

Goal: Getting Payments Right

Program or Activity
Children's Health Insurance Program

Reporting Period
Q3 2020

Change from Previous FY (\$M)

\$824M

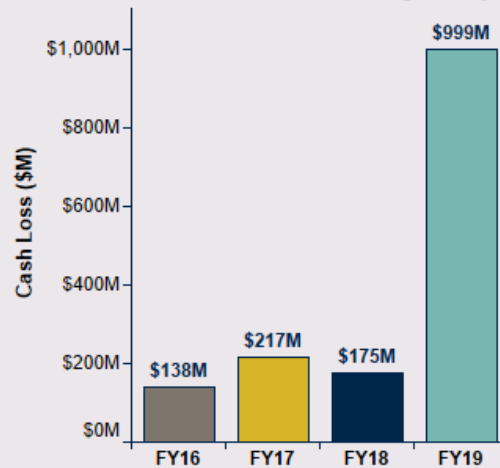


HHS
Children's Health Insurance Program

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.

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	Q3 2020	HHS will provide outreach to states on federal requirements for CHIP provider enrollment and screening. HHS will also work on sharing data with states, including Medicare provider enrollment records and data extracts via PECOS and OIG exclusion data.	On-Track	HHS offers training, technical assistance, and support to state Medicaid program integrity officials through the Medicaid Integrity Institute.	Nov-20
2	Q3 2020	HHS will monitor PERM Corrective Action Plan submissions and follow up with all states on their progress in implementing effective corrective actions. HHS will use lessons learned to inform areas to evaluate for future guidance and education.	On-Track	HHS will monitor corrective action plan submissions and follow up with all states on their progress in implementing effective corrective actions. HHS will use lessons learned to inform areas to evaluate for future guidance and education.	Nov-20

Recent Accomplishments					Date
1	In FY 2019, HHS began a state-specific PERM Corrective Action Plan (CAP) process to provide guidance to states on addressing findings identified through PERM reviews. HHS is working with FY17 (Cycle 3) and FY19 (Cycle 1) states to develop CAPs.				Dec-19
2	CMS provided all 50 states and DC with access to the Death Master File (DMF) via the CMS Data Exchange (DEX). All states and DC have accessed DMF. CMS has also expanded search capabilities of DMF data, allowing states to complete a bulk search.				Jul-20

Amt(\$)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
\$578M	Inability to authenticate eligibility: inability to access data	Inability to Authenticate Eligibility: Inability to Access Data resulted in overpayments of \$578.32 million.	Work with states to develop state-specific corrective action plans to reduce improper payments. Provide state Medicaid provider enrollment tools, technical assistance, and training; and conduct site visits for provider screening & enrollment.	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.
\$409M	Administrative or process errors made by: state or local agency	Administrative or Process Errors Made by: State or Local Agency resulted in overpayments of \$408.66 million.	Work with states to develop state-specific corrective action plans to reduce improper payments. Provide state Medicaid provider enrollment tools, technical assistance, and training; and conduct site visits for provider screening & enrollment.	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.
\$12M	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 \$11.66 million.	Work with states to develop state-specific corrective action plans to reduce improper payments. Provide state Medicaid provider enrollment tools, technical assistance, and training; and conduct site visits for provider screening & enrollment.	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.