Payment Integrity Scorecard

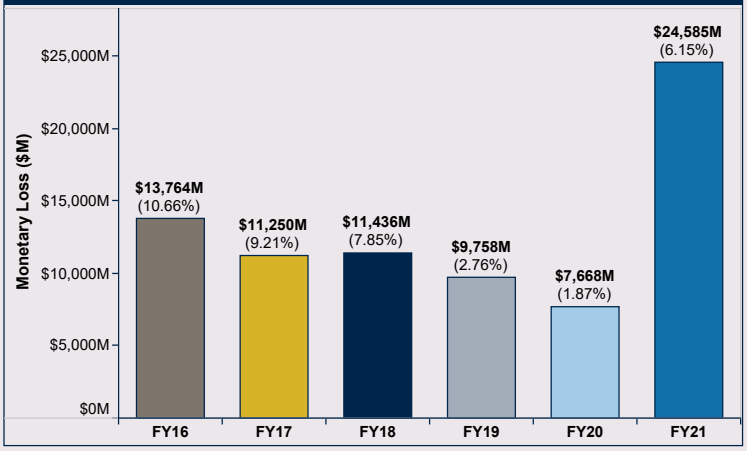
Program or Activity	Reporting Period
CMS Medicare Fee-for-Service (FFS)	Q1 2022

Change from Previous FY ($M) **$16,917M**

HHS
CMS Medicare Fee-for-Service (FFS)

Brief Program Description:
Medicare Fee-for-Service (FFS) is a federal health insurance program that provides hospital insurance (Part A) and supplementary medical insurance (Part B) to eligible citizens.

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	Jan-20
2	Evaluate the ROI of the mitigation strategy	On-Track	Dec-22
3	Determine which strategies have the best ROI to prevent cash loss	On-Track	Dec-22
4	Implement new mitigation strategies to prevent cash loss	On-Track	Dec-22
5	Analyze results of implementing new strategies	On-Track	Dec-22
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 2022	HHS is developing several corrective actions to reduce the improper payment rate for hospice.	On-Track	Jun-22
2	Q1 2022	Review Choice Demonstration for Inpatient Rehabilitation Services	On-Track	Sep-22

	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	Recovery Activity	HHS and its review contractors (Medicare Administrative Contractors and Recovery Audit Contractors) complete post payment review and Targeted Probe and Educate (MACs) based on improper payment rate findings.	HHS and the Recovery Audit Contractors review inpatient claims for medical necessity and coding purposes.
2	Recovery Activity	HHS assigns review projects to the Supplemental Medical Review Contractor (SMRC) based on improper payment rate findings. The SMRC is reviewing several projects in FY 21 based on FY 20 improper payment rate findings and OIG report recommendations.	HHS implemented the Review Choice Demonstration for Home Health Services in the last 2 states of North Carolina and Florida. The demonstration is operational in all 5 states (North Carolina, Florida, Illinois, Ohio, and Texas.
3	Recovery Activity	HHS uses a comprehensive approach to prevent overpayments through proactive measures. National prior authorization programs are considered part of the overall recovery strategy, reducing or eliminating the need for recovery activities.	HHS provided additional funding to the MACs and the Supplemental Medical Review Contractor (SMRC) to allow for additional claims to be reviewed to determine if they were billed appropriately.

Accomplishments in Reducing Monetary Loss		Date
1	HHS continued Recovery Audit Contractor review and Medicare Administrative Contractor post payment review of claims based on data analysis and the CERT findings and was able to resume the Targeted Probe and Educate program in September 2021.	Sep-21
2	HHS implemented the Review Choice Demonstration for Home Health Services in all 5 states as of September 2021.	Sep-21
3	HHS continued to use the Supplemental Medical Review Contractor (SMRC) to complete special studies and projects in relation to the Public Health Emergency, recent Office of Inspector General reports, and CERT findings.	Nov-21

Amt($)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$24,585M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of Medicare Fee-for-Service improper payments continue to be insufficient documentation and medical necessity errors for hospital outpatient, skilled nursing facility, home health, and hospice claims.	Training teaching a particular skill or type of behavior; refreshing on the proper processing methods.	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.

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