Payment Integrity Scorecard

Program or Activity	Reporting Period
Centers for Medicare & Medicaid Services (CMS) Me..	Q4 2022

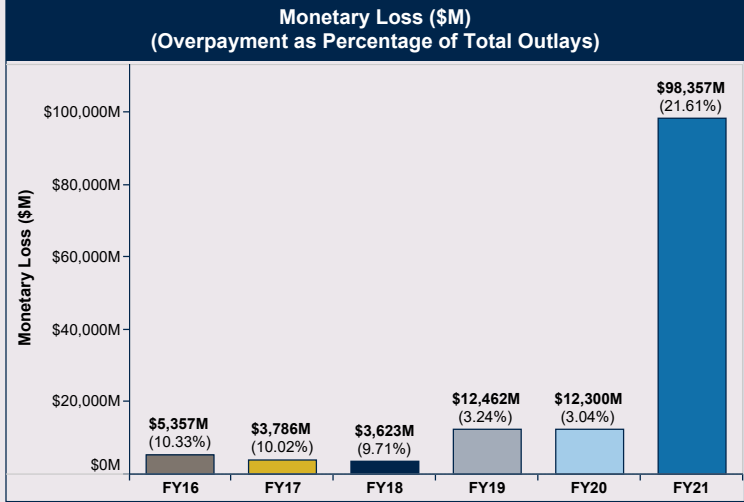## Change from Previous FY ($M) $86,057M ⬆

HHS
Centers for Medicare & Medicaid Services (CMS)
Medicaid

Brief Program Description:
Medicaid is a joint federal/state program, administered by HHS in partnership with the states, which provides health insurance to qualifying low-income individuals and long-term care services to seniors and individuals of all ages with disabilities.

Key Milestones

#	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	On-Track	Dec-22
7	Identified any data needs for mitigation	On-Track	Dec-22

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

FY	Monetary Loss ($M)	Percentage
FY16	$5,357M	(10.33%)
FY17	$3,786M	(10.02%)
FY18	$3,623M	(9.71%)
FY19	$12,462M	(3.24%)
FY20	$12,300M	(3.04%)
FY21	$98,357M	(21.61%)

Goals towards Reducing Monetary Loss

#	Period	Description	Status	ECD
1	Q4 2022	HHS monitors Corrective Action Plan submissions and follow up with all states on their progress in implementing effective corrective actions. HHS will use lessons learned to inform areas to evaluate for future guidance and education.	On-Track	Dec-22
2	Q4 2022	Offer Medicaid-only provider screening to states. Centralizing this process will improve efficiency and coordination across Medicare and Medicaid, reduce state and provider burden, and address one of the biggest sources of error measured.	On-Track	Dec-22

Recovery

#	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	Recovery Audit	As discussed in the FY 2021 Agency Financial Report, States are generally required to establish State Medicaid Recovery Audit Programs to identify overpayments to the extent possible.	As discussed in the FY 2021 Agency Financial Report, States are generally required to establish State Medicaid Recovery Audit Programs to identify overpayments to the extent possible.
2	Recovery Activity	For more information pertaining to the recovery of overpayments in the Medicaid program, please see the Medicare & Medicaid Program Integrity Report to Congress on the CMS website. https://www.cms.gov/About-CMS/Components/CPI/CPIReportsGuidance	For more information pertaining to the recovery of overpayments in the Medicaid program, please see the Medicare & Medicaid Program Integrity Report to Congress on the CMS website. https://www.cms.gov/About-CMS/Components/..

Accomplishments in Reducing Monetary Loss

#	Accomplishment	Date
1	HHS continues to monitor Medicaid-only providers in 10 states. HHS also offers a data compare service that allows states to remove dually enrolled providers from the revalidation workload. 37 states have participated in data compare	Jul-22
2	HHS worked with states to ensure corrective action plans appropriately and fully address the source of errors. HHS conducted a symposium to address common cause of errors related to Medicaid enrollment.	Sep-22
3	In 2022, the Medicaid Integrity Institute discussed education and PI (Program Integrity) risk assessments; PI review process overview; opioid fraud, waste, and abuse data; Medicaid provider enrollment and terminations; and other topics.	Oct-22

Root Cause Analysis

Amt($)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$98,357M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary cause of Medicaid improper payments is insufficient documentation from states, mostly related to eligibility redetermination and verification, as well as provider screening, revalidation, and NPI requirements.	Training - teaching a particular skill or type of behavior; refreshing on the proper processing methods.	Work with states to develop corrective action plans; provide state Medicaid provider enrollment tools, technical assistance, and training; conduct site visits for provider screening & enrollment; and conduct beneficiary eligibility audits & reviews.

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