



**COMMUNITY CARE**

*Familiar places. Caring faces.*

# Provider Handbook

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## **SECTION 1: INTRODUCTION**

### **Purpose of Provider Handbook**

Community Care, Inc.'s (Community Care) Provider Handbook serves as a reference tool for information pertaining to the programs and services offered by Community Care including, but not limited to: Model of Care, Contact information, Member information/benefits, Quality Improvement, Member rights/responsibilities, Provider billing responsibilities, and policies, procedures, regulations and guidelines established by the Centers for Medicare and Medicaid Services (CMS), the Wisconsin Department of Health Services (DHS) and Community Care, Inc. which govern our Provider Network.

Providers should use this Handbook in conjunction with their contract with Community Care. The contract and this handbook reference other requirements for which both the provider and Community Care are responsible. Websites to be referenced include:

- Community Care, Inc. [www.communitycareinc.org](http://www.communitycareinc.org)
- Centers for Medicare and Medicaid Services [www.cms.gov](http://www.cms.gov)
- Wisconsin Department of Health Services [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

### **Updates and Revisions to Handbook**

You can always find the most current version on our web site, [www.communitycareinc.org](http://www.communitycareinc.org).

## SECTION 2: OVERVIEW

### **What is Community Care, Inc.**

Community Care is a private, non-profit organization which integrates health, home and community services to meet the wider range of help seniors and adults with disabilities need. Since 1977, Community Care, Inc. has provided services allowing people to continue living in their own homes and communities.

### **Community Care, Inc. Mission**

Our mission is to develop and demonstrate innovative, flexible, community-based approaches to care for at-risk adults, in order to optimize their quality of life and optimize the allocation of community resources. We believe providing quality care can enable our members to live in their own communities with greater independence.

### **Community Care, Inc. Core Values**

The core values serve as the foundation to guide both the development of the organization's mission and the identification of appropriate behavior and activities in the fulfillment of the mission.

**Respect** - We treat our members and staff as individuals with compassion, sensitivity, dignity and equality.

**Member Centered** - Our interdisciplinary teams place the interests of our members at the forefront of our decision-making.

**Diversity** - We embrace diversity in our members, staff and business interactions operating culturally competent programs.

**Quality of Life** - We support our members in remaining functionally independent for as long as possible by meeting their health and social needs.

**Quality of Care** - We respond to the needs of our members while promoting excellent health, wellness and safety striving for a high level of member satisfaction.

**Innovation & Creativity** - We expand existing programs, develop new ones and provide technical assistance service to encourage replication of successful approaches to long-term care.

**Community Focused** - We support individuals living as active members of their communities outside of institutions even through the end of life.

**Cost Effective** - We are prudent stewards fiscally accountable with public funds.

**Teamwork & Collaboration** - Our staff is entrusted to work together in the best way possible to meet the needs of those we serve.

**Integrity** - We believe in being open, honest and fair in our interactions with our members, their families, other agencies, contractors, volunteers and our employees. We strive for an atmosphere of mutual trust and respect in our work.

## **SECTION 3: PROGRAMS AND ELIGIBILITY**

### **Community Care Programs**

The hallmark of Community Care's approach to care is to use interdisciplinary teams to deliver care to adults with disabilities and seniors in their homes and communities. A single team sees members through assessments and care delivery and coordination, and the result is members enjoying comprehensive, continuous care addressing their changing needs.

Community Care, Inc. offers this approach to care through three programs:

### **PACE (Program of All-inclusive Care for the Elderly)**

PACE, or Program of All-Inclusive Care for the Elderly, demonstrates an innovative and proven way to provide members with high quality care and positive outcomes. The PACE program through Community Care offers long-term care services, health and medical care services (primary and acute care), and prescription medications to eligible individuals. PACE coordinates all services through an Interdisciplinary Team and often administers those services through an adult day health center. In the PACE program, members see a Community Care staff doctor or a PACE community-based physician.

- Be at least 55 years old
- Live in Milwaukee or Waukesha County
- Be eligible for Medicaid and/or Medicare

### **FAMILY CARE PARTNERSHIP**

The Family Care Partnership program features the same components as the PACE model, except it allows members to keep their current doctor, if he or she is in our network of contracted physicians, while receiving the benefits of this special program. Individuals enrolling in the Family Care Partnership Program receive all-inclusive health care while continuing to live in the community. Each member is assigned to an Interdisciplinary Team, a group of professionals including a Partnership doctor, a nurse practitioner, a registered nurse and a social worker.

- Be at least 18 years old
- Live in Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waupaca, or Waukesha Counties
- Be eligible for Medicaid

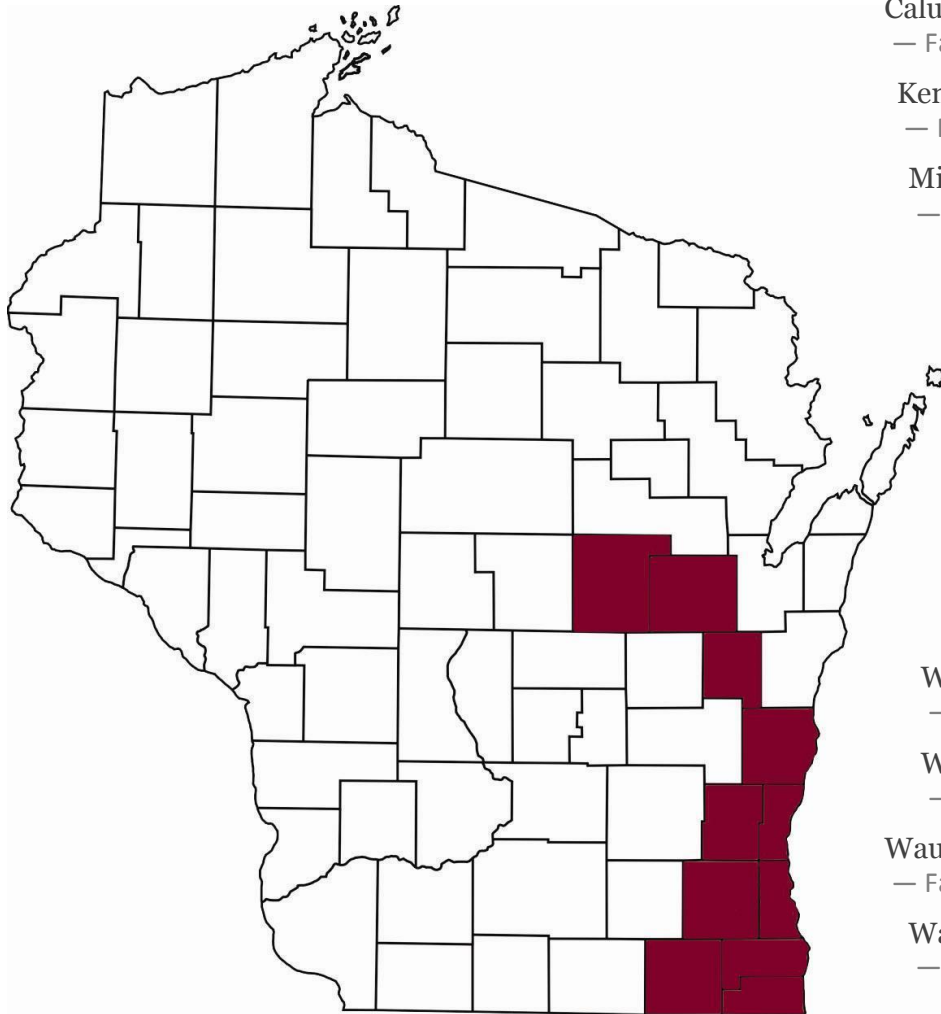
### **FAMILY CARE**

The Family Care program members receive services where they live. Each of our Family Care members has support from an IDT made up of a nurse and a care manager. The members themselves remain responsible for their own medical services, including choosing their own physicians, while Family Care coordinates, manages, and funds the long-term care services.

- Be at least 18 years old
- Live in Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha or Waupaca Counties
- Be eligible for Medicaid

*Enrollment into Community Care, Inc.'s PACE, Family Care Partnership or Family Care programs is conducted through the county's Aging and Disability Resource Center.*

### Where is Community Care, Inc.?



- Calumet County**  
— Family Care & Partnership
- Kenosha County**  
— Family Care & Partnership
- Milwaukee County**  
— Family Care, Partnership & PACE
- Outagamie County**  
— Family Care & Partnership
- Ozaukee County**  
— Family Care & Partnership
- Racine County**  
— Family Care & Partnership
- Sheboygan County**  
— Family Care
- Walworth County**  
— Family Care
- Washington County**  
— Family Care & Partnership
- Waukesha County**  
— Family Care, Partnership & PACE
- Waupaca County**  
— Family Care & Partnership

## SECTION 4: CONTACT INFORMATION AND LOCATIONS

### Provider Hotline

The Provider Hotline is staffed Monday through Friday, 8:00 AM to 4:30 PM (Central Time), and can be reached at 1-866-937-2783. We offer the ability to contact our Claims Department under Option number 1 or our Provider Management Department under option number 2. At any other times you can leave a detailed message and your call will be returned within two (2) business days.

### Member Authorizations

If you need a service authorization or have a member-related question or concern, your first contact should always be the member's care team. Please see below for telephone numbers of regional PACE, Family Care and Family Care Partnership offices. Regular business hours are Monday through Friday, 8:00 AM to 4:30 PM. After business hours, you can reach the on-call care team on evenings, weekends and holidays by calling 1-866-992-6600.

### Claim Submissions

For any questions or concerns regarding Claim Submission, please contact the Provider Hotline Monday through Friday, 8:00 AM to 4:30 PM (Central Time), at 1-866-937-2783 option 1.

### Regional Offices and Contacts

Program	Address & Phone
<b>Calumet</b>	
Family Care	206 Court Street Chilton, WI 53014 Phone: (920) 464-1144 Fax: 920-849-2088
Partnership	<i>Calumet Partnership operates out of the Outagamie Office</i> 4435 West Lawrence Street Appleton, WI 54912 Phone: (920) 750-5575 Fax: (920) 750-5501
<b>Kenosha County</b>	
Partnership	4003 80 <sup>th</sup> Street, Suite 101 Kenosha, WI 53142 Phone: (262) 484-5050 Fax: (262)484-5051
Family Care	4003 80 <sup>th</sup> Street, Suite 101 Kenosha, WI 53142 Phone: (262) 484-5050 Fax: (262)697-3482
<b>Milwaukee County</b>	
Partnership	1555 South Layton Boulevard, Milwaukee, WI 53215 Phone: (414) 385-6600 Fax: (414) 385-6612
Partnership	3220 West Vliet Street, Milwaukee, WI 53208 Phone: (414) 231-4000 Fax: (414) 231-4013
Family Care	3073 S. Chase Avenue, Suite 240, Milwaukee, WI 53208 Phone: (414) 231-4200 Fax: (414) 489-0535
PACE	1555 South Layton Boulevard, Milwaukee, WI 53215 Phone: (414) 385-6600 Fax: (414) 385-6612
PACE	3220 West Vliet Street, Milwaukee, WI 53208 Phone: (414) 231-4000 Fax: (414) 231-4013



<b>Program</b>	<b>Address &amp; Phone</b>
<b>Outagamie County</b>	
Partnership	4435 West Lawrence Street, Appleton, WI 54912 Phone: (920) 750-5575 Fax: (920) 257-2175
Family Care	4435 West Lawrence Street, Appleton, WI 54912 Phone: (920) 750-5500 Fax: (920) 750-5501
<b>Ozaukee County</b>	
Partnership	910 East Paradise Drive, West Bend, WI 53095 Phone: (262) 338-5933 Fax: (262) 334-1620
Family Care	1333 West Towne Square, Mequon, WI 53092 Phone: (262) 292-2500 Fax: (262) 240-0083
<b>Racine County</b>	
Partnership	2000 Domanik Drive, Racine, WI 53404 Phone: (262) 633-4800 Fax: (262) 633-8900
Family Care	6216 Washington Ave., Bldg. B, 2 <sup>nd</sup> Floor, Mt Pleasant, WI 53406 Phone: (262) 676-5900 Fax: (262) 884-1302
<b>Sheboygan County</b>	
Family Care	615 South 8 <sup>th</sup> Street, Suite 130, Sheboygan, WI 53081 Phone: (920) 451-3444 Fax: (920) 459-6597
<b>Walworth County</b>	
Family Care	795 East Geneva Street, Elkhorn, WI 53121 (262) 723-2636 Fax: (262) 723-3356
<b>Washington County</b>	
Partnership	910 East Paradise Drive, West Bend, WI 53095 Phone: (262) 338-5933 Fax: (262) 334-1620
Family Care	910 East Paradise Drive, West Bend, WI 53095 Phone: (262) 346-0900 Fax: (262) 334-1620
<b>Waukesha</b>	
Partnership	1801 Dolphin Drive, Waukesha, WI 53186 Phone: (262) 953-8500 Fax: (262) 446-0388
Family Care	1801 Dolphin Drive, Waukesha, WI 53186 Phone: (262) 953-8500 Fax: (262) 446-3409
PACE	1801 Dolphin Drive, Waukesha, WI 53186 Phone: (262) 953-8500 Fax: (262) 446-0388 Clinic Fax: (262) 446-0389
<b>Waupaca</b>	
Partnership	102 Grand Seasons Drive, Waupaca, WI 54981 Phone: (715) 256-3435 Fax: (715) 258-2994
Family Care	102 Grand Seasons Drive, Waupaca, WI 54981 Phone: (715) 256-3400 Fax: (715) 258-5874

## SECTION 5: MEMBER INFORMATION

### Member Identification Cards

Family Care Partnership and PACE members are issued identification cards from Community Care, Inc. Eligibility can also be verified by calling the Community Care Provider Hotline 866-937-2783, option 1.

#### Partnership Identification Card Example



NAME	Jane Doe	
PLAN	Family Care Partnership (HMO SNP)	
ID	unique	
RxBIN	610593	
RxPCN	PRSMEDD	
RxGrp	PRSM	
Issuer	80840	
ID	unique	
RxCopay	\$0	

The person named on the reverse of this card is a member of Community Care. Community Care is responsible for all health care services for this person. Community Care is not liable for any payment for services provided without prior authorization except for emergency services provided in life-threatening circumstances. For certification of eligibility, details of coverage and prior authorization, please call Claims.

**Community Care Health Plan, Inc**

<b>Claims:</b> Community Care 1555 S. Layton Blvd Milwaukee, WI 53215 (866) 937-2783 Toll free	<b>Pharmacy claims:</b> PharmaStar (888) 298-7770 BIN # 610593	<b>Customer Service:</b> (866) 992-6600 Toll free (800) 947-3529 TTY
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#### PACE Identification Card Example

NAME	Jane Doe	
PLAN	PACE	
ID	unique	
RxBIN	610593	
RxPCN	PRSMEDD	
RxGrp	PRSM	
Issuer	80840	
ID	unique	
RxCopay	\$0	

The person named on the reverse of this card is a member of Community Care. Community Care is responsible for all health care services for this person. Community Care is not liable for any payment for services provided without prior authorization except for emergency services provided in life-threatening circumstances. For certification of eligibility, details of coverage and prior authorization, please call Claims.

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Family Care members are issued an identification card called a Forward Health Card by the State of Wisconsin. There is no Community Care-issued identification card for Family Care members. Eligibility can also be verified by calling the Community Care Provider Hotline 866-937-2783, then option 1.


#### Forward Health Card Example



#### **Member Disenrollment**

Community Care members who request to disenroll from the PACE, Family Care and Family Care Partnership Programs may do so at any time. The IDT will refer the member to the Aging and Disability Resource Center (ADRC) for Options Counseling and potential disenrollment. At no time, will the provider or the IDT encourage or counsel a member to disenroll from the program and all member-requested disenrollments are initiated by the local ADRC.

**SECTION 6: PROGRAM BENEFITS**

 <b>COMPARISON OF PROGRAM BENEFITS</b>			
← <b>PACE/PARTNERSHIP PROGRAM</b> (cover all services across all four columns) →			
CALUMET, KENOSHA, MILWAUKEE*, OUTAGAMIE, OZAUKEE, RACINE, WASHINGTON, WAUPACA, WAUKESHA* COUNTIES (*PACE)			
<b>FAMILY CARE PROGRAM</b> CALUMET, KENOSHA, MILWAUKEE, OUTAGAMIE, OZAUKEE, RACINE, SHEBOYGAN, WALWORTH, WASHINGTON, WAUPACA, WAUKESHA COUNTIES		<b>MEDICAID CARD SERVICES</b> (ACUTE & PRIMARY)	<b>MEDICARE CARD SERVICES</b>
<ul style="list-style-type: none"> <li>▪ Adaptive Aids (general and vehicle)</li> <li>▪ Adult Day Care</li> <li>▪ Adult Family Home (AFH)</li> <li>▪ Care/Case Management (including Assessment and Case Planning)</li> <li>▪ Communication Aids/Interpreter Services</li> <li>▪ Community-Based Residential Facility (CBRF)</li> <li>▪ Community Support Program</li> <li>▪ Consumer Education and Training</li> <li>▪ Counseling and Therapeutic Resources</li> <li>▪ Daily Living Skills Training</li> <li>▪ Day Services/Treatment</li> <li>▪ Home Modifications</li> <li>▪ Housing Counseling</li> <li>▪ Meals: home delivered</li> <li>▪ Personal Emergency Response System Services</li> <li>▪ Prevocational Services</li> <li>▪ Relocation Services</li> <li>▪ Residential Services: Certified Residential Care Apartment Complex (RCAC)</li> <li>▪ Respite Care (for care givers and members in non-institutional and institutional settings)</li> <li>▪ Supported Employment</li> <li>▪ Supportive Home Care</li> <li>▪ Vocational Futures Planning</li> </ul> <p>Former COP and CIP Waiver Services</p>	<ul style="list-style-type: none"> <li>▪ Alcohol and Other Drug Abuse Day Treatment Services (in all settings)</li> <li>▪ Durable Medical Equipment, except for hearing aids and prosthetics (in all settings)</li> <li>▪ Home Health</li> <li>▪ Medical Supplies</li> <li>▪ Mental Health Day Treatment Services (in all settings)</li> <li>▪ Mental Health Services, except those provided by a physician or on an inpatient basis</li> <li>▪ Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and for people over 65, Institution for Mental Disease)</li> <li>▪ Nursing Services (including respiratory care, intermittent and private duty nursing) and Nursing Services</li> <li>▪ Personal Care</li> <li>▪ Physical/Speech/Occupational Therapy (in all settings except for inpatient hospital)</li> <li>▪ Specialized Medical Supplies</li> <li>▪ Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered.</li> </ul> <p>Former Medicaid Card Services – Long-term Care Services</p>	<ul style="list-style-type: none"> <li>▪ Ambulance services</li> <li>▪ Certified nurse practitioner services</li> <li>▪ Chiropractic services</li> <li>▪ Clinic services</li> <li>▪ Dental services, including dentures</li> <li>▪ Diagnostic, screening, preventive and rehabilitation services</li> <li>▪ Diagnostic services</li> <li>▪ Emergency care</li> <li>▪ EPSDT (under 21)</li> <li>▪ Family planning services and supplies</li> <li>▪ Federally-qualified health center services</li> <li>▪ Hearing services, hearing aids</li> <li>▪ Inpatient hospital</li> <li>▪ Inpatient mental health</li> <li>▪ Laboratory and x-ray services</li> <li>▪ Nurse midwife services</li> <li>▪ Other specific medical and remedial care</li> <li>▪ Outpatient hospital services, including outpatient surgery</li> <li>▪ Outpatient mental health care</li> <li>▪ Outpatient prescription drugs</li> <li>▪ Outpatient substance abuse treatment</li> <li>▪ Physician services</li> <li>▪ Physical/Speech/Occupational therapy</li> <li>▪ Podiatry services</li> <li>▪ Prescribed drugs</li> <li>▪ Primary care case management services</li> <li>▪ Prosthetic devices</li> <li>▪ Rural health clinic services</li> <li>▪ TB – related services</li> <li>▪ Urgent care</li> <li>▪ Vision services, eyeglasses</li> </ul>	<p>Medicare Part A (Hospital)                  Medicare Part B (Medical)                  Medicare Part D (Prescription Drugs)</p> <ul style="list-style-type: none"> <li>▪ Ambulance services</li> <li>▪ Ambulatory surgical centers</li> <li>▪ Anesthesia</li> <li>▪ Blood</li> <li>▪ Bone mass measurement</li> <li>▪ Cardiac rehab</li> <li>▪ Diabetes supplies</li> <li>▪ Diagnostic tests, x-rays and lab services</li> <li>▪ Durable medical equipment, supplies and prosthetics</li> <li>▪ Emergency and urgent care services</li> <li>▪ Home health care in certain situations</li> <li>▪ Hospice care</li> <li>▪ Inpatient hospital care</li> <li>▪ Inpatient mental health care</li> <li>▪ Limited skilled nursing facility care</li> <li>▪ Outpatient hospital services, including outpatient surgery</li> <li>▪ Outpatient mental health care</li> <li>▪ Outpatient substance abuse treatment</li> <li>▪ Physician services</li> <li>▪ Physical/Speech/Occupational therapy</li> <li>▪ Prescription drugs, including drugs covered under Medicare Part A, Part B, and Part D</li> </ul>

**Self-Direct Support**

Self-Directed Support (SDS) is an option for all members in PACE, Family Care and Family Care Partnership Programs. SDS offers a wide range of choices to members so they can maximize choice and control over their services and support. A member may arrange for, manage and monitor his or her benefit directly, or with assistance of another person. Community Care offers opportunities for members to direct one, some, or all of the services available to them in the benefit package

If a member chooses SDS, the Interdisciplinary team will:

- Explain the variety of choices available
- Work with the member to assess their needs
- Determine the amount of resources available
- Monitor member available resources

More information is available at <http://www.iselfdirect.org/>.

## Cost Sharing

Most covered services in PACE, Family Care and Family Care Partnership Programs are provided with no member co-payment, coinsurance, or deductible. The only exception is the Medicare Part D co-pay for the covered drugs and supplies of dually eligible Family Care Partnership members. Providers are prohibited from balance-billing PACE, Family Care and Family Care Partnership members for covered services.

## Prescriptions

Community Care provides coverage for drugs in the Family Care Partnership Programs as described in the Community Care Formulary. Community Care's Prescription Drug Plan provides Family Care Partnership members with full access to prescription drugs, in accordance with Medicare and Medicaid policies as described in the [Summary of Benefits](#). Community Care's Partnership Program uses a formulary. A formulary is a list of drugs covered by the plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much a member pays for a drug. If we make any formulary change which limits members' ability to fill their prescriptions, we will notify the affected members before the change is made. A complete formulary is on our Website at <http://www.communitycareinc.org/Assets/Formulary.pdf>

## Service Authorization

Community Care requires all providers to obtain a Service Authorization prior to delivery of services to our members to ensure reimbursement for provided services. Providers must obtain the Service Authorization from the member's IDT who will need the following information in order to consider creating a Service Authorization:

- a. Member name
- b. Service to be provided including HCPC or procedure code
- c. Units and frequency of service
- d. Dates of service
- e. Service location

When services are authorized, a written authorization for each and every service to be provided will be sent to the provider specifying the specific service to be provided, the amount of service (number of units) to be provided, and the duration of services to be provided. If a provider has a question about the Service Authorization or if there is a discrepancy, contact the member's IDT immediately.

A Service Authorization does not guarantee payment of your services. Benefits are available as long as the Member is eligible at the time service is provided. **Please note:** Under no circumstances are you able to seek payment from the member or the member's family for the cost of services exceeding the total amount(s) authorized by Community Care, Inc.

## Resource Allocation Decision (RAD) Method

The Interdisciplinary Team (IDT) takes great care in evaluating the care needs of the members enrolled in Community Care programs. Prior to approving allocation of services and resources, the team carefully considers the needs of the member, and resources available to them. Community Care is responsible for supporting long-term care outcomes, but also must consider

cost when planning care and choosing providers to meet each eligible member's needs. The IDT will use a process called the Resource Allocation Decision (RAD) method. The RAD is a step-by-step tool the IDT and member use to find the most effective and efficient ways to meet the needs and support the member goals. The RAD is a series of questions which help explore what is needed and the options available to support those outcomes. This may include how friends, family or other community and volunteer organizations may be available to help. The member is always included in this discussion.

All long-term care services must be approved BEFORE the eligible member receives them. Community Care is not required to pay for services received without our prior approval. If you feel a service which is not already approved may be needed for our member, please make contact with the member's assigned IDT.

### **Enhanced Services or Items**

"Enhanced" services or items are services or items a Member or Member's family voluntarily chooses to purchase at fair market value, which are either: (a) not included in the benefit and not covered by Medicaid, or (b) additional services included in the benefit that are not necessary to achieve member outcomes as documented in the Member Centered Plan. Enhanced services may be purchased by the member only when the MCO's procedures for ensuring the purchase is voluntary are followed and documented in the member's case record. The Provider must have approval from the MCO before providing or charging for Enhanced Services or Items. The member or his/her family has the right, at any time, to revoke the consent for payment.

### **Usage of Network Providers**

Community Care has an established provider network to meet long term care outcomes of members. Members understand they are to utilize Community Care network providers to get covered services. Provider shall provide services in accordance with the services authorized by Community Care through the member's IDT.

### **Usage of Out-of-Network Providers**

Out-of-network providers may be used in limited cases and require notification to member's IDT as soon as possible after services are rendered. Hospitals contracted with Community Care are required to notify the member's IDT when a member is admitted to the hospital.

Examples include:

- Emergency services
- Urgently needed care when our network is not available
- Out of service area dialysis

### **Benefit Exclusions**

Some services are excluded from coverage under the PACE, Family Care and Family Care Partnership Programs. For information and questions on service exclusions, please contact the member's IDT. In addition Community Care may also deny coverage if:

- The service is not medically necessary;
- The service is not a covered benefit; or

- The member is not enrolled in Community Care's PACE, Family Care or Family Care Partnership program at the time the services are provided.

## SECTION 7: PROVIDER NETWORK

### Provider Network Overview

Community Care ensures members have access to quality providers who have agreed to a number of member protections and other legal requirements in the provider contract. The Community Care Provider Directory contains a listing of our network providers to provide and manage care for our members. Community Care is committed to ensuring our provider network is adequate to meet the needs of our members. We are equally committed to ensuring our providers demonstrate competency and quality in the provision of service to our members. You may view the Provider Directory online at:

<http://www.communitycareinc.org/ForProviders/resources.htm>.

### Access Standards

All Community Care members have the right to receive timely access to medically necessary health care services. Community Care's Quality Improvement (QI) Committee approves member access standards and reviews network provider compliance with the standards on an annual basis. Community Care members with life-threatening emergencies have immediate access to care without prior authorization from Community Care, and may receive emergency care from participating or Out-of-Network Providers at hospitals within or outside of Community Care's service area.

### How to Become a Network Provider

If a potential provider is interested in joining the Community Care Provider Network, our applications are available at: [www.communitycareinc.org](http://www.communitycareinc.org). Submission of an application does not guarantee an offer to contract. You can also utilize the Provider Hotline or email [contractinquiries@communitycareinc.org](mailto:contractinquiries@communitycareinc.org) with any questions.

Community Care considers requests for contracting based on the following criteria:

- Proposed services are in the PACE, Family Care and Family Care Partnership benefit package
- Community Care needs additional providers for the proposed services in order to meet member capacity or choice
- The proposed provider's mission and vision complement PACE, Family Care and Family Care Partnership Programs and the Community Care mission
- The provider meets applicable licensing and/or certification standards applicable to the services to be provided.
- The provider is willing and able to sign and adhere to all components of a contract with Community Care including, but not limited to:
  - Agree to Community Care rate
  - Follow contractual requirements related to authorizations and billing
  - Maintain ongoing communications with Community Care staff
  - Meet or exceed quality assurance expectations set by Community Care
- Community Care ensures the integrity of our network providers through credentialing, on-site quality visits, utilization review and ongoing quality initiatives.



**Current Providers**

If you are a current Community Care contracted provider and you are interested in adding services to your existing contract, please call the Provider Hotline 866-937-2783.

**Room and Board in Residential Facilities**

Room and Board payments must be covered by member's available funds. For members residing in a Certified or Licensed residential setting [which may be an Adult Family Home (AFH), Community Based Residential Facility (CBRF), or a Residential Care Apartment Complex (RCAC)], as part of the member's approved service plan, Community Care will pay for the care and supervision portion of the care. Community Care will also pay the residential provider for Room & Board based on the contracted rate and will then bill the member for reimbursement.

**Care and Supervision in Residential Facilities Clarifications**

The per diem will apply to the date of admission and all full days of residence, but not to the day of discharge. Community Care will not pay for Care and Supervision during a member's temporary absence from the facility if the member is placed in another Medicaid/Medicare funded facility during the absence (i.e. hospital or nursing home). Community Care will pay for up to 14 consecutive days of Care and Supervision during the temporary absence only when 1) the absence is part of the member's care plan, 2) the absence does not require the member or Community Care to fund concurrent expenses for Care and Supervision, and 3) the member is not placed in another Medicaid/Medicare funded facility. Community Care will pay for Room and Board during periods of temporary absences unless the member is residing in a setting (during the absence) which requires payment for Room and Board. The provider may not require members or their family/guardian to pay a fee in order to keep the bed open for the member.

**Nondiscrimination in Provider Selection and Contracting**

Community Care, Inc. does not discriminate in terms of participation, reimbursement or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.

**Nondiscrimination in Employment**

The services provided for our PACE, Family Care and Family Care Partnership members include federal and state funds. For any work performed in connection with these programs, Community Care and its providers (and their subcontractors) are required to comply with federal and state laws regarding equal opportunity and nondiscrimination in employment and service delivery.

**Prohibition of Interference with Health Care Professionals' Advice to Members**

Community Care respects the patient/provider relationship and does not restrict or prohibit a health care professional, acting within the lawful scope of their practice, from providing advice to a patient who is a member of a Community Care, Inc. program.

## **Member Privacy**

Community Care requires its providers to be committed to using and disclosing Protected Health Information (PHI) in compliance with the Privacy Rule (45 C.F.R. Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This commitment includes password protection or encryption of any external email communication containing PHI. Only the member can give permission to transmit PHI through unprotected email communication. Because of the risk of inappropriate disclosure, Community Care does not want providers to email PHI to us. If it becomes absolutely necessary, all PHI must be in a password protected attachment to the email message and the password must be sent in a separate email. Do not put PHI in the body of the email unless the email is encrypted.

## **Credentialing of Health Care Providers**

Community Care's credentialing process enables us to contract with qualified health care providers and to meet the requirements of our contracts with the Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS). The credentialing process ensures that providers are properly educated, trained, and accessible to Community Care's members.

Although Community Care delegates some credentialing activities to recognized credentialing programs, Community Care always retains the right and the obligation to accept or reject the recommendations of our credentialing delegates. Community Care reviews these credentialing programs annually, and performs in depth reviews every three (3) years. Community Care may not contract with or use any providers, including their employees and subcontractors, who are excluded from participation in any federal or state health care programs.

Information acquired through the credentialing and re-credentialing processes is considered confidential, and Community Care staff and credentialing delegates who have access to the files are responsible for ensuring the information remains confidential, except as otherwise provided by law. Community Care may deny or restrict participation, terminate participation, or take other action in accordance with the provider's written agreement with Community Care and our credentialing policies and procedures.

## SECTION 8: NETWORK PROVIDER REQUIREMENTS AND EXPECTATIONS

CCI's network of providers have signed contracts and agreed to adhere to all components of the contract including,

### Provider Responsibilities

- Provider is expected to understand and adhere to the contract provisions at all times.
- Provider is required to provide compliance and fraud, waste and abuse training for all staff and annually document training in staff files.
- Validate monthly that employees have not been listed on the Office of Inspector General exclusion list. <http://oig.hhs.gov/fraud/exclusions.asp> Provider shall immediately notify Community Care if they as a provider or any of their employees appear on the exclusion list.
- Prior to rendering any services to Community Care program members, a service authorization is needed to specify the authorized services in accordance with the member's service plan. If an authorization has not been received, the provider is expected to contact the member's Care Team to obtain a copy.
- Written notice of any change in the type, scope or location of delivery of services shall be provided to Community Care, Inc. at least ninety (90) days prior to the effective date of the change.
- Provider must only bill for services actually provided. Submitting claims for services that were not provided – even if authorized – is illegal (fraud).
- Provider shall send written notice to Community Care, Inc. within **five (5) days** of any legal, governmental or other action initiated against Provider.
- Provider shall notify Community Care, Inc.'s Provider Management Department at [contractinquiries@communitycareinc.org](mailto:contractinquiries@communitycareinc.org) of any changes in address, telephone number, or other contact information, such as email address or contract administrator name.
- Community Care expects providers to demonstrate sensitivity to cultural diversity and to honor members' beliefs. Providers are expected to foster staff attitudes and interpersonal communication styles that respect members' cultural backgrounds.
- Provider must ensure staff members have access to the following documents for continuity of care and communication with members' Care Team's and other Community Care departments.
  - [Communication Requirements](#)
  - [Member Rights Preservation](#)
  - [Restrictive Measures](#)
  - [Practice Guidelines](#)
  - [Model of Care](#)
  - [Influencing the Exercise of Participant Freedom of Choice](#)
  - [Fraud, Waste and Abuse](#)
  - [Member Grievance and Appeal Information](#)
  - [Transportation Safety Tips](#)

**Proof of Insurance**

Community Care requires all Network Providers to procure and maintain comprehensive policies of property and casualty insurance including general and professional liability insurance, and workers compensation, if the Provider is acting as an employer as defined in Wis. Stat. § 102.04. Provider will provide certificates of insurance within thirty (30) calendar days of a renewal of any property or casualty policy annually. Provider will list Community Care, Inc. as a certificate holder on the Certificate of Insurance.

**Inspection of Records and Record Keeping**

All Network Providers must maintain and upon request furnish to Community Care, Inc. all information requested by Community Care related to the quality and quantity of services provided through their contract. This includes written documentation of care and services provided, including dates of services, time records, invoices, contracts, vouchers or other official documentation evidencing in proper detail the nature and propriety of the services provided.

Provider shall maintain books and records, including Member medical records, pertaining to actions performed pursuant to this Contract by the Provider in a form consistent with and in compliance with provisions of all applicable state and federal laws. For Family Care-funded services, records must be retained for a minimum of six (6) years after termination of services as specified in this Contract or from the date of completion of any audit, whichever is later. For Family Care Partnership and PACE-funded services, records must be retained for a minimum of ten (10) years after termination of services as specified in this Contract or from the date of completion of any audit, whichever is later.

**Request to Amend Provider Contract**

Requests to amend a contract should be made in writing and can be sent to Provider Management via:

- email at [ContractInquiries@communitycareinc.org](mailto:ContractInquiries@communitycareinc.org),
- mail to Community Care, Inc., Attn: Provider Management Department, 1801 Dolphin Drive, Waukesha, WI 53186
- fax to 262-446-6707

**Termination of Provider Contract**

Consistent with Community Care, Inc.'s contract with CMS and DHS and the requirements of its provider contracts, Community Care reserves the right to terminate, suspend or not renew a contract with any network provider, or to terminate or suspend any of provider's subcontractors, as the case may be. Providers may terminate their contracts with Community Care as specified in the contract.

**Provider Advisory Committee**

The Provider Advisory Committee consists of providers representing a variety of service categories throughout Community Care, Inc. service areas. The purpose of the group is to provide the following:

- Serve as a communication channel between the Community Care, Inc. Board of Directors and the subcontracted member service organizations and agencies to ensure a smooth flow of appropriate financial, quality, utilization and satisfaction information in all directions
- Secure provider input in program management of long-term managed care services
- Assist Community Care, Inc. in providing managed care programs which support member outcomes in a financially prudent way that ensures good stewardship of public funds.
- Assist providers in understanding how to work successfully in a managed care system environment
- Create a public and transparent process where questions and concerns are openly expressed and addressed and where effective problem solving can occur

## SECTION 9: COMPLIANCE

### Corporate Compliance

The government expects Community Care and all our contractors and providers to follow all laws, rules, regulations, and contract requirements and conduct business in an ethical manner. This means:

- Providers will always act in the best interests of our program members, including the protection of members' rights.
- Providers will avoid conflicts of interest. Where potential conflicts exist, providers are expected to disclose the conflict to Community Care and work with us to successfully resolve it.
- Providers will treat members with dignity, respect and fairness. Members will not be discriminated against based on race, color, religion, gender, sexual orientation, age, disability, or any other protected characteristic.
- Providers will protect the confidentiality of member information and any confidential information of Community Care.
- Providers will obey all laws, rules, regulations, and contract requirements.
- Providers will report any known or suspected instances of unethical or illegal behavior, and will not retaliate against any staff member who in good faith reports any such concern.

Providers are expected to have written policies and procedures that guide staff in complying with regulatory and contractual requirements. Staff should also be trained annually on compliance and fraud, waste and abuse. Community Care may ask for copies of these training records.

Providers are expected to check the government sanction and exclusion databases monthly to ensure that they, their employees, and their subcontractors are not excluded from participating in government programs. There are companies that provide monitoring service or you can monitor by going to the government sites ([www.sam.gov](http://www.sam.gov) and <http://exclusions.oig.hhs.gov/>). Providers need to keep documentation of this monthly monitoring activity. Community Care may ask for this documentation as proof the monitoring is being performed.

**Fraud, Waste, Abuse**

Community Care, Inc. is required to report to DHS all suspected fraud, waste or abuse (FWA).

- **Fraud** – is defined as an intentional deception, false statement or misrepresentation made by an individual with knowledge that the deception could result in unauthorized benefit to that individual or another person. Claims submitted for services not provided are considered fraudulent.
- **Waste** – is defined as failing to control costs or using Medicare or Medicaid funds to pay for services that are not determined to be necessary.
- **Abuse** – is defined as practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business or medical practices. The primary difference between fraud and abuse is “intent”. Poor recordkeeping, lack of understanding of care responsibilities or reporting obligations may result in an investigation for abuse.

FWA can occur at any point and by anyone involved in the care of program members. Members may also be involved in FWA activities, including:

- misrepresentation of medical conditions to obtain additional or unnecessary services, supplies, equipment, or medications;
- failure to disclose information that may affect eligibility;

If you suspect that fraud, waste or abuse is occurring, please contact:

- Compliance Hotline (800) 826-6762
- [ComplianceHotline@communitycareinc.org](mailto:ComplianceHotline@communitycareinc.org)

All contacts will be treated confidentially.

## Protected Health Information (HIPAA) Requirements

Based on the services you provide on behalf of Community Care, Inc. you may be provided with protected health information (PHI). This information includes all medical and care-related services you provide. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you are responsible to keep this information secure. Information must not be left out where anyone can read it, including paper records and emails, and should be protected against theft.

The law also requires you to only share PHI with the member's consent in all but a limited number of situations. Any loss, theft, misuse, or accidental disclosure of PHI must be reported to Community Care's Compliance Department, and may also need to be reported to the government under the breach notification requirements.

There are government resources available to assist you to understand your obligations. These include:

- <http://www.hhs.gov/ocr/privacy/index.html>
- <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/index.html>

Please contact our Provider Management Department or Compliance Department if you have questions or concerns about HIPAA.

## Gifts and Entertainment

In order to avoid even the appearance of improper conduct, Community Care, Inc. requests that providers do not offer gifts to our staff members. Please do not extend to our staff invitations to sporting and other entertainment events, since acceptance may be perceived to have an influence on the decisions made by our employees. It is our hope that this policy will eliminate real or imagined bias by our staff regarding selection of providers for member services.

Providers should also be careful when giving gifts to members, since a gift may be perceived to influence a member's decisions regarding providers or services. The Office of the Inspector General permits inexpensive gifts (other than cash or cash equivalents) or services that have a retail value of no more than \$10 individually, and no more than \$50 in the aggregate annually per individual<sup>1</sup>.

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<sup>1</sup> DHHS OIG Special Advisory Bulletin: Offering Gifts and Other Inducements to Beneficiaries  
<http://oig.hhs.gov/fraud/docs/alertsandbulletins/SABGiftsandInducements.pdf>



## SECTION 10: CLAIM SUBMISSION AND PAYMENT

### Claim Submission Overview

Never Billed Community Care Before? - Visit our website [www.communitycareinc.org](http://www.communitycareinc.org) and complete our Billing Registration Form.

Residential Services & Supportive Home Care – Community Care has created a Claim Submission Portal located at: <https://claimsportal.communitycareinc.org:444/>. For any questions regarding our Claim Submission Portal site please contact our Provider Education Specialist at [provider.education@communitycareinc.org](mailto:provider.education@communitycareinc.org)

Medical Services including Skilled Nursing Facilities – You can bill electronically through a clearing house.

Community Care Payer ID information:

- Family Care: 60995
- Family Care Partnership or PACE: 39126

### Provider Payment Inquiries

Questions concerning claim status, adjustment or requests for claim review please contact our Provider Hotline 1 866-937-2783 option 1.

### Provider Claims Education

Community Care has Provider Education Specialists to ensure our providers receive adequate education in all aspects of claim submission and to ensure timely and accurate reimbursement to our providers. The Provider Education Specialists provides training to network providers regarding use of the Claims Submission Portal (CSP), understanding the clean claim and appeal process, electronic submission of claims, and the appropriate use of explanation of benefits (EOB) reports to verify and reconcile payments. This training is available to all existing providers upon request and to all new providers upon acceptance to the network and is performed at your location. If you would like to set up an appointment with our Provider Education Specialists to discuss any current or ongoing issues, or if you are a new provider in need of assistance, please contact our Provider Hotline at 1 866-937-2783 option 1.

### Payment of Claims

Community Care shall process all Clean Claims within thirty (**30**) calendar days of receipt. A Clean Claim means one which can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is known to be under investigation for fraud or abuse, a claim under review for medical necessity or a claim for which there is no authorization or the claim does not match the services authorized via the authorization.

All information on the service authorization must be accurate before performing services, especially:

- Dates of Service: Provider must verify that the service authorization covers the date span of the expected service period.
- Units of Service: Provider must verify that the number of units authorized is equal to the

- number of units expected during the service period.
- Service Code/HCPCS/Revenue Code: Provider must verify that the service code authorized is the same as the expected service to be provided.

### **Clean Claims**

Providers are responsible for submitting a clean claim for each member served in order to receive payment. A clean claim is free from errors and contains all of the following:

#### Member Information:

- Member full name
- Social Security Number (SSN) and/or Master Client Index (MCI) number
- Date of birth

#### Service Authorization Information:

- Authorization number (each claim form must contain ONLY ONE authorization number)
- Date(s) of service (date range or individual days)
- Service/HCPCS/Revenue code/Modifier (if applicable)
- Number of units (number of days in service period or units of provided service)
- Unit rate/Billed amount

#### Provider Information:

- Provider name
- Provider address
- Provider number (TIN/EIN/SSN)
- National Provider Identifier (NPI) – highly recommended

### **Coordination of Benefits (COB)**

Coordination of Benefits (COB) will apply. Review your contract to determine the maximum amount of payment you will receive.

### **Provider Claims Appeal Process**

The Claims Appeal Process is outlined within your contract.

## Section 11: QUALITY IMPROVEMENT

### Quality Improvement (QI) Program

Community Care, Inc. strives to deliver outstanding services so members can achieve their goals and desired outcomes. Delivering quality care is a strategic objective and is driven each year by the Annual Quality Plan.

- Community Care conducts formal QI projects as defined and approved by state and federal agencies.
  - Required projects to meet CMS and DHS contract requirements
  - Community Care strategically selects meaningful projects that will benefit the members
- Measures and evaluates the quality of the Care Management activities to improve the members' experience.
  - Member Satisfaction Survey
  - Care Management process monitoring
  - Regulatory audit readiness/corrective action planning
  - Practice Guidelines
  - Consumer and Provider input to Quality Plan
- Integrate other organizational plans with the Quality Program

**Community Care encourages its network providers to communicate feedback on how we can continue with our strong tradition of delivering quality care.**

Providers can communicate with Community Care through:

- Our Provider Hotline at 866-937-2783
- Our email at [contractinquiries@communitycareinc.org](mailto:contractinquiries@communitycareinc.org)
- A phone call to the Quality Improvement Department at (414) 231-4000 or (866) 992-6600.
- A letter to the Quality Improvement Department at:
  - Community Care, Inc.
  - Attn: Quality Improvement Dept.
  - 205 Bishops Way
  - Brookfield, WI 53005

### Quality and Customer Satisfaction

Community Care must meet uncompromising standards for quality care. MetaStar, an independent quality improvement organization, performs our external quality review for the State of Wisconsin on an annual basis. MetaStar also conducts the external quality reviews for Family Care program sites.

