



HHSC Medical and UR Appeals Documentation Requirements

Appeal Submission Required Documentation:

Written Appeal Request Letter

- Must include a request specifically for HHSC Medical and UR Appeals to conduct an appeal review. A generic “HHSC” or “to whom it may concern” is not sufficient.
- Must specify which HHSC program or contractor made the adverse determination being appealed, such as:
 - HHSC Office of the Inspector General (OIG) Utilization Review (UR) Unit.
 - Texas Medicaid & Healthcare Partnership (TMHP).
 - Health Management Systems, Inc. (HMS)/Recovery Audit Contractor (RAC).
 - Terms, such as “your decision” or “your letter,” incorrectly attributing the decision under appeal or the adverse decision letter to HHSC Medical and UR Appeals, should not be used. HHSC Medical and UR Appeals does not perform primary reviews and is independent from HMS, OIG, and TMHP.
- Must specify the adverse action being appealed, such as:
 - Admission denial
 - DRG revision
 - Denied Days
 - Cost-outlier
 - Etc.

- Must include the following claim identifiers:
 - Provider/Facility Name.
 - The Texas Medicaid facility identifier (TPI/NPI), as it appears on the notice of adverse determination.
 - Claim number (ICN).
 - Patient/Client Name, and alias(es) if the medical record has a different name.
 - Client Texas Medicaid PCN number.
 - Dates of Service.
- Must include an explanation of why the adverse determination being appealed is in error:
 - **For appeals involving medical necessity**, stating screening criteria alone is inadequate. Also, a simple restatement of clinical findings, without context or explanation of related clinical reasoning, is not very useful.
 - **For RAC Appeals to HHSC Medical and UR Appeals**, the appeal letter must specifically state why the HMS "Notice of Adverse Decision Upheld" (not the HMS initial determination, previously appealed to HMS) is incorrect.
 - The HMS Uphold This is the only RAC decision that may be appealed to HHSC Medical and UR Appeals.
 - It is not a second appeal of the initial HMS "Post-review Notice of Adverse Determination" / "Notice of Recoupment of Overpayment," previously appealed to HMS.
 - Most importantly, appeal letters must address specific comments in the "HMS Reconsideration Review Summary," which is included as part of the claim-specific "Audit Detail" in the "Notice of Adverse Determination Upheld letter."
- For additional tips on writing RAC and other appeal request letters, see our tip sheets linked on the Provider Appeals web page.

Decision Letter/Notice of Adverse Determination

- Submissions must include a legible copy of the notice of adverse determination/decision letter for each appeal (a single copy of the letter for several appeals is not acceptable).

- If the notice contains multiple pages listing multiple clients/claims, the preference is for portions related to other clients/claims to be redacted and/or excluded from the submission.

Medical Records certified by an affidavit in the approved format:

- For non-RAC appeals, a complete copy of the medical record certified by an original, properly notarized affidavit in the approved format must be included with the appeal request. **Note:** For RAC Appeals, the previously submitted certified records are utilized, so no medical records/affidavit should be submitted with the appeal.
- The affidavit and medical record should be considered as a single entity that must always remain together. Other documentation, such as the appeal letter or OIG documents, must not be placed between the affidavit and the medical record.
- Medical Record Requirements:
 - See “Tips for Properly Preparing Medical Records” for further details.
 - If this is a non-RAC appeal of a claim denied as a re-admission, the medical records for the prior encounter, certified by a separate affidavit, must be included.
 - Paper records should be printed single-sided and appropriately numbered:
 - The documents should be printed one-sided.
 - All pages should be verified as legible and complete.
 - Pages should be numbered by either Bates numbering or hand-written numbering.
 - This helps ensure that the page count needed for the affidavit is correct.
 - Note: page numbering is the only allowed alteration to medical records.
 - Records on CD:
 - Only one medical record per CD.
 - Must be attached to an affidavit certifying the CD as containing an exact copy of the original medical record.
 - If the affidavit was signed prior to the creation of the CD, it is not valid.

- If a copy of the signed affidavit is on the CD, the presumption will be that the affidavit was signed prior to the creation of the CD and therefore is not valid.
- If the CD is password protected, a working actual password, not a code that requires personal identifiers like date of birth, must be received prior to the submission deadline.
- The files on the CD should be verified to open without requiring encryption software installation.
- Affidavit Requirements:
 - Must be an original, properly notarized affidavit in the approved format and be attached to the medical record (paper or CD) that it is certifying.
 - No other documents can be inserted between the medical record and affidavit.
 - See "Affidavit Requirements" for more specific details.