TEXAS HEALTH AND HUMAN SERVICES COMMISSION

INSPECTOR GENERAL

AUDIT OF MEDCARE PEDIATRIC GROUP, LP

A Medicaid Speech Therapy Provider

August 11, 2017
OIG Report No. AUD-17-015

HHSC IG

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A Medicaid Speech Therapy Provider

WHY THE IG CONDUCTED THIS AUDIT

The Texas Health and Human Services Commission (HHSC) Inspector General (IG) conducted an audit of MedCare Pediatric Group, LP (MedCare), a provider for Superior HealthPlan, Inc. (Superior), a Medicaid managed care organization (MCO).

The IG included speech therapy provider audits on the audit plan after the Centers for Medicare and Medicaid Services (CMS) Medicaid Integrity Contractor expressed interest in determining whether speech therapy services are provided by someone other than licensed therapists or someone under the supervision of a licensed therapist.

The audit objectives were to evaluate whether MedCare complied with:

- Prior authorization and re-authorization requirements.
- Criteria for determining when discontinuation of therapy is appropriate, in terms of duration and total number of visits.
- Applicable licensure and certification requirements for speech therapists.

WHAT THE IG RECOMMENDS

The Medicaid and CHIP Services Department (MCSD) should require Superior to ensure providers are (a) compliant with, (b) informed about, and (c) monitored for compliance with IT security rules, requirements, and other applicable standards. The MCSD should require Superior to correct encounter data and financial information reported to HHSC to accurately reflect the amounts that should have been paid for seven incorrect or unsupported MedCare speech therapy claims.

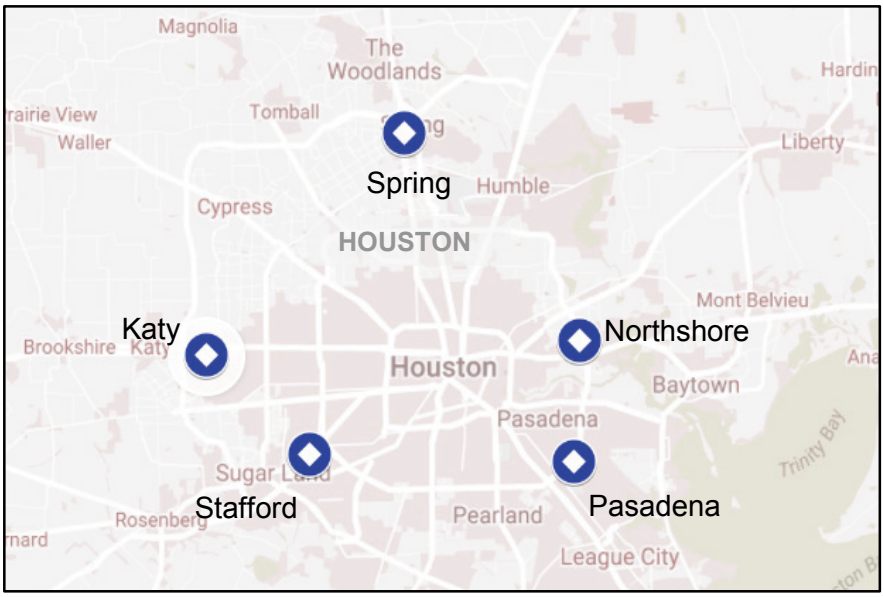
For more information, contact:
IG.AuditDivision@hhsc.state.tx.us

WHAT THE IG FOUND

MedCare's speech therapy claims were correctly coded, supported with adequate documentation, and approved by qualified medical professionals for 1,547 out of 1,554 speech therapy claims tested. Seven claims had exceptions, due to:

- Record of treatment missing from patient file
- Incorrect procedure code billed
- Required signature missing

In addition, MedCare was not in compliance with information security laws, rules, and regulations required by its Ancillary Services Provider Agreement with Superior. Noncompliance existed in the areas of IT security policy, password settings, user access, and change management.



MedCare services include pediatric occupational therapy, physical therapy, speech therapy, and private duty nursing. MedCare provides home visits and five outpatient rehabilitation clinics located around the Houston, Texas, area in Katy, Northshore, Pasadena, Spring, and Stafford.

The Medicaid and CHIP Services Department acknowledged the IG Audit Division's recommendations and has taken the opportunity to address the findings. The Medicaid and CHIP Services Department's responses to each of the IG Audit Division's recommendations are included in the body of the report

The IG Audit Division will perform subsequent speech therapy audits focused on other providers associated with Texas Medicaid MCOs.

LESSONS LEARNED

Medicaid providers should be aware of, and follow, appropriate protocols in Health and Human Services Enterprise Information Security Standards and Guidelines (EISSG), Texas Department of Information Resources Information Security Standards, Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Health Information Technology for Economic and Clinical Health (HITECH) Act.

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INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Inspector General (IG) Audit Division conducted an audit of MedCare Pediatric Group, LP (MedCare). This audit report is the second in a series of reports on the topic of Medicaid speech therapy providers in Texas. The first report was an informational report that provided background, context, and a compilation of information about speech therapy as administered in Texas through Medicaid managed care and fee-for-service delivery models. This audit report is focused on one speech therapy provider, MedCare, and its Ancillary Services Provider Agreement as a network provider for Superior HealthPlan, Inc. (Superior), a managed care organization (MCO).[1] The IG Audit Division will perform subsequent speech therapy audits focused on other providers associated with Texas Medicaid MCOs.

In early 2016, IG executive management met with the ten Texas MCOs that received the highest Texas Medicaid capitated payments in prior years. In those meetings, the MCOs discussed challenges they were facing, including escalating costs associated with acute speech therapy. The IG issued a report titled, "Texas Medicaid Speech Therapy Informational Report on Payment Trends and Service Delivery," which indicated that while overall speech therapy payments made by MCOs to providers decreased from 2015 to 2016, speech therapy payments for 10 of 21 MCOs increased over the period.

The IG included speech therapy provider audits on the audit plan after the CMS Medicaid Integrity Contractor expressed interest in determining whether speech therapy services are provided by someone other than licensed therapists or someone under the supervision of a licensed therapist.

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

[1] An MCO is an organization that delivers and manages health care services under a risk-based arrangement. The MCO receives a monthly premium or capitation payment for each managed care member enrolled, based on a projection of what health care for the typical individual would cost. If members' health care costs more, the MCO may suffer losses. If members' health care costs less, the MCO may profit. This gives the MCO an incentive to control costs.

Objectives and Scope

The objectives of the audit were to evaluate whether MedCare complied with the following Texas Medicaid requirements:

- Prior authorization and re-authorization requirements.
- Criteria for determining when discontinuation of therapy is appropriate, in terms of duration and total number of visits.
- Applicable licensure and certification requirements for the speech therapists.

Data reliability of the information technology (IT) systems used by MedCare was also tested.

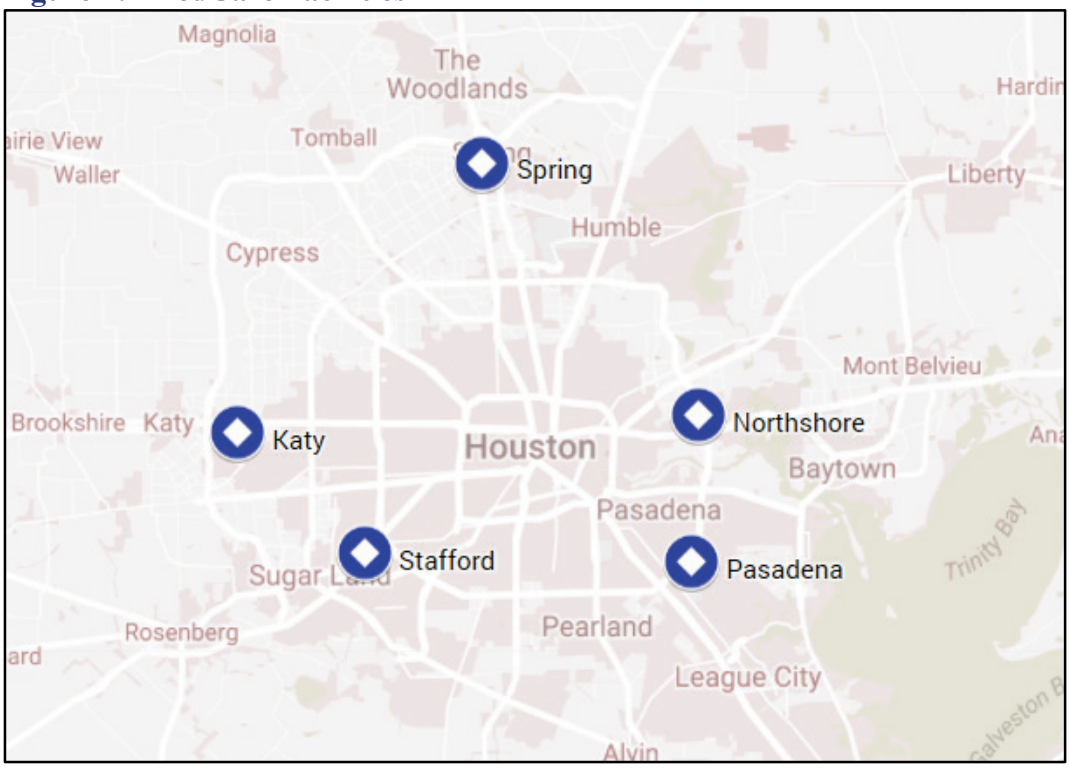
The audit scope included MedCare's contract performance with Superior from September 1, 2014, through August 31, 2016. The audit team reviewed the following:

- Superior policies and procedures.
- All 2015 and 2016 MedCare treatment records supporting speech therapy claims.
- Speech therapist and speech therapy assistant licensing records.
- MedCare's information system data integrity and information security practices.

Background

MedCare provides comprehensive therapy and nursing services for patients from birth to 21 years old. MedCare services include pediatric occupational therapy, physical therapy, speech therapy, and private duty nursing. MedCare provides home visits and outpatient services at five rehabilitation clinics located around the Houston, Texas, area. MedCare's administrative office and one of the five clinics is in Stafford. The other four clinics are in Katy, Northshore, Pasadena, and Spring. Figure 1 shows the locations of the MedCare facilities.

Figure 1: MedCare Facilities



Source: Google Maps

MedCare includes MedCare TPY, LLC (MedCare Therapy), and MedCare Pediatric Rehab GP, LLC (MedCare Pediatric Rehab). MedCare Therapy manages the home health delivery services, and MedCare Pediatric Rehab manages the five clinics. MedCare employs Speech Language Pathologists (SLP) and Speech Language Pathologist Assistants (SLPA) who provide speech therapy treatment services.

MedCare, through its contract with Superior, billed a total of $213,186.63 during the 2015 and 2016 period. The audit team tested 100 percent of the 1,554 treatment records during this period. Superior maintains required policies and procedures to be followed by providers in its network. These requirements must be followed in order for Superior to approve claim payments.

The IG Audit Division conducted this audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States.

The IG Audit Division presented the audit results, issues, and recommendations to the Medicaid CHIP Services Department and to MedCare in a draft report dated May 31, 2017. The Medicaid CHIP Services Department's management responses are included in the report following each recommendation. MedCare's responses are included in Appendix B.

AUDIT RESULTS

Speech therapy providers must follow Texas Medicaid requirements, as directed in the Texas Medicaid Program Providers Manual, for documenting speech therapy services and supporting related speech therapy claims billing. Providers must also follow information systems security requirements detailed in Health and Human Services Enterprise Information Security Standards and Guidelines (EISSG).

The IG Audit Division evaluated MedCare's speech therapy treatment documentation for all Medicaid speech therapy claims during the audit period, to assess MedCare's compliance in three areas: (a) accuracy of speech therapy claims billing, including compliance with prior authorization and re-authorization requirements and criteria for determining discontinuation of therapy as appropriate, (b) licensure, and (c) supervision of speech language pathology assistants and interns.

The IG Audit Division also evaluated selected security controls for information systems MedCare used during the audit period to document speech therapy services and process speech therapy claims.

Audit results indicated that MedCare complied with requirements related to licensure and to supervision of speech language pathology assistants and interns. Details of findings in the areas of information system security and accuracy of speech therapy claims follow.

INFORMATION SYSTEM SECURITY

The Ancillary Services Provider Agreement between Superior and MedCare does not specifically cite the pertinent regulations for IT security compliance, but does state that the provider must comply with all applicable state laws, rules, regulations, policies, and guidelines regarding information security.

The Texas HHSC Uniform Managed Care Contract (UMCC) requires Superior and all of its subcontractors to comply with all applicable laws, rules, and regulations regarding information security,[2] including:

- Health and Human Services Enterprise Information Security Standards and Guidelines (EISSG).[3]
- Texas Department of Information Resources Information Security Standards.

[2] Uniform Managed Care Contract, Attachment A: Terms and Conditions, § 11.08: Information Security, v. 2.21 (Feb. 1, 2017).

[3] EISSG Controls Catalog v6, IA-5 Authenticator Management; AC-1 Access Control Policies and Procedures; IA-2 Account Management; PS-4 Personnel Termination (Sept. 21, 2015).

- Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Health Information Technology for Economic and Clinical Health (HITECH) Act.

MedCare, as a network provider for Superior, must comply with UMCC information security requirements. Auditors reviewed the two IT systems MedCare used over the audit period – Horizon, the legacy system, and RainTree, the current system.

MedCare was not in compliance with information security laws, rules, and regulations as required by the Ancillary Services Provider Agreement. MedCare is responsible for collecting and distributing electronic protected health information in order to care for patients and receive Medicaid funds for the care of patients. By not following the protocols, confidentiality of protected health information may be breached and the integrity of the data could be jeopardized.
MedCare's non-compliance with its contractual obligation to adhere to information security laws, rules, and regulations resulted in the following specific issues:

- An organization-wide IT policy, as required by the EISSG,[4] Texas Administrative Code (TAC),[5] HIPAA,[6] and HITECH, had not been developed, documented, and disseminated.
- Generic system accounts were used and active accounts were associated with terminated employees.[7]
- Password settings were not appropriately configured per EISSG.[8]
- Written change management policies and procedures to address security concerns over system process changes were not in place.[9]

Detailed results related to security configurations and vulnerabilities are confidential under Government Code Sections 552.139(b) and 2054.077(c), and are

[4] EISSG Controls Catalog v6, IA-5 Authenticator Management (Sept. 21, 2015).

[5] 1 Tex. Admin. Code §202.22 (Mar. 17, 2015).

[6] 45 C.F.R. § 164.316 (Jan. 25, 2013).

[7] 45 C.F.R. § 164.312 (Jan. 25, 2013); EISSG Controls Catalog v6, IA-2 Identification and Authentication (Organization Users; PS-4 Personnel Termination (Sept. 21, 2015).

[8] EISSG Controls Catalog v6, AC-1, Access Control Policy and Procedures (Sept. 21, 2015).

[9] The National Institute of Standards and Technology (NIST) publishes the prevailing IT control guidelines for information systems housing government data. NIST standards and criteria for controls implementation are mandated by the Federal Information Systems Management Act of 2002. NIST Special Publication 800-53, Security and Privacy Controls for Federal Information Systems and Organizations v. 4, CM-3 Configuration Change Control (Apr. 2013).

therefore not included in this report. The confidential, detailed results have been provided separately to MedCare, Superior, and the HHSC Medicaid and CHIP Services Department.

Recommendation 1.1

The Medicaid and CHIP Services Department, through its contract oversight responsibility, should require Superior to ensure MedCare is compliant with IT requirements contained in the UMCC. To become compliant, MedCare should:

- Develop, document, and disseminate organization-wide IT policies and procedures.
- Define and document a password policy which contains guidance on appropriate password length, special characters, and alpha/numeric requirements.
- Ensure unique user accounts are used, and avoid the use of generic accounts.
- Deactivate and remove accounts associated with terminated employees.
- Develop, document, and disseminate an appropriate change management process.
- Set typical user access to the Horizon system to "read only."
- Review, as appropriate, records of information system activity, such as the audit log, access reports, and security tracking reports, in the current RainTree system.

HHSC Medicaid and CHIP Services Department Management Response

Action Plan

The Medicaid/CHIP Services Department agrees with the recommendation. The Department will allow Superior thirty (30) business days from receipt of the final audit report to submit a corrective action plan (CAP) that identifies the specific steps that Superior will take to ensure MedCare is compliant with IT requirements contained in the UMCC, including:

1) *Developing, documenting, and disseminating organization-wide IT policies and procedures.*

2) *Defining and documenting a password policy which contains guidance on appropriate password length, special characters, and alpha/numeric requirements.*

3) *Ensuring unique user accounts are used, and avoid the use of generic accounts.*

4) *Deactivating and removing accounts associated with terminated employees.*

5) *Developing, documenting, and disseminating an appropriate change management process.*

6) *Setting typical user access to the Horizon system to "read only."*

7) *Reviewing, as appropriate, records of information system activity, such as the audit log, access reports, and security tracking reports, in the current RainTree system.*

The Medicaid/CHIP Services Department expects Superior to take immediate corrective action under the CAP and will allow Superior 90 calendar days to implement all actions within the CAP. The Medicaid/CHIP Services Department will require Superior to submit monthly updates detailing the status of each milestone.

Responsible Manager

Director, Health Plan Management and Director, Health Services Systems

Target Implementation Date

Ninety days from receipt of the final audit report for Superior corrective actions.

Recommendation 1.2

The Medicaid and CHIP Services Department, through its contract oversight responsibility, should require Superior to provide direction to MedCare on requirements for the IT security laws, rules, and regulations that apply to its providers. Superior should require its providers to comply with all applicable laws, rules, regulations, policies, and guidelines pertaining to IT security and monitor provider compliance with these requirements.

HHSC Medicaid and CHIP Services Department Management Response

Action Plan

The Medicaid/CHIP Services Department agrees with the recommendation. The Department will allow Superior thirty (30) business days from receipt of the final audit report to submit a corrective action plan (CAP) that identifies the specific steps that Superior will take to ensure the following:

1) *Superior provides direction to MedCare on requirements for the IT security laws, rules, and regulations that apply to its providers and*

2) *Superior will require its providers to comply with all applicable laws, rules, regulations, policies, and guidelines pertaining to IT security and monitor provider compliance with these requirements.*

The Medicaid/CHIP Services Department expects Superior to take immediate corrective action under the CAP and will allow Superior 90 calendar days to implement all actions within the CAP. The Medicaid/CHIP Services Department will require Superior to submit monthly updates detailing the status of each milestone.

Responsible Manager

Director, Health Plan Management and Director, Health Services Systems

Target Implementation Date

Ninety days from receipt of the final audit report for Superior corrective actions.

ACCURACY OF SPEECH THERAPY CLAIMS

MedCare's speech therapy claims were correctly coded, supported with adequate documentation, and approved by qualified medical professionals for 1,547 out of 1,554 speech therapy claims tested. Seven claims had exceptions, which were due to:

- Record of treatment missing from patient file
- Incorrect procedure code billed
- Required signature missing

Details of the exceptions are included in the following sections.

Record of Treatment Missing From Patient File

There were 3 instances of MedCare patient files with no record of speech therapy treatment provided out of the 1,554 records reviewed.

Superior's policies and procedures require that documentation of initial evaluations, re-evaluations, and daily treatment notes, referred to as a record of treatment, be kept on file by the treating provider, and be available upon request. This record of treatment must include:

- Member's name.
- Date of service.
- Time in and out of each therapy session.
- Objectives addressed (must coincide with treatment plan) and progress noted, if applicable.
- Description of specific therapy services provided and the activities rendered during each therapy session, along with a form of measurement.
- Member's response to treatment.
- Assessments of the member's progress or lack of progress.
- Legible treatment notes.

Claims associated with the three missing records of treatment represent a total amount paid of $413.60, as shown in Table 1.

Table 1: Patient Files Missing Record of Treatment

Population Number	Speech Therapy Code	Date of Service	Amount Paid
615	92507	12/11/2014	$135.14
1476	92507	11/06/2014	159.12
1490	92507	12/30/2014	119.34
Total			$413.60

Source: IG Audit Division

Incorrect Procedure Code Billed

There were three instances of an incorrect speech therapy procedure code used in billing, resulted in an overpayment of $183.33, as shown in Table 2. The correct speech therapy procedure code, based on the records of treatment in the patient files, was 92507.

Table 2: Incorrect Procedure Codes Billed

Population Number	Speech Therapy Code Billed	Date of Service	Amount Paid	Therapy Service Amount	Variance
75	92523	06/23/2016	$200.00	$135.14	$ 64.86
1471	S9152	10/14/2014	225.79	159.12	66.67
1504	S9152	02/19/2015	210.92	159.12	51.80
Total					$183.33

Source: IG Audit Division

MedCare staff determined that coding errors in the billing need to be corrected.

Required Signature Missing

There was one instance of a treatment record without the SLPA signature properly recorded in accordance with Superior's policies and procedures. Superior's policies and procedures require that speech therapy visits be documented, signed, and dated by the therapists to receive payment. The therapist must sign with full signature and credentials every time. Signatures are documented electronically. The amount paid for the services associated with the missing signature is $135.14, as shown in Table 3. In this instance, the SLPA's signature could not be proven to have been recorded for the service on June 24, 2015.

Table 3: Therapist Signature Missing

Population Number	Date of Service	Amount Paid
1125	06/24/2015	$135.14

Source: IG Audit Division

Recommendation 2

The Medicaid and CHIP Services Department, through its contract oversight responsibility, should require Superior to correct the encounter data and financial information it reported to HHSC to accurately reflect the correct payment amounts for the seven claims MedCare submitted in error or without adequate supporting documentation.

HHSC Medicaid and CHIP Services Department Management Response

While the Medicaid/CHIP Services Department agrees that accurate information is necessary for rate setting and reporting purposes, the dollar amount associated with the findings isn't significant enough to materially impact the capitation rates for the programs. Directing Superior to re-adjudicate the seven claims to correct payment amounts, and to reprocess the encounter and financial data, would not be a cost effective use of administrative resources. Consequently, the Medicaid/CHIP Services Department will not require Superior to update its reported encounter data and financial information.

Responsible Manager
Director, Operations Management and Director, Health Services Systems

CONCLUSION

The audit of MedCare included a review of speech therapy treatment records for services delivered during home visits and during patient visits to MedCare clinics. HHSC, Superior, and MedCare share accountability for ensuring that state and federal dollars are used to deliver cost-effective speech therapy services to eligible Medicaid enrollees.

Based on the results of its audit, the IG Audit Division concludes that MedCare follows Superior's speech therapy policy and procedure requirements for:

- Initial authorizations and re-authorizations of treatments
- Discontinuation of treatments in terms of duration and number of treatments
- Use of licensed SLPs and SLPAs

However, 7 of 1,554 speech therapy claims totaling $732.07 were filed and paid incorrectly. Patient medical records did not include a record of therapy treatment provided to support three claims, incorrect procedure codes were used for three other claims, and an authorized signature was missing from support for one claim.

Further, a review of data from the Horizon and RainTree information systems indicated that MedCare did not comply with EISSG and TAC requirements due to an absence of (a) written policies, (b) weak password settings, and (c) user access issues.

The IG Audit Division made recommendations to MedCare's management that address billing errors and information security issues of non-compliance with regulations, standards, and documented policies and procedures, as well as concerns with security over passwords, user access policy, and change management.

The IG Audit Division thanks management and staff at MedCare, Superior, and HHSC for their cooperation, assistance, and responsiveness during the audit.

Appendix A: Objective, Scope, and Methodology

Objectives

The objectives of the audit were to evaluate whether MedCare complied with the following Texas Medicaid requirements:

- Prior authorization and re-authorization requirements.
- Criteria for determining when discontinuation of therapy is appropriate, in terms of duration and total number of visits.
- Applicable licensure and certification requirements for the speech therapists.

Data reliability of the IT systems used by MedCare was also tested.

Scope

The audit's scope included MedCare's contract performance with Superior from September 1, 2014, through August 31, 2016.

Methodology

To accomplish the audit objectives, the IG Audit Division collected information through discussions and interviews with responsible staff at MedCare, Superior, HHSC Medicaid and CHIP Services Department Program Operations, and through request and review of the following information that was applicable during the audit period:

- Treatments billed to and paid by Superior
- Superior's provider manual, policies, and procedures
- Texas Medicaid Provider Procedures Manual
- Licensing records from the Texas Department of Licensing and Regulation

The IG Audit Division issued an engagement letter to MedCare on February 6, 2017, providing information about the upcoming audit, and conducted fieldwork at MedCare's headquarters office in Stafford, Texas, during February and March 2017. While on site, the IG Audit Division interviewed responsible personnel, evaluated and reviewed documents relevant to treatments recorded, and tested all records directly in one of two IT systems, as applicable, for the two years in scope.

Data was obtained from IG's Fraud Detection and Investigative Strategy, Data Analytics Section, for the population tested.

Criteria

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

- Texas HHSC Uniform Managed Care Contract, Attachment A § 11.08 (v. 2.21)
- Ancillary Services Provider Agreement between MedCare Pediatric Rehab and Superior (Apr. 2008)
- Ancillary Services Provider Agreement between MedCare Therapy and Superior (Apr. 2008)
- 22 Tex. Admin. Code § 741.61 (Aug. 28, 2014)
- 22 Tex. Admin. Code § 741.64 (Aug. 28, 2014)
- Texas HHS Enterprise Information Security Standards and Guidelines (Sept. 21, 2015)
- NIST Special Publication 800-53, Security and Privacy Controls for Federal Information Systems and Organizations v. 4, CM-1, CM-3 (Apr. 2013)
- HIPAA Rule 45 C.F.R. § 164.306, Security standards, General rules (Jan. 25, 2013)
- HIPAA Security Rule 45 C.F.R. § 164.308, Administrative safeguards (Jan. 25, 2013)
- HIPAA Security Rule 45 C.F.R. § 164.312, Technical safeguards (Jan. 25, 2013)
- HIPAA Security Rule 45 C.F.R. § 164.316, Policies and procedures and documentation requirements (Jan. 25, 2013)

Auditing Standards

The IG 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 IG Audit Division believes the evidence obtained provides a reasonable basis for our issues and conclusions based on our audit objectives.

Appendix B: MedCare Management Comments

July 21, 2017

Ms. Kacy J. VerColen
Office of Inspector General
Texas Health and Human Services Commission
P.O. Box 85200
Austin, TX 78708

Re: MedCare Pediatric Group, LP – Rebuttal to Audit Findings in Public and Confidential Reports

Dear Ms. VerColen,

I appreciate you providing us with the revised Audit Report. I have reviewed the revised report and would like to add into the record for clarification the following responses:

1. With regards to Issue 1: Information System Security
    a. MedCare had NO incidents of any PHI being lost or breached. The "protocols" recommended due to the EISSG guidelines have since been implemented but were not part of any contract, policy or procedure, provider handbook or otherwise. We appreciate the IG Audit team educating us and working with us to ensure compliance.
    b. Under the first bullet point the report indicates that MedCare had not "developed, documented and disseminated an organization wide IT Policy". MedCare had developed an organization wide IT Policy however the process was internal and not documented as we had not been given any guidance or regulation by the Managed Care Organization or any other regulatory body with regards to EISSG UNTIL this audit. MedCare has since documented our policies and disseminated them in accordance with the guidance and recommendations made to us by the IG Audit Division.

2. With regards to Recommendation 2
    a. MedCare has submitted corrected claims due to the audit findings to ensure the $732.07 of claims paid in error have been refunded to the health plan.

Thank you for the opportunity to provide additional comment.

Sincerely,

Paige Kinkade
CEO

IG Audit Division Comment

The Ancillary Services Provider Agreement between Superior and MedCare 2.27 states, "Provider understands and agrees that it is subject to all state and federal laws, rules, regulations, waivers, policies and guidelines, and court-ordered consent decrees, settlement agreements, or other court orders that apply to the Agreement; HMO's contract(s) with HHSC; the Medicaid and CHIP Programs; and, all persons or entities receiving state and federal funds."

The Uniform Managed Care Contract between Superior and HHSC specifically states, "the MCO and all subcontractors … must comply with all applicable laws, rules, and regulations regarding information security, including without limitation the following:

(1) Health and Human Services Enterprise Information Security Standards and Guidelines;" (EISSG).

MedCare should have been aware of the EISSG prior to this audit.

Appendix C: Report Team and Distribution

Report Team

The IG Audit Division staff members who contributed to this audit report include:

- Kacy VerColen, CPA, Audit Director
- Joel A. Brophy, CIA, CFE, CRMA, CICA, Audit Manager
- Dace Ward, CPA, CIGA, Audit Project Manager
- Fred Ramirez, CISA, Senior IT Auditor
- Babatunde Sobanjo, CGAP, Auditor
- Antoinette Brewer, Staff Auditor
- Marcos Castro, CIGA, Staff Auditor
- Lawrence Gambone, CPA, Quality Assurance Reviewer
- Mo Brantley, Senior Audit Operations Analyst

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- Tony Owens, Deputy Director, Health Plan Monitoring and Contract Services, Medicaid and CHIP Services Department

- Grace Windbigler, Director, Health Plan Management, Medicaid and CHIP Services Department
- Shannon Kelley, Director of Program Operations, Medicaid and CHIP Services Department
- Amanda Slagle, Manager of Policy and Program, Medicaid and CHIP Services Department
- Leslie Smart, Therapy Policy Analyst, Medicaid and CHIP Services Department

Superior

- Holly Munin, Chief Performance Officer
- Lisa Neal, Vice President of Compliance

MedCare

- Paige Kinkade, Founder and CEO
- Brittany Dilleshaw, Vice President of Home Health Therapy Services
- Sommer Lashomb, Vice President of Rehabilitation
- Karen Jolley, Vice President of Nursing

Appendix D: IG Mission and Contact Information

The mission of the IG 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 IG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Principal Deputy Inspector General
- Christine Maldonado, Chief of Staff and Deputy IG for Operations
- Olga Rodriguez, Senior Advisor and Director of Policy and Publications
- Roland Luna, Deputy IG for Investigations
- David Griffith, Deputy IG for Audit
- Quinton Arnold, Deputy IG for Inspections
- Alan Scantlen, Deputy IG for Data and Technology
- Judy Hoffman-Knobloch, Interim Deputy IG for Medical Services
- Anita D'Souza, Chief Counsel

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To Contact the Inspector General

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