



<Mail Date>

<Provider Name>

<Provider Address>

<Provider Address>

RE: NOTICE OF CASE CLOSURE - MISSED APPEAL DEADLINE:

Dear <Provider Name>:

In compliance with federal law (42 U.S.C. §1396a(a)(42)(B)) and pursuant to Texas Government Code 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.

In accordance with Medicaid Program Policy/Procedures requests to HHSC Medical Appeals for Case Review must be received by HMS within the time frame specified in the final decision letter.

Please refer to the Appeals section (7.3.3.1) of the current Texas Medicaid Provider Procedures Manual for more information regarding the 1 TAC §371.208 requirement.

Timely receipt is a jurisdictional pre-requisite for review. Therefore, **no appeals can be conducted for the cases listed on the supporting page** and no further adjustments or payments can be recommended.

The HHSC Medical Appeals determination is the final administrative decision on your appealed cases. Therefore, in accordance with Medicaid program policies and procedures, these cases are closed. **Any further documentation submitted will not be considered.**

Please always consult the most current version of the TMPPM for any policy requirements prior to submission of any appeal requests.

HHSC strongly recommends that you submit appeal requests early enough to allow ample time to correct deficient submission prior to the statutory 120-day deadline.

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

Frequently asked questions and answers about the appeals process may be found at <https://www.hms.com/us/tx-providers/home/>.

Enclosures