

PROTECTING TAXPAYER DOLLARS



Enhance and modernize program integrity to combat waste, fraud, and abuse.

- CMS program integrity functions for Medicare, Medicaid, and Exchanges help us hold the healthcare system accountable, protect beneficiaries from harm and safeguard taxpayer dollars while minimizing unnecessary provider burden.
- CMS is intensifying the fight against waste, fraud and abuse with innovative strategies such as artificial intelligence and appropriate private sector best practice methods.
- CMS is focusing on results by ensuring that the right payments are made at the right time to the right beneficiary for covered, reasonable, and medically necessary services.

Our actions have delivered results

- Program integrity activities saved Medicare an estimated total of \$15.5 billion in FY 2017, for an annual return on investment of 10.8 to 1.
- The 2018 Medicare Fee-for-Service improper payment rate was the lowest since 2010 and the decreased improper payment rate from 2017 to 2018 represents a \$4.59 billion decrease in estimated improper payments.
- Executed the Medicaid Program Integrity Strategy
 - Conducting new audits of: improper claims of the federal match, the Medicaid managed care Medical Loss Ratio in one state, and eligibility determinations made in at least four states.
 - Developed program integrity-focused measures for the Medicaid and Children's Health Insurance Program (CHIP) Scorecard to help hold states accountable.
 - Implemented the revised Medicaid Eligibility Quality Control (MEQC) program to ensure continuous oversight of states' beneficiary eligibility determinations.
- Focused on high vulnerability items and program protections and created new methods to increase the number of claims reviewed.
- Next Generation Program Integrity. In order to expand program integrity efforts, CMS plans to gather public input on new technologies such as, artificial intelligence and other strategies that leverage private sector best practices.
 - Developed and executed the Medicare Advantage Plan Oversight strategy, which addresses improper payment and monitors potential waste and fraud, in alignment with recommendations from GAO.
- Ongoing Program Integrity Activities
 - Implemented Home Health Review Choice Demonstration in several states. CMS estimates a total net savings of \$3.62 billion over the course of the demonstration.
 - CMS mailed letters to opioid prescribers identified as "outliers," as part of agency efforts to educate clinicians on safe prescribing practices.