

7/14/2015

[Provider Name]  
[Provider Address]  
[City, State Zip Code]

Dear [Provider Name]:

Health Management Systems, Inc. (HMS) has been assigned as the State of Oklahoma Medicaid Recovery Audit Contractor (RAC), which requires HMS to review claims for both over- and under-payments and when appropriate recoup the over-payment. We are in the process of conducting a post payment audit of services provided to SoonerCare members through your contract with the OHCA. We are reviewing services for the audit period of XX-XX-XXXX to XX-XX-XXXX.

We are requesting copies of your records for each member on the attached list. Please submit these records to the address on the letter within thirty (30) days.

These records need to include the following:

- Physician encounter notes and exams (include any patient questionnaires/reviews of systems to support level of E&M service billed)
- Treatment plans
- Physicians progress notes
- Prescription records
- Inpatient consults notes/ inpatient hospital care notes: for initial hospital services, the hospital admission note and history & physical; for the daily hospital visit, the doctors' progress notes for the day; for discharge services, the hospital discharge summary.
- Laboratory results, x-ray reports, medication administration records, immunization records, and any other documentation to support the necessity of services billed
- Operative/ Procedure reports
- Radiology reports

Please note SoonerCare records should not be altered or created for the purposes of the audit and claims in the identified audit period should not be voided or adjusted. Any appropriate adjustment, as a result of the audit, will be performed by the Oklahoma Health Care Authority when the audit is closed.

All information requested falls within the Health Insurance Portability and Accountability Act (HIPPA) as information that can be used and disclosed for health oversight activities as described in 45 CFR 154.512(d). Under the authority of 42 CFR 431.107(b)(1) and (2), you are required to retain and make records available as requested by the Medicaid agency.

**Please submit these records within (thirty) 30 days of the date of this letter.** Do not send original records. You may submit your records via paper or CD/DVD. Be sure to submit all documentation necessary to substantiate your billings.

**For correct handling and delivery of these records, you must enclose a copy of this request letter. HMS will not be responsible for inappropriate routing of your records when a copy of our request is not attached.**

Mail electronic or paper copies to:

**Regular Mail Service or Overnight Delivery**

9275 West Russell Road  
Suite 100 - OK  
Las Vegas, NV 89148

Release for this information has been agreed to by each Medicaid client at the time of application and by each Medicaid provider as required under federal regulation 42 CFR 431.107. No further releases are required.

Your cooperation is appreciated. If you have any questions, please contact Provider Services at 855-845-1118.

Sincerely,

Recovery Audit, HMS

Enclosure