

Goal: Getting Payments Right

Program or Activity
Community Care

Reporting Period
Q4 2020

Change from Previous FY (\$M)

-\$417M

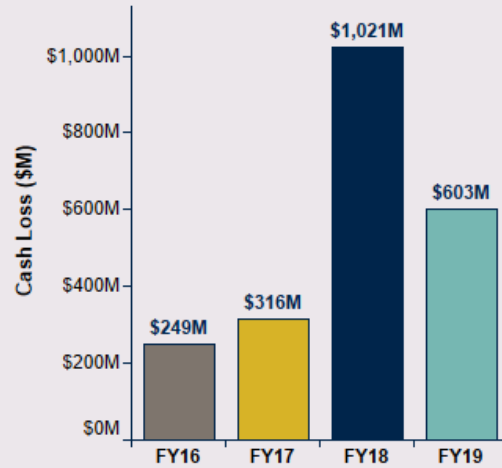


VA
Community Care

Brief Program Description:

Provides timely and specialized care to eligible Veterans and allows VA to authorize Veteran care at non-VA health care facilities when the needed services are not available through the VA, or when the Veteran is unable to travel to a VA facility.

Cash Loss by FY (\$M)



Key Milestones	Status	ECD
1 Develop mitigation strategies to get the payment right the first time	Completed	Dec-18
2 Evaluate the ROI of the mitigation strategy	On-Track	Apr-21
3 Determine which strategies have the best ROI to prevent cash loss	On-Track	Jul-21
4 Implement new mitigation strategies to prevent cash loss	Completed	Nov-19
5 Analyze results of implementing new strategies	On-Track	Dec-21

Quarterly Progress Goals	Status	Notes	ECD
1 Q4 2020 Implementation of CCN for Regions 1-4. There will only be two payment authority - CCN and Patient Centered Community Care (PC3).	On-Track	Regions 1-4 is now fully utilizing CCN.	Oct-20
2 Q4 2020 Streamline communications with third party administrators to increase timeliness of authorizations and subsequently payments - Community Care Centralized Authorized Emergency Care (CAEC) Notification.	On-Track	The Emergency Care Reporting Tool, which is the new portal providers will use to directly notify VA is set to deploy in November 2020.	Dec-20

Recent Accomplishments	Date
1 Closed out of it's legacy claims processing system, Fee Basis Claims System (FBCS). This was completed sucessfully and on time. This allows a shift in resources to the new, more automated, claims processing system.	Sep-20
2 Reduced claim inventory from 3.6M in February to less than 700K in October.	Sep-20
3 Since it's inception in June 2020, there has been over 550,000 Community Care CAEC Notifications entered with nearly 400,000 approvals.	Sep-20

Amt(\$)	Root Cause	Root Cause Description	Mitigation Strategy	Anticipated Impact of Mitigation
\$603M	Administrative or process errors made by: federal agency	Traditionally there were numerous payment authorities and pathways to payment error.	With MISSION Act enacted on June 6, 2019, all community care will be purchased using Veteran Care Agreements (VCA), the Community Care Network (CCN) contract, or local contracts. The Veterans Choice Provider (VCP) program will convert to use of VCA's or CCN contract.	Consolidated all payment authorities to VCAs, CCN or local contracts to ensure we're paying vendors correctly.
		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 & 17.1005 due to VA Community Care policy.	Implement the remaining Medicare Fee Schedules into VA's Fee Basis Claims System. Schedules include: -Durable Medical Equipment, Prosthetics/Orthotics & Supplies -Home Health Prospective Payment System	Since the new fee schedules were implemented and released, the amount of improper payments will decrease because the rates are now updated that should be paid.
		Claims processing errors can occur due to manual processing or human intervention and therefore introduces risk.	Utilize current quality review audit process to identify incorrect adjudication trends and apply training/guidance based on findings.	By implementing standardized quality reviews, Office of Community Care (OCC) Payment Operations and Management (POM) can quickly identify and resolve areas of concern, which will reduce improper payments across the program.

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