

Payment Integrity Scorecard

Program or Activity
Medicare Part D

Reporting Period
Q4 2021

Change from Previous FY (\$M)

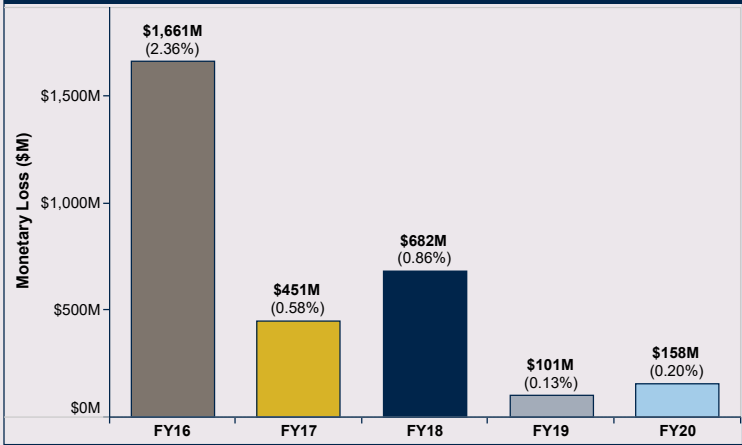
\$57M



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 Q4 2021 Outreach to Plan Sponsors	Completed	Sep-21
2 Q4 2021 Training	Completed	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 2021, CMS recovered approximately \$8.68 million from inappropriate payments identified by the Plan Program Medicare Drug Integrity Contractor (PPI MEDIC) for Part D plan sponsor national audits and self-audits.

Accomplishments in Reducing Monetary Loss	Date
1 HHS conducted a Medicare Advantage and Prescription Drug plan FWA Training Webinar in August 2021.	Aug-21
2 HHS began the 2021 Part D data analysis and audits that include 5 self-audits, 5 desk audits, and 3 PI audits. The last of these audits was initiated in October 2021. All audits are still in progress and will be completed in FY22.	Oct-21
3 HHS conducted plan sponsor opioid trainings in October 2021. HHS will continue these training in FY22.	Oct-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.