Payment Integrity Scorecard

Program or Activity	Reporting Period
Community Care	Q2 2021

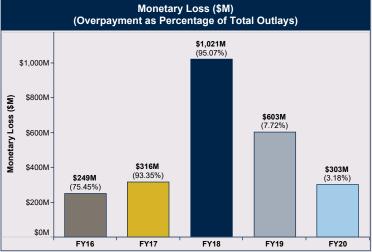**VA**
Community Care

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.

Change from Previous FY ($M)   -$300M ↓

Monetary Loss ($M)
(Overpayment as Percentage of Total Outlays)

FY16	FY17	FY18	FY19	FY20
$249M (75.45%)	$316M (93.35%)	$1,021M (95.07%)	$603M (7.72%)	$303M (3.18%)

Key Milestones

#	Milestone	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	Dec-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

#		Goal	Status	ECD
1	Q2 2021	Create a Centralized Authorized Emergency Care (CAEC) process for reporting and approving emergent care.	Completed	Mar-21

#	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken 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.	VACC utilizes the Financial Services Center (FSC) to provide detection, prevention, and recovery services. In FY20, VACC payments were included in the FSC review, which totaled $1.1 billion in payments and identified $19.5 million in overpayments.
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.	OCC has awarded a new recovery audit contract and is preparing to operationalize that contract. The new contractor is currently scheduled to begin auditing claims for the VACC, CHAMPVA and Spina Bifida Health Care programs in FY 2021.

Accomplishments in Reducing Monetary Loss

#	Accomplishment	Date
1	Created self service portal for Centralized Authorized Emergency Care (CAEC) process.	Nov-20
2	Identified improper payments with incorrect vendor billing errors and coordinated with Tri-West to obtain corrective action plans for remediation.	Mar-21

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.	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.	The transition from the legacy system FBCS to eCAMS will mitigate these errors as eCAMS will house the CMS rates. This will prevent any future payment pricing anomalies previously experienced in FBCS.
		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.	Obtain root cause analysis and corrective action plan from Tri-West for the Incorrect Billing Vendor Errors.	The payment vehicle has been modified to allow for non network providers. These will no longer be considered improper payments.
		Veteran was not administratively eligible or type of care was not clinically eligible for approval for urgent care claims.	Create a Centralized Authorized Emergency Care (CAEC) process for reporting and approving emergent care.	Transition current CAEC notification process to a web platform allowing for further automation in which direct reporting is completed by providers or Veterans.

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