



Issue 3 • July 2021

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Tom Lutzow, PhD, MBA

A Debt of Gratitude to Tom Lutzow

After 27 years as *iCare's* founder, President and CEO, Tom Lutzow retired from the organization. His last day was June 30, 2021.

Tom founded *iCare* in 1994 as an SSI managed care research and development program, eventually growing it into an organization with \$350 million in revenues that serves members in four lines of business.

He was the driving force behind a grant that became *iCare*: a joint venture between Wisconsin Health Organization (acquired soon after by Humana), and the non-profit Milwaukee Center for Independence. He also served on *iCare's* Board of Directors since its inception until becoming CEO in 2008.

Tom's many accomplishments are unparalleled.

Tony Mollica, iCare's current CEO/President, wrote a few words in celebration of Tom. [Read more.](#)

All of us at iCare congratulate Tom as he embarks on this exciting new chapter! His rock-solid guidance, steady hand and deep healthcare expertise will be missed greatly.

Reaching COVID-19 Unvaccinated Individuals in a Primary Care Setting

Health care providers have played a key vaccination role throughout the pandemic. As demand decreases and the ability to reach individuals changes, health care providers should evaluate how they are currently administering vaccines and take steps now to provide more vaccinations in primary care settings. Primary care settings, including pediatric settings, are spaces of trust. By integrating COVID-19 vaccination into primary care settings, it both normalizes the vaccine and creates a personal space where patients can openly discuss concerns with their most trusted source of health care information. This strategy is critical to bringing vaccines to where people are comfortable and not letting a single opportunity to vaccinate pass.

The Wisconsin Department of Health Services (DHS) has created a guidance document, [COVID-19: Increasing Vaccination in Primary Care Settings – P03006](#) to help providers think through bringing the vaccine to primary care settings, including information about becoming an approved provider (or getting the proper documentation if an entity is already connected to an approved vaccinator), vaccine ordering, vaccine wastage considerations, and recommendations.

Project Firstline

DHS is partnering with the Centers for Disease Control and Prevention (CDC) to roll out a new infection prevention basics training program called [Project Firstline](#). This program is intended to help frontline health care workers understand and confidently apply infection prevention and control principles to protect themselves, their patients, their families, and their community from infectious diseases, such as COVID-19.

An important part of Wisconsin's *Project Firstline* efforts is a learning needs assessment to better understand this workforce and their infection prevention and control education needs for future content. **Beyond those working in health care facilities, they are also interested in learning more about the education needs of those providing home care as part of the Home and Community-Based Services Program.**

On behalf of DHS and the CDC, we are asking for your participation in the *Project Firstline* learning needs assessment. Participation in this survey is voluntary, your responses will be anonymous, and there will be no negative effects for participating or choosing not to participate.

The [learning needs assessment](#) will take approximately 5 to 10 minutes to complete.

Thank you for your time and participation in this important effort to learn more about the needs of those directly involved in the care of Wisconsin residents.

For more information, questions, and/or concerns, [email](#) the Wisconsin Healthcare Associated Infections (HAI) Prevention Program.

Important Information Regarding the Implementation of Electronic Visit Verification (EVV) from DHS

In order for EVV visit information to be correctly associated to claims and encounters, as mandated by the 21st Century Cures Act, DHS requires all personal care and supportive home care provider agencies to have a unique ID number. A unique ID number will be required of all provider agencies regardless of the EVV system used.

If you are a Medicaid-enrolled agency, your provider agency ID for EVV will be your Medicaid ID.

If you are not a Medicaid-enrolled agency, you will need to request a provider agency ID through the ForwardHealth portal. Please refer to pages 18-19 of the [ForwardHealth Update](#) for instructions on how to request a provider agency ID.

If you have any questions while going through the provider ID process, contact Wisconsin EVV Customer Care at 1-833-931-2035 or [email](#).

Collaboration on Behavioral Health and AOD Services

The National Committee of Quality Assurance (NCQA) developed Healthcare Effectiveness Data and Information Set (HEDIS) measures to quantify HMO members' access to health care. As [outlined](#), three of the HEDIS measures include Behavioral Health (BH) and Alcohol and Other Drug (AOD) treatment services.

Effective treatment of BH and AOD treatment often requires collaboration of providers and community partners to ensure appropriate treatment levels are utilized. Patients with unmet BH and/or AOD needs often present to emergency rooms resulting in overutilization of services. However, when HMOs and providers work collaboratively, HMOs can support members with coordination of care services that will reduce overutilization of services, inappropriate use of services, and underutilization of services.

As you work with our members and become aware of their concerns, we encourage you to communicate with iCare as our mutual goal is providing access to quality care.

OB Virtual Visits Update

A reminder for our obstetric providers: while virtual visits currently meet the prenatal and postpartum HEDIS metric, visits are invalid unless performed by a medical provider.

iCare encourages our provider partners to strive towards the highest quality of care. This includes virtual visits performed by a primary care provider, obstetrician, or nurse practitioner/certified nurse midwife. The virtual visit CANNOT be completed as a questionnaire performed by office staff, unit RN or MSW.

Virtual visits completed by anyone other than a medical provider does not count towards the HEDIS prenatal or postpartum metric.

If you have any questions, please [contact the iCare Provider Relations](#) team.

Medicare Annual Wellness Visits are Engaging Patients and Providers

Many patients are hesitant to see a doctor during the pandemic, even for potentially serious issues. But, by offering incentives to patients *and* providers, the iCare Medicare Annual Wellness Visit program is changing behaviors.

To help re-engage patients, iCare is offering to reimburse providers up to \$100 in add-on payments for each iCare Medicare Plan (HMO D-SNP) member.

- **Earn a \$50 add-on payment in addition to the Medicare fee-for-service rates for each qualifying Medicare Annual Wellness Visit (AWV) billed** under codes 99396, G0402, G0438 or G0439 completed between January 1, 2021 through the end of the federal public health emergency. Code G0402, an initial preventative physical examination (IPPE), was added to the Add-On Payment Program on January 1, 2021.
- **Earn an additional \$50 for submitting medical records** directly to iCare within 30 days of the Medicare Annual Wellness Visit. Please visit the [Add-on Payment Program page](#) to review the medical records that need to be submitted.

iCare strongly encourages you to reach out to your patients insured by us to schedule their AWV. If you need assistance with your outreach efforts please contact us.

What's Next?

After you visit the [Add-on Payment Program details page](#) on the iCare web site and sign up for the program, you will be contacted by a Network Development Representative to complete your enrollment.

Questions about the add-on program? [Contact](#) the iCare Network Development Department.

The program will continue throughout the federal public health emergency.

Provider Demographic/Affiliation Changes

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 web site:

- 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 by [email](#).

Compliance Hotline Update

We are committed to ensuring the care and services we provide our members and provider partners is handled ethically and complies with all local, state and federal regulations and guidelines.

As we continue to integrate with Humana, we wanted to inform you that we will discontinue iCare's reporting hotline number July 15, 2021 and direct all compliance and ethics-related calls to the Humana Ethics Help Line.

**Please update your records with the Humana Ethics Help Line number:
1-877-584-3539.**

Fraud, Waste, and Abuse

Do you suspect that someone is committing or has committed any form of Fraud, Waste or Abuse (FWA)? To report FWA directly or anonymously, please do one of the following:

- Fill out the [electronic form](#)
- Call the iCare Compliance Hotline at 1-877-564-9614 (**Please note the article above as the hotline number will change July 15, 2021**).
- [Email](#)

Learn more about [iCare's Compliance Program, which includes Fraud, Waste and Abuse information](#).

News Briefs

Electronic Funds Transfer (EFT)

iCare has partnered with InstaMed to offer EFT. We will be going live soon so, if you have not done so already, please be sure to register. Please see our [web site](#) for details.

Documentation of Health Disparities

Please consider using diagnosis Z59.0 for “homelessness” to help iCare identify homeless members and assist with health disparities.

HMO and PIHP Member Grievances and Appeals Guide

All Wisconsin BadgerCare+ and Medicaid health plans are required to implement and enforce all requirements regarding member grievance and appeal processes, including those outlined in the HMO and PIHP Member Grievances and Appeals Guide. The guide provides contractual requirements for member grievances and appeals, including notice timing and content requirements, as well as resolution time frames. The guide should be reviewed by all providers. A copy of the guide can be found using this link [HMO and PIHP Member Grievances and Appeals Guide](#) and scrolling to the bottom of the page under Policy Guides.

Provider Reference Manual

These documents are a provider's primary resource to efficiently conduct transactions related to iCare members. Please download and save a copy for your reference.

- [Medicaid/Medicare Reference Manual](#) (Last updated June 2021)
- [Family Care Partnership Manual](#)

Future versions will be posted to our provider [web page](#) (scroll down half way on this page and click on the appropriate button), sent out through a INFORMed News Brief (email blast), and also included in this e-newsletter.

Providers Referring for Lab Services where Prior Authorization is Required

There are some lab services which require a prior authorization (PA), most notably for Urine Drug Screening. While it is the servicing providers responsibility to complete the PA request, we understand lab facilities are not obtaining authorizations leaving our members exposed. Our PA form includes sections for the servicing provider and the requesting provider. If a referring provider completed the “servicing provider” section, a PA will be entered under the lab and will satisfy PA requirements for the lab performing the tests.

Changes to iCare’s Privacy Policy

iCare updated its Notice of Privacy Practices in June 2021. The new Notice is effective for all member health information we have on record. Until changes are made to the Notice, iCare will comply with this version and notify you if there are changes, including how to obtain the updated version. It is posted to our [web site](#) and a hard copy can be obtained by calling Customer Service at 1-800-777-4376.

How do you stay on top of iCare News?

iCare’s web site — www.iCareHealthPlan.org — is a provider’s resource for education, claims, prior authorization, training for newly contracted providers and annual training for those already in network, and a lot more. We encourage you to visit often and if you have questions please [contact us](#).

iCare’s social media pages — [Facebook](#) (member-centric) and [LinkedIn](#) (stakeholder and provider) — share iCare’s latest news on COVID-19, iCare events and sponsorships, DHS and CMS news, and much more. Like and follow-us!



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