

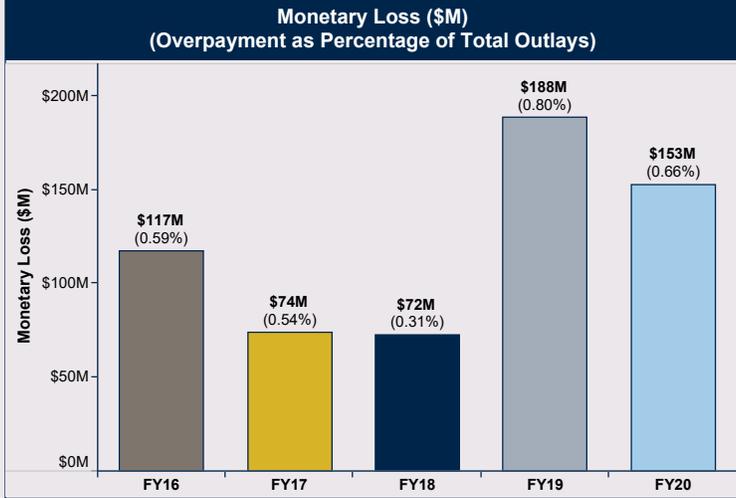
Payment Integrity Scorecard

Program or Activity Military Health Benefits	Reporting Period Q4 2021
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Change from Previous FY (\$M)	-\$36M	
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DOD
Military Health Benefits

Brief Program Description:
Payments disbursed by the Defense Health Agency to private sector contractors for delivery of health care services to TRICARE eligible beneficiaries.



Key Milestones		Status	ECD
1	Develop mitigation strategies to get the payment right the first time	Completed	Jun-20
2	Evaluate the ROI of the mitigation strategy	Completed	Jun-20
3	Determine which strategies have the best ROI to prevent cash loss	Completed	Jun-20
4	Implement new mitigation strategies to prevent cash loss	Completed	Jun-20
5	Analyze results of implementing new strategies	Completed	Jun-20
6	Achieved compliance with PIIA	On-Track	Oct-22
7	Identified any data needs for mitigation	Completed	Mar-21

Goals towards Reducing Monetary Loss			Status	ECD
1	Q4 2021	Require TRICARE private sector contractors to perform assessments of their claims processing systems to determine programming errors and make necessary system modifications.	On-Track	Sep-21
2	Q4 2021	Audit FY21 outlays of administrative costs to report in the next AFR.	On-Track	Oct-22

Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1 Recovery Activity	Continue scheduled compliance reviews conducted by EIC. Payment errors are identified and refunds made to the Government through the submission of an adjusted TED record or by direct payment.	Incremental compliance reviews conducted by an External Independent Contractor.
2 Recovery Activity	Continued recoupments occurring in the course of routine healthcare claims processing and adjustments as identified. Non-underwritten healthcare claims greater than \$600, if not collected or offset, are referred to the DHA General Counsel.	Contract and policy requirements for private sector contractors to recover improper payments.
3 Recovery Activity	Annual Cost of Healthcare Audit requires regional Contractors to recoup unallowable costs. Costs are extrapolated estimated overpayments to providers. Both regions are in the last phase of the audit process.	Recoupments/refunds occurring in the course of routine healthcare claims processing, healthcare claim adjustments or corrections as identified by civilian providers or TRICARE beneficiaries. Annual Cost of Healthcare Audit

Accomplishments in Reducing Monetary Loss			Date
1	Due to actions taken by the Contractor, error rates progressively reduced below contractual standard for all quarters of FY19. FY20 error rates were also below the contractual standard of 1.75% at 0.81%, 0.56%, 0.51%, & 0.97% respectively.		Oct-21
2	The Annual Cost of Healthcare Audits for OP3 of the managed care contracts are currently being conducted by Concept Plus. Both East and West contracts are in the last phase of audit.		Nov-21
3	Pulled first set of samples for SOB 00 - Other administrative payments. Independent auditors will begin auditing these samples for PIIA compliance and develop an SOP that will cover these types of payments.		Dec-21

Amt(\$)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$143M	Administrative or process errors made by: others (participating lender, health care provider, or other organization administering Federal dollars)	TRICARE healthcare claim payments were incorrectly processed by Humana, one of our private sector contractors, which consisted of errors such as cost-share/deductible, duplicate payments, inaccurate invoices, and payments made to incorrect payee.	Mitigating strategy is to use mechanism in the contracts to recover erroneous payments.	Full recovery: Overpayments to providers and hospitals will be credited back to the government on future claims payments.

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