

# Payment Integrity Scorecard

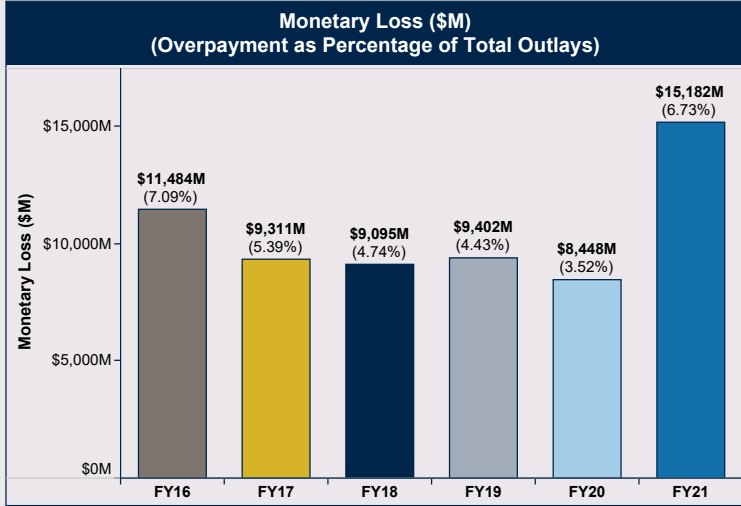
**Program or Activity**  
CMS Medicare Advantage (Part C)

**Reporting Period**  
Q1 2022

**Change from Previous FY (\$M)** **\$6,734M**

**HHS**  
CMS Medicare Advantage (Part C)

**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. In 2021, approximately 26 million beneficiaries enrolled in Medicare Advantage plans.



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 Contract-level RADV Audit for Payment Year 2015: Review 50 percent of the medical records submitted by audited Medicare Advantage plans by March 31, 2022.	On-Track	Mar-22

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 regarding how to calculate overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.	HHS issued a proposed rule regarding how to calculate overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.
2 Recovery Activity	HHS published a Federal Register Notice for a one-year extension to November 1, 2022, to finalize the rule regarding how to calculate overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.	HHS published a Federal Register Notice for a one-year extension to November 1, 2022, to finalize rules regarding how to calculate overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.

Accomplishments in Reducing Monetary Loss	Date
1 HHS published a Federal Register Notice in October 2021 for a one-year extension to November 1, 2022, to finalize rules regarding how to calculate overpayments identified as a result of contract-level Risk Adjustment Data Validation audits.	Oct-21

Amt(\$)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$15,182M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of Medicare Advantage (Part C) improper payments are medical record discrepancies and insufficient documentation.	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, 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.