

# Goal: Getting Payments Right

**Program or Activity**  
Medicare Part C

**Reporting Period**  
Q4 2019

**Change from Previous FY (\$M)**

**-\$216M**

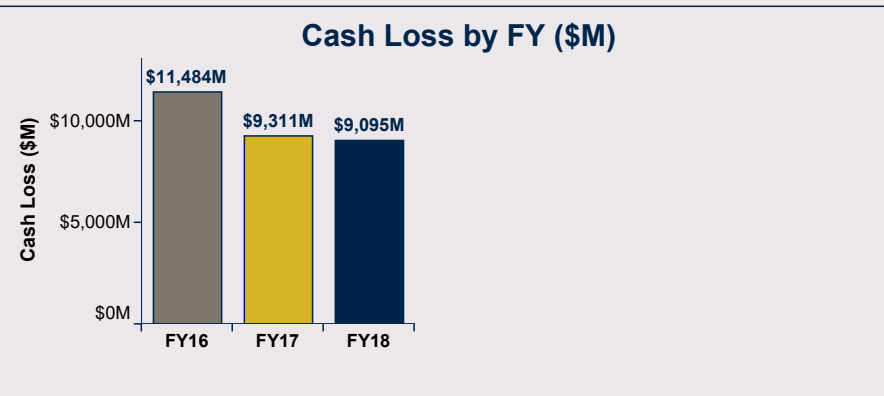


**HHS**  
Medicare Part C

**Brief Program Description:**

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. Currently, more than 19 million beneficiaries are enrolled in Medicare Advantage plans.

Key Milestones		Status	ECD
1	Finalize estimated cash loss estimation methodology	Completed	Nov-18
2	Identify estimated cash loss amount for FY 2018	Completed	Nov-18
3	Identify true root causes of cash loss	Completed	Nov-18
4	Develop mitigation strategies to get the payment right the first time	Completed	Nov-18
5	Evaluate the ROI of the mitigation strategy	On-Track	Nov-19
6	Determine which strategies have the best ROI to prevent cash loss	On-Track	Nov-19



Quarterly Progress Goals			Status	Notes	ECD
1	Q4 2019	The comment period for the RADV provision included in the 2020 Part C and D rule, which included data released by HHS underlying the Fee-for-Service Adjuster Study, closed in August 2019. HHS will draft and release responses for the final rule.	On-Track	N/A	Aug-20
2	Q4 2019	HHS completed the medical record submission phase for the payment year 2014 audit. In September 2019, HHS announced the launch of the payment year 2015 audit. HHS will hold a training webinar for MAOs selected for audits in December 2019.	On-Track	N/A	Dec-20

Recent Accomplishments		Date
1	The Plan Feedback Reports showing medical record review findings for CY 2011, 2012, and 2013, including contract-level RADV audits, were released to audited plans. In July 2019, HHS hosted a conference with the audited plans to discuss the findings.	Jul-19
2	HHS completed the medical record submission for the payment year 2014 RADV audit.	Sep-19
3	HHS launched the payment year 2015 RADV audit.	Sep-19

FY18 Amt(\$)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
\$9,095M	Insufficient documentation to determine	Insufficient Documentation to Determine resulted in overpayments of \$9,094.97 million.	Reduce insufficient documentation to determine errors through contract-level Risk Adjustment Data Validation (RADV) audits, improved policy based on statutory requirements, and expanded education to Medicare Advantage Organizations (MAOs).	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.

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