



## Ensure Your Claim Appeals are Valid

Per the HAP Provider Manual, if a denial is disputed and submitting a corrected claim will not resolve the issue, an appeal letter along with medical records must be submitted within 60 days of the original denial date. Please refrain from repeatedly submitting corrected claims to address a denial. The issue must be resolved on the original claim.

Appeals are considered valid and will be reviewed if the following documentation is submitted within the 60-day appeal timeframe:

- A letter clearly explaining why the denial is being appealed
- Appropriate medical records that highlight the support for the appeal

There are times when we receive letters disagreeing with a denial; however, no medical records are submitted for support. Medical records have also been submitted with no letter explaining why they are being sent. **HAP will not review these types of cases as they are considered invalid.**

Please be sure to check your claim denials on remittance advices carefully. Submitting clear documentation to support your appeal will ensure a smooth process for review.