

Issue 1 • 2021

The First Article in our New Provider Blog Series is Here!

In the last INFORmed of 2020, *i*Care announced a new Blog Series. Our goal, while we strive to meet our 5 Star Ratings and improve member satisfaction, is to further open the lines of communication between *i*Care and our providers and their patients, our members, to improve the consumer experience.

Throughout 2021 we will share articles on topics in our provider and member newsletters that emphasize and encourage a collaborative relationship between us all.

The first article by Lisa Holden, RN, Vice President of Accountable Care, titled "What Medical Professionals Need to Know About the CAHPS Survey" is now published on the Blog page of the <u>iCare web site</u>,

<u>Click here</u> to read it then let us know your thoughts on how we can support you in your efforts with *i*Care members. Email us at <u>NetDev@iCareHealthPlan.org</u>.

Have you visited iCare's web site lately?

*i*Care's web site — <u>www.iCareHealthPlan.org</u> — is a provider's resource for education, claims, prior authorization, training for newly contracted providers and annual training for those already in network, and a lot more. We encourage you to visit often and if you have questions please <u>contact us</u>.

Highlights include:

PY2021 Member Documents: Check out our library of helpful information, from program brochures to plan documents like provider directories, Summary of Benefits, Evidence of Coverage, Formularies and more. If you have questions about any of the information in our library or can't find something, give us a call. We are here to help.

Provider Reference Manuals: These documents are a provider's primary resource to efficiently conduct transactions related to *i*Care members. Please download and save a copy for your reference.

- Medicaid/Medicare Reference Manual
- · Family Care Partnership Manual

Future versions will be posted to our provider <u>web page</u> (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.

COVID Updates: A <u>central location to view</u> updated information and announcements related to COVID-19.

Provider Demographic/Affiliation Changes: Has any of your information changed? We strive to keep our records and our <u>provider directories</u> 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 online forms on our web site:

- The <u>Demographic Change Form</u> is for name, TIN, phone number or physical or billing address changes.
- The <u>Affiliation Change Form</u> 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 to ProviderUpdates@iCareHealthPlan.org.

Medicare Annual Wellness Visits are Engaging Patients and Providers

Many patients are hesitant to see a doctor during the pandemic, even for potentially serious issues. But, by offering incentives to patients and providers, the iCare Medicare Annual Wellness Visit program is changing behaviors. The program started in 2020 and was extended to continue throughout the federal public health emergency.

To help re-engage patients, iCare is offering to reimburse providers up to \$100 in add-on payments for each iCare Medicare Plan (HMO D-SNP) member.

- Earn a \$50 add-on payment in addition to the Medicare fee-for-service rates for each qualifying Medicare Annual Wellness Visit (AWV) billed under codes 99396, G0402, G0438 or G0439 completed between January 1, 2021 through the end of the federal public health emergency. Code G0402, an initial preventative physical examination (IPPE), was added to the Add-On Payment Program on January 1, 2021.
- Earn an additional \$50 for submitting medical records directly to iCare within 30 days of the Medicare Annual Wellness Visit. Please visit the <u>Add-on Payment</u> <u>Program page</u> to review the medical records that need to be submitted.

iCare strongly encourages you to reach out to your patients insured by us to schedule their AWV. If you need assistance with your outreach efforts please contact us.

What's Next?

After you visit the Add-on Payment Program details page on the iCare web site and sign up for the program, you will be contacted by a Network Development Representative to complete your enrollment.

Questions about the add-on program? Contact the *i*Care Network Development Department at NetDev@icarehealthplan.org

Updated Urine Drug Screen Prior Authorization Requirements

iCare has updated its prior authorization (PA) policy for Testing for Drugs of Abuse. The effective date for this policy will be announced soon through this Provider Newsletter or an INFORmed News Brief (email blast), and posted to our web site.

- As a standard benefit, all iCare members will receive 6 urine drug screens per year
- No clinicals or order needed, simply fill out the PA form on the iCare web site at https://www.icarehealthplan.org/Prior-Auth-Forms
- PA must be submitted annually to renew this benefit
- iCare will accept retro authorization requests for up to 14 days after the first UDS was administered
- PA for presumptive (over the benefit level of 6) and definitive tests (regardless of indication for treatment) may be submitted for 1 year intervals
- For member's engaging in AODA treatment, in addition to the benefit level of 6 UDS's, providers may request 50 presumptive and 25 confirmatory tests in the calendar year. The request must be received within 14 days of member beginning AODA treatment

For more information, including Indications for Treatment, Overages, Definitions and References, review the full <u>Urine Drug Screen Provider Education</u>.

COVID-19 Updates

iCare continues to follow the Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) guidelines during the COVID-19 public health emergency (PHE). It is our top priority to keep our members and providers safe during this time, and keep you informed of our latest updates. As such, now available on our web site on the Educational Resources for Providers page is the COVID 19 Claims & Coverage Webinar. We encourage you to review this document as it contains important information on iCare's:

- Prior Authorization guidelines
- Allowable Procedure codes for COVID testing
- Vaccine and Antibody Tests codes
- Telehealth modifiers
- Place of Service modifiers
- New ICD-10 Codes for COVID
- Fraud, Waste and Abuse information

We also encourage providers to stay informed of all CMS and DHS coverage updates:

- https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
- https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spage

Please visit our web site frequently for rapidly changing updates and guidelines on COVID-19 testing, vaccines and more: https://www.icarehealthplan.org/Provider.htm

Cultural Competency Training

iCare encourages and fosters cultural competency among staff and providers. iCare has adopted the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in an ongoing effort to carry out its mission, "to improve the quality of life for individuals with unique and complex medical, behavioral, and human service needs while providing value to our customers and stakeholders, embracing the diversity and dignity of those we serve."

The National CLAS Standards are a set of standards intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for individuals and health care organizations to follow. To further promote cultural competency, iCare has placed two cultural competency training modules on the Provider Education page of its web site. We strongly encourage you to complete these trainings.

- <u>Cultural Competency Training</u>
- Cultural Competency Webinar

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 iCare Compliance Hotline at 1-877-564-9614
- Email: <u>Compliance@iCareHealthPlan.org</u>

Learn more about <u>iCare's Compliance Program</u>, which includes Fraud, Waste and Abuse information.

News Briefs

U.S. National Action Plan for Combating Antibiotic-Resistant Bacteria

Barry C. Fox, MD, Director, Antimicrobial Stewardship at the Wisconsin Department of Health Services, Division of Public Health recently shared the 2020-2025 National Action Plan for Combating Antibiotic-Resistant Bacteria with iCare.

The Plan presents coordinated, strategic actions that the United States Government will take in the next five years to improve the health and well-being of all Americans by changing the course of antibiotic resistance. More information can be found on the Antimicrobial Resistance (AR / AMR).

COVID-19 Fraud Update

The U.S. Department of Health and Human Services Office of Inspector General continues to <u>alert</u> the public about fraud schemes related to COVID-19. Fraudsters are using telemarketing calls, text messages, social media platforms, and door-to-door visits to perpetrate COVID-19-related scams. These scammers use the coronavirus pandemic to benefit themselves, and Medicare/Medicaid beneficiaries face potential harm. The personal information collected can be used to fraudulently bill federal health care programs and commit medical identity theft. If you suspect COVID-19 health care fraud, report it immediately <u>online</u> or call 1-800-447-8477.







