



<Mail Date>

<Provider Name>

<Provider Address>

<Provider Address>

RE: Notice of No Findings

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 has completed a post-payment review of the selected claims and medical records that you submitted. This letter is to notify you that HMS has made a determination of “no findings” for the attached claims.

No further action is required.

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

Enclosures