FINAL PERFORMANCE AUDIT REPORT

Edinburg Pediatric Network

Billing Provider NPI: 1669708780

Billing Provider Tax ID: 900235850, 742039068

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Final Report Date: August 28, 2023

OIG Report No. AUD-23-034

weaver
Assurance • Tax • Advisory

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August 28, 2023

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

Weaver has completed the Final Performance Audit Report for Edinburg Pediatric Network (Edinburg) Medicaid and CHIP claims for pediatric telemedicine services paid by Superior HealthPlan (Superior) and United Healthcare (United) 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 Edinburg 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, Edinburg 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.

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 Edinburg Pediatric Network (Edinburg) for pediatric telemedicine services paid by managed care organizations (MCOs) Superior HealthPlan (Superior) and United Healthcare (United) 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

Edinburg is affiliated with Dr. Juan Aguilera and Associates, which provides pediatric care at nine locations in the Rio Grande Valley.[1] Edinburg provides access to pediatric care during extended hours and on the weekend utilizing a variety of providers, including physicians, nurse practitioners, physician assistants and registered dietitians. [2]

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

- 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] http://www.drjuanaguilera.com/edinburg-pediatric-clinic/.
[2] http://www.drjuanaguilera.com/edinburg-pediatric-clinic/.
[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 as[5]:

> *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.*

THSteps

The Texas Medicaid Provider Procedures Manual, Children's Services Handbook in effect during the audit period provides the following overview of THSteps[6]:

> *The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service for clients who are birth through 20 years of age. In Texas, EPSDT is known as THSteps and includes periodic screening, vision, hearing, and dental preventive and treatment services. EPSDT was created by the 1967 amendments to the federal Social Security Act and defined by the Omnibus Budget Reconciliation Act (OBRA) of 1989. The periodic screening for a checkup consists of five federally required components as noted on the THSteps Periodicity Schedule. In addition, Section 1905(r)(5) of the Social Security Act (SSA) requires that any medically necessary health-care service listed in the Act be provided to EPSDT clients even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population. A service is medically necessary when it corrects or ameliorates the client's disability, physical or mental illness, or chronic condition.*

Objective

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

Criteria, Standards, and Guidance

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

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[5] Telecommunication Services Handbook, Texas Medicaid Providers Procedures Manual: Vol. 2, Section 3.
[6] Children's Services Handbook, Texas Medicaid Providers Procedures Manual: Vol. 2, Section 4.

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, Edinburg'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
- Laboratory and Diagnostic Testing

Audited Claims

Weaver's audit scope included 28,434 claim line items (with a payment over $25) totaling $1,194,047 paid to Edinburg by Superior and United 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**.

Table 1: Summary of Paid Claims Data

Stratum (Claims Universe)	Number of Paid Claims	Total Paid	Average Claim Value
Superior			
High Level and Prolonged E&M	316	$15,724.20	$49.76
Immunizations	7	280.00	40.00
Lab or Radiology	5,247	240,912.14	45.91
Other	2,216	160,660.90	72.50
THSteps	257	20,276.25	78.90
E&M	13,402	472,207.98	35.23
Superior Total	**21,445**	**$910,061.47**	**$42.44**
United			
High Level and Prolonged E&M	181	$9,247.56	$51.09
Lab or Radiology	1,844	84,100.22	45.61
Other	401	17,620.51	43.94
THSteps	97	8,283.22	85.39
E&M	4,466	164,733.87	36.89
United Total	**6,989**	**$283,985.38**	**$40.63**
Total Claims	**28,434**	**$1,194,046.85**	**$41.99**

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.

Stratified Random Sampling Methodology

The claims were stratified by MCO (Superior or United). The sample size for each claim universe ("Superior – All Claims" and "United – 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 $4.00 margin of error (approximately 10% of the average claim value) which resulted in a sample size of 111 claim line items for the "Superior – All Claims" universe and 88 claim line items for the "United – All Claims" universe.

Then, utilizing the sample size for each MCO claim universe (111 claim line items for the "Superior – All Claims" universe and 88 claim line items for the "United – 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)
- Immunizations
- Lab or Radiology
- THSteps
- 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.[7] 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 claims reviewed by Weaver in conducting its performance audit.

Table 2: Summary of Sample Claims

Stratum (Claims Universe)	Number of Paid Claims	Total Paid	Average Claim Value
Superior			
High Level and Prolonged E&M	5	$247.38	$49.48
Immunizations	5	200.00	40.00
Lab or Radiology	18	844.64	46.92
Other	47	3,276.24	69.71
THSteps	5	409.88	81.98
E&M	31	1,095.88	35.35
Superior Total	**111**	**$6,074.02**	**$54.72**
United			
High Level and Prolonged E&M	5	$255.84	$51.17
Lab or Radiology	20	916.80	45.84
Other	23	745.29	32.40
THSteps	5	428.95	85.79
E&M	35	1,301.60	37.19
United Total	**88**	**$3,648.48**	**$41.46**
Total Claims	**199**	**$9,722.50**	**$48.86**

[7] 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 Edinburg's 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 148 out of 199 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 Edinburg on August 3, 2023.

An exit conference was held on August 10, 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, Edinburg provided additional information related to the findings for the sample claim line items. On August 17, 2023, Edinburg provided "EPN Response to Weaver Draft Audit Findings" in which Edinburg 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 53 out of 199 sample claim line items that resulted in an overpayment of $1,035.21 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?

- **Edinburg did not provide documentation that identified and supported the Medicaid identification number in the paid claims data for any of the 199 sample claim line items. Because Edinburg 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 someone who was enrolled?

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

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

- Edinburg did not provide documentation that the rendering providers for 14 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 $724.64.
- **After reviewing additional documents provided by Edinburg 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?

- Edinburg did not provide a signed consent form for 61 sample claim line item. This results in an overpayment determination in the amount of $2,901.77.
- **After reviewing additional documents provided by Edinburg after the exit conference, Weaver determined that Edinburg did not provide a signed consent form for 4 sample claim line items. This results in an overpayment determination in the amount of $242.89.**

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

- Weaver did not identify any instances where medical records did not indicate the billed service was performed. However, Edinburg did not provide evidence of a follow-up visit within 6 months for 10 THSteps claim line items. This results in an overpayment determination in the amount of $838.83.
- **After reviewing additional documents provided by Edinburg after the exit conference, Weaver determined that Edinburg did not provide evidence of a follow-up visit within 6 months for 1 THSteps claim line item. This results in an overpayment determination in the amount of $92.40.**

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?

- **Edinburg improperly recorded the primary diagnosis on 1 sample claim line item, where the diagnosis per billing data was "OTHER HYPOGLYCEMIA" versus medical records which stated similar, but not explicitly the same, diagnosis. The correct diagnosis code was, however, identified among a list of diagnosis codes in the medical records. This results in an administrative finding.**
- **Edinburg improperly recorded the place of service for 15 sample claim line items. For each of these claim line items the use of telehealth was not mentioned in medical records. Additionally, of these 15 sample claim line items, 5 contained the modifier 95 which is used for telemedicine, indicating an improperly recorded modifier. This does not impact the amount that should have been paid and therefore results in an administrative finding.**

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

- Edinburg failed to provide a signed privacy form for 61 sample claim line items. This results in an overpayment determination in the amount of $2,571.46.
- **After reviewing additional documents provided by Edinburg after the exit conference, Weaver determined that Edinburg did not provide a signed privacy form for 5 sample claim line items. This results in an overpayment determination in the amount of $180.32.**

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 identified an incorrect provider name for 100 claim line items; however, Weaver was able to identify the correct provider from the medical records to perform all of the relevant enrollment and licensing tests. Therefore, this results in an administrative finding.**

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?

- **Edinburg was paid the incorrect rate for 33 sample claim line items and, in addition did not provide required support for the number of time-based units for 18 sample claim line items. These 18 claim line items relate to nutritional counseling, which should be billed in 15-minute units. These findings resulted in an overpayment determination in the amount of $525.62.**

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

- **Edinburg improperly billed 4 sample claim line items for lab or radiology services as telemedicine claims. For each of these claim line items, telehealth was not mentioned in medical records. This does not impact the amount that should have been paid and therefore results in an administrative finding.**

Recommendations and Management's Responses

Recommendations

- Edinburg should return overpayments to HHSC-OIG pursuant to its instructions for repayment.
- Edinburg 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.
- Edinburg 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.
- Edinburg should ensure that follow-up visits are scheduled within six months of all THSteps initial visits.
- Edinburg should ensure before submitting claims to a managed care organization for services provided to Texas Medicaid members, that the CPT codes and modifiers are consistent with the place of service and type of visit.
- Edinburg 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.
- Edinburg should develop processes for reviewing payments received from managed care organizations to ensure that Edinburg is receiving payments consistent with fee schedules. Edinburg should identify and refund any overpayments to the managed care organization within contractual timelines.
- Edinburg should ensure that it records the time and duration of services and ensure that the claim is billed for the appropriate number of time-based units.

Management's Responses

Edinburg responded as follows to tests that resulted in findings:

1. ***M-1 Was the member enrolled in Texas Medicaid at the time the billed service was provided?***

Audit findings: Edinburg did not provide documentation that identified and supported the Medicaid identification number in the paid claims data for any of the 199 sample claim line items. Because Edinburg 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.

Edinburg response: Edinburg ensures that each page of a patient medical record consists of the patient's name and other unique identifiers. This is sufficient to verify the identity of the patient associated with the sample claim line item and aligns with the medical records requirements set forth in state law and the managed care organizations' policies. In fact, nowhere in the Texas Administrative Code ("TAC") or medical record policies implemented by Superior HealthPlan and United Healthcare

does it state that the Medicaid number must be on the patient medical record. Further, the TAC and Superior medical records policy does not even discuss patient identifiers for accurate and complete records. Only does United's policy state that the patient's name and an "identification number" be on each page of the record. Each of Edinburg's medical records includes the member's name and a unique account number.

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

Audit findings: Edinburg did not provide documentation that the rendering providers for 14 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 $724.64.

Edinburg response: Edinburg submitted validly executed Prescriptive Authority Agreements demonstrating that the rendering providers for the 14 sample claim line items at issue were supervised appropriately at the time services were provided to members.

8. ***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?***

Audit findings: Edinburg did not provide a signed consent form for 61 sample claim line item. This results in an overpayment determination in the amount of $2,901.77.

Edinburg response: Edinburg provides information related to informed consent to all members in forms included as part of the administrative in-take process. Edinburg ensures that all sections related to informed consent are reviewed and that the forms are signed by the member or the member's guardian prior to evaluation or treatment. In this case, Edinburg provided copies of the signed consent forms for 57 of the 61 sample claim line items at issue. Although Edinburg is not able to locate this documentation for the remaining four claim line items, it will obtain signed consent forms from the member or the member's guardian before any additional services are rendered. Edinburg also will review its internal audit procedures to ensure that this oversight does not occur going forward.

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

Audit findings: Weaver did not identify any instances where medical records did not indicate the billed service was performed. However, Edinburg did not provide evidence of a follow-up visit within 6 months for 10 THSteps claim line items. This results in an overpayment determination in the amount of $838.83.

Edinburg response: Edinburg has instituted the appropriate internal controls to ensure that follow-up visits are automatically scheduled when necessary. In this case, Edinburg provided evidence of a follow-up visit within six months for 9 of the 10 THSteps claim line items at issue. For the remaining claim line item, Edinburg scheduled the follow-up visit

within the requisite six-month period. However, that member did not show for her appointment.

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

Audit findings: Edinburg improperly recorded the primary diagnosis on 1 sample claim line item, where the diagnosis per billing data was "OTHER HYPOGLYCEMIA" versus medical records which stated similar, but not explicitly the same, diagnoses. The correct diagnosis code was, however, identified among a list of diagnosis codes in the medical records. This results in an administrative finding.

Edinburg response: Edinburg has instituted the appropriate internal controls to ensure that its billing documentation aligns with the member medical records. In this case, human error prevented the billing data from matching the CPT code in the member medical record. Edinburg will review its current billing procedures so that this minor administrative error does not occur going forward.

Audit findings: Edinburg improperly recorded the place of service for 15 sample claim line items. For each of these claim line items the use of telehealth was not mentioned in medical records. Additionally, of these 15 sample claim line items, 5 contained the modifier 95 which is used for telemedicine, indicating an improperly recorded modifier. This does not impact the amount that should have been paid and therefore results in an administrative finding.

Edinburg response: Edinburg agrees that a member's medical records should accurately reflect when he or she receives services via telehealth. Edinburg has educated its providers on how to appropriately document telehealth services in its members' records. Edinburg has also educated its billing team on the appropriate use of modifier 95 and how to reconcile the billed claims so that they align with the member medical records.

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

Audit findings: Edinburg failed to provide a signed privacy form for 61 sample claim line items. This results in an overpayment determination in the amount of $2,571.46.

Edinburg response: Edinburg provides information related to privacy and security to all members in forms included as part of the administrative in-take process. Edinburg ensures that all sections related to privacy and security are reviewed and that the forms are signed by the member or the member's guardian prior to evaluation or treatment. Edinburg provided copies of the signed privacy and security forms for 56 of the 61 sample claim line items at issue. Although Edinburg is not able to locate the remaining five claim line items, it will obtain signed privacy forms from the member or the member's guardian before any additional services are rendered. Edinburg also will review its internal audit procedures to ensure that his oversight does not occur going forward.

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

Audit findings: The paid claims data identified an incorrect provider name for 100 claim line items; however, Weaver was able to identify the correct provider from the medical records to perform all of the relevant enrollment and licensing tests. Therefore, this results in an administrative finding.

Edinburg response: Edinburg submitted the claims for payment under the appropriate provider name. Although the paid claims data identified a different provider name from the patient medical records, Edinburg provided documentation demonstrating that the rendering providers for the sample claim line items were supervised appropriately at the time services were provided to members.

15. ***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?***

Audit findings: Edinburg was paid the incorrect rate for 33 sample claim line items and, in addition did not provide required support for the number of time-based units for 18 sample claim line items. These 18 claim line items relate to nutritional counseling, which should be billed in in 15-minute units. These findings resulted in an overpayment determination in the amount of $525.62.

Edinburg response: Edinburg concedes that it was paid the incorrect rate for 33 sample claim line items. Edinburg understands that its physicians may only be reimbursed 92 percent of the established reimbursement rate for services provided by a nonphysician practitioner if the physician does not make a decision regarding the member's care or treatment on the same date of service as the billed medical visit. Edinburg will educate its staff on this reimbursement requirement and ensure that its providers appropriately document in the medical record instances where a physician makes a decision regarding the member's care or treatment on the same date of service as the billed medical visit in order to receive the full reimbursement rate.

Edinburg submitted documentation to support the number of time-based units for 18 sample claim items related to nutritional counseling. However, Edinburg is unable to provide additional documentation that would show a start and end time to support the number of minutes entered in its billing records. Edinburg will review its current billing processes related to nutritional counseling services to ensure that its records not only reflect the total time spent with each member but also a start and end time to validate this total time. Edinburg also concedes that it erroneously billed two units instead of one for these claims. Edinburg has been educated on both CMS and HHSC guidance on the reporting of service units with HCPCS and confirms that billing two units requires at least 23 minutes of services rendered. Edinburg will ensure that the correct billing procedures for these and related services are implemented going forward.

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

Audit findings: Edinburg improperly billed 4 sample claim line items for lab or radiology services as telemedicine claims. For each of these claim line items, telehealth was not mentioned in medical records. This does not impact the amount that should have been paid and therefore results in an administrative finding.

Edinburg response: For all services provided via telehealth, Edinburg will ensure that its practitioners appropriately document it in the patient's medical record before submitting the claim for payment.

Final Overpayment Based on Management's Response

Upon consideration of additional documents and information provided by Edinburg Pediatric Network (including Management's Responses) and discussions with OIG, Weaver identified exceptions for 53 out of 199, or 27%, of the sampled claims. The total overpayment calculated from the sample claims is $1,035.21, or approximately 11%. The overpayments (and/or underpayments) for each claim universe are summarized in **Table 3**:

Table 3: Sample Claims with Overpayment Determination

Stratum (Claims Universe)	Sample Claims	Overpayment Amount
Superior		
High Level and Prolonged E&M	1	$48.63
Immunizations	0	-
Lab or Radiology	2	96.56
Other	13	437.67
THSteps	1	(1.43)
E&M	1	(1.73)
Superior Total	**18**	**$579.70**
United		
High Level and Prolonged E&M	1	$4.23
Lab or Radiology	1	51.33
Other	8	159.09
THSteps	3	106.13
E&M	22	134.73
United Total	**35**	**$455.51**
Total Claims	**53**	**$1,035.21**

Extrapolation of Results

The overpayment shown in Table 3 is only applicable to the sampled claims. Pursuant to 1 TAC §371.35 and based on discussions with HHSC-OIG, Weaver utilized RAT-STATS to extrapolate the results from the sample claims. **Based on the lower limit of a one-sided 90% confidence interval, the total extrapolated overpayment is $41,306.18, comprised of an overpayment of $24,897.76 for the "Superior – All Claims" universe and $16,408.42 for the "United – All Claims" universe.**[8]

[8] Since RAT-STATS generates two-sided results, based on discussions with OIG, Weaver used the value for the lower limit of a two-sided 80% confidence interval for overpayment amount.

Edinburg Pediatric Network
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-6	R-7	B-2	B-3	B-4	Overpayment
1	E&M	SUPERIOR	[redacted]			99213	[redacted]	APRN License	$34.63	A						A			$0.00
2	E&M	SUPERIOR				99213		Physician License	37.64	A									0.00
3	E&M	SUPERIOR				99213		APRN License	32.90	A						A	(1.73)		(1.73)
4	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
5	E&M	SUPERIOR				99213		Physician License	37.64	A				A					0.00
6	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
7	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
8	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
9	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
10	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
11	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A				A		A			0.00
12	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
13	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
14	E&M	SUPERIOR				99213		Physician Assistant License	37.64	A									0.00
15	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
16	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
17	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A				A		A			0.00
18	E&M	SUPERIOR				99213		Physician Assistant License	37.64	A									0.00
19	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
20	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
21	E&M	SUPERIOR				99213		Physician Assistant License	37.64	A									0.00
22	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A				A		A			0.00
23	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
24	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
25	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
26	E&M	SUPERIOR				99213		Physician Assistant License	37.64	A									0.00
27	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
28	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A						A			0.00
29	E&M	SUPERIOR				99213		Physician Assistant License	37.64	A									0.00
30	E&M	SUPERIOR				99213		Physician Assistant License	34.63	A									0.00
31	E&M	SUPERIOR				99213		Physician Assistant License	37.64	A									0.00
32	High Level and Prolonged E&M	SUPERIOR				99214		Physician Assistant License	48.63	A									0.00
33	High Level and Prolonged E&M	SUPERIOR				99214		Physician Assistant License	48.63	A						A			0.00
34	High Level and Prolonged E&M	SUPERIOR				99214		Physician Assistant License	48.63	A					48.63	A			48.63
35	High Level and Prolonged E&M	SUPERIOR				99214		Physician Assistant License	48.63	A						A			0.00
36	High Level and Prolonged E&M	SUPERIOR				99214		Physician Assistant License	52.86	A						A			0.00
37	Immunizations	SUPERIOR				0071A		Physician Assistant License	40.00	A									0.00
38	Immunizations	SUPERIOR				0071A		Physician Assistant License	40.00	A									0.00
39	Immunizations	SUPERIOR				0071A		Physician Assistant License	40.00	A									0.00
40	Immunizations	SUPERIOR				0072A		Physician Assistant License	40.00	A						A			0.00
41	Immunizations	SUPERIOR				0071A		Physician Assistant License	40.00	A						A			0.00
42	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
43	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
44	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
45	Lab or Radiology	SUPERIOR				87635		Physician Assistant License	51.33	A									0.00
46	Lab or Radiology	SUPERIOR				87635		Physician Assistant License	51.33	A						A			0.00
47	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A				A				A	0.00
48	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
49	Lab or Radiology	SUPERIOR				87635		Physician Assistant License	51.33	A	51.33	A				A			51.33
50	Lab or Radiology	SUPERIOR				87635		Physician Assistant License	51.33	A						A			0.00
51	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A									0.00
52	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
53	Lab or Radiology	SUPERIOR				87635		Physician Assistant License	51.33	A						A			0.00
54	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A				A		A		A	0.00
55	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A	45.23	A				A			45.23
56	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
57	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
58	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A						A			0.00
59	Lab or Radiology	SUPERIOR				87426		Physician Assistant License	45.23	A				A				A	0.00
60	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
61	Other	SUPERIOR				99050		Physician Assistant License	95.00	A									0.00
62	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
63	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
64	Other	SUPERIOR				97803		Physician Assistant License	52.20	A							26.10		26.10
65	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
66	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
67	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
68	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
69	Other	SUPERIOR				97803		Physician Assistant License	52.20	A							26.10		26.10
70	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
71	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
72	Other	SUPERIOR				97803		Physician Assistant License	52.20	A							26.10		26.10
73	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
74	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
75	Other	SUPERIOR				99050		Physician Assistant License	95.00	A	95.00	A		A					95.00
76	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
77	Other	SUPERIOR				99050		Physician Assistant License	95.00	A									0.00
78	Other	SUPERIOR				97803		Physician Assistant License	52.20	A							26.10		26.10
79	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
80	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
81	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00

Edinburg Pediatric Network
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-6	R-7	B-2	B-3	B-4	Overpayment
82	Other	SUPERIOR	[redacted]			99050	[redacted]	Physician Assistant License	95.00	A						A			0.00
83	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
84	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
85	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
86	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
87	Other	SUPERIOR				97803		Physician Assistant License	26.10	A				A					0.00
88	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
89	Other	SUPERIOR				99050		Physician Assistant License	95.00	A				A					0.00
90	Other	SUPERIOR				99050		Physician Assistant License	95.00	A				A		A			0.00
91	Other	SUPERIOR				99050		Physician Assistant License	95.00	A				A		A			0.00
92	Other	SUPERIOR				99050		Physician Assistant License	95.00	A									0.00
93	Other	SUPERIOR				S8301		Physician Assistant License	38.00	A						A			0.00
94	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
95	Other	SUPERIOR				97803		Physician Assistant License	52.20	A							26.10		26.10
96	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
97	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
98	Other	SUPERIOR				S8301		Physician Assistant License	38.00	A						A			0.00
99	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
100	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
101	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
102	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
103	Other	SUPERIOR				99050		Physician Assistant License	95.00	A									0.00
104	Other	SUPERIOR				97803		Physician Assistant License	26.10	A									0.00
105	Other	SUPERIOR				97802		Physician Assistant License	60.62	A							30.31		30.31
106	Other	SUPERIOR				99050		Physician Assistant License	95.00	A						A			0.00
107	THSteps	SUPERIOR				99394		Physician Assistant License	92.40	A									0.00
108	THSteps	SUPERIOR				99391		Physician Assistant License	70.10	A				A			(1.43)		(1.43)
109	THSteps	SUPERIOR				99393		Physician Assistant License	84.72	A									0.00
110	THSteps	SUPERIOR				99393		Physician Assistant License	77.94	A						A			0.00
111	THSteps	SUPERIOR				99393		Physician Assistant License	84.72	A									0.00
112	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
113	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
114	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
115	E&M	UHC				99213		Physician Assistant License	37.64	A									0.00
116	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
117	E&M	UHC				99213		Physician Assistant License	37.64	A				A		A	3.01		3.01
118	E&M	UHC				99213		Physician Assistant License	37.64	A									0.00
119	E&M	UHC				99213		Physician Assistant License	37.64	A									0.00
120	E&M	UHC				99213		Physician Assistant License	37.64	A					37.64	A	3.01		37.64
121	E&M	UHC				99213		Physician Assistant License	37.64	A					37.64	A	3.01		37.64
122	E&M	UHC				99213		Physician Assistant License	37.64	A									0.00
123	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
124	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
125	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
126	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
127	E&M	UHC				99213		Physician Assistant License	34.63	A									0.00
128	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
129	E&M	UHC				99213		Physician Assistant License	37.64	A						A			0.00
130	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
131	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
132	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
133	E&M	UHC				99213		Physician Assistant License	34.63	A									0.00
134	E&M	UHC				99213		Physician Assistant License	37.64	A						A			0.00
135	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
136	E&M	UHC				99213		Physician Assistant License	34.63	A									0.00
137	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
138	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
139	E&M	UHC				99213		Physician Assistant License	34.63	A									0.00
140	E&M	UHC				99213		Physician Assistant License	37.64	A						A			0.00
141	E&M	UHC				99213		Physician Assistant License	36.89	A						A	2.26		2.26
142	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
143	E&M	UHC				99213		Physician Assistant License	37.64	A									0.00
144	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
145	E&M	UHC				99213		Physician Assistant License	34.63	A									0.00
146	E&M	UHC				99213		Physician Assistant License	37.64	A						A	3.01		3.01
147	High Level and Prolonged E&M	UHC				99214		Physician Assistant License	52.86	A									0.00
148	High Level and Prolonged E&M	UHC				99214		Physician Assistant License	52.86	A									0.00
149	High Level and Prolonged E&M	UHC				99214		Physician Assistant License	48.63	A									0.00
150	High Level and Prolonged E&M	UHC				99214		Physician Assistant License	48.63	A									0.00
151	High Level and Prolonged E&M	UHC				99214		Physician Assistant License	52.86	A						A	4.23		4.23
152	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A									0.00
153	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A									0.00
154	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00
155	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00
156	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00
157	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A				A				A	0.00
158	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00
159	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00
160	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00
161	Lab or Radiology	UHC				87635		Physician Assistant License	51.33	A	51.33	A				A			51.33
162	Lab or Radiology	UHC				87426		Physician Assistant License	45.23	A						A			0.00

Edinburg Pediatric Network
Summary of Findings

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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-6	R-7	B-2	B-3	B-4	Overpayment
163	Lab or Radioloav	UHC	[redacted]			87426	[redacted]	Physician Assistant License	45.23	A						A			0.00
164	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A						A			0.00
165	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A						A			0.00
166	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A									0.00
167	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A									0.00
168	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A						A			0.00
169	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A						A			0.00
170	Lab or Radioloav	UHC				87426		Physician Assistant License	45.23	A						A			0.00
171	Lab or Radioloav	UHC				87635		Physician Assistant License	51.33	A						A			0.00
172	Other	UHC				97802		Licensed Dietitian	53.32	A							19.36		19.36
173	Other	UHC				97802		Licensed Dietitian	53.32	A							19.36		19.36
174	Other	UHC				97803		Licensed Dietitian	45.46	A							15.99		15.99
175	Other	UHC				97803		Licensed Dietitian	45.46	A							15.99		15.99
176	Other	UHC				97803		Licensed Dietitian	45.46	A							15.99		15.99
177	Other	UHC				97803		Licensed Dietitian	45.46	A							15.99		15.99
178	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
179	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
180	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
181	Other	UHC				97802		Licensed Dietitian	30.31	A					30.31				30.31
182	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
183	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
184	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
185	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
186	Other	UHC				S8301		Physician Assistant License	35.00	A						A			0.00
187	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
188	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
189	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
190	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
191	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
192	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
193	Other	UHC				97803		Licensed Dietitian	26.10	A									0.00
194	Other	UHC				97803		Licensed Dietitian	26.10	A					26.10				26.10
195	THSteps	UHC				99395		Physician License	92.40	A			92.40						92.40
196	THSteps	UHC				99391		Physician Assistant License	72.47	A									0.00
197	THSteps	UHC				99392		Physician Assistant License	79.28	A				A		A	6.34		6.34
198	THSteps	UHC				99394		Physician Assistant License	92.40	A							7.39		7.39
199	THSteps	UHC				99394		Physician License	92.40	A									0.00
								Total	**$9,722.50**	**$0.00**	**$242.89**	**$0.00**	**$92.40**	**$0.00**	**$180.32**	**$0.00**	**$525.62**	**$0.00**	**$1,035.21**
								Overpayment Determination	**199**	**0**	**4**	**0**	**1**	**0**	**5**	**0**	**45**	**0**	**53**
								Administrative Finding		199	0	4	0	16	0	100	0	4	

Edinburg Pediatric Network
Criteria, Standards, and Guidance

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

	Description	Tests
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	**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-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	**Superior**	
V.A	Provider Contract Section 2	**M-2, P-1, P-2, P-3, B-1**
V.B	Provider Contract Section 3	**M-1, B-1**
V.C	Provider Contract Section 6	**R-4, R-5, R-6, B-2**
V.D	Provider Contract Article VI	**R-1**
V.E	Provider Manual Section 3	**M-1**
V.F	Provider Manual Section 4	**M-2**
V.G	Provider Manual Section 9	**B-1**
V.H	Provider Manual Section 10	**P-1, B-3**
V.I	Provider Manual Attachment B	**R-4**
V.J	Provider Manual Attachment C	**R-4**
V.K	Provider Manual Attachment N	**R-2, R-3**
V.L	Provider Contract Provisions - Exhibit I	**B-3**
VI	**United**	
VI.A	Provider Contract Section 2	**M-2, P-1**
VI.B	Provider Contract Section 3	**M-1, M-2, P-2, R-1, B-3**
VI.C	Provider Manual Chapter 1	**B-1**
VI.D	Provider Manual Chapter 2	**P-1, P-3, B-1**
VI.E	Provider Manual Chapter 3	**M-2**
VI.F	Provider Manual Chapter 4	**P-3**

Edinburg Pediatric Network
Criteria, Standards, and Guidance

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

	Description	Tests
VI.G	Provider Manual Chapter 10	**R-4, R-5, R-6, B-2**
VI.H	Provider Manual Chapter 11	**P-3, R-1**
VI.I	Provider Manual Chapter 12	**M-2, P-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	**Telecommunication Services Handbook**	
IX.A	Section 3 – Services, Benefits, Limitations, and Prior Authorizations	**R-7**
IX.B	Section 3.1 – Patient Health Information Security	**R-7**
X	**The Medial and Nursing Specialists, Physicians, and Physician Assistants Handbook**	
X.A	Section 9.2.40	**B-4**
XI	**The Radiology and Laboratory Services Handbook**	
XI.A	Section 2.3	**B-4**
XII	**Texas Government Code**	
XII.A	§531.024161	**P-3**
XIII	**Texas Medical Board Criteria**	
XIII.A	Frequently Asked Questions (FAQs) Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic	**R-2**