

iCare InforMED Provider Newsletter - April 2018



INFORmed

A newsletter for Providers of Independent Care Health Plan



Issue 2 | April 2018

Model of Care

The Independent Care Health Plan (iCare) Model of Care is a care management model built on collaboration with members in our Medicare, Medicaid and Long Term Care (Family Care Partnership) programs. Every iCare member receives a comprehensive, integrated assessment accompanied by a comprehensive member-centered individualized care plan.

The care plan is designed to address all needs including physical, behavioral and mental health needs. Identifying healthcare providers to meet member needs is critical for iCare's members. iCare contracts with most major health systems including those with geriatric, mental health, rehabilitative, and palliative care. Care management teams incorporate services available throughout the community to meet the needs of vulnerable members. Attention to essential needs is vital to the member's health; therefore an assigned care management team assists each member with referrals to various community based resources and support groups as needed.

The iCare Model of Care recognizes that health promotion and disease prevention must be centered on the whole person. Attention is given to each individual member's preferences and strengths in order to maximize optimal health. With iCare's singular focus on Medicaid and Medicare members, all aspects of iCare's operations are completely devoted to this Mode of Care and additional contractual requirements from the State of Wisconsin.

iCare acts as a partner to complement the efforts of its physicians, hospitals and ancillary providers to achieve our goals. For more information on iCare and our Model of Care, please visit our website: <http://www.iCareHealthPlan.org>.

iCare Aurora Special Needs Plan

iCare's partnership with Aurora Health Care provides members with the best possible care through Aurora's integrated health system of facilities,



services and providers, including 15 hospitals, 159 clinics, 70 pharmacies and 32,000 caregivers. Aurora is Wisconsin's largest health care provider and is dedicated to delivering innovations to provide the best possible care today, and to define the best care for tomorrow.

The iCare Aurora Special Needs Plan (HMO SNP) is a specialized Medicare Advantage Plan. Its benefits are designed for members with special health care needs. The Aurora Special Needs Plan includes Aurora's network, and iCare's multi-level care management, care coordination, intervention, and outreach services.

All health care except emergency or urgent care, must be given or arranged by an Aurora Special Needs Plan provider(s). If health care services are provided by a non-Aurora Special Needs Plan provider without prior authorization, the services will not be covered.

To verify coverage for an iCare Aurora Special Needs Plan member, please check their iCare identification card or call iCare Customer Service at 800-777-4376 or 414-223-4847. The Aurora HMO SNP plan is not identified on the Forward Health Portal.

Provider Rewards Program – Coming Soon!

iCare will be implementing a new Provider Rewards Program in early summer. The program was designed to recognize and reward providers for service to our members that consistently goes above and beyond!

Additional information will be included in the June edition of the *iCare* Provider Newsletter and will also be posted on our website at <http://www.icarehealthplan.org/Providers/RewardsProgram.aspx>

New Medicare ID Card

New Medicare Cards will be issued by the Centers for Medicaid and Medicare Services (CMS), beginning April 2018, to remove the Social Security number. It will be replaced by a Medicare Beneficiary Identifier or MBI. Additional information can be found at <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>

Please Note: We will continue to use the *iCare* specific C111123456 identification number for eligibility verification and claims processing.

Tom Lutzow to Chair Mental Health Board

The Milwaukee County Mental Health Board named Tom Lutzow, Ph.D., President and CEO of *iCare*, as its mental health board chairman.

The Milwaukee County Mental Health Board (MHB) was established in 2014 through Wisconsin Act 203. The board is made up of 13 members and includes mental health professionals, consumers and advocates. The Mental Health Board is responsible for setting policy for the Behavioral Health Division (BHD). BHD empowers safe, healthy and meaningful lives through connections that support recovery. For more information about MHB, go to <http://county.milwaukee.gov/BehavioralHealthDivi7762/Mental-Health-Board.htm>.



Tom Lutzow, Ph.D.

Tom Lutzow has been the CEO of *iCare* since 2008. Tom has served on *iCare*'s Board of Directors since its inception in 1994.

Update: Timely Filing Limits for Claims With Multiple Dates of Service

The State of Wisconsin now requires Medicaid Managed Care Organizations to advise providers how timely filing limits apply to claims, which may contain multiple dates of service. *iCare* applies the following rules in processing claims with multiple dates of service on a single claim:

1. For home and community-based waiver services and facility inpatient services, the latest date of service represented on the claim will be the date used to determine timely filing for the entire claim; and/or
2. For professional claims and facility outpatient claims, each date of service represented on the claim (claim line) will be assessed individually for timeliness.

This does not represent any change in practice. This information is also noted for providers in the *iCare* Provider Reference Manuals.

Milwaukee Fire Department and *iCare* Collaborate to Reduce Emergency Department Overuse and Improve Outcomes for Members

The Milwaukee Fire Department (MFD) and *iCare* entered into an agreement to leverage MFD's Mobile Integrated Healthcare (MIH) program to improve outcomes for selected *iCare* members while reducing overuse of Emergency Departments (ED).

The mission of the MIH program is to provide a path to health care for at-risk populations. MFD community paramedics proactively become involved in the health care lives of members who have demonstrated a high level of ED usage; in some cases, over 50 visits per month. Some members are hard to locate. MFD Community Paramedics will locate members, regularly check-in with the member to prevent an "emergency" from occurring, and offer education on alternative health care options, which may avoid an ED visit.

Read the [iCare News Release](#) and learn more about this groundbreaking program and view additional photos. Links to some of the media coverage from the April 13th media event:

<https://www.cbs58.com/news/were-serving-our-most-at-risk-citizens-milwaukee-fire-department-launches-new-mobile-integrated-health-program>

<https://www.jsonline.com/story/news/2018/04/13/911-calls-chronically-ill-drop-after-milwaukee-launches-community-paramedic-initiative/511123002/> [down 911 non emergency calls/](#)

<http://fox6now.com/2018/04/13/milwaukee-fire-department-pilot-program-aims-to-cut-down-911-non-emergency-calls/>



Left to right: iCare's Ricky Santos and Tom Lutzow, Milwaukee Fire Department's Michael Wright, and iCare's Kirk Heminger and Anna Kanter.

Fraud, Waste & Abuse (FWA)

Fraud means an intentional deception or misrepresentation that the individual or entity knows to be false or does not believe to be true, and that the individual or entity makes, knowing that the deception could result in some unauthorized benefit to himself/herself or to some other person or entity.

Waste is the over utilization of services and/or inefficient use of resources resulting in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions but rather a misuse of resources.

Abuse includes actions that may result in: unnecessary costs to programs, improper payment, payment for services that fail to meet professionally recognized standards of care, services that are medically unnecessary, provider practices that are inconsistent with sound fiscal, business or medial practices and result in unnecessary costs in reimbursement. Abuse also involved payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment; and includes member practices that result in unnecessary costs to the programs.

Some examples of potential FWA:

- Falsifying/altering claims
- Incorrect coding
- Double billing
- Billing for services not provided
- Kickback/Stark Violations
- Member eligibility fraud/residency
- Fraudulent enrollment practices
- Misrepresentation of medical condition
- Billing for services not furnished or drugs not provided
- Billing expired drugs
- Dispensing without a prescription
- Billing for brand when generics are dispensed
- Altering scripts or data to obtain a higher payment amount
- Loaning Forward Health Card to others to obtain benefits

To report FWA directly or anonymously, please do one of the following:

- Visit our website: <http://www.icarehealthplan.org/Contact/Report.aspx>
- Contact Customer Service at: **1-800-777-4376**
- Email compliance@icare-wi.org

For more information and/or training on Fraud, Waste and Abuse, please visit our website at www.icare-wi.org or call **1-800-777-4376** and request to speak with your Provider Relations Representative.

Tobacco Cessation Program

Tobacco use is the most common avoidable cause of illness and death in the United States. Most tobacco users want to quit. *iCare* has developed a Tobacco Cessation Initiative for all *iCare* members that currently use tobacco products. Members are routinely screened by staff for tobacco use history and are offered tobacco cessation resources. Members are referred to programs such as the Wisconsin Tobacco QuitLine and First Breath (a program for pregnant women). The programs offer an array of resources including smoking cessation counseling, medications, self-help materials and incentives.



iCare encourages providers to screen members 12 years of age or older for smoking. If smoking is identified, the provider may provide Tobacco Cessation Counseling either face-to-face or by phone as identified by a claim or encounter code. Providers may also refer members to the **Wisconsin Quit Line** at **1-800-QUITNOW** (1-800-784-8669) or to **First Breath** at **608-251-1675**.

Call for Provider 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.

Let Us Know Your Thoughts

We want INFORmed to be as relevant as possible to your needs. What would you like to see from future newsletters? Please email us your thoughts and ideas at networkdevelopment@icare-wi.org.

Do you know of a co-worker or colleague that would benefit from or would like to receive this newsletter? Please forward to him/her and encourage them to [subscribe](#).

Thank you – and enjoy!

Connect With Us!

Have you visited the iCare Facebook, Twitter or You Tube pages lately? Check it out today to get more information on iCare services, community resources, current and future events, and more!

Visit the iCare Facebook page and like us: <https://www.facebook.com/IndependentCareHealthPlan>

Follow the iCare conversation by visiting <https://twitter.com/iCareHealthPlan> and click on "Follow" or "Like".

Check out the latest iCare TV commercials on our You Tube channel:

<https://youtu.be/5gXNgx-6a9w>

<https://youtu.be/RdETbB7oDv8>