

# Audit Report

## The PsyClinic

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A Texas Medicaid Provider

August 18, 2023

OIG Report No. AUD-23-026



**Inspector  
General**

Texas Health  
and Human Services



# The PsyClinic

## A Texas Medicaid Provider

## Results in Brief

### Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) conducted an audit of teleservices provided by the PsyClinic. During the audit scope, which covered the period from June 1, 2021, through December 31, 2021, the PsyClinic was paid \$381,573 for 4,363 Texas Medicaid managed care claims for evaluation and management, psychiatry, and add-on psychotherapy services provided via teleservices.

OIG Audit initiated this audit of the PsyClinic due to the increased risk associated with teleservices claims for evaluation and management, psychiatry, and add-on psychotherapy services caused by the increase in teleservices provided during the COVID-19 public health emergency.

### Summary of Review

The audit objective was to determine whether (a) teleservices provided by the PsyClinic were billed accurately and in accordance with applicable requirements and (b) related internal controls over teleservices were designed and operating effectively.

The audit scope includes Medicaid managed care teleservices claims paid for evaluation and management, psychiatry, and add-on psychotherapy services for the period from June 1, 2021, through December 31, 2021.

### Management Response

The PsyClinic partially agreed with the audit recommendations and indicated corrective actions would be implemented by September 2023.

For more information, contact:

[OIGAuditReports@hhs.texas.gov](mailto:OIGAuditReports@hhs.texas.gov)

### Conclusion

The PsyClinic provided behavioral health services to its patients via teleservices; however, the PsyClinic incorrectly billed for some add-on psychotherapy services. Additionally, the PsyClinic received reimbursement for teleservices delivered by providers who were not enrolled in Texas Medicaid. As a result, the PsyClinic was overpaid \$1,719.04 and should repay the state of Texas the total extrapolated overpayment amount of \$54,087.35.

### Key Results

The PsyClinic received an overpayment of \$326.20 for 6 of 60 behavioral health teleservices claims tested.

In addition, the PsyClinic did not separately identify evaluation and management and add-on psychotherapy services for 57 of 60 behavioral health claims tested. In its medical records, the PsyClinic recorded the service times for these claims as the total time spent on both evaluation and management and add-on psychotherapy combined. As a result, the PsyClinic's medical records did not distinctly identify the amount of time it spent providing add-on psychotherapy services to its patients.

Further, 4 of 11 providers at the PsyClinic were not enrolled in Texas Medicaid at the time they provided teleservices to patients as required. This impacted 16 of 60 claims tested, totaling \$1,450.89. When providers deliver services to patients before enrollment in Texas Medicaid, there is a risk that the provider is not eligible to perform the services under Texas Medicaid.

### Recommendations

The PsyClinic should:

- Implement processes to ensure that (a) claims for services billed as time-based CPT codes are based on the actual length of services provided, (b) medical records include documentation to support the CPT codes billed, and (c) medical records separately identify services provided.
- Verify its providers are enrolled in Texas Medicaid prior to the providers delivering services to patients.

# Table of Contents

<b>Audit Overview .....</b>	<b>1</b>
Overall Conclusion	1
Objective and Scope	1
Key Audit Results	1
Key Program Data	3
<b>Detailed Audit Results .....</b>	<b>7</b>
Chapter 1: The PsyClinic Did Not Always Bill the Correct CPT Codes for Add-On Psychotherapy Services	8
Chapter 2: Some Providers at the PsyClinic Were Not Enrolled in Texas Medicaid Before Delivering Services to Patients	12
<b>Appendices .....</b>	<b>14</b>
A: Objective, Scope, and Criteria	14
B: Methodology and Data Reliability	15
C: Related Reports	17
D: Resources for Additional Information	18
E: Report Team and Distribution	19
F: OIG Mission, Leadership, and Contact Information	21

# Audit Overview

## Overall Conclusion

The PsyClinic provided behavioral health services to its patients via teleservices;<sup>3</sup> however, the PsyClinic incorrectly billed for some add-on psychotherapy services.<sup>4</sup> Additionally, the PsyClinic received reimbursement for teleservices delivered by providers who were not enrolled in Texas Medicaid. As a result, the PsyClinic was overpaid \$1,719.04 and should repay the state of Texas the total extrapolated overpayment amount of \$54,087.35.

## Key Audit Results

The PsyClinic's physicians, physician assistants, and advanced practice nurses—who were all licensed to provide medical services in Texas—provided behavioral health services through a teleservices model. For each claim tested, the PsyClinic (a) retained medical records to support a behavioral health service was provided to the patient and (b) provided required privacy notifications. However, the PsyClinic (a) did not always bill the appropriate Current Procedural Terminology (CPT) codes<sup>5</sup> based on time duration for add-on psychotherapy

### Objective

The audit objective was to determine whether (a) teleservices provided by the PsyClinic were billed accurately and in accordance with applicable requirements and (b) related internal controls over teleservices were designed and operating effectively.

### Scope

The audit scope includes Medicaid managed care teleservices claims paid for evaluation and management,<sup>1</sup> psychiatry,<sup>2</sup> and add-on psychotherapy services for the period from June 1, 2021, through December 31, 2021.

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<sup>1</sup> Evaluation and management services are cognitive services in which a physician or other qualified health care professional diagnoses and treats illness or injury.

<sup>2</sup> Psychiatry services include the diagnosis and treatment of mental illnesses.

<sup>3</sup> Teleservices include telemedicine, telehealth, audio-only, and home telemonitoring services. This report focuses on telemedicine and telehealth.

<sup>4</sup> Psychotherapy, or talk therapy, is a way to treat and help people with a variety of mental illnesses and behavioral disturbances.

<sup>5</sup> CPT codes are medical codes used primarily to identify medical services procedures furnished by qualified health care professionals.

teleservices and (b) billed for services delivered by providers not enrolled in Texas Medicaid.

The PsyClinic received an overpayment of \$326.20 for 6 of 60 behavioral health teleservices claims tested. For the claims in question, add-on psychotherapy teleservices were not consistently delivered within the time parameters for patients with a variety of mental illnesses and emotional difficulties.

In addition, the PsyClinic did not separately identify evaluation and management and add-on psychotherapy services for 57 of 60 behavioral health claims tested. In its medical records, the PsyClinic recorded the service times for these claims as the total time spent on both evaluation and management and add-on psychotherapy combined. As a result, the PsyClinic's medical records did not distinctly identify the amount of time it spent providing add-on psychotherapy services to its patients.

Further, 4 of 11 health care providers at the PsyClinic were not enrolled in Texas Medicaid at the time they provided teleservices to patients as required.<sup>6</sup> This impacted 16 of 60 claims tested, totaling \$1,450.89. When providers deliver services to patients before enrollment in Texas Medicaid, there is a risk that the provider is not eligible to perform the services under Texas Medicaid.

OIG calculated an error rate for the overpayment amount identified for the statistically valid random sample of clients tested, which was applied to the population of associated claims using extrapolation. The calculations resulted in an extrapolated amount of \$54,087.35, which includes both (a) billing for incorrect CPT codes and (b) billing for services delivered rendered by providers not enrolled in Texas Medicaid. Appendix B provides additional information about OIG Audit's sampling and extrapolation methodology.

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) offered recommendations to the PsyClinic,

#### **What Prompted This Audit**

OIG Audit initiated this audit of the PsyClinic due to the increased risk associated with teleservices claims for evaluation and management, psychiatry, and add-on psychotherapy services caused by the increase in teleservices provided during the COVID-19 public health emergency.

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<sup>6</sup> 1 Tex. Admin. Code § 352.5 (Dec. 31, 2012).

which, if implemented, will help improve compliance with applicable requirements.

The “Detailed Audit Results” section of this report presents additional information about the audit results and is considered written education in accordance with Texas Administrative Code.<sup>7</sup> In addition, audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,<sup>8</sup> including administrative penalties.<sup>9</sup>

OIG Audit presented preliminary audit results, issues, and recommendations to the PsyClinic in a draft report dated July 17, 2023. The PsyClinic partially agreed with the audit recommendations and indicated corrective actions would be implemented by September 2023. Management responses from the PsyClinic are included in the report following each recommendation.

OIG Audit recognizes the unique challenges that the PsyClinic faced as a result of the COVID-19 public health emergency, which was present during the audit scope period. OIG Audit thanks management and staff at the PsyClinic for their cooperation and assistance during this audit.

## **Key Program Data**

The COVID-19 public health emergency prompted an increased use of teleservices to connect providers with their patients. Between state fiscal years 2019 and 2021, the number of Texas Medicaid teleservices increased from 1.1 million in 2019 to 7.2 million in 2021. The state of Texas adopted waivers and changes to ease technology restrictions and expand the number of Medicaid services available through teleservices in response to the public health emergency. Table 1 on the following page provides additional details about the use of Texas Medicaid teleservices.

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<sup>7</sup> 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

<sup>8</sup> 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

<sup>9</sup> Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

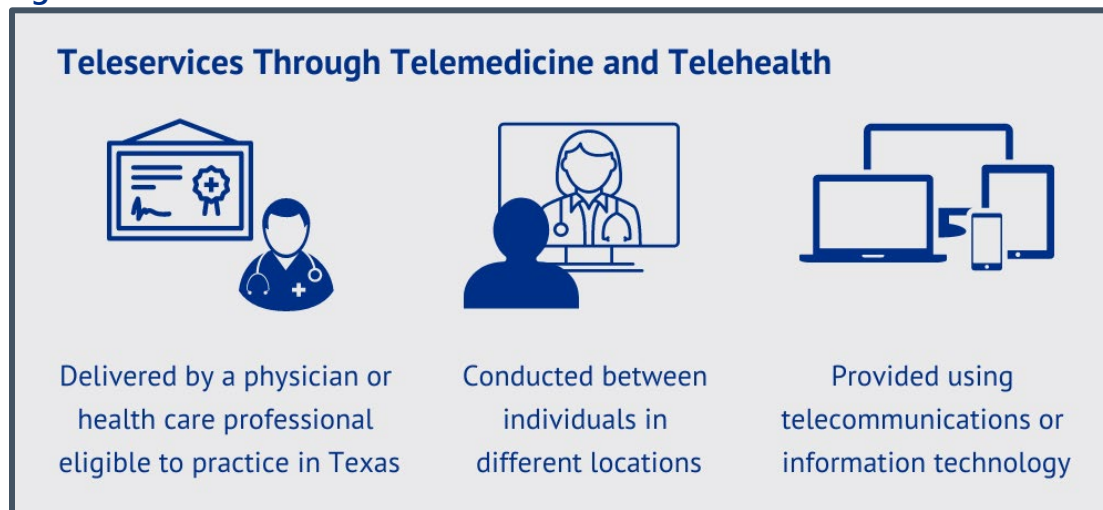
**Table 1: Use of Teleservices in Texas Medicaid by State Fiscal Year**

Service Type	2019	2020	2021
Telemedicine	242,857	2,311,544	3,771,298
Telehealth	16,651	1,559,644	2,898,657
Home telemonitoring	864,407	447,459	363,708
Audio-only	—	77,117	126,642
<b>Total</b>	<b>1,123,915</b>	<b>4,395,764</b>	<b>7,160,305</b>

Source: Texas Health and Human Services, Telemedicine, Telehealth, and Home Telemonitoring Services in Texas Medicaid (Dec. 2020) and Texas Health and Human Services, Telemedicine, Telehealth, and Home Telemonitoring in Texas Medicaid (Dec. 2022).

Telemedicine and telehealth services are health care services that are (a) delivered by a physician or a health care professional licensed, certified, or otherwise eligible to practice in Texas, (b) provided to a patient at a different physical location than the physician or health care professional, and (c) provided using telecommunications or information technology.<sup>10,11</sup> Figure 1 summarizes the characteristics of telemedicine and telehealth.

**Figure 1: Characteristics of Telemedicine and Telehealth**



Source: Texas Occupations Code § 111.001(3–4) (May 27, 2017, through Sept. 1, 2021)

<sup>10</sup> Telemedicine is a medical service delivered by a physician or a health care professional under the delegation and supervision of a physician. Telehealth is a health service that is (a) separate from a telemedicine medical service or teledentistry service and (b) delivered by a health care professional, who is not a physician or under supervision of a physician, acting within the scope of the health care professional's license, certification, or entitlement.

<sup>11</sup> Tex. Occ. Code § 111.001 (May 27, 2017, and Sept. 1, 2021).



Teleservices provide additional access to care options for Texas Medicaid recipients, and providers are paid the same amount for health care services delivered through telemedicine, telehealth, and in-person visits. Common diagnoses among patients receiving teleservices include mental, behavioral, and neurodevelopmental disorders.

The PsyClinic, a Texas Medicaid provider, delivers behavioral health and counseling services from its offices in Baytown, Houston, and Webster, Texas. During the audit scope, which covered the period from June 1, 2021, through December 31, 2021, the PsyClinic provided services to members enrolled with three managed care organizations (MCOs): Community Health Choice, Inc., Texas Children’s Health Plan (TCHP), and UnitedHealthcare Insurance Company, Inc. (UnitedHealthcare). The PsyClinic was paid \$381,573 for 4,363 Texas Medicaid managed care claims for evaluation and management, psychiatry, and add-on psychotherapy services provided via teleservices. Table 2 details the amounts paid to the PsyClinic by service type and MCO.

**Table 2: Amount Paid to the PsyClinic for Teleservices by Service Type and MCO<sup>12</sup>**

MCO	Evaluation and Management	Psychiatry	Add-On Psychotherapy
Community Health Choice	\$ 37,686	\$ 3,627	\$ 61,946
Texas Children’s Health Plan	75,447	8,186	134,294
UnitedHealthcare	23,932	2,853	33,602
<b>Total</b>	<b>\$137,065</b>	<b>\$14,666</b>	<b>\$229,842</b>

Source: OIG Audit

This audit focused on evaluation and management, psychiatry, and add-on psychotherapy teleservices the PsyClinic provided to Texas Medicaid members through TCHP’s administration of the STAR and STAR Kids programs.

<sup>12</sup> In Table 2, evaluation and management includes CPT codes 99212, 99213, and 99214; psychiatry includes CPT code 90792; and add-on psychotherapy includes CPT code 90833.



## Auditing Standards

### Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

# Detailed Audit Results

OIG Audit reviewed a sample of 60 paid behavioral health teleservices claims with dates of service during the period from June 1, 2021, through December 31, 2021. For each claim tested, the PsyClinic (a) had an individual licensed to provide medical services in Texas, (b) retained a medical record to support that a behavioral health service was provided to the patient, and (c) provided required privacy notifications.

However, the PsyClinic incorrectly billed for some add-on psychotherapy services and received reimbursement for teleservices delivered by providers who were not enrolled in Texas Medicaid. As a result, Psyclinic should repay the state of Texas the total extrapolated amount of \$54,087.35.

The following sections of this report provide additional detail about the findings of noncompliance identified by OIG Audit.

## Chapter 1: The PsyClinic Did Not Always Bill the Correct CPT Codes for Add-On Psychotherapy Services

The PsyClinic's medical records and time stamps from its software platform logs did not always support the CPT codes billed based on time duration of services, which resulted in overpayments totaling \$326.20. Texas Administrative Code requires that CPT billing codes reported on health insurance claim forms be supported by the medical records to substantiate the time-based CPT codes billed.<sup>13</sup>

The PsyClinic's incorrect billing occurred because it did not have adequate controls in place to ensure application of correct time-based CPT codes for the add-on psychotherapy services it provided.

These overpayments were used in calculating an error rate, which was applied to the claims populations using extrapolation. Appendix B provides additional information about OIG Audit's sampling and extrapolation methodology.

### Unsupported Psychotherapy Time

Providers should use CPT code 90833 when providing 16 to 37 minutes of add-on psychotherapy to a patient in conjunction with an evaluation and management service. This add-on psychotherapy service is (a) limited to face-to-face care, which requires the patient be physically present, and (b) has a minimum duration of 16 minutes. Further, providers may not bill for any add-on psychotherapy services lasting less than 16 minutes.<sup>14</sup>

For 6 of 60 (10.0 percent) behavioral health claims tested, the PsyClinic's medical records indicated it spent less than 16 minutes of total time with the patient; however, each claim included both a 16- to 37-minute add-on psychotherapy service and an evaluation and management service. As a result, the PsyClinic was overpaid \$326.20 for these six behavioral health claims.

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<sup>13</sup> 22 Tex. Admin. Code § 165.1(a)(9) (Nov. 10, 2019).

<sup>14</sup> American Medical Association, *Medicine Guidelines – Psychiatry, CPT 2021 Professional Edition* (2021).

### Example of Unsupported Psychotherapy Time

For one claim, the PsyClinic billed TCHP for a 30-minute add-on psychotherapy service in conjunction with an evaluation and management service; however, the associated medical records indicated the PsyClinic provided 14 minutes of total treatment time to the patient for the two services. TCHP paid the PsyClinic (a) \$58.05 for the add-on psychotherapy service, which was unallowable because it did not reach the minimum duration of 16 minutes, and (b) \$39.52 for the evaluation and management service.

### Evaluation and Management and Add-On Psychotherapy Services in Medical Records

When evaluation and management is provided in conjunction with add-on psychotherapy, providers select evaluation and management CPT codes based on medical decision making.<sup>15,16</sup> These CPT codes do not require a specific amount of face-to-face time with the patient; however, evaluation and management must include some face-to-face time with the patient.<sup>17</sup> Additionally, when evaluation and management and add-on psychotherapy services are provided together, (a) the two services must be significant and separately identifiable<sup>18</sup> and (b) providers may not use time associated with providing an evaluation and management service to support the add-on psychotherapy service.<sup>19</sup>

For 57 of 60 (95.0 percent) behavioral health claims tested, the PsyClinic did not separately identify evaluation and management and add-on psychotherapy services. In its medical records, the PsyClinic recorded the service times for these claims as the total time it spent on both evaluation and management and add-on

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<sup>15</sup> American Medical Association, Evaluation and Service Management (E/M) Service Guidelines, *CPT 2021 Professional Edition* (2021).

<sup>16</sup> Beginning in 2021, the American Medical Association allowed providers to select evaluation and management codes based on medical decision making or time spent on the date of the encounter; however, providers may not use time as the basis for selecting an evaluation and management CPT code when such service is provided in conjunction with psychotherapy.

<sup>17</sup> American Medical Association, Evaluation and Service Management (E/M) Service Guidelines, *CPT 2021 Professional Edition* (2021).

<sup>18</sup> American Medical Association, Medicine Guidelines – Psychiatry, *CPT 2021 Professional Edition* (2021).

<sup>19</sup> American Medical Association, Medicine Guidelines – Psychiatry, *CPT 2021 Professional Edition* (2021).

psychotherapy combined. As a result, the PsyClinic's medical records did not distinctly identify the amount of time it spent providing add-on psychotherapy services to its patients.

### Example of a Noncompliant Medical Record

For one claim, the PsyClinic billed TCHP for a 30-minute add-on psychotherapy service in conjunction with an evaluation and management service provided via teleservices. While the patient's medical record indicated that the PsyClinic provided a service, the two services billed were not distinctly documented and separately identifiable. The PsyClinic recorded a total of 26 minutes spent with the patient but did not indicate how much of this time it spent on add-on psychotherapy specifically. Consequently, the PsyClinic's records did not substantiate whether the time spent on add-on psychotherapy met the minimum billing requirement of 16 minutes.<sup>20</sup> TCHP paid the PsyClinic (a) \$58.05 for the add-on psychotherapy service and (b) \$38.73 for the evaluation and management service.

### Recommendation 1

The PsyClinic should implement processes to ensure that (a) claims for services billed as time-based CPT codes are based on the actual length of services provided, (b) medical records include documentation to support the CPT codes billed, and (c) medical records separately identify services provided.

## Management Response

### Action Plan

Because the records did not always support the CPT codes based on time duration of services for the 90833 code, we will make sure about time documentation to be at least 16-37 minutes of face to face time. For the records, although I strongly believe that the therapy service was done, as obvious in the notes, we cannot document as long as the provider did not put the right time out.

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<sup>20</sup> American Medical Association, *Medicine Guidelines – Psychiatry, CPT 2021 Professional Edition* (2021).

The lack of differentiation between the evaluation/management and psychotherapy as distinct, separately identifiable services was seen in most of the notes.

For the differentiation in the note between evaluation/management services and add on psychotherapy, it is recognized that the psychotherapy time may not be continuous in a combined psychotherapy with an evaluation/management service.

We will do our best to make sure that the therapy section, including timing, procedures will be put in a separate obvious section by the end of the note.

#### **Responsible Manager**

President

#### **Target Implementation Date**

The time line to completely work on that with the whole team will be at most four weeks.

## **Chapter 2: Some Providers at the PsyClinic Were Not Enrolled in Texas Medicaid Before Delivering Services to Patients**

The PsyClinic received Texas Medicaid reimbursement for teleservices delivered by providers who were not enrolled in Texas Medicaid. Specifically, 4 of 11 (36.4 percent) providers tested were not enrolled in Texas Medicaid at the time they provided services to patients. This impacted 16 of 60 (26.7 percent) claims tested, totaling \$1,450.89. The PsyClinic indicated these services were supervised by the clinic's primary physician while unenrolled providers were registering with the state.

Texas Administrative Code requires enrollment in Texas Medicaid for any health care practitioner who refers, orders, prescribes, certifies, or renders health care services or benefits to eligible participants.<sup>21,22</sup>

These overpayments were used in calculating an error rate, which was applied to the claims populations using extrapolation. Appendix B provides additional information about OIG Audit's sampling and extrapolation methodology.

### **Recommendation 2**

The PsyClinic should verify its providers are enrolled in Texas Medicaid prior to the providers delivering services to patients.

#### **Management Response**

##### **Action Plan**

Although we always apply for all our midlevel providers for Texas Medicaid as soon as they join the PsyClinic, we will make sure that all our providers are fully enrolled in Texas Medicaid before delivering any service.

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<sup>21</sup> 1 Tex. Admin. Code § 352.5(a) (Dec. 31, 2012).

<sup>22</sup> This requirement applies to (a) health care practitioners rendering services and (b) health care practitioners who supervise, or are supervised by, those rendering the services.



### Responsible Manager

President

### Target Implementation Date

The time line to completely work on that: Effective immediately.

## Appendix A: Objective, Scope, and Criteria

### Objective and Scope

The audit objective was to determine whether (a) teleservices provided by the PsyClinic were billed accurately and in accordance with applicable requirements and (b) related internal controls over teleservices were designed and operating effectively.

The audit scope includes Medicaid managed care teleservices claims paid for evaluation and management, psychiatry, and add-on psychotherapy services for the period from June 1, 2021, through December 31, 2021.

### Criteria

OIG Audit used the following criteria to evaluate the information provided:

- Tex. Occ. Code § 111.001 (2017 and 2021)
- 1 Tex. Admin. Code §§ 352.5 (2012), 354.1430 (2013), and 354.2603 (2018)
- 22 Tex. Admin. Code §§ 165.1 (2019), 174.2 (2017), 174.4 (2017), and 174.9 (2017)
- American Medical Association, *CPT 2021 Professional Edition* (2021)

## Appendix B: Methodology and Data Reliability

OIG Audit issued an engagement letter to the PsyClinic on December 7, 2022, to provide information about the audit and conducted fieldwork from December 7, 2022, through March 8, 2023.

To accomplish the audit objective, auditors conducted interviews with the PsyClinic's management and staff and reviewed supporting documentation, including but not limited to, appointment schedules, teleservices software logs, and progress notes.<sup>23</sup>

OIG Audit also gained an understanding of the PsyClinic's controls for documenting and maintaining progress notes, including components of internal control,<sup>24</sup> within the context of the audit objective.

### Testing for Compliance with Applicable Statutes, Rules, and Procedures

OIG Audit examined paid teleservices claims for the period from June 1, 2021, through December 31, 2021. After an initial assessment, OIG Audit performed testing on a population of paid claims for patients who received evaluation and management, psychiatry, or add-on psychotherapy services.

The audit objective included verifying whether teleservices were billed accurately for 2,545 claims; therefore, OIG Audit used a statistical sampling approach. During the audit scope, TCHP paid the PsyClinic for 2,545 Medicaid managed care claims totaling \$217,927.

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<sup>23</sup> "Progress notes" are ongoing records of a patient's illness and treatment.

<sup>24</sup> For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government*, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

## Sampling and Extrapolation

OIG Audit tested a statistically valid random sample of 60 behavioral health teleservices visits that were selected using RAT-STATs software from the claims population for TCHP. The sample was designed to be representative of the population; therefore, it is appropriate to project the results of the sample to the population. OIG calculated an error rate for the overpayment amount identified for the statistically valid random sample of same-day services provided to a client, which was applied to the population of associated claims using extrapolation. The calculations resulted in an extrapolated amount of \$54,087.35, which includes both (a) billing for incorrect CPT codes and (b) billing for services delivered by providers not enrolled in Texas Medicaid. The extrapolated overpayment for the population was calculated using the lower limit of a one-sided 90 percent confidence interval.

The Texas Legislature has recognized HHS OIG's authority to utilize a peer-reviewed sampling and extrapolation process. HHS OIG has formally adopted RAT-STATS software as the statistical software to be utilized for the extrapolation process to be consistent with the Office of Inspector General for the United States Department of Health and Human Services.<sup>25</sup>

## Data Reliability

To assess the reliability of data provided by PsyClinic, OIG Audit (a) compared the paid claims data to supporting documentation assessed as part of the audit and (b) interviewed staff who were knowledgeable about the data. The PsyClinic provided medical progress notes, records of visit times from its scheduling software, and records from the video software it used to conduct teleservices visits. Auditors identified significant variances between the visit times recorded by the video software and the scheduling software. Auditors determined that the data was of undetermined reliability and the times recorded by the video software were not used to conclude whether services were provided. However, the medical records and visit logs maintained by the scheduling software were the best sources of data available for the purposes of the audit and were used in testing whether services were provided.

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<sup>25</sup> 1 Tex. Admin. Code § 371.35 (May 15, 2016).

## Appendix C: Related Reports

- Medicare Clinics PLLC: A Texas Medicaid Provider, [AUD-22-010](#), April 29, 2022
- The Center for Comprehensive Mental Health: A Texas Medicaid Provider, [AUD-22-007](#), April 19, 2022

## Appendix D: Resources for Additional Information

The following resources provide additional information about the topics covered in this report.

### **For more information on psychiatric services delivered via teleservices:**

"What is Telepsychiatry," American Psychiatric Association,  
<https://psychiatry.org/patients-families/telepsychiatry> (accessed Mar. 3, 2023)

### **For more information on the PsyClinic:**

Homepage, The PsyClinic, <https://www.thepsyclinic.com/>  
(accessed Mar. 3, 2023)

### **For more information on Community Health Choice, Inc.:**

Homepage, Community Health Choice,  
<https://www.communityhealthchoice.org/> (accessed Mar. 15, 2023)

### **For more information on Texas Children's Health Plan:**

Homepage, Texas Children's Health Plan,  
<https://www.texaschildrenshealthplan.org/> (accessed Mar. 15, 2023)

### **For more information on the UnitedHealth Group, Inc.:**

Homepage, UnitedHealth Group, <https://www.unitedhealthgroup.com/>  
(accessed Mar. 15, 2023)

## Appendix E: Report Team and Distribution

### Report Team

OIG staff members who contributed to this audit report include:

- Anton Dutchover, CPA, Deputy Inspector General of Audit and Inspections
- Sarah Corinne Warfel, CPA, CISA, Audit Director
- Daniel Graf, CISA, Audit Project Manager
- Julia Youssefnia, CPA, Senior Auditor
- Shaun Craig, Staff Auditor
- James Hicks, CISA, Quality Assurance Reviewer
- Ashley Rains, CPE, CFE, Senior Audit Operations Analyst

### Report Distribution

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- Dana L. Collins, Interim Deputy Executive Commissioner for Operations, Medicaid and CHIP Services



## The PsyClinic

- Dr. Mohamed S. Ahmed, President
- Dr. Sarah ElSadre, Chief Executive Officer
- Casey Chaney, Billing Manager

## Appendix F:     **OIG Mission, Leadership, and Contact Information**

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG’s mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Diane Salisbury, Chief of Data Reviews
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Matt Chaplin, Chief of Operations
- Steve Johnson, Chief of Investigations and Utilization Reviews

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- Phone:        1-800-436-6184

### **To Contact OIG**

- Email:        [oig.generalinquiries@hhs.texas.gov](mailto:oig.generalinquiries@hhs.texas.gov)
- Mail:         Texas Health and Human Services  
Office of Inspector General  
P.O. Box 85200  
Austin, Texas 78708-5200
- Phone:        512-491-2000