iCare
INDEPENDENT CARE HEALTH PLAN
*i*Care is a wholly-owned subsidiary of Humana.

Provider **BULLETIN**

Issue 1 | 2024

Visit our website | icarehealthplan.org

There is a wealth of information and tools available to providers on our website, including:

- ***i*Care's Provider Portal**
  - Check Claim Status
  - Download Explanation of Payments (EOP)
  - Check Eligibility
  - Review Prior Authorizations
    - If you experience any issues with *i*Care's Provider Portal or need assistance with resetting passwords, please email *ProviderRelationsSpecialist@icarehealthplan.org*. Customer service is unable to assist with the Provider Portal.
- **InstaMed**
  - Sign up for Electronic Funds Transfer (EFT) at *icarehealthplan.org/Claims/Claims-Processing.htm*
  - Access to confirm paymnets
  - Access to EOPs
- **Network Provider Search**
  - Find providers in the *i*Care network at *icarehealthplan.org/Find-a-Provider.htm*

Status Check - Use EDI Transactions

270/271 Eligibility Status Check

Use the **Eligibility and Benefit Inquiry (270)** transaction to inquire about the health care eligibility and benefits associated with a subscriber or dependent.

The **Eligibility and Benefit Response (271)** transaction is used to respond to a request inquiry about the health care eligibility and benefits associated with a subscriber or dependent.

You can obtain detailed benefit information including member ID number, date of coverage, copayment, year-to-date deductible amount, and commercial coordination of benefit (COB) information when applicable.

Physicians and other health care professionals can perform eligibility (270/271) transactions in batch or real-time mode, based on your connectivity method.

276/277 Claim Status Check

Use the **Claim Status Inquiry (276)** transaction to inquire about the status of a claim after it has been sent to a payer, whether submitted on paper or electronically.

The **Claim Status Response (277)** transaction is used to respond to a request inquiry about the status of a claim after it has been sent to a payer, whether submitted on paper or electronically.

Once we return an acknowledgment that a claim has been accepted, it should be available for query as a claim status search. Physicians and other health care professionals can perform claim status (276/277) transactions in batch or real-time mode, based on your connectivity method.

2024 Annual Model of Care (MOC) Review

Please review *i*Care's 2024 MOC. It is a provider training requirement, per the State of Wisconsin Department of Health Service to review this on an annual basis. The MOC can be found on our website at *icarehealthplan.org/Providers/ProviderEducation.aspx*.

New P.O. Box - Zip Code Correction

Effective immediately, *i*Care has a new mailing address for Claims, Review/Reopening Requests and Corrected Claims. Please see our website for updates: *icarehealthplan.org/Claims/Claims-Processing.htm*.

*i*Care Medicare and Medicaid Plans
*i*Care Health Plan
P.O. Box 280
Glen Burnie, MD 21060-0280

*i*Care Family Care Partnership Long Term Care Services
*i*Care Health Plan
P.O. Box 670
Glen Burnie, MD 21060-0670

*** The TX P.O. Box will remain active as needed and all mail will be forwarded to the MD address*

ATTENTION: Long Term Care Residential Providers

Submission of residential claims is now available on *i*Care's Provider Portal. Please see our website for information and access:

icarehealthplan.org/Provider/Provider_Portal.htm

If you have questions or need assistance, please email:

ProviderRelationsSpecialist@icarehealthplan.org

ATTENTION: Personal Care Workers - Outpatient Claim Submission

Submission of outpatient claims is now available on *i*Care's Provider Portal. Please see our website for information and access:

icarehealthplan.org/Provider/Provider_Portal.htm

If you have questions or need assistance, please email:

ProviderRelationsSpecialist@icarehealthplan.org

Discarded Drugs and Biological Medicare Program

Drug codes identified by CMS will need to be billed with the applicable JW or JZ modifier. Claims submitted without the modifier will be denied.

Please see Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy (cms.gov) for more information.

The FAQs indicate the correct use of JW or JZ.

- JW is to report the amount of drug that is discarded and eligible for payment under the discarded drug policy.
- JZ is reported to attest that no amount of drugs were discarded.

Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions (cms.gov)

Clinical Criteria

For services and procedures that CMS or MACs have not established national coverage determinations (NCD) or local coverage determinations (LCD), MA organizations may create internal coverage criteria based on current evidence in widely used treatment guidelines or clinical literature made publicly available to CMS, enrollees, and providers.

*i*Care has developed a number of coverage criteria policies, effective 1/1/2024. These policies are availabl on our website at *icarehealthplan.org/Members/Member-Documents.htm*, searchable by number and policy name. These policies have been reviewed, discussed, and approved by physicians on *i*Care's Utilization Management Committee. As always, members and providers may request a copy of the criteria used to decide by calling the Prior Authorization Department at 414-299-5539 or 855-839-1032.

Prior Authorization List (PAL) Changes

*i*Care will be making several revisions to our Prior Authorization List for 2024 to ensure that every code/service on our PAL has a corresponding national coverage determination (NCD), local coverage determination (LCD), or iCare-developed coverage criteria policy. As a result, we are removing roughly 500 codes from our PAL, and adding:

DME: E0766

Supplies: A2022, A2023, A2024, A2025

Orthotics/Prosthetics: L5991

Our website PAL will be updated in mid-February. As a reminder, *i*Care does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment with *i*Care.