

NOTICE School Health and Related Services (SHARS)

Informal Review Requests Reminder

Upcoming Deadline:

If an LEA disagreed with their proposed settlement amount and submitted an Informal Review extension request, HHSC must receive their Informal Review request by **Wednesday, January 31, 2024.**

As a reminder, per TAC Rule §355.8443:

(i) Informal Review. An LEA who disputes an action or determination under this chapter may request an informal review under §355.110 of this title (relating to Informal Reviews and Formal Appeals). HHSC Provider Finance must receive a written request for an informal review no later than 30 calendar days from the date on the written notification of the adjustments.

An LEA must, with its request for an informal review, **submit a concise statement of the specific actions or determinations it disputes, its recommended resolution, and any supporting documentation the LEA deems relevant to the dispute.** It is the responsibility of the LEA to render all pertinent information at the time of its request for an informal review. Disputed actions or determinations that are not explicitly stated in the request will not be considered by HHSC, and failure of HHSC to act on implied items of dispute will not be considered grounds for a formal appeal. **A request for an informal review that does not meet the requirements of this paragraph will not be accepted.**

For LEAs who choose to appeal recoded moments, appeals are required to include **all** the following items to be reviewed and considered:

- 1) Full name of the person who responded to the random moment time study
- 2) Full student name
- 3) Copy of Student's Individualized Education Program (IEP)
- 4) Contemporaneous service or billing logs clearly demonstrating a service was provided during the surveyed moment
 - If any documentation is found to be created beyond the period by which logs can be completed, LEAs may be subject to civil and criminal prosecution and referred to the Office of the Inspector General (OIG) for fraud, waste, and abuse.
 - As prescribed in the Texas Medicaid Provider Procedure Manual (TMPPM): Documentation of services should be generated at the time of service or shortly thereafter, to maintain an accurate medical record. Documentation of

services must occur within 1 week (7 days) of the time the service is rendered.

5) Identification of the services of Activities of Daily Living or Instrumental Activities of Daily Living (ADL/IADL) that correspond to the moment.

RMTS Coding appeal requests that are not accompanied by **all** five (5) elements noted above will **not** be reviewed.

For questions regarding this notice, please contact the HHSC SHARS staff at (512) 730-7400 or email us at ProviderFinanceSHARS@hhs.texas.gov.

For help with STAIRS, please contact the Fairbanks Information Center at (888) 321-1225 or at info@fairbanksllc.com.