



<Mail Date>

<Provider Name>

<Provider Address>

<Provider Address>

RE: Inpatient Complex Review – Medical Records Request

Dear <Provider Name>:

In compliance with federal law (42 U.S.C. §1396a(a)(42)(B)) and pursuant to Texas Government Code Section 544.0504, 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 conducts two types of reviews:

- Automated Reviews— Claim data elements are analyzed using algorithms that are based on Medicaid policy and rules. These are claim-based and do not require submission of medical records.
- Complex Reviews—Claim data elements that cannot be automatically validated or that require medical documentation and an affidavit, and are reviewed by qualified Registered Nurses, certified coding specialists, and physicians.

<Provider Name> has been selected for a review of medical records. Please refer to page 2 of this document for details regarding this time sensitive request.

After the documentation is received and reviewed, Providers will be notified of the results. In the event of a finding resulting in adverse determination, Providers have a right to appeal. The appeals process will be explained in the adverse determination letter.

If you have any questions about the review process, please call HMS Provider Services at 877-401-3635.

Thank you for your cooperation and assistance.



Please send copies of the following for each of the clients and dates on the list enclosed with this letter:

- All of the medical records for the specified clients and dates
- All of the medical record documentation necessary to support the services that were billed, regardless of the place of service (i.e., inpatient, outpatient, office or nursing facility)
- All orders, nursing notes, progress notes, and test results
- The signature sheets for everyone who provided services to clients at your facility during the time period requested
- All other documents that were made a part of the client's records for the specified dates
- A properly completed and notarized Records Affidavit for the services that are listed on the enclosed claims review detail

OR if No Records Were Located:

- A properly completed and notarized No Records Affidavit if no records were located.

The requested records must be submitted within 30 calendar days of the date of this letter. You can submit the records on paper, CD/DVD or by fax.

Please mail the requested records and a copy of this letter to:

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 required by law, all Medicaid clients and providers have agreed to the release of this information as part of the application process. No further releases are required. As specified in the Texas Medicaid Provider Procedures Manual the records must be provided at no cost.

If the records are not received within 30 calendar days of the date of this letter, the review will be completed using the information available. In accordance with 1 Texas Administrative Code, §371.1601(13) and §371.1643, sanctions may be imposed against you if you fail to provide the information requested. Possible sanctions include vendor hold and /or exclusion from participation as a provider in the Texas Medicaid program until the matter is resolved. Additionally, payments for services for which records are not produced will be recouped. If the available information does not support your claims; the review will result in a payment recovery.

Your cooperation is appreciated. If you have any questions, please contact Provider Services at 877-401-3635.

Enclosures
Records Affidavit
No Records Affidavit