



**Texas Children's[®]
Health Plan**

The best decision a family can make.

Controls and Compliance
P.O. Box 301011, WLS-8360
Houston, TX 77230-1011

EVV Recoupment Policy Notice November 2022

Texas Children's Health Plan has updated our Recoupment Policy to comply with the new requirements outlined in Senate Bill 1991. This update is only applicable to claims reviewed as a result of an audit or investigation secondary to missing electronic visit verification information.

Audit Timeframe:

- Not to exceed 24 months from the date of service
- Recoupment Notice (template below) will be sent to the provider no later than 30 days from the date the audit concludes and will contain the following information:
 - Specific Claims/EVV Transactions related to the overpayment
 - Communication options for provider
 - Options for informal resolution
 - Guidance on the Appeal process
 - Timeframe for the provider response (30 days)

If you have any questions or concerns regarding this updated recoupment policy, please reach out to our Texas Children's Health Plan of Texas EVV team by emailing EVVProgram@texaschildrens.org.

November 2022



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[Date]

Results of Electronic Visit Verification (EVV) Claims Review

Dear Provider:

Texas Children's Health Plan ("TCHP") is a state contractor for the Medicaid STAR KIDS and STAR insurance programs, and is required to exhibit fiscal responsibility in the management of these programs. In fulfillment of that responsibility, an audit was conducted by the Special Investigations Unit (SIU) for TCHP to review paid claims billed by your practice for the utilization of the following [Insert CPT and/or HCPCS] codes for the period of [Insert period beginning date] through [Insert period ending date]:

- [Insert CPT or HCPCS code]: [Insert Encoder Pro Definition of code]
- [Insert CPT or HCPCS code]: [Insert Encoder Pro Definition of code]
- [Insert CPT or HCPCS code]: [Insert Encoder Pro Definition of code]

Overpayment Amount: \$XXX.XX

The identified overpayment total is \$XXX.XX for XX claim lines. A list of the claims and members included in the recoupment has been attached for your reference. Also attached to this letter are specific educational references which were used in TCHP's audit determination.

Please make your check out to Texas Children's Health Plan in the amount of \$XXX.XX and mail it to the address below. A duplicate copy of this letter should accompany your refund to ensure proper posting. Should your payment not be received within 30 days of the date of this letter, the overpayment may be offset against future claim payments.

Texas Children's Health Plan
P. O. Box 841976
Dallas, Texas 75284-1976

Based upon the findings in this audit, a follow up audit may be conducted at a later date. To the extent these claims were initially paid but upon review, were unable to be matched to an EVV transaction.

Should you wish to appeal this determination, written notice must be received within 30 days of the date of this letter.

Should you have any questions, you may contact me via email ([Insert SIU Manager e-mail]) or by phone at [Insert SIU Manager Phone Number].

Thank you in advance for your assistance with this matter.



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Sincerely,

[Insert SIU Manager Name]
Manager
Special Investigations Unit