

Personal Care Worker (PCW) TOPICS

Revisions to PCW Policy Effective 11/30/2019

iCare will now accept PCW authorizations for up to one year at a time. This means that iCare will conduct an independent PCST every year with each recertification.

- Providers are required to conduct their own PCST on an annual basis
- If a provider decides to submit more frequent authorizations with updated PCSTs; iCare will not adjust member's hours unless a physician's order is included that **specifies a change in condition**
- If a member transfers agencies and the new provider is requesting an increase in services, iCare will issue a partial denial unless the new provider can submit documentation and physician's order of a change in condition.

iCare will continue to authorize for temporary increase in services due to a change in condition. Providers are required to submit **a physician's order and notes that support the change of condition**. iCare will no longer accept a provider's PCST as the sole documentation for a change of condition.

A permanent change in condition will require a new PCST; supporting physician documentation and physician's order. iCare will conduct a third-party assessment at that time to confirm the permanent change in condition.

PCW Rate Change

iCare is aware of the rate increase of 14.41% for PCW services, which would be a change to \$4.79 per 15-minute increment effective January 1, 2020. Claims as of the 1/1/2020 date of service will be processed with the new rate. In addition, the rate for RN supervision will be increased to \$50.21 which will also be implemented 1/1/2020.

Electronic Visit Verification (EVV) Reminder for PCW Services

In response to the federal 21st Century Cures Act, the Wisconsin Department of Health Services (DHS) is requiring EVV for Medicaid personal care services as of September 1, 2020. Please check their website regularly for updates.

<https://www.dhs.wisconsin.gov/ewv/index.htm>

New Prior Authorization Requirement for C2624, 33289, 33999 Effective 11/30/2019

iCare will require all providers to submit a Prior Authorization for codes C2624, 33289, and 33999 effective 11/30/2019. The Centers for Medicare and Medicaid Services (CMS) has not created medical necessity criteria for this procedure. Multiple Local Coverage Determination policies exist from other states that document the CardioMEMs procedure is considered investigational due to limitations of long-term clinical outcomes, specific study limitations and need for additional studies.

As this is considered investigational by CMS, iCare will only approve this procedure when it is being performed as part of a CMS approved clinical trial.

Updated Prior Authorization Procedure Specific Listing

Please check our website regularly for updates to our Procedure Specific Lists as we update Prior Authorization requirements.

<https://www.icarehealthplan.org/Prior-Authorization.htm>

2020 Provider Education Reminder

We encourage all providers to visit our website and review the updated training documents related to Model of Care, Cultural Competency and Fraud Waste & Abuse

[https://www.icarehealthplan.org/ >Provider >Education >Resources](https://www.icarehealthplan.org/Provider%20Education/Resources)

Update your Demographics

Address Change? Name Change? TIN Change? Adding a provider?

Use the form found on our website to ensure all your information is up-to-date with iCare.

By confirming your provider demographics are up to date and accurate, it will prevent claim processing issues or payment delays. <https://www.icarehealthplan.org/Providers/>

Corrected Claim Reminder

Corrected claims must be marked as "Corrected Claim" and include ALL the line items from the original claim submitted. If line items are not included in the corrected claim, it is assumed that deletion of the line item is part of the correction. Mail corrected claims to the following addresses:

❖ iCare Medicare and Medicaid Plans:

Independent Care Health Plan
ATTN: Operations Dept.
P.O. Box 660346
Dallas, TX 75266-0346

❖ iCare Family Care Partnership LTC

Independent Care Health Plan
ATTN: Operations Dept.
P.O. Box 224255
Dallas, TX 75222-4255

- It is not necessary to use the Review/Reopen or Reconsideration/Appeal form for Corrected Claims
- Using this form will delay review and/or payment
- When submitting a corrected claim electronically
 - HCFA - indicate "Corrected Claim" with the original claim number in box 22.
 - UB04 - 3rd digit of Type of Bill (Box 4) should be 7
- LTC Paper- Indicate "Corrected Claim" with all original lines, making changes to only the box needing modification