

Payment Integrity Scorecard

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

Reporting Period
Q4 2023

FY 2022 Overpayment Amount (\$M)*

\$409

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

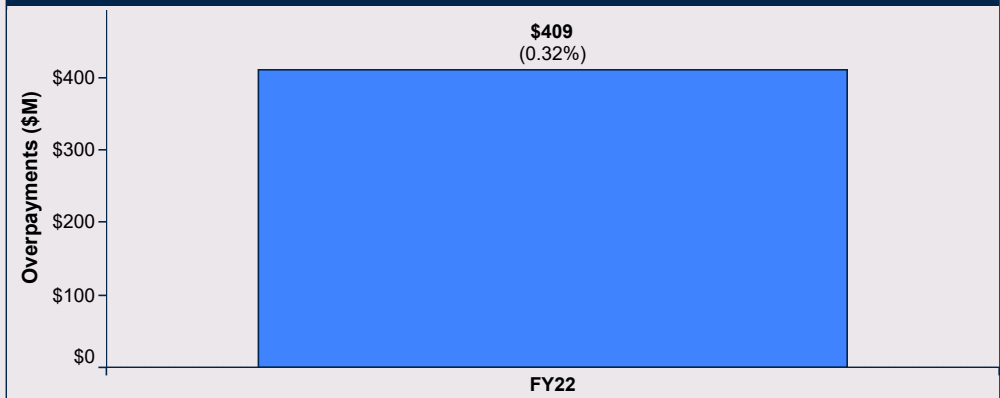


HHS
Health Resources and Services Administration (HRSA) - Provider Relief Fund
General and Targeted

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.

**Historical Payment Rate and Amount (\$M)
(Overpayment as Percentage of Total Outlays)**



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

All Provider Relief Fund payments have been processed, therefore actions were not taken this quarter which were not previously implemented. With the passage of the Fiscal Responsibility Act of 2023 and related rescission of program funds, no further Provider Relief Fund payments will be made to providers, including no reconsideration payments. To reduce 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. Payment controls were also implemented, such as manually validating high-dollar payments, and reviewing submitted reports to aid in identifying and correcting errors on payment disbursements. Records management was improved to account for changes in methodology and addresses issues identified in post-pay review, provider reporting, audits, and anomaly detection.

Accomplishments in Reducing Overpayment

Date

		Date
1	Conducted audits and post-payment quality control reviews to ensure providers have been paid accurately and responded to provider inquiries regarding payments.	Jun-23
2	Improved records management to account for changes in policies and payments under the Provider Relief Funds. Additionally, key stakeholders involved in the payment distribution internal control process are continuously being identified and documented.	Jun-23
3	The program has a standardized process for calculating Provider Relief Fund payments. This includes leveraging pay files, systems, and validating recipients for application-based payments.	Jun-23

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Goals towards Reducing Overpayments	Status	ECD	No	Recovery Method	Brief Description of Plans to Recover Overpayments	Brief Description of Actions Taken to Recover Overpayments
1 Continuously implement and apply controls, such as manually validating high-dollar payments, additional peer reviewers, and finalizing internal policies. Additionally, conduct ongoing audits of Provider Relief Fund payment recipients. Resolutions include any necessary repayments to rectify payment errors.	On-Track	Jun-24	1	Recovery Audit	Repayment recovery action will be based on the result of reviews and audits of the Provider Relief Fund payments to ensure the payments were used in compliance with the CARES, PPPHCEA, CRRSA and ARP Acts.	Conduct ongoing audit/assessment of recipients of Provider Relief Fund payments, utilizing a provider risk scoring approach; and perform analysis on post-payment data files to identify payment errors and discrepancies. Initiate resolution, including any repayments required.
			2	Recovery Activity	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.
2 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	Jun-24	3	Recovery Activity	Align providers' voluntary return payments, including returned accrued interest, with internal systems data so returns are applied to the right line item. Flagged items during review/reconciliation are documented and addressed.	Provide education on how to voluntarily return funds. Align returns, including returned accrued interest, with internal systems data so returns are applied to the right line item. Flagged items during review/reconciliation are documented and addressed.

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 an application was not supported by documentation provided.	Change Process – altering or updating a process or policy to prevent or correct error.	Continue to develop, implement, and standardize processes that create synergy and consistency to promote accurate reviews and audit results.
			Automation - automatically controlled operation, process, or system.	Standardize practice for calculating payments and deductions. This includes leveraging pay files, systems, validating application-based payments, and analysis for authenticating payment history, resulting in reductions on unnoticed and unresolved payments made in error.
			Audit - process for assuring an organization's objectives of operational effectiveness, efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.	Recipients agree to fully cooperate in all audits conducted and adhere to 45 CFR 75 Subpart F. Recommendations will result in a review and resolution of corrective action plans or mitigation strategies and repayment of overpayments, when applicable.

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.