

Payment Integrity Scorecard

Program or Activity

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

Reporting Period

Q2 2023

FY 2022 Overpayment Amount (\$M)*

\$12,686

*Estimate based a sampling time frame starting 1/2020 and ending 12/2020



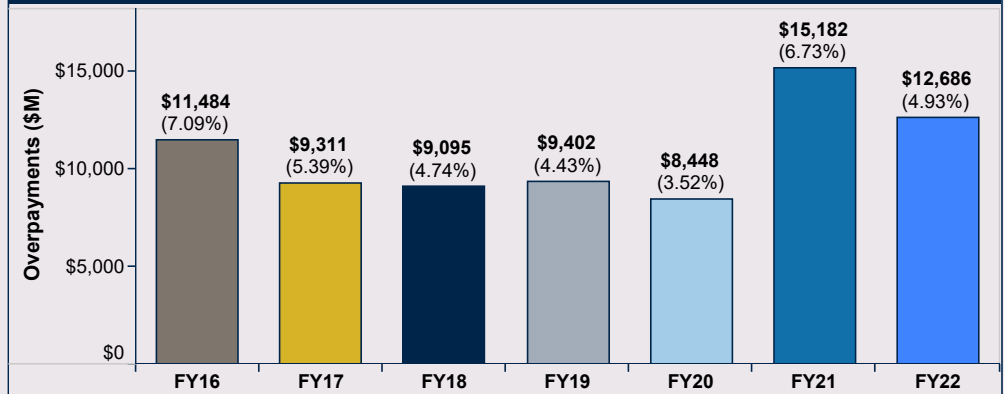
HHS

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

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

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. Approximately half of all Medicare beneficiaries are enrolled in Medicare Advantage plans. The primary causes of overpayments are medical record discrepancies and insufficient documentation. Medicare Advantage Organizations are responsible for collecting and maintaining the documentation necessary to validate the data used in payment determinations. Medical records are not submitted to the agency at the time of making payment determinations.

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



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

In Quarter 2, CMS continued to initiate recoveries for completed Medicare Advantage contract-level risk adjustment data validation audits. The agency also effectively completed the audit for Payment Year 2015: as of March 31, 2023, 99 percent of medical records submitted by audited Medicare Advantage organizations were reviewed.

Accomplishments in Reducing Overpayment

		Date
1	Completed Health Partners Plan, Mutual of Omaha, and Rite Aid Program Integrity audits which focused on plan processes and efforts to prevent, detect, and respond to fraud, waste, and abuse.	Feb-23
2	Contract-level Risk Adjustment Data Validation Audit for Payment Year 2015: As of March 31, 2023, 99 percent of medical records submitted by audited Medicare Advantage organizations were reviewed.	Mar-23
3	In March 2023, a Part C Fraud, Waste, and Abuse Webinar was made available to all Plans.	Mar-23

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Goals towards Reducing Overpayments	Status	ECD
1 Review 100 percent of medical records submitted by audited Medicare Advantage organizations and complete the Contract-level Risk Adjustment Data Validation Audit for Payment Year 2015.	On-Track	Jun-23

Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1 Recovery Activity	Initiate recoveries in 2023 for completed Medicare Advantage contract-level risk adjustment data validation audits.	Published a Federal Register Notice (CMS-4185-F2) on February 1, 2023, finalizing important policies to improve program integrity and payment accuracy in the Medicare Advantage program.

Amt(\$)	Root Cause of Overpayment	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$12,686M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of Medicare Advantage (Part C) overpayments 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.