

Appeal Request Guide

How to submit an appeal request:

Appeal requests regarding Provider Enrollment, Claims, or Managed Care Organization, can be sent via mail to the Medicaid and Long-Term Care (MLTC) Appeals Coordinator, P.O. Box 94967, Lincoln NE 68509-4967, or you can email your request to DHHS.MLTCAppeals@nebraska.gov. If you choose to email your appeal the email must include a PDF of your appeal request.

What to include in your appeal request:

The following information should be included in your appeal request:

- Notice of Action (Letter or Notice received from DHHS);
- Written explanation of your appeal;
- Any other supporting documentation; and,
- Physical Address, Name, and Phone Number.

Submitting an appeal for claims or billing:

If you are appealing claims/billing, please make sure to separate each appeal request by client and redact any personal information that does not pertain to that client. If we receive an appeal that isn't separated and redacted, it will be sent back to the appellant.

Notice of hearing:

Once your appeal is received you will be sent a Notice Of Hearing in the mail from the Hearing Office. The Notice of Hearing will include the Date and Time of your hearing as well as the phone number and code to attend.

A scheduling conflict with the scheduled hearing date:

If you are unable to attend the hearing, please contact the Hearing Office by emailing DHHS.HearingOffice@nebraska.gov.

If there is no notice given that you are unable to attend or if you do not attend, the Hearing Office may Dismiss your appeal.