



<Mail Date>

<Provider Name>

<Provider Address>

<Provider Address>

RE: Technical Denial – Notice of Adverse Determination / Notice of Recoupment of Overpayment

Dear <Provider Address>:

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 asked you to provide records for the services listed on the enclosed review detail. The HMS Provider Services department has also tried to call you and a Notice of Preliminary Technical Denial was sent to you. The letter specified that you had 30 calendar days from the date of the letter to provide the records with properly completed affidavits. Please see the included listings pages for the mail dates of each letter referenced above.

**Because you did not supply properly authenticated documentation to support the attached claim detail, these claims will be recouped. This letter constitutes an adverse determination for purposes of Title 1 Texas Administrative Code §354.1451(f).**

If you have documentation that this Technical Denial has been submitted in error, you can request a first-level appeal from HMS showing proof that both complete records and the corresponding complete affidavit were timely submitted in response to our requests. If the first-level appeal is upheld, you will receive a First Level Appeal - Adverse Determination Upheld letter. However, if we receive evidence of timely submission, the technical denial will be removed and HMS will review your claim. **If HMS does not receive your request for a first-level appeal within 30 days of the date of this letter, you may not file a second-level appeal with HHSC.** NOTE: Second-level appeals may not be filed with HHSC until you have received HMS's decision on the first-level appeal.

As the provider and pursuant to your Medicaid contract, you are responsible for the findings that resulted from this review as well as for any request for appeal submitted by you or on your behalf. You, as the provider, are responsible for notifying subcontractors or other third parties that may be affected by this adverse determination. HMS does not notify billing companies or other third parties of this adverse determination. You may send your first-level appeal 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)

Frequently asked questions and answers about the appeals process may be found at <https://resources.hms.com/state/texas/rac>

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

Thank you for your cooperation in responding to these review results.

Enclosures