



INDEPENDENT CARE HEALTH PLAN
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Provider **BULLETIN**

Issue 5 | 2024



Avoid Delays – Submit a Review/Reopen Request instead of “Appealing”

Review/Reopening is the first level request to review a processed claim when the provider does not agree with the outcome and feels the claim warrants an adjustment. In order to avoid processing delays, providers should complete the Review/Reopening form and attach any supporting documentation relevant to the request. Review/Reopening requests can also be made telephonically by calling Customer Service or can be mailed within 60 days from the date of the EOP.

Reconsideration/Formal Appeal is a formal process to review a processed claim when the provider does not agree with the outcome and feels the claim warrants an adjustment. The provider must submit this request in writing. Providers are not required to first submit a review/reopening request but are encouraged to do so for minimal processing errors.

- Formal Appeals must be reviewed by our Appeals Team versus our Claims Team and are required to follow CMS guidelines when completing their review.
- Note, if the work “Appeal” is noted anywhere in the correspondence, it must be handled as an Appeal per CMS Guidelines.

Change in iCare Payments

Beginning early 2025, iCare will be moving to Claim Payment Card for any providers that are not enrolled in Electronic Fund Transfers (EFT) with InstaMed. Mailing paper checks will be discontinued. To avoid fees associated with the Claim Payment Card please sign up for EFT.

You have two simple options to register for free ERA/EFT from InstaMed:

- Online: visit www.instamed.com/eraeft
- Phone: call us at (866) 945-7990 to speak with a live agent

Dallas TX Post Office Box (POB) to Close

Effective December 2024, iCare will no longer have mail forwarded from the old Dallas, Texas Post Office Box to our new POB. The United States Post Office will return mail to providers who use the old Dallas, Texas address. Please update your records to reflect the **NEW** mailing address in Glen Burnie, Maryland, which was effective December 2023.

iCare Medicare and Medicaid Plans

iCare Health Plan

P.O. Box 280

Glen Burnie, MD 21060-0280

iCare Family Care Partnership Long Term Care Services*

iCare Health Plan

P.O. Box 670

Glen Burnie, MD 21060-0670

Medicare Coverage Policy and Prior Authorization List (PAL) Update – August /September 2024

Please see our website: <https://www.icarehealthplan.org/Provider-Documents.htm> for updates to the Medicare Coverage Policy and <https://www.icarehealthplan.org/Prior-Authorization.htm> for updates to the PAL.

New Provider Enrollment System for Adult Long-Term Care

Enroll Today: https://www.forwardhealth.wi.gov/WIPortal/cms/public/ltc/provider_enrollment.htm

Are you a provider of home and community-based services under an adult long-term care (LTC) waiver program? You can now enroll with Wisconsin Medicaid through the ForwardHealth Portal. There are many resources on this page to help you with the enrollment process.

Beginning in September 2024, ForwardHealth requires all adult LTC waiver service providers to enroll with Wisconsin Medicaid.

The new process is for those who provide services listed in the [Wisconsin Department of Health Services-managed care organization \(MCO\) contract](#) or the [IRIS Service Definition Manual](#) to adults who are older, have a physical disability, or have an intellectual or developmental disability.

ForwardHealth Updates:

Revised Hearing Aid Contract Models and Pricing Available (effective 9/1/2024)

Effective for hearing aids dispensed on and after September 1, 2024, ForwardHealth has implemented manufacturer revisions on the volume purchase contract for hearing aids. Revised information for hearing aids dispensed on and after September 1, 2024, is now available.

For current information, click the associated links in the Contracted Hearing Aid Manufacturers and Models topic ([#2996](#)) of the Hearing service area of the ForwardHealth Online Handbook. Some manufacturers, models, and purchase rates have changed under the volume purchase contract, but policies and procedures for hearing aids have not changed.

“COVID-19 Unwinding: ForwardHealth Ends COVID-19 Public Health Emergency Policy Changes”

ForwardHealth Update [2024-31](#), “COVID-19 Unwinding: ForwardHealth Ends COVID-19 Public Health Emergency Policy Changes,” has been published by ForwardHealth. The policy changes from this Update will be included in the ForwardHealth Online Handbook on September 13, 2024.

ForwardHealth Covers Two Additional Audiology Codes

For dates of service on and after January 1, 2024, ForwardHealth covers Current Procedure Terminology (CPT) codes 92622 (Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes) and 92623 (Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes).

Providers should list CPT code 92623 separately in addition to the code for the primary procedure.

Refer to ForwardHealth Online Handbook Procedure Codes topic [#2999](#) for general information on procedure codes.



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