



Provider Audit and Reimbursement 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050

June 5, 2020

Cara Sawyer Delaware Psychiatric Center 1901 N Dupont Highway New Castle, DE 19720

Regarding:

Notice of Program Reimbursement

Provider Name:

Delaware Psychiatric Center

Provider Number:

084001

Subunit Numbers:

N/A

Fiscal Period:

07/01/2017 - 06/30/2018

Settlement Date:

06/05/2020

Dear Cara Sawyer:

In accordance with Regulation Section 405.1803, this is the Notice of Program Reimbursement (NPR) for the above-referenced provider and fiscal period. It shows an amount due the provider, as outlined below:

Net Amount Due the Provider:

\$0.00

The type of review performed on this cost report settlement was:

DESK REVIEW

Please see the attached documentation for detailed information pertaining to this cost report settlement.

Payment will follow this notice within the next few days, and will include more specific instructions regarding interest assessments. If this notice indicates a balance due the provider, our payment must be postmarked within 30 days of the date of this notice, otherwise we are required to pay you interest on the unpaid balance.

The NPR is based on the enclosed adjusted cost report. The enclosed adjustment report lists each adjustment and the reason it was made.

If you wish to dispute the amount due the provider, please contact the following audit manager with oversight on this settlement:

Manager Name:

Quinn McGuire

Manager Phone Number:

412/802-1813

Manager Email:

quinn.mcquire@novitas-solutions.com

The above-referenced contact will answer your questions and determine whether or not the cost report should be reopened. If the cost report needs to be reopened, any requests for reopening will need to be submitted in writing. Your right to appeal will not be jeopardized by contacting the audit manager.

If, after contacting the audit manager, you still wish to dispute the amount due the provider, you may file a Medicare Administrative Contractor (MAC) appeal (previously known as an Intermediary appeal) or a Provider Reimbursement Review Board (PRRB) appeal. The following table illustrates the criteria for filing a MAC appeal or PRRB appeal for individual or group cases based on the amount in controversy.

	Amount in Dispute for MAC Appeals (42CFR 405.1809 - 405.1833)	Amount in Dispute for PRRB Appeals (42CFR 405.1809 - 405.1883)
Individual Providers	\$1,000 - \$9,999	\$10,000 or more
Group	No provision for group appeals	\$50,000 or more, in aggregate; no minimum for individual providers

All appeals must be received within 180 calendar days of the date of the provider's receipt of the NPR and must include:

- Identification of the items in dispute, by adjustment number, amount and description.
- The reason(s) you disagree with the MAC's determination on these items.
- 1 copy of the NPR, or the determination(s) disputed and the corresponding section(s) of the adjustment report.

Appeals must also include an estimate of the reimbursement effect for each item in dispute.

Electronic Filing

Per PRRB Rule 2.1 - OH CDMS is a web-based portal for parties to enter and maintain their cases and to correspond with the PRRB. Access to the system is granted as needed based on role. Access to specific cases is limited to the parties of each case, including party representatives. While its use is not currently required, the PRRB strongly recommends all parties utilize this new electronic case management tool.

To access OH CDMS, see https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/Electronic-Filing.html. The webpage includes a link to the CMS

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Enterprise Portal as well as current registration and user manuals. For any technical system issues, please contact the OH CDMS Help Desk at 1-833-783-8255 or email helpdesk_ohcdms@cms.hhs.gov.

Filing Outside of OH CDMS

Send your appeal as directed below:

	For MAC Appeals	For PRRB Appeals
Original	PRRB Appeals Federal Specialized Services 1701 S. Racine Avenue Chicago, IL 60608-4058 intermediary@fssappeals.com	Chairman Provider Reimbursement Review Board CMS Office of Hearings 1508 Woodlawn Drive Suite 100 Baltimore, MD 21207
Сору	JL Provider Audit & Reimbursement Novitas Solutions, Inc. 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 CostReportAppeals@novitas- solutions.com	PRRB Appeals Federal Specialized Services 1701 S. Racine Avenue Chicago, IL 60608-4058 prrb@fssappeals.com and JL Provider Audit & Reimbursement Novitas Solutions, Inc. 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 CostReportAppeals@novitas-* solutions.com

For more information on filing an appeal with the MAC, please contact CostReportAppeals@novitas-solutions.com

For more information on filing an appeal with the PRRB, please reference https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/index.html

This settlement may be readjusted if the Centers for Medicare & Medicaid Services publishes retroactive regulations (or clarifications to regulations) that govern reimbursement within three years of the date of this letter.

Sincerely,
/s/
Bruce Snyder Director JL Provider Audit & Reimbursement

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