



iCare Guide for Long Term Care CLAIMS PROCESSING OVERVIEW

PRESENTED BY

INDEPENDENT CARE HEALTH PLAN (*ICARE*)

Long Term Care Overview on Services and Claims

Disclaimer: This information is provided as a courtesy from *iCare* to assist you in claims submission billing. This is not in the place of the Forward Health and CMS Guidelines. *iCare* relies upon Forward Health and CMS for payment rules and submission requirements.

Abbreviations

LTC – Long-Term Care

FCP – Family Care Partnership

AODA – Alcohol and Other Drug Abuse

PERS – Personal Emergency Response System

IDT – Interdisciplinary Team

DOS – Date of Service

EOP – Explanation of Payment/Remittance

Definition

Long-term cares services include a broad range of health, personal care, and Supportive Services. These services include assistance with activities (ex: dressing, bathing, and toileting), instrumental activities (ex: medication management and housework), and health maintenance tasks. These services are meant to assist or improve the individuals quality of life.

Long Term Care Services

Adaptive Services (general & vehicle)

Adult Day Care

Alcohol and Other Drug Abuse Services

Assessment and Case Planning

Case Management

Alternative Treatments

Communication Aids/Interpreter Services

Community Support Programs

Consumer Education and Training

Counseling and Therapeutic Resources

Daily Living Skills Training

Day Services/Treatment

Durable Medical Equipment

Financial Management Services

Home Health Care Services

Home Modifications

Housing Counseling

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Eligible LTC Services

Paid services will be provided to *iCare* FCP members through our network of providers.

All LTC services **MUST** be authorized through the IDT prior to services being rendered.

The authorization will outline the specific services and the rates of reimbursement.

In an EMERGENCY situation provider is required to contact the IDT as soon as possible.

Requesting Services

Services can be requested by Members, Guardians, or Providers

The IDT needs the following information :

- a) Member Name
- b) Description of services to be provided and the HCPCS code
- c) Units and frequency of services
- d) Dates of services
- e) Service Location

Questions regarding authorizations should be directed to the member's Care Manager.

iCare Contact Information

Customer Service-Milwaukee Office

(Monday-Friday 8:00-5:00)

Member Local: 414-223-4847

Out Of Area: 1-800-777-4376

Provider Local: 414-231-1029

Out of Area: 1/877-333-6820

Email: providerservices@icare-wi.org

iCare Dane County Office

1-800-777-4376

Inpatient Admissions Notification

414-225-4760

FAX: 414-231-1075

Interdisciplinary Team

414-231-4847

Member Rights Specialist

414-231-1076

Fax: 414-231-1026

Pharmacy

1-800-910-4743

1-877-333-6820

Provider Contracting

414-225-4741

FAX: 414-272-5618

CLAIMS ADDRESS

Long Term Care Services

iCare Family Care Partnership

Long Term Care Services

Independent Care Health Plan

PO Box 224255

Dallas, TX 75222-4255

Medicare/Medicaid Covered Services

Independent Care Health Plan

PO Box 660346

Dallas, TX 75222.0346

Claim Submission

LTC claims are submitted on either the LTC Professional or Residential Claim Form.

Medicare/Medicaid services would still be submitted on the CMS 1500 or UB 04

New claims have to be received by iCare within 120 Days from the Date of Service (DOS)

Corrected claims must be marked as **Corrected Claim** with the original claim number and has to received within 60 Days from the date of the Explanation of Payment (EOP).

Providers are encouraged to check the current claim status at our Provider Portal (<http://www.icare-wi.org/providers/TrizettoAccess.aspx>). You can request a pin number by contacting customer service..

Provider Portal

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For access information and to request a PIN for the iCare portal please send an email to: ProviderOutreach@icare-wi.org

The portal guide is located on the iCare website

www.icare-wi.org/providers

Frequently Asked Questions

Is a prior authorization required for all LTC Services?

Yes, Prior Authorization is required for all service and it must be received before the services are rendered.

Can LTC claims be submitted electronically?

No, at this time providers can not submit claims electronically. Claims do need to be mailed on the appropriate form to:

Independent Care Health Plan

PO Box 224255

Dallas, TX 75222-4255

Why is my claim denying?

Claims can deny for many reasons. It is very important to make sure that you are comparing the claim to the authorization on file. Things you should check: Is the authorization set up at a rate by day or unit? Did I use the correct HCPCS/Service Code and any required modifiers? Is the date span correct and the start and end date are both within the authorization timeframe?