Subject: iCare InforMED Provider Newsletter - September 2019

INFORmed

A newsletter for Providers of Independent Care Health Plan

Issue 4 | September 2019

Long-Term Care (LTC) Residential Providers

The new residential rate methodology was effective August 8, 2019. The Member Specific Rate Sheets must be signed and returned to *i*Care for all new member placements and in the event of a rate change. Care teams will be providing updated Service Requests reflecting the new rate structure for all members residing in a residential setting.

Please note: If a rate change occurs mid-month, claims will need to be split into two forms. Example: August 2019 claims should be billed using the original Service Request. This form would include dates of service for August 1 – August 17. Then, using a new Service Request form, bill for the remainder of the month from August 18 – August 31.

If you have any questions regarding the Member Service Request/Authorization, please contact the member's Case Manager.

Hospice Lock-in Form Required with Prior Authorization Request

Per Wisconsin Department of Health Services (DHS) ForwardHealth Update 2015-64, Managed Care Organizations (MCO's) will require providers to submit Form F-01008, "Notification of Hospice Benefit Election", to the MCO when requesting Prior Authorization (PA) for hospice services. The MCO will forward the form to DXC at the address indicated on the form. DXC will put a hospice lock-in segment on file for the member to allow Code T2042 to price for encounters in the same manner as it does Wisconsin Fee-for-Service.

*i*Care follows all DHS guidelines and will require providers to submit Form F-01008 Notification of Hospice Benefit Election when requesting prior authorization for hospice services**. Please note:** If the F-01008 form is not included, the PA will be denied for lack of information.

The F-01008 form can be found on the DHS website.

New Patient Driven Payment Model

In July 2018, the Centers for Medicare and Medicaid Services (CMS) finalized a new case-mix classification model, the Patient Driven Payment Model (PDPM). As of October 1, 2019, the PDPM will be used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF patients in a covered Part A stay. *i*Care is prepared for the new PDPM pricing effective October 1, 2019. For additional information and training resources, please visit the CMS website.

*i*Care will follow all CMS guidelines, the most notable claims change will be coding from RUG to SNF PPS codes, Variable Per Diem (VPD) adjustment and Interrupted Stay. *i*Care will be ready to implement the change effective October 1, 2019 with pricing through Microdyne.

We also encourage you to read*i*Care's updated *i*Care SNF Claim Guide.

Free Buprenorphine X-Waiver Training Series — New Classes Added

The Department of Health Services has partnered with the Wisconsin Society of Addiction Medicine to increase treatment capacity for opioid use disorder through expanded prescribing of buprenorphine, one of three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder.

In-person training sessions for health care providers eligible to prescribe buprenorphine are scheduled for the dates and locations listed below. Each session, when paired with an online session offered through the American Society of Addiction Medicine, provides the necessary education for participants to qualify for a waiver to prescribe buprenorphine as part of a medication-assisted treatment plan for opioid dependency. Course details are available on the Wisconsin Society of Addiction Medicine's website.

The in-person course has been approved by the Wisconsin Medical Examining Board as meeting the requirements for the two-hour continuing education course on responsible opioid prescribing under Wis. Admin. Code. § Med 13.03(3).

Registration is open for all of these classes:

- October 28, Madison
- November 6, Wauwatosa

Please visit the DHS website for resources on best practices for opioid use disorder prevention, treatment, and recovery services.

2020 HEDIS CHANGE

Effective January 1, 2019, NCQA and CMS made a change to the HEDIS readmission measure. The readmission measure now includes observation stays. The readmission measure is defined as “the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days”.

Currently, *i*Care isn’t receiving most of the observation stay information from the hospital’s daily member listing of admissions and discharges, nor is this information available in WISHIN. Please include observation stays in daily member admissions and discharge listings going forward. Including observation stays will also improve the patient’s care coordination.

Updated Provider Portal Guide

Please read the updated Provider Portal Guide. The most notable additions can be found related to "Users" on page 43.

Claim Processing Webinars

Updated claim processing webinars for Skilled Nursing Facility (SNF) and Long-Term Care (LTC) providers are available on our website. Please check back as we continue to update additional webinars.

Balance Billing Members is Prohibited

Providers are responsible for checking ForwardHealth to review eligibility prior to providing services. Wisconsin law prohibits providers who are Medicaid certified from billing or collecting payment from a Medicaid eligible individual for services that are covered by Medicaid in lieu of properly billing the patient's Medicaid coverage for the service (Wis. Admin. Code §DHS 106.04(3)). Providers can have their Medicaid certification terminated or suspended by the State for billing or collecting payment from a Medicaid covered individual in violation of Wis. Admin Code §DHS 106.06 (21).

The Social Security Act, Section 1128B. (d)(1), [42 U.S.C. 1320a-7b], also provides that Medicaid certified providers may not bill Medicaid eligible members for medically necessary covered services. Any provider who knowingly and willfully bills a member for a Medicaid covered service may be guilty of a felony as defined in Section 1128B. (d)(1) [42 U.S.C.1320a-7b] of the Social Security Act.

Call for Provider Updates

Has any of your information changed? We strive to keep our records and our provider directories current, not only to better serve our members, but also to remain compliant with DHS and CMS requirements. To update your information, please use the online forms on our website:

- The Demographic Change Form is for name, TIN, phone number or physical or billing address changes.
- The Affiliation Change Form is for adding or removing providers associated with a contracted provider group.

Please note: Organizations with delegated credentialing agreements should submit regular provider and facility rosters to providerupdates@iCareHealthPlan.org.

How to Contact Network Development & Contracting Department

For assistance with joining *i*Care's network, to check the status of a provider application and/or to request assistance from a Provider Contract Specialist please e-mail netdev@iCareHealthPlan.org.

Fraud, Waste, and Abuse

To report FWA directly or anonymously, please do one of the following:

- Visit our website and fill out the electronic form.
- Contact Customer Service at: **1-800-777-4376**

For more information and/or training on Fraud, Waste and Abuse, please visit our website at www.iCareHealthPlan.org or call 1-800-777-4376 and request to speak with your Provider Relations Representative.

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1-800-777-4376 (TTY: 1-800-947-3529)
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