

Payment Integrity Scorecard

Program or Activity
Community Care

Reporting Period
Q1 2021

Change from Previous FY (\$M)

-\$300M

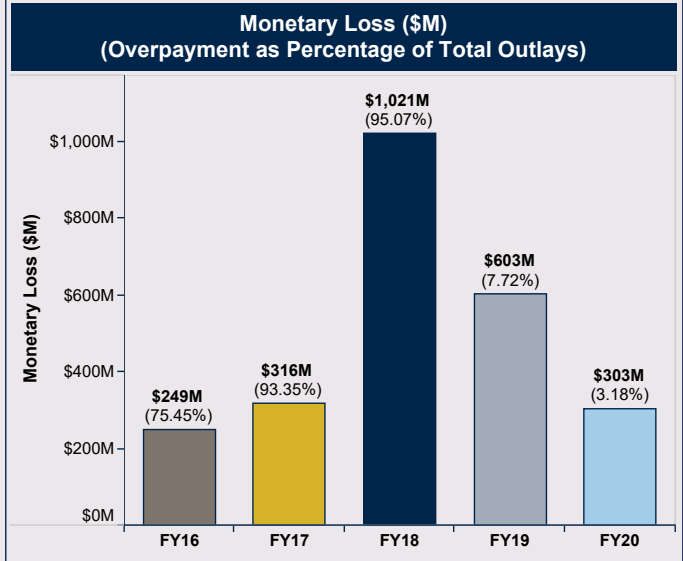


VA
Community Care

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.

Key Milestones		Status	ECD
1	Develop mitigation strategies to get the payment right the first time	Completed	Sep-19
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
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	Q1 2021	Complete migration of all sites processing in eCAMS.	Completed	Nov-20
2	Q1 2021	Identify improper payments with incorrect vendor billing errors and coordinate with Tri-West to obtain corrective action plans for remediation.	On-Track	Mar-21

Recovery Method	Brief Description of Plans to Recover Overpayments
1 Recovery Audit	Bill of Collections (BOC) are generated for overpayments of \$50 or more. If no response is received from vendor after 45 days, an internal offset is processed to collect from the next issued payment until the BOC is satisfied.
2 Recovery Audit	Contractor will identify overpayments by provider TIN and aggregate those debts by fiscal year. The VA Debt Management Center will send notices of indebtedness to providers and use the cross-servicing and Treasury offset programs for unpaid debts.

Accomplishments in Reducing Monetary Loss		Date
1	Program completed the migration of all sites processing in eCAMS.	Oct-20
2	Transition current Centralized Authorized Emergency Care (CAEC) notification process to a web platform allowing for further automation in which direct reporting is completed by providers or Veterans.	Nov-20

Amt(\$)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$303M	Administrative or process errors made by: federal agency	Centers for Medicare and Medicaid Services (CMS) rates were not fully implemented and deployed to claims processing system due to policy. An incorrect payment rate was used by the payment system to process the claim resulting in an improper payment.	Other	Errors are a result of unique instances related to the Fee Basis Claims System (FBCS). The transition to the Electronic Claims Adjudication Management System (eCAMS) will mitigate these types of errors.
		Claim paid under TriWest PC3 contract as part of an emergency episode of care. TriWest confirmed the community provider is not a Third Party Administrator network provider (TPA). TPA cannot bill for the services.	Other	Obtain root cause analysis and corrective action plan from Tri-West for the Incorrect Billing Vendor Errors.

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