

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
OFFICE OF INSPECTOR GENERAL
AUDIT REPORT

PROJECT AMISTAD

*A Texas Medicaid Medical Transportation
Organization*



July 23, 2019
OIG Report No. AUD-19-024

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INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Office of Inspector General (OIG) Audit Division conducted an audit of Project Amistad (Amistad), a Texas Medicaid managed transportation organization (MTO).

During the audit period of September 1, 2016, through August 31, 2017, Amistad received \$12.5 million in capitation payments for providing non-emergency medical transportation (NEMT) services, defined in Appendix A and required by contract with HHSC,¹ to an average of 234,469 Medicaid recipients per month.

Amistad had operating expenses of \$7.9 million and administrative expenses of \$3 million. Net income was \$1.6 million.²

Demand Response (\$5.2 million) and Individual Transportation Participant (ITP) (\$906,081) represented the largest portion of Amistad's operating expenses during the audit period. After removing about \$3.5 million paid for transporting dual-eligibles,³ there remained \$2.6 million. Non-dual-eligible transportation encounters,⁴ representing payments Amistad made to Demand Response providers and ITPs during the audit period, included encounters totaling \$72,780 associated with beneficiaries for whom there was no corresponding Medicaid medical claim or encounter within a range of 7 days before and 7 days after the transportation encounter.⁵ These transportation encounters are referred to in this audit as unmatched encounters.

Unless otherwise described, any year referenced is the state fiscal year, which covers the period from September 1 through August 31.

Objective and Scope

The audit objective was to determine whether Amistad's performance in selected areas was in accordance with contract requirements.

The audit scope included unmatched Demand Response and ITP encounters for the period from September 1, 2016, through August 31, 2017, activities related to

¹ Managed Transportation Organization Contract, Exhibit G, Region 2, § 2.3 (Aug. 1, 2014).

² These amounts were compiled from the fiscal year 2017 financial statistical report (FSR).

³ "Dual-eligibles" is a term used to describe enrollees who are covered by both Medicaid and Medicare.

⁴ A "transportation encounter" is a detailed record an MTO submits to HHSC about a service delivered to a recipient by a transportation provider and represents key information about an adjudicated claim and the resulting payment from the MTO to the transportation provider.

⁵ A paid transportation encounter without a corresponding medical encounter may occur if the medical encounter was paid by an individual or entity other than Medicaid.

complaint, accident, and incident management, and relevant activities and internal controls in place through the end of fieldwork in May 2019.

Methodology

The OIG Audit Division collected information for this audit through discussions and interviews with responsible staff at Amistad and by reviewing:

- Demand Response and ITP encounters.
- Demand Response driver logs and ITP mileage reimbursement forms.
- RouteMatch⁶ transportation authorization screen shots.
- Policies and procedures.
- RouteMatch system-generated reports of complaints, accidents, and incidents.
- HHSC Medical Transportation Program (MTP) accident and incident reports.
- Health and Human Services Enterprise Administrative Report and Tracking (HEART)⁷ complaints.

The OIG Audit Division selected a random⁸ sample of 69 Demand Response encounters⁹ from the population of unmatched encounters and judgmentally¹⁰ selected 17 Demand Response encounters. Of the 17 judgmentally-selected encounters, 11 were selected because the recipients did not have any medical events in 2017, and 6 encounters were selected as a haphazard sample.¹¹

The 86 total Demand Response encounters were associated with 75 driver logs. The OIG Audit Division conducted Demand Response testing to determine whether

⁶ “RouteMatch” is Amistad’s transportation management system used for storing authorizations, reservations, complaints, payments to transportation providers, and other operating functions.

⁷ “HEART” is a web-based application that is used by MTP to track and monitor complaints and compliments, document complaint resolutions, and generate reports to assess timeliness.

⁸ “Random sampling” is a method by which every element in the population has an equal chance of being selected.

⁹ An “encounter” for both Demand Response and ITP, refers to one leg of transport (i.e., transportation from an authorized pick-up address to an authorized drop-off address).

¹⁰ “Judgmental sampling” is a non-probability sampling method where the auditor selects the sample based on certain characteristics, such as dollar amount, timeframe, or type of transaction.

¹¹ “Haphazard sampling” is a non-statistical technique used by auditors to simulate random sampling.

(a) transportation encounter data was supported by information in RouteMatch and driver logs, (b) transportation encounters were supported by driver logs containing all required information, and (c) transportation encounters with dates of service after December 1, 2016, were supported by the required standardized Driver's Log.

The OIG Audit Division also selected a random sample of 46 ITP encounters from the population of unmatched encounters, and judgmentally selected 16 ITP encounters. Of the 16 judgmentally-selected encounters, 2 were selected because the recipients did not have any medical events in 2017, 10 were selected based on high dollar amounts, and 4 were selected as a haphazard sample.

The 62 total ITP encounters were associated with 31 mileage reimbursement forms. The OIG Audit Division conducted ITP testing to determine whether (a) ITP encounter data was supported by information in RouteMatch and mileage reimbursement forms, (b) ITP encounters were supported by mileage reimbursement forms containing all required information, and (c) ITP encounters were supported by the required ITP Service Record.

The OIG Audit Division evaluated Amistad's management of complaints, accidents, and incidents by (a) interviewing responsible personnel, (b) reviewing and comparing Amistad's database of complaints, accidents, and incidents to HEART complaints and MTP accident and incident reports, and (c) reviewing policies and procedures.

The OIG Audit Division reviewed the reliability of transportation encounter data by tracing unmatched encounters to Amistad's transportation management system, RouteMatch, and interviewing Amistad employees knowledgeable about the data.

The OIG Audit Division presented audit results, issues, and recommendations to Amistad in a draft report dated July 8, 2019. Amistad was provided with the opportunity to study and comment on the report. The Amistad management responses are included in the report following the recommendations.

Amistad concurred with the OIG Audit Division recommendations outlined in this report and indicated action plans have been implemented.

Criteria

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

- 42 C.F.R. § 438.230 (2015)
- 1 Tex. Admin. Code §§ 371.1655 (2016) and 380 (2014)

- HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (2014)
- Managed Transportation Organization Contract, Region 2 (2014)
- Amistad, “MTO105 SOP Demand Response” (2017)
- Amistad, “Managed Transportation Organization (MTO), Region 2, Special Authorization Unit (SAU), Operating Procedures Manual” (2017)

Auditing Standards

Generally Accepted Government Auditing Standards

The OIG Audit Division conducted this audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the issues and conclusions based on our audit objectives. The OIG Audit Division believes the evidence obtained provides a reasonable basis for our issues and conclusions based on our audit objectives.

RESULTS

Information contained in Amistad's RouteMatch system indicated that selected transportation services for Medicaid recipients, represented by 148 transportation encounters, including 86 Demand Response encounters and 62 ITP encounters, were appropriate, even though there were no corresponding Medicaid medical claims or encounters for these Medicaid recipients within 7 days of the day transportation was provided. The data contained in RouteMatch used to form audit conclusions was reliable.

Amistad accurately and completely managed complaint, accident, and incident data, and established and followed a monitoring plan.

Issues related to Demand Response driver logs and ITP mileage reimbursement forms are detailed in the sections that follow.

DEMAND RESPONSE DRIVER LOGS

Demand Response transportation services are provided when fixed-route services are either unavailable or do not meet the needs of recipients.

Driver logs for Demand Response transportation services must contain certain data elements in order to support a paid claim.¹² In a written policy notification on October 9, 2016, HHSC instructed the MTOs to use the standardized Driver's Log developed by HHSC for all MTOs and their transportation providers, beginning no later than December 1, 2016.¹³ A copy of the standardized Driver's Log can be found in Appendix B.

Issue 1: Payments to Transportation Providers Were Not Always Supported by Complete Information or the Correct Version of the Driver Log

Amistad paid Demand Response transportation providers for claims that were not supported by driver logs containing all required information and did not always ensure a standardized Driver's Log was used and fully completed before approving claims for payment.

¹² Managed Transportation Organization Contract, Exhibit G, Region 2, § 2.7.5.10 (Aug. 1, 2014).

¹³ 1 Tex. Admin. Code § 371.1655 (May 1, 2016); See also HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (May 21, 2014).

Incomplete Driver Logs

Of the 75 driver logs tested, 66 (88 percent) were missing one or more contractually-required data elements, as detailed in Table 1.

Table 1: Driver Logs Missing Elements

Data Element	Number of Forms Missing Element
Vehicle identification number ¹⁴	49
Performing provider	11
Attendant's first and last name	10
Trip status	5
Trip authorization number	2
Driver's license number	2
Driver's first and last name	1
Drop-off time	1

Source: *OIG Audit Division*

Amistad did not follow contract requirements, which specify that transportation provider claims must be supported by driver logs completed with all required elements. As a result, Amistad made payments totaling \$2,933.22 to Demand Response transportation providers for 76 unsupported claims associated with 66 driver logs. This represented 86 percent of the \$3,417.28 Amistad paid for claims associated with the 75 driver logs tested.

By not verifying Demand Response transportation providers included all required data elements on driver logs submitted as support for claims, Amistad was not in compliance with contract requirements, resulting in the approval and payment of unsupported transportation claims.

Out-of-Date Driver Logs

Of the 75 driver logs tested, 49 were completed on or after December 1, 2016, and should have been documented on a standardized Driver's Log.

None of the 49 driver logs submitted by transportation providers to Amistad as support for payment on or after December 1, 2016, were on the required standardized Driver's Log, but Amistad processed the corresponding payments.

Amistad did not follow the written policy notification from HHSC to implement the use of standardized Driver's Logs by transportation providers by

¹⁴ Of the 49 logs missing a Vehicle Identification Number, 40 were associated with transportation services for which Amistad was the performing provider.

December 1, 2016. As a result, Amistad made payments totaling \$2,284.80¹⁵ to Demand Response transportation providers for 58 claims associated with the 49 outdated driver logs.

By not verifying Demand Response transportation providers used the standardized Driver's Log beginning on December 1, 2016, Amistad was not in compliance with requirements contained in HHSC's written policy notification, and resulted in the approval and payment of unsupported claims.

Recommendation 1

Amistad should pay transportation provider claims only when the claims are supported by driver logs that contain all required data elements and, for dates of services beginning on December 1, 2016, that are supported using the required standardized Driver's Log.

Management Response

Action Plan

On April 18, 2019, Project Amistad (PA) informed the Managed Care Compliance & Operations (MCCO) office that effective immediately, PA would begin using the prescribed MTP Driver's Log. On April 22, 2019, PA obtained approval from MCCO to use an 'expanded' version of the current MTP prescribed Driver's Log. The 'expanded' version of the Driver's Log allows for wider columns and rows and allows operators to document legible information while utilizing the entire worksheet. PA's Transportation Department and Subcontractors began using the prescribed MTP Driver's Log effective April 18, 2019. The Driver's Log contains all the required data elements per contract requirements.

Responsible Manager

Chief Operating Officer Transportation Programs

Target Implementation Date

April 2019

ITP MILEAGE REIMBURSEMENT FORMS

ITP services are provided by individuals who volunteer to provide transportation services for recipients by entering into a participation agreement with an MTO. This service allows the flexibility for individuals to transport recipients in a

¹⁵ All 58 unsupported claim amounts are represented in more than one issue.

personal vehicle to health care appointments. ITPs can transport themselves, family members, or non-family members.

In a written policy notification on February 24, 2015, HHSC instructed the MTOs to use a standardized mileage reimbursement form developed by HHSC for all MTOs and their ITPs, called the ITP Service Record, beginning no later than March 1, 2015.¹⁶ A copy of the ITP Service Record can be found in Appendix C. In the instructions accompanying the ITP Service Record, HHSC stated that it is the responsibility of the MTO, prior to processing a request for payment, to ensure the accuracy and completeness of information provided on the ITP Service Record.

Issue 2: Payments to ITPs Were Not Always Supported by Complete Information

Amistad paid ITPs for claims that were not supported by mileage reimbursement forms containing all required information.

Of the 31 mileage reimbursement forms tested, 29 (94 percent) were missing one or more data elements required by HHSC's written policy notification, as detailed in Table 2.

Table 2: Mileage Reimbursement Form Missing Data Elements

Data Element	Number of Forms Missing Element
Amount for each segment ¹⁷	25
Total amount paid ¹⁷	24
Title of health care provider	13
Miles per segment and total miles driven ¹⁷	2
Pick-up/Drop-off address	1

Source: OIG Audit Division

Amistad did not follow HHSC's written policy notification, which requires ITP claims to be supported by ITP Service Records completed with all required elements. As a result, Amistad made payments totaling \$7,245.46 to ITPs for 58 unsupported claims associated with 29 ITP Service Records. This represented 94 percent of the \$7,699.12 Amistad paid for claims associated with the 31 mileage reimbursement forms tested.

¹⁶ 1 Tex. Admin. Code § 371.1655 (May 1, 2016); See also HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (May 21, 2014).

¹⁷ Missing miles per segment and total miles driven did not impact the accuracy of ITP claims payments. Amistad paid claims based on the mileage calculated by RouteMatch. RouteMatch uses a mapping engine to determine the miles between the starting and ending locations for which the recipient was authorized and received transportation services and applies the system-determined mileage when calculating payments to transportation providers.

By not verifying ITPs included all required data elements on mileage reimbursement forms submitted as support for claims, Amistad was not in compliance with requirements contained in HHSC's written policy notification, and resulted in the approval and payment of unsupported claims.

Recommendation 2

Amistad should pay ITP claims only when the claims are supported by ITP Service Records that contain all required data elements.

Management Response

Action Plan

On May 24, 2019, PA participated in a conference call with OIG to discuss the preliminary results of the OIG audit. Based on the preliminary results, PA scheduled an in-service session with staff on May 29-30, 2019, to review and implement new procedural changes effective June 3, 2019. As of this date, Call Center Agents inform the clients of the miles per each segment of the trip and total miles driven. PA's finance department reviews the ITP Service Record Form and ensures the form contains all the required data elements before paying claims. ITP Service Record Forms that are not completely accurately or that do not include all the data elements as required by the contract, are not processed for payment.

Responsible Managers

Chief Operating Officer Transportation Programs

Chief Financial Officer

Target Implementation Date

June 2019

CONCLUSION

Information contained in Amistad's RouteMatch system indicated that selected transportation services for Medicaid recipients, represented by 148 transportation encounters, including 86 Demand Response encounters and 62 ITP encounters, were appropriate, even though there were no corresponding Medicaid medical claims or encounters for these Medicaid recipients within 7 days of the day transportation was provided. The data contained in RouteMatch used to form audit conclusions was reliable.

Amistad accurately and completely managed complaint, accident, and incident data, and established and followed a monitoring plan.

There were exceptions related to Demand Response driver logs and ITP mileage reimbursement forms. Of the 75 Demand Response driver logs tested, 66 were missing one or more required data elements, and 49 were documented on out-of-date logs. Of the 31 mileage reimbursement forms tested, 29 were missing one or more required data elements.

For instances of noncompliance identified in this audit report, HHSC Medicaid and CHIP Services will consider tailored contractual remedies to compel Amistad to meet contractual requirements related to transportation claims.

The OIG Audit Division offered recommendations to Amistad which, if implemented, will correct deficiencies in compliance with contract requirements.

The OIG Audit Division thanks management and staff at Amistad for their cooperation and assistance during this audit.

Appendix A: Glossary of Required Services Provided by MTOs

Demand Response Transportation

Transportation services provided by contractors when fixed-route services are either unavailable or do not meet the health care needs of the recipient.

Mass Transit Tickets

Public transportation by intra-city, inter-city bus, rail, or ferry, either publicly or privately owned, which provides general or special service transportation to the public on a regular and continuing basis.

Individual Transportation Participant (ITP)

Transportation services provided by individuals who volunteer to participate by entering into a participation agreement with HHSC's Claims Administrator. This service allows for the flexibility of individuals to transport recipients in personal cars to health care appointments.

Meals and Lodging

Provides an allowance for meals and lodging for a recipient and attendant, as applicable, when health care treatment requires an overnight stay outside of their resident county or beyond adjacent counties.

Advance Funds

Funds made available to recipients facing financial hardship and in need of transportation services to attend a health care appointment. These funds must be available to eligible recipients through age 20.

Out-of-State Travel

Transportation provided to contiguous counties or bordering counties in adjoining states (Arkansas, Louisiana, New Mexico, and Oklahoma) that are within 50 miles of the Texas border, if the services are medically necessary, and it is the customary or general practice of recipients in a particular locality within Texas to obtain services from the out-of-state provider. Out-of-state travel is also provided for recipients who need to travel to states outside of the adjoining states for medically necessary health care services that cannot be provided within the State of Texas.

Attendant Services

Transportation provided for an attendant for a recipient, when necessary. An attendant is an adult or service animal that accompanies the recipient with prior authorization. Attendants provide necessary help with mobility, language, or

personal assistance to the recipient during the time transportation services are provided.¹⁸

Commercial Airline Transportation Services

Services provided by a commercial airline for transportation to medically necessary medical care or other health care service that cannot be provided within the MTO regions where the recipient resides.

Call Center Operations

Call centers manage trip scheduling and authorizations for recipients.

¹⁸ A recipient 14 years of age and under must be accompanied by a parent, guardian, or other authorized adult to accompany the recipient on all trips. Recipients 15 to 17 years of age must be accompanied by a parent, legal guardian, or other authorized adults unless (a) parent or legal guardian has provided a signed written consent for the recipient to travel alone or (b) the treatment to which the minor is being transported is such that the law extends confidentiality to the minor for the treatment.

Appendix B: Demand Response Standardized Driver's Log

Figure B.1: Demand Response Standardized Driver's Log Sample

DO NOT CROSSOUT OR WHITE OUT INFORMATION ON THIS DOCUMENT.

MANAGED TRANSPORTATION ORGANIZATION NAME

Driver's Log

Appointment Service Date:

Subcontractor:	Driver's Full Name:	Beginning Odometer Reading:
Vehicle ID:	Driver's License No.:	Ending Odometer Reading:
Vehicle Type:		Total Daily Mileage:

Trip Leg	Authorization No.	Appointment Time	Client's Full Name	Attendant's Full Name	Pickup Address	Pick up Time	Destination Address	Drop Off Time	Signatures	Trip Outcome	PAF on File	Total Mileage Per Leg
A		<input type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	Client: _____ Attendant: _____	<input type="checkbox"/> Completed <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled		
B		<input type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	Client: _____ Attendant: _____	<input type="checkbox"/> Completed <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled		
A		<input type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	Client: _____ Attendant: _____	<input type="checkbox"/> Completed <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled		
B		<input type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	Client: _____ Attendant: _____	<input type="checkbox"/> Completed <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled		

Attestation: I certify that the information contained in this record is true and that the services were rendered.

Driver's Signature: _____ Date: _____

Source: HHSC

Appendix C: ITP Service Record

Figure C.1: ITP Service Record Sample

ITP Service Record (form name)			
Client Name:	Client Telephone: ()	Client Medicaid:	
ITP Name:	ITP Telephone: ()	ITP MTI Number:	
Trip #1			
From:	To:	Miles:	Amount:
From:	To:	Miles:	Amount:
Authorization Number:	Appointment Date/Time:	Total Miles:	Total Amount:
Health Care Provider NPI:	Health Care Provider Telephone: ()	Health Care Provider Name:	
I certify that this patient was seen for a Medicaid/CSHCN covered health-care service.	Signature & Title of Health-care Provider:	Date Signed:	
Trip #2			
From:	To:	Miles:	Amount:
From:	To:	Miles:	Amount:
Authorization Number:	Appointment Date/Time:	Total Miles:	Total Amount:
Health Care Provider NPI:	Health Care Provider Telephone: ()	Health Care Provider Name:	
I certify that this patient was seen for a Medicaid/CSHCN covered health-care service.	Signature & Title of Health-care Provider:	Date Signed:	
ITP Drivers: Please note that the allowable mileage that may be claimed for reimbursement is preprinted on the form.			
<p>AFFIDAVIT: This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim is from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws. I hereby certify that this claim contains no willful misrepresentation or falsification and that the information I have given is true and correct to the best of my knowledge and belief. I attest that I have complied with all of the provisions of the Individual Transportation Participant Agreement when providing the transportation services for which I am seeking reimbursement.</p>			
Signature of Individual Transportation Participant (ITP)		Date	
<p>All forms must be mailed to <MTO Name> ATTN: {INSERT} Street Address City, State, Zip Code</p> <p>Note: Please retain a copy for your records</p>			

Source: HHSC

Appendix D: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Steve Sizemore, CIA, CISA, CGAP, Audit Director
- Anton Dutchover, CPA, Audit Manager
- Darrell Edgar, Audit Project Manager
- Jude Ugwu, CFE, Senior Auditor
- Erin Powell, Staff Auditor
- Bennie Hookfin, Staff Auditor
- Kanette Blomberg, CPA, Quality Assurance Reviewer
- Kathryn Messina, Senior Audit Operations Analyst

Report Distribution

Health and Human Services

- Dr. Courtney N. Phillips, Executive Commissioner
- Cecile Erwin Young, Chief Deputy Executive Commissioner
- Victoria Ford, Chief Policy Officer
- Karen Ray, Chief Counsel
- Nicole Guerrero, Director of Internal Audit
- Stephanie Muth, State Medicaid Director, Medicaid and CHIP Services
- Katherine Scheib, Deputy Associate Commissioner, Medicaid and CHIP Services

Project Amistad

- Xavier Banales, Chief Executive Officer
- Rosario Fernandez, Chief Operating Officer Transportation Programs
- Andrea Ramirez, Chief Operating Officer Social Services
- Gerardo Blanco, Chief Financial Officer

Appendix E: OIG Mission 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:

- Sylvia Hernandez Kauffman, Inspector General
- Susan Biles, Chief of Staff
- Dirk Johnson, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Olga Rodriguez, Chief of Strategy and Audit
- Quinton Arnold, Chief of Inspections and Investigations
- Steve Johnson, Interim Chief of Medicaid Program Integrity
- Tony Owens, Deputy IG for Third Party Recoveries
- David Griffith, Deputy IG for Audit
- Alan Scantlen, Deputy IG for Data and Technology
- Lizet Hinojosa, Deputy IG for Benefits Program Integrity
- Judy Hoffman-Knobloch, Assistant Deputy IG for Medical Services

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- Phone: 1-800-436-6184

To Contact OIG

- Email: OIGCommunications@hhsc.state.tx.us
- Mail: Texas Health and Human Services Commission
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000