May Veteran Directed Care Operations Office Hour Frequently Asked Questions (FAQs)

The May Veteran Directed Care (VDC) Operations Office Hour Session was facilitated by the Administration for Community Living (ACL) and the Veterans Health Administration (VHA) with support from the Lewin Group to provide an overview of VDC billing and invoicing procedures. Participants during the webinar were given the opportunity to ask questions through the Zoom chat feature, which were addressed by Hayley Mitchell and Pat Brady from Lewin. **Table 1** provides a list of frequently asked questions (FAQs), generated from the question and answer portion of the webinar.

Table 1. May VDC Operations Office Hour Session Three FAQs

Questions	Responses
Where can we find the revised Billing & Invoicing Guide? What revisions does it include?	The revised Billing and Invoicing Guide can be found on the [ACL No Wrong Door website](#). The main revisions include updated guidance on the VA Electronic Claims Adjudication Management System (eCAMS) Provider Portal (ePP) and resubmissions for corrected claims.
I do not see any information about a Rainy Day Fund. My perception from reading the Billing and Invoicing Guide is that a Veteran has access to their full authorized annual amount. So, a Veteran can request the full annual budget in one month. Is this correct?	In theory, yes. A Veteran may request the full annual budget in one month. However, there should not be a clinical situation where this is appropriate since the spending plan should be developed with the Veteran to cover all clinical needs on a monthly basis. Before 2017, there used to be a "planned savings" fund for the VDC program, where Veterans had to save up specifically for their large purchases. Now, the VDC program operates under a global budget. This "global budget" is the total budget that the Veteran has available during the authorization period. Global budget guidance eliminates the need to account for "planned savings" that was previously used in VDC. Veteran spending in a given month may exceed the average monthly case-mix rate as long as all spending is documented in the approved spending plan and does not exceed the Veteran's total authorized budget.
What is the best practice for Veterans' caregivers that go over their allotted hours for the month? Does the Veteran pay the caregiver directly or should it still go through the fiscal management service (FMS) and VDC program and then work with the caregiver for compliance to the spending plan?	The first best practice is to proactively identify when caregivers go over their allotted hours for the month and to understand why this is the case. For example, does the Veteran need more care than was originally delineated in the spending plan? Or is this occurring because of schedule confusion that can be clarified? From there, VDC providers should try to understand how much overspending this is causing. This will help inform the provider on what costs may need to be brought down or adjusted to bring the Veteran's spending back into compliance. If there is a greater clinical need than originally thought, the Veterans Affairs Medical Center (VAMC) VDC Program Coordinator will direct the VDC provider to review the spending plan with the Veteran and, when appropriate, adjust to reflect the care needs of the Veteran. Conversely, if the overspending is not supported and does not reflect a legitimate clinical need, the payment would fall to the Veteran. As the Veteran needs to remain under their authorization budget, VDC providers should work closely with their partnering VAMC to monitor Veteran spending and determine any necessary adjustments.

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The concern about a spending plan that is in the "red" is that our VAMC will not approve a spending plan that looks like it's showing "overspending" vs global budget. How should we navigate that?	VDC providers should communicate directly with their partnering VAMCs about these concerns. Resources like the Billing and Invoicing Guide and the slide deck from this May Operations Office Hour may be useful during those conversations – to understand VA guidance regarding when overspending and mid-authorization adjustments occur. VDC providers and VAMCs should understand that under a global budget, Veteran spending in a given month may exceed the average monthly case-mix rate as long as all spending is documented in the approved spending plan and does not exceed the Veteran's total authorized budget.
When is the claim resubmission guidance effective?	The VA resubmissions guidance for corrected claims is effective immediately. More information can be found in the updated Billing and Invoicing Guide on the ACL No Wrong Door website.
Do you have written guidelines of the causes of rejected claims?	The U.S Department of Veterans Affairs (VA) has helpful resources for common billing issues and rejections that VDC providers may encounter during the billing and invoicing process. These resources include: • Information for finding an explanation of codes for rejected claims: https://www.va.gov/COMMUNITYCARE/revenue_ops/rejected_claims.asp • Factsheet for preventing paper claims rejections: https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_25-05.pdf
What is the purpose of notifying the VAMC VDC Coordinator of invoice resubmission and correction. Does it assist with the resubmission process?	VDC providers should communicate with their VAMC VDC Coordinator to ensure that they are following the correct procedures for resubmitting corrected claims and to help them monitor that their resubmitted bills are being paid in a timely manner.
If I mess up a date and only get paid for 9 days but invoiced for 10, when I turn in a 7 claim I don't include the 9 days I was paid for?	If a claim is rejected due to an error in your submission, you should still resubmit these claims with a 347. The resubmissions guidance discussed on the Office Hour call was around corrected claims (i.e., if there was an additional cost that was not previously invoiced).
Is there an updated Service Matrix available that outlines the service codes and criteria to be able to use that code?	Appendix D of the VDC Billing and Invoicing Guide provides step-by-step guidance for completing paper claims using the UB-04. The appendix provides a list of fields from the UB-04 claim form with their corresponding title, whether or not the field must be completed for VDC, a brief definition, and input values. For electronic submissions, please visit VA's Community Care website for information on filing an electronic claim using the EDI 837.

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How is it fair for a Veteran in a state that does not require a Good Cause Waiver to get to hire who they want but a Veteran in a state such as Missouri cannot? Does not Federal overrule state?	Although VDC is a federal program, procedures for Veterans' workers' background checks for VDC must be in accordance with state policies. The events that are considered disqualifying for hiring a worker and the length of time they are in place vary by state. In Missouri, "Good Cause Waiver" is the terminology used to reference a Veteran's right to overrule concerning background check findings. If granted, the Good Cause Waiver does not remove the finding but waives the legal hiring restriction and allows employment.
Will you be providing guidance on the new eCAMS Provider Portal (ePP)?	Guidance on the eCAMS Provider Portal can found in the updated Billing and Invoicing Guide on the [ACL No Wrong Door website](#). VDC providers who previously used the Customer Engagement Portal (CEP) to research the status of claims received by VA should migrate to the [eCAMS Provider Portal (ePP)](#). ePP allows users to access the status of claims submitted, as well as adjudication information, remittance reports, and explanation of payment documents.
I tried to research a claim in eCAMS, but I needed a claim number. I can get claim numbers in CEP – but only if the claim is paid and not rejected. How can I get these claim numbers?	VDC providers shared the following advice: • VDC providers who use Office Ally to submit their invoices electronically are able to reach out to Office Ally to receive claim numbers. • One VDC provider noted that claim numbers are not necessary to look up claims in the ePP. By clicking "submit," a list of all claims the VDC provider has submitted will appear. The following contacts are available through the VA for additional information and guidance regarding the ePP: • Customer Service Phone Number: 512-386-2278 • Email Support: eCamsHDsupport@va.gov
How do we get a temporary key for eCAMS if we don't have a point contact?	Access the [ePP](#) to register and view trainings for using the portal to track claims status. VDC providers can also refer to the VA's [step-by-step guide](#) for using ePP, including how to gain access to the portal and use the portal to track claims status. The following contacts are available through the VA for additional information and guidance regarding ePP: • Customer Service Phone Number: 512-386-2278 • Email Support: eCamsHDsupport@va.gov
When the Veteran uses a backup worker, they are over budget due to the primary caregiver using sick time and paying for the backup care. How should we navigate that?	Veteran monthly spending may exceed the average monthly case-mix rate for reasons including routine care, planned purchases, and emergency back-up care. This is permissible if all spending is documented in the approved spending plan, although VDC providers only bill for actual services purchased by the Veteran and for the monthly administrative fee. The spending plan includes an individualized emergency back-up plan that assures services are delivered if, for example, a worker is unable to keep to their schedule or has planned time off. The emergency back-up plan is reviewed at least quarterly to confirm the availability/non-availability of the persons listed. The emergency back-up plan may include hiring agency services to cover while the regular worker is unavailable.

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Where can we find the Emergency Backup Worker Designation Form?	An example Emergency Backup Worker Designation Form can be found on ACL's VDC TA Community website.
Is there guidance for claims that have been short paid due to hitting the maximum daily rate – most of which are over 180 days?	In January 2020, VDC providers were notified that the VA Office of Community Care (OCC) identified the process to resolve partial payments for VDC invoices that includes flagging VDC providers by their National Provider Identifier (NPI) number. The ACL VDC Federal Technical Assistance Team tracks VDC providers' NPIs and shares a list with the VA's OCC to support billing processes and ensure that VDC providers are reimbursed accurately. *If your organization obtains a new NPI number, is a new VDC provider, or is unsure if the current NPI number documented is correct, please email veterandirected@acl.hhs.gov to provide the updated information.*
If the Veteran or authorized representative does not have permission for overage/overtime, how do we bill them?	Any overage must go through the FMS, because they are the ones who prepare the W2 forms for that worker in a fiscal tax year.
How can I be added to the VDC email list?	If you or a colleague needs to be added to the VDC email distribution list, please enter your information in this form: VDC Email Distribution List Form. Please contact us at VeteranDirected@acl.hhs.gov if you have any questions or concerns.
Can we get a place for all the various forms people use to live as samples that we can all access?	Based on provider feedback during the office hour sessions, a "forms library" is located on the TA Community website, where we will house the various forms that VDC providers use for their VDC processes (e.g., the intake process, person-centered assessments, etc.). To help us build that library, we ask that VDC providers who would like to share their existing VDC form templates with peers to please forward them to VeteranDirected@acl.hhs.gov, so we can upload them to a shared resource.
Where can we find the Operations Manual Template?	The Operations Manual Template can be found on ACL's No Wrong Door website at this link: Operations Manual Template.