


# Payment Integrity Scorecard

**Program or Activity**  
Medicare Part C

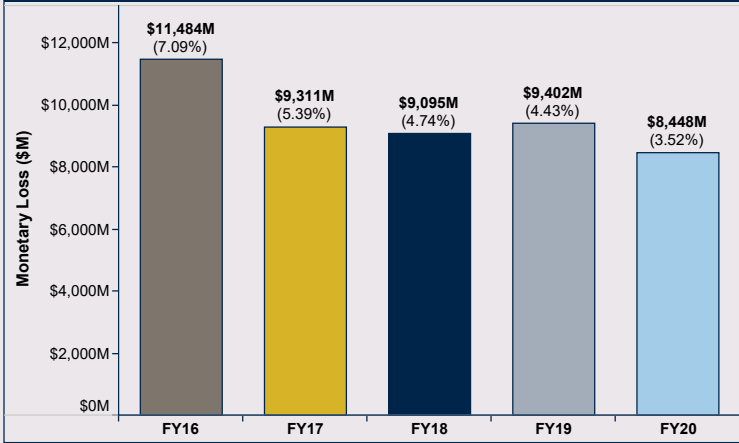
**Reporting Period**  
Q4 2021

**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 Q4 2021 Contract-level RADV Audit for Payment Year 2015: Review 25 percent of medical records submitted by audited Medicare Advantage plans by October 31, 2021.	Completed	Oct-21

Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1 Recovery Activity	HHS issued a proposed rule for the methodology in collecting overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.	HHS issued a proposed rule for the methodology in collecting overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.

Accomplishments in Reducing Monetary Loss	Date
1 HHS conducted a Medicare Advantage and Prescription Drug plan Fraud, Waste and Abuse Training Webinar in August 2021.	Aug-21
2 As of end of December 2021, HHS completed the preliminary payment error calculations (PEC) of the Contract-level RADV Audit for payment year 2014.	Dec-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.