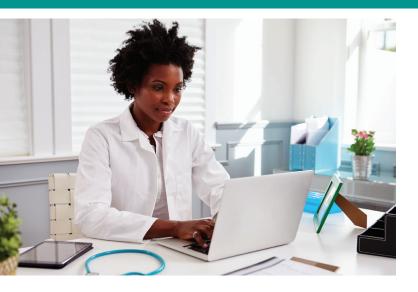
iCARE PROVIDER BULLETIN

Issue 3 | 2021



REMINDER CORNER

Electronic Claims Submission

It is FREE to submit claims electronically. The secondary claim can also be submitted with the appropriate loops and segments for the other coverage payment amounts.

Please see our web site: https://www.icarehealthplan. org/Claims/Claims-Processing.htm under Electronic Claims Submission to register with our partner SSI Claimsnet.

Information on the loops and segments for electronic filing of secondary claims can be found here: https://bit.ly/3v6Hngt

M7 or M8 Disclaimer

Remember to use the disclaimer codes when a benefit is not covered by Medicare for our dual eligible iCare members:

- » M7 Medicare disallowed or denied payment
- » M8 Noncovered Medicare Service

Check Eligibility

Please remember to check eligibility when submitting claims for iCare members. We have recently experienced a high volume of claims that are not for iCare members or the dates of service are outside of the eligibility period. Checking eligibility will save your practice/facility much time and money.

Updates to Claim Guides

Updates have been made to our Long Term Care and Chiropractic Guides. Please see our web site to review these updates: https://www.icarehealthplan. org/Education/Resources.htm

Electronic Funds Transfer (EFT)

iCare has partnered with InstaMed to offer EFT. We will be going live soon so, if you have not done so already, please be sure to register.

Please see our web site for all details and links: https://www.icarehealthplan.org/Claims/Claims-Processing.htm

Documentation of Health Disparities

Please consider using diagnosis Z59.0 for "homelessness" to help iCare identify homeless members and assist with health disparities.

NU Modifier

The NU modifier should not be used as an informational modifier for supplies. Using the NU Modifier for supplies can cause claim denials per ClaimCheck/McKesson edits.

The NU Modifier would be more appropriate used on DME items. Please see the following for further information:

- » Link to CGS DME fee schedule: https://www.cgsmedicare.com/medicare_dynamic/ fees/jb/search.asp
- » ForwardHealth fee schedule: https://www.forwardhealth.wi.gov/WIPortal/ Subsystem/Publications/MaxFeeHome.aspx



Providers Referring for Lab Services where Prior Authorization is Required

Please note, there are some lab services which require a Prior Authorization (PA), most notably for *Urine Drug Screening*.

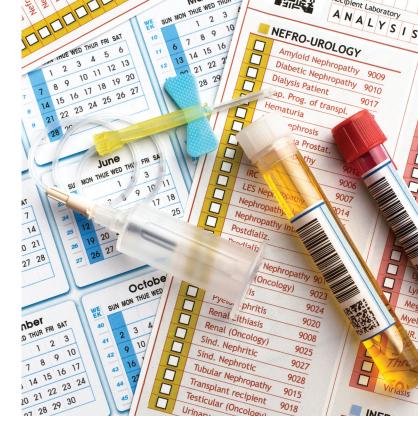
While it is the servicing providers responsibility to complete the PA request, as they are providing the service, we understand labs facilities are not obtaining authorizations leaving our members exposed.

Our PA Form includes sections for the *Servicing Provider and the Requesting Provider*. If a referring provider completed the "servicing provider" section, a PA will be entered under the lab and will satisfy PA requirements for the lab performing the tests.

Reaching COVID-19 Unvaccinated Individuals in Primary Care Setting

Health care providers have played a key vaccination role throughout the pandemic. As demand decreases and the ability to reach individuals changes, health care providers should evaluate how they are currently administering vaccines and take steps now to provide more vaccinations in primary care settings. Primary care settings, including pediatric settings, are spaces of trust. By integrating COVID-19 vaccination into primary care settings, it both normalizes the vaccine and creates a personal space where patients can openly discuss concerns with their most trusted source of health care information. This strategy is critical to bringing vaccine to where people are in spaces they know and not letting a single opportunity to vaccinate pass.

The Wisconsin Department of Health Services (DHS) has created a guidance document, COVID-19: Increasing Vaccination in Primary Care Settings – P03006 (https://www.dhs.wisconsin.gov/publications/p03006.pdf) to help providers think through bringing vaccine to primary care settings, including information about becoming an approved provider (or getting the proper documentation if an entity is already connected to an approved vaccinator), vaccine ordering, vaccine wastage considerations, and strong recommendations.



5 Star HEDIS Measures

As *i*Care strives to meet our 5 Star HEDIS measures, we are reminding our providers of the importance of the following:

Primary Care Providers: *i*Care values the relationship our Primary Care Providers (PCP) have with our members. You make a difference by enhancing our members health and well-being. Our PCP's also help *i*Care with documentation supporting our HEDIS measures. PCP's add value in the following ways:

- » You provide a place for our member's to bring a wide variety of health concerns and offer solutions
- » Ability to guide our members through the complex world of health care systems; making appropriate referrals to other health care professionals as needed
- » Encourage our member's involvement in their own health decision making and care
- » Disease prevention, health promotion and intervention/early detection
- » Building communication bridges between personal health care services, families, members and our iCare teams to meet the needs of our members



Flu Vaccine for all members: As the flu season ramps up, it is important to reduce the chances of our members getting the flu. Everyone 6 months of age and older needs to get a flu shot each year.

Badger Care+ Children: See that they receive ALL the immunizations they need. Every child needs immunizations at:

» Birth

» 6 months

» 2 months

» 12 months

» 4 months

» 15–18 months of age

*i*Care and ForwardHealth following CDC/USPSTF Guidelines.

Preventive Care treatment: Colorectal Cancer Screening for members age 50 – 75 years old:

- » Every 10 years
- » Flexible Sigmoidoscopy every 5 years
- » FIT Kits (Fecal Occult Blood Test) every year

Breast Cancer Screening:

» *i*Care female members 52-74 years old should get a mammogram every two years

Diabetic Retinal Eye Screening:

» Covered once a year for Diabetics

Dental:

- » SSI and BadgerCare+ Routine Preventive Dental Service
- » Medicare & FCP Enhanced
 - Oral exams and cleaning, up to 2 per calendar year
 - Dental X-ray, up to 1 per calendar year
 - Limited to 1 panoramic or 1 full set

Medicare Annual Wellness Visit (AWV):

- » Yearly appointment with the PCP
- » Create or update a personalized prevention plan
- » The plan may help prevent illness based on the members current health and risk factors
- » The AWV is not a head-to-toe physical

Managing Chronic Conditions of Members:

Providers are essential in positive outcomes and maximizing *i*Care's members health and well-being in the management of their chronic conditions. Providers can do the following:

- » Work to promote behavioral change and selfempowerment within our members
- » Encourage members to be more hands on in their care
- » Work together with the member and other health care providers as appropriate:
 - Communication is key for members to know who would be best to manage their conditions (i.e. Cardiologist, Dermatologist, Oncologist)
- » Care coordination Including members, their families, Care Coordination teams, specialists and any other key stakeholders in the member's care
- » Monitor member progress towards their goals

Reducing Emergency Department (ED) Visits:

- » Member outreach who are high risk
- » Reporting and trending of care and treatment
- » Ensuring members have assigned PCP
- » Member incentives

As a collaborative effort, we wish for our providers to encourage same day PCP medical appointments versus ED visits.

Medical Record Documentation: 1 in 5 Medicare patients are readmitted to a hospital within 30 days of discharge due to:

- » Medication discrepancies
- » Discharge instruction/order confusion
- » Lack of home support
- » Lack of provider follow-up appointments

To help resolve this and to achieve our measures:

- » Primary Care Provider/MD's should complete a medication reconciliation post-hospitalization discharge (MRP) with all patients
 - Medical record documentation should indicate MRP

Complete post discharge follow up within 7 days

