

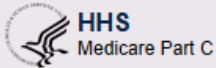
Goal: Getting Payments Right

Program or Activity
Medicare Part C

Reporting Period
Q1 2020

Change from Previous FY (\$M)

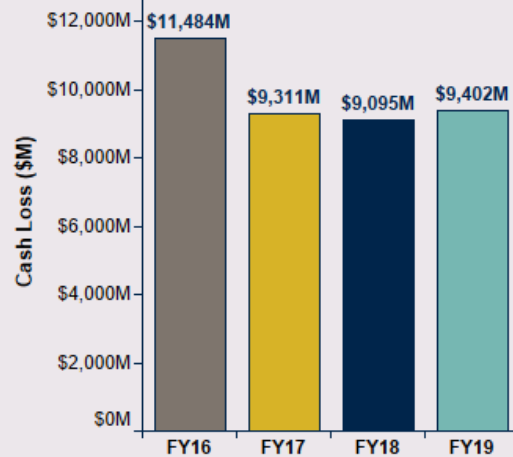
\$307M



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.

Cash Loss by FY (\$M)



Key Milestones	Status	ECD
1 Develop mitigation strategies to get the payment right the first time	Completed	Nov-18
2 Evaluate the ROI of the mitigation strategy	On-Track	Nov-20
3 Determine which strategies have the best ROI to prevent cash loss	On-Track	Nov-20
4 Implement new mitigation strategies to prevent cash loss	On-Track	Nov-20
5 Analyze results of implementing new strategies	On-Track	Nov-20

Quarterly Progress Goals			Status	Notes	ECD
1	Q1 2020	The comment period for the RADV provision included in the 2020 Part C and D rule, which included data released by HHS underlying the Fee-for-Service Adjuster Study, closed in August 2019. HHS will draft an...	Completed		Aug-19
2	Q1 2020	HHS completed the medical record submission phase for the payment year 2014 audit. In September 2019, HHS announced the launch of the payment year 2015 audit. HHS held a training webinar for MAOs selecte...	Completed		Dec-19

Recent Accomplishments		Date
1	HHS completed the medical record submission for the payment year 2014 RADV audit.	Sep-19
2	HHS launched the payment year 2015 RADV audit.	Sep-19
3	In FY19, MA organizations reported and returned approximately \$44.55 million in self-reported	Nov-19

Amt(\$)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
\$9,402M	Administrative or process errors made by: others (participating lender, health care provider, or other organization administering Federal dollars)	Administrative or Process Errors Made by: Other Party (i.e., participating lender, health care provider, or any other organization administering Federal dollars) resulted in overpayments of \$9,402.18 million.	Reduce administrative or process errors made by other party 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.