Albert Hawkins, Executive Commissioner

Office of Inspector General Semi-Annual Report

May 2007

Brian Flood, Inspector General

OIG Mission Statement

We protect the integrity and ensure accountability in the health and human services programs, as well as the health and welfare of the recipients of those programs, by identifying, communicating and correcting activities of waste, fraud or abuse in Texas.

OIG Vision Statement

The Office of Inspector General (OIG) is the nationally recognized model for leveraging technology and collaborative partnerships to eliminate waste, abuse, and fraud. The value of OIG provides to ensure the health, safety, and welfare of all Texans is universally realized.

HHSC-OIG Integrity Statement:

We, the members of the Office of Inspector General, know that none of us succeeds or fails alone. We acknowledge that if we succeed or fail we succeed together by doing what is just or fail together because we did not do justice. So whether we succeed or fail we should always seek to do what is right. We should, while effectively using our expertise and resources, work to assist others, staff and those that we serve, and not to simply improve our statistics or position. Therefore, all of us in the Office of Inspector General, through endurance and encouragement, will have a unified vision and mission that promotes courage, honesty and integrity, kindness and compassion, humility in service, justice and fairness for us and those we serve.

HEALTH AND HUMAN SERVICES COMMISSION

TABLE OF CONTENTS

HEALTH AND HUMAN SERVICES COMMISSION

Executive Summary

May 7, 2007

The Office of Inspector General (OIG) is pleased to issue our report for the first six months of State Fiscal Year (SFY) 2007, which ended February 28, 2007. This report provides an overview of our key accomplishments, presents a look at future OIG activity, and contains a year-to-date synopsis of OIG recoveries and cost avoidance.

For the first six months of SFY 2007, OIG recovered $200,352,340 and cost avoided $214,276,138. Cost avoidance increased by 21 percent. This increase is due in part to several new or enhanced policies and procedures implemented within OIG. Other significant accomplishments include:

- The Third Party Recovery section increased cost avoidance by $25 million over the same period in 2006.
- The Sanctions unit's recovery of Medicaid overpayments increased 19% and Medicaid dollars saved through cost avoidance increased 655%, due to aggressive recovery of Medicaid funds and an emphasis on excluding abusive providers from the Medicaid Program.
- The Office of Chief Counsel, in conjunction with the Sanctions unit, recovered $5,848,702 from the Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Outpatient Rehabilitation Facilities (ORFs).
- Together, Medicaid CHIP division and OIG proposed and/or implemented several policy changes promoting economical and efficient administration of funds. The policies implemented have a projected annual cost savings of $1,250,408.33. The policies with sign off approval have a projected annual cost savings of $8,628,071.71 upon implementation.
- HHSC's Inspector General accepted an appointment to the Centers for Medcare and Medcaid Services Medicaid Integrity Program Advisory Committee. This committee is a key component of CMS' strategy for implementing Medicaid Integrity Programs. Inspector General Flood will serve as an expert resource in CMS' efforts to design and implement 1) a national performance measurement system for State Medicaid program integrity activities, and 2) a Medicaid payment integrity audit program.
- The Compliance division has reduced the pending Hospital Utilization Review workloads and enhanced the Division's skills and abilities.
- The Automated System for the Office of the Inspector General (ASOIG) investigations module is in the final stages of development and scheduled for implementation this fiscal year.

We continue to assess and improve the quality of audits, investigations, reviews, advanced automated analysis tools, and monitoring through standardization of practices, policies, and ethics; encouragement of professional development by providing educational opportunities; and the establishment of a quality assurance function. To ensure quality, OIG operates in accordance with the National Association of Inspector General principles and standards and United States General Accounting Office Government Auditing Standards. In addition, training for providers, claims administrators, and contractors continues to contribute to an increase in cost avoidance, improvement in quality of care, and a decrease in claim-processing errors.

We look forward to providing continued service to the State of Texas, and assuring accountability and integrity to Texas taxpayers.

Brian Flood
Inspector General

Background

Strengthening the Health and Human Services Commission's (HHSC) authority to combat waste, abuse, and fraud in health and human services (HHS) programs, the 78th Texas Legislature created the Office of Inspector General (OIG) in 2003.

Authorized by Section 531.102 of the Texas Government Code, OIG provides program oversight of HHS activities, providers, and recipients through its compliance, enforcement, and chief counsel divisions. OIG fulfills its responsibility through the following activities:

- Issuing sanctions and performing corrective actions against program providers and clients as appropriate;
- Auditing the use and effectiveness of state or federal funds including contract and grant funds administered by a person or state agency receiving the funds from an HHS agency;
- Researching, detecting, and identifying episodes of waste, abuse, and fraud to ensure accountability and responsible use of resources;
- Conducting investigations, reviews, and monitoring cases internally, with appropriate referral to outside agencies for further action;
- Recommending policies enhancing the prevention and detection of waste, abuse, or fraud and promoting economical and efficient administration of HHS funds; and
- Providing education, technical assistance, and training to improve quality of care, promote cost avoidance activities, and sustain improved relationships with providers.

Overseen by a Governor appointed Inspector General, OIG is a modern investigative arm with extensive expertise and diverse resources capable of rapidly and objectively responding to emerging HHS issues.

OIG has successfully strengthened its stakeholder relationships, including those with the State Auditor's Office, Texas Comptroller of Public Accounts, and Office of the Attorney General, enabling the state to achieve cost savings in a variety of HHS areas. To ensure quality, OIG operates in accordance with the National Association of Inspector Generals principles and standards, and all audit activity is performed in accordance with United States General Accounting Office Government Auditing Standards.

Advancing the HHS mission and the Governor's Executive Order RP 36, dated July 12, 2004, OIG initiates proactive measures and deploys advanced information technology systems to aggressively reduce, pursue, and recover expenditures that are not medically necessary or justified. These measures and automated systems enhance the ability of OIG to identify inappropriate patterns of behavior and allow investigative resources to target cases with the strongest supporting evidence and greatest potential for monetary recovery.

OIG maintains clear objectives, priorities, and performance standards emphasizing:

- Coordinating investigative efforts to aggressively recover Medicaid overpayments;
- Allocating resources to cases that have the strongest supporting evidence and the greatest potential for monetary recovery; and
- Maximizing the opportunities for referral of cases to the Office of the Attorney General.

OIG routinely takes proactive measures to reduce errors in the billing, payment, and adjudication of claims for Medicaid services. These measures include fraud and abuse prevention training to Medicaid providers, health maintenance organizations, staff of the claims administrator, and provider organizations.

Other proactive measures undertaken by OIG include workgroups with major provider associations, increased use of professional medical consultants, and a number of projects designed to improve provider communication and education. OIG staff actively participates in the design of medical and program policy to reduce erroneous payments while maintaining or improving quality of care to the Medicaid beneficiary. These proactive efforts have allowed OIG and HHSC to increase cost-avoidance activities, improve quality of care, and sustain improved relationships with Medicaid providers

OIG Recovery and Cost Avoidance Statistics

Recovery

Total recoveries[1] through the second quarter of State Fiscal Year (SFY) 2007 were $200,352,340 (all funds). The details of OIG recovery activities by individual business functions can be found in Appendix B, Section I.

Recovery dollars can be defined as actual collections, recoupments, or hard dollars saved by OIG. Recoveries, as reported by OIG, do not include any projects, dollars identified, or any other type of "soft money" or future settlement payments.

OIG Cost Avoidance

Cost avoidance is a reduction to a state expenditure that would have occurred, or was anticipated to occur, without OIG intervention. The details of OIG cost avoidance activities by individual business functions can be found in Appendix B, Section II.

Cost avoidance dollars are calculated differently by business function. OIG takes a conservative approach in reporting these dollars. Following is a summary of the methodologies, by business function, used for calculating cost avoidance recoveries.

CORF/ORF

Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Outpatient Physical Therapy and Speech Pathology Facilities (ORFs) were reimbursed at an interim payment percentage applied to the provider's billed charges to determine the provider's allowed amount per claim detail. Applicable adjustments were then applied to result in the actual payment to the provider.

HHSC proposed to reimburse CORFs and ORFs based on a Prospective Payment System (PPS) fee schedule, using the same methodology used for physicians and certain other practitioners within the Texas Administrative Code, which allows for resource-based fees or access-based fees. Senate Bill 1188, 79th Legislature, Regular Session, 2005, directed HHSC to examine and, if cost-effective, implement a PPS methodology for CORFs.

Sanctions

Sanctions cost avoidance dollars are estimated savings to the state Medicaid program, which result from an administrative action and/or imposing a sanction against a Medicaid provider. These savings are computed as follows.

1 Third Party Resources (TPR) other insurance credits represent insurance collections made by the provider as a result of known other insurance information. OIG includes this category of recoveries because these are actual savings which are measurable by TPR. A claim may still receive payment, unlike the cost-avoided figure, and we report other insurance credits as part of the recovery figures to the Centers for Medicare and Medicaid Services (CMS) on the federal CMS 64.9 report required quarterly. The Claims Administrator via automated reports from the Medicaid Management Information System (MMIS) provides the source data to populate the OIG recovery and cost avoidance figures for TPR.

Recoupment of Overpayments Identified for a Provider with Exclusion:

- Exclusion periods must be converted to months, i.e., 5-year exclusion converts to 60 months.
- For an indefinite exclusion period, use 36 months for calculations.
- For a permanent exclusion period, use 240 months for calculations.

When a provider is excluded from the Medicaid program and has a recoupment of overpayment identified, we do not include civil monetary penalties when computing cost savings.

Third Party Resources

Medicaid provider claims denied by Third Party Resources when there is other insurance - These are actual claims denials in which the client was identified as having other insurance for which the provider was required to bill prior to billing Medicaid.

General Investigations

Disqualifications Cost Avoidance - Disqualification cost avoidance dollars are calculated by multiplying the number of disqualification months (Permanent disqualification=60 months) by $117.00 for Food Stamps and $122.00 for Temporary Assistance for Needy Families (TANF) and totaling the amounts.

Income Eligibility Verification System (IEVS) Data Match Cost Avoidance - In the process of investigating IEVS data matches, action notices are generated. These action notices alert Health and Human Services Office of Eligibility Services (HHSC-OES) staff to reduce or deny benefits based on income or resource information that may affect ongoing benefits. A sample of 141 cases with action notices were researched to come up with an average cost avoidance per action notice of $111.18. The total cost avoidance is the number of action notices generated multiplied by $111.18.

Recipient Data Match Cost Avoidance - Recipient data matches include Social Security Administration (SSA) Deceased Individual, Bureau of Vital Statistics (BVS) Deceased Individual, Prisoner Verification System, Texas Department of Criminal Justice (TDCJ), Workers Compensation, and Border State matches (Louisiana, Oklahoma, and New Mexico). In the process of investigating these data matches, action alert notices are sent to HHSC-OES staff to reduce or deny benefits based on household composition, residence, income, and resource information that may affect ongoing benefits. A sample of 351 matches was researched to come up with an average cost savings of $36.95 per match completed. The total cost avoidance is the number of recipient data matches completed multiplied by $36.95.

Technology Analysis, Development and Support Provider Prepayment Review Process

Dollars that are not paid based on the provider being placed on prepayment review - Providers on prepayment review must submit paper claims with supporting documentation. The information is then reviewed to determine if the service is payable.

Women, Infants and Children
Cost avoidance for Women, Infants and Children (WIC) investigations is found by using the following methodology:

- Identify cases where fraud was identified and the client stopped redeeming vouchers as a result of being notified of the investigation;
- Calculate an average amount of redeemed vouchers per month from the most recent three months available for that WIC participant; and
- Apply that average to the remaining months of the active certification period of that client.

Example: Client A stops redeeming vouchers after being notified that an investigation has identified fraud. Client A has two months of vouchers that are still active and does not spend them. The average amount of vouchers for the previous three months is $250. The cost avoided for this case would be $500 (2 months active vouchers x $250 average monthly-redeemed vouchers).

Audit
Cost avoidance results from four types of audit activities.

CRRU (Desk Reviews/Performance Audits) - The dollars removed from cost reports reduces the amount that flows into the rate-setting database maintained by HHSC's Rate Analysis Department (RAD). These dollars do not represent recouped amounts, because providers are paid under a unit-rate contract. The impact of these cost avoidance numbers is reflected in the unit rate calculations.

CAU (Contracts) - Represents unallowable costs and incorrect charges identified during an audit of unpaid contract claims and billings.

MCAU (Oversight/Consulting) - Cost avoidance is achieved by providing consultation to program management overseeing outside audit contracts to ensure all appropriate questioned costs are considered and identifies wasteful practices that can be eliminated in future contracts and expenditures.

OMAH (Desk Reviews/Performance Audits) - The dollars removed from Medicaid Outpatient Hospital cost reports reduces the amount that flows into the rate-setting database maintained by TMHP. These dollars do not represent recouped amounts, because providers are paid based upon a cost-to-charge ratio of Medicaid costs to all costs. The impact of these cost avoidance numbers are reductions reflected in the unit rate calculations used for interim payments to the hospitals and a savings through the time value of money.

Key Accomplishments and Recent Developments

Chief Counsel

The Office of Chief Counsel provides general legal services to OIG, rendering advice and opinions on HHS programs and operations, and providing all legal support in OIG's internal operations. The Office of Chief Counsel imposes penalties on health care providers and litigates those actions. The Office of Chief Counsel includes two sections: Sanctions and Third Party Resources.

CORF and ORF Recoveries

The Office of Chief Counsel continues to be actively involved in recovering Medicaid overpayment dollars identified through audits and reviews of cost reports and cost information for the following two provider types—Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Outpatient Rehabilitation Facilities (ORFs). CORFs and ORFs provide physical, speech and occupational therapies to Medicaid recipients.

During the first two quarters of this state fiscal year, Office of Chief Counsel, in conjunction with the Sanctions unit, recovered $5,848,702[2] from CORFs/ORFs.

[2] The CORF/ORF dollars recovered are included in the "Dollars Recovered" category listed in the table in Appendix B, Section IV, Sactions table.

Sanctions

Sanctions is responsible for imposing administrative sanctions and/or actions against health care providers once an investigation has been completed. This includes placing providers on payment hold, recovering overpayment dollars, imposing administrative penalties, and excluding providers from the Medicaid program. In addition, Sanctions provides valuable input on policy issues important to the Medicaid program.

Sanctions has worked to strengthen OIG's relationship with the State's Managed Care Organizations (MCOs) by providing the MCOs with technical expertise and assistance in identifying and recovering overpayments. These overpayments have resulted from MCO health care providers' waste, abuse, or fraud in the Medicaid managed care program. OIG provided MCO Special Investigative Units policy guidance and data analysis tools developed and used by OIG. OIG continues to work with the MCOs in the proper use of these tools to minimize MCO investigative costs, while maximizing the amount of potential MCO overpayment recoveries.

Third Party Resources

Third Party Resources (TPR) is focusing on an expansion of the current business model.

Several projects are under way, which are anticipated to add value to Texas. Following is a brief synopsis of key projects:

- *Medicare Identification and Recovery Initiatives* - HHSC will initiate and perform supplemental Medicare data matching and recovery initiatives. This project will enhance the current Medicare identification process. Through different algorithms HHSC anticipates the identification of additional Medicare coverage, which will be used to cost avoid claims and pay and chase activities, during the claims process. The final result will be a reduction of State expenditures as Medicare becomes the payer of first resort.
- *Expansion of Third Party Liability (TPL) Verifications Work* - Historically, the Office of the Attorney General (OAG) provides OIG and HHSC with policyholder information from liable third parties for Medicaid members under the age of 18. In SFY) 2006, the OAG amended this contract to cover only verified insurance identifications for individuals under age 18 that were Medicaid eligible with an active OAG case. This change resulted in a reduction of cost avoidance savings and a decrease in retroactive recovery opportunities for these individuals. As many as 25,000 policies may be identified over the course of 2007 – 2008.
- *Expansion of Credit Balance Activities* - Currently HHSC performs credit balance audits for approximately 241 providers representing approximately 85% of the top 100 billing providers. AIM HealthCare Services, Inc. (AIM HealthCare) performs this work under the claims administrator contract. Through an additional subcontract, HHSC will direct the second vendor towards those providers who are not audited by AIM HealthCare. This project will ensure that HHSC achieves a greater level of provider market penetration.
- *Gap Recovery* - Those clients who transition from Medicaid to Medicare have a one to two month "gap" before they actually show on the Medicare data files. To ensure that Medicaid clients continue to receive pharmacy benefits during this transition period, Medicaid continues to pay for pharmacy coverage, although Medicare is liable. HHSC will pursue Medicare as a primary payer and ensure general revenue funds are recovered to the greatest extent possible.

Section 6035 of the Deficit Reduction Act, titled Enhancing Third Party Identification and Payment, requires states to approve legislation to further strengthen existing law. Required actions include expanding the definition of a health insurer to include self insured plans, managed care organizations, pharmacy benefit managers, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service. This will help to defend against certain third party attempts to avoid payment from Medicaid.

Additionally, section 6035 requires the state to provide assurances satisfactory to the Secretary that the state has in effect laws requiring health insurers to:

- Provide states with eligibility and coverage information;
- Honor the states assignment of rights;
- Not to deny claims based on procedural reasons (*e.g.* timely filing, failure to present card at point of sale, claim format, etc.);
- Allow three years for a state to file a claim; and
- Allow 6-years from the date a claim is submitted to address procedural issues before a claim is denied.

OIG anticipates this will greatly improve post payment recovery operations and work towards increasing overall recoveries to the program.

Compliance Division

The Compliance division reviews providers, vendors, and contractors to ensure compliance with all state and federal rules, regulations, and guidelines related to payment for reimbursable services; collects all identified overpayments for reimbursable services; educates providers, vendors, and contractors on submitting accurate information for reimbursable services; and refers providers, vendors, and contractors for suspected waste, abuse, and fraud when appropriate. The Compliance division has three sections: Audit; Quality Review; and Technology Analysis, Development and Support.

Audit

The Audit section consists of five units:

- Subrecipient Financial Review;
- Medicaid/CHIP Audit;
- Outpatient Hospital/MCO Audit;
- Contract Audit; and
- Cost Report Review.

The Audit section continues to implement enhancements to existing processes and is incorporating new audit processes to achieve its mission.

Audits performed by the Audit section include those described in the *Government Auditing Standards*, 2003 revision, issued by the Comptroller General of the United States (General Accounting Office), often referred to as Generally Accepted Government Auditing Standards (GAGAS), or the "Yellow Book." On February 1, 2007, the Comptroller General of the United States issued the 2007 revision of *Government Auditing Standards*, which supersedes the 2003 revision. The effective date for the 2007 revision of the *Government Auditing Standards* effects financial audits, attestation engagements, and performance audits beginning on or after January 1, 2008. Policies and procedures will be updated to ensure our work meets the revised *Government Auditing Standards*.

Subrecipient Financial Review Unit

The Subrecipient Financial Review unit (SFRU) is responsible for Single Audit Desk Reviews of reports submitted by subrecipients, quality control reviews of Certified Public Accountant (CPA) firms who conduct single audits of subrecipients, and the limited–scope audits of subrecipients. The quality control reviews conducted on CPA firms and limited-scope audits are based on a risk assessment process, while desk reviews are conducted on all single audit reports submitted by subrecipients of health and human services agencies.

A subrecipient is subject to a single audit when it receives and expends a minimum of $500,000 in state and/or federal government award or financial assistance. The audits are conducted in accordance with the Single Audit Act of 1984 and the related amendments of 1996, Office of Management and Budget (OMB) Circular A-133, *Audits of State, Local Government and Non-Profit Or-*

ganizations; and/or State of Texas Single Audit Circular.

Desk Reviews - The SFRU completed a total of 386 desk reviews in the first half of SFY 2007. In addition to the routine desk reviews, SFRU continues to find ways to enhance accountability on waste, abuse, and fraud, by maintaining consistency and/or continually modifying our internal processes and procedures in the following ways:

- Modified our desk review audit programs to include additional audit steps to evaluate the subrecipient's single audit reports. With the development of our current ratio analysis template, we now provide additional financial information to HHS funding agencies concerning a variety of potential financial risks that might affect state and federal funding. The ratio analysis template helps auditors calculate and analyze certain financial ratios (e.g., liquidity ratios, administrative costs to total expenditure ratios, payroll and related costs to total program expenditure ratios, etc.), and perform other analytical procedures that might indicate evidence of financial hardship or going-concern issues. The information provided by these additional analyses is forwarded to funding agencies' program personnel for monitoring efforts, as they may indicate instances of waste, abuse, or fraud.
- Completed updates to the Single Audit web-based system used to track all subrecipients subject to single audit requirements, including "for-profit" subrecipients and other entities excluded from OMB Circular A–133 reporting requirements. The updates allow SFRU to determine the timing for issuing reminder letters, delinquent letters, and/or following-up with subrecipients who do not comply with contract, grant agreements, and/or OMB circular A–133 reporting requirements.
- Continued collaboration with the funding agencies to ensure all new contracts are communicated to SFRU for input into the single audit database and providing "read-only" access to the database.
- Ensuring constant communication with HHSC funding agencies through scheduled quarterly meetings to discuss new developments, areas of common concerns, changes or updates to compliance requirements, and responding to each agency's questions and/or inquiries on matters of special interests.
- Collaborated with and assisted the Special Nutrition Program, (*i.e.*, responding to specific inquiries on technical matters related to OMB Circular A-133 reporting requirements, State of Texas Single Audit Circular, or interactions with external auditors).
- Worked with the KPMG auditors (external auditors) to ensure proper audit of HHSC compliance with the single audit requirements during the SFY 2006 Statewide Audit. There were no findings regarding OIG's single audit reviews of the subrecipient's reports. During the audit, this unit was instrumental in responding and resolving all the external auditor's questions and inquiries.

Quality Control Reviews - The SFRU completed a total of 49 quality control reviews

in the first half of SFY 2007. Also, SFRU completed its risk assessment for the SFY 2007 quality control reviews in August 2006, from which it developed an annual audit plan for the quality control review of selected CPA firms. There are 87 quality control reviews of CPA firms, located across the state of Texas, planned for SFY 2007.

The objective of a quality control review is to determine whether the selected CPA firms conducted the single audit of subrecipients in accordance with auditing standards and state and federal requirements set forth in the Yellow Book and the OMB Circular A-133 reporting requirements.

Limited Scope Audit - This function of the SFRU is now on hold until such time additional staff resources are available. However, the SFRU is performing limited scope audit work while assisting OIG's State Investigations Unit (SIU) with investigations.

Medicaid/CHIP Audit Unit

The Medicaid/CHIP Audit unit (MCAU) is in the process of concluding several major audit engagements which represent the culmination of the unit's first full year of operation. These audits are expected to positively impact the operation of the Medicaid program. Included are audits of the Medicaid claims administrator provider enrollment function, as well as the close out of the risk stabilization reserve (RSR) maintained by National Heritage Insurance Company (NHIC) during its contract as the Medicaid claims administrator in accordance with Rider 16[3]. Additionally, the Information Technologies (IT) audit team is finalizing an audit of the recently implemented Vendor Drug claims system, which should assist Medicaid program management by identifying opportunities to improve the system.

In the coming months, the unit will be undertaking several new projects including performing quality assurance reviews of the Managed Care Organizations (MCOs) audits and Medicaid contractors, which were performed under contract by outside accounting firms. Also, the IT team will be examining the implementation of system improvements to the C21 Medicaid claims system through amendments to the claims administrator contract. In addition, the unit anticipates providing assistance to the newly formed Centers for Medicare and Medicaid Services (CMS) federal audit units in developing their audit strategies and programs.

Outpatient Hospital/MCO Unit

The Outpatient Hospital/MCO unit (OMAU) has undertaken an ambitious statewide initiative involving the audits of Medicaid outpatient hospital costs included in Medicare cost reports for the past four years. Having finalized development of a cost report audit methodology, the unit completed fieldwork on the first two facilities. These engagements each encompassed individual audits of the cost reports submitted over a four-year period. The OMAH is currently finalizing the associated reports.

3 General Appropriations Act, HHSC Bill Pattern, Rider 16, 79th Legislature, Regular Session, 2005.

The OMAH also initiated fieldwork on audits of three additional facilities identified in the annual audit plan. Furthermore, three additional facilities were notified of impending audits for which the formal planning work has begun.

The OMAH has been staffed for nearly a year and with the team now fully trained, the progress of these audits is expected to continue to improve and provide significant return on investment for this function. Additionally, OMAH continues to coordinate the audit resolution process for this program with the Texas Medicaid Healthcare Partnership (TMHP) to ensure costs identified for recovery can be collected in a timely fashion.

Contract Audit Unit

The Contract Audit unit (CAU) is primarily responsible for auditing contract compliance to ensure program funds are properly used to provide contracted services, ensure recipient funds are adequately managed, and serve as a deterrent to abuse and fraud within programs. The CAU performs audits in the following areas:

- HHS contracts other than the Texas Medicaid Administrative Services (TMAS) and subrecipient contracts;
- Pharmacies participating in the Vendor Drug Program (VDP); and
- Intermediate Care Facility (ICF/MR) providers as mandated in sections 9.219 through 9.269 of the Texas Administrative Code related to provider reimbursement and client trust funds.

Contract auditors:

- Determine compliance with federal and state laws, regulations, and rules;
- Review final contract cost (cost settlement and close-out audits);
- Perform specific procedures on a subject matter (agreed upon procedures);
- Determine the extent to which legislative, regulatory, or organizational goals and objectives are being achieved;
- Assess whether sound procurement practices are being followed; and
- Perform other audit procedures necessitated by the nature of the contracts.

Contract management is how HHSC and its health and human service agencies do business as evidenced by the number of contracts in the new Health and Human Services Contract Administration and Tracking System (HCATS). Upon completion of the HCATS Phase III requirements in February 2007, a risk assessment for contracts was prepared. Risk criteria along with external and internal business risks and auditor judgment were used to identify contracts with the greatest risk.

A risk assessment for VDP was completed and pharmacies were selected and included in the unit's SFY 2007 audit plan. Fieldwork was completed for two pilot audits that began in SFY 2006 and one regular audit. Another audit is underway and two more are in the planning stage.

Work performed by the CAU includes:

- Completion of one pharmacy audit and fieldwork for two pharmacy audits.
- Completion of 19 ICF/MR audits.
- Completion of fieldwork for three pharmacy audits, including two pilots.
- A discussion with HHSC State Operations and Long Term Care regarding processes performed by Medicaid eligibility workers. Some processes used to prevent improper payments were not working effectively, as noted by auditors when conducting ICF/MR audits. With the passage of the Deficit Reduction Act of 2005, it is critical that program and/or system weaknesses be communicated so improvements to processes can be made and the potential impact to the state's Payment Error Rate reduced.

Cost Report Review Unit

The Cost Report Review unit (CRRU) conducts field audits and desk reviews of provider cost reports and provides other requested non-audit services. Field audits and desk reviews are designed to meet OIG's goal to identify and correct waste, abuse, and fraud in the Medicaid and non-Medicaid programs and are performed in accordance with applicable sections of the Texas Administrative Code, Title 1, Chapter 355. The results of field audits, enhanced desk reviews, and limited desk reviews are used by HHSC's RAD (RAD) in its rate setting responsibilities.

Unallowable costs identified as a result of the auditor's work are removed from the cost reports in RAD's Automated Cost Report and Evaluation System (ACRES) database, used to determine provider reimbursement rates. Cost avoidance savings are generated by the removal of these costs, resulting in lower reimbursement rates. RAD uses adjusted statistical and financial information to recommend future reimbursement rates for program services to the Texas Legislature. During the first half of SFY 2007, CRRU completed a total of 1,947 enhanced and limited desk reviews and field audits.

Since, September 1, 2007, CRRU has made the following changes designed to enhance the efficiency and effectiveness of its processes:

- Redesigned the audit program used to conduct audits on each type of cost report;
- Redesigned the audit reports for each type of cost report to ensure compliance with applicable auditing standards, rules, and regulations;
- Provided staff training covering changes made to work products and how to apply those changes;
- Developed most of the risk assessment methodology to be used in selecting samples of cost report projects that will be conducted for each type of review stated above and will be applied for project selection beginning after May 2007;
- Developed a cost audit tracking system used to maintain, assign, and manage the cost reports submitted to CRRU for processing; and

- Converted some manual cost report processes used for receiving, logging, and returning cost reports to automated processes.

The CRRU continues to ensure communication with HHSC RAD through scheduled monthly meetings to discuss joint processes affecting CRRU's feedback, discuss new developments and areas of common concerns, and changes or updates to compliance requirements, and respond to questions and/or inquiries on matters of special interests.

The CRRU conducts investigative audits in conjunction with OIG's Medicaid Provider Integrity (MPI) section to facilitate recoveries of funds or aid in the prosecution of providers who may have committed fraud. With the implementation of the Deficit Reduction Act of 2005, CMS is taking its partnership with and oversight of states to a new level. New opportunities exist to identify, recover, and prevent inappropriate Medicaid payments, including federal audits of provider cost reports. Therefore, CRRU efforts to revamp the cost report auditing and review processes to ensure compliance with *Government Auditing Standards*, including more emphasis on identification of waste, abuse, and fraud is essential. Additionally, issuing reports to providers, which detail the deficiencies noted in the cost reports in an effort to improve a history of repeated non-compliance and repetitive adjustments to cost reports, is essential to reduce the potential impact on the state's Payment Error Rate.

Quality Review

The Quality Review section consists of four units:

- Limited Program;
- Managed Care Organizations Special Investigative Unit (MCO-SIU);
- Utilization Review; and
- WIC Vendor Monitoring.

Limited Program

To prevent the inappropriate use of medical services and to promote quality of care, the Medicaid program may restrict a Medicaid recipient to designated providers, through the Limited Program. The Limited Program assigns selected recipients to designated primary care providers and/or pharmacies. Recipients are assigned a designated provider when:

- The recipients receive duplicative, excessive, contraindicated, or conflicting health care services including drugs; or
- Review indicates abuse, misuse, or suspected fraudulent actions related to Medicaid benefits and services.

Although recipients are limited to a primary care provider and/or pharmacy, the participation of the provider and/or pharmacy is voluntary.

The Limited Program has been and continues to be impacted by implementation of new automation systems, including the Texas Integrated Eligibility Redesign System (TIERS) and the Vendor Drug claims processing system. Issues related to system

access, configuration, and data reporting continuously hamper staff's ability to conduct accurate research and analysis.

To address the system issues, staff implemented a new review process to assist in facilitating their ability to place recipients meeting criteria in the Limited Program.

MCO-SIU

In accordance with section 531.113 of the Texas Government Code, a Managed Care Organization (MCO) contracting with the State of Texas for the provision of health care services to individuals under government-funded programs must establish and maintain a special investigative unit (SIU) for the purpose of investigating fraudulent claims and other types of program abuse by recipient and providers.

OIG continues to conduct quarterly meetings with the contracted MCOs to:

- Provide information about provider and member waste, abuse, and fraud;
- Provide training on investigating and referring cases to OIG;
- Strengthen coordination efforts; and
- Enhance the quality of detection, investigation, and reporting of possible acts of waste, abuse, and fraud.

The MCOs also recover monies paid in error to providers. When an MCO has reason to believe that a provider received inappropriate payments that were not the result of waste, abuse or fraud, the MCO can recover the overpayment. To facilitate the MCOs ability to recover overpayments as well as to assist in determining if the case should be referred to OIG for further investigation, OIG issued a policy directive clarifying the SIUs Overpayment Recovery Process.

Utilization Review

The Utilization Review unit (UR) conducts both inpatient hospital and nursing facility utilization review activities. Nursing facility reviews are conducted by Registered Nurses on-site, while inpatient hospital utilization reviews can occur both on-site and by a mail-in process.

The UR unit began a number of new focused Diagnosis Related Groups (DRG) for review during the last half of SFY 2006. The addition of the high-volume, error-prone DRG's increased the claim sample size for hospitals reimbursed through the DRG prospective payment system. As a result of these additional reviews, UR identified an increased number of inappropriate payments, resulting in additional dollars recovered. The UR unit will continue to include the focused DRG's in future samples. As resources allow, additional potential error prone DRG's will also be included in the sample.

To address the current nursing shortage in specific areas of the state and to assist the unit in conducting the growing hospital utilization reviews, UR implemented the use of contract Registered Nurse consultants. Once trained, the nurse consultants will travel with experienced UR regional nurses across the state to address the pending reviews.

TILE to RUGS - Nursing facilities reimbursement will be changing from the Texas Index of Level of Effort (TILE) reimbursement methodology to the Resource Utilization Group (RUG) system. September 1, 2008, is the date set by the Executive Commissioner to implement a change in how nursing facilities are reimbursed for care provided to Medicaid residents.

Texas nursing facilities are currently reimbursed for services based on the level of effort required by staff to meet the needs of the resident. TILE is based on the resident's condition and functional performance in activities of daily living (ADLs) and the level of staff intervention required. The Minimum Data Set (MDS), the Federal assessment tool, is a core set of screening, clinical and functional status elements, including common definitions and coding categories, which forms the foundation of the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare or Medicaid. The 34 (RUG) models consist of rehabilitation groups that have been collapsed into 4 groups. The RUG only focuses on the care needs of the resident no matter what group they may fall into. To implement the new methodology, changes to the current rules, claims processing system, UR application, internal and external processes and procedures are underway by multi-agency staff.

WIC Vendor Monitoring Unit

During SFY 2007, the WIC Vendor Monitoring unit (WVMU) received allegations that a WIC Vendor was trafficking in food instruments. A subsequent in-store review revealed the store did not appear to have inventory quantities consistent with the level of claims being submitted to the state for payment. The WVMU requested OIG's Case Analysis Special Operations section (CASO) to provide a geographical representation of all food instruments transacted at the suspect vendor's location, overlaying the location of the recipients' residences and other authorized WIC Vendors within the greater Houston area in relation to the location of the suspect vendor. This representation accounted for both frequent and infrequent recipient food instrument use.

After reviewing the geographical representation of transacted food instruments, it was determined the pattern of recipient use was inconsistent with what would be expected. Based on this information, WVMU initiated an invoice audit of the suspect vendor. The suspect vendor failed to furnish the requested invoices and an action to disqualify the suspect vendor has been initiated.

Technology Analysis, Development and Support

The Technology Analysis, Development and Support (TADS) section is responsible for directing and monitoring the development, implementation, and coordination of policies and procedures encompassing OIG information technology systems. TADS is also responsible for working the results of the MFADS-generated targeted queries and models. The section provides oversight and direction on cases identified by the Medicaid claims administrator, ACS-TMHP,

through the federally required Surveillance and Utilization Review Subsystem (SURS).

During this period, OIG acquired an exemption from the Department of Information Resources (DIR) Data Center Consolidation (DCS) initiative and, to meet IRS requirements, took steps to facilitate a smooth transition related to all operations remaining with OIG before access is given to the DCS contractor.

TADS staff continued with the following technology developments:

- *Create a secure environment for OIG data and applications* - OIG has made strides for added network security and controls by:
  - Installing and testing the hardware firewalls and switches for a seamless transition behind the firewalls.
  - Adding to the .NET architecture to ensure better, adaptable, and more secure applications can be built through an internal, Web accessible portal.
- *Migrate OIG servers and applications from HHSC to OIG* - OIG can now manage data consolidation, applications, systems security, and disaster recovery processes and procedures locally that were previously outside of OIG control.
- *Improvements to the external Waste, Abuse and Fraud Electronic Reporting System (WAFERS), website* - This application allows any state employee or private citizen to report waste, abuse, and fraud to the Office of Inspector General.
- *Development of a new internal complaint tracking system* - This system will be used for all external referrals received (via Hotline, e-mail, letter, fax, etc.) and for internal referrals from one OIG area to another.
- *Upgrades to OIG's internal portal homepage* - This is the official internal homepage for the Office of the Inspector General. This site provides a central access point to all future applications and allows developers to quickly deploy a more secure application. TADS staff are developing a Report Manager, Security Manager, and File Manager to implement into this more powerful portal system.
- *Development and deployment of an OIG Public Homepage* - This will allow OIG to quickly disseminate information to the general public when needed and allow providers the ability to receive information related to changes in policy and/or audit findings.
- *Improvements to the internal project request application that is accessed via the OIG portal* - This application will be used by designated OIG staff to request TADS assistance with:
  - Developing applications (Windows or web-based applications / forms / reports);
  - Analysis for purchasing hardware; and
  - Analysis for purchasing software.
- *Development and internal testing of Phase I, II, and III of case management system for OIG's SIU* - This is a web-based, centralized, security–driven case management system used to streamline the current SIU paper-based operation.

- *Development and deployment of OIG's Secured Issue Management System (SIMS)* - This application gives OIG staff an extendable, flexible, and scalable web application that:
  - Tracks various forms of communications:
    - External Inquiries;
    - Legislation;
    - Legislative Inquiries;
    - Projects;
    - Open Records Requests;
    - Commissioner Requests; and
    - Agreements
  - Allows the ability to restrict viewing/editing/deleting individual communication threads.
  - Provides Management Reports.
- *Established a secure connection between OIG and the University of Texas, Dallas, related to the Texas Health Analytics System Information Technology (TxHASIT) project* - The overarching objective of the TxHASIT system is the transformation of health care data into "decision quality information" to provide the basis for better Health and Human Service resource allocations for the citizenry of Texas.
- Deployed the Case Assistance Request System for OIG's CASO section.

Enforcement Division

The Enforcement division conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or by HHS beneficiaries and of unjust enrichment by providers. These investigative efforts lead to criminal convictions, administrative sanctions, or civil monetary penalties. The Enforcement division has three sections: General Investigations; Medicaid Provider Integrity and State Investigations Unit.

General Investigations

General Investigations (GI) staff conducts recipient eligibility fraud investigations in Food Stamps, Temporary Assistance for Needy Families (TANF), Medicaid, Children's Health Insurance Program (CHIP), and other HHS programs. GI also coordinates and conducts covert operations involving retailers who illegally exchange Food Stamps for money. GI units consist of Claims Investigators and/or Field Investigators who establish fraud and non-fraud overpayments claims for recovery that returns funds to the state treasury and agency programs. Fraud investigations are filed with local prosecutors or handled through an Administrative Disqualification Hearing (ADH).

In April 2006, GI made procedural changes to pursue higher dollar fraud cases criminally and lower dollar cases administratively. This shift increased the numbers and dollars of fraud investigations completed as compared to the previous two fiscal years.

Additionally, the number of recipients disqualified from the Food Stamps and TANF programs for intentional program violations has increased which improves the cost avoidance of misspent funds in those programs. Although overpayment claims established has increased, the collections of overpayments have decreased. Since there is a significant lag time from the time overpayment claims are established and collected, we anticipate collections will improve for SFY 2008 in relation to the increases in overpayment claims established.

In conducting recipient investigations, GI relies on case record documentation completed by HHSC-OES staff when determining eligibility. To establish both fraud and non-fraud claims in Food Stamp, TANF, and Medicaid programs, GI must be able to prove the information taken by HHSC and identify the benefits received by the recipient.

The Legacy computer system for eligibility determination, System for Application, Verification, Eligibility, Reports and Referrals (SAVERR), and the processes used with SAVERR capture adequate information to pursue both fraud and non-fraud claims. SAVERR is currently the primary system in use in 251 of the 254 Texas counties. The new eligibility system, TIERS, is currently in use in 3 of the 254 counties. Currently, OIG is unable to pursue fraud and non-fraud claims due to the inability to access adequate historical case data in TIERS.

GI is working with HHSC Enterprise Applications staff and contractors regarding issues with the TIERS application and processes. Once the necessary changes are made to TIERS and the related processes OIG should be able to determine whether fraud and non-fraud cases can be pursued prospectively.

GI staff continues to work closely with HHSC's IT staff in developing and implementing a new automation computer system. The Automated System for OIG (ASOIG) will replace several outdated systems currently used by GI. Program development and user testing continues during SFY 2007. The first phase of the new system is expected to be implemented in SFY 2007, and improvements in employee productivity are expected.

Medicaid Provider Integrity

The Medicaid Provider Integrity (MPI) staff is primarily devoted to the investigation of provider fraud in the Texas Medicaid Program. In addition to provider investigations, MPI staff members also provide recommendations related to all Medicaid policies affecting providers, documentation requirements, and any program areas that affect providers and our ability to identify potential provider overpayments. This past fiscal year, OIG has taken a more proactive approach to provider enrollment issues to further ensure the integrity of the Medicaid program while continuing to protect the recipients of that program.

The 79th Legislature, Regular Session, approved an exceptional item through a Legislative Appropriations Request (LAR) granting an increase in MPI staffing levels by 16 additional FTE's. The staffing increase allowed MPI to place investigators in key areas of the state in order to more efficiently investigate issues related to Medicaid waste, abuse, and fraud. In addition to the Austin headquarters office, MPI now has field investigators located in Dallas, Houston, San Antonio, and Edinburg.

MPI continues to conduct criminal history background checks for all potential Medicaid, Medicaid Managed Care, and Children with Special Health Care Needs (CSHCN) Services program providers submitting an enrollment application through TMHP. Additionally, criminal background checks are performed for any person or business entity that meets the definition of "indirect ownership interest," as defined in section 371.1601 of the Texas Administrative Code, who are applying to become a Medicaid provider, or who are applying to obtain a new provider number or a performing provider number. Details of these changes were made available in the January/February 2006 *Texas Medicaid Bulletin*, No. 192 and the February 2006 *CSHCN Provider Bulletin*, No. 57.

In December 2006, MPI began conducting criminal history background checks on *all* Medicaid providers currently enrolled through TMHP, the state's claims administrator.

From September 2006 through February 2007 (1st and 2nd quarters, SFY 2007), MPI conducted nearly 9,000 criminal history checks on Medicaid provider applicants, those under investigation and current Medicaid providers. Of the criminal history checks conducted, 540 were either denied, or are pending receipt of return information.

In accordance with section 531.113 of the Texas Government Code, all MCOs contracting with the State of Texas are required to adopt a plan to prevent and reduce waste, abuse, and fraud and file their plan annually with OIG for approval. For the first half of SFY 2007, OIG received 28 complaint referrals from MCOs based on their mandated SIUs.

OIG and OAG Interagency Coordination

The United States Department of Health and Human Services, Office of Inspector General, approved a staged expansion and matching federal grant funds to increase the Office of the Attorney General's Medicaid Fraud Control Unit (OAG-MFCU) to 208 by the end of SFY 2005. The expansion continued as the grant application submitted for SFY 2006 requested staffing for 215 positions strategically located around the state. The OAG-MFCU is currently staffed with 208 employees, including more than 57 commissioned peace officers. Field offices are operating in Dallas, Houston, Lubbock, Tyler, El Paso, McAllen, San Antonio, and Corpus Christi. Two teams each are located in Dallas and Houston. In SFY 2007, a third team was added to the Houston office.

As required by section 531.104 of the Texas Government Code, the Memorandum of Understanding (MOU) between the OAG-MFCU and OIG was updated and expanded in November 2003, and continues to ensure the cooperation and coordination between the agencies in the detection, investigation, and prosecution of Medicaid fraud cases. This MOU has proven beneficial to both agencies.

The OIG and OAG have established guidelines under which provider payment holds and exclusions from the Medicaid program are implemented. Timelines and minimum standards have been established by OIG for making referrals between the OAG-MFCU and OIG. This has enhanced the timely investigation of potentially fraudulent providers.

The Governor's Executive Order RP-36, dated July 12, 2004, directed all state agencies to establish wide-ranging efforts to detect and eliminate fraud in government programs. OIG continues to strengthen and enhance coordinated efforts to execute the Governor's directive, and both OIG and OAG recognize the importance of partnership and regular communication in the coordinated effort to fight fraud and abuse in the Medicaid program. Thanks to a renewed cooperative spirit and focused efforts, both agencies continue to achieve the following:

- An increased commitment to promptly send and/or act upon referrals, accomplished by improving turnaround time

in addressing recent referrals, and systematically revisiting older referrals;
- Regular case presentation meetings initiated by OIG to introduce critical cases to OAG-MFCU staff, in order to conduct parallel investigations;
- Constant communication on cases through entire staff levels, ensuring all case resources are shared, and efforts are not duplicated; and
- Monthly and quarterly meetings are held between the appropriate OIG and OAG staff in order to discuss case information, Medicaid policies and issues, agency coordination, and other related matters.

Periodic planning sessions have occurred to coordinate case-methodology guidelines that apply to all cases, regardless of type. Appendix B, Section IV under MPI, contains three charts, which provides the number of waste, abuse, and/or fraud referrals received and made by MPI between September 2006 and February 2007.

Recent Developments

During the course of the past twelve months, MPI has seen extraordinary activity with respect to Durable Medical Equipment (DME) companies in the Houston metropolitan area. Numerous DME companies were identified for investigation through research and claims analysis conducted by MPI staff and/or based on complaints received by MPI from recipients and other DME companies. The vast majority of claims submitted by these DME companies were for incontinence supplies, with subsequent field investigations revealing that these supplies were frequently not provided, not needed, or not ordered by a physician. Medicaid payments in excess of $15 million have been paid for these alleged services, most within the past several years.

As investigations progressed, MPI worked with Sanctions to place payment holds on many of these DME companies to prevent additional illicit payments from being made. MPI investigators in the Houston area have worked, and continue to work jointly with OAG-MFCU on these cases. MPI has shared their investigative findings with OAG-MFCU in an effort to assist them to build their criminal cases. On November 30, 2006, OAG-MFCU arrested multiple DME providers in an area wide crackdown, many who had been investigated by MPI.

Due to the overwhelming number of DME companies in the Houston area that have demonstrated a propensity towards fraud and abuse, MPI initiated a process whereby unannounced on-site inspections are performed on the DME companies at the point of their application for a Medicaid provider number. Additionally, a process has been initiated whereby MPI staff communicates directly with Medicare to ascertain the status of a DME company's Medicare supplier number, since Medicaid requires all enrolled DME companies to be certified by Medicare.

As a result of MPI's investigations, the OAG-MFCU arrests and the on-site DME verifications, we have seen a significant decrease in the number of fraud and abuse cases in the Houston metropolitan area in

respect to DME companies. Although new cases on DME providers continue to be identified that warrant an investigative action, MPI has developed internal processes that assist in identifying these providers before significant dollar amounts are lost to fraud and abuse.

State Investigations Unit

The State Investigations Unit (SIU) is responsible for identifying and reducing waste, abuse, fraud, and misconduct involving contractors, vendors, service providers, and employees through independent, fact based investigations, reviews, and analyses in accordance with applicable federal and state laws.

SIU is in the beta testing phase of the web based, centralized, security-driven case management system. This system was developed and is being tested for accuracy, user friendliness, testing procedures of how information will be entered and captured for reporting, and workflow. The new case management system will replace the current stand-alone Microsoft access computer database inherited from the legacy agency operations. Full operation of the case management system is expected during SFY 2007.

Once fully operational, the improvements offered by this new system will include:

- Complaints will be entered by any SIU staff instead of a single intake investigator, decreasing the time from receipt of a complaint to determination to investigate;
- The system will accept direct referral transfers from the web-based WAFERS, which is available to the public as well as HHS staff, eliminating the need to manually re-enter complaint information;
- Documents can be scanned and inserted into the electronic case file, eliminating manual re-entering of information from hard copy documents;
- Complaints are reviewed and assigned for investigation electronically by management, eliminating the delay in initiating an investigation, and shipping documents to staff in regional offices;
- Investigation files are automated permitting real time review and comments by management;
- Management may encrypt highly sensitive cases with an encryption key, increasing security while permitting ongoing real time review by selected staff holding the key; and
- Investigative caseloads and management summary reports will be available based on selected criteria, which will expedite responses to executive management's requests.

The new system will automate and standardize most of the investigative logging, tracking, reporting, and writing tasks. The case management system will use the "wizard" approach to build a case record. That is, the system guides the user through case screens to create a case. This has the added benefit of ensuring that critical data is not

left out of the information collection process.

SIU has experienced a significant increase in production over the first half of SFY 2007. The number of complaints received and investigations completed in SIU increased, along with the Women, Infants and Children (WIC) unit number of cases referred and cases adjudicated. When comparing the first quarter of SFY 2006 to the first quarter of SFY 2007 there is a significant increase in productions:

	First Quarter 2006	First Quarter 2007	Amount of Increase
Complaints Received	91	142	56%
Investigations Completed	60	154	157%
Cases Referred	2	26	1,200%
WIC Cases Adjudicated	2	4	100%

These increases in production may be attributed to the dedicated efforts of the SIU staff and understanding the Strategic Plan developed and followed by OIG Management and SIU staff members. SIU is dedicated to the continued improvement in production as well as reviewing the procedures and processes used to ensure the most efficient and effect methods are employed.

SIU is in the final stages of developing general policies and procedures and desk references for each of the teams and anticipates the policies and procedures will be finalized and approved during SFY 2007. These policies and procedures will provide guidance to SIU staff.

Communications and Governmental Affairs

The Communications and Governmental Affairs division (Division) is structured in accordance with Principles and Standards for Offices of Inspectors General (Green Book) as issued by the Association of Inspectors General. This function adheres to the Green Book core competencies.

The Division's strategy is to disseminate information on OIG activities and outcomes, to the extent consistent with the public officeholders, other state bodies, stakeholders, and the public. Division tasks encompass informing appropriate officials through oral or written reports of important OIG undertakings, their outcomes, and any problems encountered that warrant the officials' attention. The Division is responsible for distributing and making available the semi-annual reports' results to appropriate legislative bodies, interested parties, and the public to the extent consistent with the law, including requirements imposed by confidentiality rules and the prospective system. The Division is also involved in coordinating the production and distribution of a variety of reports to state and federal agencies.

Division staff provides testimony before the Legislature as required and serves as spokesperson as requested and deemed appropriate. A crucial component of the Division is developing and implementing external relations communication strategies and methods to effectively communicate with the public regarding the mission of OIG.

In preparation for the 80th Legislative Session, the Division updated its FACT Sheets. These are one page documents designed to highlight three specific areas: Legislative; Law Enforcement; and Providers. These documents provide information on OIG duties, responsibilities, and results of work performed. Furthermore, the Division developed an "Office of Inspector General" information business card that provides a legislative inquiry email address in addition to the web address for reporting waste, abuse, and fraud and the Fraud Hotline. The goal has been to provide current and concise information in a user-friendly format that is timely and accurate.

Division Activities

Summit 2006

The Division serves in a number of roles supporting OIG functions and activities. Regarding communications, one of the major accomplishments was the planning, development and production of the annual OIG Summit. The third annual event provided opportunities for OIG staff to attend a myriad of breakout sessions. These sessions were tailored to the specific needs of OIG staff in obtaining continuing education credits. These sessions further provided specific, timely, and work-driven topics to enable staff to perform their duties effectively and efficiently.

This year's summit was fortunate to have top quality keynote speakers who are lead-

ers with the major national nonprofit anti-fraud associations noted below:

- James F. Mathews, President, the Association of Inspectors General;
- Lou Saccoccio, Executive Director, National Health Care Fraud Association; and
- Jim Ratley, President, Association of Certified Fraud Examiners.

The Summit was a great success as noted by the workshop evaluations reviewed. The goal of the summit organizers was to continue to improve on the scope of topics to be covered in an effort to ensure that all OIG staff have the best information possible from which to base their decisions on investigations, quality reviews, and audit matters.

Division Staffing

In preparation for the 80th Legislative Session, OIG senior management initially strengthened the Division by adding an administrative assistant position. This position is responsible for assisting in the development and deployment of the Secured Issues Management System (SIMS) software. This software was developed in-house to document, track, and report on the daily activities of the Division with a major focus on legislative issues such as assignments for bill tracking, and legislative and constituent inquiries. Duties also include assisting in the review of daily legislative updates received from Telicon and Texas Legislature Online to identify potential bills for review that could have an impact on OIG. The Division recently obtained additional administrative support staff via existing positions, and is currently training staff on the various Division processes in order to provide backup during times of critical need.

To further support Division operations during the session, a legislative assistant is on temporary loan to the Division to manage special projects including TxHASIT, assist with legislative contacts, provide subject matter expertise on audit issues, and assist in bill analysis and in preparing suggested language changes for draft and filed bills. This position also assists in compiling information for various types of inquiries upon request.

Coupled with the new administrative position, was the implementation of a new internal resource referred to as the Legislative Team. This team was assembled from staff throughout OIG as recommended by the Deputies to serve under the direction of the Division Chief. The team is composed of subject matter experts for legal, compliance, investigations, operations, and audits. These staff were identified and assigned to participate on this team to monitor and report on hearings, and track and provide analyses of draft and filed bills that could impact the operations of OIG. This team is a critical OIG component for the 80th Legislative Session process.

The Division contacts subject matter experts (SMEs) to assist in handling legislative inquiries as well as responding to questions from HHSC related to OIG operations. Thus far the Division has coordinated issues related to Third Party Recovery, Health In-

surance Premium Payments for the HHSC, and DME issues related to the regulation of DME service providers as proposed in House Bill 3638.

The Division also receives support from the Office of General Counsel as well as Operations staff to review and edit draft legislation or filed bills for consideration as committee substitutes. The Division developed a process to review and coordinate responses to the appropriate legislator's office or the Governor's office. Suggested language is drafted and returned to the requestor within one day of receipt, in order to provide a timely response and keep potential legislation moving forward. Additionally, staff throughout OIG participating on the internal Legislative Team provides support by monitoring hearings related to bills assigned to OIG by HHSC via the Legislative Tracking System, or for bills identified internally by OIG. Minutes of the meetings are compiled and provided to the Division and are included in the SIMS tracking system. These staff members expand the ability of the Division to cover the variety of issues impacting OIG during the 80th Legislative Session.

Staff Presentations to External Entities

A number of OIG staff members were called upon as subject matter experts to present inspector general related topics to national organizations' meetings and conferences. OIG staff conducted presentations related to Effective Case Preparation for the Associations of Certified Fraud Specialist (ACFS). Presentations were also provided to the Association of Certified Fraud Examiners, whose membership now approaches 40,000, relating to Preparing for Court and Effective Case Report Writing. Additional training provided by OIG included presentations to CMS on activities related to the Katrina hurricane and to the Texas State Auditor's Office regarding on presenting financial records in the courtroom. We also provided resources to city and county governments. Please refer to the schedule of activities listed in Section IV – Other OIG Activities, Staff Presentations.

HHSC's Inspector General Accepts Appointment to the Centers for Medicare and Medicaid Services Medicaid Integrity Program Advisory Committee

This committee is a key component of CMS' strategy for implementing Medicaid Integrity Programs (MIP). Inspector General Flood's involvement will provide the CMS Medicaid Integrity Group (MIG) and its consulting partners the opportunity to gain insight from his considerable past experience in Medicaid program integrity functions. Inspector General Flood will serve as an expert resource in CMS' efforts to design and implement 1) a national performance measurement system for State Medicaid program integrity activities, and 2) a Medicaid payment integrity audit program. A December 2006 meeting was held to review and discuss a case study design prepared by a consultant regarding measurement issues and an approach to data collection. A second meeting is scheduled for March 2007 to discuss developing and implementing state level performance indicators. Additionally, this meeting will be used to review a proposed approach for developing a

payment integrity audit program for combating Medicaid waste, abuse, and fraud. The focus will be on audit strategy and audit process issues. Another component to be discussed will be innovative approaches to identifying improper payments.

White Papers

OIG Information

This white paper provides information related to OIG operations and the variety of entities that have developed and implemented standards and guidelines for offices of inspectors general. The following is an excerpt from the white paper:

> The keystone to establishing and maintaining an effective inspector general function is the precept of independence. This paper presents nationally recognized principles, guidelines, and standards that support the need for any Office of Inspector General in Texas to have full and unimpeded independence from any program, activity, or funding source under its purview. Gaining such independence at the State level emulates the federal model and provides the basis to dispel any claim that the actions of the office are influenced by internal or external impairments or bias.
>
> Several organizations have established principles, guidelines, and/or standards for conducting the various types of reviews conducted by Offices of Inspectors General. Our discussion will highlight the public and private entities that have promulgated guidelines and standards by which such offices are formed and conduct their business activities. We also provide examples of how some other states have addressed the need for inspector general functions. Finally, we will make recommendations for Texas, including the need for commissioned law enforcement officers as part of the Inspector General's staff as an important component of independence and effectiveness.
>
> The importance of an independent inspector general function was recognized and implemented in law at the federal level more than thirty years ago, via the first statutory Inspector General, which was created in 1976 for the U.S. Department of Health and Human Services. Soon after, following findings that emphasized the need for more independent and coordinated audits and investigations in all departments and agencies at the federal level, the Inspector General Act of 1978 was passed to apply to the executive branch agencies generally. Thus, the need for and independence of an inspector general function at the federal level has been the law for nearly thirty years.

The following entities have developed and implemented guiding principles and stan-

dards to assist offices of inspectors general in their operations:

- The President's Council on Integrity and Efficiency and the Executive Council on Integrity and Efficiency published the "Quality Standards for Federal Offices of Inspector General" (Silver Book) in October 2003;
- The Association of Inspectors General adopted its principles and standards on May 16, 2001. The Board of Directors of the Association found that the principles and standards represent generally accepted principles, quality standards, and best practices generally applicable to federal, state, and local offices of inspectors general; and
- The United States General Accounting Office, Comptroller General of the United States, publishes the "Yellow Book" standards that are regularly updated and titled *Government Auditing Standards*. The latest version was published in June 2003.

Waste

A white paper related to OIG's responsibilities regarding waste was also developed. The 75th Legislature in 1997 directed the HHSC to create the Office of Investigations and Enforcement (OIE). The 78th Legislature through HB-2292 created the new Office of Inspector General. OIG assumed all the duties of HHSC's previous Office of Investigation and Enforcement and also all fraud and abuse functions of all other HHS agencies.

The OIG continues and expands upon the previous mission of OIE by providing oversight of HHS activities, providers, and recipients through compliance and enforcement activities designed to identify and reduce waste, abuse, or fraud, and improve efficiency and effectiveness within the HHS system. OIG is required to set clear objectives, priorities, and performance standards for the office that emphasize:

- Coordinating investigative efforts to aggressively recover Medicaid overpayments;
- Allocating resources to cases that have the strongest supportive evidence and the greatest potential for recovery of money; and
- Maximizing the opportunities for referral of cases to the Office of the Attorney General.

The precedents have been set on a national and state level. Texas has become a model for other states' IG functions. Texas has also been recognized in Washington as a model for identifying waste, abuse, and fraud. Our Inspector General has been called upon by a myriad of organizations to layout how we operate and the results of our work.

Our goal is to deter and detect waste, abuse, or fraud and seek financial recoveries whenever possible. During SFY 2006, OIG realized a return on investment (appropriation) of $22.00 for every $1.00 appropriated.

False Claims Act and the Deficit Reduction Act of 2005

The Division prepared an informative document related to the False Claims Act (FCA) and the Deficit Reduction Act of 2005 (DRA) with excerpts to follow. On February 8, 2006, the President signed into law the Deficit Reduction Act of 2005. This legislation restrains federal spending and leaves more money in the hands of the American people. The initial impact will reduce funding to the states by 8 percent. It further increases the states' requirements to fight fraud and abuse activities.

The DRA is an important step forward in bringing mandatory spending under control. The biggest challenge to the federal budget is mandatory spending or entitlement programs like Medicare, Medicaid, and Social Security. These programs are growing faster than the economy and population at a rate nearly three times the rate of inflation. It is anticipated that by 2030, spending for Medicare, Medicaid, and Social Security alone will be almost 60 percent of the entire federal budget.

The Medicare and Medicaid programs provide vital services to millions of Americans, but their costs are straining budgets at both the federal and state levels. The DRA restrains spending for entitlement programs while ensuring that Americans who rely on these programs continue to get needed care.

- The DRA establishes liability to the states for false or fraudulent claims described in the Federal FCA with any expenditure described in Title XIX.
- The DRA contains provisions that are at least as effective in rewarding and facilitating qui tam actions for false or fraudulent claims as those described in the Federal FCA.
- The DRA contains a civil penalty that is not less than the amount of the civil penalty authorized by the federal FCA.

Additional notes:

- The provisions of the DRA should be incorporated into each state's provider enrollment agreements. Each State must also determine the manner by with which it will ensure an entity's compliance with section 1902(a)(68), which information each state must include in its State Plan along with a description of the methodology of compliance oversight and the frequency with which the state will re-assess compliance on an ongoing basis. Each state shall so amend its State Plan not later than March 31, 2007, or by the end of the quarter in which the effective date of delayed implementation occurs, as described in section 6034(e).
- CMS may, at its discretion, independently determine compliance through audits of entities or other means. CMS may also review a state's procedures through its routine oversight of states.
- The provisions of section 1902(a)(68) of the DRA must be implemented no later than January 1, 2007.

FACT Papers

The Division continues to refine its one-page documents entitled "About OIG." These one-page papers highlight three OIG components of Legislative, Law Enforcement, and Provider activities. They contain a "Quick Facts" section and a "Highlights" section outlining major activities for the past fiscal period. OIG contact information is also provided. These papers serve as an educational tool related to OIG activities as well as a means to demonstrate the value of OIG in preventing and detecting waste, abuse, and fraud.

Texas Health Analytics System Information Technology Project

The TxHASIT project continues as a joint effort between OIG and the University of Texas - Dallas to solve vital health information issues. This project has been noted as an example of state agencies working in partnership to come up with innovative solutions to combat waste, abuse, and fraud in the Medicaid program.

The goal of the system is to synthesize technology and Medicaid data to cross-reference the massive collection of Texas Medicaid data with demographic statistics and the state map to identify possible causal links and associations.

TxHASIT will be utilized to detect and map patterns of various health conditions for which the Medicaid provided funding. This system will allow interested parties to inquire regarding the types and number of health conditions treated. These analyses could be used to identify varying health issues on a geographic basis in Texas.

Current efforts continue in the development of the system that will be user friendly by allowing potential users to query data and create reports sorted by the user for specific purposes. The system is also being designed to enable queries to be sorted by legislative districts, public health regions, and by counties. Discussions have been held to further distil the data by zip codes.

Operations

The Operations division brings together the diverse functions that contribute to the overall organizational effectiveness of OIG. The three sections of Operation – Quality Assurance, Risk Management, and Policy; Business Operations and Support Services; and Case Analysis and Special Operations – create consistency of purpose, uniform action, and a stewardship of resources. This division is instrumental in keeping the flow of information open across divisions, developing and implementing program policies, and improving organizational capabilities.

Quality Assurance, Risk Management, and Policy

The Quality Assurance, Risk Management, and Policy (QARMP) section upholds OIG conformance to professional standards established by the Association of Inspectors General in the *Principles and Standards for Offices of Inspector General* (Green Book). This section exists to: 1) provide reasonable assurance that OIG processes and work performed adhere to Green Book standards and established OIG policies, procedures, and performance criteria; and 2) enhance operational economy, efficiency, and effectiveness. To facilitate pursuit of these objectives, this office incorporates various business process risk management and policy review and development functions.

A summary of significant contributions of QARMP includes:

- Assessing the sufficiency, competence, relevance, validity, reliability, and presentation of case evidence.
- Developing and deploying policies, procedures, tools, and technical assistance to intra-and inter-agency project groups in standard compliance, issue scoping and materiality, quantitative and qualitative data acquisition and analysis, findings development, and reporting.
- Beginning work on the long-term integration of OIG organization structure, strategic plan, budget, and performance measures.
- Developing automated means for the collection, analysis, norming, trending, reporting, and integration of OIG division, section, and unit performance measures information.
- Standardizing the gathering, reporting, quality control, integrity, and retention of internally and externally reported performance information and auditing such information from OIG's inception to the present.
- Integrating and automating the gathering and reporting of OIG performance data in the Semi-Annual Report.
- Drafting methodologies for the quantitative assessment of individual staff performance.
- Developing, deploying, and coordinating Business Process Risk Assessments.
- Providing input on and coordinating OIG responses to internal and external requests for information, projects, and initiatives (e.g., state and federal policy impact studies, performance measures

reporting, administrative rules, conflict of interest statements, Legislative requests, Interim Committee reports, policies, special reports, and various contract provisions and amendments).
- Working with TMHP to develop processes for executing Mass Claims Adjustments.
- Advising and providing technical support to MCO-SIU's in sampling, data analysis, and reporting pertinent to waste, abuse, and fraud.
- Advising and providing technical support to HHSC agencies in their evaluation of vendor responses to Requests for Proposals.
- Training city and county auditors and investigators in gathering, sampling, testing, extrapolation, and reporting of quantitative and qualitative case information.
- Serving as State Liaison and/or (Sub)Committee Member with CMS, the Federal Medicaid Integrity Project, and the National Association for Medicaid Program Integrity.
- Facilitating internal communications on health policy issues.

Beyond these, QARMP staff continues to study and, where appropriate, standardize OIG's functions and operations, feed this information back to management and staff, and pursue production of office-wide quality assurance protocols.

Policy Initiatives

Policy improvement is vital in preventing and controlling waste, abuse, and fraud in health and human services. Toward these ends, OIG continually assesses and recommends policies, as mandated in section 531.102(h)(6) of the Texas Government Code which directs OIG to "recommend policies promoting economical and efficient administration of funds … and the prevention and detection of fraud and abuse in administration of those funds."

The HHSC, Medicaid Chip Division (MCD), leads the Benefits Management Workgroup (BMW) in defining medical policy for Medicaid Fee-For-Service and Managed Care programs. Operations plays a key role in the BMW process, working collaboratively with MCD and other divisions in the planning, implementation, and monitoring of medical policy changes that may result in cost avoidance or cost savings by reducing, waste, abuse, and fraud. Operations work office-wide to ensure, when possible, that staff concerns identified through investigations and data analysis is addressed in medical policy.

The policies outlined below represent some of the Medicaid Fee-For-Service and Managed Care policies Operations participated in developing or implementing from September 1, 2006 to February 2, 2007.

Policy development and implementation can be a lengthy process. The approximate start to sign-off approval or implementation time frame is included in parentheses.

Policies Implemented

Ambulance - Prior authorization is required for all non-emergency ambulance transport with dates of service on or after September

1, 2006. This change complies with section 32.024(t) of the Texas Human Resource Code. (1.5 years)

BMW estimated annual cost savings: $1,250,408.33 (per SFY 2005 data)

Obstetric Delivery Flat Fee - Flat fees for specific childbirth-related anesthesia services were effective for dates of service on or after December 1, 2006, and should reduce inadvertent over-billing and related waste, abuse, and fraud. This change created a net present cost but should later generate cost savings. (1.5 years)

Outpatient Behavioral Health Services - Effective November 1, 2006 medical benefit policies related to psychiatric diagnostic interview examination, interactive psychiatric diagnostic interview examination and pharmacological management procedure codes were modified to disallow reimbursement when these services are used in a manner that is inconsistent with nationally accepted coding standards. Uses of these procedures were clarified and standards for medical record documentation provided. Cost savings are anticipated. (2 years)

Policies with sign-off approval *(implementation dates are not yet determined).*

Gynecology and Reproductive Services - Medical benefit policy revisions include denying multiple claims for vaginitis assays on the same date of service, and removal of procedure codes that allowed providers to bill for family planning counseling services in addition to a physician evaluation and management visit on the same day. (2 years)

BMW estimated annual cost savings: $3,021,100.88 (per SFY 2005 data)

Electromyography and Nerve Conduction Studies (NCS) - Medical benefit policy revisions included updating the list of allowed diagnoses and limiting both the number electromyography and NCS that can be performed per day and the number of dates of service allowed per year. Prior authorization is now required when the number of NCS performed during an evaluation exceeds the maximum per-day allowance. In addition, procedure code limitations recommended by the CMS Correct Coding Initiative were included in the policy. Although the policy changes result in a future estimated annual cost of $489,029.23 based on SFY 2005 data, OIG ultimately anticipates future cost savings. (5 months)

Myocardial Perfusion Imaging - Procedure code limitations recommended by the CMS Correct Coding Initiative guidelines were included in the policy. (9 weeks)

BMW estimated annual cost savings: $221,880.84 (per SFY 2005 data.)

Anesthesia - Policy revisions include changes in reimbursement methodology to reduce duplicate payment/overpayments and aligning Texas more closely with Medicare's use of modifiers. Policy language was also updated to include clarification of physician medical direction/supervision of Certified Registered Nurse Anesthetists (CRNA) and other qualified providers. (2 years)

BMW estimated annual cost savings: $5,385,089.99 (per on SFY 2005 data)

Case Analysis and Special Operations

The Case Analysis and Special Operations section (CASO) was formed in 2006 to maximize efficiency of OIG resources by utilizing technology to systematically identify, research, collect, organize, evaluate, and present information in support of OIG reviews, investigations, and audits. CASO reports to the Deputy Inspector General for Operations, and is comprised of a Director and six analysts who serve as the nucleus of operations that require resource coordination among multiple OIG divisions. For the first half of SFY 2007, CASO's highlights include:

- Developed an electronic Case Assistance Request System, operational September 5, 2006. Received 112 requests for investigative assistance in its first six months of operation, completing 106. Requests for analytical products such as association analyses, timeline analyses, query generation, GIS mapping analyses, and other research requests were derived from the Medicaid Provider Integrity, Audit, Quality Review, General Investigations, and State Investigations Unit sections.
- Processed 28 assets examinations requests for the Sanctions section.
- Conducted 3 pro-active projects resulting in referrals made to the appropriate divisions.
- Processed 13 urgent requests from the law enforcement community relating to the tracking of missing persons and fugitives in felony cases.
- Conducted matches of social security numbers for individuals listed as deceased by the Social Security Administration and the Bureau of Vital Statistics against client's social security numbers. The 1,419 matches were sent to General Investigations for further investigation.
- Conducted matches of individuals listed as incarcerated by the Texas Department of Criminal Justice and the Prison Verification System against Texas client roles. The 1,281 matches were sent to General Investigations for further investigation.
- Conducted matches of individuals listed as receiving benefits in the border state of Oklahoma[4] against Texas client roles. The 3,522 clients identified as receiving benefits in both states were referred to General Investigations for further investigation.
- Created multiple link analysis charts to aid task force operations and provide support to large-scale reviews and projects, providing illustrations of complex business structures and transactions that

[4] Normally, border state matches are conducted with New Mexico and Louisiana, but were not conducted for the first half of the year due to technical difficulties in the respective states. Matches will be conducted for the lapse period when the technical difficulties have been resolved

would otherwise be difficult to understand and articulate.
- Coordinated resources throughout OIG identifying Integrated Eligibility and Enrollment (IEE) and TIERS issues affecting General Investigations overpayment recovery operations.
- Coordinated resources throughout OIG identifying and resolving issues related to the consolidation of IT resources by the Department of Information Resources.

Business Operations and Support Services

The Business Operations and Support Services (BOSS) unit is responsible for the operations of OIG, including establishing policies, procedures, and guidelines associated with all administrative functions. Among other areas of responsibility for BOSS are the following:

- *Business Operations* - Establishes policies, procedures, and guidelines associated with consistent facility and business support operations and maintain those standards in all administrative activities for the division and its sections.
- *Records Management* - Responsible for the records and archives of OIG and ensures compliance with the laws regarding retention, storage, and destruction of records.
- *Supplies and Mail services* - Consists of standardized and centralized activities within OIG. BOSS also ensures that all accountable mail is distributed to its intended recipients. OIG has successfully executed an inter-agency contract with DSHS to provide mail service and to implement an accountable mail tracking system designed by Pitney Bowes.
- *Inventory Management* - Establishes and maintains policies and procedures on all inventories, and establishes and maintains an accurate accounting of property.
- *Fleet Management* - Manages all vehicles procured by OIG. Management includes record keeping, fuel consumption and reporting, and assignment tracking.
- *Facility support* - Supports state and regional offices. This includes consolidation of regional OIG staff into one contiguous space where necessary and possible, security monitoring, and assistance with space allocation. OIG has cooperated with HHSC facilities management during the recent regional headquarters consolidation. Various OIG offices were moved into consolidated space to support the mission of the regional headquarters consolidation effort.
- *Contract Support* - Supports 210 OIG contracts. These contracts provide various services, including: Medical and Dental consulting, data matching agreements with several state agencies, Memorandums of Understanding (MOUs) with state agencies such as the Attorney General's Office, inter-agency agreements with institutions of higher learning for studies and training, and agreements with local, state and county prosecutors.

- *Purchasing Support* - Supports all state office and regional staff. These duties include reviews of purchasing request for appropriate department id designations, assistance with Requisition Action Memos sent to the HHSC Chief Operations Officer (COO), receiving of goods and services in the HHSC accounting system, tracking of purchase requests, and facilitating the requests for various contracts. Within the first six months of SFY 2007, OIG processed approximately 325 procurement requisitions.
- *Personnel Actions* - Processes personnel actions including: job postings, selections, job audits, and merit requests. Approximately 200 personnel actions were processed during the first six month of SFY 2007.

In addition, this section is instrumental in furthering the professional development of knowledge and skills among OIG staff. This is accomplished through assessing specific staff training needs, researching the best methodology and resources to meet the needs, then bringing the resources and staff together, to include:

- Increasing OIG staff participation in professional organizational and conferences;
- Sending staff to or bringing in subject matter experts to train in diverse areas; and
- Providing opportunities for leadership and management development including:
  - Teambuilding, problem solving, decision making, and project management through the Governor's Center for Management Development; and
  - Communications, conflict management, teambuilding, and group facilitation through in-house developed and presented workshops.

Medicaid Fraud Detection and Abuse Prevention Training

Fraud Prevention Training

Provider education is an integral element of any waste, abuse, and fraud prevention plan.

The Operations division, through its MCO and Staff Development Training section, and in accordance with section 531.105 of the Government Code, provides training to Medicaid providers, contractors, their employees, and staff from other state agencies that administer health and human services programs, on the identification and referral of waste, abuse, and fraud in the Medicaid program. These highly interactive seminars last approximately two hours and discuss examples of actual schemes used to defraud the Medicaid program, ways to detect them, and measures to prevent them. Participants are encouraged to ask questions and interact with the trainers. Program content can be adapted to meet the needs of specific groups or organizations.

The objectives of the training are to educate and inform about:

- What constitutes Medicaid waste, abuse, or fraud;
- The obligation to report Medicaid waste, abuse, or fraud;
- How to identify potential Medicaid waste, abuse, or fraud; and
- How to report potential Medicaid waste, abuse, or fraud.

MCO-SIU Training

In November 2005, HHSC MCD executed new join procurement contacts with Medicaid/CHIP MCOs. Section 7.3.1.7 of this contract obligated MCOs to designate executive and essential personnel to attend mandatory training in waste, abuse, and fraud detection, prevention and reporting no later than 90 days after the operational start date.

OIG conducted waste, abuse, and fraud training sessions. These sessions addressed the mission of OIG and the scope of its investigations, specific beneficiary, provider, and MCO fraud issues, and developing organizational fraud controls.

Texas State University Training

OIG continues its contract with Texas State University - San Marcos (TSU) for the purpose of providing Medicaid fraud and abuse training. Under the provisions of section 531.105 of the Government Code, HHS provides Medicaid fraud and abuse training to Medicaid contractors, providers, their employees, and to state agencies involved in the administration of health and human services programs on the identification and referral of abuse, or waste in the Medicaid program.

The objectives of the training are to educate and inform about:

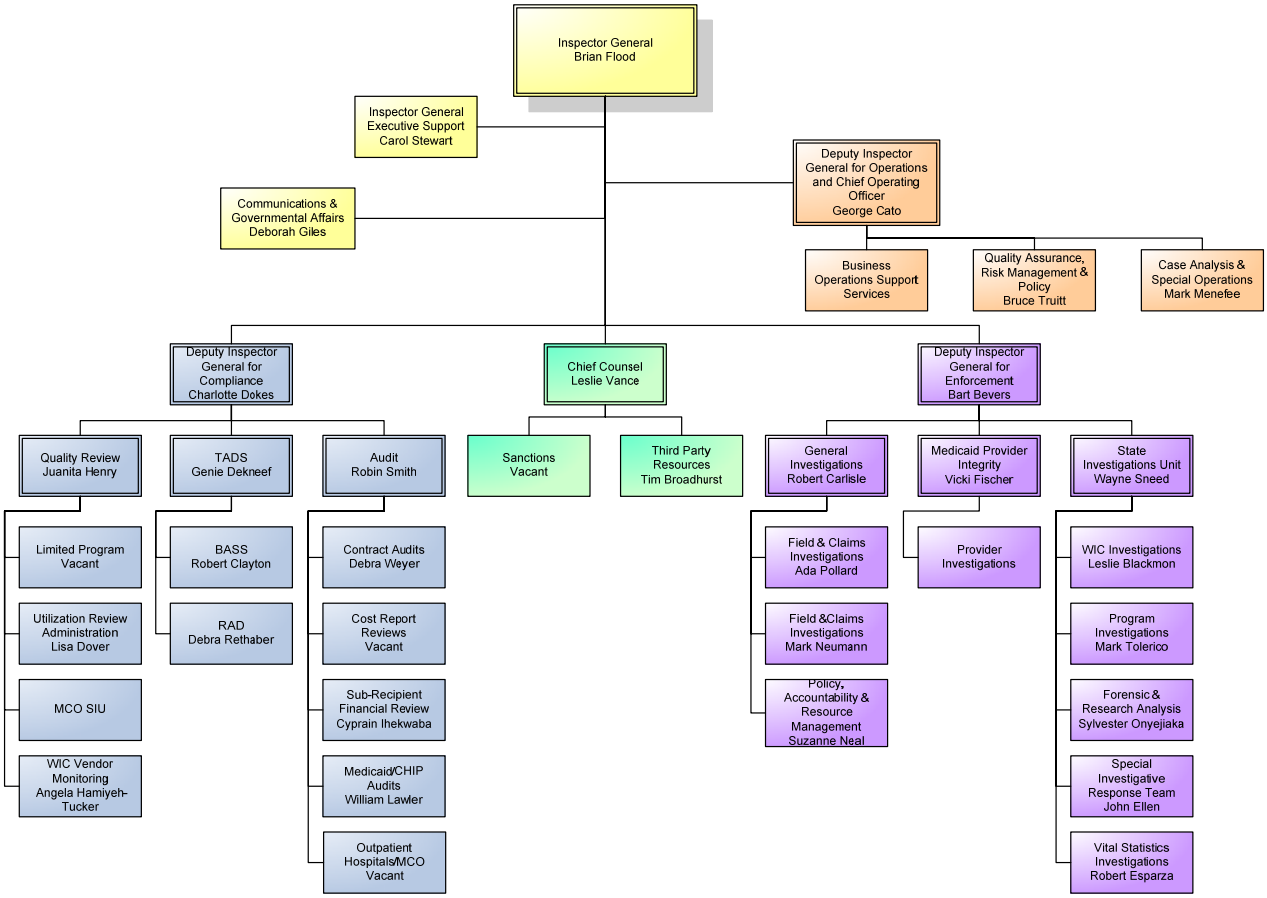
- What constitutes Medicaid waste, abuse, or fraud;
- The obligation to report Medicaid waste, abuse, or fraud;
- How to identify potential Medicaid waste, abuse, or fraud; and
- How to report potential Medicaid waste, abuse, or fraud.

Individuals who are required to take the TILE training course may take the fraud-training component as part of the TILE training course. The Fraud TILE course is intended for Long Term Care (LTC) nurses and other providers of long-term case in an institutionalized setting, and for nurses and providers associated with the Community Based Alternative Waiver Program (CBA).

OIG, in cooperation with TSU has made the Fraud TILE training available through its long-distance training program. The distance-learning program provides the most efficient and economical training on Medicaid fraud and abuse detection and prevention training to Medicaid contractors, providers, and their employees. The course may be taken through regular mail correspondence or on line at: http://www.txstate.edu/continuinged/

Nursing facilities reimbursement will be changing from the TILE reimbursement methodology to the RUG system. (See Compliance, Quality Review, Utilization Review section for details.) OIG is working with TSU to produce a distance-learning program for this material.

Appendix A—OIG Organizational Chart



Appendix B—OIG Detailed Statistics

Section I—OIG Recovery Activity

Cost Recovery	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Sanctions	$6,593,747	$1,463,849			**$8,057,596**
Civil Monetary Penalties (CMP)	$48,508	$147,505			**$196,013**
Utilization Review (Hospitals)	$6,700,208	$2,023,356			**$8,723,564**
Utilization Review (Nursing Homes)	$3,279,257	$3,340,789			**$6,620,046**
Third Party Recoveries	$81,604,283	$88,771,238			**$170,375,521**
Technology Analysis, Development & Support (TADS)	$497,905	$617,953			**$1,115,858**
General Investigations Collections (Food Stamps, TANF, and Medicaid Recipients)	$2,143,914	$3,083,912			**$5,227,826**
WIC Investigation Recoveries	$26,459	$6,105			**$32,564**
WIC Vendor Monitoring	$3,257	$96			**$3,353**
Audit Activities	$0	$0			**$0**
Special Investigations Unit	$0	$0			**$0**
Totals	**$100,897,538**	**$99,454,803**			**$200,352,340**

Section II—OIG Cost Avoidance

Cost Avoidance	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Sanctions	$3,681,130	$3,636,355			**$7,317,485**
TADS Provider Prepayment Review Process	$64,571	$20,054			**$84,625**
Third Party Resources	$74,382,415	$95,577,540			**$169,959,955**
Disqualifications (Food Stamps & TANF Recipients)	$955,398	$870,858			**$1,826,256**
Income Eligibility Verification System (IEVS) Data Matches (Food Stamps, TANF and Medicaid Recipients)	$242,039	$251,489			**$493,528**
Recipient Data Matches (Food Stamps, TANF and Medicaid Recipients)	$69,725	$82,768			**$152,493**
Audit Activities	$16,763,503	$17,677,262			**$34,440,765**
WIC Vendor Monitoring	$1,006	$25			**$1,031**
Totals	**$96,159,787**	**$118,116,351**			**$214,276,138**

Section III—Sanctions Unit SFY 2007/2006 Percentage Comparison

Sanctions Unit Overpayment/CMP Recovery Action

Recovery Category	1st Half 2006	1st Half 2007	Percentage Changes
Sanctions (Overpayments)	$8,692,634	$8,057,596	**-7%**
Sanctions [Civil Monetary Penalties (CMPs)]	$1,652,670	$196,013	**-88%**
Totals	**$10,345,304**	**$8,253,609**	**-20%**
Recovered Overpayments From Global Settlements	$1,911,077	$17,500	**-99%**
Recovered CMPs From Global Settlements	$617,291	$0	**-100%**
Total Recovered Overpayments and CMPs From Global Settlements	**$2,528,368**	**$17,500**	**-99%**
Recovered Overpayments Minues Global Settlement Amounts	$6,781,557	$8,040,096	**19%**
Recovered CMPs Minus Global Settlement Amounts	$1,035,379	$196,013	**-81%**
Total Recovered Overpayments and CMPs Minus Global Settlement Amounts	**$7,816,936**	**$8,236,109**	**5%**

Cost Avoidance

Cost Avoidance Category	1st Half 2006	1st Half 2007	Percentage Change
Sanctions Unit	$969,527	$7,317,485	**655%**

Sanctions Unit Other Activities

Sanctions Summary Category	1st Half 2006	1st Half 2007	Percentage Changes
Cases Opened	223	186	**-17%**
Cases Closed	200	290	**45%**
Cases Referred to Attorney General	0	1	**100%**
Exclusions	131	241	**84%**
Payment Holds	6	30	**400%**

Section IV—OIG Summary Tables

Sanctions

Sanctions Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Cases Opened	97	89			**186**
Cases Closed	160	130			**290**
Cases Referred to Attorney General	1	0			**1**
Dollars Recovered	$6,593,747	$1,463,849			**$8,057,596**
Exclusions	143	98			**241**
Payment Holds	17	13			**30**
Civil Monetary Penalties Recovered	$48,508	$147,505			**$196,013**
Cost Avoidance	$3,681,130	$3,636,355			**$7,317,485**

Third Party Resources

TPR Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Cost Avoidance	$74,382,415	$95,577,540			**$169,959,955**
Other Insurance Credits	$58,441,607	$65,547,230			**$123,988,837**
Provider/Recipient Refunds	$1,218,091	$1,083,310			**$2,301,401**
Texas Automated Recovery System (TARS)	$6,472,944	$6,706,268			**$13,179,212**
Pharmacy	$5,049,821	$3,862,585			**$8,912,406**
PPRA	$254,809	$151,825			**$406,634**
Credit Balance Audit	$3,375,290	$4,279,598			**$7,654,888**
Tort	$3,395,407	$3,410,013			**$6,805,420**
Cash Medical Support	$3,396,314	$3,730,409			**$7,126,723**
Totals	**$155,986,698**	**$184,348,779**			$340,335,477

Audit

Audit-Subrecipient Financial Review

Sub-Recipient Financial Reviews	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Single Audit Reviews	191	195			**386**
Quality Control Reviews	9	40			**49**
Rejected Single Audits	10	9			**19**
Recoupment & Recovery	$0	$0			**$0**
Cost Avoidance	$0	$0			**$0**
Dollars Identified for Recovery	$0	$862			**$862**

Audit-Medicaid /CHIP Audit

Medicaid / CHIP Audits	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Number of Audits	0	0			**0**
Recoupment & Recovery	$0	$0			**$0**
Cost Avoidance	$0	$0			**$0**

Audit-Outpatient/MCO Audits

Outpatient / MCO Audits	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Number of Audits	0	0			**0**
Recoupment & Recovery	$0	$0			**$0**
Cost Avoidance	$0	$0			**$0**

Audit-Contract Audit

Contract Audits	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Number of Audits	13	7			**20**
Recoupment & Recovery	$0	$0			**$0**
Dollars Identified for Recovery	$0	$3,170			**$3,170**
Cost Avoidance	$0	$0			**$0**
Recipient Refunds	$30,688	$1,880			**$32,568**
Underpayments	$185	$1,436			**$1,621**

Audit-Cost Report Review

Cost Report Reviews	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Number of Audits	0	1			**1**
Number of Desk Reviews	749	1,197			**1,946**
Recoupment & Recovery	$0	$0			**$0**
Cost Avoidance	$16,763,503	$17,677,262			**$34,440,765**

Limited Program

Lock-In Summary	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.
Fee-for-Service (FFS)	253	248	242	237	240	185						
STAR (Rx Only)	201	197	186	191	140	129						
STAR+PLUS (Rx Only)	51	52	50	48	81	127						
Totals	**505**	**497**	**478**	**476**	**461**	**441**						

Utilization Review

UR Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Hospitals – Recoveries	$6,700,208	$2,023,356			**$8,723,564**
Hospitals – Underpayments	$5,760	$8,016			**$13,776**
Nursing Homes – Recoveries	$3,279,257	$3,340,789			**$6,620,046**
Nursing Homes – Underpayments	$64,854	$86,565			**$151,419**
Nursing Homes – Facilities Visited	238	222			**460**
Nursing Homes – # of Forms Reviewed	9,540	7,712			**17,252**
Nursing Homes – # of Facilities Placed on Vendor Hold	10	18			**28**
Hospitals Reviewed	144	236			**380**
Hospitals – # of Claims Reviewed	5,305	8,904			**14,209**

WIC Vendor Monitoring

WIC Vendor Monitoring	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Number of Compliance Buys Conducted	43	49			**92**
Number of In-Store Evaluations	2	193			**195**
Number of Audits Closed	16	1			**17**
Vendor/Grocer Overcharges	$1,006	$25			**$1,031**
Dollars Recouped	$416	$96			**$512**
Civil Monetary Penalties	$2,841	$0			**$2,841**

Technology Analysis, Development and Support

TADS Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Cases Opened	354	999			**1,353**
Cases Closed	821	640			**1,461**
Cases Referred to Attorney General	0	0			**0**
Dollars Recovered	$497,905	$617,953			**$1,115,858**
Cost Avoidance Due to Provider Prepayment Review Process (all OIG)	$64,571	$20,054			**$84,625**

General Investigations

General Investigations Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Collections	$2,143,914	$3,083,912			**$5,227,826**
Claims Established	$9,475,607	$9,456,632			**$18,932,239**
Disqualification Cost Avoidance	$955,398	$870,858			**$1,826,256**
Cost Avoidance Income Eligibility Verification System (IEVS) Data Matches	$242,039	$251,489			**$493,528**
Cost Avoidance Recipient Data Matches	$69,725	$82,768			**$152,493**
Referrals Received	13,791	14,211			**28,002**
Referrals Closed	17,356	17,564			**34,920**
Percent of Cases Completed w/in 180 Days	83%	81%			**82%**
Cases Referred for Prosecution	1,263	1,222			**2,485**
Admin. Disqualification Hearings (ADH) Cases Completed	2,150	1,927			**4,077**
Cases Adjudicated	515	512			**1,027**
Civil Disqualifications	1,811	1,387			**3,198**
Income Eligibility and Verification System (IEVS) Matches Cleared	37,708	38,495			**76,203**
Recipient Data Matches Cleared	1,887	2,240			**4,127**

GI-Food Stamp Investigations

General Investigations Food Stamps	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Claims Established	$8,395,241	$8,310,897			**$16,706,138**
Collections	$1,751,380	$2,516,699			**$4,268,079**
Disqualification Cost Avoidance	$921,726	$844,506			**$1,766,232**
Cases Referred for Prosecution	882	863			**1,745**
ADH Cases Completed	1,938	1,733			**3,671**
Civil Disqualifications	1,624	1,214			**2,838**

GI-TANF Investigations

General Investigations TANF	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Claims Established	$637,704	$593,734			**$1,231,437**
Collections	$255,249	$400,699			**$655,947**
Disqualification Cost Avoidance	$33,672	$26,352			**$60,024**
Cases Referred for Prosecution	162	113			**275**
ADH Cases Completed	208	191			**399**
Civil Disqualifications	187	173			**360**

GI-Medicaid Investigations

General Investigations Medicaid	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Claims Established	$442,662	$552,001			**$994,664**
Collections	$137,286	$166,514			**$303,800**
Cases Referred for Prosecution	219	244			**463**
ADH Cases Completed	4	3			**7**

GI-IEVS

General Investigations IEVS	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
IEVS Food Stamp Matches	30,442	32,845			**63,287**
IEVS TANF Matches	1,041	1,016			**2,057**
IEVS Medicaid Matches	6,225	4,634			**10,859**
Totals	**37,708**	**38,495**			**76,203**

GI-CHIP Investigations[5]

General Investigations CHIP	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
CHIP Investigations	0	0			**0**

GI-Other Investigations

General Investigations Other Investigations	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Other Investigations	0	2			**2**

5 Training for the MAXe CHIP application was delivered to staff in March 2007. ARTS (Accounts Receivable Tracking System) is unable to establish CHIP investigations due to a system defect which is currently being researched and addressed. A resolution is anticipated by the end of the fiscal year.

GI-Other Matches

General Investigations Other Matches	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Other Data Matches Cleared	1,887	2,240			**4,127**

GI-Additional Measures

General Investigations Additional Measures	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Income Eligibility Verification System (IEVS) Data Matches (Food Stamps, TANF and Medicaid Recipients) Cost Avoidance	$242,039	$251,489			**$493,528**
Recipient Data Matches (Food Stamps, TANF and Medicaid Recipients) Cost Avoidance	$69,725	$82,768			**$152,493**
Referrals/Complaints Received	13,791	14,211			**28,002**
Cases Completed	17,356	17,564			**34,920**
Percent of Cases Completed w/in 180 Days	83%	81%			**82%**
Cases Adjudicated	515	512			**1,027**

Medicaid Provider Integrity

Medicaid Provider Integrity	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Cases Opened	166	182			**348**
Cases Closed	62	48			**110**
Cases Referred to Attorney General	58	44			**102**
Cases Referred to Other Entities	57	109			**166**
On-Site Provider Verifications Completed	50	51			**101**
Cases Referred to Sanctions	8	19			**27**
Criminal History Checks Conducted	4,284	4,638			**8,922**

MPI Referrals Sent

MPI Referrals Sent	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Claims Administrator – Educational Contact	24	44			**68**
HHSC – OIG Audit Division	1	0			**1**
HHSC – OIG General Investigations Division (GI)	0	1			**1**
HHSC – OIG Limited Program	0	1			**1**
Managed Care Organization / Special Investigation Unit	0	1			**1**
Palmetto Government Benefits Administrators (GBA)	0	3			**3**
Supplemental Security Income Administration (SSI)	0	0			**0**
Texas Attorney General Medicaid Fraud Control Unit (MFCU)	58	44			**102**
Texas Board of Dental Examiners	2	13			**15**
Texas Board of Licensed Professional Counselors	0	1			**1**
Texas Board of Medical Examiners	6	11			**17**
Texas Board of Nurse Examiners	4	2			**6**
Texas Board of Optometry	0	1			**1**
Texas Board of Orthotics and Prosthetics	1	0			**1**
Texas Board of Pharmacy	2	2			**4**
Texas Board of Psychologists	1	0			**1**
Texas Department of Aging & Disability Services (DADS)	4	12			**16**
Texas Department of State Health Services (DSHS)	0	1			**1**
Texas Department of Transportation (TXDOT)	2	1			**3**
Texas Health STEPS	0	3			**3**
United States Department of Health and Human Services OIG (HHS-OIG)	8	7			**15**
United States Drug Enforcement Administration (DEA)	0	1			**1**
Vendor Drug Program	2	4			**6**
Total	**115**	**153**			**268**

MPI-Referrals Received

MPI Referrals Received	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Anonymous	2	8			**10**
HHSC – Medicaid/CHIP Division	1	0			**1**
HHSC – OIG Compliance Division	1	0			**1**
HHSC – OIG Hot Line	18	0			**18**
HHSC – OIG Internal Affairs Division (IA/SIU)	1	0			**1**
HHSC – OIG Medicaid Provider Integrity (MPI) Self-Initiated	18	28			**46**
HHSC – OIG Utilization Review Division (UR)	0	1			**1**
Managed Care Organization / Special Investigation Unit	4	24			**28**
Parent/Guardian	1	28			**29**
Provider	4	10			**14**
Public	59	34			**93**
Recipient	5	29			**34**
Texas Attorney General Medicaid Fraud Control Unit (MFCU)	22	2			**24**
Texas Board of Dental Examiners	1	0			**1**
Texas Department of Aging & Disability Services (DADS)	21	16			**37**
Texas Department of Assistive & Rehabilitative Services (DARS)	0	1			**1**
Texas Department of State Health Services (DSHS)	2	1			**3**
Texas Medicaid Healthcare Partnership (TMHP)	3	0			**3**
United States Department of Health and Human Services OIG (HHS-OIG)	2	0			**2**
Vendor Drug Program	1	0			**1**
Total	**166**	**182**			**348**

State Investigations Unit

SIU Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Complaints Received	142	95			**237**
Investigations Completed	155	100			**255**
Dollars Recovered	$0	$0			**$0**
Cases Referred	26	29			**55**

SIU-WIC Investigations Summary

WIC Investigation Summary	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
Referrals/Complaints Received	27	43			**70**
Cases Closed	25	38			**63**
Claims Established	$9,789	$20,197			**$29,986**
Collections	$26,459	$6,105			**$32,564**
Cases Adjudicated	4	4			**8**

Section V

County Data[6]

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
1	Anderson	2	2	$1,600.77	5	5	$702.60	**7**	**7**	**$2,303.37**
2	Andrews	2	1	$130.75	2	3	$139.70	**4**	**4**	**$270.45**
3	Angelina	3	16	$305.38	18	19	$2,301.59	**21**	**35**	**$2,606.97**
4	Aransas	1	2	$121.87	0	1	$133.57	**1**	**3**	**$255.44**
5	Archer	0	2	$0.00	1	1	$0.00	**1**	**3**	**$0.00**
6	Armstrong	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
7	Atascosa	3	3	$105.49	3	2	$179.73	**6**	**5**	**$285.22**
8	Austin	0	0	$0.00	2	4	$204.27	**2**	**4**	**$204.27**
9	Bailey	0	0	$40.47	1	1	$0.00	**1**	**1**	**$40.47**
10	Bandera	1	3	$0.00	1	1	$0.00	**2**	**4**	**$0.00**
11	Bastrop	0	2	$0.00	6	2	$525.00	**6**	**4**	**$525.00**
12	Baylor	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
13	Bee	2	3	$308.26	1	1	$0.00	**3**	**4**	**$308.26**
14	Bell	6	22	$31,587.37	22	29	$684.02	**28**	**51**	**$32,271.39**
15	Bexar	102	176	$30,112.16	232	149	$50,003.48	**334**	**325**	**$80,115.64**
16	Blanco	1	0	$0.00	0	0	$0.00	**1**	**0**	**$0.00**
17	Borden	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
18	Bosque	0	1	$0.00	2	4	$0.00	**2**	**5**	**$0.00**
19	Bowie	2	8	$6,549.22	10	5	$1,920.76	**12**	**13**	**$8,469.98**
20	Brazoria	10	20	$770.44	18	12	$1,290.56	**28**	**32**	**$2,061.00**
21	Brazos	2	17	$547.49	18	14	$932.92	**20**	**31**	**$1,480.41**
22	Brewster	1	0	$0.00	0	1	$0.00	**1**	**1**	**$0.00**
23	Brisco	0	1	$0.00	0	0	$0.00	**0**	**1**	**$0.00**
24	Brooks	0	1	$0.00	4	3	$0.00	**4**	**4**	**$0.00**
25	Brown	3	10	$5,588.77	13	8	$4,183.91	**16**	**18**	**$9,772.68**
26	Burleson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
27	Burnet	1	1	$0.00	3	4	$344.63	**4**	**5**	**$344.63**
28	Caldwell	0	4	$51.89	1	3	$54.58	**1**	**7**	**$106.47**
29	Calhoun	2	3	$271.30	2	3	$239.31	**4**	**6**	**$510.61**
30	Callahan	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
31	Cameron	60	81	$136,399.13	132	71	$42,390.79	**192**	**152**	**$178,789.92**

[6] County data is based on aggregated cased from the following sections in OIG: Audit, MPI, Sanctions, TADS, WIC Vendor Monitoring, and WIC Investigations.

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
32	Camp	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
33	Carson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
34	Cass	1	3	$0.00	5	5	$861.63	**6**	**8**	**$861.63**
35	Castro	0	0	$0.00	1	1	$158.42	**1**	**1**	**$158.42**
36	Chambers	0	1	$683.40	1	2	$0.00	**1**	**3**	**$683.40**
37	Cherokee	3	7	$662.91	5	7	$6,114.15	**8**	**14**	**$6,777.06**
38	Childress	0	0	$0.00	2	2	$228.28	**2**	**2**	**$228.28**
39	Clay	1	1	$4.64	1	1	$329.07	**2**	**2**	**$333.71**
40	Cochran	1	0	$0.00	0	0	$0.00	**1**	**0**	**$0.00**
41	Coke	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
42	Coleman	1	0	$0.00	2	4	$303.09	**3**	**4**	**$303.09**
43	Collin	9	22	$618.36	31	19	$6,435.28	**40**	**41**	**$7,053.64**
44	Collingsworth	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
45	Colorado	1	3	$10.48	4	3	$261.35	**5**	**6**	**$271.83**
46	Comal	2	5	$1,429.52	7	6	$0.00	**9**	**11**	**$1,429.52**
47	Comanche	2	1	$0.00	3	2	$203.57	**5**	**3**	**$203.57**
48	Concho	0	0	$0.00	2	2	$0.00	**2**	**2**	**$0.00**
49	Cooke	0	5	$302.73	2	2	$0.00	**2**	**7**	**$302.73**
50	Coryell	1	2	$0.00	4	4	$0.00	**5**	**6**	**$0.00**
51	Cottle	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
52	Crane	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
53	Crockett	0	1	$0.00	2	1	$0.00	**2**	**2**	**$0.00**
54	Crosby	0	1	$815.96	2	4	$697.01	**2**	**5**	**$1,512.97**
55	Culberson	0	0	$0.00	1	1	$422.51	**1**	**1**	**$422.51**
56	Dallam	0	2	$0.00	3	2	$521.29	**3**	**4**	**$521.29**
57	Dallas	94	158	$84,250.08	261	191	$137,193.18	**355**	**349**	**$221,443.26**
58	Dawson	0	0	$0.00	1	3	$0.00	**1**	**3**	**$0.00**
59	Deaf Smith	1	2	$8.49	1	3	$728.73	**2**	**5**	**$737.22**
60	Delta	0	1	$0.00	2	16	$0.00	**2**	**17**	**$0.00**
61	Denton	12	15	$2,550.42	30	59	$1,110.50	**42**	**74**	**$3,660.92**
62	Dewitt	1	2	$357.97	3	4	$0.00	**4**	**6**	**$357.97**
63	Dickens	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
64	Dimmit	0	2	$0.00	1	2	$510.53	**1**	**4**	**$510.53**
65	Donley	0	2	$0.00	0	1	$0.00	**0**	**3**	**$0.00**
66	Duval	1	0	$0.00	0	0	$0.00	**1**	**0**	**$0.00**
67	Eastland	0	1	$126.60	8	8	$0.00	**8**	**9**	**$126.60**
68	Ector	10	17	$13,409.17	13	13	$27,816.08	**23**	**30**	**$41,225.25**
69	Edwards	0	1	$0.00	0	0	$0.00	**0**	**1**	**$0.00**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
70	Ellis	3	4	$0.00	7	9	$449.19	**10**	**13**	**$449.19**
71	El Paso	23	42	$69,814.43	72	60	$82,133.36	**95**	**102**	**$151,947.79**
72	Erath	1	7	$226.06	9	10	$812.10	**10**	**17**	**$1,038.16**
73	Falls	1	3	$369.11	2	1	$0.00	**3**	**4**	**$369.11**
74	Fannin	0	0	$0.00	3	3	$0.00	**3**	**3**	**$0.00**
75	Fayette	0	2	$0.00	4	4	$0.00	**4**	**6**	**$0.00**
76	Fisher	0	1	$0.00	1	3	$0.00	**1**	**4**	**$0.00**
77	Floyd	1	2	$0.00	1	2	$0.00	**2**	**4**	**$0.00**
78	Foard	0	1	$0.00	0	1	$0.00	**0**	**2**	**$0.00**
79	Fort Bend	13	26	$5,250.25	30	23	$35,022.42	**43**	**49**	**$40,272.67**
80	Franklin	0	6	$0.00	2	1	$0.00	**2**	**7**	**$0.00**
81	Freestone	1	1	$0.00	0	1	$0.00	**1**	**2**	**$0.00**
82	Frio	1	4	$343.40	5	4	$331.85	**6**	**8**	**$675.25**
83	Gaines	0	1	$295.85	2	1	$0.00	**2**	**2**	**$295.85**
84	Galveston	15	14	$1,143.31	19	26	$4,688.62	**34**	**40**	**$5,831.93**
85	Garza	1	0	$0.00	0	3	$0.00	**1**	**3**	**$0.00**
86	Gillespie	0	1	$0.00	5	3	$163.04	**5**	**4**	**$163.04**
87	Glasscock	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
88	Goliad	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
89	Gonzales	0	2	$19,359.55	3	2	$256.53	**3**	**4**	**$19,616.08**
90	Gray	1	1	$0.00	2	1	$887.87	**3**	**2**	**$887.87**
91	Grayson	4	14	$1,059.50	23	14	$48.89	**27**	**28**	**$1,108.39**
92	Gregg	6	21	$3,904.75	25	25	$16,243.52	**31**	**46**	**$20,148.27**
93	Grimes	0	2	$109.02	0	0	$0.00	**0**	**2**	**$109.02**
94	Guadalupe	3	7	$242.52	5	6	$0.00	**8**	**13**	**$242.52**
95	Hale	2	6	$0.00	2	6	$542.72	**4**	**12**	**$542.72**
96	Hall	1	0	$0.00	0	0	$0.00	**1**	**0**	**$0.00**
97	Hamilton	2	1	$0.00	2	1	$0.00	**4**	**2**	**$0.00**
98	Hansford	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
99	Hardeman	0	0	$0.00	0	1	$127.57	**0**	**1**	**$127.57**
100	Hardin	2	6	$113.45	8	2	$0.00	**10**	**8**	**$113.45**
101	Harris	182	291	$445,383.90	413	297	$1,220,492.81	**595**	**588**	**$1,665,876.71**
102	Harrison	4	4	$0.00	11	13	$1,803.78	**15**	**17**	**$1,803.78**
103	Hartley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
104	Haskell	0	1	$0.00	2	2	$0.00	**2**	**3**	**$0.00**
105	Hays	2	6	$740.91	5	4	$150.41	**7**	**10**	**$891.32**
106	Hemphill	0	1	$0.00	0	1	$0.00	**0**	**2**	**$0.00**
107	Henderson	4	11	$1,167.24	8	9	$2,242.43	**12**	**20**	**$3,409.67**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
108	Hidalgo	93	145	$5,949,333.65	215	145	$103,015.36	**308**	**290**	**$6,052,349.01**
109	Hill	1	2	$445.78	0	1	$0.00	**1**	**3**	**$445.78**
110	Hockley	6	2	$0.00	6	5	$428.88	**12**	**7**	**$428.88**
111	Hood	0	3	$0.00	1	3	$0.00	**1**	**6**	**$0.00**
112	Hopkins	0	5	$4,209.88	2	5	$154.52	**2**	**10**	**$4,364.40**
113	Houston	0	3	$34.91	2	2	$1,400.68	**2**	**5**	**$1,435.59**
114	Howard	2	4	$115.12	2	1	$0.00	**4**	**5**	**$115.12**
115	Hudspeth	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
116	Hunt	3	3	$172.32	8	4	$265.52	**11**	**7**	**$437.84**
117	Hutchinson	2	1	$89.37	2	2	$0.00	**4**	**3**	**$89.37**
118	Irion	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
119	Jack	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
120	Jackson	1	0	$0.00	3	5	$204.82	**4**	**5**	**$204.82**
121	Jasper	0	4	$473.75	8	5	$4,197.85	**8**	**9**	**$4,671.60**
122	Jeff Davis	0	1	$146.32	0	0	$0.00	**0**	**1**	**$146.32**
123	Jefferson	23	42	$38,732.96	26	41	$88,273.55	**49**	**83**	**$127,006.51**
124	Jim Hogg	2	1	$0.00	2	4	$0.00	**4**	**5**	**$0.00**
125	Jim Wells	5	10	$1,500.35	17	7	$1,148.78	**22**	**17**	**$2,649.13**
126	Johnson	6	16	$848.42	11	5	$0.00	**17**	**21**	**$848.42**
127	Jones	3	2	$0.00	7	6	$0.00	**10**	**8**	**$0.00**
128	Karnes	0	2	$0.00	1	2	$0.00	**1**	**4**	**$0.00**
129	Kaufman	4	10	$1,391.63	11	6	$0.00	**15**	**16**	**$1,391.63**
130	Kendall	1	2	$0.00	4	5	$199.00	**5**	**7**	**$199.00**
131	Kenedy	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
132	Kent	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
133	Kerr	5	6	$552.68	6	2	$122.24	**11**	**8**	**$674.92**
134	Kimble	0	0	$0.00	1	3	$120.64	**1**	**3**	**$120.64**
135	King	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
136	Kinney	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
137	Kleberg	8	7	$728.10	4	5	$184.19	**12**	**12**	**$912.29**
138	Knox	1	1	$0.00	1	0	$0.00	**2**	**1**	**$0.00**
139	Lamar	2	14	$391.77	8	9	$24,084.07	**10**	**23**	**$24,475.84**
140	Lamb	0	0	$54.95	1	3	$0.00	**1**	**3**	**$54.95**
141	Lampasas	2	1	$102.65	2	3	$0.00	**4**	**4**	**$102.65**
142	La Salle	0	1	$518.04	0	1	$0.00	**0**	**2**	**$518.04**
143	Lavaca	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
144	Lee	0	1	$0.00	0	2	$0.00	**0**	**3**	**$0.00**
145	Leon	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
146	Liberty	5	16	$1,171.27	11	5	$1,610.09	**16**	**21**	**$2,781.36**
147	Limestone	1	7	$0.00	4	4	$131.03	**5**	**11**	**$131.03**
148	Lipscomb	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
149	Live Oak	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
150	Llano	0	0	$0.00	1	4	$0.00	**1**	**4**	**$0.00**
151	Loving	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
152	Lubbock	34	40	$5,053.64	34	41	$2,373.99	**68**	**81**	**$7,427.63**
153	Lynn	1	1	$21.51	0	0	$0.00	**1**	**1**	**$21.51**
154	Madison	0	1	$0.00	1	0	$0.00	**1**	**1**	**$0.00**
155	Marion	1	2	$257.40	2	2	$0.00	**3**	**4**	**$257.40**
156	Martin	0	0	$0.00	1	1	$116.66	**1**	**1**	**$116.66**
157	Mason	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
158	Matagorda	0	5	$1,019.67	4	2	$0.00	**4**	**7**	**$1,019.67**
159	Maverick	4	3	$421.00	12	8	$431.52	**16**	**11**	**$852.52**
160	McCullough	0	0	$0.00	3	0	$0.00	**3**	**0**	**$0.00**
161	McLennan	8	21	$5,523.10	26	29	$6,560.87	**34**	**50**	**$12,083.97**
162	McMullen	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
163	Medina	2	6	$0.00	9	3	$0.00	**11**	**9**	**$0.00**
164	Menard	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
165	Midland	6	15	$3,265.44	20	10	$6,259.17	**26**	**25**	**$9,524.61**
166	Milam	2	2	$0.00	2	4	$291.89	**4**	**6**	**$291.89**
167	Mills	1	1	$0.00	1	2	$0.00	**2**	**3**	**$0.00**
168	Mitchell	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
169	Montegue	1	1	$0.00	0	1	$0.00	**1**	**2**	**$0.00**
170	Montgomery	11	16	$650.97	7	19	$31,730.66	**18**	**35**	**$32,381.63**
171	Moore	0	0	$0.00	3	5	$44.61	**3**	**5**	**$44.61**
172	Morris	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
173	Motley	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
174	Nacogdoches	2	11	$1,003.70	11	8	$1,316.69	**13**	**19**	**$2,320.39**
175	Navarro	4	2	$4.00	8	6	$128.64	**12**	**8**	**$132.64**
176	Newton	0	0	$0.00	2	1	$0.00	**2**	**1**	**$0.00**
177	Nolan	0	2	$0.00	6	3	$138.75	**6**	**5**	**$138.75**
178	Nueces	26	54	$37,536.36	69	34	$57,359.60	**95**	**88**	**$94,895.96**
179	Ochiltree	0	2	$393.29	2	2	$112.63	**2**	**4**	**$505.92**
180	Oldham	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
181	Orange	2	7	$349.07	4	4	$1,102.67	**6**	**11**	**$1,451.74**
182	Palo Pinto	0	3	$1,362.06	0	2	$0.00	**0**	**5**	**$1,362.06**
183	Panola	2	1	$0.00	5	6	$510.19	**7**	**7**	**$510.19**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
184	Parker	1	3	$311.29	4	7	$959.50	**5**	**10**	**$1,270.79**
185	Parmer	0	0	$0.00	5	3	$0.00	**5**	**3**	**$0.00**
186	Pecos	0	1	$201.46	0	1	$0.00	**0**	**2**	**$201.46**
187	Polk	1	1	$0.00	2	4	$141.18	**3**	**5**	**$141.18**
188	Potter	15	24	$3,543.81	22	23	$3,025.17	**37**	**47**	**$6,568.98**
189	Presidio	0	1	$0.00	0	0	$0.00	**0**	**1**	**$0.00**
190	Rains	0	0	$0.00	0	2	$0.00	**0**	**2**	**$0.00**
191	Randall	1	1	$0.00	2	0	$0.00	**3**	**1**	**$0.00**
192	Reagan	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
193	Real	0	0	$0.00	2	0	$0.00	**2**	**0**	**$0.00**
194	Red River	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
195	Reeves	0	2	$386.42	1	3	$1,262.70	**1**	**5**	**$1,649.12**
196	Refugio	0	0	$573.30	1	3	$41.49	**1**	**3**	**$614.79**
197	Roberts	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
198	Robertson	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
199	Rockwall	0	2	$497.54	1	3	$0.00	**1**	**5**	**$497.54**
200	Runnels	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
201	Rusk	0	8	$415.32	7	2	$0.00	**7**	**10**	**$415.32**
202	Sabine	0	1	$0.00	3	1	$0.00	**3**	**2**	**$0.00**
203	San Augustine	0	1	$0.00	2	2	$134.44	**2**	**3**	**$134.44**
204	San Jacinto	0	1	$131.43	1	1	$0.00	**1**	**2**	**$131.43**
205	San Patricio	4	5	$258.51	7	9	$918.59	**11**	**14**	**$1,177.10**
206	San Saba	0	2	$0.00	2	2	$0.00	**2**	**4**	**$0.00**
207	Schleicher	0	0	$0.00	1	2	$1,570.71	**1**	**2**	**$1,570.71**
208	Scurry	0	0	$0.00	2	2	$298.56	**2**	**2**	**$298.56**
209	Shackelford	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
210	Shelby	0	2	$465.60	1	2	$0.00	**1**	**4**	**$465.60**
211	Sherman	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
212	Smith	13	33	$4,605.01	25	25	$4,905.66	**38**	**58**	**$9,510.67**
213	Somervell	1	0	$0.00	0	1	$0.00	**1**	**1**	**$0.00**
214	Starr	4	7	$1,462.57	20	10	$243.06	**24**	**17**	**$1,705.63**
215	Stephens	0	0	$0.00	0	2	$0.00	**0**	**2**	**$0.00**
216	Sterling	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
217	Stonewall	0	0	$0.00	0	1	$0.00	**0**	**1**	**$0.00**
218	Sutton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
219	Swisher	0	0	$49.96	0	2	$0.00	**0**	**2**	**$49.96**
220	Tarrant	44	94	$20,557.74	107	101	$105,560.78	**151**	**195**	**$126,118.52**
221	Taylor	10	23	$2,644.96	30	31	$4,712.20	**40**	**54**	**$7,357.16**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
222	Terrell	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
223	Terry	1	1	$109.29	4	3	$190.40	**5**	**4**	**$299.69**
224	Throckmorton	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
225	Titus	1	5	$22,209.17	3	6	$22,305.27	**4**	**11**	**$44,514.44**
226	Tom Green	10	27	$1,781.16	18	9	$4,084.83	**28**	**36**	**$5,865.99**
227	Travis	49	79	$18,380.29	75	73	$52,157.25	**124**	**152**	**$70,537.54**
228	Trinity	0	0	$0.00	1	3	$172.56	**1**	**3**	**$172.56**
229	Tyler	0	3	$116.64	2	2	$151.47	**2**	**5**	**$268.11**
230	Upshur	0	1	$121.39	4	3	$0.00	**4**	**4**	**$121.39**
231	Upton	0	2	$0.00	1	1	$229.42	**1**	**3**	**$229.42**
232	Uvalde	3	7	$2,886.16	3	3	$0.00	**6**	**10**	**$2,886.16**
233	Val Verde	1	6	$126.82	8	7	$0.00	**9**	**13**	**$126.82**
234	Van Zandt	0	0	$0.00	3	8	$797.59	**3**	**8**	**$797.59**
235	Victoria	9	17	$2,899.19	15	27	$2,889.59	**24**	**44**	**$5,788.78**
236	Walker	2	2	$0.00	10	3	$933.87	**12**	**5**	**$933.87**
237	Waller	4	5	$17.43	3	1	$0.00	**7**	**6**	**$17.43**
238	Ward	0	1	$0.00	3	0	$0.00	**3**	**1**	**$0.00**
239	Washington	1	1	$0.00	4	4	$0.00	**5**	**5**	**$0.00**
240	Webb	22	49	$18,399.72	71	28	$15,481.82	**93**	**77**	**$33,881.54**
241	Wharton	0	3	$109.62	1	2	$0.00	**1**	**5**	**$109.62**
242	Wheeler	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
243	Wichita	10	15	$1,842.58	28	21	$1,197.40	**38**	**36**	**$3,039.98**
244	Wilbarger	1	1	$0.00	4	2	$0.00	**5**	**3**	**$0.00**
245	Willacy	2	2	$0.00	3	3	$111.89	**5**	**5**	**$111.89**
246	Williamson	12	12	$237.71	15	12	$384.71	**27**	**24**	**$622.42**
247	Wilson	5	1	$0.00	3	11	$301.65	**8**	**12**	**$301.65**
248	Winkler	0	0	$0.00	0	6	$0.00	**0**	**6**	**$0.00**
249	Wise	0	3	$0.00	2	2	$294.45	**2**	**5**	**$294.45**
250	Wood	0	1	$0.00	5	5	$375.35	**5**	**6**	**$375.35**
251	Yoakum	0	0	$0.00	2	3	$0.00	**2**	**3**	**$0.00**
252	Young	0	6	$37,732.99	5	4	$7,408.97	**5**	**10**	**$45,141.96**
253	Zapata	0	1	$0.00	2	3	$0.00	**2**	**4**	**$0.00**
254	Zavala	0	4	$128.14	1	6	$0.00	**1**	**10**	**$128.14**
	Unknown Co.	15	21	$0.00	10	10	$0.00	**25**	**31**	**$0.00**
	Multiple Co.	1	13	$0.00	1	6	$0.00	**2**	**19**	**$0.00**
	Out of State	4	21	$71,083.78	15	8	$5,642.55	**19**	**29**	**$76,726.33**
	Totals	**1,148**	**2,153**	**$7,141,406.87**	**2,756**	**2,300**	**$2,229,428.04**	**3,904**	**4,453**	**$9,370,834.91**

Utilization Review County Data-Hospitals[7]

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
1	Anderson	0	1	$5,752.63	1	1	$2,246.11	**1**	**2**	**$7,998.74**
2	Andrews	0	1	$13,261.79	1	0	$0.00	**1**	**1**	**$13,261.79**
3	Angelina	1	2	$59,475.82	1	0	$26,236.59	**2**	**2**	**$85,712.41**
4	Aransas	1	1	$9,475.00	0	1	$23,929.05	**1**	**2**	**$33,404.05**
5	Archer	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
6	Armstrong	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
7	Atascosa	0	1	$6,898.64	1	1	($397.60)	**1**	**2**	**$6,501.04**
8	Austin	1	0	$0.00	0	2	$0.00	**1**	**2**	**$0.00**
9	Bailey	0	1	$523.68	1	2	$0.00	**1**	**3**	**$523.68**
10	Bandera	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
11	Bastrop	1	1	$0.00	0	2	$6,461.41	**1**	**3**	**$6,461.41**
12	Baylor	1	1	$0.00	0	1	$5,394.88	**1**	**2**	**$5,394.88**
13	Bee	1	1	$12,277.49	0	1	$34,144.26	**1**	**2**	**$46,421.75**
14	Bell	1	2	$34,343.45	2	1	$71,586.44	**3**	**3**	**$105,929.89**
15	Bexar	3	10	$536,615.98	8	3	$97,778.84	**11**	**13**	**$634,394.82**
16	Blanco	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
17	Borden	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
18	Bosque	1	1	$2,225.46	0	1	$2,453.25	**1**	**2**	**$4,678.71**
19	Bowie	2	2	$39,293.77	1	1	$48,083.70	**3**	**3**	**$87,377.47**
20	Brazoria	0	2	$32,831.79	2	0	$0.00	**2**	**2**	**$32,831.79**
21	Brazos	3	3	$89,024.54	0	2	$64,916.88	**3**	**5**	**$153,941.42**
22	Brewster	0	1	$18,651.42	1	0	$0.00	**1**	**1**	**$18,651.42**
23	Brisco	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
24	Brooks	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
25	Brown	0	1	$1,005.52	0	0	$0.00	**0**	**1**	**$1,005.52**
26	Burleson	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
27	Burnet	1	1	$0.00	0	1	$0.00	**1**	**2**	**$0.00**
28	Caldwell	0	1	$1,545.45	0	0	$0.00	**0**	**1**	**$1,545.45**
29	Calhoun	1	1	$12,513.34	0	1	$22,277.77	**1**	**2**	**$34,791.11**
30	Callahan	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
31	Cameron	5	5	$22,416.85	1	1	$104,158.45	**6**	**6**	**$126,575.30**
32	Camp	1	1	$1,910.44	0	2	$0.00	**1**	**3**	**$1,910.44**
33	Carson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**

[7] Opened and closed case counts by county are based on hospitals reviewed during the reporting period. Total recoveries by county are dollars recovered during the report period.

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
34	Cass	1	1	$0.00	1	2	$2,822.50	**2**	**3**	**$2,822.50**
35	Castro	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
36	Chambers	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
37	Cherokee	2	1	$0.00	0	2	$0.00	**2**	**3**	**$0.00**
38	Childress	0	1	$2,414.69	0	0	$0.00	**0**	**1**	**$2,414.69**
39	Clay	0	1	$4,307.65	1	1	$0.00	**1**	**2**	**$4,307.65**
40	Cochran	1	0	$0.00	0	0	$425.28	**1**	**0**	**$425.28**
41	Coke	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
42	Coleman	0	1	$4,859.45	0	0	$0.00	**0**	**1**	**$4,859.45**
43	Collin	4	3	$60,412.32	1	6	$0.00	**5**	**9**	**$60,412.32**
44	Collingsworth	1	1	$0.00	2	0	$0.00	**3**	**1**	**$0.00**
45	Colorado	0	1	$2,109.58	1	1	$0.00	**1**	**2**	**$2,109.58**
46	Comal	0	1	$28,348.97	1	2	$31,002.17	**1**	**3**	**$59,351.14**
47	Comanche	2	0	$0.00	0	0	$1,445.76	**2**	**0**	**$1,445.76**
48	Concho	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
49	Cooke	2	2	$11,403.50	0	4	$0.00	**2**	**6**	**$11,403.50**
50	Coryell	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
51	Cottle	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
52	Crane	1	1	$0.00	0	2	$0.00	**1**	**3**	**$0.00**
53	Crockett	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
54	Crosby	1	2	$2,896.48	0	0	$2,272.80	**1**	**2**	**$5,169.28**
55	Culberson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
56	Dallam	0	1	$4,625.45	1	1	$0.00	**1**	**2**	**$4,625.45**
57	Dallas	18	19	$1,268,024.85	9	24	$28,557.25	**27**	**43**	**$1,296,582.10**
58	Dawson	1	1	$2,928.34	1	2	$2,890.32	**2**	**3**	**$5,818.66**
59	Deaf Smith	0	0	$0.00	0	0	$3,297.32	**0**	**0**	**$3,297.32**
60	Delta	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
61	Denton	2	3	$91,360.94	3	1	$7,012.42	**5**	**4**	**$98,373.36**
62	Dewitt	1	1	$8,788.57	0	1	$11,434.01	**1**	**2**	**$20,222.58**
63	Dickens	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
64	Dimmit	1	1	$0.00	0	0	$1,982.05	**1**	**1**	**$1,982.05**
65	Donley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
66	Duval	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
67	Eastland	0	1	$6,267.86	0	0	$0.00	**0**	**1**	**$6,267.86**
68	Ector	0	2	$79,977.13	1	2	$25,360.39	**1**	**4**	**$105,337.52**
69	Edwards	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
70	Ellis	2	2	$7,548.80	0	4	$11,358.48	**2**	**6**	**$18,907.28**
71	El Paso	4	8	$137,450.14	3	6	$142,067.85	**7**	**14**	**$279,517.99**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
72	Erath	1	0	$0.00	0	2	$0.00	**1**	**2**	**$0.00**
73	Falls	1	1	$1,423.04	0	2	$5,596.96	**1**	**3**	**$7,020.00**
74	Fannin	1	0	$0.00	0	1	$0.00	**1**	**1**	**$0.00**
75	Fayette	0	1	$1,091.21	1	1	$0.00	**1**	**2**	**$1,091.21**
76	Fisher	1	0	$0.00	0	0	$2,929.18	**1**	**0**	**$2,929.18**
77	Floyd	0	1	$3,065.59	1	1	$0.00	**1**	**2**	**$3,065.59**
78	Foard	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
79	Fort Bend	1	1	$0.00	2	1	$8,435.17	**3**	**2**	**$8,435.17**
80	Franklin	1	1	$1,927.42	0	1	$0.00	**1**	**2**	**$1,927.42**
81	Freestone	0	1	$2,846.01	1	0	$0.00	**1**	**1**	**$2,846.01**
82	Frio	2	2	$11,207.36	1	2	$13,194.07	**3**	**4**	**$24,401.43**
83	Gaines	1	1	$10,335.59	0	2	$0.00	**1**	**3**	**$10,335.59**
84	Galveston	1	3	$297,168.59	1	0	$8,399.75	**2**	**3**	**$305,568.34**
85	Garza	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
86	Gillespie	1	1	$26,416.01	1	2	$23,741.27	**2**	**3**	**$50,157.28**
87	Glasscock	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
88	Goliad	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
89	Gonzales	1	1	$0.00	0	0	$1,881.40	**1**	**1**	**$1,881.40**
90	Gray	0	1	$3,248.90	1	0	$0.00	**1**	**1**	**$3,248.90**
91	Grayson	1	2	$129,217.66	2	1	$5,899.02	**3**	**3**	**$135,116.68**
92	Gregg	1	2	$9,435.13	2	2	$38,753.65	**3**	**4**	**$48,188.78**
93	Grimes	1	1	$0.00	0	1	$3,718.47	**1**	**2**	**$3,718.47**
94	Guadalupe	0	1	$8,823.06	1	2	$509.29	**1**	**3**	**$9,332.35**
95	Hale	1	1	$0.00	0	0	$18,639.51	**1**	**1**	**$18,639.51**
96	Hall	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
97	Hamilton	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
98	Hansford	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
99	Hardeman	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
100	Hardin	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
101	Harris	6	30	$1,026,523.55	12	7	$118,483.64	**18**	**37**	**$1,145,007.19**
102	Harrison	0	1	$24,474.25	1	1	$7,432.78	**1**	**2**	**$31,907.03**
103	Hartley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
104	Haskell	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
105	Hays	1	1	$4,349.86	0	1	$5,043.60	**1**	**2**	**$9,393.46**
106	Hemphill	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
107	Henderson	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
108	Hidalgo	0	5	$263,747.39	3	2	$98,328.40	**3**	**7**	**$362,075.79**
109	Hill	1	1	$0.00	1	2	$0.00	**2**	**3**	**$0.00**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
110	Hockley	0	1	$982.94	1	2	$0.00	**1**	**3**	**$982.94**
111	Hood	1	1	$2,568.70	0	1	$0.00	**1**	**2**	**$2,568.70**
112	Hopkins	1	1	$0.00	1	0	$10,805.98	**2**	**1**	**$10,805.98**
113	Houston	0	1	$12,434.93	0	0	$0.00	**0**	**1**	**$12,434.93**
114	Howard	1	1	$0.00	1	2	$10,177.37	**2**	**3**	**$10,177.37**
115	Hudspeth	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
116	Hunt	1	1	$14,380.80	1	1	$0.00	**2**	**2**	**$14,380.80**
117	Hutchinson	1	1	$6,308.64	0	0	$1,320.02	**1**	**1**	**$7,628.66**
118	Irion	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
119	Jack	1	0	$0.00	0	0	$2,726.59	**1**	**0**	**$2,726.59**
120	Jackson	1	0	$0.00	0	1	($535.11)	**1**	**1**	**($535.11)**
121	Jasper	1	1	$2,740.78	1	0	$3,072.26	**2**	**1**	**$5,813.04**
122	Jeff Davis	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
123	Jefferson	2	5	$132,870.29	3	5	$29,679.44	**5**	**10**	**$162,549.73**
124	Jim Hogg	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
125	Jim Wells	1	1	$0.00	0	1	$40,220.64	**1**	**2**	**$40,220.64**
126	Johnson	1	1	$9,926.76	0	1	$1,705.01	**1**	**2**	**$11,631.77**
127	Jones	1	3	$43,846.65	1	0	$2,423.94	**2**	**3**	**$46,270.59**
128	Karnes	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
129	Kaufman	2	2	$5,988.07	0	4	$2,096.92	**2**	**6**	**$8,084.99**
130	Kendall	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
131	Kenedy	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
132	Kent	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
133	Kerr	1	1	$32,405.84	1	2	$2,151.14	**2**	**3**	**$34,556.98**
134	Kimble	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
135	King	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
136	Kinney	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
137	Kleberg	1	1	$44,959.17	0	0	$28,789.65	**1**	**1**	**$73,748.82**
138	Knox	1	0	$0.00	0	0	$0.00	**1**	**0**	**$0.00**
139	Lamar	0	1	$4,384.40	1	0	$0.00	**1**	**1**	**$4,384.40**
140	Lamb	0	1	$2,363.44	1	1	$0.00	**1**	**2**	**$2,363.44**
141	Lampasas	1	0	$0.00	0	2	$6,669.90	**1**	**2**	**$6,669.90**
142	La Salle	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
143	Lavaca	2	2	$0.00	0	0	$11,140.74	**2**	**2**	**$11,140.74**
144	Lee	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
145	Leon	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
146	Liberty	1	1	$0.00	1	1	$24,060.84	**2**	**2**	**$24,060.84**
147	Limestone	2	2	$6,737.14	0	1	$3,465.61	**2**	**3**	**$10,202.75**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
148	Lipscomb	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
149	Live Oak	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
150	Llano	1	1	$3,653.54	0	1	$0.00	**1**	**2**	**$3,653.54**
151	Loving	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
152	Lubbock	2	3	$76,755.69	1	3	$41,898.92	**3**	**6**	**$118,654.61**
153	Lynn	1	2	$1,883.56	0	0	$0.00	**1**	**2**	**$1,883.56**
154	Madison	0	0	$0.00	1	0	$0.00	**1**	**0**	**$0.00**
155	Marion	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
156	Martin	1	1	$0.00	0	2	$6,016.54	**1**	**3**	**$6,016.54**
157	Mason	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
158	Matagorda	1	1	$23,242.33	0	2	$1,750.41	**1**	**3**	**$24,992.74**
159	Maverick	0	1	$22,264.66	1	0	$0.00	**1**	**1**	**$22,264.66**
160	McCullough	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
161	McLennan	2	3	$12,651.67	1	3	$30,317.65	**3**	**6**	**$42,969.32**
162	McMullen	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
163	Medina	1	1	$2,540.36	0	0	$2,459.61	**1**	**1**	**$4,999.97**
164	Menard	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
165	Midland	1	2	$34,547.74	1	0	$872.83	**2**	**2**	**$35,420.57**
166	Milam	1	2	$17,517.44	1	3	$1,311.52	**2**	**5**	**$18,828.96**
167	Mills	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
168	Mitchell	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
169	Montegue	1	2	$70.32	1	0	$0.00	**2**	**2**	**$70.32**
170	Montgomery	2	3	$26,632.74	2	1	$12,999.88	**4**	**4**	**$39,632.62**
171	Moore	1	1	$11,095.68	1	1	$5,658.95	**2**	**2**	**$16,754.63**
172	Morris	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
173	Motley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
174	Nacogdoches	1	2	$18,666.81	1	1	$13,373.30	**2**	**3**	**$32,040.11**
175	Navarro	1	1	$1,849.47	0	2	$0.00	**1**	**3**	**$1,849.47**
176	Newton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
177	Nolan	1	1	$635.97	0	0	$992.46	**1**	**1**	**$1,628.43**
178	Nueces	2	3	$160,182.36	0	0	$156,043.68	**2**	**3**	**$316,226.04**
179	Ochiltree	0	1	$517.39	0	0	$0.00	**0**	**1**	**$517.39**
180	Oldham	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
181	Orange	0	1	$25,726.44	1	1	$7,140.58	**1**	**2**	**$32,867.02**
182	Palo Pinto	1	0	$0.00	0	2	$0.00	**1**	**2**	**$0.00**
183	Panola	1	1	$4,577.76	0	1	$13,564.51	**1**	**2**	**$18,142.27**
184	Parker	1	1	$33,643.71	1	3	$0.00	**2**	**4**	**$33,643.71**
185	Parmer	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
186	Pecos	1	1	$0.00	0	2	$9,457.37	**1**	**3**	**$9,457.37**
187	Polk	0	1	$27,986.15	1	1	$8,786.00	**1**	**2**	**$36,772.15**
188	Potter	1	0	$0.00	0	0	$0.00	**1**	**0**	**$0.00**
189	Presidio	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
190	Rains	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
191	Randall	0	2	$104,469.81	1	0	$7,774.31	**1**	**2**	**$112,244.12**
192	Reagan	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
193	Real	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
194	Red River	1	1	$0.00	0	1	$3,709.75	**1**	**2**	**$3,709.75**
195	Reeves	1	1	$4,738.18	0	1	$4,327.21	**1**	**2**	**$9,065.39**
196	Refugio	1	1	$2,451.65	0	0	$4,345.82	**1**	**1**	**$6,797.47**
197	Roberts	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
198	Robertson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
199	Rockwall	1	0	$0.00	0	2	$1,277.33	**1**	**2**	**$1,277.33**
200	Runnels	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
201	Rusk	0	1	$7,377.37	1	2	$0.00	**1**	**3**	**$7,377.37**
202	Sabine	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
203	San Augustine	2	2	**$0.00**	1	1	$0.00	**3**	**3**	**$0.00**
204	San Jacinto	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
205	San Patricio	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
206	San Saba	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
207	Schleicher	1	0	$0.00	0	2	$0.00	**1**	**2**	**$0.00**
208	Scurry	1	1	$0.00	0	1	$0.00	**1**	**2**	**$0.00**
209	Shackelford	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
210	Shelby	0	1	$31,689.79	0	0	$0.00	**0**	**1**	**$31,689.79**
211	Sherman	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
212	Smith	4	4	$16,853.96	2	2	$42,329.95	**6**	**6**	**$59,183.91**
213	Somervell	1	1	$0.00	0	2	$0.00	**1**	**3**	**$0.00**
214	Starr	0	1	$13,439.15	0	0	$0.00	**0**	**1**	**$13,439.15**
215	Stephens	1	1	$0.00	0	0	$2,414.69	**1**	**1**	**$2,414.69**
216	Sterling	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
217	Stonewall	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
218	Sutton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
219	Swisher	2	1	$0.00	1	2	$0.00	**3**	**3**	**$0.00**
220	Tarrant	11	9	$243,309.60	7	14	$10,981.77	**18**	**23**	**$254,291.37**
221	Taylor	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
222	Terrell	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
223	Terry	1	1	$0.00	0	0	$8,127.74	**1**	**1**	**$8,127.74**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
224	Throckmorton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
225	Titus	0	1	$6,612.60	0	0	$6,536.08	**0**	**1**	**$13,148.68**
226	Tom Green	1	3	$81,103.25	1	1	$0.00	**2**	**4**	**$81,103.25**
227	Travis	4	8	$32,077.73	5	9	$40,325.44	**9**	**17**	**$72,403.17**
228	Trinity	1	1	$1,978.01	0	1	$1,735.64	**1**	**2**	**$3,713.65**
229	Tyler	1	1	$0.00	0	1	$0.00	**1**	**2**	**$0.00**
230	Upshur	1	1	$0.00	0	1	$5,478.40	**1**	**2**	**$5,478.40**
231	Upton	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
232	Uvalde	1	1	$15,825.05	1	1	$27,395.81	**2**	**2**	**$43,220.86**
233	Val Verde	1	1	$6,852.63	0	1	$0.00	**1**	**2**	**$6,852.63**
234	Van Zandt	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
235	Victoria	2	2	$129,957.79	2	1	$68,866.19	**4**	**3**	**$198,823.98**
236	Walker	0	1	$0.00	1	0	$0.00	**1**	**1**	**$0.00**
237	Waller	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
238	Ward	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
239	Washington	1	1	$0.00	0	2	$7,068.71	**1**	**3**	**$7,068.71**
240	Webb	0	3	$674,740.12	0	1	$119,775.75	**0**	**4**	**$794,515.87**
241	Wharton	1	2	$8,323.60	0	2	$0.00	**1**	**4**	**$8,323.60**
242	Wheeler	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
243	Wichita	1	2	$22,538.49	0	0	$0.00	**1**	**2**	**$22,538.49**
244	Wilbarger	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
245	Willacy	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
246	Williamson	3	3	$4,092.40	0	2	$7,557.47	**3**	**5**	**$11,649.87**
247	Wilson	0	0	$0.00	1	2	$0.00	**1**	**2**	**$0.00**
248	Winkler	0	0	$0.00	0	0	$731.01	**0**	**0**	**$731.01**
249	Wise	1	0	$0.00	0	2	$0.00	**1**	**2**	**$0.00**
250	Wood	2	2	$4,249.72	0	2	$9,854.87	**2**	**4**	**$14,104.59**
251	Yoakum	1	1	$774.02	0	0	$5,725.90	**1**	**1**	**$6,499.92**
252	Young	0	1	$8,144.33	0	0	$2,256.20	**0**	**1**	**$10,400.53**
253	Zapata	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
254	Zavala	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
	Unknown Co.	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
	Multiple Co.	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
	Out of State	1	1	$0.00	1	1	$0.00	**2**	**2**	**$0.00**
	Totals	**195**	**288**	**$6,700,207.99**	**133**	**236**	**$2,023,395.98**	**328**	**524**	**$8,723,603.97**

Utilization Review County Data-Nursing Facilities[8]

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
1	Anderson	1	1	$19,420.34	0	0	$0.00	**1**	**1**	**$19,420.34**
2	Andrews	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
3	Angelina	0	1	$24,115.69	0	0	$0.00	**0**	**1**	**$24,115.69**
4	Aransas	1	0	$0.00	0	0	$11,190.65	**1**	**0**	**$11,190.65**
5	Archer	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
6	Armstrong	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
7	Atascosa	3	2	$19,364.76	1	1	$7,564.58	**4**	**3**	**$26,929.34**
8	Austin	1	0	$0.00	0	0	$66.42	**1**	**0**	**$66.42**
9	Bailey	0	0	$0.00	0	0	$5,832.37	**0**	**0**	**$5,832.37**
10	Bandera	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
11	Bastrop	0	0	$0.00	1	1	$3,612.41	**1**	**1**	**$3,612.41**
12	Baylor	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
13	Bee	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
14	Bell	4	4	$29,670.57	3	3	$42,024.90	**7**	**7**	**$71,695.47**
15	Bexar	11	16	$208,694.39	14	14	$107,854.62	**25**	**30**	**$316,549.01**
16	Blanco	1	1	($62.40)	1	1	$568.86	**2**	**2**	**$506.46**
17	Borden	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
18	Bosque	1	2	$19,997.05	0	0	$0.00	**1**	**2**	**$19,997.05**
19	Bowie	0	0	$0.00	1	1	$7,292.15	**1**	**1**	**$7,292.15**
20	Brazoria	3	0	$0.00	2	2	$24,487.21	**5**	**2**	**$24,487.21**
21	Brazos	2	2	$3,537.00	0	0	$0.00	**2**	**2**	**$3,537.00**
22	Brewster	0	0	$0.00	1	1	$2,668.44	**1**	**1**	**$2,668.44**
23	Brisco	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
24	Brooks	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
25	Brown	0	1	$4,057.88	2	2	$8,479.79	**2**	**3**	**$12,537.67**
26	Burleson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
27	Burnet	1	1	$4,783.97	0	0	$0.00	**1**	**1**	**$4,783.97**
28	Caldwell	1	2	$4,147.49	1	1	$0.00	**2**	**3**	**$4,147.49**
29	Calhoun	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
30	Callahan	1	0	$0.00	0	0	$6,939.68	**1**	**0**	**$6,939.68**
31	Cameron	4	2	$19,836.00	1	1	$1,935.61	**5**	**3**	**$21,771.61**
32	Camp	1	0	$0.00	0	0	$22,889.14	**1**	**0**	**$22,889.14**
33	Carson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**

[8] Opened and closed case counts by county are based on nursing facility onsite visits conducted during the reporting period. Total recoveries by county are dollars recovered during the reporting period.

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
34	Cass	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
35	Castro	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
36	Chambers	1	1	$0.00	1	1	$0.00	**2**	**2**	**$0.00**
37	Cherokee	0	1	$465.82	1	1	$0.00	**1**	**2**	**$465.82**
38	Childress	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
39	Clay	0	1	$1,903.20	0	0	$0.00	**0**	**1**	**$1,903.20**
40	Cochran	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
41	Coke	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
42	Coleman	0	0	$0.00	2	2	$4,195.50	**2**	**2**	**$4,195.50**
43	Collin	1	3	$109,656.90	5	5	$36,297.31	**6**	**8**	**$145,954.21**
44	Collingsworth	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
45	Colorado	0	2	$14,231.95	0	0	$0.00	**0**	**2**	**$14,231.95**
46	Comal	1	1	$12,220.89	0	0	$0.00	**1**	**1**	**$12,220.89**
47	Comanche	1	0	$0.00	0	0	$6,419.50	**1**	**0**	**$6,419.50**
48	Concho	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
49	Cooke	2	3	($3,219.44)	1	1	$0.00	**3**	**4**	**($3,219.44)**
50	Coryell	1	0	$0.00	0	0	$8,305.20	**1**	**0**	**$8,305.20**
51	Cottle	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
52	Crane	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
53	Crockett	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
54	Crosby	1	0	$0.00	0	0	$2,085.11	**1**	**0**	**$2,085.11**
55	Culberson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
56	Dallam	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
57	Dallas	11	14	$217,167.90	14	14	$187,068.75	**25**	**28**	**$404,236.65**
58	Dawson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
59	Deaf Smith	1	0	$0.00	0	0	$4,954.13	**1**	**0**	**$4,954.13**
60	Delta	1	1	$4,030.85	0	0	$0.00	**1**	**1**	**$4,030.85**
61	Denton	4	11	$329,673.85	1	1	$7,859.02	**5**	**12**	**$337,532.87**
62	Dewitt	0	0	$0.00	2	2	$0.00	**2**	**2**	**$0.00**
63	Dickens	0	1	$20,196.19	0	0	$0.00	**0**	**1**	**$20,196.19**
64	Dimmit	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
65	Donley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
66	Duval	0	0	$0.00	1	1	$77,239.55	**1**	**1**	**$77,239.55**
67	Eastland	2	1	$41,368.77	2	2	$12,325.52	**4**	**3**	**$53,694.29**
68	Ector	0	0	$0.00	1	1	$4,632.52	**1**	**1**	**$4,632.52**
69	Edwards	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
70	Ellis	1	1	$21,952.86	4	4	$116,264.73	**5**	**5**	**$138,217.59**
71	El Paso	0	2	$66,697.11	6	6	$125,436.70	**6**	**8**	**$192,133.81**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
72	Erath	1	1	$0.00	2	2	$0.00	**3**	**3**	**$0.00**
73	Falls	0	1	$1,756.80	0	0	$0.00	**0**	**1**	**$1,756.80**
74	Fannin	3	2	$22,705.59	1	1	$23,586.97	**4**	**3**	**$46,292.56**
75	Fayette	0	0	$0.00	2	2	$0.00	**2**	**2**	**$0.00**
76	Fisher	1	1	$10,443.28	0	0	$0.00	**1**	**1**	**$10,443.28**
77	Floyd	0	1	$4,934.68	1	1	$0.00	**1**	**2**	**$4,934.68**
78	Foard	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
79	Fort Bend	0	1	($798.35)	0	0	$0.00	**0**	**1**	**($798.35)**
80	Franklin	0	0	$0.00	1	1	$2,211.12	**1**	**1**	**$2,211.12**
81	Freestone	1	0	$0.00	1	1	$96.78	**2**	**1**	**$96.78**
82	Frio	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
83	Gaines	0	0	$0.00	0	0	$2,970.00	**0**	**0**	**$2,970.00**
84	Galveston	5	0	$0.00	3	3	$404,872.13	**8**	**3**	**$404,872.13**
85	Garza	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
86	Gillespie	1	0	$0.00	2	2	$9,786.20	**3**	**2**	**$9,786.20**
87	Glasscock	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
88	Goliad	1	1	$1,796.40	0	0	$0.00	**1**	**1**	**$1,796.40**
89	Gonzales	2	2	$27,629.68	0	0	$0.00	**2**	**2**	**$27,629.68**
90	Gray	0	1	$5,583.59	1	1	$9,096.24	**1**	**2**	**$14,679.83**
91	Grayson	5	3	$41,127.42	2	2	$156,402.61	**7**	**5**	**$197,530.03**
92	Gregg	3	2	$2,920.86	3	3	$44,313.55	**6**	**5**	**$47,234.41**
93	Grimes	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
94	Guadalupe	0	1	$3,761.94	3	3	$7,762.49	**3**	**4**	**$11,524.43**
95	Hale	0	2	$32,963.80	1	1	$0.00	**1**	**3**	**$32,963.80**
96	Hall	1	0	$0.00	0	0	$1,401.10	**1**	**0**	**$1,401.10**
97	Hamilton	0	0	$0.00	2	2	$0.00	**2**	**2**	**$0.00**
98	Hansford	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
99	Hardeman	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
100	Hardin	0	2	$32,790.28	2	2	$17,047.98	**2**	**4**	**$49,838.26**
101	Harris	13	12	$263,433.26	6	6	$56,248.92	**19**	**18**	**$319,682.18**
102	Harrison	1	0	$0.00	0	0	$26,087.10	**1**	**0**	**$26,087.10**
103	Hartley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
104	Haskell	1	0	$0.00	1	1	$22,253.90	**2**	**1**	**$22,253.90**
105	Hays	0	2	$22,719.51	1	1	$13,902.06	**1**	**3**	**$36,621.57**
106	Hemphill	0	1	$1,368.12	0	0	$0.00	**0**	**1**	**$1,368.12**
107	Henderson	1	2	$61,156.36	0	0	$23,698.33	**1**	**2**	**$84,854.69**
108	Hidalgo	5	2	$79.92	1	1	$2,820.79	**6**	**3**	**$2,900.71**
109	Hill	1	0	$0.00	3	3	($958.33)	**4**	**3**	**($958.33)**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
110	Hockley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
111	Hood	0	0	$0.00	2	2	$54,533.24	**2**	**2**	**$54,533.24**
112	Hopkins	1	0	$0.00	0	0	$3,241.69	**1**	**0**	**$3,241.69**
113	Houston	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
114	Howard	0	0	$0.00	2	2	$18,334.95	**2**	**2**	**$18,334.95**
115	Hudspeth	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
116	Hunt	2	2	$106,841.99	1	1	$39,692.66	**3**	**3**	**$146,534.65**
117	Hutchinson	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
118	Irion	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
119	Jack	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
120	Jackson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
121	Jasper	2	2	$46,330.10	1	1	$35,382.68	**3**	**3**	**$81,712.78**
122	Jeff Davis	0	0	$0.00	0	0	$32,004.63	**0**	**0**	**$32,004.63**
123	Jefferson	4	7	$99,760.53	4	4	$0.00	**8**	**11**	**$99,760.53**
124	Jim Hogg	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
125	Jim Wells	0	0	$0.00	1	1	$22,576.85	**1**	**1**	**$22,576.85**
126	Johnson	2	2	$25,942.87	2	2	$0.00	**4**	**4**	**$25,942.87**
127	Jones	1	1	$3,901.44	1	1	$0.00	**2**	**2**	**$3,901.44**
128	Karnes	1	1	$3,767.15	0	0	$4,989.85	**1**	**1**	**$8,757.00**
129	Kaufman	1	2	$28,097.12	2	2	$8,269.16	**3**	**4**	**$36,366.28**
130	Kendall	2	2	$11,916.34	1	1	$26,927.37	**3**	**3**	**$38,843.71**
131	Kenedy	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
132	Kent	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
133	Kerr	2	2	$85,538.06	0	0	$0.00	**2**	**2**	**$85,538.06**
134	Kimble	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
135	King	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
136	Kinney	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
137	Kleberg	0	0	$0.00	1	1	$11,991.02	**1**	**1**	**$11,991.02**
138	Knox	1	0	$0.00	1	1	$287.10	**2**	**1**	**$287.10**
139	Lamar	0	1	$3,936.96	2	2	$12,789.62	**2**	**3**	**$16,726.58**
140	Lamb	2	3	$18,746.99	1	1	$3,437.23	**3**	**4**	**$22,184.22**
141	Lampasas	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
142	La Salle	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
143	Lavaca	2	3	$7,696.96	1	1	$4,381.04	**3**	**4**	**$12,078.00**
144	Lee	0	2	$13,058.51	1	1	$0.00	**1**	**3**	**$13,058.51**
145	Leon	1	1	$1,297.88	1	1	$1,756.80	**2**	**2**	**$3,054.68**
146	Liberty	2	1	$11,511.96	1	1	$21,747.99	**3**	**2**	**$33,259.95**
147	Limestone	0	0	$0.00	2	2	$2,301.56	**2**	**2**	**$2,301.56**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
148	Lipscomb	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
149	Live Oak	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
150	Llano	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
151	Loving	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
152	Lubbock	2	3	$28,288.80	6	6	$1,053.54	**8**	**9**	**$29,342.34**
153	Lynn	0	1	$802.65	0	0	$0.00	**0**	**1**	**$802.65**
154	Madison	1	0	$0.00	1	1	$7,138.85	**2**	**1**	**$7,138.85**
155	Marion	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
156	Martin	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
157	Mason	1	0	$0.00	0	0	$2,048.31	**1**	**0**	**$2,048.31**
158	Matagorda	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
159	Maverick	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
160	McCullough	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
161	McLennan	3	4	$11,963.12	3	3	$843.39	**6**	**7**	**$12,806.51**
162	McMullen	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
163	Medina	3	2	$45,352.49	0	0	$18,604.10	**3**	**2**	**$63,956.59**
164	Menard	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
165	Midland	1	1	$7,484.83	1	1	$3,724.20	**2**	**2**	**$11,209.03**
166	Milam	0	1	$4,796.84	2	2	($2,874.48)	**2**	**3**	**$1,922.36**
167	Mills	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
168	Mitchell	0	0	$0.00	1	1	$3,507.61	**1**	**1**	**$3,507.61**
169	Montegue	1	0	$0.00	2	2	$2,142.04	**3**	**2**	**$2,142.04**
170	Montgomery	2	1	$408.46	0	0	$6,656.72	**2**	**1**	**$7,065.18**
171	Moore	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
172	Morris	0	0	$0.00	1	1	$1,793.58	**1**	**1**	**$1,793.58**
173	Motley	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
174	Nacogdoches	2	3	$19,281.73	1	1	$0.00	**3**	**4**	**$19,281.73**
175	Navarro	2	2	$55,781.81	1	1	$10,872.91	**3**	**3**	**$66,654.72**
176	Newton	0	1	$9,648.40	0	0	$0.00	**0**	**1**	**$9,648.40**
177	Nolan	2	1	$0.00	0	0	$6,667.96	**2**	**1**	**$6,667.96**
178	Nueces	6	7	$19,411.85	3	3	$106,733.23	**9**	**10**	**$126,145.08**
179	Ochiltree	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
180	Oldham	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
181	Orange	2	3	$25,542.30	2	2	$12,772.04	**4**	**5**	**$38,314.34**
182	Palo Pinto	3	1	$363.44	0	0	$50,236.06	**3**	**1**	**$50,599.50**
183	Panola	1	1	$0.00	1	1	$0.00	**2**	**2**	**$0.00**
184	Parker	3	0	$0.00	0	0	$35,280.76	**3**	**0**	**$35,280.76**
185	Parmer	1	1	$0.00	0	0	$11,965.92	**1**	**1**	**$11,965.92**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
186	Pecos	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
187	Polk	1	1	$7,288.04	0	0	$20,802.48	**1**	**1**	**$28,090.52**
188	Potter	4	3	$8,276.90	2	2	$45,693.55	**6**	**5**	**$53,970.45**
189	Presidio	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
190	Rains	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
191	Randall	0	1	$12,967.76	0	0	$0.00	**0**	**1**	**$12,967.76**
192	Reagan	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
193	Real	0	1	$497.28	0	0	$0.00	**0**	**1**	**$497.28**
194	Red River	1	0	$0.00	1	1	$16,977.64	**2**	**1**	**$16,977.64**
195	Reeves	1	1	$9,335.60	0	0	$0.00	**1**	**1**	**$9,335.60**
196	Refugio	1	0	$0.00	1	1	$4,883.13	**2**	**1**	**$4,883.13**
197	Roberts	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
198	Robertson	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
199	Rockwall	1	1	$122,620.81	1	1	$145,770.49	**2**	**2**	**$268,391.30**
200	Runnels	0	1	$2,755.62	1	1	$0.00	**1**	**2**	**$2,755.62**
201	Rusk	0	1	$2,390.98	1	1	$40,919.14	**1**	**2**	**$43,310.12**
202	Sabine	0	0	$0.00	1	1	$8,251.45	**1**	**1**	**$8,251.45**
203	San Augustine	3	3	$61,678.92	0	0	$0.00	**3**	**3**	**$61,678.92**
204	San Jacinto	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
205	San Patricio	1	0	$0.00	1	1	$3,619.92	**2**	**1**	**$3,619.92**
206	San Saba	1	0	$0.00	1	1	$9.98	**2**	**1**	**$9.98**
207	Schleicher	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
208	Scurry	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
209	Shackelford	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
210	Shelby	0	1	$26,355.73	0	0	$0.00	**0**	**1**	**$26,355.73**
211	Sherman	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
212	Smith	5	5	$62,597.42	3	3	$104,906.32	**8**	**8**	**$167,503.74**
213	Somervell	1	2	$8,610.85	0	0	$23,161.61	**1**	**2**	**$31,772.46**
214	Starr	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
215	Stephens	0	1	$1,657.53	0	0	$0.00	**0**	**1**	**$1,657.53**
216	Sterling	0	0	$0.00	1	1	$0.00	**1**	**1**	**$0.00**
217	Stonewall	1	0	$0.00	0	0	$2,613.16	**1**	**0**	**$2,613.16**
218	Sutton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
219	Swisher	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
220	Tarrant	11	14	$216,036.98	15	15	$285,463.32	**26**	**29**	**$501,500.30**
221	Taylor	1	2	$83,659.86	3	3	$64,234.84	**4**	**5**	**$147,894.70**
222	Terrell	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
223	Terry	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**

Code	County	1st Quarter SFY 2007			2nd Quarter SFY 2007			Total SFY 2007		
		Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery	Cases Open	Cases Closed	Recovery
224	Throckmorton	1	1	$0.00	0	0	$0.00	**1**	**1**	**$0.00**
225	Titus	1	1	$6,495.92	0	0	$0.00	**1**	**1**	**$6,495.92**
226	Tom Green	2	2	$7,079.02	3	3	$57,515.15	**5**	**5**	**$64,594.17**
227	Travis	6	5	$68,987.82	2	2	($340.24)	**8**	**7**	**$68,647.58**
228	Trinity	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
229	Tyler	1	0	$0.00	2	2	$7,969.62	**3**	**2**	**$7,969.62**
230	Upshur	2	1	$17,551.64	0	0	$0.00	**2**	**1**	**$17,551.64**
231	Upton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
232	Uvalde	1	2	$2,847.18	0	0	$2,587.68	**1**	**2**	**$5,434.86**
233	Val Verde	0	2	$11,877.99	0	0	$0.00	**0**	**2**	**$11,877.99**
234	Van Zandt	2	2	$20,143.83	1	1	($1,359.66)	**3**	**3**	**$18,784.17**
235	Victoria	2	3	$6,033.52	0	0	$17,904.66	**2**	**3**	**$23,938.18**
236	Walker	1	0	$0.00	0	0	$9,932.71	**1**	**0**	**$9,932.71**
237	Waller	1	0	$0.00	0	0	$3,465.32	**1**	**0**	**$3,465.32**
238	Ward	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
239	Washington	1	1	$4,154.40	0	0	$20,855.14	**1**	**1**	**$25,009.54**
240	Webb	1	0	$0.00	0	0	$27,067.82	**1**	**0**	**$27,067.82**
241	Wharton	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
242	Wheeler	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
243	Wichita	4	2	$45,621.91	0	0	$51,178.35	**4**	**2**	**$96,800.26**
244	Wilbarger	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
245	Willacy	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
246	Williamson	2	3	$4,028.54	3	3	$10,784.30	**5**	**6**	**$14,812.84**
247	Wilson	2	1	$13,403.78	1	1	$82,515.88	**3**	**2**	**$95,919.66**
248	Winkler	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
249	Wise	0	0	$0.00	1	1	$12,916.77	**1**	**1**	**$12,916.77**
250	Wood	2	1	$0.00	1	1	$11,833.82	**3**	**2**	**$11,833.82**
251	Yoakum	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
252	Young	1	1	$16,546.55	1	1	$0.00	**2**	**2**	**$16,546.55**
253	Zapata	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
254	Zavala	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
	Unknown Co.	0	0	$0.00	0	0	$4,752.16	**0**	**0**	**$4,752.16**
	Multiple Co.	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
	Out of State	0	0	$0.00	0	0	$0.00	**0**	**0**	**$0.00**
	Totals	**241**	**252**	**$3,279,256.69**	**222**	**222**	**$3,340,789.00**	**463**	**474**	**$6,620,045.69**

Section VI—Other OIG Activities

Education and Prevention

TILE Training	1st Quarter SFY 2007	2nd Quarter SFY 2007	3rd Quarter SFY 2007	4th Quarter SFY 2007	Total SFY 2007
TILE Training - Nursing Facilities – Correspondence Course	137	126			**263**
TILE Training - Nursing Home – On-Line Internet Course	481	346			**827**
TILE Training – Community Based Alternatives – Correspondence Course	63	67			**130**
TILE Training – Community Based Alternatives - On-Line Internet Course	164	113			**277**
Totals	**845**	**652**			**1,497**

Staff Presentations

Date	Audience	Subject	Presenter(s)
September 13, 2006	National TPL-COB Conference	Pharmacy and COB-Now & Beyond	Tim Broadhurst
September 13, 2006	National TPL-COB Conference	Managed Care and COB	Tim Broadhurst
September 14, 2006	Thompson & Knight Client Breakfast	Medicaid Fraud and Abuse in Texas and Potential Impact of the 2005 Deficit Reduction Act (DRA)	Brian Flood
September 20, 2006	Centers for Medicare & Medicaid Services Staff	Activities Related to Katrina	Genie DeKneef, Mark Menefee, Vicki Fischer, Ada Pollard
September 26, 2006	2006 Association of Certified Fraud Specialists (ACFS) National Conference	Effective Case Preparation	Bart Bevers
September 27, 2006	American Health Lawyers Association/Health Care Compliance Association Fraud & Compliance Forum	The Deficit Reduction Act	Brian Flood
October 13, 2006	KPMG LLP Seminar	New Medicaid Anti-Waste, Abuse and Fraud Initiatives including PERM, CMS MIP, and the DRA 2005-2008	Brian Flood

Date	Audience	Subject	Presenter(s)
October 21, 2006	American Academy of Professional Coders Southeast Texas Local Chapter	DRA 2005 and HHSC-OIG	Brian Flood
November 13-15, 2006	National Association of State Medicaid Directors	The Next Generation of Medicaid Program Integrity	George D. Cato
November 13-16, 2006	Texas State Auditors Office (SAO)	NW3C-Financial Records Examination and Analysis (FREA) Course	Bart Bevers
November 17, 2006	Texas State Auditors Office (SAO)	Mock Trial, Presenting Financial Records in the Courtroom	Bart Bevers
December 13, 2006	Governmental Accountability Office (GAO) Texas Site Visit	Overview of the Medicaid Fraud Abuse and Detection System (MFADS)	Genie DeKneef
December 14, 2006	Governmental Accountability Office (GAO) Texas Site Visit	Overview of the Surveillance, Utilization Review Subsystem (SURS)	Genie DeKneef, Debra Rethaber, Carolyn Pou
January 8, 2007	Association of Certified Fraud Examiners (ACFE)	Preparing for Court and Effective Case Report Writing	Bart Bevers
January 22, 2007	Health Care Compliance Association Audio Conference	The DRA: Now It's Here, What Have You Done?	Brian Flood
January 25, 2007	Centers for Medicare & Medicaid Services Staff and their EDS Contract Staff	Interview regarding the One PI System federal project	Genie DeKneef, Vicki Fischer, Sharon Thompson, Robin Smith, Juanita Henry, Leslie Vance
February 6, 2007	Medicaid Provider Integrity	Digital Signatures; Evidentiary Considerations	Bart Bevers
February 6, 2007	HcPro, Inc. Audio Conference	The Deficit Reduction Act: Implications for Compliance in 2007	Brian Flood
February 7, 2007	Centers for Medicare & Medicaid Services Staff and their Contract Staff	CMS State Program Integrity Assessment (SPIA) Case Study SiteVisit presentation on SURS	Genie DeKneef, Debra Rethaber, Carolyn Pou
February 8, 2007	Centers for Medicare & Medicaid Services Staff and their Contract Staff	CMS State Program Integrity Assessment (SPIA) Case Study Site Visit presentation on MFADS	Genie DeKneef
February 8, 2007	Association of Government Accountants	Overview of the Office of Inspector General	Brian Flood

Date	Audience	Subject	Presenter(s)
February 9, 2007	Centers for Medicare & Medicaid Services Staff and their Contract Staff	CMS Medicaid Integrity Program (MIP) Audit Group Site Visit presentation on MFADS	Genie DeKneef
February 12, 2007	Bexar County and City of San Antonio Internal Auditors	Sampling Methods, Tools, and Techniques	Bruce Truitt
February 16, 2007	Health Care Compliance Southwest Local Annual Conference	What the Deficit Reduction Act Means to You	Brian Flood
February 27, 2007	Internal Auditors/Austin Chapter	Overview of the Office of Inspector General	Brian Flood

Appendix C—OIG Division Summary Excluding TPR

	2006		2007- Year to Date (Sept. 1 – Feb. 28)	
	Recoupments	Cost Avoidance	Recoupments	Cost Avoidance
Compliance				
Quality Review				
Utilization Review				
Hospitals (DRGs)	$18,364,793	g	$8,723,564	g
Nursing Homes (Case Mix Review)	$17,240,718	g	$6,620,046	g
TEFRA Claims	h	N/A	h	N/A
Children's Summary	h	N/A	h	N/A
Psychiatric Summary	h	N/A	h	N/A
Compliance Monitoring and Referral	b	b	b	b
WIC Vendor Monitoring[9]	$73,858	$4,898	$3,353	$1,031
Technology, Analysis, Development, and Support	$1,596,974	$257,595	$1,115,858	$84,625
RADS				
SURS	d	g	d	g
MFADS	d	g	d	g
Audit[10]	$61,940	$19,198,339	$0	$34,440,765
Enforcement				
Medicaid Provider Integrity	e	e	e	e
General Investigations	$15,824,940	$4,024,971	$5,227,826	$2,472,277
Internal Affairs	$0	N/A		N/A
WIC Investigation Recoveries	$31,705	$0	$32,564	$0
Chief Counsel				
Sanctions	$15,801,240	$47,015,441	$8,057,596	$7,317,485
Civil Monetary Penalties	$3,195,343	N/A	$196,013	N/A
Third Party Recoveries (TPR)	$374,459,646	$274,600,975	$170,375,521	$169,959,955
TOTAL Recoupments *without* TPR	**$72,190,405**		**$29,976,820**	
TOTAL Cost Avoidance *without* TPR		**$70,500,918**		**$44,316,183**

a = Data for recovery and/or cost avoidance not available from HHSC-OIE.
b = Function discontinued in 2003.
c = Data previously captured by or not reported by legacy agencies.
d = SURS and MFADS recoveries are reported within TADS and/or Sanctions.
e = MPI dollars are reported under Sanctions.
f = Sanctions recovery and cost avoidance were previously reported under MPI.
g = OIG has taken a more conservative approach to the calculation of cost avoidance, and therefore a comparison to prior years is not possible. After a review of all OIE cost avoidance methodologies during the Optimization Phase of Transformation, OIG has removed cost avoidance savings for UR, MFADS, and SURS.
h = TEFRA Claims and Children's and Psychiatric Summaries consolidated and reported under Utilization Review Hospitals.

[9] Variances between WIC Vendor Monitoring data above and related past reports are due to audits of the documents supporting previously reported metrics.

[10] The Cost Avoidance reported for SFY 2006 was overstated by $1.7 million. The reported amount included 11 audits conducted during the 4th quarter period for the Cost Report Review Unit, which had not been finalized prior to the fiscal year end.

End of Report