Other Health Insurance (OHI) process using CCHP Provider Portal

www.cookchp.org

1. Submit an Express Request Form using OHI tab.
2. Complete all required fields and attach supporting documentation (*see examples on the following page*) from the primary insurance carrier. Be sure to include termination date and/or EOB showing denial of claim.
3. Tracking numbers will be issued for each submitted Express request.

The Express Request form will be reviewed by Member Services to ensure that all supporting documentation is submitted and sufficient to remove the primary insurance flag.

Request is Approved:
- Provider will receive notification through the CCHP Provider Portal indicating that suporting documentation was sufficient for removal of OHI coverage flag.
- Removal of flag can take up to 3 business days.
- After the flag is removed from the Member's account, the information is forwarded to the Claims Department for review/reprocess of all eligible claims with dates of service after the primary carrier expiration date, regardless of provider submission status.

Request is Rejected:
- Provider will receive notification through the CCHP Provider Portal indicating the the request was rejected.
- Provider will receive a message stating the reason for rejection. The reason will be specific to each submission and rejection.
- The provider may resubmit additional/missing supporting documentation at anytime during the process.

Other Health Insurance (OHI) process through Fax or Email

Providers may submit any supporting documentation regarding termination of primary carrier benefits. Please make sure to include the termination date and/or EOB showing denial of claim by fax or by email:
- Fax: 682-885-8401
- Email: CCHPCOB@cookchildrens.org
  (Providers will receive a confirmation receipt by return email)

Fax/Email is approved:
- Removal of flag can take up to 3 business days and the Member's account will be updated with the flag removal information.
- Providers are welcome to call Member Services at 888-243-3312 for a status after 3 business days.
- After the flag is removed from the Member's account, the information is forwarded to the Claims Department for review/reprocess of all eligible claims with dates of service after the primary carrier expiration date, regardless of provider submission status.

Fax/Email is Rejected:
- The Member's account will be updated with the reason for the rejection.
- Providers are welcome to call Member Services at 888-243-3312 for information regarding the rejection of submitted documentation after three (3) business days.
- The provider may resubmit additional/missing supporting documentation at anytime during the process.

Examples of Supporting Documention can include but are not limited to:
- Letter of Creditable Coverage from primary carrier.
- EOB showing denial of claim for Member not effective at the time of service.
- Legible printout from Primary Carrier inquiry received via their portal, by fax, or by email.

Verification of Exhausted or Non-Covered Services

Please make sure to include the Other Health Insurance denial showing service is not covered and/or exhausted by:
- Email: CCHPCOB@cookchildrens.org
  (Providers will receive a confirmation receipt by return email)
- Submit an Express Request Form using the OHI tab on the CCHP Provider Portal

Other Health Insurance verification can take up to 3 business days. Providers are welcome to call Member Services at 888-243-3312 for a status after 3 business days.

Once verification is complete, and Providers have received notification via email or through the Provider Portal, Providers should resubmit their claims showing CCHP as primary insurance, leaving all fields related to Other Health Insurance (OHI) blank.

NOTE: *CCHP does not require EOB information from primary private insurance for the following LTSS services: PCS, CFC, DAHS, PPECC, MDCP respite, MDCP flexible family support services, MDCP supported employment, MDCP employment assistance, MDCP minor home modification, and MDCP adaptive aids. EOB information from primary private insurance are not required for mental health rehabilitation or mental health targeted case management services.*