



Inspections Report

Clinical Laboratory Improvement Amendments (CLIA) Certification

Community Health Choice, FirstCare
HealthPlans, Scott & White Health Plan,
and Texas Children's Health Plan



**Inspector
General**

Texas Health
and Human Services

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Clinical Laboratory Improvement Amendments (CLIA) Certification

Community Health Choice, FirstCare HealthPlans, Scott & White Health Plan, and Texas Children's Health Plan

Results in Brief

Why OIG Conducted This Inspection

The Texas Health and Human Services (HHS) Office of Inspector (OIG) General Audit and Inspections Division (OIG Inspections) conducted an inspection of managed care organization (MCO) processes for ensuring laboratory service providers have the appropriate Clinical Laboratory Improvement Amendments (CLIA) certification prior to paying submitted claims.

OIG previously conducted work related to laboratories that incorrectly billed Medicaid and received payment for procedure codes not covered by the laboratory's CLIA certificate. The payment of incorrect claims by MCOs indicated a systemic issue with the processing of claims for laboratory services.

Summary of Review

The inspection objective was to determine whether MCOs have controls to ensure payments made to laboratories are only for services covered under the laboratory's CLIA certification level.

The inspection scope covered MCO processes and claims from January 1, 2021, through March 31, 2021, for the following MCOs: Community Health Choice Texas, Inc.; Scott & White Health Plan; SHA, LLC, doing business as FirstCare HealthPlans; and Texas Children's Health Plan, Inc.

Key Results

The inspected MCOs had processes for obtaining a provider's CLIA certificate at the time of credentialing and recredentialing in the MCO's provider network. However, the MCOs did not have consistent processes for:

- Obtaining and maintaining current provider CLIA certificates
- Denying claims from laboratories with expired CLIA certificates
- Denying claims from providers that billed for procedures not covered by their CLIA certificate

Recommendations

The MCOs should:

- Ensure they obtain and maintain the current CLIA certificate for each laboratory in its provider network billing CLIA procedure codes.
- Use the information provided by HHSC to develop processes to ensure the lab certification codes listed on providers' CLIA certificates correspond to procedure codes in their claims payer system.
- Ensure their claims payer system denies claims for procedure codes that do not correspond to the laboratory certificate codes listed on a provider's CLIA certificate.

Management Response

The MCOs agreed with the inspection's recommendations and indicated they are working with HHSC on implementation.

For more information, contact: OIGInspectionsReports@hhs.texas.gov

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Inspection Overview

Overall Results

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Inspections) conducted an inspection of managed care organization (MCO) processes for ensuring laboratory service providers have the appropriate Clinical Laboratory Improvement Amendments (CLIA) certification prior to paying submitted claims.

The inspected MCOs had processes for obtaining a laboratory's CLIA certificate at the time of credentialing and recredentialing in the MCO's provider network. However, the MCOs did not have consistent processes for:

- Obtaining and maintaining current provider CLIA certificates
- Denying claims from laboratories with expired CLIA certificates
- Denying claims from providers that billed for laboratory procedures not covered by their CLIA certificate

OIG Inspections offered recommendations to Community Health Choice, FirstCare HealthPlans, Scott & White Health Plan, and Texas Children's Health Plan, which, if implemented, will help to ensure the MCOs make appropriate payments to laboratories based on the laboratory's CLIA certification level and lab certification codes.

OIG Inspections presented preliminary inspection results, observations, and recommendations to Community Health Choice, FirstCare HealthPlans, Scott & White Health Plan, and Texas Children's Health Plan in a draft report dated June 2, 2022. Community Health Choice, FirstCare HealthPlans, Scott & White Health Plan, and Texas Children's Health Plan agreed with the inspection's recommendations. All four MCOs' management responses are included in the report following each recommendation.

For instances of noncompliance identified in the inspection report, the Texas Health and Human Services Commission (HHSC) may consider tailored contractual remedies to compel MCOs to meet contractual requirements. In addition,

inspection findings in the report may be subject to OIG administrative enforcement measures,¹ including administrative penalties.²

OIG Inspections thanks management and staff at Community Health Choice, FirstCare HealthPlans, Scott & White Health Plan, and Texas Children’s Health Plan for their cooperation and assistance during this inspection.

Objective

The inspection objective was to determine whether MCOs have controls to ensure payments made to laboratories are only for services covered under the laboratory’s CLIA certification level.

Scope

The inspection scope covered MCO processes and claims from January 1, 2021, through March 31, 2021, for the following MCOs: Community Health Choice Texas, Inc.; Scott & White Health Plan; SHA, LLC, doing business as FirstCare HealthPlans; and Texas Children’s Health Plan, Inc.

Background

CLIA regulations include federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease.³

The Centers for Medicare and Medicaid Services (CMS) sent a letter in 2000 to state Medicaid directors, stating “each State must ensure that all laboratories used for testing Medicaid beneficiaries are CLIA certified. . . . All states were

As used in this section, the term “laboratory” means a facility for the biological, microbiological, serological, chemical, immuno-hematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings, as defined in 42 U.S. Code § 263a (2012).

¹ Tex. Admin Code § 371.1603 (May 20, 2020).

² Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

³ 42 C.F.R. § 493.3(b) (Apr. 24, 2003) identifies the following exemptions: forensic laboratories, drug testing laboratories certified by the Substance Abuse and Mental Health Services Administration, and laboratories that do not report patient specific results.

alerted at the onset of CLIA to include contract requirements that laboratories paid with Medicaid funds be CLIA certified.”⁴ In addition, CMS issues CLIA laboratory certificates.

Laboratories must apply for a CLIA certificate and identify their specialty and sub-specialty areas through CMS. These specialty and sub-specialty certification codes, in turn, correspond to specific procedure codes that the laboratory is certified to perform. Certificates are valid for two years. The Food and Drug Administration categorizes tests as falling into one of three levels of complexity: waived, moderate (which includes the provider-performed microscopy subcategory), and high.^{5,6}

What Prompted This Inspection

OIG previously conducted work related to laboratories that incorrectly billed Medicaid and received payment for procedure codes not covered by the laboratory’s CLIA certificate. The payment of incorrect claims by MCOs indicated a systemic issue with the processing of claims for laboratory services.

⁴ U.S. Department of Health and Human Services, “Medicaid Clinical Laboratory Improvement Amendments (CLIA) Implementation,” Release No. 35 (July 13, 2000).

⁵ U.S. Food and Drug Administration, “Clinical Laboratory Improvement Amendments (CLIA),” <https://www.fda.gov/medical-devices/ivd-regulatory-assistance/clinical-laboratory-improvement-amendments-clia> (accessed Nov. 11, 2021).

⁶ 42 C.F.R. § 493.5 (Apr. 24, 1995).

Detailed Results

The following sections of this report provide additional detail about the instances of noncompliance observed by OIG Inspections.

Observation 1: MCOs Do Not Have Processes to Ensure They Have Current CLIA Certificates for Laboratories in Their Provider Networks

During the review of the four MCOs, the inspection team found the MCOs did not have controls in place to ensure laboratories provided updated certificates, as required.

Laboratories are required to renew their CLIA certificates every two years. When laboratories change the type, methodology of examinations, or other procedures they must provide notice describing the changes within six months after the change was effective.⁷ When the changes require a revised certificate, laboratories are not eligible for Medicaid until their certificate has been revised.⁸

None of the MCOs have processes to ensure laboratories provide updated certificates. MCOs either rely on each laboratory's credentialing and recredentialing process to verify CLIA certificates or verify certificate information on the CMS website. This process may not provide MCOs with the most current CLIA certificate; therefore, MCOs cannot ensure they only pay for laboratory procedures the laboratory is certified to perform.

Recommendation 1

MCOs should ensure they obtain and maintain the current CLIA certificate for each laboratory in their provider network billing for CLIA procedure codes.

⁷ 42 U.S.C. §§ 263a(c)(2) and (d)(1)(A) (Dec. 4, 2012).

⁸ 42 C.F.R. § 493.1809 (Sept. 1, 1992).

Community Health Choice Management Response

Action Plan

The CLIA certificate will be obtained from all providers billing lab services on a 1500 claim form (in and out-of-network). The lab certification specialty codes for each CLIA certificate will be added to the CHC [Community Health Choice] CLIA certificate repository used for claims processing. If no record of specialty codes is available in certificate database, the denial message will be Submit copy of CLIA certificate to document lab certification (specialty) codes. The provider will be required to submit an updated CLIA certificate every 2 years or receive claim denials due to no current CLIA certificate on file.

CHC plans to work with HHSC to implement the recommendations as the plans and HHSC determine appropriate actions to address the identified issues. CHC will align its implementation plan and timeline that will be publicly posted in accordance with final direction from HHSC.

Responsible Manager

Director of Information Systems Applications

Target Implementation Date

The implementation date will align with any final direction from HHSC/OIG in collaboration with all MCOs.

FirstCare HealthPlans Management Response

Action Plan

FCHP [FirstCare HealthPlans] utilizes its credentialing process to obtain each laboratory's CLIA certificates. FCHP has initiated processes to obtain each laboratory's CLIA certificates at the time of initial or recredentialing. As indicated within the OIG description above, CLIA providers are required to renew their CLIA certificates every two years. Since recredentialing timeframes may delay our efforts to obtain the certificates, FCHP has invoked the following process to ensure immediate compliance:

1. All Medicaid enrolled network providers who are identified as having a certified lab or who have billed any of the applicable HCPC/CPT codes specific to laboratory have been notified of the action to immediately submit all of their applicable certificates to capture the LC codes

2. Any out of network provider who provides services to a Medicaid recipient must provide their CLIA certificate if any of the applicable HCPC/CPT codes are used within their billing. FCHP will deny services for any out of network provider who fails to provide their applicable CLIA certificates prior to any payment consideration
3. The payer system has been modified to capture the LC code(s) as well as the certification(s) effective and term dates for each applicable provider profile. Any provider who fails to maintain an active certification within their established profile will be subject to payment denial once a claim is presented for payment consideration within the payer system
4. Efforts are underway to establish a CAQH/CORE compliant denial code for CLIA lab services performed without the corresponding certification

FCHP has reviewed OIG recommendations and has taken steps outlined above to obtain and maintain the current CLIA certificate for in network providers billing CLIA procedure codes as well as established a process to enforce compliance for out of network providers

Responsible Manager

Director, Compliance

Target Implementation Date

FCHP is targeting to implement changes within the third (3rd) quarter of calendar year 2022.

MCO has adopted OIG's recommendation to deny claims for CLIA providers who have not submitted current CLIA certificates. Doing so will cause provider abrasion and potentially increase Provider complaints. Long-term remediation will be implemented by the MCO once HHSC makes "crosswalk to procedural code" available for all MCOs.

Scott & White Health Plan Management Response

Action Plan

SWHP [Scott & White Health Plan] utilizes its credentialing process to obtain each laboratory's CLIA certificates. SWHP has initiated processes to obtain each laboratory's CLIA certificates at the time of initial or recredentialing. As indicated within the OIG description above, CLIA providers are required to renew their CLIA

certificates every two years. Since recredentialing timeframes may delay our efforts to obtain the certificates, FCHP has invoked the following process to ensure immediate compliance:

1. All Medicaid enrolled network providers who are identified as having a certified lab or who have billed any of the applicable HCPC/CPT codes specific to laboratory have been notified of the action to immediately submit all of their applicable certificates to capture the LC codes
2. Any out of network provider who provides services to a Medicaid recipient must provide their CLIA certificate if any of the applicable HCPC/CPT codes are used within their billing. SWHP will deny services for any out of network provider who fails to provide their applicable CLIA certificates prior to any payment consideration
3. The payer system has been modified to capture the LC code(s) as well as the certification(s) effective and term dates for each applicable provider profile. Any provider who fails to maintain an active certification within their established profile will be subject to payment denial once a claim is presented for payment consideration within the payer system
4. Efforts are underway to establish a CAQH/CORE compliant denial code for CLIA lab services performed without the corresponding certification

SWHP has reviewed OIG recommendations and has taken steps outlined above to obtain and maintain the current CLIA certificate for in network providers billing CLIA procedure codes as well as established a process to enforce compliance for out of network providers.

Responsible Manager

Director, Compliance

Target Implementation Date

SWHP is targeting to implement changes within the third (3rd) quarter of calendar year 2022.

MCO has adopted OIG's recommendation to deny claims for CLIA providers who have not submitted current CLIA certificates. Doing so will cause provider abrasion and potentially increase Provider complaints. Long-term remediation

will be implemented by the MCO once HHSC makes “crosswalk to procedural code” available for all MCOs.

Texas Children’s Health Plan Management Response

Action Plan

Texas Children’s Health Plan will verify and capture current CLIA certification status including approved Lab Certification Codes, where applicable, for all existing in-network lab providers to remediate current outdated CLIA certificate records. As of June 2022, TCHP has updated our policies and procedures to ensure that CLIA certification status with the Lab Certification Codes, where applicable, are verified and captured on all new initial and re-credentialed providers who provide lab services.

TCHP respectfully requests that HHSC consider a more centralized process for providers similar to using one CVO. We believe this will minimize significant provider abrasion expected from impacted providers receiving multiple requests from every MCO for the same information, especially since the lab certification verification requirement is every two years, which is more frequent than standard credentialing.

Texas Children’s Health Plan will also review contract language with our network lab providers to determine if contracts require addendums with stronger language clarifying CLIA certificate notification requirements. This review will also include our policies and procedures to ensure CLIA certification requirements are clear and consistent with HHSC regulations. All Credentialing Department staff will be trained and educated on the updated policies and procedures to ensure compliance.

Responsible Manager

Director of Credentialing

Target Implementation Date

To be determined based on further direction from HHSC

Observation 2: MCOs Do Not Maintain Lab Certification Codes from CLIA Certificates in Their Claims Payer Systems

The MCOs' claims payer systems did not contain the CLIA lab certification codes, which are needed to identify CLIA claims that should be paid. As a result:

- MCOs made payments without verifying lab certification codes.
- In some instances, MCOs incorrectly made payments for procedure codes that did not fall under the lab certification codes on the laboratory's CLIA certificate.

MCOs may only reimburse for laboratory procedures that a laboratory is certified to perform.^{9,10}

One of the four MCOs has a partial process in their claims payer system that includes the laboratory's CLIA certification level. However, none of the MCOs' claims payer systems identified lab certification codes, which are necessary to compare with allowable procedure codes. The automated edits within the MCOs' claims payer systems cannot appropriately approve or deny laboratory claims without aligning the procedure codes to the corresponding lab certification codes listed on the CLIA certificate.

During the inspection, HHSC developed a process to provide information to the MCOs that will assist them with aligning procedure codes to lab certification codes.

Recommendation 2.1

MCOs should use the information provided by HHSC to develop processes to ensure the lab certification codes listed on providers' CLIA certificates correspond to procedure codes in their claims payer system.

Recommendation 2.2

MCOs should ensure their claims payer system denies claims for procedure codes that do not correspond to the laboratory certificate codes listed on the provider's CLIA certificate.

⁹ 42 C.F.R. § 493.1809 (Sept. 1, 1992).

¹⁰ Uniform Managed Care Contract, Attachment A, § 7.02(16), v. 2.31 (Sept. 1, 2020) and v. 2.32 (Mar. 2, 2021).

Community Health Choice Management Response

Action Plan

Recommendation 2.1

CHC [Community Health Choice] will maintain a CLIA certificate repository based on the CMS Provider of Service (POS) file which is located at <https://www.cms.gov/research-statistics-data-systems/provider-services-current-files/2021-pos-file>. This file contains the CLIA certificate number, provider name, address, certificate effective date, certificate termination date, and certification type. It does not contain the lab certification specialty codes. CHC will build a CLIA certificate repository to maintain the lab certification codes. The lab certification specialty codes for each CLIA certificate will be added to the CLIA certificate repository and maintained.

CHC plans to work with HHSC to implement the recommendations as the plans and HHSC determine appropriate actions to address the identified issues. CHC will align its implementation plan and timeline that will be publicly posted in accordance with final direction from HHSC.

Recommendation 2.2

The claims processing system will utilize the data from the custom repository to determine if a claim was billed with a lab code/provider that requires a lab certification on a 1500 claim form (in and out-of-network) during claims processing. If no record of specialty codes is available in the CLIA certificate database, the claim will be denied, and the denial message will be 'Submit copy of CLIA certificate to document lab certification (specialty) codes.

CHC [Community Health Choice] plans to work with HHSC to implement the recommendations as the plans and HHSC determine appropriate actions to address the identified issues. CHC will align its implementation plan and timeline that will be publicly posted in accordance with final direction from HHSC.

Responsible Manager

Director of Information Systems Applications

Target Implementation Date

The implementation date will align with any final direction from HHSC/OIG in collaboration with all MCOs.

FirstCare HealthPlans Management Response

Action Plan

CMS recently shared the Annual 2021 and 2022 updates to the Health Care Common Procedure Coding System (HCPCS) for the State's use. Annual HCPCS files provide Laboratory Certification (LC) Codes CLIA Specialty and Subspecialty information so that MCOs can implement appropriately in our claims system to validate CLIA laboratory certification codes.

This information was shared by HHSC with the MCOs via MCO notice issued on 4/28/2022. As such, FCHP [FirstCare HealthPlans] has reviewed the recommendations and has revised current processes necessary to be in alignment with the regulatory requirements for processing claims appropriate to a provider's CLIA certification and denying those that do not correspond to the laboratory certificate codes listed on the provider's CLIA certificate.

Responsible Manager

Director, Compliance

Target Implementation Date

FCHP [FirstCare HealthPlans] is targeting to implement changes within the third (3rd) quarter of calendar year 2022.

MCO has adopted OIG's recommendation to deny claims for CLIA providers who have not submitted current CLIA certificates. Doing so will cause provider abrasion and potentially increase Provider complaints. Long-term remediation will be implemented by the MCO once HHSC makes "crosswalk to procedural code" available for all MCOs.

Scott & White Health Plan Management Response

Action Plan

CMS recently shared the Annual 2021 and 2022 updates to the Health Care Common Procedure Coding System (HCPCS) for the State's use. Annual HCPCS files provide Laboratory Certification (LC) Codes CLIA Specialty and Subspecialty information so that MCOs can implement appropriately in our claims system to validate CLIA laboratory certification codes.

This information was shared by HHSC with the MCOs via MCO notice issued on 4/28/2022. As such, SWHP [Scott & White Health Plan] has reviewed the

recommendations and has revised current processes necessary to be in alignment with the regulatory requirements for processing claims appropriate to a provider's CLIA certification and denying those that do not correspond to the laboratory certificate codes listed on the provider's CLIA certificate.

Responsible Manager

Director, Compliance

Target Implementation Date

SWHP is targeting to implement changes within the third (3rd) quarter of calendar year 2022.

MCO has adopted OIG's recommendation to deny claims for CLIA providers who have not submitted current CLIA certificates. Doing so will cause provider abrasion and potentially increase Provider complaints. Long-term remediation will be implemented by the MCO once HHSC makes "crosswalk to procedural code" available for all MCOs.

Texas Children's Health Plan Management Response

Action Plan

Texas Children's Health Plan will implement automated claims edits in our claims systems based on procedure codes that correspond to the CLIA lab certification codes for each lab provider to only pay for lab claims that are within the lab provider's CLIA certification. TCHP's requests that HHSC publish a crosswalk of Lab Certification (LC) Codes to specific HCPCS and/or CPT-4 codes on a publicly accessible website to ensure configuration is compliant.

In addition, we request that HHSC create a process to collect and publish CLIA certification information in a centralized and regularly scheduled manner (e.g. PEMS) to MCOs, so providers experience a consistent response to their lab certification and claims payment across MCOs, and issues are resolved for a provider in a one-stop shop manner. The centralized CLIA certification information should contain each lab provider's Certificate of Compliance (COC) or Certificate of Accreditation (COA) certification type, the specific Lab Certification (LC) Codes each provider is certified to perform and effective dates.

In addition, we request HHSC issue provider communications reinforcing OIG / HHSC requirement for CLIA Certification and its instructions to MCOs to deny lab services if credentialing is not current or complete. This communication should

also clearly articulate that different MCOs are on different timelines for implementing these regulatory requirements. We believe this communication from HHSC will minimize provider abrasion as these changes are deployed across MCOs.

In addition, Texas Children's Health Plan will engage with our lab provider network re-enforcing our policy and resulting claim denial for non-compliance.

Responsible Managers

- Director of Business Operations
- Director of Claims

Target Implementation Date

To be determined based on further direction from HHSC.

OIG Inspections Comment

OIG Inspections thanks the MCOs for taking steps to address the issues identified in this report and recognizes that MCOs are working with HHSC on implementation of the recommendations. OIG Inspections does not direct MCO management actions and supports the MCOs continuing to work with HHSC to address the issues identified in the inspection.

Appendix A: Methodology and Standards

Methodology

The inspection team collected data for this inspection by:

- Conducting interviews and two surveys with the MCOs
- Reviewing policies and procedures for claims adjudication
- Reviewing selected CLIA certificates provided by MCOs
- Analyzing encounter data from January 1, 2021, through March 31, 2021

The OIG Fraud Analytics and Data Operations Division provided encounter data for laboratory procedures for the date range of January 1, 2021, through March 31, 2021, which identified 281,285 claims paid by the four MCOs.

To accomplish the inspection objective, inspectors:

- Analyzed encounter data to identify incorrect payments
- Interviewed MCOs to determine why incorrect payments were made

The inspection team analyzed encounter data using two approaches:

- Reviewing claims for moderate and high complexity procedures paid to laboratories with a Certificate of Waiver or Certificate of Provider-Performed Microscopy Procedures.
- Reviewing lab certification codes from certificates of Registration, Accreditation, and Compliance to determine if procedures were paid that were not covered by a provider's CLIA certificate.

There are two components of CLIA compliance: (a) level of certification and (b) specific certification codes.

Laboratories that hold a Certificate of Provider-Performed Microscopy Procedures may be reimbursed for a limited number of moderate complexity procedures, as well as all waived procedures. Laboratories that hold a Certificate of Waiver are only allowed to perform waived tests.

Laboratory certification codes are identified on the certificate of any provider performing moderate to high complexity procedures.

The inspection team used risk-based sampling to select patient control numbers and procedure codes for testing.

Standards

OIG Inspections conducts inspections of Texas HHS programs, systems, and functions. Inspections are designed to be expeditious, targeted examinations into specific programmatic areas to identify systemic trends of fraud, waste, or abuse. Inspections typically result in observations and may result in recommendations to strengthen program effectiveness and efficiency. OIG Inspections conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

Appendix B: Report Team and Distribution

Report Team

OIG staff members who contributed to this inspection report include:

- Kacy J. VerColen, CPA, Deputy Inspector General of Audit and Inspections
- Bruce Andrews, CPA, CISA, Director of Inspections
- James Aldridge, Manager of Inspections
- Charlene Anderson, CTCM, Team Lead for Inspections
- Jeffrey Fullam, Interim Team Lead for Inspections
- Casey Gibson, Senior Inspector
- Mo Brantley, Senior Audit Operations Analyst

Report Distribution

Health and Human Services

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Nicole Guerrero, Director of Internal Audit
- Stephanie Stephens, Chief Medicaid and CHIP Services Officer, Medicaid and CHIP Services
- Emily Zalkovsky, Deputy State Medicaid Director, Medicaid and CHIP Services
- Shannon Kelley, Associate Commissioner for Managed Care, Medicaid and CHIP Services

- Dana Collins, Interim Deputy Executive Commissioner for Operations, Medicaid and CHIP Services
- Katherine Scheib, Deputy Associate Commissioner, Medicaid and CHIP Services
- Michelle Erwin, Deputy Associate Commissioner for Office of Policy
- Leslie Smart, Director of Medical and Dental Benefits Policy

Community Health Choice

- Lisa Wright, President and Chief Executive Officer
- Janet Campbell, Director of Compliance
- Lucretia Butler, Director of Information Systems Applications

FirstCare HealthPlans and Scott & White Health Plan

- Jeff Ingram, President and Chief Executive Officer
- Amy Cornett, Director Compliance

Texas Children's Health Plan

- S. Richelle Fleischer, President
- Amy Briley, Manager Compliance
- Kellie Malone, Director of Business Operations
- April Riggs, Director of Claims
- Iwona Walus, Director of Credentialing

Appendix C: 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:

- Sylvia Hernandez Kauffman, Inspector General
- Audrey O'Neill, Principal Deputy Inspector General, Chief of Audit and Inspections
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Steve Johnson, Chief of Investigations and Reviews

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