

PROVIDER BULLETIN

March 2017



BREAKING NEWS

NEW REVIEW/REOPENING and RECONSIDERATION/FORMAL APPEAL PROCESS

iCare strives to process submitted claims in a timely and accurate manner. Quality is a top priority. However, when claims processing and submission errors do occur, iCare's goal is to accurately resolve the situation as quickly as possible.

iCare is introducing a new process for Review/Reopening and Reconsideration/Formal Appeal process. This new process will ensure that provider's disputes are handled in a fast, fair and cost-effective manner.

WHAT ARE THE NEW CHANGES IN THE PROCESS?

1. **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. 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.

Effective 4/1/2017 Review/Reopening forms will be required, so please begin using immediately to avoid processing delays.

2. **Reconsideration/Formal Appeal:** is a formal process to review a processed claim when the provider does not agree with the outcome and feels the claim warrants an adjustment. The provider must submit this request. Providers are not required to first submit a review/reopening request, but are encouraged to do so for minimal processing errors. Providers should complete the Reconsideration/Formal Appeal form and attach supporting documentation. **Documentation is required.** Requests cannot be handled telephonically and should be mailed to the iCare Appeal Department address.

Effective 4/1/2017 Reconsideration/Formal Appeal forms will be required, so please begin using immediately to avoid processing delays.

REMINDERS

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**Medicare contracted providers are not allowed to submit a Reconsideration request, instead you must follow the Review/Reopening process.

**Medicare reconsideration requests must include a signed Waiver of Liability Statement form. If form is not included with request, this will impact processing and may cause delays.

**All phone inquiries to Customer Service will be handled as a Review/Reopening request.

Coming 2nd Quarter ...

Electronic Funds Transfer (EFT)

Retrieving EOPs from the Provider Portal

Review/Reopening Form Address

iCare Medicare and iCare Medicaid
P.O. Box 660346
Dallas, TX 75266-0346

Reconsideration/Formal Appeal Form Address

iCare/Appeal Dept.
1555 N RiverCenter Dr Suite 206
Milwaukee, WI 53212

Sign up Today

Electronic Claim Submission

To register with [Claimsnet.com](http://www.claimsnet.com) go to <http://www.claimsnet.com/icare>
The payer Code for iCare is 11695.
This code is required when you contact the clearinghouse or other entities that have been chosen to transmit your claims electronically.

Electronic Remittance (835)

If you would like to receive electronic remittance, please email your request to netdev@icare-wi.org. Please include your Entity Name, Tax ID, NPI, Contact Name, Contact Number, Contact Email, and Clearinghouse Name.

Prior Authorizations

For detailed procedure code specific information regarding services, procedures and devices that require prior authorization, please reference the iCare Prior Authorization Procedure Specific Listing. Remember to check this list regularly to stay informed.