



August 30, 2022,

To the Executive Commissioner of the Texas Health and Human Services Commission:

Weaver has completed the performance audit of Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network ("Heart of Texas") Medicaid and CHIP claims for behavioral health services paid by United Health Care with dates of services beginning March 1, 2018 through February 28, 2021. The objective of this audit was to determine whether services billed and paid under the state Medicaid program were provided in accordance with applicable state and federal Medicaid laws, regulations, rules, policies, and contractual requirements. The specific state and Federal Medicaid law, regulations, rules, policies, and contractual requirements to be tested were agreed to by Texas Health and Human Services Commission, Office of the Inspector General ("HHSC-OIG") in the approved audit test plan.

Our audit was performed under Weaver's Master Contract #HHS000006800001 and Work Order/Contract #HHS000006800006 with HHSC.

Weaver conducted this audit in accordance with the performance audit provisions of Generally Accepted Government Auditing Standards ("GAGAS") issued by the Comptroller General of the United States and applicable Texas Administrative Code ("TAC") rules. Those standards require that Weaver plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained during the course of this performance audit provides a reasonable basis for the findings and conclusions based on the audit objective and tests identified in this report.

Management responses from Heart of Texas are included in this report.

This report has been prepared solely for the information and use of Texas HHSC-OIG and Heart of Texas management and should not be used by anyone other than these specified parties or used in any other manner or for any other purpose.

If we can provide additional assistance or answer questions regarding this report, please contact us.

Sincerely,

*Weaver and Tidwell, L.L.P.*

**WEAVER AND TIDWELL, L.L.P.**



# FINAL AUDIT REPORT

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Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network

Billing Provider NPI: 1639399132  
Billing Provider Tax ID: 741622958  
110 S. 12th Street  
Waco, Texas 76701

August 30, 2022

### Audit Background

Weaver was engaged by the Texas Health and Human Services Commission (HHSC) Office of the Inspector General (HHSC-OIG) to conduct performance audits of Medicaid claims billed by providers and paid by the state Medicaid program. This performance audit focused on behavioral health claims paid to Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network (“Heart of Texas”) by United Healthcare (“United”), a managed care organization (“MCO”), with dates of service between March 1, 2018 and February 28, 2021. The scope of this performance audit was determined based on Weaver’s independent review and analysis of paid claims data for behavioral health providers and discussions with HHSC-OIG.

### Audited Entity

Heart of Texas was established as a community health center by local taxing authorities in 1968 and serves residents in a six county area including McLennan, Limestone, Hill, Bosque, Freestone and Falls Counties. <sup>1</sup> Heart of Texas provides services to individuals and families identified as priority population who are coping with mental illness, intellectual and developmental disabilities, developmental delays, and emotional conflict including:<sup>2</sup>

- ▶ Adult and Child Mental Health
- ▶ Crisis Counseling
- ▶ Early Childhood Intervention
- ▶ Intellectual and Developmental Disabilities

It is our understanding as of the date of this report that Heart of Texas:

- ▶ Holds a current business and practitioner license.
- ▶ Is not involved with potential ongoing investigations.
- ▶ Is not listed as being excluded by the U.S. Department of Health and Human Services, OIG (DHHS-OIG)<sup>3</sup>
- ▶ Does not have a corporate integrity agreement in place under the DHHS-OIG.<sup>4</sup>
- ▶ Does not appear in any audit-related news articles and press releases.

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<sup>1</sup> <https://www.hotrmhmr.org/about/history>

<sup>2</sup> <https://www.hotrmhmr.org/about>

<sup>3</sup> <https://exclusions.oig.hhs.gov/Default.aspx>

<sup>4</sup> <https://www.oig.hhs.gov/compliance/corporate-integrity-agreements/cia-documents.asp>

### Description of the Services Provided by Heart of Texas

#### Adult and Child Mental Health Services

The Behavioral Health and Case Management Services Handbook describes behavioral health services as follows<sup>5</sup>:

*Outpatient mental health services are used for the treatment of mental illness and emotional disturbances in which the clinician establishes a professional contract with the person and, utilizing therapeutic interventions, attempts to alleviate the symptoms of mental illness or emotional disturbance, and reverse, change, or ameliorate maladaptive patterns of behavior.*

*Outpatient mental health services include psychiatric diagnostic evaluation, psychotherapy (including individual, group, or family psychotherapy), psychological, neurobehavioral, or neuropsychological testing, pharmacological management services, and electroconvulsive therapy (ECT).*

#### Early Childhood Intervention ("ECI")<sup>6</sup>

ECI is a statewide program for families with children birth, up to age 3, with developmental delays, disabilities or certain medical diagnoses that may affect development. ECI services support families as they learn how to help their children grow and learn and may include:

- ▶ Hearing and vision educational services
- ▶ Speech, occupational and physical therapy services
- ▶ Nutrition services
- ▶ Specialized skills training
- ▶ Counseling
- ▶ Assistive technology

### Objective

The audit objective was to determine whether services billed and paid under the state Medicaid program were provided in accordance with applicable state and federal Medicaid laws, regulations, rules, policies, and contractual requirements.

### Criteria, Standards, and Guidance

The specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements that Weaver relied upon for this performance audit were agreed upon by HHSC-OIG in the approved audit test plan and are identified in **Attachment B**.

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<sup>5</sup> Behavioral Health and Case Management Services Handbook, Texas Medicaid Providers Procedures Manual: Vol. 2, Section 4

<sup>6</sup> <https://www.hhs.texas.gov/providers/assistive-services-providers/early-childhood-intervention-programs>

### Scope and Methodology

This audit was conducted in accordance with the performance audit provisions of Generally Accepted Government Auditing Standards (“GAGAS”) and applicable Texas Administrative Code (“TAC”) rules, which require that Weaver plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective.

### Internal Controls Testing

To address GAGAS, which require those conducting performance audits to identify and document internal controls related to the audit objectives, Weaver obtained an understanding through testing, observation, and discussions with the Heart of Texas and United, Heart of Texas’ overall internal control structure significant to the audit objective including:

- ▶ The **Control Environment** is the foundation for an internal control system. It provides the discipline and structure to help an entity achieve its objectives.
- ▶ **Control Activities** are the actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system, which includes the entity’s information systems.
- ▶ **Monitoring** includes activities management establishes and operates to assess the quality of performance over time and promptly resolve the findings of audits and other reviews.

### Audit Tests

Weaver conducted inquiries, observation, and inspection of documents and records to perform the following tests:

#### Members

- ▶ M-1 Was the member enrolled in Texas Medicaid at the time of the billed service?
- ▶ M-2 Was the claim for a Medicaid covered benefit (age and program)?

#### Providers

- ▶ P-1 Was the billing provider enrolled as a Texas Medicaid provider?
- ▶ P-2 Was the rendering provider enrolled as a Texas Medicaid provider?
- ▶ P-3 Was the provider licensed (and trained) appropriately to render the billed service?

#### Medical Records

- ▶ R-1 Were the requested medical records provided to the auditors?
- ▶ R-2 Was there an informed consent form signed by the member or the member’s guardian?
- ▶ R-3 Was the informed consent form signed by the member or the member’s guardian before the services were provided?

- ▶ R-4 Does evidence in the medical record indicate the billed service was delivered to the member?
- ▶ R-5 Does documentation within the progress notes support Current Procedural Terminology (“CPT”) procedures codes and units billed and paid?
- ▶ R-6 Do medical records supporting the billed claim contain evidence that requirements for diagnosis codes, modifiers, documentation, and exclusions were met?

### Billing

- ▶ B-1 Was prior authorization, if required, obtained before services were delivered?
- ▶ B-2 Was the rendering provider name and National Provider Identity (“NPI”) number on the claim the same as the provider who performed the service?
- ▶ B-3 Were the services billed and paid at the correct amount – specific to the program, the MCO, the rates contained in the MCO’s contract with the provider, and rate limitations based on licensure?

HHSC-OIG also identified certain risk areas for consideration during this performance audit:

- ▶ High Rate of Psychotherapy Billing Code
- ▶ High Rate of Weekend and Holiday Billing
- ▶ Unbundling
- ▶ Impossible Hours

## Sampling

### Audited Claims

Weaver’s audit scope included 23,620 claims totaling \$1,625,866 billed by Heart of Texas and paid by United from March 1, 2018 through February 28, 2021. The paid claims data for audited claims was provided by HHSC-OIG and is summarized in **Table 1**:

Stratum (Claims Universe)	Number of Paid Claims	Total Paid	Average Claim Value
DOS 9242018	43	\$3,154.59	\$73.36
DOS 5202019	51	4,132.86	81.04
Case Management (T1017) Sample	5,989	433,849.48	72.44
Skills Training (H2014) Sample	4,359	331,091.20	75.96
Rehab Services (H2017) Sample	2,834	193,806.40	68.39
Psychotherapy Sample	1,907	144,706.37	75.88
PT/OT Sample	865	107,061.26	123.77
Crisis Intervention (H2011) Sample	591	59,170.26	100.12
Speech Therapy Sample	520	59,043.06	113.54
Other Sample	6,461	289,850.57	44.86
<b>Total</b>	<b>23,620</b>	<b>\$1,625,866.05</b>	<b>\$68.83</b>

### Sample Design

Based on a review of the paid claims data and the risks identified by HHSC-OIG, Weaver determined that a statistically valid stratified random sample was an efficient, effective and reliable method to test claims.

#### Date of Service Strata (or Claims Universes)

The first two strata (or claims universes) were selected to address the risk related to impossible hours. These two strata were comprised of claims on two dates of service for which a single Performing Provider, NPI 1639399132 (Heart of Texas' entity NPI), had a high number of claims.

- ▶ All claims for performing provider NPI 1639399132 (Heart of Texas' entity NPI) on September 24, 2018
  - Number of Claims: 43 Claims for 32 Recipients
  - Total Paid: \$3,154.59
- ▶ All claims for performing provider NPI 1639399132 (Heart of Texas' entity NPI) on May 20, 2019.
  - Number of Claims 51 Claims for 42 Recipients
  - Total Paid: \$4,132.86

#### CPT Code Strata (or Claims Universes)

The remaining claims (not included in the 2 Date of Service strata) were stratified based on the following CPT code groupings:

- ▶ Case Management: T1017
- ▶ Skills Training: H2014
- ▶ Rehab Services: H2017
- ▶ Psychotherapy: 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90853
- ▶ PT/OT: 97110, 97161, 97162, 97164, 97165, 97166, 97168, 97530
- ▶ Crisis Intervention: H2011
- ▶ Speech Therapy: 92507, 92523, S9152
- ▶ All Other CPT Codes

Weaver utilized a confidence level of 90% and a precision level (or margin of error) of 12.5% to generate sample sizes for each stratum in RAT- STATS software.<sup>7</sup> Then, a random sample was drawn from each CPT code stratum (or claims universe).

Sample claims include all claims for performing provider NPI 1639399132 (Heart of Texas' entity NPI) on September 24, 2018 and May 20, 2019 and the randomly selected claims from

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<sup>7</sup> RAT-STATS is a software package developed by the Federal Department of Health and Human Services Office of Inspector General to assist providers in claim review. The software assists users in determining sample sizes, selecting random samples, and extrapolating the results.

the CPT code strata. **Table 2** summarizes all of the sample claims reviewed by Weaver in conducting the performance audit.

<b>Stratum (Claims Universe)</b>	<b>Number of Paid Claims</b>	<b>Total Paid</b>	<b>Average Claim Value</b>
DOS 9242018	43	\$3,154.59	\$73.36
DOS 5202019	51	4,132.86	81.04
Case Management (T1017) Sample	17	1,377.96	81.06
Skills Training (H2014) Sample	10	755.60	75.56
Rehab Services (H2017) Sample	9	565.55	62.84
Psychotherapy Sample	3	250.50	83.50
PT/OT Sample	3	337.50	112.50
Crisis Intervention (H2011) Sample	4	479.57	119.89
Speech Therapy Sample	3	329.04	109.68
Other Sample	8	403.34	50.42
<b>Total</b>	<b>151</b>	<b>\$11,786.51</b>	<b>\$78.06</b>

### Extrapolation of Results

Extrapolation may be used to estimate the total overpayment, if any, based on the sample results. Weaver complied with 1 TAC §371.35 and designed a sample that is representative of the population. However, for this performance audit, Weaver has not projected the sample results to the population.

### Audit Results

We believe the evidence obtained during the course of this performance audit provides a reasonable basis for the findings and conclusions based on the audit objective and tests identified in this report. Our findings and conclusions are limited to the issues tested and errors identified within this report. This performance audit was not intended to discover all possible errors or unacceptable practices. Due to the limited nature of this performance audit, Weaver has not made any inferences with respect to Heart of Texas' overall level of performance.

The findings may result in either an overpayment determination or a non-monetary recommendation. One claim may have multiple findings. Weaver provided a draft copy of this report to Heart of Texas on August 3, 2022. The draft report identified exceptions for 48 out of 151 sampled claims that resulted in an overpayment determination and noted additional administrative findings that resulted in certain recommendations.

An exit conference was held on August 9, 2022 to discuss the findings and recommendations contained in the draft report. In response to the draft report, Heart of Texas provided additional information related to the findings for the sample claims. On August 25, 2022, Heart of Texas provided a document entitled "Response and Action Plans" in which Heart of Texas responded to the findings and described its action plan in response to the recommendations contained in the draft report.



For each test, Weaver has included the preliminary findings and recommendations that were noted in the draft report, followed by Heart of Texas' response, if any, and then identified instances when the findings were updated. Our final findings for each test are denoted in bold font. Weaver's final findings identified exceptions for 14 out of 151 sampled claims that resulted in an overpayment determination and noted additional administrative findings. Specific findings for each sample claim are shown in **Attachment A**.

### Test: M-1 Was the member enrolled in Texas Medicaid at the time of the billed service?

- ▶ There are no findings, issues, or recommendations related to this test.

### M-2 Was the claim for a Medicaid covered benefit (age and program)?

- ▶ There are no findings, issues, or recommendations related to this test.

### P-1 Was the billing provider enrolled as a Texas Medicaid provider?

All claims in the population identify the Billing NPI as 1639399132, which is the current entity NPI for Heart of Texas. Heart of Texas is currently enrolled as a Medicaid provider. Weaver reviewed a document that revalidated that Heart of Texas was an enrolled Medicaid provider as of January 2022. Based on independent research, review of documents, and discussions with Heart of Texas, it is our understanding that Heart of Texas was an enrolled Medicaid provider during the entire period covered by this performance audit, March 1, 2018 through February 28, 2021. However, Weaver reviewed documents that identified a different NPI for Heart of Texas for certain time periods and has requested that Heart of Texas provide additional documents to confirm that it was enrolled as a Medicaid provider for the entire audit period.

- ▶ Subject to Heart of Texas providing the requested information, there are no findings, issues, or recommendations related to this test.
- ▶ Heart of Texas responded to this finding as follows:

*Heart of Texas has provided documentation to crosswalk the TPI and current NPI and demonstrate that Heart of Texas was enrolled as a Medicaid provider with our current NPI for the entire audit period.*

- ▶ After reviewing the documents provided by Heart of Texas, Weaver confirmed that there are there are no findings, issues, or recommendations related to this test.

### P-2 Was the rendering provider enrolled as a Texas Medicaid provider?

For 139 of the 151 sample claims, the paid claims data identified the "Performing Provider" as Heart of Texas' entity NPI, 1639399132. In order to perform this test, Weaver reviewed documents provided by Heart of Texas to identify the provider who actually rendered services to the member for each of the sample claims.

Heart of Texas utilized both licensed providers and QMHPs to render services to members. In response to a Policy Clarification Request for Medicaid and CHIP Services dated 4/13/2022, HHS-OIG clarified that QMHPs and Licensed Practitioner of the Healing Arts ("LPHA") that provide Mental Health Targeted Case Management ("MHTCM") or Mental Health Rehabilitation ("MHR") services are not required to enroll in Medicaid unless the LPHA is an

“ordering, referring, or prescribing (“ORP”) provider.”<sup>8</sup> In addition, claims for MHTCM or MHR services rendered by QMHPs and LPHAs must be billed under the entity’s NPI.

- ▶ **Based on the policy clarification provided by HHS-OIG, there are no findings, issues, or recommendations related to this test.**

### **P-3 Was the provider licensed (or trained) appropriately to render the billed service?**

Heart of Texas indicated that many of the rendering providers for rehabilitative services and targeted case management were not licensed, but were certified QMHPs. Since these providers are not licensed, Weaver requested documents from Heart of Texas to confirm that its providers (including QMHPs) received the required training contained in the HHSC Uniform Managed Care Manual, Chapter 15.3, “Mental Health Targeted Case Management and Mental Health Rehabilitative Services Training Requirements.”

- ▶ All licensed rendering or performing providers were licensed on the date that services were provided; therefore, there are no findings, issues, or recommendations related to licensing.
- ▶ The following issues resulted in an overpayment determination in the amount of \$2,914.75 related to 38 claims:
  - Heart of Texas produced no training documents for 1 QMHP.
  - 3 providers that provided services to adults had no evidence of ANSA training.
  - 1 provider that provided services to children had no evidence of SANS training.
  - 19 providers were missing documentation of completion of at least one state-required training. Of these 19 QMHPs, 10 QMHPs were missing documentation of completion of at two more-state required trainings.
  - 1 provider completed the required training after the date of service for the sample claim.
- ▶ Weaver has the following recommendations related to this test:
  - Review training requirements listed in HHSC Uniform Managed Care Manual, Chapter 15.3
  - For each provider, determine which required trainings, if any, have not been completed to ensure that each provider has completed all state-required trainings before delivering targeted case management or behavioral health rehabilitative services to Texas Medicaid members.
- ▶ During the exit conference, Heart of Texas explained that the training requirements in the Texas Administrative Code conflicted with those identified in the Uniform Managed Care Manual and with many community centers’ (including Heart of Texas’) interpretation of training requirements for providers. As

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<sup>8</sup> However, QMHPs are subject to training requirements (which were tested in P-3.)

a result, Weaver requested clarification from HHSC regarding the training requirements. HHSC's response confirmed that providers were required to complete all of the training prior to rendering services to patients. Weaver communicated HHSC's response to Heart of Texas, and HHSC-OIG agreed to note exceptions related to training requirements as administrative issues without an overpayment determination.

- ▶ Heart of Texas responded to this finding as follows:

*Heart of Texas has since reviewed the training requirements listed in UMCM 15.3 and sought additional clarification to determine which required trainings, if any, have not been completed by each provider. The previous interpretation across most centers in the state, including at Heart of Texas, has been that providers were not required to complete training on services that they would not be providing to clients (ex.: CANS/ANSA training, etc.). However, feedback from HHSC-OIG indicates that all trainings listed in UMCM 15.3 are required for "any provider personnel that deliver mental health rehabilitative services or mental health targeted case management services," including licensed providers. There are times when Texas Administrative Code, specifically 26 TAC §306.325, and the UMCM manual have conflicting information and the CANS/ANSA and Evidenced Based Practices training requirements are among these occasions. This has been communicated to Texas HHS by the trade organization representing Texas Community Centers.*

- ▶ Based on discussions with Heart of Texas and clarification provided by HHSC-OIG, Weaver has noted the exceptions related to training requirements as administrative issues that do not result in an overpayment determination.

### R-1 Were the requested medical records provided to the auditors?

- ▶ Other than specific exceptions noted, there are no findings, issues, or recommendations related to this test.

### R-2 & R-3 Was there an informed consent form signed by the member or the member's guardian? And, was the informed consent form signed by the member or the member's guardian before the services were provided?

- ▶ There are 9 sample claims for which there was no signed consent form. This results in an overpayment determination in the amount of \$810.61.
- ▶ Weaver also noted the following administrative issues that do not result in an overpayment determination:
  - The consent form was signed but not dated by the Representative / LAR / Parent, but was dated by the responsible staff. The date for the responsible staff precedes the date of service on the claim.
  - The consent form was signed and dated by the "Representative / LAR / Parent, but the section called "To consent for treatment of a minor, complete the following" was blank. The members were minors on dates of service.

- The consent form was signed and dated, but the client's name was missing from the form, and the "To consent for treatment of a minor, complete the following" was not dated.

- The consent form was signed and dated, but the client's name appears to be a nickname, and the "To consent for treatment of a minor, complete the following" was not dated.)

- ▶ Weaver has the following recommendations related to this test:

- Heart of Texas should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
- Determine, before delivering services to any Texas Medicaid member, whether a signed and properly completed informed consent form exists.
- If a properly completed informed consent form does exist, obtain a signed informed consent form from the member, the member's legal authorized representative, or the member's parent, before any additional services are delivered.

- ▶ Heart of Texas responded to this finding as follows:

*Due to the unique structure and processes of each of the Heart of Texas programs, a single, agency-wide action plan to ensure that an informed consent form is appropriately completed and signed prior to the delivery of services is unlikely to resolve the issues that led to this recommendation. Therefore, action plans will be developed and implemented at the individual division level.*

- ▶ **Weaver has confirmed the overpayment determination for 9 claims in the amount of \$810.61.**

#### **R-4 Does evidence in the medical record indicate the billed service was delivered to the member?**

- ▶ **There are no findings, issues, or recommendations related to this test.**

#### **R-5 Does documentation within the progress notes support Current Procedural Terminology (CPT) procedures codes and units billed and paid?**

- ▶ Weaver has noted the following administrative issues that do not result in an overpayment determination:

- There are 5 instances in which the paid claims data indicated an office visit, but the source documents indicated a Telehealth visit. The coding appears to be incorrect, however, the amount paid would not change pursuant to the fee schedules provided by United.

- ▶ Weaver has the following recommendations related to this test:

- Heart of Texas should ensure, before submitting claims to a managed care organization for services provided to Texas Medicaid members, that

CPT codes include required modifiers to indicate a Telehealth visit occurred.

- ▶ Heart of Texas responded to this finding as follows:

*This was a time that was early in the COVID 19 Pandemic where Texas HHS had implemented some additional flexibility in the methods for delivering certain types of services. Many staff were still working from home while delivering services via telehealth. Training was difficult to conduct in these circumstances. Additionally, system changes had to be made that would allow staff to document a telehealth service for services that had previously not allowed this mode of delivery.*

- ▶ **Weaver has confirmed its findings regarding the administrative issues related to this test.**

### R-6 Do medical records supporting the billed claim contain evidence that requirements for diagnosis codes, modifiers, documentation, and exclusions were met?

- ▶ Weaver has noted the following administrative issue that does not result in an overpayment determination:
  - For ECI claims, the eligibility documents supported eligibility on the date of service, but a diagnosis code related to the services provided did not appear in the documents provided by Heart of Texas.

- ▶ Weaver has the following recommendations related to this test:

- Heart of Texas should ensure, before submitting claims to a managed care organization for services provided to Texas Medicaid members with ECI program eligibility, that diagnoses codes submitted with ECI claims reflect documented diagnoses for the member.

- ▶ Heart of Texas responded to this finding as follows:

*Clarification about the documentation supporting the billing diagnosis codes for the sampled Texas Medicaid members with ECI program eligibility was provided by Heart of Texas to Weaver via email on July 27, 2022. For each client sampled, the billing diagnosis is documented on the discipline-specific Therapy Evaluation Report document along with the provider's justification based on informed clinical opinion, parent report, and any developmental testing conducted.*

- ▶ **After reviewing the documents provided by Heart of Texas, Weaver determined that there no findings, issues, or recommendations related to this test.**

### B-1 Was prior authorization, if required, obtained before services were delivered?

- ▶ **Prior authorization is not required for any Heart of Texas claims in the sample; therefore, there are no findings, issues, or recommendations related to this test.**

### B-2 Was the rendering provider name and NPI on the claim the same as the provider who performed the service?

- ▶ As previously noted, Heart of Texas' QMHPs and LHPAs utilized the entity NPI consistent with HHS-OIG's clarifications; therefore, there are no issues, findings, or recommendations related to this test.

### B-3 Were the services billed and paid at the correct amount – specific to the program, the MCO, the rates contained in the MCO's contract with the provider, and rate limitations based on licensure?

- ▶ Weaver identified the following exceptions that result in an overpayment of \$335.99 related to 8 claims:
  - Amount paid was higher than the rate identified in United's fee schedule. (1 claim)
  - Amount paid was less than the rate identified in United's fee schedule. (1 claim)
  - In two instances involving four claims, Heart of Texas was paid for two separate claims for services rendered by two different providers during the same time period.
  - A Telehealth Facility Fee was paid, but the progress notes did not identify the place of service. Texas Medicaid Provider Procedures Manual ("TMPPM") prohibits reimbursement a Telehealth Facility Fee for Q3014 if the patient is at home. (1 claim)
  - Claims data identified procedure code 99214, which relates to visits 30-39 minutes, but the patient notes identify the duration of the appointment was 21 minutes. This claim should have been billed using procedure code 99213 which allows visits of 21 minutes. (1 claim)
  - Claims data identified procedure code 99214, which relates to visits 30-39 minutes, but the patient notes identify the duration of the appointment was 8 minutes. This claim should have been billed using procedure code 99211 which allows visits of 8 minutes. (1 claim)
  - Claims data identified 8 15-minute units of time, but patient notes only provide support for 46 minutes, or 3 15-minute units.
- ▶ Weaver has the following recommendations related to this test:
  - Heart of Texas should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
  - Develop processes to ensure that claims CPT codes submitted with claims represent the duration of the visit documented in the patient records.
  - Develop processes for reviewing payments received from managed care organizations to ensure no overpayments were received, and to return identified overpayments to the managed care organization within contractual timelines.

- ▶ Heart of Texas responded to this finding as follows:

*Regarding the two claims that were paid by United Healthcare over the contracted rate. Standard practice in medical billing is for providers to bill their own standard rates to insurance companies and MCO's (payers) with the expectation that the payer will adjust the rate paid down to the contracted amount. Additionally, many of our MCO contracts only provide rates by reference to other sources so determining the accurate rate can, at times, be a challenge. Regarding the two instances (4 claims), our current Electronic Health Record (EHR), implemented in September 2020 has checks in place which will notify staff of overlapping services (claims). The telehealth facility fee note not without a place of service is also addressed with our new EHR where a service cannot be entered without a place of service.*

*Heart of Texas Behavioral Health Network staff discussed the citations concerning the use of E&M codes (99214) with Weaver staff. It was determined by Weaver staff that at the time, E&M Codes were not time based but are based on the complexity of the service and medical decision making of the provider needed at the time of service. Weaver staff indicated that these citations would be corrected. It should also be noted that the new EHR implemented in September 2018 has specific processes in place to calculate multiple data points as providers document an E&M service that results in a specific recommended E&M code. This is presented to the provider and the provider has the option to over- or override the recommended code when needed.*

- ▶ **After reviewing additional information provided by Heart of Texas during the exit conference, the findings were updated to reflect 5 exceptions that result in an overpayment of \$260.60.**

### Final Overpayment Based on Management’s Response

Upon consideration of additional documents and information provided by Heart of Texas and discussions with OIG, Weaver identified exceptions for 14 out of 151, or 9%, of the sampled claims. The total overpayment calculated from the sample claims is \$1,071.21, or approximately 9%. The overpayments for each stratum are summarized in **Table 3**:

<b>Table 3: Sample Claims with Overpayment Determination</b>		
Stratum (Claims Universe)	Claims	Overpayment
DOS 9242018	4	\$287.65
DOS 5202019	5	532.87
Case Management (T1017) Sample	0	0.00
Skills Training (H2014) Sample	1	(45.04)
Rehab Services (H2017) Sample	2	188.51
Psychotherapy Sample	1	83.50
PT/OT Sample	0	0.00
Crisis Intervention (H2011) Sample	0	0.00
Speech Therapy Sample	0	0.00
Other Sample	1	23.72
<b>Total</b>	<b>14</b>	<b>\$1,071.21</b>



Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network  
 Summary of Findings

\*A\* indicates Administrative Issue.

Weaver Sample Claim Number	Weaver Stratum	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	P3	R2	R5	R6	B3	Overpayment
13	DOS 9242018				H2017		MHP	\$ 53.86	A	\$ 53.86				\$ 53.86
14	DOS 9242018				T1017		MHP	19.83	A					0.00
15	DOS 9242018				H2014		MHP	100.08						0.00
16	DOS 9242018				H2014		MHP	25.02						0.00
17	DOS 9242018				H2017		MHP	53.86						0.00
18	DOS 9242018				H2017		MHP	53.86	A					0.00
19	DOS 9242018				H2017		MHP	53.86	A					0.00
20	DOS 9242018				H2017		MHP	53.86						0.00
21	DOS 9242018				H2017		MHP	26.93		26.93				26.93
22	DOS 9242018				H2014		MHP	50.04						0.00
23	DOS 9242018				T1017		MHP	59.49						0.00
24	DOS 9242018				T1017		MHP	39.66						0.00
25	DOS 9242018				H2014		MHP	75.06						0.00
26	DOS 9242018				Q3014		MD	16.60						0.00
27	DOS 9242018				T1017		MHP	158.64						0.00
28	DOS 9242018				H2011		N	73.78	A					0.00
29	DOS 9242018				T1017		MHP	48.14	A					0.00
30	DOS 9242018				T1017		MHP	48.14	A					0.00
31	DOS 9242018				T1017		MHP	24.07						0.00
32	DOS 9242018				H2014		MHP	100.08		A				0.00
33	DOS 9242018				T1017		MHP	72.21						0.00
34	DOS 9242018				H2014		MHP	100.08		A				0.00
35	DOS 9242018				H2014		MHP	100.08		A				0.00
36	DOS 9242018				T1017		MHP	63.38						0.00
37	DOS 9242018				H2014		MHP	50.04	A					0.00
38	DOS 9242018				H2014		MHP	50.04	A					0.00
39	DOS 9242018				T1017		MHP	24.07	A					0.00
40	DOS 9242018				T1017		MHP	24.07	A					0.00
41	DOS 9242018				T1017		MHP	72.21					72.21	72.21
42	DOS 9242018				H2014		MHP	100.08						0.00
43	DOS 9242018				H2014		MHP	100.08	A					0.00
44	DOS 9242018				H2011		N	36.89	A					0.00
45	DOS 9242018				H2011		N	36.89						0.00
46	DOS 9242018				92507		CC-SLP	107.78				ECI		0.00
47	DOS 9242018				97110		PT	101.25				ECI		0.00
48	DOS 9242018				T1017		MHP	144.42						0.00
49	DOS 9242018				97110		PT	101.25				ECI		0.00
50	DOS 9242018				97110		PT	101.25				ECI		0.00
51	DOS 9242018				97530		TR	135.00				ECI		0.00
52	DOS 9242018				T1017		MHP	48.14	A					0.00
53	DOS 9242018				97110		PT	135.00				ECI		0.00
54	DOS 9242018				H2014		MHP	100.08						0.00
55	DOS 9242018				H2017		MHP	215.44	A				134.65	134.65
69	DOS 5202019				H2011		N	36.89	A					0.00
70	DOS 5202019				H2017		MHP	215.44	A	215.44				215.44
71	DOS 5202019				H2017		MHP	80.79	A	80.79				80.79
72	DOS 5202019				T1017		CSW	19.83						0.00
73	DOS 5202019				T1017		CSW	59.49						0.00
74	DOS 5202019				T1017		MHP	39.66						0.00
75	DOS 5202019				T1017		MHP	39.66						0.00
76	DOS 5202019				H2017		MHP	107.72						0.00
77	DOS 5202019				H2017		MHP	80.79						0.00
78	DOS 5202019				H2017		MHP	26.93	A	26.93				26.93
79	DOS 5202019				H2017		MHP	26.93						0.00
80	DOS 5202019				H2014		MHP	100.08						0.00
81	DOS 5202019				T1017		MHP	79.32						0.00
82	DOS 5202019				T1017		MHP	59.49						0.00
83	DOS 5202019				T1017		MHP	79.32						0.00
84	DOS 5202019				H2011		N	36.89						0.00
85	DOS 5202019				H2011		N	36.89						0.00
86	DOS 5202019				H2014		MHP	125.10						0.00

Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network  
 Summary of Findings

\*A\* indicates Administrative Issue.

Weaver Sample Claim Number	Weaver Stratum	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	P3	R2	R5	R6	B3	Overpayment
87	DOS 5202019				H2014		MHP	25.02						0.00
88	DOS 5202019				H2014		MHP	100.08						0.00
89	DOS 5202019				H2014		MHP	100.08						0.00
90	DOS 5202019				H2014		N	100.08						0.00
91	DOS 5202019				T1017		MHP	120.35						0.00
92	DOS 5202019				T1017		MHP	48.14						0.00
93	DOS 5202019				T1017		MHP	96.28	A	A				0.00
94	DOS 5202019				H2014		MHP	25.02						0.00
95	DOS 5202019				T1017		MHP	126.76						0.00
96	DOS 5202019				H2014		MHP	75.06	A					0.00
97	DOS 5202019				T1017		MHP	48.14	A	A				0.00
98	DOS 5202019				T1017		MHP	72.21	A	A				0.00
99	DOS 5202019				T1017		MHP	96.28	A	A				0.00
100	DOS 5202019				T1017		MHP	96.28	A					0.00
101	DOS 5202019				T1017		MHP	95.07	A					0.00
102	DOS 5202019				H2014		MHP	100.08						0.00
103	DOS 5202019				T1017		MHP	39.66						0.00
104	DOS 5202019				H2014		MHP	75.06		A				0.00
105	DOS 5202019				H2014		CSW	75.06	A					0.00
106	DOS 5202019				H2014		CSW	50.04		A				0.00
107	DOS 5202019				H2017		MHP	134.65	A	134.65				134.65
108	DOS 5202019				T1017		MHP	221.83		A				0.00
109	DOS 5202019				H2014		MHP	75.06		A			75.06	75.06
110	DOS 5202019				H2014		MHP	75.06		A				0.00
111	DOS 5202019				H2014		icensed Counselor	100.08						0.00
112	DOS 5202019				H2011		N	36.89	A					0.00
113	DOS 5202019				97110		PT	135.00				ECI		0.00
114	DOS 5202019				97530		TD, OTR/L	135.00				ECI		0.00
115	DOS 5202019				92507		CC-SLP	107.78				ECI		0.00
116	DOS 5202019				92507		CC-SLP	107.78				ECI		0.00
117	DOS 5202019				92507		CC-SLP	107.78				ECI		0.00
118	DOS 5202019				Q3014		MD	16.60						0.00
119	DOS 5202019				T1017		MHP	63.38		A				0.00
5	Case Management (T1017) Sample				T1017		MHP	63.38		A				0.00
11	Case Management (T1017) Sample				T1017		MHP	48.14	A					0.00
12	Case Management (T1017) Sample				T1017		MHP	190.14	A					0.00
60	Case Management (T1017) Sample				T1017		MHP	48.14	A					0.00
62	Case Management (T1017) Sample				T1017		MHP	48.14	A					0.00
65	Case Management (T1017) Sample				T1017		MHP	118.98						0.00
66	Case Management (T1017) Sample				T1017		MHP	99.15						0.00
124	Case Management (T1017) Sample				T1017		MHP	138.81						0.00
131	Case Management (T1017) Sample				T1017		MHP	96.28						0.00
136	Case Management (T1017) Sample				T1017		MHP	48.14		A				0.00
138	Case Management (T1017) Sample				T1017		MHP	118.98						0.00
142	Case Management (T1017) Sample				T1017		MHP	39.66						0.00
143	Case Management (T1017) Sample				T1017		MHP	24.07		A	A			0.00
144	Case Management (T1017) Sample				T1017		MHP	48.14		A	A			0.00
147	Case Management (T1017) Sample				T1017		MHP	72.21	A	A	A			0.00
149	Case Management (T1017) Sample				T1017		MHP	79.32	A					0.00
150	Case Management (T1017) Sample				T1017		MHP	96.28		A				0.00
3	Crisis Intervention (H2011) Sample				H2011		MHP	332.01						0.00
6	Crisis Intervention (H2011) Sample				H2011		N	36.89						0.00
132	Crisis Intervention (H2011) Sample				H2011		MHP	73.78						0.00
145	Crisis Intervention (H2011) Sample				H2011		MHP	36.89						0.00
56	Other Sample				99214		MD	69.25						0.00
58	Other Sample				99214		MD	69.25						0.00
59	Other Sample				99213		MD	52.25						0.00
120	Other Sample				99213		N, PMHVP, BC	53.39						0.00
126	Other Sample				Q3014		MD	23.72					23.72	23.72
127	Other Sample				99213		MD	52.25						0.00
134	Other Sample				96372		VN	19.48						0.00

Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network  
Summary of Findings

\*A\* indicates Administrative Issue.

Weaver Sample Claim Number	Weaver Stratum	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	P3	R2	R5	R6	B3	Overpayment
141	Other Sample				99214		APN	63.75			A			0.00
4	Psychotherapy Sample				90837		QMHP	83.50						0.00
9	Psychotherapy Sample				90837		QMHP	83.50						0.00
151	Psychotherapy Sample				90837		LPHA, LCSW	83.50		83.50				83.50
8	PT/OT Sample				97110		LPT	101.25				ECI		0.00
121	PT/OT Sample				97110		LPT	135.00				ECI		0.00
128	PT/OT Sample				97110		LPT	101.25				ECI		0.00
1	Rehab Services (H2017) Sample				H2017		QMHP	134.65	A	134.65				134.65
61	Rehab Services (H2017) Sample				H2017		QMHP	26.93						0.00
64	Rehab Services (H2017) Sample				H2017		QMHP	107.72	A					0.00
68	Rehab Services (H2017) Sample				H2017		QMHP	80.79						0.00
129	Rehab Services (H2017) Sample				H2017		QMHP	26.95						0.00
133	Rehab Services (H2017) Sample				H2017		QMHP	53.86						0.00
137	Rehab Services (H2017) Sample				H2017		RN	53.86		53.86				53.86
140	Rehab Services (H2017) Sample				H2017		QMHP	53.86						0.00
148	Rehab Services (H2017) Sample				H2017		CCC-SLP	26.93						0.00
7	Skills Training (H2014) Sample				H2014		QMHP	100.08						0.00
10	Skills Training (H2014) Sample				H2014		QMHP	100.08	A					0.00
63	Skills Training (H2014) Sample				H2014		QMHP	25.02						0.00
67	Skills Training (H2014) Sample				H2014		QMHP	30.02					(45.04)	(45.04)
123	Skills Training (H2014) Sample				H2014		Licensed Counselor	125.10						0.00
125	Skills Training (H2014) Sample				H2014		QMHP	125.10						0.00
130	Skills Training (H2014) Sample				H2014		QMHP	100.08						0.00
135	Skills Training (H2014) Sample				H2014		Licensed Counselor	50.04						0.00
139	Skills Training (H2014) Sample				H2014		QMHP	75.06						0.00
146	Skills Training (H2014) Sample				H2014		Licensed Counselor	25.02		A	A			0.00
2	Speech Therapy Sample				92507		CCC-SLP	102.39				ECI		0.00
57	Speech Therapy Sample				S9152		CCC-SLP	118.87				ECI		0.00
122	Speech Therapy Sample				92507		CCC-SLP	107.78				ECI		0.00
<b>Total</b>								<b>\$ 11,786.51</b>	<b>\$ -</b>	<b>\$ 810.61</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 260.60</b>	<b>\$ 1,071.21</b>
<b>Number of Claims</b>								<b>151</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>14</b>

**Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network  
Criteria, Standards, and Guidance**

*The following specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements to be tested were agreed to by the HHSC-OIG in the approved audit test plan:*

Description	Tests
<b>I Generally Accepted Government Auditing Standards (GAGAS)</b>	
<b>II Federal Criteria</b>	
<b>II.A</b> 42 U.S. Code §1396u-2 (d)(6)(A), (6) Enrollment of Participating Providers	P-1, P-2
<b>II.B</b> CMS Medicaid Provider Enrollment Compendium (MPEC) 1.5.1, C, 1	P-2
<b>III Texas Medicaid Provider Procedures Manual</b>	
<b>III.A</b> Volume 1, Section 1: Provider Enrollment and Responsibilities	P-1, P-2, R-1
<b>III.B</b> Volume 1, Section 2: Texas Medicaid Fee-For-Service Reimbursement	P-3, R-6, B-3
<b>III.C</b> Volume 1, Section 3: TMHP Electronic Data Interchange (EDI)	R-6
<b>III.D</b> Volume 1, Section 4: Eligibility	M-1, M-2, R-5, R-6
<b>III.E</b> Volume 1, Section 6	P-1, P-2, B-2
<b>III.F</b> Volume 2, Behavioral Health and Case Management Services Handbook	M-2, R-6, B-1
<b>III.G</b> Children's Services Handbook, Section 3	
<b>III.H</b> Telecommunication Services Handbook	
<b>III.I</b> Texas Medicaid and CHIP Reference Guide, Texas Health and Human Services Commission, Chapter 1: Who can get Medicaid or CHIP, and how can they get it?	M-2
<b>IV Texas Administrative Code (TAC)</b>	
<b>IV.A</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 354 (Medicaid Health Services), Subchapter A (Purchased Health Services), Division 1 (Medicaid Procedures for Providers), §354.1001 – §354.1005	P-3, R-1, R-4, R-5, B-2
<b>IV.B</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 354 (Medicaid Health Services), Subchapter A (Purchased Health Services), Division 29 (Licensed Professional Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists), §354.1382	P-3
<b>IV.C</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 355 (Reimbursement Rates), Subchapter G (Advanced Telecommunications Services and Other Community-Based Services), §355.7001	
<b>IV.D</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 355 (Reimbursement Rates), Subchapter J (Purchased Health Services), Division 5 (General Administration), §355.8085 and §355.8091	P-3, R-6, B-1, B-3
<b>IV.E</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 355 (Reimbursement Rates), Subchapter J (Purchased Health Services), Division 14 (Federally Qualified Health Center Services), §355.8261	
<b>IV.F</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 371 (Medicaid and Other Health and Human Services Fraud and Abuse Program Integrity), Subchapter G (Administrative Actions and Sanctions), Division 2 (Grounds for Enforcement)	
<b>IV.G</b> Title 1 (Administration), Part 15 (Texas Health and Human Services Commission), Chapter 371 (Medicaid and Other Health and Human Services Fraud and Abuse Program Integrity), Subchapter G, Division 3 (Administrative Actions and Sanctions)	
<b>IV.H</b> Title 1 (Administrative), Part 15 (Texas Health and Human Services Commission), Chapter 371 (Medicaid and Other Health and Human Services Fraud and Abuse Program Integrity), Subchapter B (Office of Inspector General)	
<b>IV.I</b> Title 22 (Examining Boards), Part 21 (Texas State Board of Examiners of Psychologists), Chapter 463 (Applications and Examinations)	
<b>IV.J</b> Title 22 (Examining Boards), Part 21 (Texas State Board of Examiners of Psychologists), Chapter 465 (Rules of Practice)	R-2, R-3, R-5
<b>IV.K</b> Title 22 (Examining Boards), Part 30 (Texas State Board of Examiners of Professional Counselors), Chapter 681 (Professional Counselors)	

**Heart of Texas Region MHMR Center n/k/a Heart of Texas Behavioral Health Network  
Criteria, Standards, and Guidance**

*The following specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements to be tested were agreed to by the HHSC-OIG in the approved audit test plan:*

Description	Tests
<b>V UnitedHealthcare of Texas Medicaid Provider Contract</b>	R-2, R-3, B-2
<b>V.A</b> Section 3.1 – Member Status	M-1
<b>V.B</b> Section 3.2 – Provision of MHSA Health Services	M-2
<b>V.C</b> Section 3.4 – Protocols	B-1
<b>V.D</b> Section 5.2 – Laws, Regulations, and Licenses	P-1, P-2, P-3
<b>V.E</b> Section 7	R-1, R-4, R-6
<b>V.F</b> Section 10.11 – Medicaid Members	M-2, R-5
<b>V.G</b> All Payor Appendix, Section 1 - Definitions. Fee Maximums	B-3
<b>V.H</b> All Payor Appendix, Section 2 – Payments	B-3
<b>VI UnitedHealthcare of Texas 2020 CHIP, STAR, STAR+PLUS Provider Manual</b>	R-1, P-1, P-2
<b>VI.A</b> Chapter 2: About Us - The Texas Medicaid & Healthcare Partnership	
<b>VI.B</b> Section 7.2 – Maintenance of and United HealthCare or UBH’s Access to Records	
<b>VI.C</b> Section 7.3 – Government and Accrediting Agency Access to Records	R-1
<b>VI.D</b> Chapter 12: Behavioral Health	M-2, B-1
<b>VI.E</b> Chapter 13: Eligibility	M-1
<b>VI.F</b> Chapter 17: Care Provider Responsibilities, Roles and Responsibilities of Specialty Care Provider	P-3
<b>VI.G</b> Chapter 21: Prior Authorization	
<b>VI.H</b> Chapter 25: Claims Submissions	B-1, B-2, B-3
<b>VI.I</b> Appendix M: Medical Records Standards – Problem Evaluation and Management	R-2, R-3, R-4, R-5, R-6
<b>VII United’s 2019 State of Texas Access Reform (STAR) Kids Provider Manual</b>	R-1
<b>VII.A</b> Chapter 3: Care Provider and Network Considerations – The Role of a Specialty Care Provider	P-3
<b>VII.B</b> Chapter 5: Keep Your Contact Information Current	P-1, P-2, B-1
<b>VII.C</b> Chapter 7: Eligibility – Introduction	M-1
<b>VII.D</b> Chapter 9: Authorizations	B-1
<b>VII.E</b> Chapter 14: Behavioral Health, Service Focus on Resilience and Recovery	M-2
<b>VII.F</b> Chapter 22: Claims Submissions	B-2, B-3
<b>VII.G</b> Appendix B:STAR Kids Covered Services, Services included under the MCP capitation payment	M-2
<b>VII.H</b> Appendix L: Medical Record Documentation Standards – Problem Evaluation and Management	R-2, R-3, R-4, R-5, R-6
<b>VII.I</b> UHCprovider.com/TXCommunityPlan > Prior Authorization and Notification	B-1
<b>VII.J</b> MHP.com>Providers>Fee Schedules	
<b>VII.K</b> UHC Contract and Provider Manuals	