

## Goal: Getting Payments Right

**Program or Activity**  
Children's Health Insurance Program

**Reporting Period**  
Q4 2020

**Change from Previous FY (\$M)**

**\$824M**

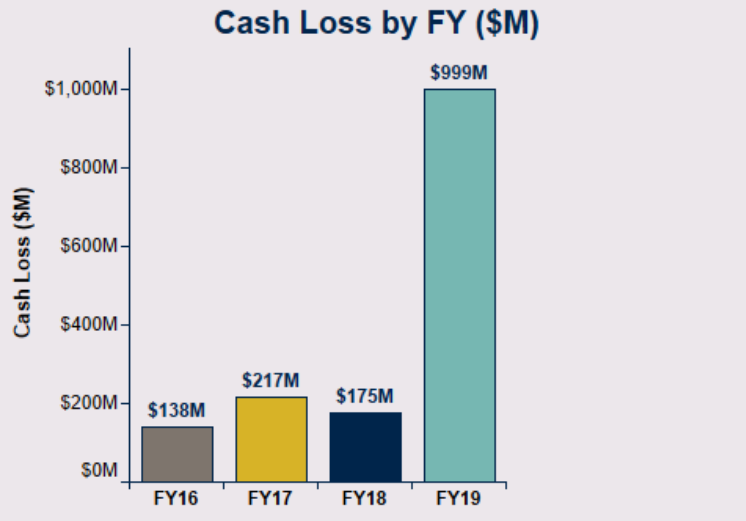


**HHS**  
Children's Health Insurance Program

**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.

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 Q4 2020 Medicaid-Only Provider Screening	On-Track	HHS piloted a process to screen Medicaid-only providers on behalf of states. Iowa and Missouri participated in FY 2019. HHS evaluated the impact and results and have expanded the service with Oklahoma and Nevada agreeing to participate in the pilot.	Dec-20
2 Q4 2020 PERM Corrective Actions	On-Track	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.	Dec-20

Recent Accomplishments	Date
1 HHS visited Colorado, Oklahoma, and Wyoming during FY 2020 to assess provider screening and enrollment compliance, provide technical assistance, and offer states the opportunity to leverage Medicare screening and enrollment activities.	Sep-20
2 In FY 2020, HHS implemented a robust corrective action plan process that provides enhanced technical assistance and guidance to states. HHS worked with states to develop corrective action plans addressing each error and deficiency identified.	Sep-20
3 In FY 2020, HHS launched a newly designed Medicaid Integrity Program web page. Resources available on the site help educate providers, beneficiaries, and other stakeholders by sharing best practices to reduce Medicaid fraud, waste, and abuse.	Sep-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.