



<Mail Date>

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

Dear <Provider Address>:

RE: Notice of Preliminary Technical Denial – No Response Has Been Received

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.

Per the included listings page HMS asked you to provide complete medical records, which includes a corresponding properly completed and notarized Records Affidavit for the services that are listed on the enclosed claims review detail. This request specified that you had 30 calendar days from the date of the letter to provide this documentation. The HMS Provider Services department has attempted follow-up by telephone as well. At this time, HMS has not received the requested documentation. HMS cannot begin the review process without complete medical records, which include the corresponding properly completed and notarized Records Affidavit. **Providers must utilize the Records Affidavit supplied in this request by HMS. If you do not properly complete the affidavit HMS has supplied and submit it with the requested complete medical records, your documentation will not be reviewed, and your claims will be recouped.**

This is your FINAL opportunity to submit all medical records along with the corresponding properly completed and notarized Records Affidavit. Failure to submit properly completed affidavits and records will result in recoupment of claims associated with this request. If HMS does not receive the requested documentation within 30 calendar days of the date of this letter, the claims listed on the enclosed review detail will become technical denials and the claims will be recouped.

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

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

HMS Recovery Audit Services
MAILING ADDRESS:
5615 High Point Dr
Mail Stop #200-TX
Irving, TX 75038
OR
FAX: 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* (TMPPM), the records must be provided at no cost.

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.