

Goal: Getting Payments Right



HHS
Children's Health Insurance

Brief Program Description:

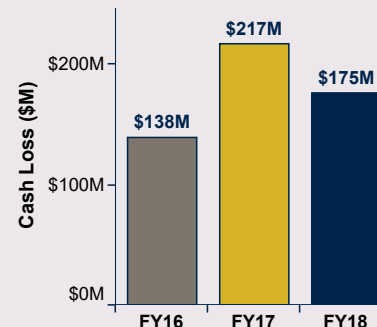
The Children's Health Insurance Program (CHIP) is a joint federal/state program, administered by the states, that provides health insurance for qualifying children.

Change from Previous FY (\$M)

-\$42M



Cash Loss by FY (\$M)



Key Milestones		Status	ECD
1	Finalize cash loss estimation methodology	Completed	Nov-18
2	Identify cash loss amount for FY 2018	Completed	Nov-18
3	Identify true root causes of cash loss	Completed	Nov-18
4	Develop mitigation strategies to get the payment right the first time	On-Track	Nov-18
5	Evaluate the ROI of the mitigation strategy	On-Track	Nov-19
6	Determine which strategies have the best ROI to prevent cash loss	On-Track	Nov-19

Quarterly Progress Goals			Status	Notes	ECD
1	Q4 2018	By December 2018, HHS will be working to complete status assessments of FY 2016 Payment Error Rate Measurement (PERM) corrective action plans and provide corresponding corrective action feedback to states.	On-Track	None	Dec-18
2	Q4 2018	Conduct a Medicaid Integrity Institute course titled "Medicaid Provider Enrollment Seminar" in January 2019, which will focus exclusively on complying with provider screening & enrollment requirements to reduce state & local agency process errors.	On-Track	None	Jan-19

Recent Accomplishments		Date
1	As of September 2018, 46 states have secured access to Death Master File data through CMS' Data Exchange system.	Sep-18
2	Completed desk or focused reviews in selected states, including: managed care & safeguards in personal care services; terminated providers; state corrective actions, and fraud, waste, and abuse initiatives related to the opioid crisis.	Sep-18

FY18 Amt(\$)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
\$167M	Administrative or process errors made by: state or local agency	Administrative or Process Errors Made by: State or Local Agency resulted in overpayments of \$126.69 million. State financial system incorrectly processed payment for beneficiary not eligible for CHIP.	Work with all states to develop state-specific corrective action plans to reduce improper payments. States are responsible for implementing, monitoring, and evaluating the corrective action plan effectiveness, with assistance and oversight from HHS.	HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for several years, and implementing new/revised policies may also result in a slight increase in rates.
		Administrative or Process Errors Made by: State or Local Agency resulted in overpayments of \$30.20 million. Provider not enrolled.	Reduce administrative or process errors made by state or local agency through state Medicaid provider enrollment tools, technical assistance and site visits for provider screening & enrollment, and training through the Medicaid Integrity Institute.	HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for several years, and implementing new/revised policies may also result in a slight increase in rates.
		Administrative or Process Errors Made by: State or Local Agency resulted in overpayments of \$10.05 million. State did not process claim correctly.	Work with all states to develop state-specific corrective action plans to reduce improper payments. States are responsible for implementing, monitoring, and evaluating the corrective action plan effectiveness, with assistance and oversight from HHS.	HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for several years, and implementing new/revised policies may also result in a slight increase in rates.