

Goal: Getting Payments Right

Program or Activity
Medicare Part C

Reporting Period
Q3 2019

Change from Previous FY (\$M)

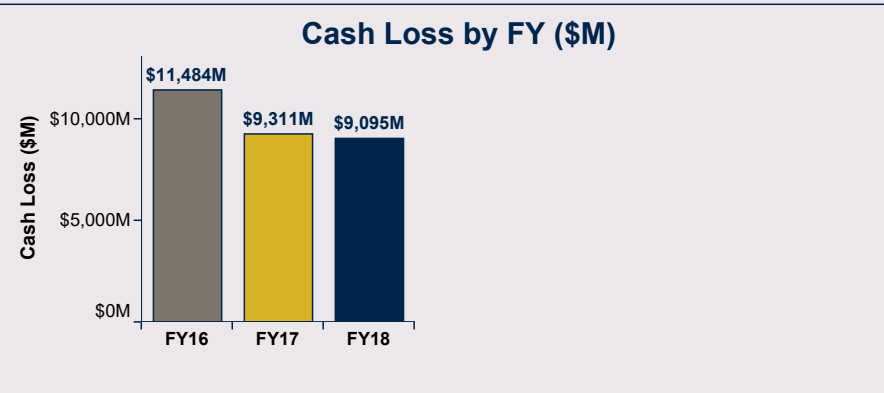
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HHS
Medicare Part C

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 Q3 2019 HHS hosted a RADV program training in January 2019 for MAOs and other stakeholders. In April 2019, HHS 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 Q3 2019 HHS Initiated the FFS Adjustor Study in October 2018 with the Notice of Proposed Rule Making (PRM). Data from the study was released in March and June 2019.	On-Track	Process will be ongoing through the remainder of the year.	Dec-19

Recent Accomplishments	Date
1 HHS hosted an industry-wide training in 2019 to provide an overview of the RADV program for representatives of MAOs, Programs of All-Inclusive Care for the Elderly, Cost Plans, Demonstration Projects, and Third Party Submitters.	Feb-19
2 In April 2019, HHS launched the payment year 2014 RADV audit and held a training webinar for selected MAOs. In June 2019, held a check-in with audited plans, answering questions concerning the audit and producing a Frequently Asked Question (FAQ).	Apr-19
3 The Plan Feedback Reports showing medical record review findings for CY 2011, 2012, and 2013, including contract-level RADV audits, were released to audited plans. In July 2019, HHS hosted a conference with the audited plans to discuss the findings.	Jul-19

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.