# Indian Health Service

Veterans Administration and Indian Health Service Direct Care Billing and Reimbursement Processes

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# Topics of Discussion

Introduction of Speakers and Agenda Items

Benefits of Billing Electronically

Current Updates

RPMS Updates

IHS/Tribal Billing Denials and Adjustments

Question and Answer

# Benefits of Billing Electronically

SAME PROCESS FOR CLAIM APPROVAL
- MORE MEDICATION DETAIL
- ACTUAL STEPS STAY THE SAME IN CLAIM EDITTING

BETTER CLAIM TRACKING
- CLEARINGHOUSE PROVIDES ELECTRONIC DATA INFORMATION
- ALLOWS MORE ACCURATE DETAIL IF APPEALING TIMELY FILING
- OPTION TO UPDATE WITHIN CLEARINGHOUSE COULD BE CONSIDERED

QUICKER REIMBURSEMENT
- YOUR CLAIM IS RECEIVED BY THE PAYER QUICKER
- ASSURE ALL DETAIL IS ATTACHED TO THE CORRECT CLAIM
- PROCESSED AND PAID MORE EFFICIENTLY

# VA Current Updates

# Address & Zip Code Changes

When billing VA Medical or Pharmacy Claims Manually (on Paper), current mailing address to use is:

**VHA Office of Community Care**

**P.O. Box 30780**

**Tampa, FL  33630-3780**

If you are billing VA on Paper, what is the reasoning behind it?  What can we do differently to assist you?  Is it the cost of a Clearinghouse?  You don't have the IT to support it?

It is easier to transition now.  There are often changes to Paper claims that are not evident in Electronic Claims Processing.

If you have not set up your Group Number correctly, OR if you are billing on paper, both the Group Name and Number (IHS-VMBP) for Routing and Identification Purposes.

◦ In a near deadline, eCAMS only wants to see the IHS, THP, or NNV printing in the Group field.  ALL claims will deny if this is not corrected.

We had been informed that our Remit To Address for PNC Bank Cleveland, for all payers, may have been incorrect.  This could have impacted our ability to receive (or receive in a timely manner) our EOB/EOP from the VA.

Current PNC Lockbox (to receive hard copy checks and remittance advice from Third Party Payers) should be:  Are you receiving Hard Copy Checks from the VA?  How often?  What is the reason you have been given?

**Name of Facility**

**PO Box XXXXX (based on unique PO boxes per Lockbox)  (DO NOT INCLUDE "3" as previously instructed)**

**Cleveland, OH  44101**

◦ Make sure to make these changes in the Location File in the RPMS Third Party Billing Package.  Will impact ALL payers paying/remitting manually.

Lock box closure for the NON-CLEVELAND Locations.

# Portal Updates

CEP Portal – used to look up Check/Payment status and Claim Status. NOT used to import EOB or EOP (payments and denials and adjustments)

- Long process for enrolling
- Have to enroll in ID.me (which is like a security background check with personal information).
- Have to link to Facility DUNS number (not sure when or who established this number for the organization)
- Doable, but timely process
- **NO LONGER IN EXISTANCE. COMBINED WITH EPP.**

eCAMS Provider Portal (EPP)– used to look up additional claim information including EOP (Explanation of Payment) hopefully with Denials/Rejections/Adjustments as well (to serve as proof of payment).

- All Information contained in the CEP Portal "Should" be available in the EPP, transitioned into one Portal.
- Not currently available to IHS or Tribes. Still in testing phase but enrollment may be similar to the CEP Portal. I do believe this is still the status. Some can get into CEP (limited information), but EPP is still not available.

Working on Hierarchical solution (Agency wide) for these issues

GOOD NEWS – We THINK that all Treasury Payment Systems (including OTCnet and ECP) will now grant access using a PIV and CAC.

In order to comply with the Cybersecurity Executive Order and U.S. Treasury Zero Trust requirements, the Electronic Check Processing (ECP) System fully implemented the Common Approach to Identity Assurance (CAIA) in December 2022. After December 1, 2022, ECP became exclusively accessible with the CAIA login system via one of three trusted authentication providers: ID.me, Login.gov, or PIV / CAC. I do believe this will apply to all Treasury System, but I am doing more research on this topic.

# Pharmacy Changes

Pharmacy EDI – Goal is to get everyone enrolled in the DCR Program to be billing ALL claims electronically.

- Must be linked to Change Healthcare
- See Previous Presentations and Slides for assistance in accomplishing this Goal.

Rate Changes

- VA is proposing Reimbursement Rate changes for IHS and Tribal Facilities.
- Currently the VA is reimbursing based on Billed Charges.
- Agreement says they will pay based on COST.
- Tribal Consultation to Change this methodology
- Change in National Agreement to change this payment methodology
- We will NOT change the way or the amount we currently bill for, but there will be an adjustment applied to each claim we submit
- Will not pay the dispense fee for prescriptions dispensed through CMOP
- More instructions to come.

# Social Security Number and EDI Status

How many of you are still billing the VA for Direct Care Services Via Paper Claims Forms?

- WHY?  Is it a system Issue?  A Clearinghouse issue?  No Support?
- We have been billing electronically to major payers for years.  This isn't always easy, but we have worked through hundreds of different payer issues that have resulted in fast, more accurate, billing and collection.
- If you are experiencing problems transitioning to this mode of export for the VA, please reach out to Cynthia Larsen for assistance.

Why is this important?

- Less room for transporting errors, protection of PHI/PII, faster, more accurate claims processing, reduction in cost for claims processing/mailing, etc.
- Just as important, there is a mandate coming down that will NOT allow us to send any form of a Social Security Number through the US Postal Service.

# Billing the VA for Telehealth Services

**Background** – Prior to the COVID-19 Public Health Emergency, Medical Services provided to AI/AN Veterans using Technology (Telemedicine) versus Face to Face, were not considered a covered service under the IHS/VA Direct Care Reimbursement Agreement.

Through the efforts of the Veterans Administration and Indian Health Service Leadership, the Direct Care Reimbursement Agreement was amended and signed in September, 2020.  Part of this amendment allows for Indian Health Service Providers, providing Telemedicine services to AI/AN Veterans enrolled in the Veterans Administration Medical Benefits Program, to bill and receive reimbursement for such services.

*NOTE:  At this time, Virtual Check In and E Visits are NOT currently reimbursable by the VA at the AIR.  Alternate payment methodologies are being looked into for future billing.*

*As of today, this has not changed.  It may change in the new DCRA.*

# Other Issues of Consideration – Routing of Claims

IHS/THP still has to be on your claims.  Just a reminder, this is populated in Patient Registration.  Once you have established your "Group", you add this information to each Patient that has VMBP coverage, and <u>IHS/THP</u> will populate correct.  <span style="color:red">BILL ELECTRONICALLY</span>

If you see that your payment may be coming in from a different address, or coming in at a FFS amount, you want to check Patient Registration for that Patient.

- [11] Select GROUP NAME: **VMBP**

We are still hearing about denials that you do not have the <u>Contract # or Station #</u> on your claims.  Again, this is set up in Table Maintenance and hasn't change.

- Access to Site Parameters (3PB→TMTP→SITM) is required to complete the entries.
- VA STATION NUMBER: **999**
- VA CONTRACT NUMBER: **VA-999-IHS-9999**  <span style="color:red">**You no longer have to have the Contract Number on Claim for success, but you should not be seeing denials for this reason.**</span>

# Billing the VA for Non-Bens

Historical, we have billed Veteran Services for Reimbursement through the Local VA Medical Centers (even before the DCRA).

We will NOT be putting a Triwest Agreement in place to submit Non-Ben Claims.

Currently, we are finding that not all Local VAMCs process claims anymore.

What to do:  We are testing a new concept. (NEED VOLUNTEERs to Test the Process)

All Claims go through eCAMS one way or the other, it is all about routing the claim to the proper processing unit to be adjudicated and paid correctly.

Two things to note:
◦ DO NOT include the THP/IHS indicator on the claim.  How do we do that?  DO NO put the Group into Patient Registration for non-bens since they are not covered under this particular Group (DCRA).  *We will establish a new Group (NNV – Non Native Veteran) that should be set up and applied to the Patient Registration system for those Non-bens).*
◦ WE have to find a way to remove the Contract/Station Number from the claim.  This is also a routing indicator that tells the VA (from the Vendor file), what type of facility (THP/IHS) they are receiving the claim from, and how to route the claim for proper processing.  Checking with VA to see if this is still going to be a factor.

More to come once we get through testing this process.  Please do not attempt to send non-ben claims through the same channels until further notification, unless working with us on testing this process.

# CHAMPVA is NOT DCRA

Recently, we have been receiving a lot of inquiries of missing EOPs/EOBs for deposits from the "Portland" VA.

These are not necessarily DCRA claims.  Portland Payment Processing Center processes more than IHS/THP Claims.

We do not have a contract/agreement with ChampVa, therefore we do not have a National Contract Person.

What to do?
- Did you bill ChampVa?
- Are these Automatic Crossovers from another Payer?
- Do you recognize the dollar amount?
- Does the actual deposit look "a little different" than our DCRA deposits?
- Need to investigate.

# New Direct Care Reimbursement Agreement (DCRA)

As you all may or may not know, we are updating and renewing the Direct Care Reimbursement Agreement to include PRC payment for PRC services provided and paid for by IHS/THP for Enrolled AI/AN Veterans.

This is not a billing Program, but a reimbursement program for what we have already paid for.

This New DCRA should not impact Direct Care Billing a lot, but there may be a few minor changes.

One of the biggest impact to impact us is that we need to update the POC for each of the Federal Facilities AND we will have to put new Implementation Plans in place after the New Agreement is signed.

More to come…..

# RPMS Updates

# Billing for the Non-Indian Beneficiary

Changes to the Agreement allow for billing for the Non-Indian Beneficiary to the VA for services received at an IHS/Tribal health facility

The Non-Native Veteran status identifier is a **new requirement** for the I/T/U Lower 48 State facilities.

- These identifiers are used by VA to route I/T/U claims in VA's Electronic Claims Adjudication Management System (eCAMS) for proper payment.

VA will begin enforcing these Veteran status identifier requirements on April 1, 2023.

**I/T/U claims missing or without the VA required identifier provided below will be automatically rejected**.

# Group Number Requirement

**Paper Claims submissions:**

For I/T/U Lower 48 States, on CMS 1500 (HCFA) box 11, CMS 1450 (UB) box 62, or Dental claims box 16 annotate -
- **IHS**, **THP** or **UIO** for AI/AN Veterans
- **NNV** for Non-Native Veterans

For Alaska THPs, on CMS 1500 (HCFA) box 23, CMS 1450 (UB) box 63, or Dental claims box 16 annotate –
- **THP 463 AIAN** for AI/AN Veterans
- **THP 463** for Non-Native Veterans

**EDI claims:**

For I/T/U Lower 48 States, EDI 837 or 837p SB03 segment annotate -
- **IHS**, **THP** or **UIO** for AI/AN Veterans
- **NNV** for Non-Native Veterans

For Alaska THPs, EDI 837 or 837p SB03 segment annotate -
- **THP 463 AIAN** for AI/AN Veterans
- **THP 463** for Non-Native Veterans

# Adding the Group Number to RPMS

The Group Number may be added to either Patient Registration (REG > TM > GRP > EGRP) or Third Party Billing (3PB > TMTP > GRTM > EDGR)

Add the name that Registration will use to associate the patient to this group number

Add the Group Number of **NNV**

```
Select EMPLOYER GROUP INSURANCE GROUP NAME: VMBP NNV
  Are you adding 'VMBP NNV' as
    a new EMPLOYER GROUP INSURANCE (the 305TH)? No// YES  (Yes)

    NOTE: Some Insurers assign different Group Numbers based upon the
          particular type of visit (dental, outpatient, etc.) that
          occurred.

Do the Group Numbers vary depending on Visit Type (Y/N)? N// O

[5a] Group Number.....: NNV
```

# Adding Group Name in Registration

The Group Name/Group Number is added into #11

Ensure the correct Group Number is displayed

```
IHS REGISTRATION EDITOR         PRIVATE INSURANCE        2017 DEMO HOSPITAL
================================================================================
DEMO,NNV                                              HRN:140026 INELIGIBLE
================================================================================
1) Policy Holder.: DEMO,NNV               |5) Gender: MALE
2) Policy or SSN.: 000000000              |6) Date of Birth: 12/12/1970
3) Effective Date: JAN 01, 2015    |7) PCP:
4) Expire Date...:                 |8) CD Name.....:
-HOLDER'S EMPLOYER INFO---------------------------------------------------------
9) Status........: UNKNOWN         |10) Employer:
-INSURER INFORMATION------------------------------------------------------------
VA MEDICAL BENEFIT (VMBP)          |11) Grp Name: VMBP NNV
   PO BOX 1035 MAILSTOP 10N20      |    Grp Number: NNV
   PORTLAND, OREGON 97207          |12) Coverage:
   (855)331-5560      Ins. Type: VETERANS ADMINISTRATION|13) CCopy: YDate:7/1/2
015
   ----Policy Members----PC-----Member #------HRN-----Rel---------From/Thru------
14) DEMO,NNV                 000000000       140026  SELF     1/1/2015
   ------------------------------------------------------------------------------
***WARNING 017: Coverage Type(s) not defined for the policy (4040404|VA MEDICAL
BENEFIT (VMBP))
--------------------------------------------------------------------------------
Last edited by: BENEFITS,ELE on Oct 12, 2021
================================================================================
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):
```

# Pharmacy Billing

# Pharmacy Billing in RPMS

Allow the medication description to default for each pharmacy charge on Page 8D in the Claim Editor

Modification to the NARR – NOC/NEC Required for 5010 Submission option

Print/send the ordering providers DEA Number for controlled substances
◦ Patch 37 allows the facility DEA to be used if not on file for the Ordering Provider

Minor changes in the Claim Editor

# Setting up the Insurer File

3PB > TMTP > INTM > EDIN

Select the VA insurer used to bill

Press Enter to get to Select Visit Type
- Select 997 – Pharmacy

Make sure the Mode of Export is set to CMS-1500 (02/12)

Set the DEA# Required field to YES

At the Should Medication Name print field, type BOTH

Once set, change the default Export Mode to 837P (5010)

```
Select VISIT TYPE..: 997     PHARMACY
        ...OK? Yes//   (Yes)

Billable (Y/N/E)....: YES// YES
Reporting purposes only:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)..:
Procedure Coding....: CPT
Fee Schedule........:
Add Zero Fees?...: YES
Multiple Forms?.....: NO//Payer Assigned Provider Number....:
EMC Submitter ID #..:
EMC Reference ID....:
Auto Approve?........: NO//
Mode of Export......: CMS-1500 (02/12)
Billing Prv Taxonomy: 0T
DEA# required for controlled substances?: YES
Should Medication Name print?: ??

    Choose from:
      NAM       PRINT MED NAME
      UNT       PRINT NDC WITH UNITS
      BOTH      BOTH NDC WITH UNITS AND MED NAME
Should Medication Name print?: BOTH   BOTH NDC WITH UNITS AND MED NAME
```

# Setting up the Narrative Field

3PB > TMTP > NARR

At Select Insurer, type the name of the VA payer

The system displays all CPT/HCPCS entries
◦ Select or add J3490

Type YES at the Req'd for Insurer prompt

At Description Type, select MEDICATION DESCRIPTION

Leave the last prompt blank
◦ Adding YES will place the HCPCS description for J3490

*Do not add additional HCPCS at this time as the VA only accepts J3490

```
Select INSURER:      VA MEDICAL BENEFIT (VMBP)      OREGON      97207
          ...OK? Yes//    (Yes)


   Current Codes    Req'd?  Description Type   Use CPT desc if no Med desc
   J3490            YES       CPT Desc



Select CPT: J3490      Drugs unclassified injection
        UNCLASSIFIED DRUGS
CPTS REQ'ING NARRATIVE: J3490// <Enter>
REQ'D FOR INSURER: YES
DESCRIPTION TYPE: ??

     Choose from:
        C         CPT DESCRIPTION
        R         MEDICATION DESCRIPTION
        B         BLANK
DESCRIPTION TYPE: MEDICATION DESCRIPTION

For MEDICATION DESCRIPTION, answer YES if you wish to use the CPT description
if no Medication or drug data exists.  Leave blank if NO.
Use CPT description in place of Medication?: <Enter>
```

# Claim Editor – Editing the Medication

Claim Editor, Page 8D

Add J3490 to the CPT CODE prompt

◦ Do not use specific code, per VA billing instructions

The NDC (if populated) will display the drug name

Validate the drug name in the CPT Narrative field

Controlled substances require the DEA Number and will populate the 837 file with the ordering providers DEA Number

```
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E
Sequence Number to EDIT:  (1-3): 2

[2]  HYDROCHLOROTHIAZIDE 50MG TAB

Select 1st MODIFIER:
Is this entry an IV? NO//
Prescription: 289124//
Units (at $.019 per unit): 60//
Times Dispensed (at $5 per each time dispensed) : 1
        //
CPT CODE: J3490( )
MTLU found no usable words.

The following word was not used in this search:
    J3


Attempting FILEMAN lookup...
NDC: 00172-2083-80//    HYDROCLOROTHIAZIDE 25MG TAB
CPT Narrative: HYDROCLOROTHIAZIDE 25MG TAB   Replace       ←VALIDATE ENTRY
Select SERVICE LINE PROVIDER:
```

# Claim Editor – Medication Entry

Display of Claim Editor, Page 8D

If added, the Ordering Provider will display along with the DEA# for the controlled substance

Warnings may display for
- Missing DEA Number (259)
- Missing Ordering Provider (261)

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   PAGE 8D   ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,VETERAN   [HRN:140026]                              Claim: 403096
Mode of Export: CMS-1500 (02/12)
.............................. (MEDICATIONS) ..............................

      REVN   CHARGE                                   DAYS              TOTAL
      CODE   DATE                 MEDICATION          SUPPLY    QTY     CHARGE
      ====   ====================================   ====   ======   =========
[1]   0250   04/23/2023@10:40      Rx:61534 CPT: J3490
      00603-2109-25 AMLODIPINE  BESYLATE 5MG TAB        30       30       5.78
[2]   0250   04/23/2023@10:40      Rx:61535 CPT: J3490
             (NURSE,BETTY NP-D)   DEA# ZZ8888888
      00406-0484-10 CODEINE 30/ACETAMINOPHEN 300MG TAB  30       30       9.53
                                                               ==========
      TOTAL                                                        $15.31


Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N//
```

```
--------------------------------------------------------------------------
WARNING:259 - The DEA number may be required for this medication (2)
WARNING:261 - The Ordering Provider is missing from this medication (2)
--------------------------------------------------------------------------
```

# IHS/Tribal Current Denials and Adjustments to Payments

# Eligibility

73059 – "IHS-Not Eligible"
- Based on Veterans' enrollment status with the VA

73064 – "IHS-Dental, Not Eligible"
- Stricter criteria than medical/pharmacy claims

# Other Health Insurance

73061 – "IHS-Not Responsible for Medicare Co-Pay"

- Used exclusively for Veterans' claims who have Medicare, Medicare Replacement Plans, Humana, or TriCare coverage that applies to the type of service billed
- Other payers who are federally funded

73102 – "IHS-Vet has OHI/Need EOB"

- Used when a Veteran has Private OHI

# Claims Submission

73088 – "IHS-Add IHS/THP Identifier"

Only for Native Veterans

73057 – "IHS-No Station/Contract"

Ensure the information provided matches your tribe

- ◦ Ex. Rosebud IHS would only use the "IHS" identifier.
- ◦ The Contract Agreement # is only a requirement on paper claims

73060 – "IHS-Not Timely Filed"

Timely filing is one year.

# Pharmacy

73078 – "IHS-Medication is Non-Formulary"
- Prior authorization is required to reimburse non-formulary pharmaceuticals

73079 – "IHS-Controlled Substance is Missing DEA #"

73089 – "IHS-No Drug Name/Description"
- A requirement per the IHS/THP Provider Guide

73091 – "IHS-Incorrect HCPCS/CPT Code Billed"
- CPT J3490 must be used for all pharmaceuticals/pharmaceutical supplies
- A- and S-CPT codes will not be reimbursed

# Adjustments to Payments

VA POM IHS/THP team is happy to review any claims/questions IHS/THP vendors have
- VA Call Center staff are not specifically trained in IHS/THP claims processing

What we refer to as "denials" are considered "rejections" by the eCAMS system/POM
- No appeal rights
- All requests for reconsideration must come through POM

- Access to IHS Secure Data Transfer

# VA Contact Information

Brittany Moore

Lead Voucher Examiner

360-696-4061 x34367

Brittany.Moore@va.gov

Department of Veterans Affairs

VA Payment Operations and Management

West Region Payment Center (Formerly VISN 20)

VHA13D01POMNWIHSTHPSupport@va.gov

Secure Fax: 360-905-1772

ATTN: Brittany Moore or IHS/THP

Jesus Murrieta – Regional Payment Center Deputy Manager

Tania Redeau – Supervisory Program Analyst, specializing in IHS/THP claims processing

# Additional Contact Information

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