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## Subject: iCare InforMED Provider Newsletter - August 2018



# INFORmed

A newsletter for Providers of Independent Care Health Plan



### Issue 4 | August 2018

#### Get the Credit You Deserve

As a health care provider, you realize the connection between prevention and positive long-term patient outcomes is undeniable. However, while many of you are doing your part to combat chronic conditions, the documentation doesn't always fully reflect the great work you are doing.

Treatment for certain conditions is not recognized by the Centers for Medicare and Medicaid Services (CMS) or the State of Wisconsin if not properly documented using specified codes on the claim. Refer to [this document](#) for examples. We've also included a case study below to help demonstrate the necessity of good documentation:

*A patient has been diagnosed as a smoker for years. She attends an office visit for another issue...let's say she's concerned a cut isn't healing properly. During the visit, her primary care physician also asks her about her tobacco use, and counseling is provided to help her quit. If this counseling is not properly coded on the claim, it will not be recognized by the State as having occurred.*

If you are a nurse, office manager, or somehow involved with coding and/or submitting claims to iCare, please review your current practices to ensure you are getting credit for your work! If you are not involved with this part of the business, please forward this article to the appropriate individuals within your organization.



## Cultural Diversity

As recipients of Medicaid and Medicare benefits, *iCare* members have certain rights and responsibilities. *iCare* encourages and fosters cultural competency among staff and providers to recognize, address, and respect members' beliefs and cultural backgrounds through training and other mechanisms.

Certain rules providers are to follow include but are not limited to:

- Honoring the members' beliefs and being sensitive to cultural diversity, including members with limited English proficiency and diverse cultural and ethnic backgrounds.
- Fostering in staff attitudes and interpersonal communication styles which respect members' cultural backgrounds.

As a state requirement, *iCare* employs a Member Advocate/Member Rights Specialist. Providers are encouraged to contact the Member Advocate/Member Rights Specialist or the Compliance Department by calling 800-777-4376 with any questions related to member rights and responsibilities.

According to [nurse.org](http://nurse.org), there are three practices that can help providers during a member's visit: **Awareness**, **Acceptance** and **Asking**. By incorporating these three practices, providers can make interactions with members who have unique cultural and/or religious needs both easier and more successful. To read the full article "How to Care For Patients From Different Cultures", please visit: <https://nurse.org/articles/how-to-deal-with-patients-with-different-cultures/>

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## Sauk County *iCare* Family Care Partnership Expansion

*iCare* Family Care Partnership (FCP) (HMO SNP) is an integrated health and long-term care program for frail elderly, as well as people with physical and/or developmental disabilities. The FCP program serves these individuals through an interdisciplinary team consisting of a Care Manager, RN Case Manager, and a Nurse Practitioner.

As of January 1, 2019, *iCare* will be serving FCP members in Sauk County. Currently, *iCare*'s FCP Program serves members in Milwaukee, Racine, Kenosha, and Dane Counties. *iCare* has a growing network of contracted providers who serve its Medicaid and Medicare members, and is currently building the FCP provider network in Sauk County.

To become a contracted provider in Sauk County, please complete and return a Provider Application which can be found at: <http://www.icarehealthplan.org/Providers/JoinUs.aspx>. **Please note:** FCP providers must complete and submit the "Long Term Care" attachment along with the Provider Application.

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## Continuity of Care: Reminder to Personal Care Agencies

During an *iCare* member's 90-day Continuity of Care period, there will not be a reduction in services from that authorized by the State under Fee-for-Service (FFS). *iCare* requires completion of an in-home Personal Care Screening Tool (PCST) assessment before we can review your prior authorization request for the Transition-of-Care services (TOC – the period of time following the 90-day Continuity-of-Care period). *iCare* will outreach multiple times to the member to try to schedule a time for the PCST screening (performed by a neutral, third party Home Health Agency nurse who is not an *iCare* employee). The State of Wisconsin Department of Health Services (DHS) allows

Managed Care Organizations 14 days to make a determination on the TOC prior authorization request. *iCare* may allow 14 additional days for more time to schedule this PCST assessment; however, if a total of 28 days passes from the date we received the TOC prior authorization request and the member has still not agreed to a PCST assessment, we will be unable to approve the TOC prior authorization request.

Once the PCST assessment is finalized and reviewed by *iCare*, we will make a decision on the total number of units/days the member qualifies for, based exclusively on the PCST assessment. *iCare* is required to send all reduction requests for PCW services for members who have moved from Medicaid FFS to *iCare* to DHS for their determination; until we receive feedback from DHS, *iCare* may either pend your prior authorization request (if the authorization has not yet reached the 28-day time limit), or may approve the member to receive the full FFS level of care, notifying both you and the member.

If DHS agrees with the service level reduction, *iCare* will reduce the service units according to the PCST, providing 10 days from the date we notify you and the member before the reduced level of service is effective, in order to provide time for the member to exercise their appeal rights.

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## How to Contact Network Development & Contracting Department

For assistance with joining *iCare*'s network, to check the status of a provider application and/or to request assistance from a Provider Contract Specialist please e-mail [netdev@icare-wi.org](mailto:netdev@icare-wi.org).

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## Call for Provider Updates

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 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.

**Please note:** Organizations with delegated credentialing agreements should submit regular provider and facility rosters to [providerupdates@icare-wi.org](mailto:providerupdates@icare-wi.org).

## Fraud, Waste and Abuse

**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 involves 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.

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](mailto:compliance@icare-wi.org)

For more information and/or training on Fraud, Waste and Abuse, please visit our website at [www.iCareHealthPlan.org](http://www.iCareHealthPlan.org) or call 1-800-777-4376 and request to speak with your Provider Relations Representative.

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### Get Social With iCare!

Have you visited the iCare Facebook, Twitter or YouTube pages lately? Check them 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 at:

<https://www.facebook.com/IndependentCareHealthPlan>

Follow the iCare conversation, then click on "Follow" or "Like" by visiting:

<https://twitter.com/iCareHealthPlan>

Check out the latest iCare TV commercials on our YouTube channel: <https://bit.ly/2tjZFgg>

Last, but not least, check out the iCare Event Calendar:

<http://www.icarehealthplan.org/About/EventCalendar.aspx>

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