Payment Integrity Scorecard

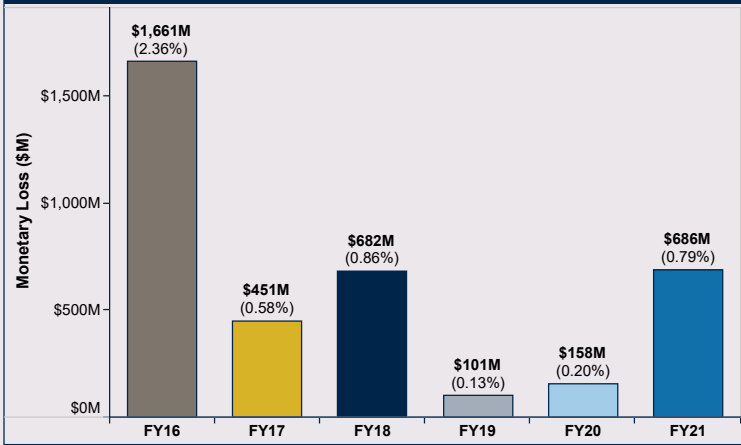| Program or Activity	Reporting Period		Change from Previous FY ($M)	$528M
CMS Medicare Prescription Drug Benefit (Part D)	Q2 2022			

HHS
CMS Medicare Prescription Drug Benefit (Part D)

Brief Program Description:
Medicare Prescription Drug Benefit (Medicare Part D) is a federal prescription drug benefit program for Medicare beneficiaries.

Monetary Loss ($M) (Overpayment as Percentage of Total Outlays)

Bar chart:
- FY16: $1,661M (2.36%)
- FY17: $451M (0.58%)
- FY18: $682M (0.86%)
- FY19: $101M (0.13%)
- FY20: $158M (0.20%)
- FY21: $686M (0.79%)

Key Milestones		Status	ECD
1	Develop mitigation strategies to get the payment right the first time	Completed	Nov-19
2	Evaluate the ROI of the mitigation strategy	On-Track	Dec-22
3	Determine which strategies have the best ROI to prevent cash loss	On-Track	Dec-22
4	Implement new mitigation strategies to prevent cash loss	On-Track	Dec-22
5	Analyze results of implementing new strategies	On-Track	Dec-22
6	Achieved compliance with PIIA	On-Track	Dec-22
7	Identified any data needs for mitigation	On-Track	Dec-22

Goals towards Reducing Monetary Loss			Status	ECD
1	Q2 2022	Outreach to Plan Sponsors	On-Track	Jun-22
2	Q2 2022	Training	On-Track	Jun-22

	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	Recovery Activity	HHS will be conducting data analysis and audits to recover inappropriate payments.	HHS conducts audits of Part D plan sponsors, with a focus on drugs at high risk of improper payments. Audits aim to educate Part D plan sponsors on issues of fraud, waste, and abuse, as well as to identify, reduce, and recover improper payments.

Accomplishments in Reducing Monetary Loss		Date
1	HHS began the 2021 Part D data analysis and audits that include 5 self-audits, 5 desk audits, and 3 PI audits. The last of these audits was initiated in October 2021. All audits are still in progress and will be completed in FY22.	Oct-21
2	HHS conducted a plan sponsor COVID-19 Fraud, Waste, and Abuse Webinar in February 2022. HHS will continue these webinars in FY22.	Feb-22

Amt($)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$686M	Overpayments outside the agency control that occurred because of a Failure to Access Data/Information Needed.	The primary causes of Medicare Prescription Drug program (Part D) improper payments are drug or drug pricing discrepancies and insufficient documentation.	Training – teaching a particular skill or type of behavior; refreshing on the proper processing methods.	HHS takes a holistic approach to develop corrective actions from various perspectives. Impact on the improper payment rate may not be realized for up to two years, and implementing new/revised policies may also result in a slight increase in rates.

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