





## Background

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.

Telehealth services are health care services that are (a) delivered by a health care professional certified, or otherwise eligible to practice in Texas, (b) provided to a patient at a different physical location than the health care professional, and (c) provided using telecommunications or information technology.

## Management Response

OIG Audit presented preliminary audit results, issues, and recommendations to Harris Center in a draft report dated August 15, 2024. Harris Center agreed with the audit recommendations and indicated corrective actions would be implemented by November 2024. Harris Center's management responses are included in the report following each recommendation.

- While 99 percent of the tested records had a service plan, for 3 of the 246 (1 percent) services tested, medical records did not include required individualized family service plans applicable to the dates of service.
- For 7 of 15 (46.7 percent) employees tested, Harris Center did not maintain documentation supporting that a designated medical professional supervised the employee when services were provided as required.

## Recommendations

Harris Center should:

- Return \$3,736.08 to the state of Texas.
- 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.
- Utilize existing software capabilities to maintain records that support the duration of service provided.
- Maintain complete medical records that meet applicable Texas Medicaid Provider Procedure Manual requirements.
- Implement a process to have designated health care professionals conduct and document supervision of applicable staff.

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# Audit Overview

## Overall Conclusion

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD) (Harris Center) has processes in place to deliver services to individuals in schools, judicial institutions, service centers, and at multiple locations throughout Houston and Harris County. However, Harris Center (a) incorrectly billed for services, (b) did not always maintain complete medical records, and (c) did not provide documentation that its employees were always supervised. As a result, Harris Center was overpaid. Harris Center should repay the state of Texas \$3,736.08.

## Key Audit Results

Harris Center's health professionals provided therapy treatment, skills training, and case management services through a teleservices model.<sup>1</sup> For most sample items tested, Harris Center retained medical records to support that it provided a behavioral health or therapy service to the patient. Additionally, Harris Center ensured providers conducting treatment sessions were licensed or credentialed as required.

However, Harris Center incorrectly billed for 14 of 246 services, totaling \$3,736.08. For the services in question, Harris Center billed for the incorrect service,<sup>2</sup> was

### Objective

The audit objective was to determine whether Harris Center (a) billed teleservices accurately and in accordance with applicable requirements and (b) designed and implemented related internal controls over teleservices.

### Scope

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

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<sup>1</sup> Teleservices include telemedicine, telehealth, audio-only, and home telemonitoring services. This audit focused on telehealth.

<sup>2</sup> For the purpose of this report, services refer to both Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. These codes are used primarily to identify medical service procedures furnished by qualified health care professionals.

unable to support it met time-based requirements for the service billed, or billed for a service in which the medical records did not support that a service occurred.

Additionally, Harris Center did not always (a) provide documentation of video-based teleservices, (b) maintain all required elements of the medical records, or (c) establish employees were consistently supervised, as required.

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) offered recommendations to Harris Center, which, if implemented, will 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>3</sup> In

addition, audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,<sup>4</sup> including administrative penalties.<sup>5</sup>

OIG Audit presented preliminary audit results, issues, and recommendations to Harris Center in a draft report dated August 15, 2024. Harris Center agreed with the audit recommendations and indicated corrective actions would be implemented by November 2024. Harris Center’s management responses are included in the report following each recommendation.

OIG Audit communicated other, less significant issues to Harris Center in a separate written communication.

OIG Audit recognizes the unique challenges that Harris Center 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 Harris Center for their cooperation and assistance during this audit.

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

OIG Audit initiated this audit due to the increased risk associated with teleservices claims for behavioral health and occupational, physical, and speech therapies caused by the increase in teleservices provided during the COVID-19 public health emergency.

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<sup>3</sup> 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

<sup>4</sup> 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

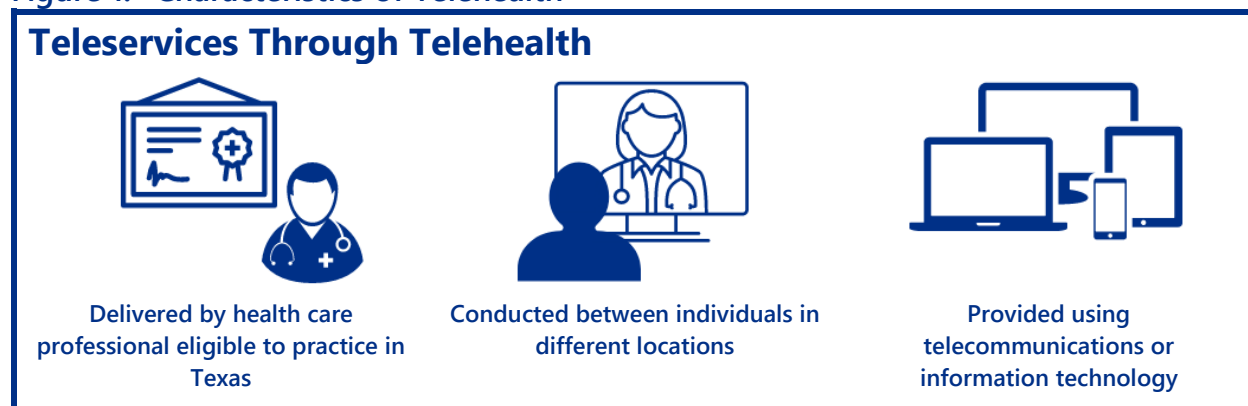
<sup>5</sup> Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

## Key Program Data

### Telehealth

Telehealth services are health care services that are (a) delivered by 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 health care professional, and (c) provided using telecommunications or information technology.<sup>6,7</sup> Figure 1 summarizes the characteristics of telehealth.

Figure 1: Characteristics of Telehealth



Source: Texas Occupations Code § 111.001(3–4) (May 27, 2017, as amended)

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. Diagnoses among patients receiving teleservices include physical and speech disorders, early childhood developmental delays as well as 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

<sup>6</sup> 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.

<sup>7</sup> Tex. Occ. Code § 111.001 (May 27, 2017, as amended).







# Detailed Audit Results

OIG Audit reviewed therapeutic services, evaluations, nutrition therapy, skills training and development, and targeted case management services with dates of service from September 1, 2020, through August 31, 2022. For each sampled service provided, Harris Center (a) had an appropriately licensed or credentialed provider and (b) in most cases, delivered services to Medicaid and CHIP members that were supported by medical records. However, Harris Center did not always:

- Bill for the correct procedure codes.
- Bill for services in which the medical records supported that a service occurred.
- Provide documentation of video-based teleservices.
- Maintain all required elements in the medical records.
- Provide documentation that its employees were supervised.

Harris Center should repay the state of Texas the amount of \$3,736.08.

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

## Chapter 1: Harris Center Incorrectly Billed for Services

Harris Center could not support that it provided 14 of 246 services tested, totaling \$3,736.08, as it billed them. Specifically, medical records indicate Harris Center billed for:

- 8 services (3 percent), totaling \$3,056.41, without meeting minimum time requirements.<sup>11</sup>
- 7 services (3 percent), totaling \$679.59, using the incorrect procedure codes.
- 5 services (2 percent), totaling \$490.14, without documentation to support whether the patient was seen.

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

Harris Center must support billed services with medical record documentation to substantiate the billed procedure codes,<sup>12</sup> including the duration of services with minimum time requirements, when applicable.<sup>13</sup>

In some instances, Harris Center's medical records did not support the procedure codes or units of time spent with the patient. These discrepancies resulted in improper billing to Texas Medicaid and CHIP.

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<sup>11</sup> Of the 246 services tested, 238 services had a time-based requirement.

<sup>12</sup> Texas Medicaid Providers Procedures Manual, Vol. 1, "Provider Enrollment and Responsibilities," § 1.7.3 (Sept. 2020, as amended).

<sup>13</sup> The medical procedure codes associated with the tested services with minimum required durations are CPT codes 97110, 97530, and 97803 and HCPCS codes H2014 and T1017. American Medical Association, CPT Professional Edition (2020 through 2022) and American Medical Association, HCPCS Level II Professional Edition (2020 through 2022).

## **Recommendation 1**

In addition to returning \$3,736.08 to the state of Texas, Harris Center should implement processes to:

- Bill using the appropriate procedure code.
- Use the actual length of services provided as the basis for claims for time-based procedure codes.
- Align its billing processes with Texas Medicaid requirements.

### **Management Response**

#### **Action Plan**

Clinical staff will be retrained on billing codes, length of service requirements within the Electronic Health Record, and appropriate documentation based on Texas Medicaid requirements.

#### **Responsible Manager**

Senior Director, People Operations

#### **Target Implementation Date**

November 1, 2024

## Chapter 2: Harris Center Did Not Provide Documentation of Video-Based Teleservices

Harris Center billed 144 of the 246 services as video-based teleservices. The software systems Harris Center used to conduct video-based teleservices can capture and report the amount of time spent with patients. However, Harris Center did not provide evidence from its teleservices software platforms to support that it provided 137 of these services as billed. Specifically, of the 144 visits conducted as video teleservices:

- 128 (89 percent) teleservices, totaling \$13,892.60, had no teleservice log available to support time spent delivering services to the patient or caregiver.
- 9 (6 percent) teleservices, totaling \$1,121.17, had a teleservice log that recorded less time spent with the patient than the amount of time required for the units billed.

Harris Center must substantiate billed services with medical record documentation.<sup>14</sup> 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.

Harris Center indicated it has not historically requested teleservice logs to document the amount of time spent with each patient but will request this documentation in the future.

### Recommendation 2

Harris Center should utilize existing software capabilities to maintain records that support the duration of the service provided.

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<sup>14</sup> Texas Medicaid Providers Procedures Manual, Vol. 1, "Provider Enrollment and Responsibilities," § 1.7.3 (Sept. 2020, as amended).

## Management Response

### Action Plan

The Information Technology (IT) department will transition services provided through Doximity and Lifesize telehealth solutions to the Epic Video Telehealth Platform. The transition will be tracked by the number of departments successfully using Epic Video Telehealth and services provided through Telehealth.

### Responsible Managers

- Director, Application Development
- Senior Director, IT Electronic Health Record

### Target Implementation Date

September 1, 2024

## Chapter 3 Harris Center Did Not Maintain Complete Medical Records in Three Instances

Harris Center must maintain complete medical records for all services.<sup>15</sup> While 99 percent of the tested records included a service plan, for three of the 246 (1 percent) services tested, medical records did not include required individualized family service plans applicable to the dates of service.<sup>16</sup>

Harris Center provides services based on the individualized family service plans and prepares progress notes when seeing patients. However, in some instances, it did not maintain documentation of the individualized family service plan.

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.

### Recommendation 3

Harris Center should maintain complete medical records that meet applicable Texas Medicaid Provider Procedures Manual requirements.

#### Management Response

##### Action Plan

- The IT Department will transition the remaining clinical documentation from paper to Epic EHR to maintain a complete medical record.
- The Senior Director, IT Electronic Health Record, will utilize Epic consultants to complete the build of ~90 forms that are still on paper.
- The Health Information Management (HIM) Department will provide additional staff training on available forms in Epic to ensure a streamlined documentation process that aligns with Texas Medicaid Provider Procedures Manual requirements.

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<sup>15</sup> Texas Medicaid Providers Procedures Manual, Vol. 1, "Provider Enrollment and Responsibilities," § 1.7.3 (Sept. 2020, as amended).

<sup>16</sup> 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).

### **Responsible Managers**

- Senior Director, IT Electronic Health Record
- Director of Privacy and Health Information Management

### **Target Implementation Date**

September 1, 2024



## Chapter 4: Harris Center Did Not Always Maintain Evidence of Supervision

Harris Center employs physical therapy assistants, occupational therapy assistants, community services specialists, and qualified mental health professionals, all of whom must be supervised.<sup>17</sup> For seven of 15 (46.7 percent) employees tested, Harris Center did not maintain documentation supporting that a designated medical professional supervised the employee when services were provided as required.

The Texas Administrative Code requires supervision of certain health professionals, but it does not always specify how supervision must be conducted. Harris Center 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.

### Recommendation 4

Harris Center should implement a process to have designated health care professionals conduct and document supervision of applicable staff.

#### Management Response

##### Action Plan

The Clinical Team Leader (CTL) will meet with each licensed and unlicensed Single Accountable Individual (SAI) on a routine basis and document that supervision meeting in the Harris Center's Human Resources Platform.

Supervision to include noting strengths/weaknesses and any actions plans to address noted clinical deficiencies. The minimum time frames for doing the

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<sup>17</sup> 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).

supervision are weekly for the first 60 days and monthly thereafter. CTLs reserve the right to increase the frequency of supervision at any time to provide additional support and feedback. Compliance to timeframes will be verified by random sample quarterly.

### **Responsible Managers**

- Director, Child and Adolescent Services
- Director, Adult Mental Health Services
- Director, Early Childhood Intervention

### **Target Implementation Date**

September 1, 2024

## Appendix A: Objective, Scope, and Criteria

### Objective and Scope

The audit objective was to determine whether Harris Center (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 CHIP teleservices claims paid for therapy services, skills training and development, and targeted case management services 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)
- 22 Tex. Admin. Code § 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)
- 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)*

## Appendix B: Methodology and Data Reliability

OIG Audit issued an engagement letter to Harris Center on January 22, 2024, to provide information about the audit and conducted fieldwork from January 22, 2024, through June 12, 2024.

To accomplish the audit objective, auditors conducted interviews with Harris Center's management and staff and reviewed supporting documentation, including policies and procedures, teleservices software logs, and medical records.

OIG Audit reviewed Harris Center's controls for documenting and maintaining medical records, including components of internal control,<sup>18</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 September 1, 2020, through August 31, 2022. After an initial assessment, OIG Audit performed testing on a population of paid claims for patients who received therapeutic services, evaluations, nutrition therapy, skills training and development, and targeted case management services.

The audit objective included verifying whether Harris Center accurately billed services for 55,623 claims; therefore, OIG Audit used a statistical sampling approach. During the audit scope, Texas Children's Health Plan paid Harris Center for 30,615 Texas Medicaid managed care claims totaling \$3,597,259.58 for the selected procedures codes. Texas Health and Human Services Commission (HHSC) paid Harris Center for 25,008 fee-for-service claims totaling \$1,530,363.03.

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<sup>18</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 July 9, 2024).

## Sampling

OIG statisticians pulled four statistically valid random samples totaling 246 therapeutic services, evaluations, nutrition therapy, skills training and development, and targeted case management services using RAT-STATS software from four claim populations. The four populations were (a) Texas Children’s Health Plan targeted case management claims, (b) Texas Children’s therapy services claims, (c) fee-for-service targeted case management claims, and (d) fee-for-service therapy services claims. Table B.1 details the samples.

**Table B.1: Testing Samples**

Sample Characteristic	Payer	Population Claims	Population Dollars	Sample Size
Targeted case management	Texas Children’s Health Plan	12,908	\$1,740,466.86	60
Therapeutic services, evaluations, nutrition therapy, and skills training and development	Texas Children’s Health Plan	17,707	1,856,792.72	60
Targeted case management	Medicaid fee-for-service	19,737	1,179,536.82	66
Therapeutic services, evaluations, nutrition therapy, and skills training and development	Medicaid fee-for-service	5,271	350,826.21	60
<b>Total</b>		<b>55,623</b>	<b>\$5,127,622.61</b>	<b>246</b>

Source: OIG Audit

The statistically valid random samples were designed to be representative of the population; however, OIG Audit did not extrapolate to the population.

## Data Reliability

To assess the reliability of data provided by Harris Center, OIG Audit (a) compared the paid claims data to Harris Center’s medical records and supporting documentation assessed as part of the audit and (b) interviewed staff who were knowledgeable about its systems data. OIG Audit determined that the data was sufficiently reliable for the purpose of the audit.

## Appendix C: Summary of Recommendations

Table C.1: Summary of Recommendations to Harris Center

No.	Recommendation
1	In addition to returning \$3,736.08 to the state of Texas, Harris Center should implement processes to: <ul style="list-style-type: none"><li>• Bill using the appropriate medical procedure code.</li><li>• Use the actual length of services provided as the basis for claims for time-based procedure codes.</li><li>• Align its billing processes with Texas Medicaid requirements.</li></ul>
2	Harris Center should utilize existing software capabilities to maintain records that support the duration of service provided.
3	Harris Center should maintain complete medical records that meet applicable Texas Medicaid Provider Procedures Manual requirements.
4	Harris Center should implement a process to have designated health care professionals conduct and document supervision of applicable staff.

Source: OIG Audit

## Appendix D: Related Reports

- 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
- 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 E: Resources for Additional Information

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

### **For more information about the Harris Center for Mental Health and IDD:**

Homepage, the Harris Center for Mental Health and IDD,  
<https://www.theharriscenter.org/> (accessed Dec. 14, 2023)

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

Homepage, Texas Children's Health Plan,  
<https://www.texaschildrenshealthplan.org/> (accessed May. 30, 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
- Sarah Corinne Warfel, CPA, Audit Director
- Daniel Graf, CISA, Audit Project Manager
- Kanette Blomberg, CPA, CIGA, Senior Auditor
- Crystal Lopez, Staff Auditor
- James Hicks, CISA, Quality Assurance Reviewer
- Mo Brantley, Senior Audit Operations Analyst

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- Tiffany Williams Brooks, Director, Child and Adolescent Services
- Ninfa Escobar, Senior Director, People Operations
- Jennifer Martin, Senior Director, IT Electronic Health Record
- Rita Alford, Director, Privacy and Health Information Management
- Anthony Jones, Director, Application Development

## 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
- Diane Salisbury, Chief of Data Reviews
- Eugenia Krieg, 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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### To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- 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
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