

Notice Date: May 7, 2026
To: Mississippi TrueCare Providers
From: TrueCare
Subject: Grievances and Appeals Changes to Provider Manual
Effective Date: May 7, 2026

Summary

The red text below indicates a Grievances and Appeals change that will be updated in the Mississippi Medicaid Provider Manual.

Impact

Effective immediately, the indicated time frames are applicable to all providers.

Provider Appeals Procedures

When submitting appeals, the following are the time frames and requirements:

- **Dispute filing – 90 calendar days from the Explanation of Payment (EOP)**
- Dispute resolve in 30 days
- Appeal filing – 30 calendar days of Adverse Provider Determination or Dispute Resolution Letter
- Appeal resolve in 30 calendar days

The provider can file an appeal within 30 calendar days of the EOP or the Dispute Resolution Letter outcome. Both of these notices could qualify as Adverse Provider Determination, which is the denial of a provider's claim or other action taken by the Contractor with which the provider may disagree and file a grievance and/or appeal. This definition only applies to providers and is not to be confused or conflated with an Adverse Benefit Determination. TrueCare must confirm receipt of the provider appeal and expected date of resolution within 10 calendar days of receipt of the appeal. TrueCare responds to appeals within 30 calendar days of the receipt of the request.

Questions?

Please reach out to Provider Services at **1-833-230-2174** with questions.