

CHNCT Updates Provider Reconsideration Process

CHNCT is updating its Provider Reconsideration Process, effective Aug. 2, 2010. This process gives providers an avenue to address claims denied for administrative reasons, which were denied by CHNCT in error and reported within 60 days of the date of the remit. (This process is not for claims that were denied due to medical necessity.)

If you feel that CHNCT denied a claim in error and it is within 60 days of the remit, please contact the Provider Call Center at 1.800.440.5071.

The call center representative will decide whether the claim was denied in error. If it is determined that the claim denied in error, they will facilitate reprocessing your claim(s)

If a claim is denied for COB and you believe that CHNCT is the primary payer, you must:

- Fax CHNCT a term letter from the primary payer; OR
- Fax CHNCT information from the (former) primary payer's website that shows an end date for the Member's coverage; OR
- Fax CHNCT an EOB from the (former) primary payer showing the member was not eligible with that plan on the date of service. This will allow CHNCT to process the claim for the specific Date of Service; OR
- Provide the name and social security number of the policyholder. With this information CHNCT can investigate whether another policy is primary.

Please note: This process is not a replacement to a provider's appeals rights.

If you feel that CHNCT denied a claim in error and it is more than 60 days of the remit, please contact your Sr. Provider Relations Representative.

If you have any questions regarding this communication please contact the Provider Call Center at 1.800.440.5071.