



FINAL PERFORMANCE AUDIT REPORT

Little Spurs Pediatric Urgent Care

Billing Provider NPI: 1780673319
Billing Provider Tax ID: 202313462

11398 BANDERA RD, STE 201
SAN ANTONIO, TX 78250

Final Report Date: August 22, 2023

OIG Report No. AUD-23-033





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August 22, 2023

To the Texas Health and Human Services Commission, Office of the Inspector General:

Weaver has completed the Final Performance Audit Report for Little Spurs Pediatric Urgent Care (Little Spurs) Medicaid and CHIP claims for pediatric telemedicine services paid by Amerigroup and Community First Health Plan (CFHP) with dates of services beginning September 1, 2021 through August 31, 2022. 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 #HHS000006800008 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 Little Spurs are included in Weaver's Final Performance Audit Report.

The purpose of this performance audit report is to clearly communicate the results of the audit to those charged with governance, Little Spurs management, and the appropriate oversight officials.

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.

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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 Medicaid and CHIP claims paid to Little Spurs Urgent Care (Little Spurs) for pediatric telemedicine services paid by managed care organizations (MCOs) Amerigroup and Community First Health Plan (CFHP) with dates of services beginning September 1, 2021 through August 31, 2022. The scope of this performance audit was determined based on Weaver's independent review and analysis of paid claims data for pediatric telemedicine providers and discussions with HHSC-OIG.

Audited Entity

Little Spurs is a pediatric urgent care provider with locations in San Antonio, Dallas, Selma, New Braunfels, and Fort Worth.¹ They provide a variety of services relating to minor emergency urgent care for children, including but not limited to injuries such as broken bones and burns, along with illnesses such as cough, vomiting, and COVID-19 testing.²

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

- ▶ 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)³
- ▶ Does not have a corporate integrity agreement in place under the DHHS-OIG.⁴
- ▶ Does not appear in any audit-related news articles and press releases.

¹ <https://littlespurspedi.com/locations/>.

² <https://littlespurspedi.com/locations/>.

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

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

Description of Services

Telemedicine Services

The Texas Medicaid Provider Procedures Manual, Telecommunication Services Handbook in effect during the audit period describes telemedicine services as⁵:

Telemedicine medical services are defined as health-care services delivered by a physician licensed in Texas or a health professional who acts under the delegation and supervision of a health professional licensed in Texas and within the scope of the health professional's license to a patient at a different physical location using telecommunications or information 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**.

⁵ Telecommunication Services Handbook, Texas Medicaid Providers Procedures Manual: Vol. 2, Section 3.

Methodology and Scope

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 inquiries and discussions with the provider, Little Spur'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, inspection, and testing of documents and records to perform the following tests:

Members

- ▶ M-1 Was the member enrolled in Texas Medicaid at the time the billed service was provided?
- ▶ M-2 Was the claim for a Medicaid covered benefit (age, program, and benefit limitation)?
- ▶ M-3 Was the member under age 21?

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 or supervised by someone who was an enrolled provider?
- ▶ P-3 Was the provider licensed, trained, or supervised 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?
- ▶ R-7 Do medical records supporting the billed claim contain evidence that privacy notice and security requirements were met?

Billing

- ▶ B-1 Was prior authorization, if required, obtained before services were delivered?
- ▶ B-2 Was the rendering provider name 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?
- ▶ B-4 Were billed lab or radiology services ordered by the rendering provider?

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

- ▶ High-Level and Prolonged Service via Telemedicine

Audited Claims

Weaver's audit scope included 4,499 claim line items (with a payment over \$25) totaling \$530,519 billed by Little Spurs and paid by Amerigroup and CFHP with dates of services beginning September 1, 2021 through August 31, 2022. 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
Amerigroup			
High Level and Prolonged E&M	6	\$666.00	\$111.00
E&M	625	69,375.00	111.00
Amerigroup Total	631	\$70,041.00	\$111.00
CFHP			
High Level and Prolonged E&M	25	\$2,715.00	\$108.60
Other	1,921	247,563.00	128.87
E&M	1,922	210,200.00	109.37
CFHP Total	3,868	\$460,478.00	\$119.05
Total Claims	4,499	\$530,519.00	\$117.92

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 claim line items.

Stratified Random Sampling Methodology

The claim line items were stratified by MCO (Amerigroup or CFHP). The sample size for each claims universe ("Amerigroup – All Claims" and "CFHP – All Claims") was calculated using a commonly-utilized statistical formula that determines the minimum sample size to estimate a population proportion from a finite population. Weaver utilized a 95% confidence level, 25% estimated error rate, and a \$11.00 margin of error (approximately 10% of the average claim value) which resulted in a sample size of 73 claim line items for the "Amerigroup – All Claims" universe and 91 claim line items for the "CFHP – All Claims" universe.

Then, utilizing the sample size for each MCO claim universe (73 claim line items for the "Amerigroup – All Claims" universe and 91 claim line items for the "CFHP – All Claims" universe), Weaver sub-stratified each claim universe by Current Procedural Terminology (CPT) code groupings to ensure that the sample selection addressed certain risks identified by OIG in its preliminary analysis and described in Weaver's Audit Test Plan.

Each MCO claim universe was sub-stratified by the following CPT code categories:

- ▶ High Level and Prolonged Evaluation & Management (E&M)
- ▶ Evaluation & Management (E&M)
- ▶ Other

The sample size for each CPT code sub-stratum was generated from RAT-STATS Stratified Variable Sample Size Determination Calculator. ⁶ In instances where RAT-STATS generated a sample size of less than 5 for a particular sub-stratum, Weaver utilized a minimum sample size of 5 claim line items. Then, Weaver utilized RAT-STATS to generate a random sample of claim line items from each CPT code sub-stratum.

Table 2 summarizes the sample claim line items reviewed by Weaver in conducting its performance audit.

Stratum (Claims Universe)	Number of Paid Claims	Total Paid	Average Claim Value
Amerigroup			
High Level and Prolonged E&M	6	\$666.00	\$111.00
E&M	67	7,437.00	111.00
Amerigroup Total	73	\$8,103.00	\$111.00
CFHP			
High Level and Prolonged E&M	5	\$547.00	\$109.40
Other	56	7,280.00	130.00
E&M	30	3,275.00	109.17
CFHP Total	91	\$11,102.00	\$122.00
Total Claims	164	\$19,205.00	\$117.10

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. RAT-STATS Stratified Variable Sample Size Determination Calculator distributes the predetermined sample size for each claim universe across the strata based on optimal allocation formulas.

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 Little Spurs' overall level of performance.

Our findings may result in an overpayment determination or a non-monetary administrative finding. One claim may have multiple findings. The Draft Performance Audit Report identified exceptions for 30 out of 164 sample claim line items that resulted in an overpayment or underpayment determination and noted additional administrative findings that resulted in certain recommendations. Weaver provided a copy of the Draft Performance Audit Report to Little Spurs on August 4, 2023.

An exit conference was held on August 11, 2023 to discuss the findings and recommendations contained in the Draft Performance Audit Report. In response to the Draft Performance Audit Report and exit conference, Little Spurs provided additional information related to the findings for the sample claim line items. On August 18, 2023, Little Spurs provided a "Formal Response to Findings" in which Little Spurs responded to the findings contained in the Draft Performance Audit Report.

For each test, Weaver has included the preliminary findings that were noted in the Draft Performance Audit Report, and 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 6 out of 164 sample claim line items that resulted in an overpayment of \$365 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 the billed service was provided?

- ▶ **Little Spurs did not provide documentation that identified and supported the Medicaid identification number in the paid claims data for 5 sample claim line items. Because Little Spurs provided sufficient information to verify the identity of the patients associated with the sample claim line items (name, date of birth, etc.), this results in an administrative finding.**

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

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

M-3 Was the member under age 21?

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

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

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

P-2 Was the rendering provider enrolled as a Texas Medicaid provider or supervised by an enrolled provider?

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

P-3 Was the provider licensed, trained, or supervised appropriately to render the billed service?

- ▶ Little Spurs did not provide documentation that the rendering providers for 11 sample claim line items were licensed, trained or supervised appropriately at the time services were provided to members. This results in an overpayment determination in the amount of \$1,265.00.
- ▶ After reviewing additional documents provided by Little Spurs after the exit conference, Weaver determined that there were no findings, issues, or recommendations related to this test.

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?

- ▶ Little Spurs did not provide a signed consent form for 1 sample claim line item. This results in an overpayment determination in the amount of \$111.00.
- ▶ In addition, for 1 sample claim line item, the signed consent form did not identify the signatory relationship (relationship between signor of the consent form and the patient) and results in an administrative finding.

R-4 Does evidence in the medical records indicate the billed service was performed?

- ▶ 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?

- ▶ There are no findings, issues, or recommendations 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 identified 14 instances where the diagnosis was not documented in the medical records, which results in an overpayment determination in the amount of \$1,654.00.
- ▶ Weaver identified 1 instances where the place of service documented in the medical record does not indicate that this was a telehealth visit. However, the amount that would have been paid for an office visit is the same as the amount paid; therefore, this will be considered an administrative finding.
- ▶ Weaver identified 3 instances where the modifier 95 (for Telemedicine claims) was used, but the claims were in-person. 2 of these claims will be considered administrative. However, 1 of those 3 instances also required the use of a Q6 modifier which was not identified, resulting in an overpayment determination in the amount of \$125.00.
- ▶ **After reviewing additional documents provided by Little Spurs after the exit conference, Weaver determined that these findings did not result in an overpayment determination and have been considered administrative findings.**

R-7 Do medical records supporting the billed claim contain evidence that privacy notice and security requirements were met?

- ▶ Little Spurs did not provide the members' privacy form for 2 claim line items. This results in an overpayment determination in the amount of \$219.00.

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

- ▶ 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?

- ▶ The paid claims data provided the incorrect rendering provider name for 82 claim line items; however, Weaver was able to identify the correct rendering provider from the medical records to perform all of the relevant enrollment and licensing tests. Therefore, Weaver has considered these findings to be administrative.

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?

- ▶ Little Spurs was paid the incorrect rate for 3 sample claim line items. This resulted in a net overpayment determination in the amount of \$35.00.

B-4 Were billed lab or radiology services ordered by the rendering provider?

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

Recommendations and Management's Response

Recommendations

- ▶ Little Spurs should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
- ▶ Little Spurs should ensure, before submitting claims to a managed care organization for services provided to Texas Medicaid members, that medical records include documentation of the member's Texas Medicaid identification number.
- ▶ Little Spurs should ensure that all sections of the informed consent form have been completed and that the informed consent form is signed by the member or the member's guardian. If a properly completed informed consent form does not exist, obtain a signed informed consent form from the member or the member's guardian before any additional services are delivered.
- ▶ Little Spurs should ensure before submitting claims to a managed care organization for services provided to Texas Medicaid members, that the correct diagnosis, place of service and modifiers are appropriate and consistent with the medical records.
- ▶ Little Spurs should ensure that a privacy notice is completed and signed by the member or the member's guardian prior to any additional services being delivered.
- ▶ Little Spurs should ensure that claims accurately identify the billing and rendering provider prior to submitting claims to a managed care organization and ensure that the billing and rendering provider is enrolled as a Texas Medicaid provider or supervised by an enrolled provider.
- ▶ Little Spurs should develop processes for reviewing payments received from managed care organizations to ensure that Little Spurs is receiving payments consistent with fee schedules. Little Spurs should identify and refund any overpayments to the managed care organization within contractual timelines.

Management's Response

Little Spurs Pediatric Urgent Care has reviewed and agrees with the findings provided by Weaver. Little Spurs Pediatric Urgent Care will return the identified overpayment of \$365 to HHSC-OIG. Our Company strives to submit complete, accurate and timely claims for covered services. When we self-identify errors, we immediately submit replacement/corrected claims to ensure compliance with our agreements.

Little Spurs Pediatric Urgent Care has reviewed all administrative findings and will work on improving our internal processes to avoid any future errors. Little Spurs is in the process of assembling a Quality Assurance program that will assist in identifying errors that begin in the registration processes and billing/collection processes, including coding and clinical documentation. The Quality Assurance program will focus on ensuring the correct diagnosis, modifiers, and place of service are consistent with the EHR or medical records. Additionally, our team will take a closer look into updating our informed consent forms with the appropriate documentation and ensuring all sections of the form are completed and signed before services are delivered. Management's Responses will be included in the Final Performance Audit Report.

Final Overpayment Based on Management's Response

Upon consideration of additional documents and information provided by Little Spurs and discussions with OIG, Weaver identified exceptions for 6 out of 164, or 4%, of the sample claim line items. The total overpayment calculated from the sample claims is \$365.00, or approximately 2% of the amount paid for sample claims. The overpayments for each stratum are summarized in **Table 3**:

Table 3: Sample Claims with Overpayment Determination		
Stratum (Claims Universe)	Number of Sample Claims	Overpayment Amount
Amerigroup		
High Level and Prolonged E&M	0	\$0.00
E&M	2	222.00
Amerigroup Total	2	\$222.00
CFHP		
High Level and Prolonged E&M	0	\$0.00
Other	2	42.00
E&M	2	101.00
CFHP Total	4	\$143.00
Total Claims	6	\$365.00

Extrapolation of Results

The overpayment shown in Table 3 is only applicable to the sampled claims. 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.

Little Spurs Pediatric Urgent Care
Summary of Findings

*A indicates Administrative Issue.																	
Weaver Sample Claim Number	Weaver Stratum	MCO Name	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	M-1	R-2	R-3	R-4	R-7	B-2	B-3	Overpayment
1	E&M	Amerigroup				99212		APRN License (NP)	\$ 111.00						A		0.00
2	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
3	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
4	E&M	Amerigroup				99212		APRN License (NP)	111.00	A					A		0.00
5	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
6	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
7	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
8	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
9	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
10	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
11	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
12	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
13	E&M	Amerigroup				99212		Physician Assistant License	111.00						A		0.00
14	E&M	Amerigroup				99212		APRN License (NP)	111.00	A					A		0.00
15	E&M	Amerigroup				99212		Physician License	111.00			111.00	A		A		111.00
16	E&M	Amerigroup				99212		Physician Assistant License	111.00						A		0.00
17	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
18	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
19	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
20	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
21	E&M	Amerigroup				99212		Physician Assistant License	111.00						A		0.00
22	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
23	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
24	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
25	E&M	Amerigroup				99202		APRN License (NP)	111.00						A		0.00
26	E&M	Amerigroup				99202		Physician License	111.00						A		0.00
27	E&M	Amerigroup				99202		APRN License (NP)	111.00						A		0.00
28	E&M	Amerigroup				99202		APRN License (NP)	111.00						A		0.00
29	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
30	E&M	Amerigroup				99211		APRN License (NP)	111.00						A		0.00
31	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
32	E&M	Amerigroup				99202		APRN License (NP)	111.00					A	A		0.00
33	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
34	E&M	Amerigroup				99202		APRN License (NP)	111.00						A		0.00
35	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
36	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
37	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
38	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
39	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
40	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
41	E&M	Amerigroup				99213		APRN License (NP)	111.00	A					A		0.00
42	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
43	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
44	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
45	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
46	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
47	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
48	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
49	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
50	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
51	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
52	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
53	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
54	E&M	Amerigroup				99213		Physician Assistant License	111.00						A		0.00
55	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
56	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
57	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
58	E&M	Amerigroup				99213		Physician License	111.00						A		0.00
59	E&M	Amerigroup				99203		Physician License	111.00						A		0.00
60	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
61	E&M	Amerigroup				99212		APRN License (NP)	111.00						A		0.00
62	E&M	Amerigroup				99212		Physician Assistant License	111.00					111.00	A		111.00
63	E&M	Amerigroup				99212		Physician License	111.00						A		0.00
64	E&M	Amerigroup				99212		Physician Assistant License	111.00						A		0.00
65	E&M	Amerigroup				99202		Physician License	111.00						A		0.00
66	E&M	Amerigroup				99212		Physician Assistant License	111.00					A	A		0.00
67	E&M	Amerigroup				99213		APRN License (NP)	111.00						A		0.00
74	E&M	Community First Health Plans				99212		Physician Assistant License	108.00						A		0.00
75	E&M	Community First Health Plans				99212		Physician License	115.00						A		0.00
76	E&M	Community First Health Plans				99212		APRN License (NP)	108.00						A		0.00
77	E&M	Community First Health Plans				99212		Physician License	115.00						A		0.00
78	E&M	Community First Health Plans				99212		APRN License (NP)	108.00						A		0.00
79	E&M	Community First Health Plans				99212		APRN License (NP)	108.00						A		0.00
80	E&M	Community First Health Plans				99212		APRN License (NP)	108.00						A		0.00
81	E&M	Community First Health Plans				99212		Physician License	115.00						A		0.00
82	E&M	Community First Health Plans				99212		APRN License (NP)	108.00						A		0.00
83	E&M	Community First Health Plans				99212		Registered Nurse	108.00						A		0.00
84	E&M	Community First Health Plans				99212		Physician License	115.00						A		0.00
85	E&M	Community First Health Plans				99212		APRN License (NP)	108.00						A		0.00

Little Spurs Pediatric Urgent Care
Summary of Findings

*A indicates Administrative Issue.																	
Weaver Sample Claim Number	Weaver Stratum	MCO Name	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	M-1	R-2	R-3	R-4	R-7	B-2	B-3	Overpayment
86	E&M	Community First Health Plans				99212		APRN License (NP)	108.00								0.00
87	E&M	Community First Health Plans				99212		Physician Assistant License	108.00								0.00
88	E&M	Community First Health Plans				99202		APRN License (NP)	108.00								0.00
89	E&M	Community First Health Plans				99212		APRN License (NP)	108.00								0.00
90	E&M	Community First Health Plans				99212		APRN License (NP)	108.00					A			0.00
91	E&M	Community First Health Plans				99212		Physician Assistant License	108.00								0.00
92	E&M	Community First Health Plans				99213		APRN License (NP)	108.00	A							0.00
93	E&M	Community First Health Plans				99212		APRN License (NP)	108.00								0.00
94	E&M	Community First Health Plans				99213		APRN License (NP)	108.00								0.00
95	E&M	Community First Health Plans				99213		Registered Nurse	108.00								0.00
96	E&M	Community First Health Plans				99213		APRN License (NP)	108.00						A		0.00
97	E&M	Community First Health Plans				99213		Physician License	115.00								0.00
98	E&M	Community First Health Plans				99213		APRN License (NP)	108.00								0.00
99	E&M	Community First Health Plans				99212		Physician Assistant License	108.00								0.00
100	E&M	Community First Health Plans				99213		APRN License (NP)	108.00								0.00
101	E&M	Community First Health Plans				99213		APRN License (NP)	108.00					108.00			108.00
102	E&M	Community First Health Plans				99212		Pediatric NP	108.00						A		0.00
103	E&M	Community First Health Plans				99212		Physician License	108.00							(7.00)	(7.00)
68	High Level and Prolonged E&M	Amerigroup				99214		Physician Assistant License	111.00				A		A		0.00
69	High Level and Prolonged E&M	Amerigroup				99214		APRN License (NP)	111.00						A		0.00
70	High Level and Prolonged E&M	Amerigroup				99214		APRN License (NP)	111.00		A		A		A		0.00
71	High Level and Prolonged E&M	Amerigroup				99214		APRN License (NP)	111.00				A		A		0.00
72	High Level and Prolonged E&M	Amerigroup				99214		APRN License (NP)	111.00						A		0.00
73	High Level and Prolonged E&M	Amerigroup				99214		Physician License	111.00						A		0.00
104	High Level and Prolonged E&M	Community First Health Plans				99214		APRN License (NP)	108.00	A							0.00
105	High Level and Prolonged E&M	Community First Health Plans				99214		APRN License (NP)	108.00								0.00
106	High Level and Prolonged E&M	Community First Health Plans				99214		APRN License (NP)	108.00								0.00
107	High Level and Prolonged E&M	Community First Health Plans				99214		Physician License	115.00								0.00
108	High Level and Prolonged E&M	Community First Health Plans				99214		Physician Assistant License	108.00								0.00
109	Other	Community First Health Plans				99051		APRN License (NP)	125.00				A		A		0.00
110	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
111	Other	Community First Health Plans				99051		APRN License (NP)	125.00						A		0.00
112	Other	Community First Health Plans				99051		Physician License	125.00				A		A		0.00
113	Other	Community First Health Plans				99051		Physician License	140.00							25.00	25.00
114	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
115	Other	Community First Health Plans				99051		Physician License	140.00								0.00
116	Other	Community First Health Plans				99051		Physician License	140.00								0.00
117	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
118	Other	Community First Health Plans				99051		Physician License	140.00								0.00
119	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
120	Other	Community First Health Plans				99051		APRN License (NP)	125.00				A				0.00
121	Other	Community First Health Plans				99051		APRN License (NP)	125.00					A			0.00
122	Other	Community First Health Plans				99051		Physician License	140.00								0.00
123	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
124	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
125	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
126	Other	Community First Health Plans				99051		Physician License	140.00								0.00
127	Other	Community First Health Plans				99051		Physician License	140.00								0.00
128	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
129	Other	Community First Health Plans				99051		Physician License	140.00								0.00
130	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
131	Other	Community First Health Plans				99051		Physician License	140.00								0.00
132	Other	Community First Health Plans				99051		Physician License	140.00								0.00
133	Other	Community First Health Plans				99051		Physician License	140.00								0.00
134	Other	Community First Health Plans				99051		Physician License	140.00								0.00
135	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
136	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
137	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
138	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
139	Other	Community First Health Plans				99051		APRN License (NP)	125.00				A			17.00	17.00
140	Other	Community First Health Plans				99051		Physician License	140.00								0.00
141	Other	Community First Health Plans				99051		Registered Nurse	125.00								0.00
142	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
143	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
144	Other	Community First Health Plans				99051		Physician License	140.00								0.00
145	Other	Community First Health Plans				99051		APRN License (NP)	105.00								0.00
146	Other	Community First Health Plans				99051		Physician License	140.00								0.00
147	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
148	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
149	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
150	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
151	Other	Community First Health Plans				99051		Physician Assistant License	125.00								0.00
152	Other	Community First Health Plans				99051		Physician License	140.00								0.00
153	Other	Community First Health Plans				99051		Physician License	140.00								0.00
154	Other	Community First Health Plans				99051		Physician License	140.00								0.00
155	Other	Community First Health Plans				99051		Registered Nurse	125.00						A		0.00
156	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
157	Other	Community First Health Plans				99051		Physician License	140.00								0.00
158	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00

Little Spurs Pediatric Urgent Care
Summary of Findings

A indicates Administrative Issue.

Weaver Sample Claim Number	Weaver Stratum	MCO Name	Full Claim Number	Date of Service	Member Full Name	Detail Paid Procedure Code	Rendering Provider Based on Weaver Review	Provider Type	Detail Paid Amount	M-1	R-2	R-3	R-6	R-7	B-2	B-3	Overpayment
159	Other	Community First Health Plans				99051		Physician License	140.00								0.00
160	Other	Community First Health Plans				99051		Physician Assistant License	125.00								0.00
161	Other	Community First Health Plans				99051		APRN License (NP)	125.00				A				0.00
162	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
163	Other	Community First Health Plans				99051		APRN License (NP)	125.00						A		0.00
164	Other	Community First Health Plans				99051		APRN License (NP)	125.00								0.00
Total									\$ 19,205.00	\$ -	\$ 111.00	\$ -	\$ -	\$ 219.00	\$ -	\$ 35.00	\$ 365.00
Overpayment Determination									164	0	1	0	0	2	0	3	6
Administrative Finding									5	1	1	16	0	82	0		

**Little Spurs Pediatric Urgent Care
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, 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
III.E Volume 1, Section 6: Claims Filing	P-1, P-2, R-6, B-2
III.F 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)	
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	P-3, R-1, R-4, R-5, B-2
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 J (Purchased Health Services), Division 5 (General Administration), §355.8085 and §355.8091	P-3, R-6, B-2, B-3
IV.D 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	R-6
IV.E Title 22 (Examining Boards), Part 9 (Texas Medical Board), Chapter 174.4 (Notice to Patients)	R-7
V Community First Criteria	
V.A CHIP Provider Manual Part III	B-1, B-3
V.B CHIP Provider Manual Part III, Section A	R-2, R-3, R-4, R-5, R-6
V.C CHIP Provider Manual Section 11	R-1
V.D CHIP Provider Manual Section B	M-2
V.E CHIP Provider Manual Section F	M-1
V.F STAR Kids Provider Manual Section I	R-4, R-5, R-6, B-3
V.G STAR Kids Provider Manual Section II	R-2, R-3
V.H STAR Kids Provider Manual Section III	M-2, P-1
V.I STAR Kids Provider Manual Section VII	B-3
V.J STAR Kids Provider Manual Section VIII	M-1, P-1, P-2, P-3
V.K STAR Kids Provider Manual Section XIV	B-2, B-3
V.L STAR Kids Provider Manual Section XVII	B-1
V.M STAR Provider Manual Section I	R-4, R-5, R-6, B-3
V.N STAR Provider Manual Section II	R-2, R-3
V.O STAR Provider Manual Section III	M-2, P-2, P-3
V.P STAR Provider Manual Section IX	R-1
V.Q STAR Provider Manual Section VI	M-1, P-1, P-2, P-3, B-3
V.R STAR Provider Manual Section XII	B-2, B-3
V.S STAR Provider Manual Section XIII	R-1

**Little Spurs Pediatric Urgent Care
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
V.T STAR Provider Manual Section XV	B-1
VI Amerigroup Provider Manual	
VI.A Section 3 - Member Eligibility	M-1
VI.B Section 4 - Covered Services and Extra Benefits	M-2
VI.C Section 5 – Prior Authorization and Utilization Management	B-1
VI.D Section 10 - Provider Rights and Responsibilities	P-1, P-2, P-3, R-6
VI.E Section 12 - Billing and Claims Administration	P-2, P-3, R-4, R-5, R-6, B-2, B-3
VII Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	
VII.A Section 2.2.14.2	M-3
VII.B Section 2.2.18.1	M-3
VIII The Children's Services Handbook	
VIII.A Section 2.15	M-3
VIII.B Section 4.3.6	M-3
IX Texas Medicaid Criteria	R-5
IX.A 22 Tex. Admin. Code § 465.11	R-2, R-3
X Telecommunication Services Handbook	
X.A Section 3 – Services, Benefits, Limitations, and Prior Authorizations	R-7
X.B Section 3.1 – Patient Health Information Security	R-7
XI The Medial and Nursing Specialists, Physicians, and Physician Assistants Handbook	
XI.A Section 9.2.40	B-4
XII The Radiology and Laboratory Services Handbook	
BII.A Section 2.3	B-4