

# Payment Integrity Scorecard

**Program or Activity**  
CMS Medicare Prescription Drug Benefit (Part D)

**Reporting Period**  
Q1 2022

**Change from Previous FY (\$M)**

**\$528M**



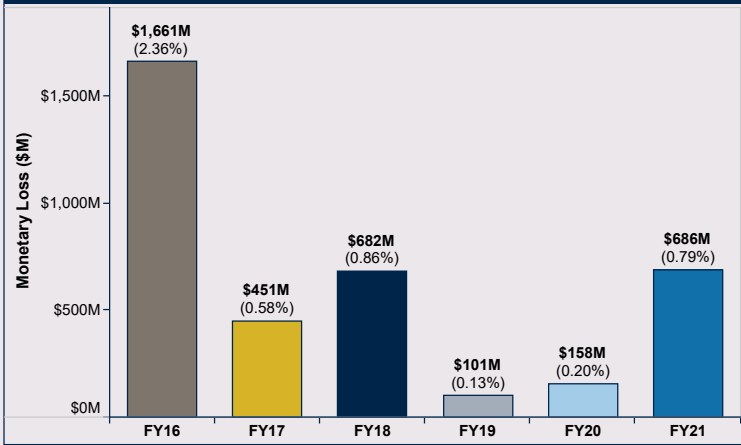
**HHS**  
CMS Medicare Prescription Drug Benefit (Part D)

**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	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

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



Goals towards Reducing Monetary Loss	Status	ECD
1 Q1 2022 Outreach to Plan Sponsors	On-Track	Mar-22
2 Q1 2022 Training	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 will be conducting data analysis and audits to recover inappropriate payments.	HHS conducts audits of Part D plan sponsors, with a focus on drugs at high risk of improper payments. Audits aim to educate Part D plan sponsors on issues of fraud, waste, and abuse, as well as to identify, reduce, and recover improper payments.

Accomplishments in Reducing Monetary Loss	Date
1 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
2 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
\$686M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of Medicare Prescription Drug Plan (Part D) improper payments are drug or drug pricing 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.