

# Payment Integrity Scorecard

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

**Reporting Period**  
Q1 2021

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

**\$243M**

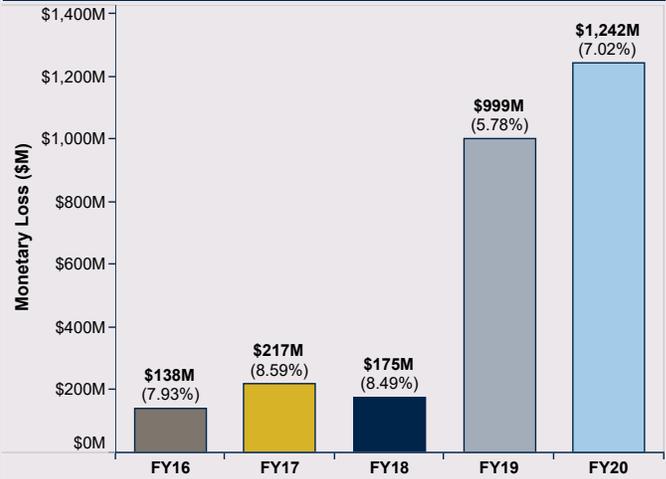


**HHS**  
Children's Health Insurance Program

**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.

**Monetary Loss (\$M)**  
(Overpayment as Percentage of Total Outlays)



Key Milestones		Status	ECD
1	Develop mitigation strategies to get the payment right the first time	Completed	Nov-19
2	Evaluate the ROI of the mitigation strategy	On-Track	Dec-21
3	Determine which strategies have the best ROI to prevent cash loss	On-Track	Dec-21
4	Implement new mitigation strategies to prevent cash loss	On-Track	Dec-21
5	Analyze results of implementing new strategies	On-Track	Dec-21
6	Achieved compliance with PIIA	On-Track	Dec-22
7	Identified any data needs for mitigation	On-Track	Dec-22

Goals towards Reducing Monetary Loss			Status	ECD
1	Q1 2021	Medicaid-Only Provider Screening	On-Track	Sep-21
2	Q1 2021	PERM Corrective Action Plans	On-Track	Sep-21

Recovery Method	Brief Description of Plans to Recover Overpayments
1 N/A	As discussed in the FY 2020 Agency Financial Report, States are required to establish State Medicaid Recovery Audit Programs to identify overpayments to the extent possible.
2 N/A	For more information pertaining to the recovery of overpayments in the CHIP program, please see the Medicare & Medicaid Program Integrity Report to Congress on the CMS website. <a href="https://www.cms.gov/About-CMS/Components/CPI/CPIReportsGu..">https://www.cms.gov/About-CMS/Components/CPI/CPIReportsGu..</a>

Accomplishments in Reducing Monetary Loss			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.		Oct-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.		Oct-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.		Oct-20

Amt(\$)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$822M	Administrative or process errors made by: state or local agency	Administrative or Process Errors Made by: State or Local Agency resulted in overpayments of \$821.87 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.
\$411M	Inability to authenticate eligibility; inability to access data	Inability to Authenticate Eligibility; Inability to Access Data resulted in overpayments of \$410.69 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.
\$9M	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 resulted in overpayments of \$8.97 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.

**Monetary Loss** - Monetary loss to the Government includes amounts that should not have been paid and in theory should/could be recovered.