



Submission Requirements for Appeals to HHSC Medical and UR Appeals

General Requirements:

Only certain Adverse Determinations/Decisions may be appealed to HHSC Medical and UR Appeals. Appealable decisions are specified in a Notice of Adverse Determination/Decision Letter, TAC rule or Texas Medicaid policy.

To be considered for appeal review by HHSC Medical and UR Appeals, a complete written appeal request, with all required documentation included, must be received by the Medical and UR Appeals Unit within 120 days of the date of the Notice of Adverse Determination indicating that the decision may be appealed to HHSC Medical and UR Appeals.

- For RAC appeals only, receipt by Health Management Systems, Inc. (HMS) constitutes receipt by HHSC Medical and UR Appeals.

As time and resources permit, HHSC Medical and UR Appeals may conduct an initial screen of received submissions to identify and notify the provider of any deficiencies prior to deadlines. If a provider is notified that it failed to submit any required documentation with the initial appeal request, the documentation must be received by HHSC Medical and UR Appeals within 21 calendar days of the date of notification, or within 120 calendar days of the date of the original notice of adverse determination, whichever is sooner.

Any additional information supplemental to required documentation requested by HHSC Medical and UR Appeals must be received within 21 calendar days of the date of the request. This 21-day deadline is independent of the deadlines for required documentation.

Failure to properly submit appeals may result in nonacceptance for review.

Required Documentation:

See "*Documentation Requirements*" for specific requirements.

- A written appeal request letter explaining why the Adverse Determination being appealed is in error.

- A copy of the Notice of Adverse Determination for each appeal.
- A complete copy of the medical record certified by an original, properly completed affidavit in the approved format.

Note: For RAC Appeals, the previously submitted certified records are utilized, so additional medical records may not be submitted with the appeal.

- Any other documentation specified in the adverse determination notice or requested by HHSC Medical and UR Appeals.

If not received within the required time frame, an appeal review is not conducted, and the adverse determination/decision is considered final. Any claims the facility may have to the Medicaid funds at issue are barred.

Extensions of time are not granted for filing the written appeal request and submitting all required or requested documentation.

Additional Information/Documentation:

HHSC Medical and UR Appeals may request additional information, which must be received within 21 calendar days from the date of the request letter. If the requested documentation is not received within this time frame, the case is closed without an opportunity for further review, and the appealed decision is considered the final decision.

“Additional information” is documentation requested by HHSC Medical and UR Appeals that was not previously stated as “required” in a Notice of Adverse Determination, Medicaid Policy, TAC rule, or previous notification by HHSC Medical and UR Appeals.

Submission Deadlines:

It is the provider’s responsibility to ensure any appeal is received complete and timely by HHSC Medical and UR Appeals. As time and resources permit, HHSC Medical and UR Appeals may conduct an initial screen of received submissions to identity and notify the provider of any deficiencies prior to deadlines.

All submission deadlines are calendar days (not business days).

Extensions of time are not granted for filing the written appeal request and submitting all required or requested documentation.

All required documentation must be received within 120 calendar days of the date of the notice of adverse determination, or within 21 calendar days of notification of missing documentation, whichever is sooner.

Scenarios to illustrate the application of these deadlines:

If the 120-day appeal deadline is June 30, but all required documentation is not received with the initial submission:

Scenario 1:

HHSC Medical and UR Appeals is able to notify the provider of an incomplete submission prior to the 120-day deadline, or June 30.

The notification date is at least 21 days prior to the deadline: If the notification date is June 01, the missing required documentation must be received by 21 calendar days, or June 22.

The notification date is less than 21 days prior to the deadline: If the notification date is June 20, the missing required documentation must be received by the 120-day appeal deadline, or June 30.

Scenario 2:

HHSC Medical and UR Appeals is unable to notify the provider that required documentation is missing prior to the 120-day deadline.

The provider will receive a Notice of Case Closure due to Incomplete Submission.

When submitting appeals, providers should take into consideration delivery time as well as the additional time required for HHSC to verify appeals as complete and valid, send provider notifications, and receive provider responses prior to deadlines.

To maximize the likelihood of successful appeal submission, providers should carefully review their submissions for completeness and correctness in advance of submission.

The provider should arrange for receipt a minimum of 45 days prior to the 120-day deadline in order to maximize the likelihood of there being sufficient time for the provider to correct any submission errors prior to deadlines.

Any additional documentation requested by HHSC Medical and UR Appeals must be received within 21 calendar days of the date of the request. This 21-day deadline is independent of the deadlines for required documentation.

The official received date is:

- The date when the submission is received by mailroom staff at the physical address of HHSC Medical and UR Appeal.
- For RAC appeals, the date the submission is received by HMS or the date it is uploaded to the HMS Provider Portal .
- Neither the postmark date, express delivery pick-up date, nor the U.S. Post-Office arrival date is the official received date.
 - Mail sent to the PO Box must first be picked up at the US Post-Office and transported to the HHSC mailroom before being considered received.
 - Providers should account for this when submitting appeals.

Providers are responsible for ensuring complete and timely submission of documentation, regardless of HHSC Medical and UR Appeals' ability to identify and send notification of submission deficiencies prior to deadlines.

Requirements for Submission of Multiple Appeals at Once:

To facilitate more efficient and accurate processing of appeal submissions by HHSC Medical and UR Appeals, if multiple appeals are submitted in the same package, envelope or box:

- All appeals must be for the same provider, pertain to the same type of adverse determination (e.g., Admission Denial, DRG Revision, Denied Days, Cost-outlier), and have the same notification date.
 - For OIG UR DRG Revisions, Denied Days or Cost-outlier appeals, submissions must pertain to the same appeal type, same sample quarter, and have the same notification date.
 - For all other determinations, appeals must pertain to the same notification letter.
- Each appeal must be a complete package with all required documentation. It is not acceptable to submit a single appeal letter or single copy of the adverse determination notice for several appeals.
- Each appeal must be clearly separated by rubber bands, clips, staples, folders, or other means.
- Appeals should be sorted by:
 1. Patient last name
 2. Patient first name
 3. Dates of service
- Failure to properly submit appeals may result in nonacceptance.

Preferred order for submitted documentation:

To facilitate more efficient and accurate processing of appeal submissions by HHSC Medical and UR Appeals, the preferred ordering for documents is:

1. Appeal letter.
2. Notice of adverse determination/decision letter.
3. Any other documentation specified in the notice of adverse determination or requested by HHSC Medical and UR Appeals.
4. For non-RAC appeals, the last documents should be the affidavit, immediately followed by attached medical record, without any other

documents inserted in between the two. For RAC appeals, the medical records and affidavit have already been submitted; therefore, affidavits and medical records must not be re-submitted.

Policies and procedures related to Appeals to HHSC Medical and UR Appeals:

Texas Medicaid Policies

- [Texas Medicaid Provider Procedures Manual \(TMPPM\) Volume 1: Section 7: Appeals](#) (7.3.3 for Utilization Review Appeals)
- [TMPPM Volume 2: Inpatient and Outpatient Hospital Services Handbook](#)

Texas Law and Texas Administrative Code (TAC) Rules

- [1 TAC § 354.2201](#) – General Definitions
- [1 TAC § 354.2217](#) - Provider Appeals and Reviews
- [1 TAC § 371.208](#) - Appeals Related to Utilization Review Department Review Decisions

Contact information:

Appeals for Recovery Audit Contractor (RAC) Decisions

Appeals are submitted through HMS, not directly to HHSC Medical and UR Appeals, by mail or via HMS Portal at:

Mail Stop #200 TX

5615 High Point Dr

Irving, TX 75038

The HMS Provider Portal website is hmsportal.hms.com.

For further information, providers can contact HMS Provider Services at (877) 401-3635 or <https://resources.hms.com/state/texas/rac>.

Appeals for Medical Necessity and HHSC Office of the Inspector General (OIG) Utilization Review (UR) Decisions:

Written appeals may be sent to HHSC Medical and UR Appeals at:

HHSC Medical and UR Appeals
Mail Code H-230
PO Box 85200
Austin, TX 78708

or

Physical address (if required for express delivery service):

HSC Medical and UR Appeals
Broadmoor Building 902
11501 Burnet Road
Austin, TX 78758

Questions may be emailed to: Utilization_Appeals@hhsc.state.tx.us.