

Payment Integrity Scorecard

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

Reporting Period
Q3 2022

Change from Previous FY (\$M)

\$528M

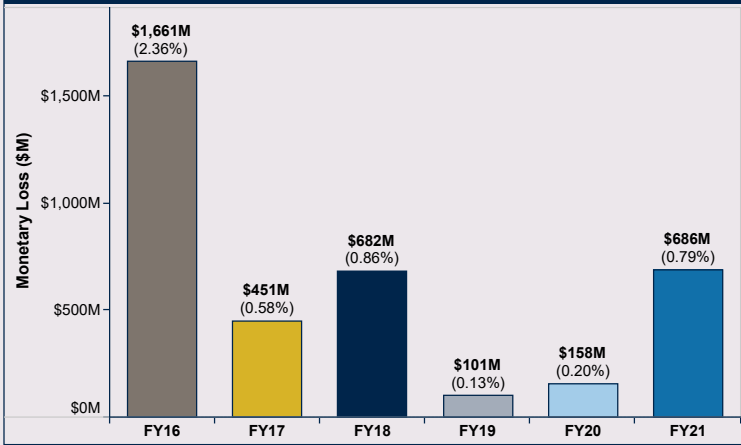


HHS
CMS Medicare Prescription Drug Benefit (Part D)

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	Nov-19
2 Evaluate the ROI of the mitigation strategy	Completed	Nov-19
3 Determine which strategies have the best ROI to prevent cash loss	Completed	Nov-19
4 Implement new mitigation strategies to prevent cash loss	Completed	Dec-20
5 Analyze results of implementing new strategies	On-Track	Dec-22
6 Achieved compliance with PIIA	Completed	Dec-21
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 Q3 2022 Outreach to Plan Sponsors	On-Track	Sep-22
2 Q3 2022 Training	On-Track	Sep-22

Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1 Recovery Audit	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. Of these audits, 2 Self Audits and 1 National Audit have been completed.	May-22
2 HHS conducted a plan sponsor COVID-19 Fraud, Waste, and Abuse Webinar in February 2022 and 4 Opioid webinars that focused on opioid prescribers in Pittsburgh, PA in May 2022. HHS will continue these webinars in FY22.	May-22

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.	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.

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