

Reminder Corner

Reconsideration/Formal Appeal

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.

Providers should complete the [Reconsideration/Formal Appeal form](https://www.icarehealthplan.org/Files/Resources/PROVIDER-DOCS/Reconsideration_Formal_Appeal_Form.pdf) (https://www.icarehealthplan.org/Files/Resources/PROVIDER-DOCS/Reconsideration_Formal_Appeal_Form.pdf) and attach supporting documentation, including the required [Waiver of Liability form](https://www.icarehealthplan.org/Files/Resources/PROVIDER-DOCS/Waiver_of_Liability_Statement.pdf) (https://www.icarehealthplan.org/Files/Resources/PROVIDER-DOCS/Waiver_of_Liability_Statement.pdf).

Requests cannot be handled telephonically and should be mailed to iCare, Attention: Appeal Department (address below), within 60 days from the date of the Explanation of Payment or response to the review/reopening request:

Reconsideration/Formal Appeal Form Address:

iCare Appeal Department
1555 N. RiverCenter Dr., Suite 206
Milwaukee, WI 53212

Modifiers on UB04

Please place any necessary modifiers in Box 44 next to the procedure which requires one.

EVV Hard Launch and Updates

The Wisconsin Department of Health Services (DHS) announced their Electronic Visit Verification (EVV) go live date: January 1, 2022. Any claims submitted as of this date without EVV data to match the claim services will be denied.

Please review to the following sites for detailed information and updates:

- » <https://www.dhs.wisconsin.gov/ewv/index.htm>
- » <https://www.icarehealthplan.org/Prior-Authorization/Authorization-Requirements.htm>
- » <https://www.icarehealthplan.org/Education/Resources.htm> > EVV Guide

The Department of Health Services Added Videos for EVV

These videos are for provider agency administrators who use the Sandata EVV Portal and address topics unique to Wisconsin's delivery of EVV. The tools presented in these new videos are intended for provider agencies to reduce the number of visit exceptions.

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View these videos in the “Client data” section of <https://www.dhs.wisconsin.gov/ewv/training-administrators.htm>

» **Modifying Client Data:** PowerPoint and video presentation of how to add a valid and verifiable address or phone number and how to change client status information, including Start of Care date, in the Sandata EVV Portal (12:11 minutes). If a brief demonstration is preferred, please see these new videos:

- **How to Change Client Status and Start of Care Date:** Brief demonstration of how to change a client’s status (pending, active, inactive), their start of care date, and their end of care date in the Sandata EVV Portal (4:37 minutes).
- **How to Add an Address and Phone Number:** Brief demonstration of how to add a valid and verifiable address or phone number in the Sandata EVV Portal (4:03 minutes).

As a reminder, the following videos are also available at <https://www.dhs.wisconsin.gov/ewv/training-administrators.htm>

- » **Create Fee-for-Service Client:** Video presentation and demonstration of how to create a Fee-for-Service client in the Sandata EVV Portal if a prior authorization is not yet on file with ForwardHealth (14:23 minutes). Find this video in the “Client data” section.
- » **Requesting a Fixed Visit Verification Device:** Video presentation and demonstration of FVV requirements and how to request an FVV device in the Sandata EVV Portal (10:40 minutes). Find this video in the “Visit methods” section.

Wisconsin EVV Customer Care

If you have questions or comments about EVV, please contact Wisconsin EVV Customer Care via email or phone at 833-931-2035. Customer Care hours are Monday–Friday, 7:00 a.m. – 6:00 p.m., CT.

DHS Released Rules for Encounters

For span date billing, each day must have at least the proportional number of units supported with EVV. For example, if a provider bills a 7 day span as one line for 70 units, each day must have EVV visit data for at least 10 units, or the line will not pay.

Limited English Proficiency (LEP) and Member Rights

- » *iCare* understands and applies the guidelines and requirements of Limited English Proficiency (LEP) and special needs as outlined in the Civil Rights Compliance Plan required by the State of Wisconsin Department of Workforce Development, the Department of Health Services, and Centers for Medicare and Medicaid Services. *iCare* also complies with Section 1557 of the Patient Protection and Affordable Care Act, prohibiting discrimination of members.
- » All primary recipients and sub-recipients of federal funding are obligated to provide oral language interpretation assistance and/or written translation to all LEP individuals requesting or applying for services. (*iCare* receives this federal funding).
- » *iCare* members have a right to have access to translation/interpretation services and to receive information provided by *iCare* in another language or format upon request.

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- » *iCare* has an obligation to get information to members in a way that works for them. We consider literacy levels, physical/cognitive abilities, preferences, etc.
- » Provides free language services to people whose primary language is not English such as:
 - Qualified interpreters during any covered service.
 - Information written in other languages or in other formats.
- » LEP members are encouraged to ask their Care Manager or Care Coordinators for language assistance or to discuss discrimination problems.

Members have the right to know the following information:

- » Provider's credentials.
- » Right to medical records.
- » If applicable, physician incentive plan.
- » All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations connected with *iCare* that refer or recommend members for services shall do so in the same manner for all members.
- » Their rights as members.
- » Their civil rights as members.

For complete details, see New Provider Education and Model of Care on the *iCare* web site:
<https://www.icarehealthplan.org/Education/Resources.htm>

***iCare* Care Coordination**

All *iCare* members have access to an *iCare* expert team with varied educational and work experience who receive a comprehensive assessment, care plan, care coordination and case management services.

Medicare SNP/Medicaid

- » Essential Elements of Care Coordination.
- » Initial & Annual HRA's.
- » Individualized Care Plan (ICP).
- » Communicate regularly with providers; Updates and/or modifications to the ICP as needed.
- » Managing transitions in care.
- » Monitoring acute change(s) in condition.
- » Intervention specialist for high needs.
- » Community Health Worker.

BadgerCare Plus

- » Initial Health Needs Assessment (HNA).
- » Monitoring care and promoting preventive screenings.
- » Access to appropriate medical and behavioral care and resources.
- » Establishing desired outcomes and following up .
- » Complete prenatal/post-partum assessments.

FCP has access to an Interdisciplinary Team

- » Health and Long-Term Care (LTC) program that fully integrates all aspects of a member's care.
- » Designed to meet the LTC needs of frail older adults and people with physical and/or developmental disabilities.
- » Goal to help members maintain their independence within the community setting working in collaboration with the PCP provider for home and community based LTC services.

Please contact Customer Service at 414-231-1029 to be connected with your patient's Care Team.