

Appeal and Claim Dispute Request Form

Use this form to ask Healthy Mississippi, Inc. to reconsider a decision to deny care, or to deny, underpay, or overpay a claim. Please fill out as much of this form as you can so we can review your request quickly.

Section 1: Who is filing?

- ☐ Member ☐ Representative ☐ Doctor filing for the member
☐ In-network provider ☐ Out-of-network provider

Representatives: Fill in below. Unless we have one on file from the past year, include a signed Appointment of Representative form (CMS-1696) or equivalent written notice.

Representative name		Relationship	
Phone		Email	
Mailing address			

Section 2: Member information

Member name		Member ID	
Date of birth		Phone	
Mailing address			

Section 3: What are you asking for?

- ☐ **Care I have not received yet** was denied
☐ **A claim** was denied or only partly paid
☐ **Payment amount dispute** (*providers only*)

Service or item denied		Date on denial notice	
Claim number (if known)		Date(s) of service	

Section 4: Why do you disagree?

Tell us why the decision should change. If you are sending this more than 65 days after the denial notice, tell us why. You can attach more pages.

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Section 5: Doctors and providers only

Provider / group name		NPI	
Contact name		Tax ID	
Phone		Fax	

Payment details (if the appeal or dispute is about payment):

☐ Overpayment ☐ Underpayment* ☐ Denial

Amount paid		Expected amount	
CPT/HCPCS code(s)		Denial code(s)	

**Choose Underpayment only if we paid at least part of the claim or line. If nothing was paid, choose Denial.*

In-network providers: payment disputes are handled under the dispute process in your contract with us.

Out-of-network providers: include a signed Waiver of Liability with any claim appeal, including partial payments, underpayments, downcoding, and bundling. We cannot decide the appeal without it.

Send this form with a copy of the denial notice and any records that support your request.

Mail: Healthy Mississippi, Inc. Attn: Appeals and Grievances PO Box 21069 Eagan, MN 55121	Email: quality@healthy-ms.com Fax: 601-427-0760 Phone: 1-833-201-6413 (TTY 711)
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Have questions? We are happy to help. Call us at 1-833-201-6413 (TTY 711), Hours are 8:00 am – 8:00 pm CST 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30. You can also call 1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048), 24 hours a day, 7 days a week.