

Goal: Getting Payments Right

Change from Previous FY (\$M)

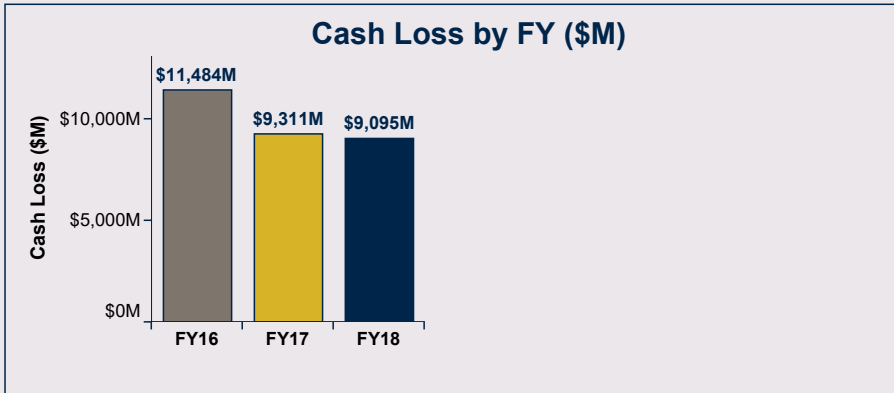
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HHS
Medicare Part C

Brief Program Description:

Under the Medicare Advantage (MA) Program, also known as Medicare Part C, beneficiaries can opt to receive their Medicare benefits through a private health plan. Currently, more than 19 million beneficiaries are enrolled in Medicare Advantage plans.



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 Hosted a RADV program training in Jan. 2019 for MAOs and other stakeholders. In April 2019, launched the payment year 2014 RADV audit and held a training webinar for MAOs selected for audits.	Completed	Process will be ongoing through the remainder of the year.	Apr-19
2 Q2 2019 HHS will release data underlying a FFS Adjustor Study in calendar year 2019.	On-Track	N/A	Dec-19

Recent Accomplishments	Date
1 According to law enforcement notifications received during the first three quarters of FY 2018, National Benefit Integrity Medicare Drug Integrity Contractor's (NBI MEDIC) referrals to law enforcement resulted in recoveries of \$2.51 million.	Nov-18
2 In 2018, HHS conducted a large in-person fraud, waste, and abuse training conference for MA plans on program integrity initiatives, investigations, data analyses, and potential fraud schemes.	Nov-18
3 In 2018, MAOs reported and returned approximately \$64.93 million in self-reported overpayments.	Nov-18

FY18 Amt(\$)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
\$9,095M	Insufficient documentation to determine	Insufficient Documentation to Determine resulted in overpayments of \$9,094.97 million.	Reduce insufficient documentation to determine errors through contract-level Risk Adjustment Data Validation (RADV) audits, improved policy based on statutory requirements, and expanded education to Medicare Advantage Organizations (MAOs).	HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for up to two 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.