



August 30, 2022,

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

Weaver has completed the performance audit of Sunwest Behavioral Associates PA ("Sunwest") Medicaid and CHIP claims for behavioral health services paid by Superior HealthPlan and Molina 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 Sunwest are included in this report.

This report has been prepared solely for the information and use of Texas HHSC-OIG and Sunwest 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

Sunwest Behavioral Associates PA

Billing Provider NPI: 1053578021
Billing Provider Tax ID: 742785751

6028 Surety Dr.
El Paso, Texas 79905

August 30, 2022

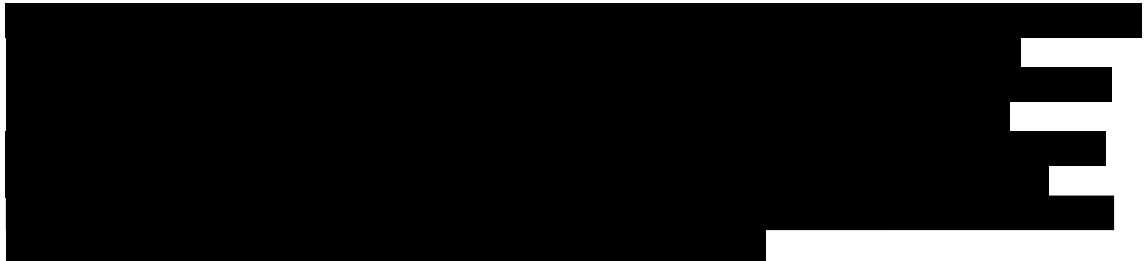
Audit Background

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 Sunwest Behavioral Associates PA (“Sunwest”) by two managed care organizations (“MCOs”), Molina Healthcare of Texas (“Molina”) and Superior HealthPlan (“Superior”), 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 encounter data for behavioral health providers and discussions with HHSC-OIG.

Audited Entity

Sunwest is currently operating under the name Atlantis Health Services in El Paso, Texas. Sunwest specializes in outpatient mental health services including:¹

- ▶ Transcranial Magnetic Simulation
- ▶ Medication Management
- ▶ Psychosocial and Rehabilitation Program
- ▶ Counseling Services
- ▶ Outpatient Substance Abuse Program
- ▶ Suboxone Treatment



¹ <https://atlantisbehavioralhealth.com>



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

- ▶ Holds a current business and practitioner license.
- ▶ Is not involved with potential ongoing investigations.
- ▶ Is not listed as being excluded by the DHHS-OIG.³
- ▶ Does not have a corporate integrity agreement in place under the DHHS-OIG.⁴

Description of the Services Provided by Sunwest

Adult and Child Mental Health Services

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

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).

Outpatient mental health services are benefits of Texas Medicaid when provided to persons who are experiencing a mental health issue that is causing distress, dysfunction, and/or maladaptive functioning as a result of a confirmed or suspected psychiatric condition as defined in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

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**.

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

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

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

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 inquiries, of Sunwest’s 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 NPI 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

Sunwest’s audit scope included 34,299 claims totaling \$3,366,435 billed by Sunwest and paid by Molina or Superior 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 8/16/18	71	\$7,322.94	\$103.14
DOS 11/15/18	26	3,251.66	125.06
Molina STAR PLUS	10,725	1,158,752.29	108.04
Superior Star	10,664	973,843.09	91.32
Superior Star Kids	9,843	962,956.66	97.83
Superior Foster Care	1,506	139,608.92	92.70
Molina STAR	1,174	103,115.79	87.83
Superior CHIP	216	12,340.36	57.13
Superior Star Plus	74	5,243.13	70.85
Grand Total	34,299	\$3,366,434.84	\$98.15

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, each of which had a high number of claims for a single Performing Provider.

- ▶ All claims for Performing Provider NPI 1659451565 (JEAN JOSEPH-VANDERPOOL) on August 16, 2018.
 - Number of Claims: 71 Claims for 55 Recipients
 - Total Paid: \$7,322.94
- ▶ All claims for Performing Provider NPI 1053578021 (SUNWEST BEHAVIORAL ASSOCIATES PA) on November 15, 2018.
 - Number of Claims 26 Claims for 21 Recipients
 - Total Paid: \$3,251.66

MCO Plan Strata (or Claims Universes)

The remaining claims (not included in the two Date of Service strata) were stratified based on the MCO plan for paid claims.

Weaver utilized a confidence level of 90% and a precision level (or margin of error) of 12.5% to determine sample sizes for each stratum in RAT- STATS software.⁶ Then, a random sample was drawn from each MCO Plan stratum (or claims universe).

Sample Claims

Sample claims include all claims for performing provider NPI 1659451565 (JEAN JOSEPH-VANDERPOOL) on August 16, 2018 and for performing provider NPI 1053578021 (Sunwest's entity NPI) on November 15, 2018 and the randomly selected claims from the MCO plan strata. **Table 2** summarizes all of the sample claims reviewed by Weaver in conducting the performance audit.

⁶ 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.

Table 2: Summary of Sample Claims

Stratum (Claims Universe)	Number of Paid Claims	Total Paid	Average Claim Value
DOS 8/16/18	71	\$7,322.94	\$103.14
DOS 11/15/18	26	3,251.66	125.06
Molina STAR PLUS	27	2,739.40	101.46
Superior Star	20	1,867.61	93.38
Superior Star Kids	21	2,024.31	96.40
Superior Foster Care	3	332.73	110.91
Molina STAR	3	88.19	29.40
Superior CHIP	3	169.43	56.48
Superior Star Plus	3	236.49	78.83
Total	177	\$18,032.76	\$101.88

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 Sunwest’s overall level of performance.

The findings may result in either an overpayment determination or a non-monetary recommendation. Weaver provided a draft copy of this report to Sunwest on August 9, 2022. The draft report identified exceptions for 147 of the 177 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 8, 2022 to discuss the findings and recommendations contained in the draft report. In response to the preliminary findings and draft report, Sunwest provided additional information related to the findings for the sample claims. On August 25, 2022, Sunwest provided a document entitled “Sunwest Behavioral Associates PA Response 8.25.22 Signed,” in which Sunwest 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 Sunwest's 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 46 out of 177 sampled claims that resulted in an overpayment determination and noted additional administrative findings. Specific findings for each sample claim are shown in **Attachment A**.

Internal Controls

A lack of internal controls is considered a contributing cause of the findings contained in this report and the fraud enforcement action previously noted. Sunwest has not placed sufficient emphasis on designing, implementing, and/or effectively operating internal controls. It does not appear that Sunwest had controls in place to detect and prevent fraud, ensure that its providers were licensed and properly trained prior to providing services, and to adequately review, document, and retain records to support that the billed services were provided in accordance with required regulations. A lack of policies and/or oversight of established policies creates an environment in which management or personnel are unable to achieve the applicable control objectives and address related risks.

During Sunwest's entrance conference, Sunwest explained that during the audit period until December 2020, it experienced problems with the third-party billing company it utilized to submit its claims. Sunwest relied on the third-party billing company to submit the claims properly, but did not sufficiently review the claims submitted to confirm that these claims were submitted correctly. In December 2020, Sunwest implemented a new electronic health records system and began submitting its own claims.

Sunwest provided the following response regarding the weaknesses in its internal controls:

Sunwest understands that establishing an efficient internal control measure will ensure compliance with regulations established by Texas Administrative Code (TAC); certainly, this is an area that Sunwest had firmly studied and proceeded with a plan of action to address management controls after recommendations were shared. More importantly, Sunwest in good faith and to the best of our knowledge prevented fraud and has not intended to conduct any counterfeiting actions that breach any State or Federal Regulations.

In addition, we would like to reiterate one major challenge experienced by Sunwest during the time frame of the claims audited (i.e., March 1, 2018 to February 28, 2021):

- (i) *Lack of transparency and communication by third-billing party company (i.e., Medical Summit Medical Management, LLC) contracted by Sunwest to complete billing and revenue cycle management responsibilities.*

As a result, Sunwest initiated an implementation with a different electronic health record (EHR) software, with the purpose of managing the billing internally and having control over this process.

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

- ▶ Weaver noted the following administrative issue that did not result in an overpayment determination:
 - Errors and inconsistencies in member name and/or Medicaid ID number in patient records.
- ▶ Weaver has the following recommendation related to this test:
 - Sunwest should ensure that all patient records are complete and accurate.
- ▶ Sunwest responded to this finding as follows:

Sunwest has developed an internal audit tool as of August 10, 2022 that includes this parameter. The first revision will be made as of August 29, 2022.
- ▶ **Weaver has confirmed its findings regarding the administrative issues related to this test.**

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

- ▶ There is one sample claim for a procedure that the Medicaid Fee Schedule indicated was only a benefit until age 55. The member who received the services was 63 years old. This resulted in an overpayment determination in the amount of \$46.73.
- ▶ Weaver has the following recommendations related to this test:
 - Sunwest should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
 - Sunwest should confirm that services are covered prior to providing services and submitting claims.
- ▶ Sunwest responded to the finding and recommendations in the draft report as follows:

As of May 2022, Sunwest hired an experienced lead biller, Ms. Shirley Ochoa who has been providing training to both billing and intake staff personnel on eligibility and benefits to prevent any error related to this.
- ▶ During the exit conference, Sunwest explained that the age limitation noted for this claim referred to "surgery." Upon conducting additional research into the claim, Weaver observed that the paid claims data correctly identified a psychotherapy procedure code, but also identified "Type of Service" code "2" associated with surgery services. Sunwest confirmed that it does not provide surgery services, and the patient's medical records corroborate that Sunwest rendered psychotherapy (not surgery) services to the patient. It appears that this exception was caused by a data integrity problem.
- ▶ **Based on further investigation and discussions with Sunwest, Weaver has noted this as an administrative issue that did not result in an overpayment determination.**

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

The paid claims data identified the Billing Provider NPI as 1053578021 (Sunwest's entity NPI) for all claims in the population. Sunwest is currently enrolled as a Medicaid provider. Based on independent research, review of documents, and discussions with Sunwest, it is our understanding that Sunwest was an enrolled Medicaid provider during the entire period covered by this performance audit, March 1, 2018 through February 28, 2021. Weaver has requested that Sunwest provide additional documents to confirm that it was enrolled as a Medicaid provider for the entire audit period.

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

Sunwest provided the requested information. Sunwest however, continues completing credentialing efforts upon onboarding a licensed professional.
- ▶ **After reviewing the documents provided by Sunwest, Weaver confirmed that there are no findings, issues, or recommendations related to this test.**

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

For 167 of the 177 sample claims, the paid claims data identified the "Performing Provider" NPI as 1659451565 (Jean Joseph – Vanderpool) or 1053578021 (Sunwest's entity NPI). In order to perform this test, Weaver reviewed documents provided by Sunwest to identify the provider who actually rendered services to the member for each of the sample claims.

Sunwest 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.⁷ In addition, claims for MHTCM or MHR services rendered by QMHPs and LPHAs must be billed under the entity's NPI.

- ▶ There are seven licensed providers for which there is no documentation that they were enrolled as Texas Medicaid providers on the dates they rendered services. Based on patient records, these seven providers rendered services for 20 sample claims that were not for MHTCM or MHR services. This resulted in an overpayment of \$1,358.51.
- ▶ Weaver noted the following administrative issues that did not result in an overpayment determination:
 - The performing provider name and NPI fields in the paid claims data were missing (or blank) for telehealth services claims.

⁷ However, QMHPs are subject to training requirements (which were tested in P-3.)

- The performing provider NPI field in the paid claims data identified an NPI that was not Sunwest's entity NPI for MHTCM or MHR services.
- The performing provider NPI field in the paid claims data did not reflect the NPI for the licensed performing (or rendering) provider for claims that were not for MHTCM or MHR services.
- ▶ Weaver has the following recommendations related to this test:
 - Sunwest should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
 - Sunwest should ensure that the rendering (or performing) provider name and NPI fields are complete when claims are submitted.
 - Sunwest should identify the rendering (or performing) provider name and NPI for licensed providers when it submits claims for services that are not MHTCM or MHR services.
 - Sunwest should identify Sunwest's entity NPI for MHTCM or MHR services.

- ▶ Sunwest responded to this finding as follows:

As per the clarification and documentation provided all providers are licensed. Sunwest would like further clarification in this section.

The administrative issues related to performing name and NPI was related to configurations completed incorrectly by the EHR implementation team.

2018-November 31, 2020 - Legacy EHR (i.e., Credible Behavioral Health) did not have the correct mapping in the system, therefore, claims could not be batched electronically; reason for Sunwest to contract Medsum (Medical Summit) for billing services.

December 1, 2020- Current EHR (i.e., Qualifacts or Carelogic) leaving blank or incorrect information is related as well to incorrect mapping in the system done during the implementation. Sunwest was not able to properly initiate 837 process and it was until March 2021 that these issues were resolved by Qualifacts, since Sunwest escalated problem to executives of EHR company.

- ▶ The additional documents provided by Sunwest confirm that one of the seven licensed providers noted above was enrolled as a Texas Medicaid provider on the dates that services were rendered, but did not confirm that the other six providers were enrolled as Texas Medicaid providers on the dates that services were rendered.
- ▶ **Upon consideration of the additional documents provided by Sunwest, there are six licensed providers for which there is no documentation that they were enrolled as Texas Medicaid providers on the dates they rendered services. Based on patient records, these six providers rendered services for 19 sample claims that were not for MHTCM or MHR services. This resulted in an overpayment of \$1,238.69. Weaver also noted additional administrative issues that did not result in an overpayment determination.**

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

- ▶ Weaver identified the following exceptions that result in an overpayment of \$13,278.23 related to 96 claims:
 - There was no evidence that one licensed provider was licensed on the dates the provider rendered services associated with three paid claims resulting an overpayment of \$107.72.
 - Sunwest indicated that many of the rendering providers for MHTCM or MHR services were not licensed but were certified QMHPs. Since these providers are not licensed, Weaver requested documents from Sunwest to confirm that its 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." Sunwest provided information related to completion of the Adult Needs and Strengths Assessment (ANSA) and Child and Adolescent Needs and Strengths Assessment (CANS) by its QMHPs, but has not provided documents that evidence that its QMHPs completed all of the required training prior to rendering services to members associated with 93 paid claims resulting in an overpayment of \$13,170.51.
- ▶ Weaver has the following recommendations related to this test:
 - Sunwest should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
 - Sunwest should ensure that it has evidence of licensure prior to allowing licensed providers to render services to Medicaid members.
 - 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, Sunwest 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 Sunwest's) interpretation of training requirements for providers. As 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 Sunwest, and HHSC-OIG agreed to note exceptions related to training requirements as administrative issues without an overpayment determination.

- ▶ Sunwest responded to this finding as follows:

Dr. Jean Joseph-Vanderpool, Chief Medical Officer had arranged on Wednesday, August 10, 2022 a meeting with the local mental health authority (Emergence Health Network) in El Paso, Texas to discuss the possibility of them providing training to Sunwest's MHTCM staff members. The goal is for MHTCM or MHR staff to be fully trained as per UMCM 15.3 requirements.

- ▶ Sunwest provided additional documents that confirm that the licensed provider noted above was licensed on the dates the provider rendered services.
- ▶ **Upon consideration of additional documents provided by Sunwest, there are no findings that result in an overpayment determination associated with unlicensed providers. Based on discussions with Sunwest 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?

Weaver observed problems with Sunwest's records and has noted specific issues and exceptions associated with each test performed. In addition, we noted missing or incomplete information in both the encounter data and claims data related to Service Facility Location Street Address, Service Facility Location City, and Service Facility Location Zip Code, primarily in claims paid by Superior.

As previously noted, Sunwest informed Weaver that prior to December 2020, it used a third-party billing company. As a result of issues observed by Sunwest, it began submitting its own claims in December 2020. While this may explain some of the issues noted in our findings, there appear to be weaknesses in Sunwest's internal controls and processes and procedures, which allowed problems to persist for most of the audit period.

- ▶ Sunwest responded to this finding as follows:

Although this was noted as a deficiency from the claims audited, Sunwest is confident that this should not be a current problem as per the transitioning to the new EHR. The following fields are displayed in the current EHR: Service Facility location, street address, service facility location city and zip code.

- ▶ **Weaver identified specific issues and exceptions associated with the applicable test performed and considered missing or incomplete demographic data as an administrative issue that did not result in an overpayment determination.**

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 15 sample claims for which there was no signed consent form. This results in an overpayment of \$1,432.79.

- ▶ Weaver has the following recommendations related to this test:
 - Sunwest should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
 - Determine, before delivering services to any Texas Medicaid member, whether a signed informed consent form exists.
 - If a completed informed consent form does not 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.
- ▶ Sunwest responded to this finding as follows:

The same protocol for recommendation 1[Test M-1] & 6 [Test R-1]; this will be analyzed after the internal audit that Sunwest will review on August 29, 2022.
- ▶ Sunwest provided informed consent forms for 4 of the 15 exceptions noted in the draft report.
- ▶ **Upon consideration of additional documents provided by Sunwest, there are 11 sample claims for which there is no signed informed consent document resulting in an overpayment determination in the amount of \$993.12.**

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

As previously noted, in August 2021, Sunwest agreed to pay approximately \$17,000 for allegedly violating the Civil Monetary Penalties Law after it self-disclosed to the U.S. Department of Health and Human Services, Office of Inspector General (DHHS-OIG) that a Qualified Mental Health Professional ("QMHP") employed by Sunwest submitted claims to Texas Medicaid for case management, skills training, and medication therapy services that were not provided between May 21, 2020 and October 7, 2021. Weaver did not identify any similar instances in the sample claims.

- ▶ **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 identified the following exceptions that result in a net overpayment of \$483.44 related to 42 claims:
 - The member medical records support a different CPT code than the one identified in the paid claims data for one claim resulting in an underpayment of \$49.03
 - Information contained in member medical records did not support the number of units billed and paid for one claim resulting in an overpayment of \$59.49.

- Information contained in member medical records did not support the duration of minutes billed and paid for 40 claims resulting in a net overpayment of \$472.98.
- ▶ Weaver has the following recommendations related to this test:
 - Sunwest should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
 - Develop processes for ensuring claims for services use CPT codes that represent the actual duration of the visit.
 - Ensure procedure codes on claims are representative of the information contained in member medical records.
- ▶ Sunwest responded to this finding as follows:

As per the implementation done with the new EHR software, all the workflow mapping was completed accordingly which is strictly tied to the set up of the (i) Activites, (ii) Procedures (including CPT codes, modifiers, bundles, bill incident and/or location of service) as well as (iii) billing categories (i.e., credentials) and (iv) payer parameters needed to pull correct crosswalk mapping into the claim for 837 process.
- ▶ In addition to its written response, during the exit conference, Sunwest explained that it based the determination of evaluation and management procedure codes (e.g. 99214) on the complexity of the service and medical decision making of the provider at the time of service and not the duration of the visit. Weaver confirmed that this was an allowed methodology and reviewed the patient medical records to confirm that evaluation and management claims were billed consistent with the provider's notes.
- ▶ **Upon consideration of additional documents provided by Sunwest, there are 22 sample claims with exceptions resulting in an overpayment determination in the amount of \$250.25.**

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

- ▶ Weaver identified the following exceptions that resulted in an overpayment of \$9,008.83 related to 76 claims:
 - Support documentation was missing or had incomplete or incorrect diagnosis information for 23 claims resulting in an overpayment of \$2,503.75.
 - The date of the diagnosis in the support documentation was after the date of service for 48 claims resulting in an overpayment of \$5,813.22.
 - Diagnosis code is not included on a list of diagnoses that are allowable to support procedure code for 5 claims resulting in an overpayment of \$691.86.

- ▶ Weaver noted the following administrative issue that did not result in an overpayment determination:
 - Procedure Code 80305 was billed without a QW modifier. This did not impact the amount paid for the claim.
- ▶ Weaver has the following recommendations related to this test:
 - Sunwest should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
 - Ensure, before submitting claims to a managed care organization for services provided to Texas Medicaid members, that diagnosis codes included on the claim reflect documented diagnoses for the member.
 - Ensure the diagnosis included on a claim supports the billed procedure code in accordance with Texas Medicaid requirements and that the diagnosis existed on or before the date of service on the claim.
- ▶ Sunwest responded to this finding as follows:

As per the implementation done with the new EHR software, all the workflow mapping was completed accordingly which is strictly tied to the setup of the (i) Activites, (ii) Procedures (including CPT codes, modifiers, bundles, bill incident and/or location of service) as well as (iii) billing categories (i.e., credentials) and (iv) payer parameters needed to pull correct crosswalk mapping into the claim for 837 process.
- ▶ Sunwest also provided additional information that identified diagnosis codes and original dates of diagnoses in response to the preliminary findings.
- ▶ **Upon consideration of additional documents provided by Sunwest, there are 16 sample claims with exceptions resulting in an overpayment determination in the amount of \$988.79.**

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

- ▶ Prior authorization is not required for any Sunwest 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, Sunwest frequently used group billing NPIs in lieu of the NPI for the actual rendering provider. We have noted this as an administrative issue with no monetary recovery.

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 8 claims that were not paid consistent with the MCO rates. This results in a net underpayment of \$79.19.

- ▶ Weaver noted the following administrative issue that did not result in an overpayment determination:
 - Neither Sunwest nor Molina were able to locate a provider services agreement for the billing provider NPI to support payments for claims for dates of service from March 1, 2018, through November 30, 2018.
- ▶ Weaver has the following recommendations related to this test:
 - 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.
- ▶ Sunwest responded to this finding as follows:

This is currently verified in the new EHR by the posting of payments since billing agents ensure to verify the amount paid the MCOs through EOB or through EFT are correct. Automatic posting is being completed by the system; billing agents can complete this process manually accordingly.
- ▶ **Weaver confirmed the net underpayment related to 8 claims in the amount of \$79.19.**

Final Overpayment Based on Management's Response

Upon consideration of additional documents and information provided by Sunwest and discussions with OIG, Weaver identified exceptions for 46 of the 177 sample claims, or 26% of the sample claims. The total overpayment calculated from the sample claims is \$1,945.53, or approximately 11% of the total paid for sample claims. The overpayments for each stratum are summarized in **Table 3**:

Stratum (Claims Universe)	Claims	Overpayment
DOS 8/16/18	21	\$727.49
DOS 11/15/18	4	381.54
Molina STAR PLUS	2	92.76
Superior Star	8	622.39
Superior Star Kids	6	188.11
Superior Foster Care	0	0.00
Molina STAR	1	10.00
Superior CHIP	3	(77.49)
Superior Star Plus	1	0.73
Total	46	\$1,945.53

Sunwest Behavioral Associates PA
Summary of Findings

A indicates Administrative Issue.

Weaver Sample Claim Number	Weaver Stratum	MCO Plan Name	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Performing Provider per Paid Claims Data	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	M-1	M-2	P-2	P-3.1 Licensed Providers	P-3.2 QMHP Training	R-2	R-5.1 CPT Code	R-5.1 Units	R-5.1 Duration	R6.1 Missing or Incorrect DX	R6.2 DX after DOS	R6.3 CPT Disallowed for DX	B3	Total Overpayment	
15	DOS 8/16/18	Molina STAR PLUS				99213			MD	\$33.27			A										A	\$0.00	
16	DOS 8/16/18	Molina STAR PLUS				99213			MD	33.27			A											A	0.00
17	DOS 8/16/18	Molina STAR				99213			RN	36.89	A		A											A	0.00
18	DOS 8/16/18	Molina STAR PLUS				90847			LPC	69.50			A											A	0.00
19	DOS 8/16/18	Molina STAR PLUS				90847			LPC	69.50			A											A	0.00
20	DOS 8/16/18	Molina STAR PLUS				99213			P-MHNP	33.27			A											A	0.00
21	DOS 8/16/18	Molina STAR				99214			P-MHNP	46.73			A						\$24.59					A	24.59
22	DOS 8/16/18	Molina STAR PLUS				90837			LPC	95.93			A											A	0.00
23	DOS 8/16/18	Molina STAR PLUS				99000			QMHP	10.00			A											A	0.00
24	DOS 8/16/18	Molina STAR PLUS				90837			LPC	95.93			A											A	0.00
25	DOS 8/16/18	Molina STAR				H0034			QMHP	108.24			A		A									A	0.00
26	DOS 8/16/18	Molina STAR PLUS				H2014			QMHP	50.04			A		A									A	0.00
27	DOS 8/16/18	Molina STAR PLUS				H2014			QMHP	200.16			A		A									A	0.00
28	DOS 8/16/18	Molina STAR PLUS				H0034			QMHP	54.12			A		A					\$54.12	\$54.12			A	54.12
29	DOS 8/16/18	Molina STAR PLUS				H2014			QMHP	100.08			A		A					100.08				A	100.08
30	DOS 8/16/18	Molina STAR PLUS				80305			QMHP	11.31			A				\$11.31	(\$49.03)		11.31		A	A	(26.41)	
31	DOS 8/16/18	Superior Star Kids				90847			LPC	72.97			A											A	0.00
32	DOS 8/16/18	Superior Foster Care				99214			P-MNHP	51.80			\$51.80						14.91					A	14.91
33	DOS 8/16/18	Superior Star Kids				99214			P-MNHP	51.80			51.80						14.91					A	14.91
34	DOS 8/16/18	Superior Star				90837			LPC	100.78			100.78											A	0.00
35	DOS 8/16/18	Superior Star				99213			RN	36.89			A											A	0.00
36	DOS 8/16/18	Superior Star				99214			P-MNHP	51.80			51.80						14.91					A	14.91
37	DOS 8/16/18	Superior Star Kids				90837			LMSW	100.78			100.78											A	0.00
38	DOS 8/16/18	Superior Star Kids				90847			LPC	72.97			A											A	0.00
39	DOS 8/16/18	Superior Foster Care				90846			LPC	70.53			A				70.53			(2.44)				A	68.09
40	DOS 8/16/18	Superior Star Kids				90847			LPC	72.97			A											A	0.00
41	DOS 8/16/18	Superior Star				90846			LPC	70.53			A							(2.44)				A	(2.44)
42	DOS 8/16/18	Superior Star Kids				99214			P-MNHP	51.80			51.80						14.91					A	14.91
43	DOS 8/16/18	Superior Star Kids				99214			P-MNHP	51.80			51.80						14.91					A	14.91
44	DOS 8/16/18	Superior Star Kids				99213			RN	36.89			A											A	0.00
45	DOS 8/16/18	Superior Star Kids				90846			LPC	70.53			A						(2.44)					A	(2.44)
46	DOS 8/16/18	Superior Star				90837			LPC	95.93			A									95.93		A	95.93
47	DOS 8/16/18	Superior Star				90846			LPC	70.53			A						(2.44)					A	(2.44)
48	DOS 8/16/18	Superior Star Kids				90847			LPC	72.97			A											A	0.00
49	DOS 8/16/18	Superior Foster Care				99214			P-MNHP	51.80	A		51.80				51.80			51.80	51.80			A	51.80
50	DOS 8/16/18	Superior Star Kids				90847			LPC	72.97			A											A	0.00
51	DOS 8/16/18	Superior Foster Care				99214			P-MNHP	51.80			51.80						14.91					A	14.91
52	DOS 8/16/18	Superior Star Kids				90837			LPC	100.78			100.78											A	0.00
53	DOS 8/16/18	Superior Star Kids				90846			LPC	70.53			A						(2.44)					A	(2.44)
54	DOS 8/16/18	Superior Star Kids				99214			P-MNHP	51.80	A		51.80						14.91					A	14.91
55	DOS 8/16/18	Superior Star Kids				99214			P-MNHP	51.80			51.80											A	0.00
56	DOS 8/16/18	Superior Star				90792			RN	119.82			A											A	0.00
57	DOS 8/16/18	Superior Star				90837			LPC	100.78			A											A	0.00
58	DOS 8/16/18	Superior Star				90792			RN	119.82			A											A	0.00
59	DOS 8/16/18	Superior Star				H2014			QMHP	200.16			A		A									A	0.00
60	DOS 8/16/18	Superior Star Kids				H0034			QMHP	54.12			A		A									A	0.00
61	DOS 8/16/18	Superior Star				H2014			QMHP	200.16			A		A									A	0.00
62	DOS 8/16/18	Superior Star Kids				H2014			QMHP	200.16			A		A									A	0.00
63	DOS 8/16/18	Superior Star				H2014			QMHP	200.16			A		A									A	0.00
64	DOS 8/16/18	Superior Star Kids				H2014			QMHP	175.14			A		A									A	0.00
65	DOS 8/16/18	Superior Star Kids				H2014			QMHP	150.12			A		A									A	0.00
66	DOS 8/16/18	Superior Star Kids				H2014			QMHP	75.06			A		A									A	0.00
67	DOS 8/16/18	Superior Star Kids				H2014			QMHP	200.16			A		A									A	0.00
68	DOS 8/16/18	Superior Star				H2014			QMHP	200.16			A		A									A	0.00
69	DOS 8/16/18	Superior Star Kids				H2014			QMHP	200.16			A		A									A	0.00
70	DOS 8/16/18	Superior Star Kids				H0034			QMHP	108.24			A		A									A	0.00
71	DOS 8/16/18	Superior Star Kids				H2014			QMHP	200.16			A		A									A	0.00
72	DOS 8/16/18	Superior Star				H2017			QMHP	215.44			A		A							215.44		A	215.44
73	DOS 8/16/18	Superior Star Kids				H2014			QMHP	200.16			A		A									A	0.00
74	DOS 8/16/18	Superior Star Kids				H2014			QMHP	175.14			A		A									A	0.00
75	DOS 8/16/18	Superior Star				T1017			QMHP	168.49			A		A									A	0.00
76	DOS 8/16/18	Superior Star Kids				T1017			QMHP	168.49			A		A									A	0.00
77	DOS 8/16/18	Superior Foster Care				T1017			QMHP	168.49			A		A									A	0.00
78	DOS 8/16/18	Superior Star				T1017			QMHP	168.49			A		A									A	0.00
79	DOS 8/16/18	Superior Star Kids				T1017			QMHP	168.49			A		A									A	0.00
80	DOS 8/16/18	Superior Foster Care				T1017			QMHP	168.49			A		A									A	0.00
81	DOS 8/16/18	Superior Star				T1017			QMHP	168.49			A		A									A	0.00
82	DOS 8/16/18	Superior Star				T1017			QMHP	168.49			A		A									A	0.00
83	DOS 8/16/18	Superior Star Kids				99213			RN	36.89			A								36.89			A	36.89
84	DOS 8/16/18	Superior Foster Care				90834			LPC	68.49			A											A	0.00
85	DOS 8/16/18	Superior Star Kids				90846			LPC	70.53			A											A	0.00

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95	DOS 11/15/18	Molina STAR PLUS				90837			CDC; LPC	95.93				95.93									A	0.00
96	DOS 11/15/18	Molina STAR PLUS				99213			MD	33.27				A						33.27	33.27		A	33.27
97	DOS 11/15/18	Molina STAR PLUS				99213			MD	33.27				A									A	0.00
98	DOS 11/15/18	Molina STAR PLUS				99214			-MNHP	46.73		A		A				24.59					A	24.59
99	DOS 11/15/18	Molina STAR PLUS				99213			-MNHP	33.27				A									A	0.00
100	DOS 11/15/18	Molina STAR PLUS				90837			PC	95.93				A									A	0.00
101	DOS 11/15/18	Molina STAR PLUS				80307			QMHP	60.34				A									A	0.00
102	DOS 11/15/18	Molina STAR PLUS				99000			QMHP	10.00				A									A	0.00
103	DOS 11/15/18	Molina STAR PLUS				96372			QMHP	19.25				A									A	0.00
104	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44					A								A	0.00
105	DOS 11/15/18	Molina STAR PLUS				H0034			QMHP	54.12					A								A	0.00
106	DOS 11/15/18	Molina STAR PLUS				H2014			QMHP	200.16					A								A	0.00
107	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44					A								A	0.00
108	DOS 11/15/18	Molina STAR PLUS				H0034			QMHP	108.24					A								A	0.00
109	DOS 11/15/18	Molina STAR PLUS				H0034			QMHP	108.24					A						108.24		A	108.24
110	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	242.37					A								A	0.00
111	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	107.72					A								A	0.00
112	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44				A	A								A	0.00
113	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44				A	A	215.44							A	215.44
114	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44				A	A								A	0.00
115	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44					A								A	0.00
116	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44				A	A								A	0.00
117	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	53.86				A	A								A	0.00
118	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44				A	A								A	0.00
119	DOS 11/15/18	Molina STAR PLUS				H2017			QMHP	215.44				A	A								A	0.00
120	DOS 11/15/18	Molina STAR PLUS				99000			QMHP	10.00				A									A	0.00
4	Molina STAR	Molina STAR				99000			QMHP	10.00				A						10.00	10.00		A	10.00
155	Molina STAR	Molina STAR				H0034			QMHP	54.12				A	A								A	0.00
177	Molina STAR	Molina STAR				T1017			QMHP	24.07					A								A	0.00
3	Molina STAR PLUS	Molina STAR PLUS				99213			-MNHP	33.27				A									A	0.00
6	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	200.16					A								A	0.00
8	Molina STAR PLUS	Molina STAR PLUS				H2017			QMHP	107.72					A								A	0.00
11	Molina STAR PLUS	Molina STAR PLUS				99000			QMHP	10.00				A									A	0.00
14	Molina STAR PLUS	Molina STAR PLUS				H2017			QMHP	215.44					A								A	0.00
87	Molina STAR PLUS	Molina STAR PLUS				99213			-MNHP	33.27				A									A	0.00
90	Molina STAR PLUS	Molina STAR PLUS				H2017			QMHP	215.44					A								A	0.00
93	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	200.16					A								A	0.00
94	Molina STAR PLUS	Molina STAR PLUS				99213			MD	33.27				A									A	0.00
124	Molina STAR PLUS	Molina STAR PLUS				H2017			QMHP	107.72					A								A	0.00
126	Molina STAR PLUS	Molina STAR PLUS				99000			QMHP	10.00				A									A	0.00
131	Molina STAR PLUS	Molina STAR PLUS				H2017			QMHP	188.51					A								A	0.00
135	Molina STAR PLUS	Molina STAR PLUS				H2017			QMHP	161.58					A								A	0.00
137	Molina STAR PLUS	Molina STAR PLUS				99213			MD	33.27				A									A	0.00
140	Molina STAR PLUS	Molina STAR PLUS				90832			MSW	50.79				50.79									A	0.00
141	Molina STAR PLUS	Molina STAR PLUS				H0034			QMHP	108.24					A								A	0.00
142	Molina STAR PLUS	Molina STAR PLUS				T1017			QMHP	79.32					A								A	0.00
143	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	200.16					A								A	0.00
144	Molina STAR PLUS	Molina STAR PLUS				99213			-MNHP	33.27				A						33.27			A	33.27
146	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	150.12					A								A	0.00
147	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	125.10					A								A	0.00
150	Molina STAR PLUS	Molina STAR PLUS				H0034			QMHP	27.06					A								A	0.00
153	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	25.02		A			A								A	0.00
158	Molina STAR PLUS	Molina STAR PLUS				T1017			QMHP	19.83		A			A								A	0.00
159	Molina STAR PLUS	Molina STAR PLUS				H2014			QMHP	150.12					A								A	0.00
163	Molina STAR PLUS	Molina STAR PLUS				T1017			QMHP	118.98					A								A	0.00
170	Molina STAR PLUS	Molina STAR PLUS				90837			PC	101.58				A									A	0.00
91	Superior CHIP	Superior CHIP				99214			-MNHP	31.80				31.80						(5.09)			(20.00)	(25.09)
121	Superior CHIP	Superior CHIP				90847			PC	67.97				A									(21.28)	(21.28)
138	Superior CHIP	Superior CHIP				90837			CDC; LPC	69.66				A									(31.12)	(31.12)
1	Superior Foster Care	Superior Foster Care				T1017			QMHP	144.42					A								A	0.00
128	Superior Foster Care	Superior Foster Care				90792			A	119.82					A								A	0.00
133	Superior Foster Care	Superior Foster Care				90834			MSW	68.49				68.49									A	0.00
7	Superior Star	Superior Star				H2014			QMHP	200.16					A								A	0.00
9	Superior Star	Superior Star				99213			N	36.89				A									A	0.00
13	Superior Star	Superior Star				99213			RN	36.89				A									A	0.00
89	Superior Star	Superior Star				T1017			QMHP	168.49					A								A	0.00
92	Superior Star	Superior Star				99213			MD	36.89				A									A	0.00
129	Superior Star	Superior Star				H2014			QMHP	100.08					A								A	0.00
130	Superior Star	Superior Star				90832			MSW	49.39				49.39									A	0.00
134	Superior Star	Superior Star				99214			MD	51.80				A							27.26		A	27.26
139	Superior Star	Superior Star				H2014			QMHP	75.06					A								A	0.00

Sunwest Behavioral Associates PA
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149	Superior Star	Superior Star				H2014			DMHP	100.08					A									0.00
157	Superior Star	Superior Star				90792			DMHP	116.81	A		A			116.81								116.81
160	Superior Star	Superior Star				H2011			DMHP	110.67					A									0.00
161	Superior Star	Superior Star				90791			PC	113.91	A		A			113.91								113.91
165	Superior Star	Superior Star				90847			PC	89.25			A						89.25					89.25
166	Superior Star	Superior Star				99214			N	47.66			A									(4.14)	(4.14)	
167	Superior Star	Superior Star				H2014			DMHP	200.16					A									0.00
168	Superior Star	Superior Star				H0034			DMHP	54.12			A		A									0.00
172	Superior Star	Superior Star				H2014			DMHP	25.02					A		25.02							25.02
173	Superior Star	Superior Star				H0034			DMHP	54.12			A		A		54.12							54.12
174	Superior Star	Superior Star				H2014			DMHP	200.16					A		200.16							200.16
2	Superior Star Kids	Superior Star Kids				H2014			DMHP	200.16					A									0.00
5	Superior Star Kids	Superior Star Kids				T1017			DMHP	192.56					A									0.00
10	Superior Star Kids	Superior Star Kids				90847			PC	72.97	A		A											0.00
12	Superior Star Kids	Superior Star Kids				H0034			DMHP	108.24					A									0.00
86	Superior Star Kids	Superior Star Kids				H0034			DMHP	108.24					A									0.00
88	Superior Star Kids	Superior Star Kids				H2014			DMHP	200.16					A									0.00
122	Superior Star Kids	Superior Star Kids				90847			MSW	72.97			72.97											0.00
123	Superior Star Kids	Superior Star Kids				90837			MSW	100.78	A		100.78											0.00
125	Superior Star Kids	Superior Star Kids				T1017			DMHP	192.56					A									0.00
127	Superior Star Kids	Superior Star Kids				99214			RN	51.80					A				27.26					27.26
132	Superior Star Kids	Superior Star Kids				99214			RN	51.80					A				27.26					27.26
136	Superior Star Kids	Superior Star Kids				99213			RN	33.94					A							(2.95)	(2.95)	0.00
145	Superior Star Kids	Superior Star Kids				90791			CDC; LPC	83.87					A									0.00
151	Superior Star Kids	Superior Star Kids				H2017			DMHP	107.72					A									0.00
154	Superior Star Kids	Superior Star Kids				H0034			DMHP	67.65					A									0.00
156	Superior Star Kids	Superior Star Kids				99213			A	36.89					A									0.00
162	Superior Star Kids	Superior Star Kids				99213			A	36.89					A									0.00
169	Superior Star Kids	Superior Star Kids				90834			CDC; LPC	71.01					A							2.52	2.52	0.00
171	Superior Star Kids	Superior Star Kids				99213			A	33.94					A		33.94		9.40			(2.95)	33.94	0.00
175	Superior Star Kids	Superior Star Kids				H2014			DMHP	100.08					A									0.00
176	Superior Star Kids	Superior Star Kids				H2014			DMHP	100.08					A		100.08							100.08
148	Superior Star Plus	Superior Star Plus				80305			DMHP	11.31					A								0.73	0.73
152	Superior Star Plus	Superior Star Plus				H2014			DMHP	100.08					A									0.00
164	Superior Star Plus	Superior Star Plus				H2014			DMHP	125.10					A									0.00
Total										\$18,032.76	\$0.00	\$0.00	\$1,238.69	\$0.00	\$0.00	\$993.12	(\$49.03)	\$59.49	\$239.79	\$419.99	\$568.80	\$0.00	(\$79.19)	\$1,945.53
Number of Claims										177	0	0	19	0	0	11	1	1	20	9	7	0	8	46

Sunwest Behavioral Associates PA
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
I Generally Accepted Government Auditing Standards (GAGAS)	
II Federal Criteria	
II.A 42 U.S. Code §1396u-2 (d)(6)(A), (6) Enrollment of Participating Providers	P-1, P-2
II.B CMS Medicaid Provider Enrollment Compendium (MPEC) 1.5.1, C, 1	P-2
III Texas Medicaid Provider Procedures Manual	
III.A Volume 1, Section 1: Provider Enrollment and Responsibilities	P-1, P-2, R-1
III.B Volume 1, Section 2: Texas Medicaid Fee-For-Service Reimbursement	P-3, R-6, B-3
III.C Volume 1, Section 3: TMHP Electronic Data Interchange (EDI)	R-6
III.D Volume 1, Section 4: Eligibility	M-1, M-2, R-5, R-6
III.E Volume 1, Section 6	P-1, P-2, B-2
III.F Volume 2, Behavioral Health and Case Management Services Handbook	M-2, R-6, B-1
III.G Children's Services Handbook, Section 3	
III.H Telecommunication Services Handbook	
III.I 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
IV Texas Administrative Code (TAC)	
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
IV.A 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	
IV.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
IV.C 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	
IV.D 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
IV.E 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	
IV.F 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)	
IV.G 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)	
IV.H 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)	
IV.I Title 22 (Examining Boards), Part 21 (Texas State of Board Examiners of Psychologists), Chapter 463 (Applications and Examinations)	

Sunwest Behavioral Associates PA
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
IV.J Title 22 (Examining Boards), Part 21 (Texas State of Board Examiners of Psychologists), Chapter 465 (Rules of Practice)	R-2, R-3, R-5
IV.K Title 22 (Examining Boards), Part 30 (Texas State Board of Examiners of Professional Counselors), Chapter 681 (Professional Counselors)	
V Molina Provider Contract Effective March 1st, 2012	
V.A Section 2.2, a. – Provision of Covered Services	M-2
V.B Section 2.2, d. – Prior Authorization	B-1
V.C Section 2.2, f. – Member Eligibility Verification	M-1
V.D Section 2.5, a. Maintaining Member Medical Records	R-4, R-5, R-6
V.E Section 2.5, g. – Audit or Investigation	R-1
V.F Section 2.6, c. – Utilization Review of Management Program	B-1
V.G Section 2.8, a. – Submitting Claims	B-2
V.H Section 2.8, f. – Offset	B-3
V.I Attachment F, 6), Medicaid Provider Agreement	P-1, P-2
V.J Attachment D - Compensation Schedule	B-3
VI Molina Provider Contract Effective December 1, 2018	
VI.A Section 2.1, a. – Standard of Care	M-2
VI.B Section 2.1, c. – Prior Authorizations	B-1
VI.C Section 2.1, h. - Member Eligibility Verification	M-1
VI.D Section 2.5, a. - Maintaining Member Record	R-4, R-5, R-6
VI.E Section 4.1 - Claims	B-2
VI.F Section 4.6 – Offset	B-3
VI.G Attachment B – Compensation Schedule	B-3
VI.H Attachment D, 1.6 – Medicaid Provider Agreement	P-1, P-2
VI.I Attachment D, 1.14 – Audit or Investigation	R-1
VII Molina Provider Manual	
VII.A Page 15 – Medicaid Covered Benefits for STAR and STAR+PLUS	M-2, B-1
VII.B Page 73 – Requirements for a Clean Claim	B-2
VII.C Page 85 - Overpayment and Incorrect Payments Refund Requests	B-3
VII.D Page 188 – Member Eligibility Verification	M-1
VII.E Page 196-197 - Medical Records Requirements	R-4
VII.F Page 252 – Coordination, Self-Referral, PCP Referral	P-3, R-2, R-3
VII.G Page 253 – Covered Behavioral Health Services	M-2
VII.H Page 255 – Behavioral Health Medical Records and Referral Documentation	R-4, R-5, R6
VII.I Page 256 – Behavioral Health Authorizations Information	B-1
VIII Superior Provider Contract	
VIII.A Section 2.1 - Administration	B-1
VIII.B Section 2.4 - Benefits and Eligibility Verification	M-2
VIII.C Section 3.4 - Compliance with IMHS Policies and Procedures	B-1
VIII.D Section 3.5 Determination of Covered Person Eligibility	M-1
VIII.E Section 6.1 - Medical Records	R-4, R-5, R-6, B-2
VIII.F Attachment B – Section III Compliance With State Agency Requirements, Paragraph D	R-1

Sunwest Behavioral Associates PA
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
VIII.G Attachment B - Section III Compliance With State Agency Requirements, Paragraph OO	R-4
VIII.H Exhibit I, Compensation Schedule - Medicaid/Non-Medicaid	B-3
IX Superior Provider Manual	
IX.A Section 2, Provider Roles and Responsibilities	P-1, P2
IX.B Section 3, Eligibility and Disenrollment	M-1
IX.C Section 4 - Covered Benefits and Value-Added Services	M-2
IX.D Section 7, Behavioral Health	M-2
IX.E Section 9, Prior Authorization	M-2, B-1
IX.F Section 10 - Claims and Encounters Administration	P-1, B3
IX.G Attachment C- Medical Record Guidelines	R-4
IX.H Attachment N - Advanced Directive Notice	R-2, R-3