



# LAKELAND CARE

Local. Compassionate. Dependable.

## Network News

Keeping Providers Informed

Dear Lakeland Care Providers,

In the last edition of the Lakeland Care Provider Newsletter, I shared information about our Community Supported Living (CSL) Provider Expansion, Preferred Provider Expansion and network growth. The Network Relations Division will continue to focus on expansion and growth related to CSL, DLST, Home Health Care, Supportive Home Care, Housing Counseling, Transportation, Home Delivered Meals, Adult Day Care, Prevocational and Day Services, Home Modification and Private Adult Family Homes.

I'm excited to announce that since the start of the Preferred Provider Expansion, we have added approximately 14 new Preferred Providers, however, our work is not done. We need your help in finding more of these providers to build our Preferred Provider Network. If you currently provide any of the above mentioned services, or would like to learn more about expanding the services that you currently offer, please reach out to us at [network.relations@lakelandcareinc.com](mailto:network.relations@lakelandcareinc.com).

I'd also like to share a brief update from our last Provider Network Advisory Committee (PNAC) meeting, held on April 17:

- Several Geographic Services Regions (GSR) are up for bid, including GSR 9, 10 and 13. Lakeland Care currently provides services in each of those regions and has submitted a proposal to DHS to continue serving these areas. We expect to hear the results of those bids in the coming months.
- DHS has shared that they hope to submit a Family Care waiver to Centers for Medicare & Medicaid Services (CMS) by September 2.
- Lakeland Care's CEO, Katie Mnuk, will be retiring at the end of this year. This position was posted to the public the week of 4/15. Our Board of Directors has a process and timeline in place to successfully fill this role.
- Project 2020: Lakeland Care is in the process of implementing a new Care Management (TruCare) System and Provider Management System (eVIPs). More information to come, including provider training.

Our Provider Network Advisory Committee is growing and we want YOU to be a part of it! Stay up to date on what's happening within Lakeland by becoming a committee member. To sign up, please email me at [mike.kristmann@lakelandcareinc.com](mailto:mike.kristmann@lakelandcareinc.com).

Respectfully,

Mike Kristmann  
Lakeland Care's Network Relations Director

# Dual Eligible Family Care Members



A dual eligible Family Care member is an individual who meets the requirements to receive benefits for both the Federal Medicare Program *and* the Wisconsin Medicaid Program. For a dual eligible Family Care member, Lakeland Care is required to make payment on any deductible, coinsurance or copayment for a Medicare service, if the service is also a Medicaid State Plan service in the Family Care benefit package. Lakeland Care will pay the full deductible; payments on coinsurance and copayments will be made up to the Medicaid/T19 rate, when combined with the Medicare payment.

## ***What does this mean for the provider?***

When a Lakeland Care member is also eligible for Medicare (they are dually eligible for Medicare and Medicaid) and the services being provided are both Medicare and Family Care eligible, Lakeland Care will pay the full deductible, and coinsurance or copayment up to the Medicaid/T19 rate. In these situations, care teams do not need to enter a Service Authorization. Regardless of whether the provider is within Lakeland Care's provider network, Lakeland Care will pay full Medicare deductibles and copayments up to the Medicaid/T19 rate. Providers are required to bill through WPS,

all claims that qualify for this payment must be submitted as a paper claim to WPS. Providers should use a HCFA 1500 claim form or a UB04 claim form, both of which are standard medical claim forms, and include the Medicare EOB with the submission. These forms will include provider information, including tax ID, NPI, and billing address. If providers have additional questions, they should call the WPS Family Care call center at 800-223-6016.

# Electronic Visit Verification for Personal Care and Home Health Services

In response to the federal 21st Century Cures Act, the Wisconsin Department of Health Service (DHS) is required to implement electronic visits verification (EVV) for Medicaid-covered personal care services and home health services. DHS plans to implement the new EVV requirement over a span of multiple years. EVV for Personal Care is slated to be implemented by January 1, 2020 and Home Health Services by January 1, 2023. This requirement affects all personal care and home health services provided through Family Care. EVV will use technology to verify that authorized services were provided through an electronic system. DHS would like to hear from stakeholders regarding the implementation of EVV. The input from stakeholders is essential to the planning process for this new requirement and will be used by DHS to make decisions. Providers and other stakeholders can contact DHS by emailing [dhsevv@dhs.wisconsin.gov](mailto:dhsevv@dhs.wisconsin.gov).

Visit the DHS Electronic Visit Verification web page <https://www.dhs.wisconsin.gov/evv/index.htm> to learn more about the EVV implementation and sign up to receive email updates.



# Residential Vacancies

Lakeland Care would like to enhance our partnership with your agency by helping streamline vacancy information. Lakeland Care requests residential providers send up-to-date vacancy information to [networkrelationsupport@lakelandcareinc.com](mailto:networkrelationsupport@lakelandcareinc.com).

When sending vacancy information, please share the number of open beds and how many of the open beds are private or shared beds. This will help keep our care teams informed of vacancies.

## Q1 2019 C.A.R.E. Award Winners

Lakeland Care continues to recognize outstanding providers through the C.A.R.E. (Compassion, Accountability, Respect and Enrichment) Award. The C.A.R.E. Award is a way for our care teams to recognize the outstanding service of our providers and individual caregivers. Every quarter an internal Lakeland Care committee chooses three providers/caregivers from all care team submissions and the committee utilizes the C.A.R.E. principles to honor the recognized providers.



### **STAT Medical Rides - Mary K.**

“Lakeland Care would like to thank Mary for going above and beyond to assist one of our members when alternative weekend transportation could not be found. Mary continues to transport him to dialysis 3 times per week and our staff have only heard good feedback from both the member and his wife. We appreciate Mary working with us in providing the member with great care and service, as well as her willingness to continue to assist when other providers would not agree to transport him on Saturday’s.” – Nominated by Cheri B.



### **Alten Haus, Traditions - Anne and staff**

“Anne and her staff were nominated for helping move a Lakeland Care member and his furnishings into his new apartment. Anne and her staff have gone above and beyond to make this dream happen for our member. They were even willing to help although the member was leaving their facility.” – Nominated by Sherri A.



### **Oaks Family Care - Brook D.**

“Brook has gone above and beyond to enrich a member’s life with activities that she enjoys. Brook continues to think of creative ways to assist our member in meeting her long-term care outcomes and enhance her life. This has included going to the gym to stay healthy, learning to clean and recycle, and helping cook unique healthy foods. Additionally, Brook is always on top of scheduling the member’s appointment and showed extreme accountability during a situation in which there was concern of bed bugs that turned out to be scabies, which required special treatment and precautions.” – Nominated by Lizzie S.

# Maintaining Provider Credentials

To ensure Lakeland Care providers continue to meet Lakeland Care-Provider contracting requirements, as well as DHS standards, Network Relations staff audit provider records routinely to ensure providers have up-to-date, non-expired information on file. The documents audited include items such as: licensure or certification (if applicable), insurance such as liability, worker's compensation, automobile, etc., civil rights plans, or any other documents that have expiration dates.

Lakeland Care is currently improving the auditing process and increasing the number of audits completed to establish a consistent baseline of documentation among contracted providers with on-going monitoring in the future:

1. To ensure Lakeland Care continues to meet DHS standards for credentialing and re-credentialing of providers who have signed contracts or participation agreements.
2. To adhere to the Lakeland Care-Provider Certification and Standards Policy.
3. In preparation for Lakeland Care's electronic records transition from the current MIDAS system to TruCare, electronic medical records system and eVIPs, electronic provider record system. Lakeland Care needs to begin the new system in the Fall of 2019 with up-to-date information.
4. The new eVIPs system will track provider documents, when documents are entered with start dates and dates of expiration. This will enable Lakeland Care to streamline the provider file audit process later this year when eVIPs is implemented.

Lakeland Care needs help from providers! Upon receiving updated documents with new expiration dates, please send a copy of those documents to your assigned Provider Specialist or to: [network.relations@lakelandcareinc.com](mailto:network.relations@lakelandcareinc.com). If a provider receives an email notice that Lakeland Care needs updated documents for provider file records, please return those to Lakeland Care promptly via the same email address. Thank you!

## Provider Marketing and Outreach Activities

Recent changes have been made to the requirements regarding marketing/outreach activities by a Lakeland Care contracted service provider. As always, marketing/outreach activities or materials distributed by a residential services subcontractor, which claim in marketing its services to the general public, that the Family Care program will pay for an individual to continue to receive services from the subcontractor after the individual's private financial resources have been exhausted are prohibited.

The following marketing/outreach prohibited practices have been added:

- a. Practices that are discriminatory;
- b. Practices that seek to influence enrollment in conjunction with the sale or offering of any other insurance product;
- c. Direct and indirect cold calls, either door-to-door, email, telephone, text or other cold call marketing activity;
- d. Offer of material or financial gain to potential members as an inducement to enroll;
- e. Activities and materials that could mislead, confuse or defraud members or potential members or otherwise misrepresent the MCO, its marketing representatives, the Department, or CMS. Statements that would be considered inaccurate, false, or misleading include, but are not limited to any assertion or statement (whether written or oral) that:
  - i. The recipient must enroll in the MCO in order to obtain benefits or in order to not lose benefits; or
  - ii. The MCO is endorsed by CMS, the federal or state government, or other similar entity.
- f. Practices that are reasonably expected to have the effect of denying or discouraging enrollment
- g. Practices to influence the recipient to either not enroll in or to disenroll from another MCO plan.

# Home and Community-Based Services Settings Rule (HCBS) in Residential Assisted Living Facilities

In 2014, the Centers for Medicare and Medicaid Services (CMS) released new federal requirements for home and community-based services (HCBS) settings. CMS requires all states that operate Medicaid HCBS waivers to comply with the federal HCBS settings rule by March 17, 2022. These requirements affect: DHS; Medicaid home and community-based waiver programs, including Family Care, Family Care Partnership, PACE, IRIS, COP and CIP; agencies that certify 1-2 bed adult family homes.



The purpose of the new rule is to ensure that people receiving services through HCBS waiver programs have access to the benefits of community living and are able to receive services in the most integrated setting.

Residential settings subject to the HCBS rule:

- Licensed community-based residential facilities (CBRFs)
- Licensed 3-4 bed adult family homes (AFHs)
- Certified 1-2 bed adult family homes (AFHs)
- Certified residential care apartment complexes (RCACs)
- Other (Level 1-4 foster homes and Level 5 exceptional treatment foster homes)

Effective March 1, 2019, the Division of Quality Assurance (DQA) and the Bureau of Assisted Living (BAL) began inspecting DQA-regulated settings for on-going compliance with the HCBS settings rule. Education has been provided through DQA Assisted Living Forums announced through the Assisted Living Forum email subscription service (the listserv). Register for the listserv at [www.dhs.wisconsin.gov/regulations/listserv-signup.htm](http://www.dhs.wisconsin.gov/regulations/listserv-signup.htm).

The most significant changes as a result of the HCBS rule include:

- Residents access to personal funds and resources to the extent of their functional capability, in a manner of their choosing and at times agreed upon between the provider and the resident and legal representative.
- The facility has locks placed on all resident or consumer living unit doors and residents have a means of unlocking their unit.
- The facility has policies to ensure why, how and when a staff member will enter a resident's living unit.
- Staff who provide direct care for the resident, including nurses, have completed initial and annual resident rights training and it is documented in the personnel file.
- Resident and consumers have the choice of roommate when applicable.
- Residents and consumers have the opportunity to fully decorate their bedroom or apartment within the bounds of the lease or agreement.
- Residents and consumers have the right to have visitors of their choosing at any time.

The WI-DHS HCBS webpage has additional information available for providers that describes HCBS compliance review requests, compliance determination, the DQA survey process regarding this rule, and requirements following determination of compliance and non-compliance. For additional information visit:

<https://www.dhs.wisconsin.gov/hcbs/index.htm>.

***Stay up to date with Lakeland Care happenings on our Facebook Page!***

[www.facebook.com/lakelandcare](https://www.facebook.com/lakelandcare)



# New WPS Provider Portal

WPS has new features on the Provider Portal. You're now able to:

- Look up claim details
- Review provider remittance advice information
- Send secure messages to WPS customer service

For information on registering for the site, visit:

<https://wpshealth.com/> go to the Providers section, and click the

"Family Care Providers" link, or use this link:

<https://wpshealth.com/resources/provider-resources/family-care-groups.shtml>.



Visit Lakeland Care's website for a Family Care Provider Portal User Guide:

<https://www.lakelandcareinc.com/providers/authorization-portal/>

## Compliance Updates



Lakeland Care, Inc. and other agencies that administer the Family Care program are funded through Medicaid. Medicare and Medicaid provide health insurance to 1 in 3 Americans: the elderly, those with low incomes, and people with certain disabilities. Lakeland Care is committed to ensuring our members' confidentiality and preventing fraud, waste, and financial abuse. Our contracted providers are held to the same standards. Our success in these efforts is essential to maintaining public confidence and trust in the Family Care program and Lakeland Care.

### HIPAA/Privacy:

One key element of protecting Lakeland Care's members' protected health information (PHI) is by maintaining the security of your electronic information systems, which house and transmit PHI. The HIPAA Security Rule establishes national standards that require appropriate administrative, physical and technical safeguards. The HIPAA Security Rule includes privacy policies and procedures you implement and are required to follow, the devices used to maintain security (unique user IDs, passwords, screen savers, etc.), physical barriers and devices (locks on doors, visitor identification, etc.), and the various ways different employees' access is managed. All these safeguards are instrumental in protecting Lakeland Care's members' confidentiality and ensures the integrity and security of your electronic information systems.

### Reporting:

#### Fraud, Waste and Financial Abuse

Everyone has a responsibility to report a suspected fraud, waste, or financial abuse violation of Lakeland Care resources (services, money, equipment, etc.) immediately. Please include as much detail in your report as possible – who, what, when, where, why, how, how much, etc. You may remain anonymous!

**Online:** [www.lakelandcareinc.com](http://www.lakelandcareinc.com)

**Phone:** 920-906-5100

**Email:** [fraud@lakelandcareinc.com](mailto:fraud@lakelandcareinc.com)

**Mail:** Lakeland Care, Inc.

Attn: Program Integrity Compliance Officer

N6654 Rolling Meadows Drive

Fond du Lac, WI 54937

### HIPAA/Privacy Violations

All HIPAA/Privacy violations need to be reported immediately.

**Contact:** Julianne Cox, Compliance Director

920-425-3947 (phone)

[julianne.cox@lakelandcareinc.com](mailto:julianne.cox@lakelandcareinc.com)

OR

Brintney Cournoyer, Compliance Specialist

920-425-3836 (phone)

[brintney.cournoyer@lakelandcareinc.com](mailto:brintney.cournoyer@lakelandcareinc.com)

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For more information about Lakeland Care, contact us:

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**1-877-227-3335**

\*By appointment

