

Section 1011 Dispute Resolution Request Checklist

Be sure your request includes the following completed and signed documents:

- [Section 1011 Dispute Resolution Request – Form CMS-20042](#)
- Medical Records documentation not previously provided to HMS
- [Patient Payment Determination \(PPD\) Form – Form CMS-10130A](#), if not already provided during a Compliance or Medical Review response

Did you remember to:

- submit within 45 days of the Section 1011 Quarterly Payment
- submit within 45 days of the Medical Review or Compliance notification of denial
- mail to the correct address at:
 - Highmark Medicare Services
 - Attn: Section 1011 Dispute Resolution
 - P.O. Box 890121
 - Camp Hill, PA 17089-0121