About the Office of Inspector General

The office’s mission is to strengthen Texas Health and Human Services’ capacity to combat fraud, waste and abuse in publicly funded, state-run health and human services programs.

Our values are:

- **Accountability**: We serve Texans and take responsibility for our decisions and actions.
- **Integrity**: We demonstrate honesty and credibility.
- **Collaboration**: We work collectively to multiply our contributions and create shared goals, leading to greater success.
- **Excellence**: We strive to be and do our best.

Contact Us

- **Main number**: 512-491-2000
- **Fraud hotline**: 800-436-6184
- **211 Texas**: Dial 2-1-1, select your language, then choose Option 3.
- **Website**: ReportTexasFraud.com
- **Facebook**: facebook.com/TxOIG
- **Twitter**: twitter.com/TexasOIG

- Fighting fraud, waste and abuse
- Protecting Texas taxpayer dollars

ReportTexasFraud.com
Fraud:
Any act that constitutes fraud under federal or state law, including any intentional dishonesty or misrepresentation made by a person who knew the deception could cause unapproved benefit for themselves or another person.

Waste:
Any practice a sensible person would consider careless or would cause excessive use of resources, items or services.

Abuse:
Any practice inconsistent with proper fiscal, business or medical practices and causes unnecessary program cost.

The Office of Inspector General has five main tools for detecting, deterring and preventing fraud, waste and abuse to ensure taxpayer funds for health and human services are properly spent:

• Audits focus on compliance.
• Investigations focus on alleged abusive, wasteful or fraudulent practices.
• Reviews focus on waste and abuse in documentation, billing and payments.
• Audits focus on systemic issues.
• Data analytics supports all OIG work by identifying trends and outliers for further review.

Further Review:
Further review by identifying trends and outliers for data analytics supports all OIG work.

Performance in 2019:
The OIG continues to exceed our performance goals. For fiscal year 2019, our investigators completed 19,208 investigations, auditors issued 38 audits reports, inspectors issued 1,122 inspection reports, and the Medicaid and CHIP provider hotline received 112,241 enrollment screenings performed. Additionally, the OIG answered 27,283 fraud hotline calls.

Investigation

Provider

Excluded from Medicaid

Providers excluded from Medicaid: 300

Hospital claims reviewed

Hospital claims reviewed: 18,998

Fraud hotline calls answered

Fraud hotline calls answered: 27,283

Medicaid and CHIP provider

Medicaid and CHIP provider enrollment screenings performed: 112,241

Audits reports issued

Audit reports issued: 38

Inspection reports issued

Inspection reports issued: 19,208

Investigations completed

Investigations completed: 19,208

Petty practice inconsistent with proper fiscal, business or medical practices and caused unnecessary program cost.

Waste:
Unnecessary benefit for the wasteful use of resources, items or services or excessive use of resources, items or services.

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Audit

Inspection

Investigation

Further Review

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