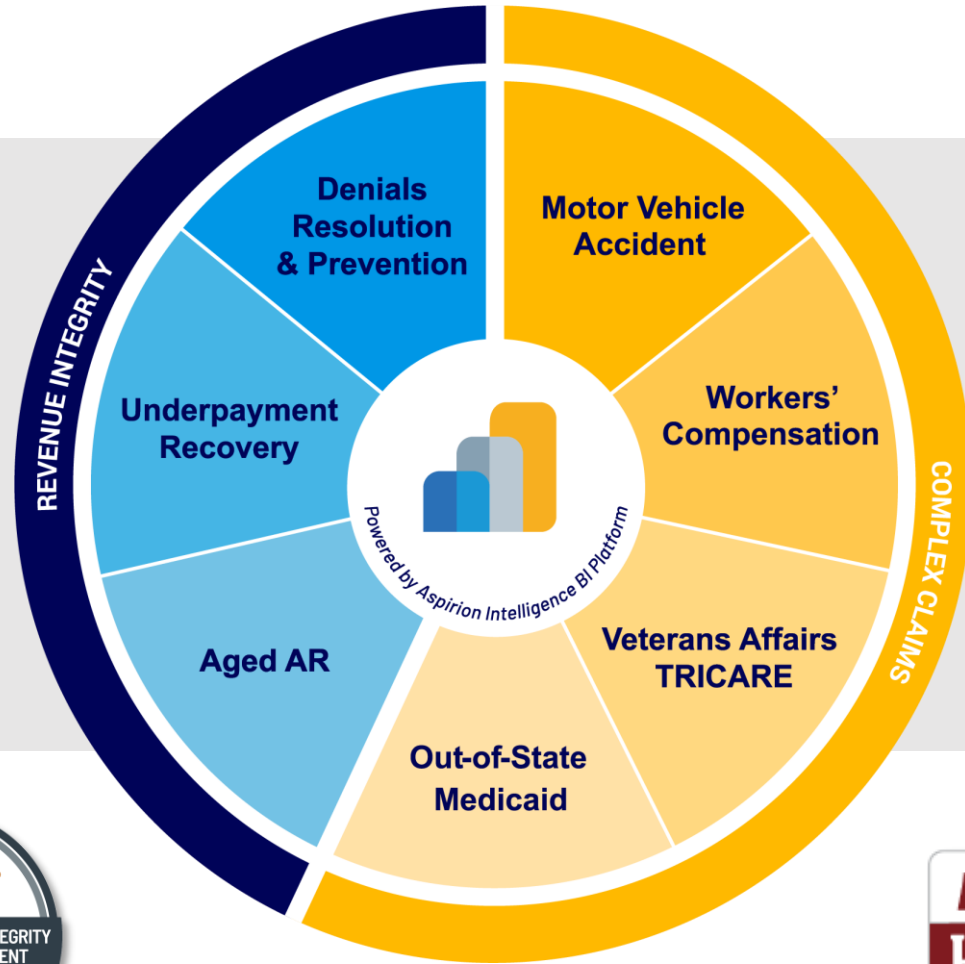




Overcoming the Challenge of VA Reimbursement

Aspirion's Area of Focus

Aspirion's mission is to be the providers' trusted partner to **optimize otherwise challenging reimbursements.**



We help our clients **collect the toughest dollars to collect** with the highest yield in the fastest time.



We believe the quality of our staff is unparalleled within Complex RCM

-  **Over 150+ attorneys/legal professionals**
-  **More than 50+ clinicians**
-  **Technical experts including Epic**
-  **Business Intelligence and Analytics experts**



Leadership team with **over 100 years** in combined experience with **complex RCM collections**

Founded in 2012

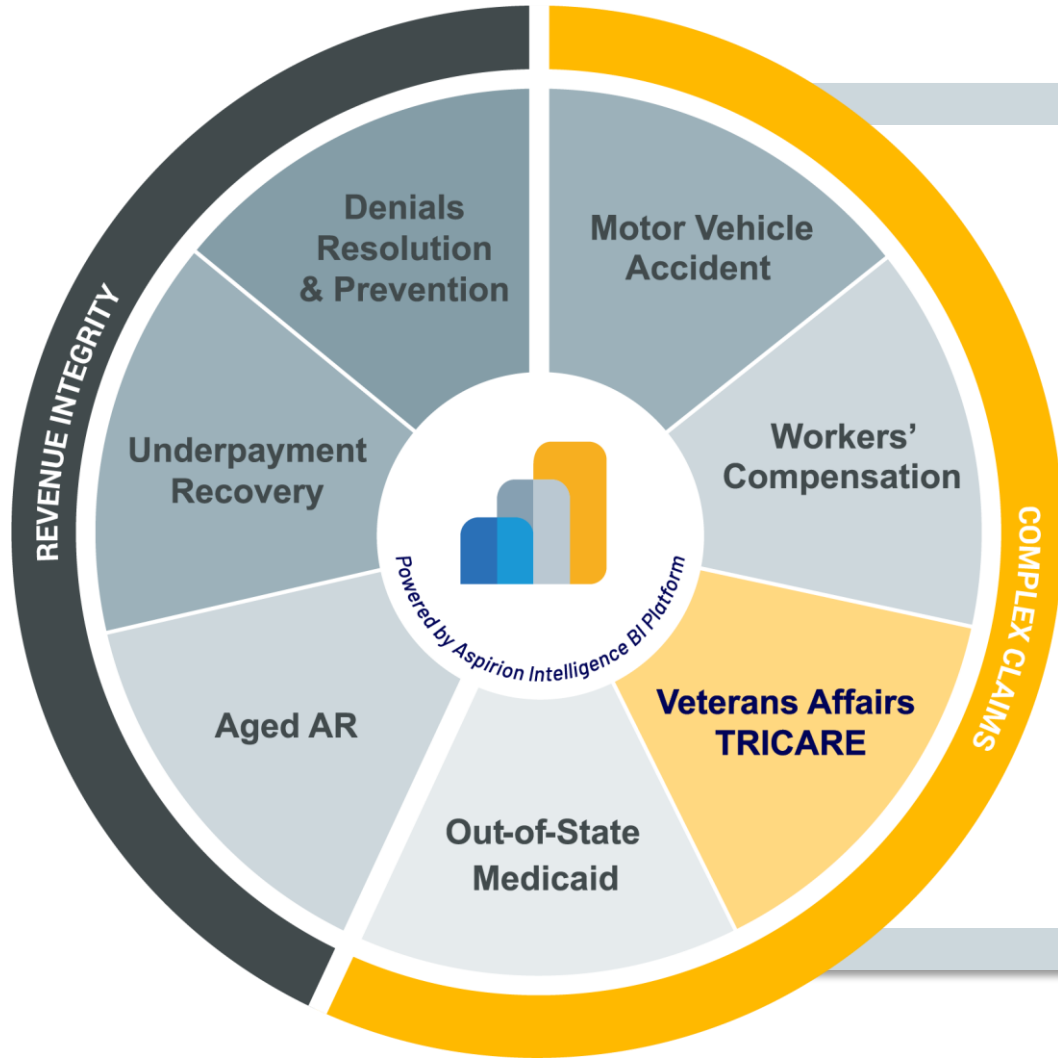


VA services began at the request of our provider partners

- Aspirion was founded in GA
- Complex claim/VA leadership and team is based in Columbus GA
 - 85% of VA analysts are on-site
 - Many of our team members have strong military ties because of our proximity to Fort Moore (Fort Benning)
 - Aspirion GC was a former JAG attorney and has worked with veterans and active duty on VA and TC-related issues



Veterans Affairs & TRICARE



Currently, over 11 million (two-thirds of all) veterans are actively receiving treatment. Recent changes in legislation and increasing volumes of service discharges are substantially increasing the volume of veterans traffic to non-Veterans Affairs (VA) providers.

The VA claims process is reliably tedious, time intensive, and complicated. Coupled with commonly low reimbursement rates, providers find it difficult and cost-prohibitive to adequately pursue these reimbursements

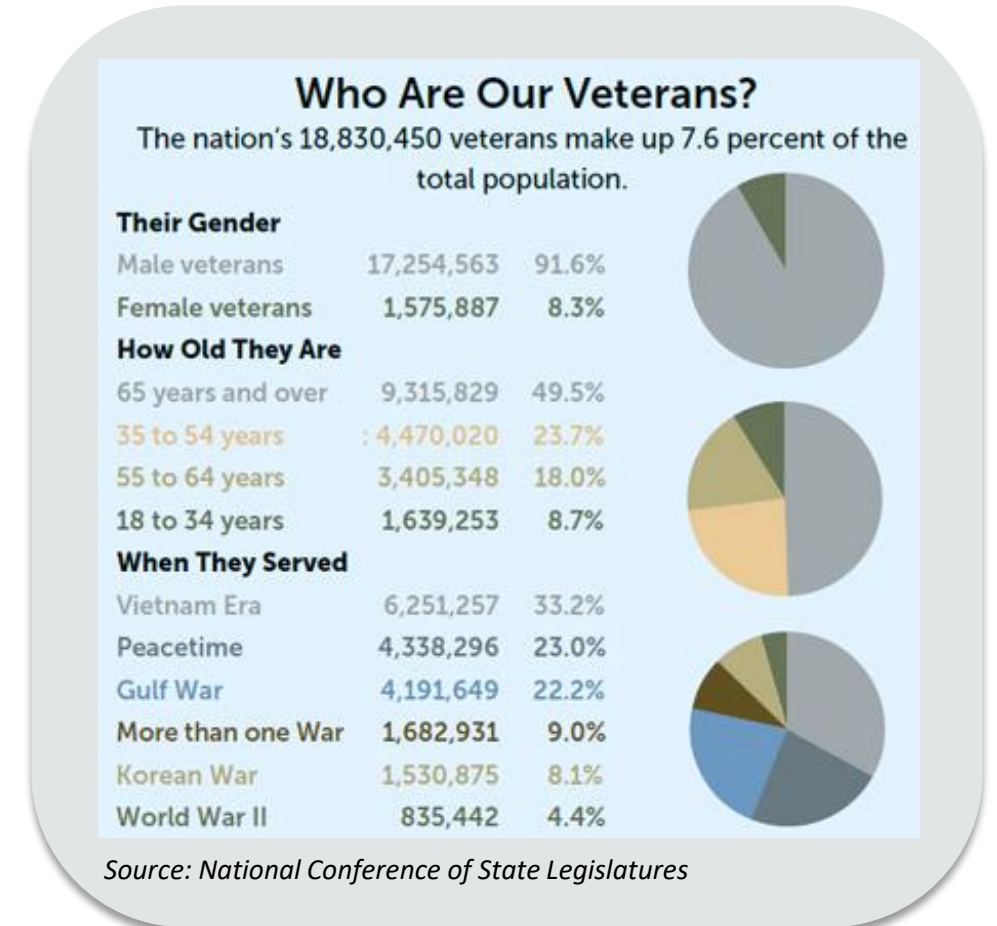
What is the Veteran's Administration (VA)?

- Provides multiple benefits programs, in addition to health care services, for American's Veterans
- Nation's largest integrated health care system
 - Over 1800 sites of care
 - Hospitals, clinics, nursing homes, counseling centers, etc.
- Manages largest medical education and health professions training program in the US
 - Train 90,000 health professionals each year



Your volume of VA claims is growing because the VA cannot handle its patient volume

- Our veteran's population is aging
 - Heavy healthcare users
 - Only 23% served during peacetime, duty precipitated more care
- Increased volume of VA patients
 - 18 million veterans
 - 11 million are actively receiving treatment
 - Downsizing Military means more VA traffic at non-VA facilities
- VA facilities cannot handle the volume alone
 - Lack of available specialists
 - Long wait times
 - Distance between VA Medical Centers
- Legislation changes over the past few years have made it easier for the Veteran to obtain care at a non-VA facility



The Mission Act of 2018 has made it easier for Veterans to obtain care outside of the VA



- Intent of the Mission Act
 - Give Veterans access to health care where and when they need it
 - Relieve the burden on VA care
- The Mission Act provided new avenues of care to veterans
 - Replaced Veteran's Choice
 - Provided access to urgent care
 - Established Community Care Network
 - Improved community care for Veterans, their families, community providers and VA employees

Veterans are receiving improved benefits through the Mission Act

- Access to urgent care/walk-in clinics for emergency services without authorization
- Streamlined eligibility criteria
- Improved customer service
- Telehealth– care through phone or computer
- Easier Access to community care providers
- Better coordination between regions
- Expanded causation related to burn pits (PACT)
- Enhanced Suicide Prevention care and awareness



There have also been benefits for community providers...

More patient volume

Easier interaction with the VA

Faster VA payment

Electronic platform for submissions

Improved communication and efficiency

Additional tools for claims processing

Processing has improved but can still be problematic



VA has a complicated system of payers based on eligibility and treatment type



Processing requirements vary based on these classifications



Low reimbursement makes it hard to allocate the resources necessary for successful collection



Lack of confidence in the ability to get paid



Changes in process occur frequently

Recent Updates with VA Processing

ChampVA

- As of 8/2022 Timely filing is 1 year from admission instead of 1 year from last adjudication
- If delays in billing were caused by the primary payer, ChampVA is only allowing 90 days from the primary remit date for timely filing

VA

- 2023 Switch from SSN to 17-digit MVI-ICN
- March 2023 ruling reduced what will be paid on a secondary claim

VACCN contractors

- have recently updated timely filing for corrected claims to 1 year from date of denial.

Triwest

- will accept document/reconsideration submissions online

2024 TriWest

- has been awarded the Tricare West contract. Arkansas, Illinois, Louisiana, Oklahoma, and Wisconsin have been moved to the west

VA

- is enforcing guidelines around ER notifications

The PACT Act has been a significant development for our Vets



Expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange and other toxic substances



Adds to the list of health conditions that are presumed to be causally related



Requires VA to provide a toxic exposure screening to every Veteran



Some community providers are asked to help with evaluations of the veteran's disability rating, under the PACT act, if they have been granted authorization.

COMPACT Act allows for Emergency care during and after suicidal crisis

Effective January 17,th 2023

VA will pay for emergency care and follow up

- Ambulance transportation
- Inpatient or residential care up to 30 days
- Outpatient care up to 90 days, including social work

Notify VA as soon as possible

- May be eligible even if not previously enrolled
- Coordinate follow up care and transfer activities

COMPACT-eligible

- Served more than 24 months
- Served more than 100 days under combat exclusion
- Victims of sexual assault or harassment while serving

Emergency Medical Care for a Veteran

Injury, illness or symptom so severe without immediate action an individual believes his/her life or health is in danger

72-hour notification is important

- Online or by phone
- Should provide the information necessary for the VA to decide
- Failure to notify prevents the VA from authorizing and allowing claims and payment from the TPA
- May require transfer to VA upon stabilization

Eligibility, submission and payment depends on the classification of the treatment

Service-Connected authorized

- Enrolled or exempt from enrollment
 - Care is authorized by VA at in-network community provider
 - Timely filing 180 days to TPA or VCA VA

Service-Connected unauthorized

- Can be retroactive
- Service-connected or adjunct condition
- P&T or Vocational Rehab patient treated for any condition
 - Timely filing is 2 years to VA

Non-Service Connected

- Treated in VA facility within 24 months
- No OHI available
- All TPL efforts exhausted
 - Timely filing 90 days to VA
 - Reimbursement 70% of Medicare

Emergency Care Notification

About the New Emergency Care Reporting Portal

- Email discontinued in 2021

How it works

- Go to portal and provide the requested information
- VA will process and notify provider via email (if email provided)
 - If treatment is “service connected”, an authorization will be issued
 - If treatment is not *service* connected, provider should submit as a Mill Bill claim
 - If OHI is identified, provider will be instructed to bill OHI
- <https://provider.vacommunitycare.com> is the link for the Optum portal, if provider needs Authorization number



Urgent Care Guidelines

Must be registered as a community provider

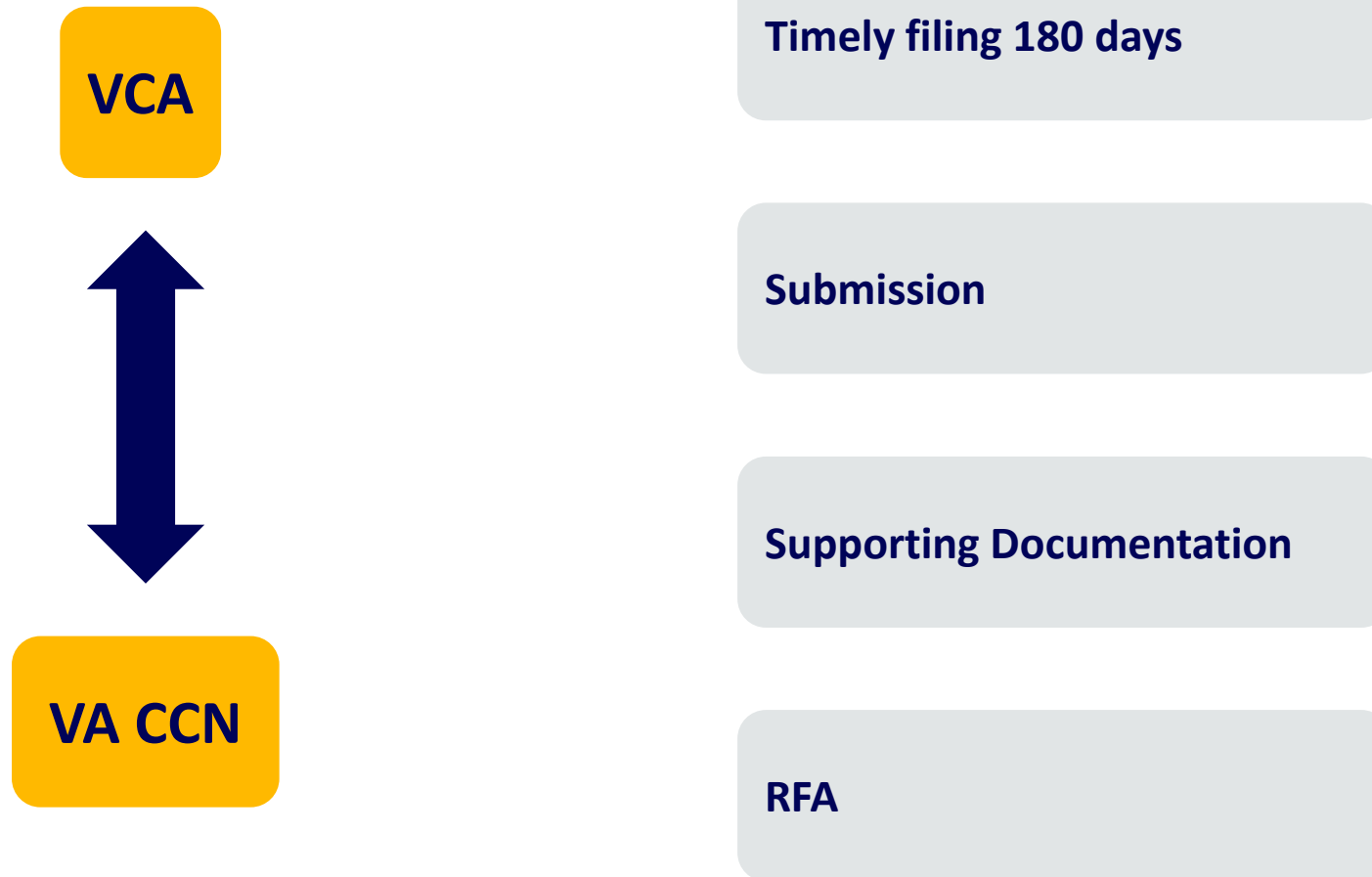
No authorization is needed but you must call to confirm eligibility

Any Co-Pay will be collected by the VA

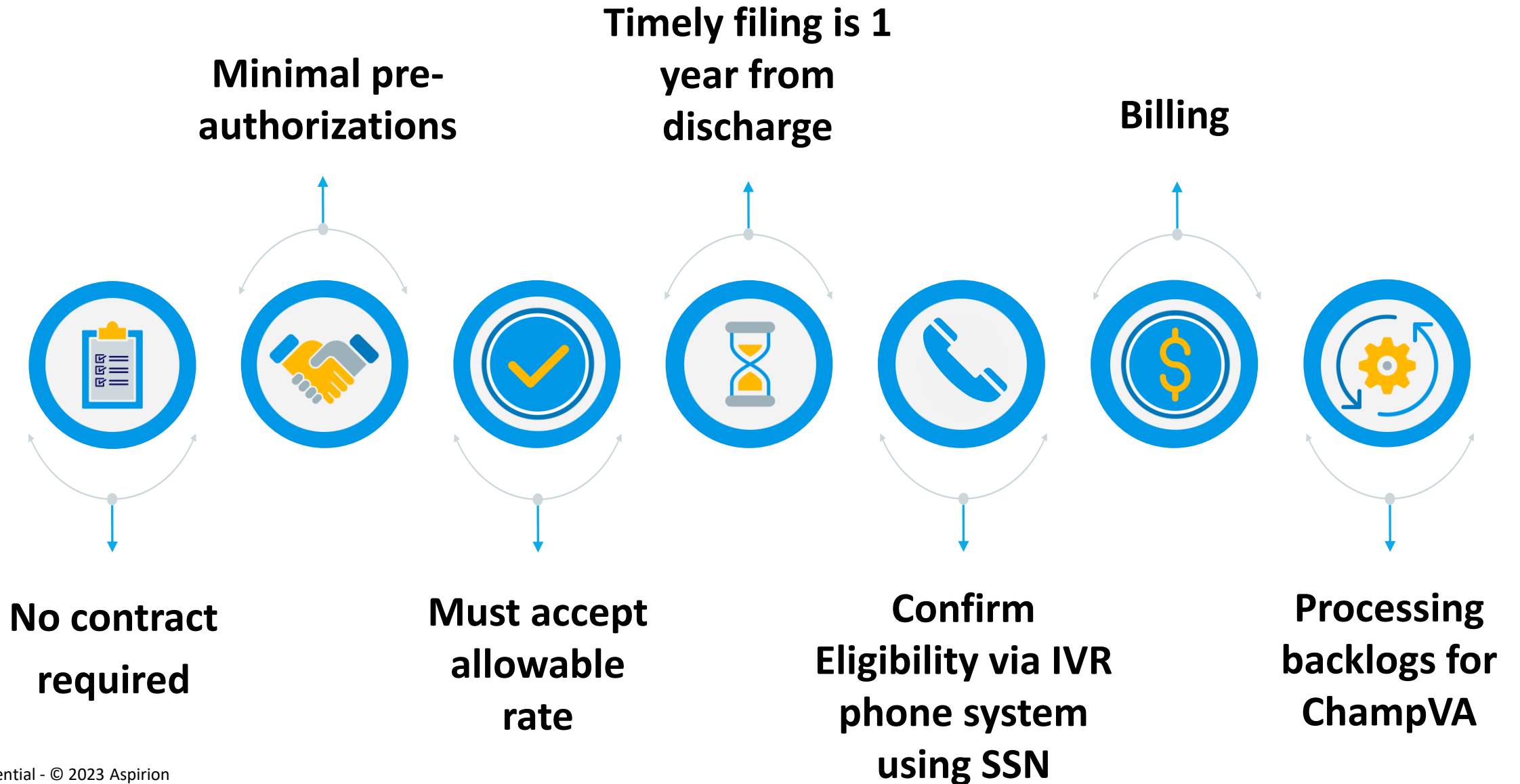
Must bill the TPA (Optum or TriWest) within 180 days

Preventative and Dental treatments are not covered

Medical Documentation should be submitted to the VHIE or faxed to the Veteran's home medical facility within 30 days



Dependent Care through ChampVA



What results should you be obtaining?



Success Rate of greater than 90% for obtaining payment from the VA



Collection Rate averaging 20-24% (Critical Access facilities should be significantly higher)



Days to pay less than 35 days average (VACCN should be less than 10 days)



Other factors that can impact your benchmarks:

Volume of emergent non-service related claims - Reimburses at 70%, shorter timely filing

Volume of ChampVA - Processing time is extensive for ChampVA

ED notification compliance

Resubmission, Reconsideration, and Appeal root causes for VA and Tricare

Resubmissions

- Error on facility submission: **26.1%**
 - Wrong subscriber ID
 - COB was out of order
 - Authorizations
 - Missing, incorrect, or outdated
- Submission not received by payer: **25.4%**
- Error on Aspirion submission: **20%**
 - Authorization on claim was not correct

Reconsideration/Appeal

- Payer processing error: **20.4%**
- Proof of timely: **15.9%**
- No Authorization: **22.8%**
- NPI enrollment: **78.9%** of TC

It's important to know why you weren't paid

96.2% of VA/TC inventory placed with Aspirion has been resolved with payment

- Of the **3.8%**, that did not result in payment, here are the reasons why:

Reasons for No Payment VA

- No Opportunity: **61.6%**
 - Patient not eligible
 - OHI paid in full
 - Non-covered service
 - Not service connected
- Lost Opportunity – Timeliness: **29.9%**
- Lost Opportunity – Other: **7.9%**
 - Authorizations

Reasons for No Payment TC

- No Opportunity: **34%**
- Lost Opportunity – Other: **56.1%**
 - Other Facility Action (Credentialing)

Other Performance Metrics

- Of the 3.8% of claims where we could not obtain payment from the VA, here is the breakdown:
- **54% were denied without successful appeal** (4.5% of total resolved accounts)
 - Authorizations and coding
 - **Timely filing** for aged accounts placed late with Aspirion was also a considerable portion of these denial
- **33% of unpaid claims were related to eligibility issues** (2.7% of total resolved accounts)
- **13% of unpaid claims were denied for COB issues and were successfully billed to OHI** (1% of total resolved accounts)

Yield Impact factors:

- Critical access facilities are reimbursed at a higher rate
 - 50-60% of charges where non-critical access hospitals are reimbursed around 23%
- Volume of non-service-related Emergency claims
 - These claims pay only 70% of the Medicare fee schedule, whereas service-connected treatment pays 100%



Questions?



Thank You

Lori Lipocky, CPCU

SVP Executive Sponsorship

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