

Provider Claim Reconsideration and Appeal Request Form



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Please select one of the following:

Claim Reconsideration – A provider requests review of the original claim determination, including but not limited to payment amount, denial reason, or processing outcome.

☐ **Claim Appeal** – A provider requests review of the outcome of a previously submitted claim reconsideration.

Name and contact information of person submitting request:	Date:
Provider Name:	Provider Tax ID Number:
Claim Number:	Date(s) of service:
Member Name:	Member ID Number:

Requests must be submitted using one of the following methods: Secure Provider Portal: https://Provider.HomeStateHealth.com	Completed form and all applicable supporting documentation to: Home State Health P.O. Box 4050 Farmington, MO 63640-3829 Fax: 1-833-641-0887
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Reason for Claim Reconsideration, Claim Appeal (please check all that apply):

- ☐ 1. Claim was denied due to a global, bundled, or unbundled procedure edit. Attach applicable medical records or supporting documentation.
- ☐ 2. Claim was denied for no authorization; however, authorization was obtained.
Authorization number: _____
- ☐ 3. Claim was denied for no authorization; however, authorization is not required for this service.
- ☐ 4. Claim was denied for untimely filing in error.
Attach proof of timely filing.
- ☐ 5. Claim was paid incorrectly based on expected reimbursement or contracted rates.
- ☐ 6. Other: Please explain the issue and attach applicable supporting documentation.

Claim reconsiderations and claim disputes/appeals must be submitted within 180 calendar days for participating providers from the date listed on the original EOP or denial notice.

Photocopied, black-and-white, or handwritten claim forms, regardless of submission type, including first-time claims, corrected claims, claim reconsiderations, or claim disputes/appeals, may result in upfront rejection.

If the original claim requires correction, submit the corrected claim according to the "Corrected Claim" process outlined in the Provider Manual. **Do not include this form with a corrected claim.**

For assistance, contact Home State Provider Services at 1-855-694-4663
TTY for hearing impaired: 711.

Monday through Friday, 8:00 AM to 5:00 PM,
or visit www.homestatehealth.com.