

Delmarva Reconsideration Procedures

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

Reconsideration Requests are only applicable to standards of performance related to potential recoupment. These standards are identified on the Provider Discovery Review report under the heading **Potential Recoupment Reported to AHCA**. Additional clarification is under two other headings following results of each individual record review: **Detailed Issues from Record Reviews by Service and Individual** and **Recoupment Details**.

- * **Important Note:** Documentation not made available at the time of the initial review will not be accepted for a Reconsideration Review.

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

To submit a Reconsideration Request you **must** fill out the Reconsideration Request form located on our website at www.dfmc-florida.org under Provider Resources.

Please carefully follow the procedures outlined below when requesting Reconsideration:

All fields **must** be completed to be eligible for Reconsideration:

- Provider Number
- Provider Name
- Provider Street Address/City/State/Zip
- APD Area
- Provider Location (if applicable)
- Provider Discovery Review date
- Delmarva Reviewer Name

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

Tampa Office

12906 Tampa Oaks Blvd
Suite 130
Temple Terrace, FL 33637
(866) 254-2075
(888) 877-5993 Fax

Tallahassee Office

2039 Centre Pointe Blvd.
Suite 202
Tallahassee, FL 32308
(850) 671-5096
(888) 877-5993 Fax

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

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