



Dear iCare Provider,

Since the conversion to a different claims processing system in December 2011, Independent Care Health Plan (iCare) has not enforced the claim timely filing provisions as described in your iCare Agreement. The timely filing requirements were not enforced while we worked through post conversion issues.

This is to notify you that iCare will resume the enforcement of all timely filing requirements effective with claims submitted January 1, 2014 and later. Timely filing requirements will not apply to claims in process at iCare as of 1/1/2014.

Please refer to your iCare Agreement for the specific timely filing requirements that apply to you. The standard iCare timely filing requirements are:

- 1) New Day Claims: To be considered for payment, claims must be submitted within 60 days from the date of service, or 90 days from the EOMB (when member's Medicare coverage is external to iCare).
- 2) Claim reconsiderations: Reconsiderations must be submitted within 60 days from the initial payment date to be reviewed for payment.
- 3) Corrected Claims: To be considered for payment, corrected claims must be submitted within 60 days from the initial payment date.

We appreciate your cooperation in this matter. If you have any questions, please contact Customer Service at (414)231-1029. You may also call Network Development at (414)225-4741 or email NetDev@icare-wi.org.

Sincerely,

Sandra Holmes, Director
Provider Network Development
Independent Care Health Plan

INDEPENDENT CARE HEALTH PLAN
1555 N. RiverCenter Dr. Suite 206
Milwaukee, WI 53212
Tel 414-223-4847 ☐ Fax 414-231-1092
www.icare-wi.org