

## Provider Appeal Process to HHSC (related to claim recoupment due to Member disenrollment)

Provider may appeal claim recoupment by submitting the following information to HHSC:

- A letter indicating that the appeal is related to a managed care disenrollment/recoupment and that the provider is requesting an Exception Request.
- The Explanation of Benefits (EOB) showing the original payment. Note: This is also used when issuing the retro-authorization as HHSC will only authorize the Texas Medicaid and Healthcare Partnership (TMHP) to grant an authorization for the exact items that were approved by the plan.
- The EOB showing the recoupment and/or the plan's "demand" letter for recoupment. If sending the demand letter, it must identify the client name, identification number, DOS, and recoupment amount. The information should match the payment EOB.
- Complete clean claim. All paper claims must include both the valid NPI and TPI number.

Note: In cases where issuance of a prior authorization (PA) is needed, the provider will be contacted with the authorization number and the provider will need to submit a corrected claim that contains the valid authorization number.

Mail appeal requests to:

Texas Health and Human Services Commission  
HHSC Claims Administrator Contract Management  
Mail Code – 91X  
P.O. Box 204077  
Austin, Texas 78720-4077

If you have questions about this process, please contact your Provider Services Representative by emailing [MHTXProviderServices@MolinaHealthcare.com](mailto:MHTXProviderServices@MolinaHealthcare.com)