

Medicare Organization Determination Reopening Request Form for Providers

Date		
Provider Name:	Phone#	Fax#
Member Name:	Member ID#	
Case/reference#	Date of service:	
Service requested:	Date of initial determination:	
Provider signature:		

Please fax or mail this form and any additional relevant information to ConnectiCare at:

175 Scott Swamp Road Farmington, Ct. 06034

Fax: Member is outpatient: 1-866-706-6929

Member is inpatient: 1-860-678-5282

In order for ConnectiCare to review your request, a written request for reopening must be completed and include all the elements indicated below. In addition to this form, please include a copy of the denial notice.

Note: All decisions whether to grant a reopening request is at the discretion of ConnectiCare. If your request is not granted, ConnectiCare's decision to not reopen is not appealable.

CMS Reopen Request Letter

Per CMS guidelines, the following are the requirements for a Medicare reopening request:

- The request must be made in writing;
- The request for a reopening must be clearly stated;
- **The request must include the specific reason for requesting the reopening (a statement of dissatisfaction is not grounds for a reopening, and should not be submitted); and**
- The request should be made within the time frames permitted for reopening (see below).

A provider acting on a member's behalf CANNOT HAVE A RECONSIDERATION (APPEAL) AND A REOPENING OCCURRING SIMULTANEOUSLY WITH RESPECT TO THE SAME COVERAGE. ALSO, IF AN APPEAL HAS BEEN INITIATED, A REOPENING CANNOT TAKE PLACE.

I am requesting a reopening of the denial due to one of the following reasons (please check box):

- Within 1 year from the date of the organization determination for any reason;
Indicate Reopening reason:

Continued →

Within 4 years from the date of the organization determination for good cause; **Good cause may be established when;** Please select option below:

- There is new and material evidence that was not available or known at the time of the determination or decision, and may result in a different conclusion; or

Meaning of New and Material Evidence:

The submission of any additional evidence is not a basis for a reopening by itself. "New and material evidence" is evidence that had not been previously considered when the original decision was made. This evidence must show facts not previously available, which could possibly result in a different decision. New information also includes an interpretation of existing information that the health plan deems to be credible (e.g., a different interpretation of a benefit).

The evidence that was considered in making the determination or decision clearly shows that an obvious error was made at the time of the determination or decision.

- At any time if there exists reliable evidence (i.e., relevant, credible, and material) that the organization determination was procured by fraud or similar fault;
-

- At any time if the organization determination is unfavorable, in whole or in part, to the party thereto, but only for the purpose of correcting a clerical error on which that determination was based; or –

Meaning of Clerical Error

A clerical error includes such human and mechanical errors as mathematical or computational mistakes, inaccurate coding, and computer errors.

- At any time to effectuate a decision issued under the coverage (National Coverage Determination (NCD) appeals process.
-