



## ***i*Care Provider Add-on Payment Program — Deadline Extended!**

You now have until the end of 2020 to earn up to \$200 for each qualifying Medicare Annual Wellness Visit.

To help re-engage members in the wake of COVID-19, *i*Care announces a new add-on payment program reimbursing providers up to \$200 for each qualifying Medicare Annual Wellness Visit. You can earn add-on payments for each *i*Care Medicare Plan member completing a qualifying Medicare Annual Wellness Visit **between July 1, 2020 and September 30, 2020-December 31, 2020**.

- » **Earn a \$100 add-on payment for each Medicare Annual Wellness visit** — including virtual visits! — billed under HCPCS codes G0438 or G0439.
- » **Earn another \$100 add-on payment by submitting medical record documentation** to *i*Care per qualifying Medicare Wellness Visit.
- » All add-on payments are paid in addition to *i*Care's Medicare fee for service reimbursement.
- » Documentation must be sent via fax or e-mail to *i*Care within thirty (30) days of the date of the Medicare Annual Wellness Visit.
- » Each *i*Care Special Needs Medicare Advantage Plan enrollee is eligible for one Medicare Annual Wellness Visit per calendar year.
- » To help mitigate no-show rates, *i*Care members are incentivized to complete their Annual Wellness Exam — they can earn a \$25 gift card for a face-to-face appointment and \$10 gift card for a telehealth visit.

### **WHAT'S NEXT?**

*i*Care will send an addendum to contracted providers who have historically submitted claims for Medicare Annual Wellness Visits. Please watch for follow up communication and the addendum, and if you wish to participate in the add-on payment program, sign and return it to *i*Care promptly. Non-contracted providers can contact the *i*Care Network Development Department at [netdev@icarehealthplan.org](mailto:netdev@icarehealthplan.org) to receive a Participation Agreement for the program, which they must sign and return.

**For information on how to submit your documentation, please go to [www.icarehealthplan.org/Add-On](http://www.icarehealthplan.org/Add-On)**

Thank you for your participation in this program!

***i*Care strongly encourages you to reach out to your patients insured by us to schedule their annual wellness visit.**

**If you need assistance with your outreach efforts please contact us.**



### **QUESTIONS?**

Contact the *i*Care Network Development Department at [netdev@icarehealthplan.org](mailto:netdev@icarehealthplan.org).

### **MORE INFORMATION**

More information about the Medicare Annual Wellness Visit can be found here: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV\\_Chart\\_ICN905706.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf).

## ***Important information regarding the implementation of Electronic Visit Verification (EVV)***

In order for EVV visit information to be correctly associated to claims and encounters, as mandated by the 21st Century Cures Act, DHS requires all provider agencies to have a unique ID number. A unique ID number will be required of all provider agencies regardless of the EVV system used.

If you are a Medicaid-enrolled agency, your provider agency ID for EVV will be your Medicaid ID.

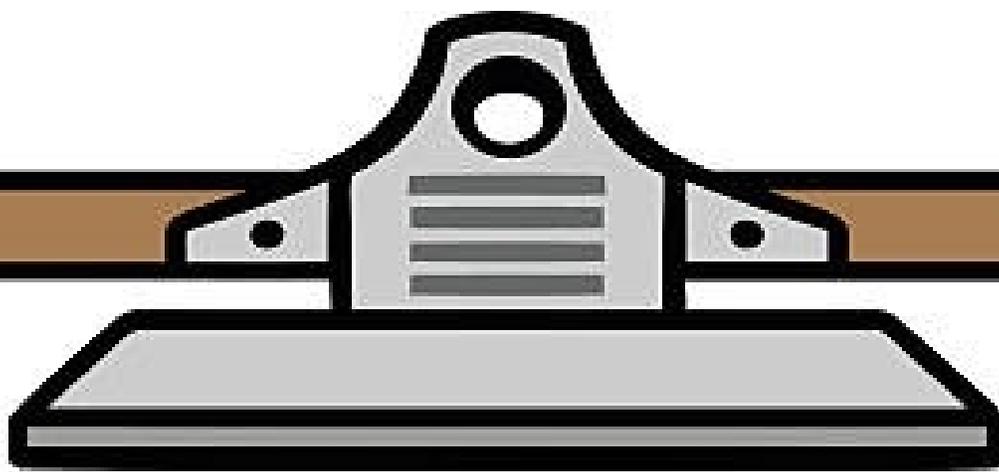
If you are not a Medicaid-enrolled agency (and we anticipate many supportive home care agencies are not), you will need to request a provider agency ID through the ForwardHealth portal. Please refer to page 18-19 of the following ForwardHealth Update for instructions on how to request a provider agency ID: [Forward Health Update 2020-31, "Implementation of Electronic Visit Verification for Personal Care and Supportive Home Care Services"](#)

**Note:** The provider ID/MA ID is required in order to register for the EVV live webinar trainings that begin August 18. Each agency will have one ID, regardless of how many MCOs the agency contracts with or programs they serve. Please complete the provider identification process as soon as possible.



**If you have any questions while going through the provider ID process, contact Wisconsin EVV Customer Care.**

- Phone: 833-931-2035
- Email: [VDXC.ContactEVV@wisconsin.gov](mailto:VDXC.ContactEVV@wisconsin.gov)



### ***Appeals Mailing Address:***

Reconsideration or Formal Appeals should be sent directly to the iCare Main Office at:  
iCare Appeal Department  
1555 RiverCenter Dr., Suite 206  
Milwaukee, WI 53212

\*continue to send 1st Level Review/Reopen requests to our PO Box 660346, Dallas TX 75266-0346  
See our website for further information

<https://www.icarehealthplan.org/Claims/Claims-Processing.htm>

### ***Non-Emergency Ambulance return to SNF:***

When a member is in a Skilled Nursing Facility, iCare will pay Ambulance transportation as follows:

- Emergency medical transport by an ambulance from a SNF to the Hospital is a covered benefit.
- When the member is release from the hospital back to the SNF ambulance transportation is not a covered benefit

### ***Opioid Treatment Program (OTP) Billing:***

Proper Billing for OTP Weekly bundles HCPCS codes G2067–G2073 and G2075 and Take Home Medication Codes G2078 and G2079

- Date of Service = the first date of care for that week. Do not span “From” and “To” dates. Do not cross months on one claim.
- Units of Service – 1 (HCPCS description includes 7 days)

### ***NDC Requirement:***

Per CMS and ForwardHealth guidelines all J and Q HCPCS Codes require a corresponding 10-digit National Drug Code (NDC). Historically iCare has been allowing providers to submit the J and Q codes without the NDC and request the information retrospectively.

- Due to recent system updates, iCare will require the submission of an NDC code with the J or Q codes
- If the NDC is missing, the J or Q codes will be denied

### ***Provider Portal New Feature***

Providers can now search for an Explanation of Payment (EOP) by PAID DATE. Go to the “Search” function, select “Claims” from the drop down menu then select the “Search by Paid Date” tab.