



Office of Inspector General

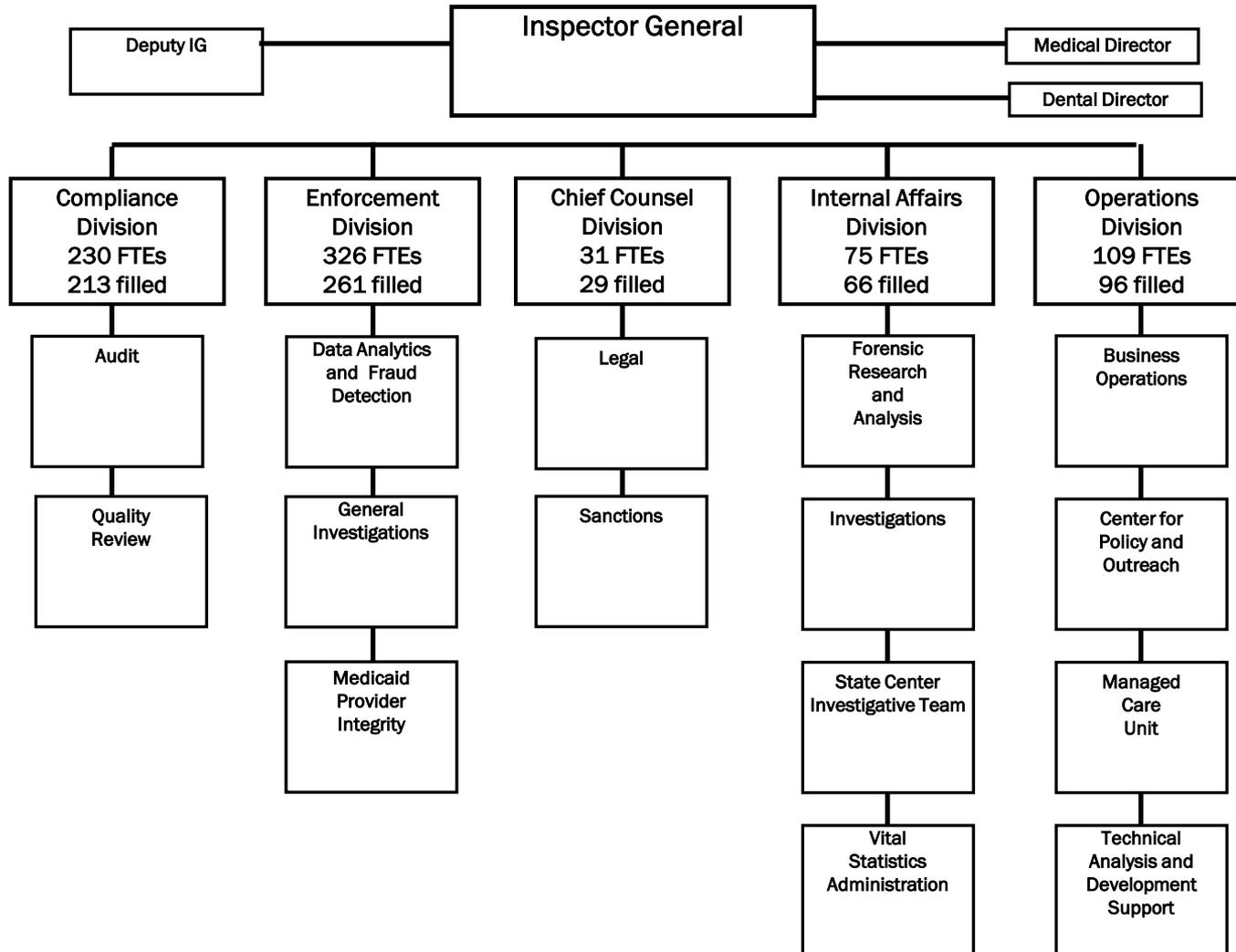
Presentation to the House Human Services Committee: OIG Overview

Quinton Arnold, Deputy Inspector General, Health and Human Services Commission
February 9, 2015

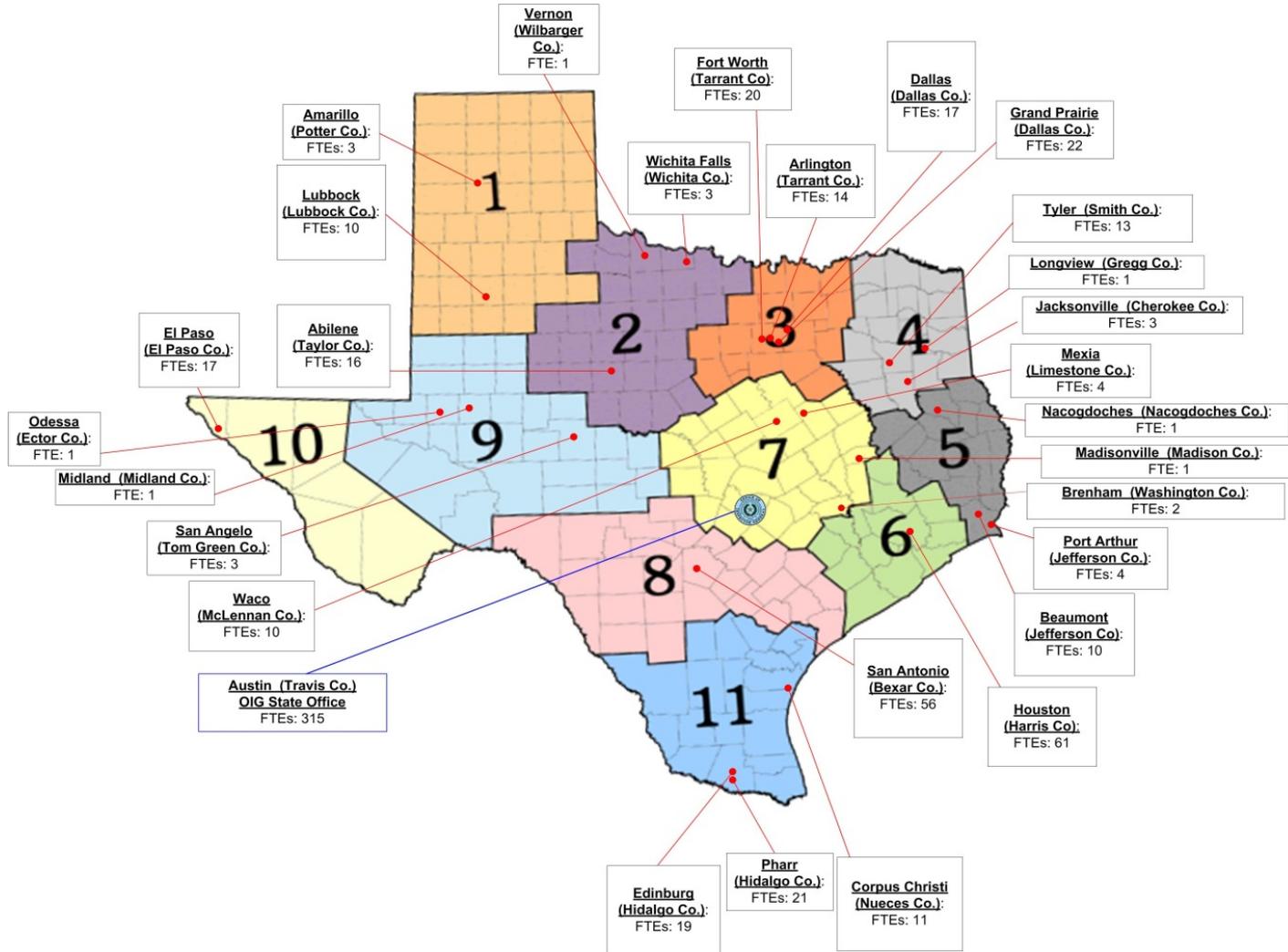
Office of Inspector General

- Created in 2003, as part of H.B. 2292, OIG's mission is preventing, detecting, and deterring fraud, waste, and abuse in the Texas Health and Human Services System.
- OIG performs its work in three functions:
 - **Preventing** fraud, waste, and abuse before it starts.
 - **Detecting** fraud, waste, and abuse after it occurs.
 - **Deterring** those who seek to abuse and defraud the system.

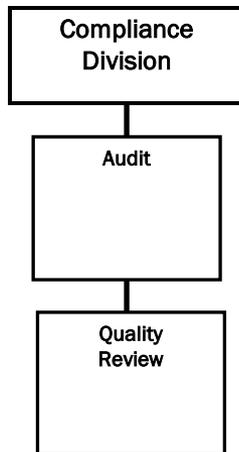
OIG organization



OIG Regional Offices



Compliance Division



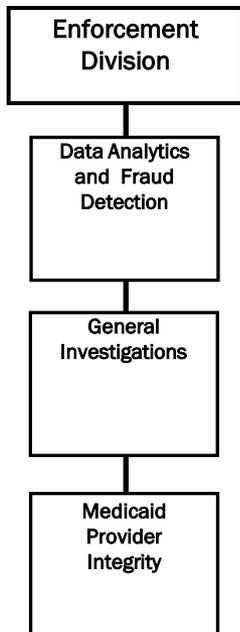
Audit

- Contract Audits of high-risk providers of major programs.
- Audits of resident's trust funds at intermediate care facilities.
- Audits of the Medicaid Vendor Drug Program providers.
- Audits of hospital cost reports.
- Financial, operational, and medical compliance audits of Managed Care Organizations.
- Audits and desk (non-audit) reviews of long-term care facilities, intermediate care facilities for persons with intellectual and developmental disabilities, community care services for the aged and disabled, 24-hour child-care facilities, and other state and federally funded programs.
- Sub-Recipient Financial Review desk reviews of single audit reports.

Quality Review

- Lock-in Program limits certain Medicaid recipients to designated primary care providers or pharmacies.
- Utilization Review unit conducts nursing facility and hospital reviews.
- WIC Vendor Monitoring unit monitors providers of nutritional items, including grocery stores and farmers markets.

Enforcement Division



Data Analytics and Fraud Detection

- Uses automated technology and a strong investigative team to analyze data, searching for patterns and other evidence that would suggest fraud, waste, or abuse may be occurring.

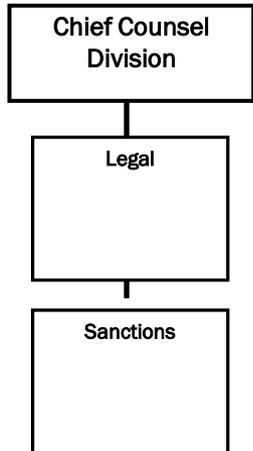
General Investigations

- Investigates allegations of recipient eligibility fraud in Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, Children's Health Insurance Program (CHIP), and Women, Infants, and Children (WIC) programs.
- Investigates suspected unauthorized possession and/or use of an Electronic Benefit Transfer card.

Medicaid Provider Integrity

- MPI investigates allegations of fraud, waste, and abuse against Medicaid providers; recommends sanctions; identifies potential overpayments; and refers cases of suspected criminal conduct to Office of the Attorney General's Medicaid Fraud Control Unit.

Chief Counsel Division



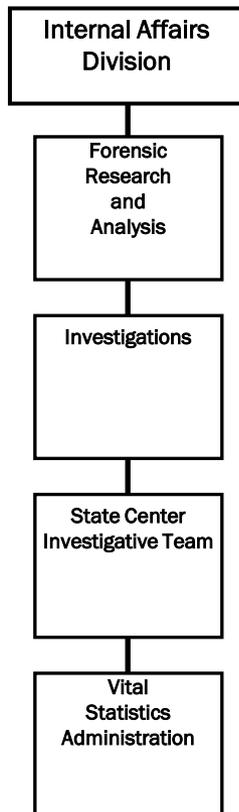
Legal

- Provides general legal support
- Works closely with Sanctions
- Advises on case development
- Oversees all policy development

Sanctions

- Imposes sanctions
- Recoups overpayments
- Exclusions / injunctions
- Grants / denies reinstatement
- Negotiates settlements
- Notifications and appeals
- Assesses administrative damages and penalties

Internal Affairs Division



Forensic Research and Analysis

- Conducts forensic research and analysis of computer and cell phone data as part of Internal Affairs investigative efforts.

Investigations

- Investigates allegations of misconduct involving HHS System employees and contractors, including theft, misuse of state property, and misappropriation of state funds. Also Investigates Vital Statistics fraud involving misuse and abuse of birth, death certificates, marriage licenses and divorce decrees.

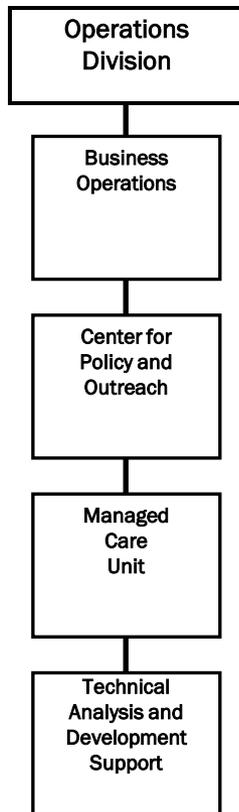
State Center Investigative Team

- Investigates allegations of abuse, neglect, or exploitation of clients in State Supported Living Centers and State Hospitals, assisting local and state law enforcement.

Vital Statistics Administration

- Assists investigations of Vital Statistics fraud involving misuse and abuse of birth, death certificates, marriage licenses and divorce decrees.

Operations Division



Business Operations

- Responsible for OIG's administrative functions, and performs data analysis services.

Center for Policy and Outreach

- Handles legislative and media inquiries, open records requests, reviews and edits reports, analyzes and develops Medicaid policy.
- Presentations to stakeholder groups, collaboration with HHSC
- Performs background checks on providers enrolling or re-enrolling in the Medicaid program, and operates toll-free hotline to receive allegations of Medicaid fraud, waste, and abuse from the public.

Managed Care Unit

- Oversees HHSC's ongoing move from a fee-for-service model to managed care.

Technology Analysis, Development and Support

- Business Analysis and Support Services unit supports OIG's automation and information technology processes; maintains intranet.
- Ensures that all responsible parties pay their fair share of a recipient's expenses; oversees Medicaid Fraud and Detection System; and identifies and initiates recovery of inappropriate Medicaid payments.

Near Term Priorities

- Integration of new Inspector General once approved
- Implement Sunset recommendations