Payment Integrity Scorecard

Program or Activity
Centers for Medicare & Medicaid Services (CMS) Children's Health Insurance Program (CHIP)

Reporting Period
Q2 2023

FY 2022 Overpayment Amount ($M)*   **$4,303**

*Estimate based a sampling time frame starting 7/2020 and ending 6/2021
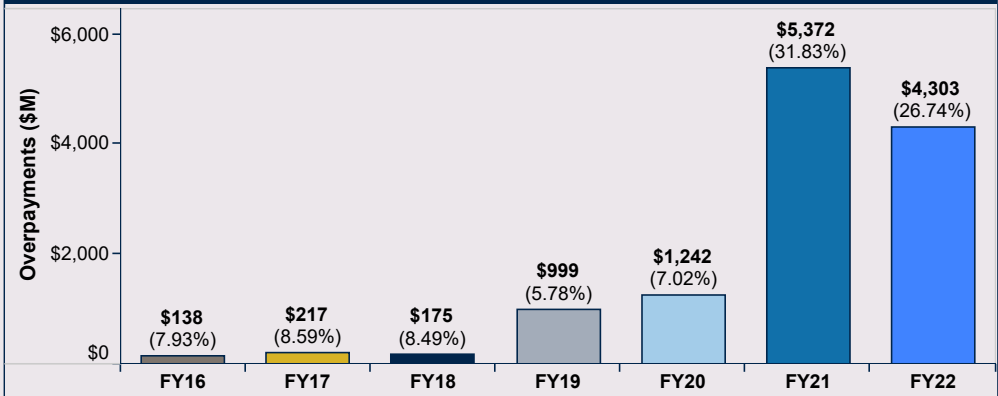
HHS
Centers for Medicare & Medicaid Services (CMS) Children's Health Insurance Program (CHIP)

Brief Program Description & summary of overpayment causes and barriers to prevention:

The Children's Health Insurance Program (CHIP) is a joint federal/state program, administered by the states, that provides health insurance for qualifying children. Overpayments occur because: providers are not properly screened by the state; providers are not properly rescreened at revalidation; providers are not enrolled; the National Provider Identifier (NPI) is not on the claim; a beneficiary is enrolled when ineligible; a beneficiary is determined to be eligible for the incorrect eligibility category; beneficiary redeterminations are not conducted in a timely manner; sufficient documentation is not provided to support eligibility determinations.

Historical Payment Rate and Amount ($M)
(Overpayment as Percentage of Total Outlays)

FY	Overpayment	Percentage
FY16	$138	(7.93%)
FY17	$217	(8.59%)
FY18	$175	(8.49%)
FY19	$999	(5.78%)
FY20	$1,242	(7.02%)
FY21	$5,372	(31.83%)
FY22	$4,303	(26.74%)

Discussion of Actions Taken in the Preceding Quarter and Actions Planned in the Following Quarter to Prevent Overpayments

Many of the actions that states implement to address Medicaid improper payments are also applied to CHIP. In Quarter 2, CMS continued conducting audits of beneficiary eligibility determinations in high-risk states. In Quarter 3, CMS will continue to monitor Corrective Action Plan submissions and will follow up with all states on their progress in implementing effective corrective actions.

	Accomplishments in Reducing Overpayment	Date
1	Monitored Medicaid-only providers in 6 states and offered a data compare service that allows states to remove dually enrolled providers from the revalidation workload. 38 states have participated in the data compare service.	Oct-22
2	The Medicaid Integrity Institute provided education to states and territories that addressed: Program Integrity risk assessments; Program Integrity review process; opioid fraud, waste, and abuse data; and Medicaid provider enrollment and terminations.	Dec-22
3	Worked with states to ensure corrective action plans addressed the source of errors. Conducted an all state call on December 7th, 2022 to address common cause of errors related to Medicaid enrollment.	Dec-22

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	Goals towards Reducing Overpayments	Status	ECD
1	Monitor Corrective Action Plan submissions and follow up with all states on their progress in implementing effective corrective actions. Gather lessons learned to inform areas to evaluate for future guidance and education.	On-Track	Jun-23
2	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 overpayments measured.	On-Track	Jun-23

	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	Recovery Audit	States are generally required to establish State Medicaid Recovery Audit Programs to identify and recover overpayments, to the extent possible.	States are generally required to establish State Medicaid Recovery Audit Programs to identify and recover overpayments, to the extent possible.
2	Recovery Activity	Continue conducting audits of beneficiary eligibility determinations in high-risk states based on a risk assessment that reviewed states with higher eligibility improper payment rates and eligibility errors based on GAO or OIG reports.	Continued audits in Connecticut, Kansas, Missouri, and Pennsylvania.

Amt($)	Root Cause of Overpayment	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$4,303M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of CHIP overpayments are insufficient state documentation (mostly related to eligibility redetermination/verification and provider screening/revalidation/National Provider Indicator) and states claiming beneficiaries under CHIP instead of Medicaid.	Training – teaching a particular skill or type of behavior; refreshing on the proper processing methods.	Work with states to develop state-specific corrective action plans to reduce overpayments. Provide state Medicaid provider enrollment tools, technical assistance, and training; and conduct site visits for provider screening & enrollment.