



INFORmed newsBRIEF

December 1, 2022

iCare Medicare Policy and Technical Changes for Contract Year 2023: Notification of Maximum Out-of-Pocket Limit

The Centers for Medicare and Medicaid Services (CMS) released the final rule, effective January 1, 2023, which advises Medicare Advantage (MA) Part C programs to implement changes of communication practices for members and providers related to Maximum Out of Pocket or MOOP.

The MOOP limit in an MA plan (after which the plan pays 100 percent of MA costs) is calculated based on the accrual of all Medicare cost-sharing in the plan benefit, whether that Medicare cost-sharing is paid by the beneficiary, Medicaid, other secondary insurance, or remains unpaid. This also includes when the cost-sharing is not paid because of state limits on the amounts paid for Medicare cost-sharing and dual eligible individuals' exemption from Medicare cost-sharing.

While enrolled, iCare dual eligible members are cost-share protected by the Wisconsin Department of Health Services/ForwardHealth. Dual iCare members will not be responsible for co-payments, co-insurance or deductibles and cannot be balance billed, even if a provider chooses not to bill iCare. iCare members will be notified when their MOOP has been met and a copy of the notification will be sent to the provider.

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

Help spread the word! Please forward this e-mail to others in your organization that need this information. Thank you!



Corporate Headquarters

1555 North RiverCenter Drive, Suite 206
Milwaukee, Wisconsin 53212

www.iCareHealthPlan.org

1-800-777-4376 (TTY: 1-800-947-3529)

Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.

iCare is a wholly-owned subsidiary of Humana.

Independent Care Health Plan, 1555 N. RiverCenter Dr., Ste. 206, 53132, Milwaukee, United States

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