Kristan Elected to Governor’s Committee for People with Disabilities

iCare's Vice President of Long-Term Care & Community Inclusion, Margaret Kristan, was elected Chair of Governor Evers' Committee for People with Disabilities. Committee duties include advising the Governor and state agencies on problems faced by people with disabilities, reviewing legislation affecting people with disabilities, and promoting public awareness of the needs and abilities of people with disabilities, to name a few.

To learn more about Margaret's election, including details on the Governor's Committee for People with Disabilities, read the press release.
Join iCare's Credentialing Committee!
iCare is seeking qualified Medical Doctors (M.D.) to serve on our credentialing committee. The purpose of the credentialing committee is to monitor and maintain standards of the iCare network of participating providers.

The virtual committee meetings are every other month from 7:30 – 9:00 a.m.

Don't miss out on this unique opportunity to collaborate with a managed care company working hard to serve its members with complex health and social needs.

For additional information, including compensation, please reach out to Lindsey Bartelt at 414-918-7517.

Medicare Annual Wellness Visits are Engaging Patients and Providers
As we start to come out of the pandemic, many patients are still hesitant to see a doctor even for potentially serious issues. By offering incentives to patients and providers, however, the iCare Medicare Annual Wellness Visit program is changing behaviors.

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 through the end of the federal public health emergency.

- **Earn an additional $50 for submitting medical records** directly to iCare within 30 days of the Medicare Annual Wellness Visit. Please visit the Add-on Payment Program page to review the medical records that need to be submitted.

Members are incentivized to get their Medicare Annual Wellness Visit through iCare's Healthy Rewards Program, promoted through our Medicare member newsletters and other ad hoc mailings. Members can earn $25 (in-person visit) or $10 (virtual visit). Rewards are deposited on the member's iCare Benefit Card, and they are notified each time they earn an award. [Learn more about the Healthy Rewards Program.](#)

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? [Email iCare's Network Development Department](#).
The Provider Incentive Program will continue throughout the federal public health emergency. The member Healthy Rewards Program continues through 2022.

**Civil Rights Compliance — Complete Required Documents**

iCare is contractually required by the Wisconsin Department of Health Services (DHS) to obtain a completed Civil Rights Compliance Letter of Assurance (CRC LOA), Appendices A1-A2, and a signed Attestation from all providers it contracts with. This is applicable for the three-year 2022-2025 CRC Plan period.

Additionally, if any provider receives more than $50,000 in funding from iCare AND has 50 or more employees, they must complete and keep on file the Civil Rights Compliance Plan.

Please visit the [DHS CRC](https://www.dhs.wi.gov) page for any questions you may have about this requirement.

We respectfully request an authorized representative review, complete and execute the 2022 CRC LOA, Appendices A1-A2, and the CRC Plan Attestation; AND the CRC Plan if you meet the criteria listed above:

- [2022-25 Appendix A — Letter of Assurance, F-00165](#)
- [Appendix A1](#)
- [Appendix A2](#)
- [2022-25 Civil Rights Compliance Plan Attestation](#)

**CRC Plan Documents:**

- [2022-25 Civil Rights Compliance Plan, F-00164](#)
- [2022-25 Civil Rights Compliance Requirements, P-00164](#)

Please return the fully executed documents via e-mail as soon as possible. If you are a newly contracted provider, please return these documents within 15 days of signing a new contract/agreement.

**American Rescue Plan Act: Extra Funding for Home and Community-Based Service Providers**

President Biden signed the American Rescue Plan Act (ARPA) into law on March 11, 2021. The act provides a total of $1.9 trillion in economic stimulus to aid the recovery from the COVID-19 pandemic. Of the $350 billion earmarked for state, local, tribal, and territorial governments, Wisconsin will receive $2.5 billion. Per ARPA, states are required to reinvest the additional 10% in federal funding to support and strengthen Home and Community-Based Services (HCBS). As part of a comprehensive plan to invest in HCBS services, Wisconsin's plan for the additional HCBS ARPA funding included a 5% rate increase for HCBS services effective January 1, 2022.
The 5% increase applies to service categories across BadgerCare Plus, SSI Managed Care, Children’s Long-Term Support, Family Care, Family Care Partnership, Medicaid fee-for-service state plan services, IRIS, and PACE. Managed care entities, including iCare, will be required through their contracts with the Department to increase their provider rates for the eligible services by 5% for dates of service effective January 1, 2022.

To read more about ARPA and provider types receiving this increase, please read the communication from DHS on the ARPA 5% HCBS Rate Increase.

Share Your Thoughts with DHS on the Current IDD Service System in Wisconsin

The State of Wisconsin’s Department of Human Services (DHS) asked the University of New Hampshire’s Institute on Disability (IOD) to conduct an evaluation of how the current service system in Wisconsin serves individuals with an Intellectual or Developmental Disability (IDD) and mental/behavioral health challenges. This survey is designed to look at the services currently available in your state and where they might need to be strengthened or improved.

DHS is hoping to collect as many responses as possible from individuals working in any aspect of the service system (mental health, ID/DD services, education, drug/alcohol treatment, hospitals, justice, child protection, etc.) as well as from family members and service users.

Please take a few minutes to complete the survey. Please forward to as many people within your organization and/or contact list as possible and ask them to complete it and forward it as well.

If you have any problems with the survey, please email ann.klein@unh.edu

The IOD Team appreciates your help as they work to improve services in Wisconsin for individuals with IDD and their families.

Digital ForwardHealth and SeniorCare Cards Available for Members in the MYACCESS Mobile App

Effective December 2021, BadgerCare Plus, Medicaid, and SeniorCare members with a MYACCESS account can access digital versions of their ForwardHealth cards in the MYACCESS mobile app. Members can also save PDFs and print out paper copies of their cards from the app.

Note: Members who are enrolled through Express Enrollment will not be able to view their temporary cards in the app.
The digital versions and paper printouts of the cards are identical to the physical cards for the purposes of accessing Medicaid-covered services. A digital or printed version of a ForwardHealth or SeniorCare card is a valid version of the card and should not be treated any differently from a physical ForwardHealth or SeniorCare card. If a provider requires a version of the card for their files, they can ask the member to bring a printed version to the visit or email a PDF version. Providers may not deny services based solely on a member showing a digital or printed card.

Just as with a physical card, possession of a printed or digital ForwardHealth or SeniorCare card does not guarantee that the member is currently enrolled in BadgerCare Plus, Wisconsin Medicaid, or SeniorCare. The MyACCESS mobile app displays a banner when a member is not currently enrolled in a ForwardHealth program. Providers should continue to check the Wisconsin Electronic Verification System to ensure the member is covered. Use of the Electronic Verification System has not changed.

Example digital ForwardHealth and SeniorCare cards are shown below. An example ForwardHealth card PDF is shown below.
BadgerCare Plus Provider Reminders

- The Centers for Disease Control (CDC) recommends HPV vaccination for children at ages 11 or 12 years (even if the child is not sexually active) to protect against HPV infections that can cause some cancers later in life. Vaccination can be started at age 9 and is recommended through age 26 years for those who did not get adequately vaccinated when they were younger. Research shows that healthcare professionals are parents’ most trusted source of information about the HPV vaccine. The iCare BadgerCare Plus Team encourages providers to recommend HPV vaccination in the same way and on the same day that they recommend other vaccines for adolescents.

- Lead Screenings — During the next well-child exam with your patients, please remind the parents if their child is under 2 years old to do a lead screening. Your patients should be screened for blood lead levels at 12 and 24 months of age.

Provider Forms/Surveys

iCare contracted Supportive Home Care and Residential Care providers receive a monthly email from our Network Development department. This email includes a link to a form to report to iCare either your current capacity to accept new referrals, or current or upcoming vacancies depending on your provider type. Please watch for the email and take a few moments to complete the survey. Thank you.

Provider Reference Manual

These documents are a provider’s primary resource to efficiently conduct transactions related to iCare members. Please download and save a copy for your reference.

- Medicaid/Medicare Reference Manual (Last updated February 2022)
- Family Care Partnership Manual (Last updated February 2022)

Future versions will be posted to our provider web page (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.

Provider Demographic/Affiliation Changes

Has any of your information changed? We strive to keep our records and our provider directories 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 forms on our web site:

- The Demographic Change Form is for name, TIN, phone number or physical or billing address changes.
- The Affiliation Change Form 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 by email.
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 1-877-584-3539.
- Email

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

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www.iCareHealthPlan.org
1-800-777-4376 (TTY: 1-800-947-3529)
Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.

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You may unsubscribe or change your contact details at any time.