Payment Integrity Scorecard

| Program or Activity	Reporting Period
VA Community Care	Q2 2022

Change from Previous FY ($M) — **$1,087M** ⬆

VA
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.

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

FY	Monetary Loss
FY16	$249M (75.45%)
FY17	$316M (93.35%)
FY18	$1,021M (95.07%)
FY19	$603M (7.72%)
FY20	$303M (3.18%)
FY21	$1,390M (9.81%)

Key Milestones

#	Milestone	Status	ECD
1	Develop mitigation strategies to get the payment right the first time	Completed	Aug-21
2	Evaluate the ROI of the mitigation strategy	Completed	Aug-21
3	Determine which strategies have the best ROI to prevent cash loss	Completed	Aug-21
4	Implement new mitigation strategies to prevent cash loss	On-Track	Apr-22
5	Analyze results of implementing new strategies	On-Track	Sep-24
6	Achieved compliance with PIIA	On-Track	Nov-24
7	Identified any data needs for mitigation	Completed	Aug-21
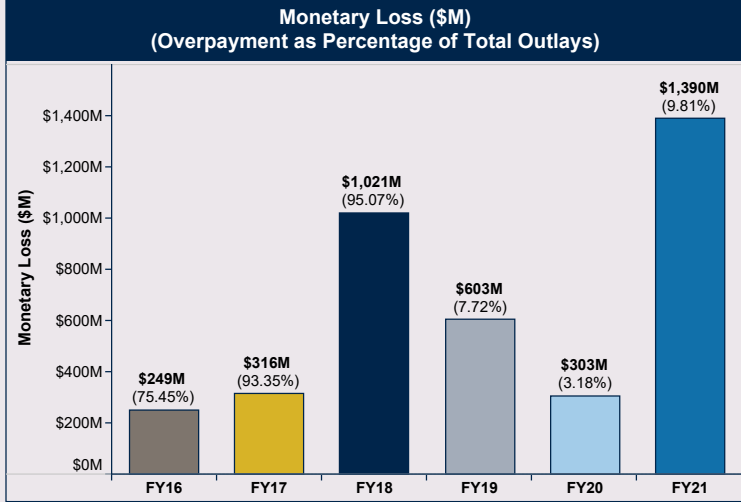
Goals towards Reducing Monetary Loss

#	Period	Goal	Status	ECD
1	Q2 2022	Confirm the third-party administrators are performing pre/post audits to ensure payment accuracy.	On-Track	Apr-22
2	Q2 2022	Implement changes (if applicable) based on outcome of review of dental claims logic within the Electronic Claims Adjudication Management System (eCAMS).	On-Track	Jun-22

#	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1	Recovery Audit	FSC reviews current and past payments in database portals to identify and recover improper payments such as duplicate payments, payments made in the incorrect amount, unapplied credits, etc.	VACC utilizes the Financial Services Center (FSC) to provide detection, prevention, and recovery services. In FY21, FSC identified $30.9M through recovery audits and recovered $13.05M on behalf of the VACC program.

Accomplishments in Reducing Monetary Loss

#	Accomplishment	Date
1	First level review of dental claims logic and associated error codes in eCAMS.	Mar-22
2	Patient Centered Community Care (PC3) contract was closed out. Community Care Network (CCN) is now the primary contract for care in the community.	Mar-22

Amt($)	Root Cause of Monetary Loss	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
$1,390M	Overpayments within agency control that occurred because of a Failure to Access Data/Information Needed.	A payment processing error occurred resulting in an improper payment in the network management system.	Automation - automatically controlled operation, process, or system	VA contracting office will enforce contract requirements related to no referral issued and exceeding the lesser of the amount payable per the schedule of services or billed charges made by third-party administrators.
		VA made payment directly to an in-network provider instead of a third-party administrator in accordance with the contract.	Audit - process for assuring an organization's objectives of operational effectiveness, efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.	VA contracting office will monitor and provide oversight of invoices processed through third-party administrators who are responsible for payment accuracy in accordance with the contract.
		VA paid for the same service twice.	Audit - process for assuring an organization's objectives of operational effectiveness, efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.	VA program office will utilize the program integrity report monthly to review potential duplicate claims processed by third-party administrators.

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