

# Goal: Getting Payments Right

Change from Previous FY (\$M)

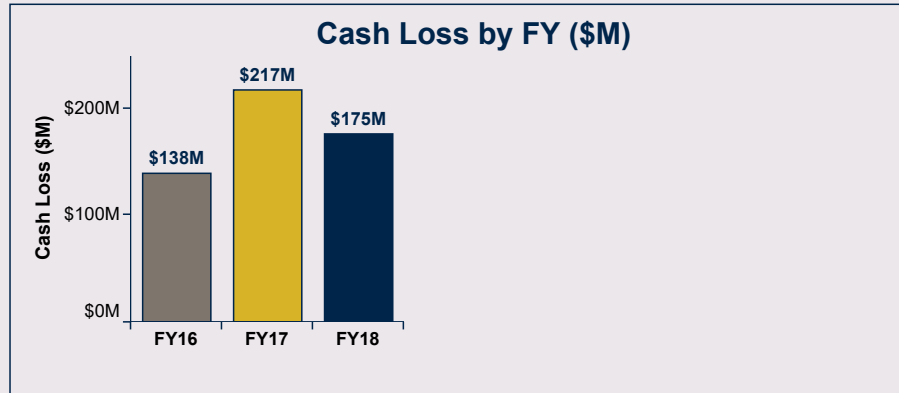
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**HHS**  
Children's Health Insurance Program

**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.



Key Milestones	Status	ECD
1 Finalize estimated cash loss estimation methodology	Completed	Nov-18
2 Identify estimated 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	Completed	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 Q2 2019 Conduct a Medicaid Integrity Institute course titled "Medicaid Provider Enrollment Seminar" in May 2019, which will focus exclusively on complying with provider screening & enrollment requirements to reduce state & local agency process errors.	On-Track	N/A	May-19
2 Q2 2019 HHS will work 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	N/A	Jun-19

Recent Accomplishments	Date
1 As of April 2019, all states have access to Death Master File data through CMS' Data Exchange system.	Apr-19

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.

**Cash Loss** - Cash loss to the Government includes amounts that should not have been paid and in theory should/could be recovered.