

HHSC OIG Annual Report on Certain Fraud and Abuse Recoveries by Managed Care Organizations (MCOs) - SFY 2019

MCO/Special Investigative Unit	Amount Recovered by MCO	Amount Retained by MCO
Aetna Better Health	\$8,933	\$8,933
Amerigroup Texas	*\$490,501	*\$490,501
Blue Cross & Blue Shield	\$28,848	\$28,848
Children's Medical	\$15,000	\$15,000
Cigna-Healthspring	\$31,761	\$31,114
Community First Health Plan	\$295,416	\$211,570
Community Health Choice	\$118,103	\$63,426
Cook Children's Health Plan	\$27,959	\$27,959
Driscoll Children's Health Plan	\$110,984	\$110,984
El Paso First Health Plans, Inc.	\$13,762	\$8,122
FirstCare Health Plan	\$137,525	\$135,869
Molina Healthcare	\$474,520	\$450,286
Parkland Community Health Plan	\$28,875	\$28,875
Scott & White Health Plan	\$214,980	\$201,447
Seton Health Plan/Dell Children's	\$169,675	\$169,675
Superior Health Plan	\$72,514	\$66,117
Texas Children's Health Plan	\$100,579	\$100,579
United Healthcare of Texas	\$266,047	\$261,549
Dental Maintenance Organizations		
DentaQuest USA	\$396,156	\$376,118
Managed Care of North America	\$402,640	\$382,003
Total	\$3,404,778	\$3,168,975

Totals reflect overpayments reported as recovered by Special Investigative Units on investigations that were not referred to the OIG or were referred but returned to the MCO. HB 2379 amended the Texas Government Code and provides that one-half of fraud or abuse recoveries made by MCO's must be remitted to the OIG for deposit to the general revenue fund, therefore the amounts reported as retained by the MCOs may change to reflect this remittance. Amounts have been rounded to the nearest dollar.

*Amount revised on April 14, 2020 from original \$1,948,465 reported.