April VD-HCBS Educational Webinar for Operational VD-HCBS Programs: Frequently Asked Questions

Date: April 19, 2017

Topic: VD-HCBS Invoicing and Payment Policies and Procedures

The April VD-HCBS Educational webinar can be found at: https://nwd.acl.gov/docs/VD-HCBS_April19_Webinar_508_v2.pdf

1. **Question:** Do any VD-HCBS programs submit their UB-04's electronically? When information is sent via FedEx, it has to be rekeyed which often leads to errors. Perhaps electronic submission could reduce these errors.

   Answer: Yes, VD-HCBS Providers do have the option to submit VD-HCBS invoices on the UB-04 electronically. Please see the PowerPoint Presentation and slides 17-19 for more information on the electronic software that the Pasco-Pinellas AAA uses to electronically submit UB-04s to the VA.

   There are multiple software options for VD-HCBS Providers to purchase for support with billing & invoicing procedures. Please reference the VD-HCBS Billing & Invoicing Guide (https://nwd.acl.gov/docs/VDHCBS_Billing_Methodology_Guide.pdf) for information related to purchased software for assistance with completing the UB-04. It is strongly encouraged that VD-HCBS Providers research these tools to understand differences in functionality and price.

2. **Question:** What is the process to bill for an adjustment?

   Answer: VD-HCBS Providers should speak with their VAMC, including the local VAMC billing office, to discuss preferred procedures for submitting an adjusted or revised VD-HCBS invoice. VAMCs may differ in how they want adjusted or revised claims submitted, including how to alert the VAMC of revised VD-HCBS invoices.

   In the UB-04, field #4, Type of Bill, VD-HCBS Providers will insert a three digit code to represent the type of facility, type of clinic and frequency of claim. The third digit, corresponding to the frequency of claim, will signify whether the claim is a first claim if '2' is inputted, continuing claim if '3' is inputted, last claim if '4' is inputted, adjustment of prior claim if '6' is inputted or replacement of prior claim if '7' is inputted.

   Appendix A of the VD-HCBS Billing & Invoicing Guide (https://nwd.acl.gov/docs/VDHCBS_Billing_Methodology_Guide.pdf) has step by step instructions for completing the UB-04 and outline options for Field #4 in the UB-04.

3. **Question:** If we have a credit on a claim, how do we take care of it – bill of collection process?

   Answer: Please see answer to question two.

4. **Question:** Will you please give an example of how to correctly adjust a previously paid claim? Do we need to include a resubmission number from the VA remittance on adjusted claims?

   Answer: Please see answer to question two.

5. **Question:** Could you provide information on how to correctly bill an adjusted claim that has previously been paid? What are the correct resubmission codes that we should use? Also, do we need to include a resubmission number from the original remittance? The Business office is not identifying the adjusted claims as adjusted claims, and they are paying the full claim amount rather than the adjusted balance being requested.

   Answer: Please see answer to question two and Pasco-Pinellas AAA's process for more information on submitting an adjusted claim. If your VAMC is paying the full claim, rather than the adjusted balance, it is likely that there is a different procedure locally for submitting adjusted claims. We would encourage you reach out to the VAMC Coordinator for VD-HCBS and/or local VAMC finance/billing office to discuss this issue in greater detail.

   The Pasco-Pinellas AAA submits 1-3 adjustment claims each month. The Pasco-Pinellas AAA works closely with their local VAMC VD-HCBS Coordinator and Finance Office to discuss the best approach for submitted adjusted claims. On the UB04, the Pasco-Pinellas AAA uses the adjusted daily rate and bills for the total months spending, which includes what has already been paid. VA then can review each service line and determine the difference that is owed to the Pasco Pinellas AAA. In some cases, Pasco-Pinellas AAA has to pay back funds that were already paid in order to be paid for the new adjusted daily rate and amount. They also use the billing code 343 even if it's an adjustment claim, due to the VAMC's electronic software system not always identifying the different adjustment codes. Currently, if they have an adjusted claim, they first notify the VD HCBS coordinators, submit the new claim, and immediately notify the VD HCBS payment processer at the local VAMC in order for them to be aware of and review adjusted claims. The Pasco-Pinellas AAA strongly recommends consistent follow up on every adjusted claim in order to ensure it is processed correctly.

   If VD-HCBS Providers need additional support with billing and invoicing procedures, please email the VD-HCBS TA mailbox at veterandirected@acl.hhs.gov.

6. **Question:** What is the correct procedure for returning overpaid claim amounts to the VAMC? We never receive the bills of collection from the VAMC.

   Answer: VD-HCBS Providers should discuss any return of overpaid claims with the VAMC. VAMCs are unlikely to have the ability to receive returned funds without a bill of collection.

7. **Question:** How long does a SUA have to bill the VAMC? Is there a document providing these details?

   Answer: VD-HCBS Providers are strongly encouraged by ACL to submit VD-HCBS invoices within 15 days of the end of the month in which services were rendered, and sooner if possible, to the VAMC. Timely invoicing and payment is important for cash flow. Every effort should be made to submit invoicing on a monthly basis.

8. **Question:** Can the VAMC deny claims if services were rendered? Is there a document available to provide these details?

   Answer: VAMCs are required to review all invoices and claims for services. For VD-HCBS, this review includes ensuring that Veterans are authorized for VD-HCBS and that all spending is in accordance with their authorized VD-HCBS budget and applicable approved VD-HCBS spending plan. VD-HCBS Providers should discuss with the VAMC any rejected or denied claims to understand why they were rejected/denied and a process for resubmitting revised claims. VD-HCBS Providers can submit a request to reconsider claim denial based on the process outlined in the VA Non-VA Care Provider Guide that can be found at: https://www.va.gov/PURCHASEDCARE/docs/pubfiles/programguides/NVC_Providers_Guide.pdf

   If VD-HCBS Providers cannot find a resolution regarding disputed claims, please email the VD-HCBS TA mailbox at veterandirected@acl.hhs.gov.

9. **Question:** When there are multiple items for reimbursement, should we make a separate line item for each one or can we use the sum total of all of them?

   Answer: The process for submitting VD-HCBS invoices on the UB-04 is outlined in detail in the VD-HCBS Billing & Invoicing Procedure Guide found at: https://nwd.acl.gov/docs/VDHCBS_Billing_Methodology_Guide.pdf. Current policy is for UB-04 forms to be submitted monthly by Veteran. Additionally, the UB-04 should include a flat per diem based on total Veteran spending in the month (including the monthly administrative fee) and the days in which the Veteran received personal care services. VD-HCBS Providers are also required to submit to the VAMC a Monthly Spending Report that provides a detailed breakout of spending for the month by Veteran.

10. **Question:** Are the FMS duties included in the reconciliation of Monthly Spending Reports (MSR), attendance sheets, etc.?

    Answer: VD-HCBS providers procure the services of an FMS. Each VD-HCBS Provider defines the duties of their Financial Management Services (FMS) agency through the local contracts and agreements between VD-HCBS Providers and FMS Providers. FMS in VD-HCBS have responsibilities for generating the monthly spending report by employee, goods and services and sending the MSR to VD-HCBS Providers. In addition to generating the MSR, FMS agencies also provide the VD-HCBS Provider attendance sheets, receipts from Veterans and other forms of documentation. VD-HCBS Providers are encouraged to have discussions with their FMS on how the FMS can support streamlined and efficient billing practices for VD-HCBS.

11. **Question:** Do you have to complete a separate authorization for each Veteran?

    Answer: VAMCs are required to complete an authorization for VD-HCBS for every Veteran referred to the VD-HCBS Provider. Information in the authorization includes the period of the authorization, the STAR/Assessment Fee and the total VD-HCBS budget available to the Veteran during the authorization period.

12. **Question:** It sounds like the Pasco-Pinellas AAA is having the Veteran report the time sheet electronically. Could you explain how this works in more detail?

    Answer: VD-HCBS Veterans served by AAA Pasco-Pinellas utilize the Mains'l Veteran Financial Management System in order for Veterans/representatives to enter the employee's timesheets electronically or by telephone. The process is initiated once the AAA Pasco-Pinellas case manager completes all of the employer/employee enrollment packets with the Veteran/representative and is then forwarded to Mains'l. Mains'l then sets up an account for the Veteran and assigns a username and password to their site which is intended to provide an electronic interface for Mains'l Veteran's Timesheets and Invoices. Mains'l also mails a welcome packet to the Veteran/representative providing them with the username/password and detailed instructions on how to enter the employee's timesheets using their website or by telephone. Once time is entered and completed by the Veteran, Pasco-Pinellas AAA verifies time for accuracy and reviews to make sure time aligns with the VD-HCBS spending plan and authorized budget.