



*Sedgwick County...
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Division of Finance

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DATE: March 29, 2018
TO: Mike Scholes, County Manager
FROM: Lindsay Poe Rousseau, Chief Financial Officer
SUBJECT: Sedgwick County-Veterans Administration Reconciliation Status and Report

Sir,

On October 20, 2017, you assigned a cross-functional staff team to work with staff from the local VA to reconcile the reported \$1.5 million outstanding balance due from the VA to the County for EMS services since 2014. The team has done exceptional work to review and reconcile nearly 4,200 claims. The reconciliation has resulted in VA payments of \$645,000 from late October 2017 through March 28, 2018, and complete resolution to all unresolved claims is anticipated by the end of April 2018.

The enclosed report outlines the process used since the reconciliation began, the findings of that reconciliation, and recommendations for Sedgwick County management, COMCARE, EMS, and Finance, along with recommendations for the VA.

While there is still work to do and progress to be made, it should be noted that the VA staff have been engaged and active partners and have demonstrated a true commitment to resolving the outstanding claims and improving communications and processes going forward. Nearly all involved in the process have expressed appreciation at learning more about the way each side does business.

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EXECUTIVE SUMMARY

OBJECTIVES

1. To perform a thorough reconciliation of the claims submitted to and paid by the Veterans Administration (VA) on behalf of Sedgwick County (County) to resolve discrepancies in the amount of EMS transport claims outstanding as reported by the County
2. To resolve outstanding EMS claims from July 2014-September 2017 through payment or denial
3. To understand current billing and payment processes used by the County and the VA and recommend changes as appropriate to improve those processes

THE TEAM

County

At the request of the Sedgwick County Manager, the Division of Finance assembled a multi-functional team to accomplish the above-stated objectives. The team was led by Chief Financial Officer Lindsay Poe Rousseau. Other team members included:

Manager's Office

Rusty Leeds (Assistant County Manager for Public Safety); Tim Kaufman (Assistant County Manager for Public Services); Cassondra Roland (Internal Financial Auditor); Shannon Kingsley (Internal Financial Auditor)

Finance

Hope Hernandez (Accounting Director); Marty Hughes (Revenue Manager); Melissa Slaughter (Senior Revenue Specialist)

COMCARE

Kathy Wegner (Director of Operations); Tracy Lolley (Finance Manager); Tamika Mitchell (EMS Billing Manager)

EMS

Scott Hadley (Director); Dennis Mauk (Deputy Director); Sheila King (Business Manager)

VA

Jennifer Dowell (Chief, Finance and Business Operations Management); Eric Williams (Supervisory Program Analyst-Claims Adjudication and Reimbursement); Alma Wolken (Finance and Business Operations Management Administrative Officer-primary Beneficiary Travel contact until April 2018); Dustin Engelken (Supervisory Accountant); Charles McFadden (Transportation Assistant) primary Beneficiary Travel contact effective April 2018); John Snapp (Chief, Veterans Transportation Service)

SCOPE

This review was conducted during the period of October 20, 2017 through January 19, 2018 and pertained to ambulance transport claims filed by the County with the VA from July 2014 through September 2017.

METHODOLOGY

To accomplish the review objectives:

1. Sedgwick County and the VA produced reports of claims submitted since July 2014.
2. A reconciliation of the claims was performed by the County and VA staff teams outlined above; while initial data compilation began in October 2017, the review was not completed until January 2018.
3. The Sedgwick County team met separately and with VA staff to outline the processes used by each and to identify potential improvements.
4. The team codified improvements and has begun implementation of many.

SUMMARY OF FINDINGS

1. Through the reconciliation, County staff were able to identify 4,182 claims totaling \$3.06 million which were billed to the VA for the time period July 1, 2014 through September 30, 2017. Through the reconciliation, the VA has paid \$645,426 on claims generated in the July 1, 2014 through September 30, 2017 timeframe. As of March 22, 2018, the County continues to show 980 unresolved claims totaling \$0.8 million due to a variety of reasons
2. Sedgwick County and VA processes have limited internal controls to prevent errors in the billing process and each would benefit from increased quality assurance measures. Staff for both entities appear to work diligently to address claim issues, but control measures through software or multi-staff review would likely reduce the overall number of claim issues and errors.
3. Sedgwick County and VA front-line staff communicated regularly regarding issues with claims and outstanding balances. Previous leadership at the VA were involved in briefings of aged claims. During 2016, there were three meetings between VA staff and COMCARE and/or EMS staff to discuss aged claims. The current leadership had not been briefed as the front-line staff was working the issue and processing claims. Going forward, staff from the VA and County will trade monthly reports and meet quarterly to improve communications and address issues in a more timely fashion.
4. The VA's process for receiving, reviewing, and paying claims has changed over the last decade and has resulted in confusion and delayed payments for Sedgwick County EMS and other emergency medical service providers. A February 2016 Kansas Emergency Medical

Services Association survey of EMS providers found that 90 percent of respondents had experienced a slowdown in the processing of VA claims, with some reporting outstanding claims of three-four years. On January 3, 2018, the U.S. Department of Veterans Affairs issued a news release, advising that the VA intended to take immediate actions to improve the timeliness of payments to community providers.¹ These actions will primarily impact the “mill bill” or Care in the Community (CITC) claims referenced later in the report.

5. Both entities face claim software issues, which could be resolved for the VA through some of the long-term actions cited in the January 3 news release.
6. The County’s process for tracking claim status has changed over time as staff transitions have occurred and new staff have sought process improvements, resulting in inconsistent data to assist in reconciliation efforts.
7. There appears to be a lack of resources/depth for both entities to provide adequate quality assurance and work on overall process improvements; staff are busy completing routine tasks and have little time to step back, map processes, and suggest improvements. For example, at the VA, only one individual was assigned responsibility to review Beneficiary (Bene) Travel claims for eligibility at the time the reconciliation began. In the future, the VA will be transferring Bene Travel claim review to the Veterans Transportation Service, as it is the service with sole responsibility to manage and coordinate veteran transportation. At COMCARE, the workload assigned to the Billing Manager is such that only the claims created by new staff (90 days or less) are reviewed for quality assurance before the bills are sent.

¹ Short-term actions include: create rapid response teams to work on the ground with these providers to reach financial settlement within 90 days; establish multiple entry points for providers to check the status of their claim. Long-term actions include: deploy multiple IT improvements within the first six months of 2018 that streamline the claims submission and payment process to reduce time for payments significantly; award four new contracts in 2018 for implementation in 2019 to establish the new Community Care Network that includes elements designed to ensure prompt payment of claims; work with Congress to consolidate and simplify all VA community care programs, including provisions for prompt payment of claims.

GLOSSARY OF TERMS

EMS care types

ALS – Advanced Life Support – service must be performed by ALS level crew. There are limited procedures that qualify an EMS call as ALS; at least one of these procedures must be performed or an ALS assessment must be performed.

BLS – Basic Life Support – service provided by EMS

VA claim types

Bene Travel – The Beneficiary Travel program provides eligible veterans and other beneficiaries mileage reimbursement, common carrier (plane, train, bus, taxi, light rail etc.), or when medically indicated, "special mode" (ambulance, wheelchair van) transport for travel to and from VA health care, or VA authorized non-VA health care.

Care in the Community (CITC) – The VA's program to refer veterans to community providers under certain circumstances.

Mill Bill – Title 38 of the United States Code (U.S.C.) § 1725 (also known as 'Mill Bill') allows the VA to make payment or reimbursement to a claimant for emergency treatment provided to a veteran for non-service-connected conditions in certain circumstances.

Software systems

HealthEMS – Medical record software used by EMS staff to record and document EMS transports

Respond Billing – Billing software program utilized by COMCARE to process EMS billing

Tungsten/OB10 – VA invoicing website that COMCARE is required to use to invoice approved claims to the VA in order to receive payment for Bene Travel Claims

IPPS – Invoice Payment Processing System – VA invoice review and certification system

FBCS – Fee Based Claims System

Billing documents/terminology

EOB – Explanation of benefits that is received with most payments

PFRAR - Preliminary Fee Remittance Advice Report

Run Report – Paramedic's documentation of what occurred during transport and services provided

Timely Filing – Time limit placed on claim submission by insurance providers in order to be paid

INTRODUCTION

In recent years, Sedgwick County EMS has responded to more than 62,000 requests for service and transported more than 42,000 patients per year. More than 1,100 of those incidents per year have been for individuals who had the VA as his/her primary medical care provider. As with any claim, EMS bills only for those claims where an individual has been transported to a medical care facility. Until 2014, Sedgwick County outsourced the vast majority of its EMS billing at a cost of 5.5 percent of claims paid; however, in July 2014, County opted to bring the billing in-house to COMCARE, the County's mental health division. COMCARE already billed for its mental health services and had absorbed Health Department billing, so County management believed that providing the billing services in-house would save money. Around the same time that the County brought its EMS billing in-house, the VA changed its billing process (March 2014).

Since COMCARE has taken over EMS billing, staff have reported that receiving timely payments for VA claims has been challenging – as of October 2017, billing staff produced a report showing that the balance owed exceeded \$1.5 million since 2014. The County is not alone: a February 2016 Kansas Emergency Medical Services Association survey of EMS providers found that 90 percent of respondents had experienced a slowdown in the processing of VA claims, with some reporting outstanding claims of three to four years. In response to these issues, Kansas Congressman Kevin Yoder sent a letter to U.S. Secretary of Veterans Affairs Robert McDonald on May 3, 2016, in which he said,

“I wish to bring to your attention an ongoing issue in my state concerning billing problems that some emergency medical service (EMS) agencies are having with the Department of Veterans Affairs (VA). Some Kansas EMS providers have reported significant delays in timely payment for services rendered for VA patients...Delays in VA claims have a ripple effect as well, because EMS agencies that transport a patient with VA benefits must submit claims to the VA before submitting to the veteran's other insurance or Medicare coverage. A substantial delay with the VA makes it difficult or impossible for the agencies to file claims with the other insurance providers in a timely manner. The EMS agency is then unable to claim any payment at all for their service. EMS providers are vital to public health and safety, and they play a crucial role in taking care of our veterans. However, they cannot provide their services if they never receive payment.”

In June 2017, the County's external auditor pointed to a reduction in EMS receivable collections since 2014 as a deficiency. COMCARE cited the VA billing as a contributing factor.

At the Sedgwick County Commission meeting on October 18, 2017, Commissioner David Dennis identified an outstanding balance of \$1.5 million and requested a meeting with VA leadership. On October 19, 2017, leaders from Sedgwick County went to the VA to meet with leadership about the claims. During the meeting it was determined a reconciliation would be completed between the organizations. As a result, the Sedgwick County Manager reached out to the Division of Finance for assistance in performing a reconciliation of VA and County data and reviewing processes and procedures for both the County and VA to determine opportunities for improvement.

THE BUSINESS OF PROVIDING CARE

A veteran is eligible for coverage under the VA by virtue of being a veteran; however, the VA has multiple programs with varying eligibility depending on a veteran's "service-connected" conditions, particularly regarding whether the VA reimburses for emergency treatment. Factors include locations of tours, injuries, and income. The VA offers information about eligibility on its website: https://www.va.gov/opa/publications/benefits_book/Chapter_1_Health_Care_Benefits.asp The VA reports that about one-third of veterans have secondary insurance coverage.

As general rules, the VA acts as the primary payer when care is pre-authorized by the VA. If the care reviewed and determined to be service-connected, the VA will be primary and only payer. If a veteran is rated "permanent and totally disabled", then all care would be considered service-connected. If treatment is for a non-service connected condition, or for a non-service-connected veteran, then the veteran's other health insurance would be the primary payer. Veterans who did not specifically apply for a disability associated with their military service are considered "non-service-connected". Due to recent Congressional action, the VA is potentially going to be paying in addition to those insurances under specific circumstances.

VETERAN TRANSPORT & INITIAL BILLING PROCESS

When a medical emergency occurs in Sedgwick County, ambulance calls and dispatching occur through Sedgwick County Emergency Communications' 9-1-1 number. Call takers and dispatchers at 9-1-1 take callers through a standardized process of questions to assign the call a "determinant", which indicates emergent versus non-emergent response and determines the use of lights and sirens or not on emergent calls. This also differentiates the emergent and non-emergent base rates to be charged on transports.

After a call is completed, EMS staff generate an electronic run report using HealthEMS software by Sansio. When the staff completes the report, the report is exported to Sansio servers and automatically faxed as appropriate to hospitals that receive emergency patients. The information included in the report, like the care provided and the trip odometer reading, assist with defining the base rate and mileage to be charged. The record is then in a queue to be reviewed by EMS staff for quality assurance prior to allowing export to COMCARE; the EMS Administration Office examines the record to see that as much information as possible is entered into the record. Staff receive a daily electronic file from Wesley and have access to the Via Christi system to assist in completing demographic information. Staff also make sure signatures are obtained where required and the appropriate forms are attached as necessary. Finally, staff also review the recommended base rate and mileage charges to make sure they are correct. The record is then placed in a queue of records ready for export to COMCARE.

Additionally, Medicare and Medicaid require a Physician Certification Statement (PCS) form for non-emergency ambulance transports for beneficiaries. It should be from the patient's attending physician, although there are other staff who can sign, and explains why the patient must be transported by ambulance in a non-emergent situation. It further states that if the requirements are not met, payment for the transport will become the patient's responsibility. COMCARE is not to bill Medicare or Medicaid for claims requiring a PCS unless it has a compliant form on file, and it

keeps them on file in case its Medicare or Medicaid intermediary requests it. Initially, the VA was to provide the form to guarantee payment for such non-emergent transports, but EMS reports that it struggled to receive the forms. In July 2016, after a long discussion between EMS and VA staff, it was determined that the VA would provide a Consultation Form as an indicator the VA would pay, which would eliminate the need for a PCS, as Medicare or Medicaid would not have to subsequently be billed. They further agreed to provide a PCS in those cases where there was no Consultation Form.

The following is an excerpt from the EMS patient billing process related to VA transports specifically:

When transporting patients from VA 5500 E Kellogg to any other hospital (VC, WMC, GHH, or whatever other hospital) or to a nursing facility or residence VA is to provide a 'consult sheet' if they are to be billed for the transport. If you don't receive a transport sheet, please contact Alma @ VA 239-2721 for assistance. Be sure to add that how you want the transport billed as a billing comment for Comcare.

If that patient shows to have Medicare or Medicaid, look for the necessary form or signature, in case VA denies. If you don't have what you believe you need, put it on hold and send Shelia an email with what you believe you need. I will look at those and work with you and VA (if needed) to determine how to proceed with billing.

When you see transports that do not show sending or receiving facility to be VA, yet the crew enters VA as payer, that again should be a red flag to research. Those tickets would need to be looked at on a case by case basis as there could be many reasons that VA would or would not be responsible. If you don't know how to handle the billing, put it on hold and send Shelia an email with your question. I will look at those and work with you and VA (if needed) to determine how to proceed with billing.

Also, if you see a patient transported from Yingling Air to the VA you need to check CAD and see where they were transported from. Our VA isn't usually responsible for these transports, usually it's the VA they were transported from that are responsible. When you find where they were transported from call them and verify if they are indeed responsible and where they would like the bill sent to if they were. But if the patient was transported from Denver VA or Federal Air Ambulance/St Louis VA, you don't need to call just go ahead and send them through with the following info added as a billing comment for Comcare:

*If it's from Denver VA bill to Denver VA-Fax (preferred): 303-329-xxxx
Address: xxxx Cleremont – Denver, CO 80220*

*If it's from Federal Air Ambulance/St Louis VA bill to Federal Air Ambulance –
Address: x Kingsbury Place – St Louis, MO 63112*

EMS BILLING (done at COMCARE)

Until July 2014, EMS billing was handled by Intermedix, an external vendor. Beginning July 1, 2014, COMCARE assumed EMS billing responsibilities, adding five staff members to handle the workload. In the 2017 budget, three additional positions were added.

COMCARE's process begins every weekday morning, when billable calls that are marked "ready to bill" are imported from HealthEMS into Respond Billing (billing software) manually by an EMS billing staff. The manual input is done as part of a quality control effort to ensure the report is complete and contains the correct information. Once the calls are imported, staff verify the number of calls exported from HealthEMS to the number of calls imported into Respond Billing to confirm all calls were appropriately loaded during the import process. Some, but not all, data for the patient/call is imported into Respond Billing. Any errors encountered from the import process are worked by billing staff. The calls are then in the general queue ready to be coded and billed by billing staff.

When working on the call, the patient's insurance is validated by checking patient's eligibility using various payer websites, although the VA does not have such a method. Patient demographic information is verified to the extent possible. The coding staff then reviews the records to determine the level of care, append the appropriate charge codes and apply the most accurate diagnoses (ICD10) codes. Once the call is completely coded, it is then ready to bill. There are times that the medical documentation does not provide all of the information the coder needs to accurately code the call, so billing staff communicate between coders and EMS administrative staff to update the run reports. Most of the claims are submitted electronically to the clearinghouse to be distributed to the various payers'; however, a few payers require paper claims, including the VA.

The paper claims are generated twice a week by a COMCARE Patient Billing Representative. The claims for the VA are manually separated according to the service facility location provided by the VA. The VA has requested that claims for Bene Travel and Mill Bill be mailed to separate mail codes to improve timeliness as claims are reviewed for different authorities; claims for transports to or from the VA are sent to Bene Travel and claims to or from an outside healthcare provider are sent to Mill Bill. Because of a limitation in the billing system, this requires that billing staff print labels for the second mail code, which are then placed over the addresses on the claim forms before mailing. Though EMS faxes run reports to hospitals for emergent calls, VA billing requires COMCARE to send the paramedic's run report for each claim as well. The claim forms and run reports are mailed via regular mail to the two separate VA addresses in specific claim envelopes. Initial discussions between County and VA staff identified an issue where the County's form listed an incorrect address or was missing the address; staff from both entities have reported that the issue has been resolved so long as the correct tax ID and address are on County forms.

INVOICING AND PAYMENT PROCESSES

The mailroom at the VA receives the claims and distributes based on type:

- Beneficiary Travel to Finance and Business Operations Management section (*Bene Travel*)
- Care in the Community to the Chief Business Office (*Mill Bill*)

Beneficiary Travel (Bene Travel OB10) claims

Once received at the appropriate VA office, the assigned administrative officer reviews the claims for accuracy and eligibility and refers claims for medical review if necessary. The administrative officer had logged the claims into a spreadsheet, but now logs them into a shared Access database, which is available throughout the VA. If the claim meets eligibility requirements, the administrative officer identifies a purchase order (PO) from which payment could be made. Historically, this was done by faxing a cover sheet with a list of the approved claims on a PO form and the subsequent copy of the County's claim attached. However, through the reconciliation process, these documents will now be emailed to improve tracking and to prevent lost or misplaced faxes. This change is intended to reduce work for COMCARE – staff had previously entered a separate line for each claim when entering an invoice. Going forward, a summary report will be emailed, which can be attached for support and allow one single line to be entered for a grand total.

The EMS Billing Manager reviews the document and verifies the claim has not already been paid in the past. She creates an invoice in the VA payment software, Tungsten, by purchase order number and batch. The software provides VA staff the ability to view the invoices and provides an audit trail for each invoice, showing creation date, submitted date, process and decision date, etc. The claim amounts are then added up to balance to the PO amount. If not balanced, billing staff contact VA staff to resolve issue with PO. If balanced, the PO is then invoiced through Tungsten. This process is done by uploading an Excel spreadsheet or PDF document provided by the VA. The VA is then notified by email of the invoice and requires that two VA staff “certify” the invoice in order to release the payment to the Department of Treasury. The Department of Treasury releases an ACH to Sedgwick County. The payment is processed and submitted out of the VA's Treasury Office, located in Austin, Texas, typically within two to three weeks. Payments are then entered into IPPS (Invoice Payment Processing System) at a batch level at the VA. The EMS Billing Manager tracks the payments received based on the electronic payment. She traces the purchase order from the Treasury's EFT payment confirmation to her worksheet and verifies it matches the transactions for those claims on each purchase order for the time frame and amount of payment received.

At the meeting between VA and County leadership on March 9, VA leadership committed to providing the County with a report of whether an emergency transport to the Robert J. Dole Medical Center was eligible for review for payment within one business day. Likewise, VA leadership identified a goal of resolving emergency transport claims within 45 days.

Mill Bill claims

These claims are run through a different billing process than Bene Travel. Once the claims are received at the VA, staff scan the claims in for processing and review. However, ambulance claims cannot be paid until the facility's (hospital) claim is reviewed and paid. If the service is retroactively authorized after clinical review, the ambulance claim is forwarded for consideration under Bene Travel. If the VA does not have the hospital claim, the ambulance claim is rejected as “38 USC 1725 Ambulance Transport Disapproved” (previously identified as “Mainstay–need records”). Since COMCARE files these claims on paper, the VA can reopen these claims once the facility invoice is paid. If the facility chooses not to send a claim to the VA, it could be because the facility wrote the service off as charity and the ambulance claim would never be paid.

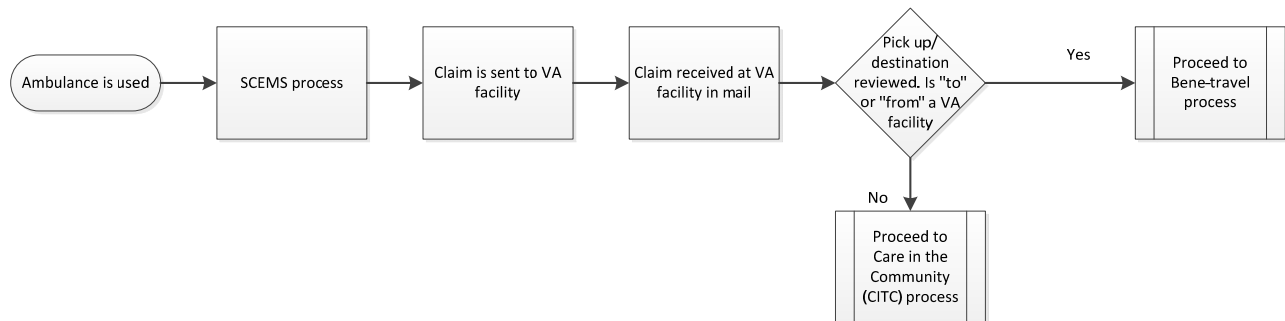
Denials are faxed/mailed to COMCARE when the trip does not meet VA eligibility. Those claims are then billed on the patient's health insurance or to the patient. In recent years, these denials have not been received within the "timely filing" timeframes, causing the County to lose the ability to file the claims to the patient's health insurance. Medicare's timely filing is one year and most other payers match Medicare or have a shorter timeframe (some even within 90 days).

Payments are received from the VA either in paper check format or electronically. If received by paper check, COMCARE receives an explanation of benefits (EOB) in order to know which call the payment is for and it is then manually posted to the billing system. If the payment is received electronically, COMCARE receives only banking (ACH) information; then, COMCARE staff must decipher the ACH wire to determine what invoices were included in the payment, as there typically are more than one invoice per wire, and then use a tracking spreadsheet for the calls included in each invoice. Those payments are then posted to the billing system, and billing staff update the internal tracking spreadsheet with the payment information. The spreadsheet also helps staff track if payments are not received on invoices submitted via Tungsten.

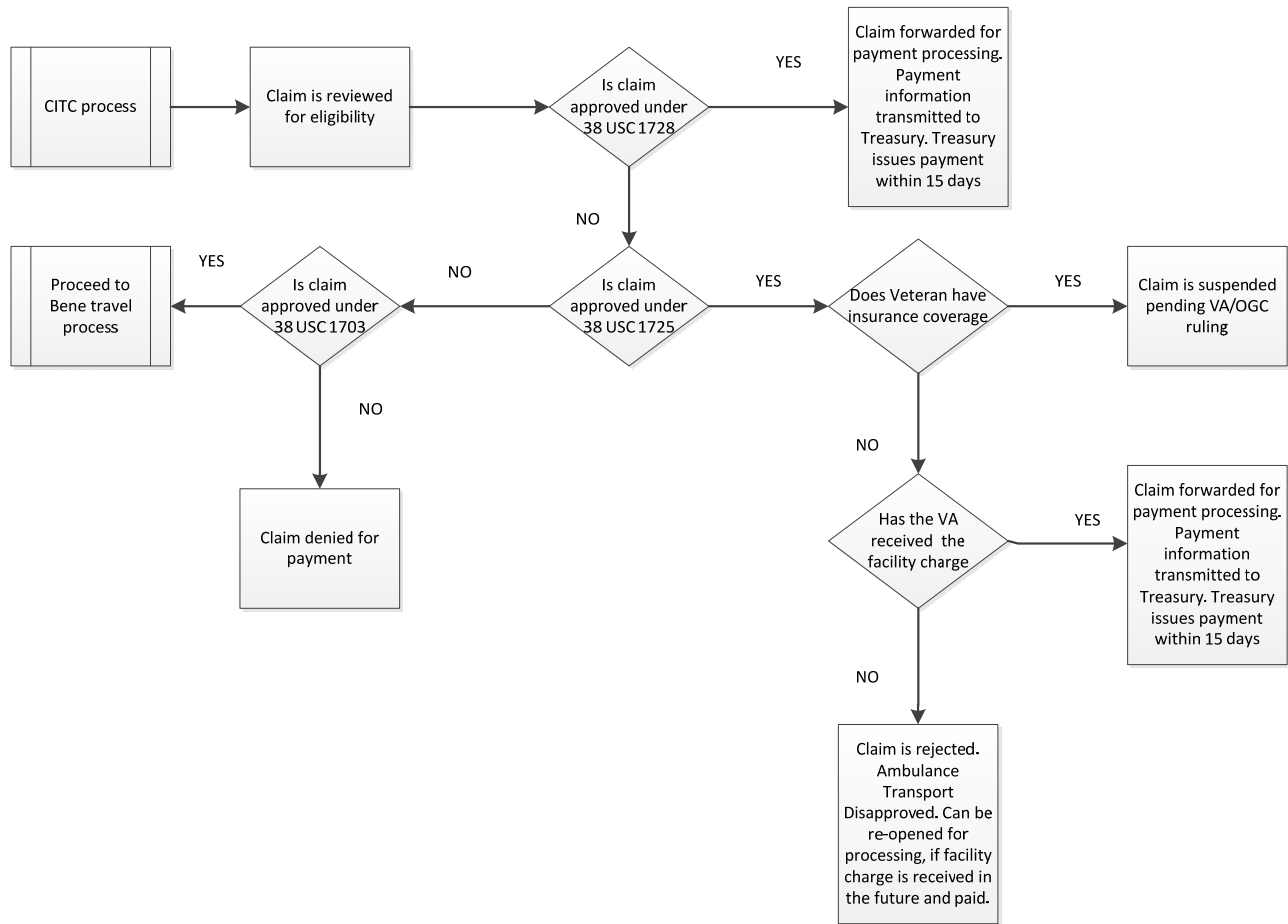
VA process

The VA provided the following flow charts to explain their processes. The first chart shows the process by which claims are received by the VA. The second chart shows the review and decision process for Mill Bill. The final chart shows the review and decision process for Bene Travel claims.

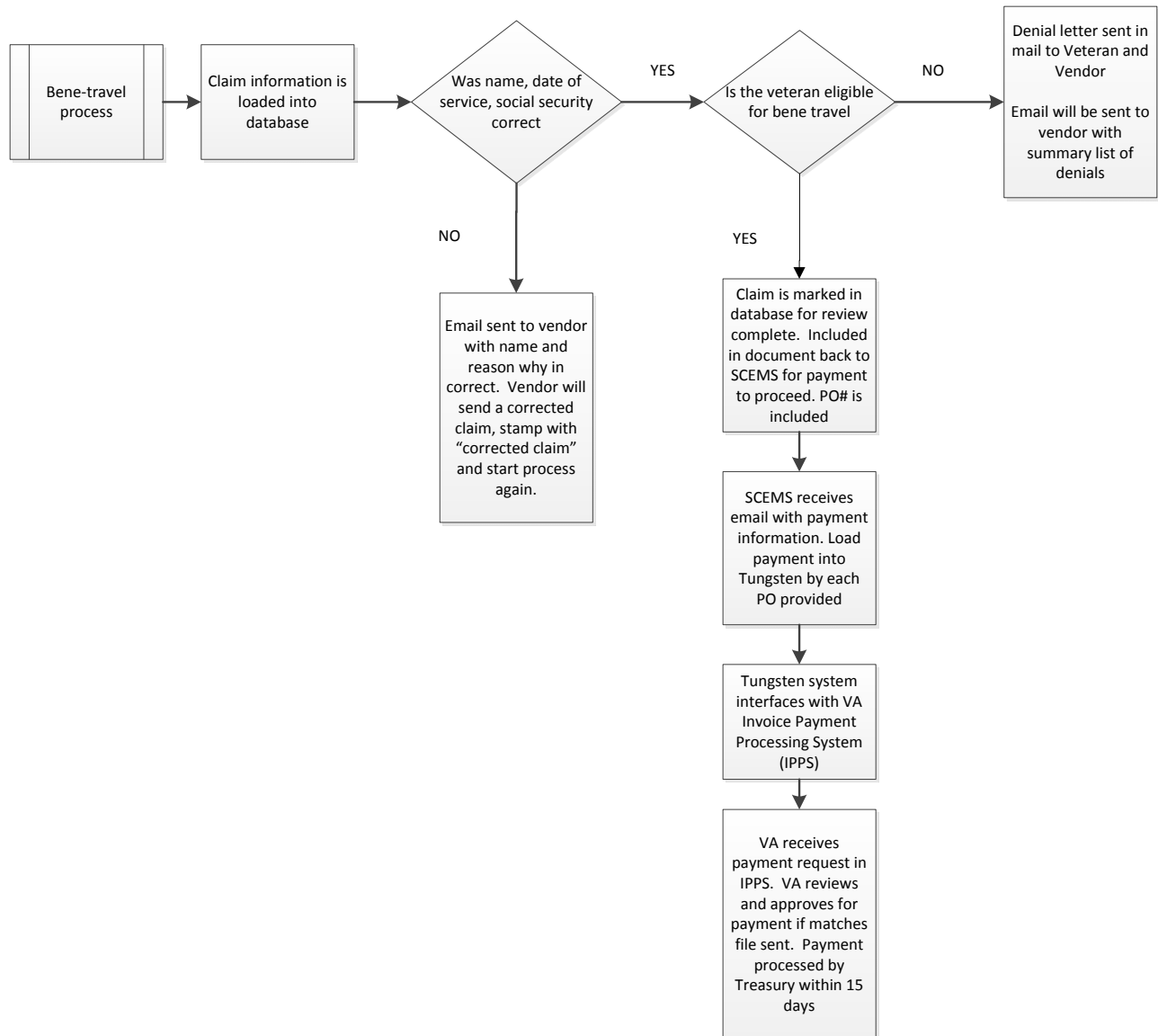
Claim receipt:



Review and decision for Mill Bill (CITC):



Review and decision for Bene Travel:



RECONCILIATION PROCESS

At the behest of the County Manager, a team was formed to complete a reconciliation of County records with VA records: Lindsay Poe Rousseau (Chief Financial Officer), Rusty Leeds (Assistant County Manager for Public Safety), Tim Kaufman (Assistant County Manager for Public Services), Cassandra Roland (Internal Financial Auditor), Shannon Kingsley (Internal Financial Auditor), Hope Hernandez (Accounting Director), Marty Hughes (Revenue Manager), Melissa Slaughter (Senior Revenue Specialist), Kathy Wegner (COMCARE Director of Operations), Tracy Lolley (COMCARE Finance Manager), Tamika Mitchell (EMS Billing Manager), Scott Hadley (EMS Director), Dennis Mauk (EMS Deputy Director), and Sheila King (EMS Business Manager).

Once the team was formed, the following activities occurred to complete the reconciliation:

1. Sedgwick County EMS prepared data using a web intelligence report of claims where the VA was the primary payor ("County's initial list")
 - a. Name
 - b. Date of service
 - c. Amount billed
 - d. Amount paid
 - e. Date of payment
2. The County requested similar data from the VA regarding documentation of claims submitted for payment on behalf of EMS; initial data was provided October 26.
3. County data compilation and review performed initially by team of EMS, COMCARE, and Finance staff. However, when County and VA staff met on October 30 to review the data, it was discovered that about 1,600 of the 3,700 records initially provided by the VA were claims associated with a local hospital, rather than Sedgwick County EMS.
4. Revised VA data was provided on October 31, but on November 1, the VA advised that the October 31 file was incomplete and provided an updated version. The November 1 file was submitted in a different format than prior data; in addition, there were duplicate records for the same client and date of service, which also was a deviation from the earlier set of data.
5. Due to data issues, County Internal Financial Auditor Cassandra Roland instead compiled a new set of data based on the refined data from the VA and the County's data from July 2014 through September 2017.
6. On November 2, County and VA staff held a phone conference to discuss the data and issues to resolve. The same day, Internal Financial Auditor Cassandra Roland visited VA staff to see their process in person. She visited with both VA Finance and Business Operations Chief Jennifer Dowell and primary Beneficiary Travel contact Alma Wolken in their offices. COMCARE Finance Manager Tracy Lolley emailed the VA a spreadsheet of claims where the VA's data indicated that the claims had been accepted, but no payment had yet been made.

7. On November 9, County Finance and COMCARE staff and VA staff held a phone conference to discuss the status of the reconciliation. Ms. Dowell identified her intention to create an Access database for claims classified by the VA as beneficiary travel ("Bene Travel"). Ms. Wolken provided a list of claims that had been faxed on April 26, 2017 and June 1, 2017 but were not processed by COMCARE as these faxes could not be located. These were invoiced by COMCARE and processed by VA for payment between November 15 and 30.
8. On November 14, COMCARE Finance Manager Tracy Lolley reprinted 393 claims and corresponding medical documentation for those claims listed in the County's initial list, which were not included on the VA's list of claims received.
9. On November 15, another phone conference between County Finance and COMCARE staff and VA staff occurred to discuss process and next steps.
10. On November 28, Ms. Dowell and County CFO Lindsay Poe Rousseau held a phone conference to discuss process information and next steps. Ms. Dowell provided a draft process flowchart for review and payment activities performed by the VA.
11. On December 4, County Finance and COMCARE staff met with VA Bene Travel staff to discuss the status of the reconciliation and to review the Access database and process flowcharts created by Ms. Dowell. The group established a tentative schedule for project reconciliation completion of mid-January 2018.
12. Based on the November 14 information provided by Ms. Lolley, the VA provided a list of approved claims on December 5 totaling \$249,425.20 for claims spanning 2014-2017 using the newly created Access database; however, as COMCARE staff reviewed the authorized claims over December 5-7, they identified \$4,816 in duplicated payments listed in the approved claims file the VA had sent, reducing the total to \$244,609.20. The VA processed additional claims on December 6 and 7 while removing duplicates. As the database had been quickly created and an additional VA employee entering claims, some additional issues were identified through that process:
 - a. Duplicate payments on behalf of the same patient (same date of service and same amount)
 - b. The report on December 7 contained some additional patient names that had not been on the December 5 report, while other patient names from the December 5 report were missing on the December 7 report.
13. On December 7, Ms. Roland spoke with Ms. Dowell regarding the issues outlined in #12 above:
 - a. Ms. Dowell indicated that she would review the new Access database to remove duplicates and add additional controls to try to eliminate chances of getting duplicates.
 - b. Ms. Dowell also clarified that the December 7 report was not run for the same dates as the December 5 report and a clean report should be issued and used to invoice.

Additional training would be provided to staff on new duplicate check features added to the database.

14. Based on the December 7 conversation, Mr. Roland spoke with Charles McFadden, a VA staff member assisting with the reconciliation and new primary contact on Beneficiary Travel as of January 2018, to determine how the information would be reviewed going forward.
15. On December 11, COMCARE's EMS Billing Manager Tamika Mitchell entered invoices totaling \$218,707 into the VA's payment system, IPPS. Despite receiving some feedback that the purchase orders in IPPS did not include enough funding, payment of \$214,194 was received December 21. Additional payments were received in the weeks following.
16. On January 8, Ms. Dowell provided a draft issue paper for the County's review.
17. On January 19, VA and County staff held a conference call to discuss the status of the reconciliation and to discuss next steps. County staff clarified that while the reconciliation was complete, additional efforts were ongoing to compile the data and standardize it.
18. On January 19, Ms. Roland completed her work on the data file to produce data from which conclusions could be drawn.
19. On January 22, the completed file was emailed to the VA team. Ms. Roland explained the file's setup to Ms. Dowell by email and in person.
20. Also on January 22, VA and County staff met to discuss the findings in general and to discuss next steps. County staff in attendance included Rusty Leeds, Scott Hadley, Sheila King, Dennis Mauk, Tracy Lolley, Tamika Mitchell, Cassondra Roland, Shannon Kingsley, and Lindsay Poe Rousseau. VA staff in attendance included Jennifer Dowell, Alma Wolken, Dustin Engleken, Charles McFadden, John Snapp, and Eric Williams (by phone). A draft of the report was distributed to all for their review at that time.
21. On January 26, County staff provided a draft of the report to the County Manager. Further edits were incorporated into the report and a revised draft was provided on February 12.
22. On March 9, VA and County leadership met to discuss the status of the reconciliation and process improvements.
23. On March 12, Ms. Dowell and Mr. Engleken from the VA met with Ms. Roland and Ms. Poe Rousseau from the County to review denial paperwork associated with the reconciliation. Mr. Williams from the VA attended by phone.
24. On March 29, Ms. Roland and Ms. Poe Rousseau reviewed the status of the master reconciliation file in preparation for the follow-up public discussion at the Commission business meeting on April 4.

FINDINGS AND RECOMMENDATIONS

FINDING #1

Through the reconciliation, County staff were able to identify 4,182 claims totaling \$3.06 million which were billed to the VA for the time period July 1, 2014 through September 30, 2017. Through the reconciliation, the VA has paid \$645,426 on claims generated in the July 1, 2014 through September 30, 2017 timeframe. As of March 22, 2018, the County continues to show 980 unresolved claims totaling \$0.8 million due to a variety of reasons*, including:

- Awaiting review by Mill Bill (CITC) or Bene Travel (\$474,713)
- County does not have supporting individual claim documentation of a response on the status of the claim, though the VA may have supporting documentation (\$263,254)
- VA has denied but County seeks clarification (\$41,749)
- Accepted but not yet paid (\$16,928)
- “Mainstay” claims where the VA is awaiting additional documentation from facility where care was provided to determine the eligibility of the claim (\$4,710)

**This information is broken out by year in Table 4*

Reconciliation Table 1

Year Service Provided	Total EMS Claims Billed to VA by COMCARE	Total Claims Submitted to VA	# of Claims Outstanding After Reconciliation	Unresolved as of 3/22/2018	% of # of Claims Classified as Unresolved	% of Dollars Classified as Unresolved
2014*	529	\$343,783	96	\$65,646	18.1%	19.1%
2015	1,225	\$859,588	172	\$132,096	14.0%	15.4%
2016	1,324	\$1,024,037	367	\$307,830	27.7%	30.1%
2017**	1,104	\$839,538	345	\$295,782	31.3%	35.2%
Totals	4,182	\$3,066,946	980	\$801,354	23.4%	26.1%

*Reflects July 1, 2014 – December 31, 2014

**Reflects January 1, 2017 – September 30, 2017

Reconciliation Table 2 - COMCARE

Year	Avg. # of Days from Date of Service to Billing	Greatest Time Span
2014*	123	1,139
2015	126	936
2016	94	623
2017**	55	213

*Reflects July 1, 2014 – December 31, 2014

**Reflects January 1, 2017 – September 30, 2017

Reconciliation Table 3 - VA

Year	Avg. # of Days from Claim Date to VA Payment Date	Greatest Time Span
2014	675	1,206
2015	409	1,019
2016	156	678
2017	157	288

*Reflects July 1, 2014 – December 31, 2014

**Reflects January 1, 2017 – September 30, 2017

As the tables above illustrate, the amount of claims shown as unresolved by year varies from 15 percent to 35 percent by year, though the average number of days from claim date to the date payment was received from VA has improved since 2014. A potential explanation is that fewer

claims are being paid, but are being paid more quickly than in the past. At the meeting between County and VA leadership on March 9, VA leadership set a goal of 45 days to turn around Beneficiary Travel claim decisions.

In addition, the County's reconciliation results showed the average number of days from the date of service to the time COMCARE billing issued the claim to the VA was about 165 days, with the quickest turnaround being one day and the longest being 1,139 days (3 years, 2 months). However, the length of time from date of service to billing date has improved significantly since COMCARE first began billing for EMS in 2014. See Table 2 on the previous page. For the claim with the longest timespan, unique circumstances contributed to the length – the claim was initially submitted to Medicare in 2014, but the patient only had hospital coverage and no outpatient coverage. After attempting to bill the patient and receiving no response, the claim was eventually submitted to collections, but a review showed that the claim had never been submitted to the VA as recommended by EMS Administration. The VA was billed in September 2017.

Reconciliation Table 4

Summary of Unresolved Claims by Type	2014	2015	2016	2017	Totals by Type
VA needs to process	\$45,671	\$68,665	\$187,998	\$172,379	\$474,713
County does not have individual documentation of response	\$13,873	\$47,158	\$94,905	\$107,317	\$263,254
Disputed denials	\$4,070	\$10,515	\$15,859	\$11,305	\$41,749
Pending receipt of payment	\$1,290	\$5,759	\$8,199	\$1,680	\$16,928
Awaiting add'l documentation for VA eligibility determination	\$741	\$0	\$868	\$3,100	\$4,710
County needs to bill VA	\$0	\$0	\$0	\$0	\$0
Totals by Year	\$65,646	\$132,096	\$307,830	\$295,782	\$801,354

Reconciliation Table 5

Month Payment Received by County for Dates of Service July 1, 2014 – Sept. 30, 2017	Totals
October 2017	\$52,140
November 2017	\$109,345
December 2017	\$245,518
January 2018	\$6,267
February 2018	\$112,393
March 2018*	\$119,762
Totals	\$645,426

*Through March 28, 2018

FINDING #2

Sedgwick County and VA processes have limited internal controls to prevent errors in the billing process and each would benefit from increased quality assurance measures. Staff for both entities appear to work diligently to address claim issues, but control measures through software or multi-staff review would likely reduce the overall number of claim issues and errors.

Within Sedgwick County, billing paperwork generally includes patient information captured at the time of the transport or shortly thereafter. Understandably, this information is not always accurate; however, this creates issues when the patient's information is transmitted from the County to the VA and name spelling, date of birth, date of service, or social security information does not match to a record in the VA's system. At that time, the claim is sent back to COMCARE for it to research and correct. If the County had access to the VA's patient information database to verify patient information before a claim is submitted, it could reduce the number of claims that are sent back and the subsequent delay in payment.

Also within the County, COMCARE's EMS billing function does not have adequate staff to provide quality assurance of claims being billed. Because the Billing Manager is a working supervisor, she is able to provide consistent quality assurance review only for newer billing staff, or those who have worked in their roles for 90 days or less. Having a dedicated quality assurance reviewer could assist with overall claim quality and ensure compliance with best practices. It also would improve the information provided to payers, like the VA, potentially increasing timely payment of claims.

While timely payment to community providers has been a recognized issue for the VA, EMS transports are a small piece of that business function. As such, the VA has not created a system-wide software to track EMS transports for Bene Travel, allowing for claims to be "lost" through an otherwise manual process. Outstanding claims for the County's EMS program were significant, with total budgeted collections of \$15.4 million in medical charges for service in 2018. However, for the VA, Bene Travel ambulance claims represent about 8 percent of total payments made for transportation. On the mill bill (CITC) side, ambulance claims represent 5.5 percent of total payments made. The VA pays roughly \$20 million or so to community providers in total. As identified in the discussion above, the VA has created an Access database to monitor transports from the moment an ambulance brings a patient to the VA medical facility until payment is approved or denied; however, this system is in-house and is not integrated into the overall invoicing or payment systems that might otherwise be available to vendors to verify that claims have been received and are being worked. Likewise, it may or may not address the timely payment concerns of other EMS agencies.

Through the reconciliation, County staff also identified a number of claims where duplicate payments were authorized by VA staff. When duplicate payments are identified by County staff, the VA must then approve modifications to approved purchase orders and provide a revised authorization to County staff, and County staff must then wait for resubmitted information, causing unnecessary work for staff at both entities. Of the 1,804 unresolved claims in the County's reconciliation, at least 630 were rebilled at least once. In one example, County staff found one claim

from 2015 was rebilled three times after in its initial claim submission date of August 24, 2015². Further quality assurance controls within COMCARE to clearly identify when claims are being resubmitted and in the VA's payment system before creating a PO could reduce or prevent such scenarios. For claims that have been corrected, COMCARE has already begun to submit the documents with a "CORRECTED CLAIM" stamp.

During the reconciliation process, a process improvement that had been implemented in December 2017 has also introduced a slightly different issue. Sedgwick County received a fax from the VA which included copies of health insurance claim ("1500") forms. Through review, staff discovered that some faxes for the claims were not received, so payments were not posted to COMCARE's billing software. These calls were listed as "accepted" by the VA but as "no payment received" by Sedgwick County. To attempt to address the issue, Sedgwick County asked the VA to continue to fax the claim forms as supplemental documentation, in addition to the new email process. At this time, the VA has declined due to avoiding losing sensitive information by fax and duplicated efforts as the emailed reports have all identifying fields to recognize claims processing; however, billing staff identified duplicated payments listed in December 2017 and January 2018 reports and incorrect dates of service in January 2018 reports. As these errors occur, the VA has requested that the County defer submitting the invoice to allow for corrections. However, for the December 2017 issues, COMCARE had already invoiced all claims, resulting in rejected invoices.

County management is concerned that delaying invoices to address these issues will result in delayed payments and would recommend additional quality assurance measures be added to the VA's process. In addition, COMCARE staff are working with VA staff to understand the structure of the VA's new Access database. COMCARE staff would like to investigate options to make the process more automated and less manual; VA staff have indicated that they are open to looking into such options.

Finally, staff from the County and VA would benefit from having documentation of internal processes and procedures and checklists to assist with verification that all steps in the established processes and procedures have been adhered to.

² Incident # ending in 5132 was initially billed on August 24, 2015; then again on November 19, 2015, May 30, 2017, and June 13, 2017. It was denied on the CITC side but still needs to be processed as a Bene Travel claim.

FINDING #3

Sedgwick County and VA front-line staff communicated regularly regarding issues with claims and outstanding balances. Previous leadership at the VA were involved in briefings of aged claims. During 2016, there were three meetings between VA staff and COMCARE and/or EMS staff to discuss aged claims. The current leadership had not been briefed as the front-line staff was working the issue and processing claims. Going forward, staff from the VA and County will trade monthly reports and meet quarterly to improve communications and address issues in a more timely fashion.

Front-line staff at both organizations were engaged and actively working on the growing balance of EMS claims based on email exchanges from 2015 through 2017. Current leadership at the VA were not aware of the outstanding balance and County concerns until the meeting occurred between senior leadership from both organizations in October 2017. Sedgwick County management had been aware of the growing balance and its impact on the overall EMS receivables collection rate, which had been outlined as a deficiency by the County's external audit firm in its 2016 annual financial audit. Once advised of the issues, VA management has been very supportive of the reconciliation efforts.

Going forward, VA and County staff have committed to trading monthly reports on outstanding claims and will meet quarterly to review issues and identify process improvements. The first quarterly meeting is set for February 2018. COMCARE staff have identified an aging claim report, pictured below, which can be shared at quarterly meetings and used to prevent a similar situation from occurring in the future.

Excerpt from COMCARE "aging claim" report, generated from billing software

Call No	Call Date	Patient	Current	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	Over 180	Total
92763703	12/03/2017		1175.00	0.00	0.00	0.00	0.00	0.00	0.00	1175.00
92767389	12/04/2017		860.00	0.00	0.00	0.00	0.00	0.00	0.00	860.00
92767487	12/04/2017		980.00	0.00	0.00	0.00	0.00	0.00	0.00	980.00
92770765	12/04/2017		830.00	0.00	0.00	0.00	0.00	0.00	0.00	830.00
92775484	12/05/2017		935.00	0.00	0.00	0.00	0.00	0.00	0.00	935.00
92779621	12/05/2017		890.00	0.00	0.00	0.00	0.00	0.00	0.00	890.00
92780047	12/05/2017		860.00	0.00	0.00	0.00	0.00	0.00	0.00	860.00
92781240	12/05/2017		935.00	0.00	0.00	0.00	0.00	0.00	0.00	935.00
92781595	12/05/2017		425.00	0.00	0.00	0.00	0.00	0.00	0.00	425.00
92782564	12/05/2017		860.00	0.00	0.00	0.00	0.00	0.00	0.00	860.00
92783763	12/06/2017		965.00	0.00	0.00	0.00	0.00	0.00	0.00	965.00
92786395	12/06/2017		905.00	0.00	0.00	0.00	0.00	0.00	0.00	905.00
92790062	12/06/2017		645.00	0.00	0.00	0.00	0.00	0.00	0.00	645.00
92800827	12/08/2017		920.00	0.00	0.00	0.00	0.00	0.00	0.00	920.00
92803150	12/08/2017		920.00	0.00	0.00	0.00	0.00	0.00	0.00	920.00
Group Totals: VETERAN'S ADMIN CENTER										
Calls: 1551			212820.22	73202.05	87547.48	39380.08	56190.92	68737.60	589772.92	1127651.27
Total Calls : 1551			212820.22	73202.05	87547.48	39380.08	56190.92	68737.60	589772.92	1127651.27

FINDING #4

The VA's process for receiving, reviewing, and paying claims has changed over the last decade and has resulted in confusion and delayed payments for Sedgwick County EMS and other emergency medical service providers. A February 2016 Kansas Emergency Medical Services Association survey of EMS providers found that 90 percent of respondents had experienced a slowdown in the processing of VA claims, with some reporting outstanding claims of three-four years. In response, VA staff attended a vendor conference and the VA later hosted vendors at the facility to discuss concerns and processes. On January 3, 2018, the U.S. Department of Veterans Affairs issued a news release, advising that the VA intended to take immediate actions to improve the timeliness of payments to community providers.

The VA's requirement that different types of bills be sent to different addresses has created a fairly cumbersome process for County staff who are not always privy to subsequent medical treatment that could change the status of the claim. Likewise, the identification of some claims as "denied" on the CITC side due to their referral to the beneficiary travel section for eligibility review creates confusion as to whether the claim may still be payable by the VA, or if it ought to be billed to Medicare, Medicaid, private insurance, or the veteran to meet timely filing requirements. Finally, the VA had been faxing approved beneficiary travel claims to COMCARE; however, this resulted in lost or misplaced faxes with no ability to later track which claims had been approved, denied, or overlooked. As a result of the reconciliation, these approved claims are now being emailed to COMCARE in a spreadsheet. It is recommended that this process continue to be monitored and evaluated going forward.

County staff have stated that a summary sheet outlining preferred claim processes, contacts, eligibility requirements, and a glossary of terms would be beneficial. The VA has provided a flow chart outlining various processes, which has been useful to County staff in understanding what information is needed at what stage in the process. The VA has further stated that a process flowchart of the County's operations would be beneficial, and staff are working to comply with this request. Ongoing monthly reports and quarterly meetings should help to clarify processes and needs for both entities.

FINDING #5

Both entities face claim software issues, which could be resolved for the VA through some of the long-term actions cited in the January 3 news release.

The VA's process for receipt, review, and payment authorization for the majority of the claims submitted by the County has been fairly manual on the beneficiary travel side. At the time the reconciliation began, the VA did not have a system to log ambulances that came to the facility which would then be billed to the facility. This resulted in the VA being unaware of claims until claims were mailed to the facility. Because of the manual process for logging claims once the claims were mailed, it has taken significant manual work by VA staff and recreation of claim submission work by COMCARE staff to attempt to reconcile the accounts as no report was available to reconcile against. While an Access database at the Robert J. Dole VA Medical Center has subsequently been created to track such claims from the time a veteran arrives at the facility via ambulance, it is available only to VA staff and does not interface with other software systems. A possible further improvement would be the establishment of a shared data system between the VA and providers to allow ongoing tracking of beneficiary travel claims.

On the County side, the County's billing software, Respond, performs well with identifying outstanding payors on claims when the claims are first processed. However, when staff later manually edit the record, the system does not automatically generate a claim during the billing process under some circumstances. For example, COMCARE may bill a private insurer or patient for service due to timely filing requirements, though the service may be covered by the VA. That insurer or patient may pay. However, COMCARE may still be seeking payment from the VA for at least some portion of the claim. If the staff attempt to change the payor to the VA after a bill has been paid, the system would not automatically produce the claim to the VA because there is no longer a balance showing. If staff are not diligent in manually creating a claim, the software limitation could result in an issue where a VA claim is listed as outstanding but has not actually been submitted.

Respond also allows staff to incorrectly address prompts to record updates to events on claims, like when an invoice is first sent or the history of activity on a claim.

While software improvements would be ideal, staff training on procedures and their importance could limit the opportunity for error and ensure integrity of claim data.

FINDING #6

The County's process for tracking claim status has changed over time as staff transitions have occurred and new staff have sought process improvements, resulting in inconsistent data to assist in reconciliation efforts.

At this time, there are no written procedures or processes related to the billing process, though there are instructions for using the billing software. An established written procedure would be useful to ensure consistency and accuracy by current and new staff, particularly if it outlined expectations of each staff person (coding, billing, review, supervisor, etc.) and step-by-step instructions for reviewing and entering claims. As discovered during the reconciliation, different staff have different ways of recording comments within the software, leaving the meaning to be open to interpretation. Setting specific comment language and definitions would be valuable in interpretation by other billing staff or auditors.

In addition, the County's overall billing process also would benefit from an external review by a third-party EMS process expert. Such a review could include:

1. On-site billing assessment to review compliance programs
2. Provide detailed analysis of billing and collection history to identify areas for improvement
3. Operation reviews to determine appropriateness of systems and resources
4. Analysis of revenue loss from medical necessity with recommended changes to follow-up procedures to ensure greater compliance
5. Examination of fee schedules, provider arrangements, and coding with recommended changes to address situations where bills are denied or inadequately paid
6. Review of internal processes with recommendations for streamlining gathering patient information, following up on missing information and collection effort
7. Review documentation gathering at all stages of the process, from call to billing
8. Ensure training programs are adequate
9. Develop internal audit process
10. Establish meaningful key performance indicators

COMCARE conducted preliminary research to identify what an audit could provide and at what cost: a single ambulance claims audit report containing a claims audit spreadsheet with error rate calculation and summary of findings on each claim, as well as additional reference materials and best practice recommendations, would cost less than \$5,000. It also would come with one hour of telephone consultation to review the audit within one month of transmittal of the report.

COMCARE leadership has approved an audit based on a 30-claim sample from its 2018 budget; Finance management likely will recommend ongoing additional funding for this purpose in future budget cycles.

FINDING #7

There appears to be a lack of resources/depth for both entities to provide adequate quality assurance and work on overall process improvements; staff are busy completing routine tasks and have little time to step back, map processes, and suggest improvements. For example, at the VA, one individual was assigned responsibility review Beneficiary (Bene) Travel claims for eligibility at the time the reconciliation began. In the future, the VA will be transferring Bene Travel claim review to the Veterans Transportation Service, as it is the service with sole responsibility to manage and coordinate Veteran transportation. At COMCARE, the workload assigned to the Billing Manager is such that only the claims created by new staff (90 days or less) are reviewed for quality assurance before the bills are sent.

For the VA, the Office of Inspector General (OIG) completes a yearly Improper Payments Elimination and Recovery Act (IPERA) audit each year. This audit does include payments made for both Bene Travel and CITC

At COMCARE, the workload assigned to the Team Billing Lead is such that only the claims created by new staff (90 days or less) are reviewed for quality assurance before the bills are sent. The team is currently made up of 8.0 full-time-equivalent (FTE) positions, including one supervisor (Administrative Officer) and seven patient billing representatives. Data shows staffing levels are inadequate to ensure timely processing of claims:

- Industry standards are 1.0 FTE position to every 4,500-5,000 claims. EMS bills approximately 45,000 new trips per year, which would equate to 9.0 FTEs using the high end of the industry standard.
- As of January 21, COMCARE shows 22,786 billed but unpaid claims – this figure excludes VA and those that have been referred for collection.
- In 2017, even at full staffing levels, COMCARE billing staff worked more than 1,010 hours of overtime.

COMCARE staff indicate that the addition of 1.0 FTE Patient Billing Representative to specialize in VA billings would bring billing staff to the appropriate level for the VA workload.

SUMMARY OF RECOMMENDATIONS

Sedgwick County:

Management

- Sedgwick County management should seek quarterly feedback from COMCARE or Finance staff as to the status of VA billing and communications and intervene with VA senior management if necessary.
- Sedgwick County management should evaluate the need for additional staff for COMCARE or should consider outsourcing the EMS billing function.
- Sedgwick County management should investigate options for a billing process audit and direct audits on a frequency recommended by best practices.
- Sedgwick County management should direct the Internal Financial Auditors to periodically review billing functions and recommend improvements, including staff adjustments.

COMCARE

- Sedgwick County COMCARE should determine if there is an efficient way to identify or “flag” those claims that are being sent more than once to assist with the VA’s identification of potential duplicate payments. For corrected claims, COMCARE has already begun to submit the documents to the VA stamped as “CORRECTED CLAIM” when there is corrected data on the patient or call information.
- Sedgwick County COMCARE will establish documentation outlining prescribed processes and procedures and create checklists for use by billing staff to ensure consistency. Such a checklist could include an additional step when changing a payer from a non-VA entity to a VA entity to overcome the billing software’s lack of automatic billing in that circumstance. Then, COMCARE management should ensure adherence to those standards through periodic reviews.
- Sedgwick County COMCARE should collaborate with Sedgwick County Enterprise Resource Planning to create customized business intelligence reports to assist with quality assurance reviews.
- Sedgwick County COMCARE has already improved communications with VA staff through commitments to quarterly meetings but should continue to investigate methods of improved data sharing and communication.

EMS

- Sedgwick County EMS should establish documentation outlining prescribed processes and procedures and create checklists for use by administrative staff to ensure consistency.

Finance

- Sedgwick County Finance should establish a regular monitoring and assistance process with COMCARE staff to ensure collections are on target and to act as an advocate to management when necessary. As part of that review, Finance should to assist COMCARE with evaluations of staffing adequacy.
- Sedgwick County Finance should advocate for and assist with external audit reviews of billing processes across the organization, and in particular EMS billing to ensure compliance with best practices. Such audits could be done quarterly, semiannually, or annually, depending on scope.

VA

- VA management should ensure ongoing communication with providers, request quarterly feedback from VA staff as to the status of outstanding balances reported by providers, and act when necessary.
- VA management should monitor the transition of Beneficiary Travel claims to the Veterans Transportation service, along with the use of the new database, to ensure intended efficiencies are achieved. Management should consider whether additional staff are necessary to ensure timely and accurate payments to providers.
- VA management should evaluate and provide opportunities for community providers to access data, including:
 - Patient information database for use by providers to verify patient information before a claim is submitted to reduce the number of claims that are sent back and the subsequent delay in payment.
 - Updated status of Bene Travel claims
- VA management should establish written processes and procedures for its providers, including checklists to ensure sufficient information is included in each claim sent, and make them generally available via the website and email distribution list. Annual updates or as changes are made would be of value.
- VA management has already improved communications with COMCARE staff through commitments to quarterly meetings but should continue to investigate methods of improved data sharing and communication.
- VA staff should consider a more standardized set of denial reasons to provide feedback and consistency to providers. When a standard categorization would not be adequate, use of an “other” category with a new description and explanation would be helpful in clarifying the basis for the denial.

ATTACHMENTS

1. OB10 notification re: change to VA billing process (March 2014)
2. KSEMSA newsletter excerpt (May 2016)
3. Letter from Congressman Kevin Yoder to VA Secretary McDonald (May 2016)
4. County staff summary of VA ambulance billing meeting on May 13, 2016
5. EMS memo regarding PCS form and alternative consultation form (July 2016)
6. Excerpt from minutes from October 18, 2017 Commission meeting (October 2017)
7. VA news release – Community Provider Payments (January 2018)
8. VA health benefits for emergency care (accessed January 2018)
9. Initial wording of Finding #1 (January 2018)

EFFECTIVE MARCH 10, 2014

The VA has mandated that all invoices be submitted electronically by the vendor to the VA Financial Service Center (FSC). The FSC uses a third-party contractor, OB10, to assist vendors in submitting the invoices electronically, free of charge. Contact OB10 team for more information.

<http://www.ob10.com>

Click on orange **Register Now**

Click on **Web Form**

Do not put anything in Register Key-just click continue

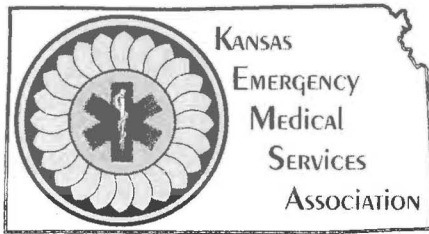
Customer ob10 number (Department of Veterans Affairs): **AAA544240062**

If you have any questions about ob10 call number below-they are very helpful.

•OB10 e-Invoice Setup Information: 1-877-489-6135

All ambulance/transportation claims will **still be submitted as they have been in the past** so that the VA can determine eligibility. Then, the vendor will be notified (by fax) which patients they are authorized to bill for and be provided the necessary numbers to submit their invoices to ob10 for payment.

For any questions about claim submission, contact Janet Nickle at 316-239-2739.



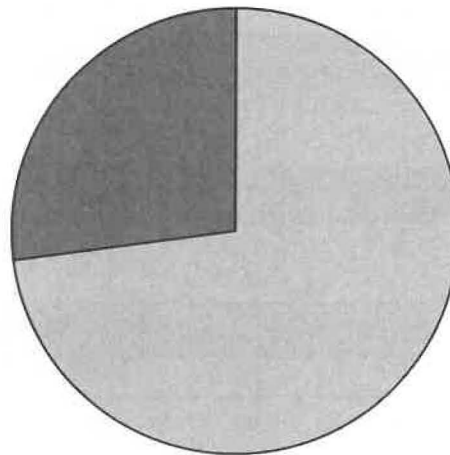
KANSAS EMS ASSOCIATION
 6021 SW 29th St., Suite A PMB 359 | Topeka, KS 66614
 Ph: 785.580.3459 | Fax: 888.760.6884 | www.kemsa.org

Unity Is Strength

KEMSA KanCare and Billing Issues Survey February 2016

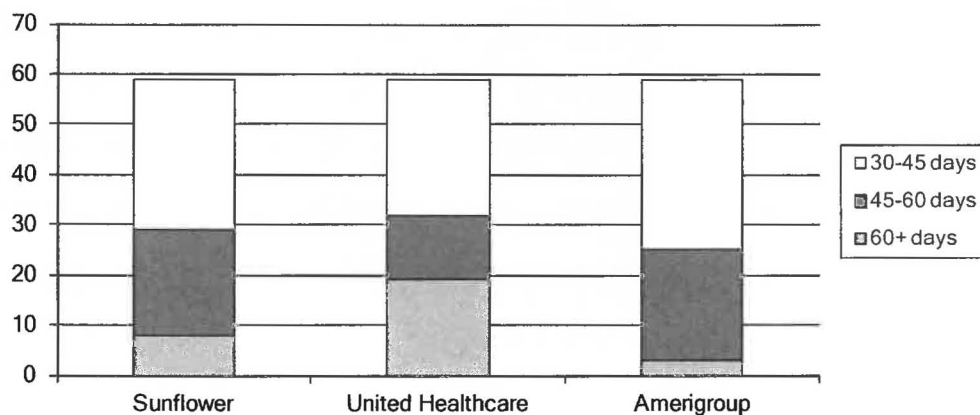
Total: 60 Responses

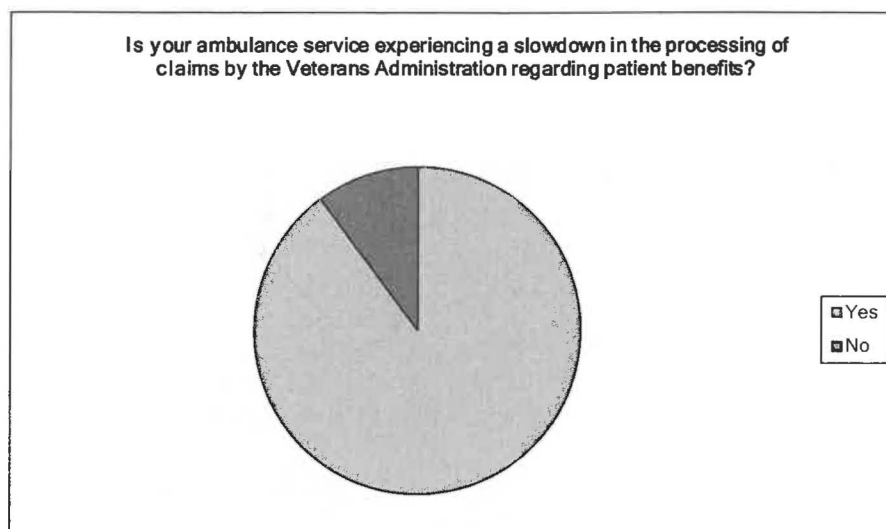
Are commercial insurance claims reimbursed quicker than KanCare claims?



□ Yes
 ■ No

From the time you submit an invoice for payment from a KanCare (Medicaid) managed care provider, how long does it typically take for payment?





If your agency is experiencing problems with the VA, how old is the oldest outstanding bill with the VA?

- 05/24/2012
- 2012; recently spoke with a representative and they state they are behind due to lack of employees. I am now receiving denials stating that the patient has other coverage or they need additional information. Timely File comes into effect with these claims as well.
- 2013
- 12/28/2013
- 11/01/2014
- 06/02/2014
- 05/23/2014
- 05/01/2014
- 04/28/2014
- Outstanding balances from November 2014
- 2 years
- 940 days
- 3 years
- 11/02/2015
- Sept. 2015
- 06/26/2015
- May 2015
- 02/19/2015
- The payment times in 2015 were 10 months, 6 months, and 5 months
- 18mos!
- 14 months
- 390 days from discharge, January 2015 date of service
- More than 1 year. They will not return calls.
- >12 months
- over 1 year
- 1 year
- 10 months
- 12 months
- 9 months
- 9 months
- 8 months
- 6 months
- 120 DAYS
- 120 DAYS
- 90 DAYS
- over 60 days
- Takes a long time to receive payment
- Hardly ever see any money
- THEY DO NOT PAY OUR CLAIMS

What is the total dollar amount currently owed to your ambulance service by the VA?

- | | | | |
|-----------------|---------------|--------------|---|
| • >\$300,000.00 | • \$5,000.00 | • \$2,000.00 | • It was denied because it was too old. |
| • \$32,858.00 | • \$4,630.80 | • \$2,000.00 | • SOMETIMES WE |
| • \$25,694.00 | • \$4,600.00 | • \$1,694.10 | TRANSPORT TO |
| • \$23,499.80 | • \$3,500.00 | • \$1,500.00 | THE NEAREST VA |
| • \$15,578.00 | • \$3,153.50 | • \$1,460.00 | FACILITY WHICH IS |
| • \$15,258.68 | • \$3,000.00 | • \$750.00 | WICHITA AND WE |
| • \$8,712.05 | • > \$3000.00 | • \$700.00 | ARE NOT RECEIVING |
| • \$8,656.33 | • > \$2000.00 | • \$693.60 | PAYMENT |
| • \$7,870.02 | • \$2,035.00 | • \$596.00 | |
| • \$6,000.00 | • \$2,000.00 | • \$508.40 | |

KEVIN YODER

3RD DISTRICT, KANSAS

215 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2865

DISTRICT OFFICE:
7325 WEST 79TH STREET
OVERLAND PARK, KS 66204
(913) 621-0832
<http://yoder.house.gov>



Congress of the United States
House of Representatives

Washington, DC 20515-1603

May 3, 2016

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES:

VICE CHAIR, TRANSPORTATION, HOUSING, AND
URBAN DEVELOPMENT

AGRICULTURE, RURAL DEVELOPMENT,
FOOD AND DRUG ADMINISTRATION, AND RELATED
AGENCIES

FINANCIAL SERVICES AND GENERAL GOVERNMENT

The Honorable Robert A. McDonald
United States Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420

Dear Secretary McDonald,

I wish to bring to your attention an ongoing issue in my state concerning billing problems that some emergency medical service (EMS) agencies are having with the Department of Veterans Affairs (VA). Some Kansas EMS providers have reported significant delays in timely payment for services rendered for VA patients. I ask that you address this issue and resolve it as quickly as possible.

Recently, the Kansas EMS Association (KEMSA) conducted a survey of its membership, asking agencies whether they had experienced delays in the processing of claims by the VA. 90% of the agencies surveyed reported that they were having issues to some degree. Some agencies reported that their oldest claims one to two years old. One respondent stated flatly, "they [the VA] do not pay our claims." When asked the total outstanding amount of reimbursement currently owed to their service by the VA, many of the EMS agencies reported thousands, and even tens of thousands, of dollars. The total dollar amount reported was over 1.2 million.

Delays in VA claims have a ripple effect as well, because EMS agencies that transport a patient with VA benefits must submit claims to the VA before submitting to the veteran's other insurance or Medicare coverage. A substantial delay with the VA makes it difficult or impossible for the agencies to file claims with the other insurance providers in a timely manner. The EMS agency is then unable to claim any payment at all for their service.

EMS providers are vital to public health and safety, and they play a crucial role in taking care of our veterans. However, they cannot provide their services if they never receive payment. In light of the concerning results of the KEMSA survey, I respectfully request that you answer the following questions:

1. What has caused these claim processing delays to take place at the VA?
2. What steps are being taken by the VA to rectify this problem? Is the VA working not only to clear the current backlog, but also to prevent it from happening again?
3. Is the EMS agency claim delay problem unique to Kansas? If so, why? If not, how pervasive is this problem around the country?

Thank you for your commitment to improving care for our nation's veterans. I hope that this issue can be resolved quickly, so that Kansas EMS agencies can continue to serve our veterans' needs. I appreciate your attention to these questions, and I look forward to your timely response.

Sincerely,

Kevin Yoder
Member of Congress

Poe Rousseau, Lindsay D.

From: Lolley, Tracy
Sent: Wednesday, October 25, 2017 6:37 PM
To: Poe Rousseau, Lindsay D.
Subject: FW: VA Ambulance Claim Meeting

Notes from May 2016 meeting with VA and providers at the VA

Tracy Lolley, CAC | Finance Manager | Sedgwick County COMCARE
p: (316) 660-7611 | f: (316) 941-5075 | Tracy.Lolley@sedgwick.gov
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From: Lolley, Tracy
Sent: Wednesday, May 18, 2016 2:22 PM
To: Kaufman, Tim; Wegner, Kathy
Cc: Hadley, Scott; Mauk, Dennis; King, Shelia J.; Mitchell, Tamika L.
Subject: VA Ambulance Claim Meeting

Shelia (EMS Office Manager), Tamika (EMS Billing Team Lead) and myself attended a VA ambulance billing meeting last Friday (May 13th). Below are the highlights I took away from that meeting:

VA Attendees: Eric Williams, NonVA Care Manager, Melissa Allen, Bene Travel Manager, Alma Wolken, Bene Travel Administrative Officer, Dustin Engelken and Bryan Hoard, Financial Mgmt (Tungsten contacts)

- Claims are not being routed to the correct department at the VA 100% of the time thus delaying the processing of these claims.
 - It was suggested that we send claims for Bene Travel transports (to or from a VA facility) ATTN: MAS / MA and Non-VA care claims to ATTN: FS8 and in separate envelopes
 - We will implement this change with our claims.
- Per Federal Law, any ancillary claims (which included ambulance claims) cannot be reviewed for payment until after the Hospital bill is paid. When these claims are received by the VA, they are denied as 'Mainstay' meaning the VA is waiting on the hospital claim/records.
 - Up until January 2016, these claims were closed and never re-opened. Now their new manager over that area, is going to review all claims denied as Mainstay and will review the accounts to see if they have received the hospital records. If they have, they are going to re-open those claims and process them for payment.
- Preliminary Fee Remittance Advice Report (PFRAR's) – Eric discussed how to read this report.
 - Many agencies did not know the denial codes on the service line were not valid denial codes for the claim. Eric shared which codes on the PFRAR that were important for each claim.

- New Legislature being proposed for the VA to reimburse balances after insurance pays on Non-disabled vets. Currently, they do not pay anything for these non-disabled vets with insurance.
- Vendor Accounts – Many agencies have many accounts in the Vendor system with the VA. If the wrong Vendor account is selected (no banking account info set up), then the check payment could be lost in cyber world.
 - Our payments are EFT so this should not affect us.
- Unauthorized care – Everything has to be reviewed including hospital records. Veterans are responsible to get their claim paid so they can always call the hospital to get their records sent to the VA. **Currently, the hospital bill has to be paid first** before an ambulance claim can be considered for payment. This also is in Congress to be changed.
 - If the medical record is not received by the VA, the claim is rejected as 'Mainstay'. Prior to Jan 2016, these claims were closed and were not reconsidered unless another claim was sent in. In January, Eric implemented a process to review all Mainstay claims to see if hospital records had been received and they could reopen the ambulance claim to get it paid. No Action is needed on the provider's end.
 - As of 5/13/2016, Eric says they are 100% of processing these claims within 30 days.
 - I asked for a report of our claims since July 2014 so we could review because we are still not seeing the payments. I am not convinced that 99% of our claims are being rejected/denied for some reason.
 - VA honored the request for the report and currently Tamika and I are reviewing.
 - Timely Filing:
 - Service Connected – 2 years from DOS
 - MillBill – 90 days from DOS
 - Shelia K requested Case Managers names to help obtain some required paperwork

In general, I think the meeting was a very good use of our time. I, and others, expressed how much we learned in regards to how the VA is required by Law to pay claims.

Tamika or Shelia, if you have anything you would like to add, feel free to reply to all.

Hopefully, we will see some improvements in the claims getting processed.

Thanks!

Tracy

Please note new email address as of July 11, 2014

"I have not failed. I've just found 1,000 ways that won't work." –Thomas Edison

Tracy Lolley, CAC | Billing Manager | Sedgwick County COMCARE/Health
 p: (316) 660-7611 | f: (316) 941-5075 | Tracy.Lolley@sedgwick.gov
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MEMORANDUM

Sedgwick County Emergency Medical Service

TO: All EMS Personnel
FROM: Shelia King, Business Manager
DATE: July 18, 2016
SUBJECT: Billing Paperwork for VA Transports
REF: 16-17

Summary

- Effective immediately VA will provide a **consultation sheet** (see attached example) on all transports VA is to be payer on.
 - Any patient being transported with a consultation sheet will not require PCS form
- If VA is not responsible for payment, staff will not provide a consultation sheet and VA staff will complete and sign PCS form on all non-emergent requests.

Detail

VA staff was reluctant to sign billing forms or provide PCS forms due in part to not understanding the intent or significance of the signature/form they were providing. EMS was asking for PCS forms based on payment responsibility not known at time of transport.

We do need a signature to bill for the service provided and to acknowledge receipt of the privacy information. IF the patient is unable to sign our billing authorization on tablet or paper copy, VA staff will sign on behalf of the patient.

EMS crews should fax the consultation sheets to Building 1 via ESKER fax as currently done with signature and PCS forms.

EXAMPLE

MEDICAL RECORD

CONSULTATION SHEET

NSC

NSC VETERAN

XXX-XX-....

FORT WORTH TEXAS

76119

Phone: .

Consult Request: Consult

Consult No.: 6491951

To: BENEFICIARY TRAVEL (BT) WI

From: NHCW-WI

Requested: 02/04/2016 3:48 pm

Requesting Facility: ROBERT J. DOLE VAMC

REASON FOR REQUEST: (Complaints and findings)

BT NEAREST FACILITY REASON

BT NEAREST FACILITY REASON UNAVAILABLE

02/04/2016

BT NEAREST FACILITY DURATION

BT NEAREST FACILITY ONE TIME

02/04/2016

BT NEAREST FACILITY SERVICE TYPE

BT NEAREST FACILITY OTHER/SPECIALTY CARE

02/04/2016

2/29/16 AT 10:00 F/U WITH OPHTHALMOLOGY

W/C DEPENDENT - AMPUTEE

PROVISIONAL DIAG: Presbyopia(ICD-10-CM H52.4)

REQUESTED BY:

PLACE:

Bedside

URGENCY:

Routine

STAFF PHYSICIAN

(Pager:)

(Phone:)

SERVICE RENDERED AS:

Inpatient

CLINICALLY IND. DATE:

Feb 29, 2016

C H A R T C O P Y

***** Unknown Significant Findings *****

No Consultation Results available.

(Administrative Complete Comment)

Entered by: JONES, ANDREW M - 02/19/2016 12:51 pm

Responsible Person: JONES, ANDREW M

AUTHOR & TITLE:

DATE:

ID #: _____ ORGANIZATION: ROBERT J. DOLE VA REG #: _____ LOC: NHCW-WI

Chairman Unruh said, "Next item."

- J [17-900](#) Consideration of an agreement between Sedgwick County and the City of Wichita for the distribution of the Department of Justice, Office of Justice Programs Grant funding in the amount of \$135,757.00.
Approved on the Consent Agenda
- K [17-868](#) Annual Affiliation Agreements with 6 Qualified Providers of Intellectual and Developmental Disability Services.
Approved on the Consent Agenda
- L [17-724](#) Shelter Plus Care housing rental assistance contracts.
Approved on the Consent Agenda
- M [17-896](#) Amendment to the Agreement between COMCARE and DCCCA, Inc.
Approved on the Consent Agenda
- N [17-786](#) General Bill Check Register for October 11, 2017 - October 17, 2017.
Approved on the Consent Agenda

LEGISLATIVE ISSUES

Chairman Unruh said, "Mr. Counselor, anything today on legislative issues? Alright, we're ready I think then for 'other'. Commissioners now is the opportunity to speak about other things of community interest. Commissioner Dennis."

OTHER

Commissioner Dennis said, "Thank you, Mr. Chairman. I've got several items today to talk about. First, those of you that have checked out the Wichita Eagle this morning, you saw that our EMS (Emergency Medical Services) folks were in the Wichita Eagle today. They were in a contest learning how to, not learning how, but do some cooking of some hamburgers over in the parking garage over by the old Gander Mountain building. In the middle of that there was a car crash. They dropped their spatulas and ran over and immediately took care of the people that were involved in the car crash over by Main and 54 Highway. So, I just wanted to recognize our EMS for doing a great job, and by the way they did win their division in the contest."

Chairman Unruh said, "Very good."

Commissioner Dennis said, "I don't know if you need this, since I talked about it. I will give it to the clerk."

Ms. Page said, "Thank you."

Commissioner Dennis said, "The second item that I want to talk about, one of the things that I discuss most of the time when I speak on this is involving veterans. What you learn early on when you go into the military is that the men and women that are serving with you are the ones that have got your back, and you make sure that you've

got the back of the men and women that you serve with. I'm proud on this Board sitting with me we've got an Army veteran, we've got an Air Force veteran, we've got an Army veteran sitting at the bench in front of me, and I'm a proud Air Force veteran. I think as a result of that, I got a little bit of feedback from Scott Hadley, our Director of EMS and our County Manager that involves our veterans.

"What was discovered from discussions with them is dating back to 2014, currently today, this morning, the Veteran's Administration owes Sedgwick County \$1,501,072.19 for emergency medical transport. What does that mean for Sedgwick County citizens? It means that we could pay for the renovation in Commissioner Ranzau's district and probably build an EMS station in Commissioner Unruh's district, or we could decide to build a new one out in Commissioner Unruh's district and a new one in my district, which is absolutely needed. We could buy a couple new ambulances and go over and modify and renovate the facility that Dr. [John] Gallagher is moving into.

"So there's a lot of things that we could do as Sedgwick County Commissioners if we had an extra \$1,500,000 available to us. But that's not really my main concern today. My main concern as I started talking about this is about those veterans. As we bill these, and what you're going to find as you start doing some research on it, some of these go back to 2014. We still have 151 accounts, there almost \$100,000 outstanding from 2014. 2015, we've got 519 outstanding or \$365,000 approximately. 2016, 401 accounts still outstanding for \$324,000. 2017, we've got 863 outstanding for almost three-quarters of a million dollars.

"So after I learned about this, I asked our two secretaries in the front office if they would set up a meeting for me and with our Director of EMS and County Manager to go out and talk to Mr. Rick Ament, who is the Director of the VA (Veteran's Administration). That was about three weeks ago, and after numerous phone calls, trying to get a meeting with the Director of the Veteran's Administration, we even blocked a number of places on our schedules, so that if something came open that he would be able to meet with us.

"Finally the other day, they called and said there's no possible way that we can meet with Rick Ament, and they lined us up a meeting tomorrow with Norman Forbes, who is the [Associate Director Patient Care]/Nurse Executive. What authority he has to make sure that we get \$1,500,000 back, I'm not sure. But what does this really mean to our veterans?

"Well first of all, we try and bill the VA, and obviously going back to 2014, the VA hasn't been paying, which impacts our citizens, but if the VA doesn't pay, then we could possibly collect the money from alternate insurance, like Medicare, Medicaid or an insurance. The problem is Medicare, one year from date of service, Non-Kansas Medicare one year from date of the service, Kancare only 90 days, Blue Cross Blue Shield, one year from date of service. So if VA doesn't pay and doesn't tell us that nothing is happening, if those times periods are exceeded, we can't even go to Medicare, Medicaid or to a private insurance company to try and collect the money that's due to us.

"Where does that leave us? That leaves us going to the veteran, and that's my main concern. It leaves us going to the veteran, so that's why that I thought it was important that I go and talk with the Director of the Veterans Administration to find out what we can do, because my main concern is with that veteran. I could have gone directly as

soon as three weeks ago to the newspaper or to TV (television) stations here in town. I could have contacted our representatives in Washington, D.C., but I wanted to keep this and try and work this out.

"But unfortunately with the leadership at the VA, I haven't been able to do this. But tomorrow I do have a meeting with them, and at this point, truly, I don't know if it's an issue with the local VA office or if it's a federal issue. All I know is that it's an issue that impacts our citizens in Sedgwick County, and it's an issue that impacts our veterans that we're trying to serve in Sedgwick County. So, I'll give you some feedback after my meeting tomorrow. We do have a meeting with the nurse executive. The only nice thing that I saw when I looked online to find out who this individual was is that he is a retired colonel. So hopefully he does have some experience as a veteran and can listen to us and maybe guide us in the direction that we need to go to try and solve this.

"Again, for the citizens of Sedgwick County but most importantly for our veterans. With that said, one other thing about our veterans is don't forget on November the eighth at 10 o'clock in the morning at Century II, here is a formal military parade scheduled that is going to honor our veterans and everyone is invited to that. Then on November 11th, starting at 11 o'clock in the morning is our annual Veterans Day parade. It will start right out in front of the courthouse there and go down Main Street and end up at Water Walk. So I hope everyone comes out and recognizes our veterans at that time. With that, that's all I have this morning. I do appreciate everyone listening to me, and I'll give you feedback on what comes out of our meeting tomorrow. Thank you."

Chairman Unruh said, "Well thank you Commissioner, and we will be interested to see the results of your meeting. We agree with you that's an issue that needs to be resolved. Commissioner O'Donnell."

Commissioner O'Donnell said, "Thank you, last night I was able to go up to the Bel Aire City Hall for the council meeting. It was my mom's last meeting. Kietarh's [Austin] husband, as we all know, is the Mayor of Bel Aire. He gave a great speech for her, but she's been on the City Council for 12 years up there.

"When I was on the Wichita City Council, the League of Kansas Municipalities does a really cool monthly magazine. At that time, and I don't know if it's true or not, but we were the only mother and son elected in the State of Kansas at the time, and that was true until yesterday was her last meeting. So anyway, just a little bit of personal information there, but she served in your district, Chairman, for a dozen years, almost as long as you, not quite as long. So anyway, that's all."

Chairman Unruh said, "Well, thank you. I hope that you were able to extend our congratulations to her for her service to our communities. Commissioner Howell."

Commissioner Howell said, "Thank you, Mr. Chairman, I just wanted to take a moment to recognize someone special, reached out to me. I wanted to say this is someone, he's given Lonnie Wright a run for his money. Lonnie is in our audience today, he is almost always faithfully attending our meetings, he shows a lot of interest in our meetings. But someone else that's younger than you, Lonnie, that's watching our meetings very faithfully. His name is Brayden. His last name is Bore, if I'm saying that correctly, Brayden Bore. He used to live in Derby. He's a very special young man, he's just under 18 years old. He has been watching our meetings faithfully since he was a little boy. He unfortunately, however it turned out, but he had to move to Florida a while



U.S. Department
of Veterans Affairs

News Release

Office of Public Affairs
Media Relations

Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
January 3, 2018

VA to Take Immediate Actions on Timely Payments to Community Providers

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced a series of immediate actions to improve the timeliness of payments to community providers.

The actions will address the issue of delayed payments head-on and produce sustainable fixes that solve ongoing payment issues that affect Veterans, community providers and other VA partners.

“It is vital to the health of our network of providers that we provide payment in a timely and consistent fashion,” said VA Secretary Dr. David J. Shulkin. “Our outside providers are an essential part of our network and we need to improve our system of payments for their services.”

VA will immediately take the following short and long-term actions to improve payments to community providers. Short-term actions include:

- Publish a list identifying providers with high dollar value of unpaid claims, to be published the week of Jan. 8 at the following website: <https://www.va.gov/COMMUNITYCARE/providers/>.
- Create rapid response teams to work on the ground with these providers to reach financial settlement within 90 days.
- Increase the number of claims processed by vendors by 300 percent in January 2018 and by 600 percent in April 2018 with a goal of 90 percent clean claims processed in less than 30 days.
- Establish multiple entry points for providers to check the status of their claim, including a dedicated customer service team and VA’s Vendor Inquiry System (VIS) located at <https://www.vis.fsc.va.gov>.

In addition, long-term actions include:

- Deploy multiple IT improvements within the first six months of 2018 that streamline the claims submission and payment process to reduce time for payments significantly.
- Align on concurrent performance improvement goals with VA’s existing Third Party Administrators to improve multiple aspects of their performance rapidly to ensure Veterans have continued uninterrupted access to care.
- Award four new contracts in 2018 for implementation in 2019 to establish the new Community Care Network that includes elements designed to ensure prompt payment of claims.
- Work with Congress to consolidate and simplify all VA community care programs, including provisions for prompt payment of claims.
- Ensure transparency with VA’s claims processing performance by publishing VA’s claims processing timeliness on a monthly basis.

VA’s current Third Party Administrators, Health Net Federal Services and TriWest Healthcare Alliance are committed to working with VA to improve the timeliness of payments to community providers. Health Net and TriWest manage VA’s community care networks and process payments to community providers.

“It is an honor and responsibility to serve the Veteran community,” said Billy Maynard, CEO of Health Net. “We remain committed to partnering with VA to improve the claims payment process.”

David McIntyre, president and CEO of TriWest said, “We could not be more pleased at the aggressive focus on this critical topic. We look forward to continuing to reach the industry- leading performance level we all desire and expect.”

Improving timeliness of payments to community providers is a critical element in VA’s goal of building a community care program that is easy to understand, simple to administer and meets the needs of Veterans and their families, community providers and VA staff.

Here are resources for community care providers:

<https://www.va.gov/COMMUNITYCARE/providers/resources.asp>.

Learn about the new community care network in this video:

<https://youtu.be/v45WAGdCaEc>.

###

LOCATOR

CONTACT

SEARCH



U.S. Department
of Veterans Affairs

(<http://www.va.gov>)

VA (<http://www.va.gov/>) » Health Care (<http://www.va.gov/health>) » Health Benefits (</HEALTHBENEFITS/index.asp>) » Access Health Benefits (</HEALTHBENEFITS/access/index.asp>) » Emergency Care

Health Benefits

MENU

Emergency Care

A medical emergency is generally defined as a condition of such a nature that a prudent layperson would reasonably expect that delay in seeking immediate medical attention would be hazardous to life or health.

You may receive emergency care at a non-VA health care facility at VA expense when a VA facility (or other Federal health care facility with which VA has an agreement):

Cannot furnish economical care due to your distance from the facility; or when VA is unable to furnish the needed emergency services.

VA Payment for Emergency Care of your Service-connected conditions without prior authorization

Since payment may be limited to the point when your condition is stable enough for you to travel to a VA facility, you need to contact the nearest VA medical facility as soon as possible. An emergency is deemed to have ended at the point when a VA provider has determined that, based on sound medical judgment, you should be transferred from the non-VA facility to a VA medical center.

VA may pay for your non-VA emergency care:

If you are:	Then:
-------------	-------

Service-connected	VA may pay for your non-VA emergency care for a rated Service-connected disability, or for your Nonservice-connected condition associated with and held to be aggravating your Service-connected condition, or any condition, if you are an active participant in the VA Chapter 31 Vocational Rehabilitation program, and you need treatment to make possible your entrance into a course of training or to prevent interruption of a course of training or other approved reason or any condition, if you are rated as having a total disability permanent in nature resulting from your Service-connected disability
-------------------	---

VA Payment for Emergency Care of your NonService-connected conditions without prior authorization

VA may pay for emergency care provided in a non-VA facility for treatment of a Nonservice-connected condition only if *all* of the following conditions are met:

If you are:	Then:
Service-connected, not Permanently and Totally Disabled, or Nonservice-connected	<p>VA may pay for your non-VA emergency care for treatment of a Nonservice-connected condition if all of the following conditions are met:</p> <ul style="list-style-type: none"> • The episode of care cannot be paid under another VA authority, and • Based on an average knowledge of health and medicine (prudent layperson standard) you reasonably expected that delay in seeking immediate medical attention would have been hazardous to your life or health, and • A VA or other Federal facility/provider was not feasibly available, and • You received VA medical care within a 24-month period preceding the non-VA emergency care, and • You are financially liable to the health care provider for the emergency care, and • The services were furnished by an Emergency Department or similar facility held out to provide emergency care to the general public, and • You have no other coverage under a health plan (including Medicare, Medicaid and Worker's Compensation), and • You have no contractual or legal recourse against a third party that would, in whole, extinguish your liability

[return to top](#) ▲

FINDING #1

Through the reconciliation, County staff were able to identify 4,182 claims totaling \$3.06 million which were billed to the VA for the time period July 1, 2014 through September 30, 2017. Since the reconciliation began, the VA has paid \$366,745. Based on the results of the reconciliation, the County continues to show 1,804 unresolved claims totaling \$1.46 million due to a variety of reasons*, including:

- County does not have supporting individual claim documentation of a response on the status of the claim, though the VA may have supporting documentation (\$945,390)
- Awaiting review by Mill Bill (CITC) or Bene Travel (\$313,309)
- “Mainstay” claims where the VA is awaiting additional documentation from facility where care was provided to determine the eligibility of the claim (\$132,286)
- Accepted but not yet paid (\$19,596)
- Other reasons (\$46,184)

**This information is broken out by year in Table 4*

Reconciliation Table 1

Year Service Provided	Total EMS Claims Billed to VA by COMCARE	Total Claims Submitted to VA	# of Claims Outstanding After Reconciliation	Unresolved as of 1/11/2018	% of # of Claims Classified as Unresolved	% of Dollars Classified as Unresolved
2014*	529	\$343,783	200	\$136,826	37.8%	39.8%
2015	1,225	\$859,588	394	\$301,704	32.2%	35.1%
2016	1,324	\$1,024,037	515	\$434,639	38.9%	42.4%
2017**	1,104	\$839,538	695	\$583,595	63.0%	69.5%
Totals	4,182	\$3,066,946	1,804	\$1,456,765	43.1%	47.5%

*Reflects July 1, 2014 – December 31, 2014

**Reflects January 1, 2017 – September 30, 2017

Reconciliation Table 2 - COMCARE

Year	Avg. # of Days from Date of Service to Billing	Greatest Time Span
2014*	123	1,139
2015	126	936
2016	94	623
2017**	55	213

*Reflects July 1, 2014 – December 31, 2014

**Reflects January 1, 2017 – September 30, 2017

Reconciliation Table 3 - VA

Year	Avg. # of Days from Claim Date to VA Payment Date	Greatest Time Span
2014	662	1,149
2015	396	1,019
2016	144	678
2017	142	281

*Reflects July 1, 2014 – December 31, 2014

**Reflects January 1, 2017 – September 30, 2017

As the tables above illustrate, the amount of claims shown as unresolved by year varies from 32 percent to 63 percent by year, though the average number of days from claim date to the date payment was received from VA has improved year over year. A potential explanation is that fewer claims are being paid, but are being paid more quickly than in the past.

In addition, the County's reconciliation results showed the average number of days from the date of service to the time COMCARE billing issued the claim to the VA was about 165 days, with the quickest turnaround being one day and the longest being 1,139 days (3 years, 2 months). However, the length of time from date of service to billing date has improved significantly since COMCARE first began billing for EMS in 2014. See Table 2 on the previous page. For the claim with the longest timespan, unique circumstances contributed to the length – the claim was initially submitted to Medicare in 2014, but the patient only had hospital coverage and no outpatient coverage. After attempting to bill the patient and receiving no response, the claim was eventually submitted to collections, but a review showed that the claim had never been submitted to the VA as recommended by EMS Administration. The VA was billed in September 2017.

With regard to the timing of payment by the VA, the average number of days from initial claim submission to payment received by the County was about 436 days, with the quickest turnaround being 26 days and the longest 1,149 days (3 years, 2 months). The average number of days has improved each year. See Table 3 on the previous page.

Reconciliation Table 4

Summary of Unresolved Claims by Type	2014	2015	2016	2017	Totals by Type
County does not have individual documentation of response	\$64,365	\$193,734	\$235,271	\$452,021	\$945,390
VA needs to process	\$49,086	\$34,571	\$171,786	\$57,866	\$313,309
Awaiting add'l documentation for VA eligibility determination	\$18,449	\$50,128	\$0	\$63,709	\$132,286
Disputed denials	\$1,506	\$16,948	\$13,616	\$6,655	\$38,726
Pending receipt of payment	\$1,967	\$5,759	\$9,801	\$2,069	\$19,596
County needs to bill VA	\$1,453	\$565	\$4,165	\$1,275	\$7,458
Totals by Year	\$136,826	\$301,704	\$434,639	\$583,595	\$1,456,765

Reconciliation Table 5

Month Payment Made by VA	Beneficiary Travel	Mill Bill (CITC)	Totals
October 2017	\$22,103	\$2,064	\$24,167
November 2017	\$84,046	\$23,741	\$107,787
December 2017	\$223,808	\$7,177	\$230,986
January 2018*	\$0	\$3,806	\$3,806
Totals	\$329,957	\$36,789	\$366,745

*Through January 17, 2018