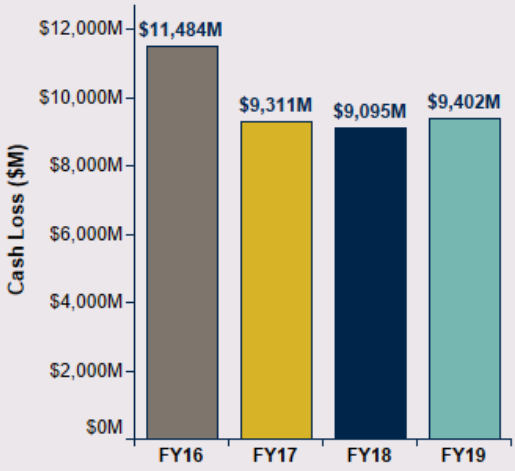
Goal: Getting Payments Right

Program or Activity	Reporting Period
Medicare Part C	Q4 2020

Change from Previous FY ($M) **$307M** ↑

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	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	Contract-level RADV Audits for Payment Years 2016 and 2017	On-Track	HHS expects to start contract-level RADV audits for payment years 2016 and 2017 by fall 2021.	Dec-20
2	Q4 2020	Payment year 2014 RADV Audit	On-Track	The payment year 2014 RADV audit medical record submission phase is complete and the audit is expected to conclude in FY 2021.	Dec-20

	Recent Accomplishments	Date
1	HHS conducted a Medicare Advantage Organization and Prescription Drug Plan webinar in July 2020. The training focused on collaborative efforts to reduce fraud, waste, and abuse in the Medicare Part C and D programs.	Jul-20
2	On September 10, 2020, HHS provided a refresher training regarding the payment year 2015 RADV audit that also included updates on enrollee data and how to access systems to submit medical records.	Sep-20

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.