Payment Integrity Scorecard

Program or Activity Community Care

Reporting Period Q4 2021

Change from Previous FY (\$M)

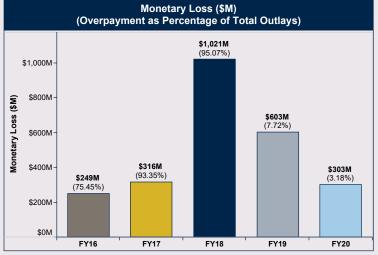
-\$300M





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	Completed	Dec-21
3	Determine which strategies have the best ROI to prevent cash loss	Completed	Sep-21
4	Implement new mitigation strategies to prevent cash loss	Completed	Nov-19
5	Analyze results of implementing new strategies	Completed	Dec-21
6	Achieved compliance with PIIA	On-Track	Dec-22
7	Identified any data needs for mitigation	Completed	Sep-21



Go	Goals towards Reducing Monetary Loss		Status	ECD	Recovery Method		Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
	Q4 2021	Program Office has identified monetary loss errors that no longer exist in current and future state due to contracts that have been fully	Completed	Sep-21	1	Recovery Audit	is received from vendor after 45 days, an internal offset is processed to collect from the next issued payment until the BOC is	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.
	G-7 2021	executed and system enhancements that have been fully implemented.			2	Recovery Audit	provider TIN and aggregate those debts by fiscal year. The VA Debt Management Center	In FY 2021, OCC did not have any recoveries for prior year recovery audit contracts. OCC has awarded a new recovery audit contract which is currently gearing up to audit claims. The new contractor will audit claims for the VACC, CHAMPVA and Spina Bifida

Accomplishments in Reducing Monetary Loss					
1	Program reviewed 2021 testing results to evaluate causes of error related to monetary loss and develop effective corrective actions.	Aug-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.	It fully claims contains several mitigation strategies including automation, audit and change process The transition from the legacy system FBCS to mitigate these errors as eCAMS will house the C will prevent any future payment pricing anomalie 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 Thine Party Administrator network provider (TPA). TPA cannot bill for the services.	Audit or Internal Controls	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.	Internal Process or Policy Change	Transition current CAEC notification process to a web platform allowing for further automation in which direct reporting is completed by providers or Veterans.