

Cardiology Reconsideration Document for Tiering Status 2019 & 2020

Practice Name _____

Practice Billing NPI _____

Practice Location _____

Contact Name _____

Contact Phone _____

Contact Email _____

QUALITY Evidenced Based Measures:

- Beta Blockers and ACE/ARBs after MI
- Beta Blocker treatment post-MI
- Beta Blocker Therapy for HF

- Measurement of LV Function for HF
- Lipid-lowering therapy for those with CAD
- Lipid Profile for those with CAD
- Warfarin Prescription for those with HF and Atrial Fib

Please submit rationale, DOS, and copy of report as appropriate for each **evidenced based medicine** reconsideration category:

Measure	Patient Name	Patient ID	Reconsideration Category (attribution, Screen not appropriate, Screening done)	Date of Service	Rationale	Report Enclosed?

Please submit rationale for each request for reconsideration of **potentially avoidable complications**:

PAC –Arterial Catheterization	Complication type (anemia, infection etc.)	Patient Name	Patient ID	Rationale why not appropriate

Registry Attestation

Registry (NCQA Recognition: HSRP or PCSP)	% of doctors in practice utilizing registry (must be 80% or greater)	rationale for not submitting attestation previously requested

COST Please submit any reason you feel data not appropriate and rationale:

Issue	Rationale why not appropriate/accurate

ROWDMAP Please submit any reason you feel data not appropriate and rationale:

Issue	Rationale why not appropriate/accurate

- Completed Reconsideration Document should be sent to the Tiered Network via fax (919-287-5491) email (tierednetwork@bcbsnc.com) or by mail: Tiered Network/reconsiderations, BCBSNC, P.O. Box 2291, Durham NC 27702-2291. Once all data is received, reconsiderations will be processed in 45 days. Please check reconsideration notification preference: Email (Address): _____ or Letter