Payment Integrity Scorecard

Program or Activity	Reporting Period	FY 2023 Overpayment Amount ($M)*	$2,122
Centers for Medicare & Medicaid Services (CMS) Children's Health Insurance Program (CHIP)	Q2 2024		

*Estimate based a sampling time frame starting 7/2021 and ending 6/2022

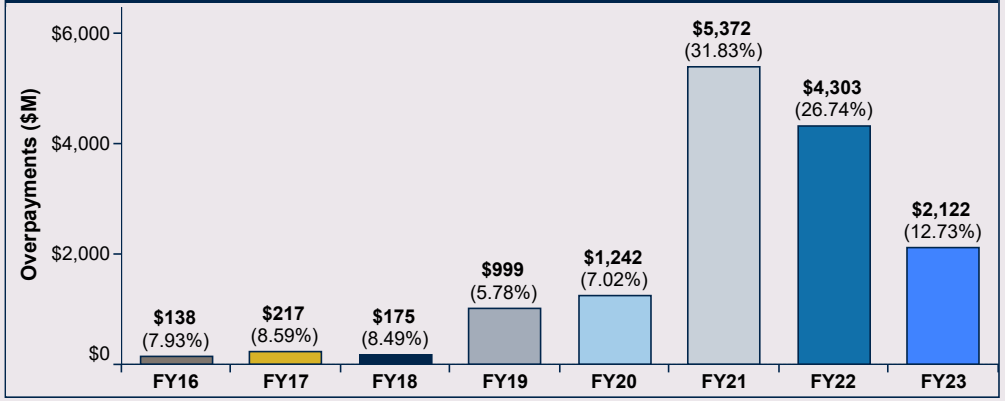
Department of Health and Human Services

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) provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance. In some states, CHIP covers pregnant women. Each state offers CHIP coverage and works closely with its state Medicaid program. Overpayments occur due largely to eligibility and data processing errors, including missing documentation to support eligibility determinations, provider enrollment/National Provider Identifier requirements, and medical necessity. Similar to Medicaid, known barriers include lack of sufficient training/utilization of all available resources and on-going updates to applicable systems.

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 of FY 2024, CMS continued providing education to states through the Medicaid Integrity Institute. CMS also continued to provide technical assistance and guidance to each of the 17 states within the applicable review year Payment Error Rate Measurement cycle to ensure their corrective action plans addressed the source of identified errors. This also includes the use of Technical Advisory Groups focused on certain areas of risk, including provider enrollment, data analytics, and eligibility. CMS also issued updated sub-regulatory guidance to all states via the Medicaid Provider Enrollment Compendium. In Quarter 3 of FY 2024, CMS will engage with each state and territory to assess current compliance efforts with all applicable provider enrollment and screening requirements and will follow-up with all states on their progress in implementing effective corrective actions.

	Accomplishments in Reducing Overpayment	Date
1	Provided technical assistance and guidance to the 17 states within a Payment Error Rate Measurement cycle to ensure their corrective action plans addressed the source of identified errors. Utilized Technical Advisory Groups to target specific risk areas.	Mar-24
2	Issued updated sub-regulatory guidance to all states via the Medicaid Provider Enrollment Compendium, published on April 15, 2024 to address limiting the publication of for-cause terminations in the data exchange system to 10 years.	Apr-24
3	The Medicaid Integrity Institute provided education to states and territories covering: Medicaid managed care; evaluation & management coding, professional and hospital outpatient services coding; and an annual call with our territory partners.	Apr-24

Payment Integrity Scorecard

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

Reporting Period
Q2 2024

	Goals towards Reducing Overpayments	Status	ECD
1	Engage in individualized communication with each state and territory to assess current compliance efforts with all applicable provider enrollment and screening requirements to triage and prioritize CMS in-person visits to provide further guidance and assistance.	On-Track	Jun-24
2	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-24

	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	**Recovery Audit**	CHIP claims are not included within the scope of Medicaid recovery audit reviews. However, States are not precluded from reviewing CHIP claims to identify overpayments or underpayments.	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 certain 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 certain overpayments identified by the Payment Error Rate Measurement program within one year from the date the recovery contractor submits the Final Errors for Recovery report.

Amt($)	Root Cause of Overpayment	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$2,122M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	Primary cause for data processing overpayment is providers not screened using risk-based criteria prior to the claim payment date and Ordering/Referring Provider Type 1 National Provider Identifier required but not listed on the claim.	Training teaching a particular skill or type of behavior; refreshing on the proper processing methods.	Provide provider enrollment tools, technical assistance, and training to ensure payments are not made for claims that do not meet requirements.
		The primary cause for eligibility overpayment is insufficient documentation to verify if an eligibility check was done at all or if the verification was completed, if initiated.	Audit - process for assuring an organization's objectives of operational effectiveness, efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.	Review and monitor state action plans in response to audit findings to reduce overpayments stemming from improper CHIP claims.
		The primary causes of CHIP overpayments are insufficient state documentation (mostly related to eligibility redetermination/verification and provider screening/revalidation/National Provider Identifier) and states claiming beneficiaries under CHIP instead of Medicaid.	Change Process altering or updating a process or policy to prevent or correct error.	Work with states to develop state-specific corrective action plans to reduce overpayments made in error for CHIP claims.

The Medicaid Eligibility Quality Control Program continues to work with states over 3 cycles (17 states in cycles 1 and 2. 18 states in cycle 3 with the addition of the commonwealth of Puerto Rico) through pilot reviews that are conducted in between Payment Error Rate Measurement cycles to identify Incorrect eligibility decisions in Medicaid and CHIP such as redeterminations, negative case actions and payment reviews to identify and collect overpayments that occur through improper eligibility determinations. Over the past several months CMS has worked to deploy a system called the Medicaid & CHIP Program Integrity Reporting Portal which will improve states tracking and implementation of corrective action plans to improve program integrity through the Medicaid Eligibility Quality Control process.