Goal: Getting Payments Right

Program or Activity	Reporting Period
Community Care	Q3 2019

Change from Previous FY ($M) | **$705M** ⬆

VA
Community Care

Brief Program Description:
The VA Community Care program provides timely and specialized care to eligible Veterans. The program allows VA to authorize Veteran care at a non-VA health care facility when the needed services are not available through the VA, or when the Veteran

Cash Loss by FY ($M)
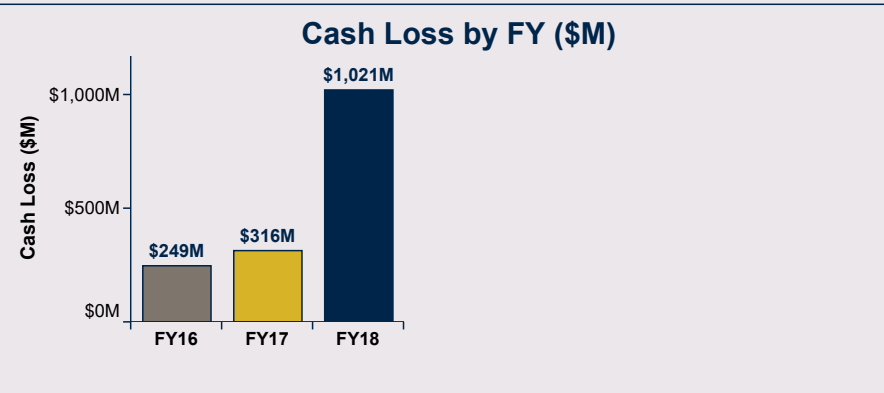
Key Milestones		Status	ECD
1	Finalize estimated cash loss estimation methodology	Completed	Nov-18
2	Identify estimated cash loss amount for FY 2018	Completed	Nov-18
3	Identify true root causes of cash loss	Completed	Nov-18
4	Develop mitigation strategies to get the payment right the first time	Completed	Dec-18
5	Evaluate the ROI of the mitigation strategy	On-Track	Apr-21
6	Determine which strategies have the best ROI to prevent cash loss	On-Track	Jul-21

Quarterly Progress Goals			Status	Notes	ECD
1	Q3 2019	Implement the remaining (one) Medicare Fee Schedule in FBCS.	On-Track	All seven of the Medicare Fee Schedules have been implemented in FBCS.	Jul-19
2	Q3 2019	Access the new set of business rules in FBCS to help identify improper payments in pre-payment state.	On-Track	Access the new set of business rules in the Program Integrity Tool (PIT) to help identify improper payments in pre-payment state.	Sep-19

Recent Accomplishments		Date
1	OCC began implementation of a new claims processing system that auto-adjudicates authorized claims purchased through Veterans Care Agreements. This system, called eCAMS, will allow authorized claims that meet necessary criteria to be paid without hu	Mar-19
2	OCC hired a nationwide QA Program Manager and hired specialized QA postions in the field allowing for a systematic, organized approach for incorporating training and policy into quality assurance.	Jul-19
3	OCC implemented all seven remaining Medicare Fee Schedules in Fee Basis Claim System.	Jul-19

FY18 Amt($)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
$1,021M	Administrative or process errors made by: federal agency	Centers for Medicare and Medicaid Services (CMS) rates were not fully implemented and deployed to the claims processing system as required by 38 CFR § 17.56 and 17.1005 in accordance with VA Community Care policy.	Implement the one remaining of seven Medicare Fee Schedules into VA's Fee Basis Claims System (FBCS).	Ensure CMS rates are available to calculate reimbursement rates. Implementing the remaining Medicare Fee Schedules will have an immediate impact on the reduction of improper payments associated with erroneous or missing CMS schedules.
		Various claims processing errors can occur due to manual processing or human intervention and therefore introduces risk. Categories include: application of scrubber edits, eligibility determinations, and keying errors.	Standardize the quality review process and establish a formal reporting process for supervisors to submit the results of quality reviews, actions taken to resolve the issues identified, and internal controls implemented to prevent future errors.	OCC will be able to detect error trends at both the local and national level. If error trends are detected, internal controls will be implemented to prevent future errors.
		Complex pricing rules and methodologies coupled with the use of a manual pricing process results in risk and errors related to payment amounts as well as other pricing and payment methodology errors.	Implement business rules into the Program Integrity Tool (PIT) and FBCS to proactively identify improper payments in a pre-payment state.	Implementing business rules into the PIT and FBCS to proactively identify improper payments in a pre-payment state will allow OCC to stop improper payments before they happen.

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