

# Payment Integrity Scorecard

**Program or Activity**  
Health Resources and Services Administration (HRSA) - Provider Relief Fund General and Targeted

**Reporting Period**  
Q2 2023

**FY 2022 Overpayment Amount (\$M)\*** **\$409**

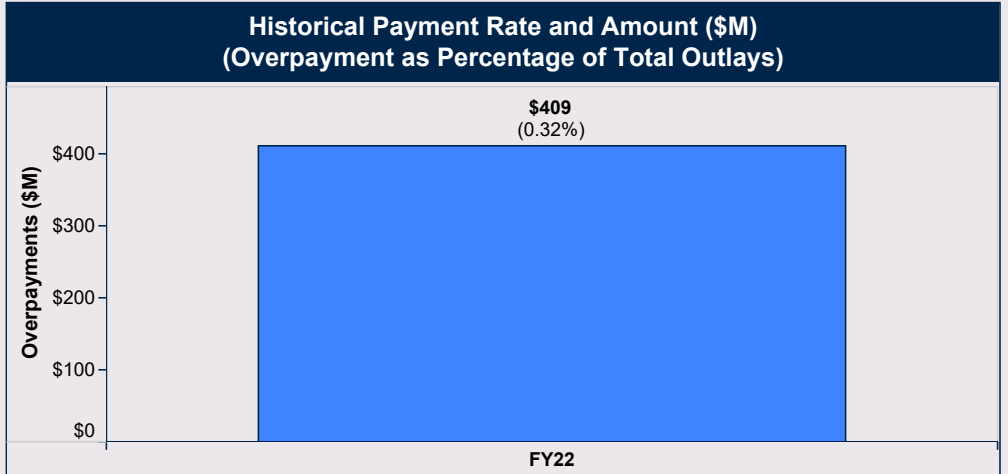
\*Estimate based a sampling time frame starting 3/2020 and ending 3/2021



**HHS**  
Health Resources and Services Administration (HRSA) - Provider Relief Fund  
General and Targeted

**Brief Program Description & summary of overpayment causes and barriers to prevention:**

The Provider Relief Fund provides payments to eligible providers for healthcare related expenses and/or lost revenues attributable to COVID-19. Provider Relief Fund overpayment causes were due to calculation input errors, insufficient supporting documentation, and an incorrect calculation of payment. There were no known barriers to prevention.



**Discussion of Actions Taken in the Preceding Quarter and Actions Planned in the Following Quarter to Prevent Overpayments**

The vast amount of Provider Relief Fund payments have been processed, therefore actions were not taken this quarter which were not previously implemented. The Health Resources & Services Administration does not anticipate future Provider Relief Fund phases or distributions. To prevent future overpayments, payment disbursement training and standardized practices for calculating payments and deductions were developed. This includes leveraging pay files, systems, validating recipients for application-based payments, and exploratory analysis for determining and authenticating recipients' payment history. Pre-payment controls were also implemented, such as manually validating high-dollar payments and additional peer reviewers to aid in identifying and correcting errors before payment disbursement. Records management was improved to account for changes in methodology for future payments and addresses issues identified in post-pay review, provider reporting, audits, and anomaly detection.

<b>Accomplishments in Reducing Overpayment</b>		<b>Date</b>
1	Conducted audits and post-payment quality control reviews to ensure providers have been paid accurately and responded to provider inquiries regarding payments.	Oct-22
2	Improved records management to account for changes in methodology for Provider Relief Fund payments. Additionally, key stakeholders involved in the payment distribution internal control process were identified and documented.	Oct-22
3	The program has progressed into a more standardized process for calculating Provider Relief Fund payments. This includes leveraging pay files, systems, and validating recipients for application-based payments.	Oct-22

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Goals towards Reducing Overpayments	Status	ECD	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
<b>1</b> Re-calculate payments and deductions through post-payment analyses. This includes leveraging pay files, systems, validating recipients for application-based payments, and exploratory analysis for determining and authenticating recipients' payment history.	On-Track	Sep-23	<b>1 Recovery Audit</b>	As required under the CARES, PPPHCEA, CRRSA and ARP Acts, recipients of Provider Relief Fund payments shall submit reports, maintain cost documentation, and fully cooperate in all audits.	Conducting ongoing audits and assessments of recipients of Provider Relief Fund payments, utilizing a provider risk scoring approach.
			<b>2 Recovery Activity</b>	Recover provider Provider Relief Fund overpayments through debt collection procedures and post-payment quality control activities.	Working with the Program Support Center to initiate debt collection activities once a debt has been established and partnering with the Department of Treasury to pursue collection for provider overpayments.
<b>2</b> Implement pre-payment controls for any new payments issued, such as manually validating high-dollar payments and additional peer reviewers to aid in identifying and correcting errors before payment disbursement.	On-Track	Dec-23	<b>3 Recovery Activity</b>	Providers may also voluntarily return Provider Relief Funds.	Conducting post-payment quality control reviews to identify anomalies and errors.

Amt(\$)	Root Cause of Overpayment	Root Cause Description	Mitigation Strategy	Brief Description of Mitigation Strategy and Anticipated Impact
\$409M	Overpayments within agency control that occurred because of a Failure to Access Data/Information Needed.	An incorrect payment calculation was used due to an input error. An incorrect ratio or variable was used when calculating payments or the revenue listed on a application was not supported by documentation provided.	Automation - automatically controlled operation, process, or system	Standardized practices were developed for calculating payments and deductions. This includes leveraging pay files, systems, validating recipients for application-based payments, and exploratory analysis for determining and authenticating recipients' payment history.

The Health Resources & Services Administration maximizes oversight and manages risk to minimize fraud, waste, and abuse in the Provider Relief Fund Program. The program integrity strategy includes: oversight to ensure provider compliance with laws, regulations, and program terms and conditions; payment integrity to ensure adequate oversight for payments and identification of improper payments; and fraud risk management to ensure controls are in place to mitigate and respond to fraud, waste, and abuse.