LTC Guide

Long-Term Care Claims Processing Overview
Disclaimer:

- This information is provided as a courtesy from iCare to assist you with claim submission and billing. This does not replace ForwardHealth and CMS Guidelines. iCare relies upon ForwardHealth and CMS for payment rules and regulations for claim submission.
Abbreviations

- LTC – Long-Term Care
- FCP – Family Care Partnership
- AODA – Alcohol and Other Drug Abuse
- PERS – Personal Emergency Response System
- IDT – Interdisciplinary Team
- DOS – Date of Service
- EOP – Explanation of Payment
- SDS – Self Directed Supports
Definition of LTC Services

• Long-Term Care Services include a broad range of health, personal care, and supportive services. These services include assistance with activities (ex: dressing, bathing and toileting), instrumental activities (ex: medication management and housework), and health maintenance tasks.
• These services are meant to assist or improve the Member’s quality of life.
Long-Term Care Services

- Adaptive Services (general and vehicle)
- Adult Day Care
- AODA Services
- Assessment and Case Planning
- Case Management
- Alternative Treatments
- Communication Aids/Interpreter Services
- Community Support Programs
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Daily Living Skills Training
- Day Services/Treatment
- Durable Medical Equipment
- Financial Management Services
- Home Health Care Services
- Home Modifications
- Housing Counseling
Eligible LTC Services

• Services rendered will be provided to iCare FCP Members through our network of contracted providers.
• All LTC services **MUST** be authorized through the IDT PRIOR to services being rendered.
• The service request will outline the specific services approved and rate of reimbursement.
• For all **Emergency** situations, the Provider is required to contact the IDT as soon as possible.
• Professional LTC services include
  • Supportive Home Care
  • Attendant Care
  • Respite Care, etc.
Requesting Services

- Services can be requested by Members, Guardians or Providers.

- The IDT needs the following information:
  - Member Name & Date of Birth
  - Description of services to be provided and the HCPCS code
  - Units and frequency of service(s)
  - Dates of Service
  - Service Location
  - Identify Live In Care Giver

- Questions regarding service requests should be directed to the Member’s Care Manager.
SR Date and Claim Dates

• If an SR is approved with an end date in the middle of a month, providers need to bill per the SR dates in order for the claim system to pick up the SR and apply the unit counts appropriately.
  • The claim system cannot apply two SR’s to one claim.
• Example:
  • The March claim must be billed as two claims, 3/1-3/6/2020 and 3/7/2020-3/31/2020 (or beyond) in order for them to process correctly and apply the appropriate PA/SR and units.
Electronic Visit Verification (EVV)

- iCare will not require Live-in Workers to use EVV
  - Submit claims with the KX modifier to bypass EVV requirements
- All supportive care services will require an EVV to match the services submitted on the claim
- EVV can be updated at anytime to match the claim. If a claim denial occurs prior to the update, a request for review can be submitted within the Review/Reopen Guidelines found here: [https://www.icarehealthplan.org/Claims/Claims-Processing.htm](https://www.icarehealthplan.org/Claims/Claims-Processing.htm) (Claim Review/Adjustment Guidelines)
- Please see our EVV Guide for complete details: [https://www.icarehealthplan.org/Education/Resources.htm](https://www.icarehealthplan.org/Education/Resources.htm)
Claim Submission

• LTC claims are submitted either on the LTC Professional or LTC Residential claim forms.
  • Professional services are: Attendant Care, Home Maker Services, Fiscal Assistance
  • Residential Service are: AFH, CBRF, RACA

NOTE: Any Medicaid claims related to a Family Care Partnership member may not be submitted as a review/reopening request. Providers will need to submit a corrected claim or a formal appeal.

https://www.icarehealthplan.org/Claims/Claims-Processing.htm
LTC Residential Claim Form

www.icarehealthplan.org/providers
Claims Filing Limits

• Timely filing limits for all providers is 120 days from the date of service, unless otherwise agreed upon and included in the Provider’s service agreement with iCare.

• Providers are to submit all claims for services rendered where iCare Medicare is primary or iCare Medicaid is primary according to the terms of the contract. Timely filing limits apply to initial claim submissions, resubmissions and corrected claims.
Frequently Asked Questions

• Do all LTC services require service request/authorization?
  • Yes, Service Requests are required for all services and must be received before services are rendered.

• Can LTC claims be submitted electronically?
  • LTC Professional claims may be submitted through the provider portal. LTC Residential claims may **NOT** be submitted through the provider portal; rather mailed to our PO Box in Dallas, TX.

• Why is my claim denying?
  • Claims can deny for many reasons. It is very important to make sure that you are comparing the claim to the service request on file.
  • Things to check on the service request are rate per day or rate per unit.
  • Was the correct HCPCS/Revenue Code and modifier (if applicable) used?
  • Is the date span within the service request timeframe?
  • Do the claim’s line-item totals and grand total calculate?
Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

*iCare* has joined the InstaMed Network to deliver your payments as free EFT and ERA’s.

**Sign up now** to receive *iCare* payments as direct deposits!

**Providers who do not have a National Provider Identifier (NPI)** should submit the **Order Form – Payer Payments**. Write “Provider does NOT have an NPI” and attach a copy of your most recent explanation of payment (EOP). Fax the form and supporting document/s to (877) 755-3392.

For tips on successful EFT enrollment, please see the **check list**.
iCare Provider Portal Access

• Your time is valuable. iCare's Provider Portal allows you to view prior authorizations, service requests, verify eligibility and view claim information for the iCare members you serve.

• Getting Started

• Registration can be completed with information already at your disposal using your TIN (Tax ID Number), NPI and most recent check number. Use the Facility/Group name as listed on your Explanation of Payment. iCare can also generate a one-time PIN, you can request a one-time PIN via the request button below. **If you have checks with more than 20 claims processed you will need to request a PIN to register.**
• If you do not receive your PIN, please contact iCare at ProviderRelationsSpecialist@iCareHealthPlan.org for additional assistance.
• If an organization chooses to assign roles for the employees, the Office Manager will need to create a user account for the users within your organization. Office Managers can set up additional users individually and invite them to register or you can create user accounts in bulk via spreadsheet upload.
• The iCare Portal User Guide provides step by step instructions for registration and outlines functionalities. If you have any questions, please contact ProviderOutreach@iCareHealthPlan.org or ProviderRelationsSpecialist@iCareHealthPlan.org
• Use care when entering your password in the Provider Portal. If the incorrect password is attempted 3 times, your account will be locked. If you are not able to reset your own password or retrieve your forgotten password, email ProviderOutreach@iCareHealthPlan.org or ProviderRelationsSpecialist@iCareHealthPlan.org. Include your Username and your password will be reset within 24 hours.
iCare Contact Information

**Customer Service-Milwaukee Office**  
(Monday-Friday 8:00-5:00)

Provider Local: 414-231-1029  
Out of Area: 1/877-333-6820  
Email: department-providerservices@icarehealthplan.org

**iCare Dane County Office**  
1-800-777-4376

**Prior Authorization**  
Local: 414-299-5539  
Out of Area: 855-839-1032  
Fax: 414-231-1026

**Interdisciplinary Team**  
414-231-4847

**Member Rights Specialist**  
414-231-1076  
Fax: 414-231-1026

**Pharmacy**  
1-800-910-4743  
1-877-333-6820

**Provider Contracting**  
414-225-4741  
FAX: 414-272-5618