

Payment Integrity Scorecard

Program or Activity
Medicare Part C

Reporting Period
Q1 2021

Change from Previous FY (\$M)

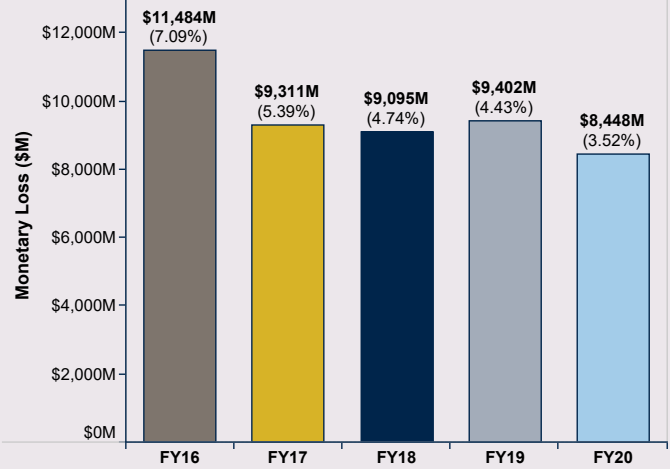
-\$954M



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.

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	Contract-level RADV Audit for Payment Year 2014	On-Track	Sep-21
2	Q1 2021	Contract-level RADV Audit for Payment Year 2015	On-Track	Dec-21

Recovery Method	Brief Description of Plans to Recover Overpayments
1 N/A	Pending finalization of CMS-4185-P, HHS is planning to initiate recoveries in FY 2021 on Contract-level audit findings for payment years 2011-2013.
2 Recovery Activity	HHS will be conducting data analysis and audits to recover inappropriate payments.

Accomplishments in Reducing Monetary Loss			Date
1	HHS conducted a COVID-19 webinar with Prescription Drug Plans		Oct-20
2	HHS conducted a Medicare Advantage Organization and Prescription Drug Plan webinar. The training focused on collaborative efforts to reduce fraud, waste, and abuse in the Medicare Part C and D programs.		Oct-20
3	As of January 2021, HHS reviewed 85 percent of medical records submitted by plans for Contract-level RADV Audit for payment year 2014.		Jan-21

Amt(\$)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$8,448M	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 \$8,448.12 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.

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