



Dear Provider,

iCircle Services is going through multiple system changes to allow for better efficiencies, plan-wide, that will involve multiple iCircle departments.

As per our mutual contracts, we are required to provide you with any/all information on any process changes that will affect your ongoing collaboration with our plan/members.

**PLEASE NOTE: CLEARING HOUSE SUBMISSION INFO WILL CHANGE EFFECTIVE 4/1/21**

For Electronic Claim Submissions PRIOR to 4/1/21, please continue to use the following:

**Clearinghouse – CHANGE HEALTHCARE**

Payer ID	Company	MLTC
33884	ICircle	iCircle

For Electronic Claim Submissions ON OR AFTER 4/1/21, please use the following:

**Clearinghouse – Visibiledi**

Payer ID	Company	MLTC
ICRCL	ICircle	iCircle

Please note, this date change is for the submission dates, NOT date of service within the claim.

For a complete listing of Visibiledi's Clearinghouse Agreements, please contact our Provider Relations Team at (844) 283-2884 or via email at [ProviderService@iCircleCNY.org](mailto:ProviderService@iCircleCNY.org).

**PLEASE NOTE: THE PAPER CLAIM SUBMISSION PROCESS WILL REMAIN THE SAME.**

- (1) CMS-1500 (formerly HCFA 1500) - This billing form is used for professional services. For instructions on completion of the CMS-1500 please refer to the "HCFA/CMS 1500 Tutorial" in the iCircle Care Provider Manual.
- (2) UB-04- This billing form is used when billing for home health care, skilled nursing, and nursing home room and board. For instructions on completion of the UB-04 please refer to the Centers for Medicare Medicaid Services website at <http://www.cms.gov> or in the iCircle Care Provider Manual.

**iCircle Care  
P.O. Box 1320  
Webster, NY 14580  
ATTN: CLAIMS DEPARTMENT**



**PLEASE NOTE: AUTHORIZATIONS WILL LOOK DIFFERENT EFFECTIVE 4/1/21, BUT WILL RETAIN ALL NEEDED PROVIDER / MEMBER INFORMATION.**

For a copy of an example Authorization Template that will begin 4/1/21, please reach out to our Provider Relations Team at (844) 283-2884, Monday – Friday, 8:00 am – 5:00 pm, or via email at [ProviderService@iCircleCNY.org](mailto:ProviderService@iCircleCNY.org)

---

**PLEASE NOTE: CARE MANAGEMENT AND AUTHORIZATION PROCESS WILL REMAIN THE SAME.**

To obtain a prior authorization, request a referral for additional services, and/or if you require assistance contacting a member or caregiver, please contact the iCircle Coordinated Care Unit Services at 1-844-My-iCare (1-844-694-2273). iCircle Care’s business hours are Monday through Friday 8:00a.m.-5:00p.m. with 24-hour on-call assistance available for care management.

---

**PLEASE NOTE: THE ICIRCLE REFERRAL PROCESS WILL REMAIN THE SAME.**

Providers can make referrals to iCircle Care in the ways Listed below:

**Call:** 1-844-iCircle (424-7253)

**Visit:** [www.icirclecarecny.org](http://www.icirclecarecny.org)

**Email:** [enrollment@icirclecarecny.org](mailto:enrollment@icirclecarecny.org)

**Fax:** 1-888-519-2816

**Mail:** 860 Hard Road, Webster, NY 14580

To discuss ongoing referral programs or to receive an iCircle Services presentation, please contact our **Community Outreach Coordinators** at [ProviderNetwork@iCirclecny.org](mailto:ProviderNetwork@iCirclecny.org).

---

Thank you, as always, for your ongoing support and collaboration with iCircle Services. With these new systems that are being implemented, we will continue to go-live with additional provider-attributes in the coming months that will allow for easier access to live claim status, remit copies, and more, to make our provider interactions more efficient and provide you with more transparency in good faith. Together we can continue to grow and develop our back-end processes so that we can focus on what really matters, the members & community we serve.

A handwritten signature in black ink, appearing to read "James F. Mullane III".

James F. Mullane III

Director of Provider Relations, iCircle Services of the Finger Lakes, Inc.