



<Mail Date>

<Provider Name>
<Provider Address>
<Provider Address>

RE: Untimely Filing of Your First-Level Appeal

Dear <Provider Name>:

In compliance with federal law (42 U.S.C. §1396a(a)(42)(B)) and pursuant to Texas Government Code Section 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 received your first-level appeal request. HMS previously informed you that all first-level appeal requests related to this review must be received within 30 calendar days from the date of the Adverse Determination letter. The outcome of the review is final and any identified overpayments that have not been recouped will be either adjusted from future claims or pursued through collection efforts. There are no further actions available, including any second-level appeal to HHSC.

Thank you for your cooperation. If you have questions or need any additional information please contact HMS Provider Services at 877-401-3635.

Enclosure

