



# INFORMed

A newsletter for Providers of Independent Care Health Plan



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## We're Here for You

The mission of Independent Care Health Plan (*iCare*) is to secure the wellness of persons with complex medical and behavioral conditions, respecting their dignity and the values of caring stakeholders.

*iCare* is consistently working to meet the needs and expectations of participating providers. Our efforts include strengthening relationships with you, and improving processes that may have been viewed as a barrier in the past. For an example, *iCare* has extended timely claims filing from 60 to 120 days. We have increased our payment cycles and ninety-three percent (93%) of claims are paid within 5-7 business days.

We also understand that frequent communication with our providers is key to a strong relationship. For an immediate response, we ask that you contact Customer Service at 414-231-1029 (local) or 1-877-333-6820 (toll-free) for questions and/or routine issues as soon as these matters arise. This may help eliminate more problematic issues such as delayed claims processing and payments. If you feel your inquiry is more complex and requires the attention of an *iCare* Provider Relations Representative, please request to speak directly to your assigned Provider Relations Representative. A handy printable Provider Relations Assignment/Contact Grid is available by [clicking here](#).

Lastly, we want to hear from you. If you have suggestions for future newsletter topics/articles, please contact your *iCare* Provider Relations Representative.

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## Introducing Lakeland Care +Health Plan

Introducing Lakeland Care +Health Plan! A collaboration between Lakeland Care, Inc. and iCare, the new [Lakeland Care +Health Plan](#) leverages the strengths of two established leaders at caring for people with complex medical and behavioral needs.

The plan will offer managed care and cover all Medicare services for "dual eligible" beneficiaries. iCare is now enrolling members in Winnebago and Outagamie counties, with an expansion to more counties coming soon. [Read our announcement >>](#)

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## Enhanced Benefits

iCare offers many enhanced benefits for all our Medicare HMO SNP plans, which include: iCare Medicare, Aurora Special Needs Plan, iCare Family Care Partnership, and Lakeland Care +Health Plan. For a complete listing of our enhanced benefits, the benefit allowance to the member, what's covered and any additional details, [click here](#) for a printable flyer.



## Better Care for You

iCare recently launched an exclusive, invitation-only program for iCare BadgerCare Plus members. The "Better Care for You" program identifies members with high ER utilization. The program works with members to identify individual needs and helps them access health care at the right place and time. [Learn more >>](#)

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## Call for Provider Directory Updates

Has any of your information changed? We like to keep our records, and our provider directories current. To update your information, please contact your Provider Relations Representative or use the online forms on our website:

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.

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## Balance Billing Members is Prohibited

Providers are responsible for checking ForwardHealth to review eligibility prior to providing services. Wisconsin law prohibits providers who are Medicaid certified from billing or collecting payment from a Medicaid eligible individual for services that are covered by Medicaid in lieu of properly billing the patient's Medicaid coverage for the service (Wis. Admin. Code §DHS 106.04(3)). Providers can have their Medicaid certification terminated or suspended by the State for billing or collecting payment from a Medicaid covered individual in violation of Wis. Admin Code §DHS 106.06 (21).

The Social Security Act, Section 1128B. (d)(1), [42 U.S.C. 1320a-7b], also provides that Medicaid certified providers may not bill Medicaid eligible members for medically necessary covered services. Any provider who knowingly and willfully bills a member for a Medicaid covered service may be guilty of a felony as defined in Section 1128B. (d)(1) [42

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## **Connect with Us on Social Media**

Have you visited the *iCare* facebook page lately? If not, please go to [www.facebook.com/IndependentCareHealthPlan](http://www.facebook.com/IndependentCareHealthPlan) and LIKE us to get information on *iCare* services, community resources, current and future events, and more! Follow the *iCare* conversation by visiting <https://twitter.com/iCareHealthPlan> and click on "Follow" or "Like".

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