Payment Integrity Scorecard

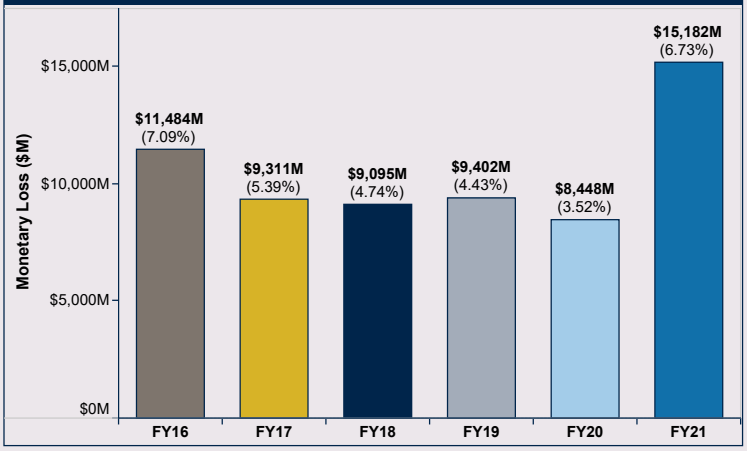
Program or Activity	Reporting Period
CMS Medicare Advantage (Part C)	Q2 2022

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.

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-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	Q2 2022	Contract-level RADV Audit for Payment Year 2015: Review 64 percent of the medical records submitted by audited Medicare Advantage plans by June 30, 2022.	On-Track	Jun-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 in October 2021, for a one-year extension to November 1, 2022, to finalize a regulation (CMS-4185-P) regarding how to calculate overpayments identified in contract-level Risk Adjustment Data Validation audits.	HHS published a Federal Register Notice in October 2021, for a one-year extension to November 1, 2022, to finalize a regulation (CMS-4185-P) regarding how to calculate overpayments identified in 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 a regulation (CMS-4185-P) regarding how to calculate overpayments identified in contract-level Risk Adjustment Data Validation audits.	Oct-21
2	HHS conducted a plan sponsor COVID-19 Fraud, Waste, and Abuse Webinar in February 2022. HHS will continue these webinars in FY22.	Feb-22

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.