

Cardinal
Innovations
HEALTHCARE

May 4, 2018

Network Management Procedures & Processes

**Reconsideration of Cardinal Innovations
Actions Against Providers**

Updated May 2018

Disclaimer

Information provided in this presentation pertains only to the counties in the Cardinal Innovations Healthcare service area. This information is specific to the Cardinal Innovations service area and may not apply to other organizations, providers, stakeholders or individuals outside the Cardinal Innovations service area.

Presentation slides are brief, bullet-points of information and should not be used out of context.

Reconsideration: Process Flow

<p>Types of requests considered</p>	<p>A Provider may request reconsideration of a sanction imposed upon them by Cardinal Innovations. This includes the following:</p> <ul style="list-style-type: none"> ✓ A finding that the Provider is out of compliance with Medicaid or Cardinal Innovations documentation requirements ✓ Imposition of a payback for out of compliance areas ✓ Imposition of a Plan of Correction ✓ Imposition of a Referral Freeze ✓ Terminations ✓ Imposition of a Payment Suspension
<p>Time to request</p>	<p>10 business days from the date of receipt of the notification of the action for which Reconsideration is sought The provider must provide any additional written documentation to be considered during the Reconsideration Process at the time the Request for Reconsideration is received</p>
<p>Form to submit request</p>	<p>Please submit requests using the Cardinal Innovations Provider Request for Reconsideration of an Action Form Refer to link below: https://www.cardinalinnovations.org/Cardinal.Innovations/media/Documents/request-for-reconsideration-of-an-action-form.pdf</p>
<p>Requests mailed or dropped off</p>	<p>Cardinal Innovations Healthcare Chair of the Reconsideration Committee NASCAR Plaza 550 South Caldwell Street, Suite 1500 Charlotte, NC 28202</p>
<p>Decision making body</p>	<p>Reconsideration Committee</p>

Reconsideration: Form

Provider Request for Reconsideration of an Action Form



Provider Request for Reconsideration of an Action Form

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Please use this form to request reconsideration of a Cardinal Innovations provider action as more fully described in the Provider Manual, Section XIII. Please do not use this form for reevaluation of authorization issues or claim denials. For instruction regarding these type of issues, please refer to the "Review and Determination" Process listed in the Provider portion of our website.

Requests for Reconsideration should include all relevant documentation supporting your request and a clear explanation justifying reconsideration. The following should be completed in ink or typewritten and be easily legible. You may submit your own version of this form; however, it should include all areas outlined below. If there are multiple areas of reconsideration, please list each area separately below.

Forms with supporting documentation should be timely submitted to: **Chair of Reconsideration Committee, 550 South Caldwell Street, Suite 1500, Charlotte, NC 28202**. To avoid missing any deadlines and to fully understand the provider reconsideration process, please review Cardinal Innovations' notice to you of the action giving rise to this reconsideration request, and the Provider Manual, Section XIII.

Provider/Agency Name: _____ Contact Name for this Request: _____

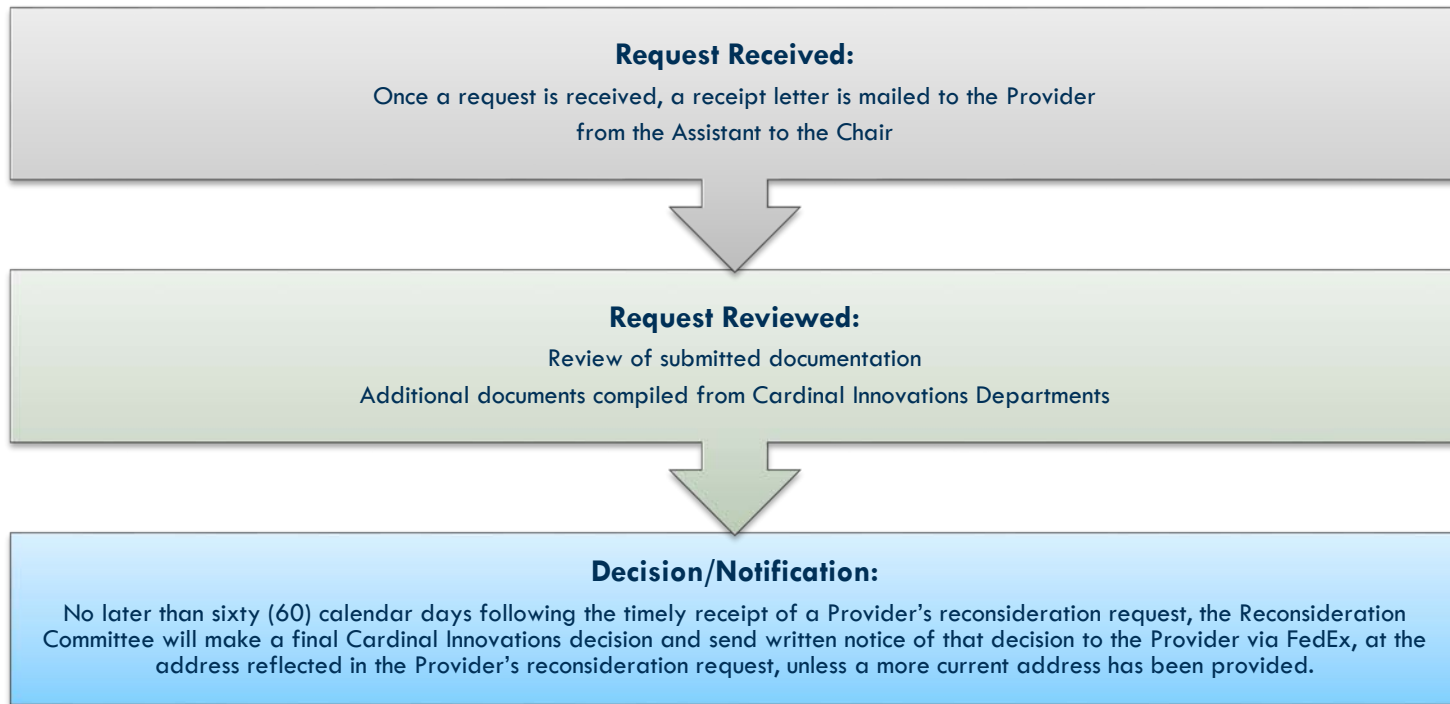
Date of Audit/Action: _____ Type of Audit/Action: _____
(Routine Review, POC, Investigation, etc.)

Catchment of Audit/Action: Alamance-Caswell Five County OPC Piedmont Mecklenburg Triad

Issue(s) to be Reconsidered <small>(Please use a separate row for each issue you are requesting a Reconsideration Review)</small>	Cardinal Innovations Action Applied <small>(If payback, include payback amount to be reconsidered)</small>	Applicable Reason Code <small>(Include date of service and claim number)</small>	Reason(s) for Reconsideration <small>(Please be specific in regard to the reason and justification for Reconsideration for each issue listed)</small>	Supporting Documentation Attached <small>(Recite the page number of the document that supports each issue)</small>

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Reconsideration: Process Flow



Reconsideration: Reimbursement

- Reimbursement will continue during the reconsideration process unless the Provider is cited for gross negligence, the Provider is suspected of committing fraud or abuse, or in the sole discretion of Cardinal Innovations, continued reimbursement is likely to increase any payback amount due.
- The Provider may be required to submit documentation of services provided in order to continue to receive reimbursement during the reconsideration process. This determination will be made by the Corporate Quality Management Department.

Reconsideration: Paybacks

- All paybacks are due and payable by the Provider upon completion of the Reconsideration and receipt of the final Cardinal Innovations decision. All payments to the Provider shall cease unless and until the required payback is paid in full.
- Paybacks shall be paid by withholding reimbursement payments due to the Provider, or by direct repayment to Cardinal Innovations, as specified in an approved payment plan.
- Approval of a payback payment plan shall be made by the Finance Director in writing as accepted by the Provider. All payments due to the Provider shall continue to be withheld until either the payback is paid in full or a payback payment plan is approved in writing.
- In the event of multiple paybacks, Cardinal Innovations reserves the right of offset, i.e., to continue to withhold payments until all paybacks are paid in full or a payment plan is approved in writing addressing all paybacks.

RECONSIDERATION QUESTIONS?

Please submit your questions to
Networkcompliance@cardinalinnovations.org
with a subject line reading:
“Attn: Reconsideration Chair”