



LAKELAND CARE

Local. Compassionate. Dependable.

Lakeland Care Inc. Claims Appeal Process

Provider may dispute the LCIs payment, nonpayment, partial payment, late payment or denial of a claim by filing a written request with Lakeland Care Inc. Business Department within sixty (60) days of LCI action. The LCI business department will review claims for reconsideration when submitted by a provider under this contract.

Appeals from Providers must include the following characteristics:

1. Appeals must be clearly marked as “appeal” and addressed to the fiscal supervisor.
2. Appealed claims must be received within 60 days of the Explanation of Benefits (EOB), ERA, or denial letter.
3. Claims must have all the elements of a clean claim as outlined in this contract, including Provider’s name, member’s name, service description or code, date(s) of service, date of billing, date of rejection, and copy of EOB. Providers may request another copy of the letter of authorization from the clerical or fiscal staff for the month of the claim if they do not have a copy of their original.
4. Claims must include a written statement indicating why the denial is being appealed. If more than one claim is being appealed each must have a reason statement or cover statement indicating that the reason for the appeal is the same for all resubmitted claims.
5. Claims submitted as appeals will be reviewed by the LCI one time only.
6. Providers can further dispute an unpaid claim with DHS.

Lakeland Care Inc. will respond to the appeal within forty-five (45) days. Submit appeals to:

Fiscal Supervisor
Lakeland Care Inc.
N6654 Rolling Meadows Drive
Fond du Lac WI 54937

DHS Claims Dispute Process

Provider may appeal Lakeland Care Inc. appeal decisions to the DHS. In filing a request for reconsideration of appeal, provider shall clearly mark it as an “appeal” and indicate the provider’s name, date of service, date of billing, date of rejection, and reasons for provider’s request for reconsideration. The provider may appeal a reconsideration decision or failure of the LCI to respond within forty-five (45) days of a reconsideration request by filing a written request to the DHS within sixty (60) days of the LCI’s final decision or failure to respond.

Provider Appeals Investigator/Division of Long-Term Care
1 West Wilson Street, Room 518
PO Box 7851
Madison, WI 53707-7851

Claims Appeal Policy and Procedure

The LCI must furnish all providers information regarding the provider appeals process at the time providers enter into the contract. This information is posted on the LCI's website on the Provider Tab. This information can be emailed to providers, upon request. Providers may request additional copies of this policy by contacting:

Provider Network Specialist/Lakeland Care Inc.
N6654 Rolling Meadows Drive
Fond du Lac WI 54937