Additional Information about the Review and Appeal Process

To work cooperatively and supportively with all stakeholders, HMS, a Gainwell Technologies Company, constantly reviews and attempts to improve its policies and procedures. One visible result of these efforts in review and appeal letters is a shift in emphasis from detailing lists of clinical facts, which are available in the medical record and elsewhere, to providing more specific rationales for final decisions. This is intended to better inform providers regarding the action taken, limit the necessity for any subsequent appeals and improve the substantive quality of any appeals undertaken.

When performing inpatient hospital initial complex claim reviews for Texas Medicaid, HMS clinicians evaluate case medical and billing records to determine if services were provided and reimbursed in accordance with Texas Medicaid policy. Billed claims must be supported by the medical record. **InterQual (IQ) Level of Care Criteria or Milliman Care Guideline (MCG) are not utilized, as they are considered proprietary screening tools to identify guidelines.**

In performing first level appeals of cases with initial adverse decisions HMS clinicians follow a similar process, but also evaluate the provider's response submitted on appeal. This applies especially to the appeal letter's clinical arguments, which attempt to support medical necessity for the services provided.

Similarly, providers submitting appeals should not quote long lists of case facts without clinical context or discussion of how these facts specifically address medical necessity. **Neither should providers rely on third party clinical criteria, such as those provided by InterQual and Milliman.**

Providers should identify specific clinical documentation that clearly supports medical necessity for initial inpatient admission, ongoing hospital stay, procedures performed and level of care. The location of this documentation within medical records previously submitted should be indicated. Literature citations should be limited to those documented as considered by the treating physicians as part of their clinical decision-making process.

In addition to the above information, please also carefully review the requirements contained in the "HMS Notice of Adverse Determination" or the "HMS First-Level Appeal - Adverse Determination Upheld" letters.

For a second-level appeal to HHSC Medical and UR Appeals, it is a new appeal of the "HMS First-Level Appeal – Adverse Determination Upheld" decision. It is not a second appeal of the initial "HMS Adverse Determination." The appeal letter must specifically address HMS comments from the "HMS Reconsideration Review Summary;" therefore it is not appropriate to submit an appeal letter that is basically the same as the rebuttal letter.

As a reminder, for document uploads via the HMS Provider Portal:

1. You must upload documents as a single PDF file.

2. Do not include a resubmission of the medical record.

3. Do not upload multiple PDF files for the same appeal, as subsequent document uploads document may overwrite the previous document that was uploaded.

4. For second-level appeals to HHSC Medical and UR Appeals, if you do not include a copy of the letter with your appeal submission, you must include a copy of the audit detail specific to the patient (contained in the HMS First-Level Appeal – Adverse Determination Upheld letter)

Additional information may be found at https://resources.hms.com/state/texas/rac

Revised January 26, 2022