



PANDEMIC RESPONSE ACCOUNTABILITY COMMITTEE

A Committee of the Council of the Inspectors General on Integrity and Efficiency

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Today, the Pandemic Response Accountability Committee (PRAC) released [Federal COVID-19 Testing Report: Data Insights from Six Federal Health Care Programs](#), a multi-agency report compiling COVID-19 testing data from six Offices of Inspector General across the federal government.

The PRAC conducted this cross-agency analysis of COVID-19 testing data to inform policymakers, Congress, universities, hospitals, and state health agencies as they determine how to move forward in pandemic relief and response.

“Testing for COVID-19 is a critical component of the federal government’s pandemic response. Today’s report examines the testing processes in multiple federal programs, providing a detailed look at testing trends, demographics, and spending. This report was a collaborative effort among six OIGs and is the first of its kind, with more reports to follow,” said Michael E. Horowitz, Chair of the PRAC.

The report lays out five key insights for COVID-19 tests administered or paid for by federal health care programs between February through August 2020:

1. The tests provided: The number of COVID-19 tests provided in federal health care programs largely mirrored national testing trends from February to August 2020.
2. The people tested: Testing of beneficiaries in Medicare Part B and Bureau of Prisons was generally proportional to the demographic characteristics of the populations they serve; the other four federal health care programs (Veterans Health Administration, Federal Employees Health Benefits Program, Workers’ Compensation, and DOD Medical Treatment Facilities), had varying levels of demographic information available.
3. Types of tests: The majority of COVID-19 tests that federal health care programs administered or paid for were viral tests.
4. Spending: Federal reimbursement for COVID-19 viral tests varied across the federal health care programs.
5. Test Processing Time: Information on COVID-19 test turnaround time was only available from the three federal health care programs that administered tests — Bureau of Prisons, Veterans Health Administration, and DOD Medical Treatment Facilities —

with Veterans Health Administration and DOD reporting that test processing times decreased over time.

This report is the product of the PRAC's Health Care Subgroup which is composed of Offices of Inspector General (OIGs) that oversee agencies providing or reimbursing health care services. By working together and sharing data, these OIGs are providing coordinated oversight across agencies and programs.

These six OIGs collaborated on this report:

- U.S. Office of Personnel Management (OPM) OIG
- Department of Defense (DOD) OIG
- Department of Health and Human Services (HHS) OIG
- Department of Justice (DOJ) OIG
- Department of Labor (DOL) OIG
- Department of Veterans Affairs (DOL) OIG

"PRAC's approach, involving multiple OIGs, provides insights from across an array of federal programs, as in this report on COVID-19 testing," said Christi A. Grimm, Principal Deputy Inspector General of HHS OIG and the chair of the PRAC Health Care Subgroup. "This enhanced, multi-lens view provides diverse insights for decision makers as they consider opportunities to improve program operations and better serve millions of Americans during this pandemic."

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The PRAC was established by the CARES Act to promote transparency and support independent oversight of the funds provided by the CARES Act and other pandemic-related emergency spending bills. In addition to its coordination and oversight responsibilities, the PRAC is tasked with supporting efforts to "prevent and detect fraud, waste, abuse, and mismanagement [and] mitigate major risks that cut across program and agency boundaries."

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