

Veteran Directed Care Office Hour Session Three

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Agenda

- Welcome and Announcements from the Administration for Community Living (ACL)**
- Recap of the Second VDC Office Hour Session**
- VDC Program Best Practice – Strategies to Support Timely Billing**
- Focused Topic Discussion: *Managing VDC Invoices and Supporting Timely Billing***
- Open Question and Answer (Q&A)**
- Closing**

Recap of the VDC Office Hour Session Two

- The second VDC Office Hour Session shared tips and tools to monitor monthly Veteran spending and recommendations for using the VDC Monthly Services Report Template to document actual Veteran spending.
- Amanda Kerley from the Delta Center for Independent Living (DCIL) and Laura Cornwell from the St. Louis Veterans Affairs Medical Center (VAMC) shared their process for tracking and sharing monthly Veteran spending using Monthly Service Reports.
- Resources from the second session can be found on ACL's No Wrong Door (NWD) website VDC page: <https://nwd.acl.gov/vdc.html>

My Organization is a VDC Provider

VDC providers are Aging and Disability Network Agencies (ADNAs) that have completed a VA VDC Readiness Review, have a fully executed provider agreement with the VA and are serving Veterans referred by their local VA Medical Center(s). The following resources are available to support program administration:

- 🕒 **NEW** VDC Billing and Invoicing Guide

This guide is a resource that outlines billing and invoicing procedures to assist with and ensure timely and accurate reimbursement for VDC invoices.

- 🕒 **NEW** VDC Monthly Services Report

VDC programs can use this Monthly Services Report template to track Veteran VDC spending by documenting actual spending.

- 🕒 **NEW** VDC Spending Plan

The VDC Spending Plan helps map how Veterans intend to use their VDC budget and estimate spending during their authorization period.

VDC Resources

VDC COVID-19 Information

VDC Office Hours

- 🕒 **July 2021**

VDC Office Hour Session One: Understanding VDC Veteran Authorizations and Developing Person-Centered Veteran Spending Plans

- 🎧 Recording
- 📄 VDC Office Hour Session Once Key Takeaways

- 🕒 **August 2021**

VDC Office Hour Session Two: Tips and Tools to Monitor Monthly Veteran Spending – Monthly Service Reports

- 🎧 Recording

VDC Office Hour Session Two Key Takeaways

- Practical takeaways and actionable next steps were reported by participants included:
 - ▶ Adopt the new Monthly Service Report Template or rework existing Monthly Service Reports to align with processes for tracking monthly Veteran spending;
 - ▶ Work with the FMS to ensure Monthly Service Reports are accurate and develop a plan to share and review with Veterans;
 - ▶ Include caregivers' schedules in the VDC Spending Plan in order to support reviewing the Monthly Service Report; and
 - ▶ Continue the discussion on the [VDC TA Community](#).



Remaining FAQs from VDC Office Hour Session Two



FAQ: Veteran Spending Plan - Determining a Veteran's Available Budget

Question: How should spending plans be developed if it takes time for the Veteran to develop their VDC Spending Plan and hire workers before beginning to use their VDC budget?

Response:

- ▶ The Veteran's total spending should be based off the "average monthly budget." For example:
 - ❑ A Veteran is referred to VDC for a 12-month period. Their "global budget" is \$24,000 and their average monthly budget is \$2,000.
 - ❑ It takes thirty days for the Veteran to develop a plan (to include identifying, hiring, and training their employees) and use their budget.
 - ❑ The Veteran's spending should still average out to \$2,000 per month [or \$22,000 total over the remaining eleven months] even though they are authorized for \$24,000.

FAQ: Veteran Spending Plan - Determining a Veteran's Available Budget (continued)

Response (continued):

- ▶ This is very important to ensuring that the Veteran's care does not need to be reduced in the future.
 - ❑ If a Veteran is re-authorized for care, and there is no change in the case-mix level, the Veteran's "average monthly budget" will continue to be \$2,000.
 - ❑ However, in the previous example, if you used the Veteran's total authorized budget (e.g., \$24,000), the Veteran would have spent on average \$2,400 per month.
 - ❑ This means that the Veteran's spending plan would need to be reduced by \$400 (or 20%) per month.

FAQ: Veteran Spending Plan - Determining a Veteran's Available Budget (continued, pt. 2)

Response (continued):

- ▶ Remember:
 - ❑ VA is not obligated to pay for any expenses over the authorized budget.
 - ❑ All VDC spending should be included, with detail, in the VDC Spending Plan. This includes monthly expenses, one-time goods or services, and emergency-back up care.
 - ❑ VDC Programs should base spending off the “average monthly budget.”
 - ❑ Actual VDC expenses may exceed the “average monthly budget” as long as spending is included in the VDC Spending Plan.

FAQ: Reviewing Monthly Service Reports

➤ **Question:** A year and some change ago, we were advised we only needed to be reviewing MSR's every six months. Are we back to reviewing monthly?

Response:

- ▶ VA and ACL recommend that the VAMC and VDC provider discuss and establish local procedures for sharing monthly documentation including invoices and Monthly Service Reports.
- ▶ VDC providers submit **Monthly** Service Reports for supporting documentation on VDC invoices to either: (1) the VAMC VDC Coordinator; (2) the billing, finance, or Office of Community Care's Payment Operations and Management (POM); or (3) both the VAMC VDC Coordinator and the billing, finance, or Office of Community Care's POM.
- ▶ This communication strategy allows the VAMC to answer any questions once the invoice is submitted by the VDC provider.

FAQ: Mid-Month Authorizations

➤ **Question:** How are mid-month authorizations accounted for in VDC Spending Plans and Monthly Service Reports?

Response:

- ▶ The Veteran's authorized VDC budget for the authorization period is calculated based on the applicable average monthly case-mix rate multiplied by the length of the authorization, regardless of whether the authorization is issued mid-month.
- ▶ All authorized services and goods spent by the Veteran in a calendar month should be documented in the monthly service report regardless of when the authorization begins.
- ▶ The Monthly Service Report Template includes tabs for twelve calendar months, with an optional thirteenth month if services were rendered over the course of 365 days spanning thirteen months.

FAQ: Administrative Fee

Question: Can you clarify the administrative fee? The AAA cannot bill any administrative fees until the Veteran is able to utilize the budget even if they are assisting the Veteran's with enrollment?

Response:

- ▶ Once the VAMC approves the Veteran's person-centered spending plan, the VDC provider sends the VAMC an invoice for the **full assessment fee**.
- ▶ The **assessment fee** is invoiced to the VAMC to reimburse the ADNA and FMS for supporting the Veteran with the person-centered assessment, VDC enrollment, in-home visit, development of the spending plan, and assistance with identifying, hiring, and training employees of the Veteran.
- ▶ If the Veteran does not enroll in VDC, the VDC provider submits an invoice for the **partial assessment fee**. The **partial assessment fee** only includes the rate to reimburse the VDC provider for the PCC assessment conducted with the Veteran.
- ▶ The **monthly administrative fee** is billed during the months which the Veteran receives services, as part of the Veteran's global budget.

FAQ: Hospitalizations



Question: What if the newly enrolled Veteran is hospitalized after the initial spending plan is approved in the middle of the month and doesn't discharge home until the next month? Will the VA pay the admin fee for the first month when the Veteran did not receive any services at home through the program?

Response:

- ▶ VA pays the full administrative fee in months when the Veteran receives personal care services.
 - Ex: A Veteran is admitted to an inpatient setting on May 15th and is discharged on June 15th. If the Veteran uses their VDC budget between May 1-14, VA will pay the full administrative fee for May. If the Veteran uses their VDC budget between June 16-30, VA will pay the full administrative fee for June.
- ▶ Any changes in the Veteran's need post-discharge should be assessed and discussed with the VAMC.
- ▶ VA approval is needed for any spending that is required during the inpatient stay, including the day of discharge.

FAQ: Underspending

Question: What if underspending is the result of hospitalization & rehab stays?

Response:

- ▶ Underspending resulting from inpatient admission is expected.
- ▶ Any changes in the Veteran's need post-discharge should be assessed and discussed with the VAMC.
- ▶ VA approval is needed for any spending that is required during the inpatient stay, including the day of discharge.

FAQ: Overspending

 **Question:** What happens if the Veteran goes over their global budget?

Response:

- ▶ It is the responsibility of the Veteran, with support of the VDC provider, to develop a VDC spending plan that is below the authorized amount, track and monitor VDC spending, and make any necessary changes to the VDC spending plan to ensure spending does not exceed the authorized budget.
- ▶ VDC providers must track VDC spending over the course of the authorization.
- ▶ Particularly in the final months of an authorization, it's critical that VDC providers work with Veterans so that they understand their responsibility to manage their budget.
- ▶ VAMCs are not required to reimburse for any VDC spending that exceeds the Veteran's authorized budget.

FAQ: Hiring Employees

➤ **Question:** Based on the statement that a Veteran can start using their budget day 1...can a Veteran hire their employees before confirming that their EIN has been submitted to the company that handles paying the employees? How do we account for that?

Response:

- ▶ VDC Providers will need to follow all applicable rules and requirements with regards to hiring employees.
- ▶ In most instances, new Veteran referrals will take a period of time to develop a VDC Spending Plan and identify, hire, and train workers.

Focused Topic Discussion: *Managing VDC Invoices and Supporting Timely Billing*

VDC Program Highlight



Bay Aging: Strategies to support timely billing

FAQ: Days of Service

Question: Are we required to separately enter each day's service on the invoice or may we enter the date range for the month and submit the total amount of "Other Adult Cares" on one line?

Response:

- ▶ VDC providers are required to invoice based on the days in the month in which the Veteran received personal care services.
- ▶ The daily rate included should be based on the total amount being invoiced (Veteran spending + the monthly administrative fee) divided by the number of days in which the Veteran received personal care services.

FAQ: Rejections

➤ **Question:** What kinds of actions would result in the VA rejecting claims?

Response:

- ▶ VDC providers are encouraged to submit VDC invoices electronically as it will reduce processing times and the likelihood of rejections.
- ▶ 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

FAQ: Rejection Codes

➤ **Question:** Many times for rejects, I will get a code for incorrect "Subscriber or Subscriber ID", but it is all correct when I check so how do I fix it?

Response:

- ▶ The Subscriber ID is most commonly the Veteran's full Social Security Number.
- ▶ The VDC invoice should include the full SSN with no dashes or spaces.
- ▶ Some Veterans may have a Subscriber ID that is something other than their SSN, such as their Medicare Beneficiary Identifier (MBI).
 - ❑ As your VAMC if there is a Subscriber ID other than the SSN to use.
 - ❑ More information and guidance will be provided in the future on this question.

FAQ: Authorizations

➤ **Question:** I use the date on the Authorization Document VA Form 10-7080 as my billing guide date. Is this correct?

Response:

- ▶ As of June, 2019, VA requires an authorization number on all 837 Electronic Data Interchange (EDI) and paper claim submissions for preauthorized services.
- ▶ For EDI 837, Referral Number is Loop = 2300, Segment = REF*9F, Position = REF02 or Prior Authorization, Loop = 2300, Segment = REF*G1, Position = REF02.
- ▶ VDC providers must list the authorization number on Field #63 of the UB-04 claim form, titled “Treatment Authorization Codes.”

FAQ: VDC Invoice Submissions

➤ **Question:** How long after the end of the month should VDC Providers invoice for VDC?

Response:

- ▶ If VDC providers are caring for Veterans in VDC under a Veteran Care Agreement (VCA, VA Form 10-10171), VDC providers are required to submit invoices within 180 days as outlined in Section J of the VCA.
- ▶ VDC providers are recommended to submit VDC invoices no later than the 30 days after the end of the month.
- ▶ The faster the invoice is submitted, the sooner the VDC provider is likely to be paid for the services provided.
- ▶ Additionally, VDC providers shall submit VDC invoices monthly and minimize instances where multiple months of VDC invoices are simultaneously submitted to the VAMC.

FAQ: Monitoring VDC Invoices

➤ **Question:** What process should we follow with monitoring VDC invoices, particularly if we receive any rejected or partial payments?

Response:

- ▶ Some billing issues may require further support to reach a resolution. The following guidance provides recommended steps to take to reach a resolution.
 - ❑ Check the Customer Engagement Portal (CEP):
 - CEP is VA's online system for tracking the status of claims received by the VA. This includes information on previous, current, and future payments, and provides the option to check the status of CMS 1500 (HSCFA 1500) or CMS 1450 (UB-04) claim forms.
 - The CEP home page can be accessed at: <https://www.cep.fsc.va.gov/>.
 - For more information on CEP, please refer to Section VII of the VDC Billing Guide.
 - ❑ Follow-up with the VDC Coordinator at your partnering VAMC for guidance on the desired approach for denied claims (i.e., tackle existing issues until they are resolved locally or wait for completion of the late and partial payment resolution process).
 - ❑ If you are unable to reach a resolution through your partnering VAMC, please email Veterandirected@acl.hhs.gov.

FAQ: Billing for Goods and Services

➤ **Question: If the VDC provider only bills the daily rate for days when direct care was provided to the Veteran, how are goods billed then?**

Response:

- ▶ VDC invoices are based off Veteran's actual spending plus the monthly administrative fee.
- ▶ Actual spending includes monthly goods and services, one-time goods and services, and emergency back-up care, as applicable.
- ▶ VDC providers calculate a daily rate by dividing the total amount being invoiced divided by the number of days in which the Veteran received personal care.
- ▶ The daily rate is then invoiced for the applicable days of the month in which the Veteran received personal care.

FAQ: Rebilling Claims

Question: Is there guidance on how to rebill claims?

Response:

- ▶ The VHA's Office of Community Care developed a guide for provider claim resubmissions which can be found in Appendix D of the VDC Billing and Invoicing Guide.
- ▶ The VDC provider and the VAMC shall discuss and approve procedures to correct bills to ensure that corrected bills are reimbursed timely.
- ▶ Additionally, the VDC provider shall notify the VAMC VDC Coordinator and/or billing office that a corrected bill needs to be submitted before submitting a corrected bill.

FAQ: Partial Payments

➤ **Question:** We are receiving caps on claims submitted and not paying the monthly/assessment fees in the case-mix. Who can we contact when the VA says they cannot assist?

Response:

- ▶ If you are unable to reach a resolution through your partnering VAMC, please email Veterandirected@acl.hhs.gov and provide the following information:
 - ❑ How many invoices greater than 60 days are not paid in full?
 - Of the invoices greater than 60 days, how many have been rejected?
 - Of the invoices greater than 60 days, how many have been partially paid?
 - Of the invoices greater than 60 days, how many have not been rejected or partially paid?
 - ❑ If you have received rejections, please provide information on the rejected codes received thus far.

Please also provide a sample invoice that was rejected (de-identified to remove any patient identifying information).

- ❑ Please provide a brief summary of the action you have taken with the VA Medical Center (VAMC) or any other VA stakeholders regarding outstanding invoices.
- ❑ Have you registered for HealthShare Referral Manager (HSRM) or the Customer Engagement Portal (CEP)?

FAQ: Partial Payments (continued)

➤ **Question:** Can claims from 2019 and 2020 be resubmitted for partial payments?

Response:

- ▶ Yes. It is recommended that VDC providers follow-up with the VDC Coordinator at your partnering VAMC for guidance on the desired approach for denied claims (i.e., tackle existing issues until they are resolved locally or wait for completion of the late and partial payment resolution process).
- ▶ Please email veterandirected@acl.hhs.gov if you experience partial payments.

FAQ: Late Submissions

Question: What is the best practice for billing for late submissions?

Response:

- ▶ Corrected invoices should reflect new total spending amounts for the month when spending occurred, rather than supplemental invoices that only account for the new charges.
- ▶ For example, if the VDC provider submitted a monthly VDC invoice for \$2,000 and had \$100 of previously unaccounted invoices, the VDC provider needs to submit a revised invoice for \$2,100 to accurately reflect total spending in that month.
- ▶ The frequency code of '7' is used to replace an entire claim, even if that claim was already processed. The system will calculate the difference in reimbursement from the original claim.
- ▶ All resubmissions require reference to the original claim number (or TCN) in order to generate reimbursement. Claims missing reference to the TCN will be automatically rejected.

Menti Poll

- Go to www.menti.com and enter code 8788 865

What is one change your VDC program could implement within the next three months to manage VDC invoices and support timely billing?



Mentimeter

Please enter the code

Submit

The code is found on the screen in front of you

Closing

- **Post-event Survey:**
https://www.research.net/r/VDC_Office_Hour_3
- **ACL Technical Assistance (TA)-Community:** Continue the conversation using the discussion board located in the VDC Community on the [ACL TA-Community](#)!
- **VDC Office Hour Session Four:** Details will be announced in the coming weeks!
- **VDC Monthly Reporting Tool Data Entry:**
<https://app.smartsheet.com/b/form/9bff196f995e4ddd82aa0fd246ae0501>
- Please email the VDC Technical Assistance Team with any questions: veterandirected@acl.hhs.gov