

LAKELAND CARE DISTRICT SERVICE PROVIDER HANDBOOK

Updated: March 2010

GENERAL INFORMATION

The purpose of this handbook is to give an overview of Lakeland Care District (LCD) to current and prospective service providers.

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Dear Prospective Provider,

We are excited to have the opportunity to welcome you as you think about partnering with the Lakeland Care District. We take great pride in forming long-lasting partnerships with providers that serve the membership in a cost-effective and high quality manner. We aim to establish collaborative, mutually respectful relationships with each provider within our network.

Part of the District’s success hinges upon having a strong and diverse provider network. That success is achieved when LCD and providers work collaboratively to meet member outcomes.

It is our goal that LCD members will have prompt access to high quality services. We will support members in their choice to remain independent at home and in their community for as long as possible.

In developing this district, it is important to partner with providers who share a mutual vision of creating a solid long-term care system that is centered on member choice, quality care and cost-efficiency.

We look forward to discussing this exciting business opportunity with you further.

Regards,

Jill Burdette

Jill Burdette
Provider Network Director

GENERAL INFORMATION

What is Family Care?

Family Care (FC) is an innovative program that provides the full range of long-term care services through one flexible benefit program that provides assistance through interdisciplinary care management. Members who participate in FC partner with a care management team to work together and help members identify their needs and outcomes. Supports are then identified to assist members to meet their outcomes.

Family Care is Based on the Following Principles:

Choice: Give people better choices about the services and supports available to meet their needs.

Access: Improve access to services

Quality: Improve quality through a focus on health and social outcomes.

Cost-Effective: Create a cost-effective long-term care system for the future.

Who is the Lakeland Care District?

Lakeland Care District (LCD) is a quasi-governmental agency that contracts with the State of Wisconsin's Department of Health Services (DHS) to administer the Family Care program in Fond du Lac, Manitowoc and Winnebago Counties. LCD is one of several Managed Care Organizations throughout the state that administers the FC program. Each organization that administers FC has a specific name for their MCO.

Who is Eligible for Lakeland Care District Services?

Lakeland Care District provides services to individuals that meet the following four criteria:

1. A resident of Fond du Lac, Manitowoc, or Winnebago County; and
2. Is one or more of the following:
 - At least 18 years old and have a physical disability; or
 - At least 18 years old and have a developmental disability; or
 - Are over sixty five years of age; and have a long-term care need; and
3. Is financially eligible as determined by a review of income and assets; and
4. Is functionally eligible as determined by a review of health and ability to function in day-to-day activities, as determined by the Long Term Care Functional Screen.

Each county's Aging and Disability Resource Center (ADRC) determines an individual's eligibility for the Family Care program. (See page 12 for contact information for each counties ADRC)

Enrollment in the Lakeland Care District is voluntary. However, members must maintain functional and financial eligibility to continue in the Family Care program.

FAMILY CARE OUTCOMES

Family Care Outcomes:

Family Care provides a wide range of services and supports specially designed for each individual member. The general outcomes that Family Care assist members to achieve are:

- Members decide where and with whom they live.
- Members make decisions regarding their supports and services.
- Members decide who they spend their day.
- Members have relationships with family and friends they care about.
- Members do things that are important to them.
- Members are involved in their community.
- Members' lives are stable.
- Members are respected and treated fairly.
- Members have privacy.
- Members have the best possible health.
- Members feel safe.
- Members are free from abuse and neglect.

This list of general outcomes serves as a guide to further develop each member's personal outcomes. LCD expects that contracting organizations will partner with us to assist members in meeting their outcomes. This strong, collaborative partnership is the foundation to supporting member outcomes.

EXPLANATION OF MEDICAID SERVICES

Medicaid Services

Members who enroll in the Family Care program are also eligible for Medicaid (Title 19). These members receive acute and primary services by accessing their Medicaid Card.

In addition to the “card services”, LCD also offers a wide array of services within its own benefit package to meet members needs and outcomes.

It is important for you to understand what services are included in the Family Care benefit package to ensure the appropriate payor source is being billed for services rendered. .

A list of services available in the LCD benefit package are on the following two pages. Members are found eligible at the following two different levels which is determine by use of the Long Term Care Functional Screen: Nursing Home and Non-Nursing Home. Members found eligible at the Nursing Home level are offered a more expansive benefit package to meet their needs.

It is important to have close communication with the LCD staff for any member in our program to clarify this information.

The following services are not funded through Lakeland Care District:

Members who have Medicaid/ Medicare or other insurance will access these services through those funding sources: .

- Treatment for Alcohol and Other Drug Abuse provided by a physician or on an inpatient basis
- Audiology (hearing tests)
- Chiropractic care
- Dentistry
- Emergency Care (including air and ground ambulance)
- Eyeglasses
- Family Planning Services
- Hearing Aids
- Hospice
- Hospital: Inpatient and Outpatient (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- Independent Nurse Practitioner Services
- Lab and x-ray
- Mental Health Services provided by a physician or on an inpatient basis
- Optometry (vision testing and eyeglasses)
- Pharmaceuticals/medicine
- Physician and Clinic Services
- Podiatry
- Prenatal Care Coordination
- Prosthetics

While LCD does not fund these services, the IDT staff works closely with members to coordinate these services.

**FAMILY CARE BENEFIT PACKAGE
NURSING HOME LEVEL OF CARE**

Community-Based Medicaid State Plan Services	
AODA Day Treatment Services (in all settings) Durable Medical Equipment, except hearing aids and prosthetics Home Health Medical Supplies Mental Health Day Treatment Services (in all settings) Mental Health Services, except physician or inpatient Nursing (including respiratory care, intermittent and private duty) Occupational Therapy (except inpatient) Personal Care Physical Therapy (in all settings except for inpatient hospital) Speech and Language Pathology Services (except inpatient) Medicaid Transportation except ambulance and common carrier	
Institutional Medicaid State Plan Services	
Nursing Facility including ICF-MR and IMD	
Home and Community-Based Waiver Services	Home and Community-Based Waiver Services (continued)
All Family Care Enrollees Receive Interdisciplinary Care Management Adaptive aids Adult day care services Adult Family Homes (Assisted Living-AFH) Community-Based Residential Facility (Group Assisted Living-CBRF) Residential Care-Apartment Complex (Assisted Living-RCAC) Children’s foster homes/treatment foster homes Communication aids Consumer education and training Consumer/Self-directed supports (SDS) Counseling and therapeutic resources Day services for children Financial management services	Habilitation services Daily Living Skills Training Day Center Services Pre-Vocational Services Supported Employment Vocational Futures Planning Home delivered meals Home modifications Housing counseling Personal Emergency Response Systems (PERS) Relocation services Respite care Specialized medical equipment and supplies Specialized transportation Supportive home care

**FAMILY CARE BENEFIT PACKAGE
NON-NURSING HOME LEVEL OF CARE**

Non-Nursing Home Level of Care
Community-Based Medicaid State Plan Services
<p>AODA Day Treatment Services (in all settings)</p> <p>Durable Medical Equipment, except hearing aids and prosthetics</p> <p>Home Health</p> <p>Medical Supplies</p> <p>Mental Health Day Treatment Services (in all settings)</p> <p>Mental Health Services, except physician or inpatient</p> <p>Nursing (including respiratory care, intermittent and private duty)</p> <p>Occupational Therapy (except inpatient)</p> <p>Personal Care</p> <p>Physical Therapy (in all settings except for inpatient hospital)</p> <p>Speech and Language Pathology Services (except inpatient)</p> <p>Medicaid Transportation except ambulance and common carrier</p>
Institutional Medicaid State Plan Services
None
Home and Community-Based Waiver Services
All Family Care Enrollees Receive Interdisciplinary Care Management

CONTRACTING

How do I Become a Provider?

You can become a provider by completing the following steps in the application process.

1. Request an Application Packet from the Provider Network Developer (see page 8) and returning all the required materials (see below).
2. Engage in rate negotiations which result in an agreed upon rate for service provision.
3. Sign and return the LCD Service Contract.

LCD considers requests for contracting based on the following criteria:

- Proposed services are in the Family Care benefit package
- LCD needs additional providers for the proposed services in order to meet member capacity or choice
- The proposed provider's mission and vision compliment the Family Care outcomes and the LCD mission
- The provider meets applicable licensing and/or certification standards
- The provider is willing and able to sign and adhere to all components of a contract with LCD including, but not limited to:
 - Agree to LCD rate
 - Follow contractual requirements related to authorizations and billing
 - Maintain ongoing communications with LCD staff
 - Meet or exceed quality assurance expectations set by LCD

When Completing the Application Packet the Following Materials Must be Submitted With the Application:

1. Application Packet for each specific service (SPC code) that you offer
2. An organizational mission statement that compliments the Family Care outcomes
3. Organizational Chart
4. Last Year's taxes or audit (Demonstrate adequate financial stability)
5. All applicable licensing/certification requirements as they apply to a service
6. Copy of insurance and/or bonding
7. Background checks in compliance with DHS 12 & 13, a copy of your company's background check policy, and attestation letter
8. Debarment policy & attestation letter
9. Most recent DQA survey (if applicable)
10. Civil Rights Compliance Plan
11. Medicare, Medicaid, and NPI numbers

After the Lakeland Care District receives your signed contract back you will be a Provider available for use by District members.

LCD SERVICE CONTRACT COMPONENTS

The LCD Service Provider Contract includes the following components:

- Audit
- Caregiver background checks
- Civil rights compliance
- Claims submission
- Conditions of parties' obligations
- Confidentiality
- Conflict of interest
- Debarment and suspension
- Eligibility
- Financial stability
- HIPAA
- Indemnity and insurance
- Independent contractors
- Licensing, certification, and staffing
- Modification, renewal, and termination
- OSHA requirements
- Payment and allowable cost
- Prohibited practices
- Provisions of services
- Quality assurance/quality improvement programs
- Rights and grievance procedures
- Records
- Reporting
- Subcontracting by providers

In Addition to the Service Contract:

Service specific addendums, correlating to each Standard Program Category, identify additional provider expectations, contractual criteria and service standards.

The services and rates LCD is contracting with your agency will be specified in your contract.

What Happens after We Sign a Contract?

Provider Network Listing

As a contracted provider your agency's name, contracted service types, and your phone number will be added to the provider network listing. This listing assists the Member and Interdisciplinary team (Care Manager, Nurse) to select the agency they would like to provide their service(s).

A list of current providers is available upon request.

NOTIFICATION & AUTHORIZATIONS

How are Services Determined?

Together with the member the Care Managers and Nurses utilize a process called the Resource Allocation Decision (RAD) method. This process is used for all decisions that will impact a members care plan.

The seven steps of the RAD process are:

1. Identification of the Core Problem
2. Identification of the Members Outcome
3. Assessment of the Core Problem
4. Exploring Options and Brainstorming
5. Application of any appropriate policies and procedures
6. Effectiveness of the Proposed Options
7. Explain, Dialogue and Negotiation with the Member

While completing the RAD process, the member and IDT staff identify various ways to address the core problem which could include both informal and paid supports.

When the member and IDT staff determines that a paid support must be utilized they refer to the Provider Network Directory to identify a service provider.

Notification of Member Services with Your Agency

When the team selects your agency to provide support or services for a member you will receive written notification or telephone contact from the LCD Care Manager / Nurse.

Providers are then able to provide the authorized services to members.

The specific services and amounts requested will be identified at this time.

Within 3 to 5 business days you will receive a letter of authorization in the mail. If this authorization is incorrect or not received, contact the LCD Care Manager / Nurse.

Service Authorization

You will receive monthly, member-specific letters of authorization from the District. The letters of authorization indicate the amount and type of services that LCD is authorizing for each member.

An authorization includes to following components:

- Member name
- Billing address
- Care Management Team
- Provider name and billing address
- Duration of authorization
- Descriptions of authorized services
- Units authorized

BILLING AND APPEAL INFORMATION

How to Bill:

- Attach a copy of the letter of authorization to each member’s invoice or indicate the authorization number on the billing invoice. You may request an additional copy of the letter of authorization by contacting the clerical or fiscal staff.
- Invoices must contain only **one** members billing information.
- Bills must be in a readable format.
- For MA providers, LCD accepts the MA format.
- Attach an explanation of benefits (EOB) for any services covered by Medicare or other insurance.
- LCD is the payor of last resort.
- Bills must be submitted within 45 days of the end of the month in which services were provided.
- Bills submitted in accordance with these guidelines will be paid within 30 days of receipt.
- Refer to LCD’s website for elements of a clean claim.

Submit bills to:

Before April 15, 2010

Lakeland Care District
50 N Portland Street
Fond du Lac, WI 54935

After April 15, 2010

Lakeland Care District – Central Office
N6654 Rolling Meadows Drive
Fond du Lac, WI 54937

What Happens if Our Agency Provides More Units of Service Than the Letter of Authorization?

If you believe that your agency may need additional units, you must contact the IDT staff prior to providing additional services.

The LCD service provider contract allows for providers to bill only for authorized and provided services up to the amount authorized.

Units of service provided and/or billed in excess of the authorized amounts will be denied.

How to Appeal a Denied Claim:

Providers may resubmit denied claims under the LCD claims appeal process for reconsideration. The process is appeal process is outlined below:

1. Appeals must be clearly marked as “appeal” and addressed to the “Fiscal Supervisor”.
2. Resubmitted claims must be received within 60 days of the Explanation of Benefits (EOB) or denial letter.
3. Claims must have all the elements of a clean claim as outlined in the LCD contract.
4. Claims must include a written statement indicating why the denial is being appealed.

Refer to LCD’s website for further details regarding the appeal process.

PROVIDER COMMUNICATION EXPECTATIONS

The LCD Provider Service Contact specifies instances when you should contact the LCD Care Manager or Registered Nurse:

- A member needs services authorized by Lakeland Care District
- Express concerns voiced by a member or on behalf of a member related to care or needs.
- Scheduling an appointment for a member
- Follow up results from appointments
- A member has a change in condition
- Medical, personal or financial changes
- A member is hospitalized or visits the ER
- Death of Member
- A medication is changed, added or deleted
- A room change for members in residential settings
- Planning a staffing
- A Critical Incident has occurred with a Member and is reported according to Critical Incident Reporting Standards

During business hours:

To obtain the name of a member's Care Manager or Registered Nurse, call Lakeland Care District's main line at:

- 920 906-5100
- 877-227-3335 (Toll Free)
- (800) 947-3529 (TTY/TDD)

After business hours:

For emergencies, contact 911.

For after hours, non-emergencies please contact the Care Manager or Registered Nurse directly and leave a voicemail. If you do not have their direct number contact the numbers listed above and leave a detailed message.

***When an LCD member is in need of a service within the benefit package after hours contact the 24-hour authorization number at 920 906-5177 or 866-359-9438.**

LCD & ADRC CONTACTS

Lakeland Care District Offices:

Fond du Lac County Central Office
Manitowoc County East office
Winnebago County West Office

Provider Network Team:

Jill Burdette	Director	920 906-5127
Marty Watkins	Developer	920 906-5173
Tricia Bonlander	Specialist	920 906-5171

Fiscal/Billing Team:

Lori Konkol	Claims Supervisor	920 906-5852
Chris Vesche	Acct. Supervisor	920 906-5135

Central Office:

(Until April 2010)

50 N Portland Street
Fond du Lac, WI 54935

(After April 2010)

N6654 Rolling Meadows Drive
Fond du Lac, WI 54937

(Phone) 920 906-5100

(Fax) 920 906-5103

East Office:

(Effective April 2010)

3415 Custer Street, Suite C
Manitowoc, WI 54220

(Phone) 920 652-2440

(Fax) 920 652-2441

West Office:

(Effective July 2010)

500 City Center
Oshkosh, WI

(Phone)

(Fax)

Fond du Lac County

Aging and Disability Resource Center

87 Vincent Street

Fond du Lac, WI 54935

(Phone) 920 929-3466

(Toll Free) 888-HELP-FDL (4356-335)

(Fax) 920 929-3470

(E-mail) ADRC@fdlco.wi.us

Manitowoc County

Aging and Disability Resource Center

4319 Expo Drive

P O Box 935

Manitowoc, WI 54221-0935

(Phone) 920 683-4180

(Toll Free) 877 416-7083

(Fax) 920 683-2718

(E-mail) judyrank@co.manitowoc.wi.us

Winnebago County

Aging and Disability Resource Center

220 Washington Avenue

P O Box 2187

Oshkosh, WI 54903-2187

(Toll Free) 877 886-ADRC (2372)

(Fax) 920 424-7521

(E-mail) adrc@co.winnebago.wi.us

ADDITIONAL RESOURCES

For More Information Regarding Family Care Refer to the Wisconsin Department of Health Services Website:

<http://dhs.wisconsin.gov/LTCare/INDEX.HTM>

LCD Website

<http://www.lakelandcaredistrict.org>

Chief Executive Officer

Katie Mnuk 920 906-5850

Care Management Services Director

Deb Kurek 920 906-5112

Quality Director

Meghan Hyland 920 906-5195

Toll Free Number

877-227-3335

Wisconsin Relay TTY/TDD 800 947-3529