



<Mail Date>

<Provider Name>

<Provider Address>

<Provider Address>

RE: Post-review – Notice of Adverse Determination / Notice of Recoupment of Overpayment

Dear <Provider Name>:

In compliance with federal law (42 U.S.C. §1396a(a)(42)(B)) and pursuant to Texas Government Code §531.117, the Texas Health and Human Services Commission (HHSC) has contracted Health Management Systems, Inc. (HMS) to conduct Medicaid recovery audit services on behalf of the State of Texas. HHSC has authorized HMS to review provider payments, associated medical records, and other supporting documentation to identify and recover any overpayments made to a provider.

HMS has completed a review of selected claims, the medical records and, if applicable, other supporting documentation you submitted to support your claims for payment. The objective of the review was to determine if services for which you received payment were provided consistently with Texas Medicaid policy and were properly reimbursed.

HMS has determined that you have received an overpayment in the amount of . Enclosed is a review detail report(s), which details the specific overpayment for each claim as well as the basis for the adverse determination.

This letter constitutes an adverse determination for purposes of Title 1 Texas Administrative Code §354.1451(f). You have the following options:

1. If you agree with the adverse determination, you need not take further action with HMS. Affected claims will be adjusted and overpayments will automatically be recouped. If you are still actively billing the Medicaid Program for fee-for-service claims, the recoupment will be reflected on your R & S statement(s). Please note that any portion of the overpayment amount that cannot be automatically recouped from your claims payments will be subject to collection action.
2. If you disagree with the adverse determination, **you may request a first-level appeal with the Recovery Audit Contractor (HMS).** The first-level appeal must be submitted in writing. HMS must receive your request within 30 calendar days of the date of this letter and include: (a) a written explanation specifying the reason/request for appealing this determination, (b) any supporting documentation for the request, and (c) copies of the correspondence letters between you and HMS, including a copy of this letter.

(NOTE: Do NOT resubmit medical records already submitted to HMS unless you believe that specific information was not received or considered by HMS. If you elect to resubmit medical records, please specify the reason you are resubmitting the documentation and specify the part of the record you believe is relevant. The weight given to medical records submitted for a first-level appeal that were not previously submitted during the review process will be determined by HMS.) HMS will review the appeal within 45 days and notify you of the outcome.

If HMS does not receive your request for a first-level appeal within 30 calendar days of the date of this letter, you may not file a second-level appeal with HHSC. NOTE: Second-level appeals may not be filed until you have received HMS's decision on the first-level appeal.

You may submit the appeal to HMS by mail at:

HMS
5615 High Point Dr
Mail Stop #200-TX
Irving, TX 75038
Or
Fax to 855-278-3502
(maximum one record at a time)

As the provider and pursuant to your Medicaid contract, you are responsible for the findings that resulted from this review as well as for any request for appeal submitted by you or on your behalf. You, as the provider, are responsible for notifying subcontractors or other third parties that may be affected by this adverse determination. HMS does not notify billing companies or other third parties of this adverse determination.

Frequently asked questions and answers about the appeals process may be found at <http://www.medicaid-rac.com/texas-providers/>.

If you have any questions about the information in this letter, please contact HMS Provider Services at (877) 401-3635.