

# Provider **BULLETIN**

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#### **DHS Provider Appeal Update**

The online Medicaid Provider Handbook (located at Online Handbook Display (wi.gov) has been updated to clarify what information a provider should submit when requesting a DHS provider appeal. All provider appeal requests to DHS must include:

- Be clearly marked "appeal"
- Include the Member's name
- Include a specific explanation of the payment amount or a specific reason for nonpayment, partial payment, or denial.
- Contain the provider's name, date of service, date of billing, date of rejection, and reason(s) the claim merits reconsideration for each appeal.
- Include the appeal denial letter from the MCO.

#### **Contacting iCare Customer Service**

As a friendly reminder, please be prepared with the following to reduce hold times and provide efficient assistance to our callers.

- Member ID numbers
- Date of service
- Billed amount on claim

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# InstaMed Electronic Fund Transfer (EFT) and Electronic Remittance Advise (ERA)

Effective March 15, 2023, iCare has partnered with InstaMed to deliver EFT and ERA files. As a provider if you were already enrolled with InstaMed the transition to EFT and ERA via InstaMed was automatic.

- If you were not enrolled with InstaMed and were previously receiving ERA's you will need to enroll with InstaMed to resume receiving ERA's. You are encouraged to enroll for EFT as well.
- With the transition to InstaMed, iCare has also changed to a once-a-week payment run to process on Tuesday's and payment released on Wednesday's.
   If you are already enrolled with InstaMed, please visit their website <u>www.instamed.com/eraeft</u> to retrieve any payment information you might need. If further assistance is needed, please contact InstaMed at 866-945-7990.



### **Medicare** Part B Drug Inflation **Rebate**

CMS Announced 27 Part B rebatable drugs impacted by the adjusted coinsurance payment amounts for the period April 1 - June 30, 2023. CMS updated the list and distributed it to managed care organizations on March 31, 2023. Seven drug codes (listed below) were removed from the list and coinsurance amounts were adjusted for the remaining 20 drug codes. Please review the attached file <u>Reduced</u> <u>Coinsurance Part B Rebatable Drugs 3.29.2023</u> for the corrected coinsurance amounts.

J9269	Elzonris	19.969%	Removed
J0699	Fetroja	10.274%	Removed
J9307	Folotyn	19.965%	Removed
Q2053	Tecartus	19.958%	Removed
J2792	Winrho SDF 19.882%		Removed
J3299	Xipere	18.969%	Removed
Q2041 Y	escarta	19.937%	Removed

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## **ForwardHealth New EVV Policy and Reminders**

Please review update No. 2023-12 for information on the following: https://

www.forwardhealth.wi.gov/kw/pdf/2023-12.pdf

- Power Outages and EVV System Outage Policy

   Billing for Visits During Outages
  - Changes to Live-In Worker Policy
- Expanded Definition of Permanent Residency
  - Proof of Residence Documentation Options
  - Revised Live In Worker Identification Forms
- Reminders
  - o Live In Workers and KX Modifier
  - Claim Processing
    - Span Billing
- Documentation Retention

## iCare EVV Assistance

If you have any questions or concerns regarding EVV Billing with iCare, please contact <u>icareevv@icarehealthplan.org</u>





www.iCareHealthPlan.org ProviderRelationsSpecialist@iCareHealthPlan.org