Payment Integrity Scorecard

Program or Activity	Reporting Period
Centers for Medicare & Medicaid Services (CMS) Medicaid	Q3 2023

FY 2022 Overpayment Amount ($M)* **$80,204**

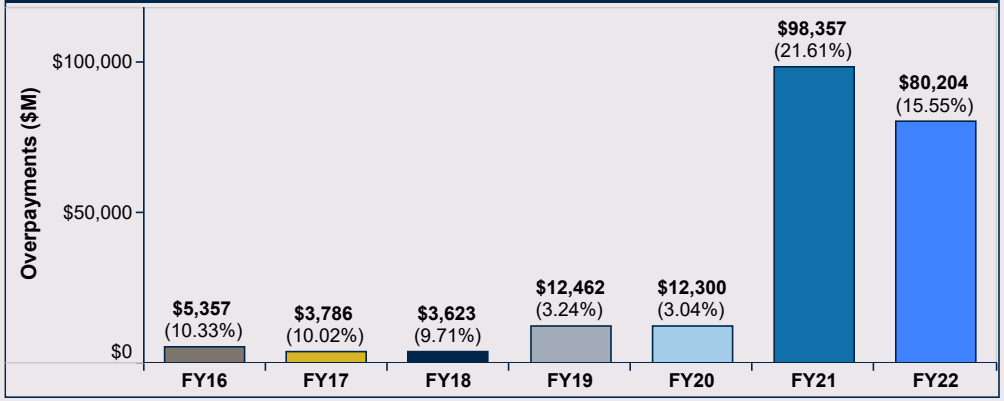
*Estimate based a sampling time frame starting 7/2020 and ending 6/2021

HHS
Centers for Medicare & Medicaid Services (CMS) Medicaid

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

Medicaid is a joint federal/state program, administered by HHS, that provides health insurance to eligible low-income individuals and long-term care services to seniors and disabled individuals. Overpayments occur because: providers are not properly screened by the state or not enrolled; the National Provider Identifier is not on the claim; a beneficiary is enrolled when ineligible or 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. Barriers to prevention include: high state employee turnover, lack of state employee training, and insufficient eligibility edits.

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 3, CMS continued conducting audits of Medicaid beneficiary eligibility determinations in high-risk states. Unified Program Integrity Contractors also continued to conduct audits and investigations to reduce fraud, waste, and abuse in Medicaid. In Quarter 4, CMS will begin conducting unwinding audits of eligibility determinations to ensure states are in compliance with federal requirements. CMS plans to roll out Medicaid-only provider screening to states. Additionally, 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	Continued to provide technical assistance and guidance to each of the 17 states within a cycle to ensure their corrective action plans addressed the source of identified errors. Created a 13 state workgroup to facilitate the exchange of promising practices.	Apr-23
2	Continued to monitor Medicaid-only providers in 2 states and offer 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.	Jun-23
3	The Medicaid Integrity Institute provided education to states and territories covering: provider auditing fundamentals; certified coder bootcamp; fraud schemes; coding non-coders; Do Not Pay-Bene/Provider Pay Integrity; provider enrollment and terminations; and managed care.	Jun-23

Payment Integrity Scorecard

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

Reporting Period
Q3 2023

	Goals towards Reducing Overpayments	Status	ECD
1	Monitor Corrective Action Plan submissions and follows 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	Dec-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	Dec-23

	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	**Recovery Audit**	Medicaid Recovery Audit Contractors identify and correct improper Medicaid payments through the collection of overpayments and reimbursement of underpayments made on claims for health care services provided to Medicaid beneficiaries.	Medicaid Recovery Audit Contractors operate at the direction of the states. States have the discretion to determine what areas of the Medicaid programs to target based on vulnerabilities identified in their respective states.
2	**Recovery Activity**	Current statutory authority only allows overpayments to be recovered through the Payment Error Rate Measurement program. The only funds that can be recovered are from the sampled claims that contractors identified as improper payments resulting in overpayments.	States must return the federal share of overpayments identified by the Payment Error Rate Measurement program. States must return the federal share on claims with overpayments within one year from the date the recovery contractor submits the Final Errors for Recovery report.
3	**Recovery Audit**	In collaboration with states, Unified Program Integrity Contractors conduct post-payment investigations and audits of Medicaid providers throughout the country and report identified overpayments to the states for recovery.	States are responsible for sending demand letters to the appropriate providers, collecting overpayments, and remitting the federal share to CMS. Providers may appeal the findings of a final audit report through their state's administrative process.

Amt($)	Root Cause of Overpayment	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$80,204M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of Medicaid improper payments are insufficient documentation from states (mostly related to eligibility redetermination/verification and medical services) and lack of provider enrollment screening and revalidations determinations.	Audit - process for assuring an organization's objectives of operational effectiveness, efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.	Conduct site visits for provider screening & enrollment to ensure payments are not made to providers who are improperly enrolled.
			Training – teaching a particular skill or type of behavior; refreshing on the proper processing methods.	Provide state Medicaid provider enrollment tools, technical assistance, and training to ensure payments are not made to providers who are improperly enrolled.
			Automation - automatically controlled operation, process, or system	Assist states with upgrading provider enrollment systems and provide states with Medicaid provider enrollment tools to ensure payments are not made to providers who are improperly enrolled.