



<Mail Date>

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

RE: First-Level Appeal – Adverse Determination Upheld

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.

We notified you that our post-payment review found an overpayment on the Medicaid claims that you submitted. Pursuant to your first-level appeal request, we have reviewed the findings you appealed. Based on the policy and supporting state guidelines, **we must uphold the adverse determination**. The medical record documentation that was submitted does not support the reimbursement of the claim.

The affected claims will be adjusted, and the overpayment will be recouped.

If you still disagree with HMS's review and the resulting adverse determination, you may request a second-level appeal with HHSC. In accordance with Title 1, Texas Administrative Code, §354.2217, you have the right to appeal within 120 calendar days from the date of this letter.

A request for a second-level appeal must include all the items below to be considered valid, and all documents listed below must be received within 120 days of the date of this letter:

1. A copy of this letter (unless the appeal was submitted via the portal)
2. A letter containing the following elements:
 - a. A written request specifically for HHSC Medical and UR Appeals to conduct an appeal of HMS's "First-Level Appeal – Adverse Determination Upheld." (Note: A duplicate copy of a previously submitted first level appeal letter is not sufficient.). The salutation of the letter should be addressed to **HHSC Medical and UR Appeals**, not HMS.
 - b. A written explanation specifying, in detail, the rationale for appealing the HMS Upheld determination. Your second-level appeal letter should address statements by HMS in the "First-Level Appeal – Adverse Determination Upheld" letter.
 - c. Any other supporting documentation for the request submitted via the portal, if any, must be included as part of the appeal letter. You may not include any additional medical records.

HHSC will not accept any new medical records because your electronic attestation (portal)/certified affidavit (mail) confirms that the complete medical records associated with this review have been provided, and no other records exist.

Please submit your second-level appeal request via the Provider Portal or mail:

Provider Portal:

<https://hmsportal.hms.com/>

Save on postage/shipping costs! Upload your documents to the portal for free and receive instant confirmation of receipt.

If you need to register for the portal, please use the link above and choose Register. On the following screen, select the appropriate box, then complete the registration form.

Mail:

HHSC Medical and UR Appeals
C/O HMS
Mail Stop #200-TX
5615 High Point Dr.
Irving, TX 75038

Note: HHSC does not accept appeals by any other methods of submission, including fax or email.

You must choose one method of submission for your second level appeal, i.e., you may not upload your appeal letter via the portal and then send additional material by mail.

The HHSC Medical and UR Appeals Unit is responsible for conducting an independent review in response to a provider's appeal. The professional staff uses only the documentation submitted in the medical record to determine whether an inpatient admission was appropriate and whether the diagnoses and procedures were correct. The HHSC Medical and UR Appeals physician or designee performs a complete review for the medical necessity of inpatient admission, DRG validation, quality of care, continued stay medical necessity, and ancillary charges (TEFRA cases) using the medical record documentation submitted on appeal. **The review is not limited to the issues cited in the first-level appeal.** After completion of the review, the physician or designee renders a final decision on the case. The final decision may include determinations regarding multiple aspects of the admission. Please be aware that, in some circumstances, this decision may result in only partial refund of or additional recoupment of funds.

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

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

Enclosures