

Goal: Getting Payments Right

Program or Activity
Medicaid

Reporting Period
Q1 2020

Change from Previous FY (\$M)

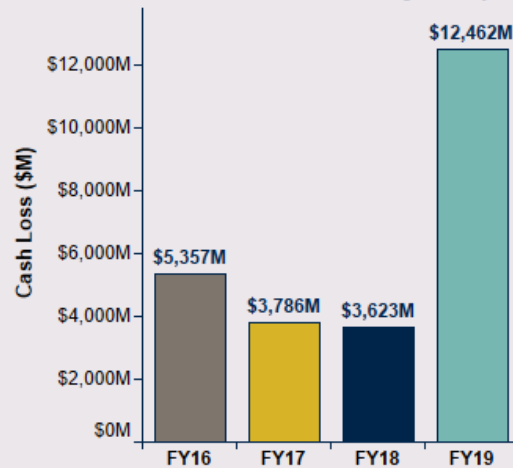
\$8,840M



Brief Program Description:

Medicaid is a joint federal/state program, administered by HHS in partnership with the states, which provides health insurance to qualifying low-income individuals and long-term care services to seniors and individuals of all ages with disabilities.

Cash Loss by FY (\$M)



| Key Milestones | | Status | ECD |
|----------------|---|-----------|--------|
| 1 | Develop mitigation strategies to get the payment right the first time | Completed | Nov-18 |
| 2 | Evaluate the ROI of the mitigation strategy | On-Track | Nov-20 |
| 3 | Determine which strategies have the best ROI to prevent cash loss | On-Track | Nov-20 |
| 4 | Implement new mitigation strategies to prevent cash loss | On-Track | Nov-20 |
| 5 | Analyze results of implementing new strategies | On-Track | Nov-20 |

| Quarterly Progress Goals | | | Status | Notes | ECD |
|--------------------------|---------|--|----------|--|--------|
| 1 | Q1 2020 | HHS will offer training, technical assistance, and support to state Medicaid program integrity officials in FY2020; specifically, HHS will conduct a seminar in March 2020 that focuses exclusively on the Payme... | On-Track | HHS offers training, technical assistance, and support to state Medicaid program integrity officials through the Medicaid Integrity Institute. | Mar-20 |
| 2 | Q1 2020 | Pilot a process to screen Medicaid-only providers on behalf of 2 states. Produce a report of the providers found with licensure issues, criminal activity, and Do Not Pay activity. Evaluate pilot results and assess value... | On-Track | | Apr-20 |

| Recent Accomplishments | | Date |
|------------------------|--|--------|
| 1 | Continued state site visits to assess provider screening & enrollment compliance, provide technical assistance and offer opportunities to leverage Medicare screening & enrollment tools. Visited 2 states and provided screening & enrollment assistance. | Sep-19 |
| 2 | In FY 2019, HHS established a state-specific corrective action plan process to provide enhanced technical assistance and guidance to states. HHS coordinated state development of corrective action plans for findings identified through PERM reviews. | Sep-19 |

| Amt(\$) | Root Cause | Root Cause Description | Mitigation Strategy | Anticipated Impact of Mitigation |
|----------|--|---|---|--|
| \$7,093M | Inability to authenticate eligibility: inability to access data | Inability to Authenticate Eligibility: Inability to Access Data resulted in overpayments of \$7,093.01 million. | Work with states to develop corrective action plans; provide state Medicaid provider enrollment tools, technical assistance, and training; conduct site visits for provider screening & enrollment; and conduct beneficiary eligibility audits & reviews. | HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for several years, and implementing new/re... |
| \$5,072M | Administrative or process errors made by: state or local agency | Administrative or Process Errors Made by: State or Local Agency resulted in overpayments of \$5,071.94 million. | Work with states to develop corrective action plans; provide state Medicaid provider enrollment tools, technical assistance, and training; conduct site visits for provider screening & enrollment; and conduct beneficiary eligibility audits & reviews. | HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for several years, and implementing new/re... |
| \$289M | Administrative or process errors made by: others (participating lender, health care provider, or other organization administering Federal dollars) | Administrative or Process Errors Made by: Other Party (i.e., participating lender, health care provider, or any other organization administering Federal dollars) resulted in overpayments of \$288.56 million. | Work with states to develop corrective action plans; provide state Medicaid provider enrollment tools, technical assistance, and training; conduct site visits for provider screening & enrollment; and conduct beneficiary eligibility audits & reviews. | HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for several years, and implementing new/re... |

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