

## About the Office of Inspector General (OIG)

Our mission is to prevent, detect, audit, inspect, review and investigate fraud, waste and abuse in the provision and delivery of all state health and human services and to enforce state law related to the provision of those services.



### OIG Core Values

**Accountability:** We serve Texans and take responsibility for our decisions and actions.

**Integrity:** We demonstrate honesty and credibility.

**Collaboration:** We work collectively to multiply our contributions and create shared goals, leading to greater success.

**Excellence:** We strive to be and do our best.



### Contact Us

**Main number**  
(512) 491-2000

**Fraud hotline**  
(800) 436-6184

### 211 Texas

Dial 2-1-1, select your language, then choose option 3.

### Website

[ReportTexasFraud.com](https://www.ReportTexasFraud.com)

### Social Media

[facebook.com/TxOIG](https://facebook.com/TxOIG)

[twitter.com/TexasOIG](https://twitter.com/TexasOIG)

[linkedin.com/company/txhhs-oig](https://linkedin.com/company/txhhs-oig)



## ORGANIZATIONAL INFORMATION



## What's at Stake

Texas spends approximately **\$46 billion every year on Health and Human Services programs.** The National Health Care Anti-Fraud Association estimates that **3-10%** of total health care expenditures are lost to fraud each year, meaning as much as **\$4.6 billion is taken away** from its intended purpose each year in Texas.

## Fighting Fraud, Waste and Abuse

The OIG ensures appropriated funds are used as intended and recovered when misspent. Our work protects Texas tax dollars and ensures HHS program funds are available for Texans who need them.

**Fraud:** Any act that constitutes fraud under federal or state law, including intentional dishonesty or a misrepresentation made by a person who knew the deception could cause unapproved benefit for themselves or another person.

**Waste:** Any practice a sensible person would consider careless or would cause excessive use of resources, items or services.

**Abuse:** Any practice inconsistent with proper fiscal, business or medical practices causing unnecessary program cost.

## Performance in 2023

The OIG continues to exceed our performance goals thanks to our teams' outstanding efforts.

<b>FY23 recoveries .....</b>	<b>\$532,442,112</b>
<b>FY23 cost avoidance .....</b>	<b>\$172,948,830</b>
<b>Investigations completed .....</b>	<b>18,742</b>
<b>Audit reports issued .....</b>	<b>36</b>
<b>Inspection reports issued .....</b>	<b>12</b>
<b>Fraud hotline contacts .....</b>	<b>33,034</b>
<b>Hospital claims reviewed .....</b>	<b>23,457</b>
<b>Nursing facility reviews completed .....</b>	<b>412</b>
<b>Medicaid providers excluded .....</b>	<b>208</b>
<b>Provider enrollment screenings .....</b>	<b>77,488</b>

## Putting Technology to Work

The OIG uses sophisticated data analytics to find potential fraud among providers and clients. Providing investigators with the tools to process data rapidly gives them more time to investigate and mitigate the impact of fraud, waste and abuse.

## Protecting Taxpayer Dollars

The OIG has five main tools for detecting, deterring and preventing fraud, waste and abuse to ensure taxpayer funds for HHS are properly spent.

- **Audits focus on compliance.**
- **Inspections focus on systemic issues and risk assessment.**
- **Investigations focus on alleged abusive, wasteful or fraudulent practices.**
- **Reviews focus on waste and abuse in documentation, billing and payments.**
- **Data analytics support all OIG work by identifying trends and outliers for further review.**