TEXAS HEALTH AND HUMAN SERVICES COMMISSION

OFFICE OF INSPECTOR GENERAL

AUDIT OF MEDICAID AND CHIP MCO SPECIAL INVESTIGATIVE UNITS

Blue Cross and Blue Shield of Texas

September 28, 2018
OIG Report No. AUD-19-001

HHSC OIG
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
OFFICE OF INSPECTOR GENERAL

WHY THE OIG CONDUCTED THIS AUDIT

Blue Cross and Blue Shield of Texas (BCBS) is one of 21 managed care organizations (MCOs) contracted to provide Medicaid and Children's Health Insurance Program (CHIP) health care services in Texas. In 2017, 100 percent of CHIP enrollees were in managed care. Approximately 92 percent of Medicaid enrollees were managed care members. At just over $31 billion a year, Medicaid constituted over 30.1 percent of the total Texas budget.

MCOs are required to establish a special investigative unit (SIU) to investigate fraudulent claims and other program waste and abuse by members and service providers. Effective SIUs are essential to support overall MCO cost containment efforts, and to ensure that state and federal funds spent on managed care are used appropriately.

The Texas Health and Human Services Commission (HHSC) is responsible for oversight of MCO contracts. The Office of Inspector General (OIG) is responsible for approving SIU annual plans, and evaluating and sometimes investigating SIU referrals.

The objective of this audit was to evaluate the effectiveness of BCBS's SIU at (a) preventing, detecting, and investigating fraud, waste, and abuse and (b) reporting reliable information on SIU activities, results, and recoveries.

WHAT THE OIG RECOMMENDS

HHSC should ensure that BCBS reports all preliminary investigations to OIG monthly as required by Texas Administrative Code (TAC) and the Uniform Managed Care Manual.

For more information, contact:
OIG.AuditDivision@hhsc.state.tx.us

September 28, 2018

AUDIT OF MEDICAID AND CHIP MCO SPECIAL INVESTIGATIVE UNITS

Blue Cross and Blue Shield of Texas

WHAT THE OIG FOUND

The OIG Audit Division completed an audit of BCBS's SIU performance. The audit included an evaluation of policies and practices associated with preventing, detecting, investigating, and reporting fraud, waste, and abuse.

Based on the results of its audit of BCBS's SIU, the OIG Audit Division concluded that BCBS:

- Had an approved fraud, waste, and abuse plan in place.
- Applied data analytics, including data matching, trend analysis, and random payment reviews, to find potential fraud, waste, to detect potential fraud, waste, and abuse.
- Dedicated sufficient resources to its SIU function.
- Conducted recipient verifications.
- Had written SIU policies and procedures in place.
- Maintained a fraud, waste, and abuse hotline.
- Provided fraud, waste, and abuse training per TAC requirements.
- Accurately reported recoveries of $40,387.62 for fiscal year 2017.
- Did not submit complete and accurate information regarding preliminary investigations of suspected cases of fraud, waste, and abuse monthly to the OIG.

BCBS's SIU received 15 reports of suspected fraud, waste, or abuse during the audit period. The SIU completed preliminary investigations for all 15 cases, and concluded that full-scale investigations were not warranted. While BCBS's SIU provided results of the preliminary investigations to the individuals that made the referrals, it did not report the 15 preliminary investigations on the OIG monthly Open Case List Report as required.

BCBS, in a comment letter, indicated the 15 preliminary investigations were entered into the Open Case List Report in August 2018. The OIG Audit Division verified the 15 preliminary investigations were entered as of August 30, 2018.

HHSC Medicaid and CHIP Services concurred with the OIG Audit Division recommendation outlined in this report, and will facilitate BCBS's development of a corrective action plan that ensures all preliminary investigations are reported as required by TAC and the Uniform Managed Care Manual.

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INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Office of Inspector General (OIG) Audit Division conducted an audit of special investigative unit (SIU) activities at Blue Cross and Blue Shield of Texas (BCBS), a Medicaid and Children's Health Insurance Program (CHIP) managed care organization (MCO).

HHSC publishes a report[1] of general statistical information pertaining to the administration of public benefits in Texas. Unless otherwise noted, all statistical references in this report may be attributed to the HHSC report. Unless otherwise described, any year that is referenced is the state fiscal year, which covers the period from September 1 through August 31.

Objective and Scope

The audit objective was to evaluate the effectiveness of MCO SIU performance in (a) preventing, detecting, and investigating fraud, waste, and abuse in Texas Medicaid and CHIP and (b) reporting reliable information on SIU activities, results, and recoveries to HHSC.

The audit scope included 2017 and the first two quarters of 2018, which in total covers the period from September 1, 2016, through February 28, 2018, and included a review of relevant SIU activities through the end of fieldwork in July 2018.

[1] Texas Medicaid and CHIP in Perspective, 11th ed., Texas Health and Human Services Commission (Feb. 2017).

Background

Texas contracts with Health Care Service Corporation (HCSC), doing business as Blue Cross Blue Shield of Texas (BCBS), to coordinate health services in 39 central Texas counties for members enrolled in the Medicaid State of Texas Access Reform (STAR) program, STAR Kids program, or in CHIP. BCBS is a licensed Texas MCO contracted to provide Medicaid and CHIP services through its network of providers.

BCBS received approximately $210 million in Medicaid and CHIP capitation and delivery supplemental payments[2] in 2017 and $116 million in the first half of 2018. BCBS maintained an average monthly membership of 33,456 Medicaid members and 6,396 CHIP members during 2017, and 34,818 Medicaid members and 6,113 CHIP members during the first half of 2018. Table 1 shows capitation and delivery supplemental payments by program.

Table 1: BCBS Capitation and Delivery Supplemental Payments by Program

Program			
Medicaid	$ 196,633,250	$ 110,322,126	$ 306,955,376
CHIP	13,307,741	6,167,596	19,475,337
Total	$ 209,940,991	$ 116,489,722	$ 326,430,713

Source: HHSC Financial Statistical Reports

BCBS is one of 21 contracted MCOs responsible for administering, on behalf of the State of Texas, $21.8 billion[4] of Medicaid and CHIP health care services in 2017 through its health plans.

HHSC requires MCOs to establish and maintain an SIU to investigate potential fraud, waste, and abuse by members and health care service providers.[5] While an MCO may contract with an outside organization to perform all or part of the activities associated with the SIU, BCBS performs SIU activities internally. It has two SIU staff dedicated to its Texas operation located in Richardson, Texas.

HCSC, which operates Blue Cross and Blue Shield health plans in four other states, has a centralized SIU function based at its Chicago, Illinois, office, which provides support for BCBS in Texas.

[2] A "delivery supplemental payment" is a one-time payment per pregnancy to STAR, CHIP, and CHIP Perinatal MCOs for the delivery of live or still births.

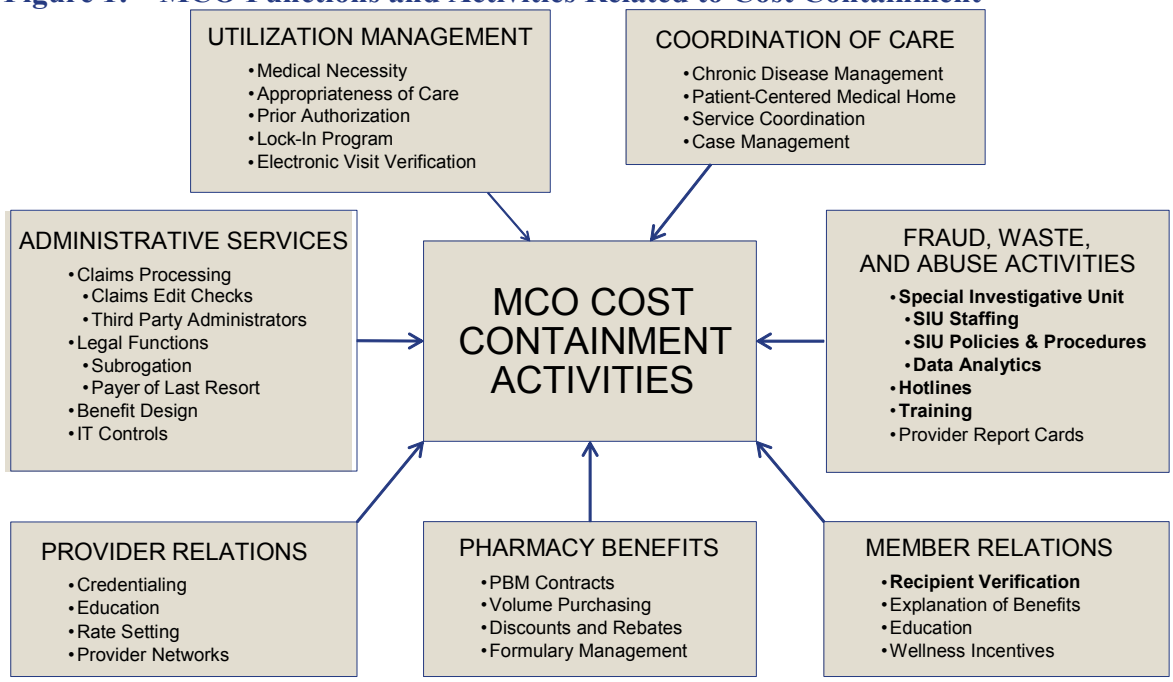
[3] 2018 figures include the first two quarters, or September 2017 through February 2018.

[4] HHSC Financial Statistical Reports.

[5] Uniform Managed Care Contract, Attachment B-1 § 8.1.19.1, v. 2.19 (Sept. 1, 2016) through v. 2.24 (Sept. 1, 2017).

SIUs support MCO cost containment efforts through the prevention and detection of fraud, waste, and abuse. MCOs maintain many functions and activities outside of SIUs to control costs, and SIUs may conduct activities that relate to other business areas besides Medicaid and CHIP. As a result, the functional and organizational structure of cost containment activities varies across MCOs. Figure 1 provides a partial overview of the types of activities MCOs employ to help reduce costs and detect fraud, waste, and abuse. This information is not meant to represent a complete set of activities, nor does it represent the structure of the business units at BCBS or any other specific MCO.

Figure 1: MCO Functions and Activities Related to Cost Containment



Source: OIG Audit Division

The activities in bold in Figure 1, under "Fraud, Waste, and Abuse Activities" and "Member Relations," designate some of the areas of focus of this audit, including (a) SIU staffing, policies and procedures, and data analytics; (b) hotlines; (c) training; and (d) recipient verification. This audit evaluated BCBS's SIU efforts related to:

- Prevention processes, such as fraud, waste, and abuse training.
- Detection activities, such as complex data analysis, periodic provider audits, intake of fraud referrals, and verification that recipients received billed services.

- Investigation efforts, such as conducting preliminary investigations and SIU case management.

- Disposition of fraud, waste, and abuse investigations, including referrals to the OIG, corrective action plans, and monetary recovery.

Texas Health and Human Services (HHS) agencies administer public health programs for the State of Texas. Within HHS, Medicaid and CHIP Services (MCS) oversees Medicaid and CHIP, which are jointly funded state-federal programs that provide medical coverage to eligible individuals. In 2017, the average monthly number of enrollees in Medicaid and CHIP was approximately 4.5 million.[6]

MCS is responsible for overall management and monitoring of the contract with BCBS. The OIG is responsible for approving BCBS's annual fraud, waste, and abuse plan, as well as evaluating any fraud referrals it receives from BCBS. The plan submitted by BCBS must describe the procedures for referring suspected fraud, waste, and abuse to the OIG.[7]

Medicaid serves primarily low-income families, children, related caretakers of dependent children, pregnant women, people age 65 or older, and adults and children with disabilities. Through the STAR program, Medicaid provides health services for pregnant women, newborns, and children. STAR Kids, which began in November 2016, provides services to disabled children and young adults who are 20 or younger. CHIP provides health coverage to low-income, uninsured children in families with incomes too high to qualify for Medicaid. In federal fiscal year 2017, Texas appropriated $31 billion for Medicaid. This represented 30.1 percent of the 2017 Texas state budget.[8]

Medicaid and CHIP programs deliver health care services (including medical, dental, prescription drug, disability, behavioral health, and long-term support services) to eligible individuals. CHIP provides services to individuals in Texas through a managed care model. Texas Medicaid provides services to some individuals through a traditional fee-for-service model, but most are enrolled through a managed care model. For providing these services, MCOs receive capitation payments, which are monthly prospective payments HHSC makes to MCOs for the provision of covered services. HHSC makes capitation payments to

[6] Texas HHS Health Care Statistics, 2017 Historical Medicaid Enrollment by SDA, https://hhs.texas.gov/sites/default/files/documents/about-hhs/records-statistics/research-statistics/medicaid-chip/2018/MCO-SDA-final-fy17.xlsm.

[7] 1 Tex. Admin. Code §§ 353.502(c)(5) (Mar. 1, 2012) and 370.502(c)(5) (Mar. 1, 2012).

[8] Texas Medicaid expenditures in 2017 are "all funds" (which include federal and state dollars), but excludes Medicaid funding for disproportionate share hospitals, upper payment limit, uncompensated care, and delivery system reform incentive payment funds.

MCOs at fixed, per member, per month, rates based on members' associated risk groups. These payments include federal and state funds.

In 2017, 100 percent of CHIP enrollees (approximately 425,000) were in managed care. Approximately 92 percent (3.72 million of 4.06 million) of Medicaid enrollees were managed care members.

The OIG Audit Division presented audit results, issues, and recommendations to MCS and to BCBS in a draft report dated August 14, 2018. Each was provided with the opportunity to study and comment on the report. The MCS management response to the audit recommendation is included in the report following the recommendation. BCBS's comments are included in Appendix C.

MCS concurred with the OIG Audit Division recommendations, and will facilitate BCBS's development of a corrective action plan that ensures all preliminary investigations are reported to HHSC as required by TAC and the Uniform Managed Care Manual.

AUDIT RESULTS

BCBS maintains a fraud, waste, and abuse plan in accordance with contractual and regulatory SIU requirements for MCOs. The plan describes how BCBS can strengthen program integrity by monitoring service providers, auditing claims, identifying overpayments, and educating members and providers.

The OIG Audit Division evaluated compliance with plan elements to determine the effectiveness of the SIU in preventing, detecting, investigating, and reporting fraud, waste, and abuse. Testing identified no reportable issues with recipient verification practices, hotline requirements, SIU policies and procedures, reporting of recoveries, and fraud, waste, and abuse training of SIU staff. The SIU has dedicated resources assigned to Texas Medicaid and a Data Intelligence Unit that uses data analytics to find potential fraud, waste, and abuse. BCBS recovered $40,387.62 in fiscal year 2017 as the result of an investigation opened in July 2014.

REPORTING OF INVESTIGATIONS

Texas Administrative Code (TAC) requires MCOs to report all investigations conducted that resulted in no findings of fraud, waste, or abuse to OIG monthly.[9] Per the Uniform Managed Care Manual, MCOs must report investigations by using the Open Case List Report.[10]

The OIG Audit Division evaluated BCBS's reporting of preliminary and full-scale investigations. BCBS received 15 reports of potential fraud, waste, and abuse during the audit period. BCBS conducted preliminary investigations of all 15 reports and determined that none warranted additional investigation. No full-scale investigations were performed during the audit period.

The OIG Audit Division reviewed the timeliness of investigation initiation and the adequacy of supporting documentation for the 15 preliminary investigations. Results indicated that BCBS initiated all 15 preliminary investigations within 15 working days of the receipt of the report of suspected fraud, waste, and abuse, in compliance with TAC, and BCBS maintained adequate documentation to support its conclusions for all 15 preliminary investigations.[11] There was, however, an issue related to reporting.

[9] 1 Tex. Admin. Code §§ 353.502(d)(1) (Mar. 1, 2012) and 370.502(d)(1) (Mar. 1, 2012).

[10] Uniform Managed Care Manual, § 5.5.1, v.2.2 (Nov. 15, 2015).

[11] 1 Tex. Admin. Code §§ 353.502(c)(2)(A) (Mar. 1, 2012) and 370.502(c)(2)(A) (Mar. 1, 2012).

Issue 1: BCBS Did Not Report All Preliminary Investigations to OIG as Required

BCBS did not submit the results of 15 preliminary investigations to the OIG on the Open Case List Report.

BCBS's SIU received 15 reports of suspected fraud, waste, or abuse during the audit period. Six were reported to the SIU by internal BCBS sources and 9 were reported to the SIU by the OIG. The SIU completed preliminary investigations for all 15 cases, and concluded that full-scale investigations were not warranted.

While BCBS provided results to individuals at OIG about each of the 9 OIG referrals, BCBS did not report the results of the 9 OIG referrals, or the 6 BCBS referrals, on the OIG monthly Open Case List Report.

BCBS did not report the results on the Open Case List Report because it believed only full-scale investigations (referred to as open cases in BCBS procedures) must be reported to the OIG monthly. BCBS was not aware that all preliminary investigations, including those that find no evidence of fraud, waste, or abuse, must also be reported to OIG monthly through the Open Case List Report.

By not reporting all preliminary investigations to OIG monthly, BCBS did not comply with TAC rules governing SIU functions of MCOs. In addition, OIG uses information provided by MCOs to analyze potential fraud, waste, and abuse trends. Reporting all investigations through the Open Case List Report creates a central repository of potential and actual fraud, waste, and abuse. Inconsistent reporting by MCOs impairs OIG's ability to effectively analyze, detect, and pursue fraud, waste, and abuse.

Recommendation 1

MCS, through its contract oversight responsibility, should ensure that BCBS reports all preliminary investigations to OIG monthly as required by TAC and the Uniform Managed Care Manual.

MCS should consider utilizing available tailored contractual remedies to compel BCBS to submit complete and accurate information in its monthly Open Case List Report.

Management Response

Action Plan

MCS agrees with the recommendation. MCS will allow Blue Cross Blue Shield 20 business days from receipt of the final audit report to submit a corrective action plan (CAP) that ensures that it reports all preliminary investigations to OIG monthly as required by TAC and the Uniform Managed Care Manual.

MCS expects Blue Cross Blue Shield to take immediate corrective action under the CAP and will allow 90 calendar days to implement all actions within the CAP. MCS will require Blue Cross Blue Shield to submit routine updates based on the timeframes for implementing corrective actions detailing the status of each milestone.

Prior to approving actions within the CAP, MCS will request the OIG Medicaid Program Integrity Division perform a joint review of the CAP since it currently reviews MCO SIU plans related to fraud, waste, and abuse.

Responsible Manager

Director, Managed Care Compliance & Operations

Target Implementation Date

December 2018

CONCLUSION

The OIG Audit Division completed an audit of BCBS's SIU performance. The audit included an evaluation of policies and practices associated with preventing, detecting, investigating, and reporting fraud, waste, and abuse.

HHSC and BCBS share accountability for ensuring that state and federal dollars are used to deliver cost-effective health care services to eligible Medicaid enrollees. An effective SIU function is essential to ensure that:

- State and federal funds spent on managed care are used appropriately.
- Suspected fraud is detected, investigated, and when substantiated, reported to the OIG and the Office of Attorney General's Medicaid Fraud Control Unit.
- Funds lost to fraud, waste, and abuse are recovered and reported to OIG.
- Capitation rates established for Medicaid and CHIP accurately reflect the cost of providing health care services to eligible beneficiaries.

Based on the results of its audit of BCBS's SIU, the OIG Audit Division concluded that BCBS:

- Had an approved fraud, waste, and abuse plan in place.
- Used data analytics, including data matching, trend analysis, and random payment reviews, to find potential fraud, waste, and abuse.
- Dedicated sufficient resources to its SIU function.
- Conducted recipient verifications.
- Had written SIU policies and procedures in place.
- Maintained a fraud, waste, and abuse hotline.
- Provided fraud, waste, and abuse training per TAC requirements.

- Accurately reported recoveries.

- Did not submit complete and accurate information regarding preliminary investigations of suspected cases of fraud, waste, and abuse monthly to the OIG.

The OIG Audit Division offered a recommendation to MCS which, if implemented, will ensure reporting of all preliminary investigations, enabling OIG to more effectively coordinate and oversee fraud, waste, and abuse efforts throughout Texas.

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

Appendix A: Objective, Scope, Methodology, Criteria, and Auditing Standards

Objective

The objective of this audit was to evaluate the effectiveness of BCBS's SIU performance in (a) preventing, detecting, and investigating fraud, waste, and abuse in Texas Medicaid and CHIP and (b) reporting reliable information on SIU activities, results, and recoveries to HHSC.

Scope

The scope of this audit included the period from September 1, 2016, through February 28, 2018, and included a review of relevant SIU activities through the end of fieldwork in July 2018. The OIG Audit Division focused on BCBS:

- Processes and activities that support SIU fraud, waste, and abuse plans.
- Policy and practices supporting the prevention, detection, investigation, disposition, and reporting of SIU activities and results to OIG.
- Information technology systems that support SIU processes, and related data.

Audit Methodology

To accomplish its objectives, the OIG Audit Division collected information for this audit through discussions and interviews with responsible staff at BCBS, and through request and review of the following information:

- A description of the SIU function and organizational structure.
- A list of SIU employees, including their names, titles, and a description of their qualifications.
- Policies and practices associated with prevention, detection, investigation, disposition, and reporting of fraud, waste, and abuse.
- Data related to SIU performance, including investigations, recoveries, and referrals in 2017 and the first two quarters of 2018.
- A description and flowchart of the SIU investigation process.

- Data and information systems that support the SIU activities and data processing necessary to produce reports for submission to OIG.

- A list and a description of each automated process or control in place to detect fraud, waste, and abuse.

The OIG Audit Division issued an engagement letter on May 18, 2018, to BCBS providing information about the upcoming audit, and conducted fieldwork at BCBS's facility in Richardson, Texas, on May 21 and 22, 2018. While on site, the OIG Audit Division interviewed responsible SIU personnel, evaluated policies and practices relevant to the SIU function, and reviewed relevant SIU activities, including those related to prevention, detection, investigation, disposition, and reporting.

Criteria

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

- Tex. Gov. Code § 531.113 (2003 through 2015)

- 1 Tex. Admin. Code § 353 (2012)

- 1 Tex. Admin. Code § 370 (2012)

- Uniform Managed Care Contract, Attachment B-1, v. 2.19 (2016) through v. 2.24 (2017)

- Uniform Managed Care Manual, § 5.5.1, v. 2.2 (2015)

- BCBS Fraud, Waste, and Abuse Compliance Plan

- BCBS SIU Policies and Procedures

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.

ISACA

The OIG Audit Division performs work in accordance with the IT Standards, Guidelines, and Tools and Techniques for Audit and Assurance and Control Professionals published by ISACA.

Appendix B: Testing Methodology

The OIG Audit Division examined SIU activities for the period from September 2016 through February 2018. After an initial assessment of risk across SIU activities and performance outcomes, the OIG Audit Division performed testing of employee training from the population of BCBS SIU staff and tested all preliminary investigations for compliance with TAC. Additional compliance testing was planned for full-scale investigations and referrals of potential fraud, waste, or abuse to OIG. Because BCBS had no full-scale investigations during the audit period and did not refer cases to OIG, no testing was performed in these two areas.

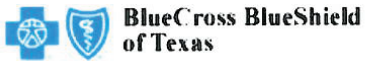
BCBS Employee Training

The OIG Audit Division tested whether BCBS staff attended annual fraud, waste, and abuse training, as well as whether they received training within 90 days of hire. Both are requirements of TAC. Specifically it tested training records for all 12 SIU staff and the other 32 BCBS Medicaid and CHIP staff who were employed during the 18-month audit period.

BCBS SIU Investigations

The OIG Audit Division conducted testing to assess whether BCBS's SIU conducted preliminary investigations within 15 working days of the identification or reporting of suspected or potential fraud, waste, or abuse as required by TAC. All preliminary investigations conducted during the 18-month audit period were tested.

Appendix C: BCBS Management Response



Steve Sizemore, CIA, CISA, CGAP
Performance Audit Director
Inspector General – Texas Health and Human Services Commission
11501 Burnet Rd., Bldg. 902, Office 505
Austin, TX 78758

August 21, 2018

Dear Mr. Sizemore,

Thank you for sending the Texas Health and Human Services Commission (HHSC) Office of Inspector General Audit Division draft report titled "Audit of Medicaid and CHIP MCO Special Investigative Units: Blue Cross and Blue Shield of Texas."

BlueCross BlueShield of Texas (BCBSTX) Special Investigations Department (SID) appreciates the clarification and guidance you provided about reporting preliminary case information in the Monthly Open Case Report pursuant to Texas Administrative Code 353.502. Per an email dated July 12, 2018 from the Audit Team, SID implemented the guided process to report preliminary investigations, including those allegations that do not result in an open investigation based on preliminary investigative findings, on the Open Case Report. This reporting change was reflected in our Open Case Report submission to HHSC on July 16, 2018. We respectively request that you consider including a statement in the Audit Report that BCBSTX SID implemented this reporting change.

In addition, SID reviewed the most current Fraud, Waste, and Abuse Plan to ensure it referenced the Texas Administrative Code 353.502 and educated SID staff about the reporting change.

SID will continue to strive toward detecting, investigating, and stopping fraud, waste and abuse (FWA) within TX Medicaid. As indicated in your Audit Report, SID has an effective FWA program through:

- An approved Fraud, Waste, and Abuse Plan along with policies and procedures that govern our FWA work.
- Applied data analytics, including data matching, trend analysis, and random payment reviews, to detect potential FWA.
- Dedicated sufficient resources to its Special Investigations functions.
- Recipient verifications and Special Investigations fraud hotline.
- Effective FWA training.

It was a pleasure working with you and your team.

Sincerely,

Bill Monroe

Bill Monroe
Vice President, Special Investigations Department

P. O. Box 833901 • Richardson, TX 75083-3901 • www.bcbstx.com

Auditor Comment

The OIG Audit Division verified that, as of August 30, 2018, BCBS had entered all 15 preliminary investigations into the Open Case List Report as asserted in its comment letter.

Appendix D: Report Team and Distribution

Report Team

The OIG staff members who contributed to this audit report include:

- Steve Sizemore, CIA, CISA, CGAP, Audit Director
- Anton Dutchover, CPA, Audit Manager
- Bruce Andrews, CPA, CISA, Audit Project Manager
- JoNell Abrams, CIGA, Staff Auditor
- Mo Brantley, Senior Audit Operations Analyst

Report Distribution

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- Cecile Erwin Young, Acting Executive Commissioner
- Victoria Ford, Chief Policy Officer
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- Enrique Marquez, Chief Program and Services Officer
- Stephanie Muth, State Medicaid Director, Medicaid and CHIP Services
- Grace Windbigler, Director, Managed Care Compliance and Operations

Blue Cross and Blue Shield of Texas

- Janice Fagen, Vice President, Texas Medicaid Operations
- Duane Goodnight, Director, Texas Medicaid Operations
- William Monroe, Vice President, Special Investigations Department
- Lynn O'Dea, Director of Government Programs, Special Investigations Department
- John Bacot II, Lead Investigator, Special Investigations Department

Appendix E: OIG Mission and Contact Information

The mission of the 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
- Anita D'Souza, Chief of Staff and Chief Counsel
- Olga Rodriguez, Chief Strategy Officer
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Brian Klozik, Deputy IG for Medicaid Program Integrity
- Lizet Hinojosa, Deputy IG for General Investigation
- David Griffith, Deputy IG for Audit
- Quinton Arnold, Deputy IG for Inspections and Investigations
- Alan Scantlen, Deputy IG for Data and Technology
- Judy Hoffman-Knobloch, Assistant Deputy IG for Medical Services

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To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: https://oig.hhsc.texas.gov/report-fraud
- Phone: 1-800-436-6184

To Contact the 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