

iCare Medicare Family Care Partnership and SNP

Sequestration Statement

Per Section 3709 of the CARES Act, sequestration was temporarily suspended for dates of service 5/1/2020-03/31/2022. Per the Protecting Medicare and American Farmers from Sequester Cuts Act, the sequestration payment adjustment was 1% for dates of service April 1- June 30, 2022 and resumed to 2% for dates of services July 1, 2022 and after. As a result of sequestration reductions in Medicare payments announced by the Centers for Medicare & Medicaid Services (CMS), iCare has implemented 2% reductions to all physician, facility, ancillary provider and other healthcare professional payments for services covered by its Medicare Advantage plans for dates of service or dates of discharge on or after April 1, 2013. The "Plan Payment" column reflects this payment reduction for each claim line. The allowed amount, copayment and deductible amounts will not be affected by the sequester reduction.

Appeal Rights

Medicare Appeal Rights for all Non-Contracted Providers: All decisions with regard to payment are subject to appeal/reconsideration. Independent Care Health Plan will accept written appeals/reconsiderations from non-contracted providers who disagree with Independent Care Health Plans payment/denial determination according to CMS guidelines if the provider submits the dispute in writing and within 60 calendar days of the initial payment/denial notice.

Independent Care Health Plan must provide a decision no later than 60 calendar days after the waiver of liability statement is received. The appeal should include the member name, address, member identification number, claim number, remittance notification showing the denial, reasons for appealing, any clinical records or other evidence you wish to include and a waiver of liability statement which can be found at https://www.icarehealthplan.org/Files/Resources/PROVIDER-DOCS/Waiver_of_Liability_Statement.pdf.

Please submit all provider appeals to: Claims Appeal Unit Independent Care Health Plan, 1555 North River Center Drive, Suite 206, Milwaukee WI, 53212. If Independent Care Health Plan fails to respond within 60 calendar days or if you are not satisfied with Independent Care Health Plan's response, Medicare will provide you with a new and impartial review of your case by reviewer outside of Independent Care Health Plan's organization. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens. Other resources to help you are 1-800-MEDICARE (1-800-633-4227) or Medicare Rights Center Toll Free: 1-888-HM0-9050