



INDEPENDENT CARE HEALTH PLAN
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Provider **BULLETIN**

Issue 6 | 2024



iCare Reminders

- Providers have access to iCare's Provider Portal for self-service options such as claim status and obtaining duplicate EOP's. Information on the Portal and registering for it can be found at https://www.icarehealthplan.org/Provider/Provider_Portal.htm.
- While claims are processed throughout the week, iCares pay cycle is once a week.

Reminder on Review/Reopen Requests

Review/Reopening is the first level request to review a processed claim when the provider does not agree with the outcome and feels the claim warrants an adjustment. In order to avoid processing delays, providers should complete the Review/Reopening form and attach any supporting documentation relevant to the request. Review/Reopening requests can also be made telephonically by calling Customer Service or can be mailed to the address below **within 60 days from the date of the EOP:**

iCare Health Plan

Review/Reopen

P.O. Box 280

Glen Burnie, MD 21060-0280

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

New Waiver Services

<https://www.dhs.wisconsin.gov/familycare/waiver-renewal.htm>

The Wisconsin Department of Health Services (DHS) recently renewed the Family Care and Family Care Partnership 1915(b) and 1915(c) waivers. The new waivers will be in effect January 1, 2025, through December 31, 2029. We must renew the waivers every five years.

A waiver is a special set of rules that allows us to have Medicaid programs like Family Care. Together, the 1915(b) and 1915(c) waivers are the rules that make up the Family Care program. The programs help older adults and adults with disabilities. The goal is to get members the services they need to live in a home setting when possible.

You can view the renewed 2025–2029 waivers:

- The 1915(c) waiver (PDF) describes Family Care and Family Care Partnership eligibility, services, member rights, and finances.

Watch for additional updates to be posted on our website for more information on iCare's waiver services.

Medicare Coverage Policy and Prior Authorization List (PAL) Update November 2024

Please see our website: <https://www.icarehealthplan.org/Provider-Documents.htm> for updates to the Medicare Coverage Policy and <https://www.icarehealthplan.org/Prior-Authorization.htm> for updates to the PAL.

Members and providers may request a copy of the criteria used to make this UM determination by calling the Prior Authorization Department at 414- 299-5539 or 855-839-1032.

iCare's Clinical Coverage Policies are also available at <https://www.icarehealthplan.org/Members/Member-Documents.htm>.

ForwardHealth Updates

See <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx> for complete details.

Update No. 2024-38 New Intensive Outpatient Program Benefits: Beginning March 1, 2025, ForwardHealth will begin covering a non-residential programmatic treatment service called intensive outpatient program (IOP). Providers may enroll with Wisconsin Medicaid as IOP providers beginning November 1, 2024. They must be certified by WI DHS DQA in order to enroll.

Update No. 2024-40 Removing In-Home restrictions for Personal Care and Updating Personal Care Screening Tool.

Update No. 2024-44 Changes to Member Enrollment During Incarceration: Effective immediately, BadgerCare Plus and Medicaid SSI members who are incarcerated for 30 or more calendar days must be enrolled in fee-for-services Wisconsin Medicaid. Such members will be removed from the HMO they had been enrolled in.

Balance Billing – Qualified Medicare Beneficiaries (QMBs)

Federal law prohibits providers from collecting Medicare Part A and Part B coinsurance, copayments, and deductibles from Qualified Medicare Beneficiaries (QMBs), including those enrolled in Medicare Advantage and other Part C plans. Furthermore, providers may not discriminate against QMBs by refusing service because they are protected from paying cost sharing. For additional information, you may refer to the CMS Medicare Learning Matters article that notifies Medicare providers of the prohibition on billing QMBs for Medicare A/B deductibles and cost sharing, available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>.