



## FREQUENTLY ASKED QUESTIONS AND CONTACT INFORMATION

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### 1. What is a clinical review?

*A clinical review is a review that requires a human review of supporting medical documentation to evaluate the validity of claims submitted by a facility. Unlike an automated review, a clinical review requires the examination of medical records or other documents.*

### 2. How are claims selected for review?

*Claim selection is driven by a review project and the focus of the review scope. HMS has an experienced team and algorithms are applied to claim data based upon the focus of the audit.*

### 3. Can I submit medical records electronically?

*Yes. The Medical Records Request letter will provide information related to medical records submission, including submission methods and timelines. HMS accepts provider submissions of electronic records through Secure File Transfer Protocol (SFTP). Please call 855-287-1682 or email GoGreen@hms.com for SFTP instruction.*

### 4. How long do I have to respond to a medical record request?

*For clinical reviews, providers have 30 calendar days from the date of the record request to submit documentation.*

### 5. What happens if I have a delay in obtaining records specified in the Medical Records Request letter?

*The provider is contacted via HMS's Provider Relations department requesting the medical record and is sent a Follow Up Medical Record Request Letter.*

### 6. Will I have an opportunity to respond to the Findings Letter?

*Yes, a provider will have 30 calendar days from the date of the Final Findings Letter.*

### 7. What happens if I disagree with the determination in the Findings Letter?

*If a provider disagrees with the determination in the Findings Letter, the provider may make a written request for reconsideration within 30 calendar days.*



8. If I request a reconsideration, will I still have to pay back the amount of the overpayment shown in the Audit Detail attached to the Findings Letter?

*You will not be obligated to return overpayments for which you have submitted a request of reconsideration until the review is complete. Upon a reconsideration Uphold determination, amount will be offset from future payment.*

9. What happens if I fail to respond to a Final Finding Letter?

*South Carolina Department of Health and Human Services will recover the overpayment after 30 days by offsetting the overpayment from future payments.*

10. What happens if I fail to respond to a medical record request?

*If your medical record has not been received within 30 calendar days, a Follow Up Medical Record Request letter will be sent, which allows you an additional 30 calendar days. If a medical record has not been received within 30 calendar days, you will be sent a Technical Denial letter, advising this has resulted in an administrative denial, and South Carolina Department of Health and Human Services shall withhold or recoup payments for these services in accordance with your South Carolina Department of Health and Human Services Agreement after 90 days have passed from finding date.*

11. What happens if my medical records are incomplete?

*HMS will mail an Incomplete Medical Record Letter allowing you the opportunity to submit the missing information.*

12. What does a provider do if they receive another providers Medical Record Request letter?

*Please contact HMS Provider Relations at 866-376-2319 between the hours of 9:00 am - 8:00 pm EST, Monday through Friday.*

13. How do I update the Contact and Address?

*Please contact HMS Provider Relations at 866-376-2319 between the hours of 9:00 am - 8:00 pm EST, Monday through Friday, for help to update the contact name and address on file.*



14. Are claims that require prior authorization excluded for the audit process?

*Claims with prior authorization are not excluded from audit review.*

15. Who can I contact with general questions?

*HMS Provider Relations at 866-376-2319 between the hours of 9:00 am - 8:00 pm EST, Monday through Friday.*