INDEPENDENT CARE HEALTH PLAN
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Provider BULLETIN Issue 4 | 2026



EVV Reminders

We have identified a common trend in recent Electronic Visit Verification (EVV) claim denials.

Most of these denials are not related to claims processing issues. Instead, they are occurring because the Payer ID selected in Sandata does not match the member's enrollment program with *i*Care. When an incorrect Payer ID is entered during EVV visit documentation, the visit cannot be validated, resulting in claim denials.

To help avoid unnecessary claim denials, please follow these best practices:

- Review each member's eligibility and program enrollment before submitting EVV visits.
- Verify that the payer selected in Sandata matches the member's *i*Care program.
- Contact Wisconsin EVV Customer Care if payer information needs to be updated or corrected in Sandata.

Payer ID Reference Guide

- **ICAREBC** → *i*Care BadgerCare
- **ICARESSI** → *i*Care SSI
- **ICAREFCP** → *i*Care Family Care Partnership
- **INCLUSA** → *i*Care/INCLUSA Family Care

If a payer ID correction is needed, please contact Wisconsin EVV Customer Care:

Phone: 833-931-2035

Email: vdxc.contactevv@dhs.wisconsin.gov



Notice of Claim Payment Recoupment – Non-Response to Medical Records Request

*i*Care Health Plan will begin recouping claim payments when there has been no response to medical record requests from our vendor, EXL Service. This recoupment action is being taken due to repeated non-response to requests for medical records that are required to support the review process.

New Behavioral Health Day Treatment Benefit

ForwardHealth Update 2026-27, "New Behavioral Health Day Treatment Benefit," has been published by ForwardHealth.

Providers should refer to the ForwardHealth Online Handbook for the most current, up to date policy. The Online Handbook is updated whenever new policy becomes effective and reflects the current guidance that providers should follow.

As a Health Maintenance Organization (HMO), *i*Care is required by the Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to maintain fraud, waste, and abuse compliance programs. In addition, CMS requires Medicare providers and suppliers to furnish documentation sufficient to determine the amounts due for payment and to make records available upon request for audit and oversight activities. Wisconsin Medicaid providers are required to maintain records and provide access to documentation requested for review and audit purposes in accordance with Wis. Admin. Code § DHS 106.02(9).

Despite multiple outreach attempts and opportunities to submit the requested documentation, the necessary medical records were not received within the established timeframes. As a result, *i*Care will proceed in accordance with its approved review process and is providing this advance notice prior to initiating any recoupment activity.

Please note that providers may not balance bill members for claim recoupments or claim denials resulting from the failure to submit requested medical records.

If you have any questions regarding this notice or need assistance responding to medical record requests, please contact Pre.Audit@exlservice.com.



ForwardHealth Update Regarding the AMA Maternity Code Change

Effective January 1, 2027, ForwardHealth will adopt the 2027 Current Procedural Terminology (CPT) code changes for maternity care services.

The American College of Obstetricians & Gynecologists (ACOG) recommends that providers begin using the evaluation and management (E&M) codes for new maternity patients starting in September 2026. **However, ForwardHealth is not adopting these recommendations from ACOG.**

Providers can refer to the American Medical Association website for a downloadable PDF of the updated 2027 CPT codes for maternity care services.

More information about the 2027 code changes for maternity care services and billing for the updated codes will be published in a future ForwardHealth Update.

Billing Date of Service within Month or Year – Medicaid Family Care Partnership (FCP)

Per ForwardHealth guidelines claims for members enrolled in Medicaid FCP must be submitted in the same calendar month and/or in the same calendar year. Claims cannot span two months or two years, or they will be denied as provider billing error.