

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
OFFICE OF INSPECTOR GENERAL

AUDIT OF AMBER PHARMACY

A Texas Vendor Drug Program Provider



July 31, 2018



HHSC OIG

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A Texas Vendor Drug Program Provider

WHY THE OIG CONDUCTED THIS AUDIT

The Texas Vendor Drug Program (VDP) provides statewide access to covered outpatient drugs for individuals enrolled in Medicaid, the Children's Health Insurance Program, the Children with Special Health Care Needs program, the Healthy Texas Women program, and the Kidney Health Care program.

The objectives of this audit were to determine whether Amber Pharmacy (a) properly billed VDP for Medicaid claims submitted and (b) complied with selected contractual and Texas Administrative Code (TAC) requirements.

Amber Pharmacy, a community pharmacy, processed 25,280 Texas Medicaid claims for prescriptions through VDP during the audit period of September 1, 2012, through August 31, 2015. These claims resulted in the pharmacy receiving reimbursements of more than \$8 million from Texas Medicaid.

WHAT THE OIG RECOMMENDS

Amber Pharmacy should (a) ensure all prescriptions are signed by the prescriber prior to dispensing medication, (b) ensure all claims submitted contain the correct NDC, and (c) maintain all records related to prescription services. Based on issues identified in this audit, Amber Pharmacy owes the State of Texas \$59,231.00.

For more information, contact:

OIG.AuditDivision@hhsc.state.tx.us

WHAT THE OIG FOUND

Amber Pharmacy did not bill VDP properly, or comply with other selected contractual or TAC requirements, for 11 of 213 claims tested.

The OIG Audit Division tested Amber Pharmacy's compliance with selected contractual and TAC requirements in seven areas: (a) claims validity, represented by claims documentation maintained by the provider, (b) National Drug Code (NDC) usage, (c) quantity, (d) refills, (e) controlled substances, (f) warehouse billing, and (g) acquisition cost. This report details results, issues, and recommendations in those areas, when applicable, and the results of limited testing of information technology (IT) general controls.

The OIG Audit Division obtained claims data for testing from the Xerox Pharmacy Claims Data Warehouse using the Texas VDP PBM Universe table, which contains all pharmacy claims information. The data request was for Medicaid fee-for-service only paid claims for the audit period. Given the number of claims submitted by Amber Pharmacy, the OIG Audit Division determined it would be administratively infeasible to review every claim in the population, and therefore selected two separate samples for testing: a sample of 107 original fill claims and a sample of 106 refill claims. The OIG Audit Division visited the pharmacy to review the records in January 2018.

Audit results indicated there were no exceptions related to quantity, refills, controlled substances, warehouse billing, or acquisition cost, and IT general controls were sufficiently reliable for the purposes of the audit. There were exceptions related to claims validity and NDC usage.

Auditors identified 11 exceptions for claims in which Amber Pharmacy:

- Dispensed medication for prescriptions that did not contain the prescriber's signature
- Billed for a different NDC than dispensed
- Did not produce invoices to verify NDCs billed to VDP

VDP participating pharmacies are contractually required to maintain documents to support Medicaid claims, and to submit accurate claims. When audit test results indicate exceptions like those listed above, the claims are subject to recoupment.

The dollar value of the prescription exceptions totaled \$5,809.89. After summarizing the audit exceptions and extrapolating, OIG determined the exceptions represented an overpayment of \$59,231.00.

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INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Office of Inspector General (OIG) Audit Division has completed an audit of Amber Pharmacy, a Texas Vendor Drug Program (VDP) provider, vendor number 144951.

Objective and Scope

The objectives of this audit were to determine whether Amber Pharmacy (a) properly billed VDP for Medicaid claims submitted and (b) complied with contractual and Texas Administrative Code (TAC) requirements.

The audit scope included both initial fill claims and refill claims for the period from September 1, 2012, through August 31, 2015, as well as a review of relevant activities, internal controls, and information technology (IT) general controls through the end of fieldwork in January 2018.

Background

VDP provides statewide access to covered outpatient drugs for individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP), the Children with Special Health Care Needs Services program, the Healthy Texas Women program, and the Kidney Health Care program.

Amber Pharmacy, a community pharmacy in Richardson, Texas, operates under license number 20142 from the Texas State Board of Pharmacy (Pharmacy Board). Amber Pharmacy processed 25,280 Medicaid claims for prescriptions through VDP during the audit period, for which it received reimbursements of more than \$8 million.

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

The OIG Audit Division presented the audit results, issues, and recommendations to Amber Pharmacy in a draft report dated June 26, 2018. Amber Pharmacy's management responses are included in the report following the recommendations.

AUDIT RESULTS

VDP pharmacy providers must follow TAC and contract provisions when filling, dispensing, and billing for prescriptions. Pharmacy Board and VDP rules require prescriptions to include specific elements to be valid. The OIG Audit Division tested Amber Pharmacy's compliance in seven areas: (a) claims validity, represented by claims documentation maintained by the provider, (b) National Drug Code (NDC) usage, (c) quantity, (d) refills, (e) controlled substances, (f) warehouse billing, and (g) acquisition cost. This report details results, issues, and recommendations in those areas, when applicable, and the results of limited testing of IT general controls, performed to determine whether data used to form audit conclusions was reliable.

The OIG Audit Division obtained claims data for testing from the Xerox Pharmacy Claims Data Warehouse using the Texas VDP PBM Universe table, which contains all pharmacy claims information. The data request was for Medicaid fee-for-service only paid claims for the audit period. Given the number of claims submitted by Amber Pharmacy, the OIG Audit Division determined it would be administratively infeasible to review every claim in the population, and therefore selected two separate samples for testing: a sample of 107 original fill claims and a sample of 106 refill claims. The OIG Audit Division visited the pharmacy to review the records in January 2018.

The testing resulted in no findings related to quantity, refills, controlled substances, warehouse billing, or acquisition cost, and there were no findings related to IT general controls. There were exceptions related to claims validity and NDC usage. Details of these exceptions are included in the sections that follow.

CLAIMS VALIDITY

VDP participating pharmacies are contractually required to maintain documents to support Medicaid claims.¹ Claims validity is demonstrated by documentation maintained by the pharmacy. In consideration for payment under the VDP contract, participating pharmacies must comply with all applicable laws, rules, and regulations, including Pharmacy Board rules and regulations in effect at the time the prescription is serviced.² According to Pharmacy Board rules, a prescription or a physician order must contain several elements in order to be valid, including (a) name of the patient, (b) address of the patient, (c) name, address and telephone number of the practitioner at the practitioner's usual place of business, (d) name and strength of the drug prescribed, (e) quantity prescribed, (f) intended use for the

¹ Vendor Drug Program Pharmacy Provider Contract #5529-05-0063-00222 Part 2 § H.1 (April 13, 2005).

² Texas State Board of Pharmacy rules are published in 22 Tex. Admin. Code, Part 15.

drug unless the practitioner determines the furnishing of this information is not in the best interest of the patient, and (g) date of issuance.³ If the pharmacy (a) does not maintain or cannot produce documents to support the dispensing of the medication or (b) if any of the required elements are not documented on the face of the prescription or physician order, then the related claim is invalid and not eligible for reimbursement by VDP.

Finding 1: Prescription Not Signed for Three Claims

Amber Pharmacy dispensed and billed VDP for three prescriptions that did not have a prescriber signature. VDP paid \$1,169.12 for these three claims. The pharmacist did not examine the prescription to ensure it contained the prescriber's signature. TAC requires prescriptions include the prescriber's signature,⁴ and Amber Pharmacy is required to maintain original signed prescriptions and make them available for audit.⁵ Claim details related to this finding are listed in Appendix C.

Recommendation 1

Amber Pharmacy should ensure that prescriptions are signed by the prescriber prior to dispensing medication.

Since Amber Pharmacy billed VDP for unsigned prescriptions, the \$1,169.12 VDP paid for the claims is subject to recoupment.

Management Response

Action Plan

Obtaining the prescriber signature continues to be part of Amber's pharmacy normal practice. Amber will continue to train and educate the staff on the importance of obtaining appropriate prescriber signatures. A technician reviews the prescription at the time of receipt. Amber's current software brings up an image of the prescription at the point of pharmacist verification creating a second check.

³ 22 Tex. Admin. Code § 291.34(b)(6)(A) (June 7, 2012) and 22 Tex. Admin. Code § 291.34(b)(7)(A) (Sept. 8, 2013, through Dec. 7, 2014).

⁴ 22 Tex. Admin. Code § 291.34(b)(2)(A) (June 7, 2012, through Dec. 7, 2014).

⁵ 1 Tex. Admin. Code § 354.1863(b) (Sept. 23, 2008).

Responsible Manager

The responsible manager is the pharmacy manager at the location filling the prescription. Specifically, Donna Filo is the pharmacy manager presently. Any subsequent pharmacy manager would take on this responsibility.

Target Implementation Date

This has been and continues to be part of Amber's normal pharmacy practice. Amber will continue to train and educate the staff on the importance of obtaining appropriate provider signatures. The current software noted in the Action Plan (see above) was implemented in October of 2017. This technical improvement was implemented after the audit period for this audit (9/1/2012-8/31/2015) and should help to mitigate the occurrence of future exceptions of this type.

Other Comments

These are isolated incidents and do not represent a pattern of practice. In addition, Amber has made significant investments in backup IT systems to improve compliance. Extrapolation of these exceptions is unnecessary and unwarranted for this finding.

NATIONAL DRUG CODE

The NDC for the medication dispensed by a pharmacy must match the medication NDC billed to VDP. Only medications listed on the VDP formulary are eligible for reimbursement.

Finding 2: Incorrect NDC Was Billed

Amber Pharmacy dispensed and billed VDP for one prescription in which the NDC dispensed differed from the one billed. VDP paid \$914.89 for this claim. Amber Pharmacy billed an NDC that was available in its computer system rather than the NDC actually dispensed. TAC requires the pharmacy to bill the NDC that corresponds with the medication dispensed.⁶ Claim details related to this finding are listed in Appendix C.

Recommendation 2

Amber Pharmacy should ensure that all claims submitted for reimbursement by VDP contain the correct NDC.

⁶ 1 Tex. Admin. Code § 354.1901(a) (June 19, 2003, and Jan. 14, 2013).

Since Amber Pharmacy failed to submit claims data containing accurate information, the \$914.89 VDP paid for the claim is subject to recoupment.

Management Response

Action Plan

Amber Pharmacy implemented and upgraded IT platforms during the audit time period. Inventory management was an important component of the upgrade. As a result, the single occurrence cited as an exception in the audit could not recur. Amber will continue to train and educate the staff on this matter.

Responsible Manager

The responsible manager is the pharmacy manager at the location. Specifically, Donna Filo is the pharmacy manager presently. Any subsequent Pharmacy manager would take on this responsibility.

Target Implementation Date

This type of incident has been prevented by implementing and upgrading IT platforms. The upgrade occurred during the audit time period. The new software implemented in February 2015.

Other Comments

The cited exception constitutes a single incident in the audit sample, and the IT upgrade undertaken by Amber during the last year in the audit period allowed Amber to prevent processing under the wrong NDC and to comply with all rules, regulations and contractual obligations. The IT upgrade required significant time and financial expenditure. This incident was atypical and extrapolation is unnecessary, unwarranted and improper for this finding, in light of its low occurrence rate and Amber's costly remedial measures instituted to prevent any additional incidents during the audit time period or thereafter.

Finding 3: Medication Invoices Were Missing

Amber Pharmacy dispensed and billed VDP for seven prescriptions for which the auditors could not verify the NDC of the medication dispensed because invoices were either not provided for review or were incorrect for the requested claim. VDP paid \$3,721.88 for these claims.

Amber Pharmacy did not maintain all of the records necessary to demonstrate that it had purchased the medications it dispensed. The VDP pharmacy provider

contract specifically requires providers to maintain all medication invoices.⁷ The missing invoices prevented verification that the dispensed NDCs were available at the pharmacy for distribution. Claim details related to this finding are listed in Appendix C.

Recommendation 3

Amber Pharmacy should maintain all records related to prescription services, including medication invoices.

Since Amber Pharmacy failed to maintain supporting documentation for medication invoices, the \$3,721.88 VDP paid for the claims is subject to recoupment.

Management Response

Action Plan

Tracking and control of medication invoices has been and continues to be a normal part of Amber's pharmacy practice. Amber will continue to train and educate the staff on the importance of maintaining all appropriate documentation.

Responsible Manager

The responsible manager is the pharmacy manager at the location. Specifically, Donna Filo is the pharmacy manager presently. Any subsequent Pharmacy manager would take on this responsibility.

Target Implementation Date

Tracking and control of medication invoices has been and continues to be part of Amber's pharmacy practice. Amber will continue to train and educate the staff on the importance of maintain appropriate documentation.

Other Comments

It is Amber Pharmacy's position that these are isolated incidents and do not represent a pattern of practice. As a result, extrapolation is unnecessary and unwarranted for this finding.

⁷ Vendor Drug Program Pharmacy Provider Contract #529-05-0063-00222, Part 2 § H.1(a) (Apr. 13, 2005).

EXTRAPOLATION

The populations included in this audit consist of one for initial fill claims and one for refill claims, with dispensing dates between September 1, 2012, and August 31, 2015. The calculated, extrapolated overpayment amount is \$59,231.00. The overpayment was calculated using the lower limit of a two-sided 80 percent confidence interval.

Finding 4: Overpayments to Amber Pharmacy

Audit results indicated Amber Pharmacy was paid \$5,805.89 for claims containing an error. After summarizing the audit exceptions for findings one through three and extrapolating the results to the two original populations of claims within the scope of the audit, the OIG determined that the exceptions represented an overpayment of \$59,231.00. The sampling and extrapolation methodology are listed in Appendix B.

Recommendation 4

Amber Pharmacy should return the overpayment amount of \$59,231.00 to the State of Texas.

Management Response

The above-addressed audit exceptions do not support the alleged overpayment of \$59,231.00. There were a very small number of exceptions relative to the sample size, and any recoupment over the \$5,805.89 base finding is not warranted. Amber respectfully requests that the Office of Inspector General reduce the overpayment finding to the \$5,805.89 amount.

Auditor Comment

The OIG Audit Division used a statistically valid random sample and applied the results consistent with OIG policy. Refer to Appendix B for additional information about the OIG Audit Division's sampling and extrapolation methodology.

CONCLUSION

The OIG Audit Division completed an audit of Amber Pharmacy. The audit evaluated Amber Pharmacy to determine whether it properly billed VDP and complied with contractual and TAC requirements. The OIG Audit Division evaluated IT general controls to determine whether data used for audit testing was reliable. The OIG Audit Division conducted site visits in October 2017 and January 2018.

Amber Pharmacy did not bill VDP properly, or comply with other contractual or TAC requirements, for 11 of 213 claims. The 11 claims resulted in \$5,805.89 reimbursed in error, which extrapolates to \$59,231.00. Based on the results of the IT general controls testing, the data was sufficiently reliable for the purposes of the audit.

There were exceptions in which Amber Pharmacy:

- Dispensed medication for prescriptions that did not contain the prescriber's signature
- Billed for a different NDC than dispensed
- Did not produce invoices to verify NDCs billed to VDP

The OIG Audit Division offered recommendations to Amber Pharmacy which, if implemented, will correct deficiencies in compliance with contractual and TAC requirements.

The OIG Audit Division thanks management and staff at Amber Pharmacy, including its corporate management team, for their cooperation and assistance during this audit.

Appendix A: Objective, Scope, and Methodology

Objective

The objectives of this audit were to determine whether Amber Pharmacy (a) properly billed VDP for Medicaid claims submitted and (b) complied with contractual and TAC requirements

Scope

The audit scope included initial fill and refill claims for the period from September 1, 2012, through August 31, 2015, and a review of relevant activities, internal controls, and IT general controls through the end of fieldwork in January 2018.

Methodology

To accomplish the audit objectives, the OIG Audit Division collected information for this audit through discussions and interviews with Amber Pharmacy management and staff and by reviewing:

- Supporting documentation for a sample of initial fill Medicaid claims and a sample of refill Medicaid claims billed to VDP during the audit scope.
- Policies and procedures of Amber Pharmacy.
- IT general controls involving the QS1 and CPR Plus information systems used by Amber Pharmacy during the audit period.

The OIG Audit Division issued an engagement letter on January 18, 2018, to Amber Pharmacy providing information about the upcoming audit, and conducted fieldwork at the Richardson, Texas, facility the week of January 22, 2018. While on site, the OIG Audit Division interviewed responsible personnel, evaluated internal controls and the facility, and reviewed relevant documents related to sampled claims billed to VDP.

Auditors did not remove original records from the Amber Pharmacy premises. During fieldwork, auditors requested additional documents, which Amber Pharmacy provided.

Criteria

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

- 1 Tex. Admin. Code §354 (2003 through 2013)
- 22 Tex. Admin. Code §291 (2012 through 2014)
- Vendor Drug Program Pharmacy Provider Contract #529-05-0063-00222 (April 13, 2005)

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: Sampling and Extrapolation Methodology

The OIG Data and Technology Division provided data for testing. It was administratively infeasible to review every claim in the population; therefore, the OIG Audit Division selected a sample of 107 original fill claims and a sample of 106 refill claims to test. The following query parameters are provided for replication purposes.

Two line item detailed queries were run in the Xerox Pharmacy Claims Data Warehouse using the Texas VDP PBM Universe table. The data sets included only fee-for-service paid claims for the audit scope. One data set included only initial fill paid claims and the second data set included only refill paid claims.

Query Result Objects field names included:

Prescription Number	Last Name (client)
First Name (client)	Participant ID
Drug Name	Drug Strength
Quantity	Days Supply
Nbr of Refills Authorized	Refill Number
Date of Service	Date Prescribed
Date Paid	Total Reimbursed Amount
DAW Code	NDC
Drug Class Code	Client Mailing Address Line 1
Birth Date (client)	Compound Code
DEA Code	Basis of Cost Determination
Basis of Reimbursement	Basis of Reimbursement Descr.
Prescriber ID	NPI (prescriber)
Prescriber Name	Batch Doc. Type Code
Group ID (client)	Tx Status Code
TPL Amt	Pharmacy ID
TCN	Pharmacy Name
Claim Line Number	Unlimited Drug Indicator
Allowed Ingredient Amount	Dispensing Fee Amount

Query Filters Included:

- Date of Service (between 09/01/2012 and 08/31/2015)
- TX Status Code (equal to PD)
- Batch Doc. Type Code (equal to C)
- Group ID (equal to V)
- Pharmacy ID (equal to 1730183385)
- TPL Amt Less than or Equal to (0)

The OIG provided Amber Pharmacy with extrapolation detail files at the same time as the draft audit report. The extrapolation detail files contain information about the data and methods used to determine the overpayment in sufficient detail so the extrapolation results may be demonstrated to be statistically valid and are fully reproducible.

The extrapolation detail file contains the (a) two populations of claims, (b) sample frames, including sample size determinations, (c) seed value for random number generations, (d) extrapolation validation for two populations, and (e) results printouts from the RAT – STATS software. The populations included in this audit consist of one for initial fill claims and one for refill claims with dispensing dates between September 1, 2012, and August 31, 2015. The estimated overpayment amount of \$59,231.00 was calculated by extrapolating the dollar value of the errors as identified in Appendix C across the appropriate population for initial fill or refill at the time of the draft report. The overpayment amounts were calculated using the lower limit of a two-sided 80 percent confidence interval. The results of the two calculations were combined, resulting in a total overpayment amount.

Amber Pharmacy has been kept apprised of all aspects of the audit process, and has been provided multiple opportunities to provide relevant documentation and information in order to ensure audit findings are accurate.

Opportunities to provide relevant documentation extend to the draft audit report stage. The draft audit report stage is the final opportunity for Amber Pharmacy to provide additional relevant documentation, including sufficient evidence that would support the removal of identified errors on which the overpayment in this report is based. If errors are removed based on sufficient additional evidence being provided at the draft audit stage, the overpayment amount is recalculated and a new extrapolation amount is provided with the final report. If Amber Pharmacy does not provide additional documentation sufficient to remove an identified error, as part of its management response to the draft report, then the audit report is finalized.

The Texas Legislature has recognized HHSC OIG's authority to utilize a peer reviewed sampling and extrapolation process. HHSC OIG has formally adopted RAT – STATS software as the statistical software to be utilized for the extrapolation process, and is consistent with the Office of Inspector General for the United States Department of Health and Human Services. The Association of Inspectors General concluded a peer review of this process on January 7, 2016, and opined that OIG met all relevant policies, procedures, and AIG standards for the period under review.

Appendix C: Prescriptions Paid in Error

The table below provides details about the claims filed and paid in error for the following findings discussed in the report.

- Finding 1. Prescription Not Signed
- Finding 2. Incorrect NDC Was Billed
- Finding 3. Medication Invoices Were Missing

Prescription Number	Fill Date	Finding Number	Claim Amount
	9/19/2013	1	\$ 996.40
	9/5/2014	1	30.24
	2/16/2015	1	142.48
	10/26/2012	2	914.89
	10/2/2012	3	199.54
	6/5/2013	3	17.43
	5/12/2014	3	3,111.20
	9/8/2014	3	10.79
	3/1/2013	3	105.11
	7/30/2014	3	10.11
	7/1/2015	3	267.70
Total			\$ 5,805.89

Source: *OIG Audit Division*

Appendix D: Report Team and Distribution

Report Team

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

- Kacy J. VerColen, CPA, Audit Director
- Kanette Blomberg, CPA, CIGA, Audit Manager
- Jerry Ethridge, MBA, CIA, CGAP, CRMA, Audit Project Manager
- Melissa Stice Larson, CIA, CISA, CFE, HCISPP, IT Audit Manager
- Jesus Vega, CIGA, Staff Auditor
- Adebukola Salawu, Staff Auditor
- Mo Brantley, Senior Audit Operations Analyst

OIG Support

- Rolando Delgado, Data Intelligence Analyst
- Katie Reyes, Data Intelligence Analyst

Report Distribution

Health and Human Services

- Cecile Erwin Young, Acting Executive Commissioner
- Kara Crawford, Chief of Staff
- Victoria Ford, Chief Policy Officer
- Karen Ray, Chief Counsel
- Karin Hill, Director of Internal Audit
- Enrique Marquez, Chief Program and Services Officer, Medical and Social Services Division
- Stephanie Muth, State Medicaid Director, Medicaid and CHIP Services
- Katherine Scheib, Deputy Associate Commissioner, Medicaid and CHIP Services
- Gina Marie Muniz, Director, Vendor Drug Program, Medicaid and CHIP Services

- Priscilla Parrilla, Director, Pharmacy Operations and Contract Oversight, Vendor Drug Program
- Robin Agnew, Manager, Vendor Drug Program, Medicaid and CHIP Services
- Kimberly Royal, Manager, Contract Compliance and Performance Management, Medicaid and CHIP Services
- Lisa Cruz Hidrogo, Special Projects Manager, Medicaid and CHIP Services

Amber Pharmacy

- Donna Filo, Pharmacist-in-Charge
- Mike Agostino, President

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 Investigations
- David Griffith, Deputy IG for Audit
- Quinton Arnold, Deputy IG for Inspections and Interim Deputy IG for Investigations
- Alan Scantlen, Deputy IG for Data and Technology
- Judy Hoffman-Knobloch, Assistant Deputy IG for Medical Services

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- Phone: 1-800-436-6184

To Contact the OIG

- Email: OIGCommunications@hhsc.state.tx.us
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