

Payment Integrity Scorecard

Program or Activity
Centers for Medicare & Medicaid Services (CMS) Me..

Reporting Period
Q4 2022

Change from Previous FY (\$M)

\$6,734M

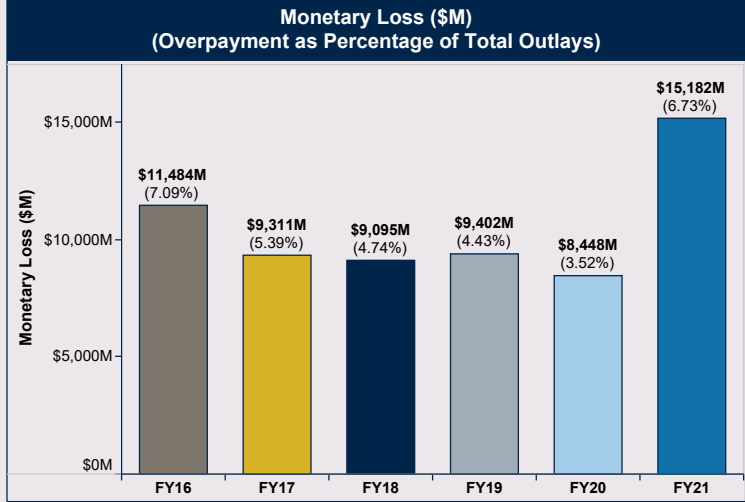


HHS
Centers for Medicare & Medicaid Services (CMS)
Medicare Advantage (Part C)

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	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



Goals towards Reducing Monetary Loss	Status	ECD
1 Q4 2022 Contract-level Risk Adjustment Data Validation Audit for Payment Year 2015: Review 95 percent of medical records, submitted by audited Medicare Advantage organizations, by December 31, 2022.	On-Track	Dec-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 Contract-level Risk Adjustment Data Validation Audit for Payment Year 2015: As of September 30, 2022, 83 percent of medical records submitted by audited Medicare Advantage organizations were reviewed.	Sep-22
2 HHS conducted a Fraud, Waste, and Abuse Webinar in September 2022.	Sep-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.	Reduce administrative or process errors made by other party through contract-level Risk Adjustment Data Validation audits, improved policy based on statutory requirements, and expanded education to Medicare Advantage Organizations.

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