

Payment Integrity Scorecard

Program or Activity
Medicare Part D

Reporting Period
Q2 2021

Change from Previous FY (\$M)

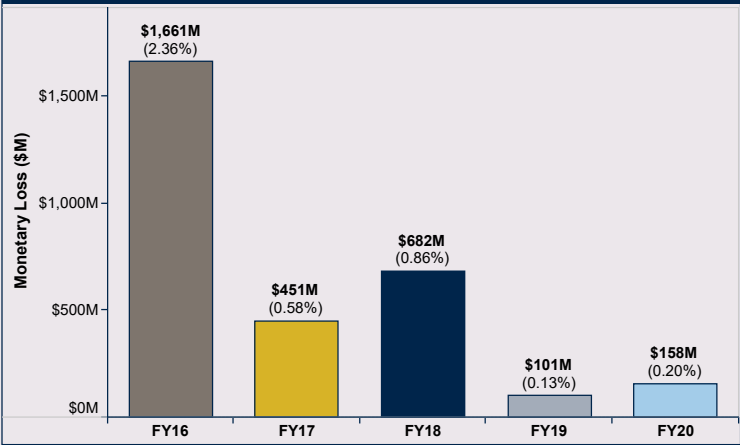
\$57M



Brief Program Description:
Medicare Prescription Drug Benefit (Medicare Part D) is a federal prescription drug benefit program for Medicare beneficiaries.

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

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



Goals towards Reducing Monetary Loss	Status	ECD
1 Q2 2021 Outreach to Plan Sponsors	On-Track	Sep-21
2 Q2 2021 Training	On-Track	Sep-21

Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1 Recovery Activity	HHS will be conducting data analysis and audits to recover inappropriate payments.	In FY 2020, CMS recovered \$11.8 million from Part D plan sponsors, due to National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) data analysis projects and Part D plan sponsor self-audits.
2 Recovery Activity		In FY 2021 Q1, CMS recovered approximately \$6.4 million from inappropriate payments identified by the Plan Program Medicare Drug Integrity Contractor (PPI MEDIC) data analysis projects and Part D plan sponsor self-audits.

Accomplishments in Reducing Monetary Loss	Date
1 HHS conducted four educational Opioid missions with Medicare Part D plans in recent months.	Dec-20
2 HHS conducted a COVID-19 Fraud, Waste, and Abuse Training Webinar with MA and Part D plans in February 2021.	Feb-21
3 HHS is kicking off the 2021 Part D data analysis and audits that include 5 self-audits, 5 desk audits and 3 PI audits.	Mar-21

Amt(\$)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$158M	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 \$158.25 million.	Reduce administrative or process errors made by other party through outreach efforts, improved policy based on statutory requirements, and expanded education to Part D sponsors.	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.