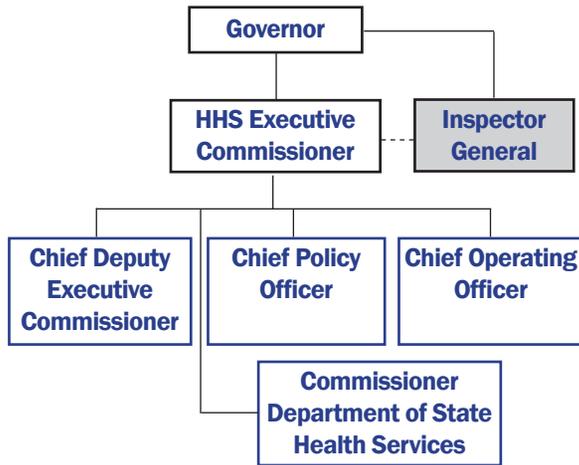


Texas Health and Human Services



OIG Mission

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) is responsible for the prevention, detection, and deterrence of fraud, waste, and abuse through the audit, investigation, inspection, and medical review of federal and state taxpayer dollars used to deliver health and human services in Texas.

OIG Audit Division

To advance the OIG mission, the OIG Audit Division conducts risk-based audits of HHS and Department of Family and Protective Services (DFPS) contractors, providers, and agency programs.

About the OIG

What we do

The OIG team oversees approximately \$40 billion in public funds expended annually for the delivery of health and human services in Texas.

How we do it

Audits

- Focus is on compliance.
- Performance, provider, and IT audits are conducted in accordance with generally accepted government auditing standards.

Inspections

- Focus is on systemic issues.
- Provides practical recommendations.

Investigations

- Focus is on alleged abusive, wasteful, or fraudulent practices.
- Addresses allegations of recipient and provider fraud, waste, and abuse and issues with employees at state supported living centers and state hospitals.

Reviews

- Focus is on waste and abuse specific to documentation, billing, and payments.
- Educates providers on correct billing documentation, recovers overpayments, and returns underpayments.

**To report fraud, waste, or abuse
call 800-436-6184**

Audit Division



Texas Health and
Human Services
Office of
Inspector General



The Audit Process: How We Ensure Communication and Transparency

Coordination with HHS program areas

- Notify HHS and DFPS contractors, providers, and agency programs to be audited.
- Meet with HHS program area policy experts to gain an understanding of applicable policy and criteria.
- Share preliminary issues and recommendations with HHS and DFPS program areas and obtain concurrence on accuracy and reasonableness before releasing a draft report.

Interaction with provider or contractor during the audit

- Conduct site visits during planning to gather information and gain an understanding of the provider or contractor's business operations and billing practices.
- Communicate initial request for documents, claims, and billing records during planning.
- Perform on site test work during audit field work.
- Share preliminary issues with the provider or contractor throughout field work.

Preparation of audit report

- Provide detailed information for each issue identified.
- Explain issues, criteria, and areas not in compliance or requiring improvement.
- Distribute draft audit report so contractors, providers, and program areas can comment on findings.
- Include comments in the final audit report.

Publication of audit process and reports

- The audit process provides an overview of the key audit phases to help contractors, providers, and HHS agency programs know what to expect during the audit.
- Planning
- Fieldwork
- Reporting
- Final audit reports are published on the OIG website.

Audit outcomes

Audits may identify overpayments and disallowed costs or other issues, and may offer recommendations to improve performance, mitigate risks, address control weaknesses, and reduce privacy and IT security vulnerabilities. Auditors refer potential fraud to OIG Investigations.

Visit <https://oig.hhs.gov/audit> for more information on the OIG and the Audit Division, including:

- OIG Audit Division's two-year rolling audit plan
- OIG audit process overview
- OIG Audit Division risk assessment
- OIG resources for providers
- Final audit reports

Contact the OIG Audit Division

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