Summary of Results:

Psychiatric and Behavioral Health Teleservices in Texas Medicaid and CHIP

Summary in Brief

Summary of Review

This report is not an audit report, but rather it is a summary of the results and conclusions of five audits conducted by the Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) and performed in accordance with generally accepted government auditing standards. The reports were published in calendar years 2022, 2023, and 2024.

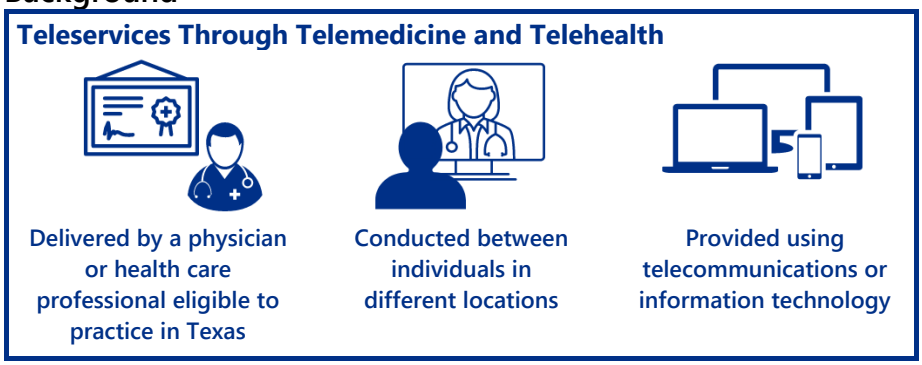
The audited providers were:

- The Center for Comprehensive Mental Health
- Medcare Clinics PLLC
- The PsyClinic
- Baylor Scott & White Health
- The Harris Center for Mental Health and Intellectual and Developmental Disabilities

OIG Audit initiated these audits due to the increased risk associated with teleservice claims for evaluation and management, skills training, case management, and behavioral health services including psychiatry, psychotherapy, and occupational, physical and speech therapies caused by the increase in teleservices provided during the COVID-19 public health emergency.

For more information, contact: OIGAuditReports@hhs.texas.gov

Background



Conclusion

While all five of the audited providers complied with some of the requirements tested, each had at least one finding of noncompliance. Specifically:

- All five providers had findings related to billing incorrect procedure codes.
- One provider billed services delivered by providers not enrolled in Texas Medicaid.
- One provider double billed for services.
- One provider billed for unallowable facility fees.
- One provider did not always maintain complete records.
- Two providers did not always provide patients with notification of privacy practices prior to the start of telemedicine evaluation or treatment.

During the audit scopes, the providers submitted 63,713 Texas Medicaid and CHIP managed care teleservices claims for which they were paid $3.2 million for evaluation and management, $1.4 million for psychiatry, psychotherapy, or behavioral health and therapy; and $1.2 million for skills training and development.

Recommendations and Responses

OIG Audit recommended the providers implement corrective actions and return $106,609.01 to the state of Texas. In response, the audited providers indicated that corrective actions would be fully implemented within a year.

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Overview

This report is not an audit report, but rather a summary of results and conclusions of five audits conducted by the Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit). OIG Audit performed the five audits in accordance with generally accepted government auditing standards. The reports were published in calendar years 2022, 2023, and 2024. The audits reviewed five providers that delivered psychiatric and behavioral health services to Texas Medicaid and Children's Health Insurance Program (CHIP) patients via teleservices[1] during the period from June 1, 2020, through August 31, 2022. The audited providers were:

- The Center for Comprehensive Mental Health
- Medcare Clinics PLLC
- The PsyClinic
- Baylor Scott & White Health
- The Harris Center for Mental Health and Intellectual and Developmental Disabilities

[1] Teleservices include telemedicine, telehealth, audio-only, and home telemonitoring services. The five audits summarized in this report focused on telemedicine and telehealth.

Figure 1 summarizes the objectives and scopes for the five audits discussed in this report.

Figure 1: Audit Objectives and Scopes

Audits	Objective	Scope[2]
Provider A & Provider B	To determine whether telemedicine services provided during the COVID-19 waiver period (a) were billed accurately and (b) followed applicable requirements.	Texas Medicaid managed care telemedicine claims paid for evaluation and management services with add-on psychotherapy services[3] for the period from June 1, 2020, through May 31, 2021, as well as a review of relevant internal controls.
Provider C & Provider D	To determine whether (a) teleservices were billed accurately and in accordance with applicable requirements and (b) related internal controls over teleservices were designed and operating effectively.	Texas Medicaid managed care teleservices claims paid for evaluation and management,[4] psychiatry,[5] and psychotherapy services for the period from June 1, 2021, through December 31, 2021.
Provider E	To determine whether [Provider E] (a) billed teleservices accurately and in accordance with applicable requirements and (b) designed and implemented related internal controls over teleservices.	Texas Medicaid teleservices claims paid to [Provider E] for the period from September 1, 2020, through August 31, 2022.

Source: OIG Audit

[2] Two providers' scopes included claims for CHIP.

[3] Psychotherapy, or talk therapy, is a way to treat and help people with a variety of mental illnesses and behavioral disturbances.

[4] Evaluation and management services are cognitive services in which a physician or other qualified health care professional diagnoses and treats illness or injury.

[5] Psychiatry services include the diagnosis and treatment of mental illnesses.

Overall Conclusion

While all five of the audited providers complied with some of the requirements tested, each had at least one finding of noncompliance. Specifically:

- All five providers had findings related to billing incorrect Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.
- One provider billed services delivered by providers not enrolled in Texas Medicaid.
- One provider double billed for services.
- One provider billed for unallowable facility fees.
- One provider did not always maintain complete records.
- Two providers did not always provide patients with notification of privacy practices prior to the start of telemedicine evaluation or treatment.

What Prompted This Audit Series

OIG Audit initiated these audits due to the increased risk associated with teleservice claims for evaluation and management, skills training, case management, and behavioral health services including psychiatry, psychotherapy, and occupational, physical and speech therapies caused by the increase in teleservices provided during the COVID-19 public health emergency.

As a result, providers owed the combined amount of $106,609.01 to the state of Texas. Some services had multiple errors. Each service with its associated claim and claim amount was only counted once for recoupment. Table 1 summarizes the overpayments by type and provider.

Table 1: Summary of Overpayments and Extrapolated Amounts

Provider	Overpayments for Incorrect CPT or HCPCS Codes	Overpayments for Services Not Provided	Extrapolated Overpayment
Provider A	$ 936.02	—	—
Provider B	2,437.06	—	—
Provider C	—	—	$54,087.35[6]
Provider D	1,544.25	$43,868.25	—
Provider E	3,736.08	490.14[7]	—
Total	**$8,653.41**	**$44,358.39**	**$54,087.35**

Source: OIG Audit

During the audit scopes, the providers submitted 63,713 Texas Medicaid and CHIP managed care teleservices claims for which they were paid $3.2 million for evaluation and management, $1.4 million for psychiatry, psychotherapy, or behavioral health and therapy; and $1.2 million for skills training and development.

[6] Provider C had findings for both incorrect time coding and ineligible providers. The audit used a testing sample that was representative of 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 repayment that included both errors. This extrapolated amount includes both (a) billing for incorrect CPT codes and (b) billing for services delivered by providers not enrolled in Texas Medicaid.

[7] This overpayment of $490.14 is also reflected in Provider E's recoupment amount of $3,736.08 because the affected claims had more than one error and are to be repaid only once.

Table 2 details the number of claims and amounts paid to providers by service type in the audit scopes.

Table 2: Amount Paid to Providers for Telemedicine Services by Service Type[8]

Provider	Claims in the Audit Scope	Evaluation and Management	Behavioral Health	Skills Training and Case Management
Provider A	307	$ 11,924	$ 9,235	—
Provider B	1,532	63,543	118,857	—
Provider C	4,363	137,065	244,508	—
Provider D	1,887	69,555	56,648	—
Provider E	55,624	—	958,065	$4,169,558
Total	**63,713**	**$282,087**	**$1,387,313**	**$4,169,558**

Source: OIG Audit

Background

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.[9,10]

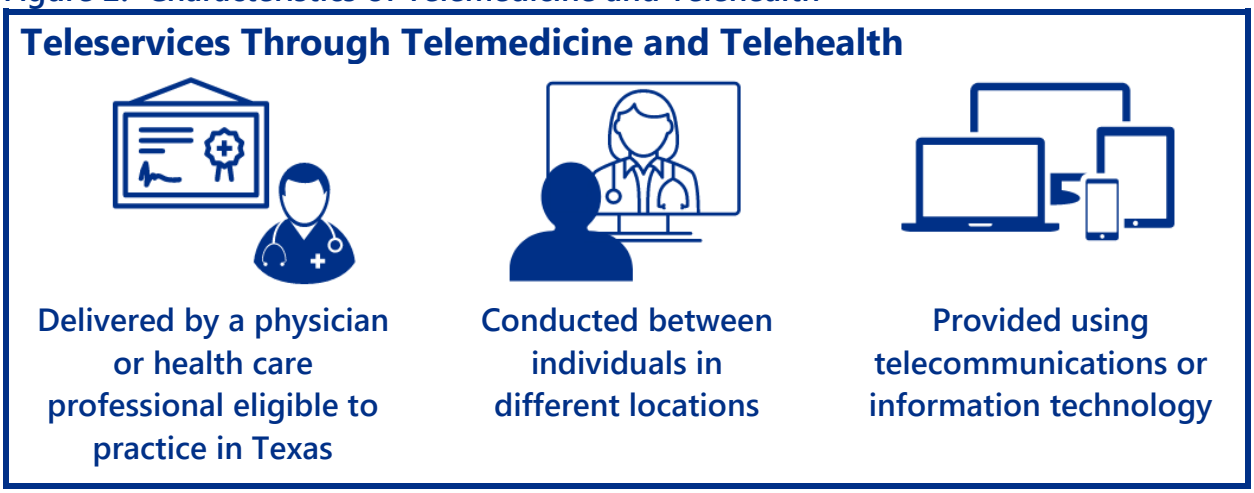
[8] The table includes teleservices claims paid for evaluation and management services with add-on psychotherapy services.

[9] Telemedicine is a medical service delivered by a physician or a health care professional under 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.

[10] Tex. Occ. Code § 111.001 (May 27, 2017, as amended).

Figure 2 summarizes the characteristics of telemedicine and telehealth.

Figure 2: Characteristics of Telemedicine and Telehealth



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

Teleservices provide additional access to care options for Texas Medicaid and CHIP recipients. Providers receive the same payment for health care services delivered through teleservices and in-person visits. Common diagnoses among patients receiving teleservices include mental, behavioral, and neurodevelopmental disorders.

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 to 7.2 million. The state of Texas adopted waivers and changes to ease technology restrictions and expanded the number of Medicaid services available through teleservices in response to the COVID-19 public health emergency. The Texas Legislature made many of the public health emergency flexibilities permanent in 2021, requiring HHSC to expand services eligible to be delivered via telemedicine or telehealth in any program, benefit, or service HHSC determines to be cost-effective and clinically appropriate.[11]

[11] Tex. Gov. Code § 531.02161 (June 15, 2021).

Table 3 provides additional details about the use of Texas Medicaid teleservices.

Table 3: 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
Total	**1,123,915**	**4,395,764**	**7,160,305**

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)

Summary of Audit Results

For each of the five audits, OIG Audit reviewed a sample of paid teleservices claims. For each claim tested, the audited providers had a medical professional licensed or credentialed to provide medical services in Texas. The following sections of this report provide additional detail about the findings of noncompliance OIG Audit identified.

Chapter 1: Providers Did Not Always Bill the Correct Procedure Codes for Evaluation and Management Services and Therapy Services

Unsupported Time

The five audited providers' medical records and time stamps from their teleservices software platform logs did not always support the procedure codes billed based on time duration of services, which resulted in overpayments totaling $8,299.94. Providers must support time-based billing codes with documentation in the medical records.[12,13]

The incorrect billing occurred because the providers did not have adequate controls in place to correctly apply time-based codes for the evaluation and management services, psychotherapy services, and behavioral health and therapy services provided.

Unsupported Procedure Codes

Two providers did not separately identify evaluation and management and add-on psychotherapy services for 34 of 139 teleservices tested. When evaluation and management is provided in conjunction with add-on psychotherapy, providers select evaluation and management CPT codes based on the level of medical decision making. When evaluation and management and add-on psychotherapy services are provided together, (a) the two services must be significant and separately identifiable[14] and (b) providers may not use time associated with providing an evaluation and management service to support the add-on psychotherapy service.[15]

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[12] 22 Tex. Admin. Code § 165.1(a)(9) (Nov. 10, 2019).

[13] Texas Medicaid Providers Procedures Manual, Vol. 1, "Provider Enrollment and Responsibilities," § 1.7.3 (Sept. 2020, as amended).

[14] American Medical Association, Medicine Guidelines – Psychiatry, *CPT 2021 Professional Edition* (2021).

[15] American Medical Association, Medicine Guidelines – Psychiatry, *CPT 2021 Professional Edition* (2021).

One provider of therapeutic services, evaluations, nutrition therapy, skills training and development, and targeted case management services billed 7 of 246 services tested, totaling $679.59, with incorrect HCPCS codes.[16]

OIG Audit Recommendations and Action Plans

In addition to returning $8,979.53 to the state of Texas,[17] OIG Audit recommended that the audited providers implement processes to, as applicable, improve compliance with:

- Billing based on the appropriate procedure code.
- Billing time-based CPT codes based on the actual documented length of services provided.
- Including documentation in medical records to support the CPT codes billed.
- Separately identifying services provided in medical records.
- Billing practices aligning with Texas Medicaid requirements.

In response, the audited providers indicated that corrective actions would be fully implemented within a year.

[16] Texas Medicaid Providers Procedures Manual, Vol. 1, "Provider Enrollment and Responsibilities," § 1.7.3 (Sept. 2020, as amended).

[17] The dollar-for dollar amount does not include the extrapolated repayment for Provider C.

Chapter 2: Two Providers Billed for Services Not Provided

Two providers incorrectly billed for 658 services that were not provided, which resulted in overpayments totaling $44,358.39. Specifically, the providers:

- Double billed for 470 behavioral health teleservices, totaling $30,239.33.
- Incorrectly billed 183 facility fees,[18] totaling $13,628.92.
- Billed for 5 services without documentation to support whether the patient was seen, totaling $490.14.

Some services had multiple errors. Each service with its associated claim and claim amount was only counted once for recoupment.

Double Billing for Behavioral Health Teleservices

One provider incorrectly billed an MCO for 97 Texas Medicaid behavioral health teleservices. For each of these 97 services, the provider billed both a professional claim and an institutional claim, resulting in double billing and an overpayment amount of $6,182.74.

OIG Audit determined that the provider's billing processes resulted in systemic billing of both professional and institutional claims for the same services and identified an additional 373 instances of systemic overbilling for unallowable institutional claims and an overpayment amount of $24,056.59.[19] As a result, the provider billed Texas Medicaid $30,239.33.

Billing for Services Not Provided: Facility Fees

One provider billed an MCO $3,525.12 for 47 unallowable facility fees. If the patient is located at an alternate provider's facility when receiving teleservices, the alternate provider may be reimbursed with a facility fee for serving as the

[18] Facility fees are charged by the patient site provider, which assists the patient with connecting to a provider at a distant site that is rendering the medical service.

[19] OIG Audit did not review medical records for the systemic double billing but provided the claims information to the provider as representation of each issue occurring beyond the original 97 sample items originally tested.

patient site.[20,21] For the 47 tested facility fees, the provider's medical records did not support that the patients were located at any of its facilities when receiving teleservices. OIG Audit determined that the provider's billing processes resulted in systemic billing for unallowable facility fees and identified an additional 136 instances of systemic billing for unallowable facility fees, totaling $10,103.80.[22] As a result, the provider billed Texas Medicaid $13,628.92 in unallowable facility fees.

OIG Audit Recommendations and Action Plans

OIG Audit recommended that, in addition to returning the unsupported payments to the state of Texas, the providers should implement processes to (a) align their billing processes with Texas Medicaid requirements and (b) limit billing to allowable services that it provided to Texas Medicaid patients.

In response, the providers indicated that corrective actions would be implemented by November 2024.

[20] Texas Medicaid Provider Procedures Manual, Vol. 2, "Telecommunication Services Handbook," § 3.3.3 (June 2021, as amended).

[21] The patient site is the location where the patient is physically located. For purposes of telemedicine medical services, the patient site may be the patient's home.

[22] OIG Audit did not review medical records for the systemic facility fees but provided the claims information to the provider as representation of each issue occurring beyond the original 47 sample items originally tested.

Chapter 3: One Provider Received Reimbursement for Services Delivered by Providers Not Enrolled in Texas Medicaid

One provider 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.

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.[23,24]

These overpayments were used in calculating an error rate, which was applied to the claims populations using extrapolation.

OIG Audit Recommendations and Action Plans

OIG Audit recommended the provider verify its providers are enrolled in Texas Medicaid prior to the providers delivering services to patients.

In response, the provider indicated that corrective actions had been implemented immediately.

[23] 1 Tex. Admin. Code § 352.5(a) (Dec. 31, 2012).

[24] 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.

Chapter 4: One Provider Did Not Provide Documentation of Video-Based Teleservices or Maintain Complete Medical Records

One provider did not provide evidence from its teleservices software platforms to support that it provided 137 of 144 (95.1 percent) video teleservices as billed. Of the video teleservices, 128 had no teleservice log available to support time spent delivering services to the patient or caregiver and 9 had a teleservice log that recorded less time spent with the patient than the amount of time required for the units billed. In addition, while 99 percent of the tested records included a service plan, for 3 of the 246 (1.2 percent) services tested, medical records did not include required individualized family service plans applicable to the dates of service.[25]

Providers must substantiate billed services with medical record documentation.[26] While teleservice logs are not specifically described as part of required medical records in the Texas Medicaid Providers Procedures Manual, teleservice logs can serve as an independent record to substantiate the duration of the service. Incomplete medical records may lead to (a) inappropriate billing, (b) lack of clarity in communication between health care providers, (c) incorrect treatment decisions, and (d) unnecessary services.

OIG Audit Recommendations and Action Plans

OIG Audit recommended the provider utilize existing software capabilities to maintain records that support the duration of the service provided and maintain complete medical records that meet applicable Texas Medicaid Provider Procedures Manual requirements.

In response, the provider indicated that corrective actions had been implemented.

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[25] Texas Medicaid Providers Procedures Manual, Vol. 2, "Children's Services Handbook," § 2.8.2 (Sept. 2020 through Jan. 2022), and 2.9.2 (Feb. 2022, as amended).

[26] Texas Medicaid Providers Procedures Manual, Vol. 1, "Provider Enrollment and Responsibilities," § 1.7.3 (Sept. 2020, as amended).

Chapter 5: One Provider Did Not Maintain Evidence of Supervision

Some physical therapy assistants, occupational therapy assistants, community services specialists, and qualified mental health professionals, must be supervised by designated medical professionals.[27] One provider did not maintain documentation that 7 of 15 (46.7 percent) employees tested were supervised when services were provided, as required.

Texas Administrative Code requires supervision of certain health professionals, but it does not always specify how supervision must be conducted. The provider asserted it supervised its employees through monthly team lead meetings, supervisory reviews of medical records, and routine internal audit reviews. However, it was unable to provide documentation to support that these supervisory activities always occurred.

If healthcare professionals are not always supervised as required, there is a risk that patients may experience a reduced quality of care.

OIG Audit Recommendations and Action Plans

OIG Audit recommended the provider implement a process to have designated health care professionals conduct and document supervision of applicable staff.

In response, the provider indicated that corrective actions had been implemented.

[27] 15 Tex. Admin Code § 353.1419 (Oct. 17, 2018); 22 Tex. Admin. Code § 322.3 (Sept. 18, 2006); 40 Tex. Admin. Code §§ 362.1(30) (Sept. 1, 2019, through May 31, 2022) and 362.1(27) (June 1, 2022); and Texas Medicaid Providers Procedures Manual, Vol. 2, "Behavioral Health and Case Management Services Handbook," §§ 5.1.4.1 and 5.1.4.2 (Sept. 2020, as amended).

Chapter 6: Two Providers Did Not Always Notify Patients About Their Privacy Practices

Two providers did not provide patients with all required written or electronic notification of their privacy practices prior to the start of telemedicine evaluation or treatment. Specifically:

- One provider did not provide patients with required written or electronic notification of its privacy practices as required for all 29 claims tested.
- The second provider was unable to demonstrate that it provided notification of its privacy practices as required for 3 of 88 (3.4 percent) patients included in audit testing.

Physicians that communicate with patients by electronic communications other than telephone or facsimile must provide patients with written or electronic notification of the physicians' privacy practices prior to evaluation or treatment via a telemedicine medical service.[28] When providers do not follow privacy requirements to notify patients of privacy practices, patients may be unaware of risks to unauthorized access to their sensitive and confidential information.

OIG Audit Recommendations and Action Plans

OIG Audit recommended the providers with this finding provide patients with written or electronic notification of their privacy practices prior to evaluation or treatment via telemedicine services and document the notification was provided.

In response, the providers with this finding indicated that corrective actions would be fully implemented in the same state fiscal year the report was issued.

[28] 22 Tex. Admin. Code § 174.4(1) (Nov. 26, 2017).

Appendix A: Objective, Scope, and Criteria

Objective and Scope

Providers A and B

The objective for the first set of two audits was to determine whether telemedicine services provided during the COVID-19 waiver period (a) were billed accurately and (b) followed applicable requirements.

The audit scopes included Texas Medicaid and CHIP managed care telemedicine claims paid for evaluation and management services with add-on psychotherapy services for the period from June 1, 2020, through May 31, 2021, as well as a review of relevant internal controls.

Providers C and D

The objective for the second set of two audits was to determine whether (a) teleservices were billed accurately and in accordance with applicable requirements and (b) related internal controls over teleservices were designed and operating effectively.

The audit scopes included Texas Medicaid managed care teleservices claims paid for evaluation and management, psychiatry, and psychotherapy services for the period from June 1, 2021, through December 31, 2021.

Provider E

The objective for the remaining audit was to determine whether [Provider E] (a) billed teleservices accurately and in accordance with applicable requirements and (b) designed and implemented related internal controls over teleservices.

The audit scope included Texas Medicaid and Children's Health Insurance Program (CHIP) teleservices claims paid to [Provider E] for the period from September 1, 2020, through August 31, 2022.

Criteria

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

- Tex. Occ. Code § 111.001 (2017, as amended)
- 15 Tex. Admin. Code § 353.1419 (2018)
- 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), 174.8 (2017), 174.9 (2017), and 322.3 (2006)
- 40 Tex. Admin. Code § 362.1 (2019, as amended)
- Texas Medicaid Provider Procedures Manual, Vol. 1, §1.7.3 (2020, as amended)
- Texas Medicaid Provider Procedures Manual, Vol. 2, "Behavioral Health and Case Management Services Handbook," §§ 5.1.4.1, and 5.1.4.2 (2020, as amended)
- Texas Medicaid Provider Procedures Manual, Vol 2, "Children's Services Handbook" §§ 2.8.2 (2020 through 2022) and 2.9.2 (2022)
- Texas Medicaid Provider Procedures Manual, Vol. 2, "Telecommunication Services Handbook," § 3.3.3 (2021)
- American Medical Association, *CPT 2020 Professional Edition* (2020), *CPT 2021 Professional Edition* (2021), and *CPT 2022 Professional Edition* (2022)
- American Medical Association, HCPCS Level II Professional 2020 (2020), HCPCS Level II Professional 2021 (2021), and HCPCS Level II Professional Edition 2022 (2022)
- Texas Medicaid and Healthcare Partnership, "Texas Medicaid Fee Schedule – Physician" (2020 through 2021)

Appendix B: Detailed Methodology

To accomplish the audit objectives, auditors conducted interviews with each provider's management and staff and reviewed supporting documentation, including but not limited to appointment schedules, teleservices software logs, medical records, and progress notes.[29] OIG Audit also gained an understanding of the five audited providers' controls for documenting and maintaining progress notes, including components of internal control,[30] within the context of the audit objectives.

The test groups reviewed across the five audits had slightly different parameters. Specifically:

- For Providers A and B, OIG Audit reviewed non-statistical samples of paid telemedicine claims for evaluation and management services with add-on psychotherapy services with dates of service during the period from June 1, 2020, through May 31, 2021. The samples could not be projected to the population.

- For Providers C and D, OIG Audit performed testing on a statistical sample of paid claims for patients who received evaluation and management, psychiatry, or psychotherapy services during the period from June 1, 2021, through December 31, 2021. The sample was designed to be representative of the population; therefore, it was appropriate to project the results of the sample to the population.

    - With Provider C, 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.

[29] "Progress notes" are ongoing records of a patient's illness and treatment.

[30] 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).

    - With Provider D, OIG Audit recognized systemic issues present in the sample and population during its initial review of the selected sample items. OIG Audit identified all instances of the systemic issues in the population and did not extrapolate the results of the audit.

- For Provider E, OIG Audit reviewed statistically valid random samples covering therapeutic services, evaluations, nutrition therapy, skills training and development, and targeted cased management services. The samples were designed to be representative of the population; however, OIG Audit did not extrapolate to the population.

Data Reliability

OIG Audit determined that the data provided by Providers A, B, D, and E were sufficiently reliable for the purpose of the audit.

Provider C 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.

Appendix C: Summary of Recommendations

Tables C.1 through C.5 detail the recommendations OIG Audit made to the five audited providers. The recommendation numbers reflect the five original audit reports, which are listed in Appendix D.

Table C.1: Recommendations to Provider A

No.	Recommendation
1	In addition to returning $936.02 to the state of Texas, [Provider A] 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 and (b) medical records include documentation to support the CPT codes billed.
2	[Provider A] should provide patients with written or electronic notification of its privacy practices prior to evaluation or treatment via telemedicine services.

Source: OIG Audit

Table C.2: Recommendation to Provider B

No.	Recommendation
1	In addition to returning $2,437.06 to the state of Texas, [Provider B] 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 and (b) medical records include documentation to support the CPT codes billed.

Source: OIG Audit

Table C.3: Recommendations to Provider C

No.	Recommendation
1	[Provider C] 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.
2	[Provider C] should verify its providers are enrolled in Texas Medicaid prior to the providers delivering services to patients.

Source: OIG Audit

Table C.4: Recommendations to Provider D

No.	Recommendation
1	In addition to returning $43,868.25 to the state of Texas, [Provider D] should implement processes to (a) align its billing processes with Texas Medicaid rules and (b) limit billing to allowable services that it provided to Texas Medicaid patients.
2	In addition to returning $1,544.25 to the state of Texas, [Provider D] 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.
3	[Provider D] should provide its patients with written or electronic notification of its privacy practices prior to evaluation or treatment via telemedicine services and document the notification was provided.

Source: OIG Audit

Table C.5: Recommendations to Provider E

No.	Recommendation
1	In addition to returning $3,736.08 to the state of Texas, [Provider E] should implement processes to (a) bill using the appropriate procedure code, (b) use the actual length of services provided as the basis for claims for time-based procedure codes, and (c) align its billing processes with Texas Medicaid requirements.
2	[Provider E] should utilize existing software capabilities to maintain records that support the duration of the service provided.
3	[Provider E] should maintain complete medical records that meet applicable Texas Medicaid Provider Procedure Manual requirements.
4	[Provider E] should implement a process to have designated health care professionals conduct and document supervision of applicable staff.

Source: OIG Audit

Appendix D: Related Reports

- The Harris Center for Mental Health and Intellectual Developmental Disabilities (IDD): A Texas Medicaid and CHIP Provider, AUD-25-001, September 3, 2024
- Baylor Scott & White Health: A Texas Medicaid Provider, AUD-24-002, November 29, 2023
- The PsyClinic: A Texas Medicaid Provider, AUD-23-026, August, 18, 2023
- Medcare Clinics PLLC: A Texas Medicaid and CHIP Provider, AUD-22-010, April 29, 2022
- The Center for Comprehensive Mental Health: A Texas Medicaid Provider, AUD-22-007, April 19, 2022

Appendix E: 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 telemedicine:

"What is Telepsychiatry," American Psychiatric Association, https://psychiatry.org/patients-families/telepsychiatry (accessed Jan. 23, 2024)

For more information on Texas Medicaid Telemedicine and Telehealth:

Overview of Texas Medicaid Telemedicine and Telehealth Billing, HHS, https://www.hhs.texas.gov/sites/default/files/documents/feb-2024-smmcac-naac-agenda-item-3.pdf (accessed June 20, 2024)

Appendix F: 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
- Daniel Graf, CISA, Audit Project Manager
- Julia Youssefnia, CPA, Senior Auditor
- Shaun Craig, Staff Auditor
- James Aldridge, CFE, Quality Assurance Reviewer
- Mo Brantley, Senior Audit Operations Analyst
- Ashley Rains, CPE, CFE, Senior Audit Operations Analyst

Report Distribution

Texas Health and Human Services Commission

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Sylvia Hernandez Kauffman, Chief Information Officer
- Nicole Guerrero, Chief Audit Executive
- Emily Zalkovsky, Chief Medicaid and CHIP Services Officer, Medicaid and CHIP Services
- Camisha D. Banks, Deputy Executive Commissioner for Managed Care, Medicaid and CHIP Services
- Michael Lopez, Deputy Executive Commissioner for Operations, Medicaid and CHIP Services

Appendix G: 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:

- Raymond Charles Winter, Inspector General
- Susan Biles, Principal Deputy Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Eugenia Krieg, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Diane Salisbury, Chief of Data Reviews
- 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
- Mail: Texas Health and Human Services
  Office of Inspector General
  P.O. Box 85200
  Austin, Texas 78708-5200
- Phone: 512-491-2000