



INDEPENDENT CARE HEALTH PLAN

PROVIDER BULLETIN

2020 | ISSUE 2

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/>

Electronic Visit Verification (EVV) Reminder for PCW Services

As the Wisconsin Department of Health Services (DHS) moves towards EEV, iCare has been partnering with them and other MCO's to implement the new process.

In response to the federal 21st Century Cures Act, DHS is required to implement electronic visit verification (EVV) for Medicaid-covered personal care services and home health services.

Please continue to visit <https://www.dhs.wisconsin.gov/ew/index.htm> and <https://www.dhs.wisconsin.gov/ew/faq.htm> frequently for updates and additional information.

Provider's with Dual Specialty

Due to system limitations, iCare can only list one specialty per provider.

If you have a provider with a Dual Specialty i.e., Nurse Practitioner and Mental Health you will need to contact iCare Provider Services at 414-231-1029 or email providerservices@icarehealthplan.org for manual pricing of your claim.



Prior Authorization Updates

iCare's Prior Authorization (PA) Department has changed the PA Request Form for DME, DMS, and Outpatient Procedures to include some critical information that will assist in the proper and accurate entry of an authorization request.

Please visit our website to access the newest version of our Prior Authorization Request Form. <https://www.icarehealthplan.org/Prior-Authorization/Prior-Authorization-Documents.htm>

We will **no longer be accepting older versions** of the Prior Authorization Form **after March 6th, 2020.**

The list of services requiring Prior Authorization has been updated for Q1 2020.

Please be sure to utilize the procedure specific list on our website:
<https://www.icarehealthplan.org/Prior-Authorization.htm>

Reminder for Long Term Care (LTC) Providers

Before submitting a claim: Make sure the member has active Family Care Partnership (FCP) coverage. Along with a valid service request (SR). If you have not received a new SR for the upcoming span dates, contact the members Care Manager.

Make sure to use the correct claim form

- If you are an LTC Professional provider (supportive home care, attendant care, respite care, etc.) submit claims via the *provider portal* or USPS on the LTC Professional claim form
 - Professional LTC claims can be submitted via iCare's [professional services claim form](#) by mail or use the [Provider Portal](#)
- If you are an LTC Residential provider use the LTC Residential claim form and mail claims for processing.
 - Residential LTC claims can only be submitted via iCare's [residential claim form](#) by mail.

Calculations:

Double check your (Units x Rates = Total) are correct for each line before submitting the claim. Providers can bill a lesser rate than what appears on the approved service request (SR).

Review approved service request (SR) for accuracy. Verify the codes, reimbursement rates, number of units, and span dates are correct. If not, reach out to the members care manager to correct any mistakes.

Disenrolled members:

Most times the member did not complete the Medicaid assessment or the member chose to disenroll from the program.