



Carolina Complete Health Provider Guide

Provider Hardship Request: Frequently Asked Questions

What is the process for a Hardship?

1. The Provider should submit a formal electronic (networkrelations@cch-network.com) or written request to the CCHN Provider Operations team.
2. CCHN will initiate the review of the request with the CCH Operations and Claims leadership teams for analysis and recommended action.
3. Upon approval of the hardship request, and prior to the disbursement of funds, the Provider must sign a promissory note that stipulates the terms of the advance payment.

Please Note: All advance payments should be refunded within 30 days of the eventual adjudication of the claim(s) that caused the hardship.

What information is required from providers for a hardship advance request?

The Provider's request must include documentation that supports the hardship need. The following criteria must be met for the provider request to be approved for a hardship advance:

- Delay or nonpayment of provider claims is due to CCH configuration or other system issues.
- The amount owed exceeds \$10,000 or a lesser amount when the provider is unable to meet immediate financial obligations.
- A promissory note that stipulates terms of Advance payment is executed and signed by the provider entity before any disbursement of funds unless otherwise determined by CCH CFO or CEO.

What is the timeframe for a hardship request processing?

- The targeted turnaround time for the claims review to be completed is **7 business days**.
- In urgent hardship circumstances, exceptions can be made to complete **within 3 days**.

What are the advance amounts?

- The current claims inventory will be reviewed to determine the amount the provider should have been paid based on which pended or denied claims were processed incorrectly due to a system, configuration, or schedule issue.
- The minimum advance payout is \$10,000. A request for an amount less than the minimum will be considered when the provider is unable to meet immediate financial obligations.

What monitoring is done? What are the repayment expectations of hardships?

- All advance payments should be refunded within 30 days of the eventual adjudication of the claim(s) that caused the hardship.
- Refund payments should be submitted via ACH or wire.
- Any refund of hardship payments not received within 30 days of claim adjudication will be offset by future claims payments due provider.

What are the exceptions to hardships?

- Advances will not be created for any state requirements (e.g. retro eligibilities, etc.) unless due to a system limitation (e.g. unable to correct provider set-up, fee schedule, etc.).

Who can I contact at the Health Plan?

- CCHN Chief, Provider Operations, Jane Vermette: jvermette@cch-network.com

Where can I find the full policy?

- Administrative Policies:
<https://network.carolinacompletehealth.com/resources/administrative-policies.html>