



Request for Reconsideration Review Procedures

The Reconsideration Review is the process a provider utilizes to request a change in scoring on the Provider Discovery Review (PDR). An example of when a provider may request a Reconsideration Review is when the provider believes required documentation presented to the reviewer during the review met requirements, but the final report showed the standard identified as "Not Met."

Reconsideration Review Requests are only applicable to standards of performance related to noted potential billing discrepancies. These standards are identified on the Provider Discovery Review report under the heading **Potential Billing Discrepancies**. Additional clarification is under two other headings following results of each individual record review: **Detailed Issues from Record Reviews by Service and Individual** and **Billing Discrepancy Detail**.

Important Note: Documentation not made available at the time of the initial review will not be accepted for a Reconsideration Review. All documents pertinent to the reconsideration request must be sent at the same time. Only one request for reconsideration per PDR will be processed.

If you disagree with the findings related to noted potential billing discrepancies in your Provider Discovery Review (PDR) report, you may request a Reconsideration Review. The Reconsideration Review Request must be made in writing and received within 30 days of the annual PDR report mailing date. If the request is not submitted in the 30 days, it will not be accepted and the request will be deemed ineligible. You have the option of submitting the Reconsideration Review Request by hand delivery, mail or by fax to the Tampa or Tallahassee address/Right Fax number located below. Upon receipt, your Reconsideration Review Request will be entered into a tracking system to ensure Qlarant completes the Reconsideration Review Report within 30 days of receipt of your request.

To submit a Reconsideration Review Request you must fill out the Reconsideration Review Request form located on our website at www.florida qlarant.com under Provider Resources.

Please carefully follow the procedures outlined below when requesting a Reconsideration Review. All fields must be completed to be eligible for Reconsideration:

- Provider Number
- Provider Name
- Provider Street Address/City/State/Zip
- APD Area and Region
- Provider Location (if applicable)
- Provider Discovery Review date
- Qlarant Reviewer Name
- Billing discrepancy Standards (list service and standard number- example: Respite # 5) for which Reconsideration is requested. List service and standard # on each page submitted.
- Documentation to support Reconsideration (each document submitted must state which service and standard it applies to).
- Name of Person to Contact/Phone number

The completed Reconsideration Review Request form along with documentation to support the Reconsideration Request may be hand delivered, mailed, or faxed to either the Tampa or Tallahassee office.

A review of the Reconsideration Request will be processed and a report generated within 30 days. If you do not receive your Reconsideration Review Report shortly after the 30 days, please contact our Customer Service Representative at 1-866-254-2075.

Final Note: Reconsideration Review Request submissions should only include documentation related to the request. Please forward other documents related to APD remediation plans, corrective action plans or corrected documentation to your local Regional APD office when requested.

Tampa Office
14025 Riveredge Dr.
Suite 150
Tampa, FL 33637
(866) 254-2075
(888) 877-5993 Fax

Tallahassee Office
2039 Centre Pointe Blvd.
Suite 202
Tallahassee, FL 32308
(850) 671-5044
(888) 877-5993 Fax