FINAL PERFORMANCE AUDIT REPORT

Cook Children's Physician Network

Billing Provider NPI: 1750369203

Billing Provider Tax ID: 752485366

801 7th Avenue

Fort Worth, Texas 76104

Final Report Date: August 18, 2023

OIG Report No. AUD-23-028

weaver

Assurance • Tax • Advisory

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August 18, 2023

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

Weaver has completed the Final Performance Audit Report for Cook Children's Physician Network (CCPN) Medicaid and CHIP claims for pediatric telemedicine services paid by Amerigroup and Cook Children's Health Plan (CCHP) 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 CCPN 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, CCPN 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.

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 Cook Children's Physician Network (CCPN) for pediatric telemedicine services paid by managed care organizations (MCOs) Amerigroup and Cook Children's Health Plan (CCHP) 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

CCPN provides pediatric primary care and specialty care in more than 30 specialties and subspecialties in Tarrant, Denton, Parker, Johnson and Hood counties through its medical center, neighborhood clinics, primary care offices, specialty clinics and outpatient settings. CCPN has offices in several medically underserved, predominately low-income neighborhoods. The network also provides access to pediatric specialty care through outreach clinics in many communities in North and West Texas.[1]

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

- 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)[2]
- Does not have a corporate integrity agreement in place under the DHHS-OIG.[3]
- Does not appear in any audit-related news articles and press releases.

[1] https://www.cookchildrens.org/healthcare-professionals/physician-network/.
[2] https://exclusions.oig.hhs.gov/Default.aspx.
[3] 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[4]:

> *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[5]:

> *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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[4] Telecommunication Services Handbook, Texas Medicaid Providers Procedures Manual: Vol. 2, Section 3.
[5] 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 CCPN, CCPN'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-2Was 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 16,736 claim line items (with a payment over $25) totaling $1,234,619 billed by CCPN and paid by Amerigroup and CCHP 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
Amerigroup			
High Level and Prolonged E&M	2,250	$220,349.40	$97.93
Lab or Radiology	19	859.37	45.23
Other	351	21,477.02	61.19
THSteps	3	254.87	84.96
E&M	3,014	172,499.04	57.23
Amerigroup Total	**5,637**	**$415,439.70**	**$73.70**
CCHP			
High Level and Prolonged E&M	4,191	$393,970.82	$94.00
Lab or Radiology	1	49.75	49.75
Other	714	44,375.54	62.15
THSteps	13	1,265.29	97.33
E&M	6,180	379,518.00	61.41
CCHP Total	**11,099**	**$819,179.40**	**$73.81**
Total CCPN Claims	**16,736**	**$1,234,619.10**	**$73.77**

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 CCHP). The sample size for each claims universe ("Amerigroup – All Claims" and "CCHP – 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 $7.00 margin of error (approximately 10% of the average claim value) which resulted in a sample size of 108 claim line items for the "Amerigroup – All Claims" universe and 100 claim line items for the "CCHP – All Claims" universe.

Then, utilizing the sample size for each MCO claim universe (108 claim line items for the "Amerigroup – All Claims" universe and 100 claim line items for the "CCHP – 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)
- 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. [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.

Table 2: Summary of Sample Claims

Stratum (Claims Universe)	Number of Paid Claims	Total Paid	Average Claim Value
Amerigroup			
High Level and Prolonged E&M	63	$5,689.01	$90.30
Lab or Radiology	5	226.15	45.23
Other	8	483.16	60.40
THSteps	3	254.87	84.96
E&M	29	1,676.16	57.80
Amerigroup Total	**108**	**$8,329.35**	**$77.12**
CCHP			
High Level and Prolonged E&M	53	$4,993.47	$94.22
Lab or Radiology	1	49.75	49.75
Other	8	553.20	69.15
THSteps	5	484.98	97.00
E&M	33	1,933.58	58.59
CCHP Total	**100**	**$8,014.98**	**$80.15**
Total CCPN Claims	**208**	**$16,344.33**	**$78.58**

[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 CCPN'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 102 out of 208 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 CCPN on August 3, 2023.

An exit conference was held on August 8, 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, CCPN provided additional information related to the findings for the sample claim line items. On August 16, 2023, CCPN provided "Management Representation Letter for Draft Performance Audit Report prepared by Weaver for Telemedicine Claims submitted by Cook Children's Physician Network ("CCPN")" in which CCPN 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 25 out of 208 sample claim line items that resulted in a net underpayment of $5.30 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?

- **CCPN did not provide documentation that identified and supported the Medicaid identification number in the paid claims data for 8 sample claim line items. However, CCPN assigned each of these patients an internal identification number consistent with its standard operating procedures. Because CCPN provided sufficient information to verify the identity of the patients associated with the 8 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?

- CCPN did not provide documentation that the billing providers for 38 sample claim line items were enrolled as a Texas Medicaid provider at the time services were provided to the members. This results in an overpayment determination in the amount of $2,849.90.
- **After reviewing additional documents provided by CCPN after the exit conference, Weaver determined that there were 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?

- CCPN did not provide documentation that the rendering providers for 71 sample claim line items were enrolled as Texas Medicaid providers at the time services were provided to members. This results in an overpayment determination in the amount of $5,533.00.
- **After reviewing additional documents provided by CCPN after the exit conference, Weaver determined that there were no findings, issues, or recommendations related to this test.**

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

- CCPN did not provide documentation that the rendering provider for 1 sample claim line item was supervised appropriately at the time services were provided to member. This results in an overpayment determination in the amount of $142.01.
- **After reviewing additional documents provided by CCPN 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?

- **CCPN did not provide a signed consent form for 1 sample claim line item. This results in an overpayment determination in the amount of $187.00.**

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

- **CCPN did not provide evidence of a follow-up visit within 6 months for 2 THSteps claims. This results in an overpayment determination in the amount of $186.36.**

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?

- **CCPN improperly billed 3 sample claim line items as THSteps telemedicine visits; however, the medical records indicate that the claims were related to office visits. The amount paid for a telehealth or office visit is the same; therefore, this is administrative finding.**

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

- **CCPN failed to provide a signed privacy form for one sample claim line item. This results in an overpayment determination in the amount of $187.00.**

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

- CCPN failed to provide evidence of required prior authorization for 8 sample claim line items. This results in an overpayment determination in the amount of $553.20.
- **After reviewing additional documents provided by CCPN after the exit conference, Weaver determined that there were 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 54 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?

- **CCPN was paid the incorrect rate for 22 sample claim line items. This resulted in a net underpayment determination in the amount of $378.67.**

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

- CCPN 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.
- CCPN 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 inform consent form from the member or the member's guardian before any additional services are delivered.
- CCPN should ensure that follow-up visits are scheduled within six months of all THSteps initial visits.
- CCPN 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.
- CCPN 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.
- CCPN should develop processes for reviewing payments received from managed care organizations to ensure that CCPN is receiving payments consistent with fee schedules. CCPN should identify and refund any overpayments to the managed care organization within contractual timelines.

Management's Response

CCPN responded as follows:

CCPN appreciates the collaborative nature with which the audit team undertook the audit of CCPN's Medicaid and CHIP claims for pediatric telemedicine services paid by Amerigroup and Cook Children's Health Plan with dates of service beginning September 1, 2021 through August 31, 2022. You were thorough, cooperative, and fair, and we especially appreciated the way in which your team kept the lines of communication open throughout the audit process.

We received the Draft Performance Audit Report on August 3, 2023 and initially had several issues of concern that we felt warranted dispute, specifically with regard to Audit Tests, P-1, P-2, P-3, and B-1. We subsequently submitted additional documentation to address the exceptions noted in connection with those audit tests and later received further indication from your team that the exceptions noted with regard to Audit Tests, P-1, P-2, P-3, and B-1 have now all been cleared. Therefore, it is our understanding that the final audit will reflect exceptions with regard to only Audit Tests R-2, R-3, R-4, R-7, and B-3. CCPN does not dispute any of the exceptions noted in the draft audit report with regard to those audit tests, but notes that the exception reflected in Audit Test B-3 results in an underpayment amount that offsets the overpayment amounts reflected in the other four Audit Tests and results in a net underpayment for the issues reviewed in this audit.

With that understanding, CCPN confirms responsibility for (a) the subject areas under performance audit review and (b) the completeness and accuracy of the information provided during the performance audit.

Final Overpayment Based on Management's Response

Upon consideration of additional documents and information provided by CCPN and discussions with OIG, Weaver identified exceptions for 25 out of 208, or 12%, of the sampled claims. The total underpayment calculated from the sample claims is $5.31, or approximately -0.03% of the amount paid for sample claims. The overpayments/ (underpayments) 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	8	$115.76
Lab or Radiology	-	-
Other	2	($12.78)
THSteps	1	84.72
E&M	2	($17.29)
Amerigroup Total	**13**	**$170.41**
CCHP		
High Level and Prolonged E&M	9	($230.73)
Lab or Radiology	-	0.00
Other	-	0.00
THSteps	1	101.64
E&M	2	(46.62)
CCHP Total	**12**	**($175.71)**
Total CCPN Claims	**25**	**($5.30)**

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.

Cook Children's Physician 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	Overpayment
1	E&M	Amerigroup	[redacted]					Physician License	59.71									0.00
2	E&M	Amerigroup						Physician Assistant	59.71							A	4.77	4.77
3	E&M	Amerigroup						Advance Practice Nurse	89.85							A		0.00
4	E&M	Amerigroup						Christina Renee Sherrod	54.94									0.00
5	E&M	Amerigroup						Full Medical License	59.71									0.00
6	E&M	Amerigroup						Physician License	59.71									0.00
7	E&M	Amerigroup						Physician License	59.71									0.00
8	E&M	Amerigroup						Physician License	59.71									0.00
9	E&M	Amerigroup						Full Medical License	59.71									0.00
10	E&M	Amerigroup						Physician License	59.71									0.00
11	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
12	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
13	E&M	Amerigroup						Physician License	95.28									0.00
14	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
15	E&M	Amerigroup						Full Medical License	37.64								(22.07)	(22.07)
16	E&M	Amerigroup						Physician License	39.72									0.00
17	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
18	E&M	Amerigroup						Full Medical License	59.71									0.00
19	E&M	Amerigroup						Advance Practice Nurse	64.63							A		0.00
20	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
21	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
22	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
23	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00

Cook Children's Physician 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	Overpayment
24	E&M	Amerigroup	[redacted]					Advance Practice Nurse	32.95							A		0.00
25	E&M	Amerigroup						Advance Practice Nurse	54.94	A						A		0.00
26	E&M	Amerigroup						Physician License	59.71									0.00
27	E&M	Amerigroup						Physician License	59.71									0.00
28	E&M	Amerigroup						Advance Practice Nurse	54.94							A		0.00
29	E&M	Amerigroup						Advance Practice Nurse	54.94	A						A		0.00
30	High Level and Prolonged E&M	Amerigroup						Physician License	83.86									0.00
31	High Level and Prolonged E&M	Amerigroup						Physician License	83.86									0.00
32	High Level and Prolonged E&M	Amerigroup						Physician License	77.15								(6.71)	(6.71)
33	High Level and Prolonged E&M	Amerigroup						Physician License	83.86									0.00
34	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
35	High Level and Prolonged E&M	Amerigroup						MD	187.00	A	187.00	A			187.00			187.00
36	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
37	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
38	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
39	High Level and Prolonged E&M	Amerigroup						MD	129.10									0.00
40	High Level and Prolonged E&M	Amerigroup						MD	129.10									0.00
41	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
42	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
43	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
44	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
45	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
46	High Level and Prolonged E&M	Amerigroup						MD	83.86	A								0.00

Cook Children's Physician 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	Overpayment
47	High Level and Prolonged E&M	Amerigroup	[redacted]					MD	77.15	A							(6.71)	(6.71)
48	High Level and Prolonged E&M	Amerigroup						MD	142.89									0.00
49	High Level and Prolonged E&M	Amerigroup						MD	117.10	A						A		0.00
50	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
51	High Level and Prolonged E&M	Amerigroup						MD	127.28									0.00
52	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
53	High Level and Prolonged E&M	Amerigroup						MD	169.01									0.00
54	High Level and Prolonged E&M	Amerigroup						MD	129.10									0.00
55	High Level and Prolonged E&M	Amerigroup						MD	83.86	A								0.00
56	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
57	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
58	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
59	High Level and Prolonged E&M	Amerigroup						MD	52.86								(31.00)	(31.00)
60	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
61	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
62	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
63	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
64	High Level and Prolonged E&M	Amerigroup						MD	145.95									0.00
65	High Level and Prolonged E&M	Amerigroup						MD	77.15	A						A		0.00
66	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
67	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
68	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
69	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00

Cook Children's Physician 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	Overpayment
70	High Level and Prolonged E&M	Amerigroup	[redacted]					MD	77.15							A		0.00
71	High Level and Prolonged E&M	Amerigroup						MD	139.81									0.00
72	High Level and Prolonged E&M	Amerigroup						MD	77.15								(6.71)	(6.71)
73	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
74	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
75	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
76	High Level and Prolonged E&M	Amerigroup						MD	77.15								(6.71)	(6.71)
77	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
78	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
79	High Level and Prolonged E&M	Amerigroup						MD	77.15								(6.71)	(6.71)
80	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
81	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
82	High Level and Prolonged E&M	Amerigroup						MD	77.15									0.00
83	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
84	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
85	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
86	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
87	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00
88	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
89	High Level and Prolonged E&M	Amerigroup						MD	77.15								(6.71)	(6.71)
90	High Level and Prolonged E&M	Amerigroup						MD	77.15							A		0.00
91	High Level and Prolonged E&M	Amerigroup						MD	77.15									0.00
92	High Level and Prolonged E&M	Amerigroup						MD	83.86									0.00

Cook Children's Physician 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	Overpayment
93	Lab or Radiology	Amerigroup	[redacted]					MD	45.23									0.00
94	Lab or Radiology	Amerigroup						MD	45.23									0.00
95	Lab or Radiology	Amerigroup						MD	45.23									0.00
96	Lab or Radiology	Amerigroup						MD	45.23									0.00
97	Lab or Radiology	Amerigroup						MD	45.23									0.00
98	Other	Amerigroup						MD	122.65									0.00
99	Other	Amerigroup						MD	60.62									0.00
100	Other	Amerigroup						MD	50.87								(6.39)	(6.39)
101	Other	Amerigroup						MD	30.31									0.00
102	Other	Amerigroup						MD	55.29									0.00
103	Other	Amerigroup						MD	50.87								(6.39)	(6.39)
104	Other	Amerigroup						MD	55.29									0.00
105	Other	Amerigroup						MD	57.26									0.00
106	THSteps	Amerigroup						MD	84.72				84.72			A		84.72
107	THSteps	Amerigroup						MD	92.40									0.00
108	THSteps	Amerigroup						MD	77.75									0.00
109	E&M	COOK CHILDRENS HEALTH PLAN						MD	54.94							A		0.00
110	E&M	COOK CHILDRENS HEALTH PLAN						MD	59.71									0.00
111	E&M	COOK CHILDRENS HEALTH PLAN						MD	91.86							A		0.00
112	E&M	COOK CHILDRENS HEALTH PLAN						MD	41.40								(24.28)	(24.28)
113	E&M	COOK CHILDRENS HEALTH PLAN						MD	38.09							A	(22.34)	(22.34)
114	E&M	COOK CHILDRENS HEALTH PLAN						MD	36.26							A		0.00
115	E&M	COOK CHILDRENS HEALTH PLAN						MD	40.20							A		0.00

Cook Children's Physician 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	Overpayment
116	E&M	CHILDRENS HEALTH PLAN COOK	[redacted]					MD	60.43							A		0.00
117	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
118	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
119	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
120	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
121	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
122	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
123	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
124	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
125	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
126	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
127	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
128	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
129	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
130	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43							A		0.00
131	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
132	E&M	CHILDRENS HEALTH PLAN COOK						MD	43.69									0.00
133	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
134	E&M	CHILDRENS HEALTH PLAN COOK						MD	29.09									0.00
135	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
136	E&M	CHILDRENS HEALTH PLAN						MD	60.43							A		0.00

Cook Children's Physician 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	Overpayment
137	E&M	CHILDRENS HEALTH PLAN COOK	[redacted]					MD	65.68									0.00
138	E&M	CHILDRENS HEALTH PLAN COOK						MD	40.20							A		0.00
139	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
140	E&M	CHILDRENS HEALTH PLAN COOK						MD	65.68									0.00
141	E&M	CHILDRENS HEALTH PLAN COOK						MD	60.43									0.00
142	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	51.80								(40.44)	(40.44)
143	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	51.80								(40.44)	(40.44)
144	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	51.80								(40.44)	(40.44)
145	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	51.80								(40.44)	(40.44)
146	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
147	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
148	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
149	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
150	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
151	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
152	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
153	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	77.15							A		0.00
154	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
155	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	77.15									0.00
156	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
157	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN						MD	83.86									0.00

Cook Children's Physician 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	Overpayment
158	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK	[redacted]					MD	83.86									0.00
159	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
160	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
161	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
162	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
163	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
164	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	77.15							A		0.00
165	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
166	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
167	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	77.15							A		0.00
168	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
169	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
170	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	83.86									0.00
171	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	89.52								(52.49)	(52.49)
172	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	129.67								(12.34)	(12.34)
173	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	160.55								20.54	20.54
174	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	129.67								(12.34)	(12.34)
175	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	140.01									0.00
176	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	128.81							A		0.00
177	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	129.67								(12.34)	(12.34)
178	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN						MD	92.24									0.00

Cook Children's Physician 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	Overpayment
179	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK	[redacted]					MD	84.86							A		0.00
180	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
181	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
182	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
183	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	84.86							A		0.00
184	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	205.7									0.00
185	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	142.01							A		0.00
186	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	142.01									0.00
187	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
188	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
189	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
190	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
191	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
192	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	92.24									0.00
193	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	84.86							A		0.00
194	High Level and Prolonged E&M	CHILDRENS HEALTH PLAN COOK						MD	142.01									0.00
195	Lab or Radiology	CHILDRENS HEALTH PLAN COOK						MD	49.75									0.00
196	Other	CHILDRENS HEALTH PLAN COOK						MD	162.23									0.00
197	Other	CHILDRENS HEALTH PLAN COOK						MD	55.29									0.00
198	Other	CHILDRENS HEALTH PLAN COOK						MD	55.29									0.00
199	Other	CHILDRENS HEALTH PLAN						MD	55.29									0.00

Cook Children's Physician 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	Overpayment
200	Other	COOK CHILDRENS HEALTH PLAN COOK	[redacted]					MD	55.29									0.00
201	Other	COOK CHILDRENS HEALTH PLAN COOK						MD	55.29									0.00
202	Other	COOK CHILDRENS HEALTH PLAN COOK						MD	57.26							A		0.00
203	Other	COOK CHILDRENS HEALTH PLAN COOK						MD	57.26									0.00
204	THSteps	COOK CHILDRENS HEALTH PLAN COOK						Physician License	101.64				101.64					101.64
205	THSteps	COOK CHILDRENS HEALTH PLAN COOK						Physician License	93.19					A				0.00
206	THSteps	COOK CHILDRENS HEALTH PLAN COOK						Physician License	101.64									0.00
207	THSteps	COOK CHILDRENS HEALTH PLAN COOK						Physician License	101.3					A				0.00
208	THSteps	COOK CHILDRENS HEALTH PLAN						Physician License	87.21					A				0.00
								Total	**$ 16,344.33**	**$ -**	**$ 187.00**	**$ -**	**$ 186.36**	**$ -**	**$ 187.00**	**$ -**	**$ (378.67)**	**$ (5.31)**
								Overpayment Determination	**208**	**0**	**1**	**0**	**2**	**0**	**1**	**0**	**22**	**25**
								Administrative Finding		**8**	**0**	**1**	**0**	**3**	**0**	**54**	**0**	

Cook Children's Physician 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	**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-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	**Cook Children's Health Plan Provider Manual**	
V.A	Provider Manual Section 1 Provider Responsibilities	**P-1, P-3, R-1, R-6**
V.B	Provider Manual Section 2 – Member Eligibility and Enrollment	**M-1**
V.C	Provider Manual Section 3 – Covered Benefits	**M-2**
V.D	Provider Manual Section 5 - Claims and Billing	**P-2, R-4, R-5, R-6, B-2, B-3**
V.E	Section 7 – Care Management	**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	**P-1, P-2, P-3, R-6**
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**

Cook Children's Physician 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
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**	
XII.A	Section 2.3	**B-4**