

Fraud Information

Subrogation

What is subrogation? We may ask for reimbursement for medical expenses to treat an injury or illness that was caused by someone else. This is a “right of subrogation” provision. Under our right of subrogation, we reserve the right to get back the cost of medical benefits paid when another party is (or may be responsible) for causing the illness or injury to you. We may ask to get back the cost of medical expenses from you if you get expenses from the other party.

Waste, Abuse & Fraud

How Do I Report Someone Who is Misusing/Abusing the CHIP Program?

If you suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse, or fraud in the CHIP program, you have the responsibility and a right to report it.

Reporting Provider/Clients Waste, Abuse and Fraud

You can report provider/clients directly to your health plan at:

Aetna Medicaid and CHIP Services
Attention: SIU Coordinator
P.O. Box 569150
Dallas, TX 75356-9150
1-888-761-5440

Or if you have access to the Internet, go to HHSC Office of Inspector General (OIG) website at www.hhs.state.tx.us and select “Reporting Waste, Abuse and Fraud”. The site provides information on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the OIG Fraud Hotline at 1-800-436-6184, or you may send a written statement to the following OIG addresses:

To report providers (Doctors), use this address:

Office of Inspector General
Medicaid Provider Integrity
Mail Code 1361
P. O. Box 85200
Austin, TX 78708-5200

To report clients (Members), use this address:

Office of Inspector General
General Investigations
Mail Code 1362
P. O. Box 85200
Austin, TX 78708-5200

To report waste, abuse or fraud, gather as much information as possible.

When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:

- Name, address, and phone number of provider;
- Name and address of the facility (hospital, nursing home and home health agency, etc.);
 - > Identification number of the provider and facility is helpful,
 - > Type of provider (physician, physical therapist, and pharmacist, etc.);
 - > Names and number of other witnesses who can aid in the investigation
- Dates of events; and
- Summary of what happened.

When reporting a client (a person who receives benefits) provide the following:

- The person's name;
- The person's date of birth social security number, or case number if available;
- The city where the person resides; and
- Specific details about the waste, abuse or fraud.