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TIMELY FILING FOR PROVIDER RECONSIDERATIONS

Recently, the Culinary Health Fund developed a new reconsideration process for provider claim appeals. In support of this initiative, timely filing guidelines will be implemented for 1st and 2nd level appeals to further facilitate the processing of provider reconsideration requests for claims that you feel have been processed incorrectly.

For all claims with dates of service September 15, 2011 and forward, providers will have 180 days from the date the original claim was processed to request a reconsideration of the claim. If you disagree with the determination of the 1st level appeal, a 2nd level appeal must be received within 30 days of the decision date on the 1st appeal. Please note, after the determination of the 2nd level appeal the Fund will not accept further requests for reconsideration for the corresponding claim.

Please remember to use the Provider Reconsiderations Department address listed below to submit your requests:

Culinary Health Fund Provider Reconsiderations
PO Box 44216
Las Vegas, NV 89116
Phone: (702) 691-5625
Fax: (702) 216-9525

Please note, the Provider Reconsiderations Department will be dedicated to claim reconsiderations exclusively and will not provide information on benefits or claim status unrelated to a reconsideration request. If you have any questions regarding this change, please contact Provider Services at (702) 892-7313.

Sincerely,

Shelli Lara
Director, Healthcare Delivery