Please reach out to the Prior Authorization Department at 1-855-839-1032 or email PAassistants@iCareHealthPlan.org with questions.

Inpatient Concurrent Review for Medical and Behavioral Stays Begins Mid-March

iCare begins concurrent review of all inpatient medical and behavioral stays Monday, March 20, 2023. A revised Inpatient Authorization Form will be available on the [iCare Prior Authorization web page](#) prior to this date. We ask that you notify us within 24 hours of any inpatient or observation stay and include relevant clinical information (ER notes, admission notes, etc.) with your initial admission request.

Our Inpatient Utilization Management team will respond with a determination and a time frame for submitting further clinical information if additional days are needed. iCare's Inpatient UM team cannot extend the authorization without clinical documentation supporting the need for continuing inpatient care.

PA Procedure Specific Listing Released February 15

The Prior Authorization Department released an updated version of its Prior Authorization Procedure Specific Listing on February 15. It is available in PDF or excel format [on this web page](#) of the iCare web site.

Fraud, Waste, and Abuse

Do you suspect that someone is committing or has committed any form of Fraud, Waste or Abuse (FWA)? To report FWA directly or anonymously, please do one of the following:

- Fill out the [electronic form](#)
- Call the Humana Ethics Help Line at 1-877-584-3539 (1-877-5-THE-KEY).
- Visit the Humana Ethics Help Line [reporting web site](#)

Learn more about [iCare's Compliance Program](#), which includes Fraud, Waste and Abuse information.

News Briefs

Privacy Notice Update

The iCare Privacy Notice was updated in February 2023. To read it, [visit this web page on the iCare web site](#). Instructions on how to request a hard copy are at the bottom of the web page.

NVA Reminder

To avoid payment delay, claims submission and benefit coverage inquiries for vision services by Optometrists are to be submitted to National Vision Administrators, LLC. For more information, call NVA at 1-888-287-0116 or visit <https://www.e-nva.com/nva/content/home/providers/why-join-us.xhtml>

Provider Demographic/Affiliation Changes

Has any of your information changed? We strive to keep our records, our online provider search tool, and our [provider directories](#) current not only to better serve our members, but also to remain compliant with DHS and CMS requirements. To update your information, please use the forms on our web site:

- The [Demographic Change Form](#) is for name, TIN, phone number or physical or billing address changes.
- The [Affiliation Change Form](#) is for adding or removing providers associated with a contracted provider group.

Please note: Organizations with delegated credentialing agreements should submit regular provider and facility rosters by [email](#).

iCare Launched a New Provider Portal

NEW in March 2023: Explanation of Payment or EOP's are now available through the iCare Provider Portal! If you haven't registered for access to use the [Provider Portal](#), it's easy to do so using your TIN, NPI and most recent check number. The [iCare Provider Portal Reference Guide](#) provides further information and outlines functionalities.



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