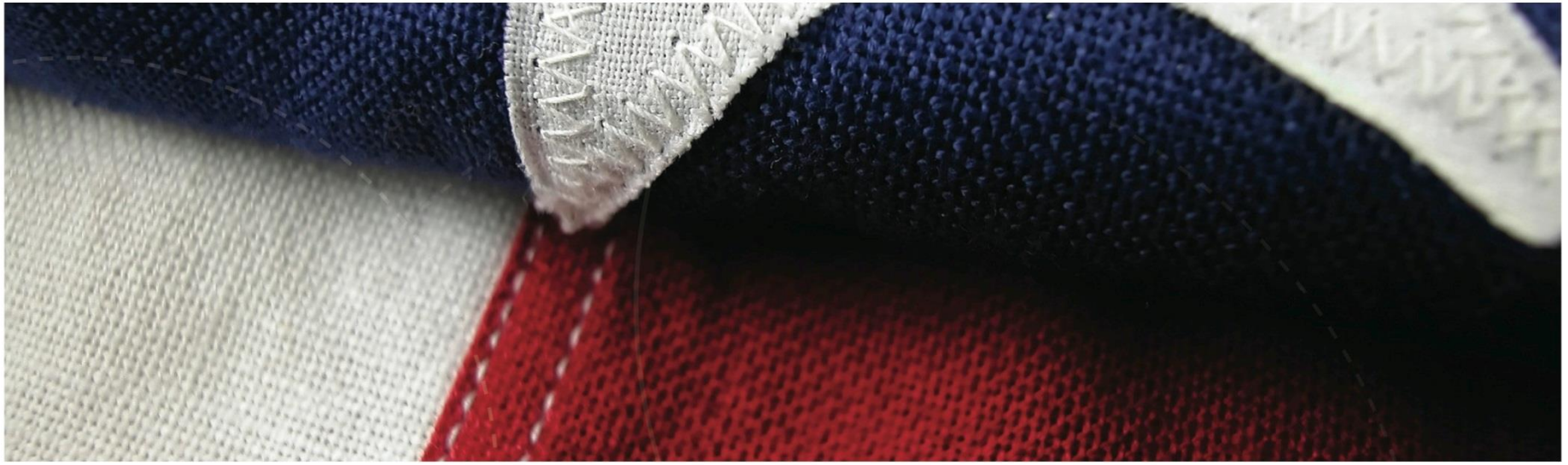


Veterans Health Administration
Office of Care in the Community

Noel Morris II, Regional Provider Experience Manager
Erica Kennedy, Deputy VISN Manager
December 2018

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Agenda

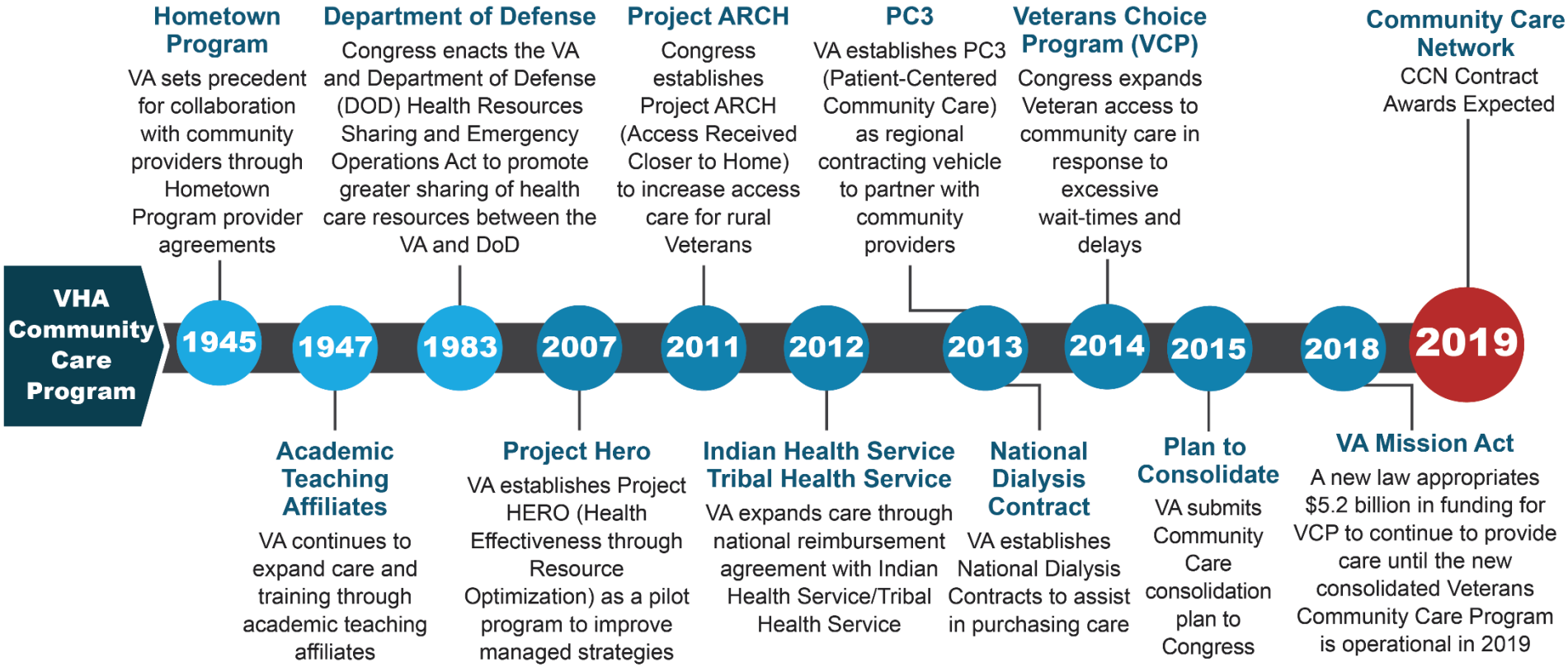
1. Introductions and Overview of Office of Community Care
2. Reasons to Purchase Care
3. Authorities Governing Community Care
4. Emergency Care Claims
5. VA and Other Health Care Plans
6. Paper to Electronic (P2E)
7. Preliminary Fee Remittance Advice Report (PFRAR)
8. Vendor Inquiry System (VIS)
9. Reconsideration and Appeal
10. Timeliness
11. Questions

Office of Community Care

- Who Are We?
  - VA has provided community care for over 70 years. While the programs to deliver this care have changed over time, the objective to increase timely access to care for Veterans remains.
  - Made up of a diverse group of staff from all over the country and includes clinicians, health care administrators, business specialists, and more. Veterans are at the center of what we do.

- What Do We Do?
  - Provide Veterans access to health care through the community when services are not available at a VA facility or the services are inaccessible.
  - Veterans are using more community care than ever before:
    - In FY17, more than 32 million appointments were scheduled in the community; which represents over 36% of all VA appointments.
  - Multiple programs are used to authorize Veterans community care, each with has different legal authorities and processes.

History of VA Community Care



Why Purchase Care in the Community?

- VA purchases care from Community Providers when it does not have the internal resources or capacity to provide the care needed for Veterans.
  - Examples include:
    - **Inability for a Veteran to access a VA health care facility due to distance or travel burden**
    - Demand for care exists that exceeds a VA health care facility's capacity
    - When VA resources are not available due to constraints (e.g. staffing, space)
    - **When certain types of specialty care are not available at a VA facility**
    - **Wait-times beyond VA standards (i.e. 30 days after clinically indicated date)**
    - To ensure cost-effectiveness for VA (whereby outside procurement vs. maintaining and operating certain services in VA facilities is more appropriate)

VA Community Care Programs

VA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time.

Programs for Veterans

- Patient-Centered Community Care (PC3)
- Veterans Choice Program (VCP)
- Veterans Choice Program Provider Agreements
- Traditional Community Care
- State Home Per Diem Program
- Indian Health Service / Tribal Health Program (IHS/THP) Reimbursement Agreements Program
- Community Emergency Medical Care

Family Member Programs

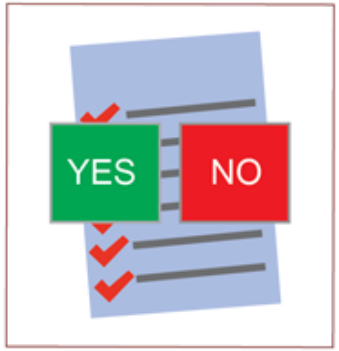
- CHAMPVA
- CHAMPVA In-house Treatment Initiative (CITI)
- Children of Women Vietnam Veterans
- Spina Bifida Health Care Benefits
- Foreign Medical Program
- Camp Lejeune Family Member
- Caregiver Support Program

REFERRALS AND AUTHORIZATIONS SECTION

Authorized Care(referrals and authorization process)

ALL VA Community Care, from all programs, requires authorization in advance whether for initial start of care or reauthorization for a new episode of care. If a Community Provider fails to request an authorization prior to providing services, the services performed may not be reimbursable by VA. The requirement for **ALL** care to be preauthorized makes VA unique from other payers.

Local VAMCs manage consults, referrals, and authorizations.

01	02	03	04	05
Receive/review consult or enter administrative consult.	Verify eligibility for Community Care.	Determine if prior authorization/ clinical review is required.	Initiate and complete referral/ authorization & enter in to system.	Manage secondary authorizations, obtain documents, & close consult.
				

Referral and Scheduling Process

Consult Initiation	Talk with Patient	Identify Provider Network	Send Education Package	Create Referral	Schedule with Provider
					
01	02	03	04	05	06

Health Net Financial Services Contract Update

- VA's contract with Health Net Federal Services (HNFS) expired September 30, 2018.
- HNFS has agreed to waive timely filing requirements.
- Providers must submit initial claims for HNFS-authorized services to HNFS to be received ***no later than March 26, 2019.***
- HNFS opened a ***new provider*** services line***, 844-728-1914,*** on October 1, for VCP and PC3 claims questions related to HNFS authorized services.
- Providers can continue to visit www.hnfs.com/go/va for information about HNFS authorized VCP and PC3 services.

HNFS Availity Site

https://www.hnfs.com/content/hnfs/home/va/provider.html

Authorities Governing the Office of community care Program

- 38 USC 1703: The authority to pay for preauthorized inpatient and outpatient emergency, routine, and diagnostic medical care for certain veterans.
- 38 USC 1728: The authority to pay for emergency care provided to service-connected veterans that was not preauthorized.
- 38 USC 1725: The authority to pay for emergency community care provided to non-service connected veterans enrolled in VA health care.
- 38 USC 8153: Provides the authority for a VA facility to enter into a contract or other form of agreement with Office of community care health care entities to secure health care services that are either unavailable or not cost-effective at the VA facility.

REGULATION SPECIFIC TO WOMEN VETERANS

- Women veterans are eligible for preauthorized hospital care for any condition under the Code of Federal Regulations (38 CFR) 17.52(a)(4).

Emergency Care

- When a Veteran seeks emergency care at a community facility, the community provider should contact the closest VA facility promptly (within 72 hours):
    - Notify VA of Veteran treatment/admission
    - Verify eligibility of Veteran for reimbursement of claim and identify the VA of jurisdiction to submit claims
    - Obtain instructions for transfer of VA patient to VA

Emergency Administrative Eligibility Criteria

Authorized Emergency Outpatient Eligibility
38 U.S.C.1703
38 CFR 17.52

✓ must meet (1) criteria listed below

1. Any condition, if rated 50% SC or more
2. A Service-Connected Disability
3. Any condition, if P&T as a result of a SC disability
4. NSC aggravating a SC "Adjunct condition"
5. Disability discharged from Active Duty
6. Vocational Rehabilitation CH 31
7. OPT care for a Veteran who has received inpt care for a NSC condition If referred by VA
8. Any condition of WWI veteran
9. Any condition if A+A or housebound
10. Authorized travel status

And

- VA must be notified within 72 hours
- must meet clinical definition of an emergency under 38CFR17.52(a)(3)

Authorized Emergency Inpatient Eligibility
38 U.S.C.1703
38 CFR 17.52

✓ must meet (1) criteria listed below

1. Treating emergency develops in VAMC
2. A Service-Connected Disability
3. NSC aggravating a SC "Adjunct condition"
4. Disability discharged from Active Duty
5. Women Veterans
6. Any condition, if P&T as a result of a SC disability
7. Vocational Rehabilitation CH 31
8. Authorized travel status

And

- VA must be notified within 72 hours
- Must meet clinical definition of an emergency 38CFR17.52(a)(3)

Emergency Unauthorized Eligibility
38 U.S.C.1728
38 CFR 17.120

✓ must meet (1) criteria listed below

1. A Service-Connected-Disability
2. NSC aggravating a SC "Adjunct condition"
3. Any condition, if P&T as a result of a SC disability
4. Vocational Rehabilitation CH 31

And

- VA was not feasibly available
- must meet prudent layperson definition of an emergency
- (2) year timely filing requirement
- Claim is paid to point of stability-
- (Refer to PL-110-387 paying past POS & Prudent Layperson)

Non-Service-Connected Emergency Eligibility
38 U.S.C.1725
38 CFR 17.1002

✓ must meet all criteria listed below

1. Enrolled
2. Must have been seen in VA 24 months
3. No health "coverage" see Medicare
4. No 3rd party liability
5. No other VA program (including 1728)
6. Veteran is financially liable
7. VA not feasibly available

And

- must meet prudent layperson definition of an emergency
- (90) day timely filing requirement
- Claim is paid to point of stability-

(Refer to PL- 110- 387 paying past POS)

VA Care and Other Health Plans

- When VA purchases health care for a Veteran from the community – VA cannot share costs with any other health plan. 38CFR17.56e
    - *Exception: VA may share costs for some emergency events partially covered by automobile liability coverage under PL 111-137*
- VA is not authorized to reimburse emergency health care costs of non-service connected events of Veterans who have other Health Plans (Medicare, Medicaid, Tricare, etc.) or third party liability. 38CFR17.1002
- Federal regulation stipulates VA payment is payment in full.: It prohibits providers from billing the Veteran for the balance (38 CFR 17.55g and 38 CFR 17.56e).
- VA payment for emergent health care costs of non-service connected events is 70% of the Medicare allowable, and payment for the authorized period of care is payment in full, unless the provider returns the payment within 30 days of receipt

Paper to Electronic (P2E) Claims

Paper to Electronic Mail Process

All paper claim submissions for Community Care will be sent to local VAMC

Local VAMC sorts claims and sends to P2E contractor in Tampa

Only UB 04 and HCFA CMS 1500 claims go to P2E

All attachments and enclosures are retained by VAMC and processed according to local policy

Links for Provider Information for P2E Claims. In the future, all paper claims will be sent to a new address to streamline the process

- https://www.va.gov/COMMUNITYCARE/providers/info_claimFiling.asp
- https://www.va.gov/COMMUNITYCARE/providers/info_claimsP2E.asp

New Paper Claims Submission Process: Benefits

What are the benefits of transitioning from paper to electronic format?

- Reduces manual entry and the number of steps required for claims receipt.
- Reduces the overall number of paper claims manually processed.
- Reduces processing time.
- Increases overall efficiency and turnaround time for claims processing and payment.
- Improves accuracy of adjudication and reimbursement and automatically identifies potential errors in claim fields before submission.

Vendor Inquiry System (VIS)

Overview

The VA Vendor Inquiry System (VIS) is an external web application that allows registered vendors/community providers to research the status of claims received by VA. The system:

- Provides information on previous, current, and future payments including check/EFT numbers, payment amounts, and invoice numbers.
- Gives providers the option to use a provider Tax ID ***or*** Vendor Code to run inquiries and reports.

Vendor Inquiry System (VIS)

Benefits to Providers

Using the self-service VIS website offers many benefits to providers:

- Accessibility: Year-round website access, available 24 hours a day.

- Up-to-date Information: Status of claims received and unprocessed is updated nightly and information on claims processed is updated weekly. Additionally, payment/check information is updated daily.

- Ease of Analysis: Providers can export their report information from the website to various formats to filter the data for analysis and review
- The VIS home page contains instructions for providers to create their personal log in, and a tutorial on using and website tools. https://www.vis.fsc.va.gov/login.aspx

Vendor Inquiry System (VIS)

VIS Support

If you require any type of support within VIS please contact the Financial Services Center (FSC) Customer Support Team:

- (877) 353-9791 (Monday-Friday, 7:00 AM to 4:15 PM CST)

- You may also email them at VAFSCCSHD@va.gov
- VIS Home Page: https://www.vis.fsc.va.gov/login.aspx

Reconsideration and Appeal Rights

What is a reconsideration request?

- If you receive an initial determination of denial and you disagree with the decision made, you may request reconsideration of the denial. An initial determination can be the Explanation of Benefits (EOB) or a letter denying benefits, commonly referred to as the Preliminary Fee Remittance Advice Report (PFRAR). An appeal can be initiated by the provider, Veteran, legal guardian on their behalf or a representative appointed in writing by the Veteran or provider. The reconsideration request should be submitted to the site which made the original determination.

- The reconsideration request must be:
  - Submitted within one year of the date of the initial determination, and in writing.
  - Identify why you believe the decision is in error.
  - Include new and relevant information not previously submitted.

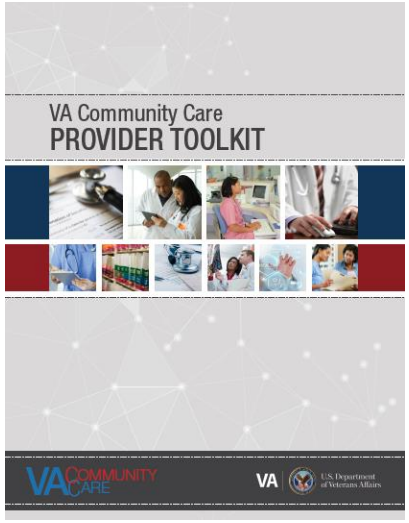
- After reviewing the request for reconsideration and supporting documentation, the facility office of community care (FOCC) staff will send you a letter advising of the reconsideration decision.
- If the decision is upheld the reconsideration will become a formal appeal.

Office of community care Claims Processing Timeliness

- Update on actions taken to improve timeliness:
  - Expedited recruitments
  - Increased external support units and their resources
  - Established a “Command Center” and Dashboard to monitor claims status daily
  - Increased system functionality to improve automated claims adjudication
  - We are working nationally on plans to streamline the process and continuously improve the timeliness of claims processing

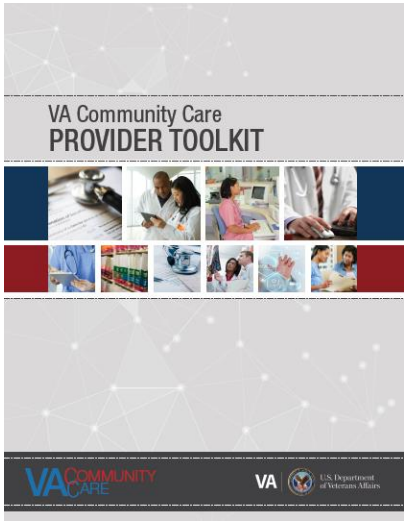
Resources

- Information for Providers in the provider toolkit.
  - Provider Toolkit



Resources

- Information for Providers:
  - VA Community Care Website
  - Billing Fact Sheet for VA Community Care Programs
  - Additional Information on Claims Payment
  - Emergency Care Claims and Payments
  - Community Care Claims Process Video
  - VHA TRAIN – No cost, Veteran-focused training for community providers
  - VHA Office of Community Care Announcements Digest – March 2018
  - VA Emergency Care Video
  - Community Viewer
- Viewing Claims Status
  - Checking Claims Status
  - Vendor Inquiry System Fact Sheet
  - Vendor Inquiry System



Questions

Contact Information

Cathy Dietrich
Medical Administration Officer
VA Central Western Massachusetts

Phone: 413 582-3168
Catherine.Dietrich1@va.gov

Noel Morris II
Regional Provider Experience Manager
VHA Office of Community Care

Phone: 413-588-4481
Noel.Morris@va.gov

Erica Kennedy
Deputy VISN Manager
VHA Office of Community Care

Phone: 857-364-5897
Erica.kennedy3@va.gov