



<Mail Date>

<Provider Name>

<Provider Address>

<Provider Address>

RE: First-Level Appeal – Adverse Determination Overturned

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.

We notified you that our post-payment review found an overpayment on the following Medicaid claims that you submitted. We have reviewed the first-level appeal you submitted and, based on the specific policy and supporting state guidelines, **we have reversed our adverse determination. No money will be recouped for this claim on the basis of this review.** No further action is required.

If you have questions or need more information, please contact Provider Services at 877-401-3635.

Enclosures