Provider Orientation Companion

Cardinal Innovations Healthcare is delighted to have you join its provider network. Your inclusion in this network reflects our belief that you can provide exceptional service to our members. Cardinal Innovations also believes your service history record demonstrates your commitment to the valued principles of respect, quality, diversity, recovery and self-determination. Be assured that you are joining a network of like-minded providers who share your values.

This Orientation Companion document has been prepared to support and assist you with navigating your initial needs, and to introduce you to the departments that will interact with you. This information is intended to complement, not replace, your Provider Manual. You should carefully read this and all other materials that are periodically given to you, including all Communication Bulletins and the InfoSource Newsletter.

Getting the Help You Need
Cardinal Innovations team members are always ready and willing to help our providers with questions that may arise. Finding the right person or department to speak to, however, can be challenging. While there are a variety of ways for you to communicate with us, there are two main outlets to get the answers you need. First, you should have been assigned a Network Specialist who will serve as a ready resource for you regarding questions you have about your contract. You can find your Network Specialist by clicking here.

The second resource available to you when seeking non-contractual information, such as assistance with Treatment Authorization Requests (TARs), Claims, Provider Direct, etc., is our Provider Line, which connects you with our Utilization Management (UM), Claims and Network Management departments. The Provider Line number is 1-855-270-3327 and can be accessed anytime. When contacting the Provider Line, listen carefully to the options provided to select the appropriate department where you will be connected to a representative who can further assist you.

Finding Useful Resources
You are encouraged to regularly visit Cardinal Innovations’ website, cardinalinnovations.org. There you can find the Resource Library, which has a variety of information broken down by departments and links to the following:

- Authorization Guidelines
- Checkwrite Schedules
- Credentialing Documents
- Contracting Documents (Requests for Additional Sites and Services, Provider Request for Changes/Updates)
- Practice Guidelines Overview
- Rate Tables
- Service Needs List
- Service Definitions
- Sliding Fee Schedules
- UM Tips for Submission of Authorization Requests

Our website also offers useful links to Communication Bulletins and helpful resources for members and those in the community.

Click here to learn more about working as part of our Provider Network, including information on Claims and Billing.
Additionally, the Provider Line is available for you to speak with a live representative: 1-855-270-3327. Phone line options:

- Select #1 if you are a member who wants to connect to our Access Call Center
- Select #2 to assist a member with services, authorizations, hospital or prison discharges
- Select #3 for all other inquiries such as claims, contracting, credentialing or Provider Direct Support

You may also email the Claims Department at: claims@cardinalinnovations.org.

Provider Direct Portal for Claims and Authorizations

Provider Direct is your online resource for important functions including submitting your authorization requests and claims for reimbursement. Click here to follow instructions to obtain a Provider Direct login. Through this portal you can:

- Access training and instructional material
- Enroll new members
- View and update client information and clinical documentation
- Create treatment authorization requests
- Download authorization reports
- Submit and view claims
- Download payment information

Our Provider-Facing Teams

As a newly contracted and enrolled provider with Cardinal Innovations, you will have access to resources to assist with your goal of rendering high quality services to our members. The following is a list of various Cardinal Innovations departments or business units you will need to know:

- Clinical Operations
  - Access (Call Center)
  - Clinical Support
  - Utilization Management
- Care Coordination
- Community Engagement
- Community Relations
- Cultural Competence
- Finance
- Medical
- Member Engagement
- Network Management
- Quality Management
- Service Center

You may access specific information about the core functions of these departments and business units by clicking here.

Organizational Provider Re-Credentialing

All contracted providers are required to have their organizational contractual qualifications reviewed, verified and reapproved at least every 36 months from the date of the last organizational credentialing or re-credentialing review. Beginning six months in advance of their re-credentialing due date, organizational providers will begin to receive system-generated alert messages in Provider Direct and emails to Provider Direct System Administrators, indicating the need for the submission of an organizational provider re-credentialing application. The system-generated alerts and email notifications will advise organizational providers of their re-credentialing due date and further provide information and electronic links for accessing a specially designed organizational re-credentialing application that will be housed in a re-credentialing section of the Provider Direct platform.
Important Information

- To learn more about our behavioral healthcare screening program, click here.
- Click here to refer to the current Provider Manual.
- To learn more about Fraud/Waste/Abuse, click here.
- Click here to access the Member Appeal Rights Brochure.
- View the statement of Member Rights and Responsibilities inside the Member & Family Handbook.
- To access the Resource Library, click here.
- Find helpful resources on our website, such as Training and Education, by clicking here.
- Search for useful trainings, events and meetings, by clicking here.
- Access critical NC Tracks information at the links below. Enrollment in Cardinal Innovations’ closed provider network and billing system is distinct from enrollment in the North Carolina Medicaid program. However, Cardinal Innovations cannot contract with or pay claims for services provided by clinicians who are not enrolled in NC Medicaid, which uses the NC Tracks system.
  - Communication Bulletin
  - NC DHHS, NC Tracks Website
- Find more useful information regarding The Healthcare Effectiveness Data and Information Set (HEDIS) and National Committee for Quality Assurance (NCQA) requirements by clicking here.
- Learn more about Clinical Practice Guidelines.
- Review the “UM Tips for Submission of Authorization Requests” by clicking here.
- As a contracted provider, you are required to comply with all contractual, local, state and federal requirements. To that end, Cardinal Innovations periodically conducts audits and reviews such as, but not limited to, the following:
  - Review tools and monitoring information such as: Department of Health and Human Services (DHHS) Monitoring Tool for Providers; DHHS Review Tool for LIPs/Group Practices and Agencies Billing Outpatient Services Only (BH); DHHS New Unlicensed Site Review Tool for Providers and the DHHS Unlicensed AFL Review Tool can be found on the DHHS website, Provider Monitoring page.
  - Coordination of Benefits audit COB FAQ
  - Provider Direct System Administrator and User Audits

Ongoing compliance with all of your requirements will help ensure that your agency or practice maintains its status as a high quality provider in the Cardinal Innovations Provider Network. Therefore, we urge you to carefully review the materials provided through the above links.