

In Reply Refer To: **FOIA Request 21-06268-F**

September 10, 2023

Ryan Mulvey  
Americans For Prosperity Foundation  
1310 N. Courthouse Rd  
Arlington, VA, 22201

Dear Mr. Mulvey:

This letter is the fourteenth email production in response to your May 27, 2021, request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, submitted to the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Central Office FOIA Office, requesting the following records:

1. "Records reflecting aggregate totals and percentages for pending and completed appointment wait times and related data, as previously disclosed in summary form at the Veterans Health Administration ("VHA") "Patient Access Data" portal, <https://www.va.gov/health/accessaudit.asp>. The time period for this item is March 1, 2021 to the present records that reflect the requested data on a monthly basis (e.g., total number of scheduled appointments for each month of the requested time period) or per reporting period. If month-by-month or period-by-period data is unavailable, please provide the requested data in the form otherwise maintained by the agency. If responsive records are kept in a CSV or Excel format, please produce the records in their native format.
2. All records concerning the VHA's decision to eliminate proactive disclosure of patient access in nation-wide summary form, as previously available at the "Patient Access Data" portal, <https://www.va.gov/health/access-audit.asp>. The time period for this item of the request is January 1, 2021 to the present.
3. All guidance documents, legal opinions, administrative orders, directives, or policy statements issued by the VA concerning any of the following topics:
  - a. Interpretation of the VCCP regulations and designated access standards, including the agency's method for calculating wait times (e.g., discussion of the difference between "date of request," "patient preferred date," and "clinically indicated date");
  - b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;
  - c. Limiting or dissuading veterans from using community care; and
  - d. The impact of the COVID-19 pandemic on administration of the VCCP.

4. All records reflecting communications between or amongst any of the following entities, offices, or components concerning any of the topics listed in Item Three: (a) VHA, (b) VA Office of the Secretary, (c) VA Office of General Counsel, (d) White House Office of Management and Budget, (e) White House Domestic Policy Council, or (f) Office of the White House Counsel.
5. All records concerning congressional requests or inquiries pertaining to any of the topics listed in Item Three. This item includes, but is not limited to, records originating with any Member or entity of Congress, formal agency responses thereto, and internal VA communications regarding the congressional request or inquiry. Searches should be conducted, at a minimum, within the VHA, VA Office of the Secretary, VA Office of General Counsel, and VA Office of Public and Intergovernmental Affairs.”

As noted in our November 19, 2021 letter, also on or around May 28, 2021; fourteen (14) VA Medical Center FOIA Offices received the following requests:

“Pursuant to the Freedom of Information Act, 5 U.S.C. § 552 (“FOIA”), AFPP hereby requests access to the following categories of records concerning operation of the (previously indicated) VA Medical Center hospital. The time period for all items of this request is January 1, 2020 to the present. Please note: to the extent an item of this request seeks data (i.e., Items 1–7 and 9), please provide records reflecting that data on a monthly basis (e.g., total number of scheduled appointments for each month of the requested time period). If month-by-month data is unavailable, please provide the requested data in the aggregate or in the form otherwise maintained by the agency. If responsive records are kept in a CSV or Excel format, please produce the records in their native format.

1. Records reflecting the total number of appointments scheduled.
2. Records reflecting the total number of appointments completed.
3. Records reflecting the total number of appointments cancelled:
  - a. By a VA health care provider; and
  - b. By a patient.
4. Records reflecting the total number and percentage of appointments for primary care, mental health care, or non-institutional extended care services scheduled:
  - a. Within 20 days of a patient’s date of request; and
  - b. Over 20 days of a patient’s date of request.
5. Records reflecting the total number and percentage of appointments for specialty care scheduled:
  - a. Within 28 days of a patient’s date of request; and
  - b. Over 28 days of a patient’s date of request.
6. Records reflecting the total number of patients who, in consultation with a VA health care provider, agreed to schedule an appointment outside the 20-/28-day period established by the VCCP designated access standards.
7. Records reflecting the total number of patients who refused to schedule an appointment outside the 20-/28-day period established by the VCCP designated access standards.



8. All records reflecting the policies and practices for documenting whether a patient agrees or refuses to schedule an appointment outside the 20-/28-day period established by the VCCP designated access standards. This item would include, for example, any blank, standardized form(s) for memorializing such patient consent.
9. Records reflecting the total number and percentage of patients:
  - a. Eligible for community care under the VCCP;
  - b. Who have elected to receive community care under the VCCP; and
  - c. Who have declined to receive community care under the VCCP.
10. All guidance documents, legal opinions, administrative orders, directives, policy statements, or communications exchanged between the (previously indicated) VA Medical Center hospital and the Veterans Health Administration, VA Office of General Counsel, VA Office of the Secretary, White House Office of Management and Budget, or White House Domestic Policy Council concerning:
  - a. Interpretation of the VCCP regulations and designated access standards, including the agency's method for calculating wait times (e.g., discussion of the difference between "date of request," "patient preferred date," and "clinically indicated date");
  - b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;
  - c. Limiting or dissuading veterans from using community care; and
  - d. The impact of the COVID-19 pandemic on administration of the VCCP."

**Consolidation:**

Per communication in or about September 2021, we notified you through counsel that we consolidated all of the above-mentioned FOIA requests into one tracking number, 21-06268-F (appearing at the top of this letter), for ease of use and tracking post litigation filing. Any further communication will be under FOIA tracking number 21-06268-F.

**Search Terms:**

As agreed upon on in discussions and memorialized in writing (via email) around May 16, 2022, the parties agreed on the following search terms and custodians:

Search Item	Search Terms	Custodians
<p>Search #1, <b><u>HQ</u></b> <b><u>FOIA ITEM 2</u></b></p>	<p>[(“access to care” OR “patient access”) AND (“data” OR “numbers”)]</p> <p>AND (“website” OR “site” OR “portal”)</p> <p>AND (“transfer” OR “move” OR “shift” OR “relocate” OR “create date” OR “inspector general”)</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Lieberman</li> <li>• Hudson</li> <li>• Oshinski</li> <li>• Stone</li> </ul>

<p>Search #2, <b><u>HQ</u></b> <b><u>FOIA ITEM 3a &amp; 4-5 and VAMCs</u></b> <b><u>FOIA Item 10a</u></b></p> <p><b><u>(W/O CACMI)</u></b></p>	<p>(“MISSION Act” OR “VCCP” OR “Veterans Community Care”)</p> <p>AND (“date of request” OR “request date” OR “patient preferred date” OR “create date” OR “clinically indicated date” OR “patient indicated date” OR “wait time standard” OR “access standard” OR “file entry date” OR “community care eligibility”)</p> <p>AND [(“guidance” OR “direct*” OR “policy” OR “memo*”) OR (“inquiry” OR “request” OR “question” OR “inspector general”)]</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Upton</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Cunningham</li> <li>• Lieberman</li> <li>• Greenstone</li> <li>• MacDonald</li> <li>• Tucker</li> <li>• Bradsher</li> <li>• Sauber</li> <li>• Hudson</li> <li>• Blauert</li> <li>• Henson</li> <li>• Powers</li> <li>• Raftery</li> <li>• Stone</li> <li>• Clancy</li> <li>• Oshinski</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> </ul>
<p>Search #3, <b><u>HQ</u></b> <b><u>FOIA ITEM 3a &amp; 4-5 and VAMCs</u></b> <b><u>FOIA Item 10a</u></b></p> <p>(w/VHACACMI)</p>	<p>(“MISSION Act” OR “VCCP” OR “Veterans Community Care”)</p> <p>AND (“date of request” OR “request date” OR “patient preferred date” OR “create date” OR “clinically indicated date” OR “patient indicated date” OR “wait time standard” OR “access standard” OR “file entry date” OR “community care eligibility”)</p> <p>AND [(“guidance” OR “direct*” OR “policy” OR “memo*”) OR (“inquiry” OR “request” OR “question” OR “inspector general”)] AND “<a href="mailto:VHACACMI@va.gov">VHACACMI@va.gov</a>”</p>	<ul style="list-style-type: none"> <li>• Mary Fields</li> </ul>
<p>Search #4, <b><u>HQ</u></b> <b><u>FOIA ITEM 3b &amp; 4-5 and VAMCs</u></b> <b><u>FOIA ITEM 10b</u></b></p>	<p>(“VCCP” OR “Community Care” OR “MISSION Act”)</p> <p>AND (“access standards” OR “wait times”)</p> <p>AND [(“method*” OR “calculat*”) AND (“process” OR “procedure” OR “direct*” OR “policy” OR “memo*”)]</p>	<ul style="list-style-type: none"> <li>• Upton</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Cunningham</li> <li>• Lieberman</li> <li>• Greenstone</li> <li>• MacDonald</li> <li>• Tucker</li> <li>• Bradsher</li> </ul>

		<ul style="list-style-type: none"> <li>• Sauber</li> <li>• Hudson</li> <li>• Blauert</li> <li>• Powers</li> <li>• Henson</li> <li>• Raftery</li> <li>• Stone</li> <li>• Clancy</li> <li>• Oshinski</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> </ul>
<p>Search #5, <b><u>HQ</u></b> <b><u>FOIA ITEM 3c &amp;</u></b> <b><u>4-5 and VAMCs</u></b> <b><u>FOIA ITEM 10c</u></b></p>	<p>[(“community care wait time”) AND (“eligible” OR “eligibility”)]  AND   (“script” OR “referral coordination initiative”)</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Upton</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Cunningham</li> <li>• Lieberman</li> <li>• Greenstone</li> <li>• MacDonald</li> <li>• Tucker</li> <li>• Bradsher</li> <li>• Sauber</li> <li>• Hudson</li> <li>• Blauert</li> <li>• Henson</li> <li>• Powers</li> <li>• Raftery</li> <li>• Stone</li> <li>• Clancy</li> <li>• Oshinski</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li>   <li>•</li> </ul>
<p>Search #6, <b><u>HQ</u></b> <b><u>FOIA ITEM 3c &amp;</u></b> <b><u>4-5 and VAMCs</u></b> <b><u>FOIA ITEM 10c</u></b>   <b><u>(w/VHACACMI)</u></b></p>	<p>((“community care wait time”) AND (“eligible” OR “eligibility”))AND (“eligible” OR “eligibility”)) AND (“script” OR “referral coordination initiative”) AND “<a href="mailto:vhacacmi@va.gov">vhacacmi@va.gov</a>”</p>	<ul style="list-style-type: none"> <li>• Mary Fields</li> </ul>

<p>Search #7, <b><u>HQ</u></b>  <b><u>FOIA ITEM 3d &amp;</u></b>  <b><u>4-5 and VAMCs</u></b>  <b><u>FOIA ITEM 10d</u></b></p>	<p>[(“COVID*” OR “pandemic”) AND (“VCCP” OR “community care” OR “MISSION Act”)]</p> <p>AND (“referral management” OR “consult management” OR “eligibility” OR “wait time standard” OR “access standard” OR “pause”)</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Sauber</li> <li>• Hudson</li> <li>• Hipolit</li> <li>• Blauert</li> <li>• Upton</li> <li>• Tucker</li> <li>• Bradsher</li> <li>• Powers</li> <li>• Henson</li> <li>• Raftery</li> <li>• Stone</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> </ul>
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Email Production:

This production is in response to Search #5 of your request.

Search #5

3. All guidance documents, legal opinions, administrative orders, directives, or policy statements issued by the VA concerning any of the following topics:
  - c. Limiting or dissuading veterans from using community care;
  
4. “All records reflecting communications between or amongst any of the following entities, offices, or components concerning any of the topics listed in Item Three: (a) VHA, (b) VA Office of the Secretary, (c) VA Office of General Counsel, (d) White House Office of Management and Budget, (e) White House Domestic Policy Council, or (f) Office of the White House Counsel.”
  
5. “All records concerning congressional requests or inquiries pertaining to any of the topics listed in item three. This item includes, but is not limited to, records originating with any Member or entity of Congress, formal agency responses thereto, and internal VA communications regarding the congressional request or inquiry. Searches should be conducted, at a minimum, within the VHA, VA Office of the Secretary, VA Office of General Counsel, and VA Office of Public and Intergovernmental Affairs.”
  
10. All guidance documents, legal opinions, administrative orders, directives, policy statements, or communications exchanged between the (previously indicated) VA Medical Center hospital and the Veterans Health Administration, VA Office of General Counsel, VA Office of the Secretary, White House Office of Management and Budget, or White House Domestic Policy Council concerning:

c. Limiting or dissuading veterans from using community care;

The time period for this item of the request is January 1, 2020 to the present.

As noted above, the search terms include:

("VCCP" OR "Community Care" OR "MISSION Act") AND ("access standards" OR "wait times") AND [("method\*" OR "calculat\*") AND ("process" OR "procedure" OR "direct\*" OR "policy" OR "memo\*")]

These search terms were applied to the following custodian mailboxes:

- Mark Upton
- Kameron Matthews
- Teresa Boyd
- Kristen Cunningham
- Steven Lieberman
- Clinton Greenstone
- Jennifer MacDonald
- Brooks Tucker
- Tanya Bradsher
- Richard Sauber
- William Hudson, Jr.
- Susan Blauert
- Pamela Powers
- Christopher Henson
- Meghan Raftery
- Richard Stone
- Carolyn Clancy
- Renee Oshinski
- Robert Wilkie (x2)
- Denis McDonough (x2)

On July 10, 2023, we issued our first response to search #5 and released 495 pages, Bates numbered 4746-5240. On August 10, 2023, we released an additional 495 pages, Bates numbered 5241-5736. This is our final response for search #5 which includes 1357 pages, Bates numbered 5737-7093. We processed a total of 55 nonresponsive pages with our final release. The Bates numbering appears on the top center of the documents, any additional numbering that appear are original to the documents.



## Determination:

My review of the documents revealed that they contained information that falls within the disclosure protections of FOIA Exemption 6, 5 U.S.C. § 552(b)(6).

FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government.

More specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of: employee names and contact information as the individuals associated with this information have a personal privacy interest in it.

The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the materials provided, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest in this case. The individuals associated with this information have a personal privacy interest in information that outweighs any public interest served by disclosure of their identities under FOIA. Consequently, I am denying your request for this information under FOIA Exemption 6, 5 U.S.C. § 552 (b)(6).

Thank you for your interest in VA. If you have any further questions, please feel free to contact me at (202) 738-2974 or via email at [darryl.webb@va.gov](mailto:darryl.webb@va.gov).

Sincerely,

*Darryl Webb*

Darryl Webb  
VA FOIA Officer

Enclosures:

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

5741

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>Sept. 2018 January 2021</p>	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA’s new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
<p>Sept. 2020</p>	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>5744</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO



# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update<sup>5748</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

5750

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>



# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>Claims payment data is complete, accurate, and timely</p>	<p>POM</p>	<ul style="list-style-type: none"> <li>• Process and control documentation complete. Ready for testing.</li> <li>• File transfer controls to be documented.</li> <li>• Compensating control to be identified if file wasn't received.</li> <li>• Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Internal Controls Audit Completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit



# Department of Internal Audits (DIA) Update

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# SHPAT Audits

5760


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
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Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

5761


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

5762

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1064 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1064 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1456 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1456 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

5763

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Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1323 589"><tr><td data-bbox="788 475 962 525">Planning</td><td data-bbox="962 475 1145 525">Fieldwork</td><td data-bbox="1145 475 1323 525">Reporting</td></tr><tr><td colspan="3" data-bbox="788 525 1323 589">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 846 1323 961"><tr><td data-bbox="788 846 962 896">Planning</td><td data-bbox="962 846 1145 896">Fieldwork</td><td data-bbox="1145 846 1323 896">Reporting</td></tr><tr><td colspan="3" data-bbox="788 896 1323 961">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
<p><b>December 2016</b> January 2021</p>	<p>GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52</p>	<p>1 of 2 Rec 2</p>	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p>	<p>9 of 10</p>	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b>                      Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b>                      Rec 10- Publication of VHA Directive 1670  <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

5782

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>



# CUEC Action Tracker – Referral

5783

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

5793


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Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
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Overall Audit Completion: 89%														
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Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

5794


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Audit Name	Audit Status	Additional Information												
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# VACC PIIA Team Audits

5795

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Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

5796

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 846 1323 961"> <tr> <td data-bbox="788 846 962 898">Planning</td> <td data-bbox="962 846 1143 898">Fieldwork</td> <td data-bbox="1143 846 1323 898">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 898 1323 961">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>



# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
<p><b>December 2016</b> January 2021</p>	<p>GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52</p>	<p>1 of 2 Rec 2</p>	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p>	<p>9 of 10</p>	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b>                      Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b>                      Rec 10- Publication of VHA Directive 1670  <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>Sept. 2018 January 2021</p>	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA’s new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
<p>Sept. 2020</p>	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>5810</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update<sup>5814</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized



# CUEC Action Tracker – Eligibility

5815

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>In Progress - Referral process documentation and risk assessment.</li> <li>File transfer controls to be identified.</li> <li>Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality</li> <li>Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)



# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

5826


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

5827


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Q1</td> <td style="background-color: #d3d3d3;">Q2</td> <td style="background-color: #d3d3d3;">Q3</td> <td style="background-color: #d3d3d3;">Q4</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

5828

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1064 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1064 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
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Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

5829

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1321 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1321 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1321 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1321 962"> <tr> <td data-bbox="788 848 962 899">Planning</td> <td data-bbox="962 848 1143 899">Fieldwork</td> <td data-bbox="1143 848 1321 899">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 899 1321 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

(b)(6)

(b)(6)



# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

**From:** (b)(6)  
**Subject:** RE: Electronic Transcript for Editing- Health Subcommittee Hearing September 30, 2020  
**To:** (b)(6) Lieberman, Steven; Upton, Mark T.  
**Cc:** (b)(6)  
**Sent:** December 20, 2020 8:52 PM (UTC-06:00)  
**Attached:** 2020.09.30 Health Unofficial Hearing Transcript re Community Care Wait Times scl\_mtu.doc

Here are a couple edits for Dr Upton's sections.

(b)(6)

Executive Officer to the Assistant Under Secretary  
for Health for Community Care  
Office of Community Care

(b)(6)

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**From:** (b)(6)@va.gov>  
**Sent:** Friday, December 18, 2020 5:29 PM  
**To:** (b)(6)@va.gov>; Lieberman, Steven (b)(6)@va.gov>; Upton, Mark T. (b)(6)@va.gov>  
**Cc:** (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>  
**Subject:** RE: Electronic Transcript for Editing- Health Subcommittee Hearing September 30, 2020

No changes from me (b)(6)

Thanks!

(b)(6)

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**From:** (b)(6)@va.gov>  
**Sent:** Friday, December 18, 2020 4:24 PM  
**To:** Lieberman, Steven (b)(6)@va.gov>; Upton, Mark T. (b)(6)@va.gov>; (b)(6)@va.gov>  
**Cc:** (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>  
**Subject:** RE: Electronic Transcript for Editing- Health Subcommittee Hearing September 30, 2020

Thanks Sir – have a good weekend!

(b)(6)

Congressional Relations Officer  
Office of Congressional and Legislative Affairs  
Department of Veterans Affairs

(b)(6) desk  
(b)(6) cell

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**From:** Lieberman, Steven (b)(6)@va.gov>  
**Sent:** Friday, December 18, 2020 4:22 PM

**To:** (b)(6) @va.gov; Upton, Mark T. <(b)(6)@va.gov> (b)(6)  
 (b)(6) @va.gov  
**Cc:** (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov  
**Subject:** RE: Electronic Transcript for Editing- Health Subcommittee Hearing September 30, 2020

As requested, I made tracked changes for my testimony.

Have a good weekend.

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**From:** (b)(6) @va.gov  
**Sent:** Monday, December 14, 2020 11:35 AM  
**To:** Lieberman, Steven (b)(6) @va.gov; Upton, Mark T. <(b)(6)@va.gov>; (b)(6) @va.gov  
 (b)(6) @va.gov  
**Cc:** (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov; (b)(6) @va.gov  
**Subject:** Electronic Transcript for Editing- Health Subcommittee Hearing September 30, 2020  
**Importance:** High

Good morning,

Please see the attached unedited transcript for the Committee on Veterans' Affairs, Subcommittee on Health hearing entitled "Mission Critical: Assessing Community Care Wait Times".

Committee Rules require the transcripts be substantially verbatim. Only changes in the interest of clarity, accuracy, and corrections in transcribing errors are permitted. Please use the "track changes" feature on MS Word to submit your edits and return to OCLA NLT December 21<sup>st</sup>, 4pm.

Thank you, please let me know if you have questions or concerns.

(b)(6)

Congressional Relations Officer  
Office of Congressional and Legislative Affairs  
Department of Veterans Affairs

(b)(6) desk  
(b)(6) cell

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MISSION CRITICAL: ASSESSING COMMUNITY CARE  
WAIT TIMES  
Wednesday, September 30, 2020  
House of Representatives  
Subcommittee on Health  
Committee on Veterans' Affairs  
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:03 a.m.,  
in Room 210, House Visitors Center, Hon. Julia Brownley  
[chairwoman of the subcommittee] presiding.

Present: Representatives Brownley, Brindisi, Rose,  
Cisneros, Sablan, Dunn, Meuser, and Steube.

Also Present: Representatives Takano and Roe.



Ms. \*Brownley.\* Good morning. I call this hearing to order. A quorum is present. Without objection, the chair is authorized to declare a recess at any time.

We have a number of members and witnesses participating remotely today. Before we proceed, I would like to go over some items for those participating remotely.

First, if you are experiencing connectivity issues, please make sure you or your staff contact our designated technical support, so those issues can be resolved immediately. Members participating remotely must continue to use the video function for the duration of their participation in the hearing, unless they experience connectivity issues or other technical problems that render them unable to fully participate on camera.

It is committee policy that members participating remotely will remain muted when not recognized, just like turning your microphone on and off during an in-person hearing. This is out of courtesy to all members on the committee, so that background noise does not interfere with another member who is recognized to speak.

When you are recognized, you will need to un-mute your

microphone and pause for a couple of seconds before speaking, so that we will be able to hear everything you say and so that it will be captured on the live stream of this hearing.

If you wish to be recognized, please raise your hand using the Webex raise-hand function, un-mute your microphone, and ask to be recognized.

If you wish to have a document inserted into the record, please ask for unanimous consent, and have your staff email the document to [veteranaffairs.hearings@mail.house.gov](mailto:veteranaffairs.hearings@mail.house.gov). It will be uploaded to the committee document repository. Please keep in mind that you will need to refresh the repository page, as it does not automatically update.

Without objection, members will be recognized in order of committee seniority for questioning witnesses today. This will make it easier for me to ensure all members participating have an opportunity to be recognized.

Does any member have a question about the conduct of this hearing with members participating remotely?

Also with us today are our full committee chairman, Mark Takano, and Ranking Member Phil Roe. Thank you both for being here.

I now recognize myself for an opening statement.

Nearly 16 months ago, on June 6th, 2019, VA launched the MISSION Act Community Care benefit. Despite what the President might say at his rallies and in the media, VA community care is not a new benefit; it has actually been around since at least 1945. However, the MISSION Act overhauled the Veterans Choice Program that was created in 2014, and significantly expanded veterans' eligibility for referral to community providers when there are lengthy wait times for appointments at VA medical facilities or when needed services are not readily available at VA.

Today, we will examine the extent to which VA is meeting the goal of delivering timely care through the MISSION Act Community Care Program more than a year into its implementation.

Late last month, VA provided the committee data on veterans' wait times for appointments both within VA medical facilities and in the community. VA's most recent data show that in fiscal year 2020, from October 2019 through June 2020, veterans waited an average of 41.9 days from the date of request for routine specialty care appointments with

community providers, with 21.9 of those days accounted for by a bureaucratic, administratively-burdensome appointment-scheduling process. In contrast, these VA data show the appointments for specialty care at VA medical facilities are scheduled in less than a third of the time it takes to schedule community care appointments, 6.8 days on average.

When the President signed the MISSION Act into law on June 6th, 2018, he promised that the expansion of VA's Community Care Program would end the problem of veterans, quote, "standing in line for weeks and weeks and weeks to see a doctor." He also said, quote, "It's going to be great."

This morning's hearing is the fifth oversight hearing held by the subcommittee or the full committee to examine VA's implementation of the MISSION Act Community Care benefit.

For the first time we have data that clearly shows this program is not great and it is not delivering on President Trump's promise to veterans of more timely care. It should come as no surprise that veterans are still standing in line for weeks and weeks and weeks to see community providers. This is because, as you may have read in a new report GAO

issued on Monday and as you will hear from our GAO witness this morning, VA designed an appointment-scheduling process that allows up to 19 days for staff at VA medical facilities to schedule veterans' community care appointments. Furthermore, GAO has recommended since 2013 that the Department establish an overall wait-time goal for community care.

Despite concurring with this recommendation and a related one GAO made at the time the MISSION Act was enacted in 2018, VA has never specified the maximum number of days veterans should have to wait to complete appointments with community providers. On the other hand, VA has established wait-time goals for appointments delivered at the Department's medical facilities.

The MISSION Act required VA to designate access standards for the new Community Care Program and these serve as one criterion under which veterans are eligible for a referral to the community. According to VA's access standards, veterans are offered referrals to community providers when they cannot obtain primary care or mental health appointments at VA medical facilities within 20 days

or specialty care appointments within 28 days.

What veterans most likely do not know is that if they opt for community care, it will quite often take longer for them to access community care appointments than it otherwise would take for them to obtain appointments at VA medical facilities. VA does not publish community care wait time data and schedulers are not required to inform veterans of average wait times for community care when they offer community care referrals. Given VA's lack of action on GAO's longstanding recommendations related to an overall wait time goal for community care, GAO has now recommended that Congress take legislative action to require VA to establish one.

Yesterday, less than 36 hours after GAO issued its report, I introduced the VA Community Care Wait Time Transparency Act of 2020, which requires VA to apply the same wait time goal to community care that it already applies to care veterans receive at VA medical facilities, a goal that is equal to the 20-day and 28-day access standards VA established under the MISSION Act. If VA is applying this wait time threshold to its own facilities and referring

veterans to the community when VA appointments aren't available within those time frames, then VA should be holding community providers to the same standard. And, at the very least, VA should offer veterans information that will empower them to make more informed decisions about whether they should wait for appointments at VA facilities or seek appointments with community providers.

My bill also requires VA to publish community care wait time data on a public-facing website to include average wait times and the percentage of appointments that occur within the Department's established wait time goal. That website must be searchable by zip code, specialty and VAMC, and similar to VA's existing website for wait times for appointments at VA medical facilities.

While our legislative days are numbered between now and the end of the year, I look forward to working with my colleagues to pass legislation as soon as possible that will require VA to finally act on the recommendation GAO made 7 years ago. Together, we need to work together to deliver on the promise of the MISSION Act Community Care Program and better ensure that veterans' access to care, whether they

choose to receive care at VA medical facilities or in the community, is not impeded.

So with that, I will now recognize Ranking Member Dunn to deliver any opening remarks he may have.

Dr. Dunn?

Mr. \*Dunn.\* Thank you very much, Chairwoman Brownley. I am excited to be here today to continue the series of hearings our subcommittee has held in Congress on the Veterans Community Care Program.

The Community Care Program was established last congressional session in the MISSION Act and was intended to replace the Choice and Department of Veterans Affairs other community care authorities with a single, streamlined authority with access to care, and empower the veterans with more choices and greater control into where and how to use the health care benefits that they have earned. Today's hearing will assess the timeliness of care delivered through that program by the VA's nationwide network of more than 727,000 community providers.

As members of this committee know too well, accurately gauging access to care, either in-house or in the community,



is no easy feat, and the VA has struggled with this in the past. I think we all on the civilian side has too. The Government Accountability Office released a report Monday outlining the VA's continuing challenges in this regard and I am glad that they are with us virtually this morning to share their recommendations for improvement. I am also glad that representatives from the veterans service organizations are here to virtually provide the veterans' perspective. And TriWest, one of VA's two community care third party administrators, is also here to virtually provide their community perspective.

We are joined in person by three senior leaders from the VA Health Administration. I appreciate all of you taking time to discuss the efforts the VA is making to shorten wait times and ensure that every veteran has timely access to high quality care.

I ask all Members of the House and the public to keep in mind that the health care environment we are working in now and for the last 8 months is extraordinarily complicated as a result of COVID-19. We are facing a confusing array of options regarding precautionary procedures, defining the

population at risk, and even the appropriate treatments that are available. I have said this before and I will say it again: the VA health system has done a great deal that they can be proud of in the Department's response to the pandemic. No other health care system in America has come to the aid of more nursing homes, other hospitals, and the public health systems than the VA. The VA health care workers, other employees, and the leadership of the VA stepped up to care for veterans and civilians in a selfless fashion all across America, and their heroic efforts should be celebrated and supported.

That said, we remain in a critical situation with respect to ensuring preparedness for a possible resurgence of this virus in the fall and deploying a whole new set of treatments and tests to these patients that have been developed just in the last 8 months. We must also ensure that the backlog in care that COVID-19 created is addressed effectively, fairly, transparently, and without undue delay. We want no veteran left behind or falling through the cracks.

Community care has always been an irreplaceable complement to the VA health care system and that is

particularly true now. I am hoping today's hearing will give us an opportunity to hear about the VA's efforts to comb through the millions of appointments that were canceled due to COVID-19 and working with their community partners to be certain our veterans receive the care they need and deserve in spite of the stress that COVID-19 has put on our health care system.

I look forward to this conversation this morning and, with that, I yield back.

Ms. \*Brownley.\* Thank you, Dr. Dunn.

Chairman Takano, do you have any opening remarks?

Mr. \*Takano.\* I do, Ms. Brownley.

Thank you, Chairwoman Brownley, for holding this hearing on this important topic and for summarizing so well the problem before us.

More than a year after the D-Day anniversary of the go-live of the MISSION Act Community Care Program, VA is not accomplishing one of this program's primary objectives, speeding up veterans' access to care. Together with our colleagues in the Senate, veterans service organizations, and other key stakeholders, this committee worked diligently in

2018 to craft what became the VA MISSION Act. While ensuring that VA would remain the primary provider and central coordinator of veterans health care, we developed legislation that was also intended to improve veterans' access to care and make them feel empowered to make choices. However, based on the findings of GAO's new report, it is hard to see how either of these two things are true.

In the wake of the wait time scandal of 2014, access to care in the community was touted as the cure-all, yet GAO's latest report suggests veterans are potentially waiting longer--longer--to access care in the community than if they opted to remain at VA because of an overly bureaucratic, administratively burdensome appointment-scheduling process. Unfortunately, veterans largely don't know this and are forced to make important decisions about their health care without knowing all the facts. And, to that end, I applaud Chairwoman Brownley's introduction of legislation yesterday that will mandate VA establish the same wait time goal for community care that it already applies to care veterans receive at VA medical facilities.

The VA Community Care Wait Time Transparency Act of 2020

will also require VA to publish community care wait time data on a public-facing website to include average wait times and the percentage of appointments that occur within the Department's established wait time goal. This legislation will further enhance veterans' ability to make informed decisions about their health care.

I hope to hear more from our witnesses this morning about how the Department and its contractors intend to address other impediments to veterans' timely access to community care. However, before I yield back, I would be remiss if I didn't take a moment this morning to express my concern about VA's readiness to expand the Program of Comprehensive Assistance for Family Caregivers, or Caregiver Program, to pre-9/11 veterans starting tomorrow. I know that is not the focus of today's hearing, but I do hope we can take a few moments with the VA leaders present today to discuss VA's preparation for implementing the long-awaited expansion of the Caregiver Program, which was the other signature piece of the MISSION Act. This program provides monthly stipends, training, mental health services, and other support to primary caregivers of veterans with serious

injuries that were incurred or aggravated in the line of duty. The MISSION Act required VA to expand the program to eligible veterans of all eras, starting with those who served before May 7th, 1975, and later expanding to all other veterans that served prior to 9/11.

Before launching this expansion, the MISSION Act required the Secretary of Veterans Affairs to certify a new IT system for processing applications and caregiver stipends, and performing other key administrative functions. I want to be clear, it was Congress' intent that this IT system be certified before VA begins accepting applications from veterans who will be newly eligible for the Caregiver Program. I must say that I am worried, quite worried that we are here just one day before the Caregiver Program expansion goes live, in accordance with regulations that were finalized over the summer, and VA still has not certified the new IT system it has been developing since the MISSION Act passed more than 2 years ago--let me repeat that--more than 2 years ago.

As you may know, I was an educator before serving in Congress and I hope you will forgive me for the following

analogy, but the way I see it, VA is behaving like a student who crams for the final exam after having never attended class or turned in any homework assignments the entire semester. It is my understanding that VA only began the final phase of user acceptance testing for this new IT system within the last couple of weeks and that some glitches, which have not been explained to the committee, have been identified. It is frustrating that VA has not been forthcoming or responsive to our staff's request for additional information. Nevertheless, VA continues to promise that its contractors will fix the glitches and this IT system will in fact be ready when the Caregiver Program expansion begins tomorrow.

Once again, VA has had more than 2 years to prepare for this exam, but we are down, right down to the wire here. This expansion is set to go live tomorrow and thousands of pre-9/11 veterans and their caregivers have waited more than a decade to be eligible to participate in this program. There is a lot riding on this and I certainly hope that the IT system is up to the task.

Thank you, Chairwoman Brownley, and I yield back.

Ms. \*Brownley.\* Thank you, Chairman Takano.

I will now turn to Ranking Member Roe. Dr. Roe, you are recognized. No opening comments? Very good.

Then we will move on to our witnesses for today's one-hearing panel. We are joined by the co-authors of the Independent Budget, Mr. Roscoe Butler of Paralyzed Veterans of America, who is accompanied by his colleagues, Ms. Joy Ilem of Disabled American Veterans, and Mr. Patrick Murray of Veterans of Foreign Wars. They are joining us remotely.

We also have Ms. Sharon Silas, a Director from the U.S. Government Accountability Office's Health Care Team; she is also joining us remotely.

Next, here in the hearing room, we have Dr. Steve Lieberman, Acting Principal Deputy Under Secretary for Health from VA, who is accompanied in person by Dr. Mark Upton, Acting Assistant Under Secretary for Health for Community Care; and, participating remotely, Dr. Jennifer MacDonald, Chief Consultant to the Principal Deputy Under Secretary of Health.

And, finally, we have Mr. David McIntyre, President and CEO of TriWest Healthcare Alliance joining us remotely today.



We will now hear the prepared statements from our witnesses. For those participating remotely, I will remind you to please pause for 2 or 3 seconds before speaking, so that the recording will capture all of your words, and please remember to do so when answering members' questions as well.

Your written statements in full will be included in the hearing record, without objection.

Mr. Butler, you are recognized for 5 minutes.

STATEMENTS OF ROSCOE BUTLER, ASSOCIATE LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA, ON BEHALF OF THE INDEPENDENT BUDGET, ACCOMPANIED BY JOY ILEM, NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS, ON BEHALF OF THE INDEPENDENT BUDGET, AND PATRICK MURRAY, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS, ON BEHALF OF THE INDEPENDENT BUDGET; SHARON SILAS, DIRECTOR, HEALTH CARE, U.S. GOVERNMENT ACCOUNTABILITY OFFICE; STEVEN LIEBERMAN, ACTING PRINCIPAL UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS, ACCOMPANIED BY MARK UPTON, ACTING ASSISTANT UNDER SECRETARY FOR HEALTH FOR COMMUNITY CARE, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS, AND JENNIFER MACDONALD, CHIEF CONSULTANT TO THE PRINCIPAL DEPUTY UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND DAVID MCINTYRE, PRESIDENT AND CEO, TRIWEST HEALTHCARE ALLIANCE, INC.

STATEMENT OF ROSCOE BUTLER

Mr. \*Butler.\* Chairwoman Brownley, Ranking Member Dunn,

and members of the subcommittee, the co-authors of The Independent Budget, DAV, PVA, and VFW, are pleased to present our views examining the timeliness of veterans' access to community care since the VA implemented the MISSION Act.

To help prepare for this hearing, we reached out to our members to gain a better understanding of how COVID-19 has impacted veterans' access to health care. The feedback we received represents a snapshot of veterans' experience and the challenges they face.

For example, VFW recently asked its members to report their experiences, and veterans in several states reported ongoing problems, issues such as veterans receiving bills, the provider no longer participating in the program--

[Audio malfunction.]

Mr. \*Butler.\* We also contacted a few VA medical centers to solicit feedback and were informed they are just now starting to contact veterans to reschedule appointments.

Based on those discussions and the volumes of referrals that apparently needed to be rescheduled, the bubble of deferred care is likely to create access problems in both VA and the community as operations resume. Access to and

timeliness of needed care must be closely monitored over the next several months so the--

[Audio malfunction.]

Mr. \*Butler.\* --schedule appointments. They should be informing veterans about all their care options, including wait time and availability for care.

VA staff at one site informed us appointments were being rescheduled, but veterans were not being informed that care was available at VA and that it might be the timeliest option. Instead, veterans were scheduled with a CCN provider.

In addition to making veterans aware of their options for care with the integrated networks, it is essential that they are provided evidence-based information in order to make truly informed decisions about their care.

We confirmed through VA sites we contacted--

[Audio malfunction.]

Mr. \*Butler.\* --rescheduling veterans' appointments. The feedback received highlighted a process that is still being developed and provides no opportunity for staff to make needed adjustments.

Based on the volume of consults that needed to be rescheduled, employees also expressed concerns about inadequate staffing levels for both nurse care coordinators and schedulers.

We hope the subcommittee will continue to monitor the implementation of standing up local community care coordination teams and veterans' access to timely community services. Also to get a better understanding how the Veterans Community Care Program is performing, we recommend GAO conduct a thorough assessment of the program, specifically looking into the process for establishing referrals for community care consults, appointment scheduling, and how VA is engaging veterans prior to referring them to a community network provider.

Finally, we would like to bring to your attention concerns for veterans regarding VA's community providers inappropriately billing veterans for care authorized by VA. All three organizations, DAV, PVA, and VFW, have reported these problems. To give you an idea of the scope of the problem, a section of VFW's recent out-care survey asked about VA coordinated care, community care, and over a third

of respondents reported receiving a bill. PVA has alerted the VA central office about billing issues veterans are facing.

When veterans get bills, overdue notices, and bill collection threats, they not only get frustrated and concerned, but anxious and worried about their credit records and possible lawsuits. This is unacceptable and we urge VA to redouble its efforts to ensure CCN providers are informed and understand that veterans are not to be billed for VA-approved care through CCN.

Again, we thank you for the opportunity to submit our views on access to community care and we look forward to answering any questions you may have.

[The statement of Roscoe Butler appears on p. ]

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Ms. \*Brownley.\* Thank you, Mr. Butler.

Ms. Silas, you are now recognized for 5 minutes. And, again, please just remember to pause for a couple of seconds after you un-mute.

## STATEMENT OF SHARON SILAS

Ms. \*Silas.\* Chairwoman Brownley, Ranking Member Dunn, Chairman Takano, Ranking Member Roe, and members of the subcommittee, thank you for the opportunity to be here today to discuss the findings from our recently-released report on the implementation of the Veterans Community Care Program.

VA has been providing veterans with access to health care from their community providers since 1945. In the last decade, Congress has taken steps to expand the availability of community care for veterans. And while most veterans still receive their health care from VA facilities, the number of veterans receiving medical care through their community provider has increased 77 percent since 2014. In 2019, nearly 2 million veterans received care through the Community Care Program.

The 2018 MISSION Act established the Veterans Community Care Program and is the latest iteration of VA's community care. VA had 1 year to implement the Veterans Community Care Program, a large and complex undertaking that came with many risks and challenges. However, VA's experience with the



Choice Program, a precursor to the Veterans Community Care Program, provided VA with an opportunity to avoid the operational and oversight weaknesses GAO identified in the Choice Program.

Specifically, GAO reviewed the Choice Program's appointment scheduling process in 2018 and found, among other issues, a lack of trained staff, and improper processes and policies to effectively manage the program and ensure veterans' timely access to care. GAO made ten recommendations that were framed to incorporate lessons learned from the Choice Program into the implementation of the Veterans Community Care Program.

While VA did take steps to better prepare facilities such as implementing new technologies to help manage appointments, conducting readiness assessments of facilities, and providing facility staff with training, eight of the ten recommendations that were intended to inform the implementation of the Veterans Community Care Program continue to remain open.

A number of our concerns predate the implementation of the Veterans Community Care Program. Specifically, in 2013,

we recommended that VA establish an overall wait time performance measure for its community care programs. In 2018, we also found that the appointment-scheduling process VA designed for the Choice Program was not consistent with statutory requirements to receive care. Although we recommended that VA develop an achievable wait time measure for its next community care program, 2 years into the implementation of the Veterans Community Care Program VA still does not have an overall wait time performance measure for the appointment-scheduling process. Without an overall wait time measure, VA and others are not able to know whether veterans are actually receiving timely access to medical care.

GAO believes Congress should consider taking action to require VA to establish an overall wait time measure for veterans in order to measure and monitor the timeliness of appointments, and to be able to compare the timeliness of community care appointments to those that occur within VA facilities.

We also reiterate two prior recommendations from the Choice report in our report on the Veterans Community Care

Program.

First, that as VA develops and implements the program, it should design a appointment-scheduling process that sets forth steps with time frames that account for the entire appointment-scheduling process. As we describe in our report, VA has only done this for a portion of the process.

Second, that VA develop a comprehensive policy directive that provides definitive, up-to-date information on the community care appointment-scheduling policy. As we note in our report, policies for the appointment-scheduling process continue to be scattered across various policy documents.

We also make three new recommendations in our report.

First, we found that VA's policies are inconsistent or silent on two performance metrics that VA is currently using to monitor the timeliness of appointment scheduling. For example, VA is currently using a 7-day performance metric for reviewing a referral and that VA policy indicates a referral should be completed in 2 days. Accordingly, we recommended VA align its monitoring metrics with the time frames established in the scheduling process.

Finally, we also recommended that VA take actions to

remove any barriers to community provider enrollment, and to ensure an appropriate level of facility staffing and resources are in place for timely processing referrals and appointment scheduling through the Community Care Program.

As we describe in the report, for Region 1, the first region to be fully implemented, many of the facilities were not meeting established timeliness metrics for processing referrals and scheduling appointments.

In summary, many issues that VA is facing with its community care appointment scheduling and monitoring processes are longstanding and predate the Veterans Community Care Program. And it is important to remember the impetus for expanding veterans' access to care in the community: to help ensure veterans receive timely access to care. If VA is not able to effectively monitor and measure how long it takes a veteran to receive care through the Veterans Community Care Program, it will be difficult to know whether VA is actually achieving this goal.

This concludes my prepared statement. I would be happy to answer any questions that you might have.

Thank you.

[The statement of Sharon Silas appears on p. ]

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Ms. \*Brownley.\* Thank you, Ms. Silas.

And now, Dr. Lieberman, you are now recognized for 5  
minutes.

## STATEMENT OF STEVEN LIEBERMAN

Dr. \*Lieberman.\* Good morning, Chairwoman Brownley, Ranking Member Dunn, Chairman Takano, and Ranking Member Roe, as well as the members of the subcommittee. Thank you for the opportunity to discuss the veterans' access to community care since the Department of Veterans Affairs implemented the MISSION Act of 2018.

I am joined today by Dr. Mark Upton, Acting Assistant Under Secretary for Health for Community Care, and Dr. Jennifer MacDonald, Chief Consultant to the Deputy Under Secretary for Health. VA is honored to deliver health care for the more than 9 million veterans who entrust us with their care and is proud to serve as the backstop to the Nation's health care system.

The COVID-19 pandemic has challenged VA and every health care organization around the globe. We firmly believe that it showed the world what we are truly made of. We acted swiftly and decisively to keep veterans and staff safe, and excelled in our fourth mission, supporting 47 states, the District of Columbia, and Tribal Nations, protecting the

communities where veterans live and thrive.

We remained open for in-person care when clinical urgency rose above the risk of COVID-19, and we reinvented methods of providing routine care by expanding telehealth video appointments by over 1,000 percent. Despite the world's disruption of the supply chain, we allocated personnel and equipment between facilities as needed.

Before the pandemic, VHA was amidst a tremendous transformation, working to unify the direct and community care aspects of the enterprise to empower veterans with more choices, while modernizing our systems to enable an optimal experience. We are actively streamlining referral management and automating claims processing to ensure that claims are paid quickly and consistently, while being excellent partners to our vast network of community providers. As a part of this transformation, we established timeliness metrics aligned with the moments in the care experience that matter to veterans, and are actively monitored and managed by leadership in the field and central office.

VA continues to be efficient with urgent referrals, consistently delivering care in under 2 days, both in the



direct system and in the community. We know veterans are resilient and that they often are caring for others, so we want them to know that when they need care and support they can count on us to deliver it timely and with excellence.

We are working with our referral coordination initiative to streamline processes and more optimally engage our community provider partners.

We pledge our commitment that any care that was delayed or canceled during the pandemic will be followed up on despite the potential demands of COVID and flu season this fall. We strive to be the most accessible and convenient health care system in history and we appreciate that you have given us the tools to do so.

Our community network of more than now 1.2 million providers complements care delivered in our direct system and together represent an unprecedented range of choices for veterans. We are approaching timeliness and scheduling enhancements with the same tenacity as other aspects of the MISSION Act. Our ongoing modernization, and focus on safety and experience in these unprecedented times, is clear evidence of our commitments.

This concludes my testimony. My colleagues and I are prepared to answer any questions that you may have.

[The statement of Steven Lieberman appears on p. ]

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Ms. \*Brownley.\* Thank you, Dr. Lieberman.

And, finally, I will now recognize Mr. McIntyre for 5 minutes.

## STATEMENT OF DAVID MCINTYRE

Mr. \*McIntyre.\* Chairwoman Brownley, Ranking Member Dunn, and distinguished members of the subcommittee, on behalf of all of us associated with TriWest Healthcare Alliance, it is an honor to appear before you today.

We have been serving the military and veterans population for 25 years; the last 7 have been serving in support of VA, from PC3 to the Choice Act, to replacing Health Net to handle the rest of the country to the MISSION Act, and now CCN. We have remained focused on one objective, to nimbly support, not compete with, the VA in providing timely access to high-quality care for veterans.

Through the years of our improving the demand and capacity process, we tailored quality networks in collaboration with VA to match the demand of what is needed to support the VAMCs. Our network, which will soon contain all academic affiliates, has now delivered 31.5 million appointments in support of VA. This includes 450,000 urgent care encounters, 22,000 flu shots in the last couple of weeks, 800,000 eye appointments, 600,000 PT appointments, 150

urology appointments, expanded community-based tele-mental health services, women's services, 235 transplant cases that saved the lives of those uniform, and everything in between.

We and VA collaborate in administering the IVF benefit for those who otherwise could not have a child because of their combat-related injuries. We customized a network and support the unique circumstances of every couple, several hundred of them, including one that is now the proud parents of three kids, including a set of twins.

As a result of the great team effort, I am pleased to report that we are now processing VA claims, both professional and institutional alike, within 2 weeks, to a level of accuracy in excess of 98 percent, and VA is reimbursing us timely as well.

Along with these successes have come some challenges at each stage of the journey, including the focus of this hearing, and that is the timely delivery of appointments.

Let me try and put this in perspective. In the earliest days of VA community care under PC3, I was horrified, as we all were, to find that it took 90 days to get the veteran to the boundary line and in our hands, and 90 days to get them

seen in the community. We all made the commitment to go to work, and we worked our side of it.

By early 2017, we were scheduling 90 percent of all appointments within 5 business days of receiving the VA authorization for community care and the veteran was being seen on average in 22 days.

When our Nation was hit with COVID, a challenge that is unprecedented in our lifetimes, community providers and VAMCs alike were impacted as they sought to make their environments safe for their staff and for patients, and to preserve capacity for those fighting the virus. It was a daunting task, but since July of this year we are scheduling appointments on our side within 4 to 5 days, and 90 percent of appointments result in a veteran being seen within 26 days of a referral for primary care, 27 for mental health, and 28 for specialty, and this includes those veterans that ask for more time than the standard to be seen. Veterans with clinically urgent and emergent care are being seen within the standard of 2 days, and only 1 percent of the care requests are being returned with no network provider.

Tomorrow, at VA's request, we begin supporting the first

six VAMCs and CCN Region 4 deployment, and we expect the elasticity that we will be providing these facilities will allow us together to in short order get to the time frames that we expect.

TriWest applauds this committee's continued leadership and direction as we continue to work toward the goal that we all are united by and that is providing quality, timely care for our Nation's veterans; they deserve no less.

Thank you.

[The statement of David McIntyre appears on p. ]

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Ms. \*Brownley.\* Thank you, Mr. McIntyre. And we will now proceed to questions, and I will recognize myself for 5 minutes for questions.

So my first question is to Ms. Silas. So, Ms. Silas, can you tell us when the VA first made GAO aware that the reason the Department had never established a community care wait time goal, actually despite concurring with GAO recommendations dating back as far as 2013, is it because, according to VA, it wasn't statutorily required?

And please also tell us, does it typically take, in your opinion, an act of Congress for VA and other executive branch agencies to implement GAO recommendations, Ms. Silas?

Ms. \*Silas.\* Thank you, Chairwoman Brownley.

So we learned of VA's response to developing an overall wait time goal during the course of this review for the implementation of the Community Care Program. When we asked VA about why they had not established an overall wait time, they said that it was because it was not statutorily required.

In response to your second question, I know for the Choice Program there was a statutorily-required 30-day time



frame for veterans to receive care through the Community Care Program. During the assessment of the Choice Program, VA was not able to meet that 30-day requirement generally. We found that the appointment-scheduling process itself for the Choice Program, it could take up to 70 days for a veteran to receive care through the Community Care Program, even though it was statutorily required to be 30 days.

Ms. \*Brownley.\* Thank you for that.

Dr. Lieberman, can you tell us why did VA wait 7 years to tell GAO that the Department needed statutory authority to establish these wait time goals?

Dr. \*Lieberman.\* So, first of all, I just want to make it clear that we are as concerned as you are, Madam Chairwoman, about timeliness of care, and we certainly appreciate outside consultants' opinions, and we have worked with GAO and given them our opinion as time has gone on. I am unfamiliar with who made the claim about the statutory, that it needed to be statutory.

We certainly have always believed in performance metrics and that is why for urgent referrals to the community, just like within VA, we want to ensure the veteran is seen within

2 days, and that has occurred, we are proud to say, throughout COVID. We certainly are monitoring the time it takes to schedule an appointment and that is unacceptably too long, and we are also monitoring the time it takes for that appointment to be completed.

But things have changed in health care and let me give you two very brief examples how this--

Ms. \*Brownley.\* Briefly.

Dr. \*Lieberman.\* --how it impacts on the veteran. If I want to have cataract surgery and I want to go to the community, because I am eligible, and I want the best cataract surgeon in the state, I may have to wait longer. If we were to put on a requirement for a time frame, we may lose a lot of providers who are unwilling to move a veteran ahead. The other is, I may in the middle of COVID want to wait 30 days to put off that surgery because I want to go visit my family members. These are just examples--

Ms. \*Brownley.\* I understand. I understand where you are going with that, I just think that since we have wait time goals for in-house appointments within VA medical facilities, it just is outstanding to me that we wouldn't

have similar wait time goals with regards to community care. The whole purpose of the MISSION Act was to be able to fill a void, if there was one, where a veteran couldn't receive a particular--his or her particular need through the VA, but most importantly to say we don't want you to wait longer than X amount of days, and so we are going to provide the community care. And the reality is, is that the community care now is taking longer than it is within--on average, within a VA facility.

So I just believe that, you know, without setting some goals and time lines, why would the VA even try to meet--you know, why would they try to improve upon it? I hear what you are saying about--and I believe you when you say we care about our response time and timeliness of care, I absolutely believe you, but for a big organization like the VA, the largest, you know, health care delivery system in the country, not to have standards and goals of which to operate by nationally across the country is just--it is just absolutely outstanding to me.

So my time is up, so I will yield and turn to Dr. Dunn for 5 minutes of questioning.

Mr. \*Dunn.\* Thank you very much, Madam Chair. And thank our panelists for being here, I appreciate you taking the time. I will try to keep my questions short, I ask you to do the same with your answers.

Dr. Lieberman, you and I have been forced in the past in our professional past to work in triage situations. Would you consider our current situation, vis-a-vis pandemic, a de facto triage situation just over the last 7 or 8 months?

Dr. \*Lieberman.\* So, first and foremost, the safety of our veterans, as well as our staff, was the priority, and therefore we saw only in person when the risk of missing an in-person appointment was--

Mr. \*Dunn.\* So you are not taking all comers like you normally would, you are in fact triaging situations?

Dr. \*Lieberman.\* We are triaging, yes.

Mr. \*Dunn.\* Okay, good.

Dr. Upton, this effort to comb through millions of appointments that were canceled due to the quarantine that was instituted in response to the COVID pandemic, does this effort require hundreds, maybe thousands of your staff to devote some part of their attention to the review instead of

serving current veteran referral requests?

Dr. \*Upton.\* Thank you. And I would say it is a combination of both for our very dedicated staff, they are both reviewing care that needed to be done before, as well as processing--

Mr. \*Dunn.\* Just an infinite amount of staff effort?

Dr. \*Upton.\* Well, it depends on the facility and it depends on the clinical need. And they are very dedicated and have done a great job working through that process.

Mr. \*Dunn.\* Would you characterizing reviewing millions of records for appointments of data, see what happened to them, is that sort of a borderline Herculean task?

Dr. \*Upton.\* I would say our staff are incredibly dedicated and they are working as absolutely as hard as they can to do it, but it is in the best interest of veterans, which is what we are here for, and we are seeing new referrals go out.

Mr. \*Dunn.\* Good answer.

Again, I will start with Dr. Upton, and this one I might ask Dr. Lieberman for his opinion as well. No one wants a post-action brief and an unvarnished report on how these

veterans who had their appointments canceled subsequently received care or did not receive care, but I want to be sure our review process doesn't become an obstacle to delivering community care now, and it is simply by diverting staff. Can you give me any reassurances on that? First Dr. Upton.

Dr. \*Upton.\* Yeah, absolutely. And I will just say, both as a central office employee who works in leadership, but also as a front-line VA provider, ensuring our staff are supported are critical and, just very briefly, we are using every tool in our toolbox to assist our staff as they go through that, and that includes--

Mr. \*Dunn.\* Great staff. And I am going to just assume, Dr. Lieberman, you would agree with Dr. Upton, is that fair?

Dr. \*Lieberman.\* Yes, an amazing staff, and it is everybody on deck to get it right for the veterans that we serve.

Mr. \*Dunn.\* Good. So it is normal in medical practice to see widely disparate waiting times for different specialties depending on local shortages and also national shortages. Some specialities are in shortage nationally,

including family practice and geriatrics. Can you provide for the record--and I know you can't right this moment, but for the record we would like to have a comparison between expected and actual demand and response for high-volume specialties, that is--and do so in a variety of localities that are representative of our veterans' population, is that something we can ask for?

Dr. \*Upton.\* Certainly.

Mr. \*Dunn.\* Thank you very much.

Dr. MacDonald, the next question is for you. I hope we have a plan to encourage all of our veterans to pursue flu shots and the pneumonia vaccines, which 40 percent of COVID pneumonias have a secondary, superimposed bacterial pneumonia, and I think we can also be encouraging them in nutritional changes and lifestyle changes that can improve their immune status, are we planning that?

Dr. \*MacDonald.\* Ranking Member Dunn, yes, we certainly are. Within VA, we have actually delivered 117,000 flu shots already this year, and as of September 1st this was free to veterans through the urgent cares and community providers. We have already seen more than 32,000 flu shots delivered

that way as well. And--

Mr. \*Dunn.\* How about the Pneumovax shots?

Dr. \*MacDonald.\* Yes, sir, we are encouraging those strongly as well, that is part of the campaign.

Mr. \*Dunn.\* And those are provided through the VA, I believe.

Dr. \*MacDonald.\* They are, yes, sir.

Mr. \*Dunn.\* Okay. Dr. Upton, I believe TriWest and Optum both have measures of quality on each of the providers and their panel, is that quality info available to the community care staff at the VA med centers?

Dr. \*Upton.\* Quality is a very complex discussion--

Mr. \*Dunn.\* Oh, I know that. I have hired a lot of doctors.

Dr. \*Upton.\* We are taking all the information we can from the public, sir. You know, the public--

Mr. \*Dunn.\* But you are talking about a VA med center that is 200 miles away from my town--

Dr. \*Upton.\* Yeah.

Mr. \*Dunn.\* --and, you know, somebody who has never met any doctor in my town, they are going to try to figure out



who has got quality and they are going to rely on somebody's measure.

Dr. \*Upton.\* I would say that we are doing everything we can to assess ~~w~~that ~~using what~~ is available publicly, ~~our~~ ~~experience is internally.~~ And I know we are a little low on time and--

Mr. \*Dunn.\* So the web--the online sites, huh? Ouch.

Dr. \*Upton.\* We are sometimes burdened by the quality of reporting that is currently occurring and I know it is a larger improvement, sir, in the--

Mr. \*Dunn.\* So, my time is up, but I tell you what, I have a feeling--I know that you are all very, very, very busy people, but I have a feeling that we could have a productive conversation, Dr. Upton, and I would love to spend time with you too, Dr. MacDonald, just so I think he might have the key to some of my data that I am interested in at this moment.

With that, I yield back, Chairwoman Brownley.

Ms. \*Brownley.\* Thank you, Dr. Dunn.

And, Chairman Takano, you are now recognized for 5 minutes for questioning. And, again, thank you for being here.

Commented [LS1]: Does this make sense?

Mr. \*Takano.\* Thank you, Chairwoman Brownley, again, for this important hearing. Thank you, Dr. Dunn, for that line of questioning.

As I mentioned earlier, I would like to take just a couple of moments to discuss CARMA, the Caregiver Record Management Application, that is the name of the IT system VA has been developing to help administer the Caregiver Program when it expands to pre-/9/11 veterans. So, Dr. Lieberman and Dr. MacDonald, if you could please comment on--respond to my question--well, Dr. Lieberman first--can you tell us today whether Secretary Wilkie will be certifying the Caregiver IT system before tomorrow?

Dr. \*Lieberman.\* We have had people working really hard on this. And, Dr. MacDonald, could you answer that?

Dr. \*MacDonald.\* Yes, absolutely, we will. Pending the Secretary's official certification, sir, and notification to Congress, which is required for us to expand, we do plan to expand tomorrow; we will launch.

Mr. \*Takano.\* Well, I know you plan to expand tomorrow, but will Secretary Wilkie be certifying the IT system before tomorrow?

Dr. \*MacDonald.\* Yes, sir. That is actually required for the launch, we cannot launch until then. Yes, absolutely.

Mr. \*Takano.\* So you do recognize that the law does require certification and the launch will occur with the Secretary having certified the IT system?

Dr. \*MacDonald.\* Yes, sir, exactly. User-acceptance testing has been ongoing for months. And actually the first two phases of the system have been live since the winter, this is simply the third phase now going live and allowing us to certify and expand to Vietnam veterans. We are thrilled to be expanding tomorrow.

Mr. \*Takano.\* Okay, thank you.

Are there any known weaknesses in the new system that will not be addressed prior to certification?

Dr. \*MacDonald.\* We will say this is a beginning, sir. Just as the launch of the new Community Care Program was last year, we continue to enhance on an ongoing basis. So this is viewed by us as a beginning, but it is a very solid foundation. We have reviewed this and that user-acceptance testing has occurred with the front-line staff who are

actually using this system. We have also demo-ed this for VSOs and conducted a wide range of trainings, including for VSOs, and the feedback has been incredibly positive.

So the staff are very happy with the first two phases and expect to be with this third phase as well.

Mr. \*Takano.\* So are you saying there are no known weaknesses that we should know about?

Dr. \*MacDonald.\* There are enhancements to be made, sir, and certainly there are adjustments to the IT system that we want to make, but there are no known barriers to going live tomorrow.

Mr. \*Takano.\* Okay. If you could just share with the committee staff what those enhancements, as you say, are or will need to be. Will the new CARMA system take over the stipend payments of current participants starting tomorrow?

Dr. \*MacDonald.\* It actually already has, sir, yes. The new calculation for the stipend payment, consistent with the regulation, will go into effect tomorrow, but actually that is already happening through CARMA, and we are very proud of that achievement. And I believe we are actually briefing staff at the end of the day today, so we will look

forward to going through this in detail.

Mr. \*Takano.\* Okay. And you do not foresee any disruption to current program participants and their stipend payments?

Dr. \*MacDonald.\* Correct, sir.

Mr. \*Takano.\* Wonderful, that--this is all great to hear. Thank you.

This is a question for Mr. Butler and his VSO colleagues. The Independent Budget VSOs' single critical issue for the 116th Congress was the, quote, "full, faithful, and effective implementation of the MISSION Act," end quote. Since the 116th Congress is nearing its end, what grade would the Independent Budget VSOs give to VA regarding implementation of the Veterans Community Care Program overall thus far? Dr. Butler--or Mr. Butler, are you there?

Mr. \*Murray.\* Mr. Chairman, I think the grade we would give them is an incomplete. COVID really put a lot of things onto their head and VA has a lot to catch up with. The implementation of the MISSION Act came at the absolute wrong time with the global pandemic. I would say that VA is doing a lot of things faithfully to implement the MISSION Act, but

they were handed a pretty bad deck in doing so. So incomplete would be our answer.

Mr. \*Takano.\* I won't be so mischievous as to suggest maybe if you were a university that didn't have incompletes what grade--never mind.

What remaining challenges have you--you know, have you most concerned about the MISSION Act implementation? Mr. Butler?

Ms. \*Ilem.\* This is Joy Ilem from DAV. I think one of the things we want to make sure that is addressed are some of the things that you have heard today specifically about the scheduling of appointments, you know, the staffing levels, the staffing issues that exist currently, and the volume of referrals that are out there. It is going to take care coordination with the care coordination teams at each facility to make sure that the consults that are needed, that health status may have changed, that those issues are addressed and that veteran maybe would have to be moved up into a more urgent status at this time.

But they are facing a daunting task and I know, you know, VA is working hard to make sure those consults are

addressed, but I think a real plan of action, a specific plan and more oversight for the field will really help them, and to develop some sort of process that is more streamlined would be helpful.

Mr. \*Takano.\* Thank you and I yield back. I'm sorry for going over my time, Madam Chair.

Ms. \*Brownley.\* You are the chairman. Thank you, Dr. Takano.

And now I look to Dr. Roe. You are now recognized for 5 minutes for questioning.

Mr. \*Roe.\* Thank you, Chairwoman Brownley.

First of all, let's see a show of hands in this room of how many of us have had our flu shots.

Ms. \*Brownley.\* I am getting mine after this meeting.

Mr. \*Roe.\* Oh, no, you haven't gotten it yet, that doesn't count.

What about the dais? So our three physicians have or have not? You need to go get your shot today.

Dr. \*Lieberman.\* Yes.

Mr. \*Roe.\* Okay, I will start with that.

Mr. \*Takano.\* Well, Dr. Fauci said to wait until

accountability, but--

Mr. \*Roe.\* Yeah, anyway, we will get another one.

A couple things I want to go over very quickly. The VA has had an incredible challenge, and the entire country has, because of this pandemic. And I don't know whether you have been to a VA medical center during this time or not, but I think they have done a very good job. I have been through mine a couple of times. I tried to stay out because of just the pandemic, but going through there is a great screening process to even get you in there, which is a very good idea now, and I applaud you for that.

One of the things that we mentioned and in community care the COVID epidemic has really thrown a monkey wrench into that because providing care in the private sector--look at my own group--has been difficult. You have patients waiting in the car until it is time for their appointment.

And to Dr. Lieberman's point, I am not telling you when, but I have got to get a colonoscopy, another one. I have one every 5 years. And I could point to the fact that my provider couldn't do it at the time, but that wasn't the problem. The problem was I had to be up here for 3 weeks



during September, so most of the case fell on me, not on the provider. And I think figuring that out, as Dr. Lieberman was saying, is hard to do, because the patient may have needs and they are home, things they do. So we want to have the Choice Program or the MISSION Act provide the care when it is both convenient and current, and COVID has really hurt that.

I do want to go over a couple things very quickly here and just if you can help me out, because I know Dr. Dunn didn't have one, I didn't have one, was a course on how to make an appointment in medical school. And this, again, before the Choice Act--and Mr. McIntyre can back me up on this--you could put up the space shuttle easier than you could get an appointment at the VA.

And right now I go through this thing where it says the VA provider creates--in other words, you come to me as a doctor--a referral and forwards it to the referral coordinating team, the referral coordinating team reviews the referral and contacts the veteran. Well, if I am seeing the veteran already, I usually just say, here, go to the front desk and make an appointment. It is not really that hard. And the RCT, the team documents the veteran's scheduling

preferences and forwards a referral to the Community Care staff for review, and then they review it and then they make the appointment. Well, it is no wonder it takes so long. And I applaud Chairwoman Brownley for wanting some standards to cut out this 3 weeks that that can take just to get an appointment. So I really think you need to look at your internals first.

And this question I start with Mr.--and I have two questions--Mr. McIntyre, one, is the problem on the length of time because of COVID or because of this delay I just brought up?

Mr. \*McIntyre.\* On our side--Dr. Roe, it is nice to see you again. Just for the record, I have had my flu shot, as has my entire senior management team, so that we can stay focused on the task at hand.

With regards--there are two parts to this process, one is the time it takes to get from the VA encounter with the provider to us, and then it is from us into the community. Now, there are two parts to that, and one is to get it scheduled and the second one is to be seen. We are scheduling with--we are scheduling within 4 to 5 days, and

they are being seen within the time frames that are articulated, even with COVID as a factor. And we and VA are working together very closely to refine both sides of that equation and we have been for some time.

Mr. \*Roe.\* Thank you.

And very quickly, Dr. Lieberman, one of my major concerns, not just at the VA, but in the private sector, is delay in care. And we know that fewer people are showing up with heart attacks, strokes, various medical--getting their mammograms done during this pandemic. I think the follow-up of patients who have had delayed care is absolutely critical. Could you address that briefly?

Dr. \*Lieberman.\* Absolutely. First and foremost, if there is any veteran out there who feels like they can't come in for care because of delays, please call us. We have capacity to take care of you. Please reach out. We can often provide it via telehealth. We have been diligently working down the list of the canceled appointments. We are at almost 90 percent of the canceled appointments since the beginning of COVID; we are over 80 percent of consults that have been scheduled since the beginning of this year, we have

been reviewing them.

I want to remind everybody that, according to consumer studies, about 20 percent of consumers still don't feel like it is safe to come in for their health care. So we also are struggling with not everybody wanting to come in for care, but we are doing our best to get everybody to come in and get the care that they need when they need it.

Mr. \*Roe.\* Thank you and I yield back.

Ms. \*Brownley.\* Thank you, Dr. Roe.

And before I call on the next member for questioning, I just want to say that I want to be clear that I think the VA has done a fabulous job with regards to COVID and their response to COVID, and certainly your response in terms of an urgent need, you know, meeting that 2-day kind of response time.

What I am trying to focus on here in this particular hearing is the overall structure of what is going on. We know, we have the data in terms of what average wait times are. Dr. Roe just pointed out the beginning parts of that, taking, you know, almost 3 weeks to gather all of the information on VA's part is too long. And I think we just

need to address some of the structural pieces, which is setting some goals for wait time for community care. I think it is clear that we don't have enough personnel across the board at VA medical facilities. And then we have an IT system that is not working perfectly for us. And so these three things are big sort of structural things to get to the place that we promised we were going to get to, which is to say, if we can't meet your appointment needs within the VA, we are going to do so within the community, and right now we seem to be just the opposite.

So I just wanted to be clear where I am coming from, and I will now recognize Mr. Cisneros for 5 minutes of questioning.

Mr. \*Cisneros.\* Thank you, Madam Chairwoman, and thank you to the panel for being here today. And, Dr. Roe, I will have my flu shot by the end of the week, just to let you know.

Dr. Lieberman, just to kind of follow up on Dr. Roe's questioning there, but how can the VA better engage with network providers in order to reduce the time between when the appointment is made and when the veteran is actually seen

by the provider. And the veteran, you know, they only are really concerned with, you know, how long is it going to take them before they can go to the appointment, that is the only metric they are concerned with. What can Congress do to help improve that metric?

Dr. \*Lieberman.\* So, for us, two things are important, as we keep talking about. One is we want the veteran to leave their appointment in primary care where they are referred to a specialist with peace of mind that they are going to get an appointment scheduled within a short amount of time, and we were working hard on that prior to COVID, we are now working it again with our referral coordination initiative, and we expect to see significant improvements in the time it takes to schedule an appointment.

For the timeliness of the appointment, as I have been describing, each case is different. We want the veteran to be seen when the veteran clinically needs to be seen, and also when--the impact on their preference of when they want to be seen.

Dr. Upton?

Dr. \*Upton.\* Yes, I think that was very well said, Dr.

Lieberman. And our focus is the clinical need and the preference of the veteran, so that it best meets both entities there.

I will just mention as a front-line VA provider as well, streamlining our processes through the referral coordination initiative and, having a veteran leave ~~and having~~ with a consistent message to them about their options within VA, both in person and telehealth, as well as in the community. We do track how long it takes for us to schedule into the community and that data is available. It is a challenge because of preference and things like that, but we want veterans to make informed decisions and are committed to doing that, and working with Optum and TriWest that when there is an imminent need or a specific situation that we can help a veteran with, we will do everything we can to get them in timely.

Mr. \*Cisneros.\* So I guess my question really then is, is the problem internally within the VA, is there any improvement that can be made on making the appointment with the provider, you know, does that need to be streamlined or made quickly, or is it just it is taking too long within the

VA system to actually contact the provider and get the appointment?

Dr. \*Upton.\* I am happy to take that. I think it is a function of both, that is why we have this referral coordination initiative to streamline those discussions and get that communication out, but our focus is absolutely to then work with those providers. And many of these providers or academic affiliates or other key partners across the country of all types have very good working relationships with VA and we work directly with them. There is no publicly reported metric of wait times or accessibility that are out there for our providers, but we do everything within our power to get them in timely, and we want to make the process before that phone call goes to the provider as swift as possible, so then the focus is on getting them scheduled.

Mr. \*Cisneros.\* All right, thank you for that.

Mr. McIntyre, given your involvement with VA's community care programs for the past 7 years and using your institutional knowledge, can you speak to where VA and the third party administrators can make additional process refinements to further streamline the appointing and care



coordinating process, allow veterans more timely access to community care?

Mr. \*McIntyre.\* Congressman, thank you for the question. I believe that, based on our engaged work with the VA, that they are doing so; they are trying to figure out what are the refinements that they can make to their systems and their processes. It is important for all of us to remember, this has been a real challenge, a very intense journey that we have all been on, you included, through multiple programs and very quick starts. The VA is to be commended, in my opinion, for designing new systems and tools and processes and putting those in place.

As with anything, including the start of the CCN, which we have just done, we go through about a 3-to-6-month refinement. We are in that zone right now and it is important to have this dialogue go on, and I would say that the nature of this conversation in this hearing has us focused on the right issues.

Mr. \*Cisneros.\* All right. With that, I yield back my time. Thank you very much.

Ms. \*Brownley.\* Thank you, Mr. Cisneros.

And I now call on Mr. Meuser for 5 minutes of questioning.

Mr. \*Meuser.\* Thank you, Madam Chair. Thank you all very much for being here with us. Thank you for your service to our veterans, as always.

Dr. Lieberman, from 2018 to 2019, I understand the sole TPA or third party administrator was TriWest Healthcare. In the fall of 2019, we transitioned, the VA transitioned to a new community care network contract, which included TriWest, as well as OptumServe. Is that all accurate? How was the transition and why did you have it take place, why did it occur?

Dr. \*Lieberman.\* The transition, it was very important that it was seamless for veterans, and that is why we did it the way we did, but Dr. Upton can provide more details.

Dr. \*Upton.\* Sure.

Mr. \*Meuser.\* Please.

Dr. \*Upton.\* Thank you, Congressman. I would say that, first of all, I would like to thank all of the community care providers who have been a part of that transition. They have been through a lot with us and we are very grateful. We

previously had Health Net covering the regions that TriWest wasn't covering in the country, that contract expired. Then VA was doing the scheduling. And then we had TriWest come, who did a great job very quickly to support our care while we awaited the community care network contracts, the future of our community care contracts ~~learned~~--based on lessons learned from Choice to take over, and now Regions 1, 2, 3, which are the Northeast, Upper Midwest, and Southeast are under OptumServe, and we are fully implemented in that region and really grateful to have them and TriWest as continued partners.

Mr. \*Meuser.\* Sure. Are you considering additional contracts?

Dr. \*Upton.\* Right now we have Region 5, which is the state of Alaska. We have made substantial progress there and we will actually be able to make an announcement tomorrow on next steps. And then we have Region 6, which are the Pacific islands outside of Hawaii, which are also very critical and currently supported by TriWest, and we are going to make sure that they are fully supported in a very positive way moving forward.

Mr. \*Meuser.\* Dr. Lieberman, following up on Dr. Roe's question regarding the delays in service for veterans through the TPAs, Mr. McIntyre mentioned, was discussing the COVID issue, and clearly that put a real problem for many health systems, of course, but the delays themselves existed prior and the GAO laid out its report. First of all, just on the findings of the report, briefly, did you think they were reasonable and accurate?

Dr. \*Lieberman.\* The findings in the report overall were reasonable and accurate, we just disagree on the one recommendation about setting metrics for the community.

Mr. \*Meuser.\* Right. And you disagree because why?

Dr. \*Lieberman.\* Because one size does not fit all. It is based upon a clinical need and the preferences of the veteran for when to be seen, who they want to see.

Mr. \*Meuser.\* Right.

Dr. \*Lieberman.\* And so we really are looking at what is the standard, the gold standard in the community. We have met with the special medical advisory group, we have had a roundtable on access, and they uniformly tell us that they don't measure wait times in the community because it doesn't

reflect what their customers want.

Mr. \*Meuser.\* Right. So you don't need an act of Congress to tell you what sort of metrics you should be hoping for, that you should be shooting for?

Dr. \*Lieberman.\* Correct. And that metric that we are looking for is patient satisfaction--

Mr. \*Meuser.\* Good.

Dr. \*Lieberman.\* --of course.

Mr. \*Meuser.\* Great. Were the delays more with OptumServe or TriWest?

Dr. \*Upton.\* I would say COVID-19 in particular, especially in the past 7, 8 months, have impacted the provider community across the board, some of it is very regional specific. And so it really depends on the location, the nature of the care needed. But what I will emphasize very quickly, if I could, is that we had previously not covered telehealth in the community ~~during~~ prior to the pandemic. As we know, providers were not always accepting in-patient visits. We now cover telehealth, there has been over 300,000 visits that way--

Mr. \*Meuser.\* Right.

Dr. \*Upton.\* --and we have also extended episodes of care so they wouldn't be disrupted.

Mr. \*Meuser.\* Good. Some of that will be continued, so that will take some load off and give some alternative methods to access the veterans, correct?

Dr. \*Upton.\* For a veteran to receive care, there are multiple ways to access it, and we want to optimize every piece of that inside and outside of VA.

Mr. \*Meuser.\* Are there any legislative budgetary constraints prohibiting you from improving this situation?

Dr. \*Upton.\* Not to my knowledge, sir. I will turn to Dr. Lieberman.

Dr. \*Lieberman.\* No, there are none.

Mr. \*Meuser.\* Okay, good. How was the veteran surveys, by the way? Are they improving? Did they decline during COVID, which would be understandable? How are the veteran surveys looking?

Dr. \*Upton.\* I would say the current survey we have for community care is delayed. It is similar to the HCAP surveys in the community. We just started a new survey, started a new survey focused on all the moments that matter in

community care. We will have more data as the months go on, but we are very excited to get real-time feedback from veterans.

Mr. \*Meuser.\* All right, thank you. Thanks again for your work for our veterans.

And, Madam Chair, I yield back.

Ms. \*Brownley.\* Thank you, Mr. Meuser.

I now recognize Mr. Sablan for 5 minutes of questioning.  
Mr. Sablan?

Mr. \*Sablan.\* Yes. Thank you very much, Madam Chair, for holding today's hearing.

My questions are directed at Dr. Lieberman. Dr. Lieberman, the Department's 2021 budget states that VA will utilize veterans care agreements, VCAs, for providers that are located in Region 6, which includes my district, the Northern Mariana Islands, Guam, and American Samoa, and that is because there was not enough interest to move forward with the CCN procurement process. So the VA will utilize their Region 4 contract, which includes Honolulu, when veterans need care in Honolulu or on the mainland. In the interim, TriWest continues to speed up or administer veterans in

Region 6 with community providers under the PC3 program.

So what is the status of these efforts to enter into VCAs with Northern Mariana's providers?

Dr. \*Lieberman.\* I will defer to Dr. Upton, who can provide the latest information on this.

Dr. \*Upton.\* Sure. And I just want to reemphasize that the veterans across the country and in the Pacific Islands are critically important to us. And the way that we are approaching that now is we know that--

Mr. \*Sablan.\* Yeah, I hear that every time, sir.

Dr. \*Upton.\* And thank you and I will--

Mr. \*Sablan.\* I hear that every time from VA, but not from my veterans. Thank you.

Dr. \*Upton.\* Well, please, I am happy to be of assistance. To let you know specifically, we have extended the PC3 contract in your area, so those providers and that scheduling support will remain. When veterans from your region go to the Hawaii Islands, they will have Region 4 to support them, as well as the Hawaiian medical center. We are going to make sure that we are using all options available to keep them supported; VCAs are just one piece of that.



And so I am happy to keep you updated as this moves forward, and please know it is a priority for us and I am happy to keep you in the loop as we move forward.

Mr. \*Sablan.\* Well, thank you. And, again, I hear that from VA all the time, so I hope that someone will eventually.

So in the meantime, how many providers have been identified and have entered into such agreements in the Northern Marianas?

Dr. \*Upton.\* I will have to take that one for the record, sir, and I am happy to get back to you on that.

Mr. \*Sablan.\* Okay. Thank you.

Dr. Lieberman, we have had testimony, a modification to the Region 4 contract will have TriWest assisting VA with scheduling appointments in certain areas. Is the VA considering updating the same assistance in managing the VCAs in Region 6?

Mr. \*McIntyre.\* Congressman, it is great to see you again, and you are there in your office that I was in in the Marianas. Thanks for dialing in to this hearing. We are in the process of working closely with VA, as we have done since the start, and we will support them in any way that they deem

fit to make sure that the great veterans of your part of the world are properly served.

Mr. \*Sablan.\* Thank you, Dr. McIntyre. The question was directed at Dr. Lieberman, but thank you for providing that response.

So the PC3 program, Dr. Lieberman, in place of Region 6, TriWest, again, schedules community provider appointments for veterans. Under CCN, VA schedules appointments and, as of July 29th, 2020, discussions were ongoing on the process for veterans who traveled to Honolulu or the mainland here. Has a decision on that process been reached and, if so, what is that process? And I am really running out of time, so please, Dr. Lieberman?

Dr. \*Lieberman.\* Dr. Upton?

Dr. \*Upton.\* Thank you. I think I may need to follow up. I apologize, I just had some trouble following the question there. PC3 is scheduling in the Islands and Hawaii is working with Region 4 to coordinate care for any veteran that comes to the mainland. I would be happy to meet with you and your staff and talk through all of those, and make sure we are supporting. I know you are meeting me for the

first time and I am more than happy to help.

Mr. \*Sablan.\* All right, that always happens. You know, actually, it is 1:30 in the morning where I am. I was hoping that some of you would provide more information than what you are telling me right now. And so I appreciate the offer of support--Dr. Upton, right? Because I hear that almost every hearing, I am given this "we will work with your office," and then it drops off. You know, maybe because I am at that part of the world where we are so far that if you move a little bit to the right, you drop off from the world.

But, listen, there are veterans out here who served their country honorably and some of who even gave their all, and we appreciate, you know, services to these veterans. They have earned it--it is not, you know, a privilege, they have earned it, and they shouldn't be treated any different than the veteran in one of the several states, but they are, to be very honest, they are. And just, you know, I am trying to fix this. I am working with you, I am trying to fix it, but apparently, you know, the eagerness on the part of the VA is not there because for whatever reason.

But thank you very much, Madam Chair. I yield back.

Ms. \*Brownley.\* Thank you, Mr. Sablan, and thank you for joining us given the fact that it is 1:30 in the morning your time. You look spectacular for 1:30 in the morning, I will say.

And I just want to say to VA too, please follow up with Mr. Sablan. He works very, very hard to represent the veterans in his area and I feel his frustration. We all had the opportunity to go there. These men and women who have served, as he said, have served honorably, and they deserve the services and attention from the VA. So please, please follow up.

And, with that, I will recognize Mr. Brindisi for 5 minutes of questioning.

Mr. \*Brindisi.\* Well, thank you, Chairwoman Brownley, and thank you, Ranking Member Dunn, for your leadership on the Veterans' Affairs Committee during this pandemic. And I appreciate the subcommittee and all that you guys have done over the past 6 months to ensure veterans receive the care that they need in a timely fashion.

I just want to follow up on a couple questions regarding rescheduling. And I would like to thank our witnesses for

testifying today and first ask them about rescheduling appointments. So my district is in upstate New York, the Syracuse VA Medical Center covers my district. I was recently told that they are in the top three in the country in terms of reopening their facilities. However, this week I had a meeting with my veterans advisory committee back home and I asked them if they had any issues, have had any follow-up from the VA about appointments that were postponed during the pandemic. And for the most part they said, yes, you know, they have been contacted, but I also did get a few noes or a few shakes of the head.

So my question is directed to Dr. Lieberman. Do you know how many veterans had routine care postpone or canceled during the pandemic, and can you tell us what the VA is doing to ensure that no veteran is falling through the cracks?

Dr. \*Lieberman.\* Thank you. That is a very important question, something that we are equally concerned about.

We, since the beginning, have had almost 20 million appointments postponed, and we have been able to review about 90 percent of those already due to the diligence of our staff. And so, hopefully, those remaining individuals that

haven't been contacted will be contacted soon. But we are contacting every person with a canceled appointment, even if it is not believed to be because of COVID, it was another reason, we are reaching out to them to make sure that we are not missing any veteran.

Mr. \*Brindisi.\* Great. And I am going to share this with the veterans back home afterwards, so can you offer any recommendations for veterans who haven't heard from the VA after rescheduling their appointment, what should they do?

Dr. \*Lieberman.\* They should feel free to reach out today, tomorrow, call their primary care team, say I never got a call, I want to make a follow-up appointment, can you help me, and they will find someone to help them.

Dr. \*MacDonald.\* And, Congressman, if I may add very, very briefly, to underscore something Dr. Lieberman said earlier and just for a moment speaking as a family physician, to what Dr. Roe said earlier as well, any assistance you could provide us as you communicate with them that, please, don't wait on necessary care. Come in and see us, we will take care of you. We have telehealth options, we can meet you where you are in your own living room, if that is what it

takes. We really want people to come in and see us, and know that we have the capacity.

We know sometimes veterans feel that maybe I should save that appointment who needs it more. We want you to come see us. We are open for business and we want you to come in.

Mr. \*Brindisi.\* Great. And maybe the VSOs can weigh in too. What would you like to see the VA do better now and in the future to make sure veterans aren't left in the dark when it comes to resuming routine care?

Mr. \*Murray.\* Sir, I think one of the biggest concerns we did hear was not following up about some of the canceled appointments, delayed appointments. We know that VA is working diligently with their partners in the community, but communication, communication can always be improved. Communication will set a lot of minds at ease, to let them know they are not being forgotten about, but simply to be maybe continually pushed. That would go a long way in helping ease the burden for a lot of our veterans.

Mr. \*Brindisi.\* Thank you for that.

Really quick, I just want to direct a question to Dr. Upton too about alternative therapies, I have got a question

on the topic. And I have heard from several veterans and community health providers in my district about problems with acupuncture, chiropractic, and massage care, they say there have been changes to the standard episodes of care in the past year resulting in a cap of 12 to 24 visits--I'm sorry, 12 to 24 visits per year. Some veterans are using these therapies to treat service-connected conditions so they can get back to work. Can you tell me more about the changes that were made that introduced this cap, and talk a little bit more about alternative therapies?

Dr. \*Upton.\* Absolutely. I will say that the alternative therapies we in VA believe are very important, as we work to all modalities to help veterans treat their symptoms such as pain.

I had heard recently that there was some confusion about the episodes of care and how long they can go in a year, and so I just would like to assure you and the committee that we have reviewed that. We actually put out guidance this week indicating that when we send a referral out, there is a recommended number of visits, but if a veteran needs more, that medical center can review it and re-authorize that care



without concern. So if you hear any concerns from your constituents, please let me know, but we want to make sure our VA providers are aware.

Mr. \*Brindisi.\* Okay. And I am out of time here, but we will follow up with you, Dr. Upton. I appreciate that guidance and we will follow up with you.

Dr. \*Upton.\* That would be great.

Ms. \*Brownley.\* Thank you, Mr. Brindisi.

And I think we have a little bit more time. So if members have additional questions, I will allow it. And I will allow myself 5 minutes to ask additional questions starting off.

So first, Dr. Lieberman, you know, there is a difference between what is clinically appropriate and operational effectiveness. And so how do you know if your schedulers are performing work as efficiently as possible without some sort of goalpost?

Dr. \*Lieberman.\* We actually want a goalpost for the scheduling of the appointments, that is what we are working really hard on. That is part of our referral coordination initiative, which we implemented back in January and,

unfortunately, there were some delays to that because of COVID. But I am happy to tell you that about 25 percent of our VA facilities have implemented the referral coordination initiative fully, and another over 80 percent have implemented it in at least three or more specialties. So we are making progress with that and that is going to be so critical to getting these appointments scheduled timely.

Ms. \*Brownley.\* So what are the goalposts and how many days are we talking about?

Dr. \*Lieberman.\* Well, as you pointed out, right now we are over 20 days, and that is just so unacceptable. And so we are working, we will work to continue to improve that. Ultimately, our goal will be to have that appointment scheduled within 3 days. And that is a big goal to attain, but we intend to get there over time.

Ms. \*Brownley.\* And do you think you are able to get there with the current personnel that you have? It seems to me that one of the things that the GAO report pointed out was in the medical centers across the country, you know, X amount of personnel has been appropriated, that appropriation is not really meeting the goal of personnel that they believe that

they need, but even further they are not hiring enough people--they are not hiring and meeting the appropriated goal. So it seems to me that is another big problem when it comes to timeliness and efficiencies on the beginning end of all of this.

Dr. \*Lieberman.\* Dr. MacDonald, would you like to answer?

Dr. \*MacDonald.\* Thank you. Chairwoman, you encapsulated it so well earlier when you said this is about essentially people, process, and technology, the three pillars of any major strategic change, and I would add communication in there is another piece. You are exactly right, that we are honing in on making that process easier for the staff we have, we also need to enhance the number of existing staff working in this space. And, third, to what you mentioned earlier, this data is not easy to capture. It is not easy to capture veteran preferences in this space, and so we are having to strategically look at our technology to understand how that can support and streamline this.

All of those pieces are necessary, and to change management and communication with veterans and with our staff

is critical throughout this. So we share your goal on this.

Ms. \*Brownley.\* Great. And, you know, I know in the VSOs' testimonies, they pointed out that--and I think that they have been asking--they can correct me if I'm wrong, but they have been asking why can't veterans just--you know, ultimately, can we get to a place where veterans just can call and make their own appointment. Understanding that they have already been cleared in terms of eligibility, et cetera, why can't they just pick up the phone and make the appointment, you know, they would have a list of all the providers, you know, within their network. Will we ever be able to get to that place?

Dr. \*Upton.\* Thank you, Madam Chairwoman. I agree, that is exactly one of the things that we are working on is to allow veterans to have the ability to do that. There is the capability to do veteran self-scheduling now, but just like the other processes, I think it is one we can streamline, and we certainly will continue to make that a priority.

Ms. \*Brownley.\* Where is there self-scheduling happening, where is that happening?

Dr. \*Upton.\* It is possible across the country.

Ms. \*Brownley.\* What do you mean, it is possible?

Dr. \*Upton.\* It is being done. I can get you--I can look into the specific numbers, but we do have guidance available to allow that to happen; there just are some complexities to the process we are trying to streamline.

Ms. \*Brownley.\* Okay. And you had said earlier that there are no budgetary barriers, you know, to improving upon the program. It just seems to me the personnel and so forth that need to--really need to be hired, that that--you know, that is not happening, that that might be a budgetary barrier, but--

Dr. \*Lieberman.\* So we believe we have an adequate budget for this. We are taking a look at the referral coordination initiative implementation and ultimately we believe that we are streamlining, cutting down steps in the current arduous process, we are going to cut steps down, and so it will actually get easier to schedule both within VA and in the community. And so we are looking to simplify it so, hopefully, in the long run, we won't need as many staff.

Ms. \*Brownley.\* Okay. I have just been told that the

Webex went down, so this subcommittee will be in recess until it is fixed.

[Recess.]

Ms. \*Brownley.\* We will now reconvene. This committee is back in order. And I will call on Dr. Dunn for 5 minutes of questioning.

Mr. \*Dunn.\* Thank you very much, Madam Chair.

I want to ask a couple questions, but the first thing I want to do is associate myself with the last question and comments of Chairwoman Brownley about the veteran. Give them the authority--approve the referral, give them a list of who they can choose from, and let them schedule the appointment. I mean, we all know that this makes much more sense, it is much, much faster, and they will be much happier, because they will frequently have their own biases about who they want to see, what they want done and whatnot. And so, I mean, that would help the VA enormously and it would certainly improve the satisfaction. So I just want to associate myself with those comments.

Dr. Lieberman, what mechanisms are in place to measure the satisfaction of the community care providers, the

providers, with the VA, whether it be with the community care system or any part of the VA that they interact with?

Dr. \*Lieberman.\* Dr. Upton is our local expert on that, so I will turn it over to him.

Mr. \*Dunn.\* Excellent.

Dr. \*Upton.\* Thank you, sir. One of the benefits of the new Community Care Network contracts is that both TriWest and Optum in Regions 1 through 4 actually have to send out provider surveys to assess their understanding of working with VA, how the process is going. That is very critical to us. That is specific to the Community Care Program, I can certainly look into other pieces about the overall experience with VA, but we are committed.

One of the things that Optum also has is a provider advisory group that keeps them updated on how the situation is going, what we can do to improve. And, for me, stakeholder feedback is so critical from all fronts, veterans, providers, VA staff, and that is going to be an absolute focus of mine this year.

Mr. \*Dunn.\* So I am glad you are doing that. Let me say that I don't recall the VA ever seeking feedback from me

when I was in community care providing care to veterans. And I did sit on a physician advisory board for Blue Shield/Blue Shield and I don't remember changing them very much either, so I think you probably want direct feedback.

Dr. Lieberman, this is a philosophical question you may want to muse on, but if you have a hip-shot answer, I would like it. Does the VA need any relief from Congress to improve your--the timeliness of care, since that is the topic here, what do you need from us to make that better, if you need anything at all?

Dr. \*Lieberman.\* At this time, we have the responsibility to work on shortening the time for the appointments to get scheduled and working with the third party administrators to ensure that the veterans are seen when the veteran needs to be seen in the community.

Mr. \*Dunn.\* So you don't need--

Dr. \*Lieberman.\* We don't--

Mr. \*Dunn.\* --us to pass a law--

Dr. \*Lieberman.\* --we don't need anything at this time.

Mr. \*Dunn.\* All right. Thank you very much.

With that, Madam Chair, I yield back.



Ms. \*Brownley.\* Thank you, Dr. Dunn.

And, Chairman Takano, I recognize you for 5 more minutes.

Mr. \*Takano.\* Thank you, Chairwoman Brownley.

Let me just say at the outset, I am very excited about the launch of the Caregiver Program tomorrow, it is a big deal, a huge deal. It is happening in the middle of a pandemic and the families who have been waiting for this implementation are going to receive incredible help, and I was only so sorry that one of my own constituents wasn't able to benefit from the program before her veteran husband passed away. She pleaded with me probably 5 years ago, Congressman, do something about caregivers for other generations of veterans. And so let me say that I am very, very excited about tomorrow, and I sincerely hope it goes well.

Let me just ask for the VA witnesses. While reviewing the American Federation of Government Employees' statement for the record I was struck by the experiences employees shared of how often community care policies and guidance continues to change, even well after the initial MISSION Act go-live, and how difficult it is to keep up with each new set

of rules that are put in place as contractors change or new initiatives are rolled out. What employees say is that they need more regular communication and more thorough training.

Dr. Upton, can you address this? GAO recommended more than 2 years ago that VA develop a comprehensive policy directive and operations manual for the Community Care Program, but according to the GAO's testimony that directive is still under technical review, and the MISSION Act Community Care Program went live almost 16 months ago. So it is unclear as to whether there is an update to the operations manual that reflects all current guidance.

Dr. \*Upton.\* Thank you, Mr. Chairman. And I will just say, as a VA provider who practiced during the Choice Program and continues to practice now, making sure that we have the most efficient, streamlined guidance for our staff is so important. There has been a lot of changes, as you mentioned before.

One of the things in the past that used to be for community care, there used to be multiple different pieces of guidance out there. We have put that together into a field guidebook that is our authoritative source for community

care, but I appreciate the GAO's recommendation. And one of the things with the referral coordination initiative that we are doing at VA is to better align access for veterans as a whole, in-house and in the community, and we are committed by the end of this calendar year--Dr. Lieberman can speak more to that--to have a unified guidance book to help tie all these things together, especially now that the MISSION Act has settled in further and we have the referral coordination initiative standing up.

Mr. \*Takano.\* All right. Dr. Lieberman, is there anything else you want to add to that?

Dr. \*Lieberman.\* Just real quick. Just, you know, we have started this journey with in-house care separate from care in the community and that has not been fair to our staff or, even more importantly, the veterans. We wanted this to be as seamless as we can and that is why we are looking to merge the rules, if you will, into one common location rather than having two separate sources. We want to make sure that everything works in conjunction with each other and it is simplified for our staff, and ultimately translates to a better experience for the veteran.

Mr. \*Takano.\* Well, thank you for that. Another passage of AFGE's statement that gave me pause was where it said that at the VA medical center level community care staff struggle to triage consults for urgent and routine care in the community because the forms are too standardized and, as a result, VA may see staff have to manually review each and every referral to determine the urgency of the care being requested before proceeding further with care coordination.

Dr. Upton, could you comment on this situation? And I would have assumed that an urgent consult request would be captured on one type of form that doctors would fill--I mean that would be filled out that would reflect urgency and routine care would be captured on another form. Is this not the case and, if so, is this something that VA plans to address?

Dr. \*Upton.\* Sure. I would say when it comes to urgent and emergent care, our number one focus is getting the care delivered, getting that care out there and the veteran what they need.

I will look into the different consult types. The one thing that I think that they may be mentioning is when it

comes to routine care, there is a wide variety of routine care that may be needed in a week or two versus 6 months or beyond, and also the complexity of the veteran's needs and care also need to be taken into account. We have created a triage tool that looks into all those factors and says, ~~hey,~~ if this is pretty complex, we need one of the community care nurses to track that and follow it, versus this is more straightforward.

So the intent is to really make sure that we are providing the right care to veterans the way they need it, but I am happy to look into ways to streamline that in the consult types, sir.

Mr. \*Takano.\* Well, I thank you for that. You know, one of the things that has troubled me with the VA leadership is their disdain for working with the unions and I think it is important, this is an example of where communication could really result in better care for our veterans. So, thank you.

I yield back.

Ms. \*Brownley.\* Thank you, Chairman Takano. And, again, thank you for joining us in this important meeting

today. I appreciate it very, very much.

So I would just close by saying I think this has been an important hearing. I think that we are going to keep a keen eye on watching you and making sure that these improvements that you are speaking of actually happen. I want to--again, as I said earlier in the meeting, I want to recognize the VA for their response to COVID, and thank all of the front-line workers within the VA who are working hard every single day. We truly, truly appreciate that.

And I also want to acknowledge that I am happy that the VA is finally recognizing and defining a wait time from the time the veteran calls for an appointment until the time that he or she receives that appointment, I think that is progress in and of itself. We have had many hearings on the complications and calculations of wait times, so that is absolutely an improvement.

I am curious to know whether you actually inform a veteran when you are trying to arrange appointments with them in the community, whether you inform them that it actually may take longer to get a particular appointment in the community than it would within the VA, so that they have a

clear choice. But I think we have--still there is a lot of work to be done. I appreciate the VA providing the data that they have provided in terms of the wait times. It is always hard for us to oversee this work when we don't know what we are shooting for, and I am still not clear on what we are shooting for in terms of timeliness and response, but we--as I said, we will be watching very, very carefully. And I hope that we can improve upon this program and take advantage of the lessons learned through Choice and really provide the program that we all wanted, which is to say all--if we can't meet a need of a veteran in a particular time frame, that that veteran will be able to access their health care in the community in a more timely fashion than what the VA can offer.

So, with that, all members will have 5 legislative days to revise and extend their remarks, and include extraneous material. This hearing is now adjourned.

[Pause.]

Ms. \*Brownley.\* I am so sorry, Dr. Dunn. You are recognized for any--

Mr. \*Dunn.\* I won't keep you.

Ms. \*Brownley.\* --closing comments.

Mr. \*Dunn.\* No, I appreciate you. I will not keep you. I would like to echo Chairwoman Brownley's congratulations on a great response to the pandemic and the quarantine, obviously VA stood out as a shining example in that.

I also think that we have highlighted some of the important things with community care. It is not just timeliness in making an appointment, it is also quality in appointment. And, you know, if you have a list of ophthalmologists, you don't have--necessarily that list might not differentiate between anterior chamber guys and vitreous retinal specialists, et cetera.

So I think you are asking too much maybe of the community care appointment people to try to sort that out when it really can be sorted out, you know, on the end with, you know, the doctors and the patients. You know, they know when they are referring somebody whether they are referring them for, you know, refraction or Lasik or posterior eye retinal things. So I think we should rely more on that, that one-to-one. As Chairwoman Brownley suggested, you know, we don't have to have the VA in the middle of everything being



the go-between.

With that, I will yield back. Thank you very much,  
Chair.

Ms. \*Brownley.\* Thank you, Dr. Dunn, an exceptional  
close. I am so glad you were recognized.

And, with that, all members will have 5 legislative days  
to revise and extend their remarks, and include extraneous  
material. This hearing is now adjourned.

[The statement of OptumServe Federal Health Services  
appears on p. ]

\*\*\*\*\* INSERT \*\*\*\*\*

[The statement of American Federation of Government  
Employees appears on p. ]

\*\*\*\*\* INSERT \*\*\*\*\*

[Whereupon, at 11:57 a.m., the subcommittee was adjourned.]

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>Sept. 2018 January 2021</p>	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA’s new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
<p>Sept. 2020</p>	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>5946</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized



# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

5952

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>Claims payment data is complete, accurate, and timely</p>	<p>POM</p>	<ul style="list-style-type: none"> <li>• Process and control documentation complete. Ready for testing.</li> <li>• File transfer controls to be documented.</li> <li>• Compensating control to be identified if file wasn't received.</li> <li>• Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Internal Controls Audit Completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)



# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

5963


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

5965

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1323 589"> <tr> <td data-bbox="788 475 966 525">Planning</td> <td data-bbox="966 475 1143 525">Fieldwork</td> <td data-bbox="1143 475 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 589">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1323 962"> <tr> <td data-bbox="788 848 966 898">Planning</td> <td data-bbox="966 848 1143 898">Fieldwork</td> <td data-bbox="1143 848 1323 898">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 898 1323 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

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September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill





# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>Sept. 2018 January 2021</p>	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA’s new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
<p>Sept. 2020</p>	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>5979</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

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CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>Claims payment data is complete, accurate, and timely</p>	<p>POM</p>	<ul style="list-style-type: none"> <li>• Process and control documentation complete. Ready for testing.</li> <li>• File transfer controls to be documented.</li> <li>• Compensating control to be identified if file wasn't received.</li> <li>• Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Internal Controls Audit Completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing <sup>5987</sup>

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	<p>OIT</p>	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions



# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update


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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

5996


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1064 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1064 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="484 472 658 541">Planning</td> <td data-bbox="658 472 828 541">MISSION</td> <td data-bbox="828 472 935 541">CCN</td> <td data-bbox="935 472 1141 541">Traditional</td> <td data-bbox="1141 472 1277 541">VCP</td> <td data-bbox="1277 472 1456 541">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="484 541 1456 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

5998

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1323 589"><tr><td data-bbox="788 475 962 529">Planning</td><td data-bbox="962 475 1141 529">Fieldwork</td><td data-bbox="1141 475 1323 529">Reporting</td></tr><tr><td colspan="3" data-bbox="788 529 1323 589">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1323 962"><tr><td data-bbox="788 848 962 902">Planning</td><td data-bbox="962 848 1141 902">Fieldwork</td><td data-bbox="1141 848 1323 902">Reporting</td></tr><tr><td colspan="3" data-bbox="788 902 1323 962">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							



# QCAP Update

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# OCC CAP Overview – OIG Reports

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June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

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June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

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# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –



# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

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Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>



# Ongoing External Audits

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# Ongoing External Audits<sup>6012</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM



# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6017

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6018

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6029


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6030

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1060 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1060 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="484 472 658 541">Planning</td> <td data-bbox="658 472 828 541">MISSION</td> <td data-bbox="828 472 935 541">CCN</td> <td data-bbox="935 472 1141 541">Traditional</td> <td data-bbox="1141 472 1277 541">VCP</td> <td data-bbox="1277 472 1454 541">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="484 541 1454 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														



# VACC SAT Audits

6031

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1321 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1321 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1321 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1321 962"> <tr> <td data-bbox="788 848 962 899">Planning</td> <td data-bbox="962 848 1143 899">Fieldwork</td> <td data-bbox="1143 848 1321 899">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 899 1321 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
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November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*



# Agenda

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- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

6042

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6045</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO



# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6050

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6051

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6053

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>



# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update


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# SHPAT Audits

6061


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6062

Green=Complete  
Amber=In Progress  
Blue=Not Started


Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														



# VACC PIIA Team Audits

6063

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6064

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 956 892">Planning</td> <td data-bbox="956 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>



# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care



# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6078</sup>

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- These audits have had an entrance conference but have not been completed yet
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# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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**Co-Chairs**

# SSAE18 Subcommittee Update<sup>6082</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6083

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6084

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing <sup>6086</sup>

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>



# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	<p>OIT</p>	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6094

Green=Complete  
Amber=In Progress  
Blue=Not Started


Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														



# VFPAT Audits

6095


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Q1</td> <td style="background-color: #d3d3d3;">Q2</td> <td style="background-color: #d3d3d3;">Q3</td> <td style="background-color: #d3d3d3;">Q4</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6096

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6097

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"> <tr> <td data-bbox="788 474 966 525">Planning</td> <td data-bbox="966 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 846 1323 961"> <tr> <td data-bbox="788 846 966 898">Planning</td> <td data-bbox="966 846 1143 898">Fieldwork</td> <td data-bbox="1143 846 1323 898">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 898 1323 961">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.



# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6111</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6116

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6117

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>



# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

(b)(6)

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

(b)(6)

(b)(6)

# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

(b)(6)

(b)(6)






# SHPAT Audits

6127


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6128


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6129

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 956 892">Planning</td> <td data-bbox="956 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>



# Ongoing External Audits

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# Ongoing External Audits<sup>6144</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update<sup>6148</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6149

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6150

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>



# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>Claims payment data is complete, accurate, and timely</p>	<p>POM</p>	<ul style="list-style-type: none"> <li>• Process and control documentation complete. Ready for testing.</li> <li>• File transfer controls to be documented.</li> <li>• Compensating control to be identified if file wasn't received.</li> <li>• Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Internal Controls Audit Completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
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- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

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# Department of Internal Audits (DIA) Update


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# SHPAT Audits

6160


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Audit Name	Audit Status	Additional Information												
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Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6161


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
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2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6162

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6163

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1321 589"><tr><td data-bbox="788 475 962 529">Planning</td><td data-bbox="962 475 1141 529">Fieldwork</td><td data-bbox="1141 475 1321 529">Reporting</td></tr><tr><td colspan="3" data-bbox="788 529 1321 589">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1321 962"><tr><td data-bbox="788 848 962 902">Planning</td><td data-bbox="962 848 1141 902">Fieldwork</td><td data-bbox="1141 848 1321 902">Reporting</td></tr><tr><td colspan="3" data-bbox="788 902 1321 962">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

6174

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>



# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6182

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>



# CUEC Action Tracker – Referral

6183

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>In Progress - Referral process documentation and risk assessment.</li> <li>File transfer controls to be identified.</li> <li>Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality</li> <li>Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>Claims payment data is complete, accurate, and timely</p>	<p>POM</p>	<ul style="list-style-type: none"> <li>• Process and control documentation complete. Ready for testing.</li> <li>• File transfer controls to be documented.</li> <li>• Compensating control to be identified if file wasn't received.</li> <li>• Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Internal Controls Audit Completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6185

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update


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# SHPAT Audits

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Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
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# VFPAT Audits

6194


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Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
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Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6195

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Audit Name	Audit Status	Additional Information												
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Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6196

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1321 589"> <tr> <td data-bbox="788 475 964 529">Planning</td> <td data-bbox="964 475 1141 529">Fieldwork</td> <td data-bbox="1141 475 1321 529">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 529 1321 589">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
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Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1321 962"> <tr> <td data-bbox="788 848 964 902">Planning</td> <td data-bbox="964 848 1141 902">Fieldwork</td> <td data-bbox="1141 848 1321 902">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 902 1321 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>



# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized



# CUEC Action Tracker – Eligibility

6215

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6216

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6218

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	<p>OIT</p>	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)



# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  </div> <p style="text-align: center;"> <span style="display: inline-block; width: 10px; height: 10px; background-color: #444; margin-right: 5px;"></span> Completed                 <span style="display: inline-block; width: 10px; height: 10px; background-color: #ccc; margin-left: 20px; margin-right: 5px;"></span> Pending Review             </p>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6227


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6228

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 389">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
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# VACC SAT Audits

6229

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eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
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Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

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December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill





# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

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Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6243</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs



# SSAE18 Subcommittee Update<sup>6247</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6249

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6251

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	<p>OIT</p>	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions



# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6259


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6260


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6262

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 956 892">Planning</td> <td data-bbox="956 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							



# QCAP Update

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# OCC CAP Overview-GAO Reports

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September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



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# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –



# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

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Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM



# SSAE 18 Subcommittee Report

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# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6281

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>In Progress - Referral process documentation and risk assessment.</li> <li>File transfer controls to be identified.</li> <li>Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality</li> <li>Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing <sup>6284</sup>

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	<p>OIT</p>	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6293


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="484 472 658 541">Planning</td> <td data-bbox="658 472 826 541">MISSION</td> <td data-bbox="826 472 935 541">CCN</td> <td data-bbox="935 472 1141 541">Traditional</td> <td data-bbox="1141 472 1277 541">VCP</td> <td data-bbox="1277 472 1450 541">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="484 541 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														



# VACC SAT Audits

6295

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 956 892">Planning</td> <td data-bbox="956 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

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June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

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June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

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December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>



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March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
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# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
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# Agenda

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# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



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Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO



# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6314

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6315

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6317

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>



# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6325


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6326

Green=Complete  
Amber=In Progress  
Blue=Not Started


Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Q1</td> <td style="background-color: #d3d3d3;">Q2</td> <td style="background-color: #d3d3d3;">Q3</td> <td style="background-color: #d3d3d3;">Q4</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														



# VACC PIIA Team Audits

6327

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1060 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1060 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="484 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1454 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="484 536 1454 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6328

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"><tr><td data-bbox="788 474 966 525">Planning</td><td data-bbox="966 474 1143 525">Fieldwork</td><td data-bbox="1143 474 1323 525">Reporting</td></tr><tr><td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1323 962"><tr><td data-bbox="788 848 966 899">Planning</td><td data-bbox="966 848 1143 899">Fieldwork</td><td data-bbox="1143 848 1323 899">Reporting</td></tr><tr><td colspan="3" data-bbox="788 899 1323 962">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

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June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
<p><b>December 2016</b> January 2021</p>	<p>GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52</p>	<p>1 of 2 Rec 2</p>	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p>	<p>9 of 10</p>	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b>                      Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b>                      Rec 10- Publication of VHA Directive 1670  <b>TCD June 2021</b></p>

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September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

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March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



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U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care



# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix



# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update <sup>6346</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6347

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>



# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6358

Green=Complete  
Amber=In Progress  
Blue=Not Started


Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														



# VFPAT Audits

6359


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6360

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1060 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1060 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="484 472 658 541">Planning</td> <td data-bbox="658 472 828 541">MISSION</td> <td data-bbox="828 472 935 541">CCN</td> <td data-bbox="935 472 1141 541">Traditional</td> <td data-bbox="1141 472 1277 541">VCP</td> <td data-bbox="1277 472 1454 541">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="484 541 1454 618">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6361

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1323 589"><tr><td data-bbox="788 475 962 525">Planning</td><td data-bbox="962 475 1145 525">Fieldwork</td><td data-bbox="1145 475 1323 525">Reporting</td></tr><tr><td colspan="3" data-bbox="788 525 1323 589">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 849 1323 963"><tr><td data-bbox="788 849 962 899">Planning</td><td data-bbox="962 849 1145 899">Fieldwork</td><td data-bbox="1145 849 1323 899">Reporting</td></tr><tr><td colspan="3" data-bbox="788 899 1323 963">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.



# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6375</sup>

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Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
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OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

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- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
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6381

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Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>



# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6391


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1" data-bbox="484 272 1064 386"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1" data-bbox="484 511 1213 629"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div data-bbox="1464 465 1644 634"> </div> <p data-bbox="1367 682 1798 715"> <span style="color: lightgray;">■</span> Completed <span style="color: darkgray;">■</span> Pending Review                     </p>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6392


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6393

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6394

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1323 589"> <tr> <td data-bbox="788 475 966 528">Planning</td> <td data-bbox="966 475 1143 528">Fieldwork</td> <td data-bbox="1143 475 1323 528">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 528 1323 589">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 846 1323 961"> <tr> <td data-bbox="788 846 966 899">Planning</td> <td data-bbox="966 846 1143 899">Fieldwork</td> <td data-bbox="1143 846 1323 899">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 899 1323 961">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>



# Ongoing External Audits

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# Ongoing External Audits<sup>6408</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran’s Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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**Co-Chairs**

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6413

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6414

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>



# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6416

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

(b)(6)

(b)(6)

# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

(b)(6)

(b)(6)



# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit



# Department of Internal Audits (DIA) Update

(b)(6)


(b)(6)



# SHPAT Audits

6424


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  </div> <p style="text-align: center;"> <span style="display: inline-block; width: 10px; height: 10px; background-color: #444; margin-right: 5px;"></span> Completed                 <span style="display: inline-block; width: 10px; height: 10px; background-color: #ccc; margin-left: 20px; margin-right: 5px;"></span> Pending Review             </p>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6425


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Q1</td> <td style="background-color: #d3d3d3;">Q2</td> <td style="background-color: #d3d3d3;">Q3</td> <td style="background-color: #d3d3d3;">Q4</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6426

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6427

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1321 589"><tr><td data-bbox="788 475 966 529">Planning</td><td data-bbox="966 475 1143 529">Fieldwork</td><td data-bbox="1143 475 1321 529">Reporting</td></tr><tr><td colspan="3" data-bbox="788 529 1321 589">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1321 962"><tr><td data-bbox="788 848 966 902">Planning</td><td data-bbox="966 848 1143 902">Fieldwork</td><td data-bbox="1143 848 1321 902">Reporting</td></tr><tr><td colspan="3" data-bbox="788 902 1321 962">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6441</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>



# CUEC Action Tracker – Referral

6447

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

6449

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

(b)(6)

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
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# Internal Controls Testing Status/DICA

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# Department of Internal Audits (DIA) Update


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# SHPAT Audits

6457


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Audit Name	Audit Status	Additional Information												
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Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6458


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Q1</td> <td style="background-color: #d3d3d3;">Q2</td> <td style="background-color: #d3d3d3;">Q3</td> <td style="background-color: #d3d3d3;">Q4</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6459

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6460

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1323 962"> <tr> <td data-bbox="788 848 962 899">Planning</td> <td data-bbox="962 848 1143 899">Fieldwork</td> <td data-bbox="1143 848 1323 899">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 899 1323 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>



# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
<p><b>December 2016</b> January 2021</p>	<p>GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52</p>	<p>1 of 2 Rec 2</p>	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p>	<p>9 of 10</p>	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b>                      Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b>                      Rec 10- Publication of VHA Directive 1670  <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

6471

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>



# Ongoing External Audits

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# Ongoing External Audits<sup>6474</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized



# CUEC Action Tracker – Eligibility

6479

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6480

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"><li>In Progress - Process and control documentation complete.</li><li>File transfer controls to be documented.</li><li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li></ul>	<ul style="list-style-type: none"><li>Process Documentation and Risk Assessment Completed</li><li>AUP Review Phase II Completed</li><li>Recurring PIIA testing initiated</li></ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	<p>OIT</p>	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)



# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update


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# SHPAT Audits

6490


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Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6491


Green=Complete  
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Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
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Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6492

Green=Complete  
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Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 389">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
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Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 475 658 539">Planning</td> <td data-bbox="658 475 826 539">MISSION</td> <td data-bbox="826 475 935 539">CCN</td> <td data-bbox="935 475 1141 539">Traditional</td> <td data-bbox="1141 475 1277 539">VCP</td> <td data-bbox="1277 475 1450 539">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 539 1450 618">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6493

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1323 962"> <tr> <td data-bbox="788 848 962 899">Planning</td> <td data-bbox="962 848 1143 899">Fieldwork</td> <td data-bbox="1143 848 1323 899">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 899 1323 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
<p><b>December 2016</b> January 2021</p>	<p>GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52</p>	<p>1 of 2 Rec 2</p>	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p>	<p>9 of 10</p>	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b>                      Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b>                      Rec 10- Publication of VHA Directive 1670  <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p><b>June 2018</b> January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



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U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs



# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6512

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6513

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions



# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6523


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6524


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Fieldwork</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Planning</td> <td style="background-color: #d3d3d3;">Q1</td> <td style="background-color: #d3d3d3;">Q2</td> <td style="background-color: #d3d3d3;">Q3</td> <td style="background-color: #d3d3d3;">Q4</td> <td style="background-color: #d3d3d3;">Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6525

Green=Complete  
Amber=In Progress  
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Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1064 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1064 389">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
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Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6526

Green=Complete  
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Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 966 521">Planning</td> <td data-bbox="966 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 966 892">Planning</td> <td data-bbox="966 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							



# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
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Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –



# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Overview of Front-End Corrective Actions

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Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6540</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM



# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6545

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6546

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6557


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														



# VACC SAT Audits

6559

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
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# QCAP Update

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# OCC CAP Overview-GAO Reports

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December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

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September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*



# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO



# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM



# SSAE 18 Subcommittee Report

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# SSAE18 Subcommittee Update<sup>6577</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6578

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6579

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing <sup>6581</sup>

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>



# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update


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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6590

Green=Complete  
Amber=In Progress  
Blue=Not Started


Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														



# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 389">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 475 658 539">Planning</td> <td data-bbox="658 475 826 539">MISSION</td> <td data-bbox="826 475 935 539">CCN</td> <td data-bbox="935 475 1141 539">Traditional</td> <td data-bbox="1141 475 1277 539">VCP</td> <td data-bbox="1277 475 1450 539">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 539 1450 618">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6592

Green=Complete  
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Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 956 892">Planning</td> <td data-bbox="956 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

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June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

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June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

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U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care



# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

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Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6606</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix



# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

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CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

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CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>



# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started


Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														



# VFPAT Audits

6623


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

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Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="484 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1060 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="484 329 1060 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="484 472 658 541">Planning</td> <td data-bbox="658 472 828 541">MISSION</td> <td data-bbox="828 472 935 541">CCN</td> <td data-bbox="935 472 1141 541">Traditional</td> <td data-bbox="1141 472 1277 541">VCP</td> <td data-bbox="1277 472 1454 541">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="484 541 1454 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6625

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="782 471 1323 585"> <tr> <td data-bbox="782 471 956 521">Planning</td> <td data-bbox="956 471 1149 521">Fieldwork</td> <td data-bbox="1149 471 1323 521">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 521 1323 585">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="782 842 1323 956"> <tr> <td data-bbox="782 842 956 892">Planning</td> <td data-bbox="956 842 1149 892">Fieldwork</td> <td data-bbox="1149 842 1323 892">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="782 892 1323 956">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. <b>CI- TCD April 2021</b> <b>Rec 2 Requested Closure</b>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.



# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
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# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
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# Agenda

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# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6639</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update<sup>6643</sup>

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6645

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>



# CUEC Tracker – Admin Fee Processing

6647

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>



# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6655


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6656


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6657

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 275 678 329">Planning</td> <td data-bbox="678 275 871 329">Fieldwork</td> <td data-bbox="871 275 1064 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1064 389">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 475 658 539">Planning</td> <td data-bbox="658 475 826 539">MISSION</td> <td data-bbox="826 475 935 539">CCN</td> <td data-bbox="935 475 1141 539">Traditional</td> <td data-bbox="1141 475 1277 539">VCP</td> <td data-bbox="1277 475 1456 539">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 539 1456 618">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6658

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"><tr><td data-bbox="788 474 966 525">Planning</td><td data-bbox="966 474 1143 525">Fieldwork</td><td data-bbox="1143 474 1323 525">Reporting</td></tr><tr><td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 846 1323 961"><tr><td data-bbox="788 846 966 898">Planning</td><td data-bbox="966 846 1143 898">Fieldwork</td><td data-bbox="1143 846 1323 898">Reporting</td></tr><tr><td colspan="3" data-bbox="788 898 1323 961">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill



# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>

# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
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# Ongoing External Audits

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# Ongoing OIG Engagements

Audit Topic	OCC Program
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Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
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VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

6677

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>

# CUEC Action Tracker – Referral

6678

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>



# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>



# CUEC Tracker – Admin Fee Processing

6680

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>• Meeting with OIT completed 12/2/2020.</li> <li>• DAS file transfer documentation and testing documentation is forthcoming.</li> <li>• User logical access documentation and testing to be received from impacted system owners.</li> <li>• End-to-end system controls to be discussed.</li> <li>• Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>• User authorization controls Documented and Tested.</li> <li>• Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>

# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit



# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6688


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  <p>■ Completed ■ Pending Review</p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6689


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6690

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6691

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 475 1323 589"><tr><td data-bbox="788 475 966 528">Planning</td><td data-bbox="966 475 1143 528">Fieldwork</td><td data-bbox="1143 475 1323 528">Reporting</td></tr><tr><td colspan="3" data-bbox="788 528 1323 589">Overall Audit Completion: 59%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 846 1323 961"><tr><td data-bbox="788 846 966 899">Planning</td><td data-bbox="966 846 1143 899">Fieldwork</td><td data-bbox="1143 846 1323 899">Reporting</td></tr><tr><td colspan="3" data-bbox="788 899 1323 961">Overall Audit Completion: 12%</td></tr></table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>

# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.



# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
September 2018 January 2021	GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671	2 of 2	<p><b>Rec 1</b> SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3.</p> <p><b>CI- TCD April 2021</b></p> <p><b>Rec 2 Requested Closure</b></p>
March 2019 December 2020	GAO Report: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Natives 19-291	1 of 1	<p><b>Rec 2</b> Target completion date for finalization of the Reimbursement Agreement Program is <b>TCD-January 2021.</b></p>
September 2020	GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643	3 of 3	Action Plan Completed
August 2020 December 2020	GAO Report: Additional Steps Could Help Improve the Community Care Budget Estimates 20-669	1 of 1	Status Update Completed
February 2021	GAO: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded GAO-21-71	3 of 3	Action Plan Completed. Final Report published on February 1, 2021.

# OCC CAP Overview- DIA Internal Audit Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
March 2020 November 2020	DIA/VACC IPERA: Acute Care Inpatient Payments Approved Under 1725	1 of 3	Rec 3-Coordinate with FSC to obtain a report of all Millennium Act claims with OHI processed for payment between September 9, 2019, and September 16, 2019, and ensure appropriate action is taken. <b>TCD Feb 2021</b>
May 2020 October 2020	DIA/VACC: eCAMS Does Not Apply Medicare Physician Fee Schedule Credential-Based Adjustments	2 of 2	Status update is in progress.
May 2020 January 2021	DIA/VFPAT: FY20 Spina Bifida Health Care Benefits Program Inpatient Claim Payments Audit	1 of 2	Rec 2- Development of Dashboard that will identify and report overlapping claims for review/audit.
May 2020 October 2020	DIA/SAT: VACC Signature Choice LLC	3 of 5	Status update is in progress.
July 2020 October 2020	DIA/SAT: eCAMS Reimbursement Wave Two	1 of 6	Rec 5 -Identify and Correct Improperly Paid Claims Subject to CY 2020 MPFS. Adjustments have begun. <b>TCD March 2021</b>
August 2020 December 2020	DIA Report: CHAMPVA IPERA Focused Audit- Ambulatory Surgery Center Payments	1 of 2	Rec 2- Ensure controls or automation exist within ClaimsXM to prevent improper payments when VEs split ASC charges into separate claims.
October 2020	DIA/SAT: eCAMS Reimbursement Audit Wave Three	4 of 4	Status update is in progress.
November 2020	DIA/SAT Nationwide Dialysis Services Contract Follow-Up	1 of 2	Action Plan completed. <b>Rec 1 is closed.</b>



Choose VA

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Risk Oversight Committee (ROC) Monthly Meeting

2/5/2021



**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
*Office of Community Care*

# Agenda

- Welcome and Introduction – Dr. Elizabeth Brill
- Open Recommendations on Front-End Processes –
- Ongoing External Audits –
- SSAE 18 Committee –
- Closing and Wrap Up –

# Welcome and Opening Remarks

## Dr. Elizabeth Brill

# Open recommendations on front-end processes

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# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
<p>June 2018 January 2021</p>	<p>GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 2,3,4,6,8, and 9</p>	<p><u>Recommendation 1.</u> The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether Veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.</p>	<p>Use of the Decision Support Tool, at the time of reviewing and scheduling consults</p> <p>Use of the HSRM Cycle Time report, which also reflects the community care wait time by Standardized Episode of Care (SEOC)</p> <p>Average wait times are being monitored and discussed in multiple forums to include Referral Coordination Initiative VISN calls</p> <p>The OCC Directive (VHA Directive 1670) was submitted to the VA Office of General Counsel (OGC) for legal review and concurrence in November 2020.</p> <p>The OVAC consult and scheduling directive was expected to publish by March 2021, due to delays resulting from additional policy changes, it is currently being finalized</p> <p><b>TCD August 2021</b></p>



# Overview of Front-End Corrective Actions

Published/ Last Update	Report Name	Recommendation	Corrective Action Status as of 01/30/2021
Sept. 2018 January 2021	<p>GAO Report: Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers 18-671</p> <p>Owner-CIFO</p>	<p><u>Recommendation 1.</u> Once VA's new software for managing authorizations has been fully implemented, the Undersecretary for Health should monitor data on SAR approval decision timeframes to ensure VA medical facilities are in adherence with VA policy, assess the reasons for nonadherence with the policy, and take corrective actions as necessary.</p>	<p>SAR/Request for Services (RFS) tracking is dependent on the interface with EDI/Automated Eligibility Tool (AET) The interface is awaiting funding and prioritization for Q2 or Q3. The HSRM project team continues to coordinate with the AET team to determine when the interface can be put into scope.</p> <p><b>TCD April 2021</b></p>
Sept. 2020	<p>GAO Report: VCCP Improvements Needed to Help Ensure Timely Access to Care 20-643</p> <p>Owner-CIFO</p> <p>Requested Closure on Recommendations 1 and 2</p>	<p><u>Recommendation 3:</u> Direct VAMC leadership to assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.</p>	<p>The recommended resource assessment is underway through the Referral Coordination Initiative (RCI) which is a joint effort between OCC and the Office of Veterans Access to Care (OVAC).</p> <p><b>TCD December 2020</b></p>

# Ongoing External Audits

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# Ongoing External Audits<sup>6705</sup>

- OCC is currently tracking 4 ongoing OIG audits and 3 ongoing GAO audits
- These audits have had an entrance conference but have not been completed yet
- Completed audits (where reports and recommendations have been issued), as well as audits with draft reports pending publication are listed in the QCAP slides in the appendix

# Ongoing OIG Engagements

Audit Topic	OCC Program
Audit of Billing of Veteran's Other Health Insurance for Non-Service Connected Medical Care Provided Through a Community Provider (Project Number: 2021-00846-AE-0029)	RO, CIFO
Audit of Acupuncture and Chiropractic Purchased Care (2020-01099-R5-0001)	DO, CIFO
OIG Audit of Community Care Consults during COVID-19 (Project No. 2021-00497-AE-0013)	CIFO
Review of Alleged Address Mismanagement at the Central Plains Consolidated Patient Account Center (CPAC) and the Minneapolis VA Health Care System (VACHS) (Project No. 2020-03086-AE-0054)	RO

# Ongoing GAO Engagements

Audit Title/Topic	OCC Program
VA Access to Community Care (104473)	CIFO
VA Community Provider Denials and Revocations (103695)	NM
VA Community Care Provider Oversight: Follow Up Questions on Medicare Sanction Data (103850)	NM

# SSAE 18 Subcommittee Report

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(b)(6) Co-Chairs

# SSAE18 Subcommittee Update

- Current Actions

- SOC Evaluation SOP is being finalized
- CONOPs being routed for final concurrence
- Training slides being routed for final concurrence
- CUEC plan and tracker being updated for progress/discussion
  - plan is on track and no major issues at this time

- Upcoming Actions/Activities

- SSAE18 Subcommittee Training – training materials for SSAE18 101 being finalized

# CUEC Action Tracker – Eligibility

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Eligibility information is complete, accurate, and timely	Member Services (MS) & NM	<ul style="list-style-type: none"> <li>• Meeting with MS and NM completed 11/30.</li> <li>• File transfer controls identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• OCC &amp; Member Services to scrutinize file data elements and determine controls and processes to ensure data integrity.</li> <li>• Decision memo may be needed to explain known issues with eligibility data quality and status of VA activities to address.</li> <li>• Process to ensure veteran and eligibility information updated by TPA is communicated back to VA needed – but out of scope at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality Completed</li> </ul>	<p>Q3</p> <p>Q3</p>



# CUEC Action Tracker – Referral

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Referral information is complete, accurate, and timely	CI	<ul style="list-style-type: none"> <li>• In Progress - Referral process documentation and risk assessment.</li> <li>• File transfer controls to be identified.</li> <li>• Compensating control identified whereby TPA informs OCC if file wasn't received.</li> <li>• Confirming whether field guidance will cover local level controls and monitoring activities (affecting data quality).</li> <li>• Decision memo may be needed to explain known issues/risks with referral data quality and status of VA activities to address.</li> <li>• Further discussions needed with CBI and FQAMs to engage in VAMC control monitoring and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Process documentation and risk assessment completed</li> <li>• Gap remediation plan completed</li> <li>• File Transfer Controls Documented and Tested</li> <li>• Memo on Data Quality</li> <li>• Agreement reached with CBI/FQAMs for local control testing</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p>

# CUEC Tracker – Healthcare Payment Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Claims payment data is complete, accurate, and timely	POM	<ul style="list-style-type: none"> <li>Process and control documentation complete. Ready for testing.</li> <li>File transfer controls to be documented.</li> <li>Compensating control to be identified if file wasn't received.</li> <li>Decision memo may be needed to explain known issues/risks with payment data quality and status of VA activities to address.</li> </ul>	<ul style="list-style-type: none"> <li>Process documentation and risk assessment completed</li> <li>Internal Controls Audit Completed</li> <li>Gap remediation plan completed</li> <li>File Transfer Controls Documented and Tested</li> <li>Memo on Data Quality Completed</li> </ul>	<p>Complete</p> <p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q3</p>

# CUEC Tracker – Admin Fee Processing

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
Admin Fee payment data is complete, accurate, and timely	NM	<ul style="list-style-type: none"> <li>In Progress - Process and control documentation complete.</li> <li>File transfer controls to be documented.</li> <li>PIIA audit test plans to be developed and transactions to be audited quarterly (TBD).</li> </ul>	<ul style="list-style-type: none"> <li>Process Documentation and Risk Assessment Completed</li> <li>AUP Review Phase II Completed</li> <li>Recurring PIIA testing initiated</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p>

# CUEC Tracker – VA Authorized Access

CUEC	Owner	Summary of Actions Taken/Needed	Action	ECD
<p>VA ensures logical access to VA systems by authorized users.</p> <p>Users restricted to performing authorized actions.</p>	OIT	<ul style="list-style-type: none"> <li>Meeting with OIT completed 12/2/2020.</li> <li>DAS file transfer documentation and testing documentation is forthcoming.</li> <li>User logical access documentation and testing to be received from impacted system owners.</li> <li>End-to-end system controls to be discussed.</li> <li>Discussion surrounding ATO credentialing for impacted systems.</li> </ul>	<ul style="list-style-type: none"> <li>User authorization controls Documented and Tested.</li> <li>Confirm documentation and testing is complete.</li> </ul>	<p>Q3</p> <p>Q4</p>



# Closing and Wrap Up

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# Recap and Follow-Up Actions

- Questions
- Recap of assigned actions

# Appendix

- DICA Internal Controls Testing Status – (b)(6) (b)(6)
- DIA – (b)(6) (b)(6)
- QCAP Update – (b)(6) (b)(6)

# Internal Controls Testing Status/DICA

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# Internal Controls – Audit Statuses (as of Jan 29)

- In-Process Audits

Program	Audit Type*	Phase	Number of Controls	ECD
eCAMS	TOD	Fieldwork	18	February 2021
eCAMS Denials Testing	AUP	Fieldwork	N/A	February 2021
CCCA – Administrative Invoices (Phase II)	AUP	Fieldwork	N/A	March 2021
CCRS	TOD/TOE	Fieldwork	13	March 2021
COVID-19 Reporting	AUP	Planning	N/A	March 2021
FM Travel	FPA	Planning	N/A	March 2021
FM Gov't Purchase Cards	FPA	Planning	N/A	March 2021
FM Accruals	AUP	Planning	N/A	March 2021

\*TOD = Test of Design; TOE = Test of Effectiveness; AUP = Agreed-upon Procedures; FPA = Financial Performance Audit

# Department of Internal Audits (DIA) Update

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# SHPAT Audits

6721


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 : Camp Lejeune Family Member Program Focused Audit	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 89%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 89%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Report routing for leadership review</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 89%														
2021 SHPDP PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 62.13%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 62.13%						<div style="text-align: center;">  </div> <p style="text-align: center;"> <span style="display: inline-block; width: 10px; height: 10px; background-color: #808080; margin-right: 5px;"></span> Completed                     <span style="display: inline-block; width: 10px; height: 10px; background-color: #d3d3d3; margin-left: 20px; margin-right: 5px;"></span> Pending Review                 </p>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 62.13%														

# VFPAT Audits

6722


Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave One	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 85%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 85%			<ul style="list-style-type: none"> <li>Fieldwork is complete</li> <li>Reporting is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 85%														
FY21 Spina Bifida Health Care Benefit Program Overlapping Services Data Analysis - Wave Two	<table border="1"> <tr> <td>Planning</td> <td>Fieldwork</td> <td>Reporting</td> </tr> <tr> <td colspan="3">Overall Audit Completion: 0%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 0%			<ul style="list-style-type: none"> <li>Planning is underway</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 0%														
2021 CHAMPVA PIIA	<table border="1"> <tr> <td>Planning</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Reporting</td> </tr> <tr> <td colspan="6">Overall Audit Completion: 68%</td> </tr> </table>	Planning	Q1	Q2	Q3	Q4	Reporting	Overall Audit Completion: 68%						<div style="text-align: center;">  <p> <input type="checkbox"/> Completed   <input type="checkbox"/> Pending Review                     </p> </div>
Planning	Q1	Q2	Q3	Q4	Reporting									
Overall Audit Completion: 68%														

# VACC PIIA Team Audits

6723

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status	Additional Information												
FY21 eCAMS Denied Claims Audit	<table border="1"> <tr> <td data-bbox="479 272 678 329">Planning</td> <td data-bbox="678 272 871 329">Fieldwork</td> <td data-bbox="871 272 1058 329">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="479 329 1058 386">Overall Audit Completion: 2%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 2%			<ul style="list-style-type: none"> <li>• Planning is underway</li> <li>• Pre-audit survey distributed to stakeholders 1/26/2021</li> </ul>						
Planning	Fieldwork	Reporting												
Overall Audit Completion: 2%														
2021 VACC PIIA	<table border="1"> <tr> <td data-bbox="479 472 658 536">Planning</td> <td data-bbox="658 472 826 536">MISSION</td> <td data-bbox="826 472 935 536">CCN</td> <td data-bbox="935 472 1141 536">Traditional</td> <td data-bbox="1141 472 1277 536">VCP</td> <td data-bbox="1277 472 1450 536">Reporting</td> </tr> <tr> <td colspan="6" data-bbox="479 536 1450 615">Overall Audit Completion: 45%</td> </tr> </table> <ul style="list-style-type: none"> <li>• Second interim communication expected 3/31/21</li> <li>• Testing MISSION Act inpatient and emergency care payments</li> </ul>	Planning	MISSION	CCN	Traditional	VCP	Reporting	Overall Audit Completion: 45%						 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ Pending Review</li> </ul>
Planning	MISSION	CCN	Traditional	VCP	Reporting									
Overall Audit Completion: 45%														

# VACC SAT Audits

6724

Green=Complete  
Amber=In Progress  
Blue=Not Started

Audit Name	Audit Status						
eCAMS Reimbursement Audit – Wave Four	<p>The audit plan was distributed 11/18/2020. There are four planned focus areas. The first focus area over Maryland outpatient facility claims is complete and interim communication was sent 12/22/2020. Focus area two over outpatient infectious disease claims is underway is also complete and interim communication was sent 1/22/2021.</p> <table border="1" data-bbox="788 474 1323 588"> <tr> <td data-bbox="788 474 962 525">Planning</td> <td data-bbox="962 474 1143 525">Fieldwork</td> <td data-bbox="1143 474 1323 525">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 525 1323 588">Overall Audit Completion: 59%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 59%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 59%							
CCN Pharmacy Reimbursements	<p>Planning is underway. Initial pre-audit survey meeting with key stakeholders was 1/7/2021. Second pre-audit survey meeting with PBM was 1/13/2021. Auditors are coordinating with CORs and TPA to define data requirements and determine data availability.</p> <table border="1" data-bbox="788 848 1323 962"> <tr> <td data-bbox="788 848 962 899">Planning</td> <td data-bbox="962 848 1143 899">Fieldwork</td> <td data-bbox="1143 848 1323 899">Reporting</td> </tr> <tr> <td colspan="3" data-bbox="788 899 1323 962">Overall Audit Completion: 12%</td> </tr> </table>	Planning	Fieldwork	Reporting	Overall Audit Completion: 12%		
Planning	Fieldwork	Reporting					
Overall Audit Completion: 12%							

# QCAP Update

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# OCC CAP Overview – OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2017 January 2021	OIG Report: Review of Alleged Overpayments for Non-VA Care Made by Florida VA Facilities 15-01080	1 of 3 Rec 3	Florida Overpayments (Jcodes)-Awaiting AUSH decision concerning whether pursuit of collection on these claims is in the best interest of VA and Veterans. <b>BIC-TCD June 2021</b>
December 2017 October 2020	OIG Report: Audit of the Timeliness and Accuracy of Choice Payments Processed Through FBCS 15-03036	5 of 7 Rec 1-5	Rec 1-Awaiting output from the Fee Modernization effort to document Medicare payment rules, and exceptions for TPA's. <b>POM-TCD March 2021</b> Rec 2 and 4- Need resolution of competing priorities for getting data from the Enterprise Program Reporting System to close these recs. <b>POM-TCD December 2020</b> Rec 3- Dependent on the identification and collection of data to demonstrate we are collecting OHI. <b>POM-TCD December 2020</b> <b>Rec 5-Requested Closure</b>
August 2019 January 2021	OIG Report: Non-VA Emergency Care Claims Inappropriately Denied and Rejected 18-00469-150	1 of 11 ,	Rec1-Reprocessing of improperly denied claims in accordance with Wolfe vs Wilke. <b>POM-TCD May 2021</b> <b>Rec 10 Closed</b>



# OCC CAP Overview-OIG Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
June 2020 November 2020	OIG Report: Overtime Use in OCC not Effectively Monitored 18-06292	4 of 4	<b>All Recs-Requested Closure</b>
June 2020 December 2020	OIG: Report: VA Should Examine Options to Expand Retail Pharmacy Drug Discounts 19-07281	2 of 2	Work group met and recommended pursuit of Big 4 discounted pricing. Legislative proposal has been drafted.
September 2020	OIG Report: Lack of Adequate Controls for Choice Payments Processed through the Plexis Claims Manager System 19-00226-245	8 of 8	Action Plan Completed.
Draft July 2020	DRAFT: OCC Oversight of Non-VA Healthcare Claims processed by its Contractor (Signature)	6 of 6	Action Plan Completed. Awaiting final report.
Draft Aug 2020	DRAFT: VHA Homemaker Home Health	3 of 3	Action Plan Completed. Awaiting final report.
Draft December 2020	DRAFT: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits	4 of 4	Action Plan Completed. Awaiting final report.

# OCC CAP Overview-GAO Reports

Published/ Last Update	Report Name	Open Recs	Corrective Action Status as of 01/30/2021
December 2016 January 2021	GAO Report: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans 17-52	1 of 2 Rec 2	<p><b>Rec 2- TriWest-</b> Agreed to a quality monitoring plan for appointment timeliness for mammography, gynecologic and maternity visits. The monitoring plan will begin immediately and VHA expects to have actionable data by August 2021.</p> <p><b>Optum-</b>Changes to quality improvement projects require modification to the Community Care Network contract. The modification language has been sent to Optum. Contracting is waiting for a response.</p> <p><b>TCD August 2021</b></p>
June 2018 January 2021	GAO Report: VCP: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its CC Programs 18-281	9 of 10	<p><b>Recs 2, 3, 4, 6, 7, 8 and 9 Requested Closure</b></p> <p>Rec 1 - Comparison of Community Care wait times to VAMCs-Dependent on publication of OCC and OVAC Directives. <b>TCD August 2021</b></p> <p>Rec 10- Publication of VHA Directive 1670 <b>TCD June 2021</b></p>