Payment Integrity Scorecard

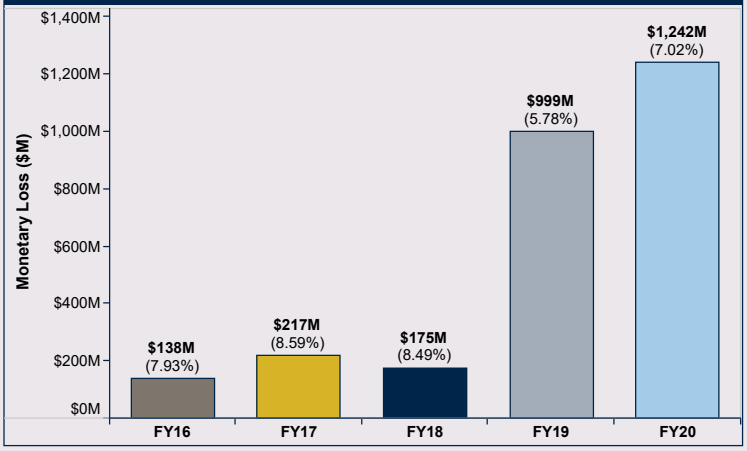
Program or Activity	Reporting Period
Children's Health Insurance Program	Q2 2021

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	Q2 2021	HHS monitors 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	Sep-21
2	Q2 2021	Offer Medicaid-only provider screening to states. Centralizing this process will improve efficiency and coordination across Medicare and Medicaid, reduce state and provider burden, and address one of the biggest sources of error measured.	On-Track	Sep-21

	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	Recovery Activity	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. https://www.cms.gov/About-CMS/Components/CPI/CPIReportsGuidance	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. https://www.cms.gov/About-CMS/Components/CPI..
2	Recovery Audit	As discussed in the FY 2020 Agency Financial Report, States are generally required to establish State Medicaid Recovery Audit Programs to identify overpayments to the extent possible.	As discussed in the FY 2020 Agency Financial Report, States are generally required to establish State Medicaid Recovery Audit Programs to identify overpayments to the extent possible.

	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.	Nov-20
2	HHS continued to implement 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.	Mar-21
3	HHS held a COVID-19 Fraud, Waste, and Abuse Medicaid Integrity Institute course to educate, train, and share information with state program integrity staff on risks and vulnerabilities that arose during the COVID-19 public health emergency.	Mar-21

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.