

VA MINUTES
NOVEMBER 7, 2016 RIC/RAC Meeting

VA REPRESENTATIVE PRESENT:

Ms. Tyeasa Ewell

Ms. Jackie Lewis

FACILITATORS PRESENT:

Mr. Wesley Ashmore

Ms. Karen Northcutt

MR. ASHMORE: This afternoon, from the VA, we have Tyeasa Ewell and Jackie Lewis.

MS. EWELL: Good afternoon. My name is Tyeasa Ewell. I'm the acting chief of non VA care, which is care in the community or it's also affiliated with Choice. I see some faces that I've met in the past are present. Hello. How are you?

MS. LEWIS: Good afternoon. And my name is Jackie Lewis. I manage the claims processing part of it.

1. We are seeing the following verbiage on the Outpatient Authorization form.
"Medical Records: Must be submitted with the claims via electronic (EDI). All claims may be submitted to a contracted repricing agency if applicable prior to claims processing. Upon receipt of the aforementioned information, your claim will be processed for payment in accordance with VA directives. If the patient indicates a preference to have this episode of care filed under private insurance or Medicare, please notify this office immediately."

Since it states that Medical Records must be submitted with claims via electronic (EDI), we want to know how to get this accomplished as there is currently no electronic mechanism with VA to send Medical Records.

We have been requesting this for a long time and will be extremely happy if we can send our Medical Records electronically. You had indicated that you were working with STREAM through Xerox to accomplish this, so we want to know if this has been implemented and if so, we will need details on the process of sending our Medical Records electronically.

Response: **Will discuss at meeting.**

Discussion at meeting

MS. EWELL: I believe I can answer that question. STREAM is basically faxing your medical records. And once you fax it, then it will go into a folder. Once it goes into the folder, then the case managers or the medical support assistants will download it and then upload it.

So it's not a completely electronic system yet. The VA is still working on that; however, it is in the process. We're going to first start with the DOD side of the house so that we can work out all of the bugs that could possibly come along with that, but we want to keep it within our system.

As far as STREAM is concerned, it will be up and running by next week. This is something that I met with our GPM on in regards to last week, and he is setting up the folders.

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You should be receiving some emails from me in regards to fax numbers or either some faxes from the case managers to let you know which fax number to use. Right now we're trying to work out the folders in regards to whether or not I'm going to break them up into specialties or just have one.

If you could please give me about two more weeks on that. I'd like to have it up and running next week, but due to the fact that I still have a few more kinks to work out, I am pushing it back just a little bit until our new director arrives on campus.

AUDIENCE: So as right now, we are mailing all of the medical records on a daily basis after we file the claims and all. So the expectation is that we'll fax it to this number that is going to be provided to us on a daily basis? Is that how it's going to be?

MS. EWELL: It is the expectation, and from what my understanding is, that you would fax it. Currently, from what I understand, the Birmingham VA is utilizing this process. And it is a fax number to which you would fax it to and then it uploads into like a sheer point or a drive in our system.

Right now, you are aware that with Choice, you don't have to send your medical records right away in order to process a claim; but with us, it's for the continuity of care. But until then, yes, you would continue to mail it in; and then after that, we'll give you instructions on how to utilize STREAM.

AUDIENCE: And also if you would provide what all documents you need for us to fax as a packet. Because right now we do the UB and medical records. That would be helpful.

MS. EWELL: Okay. You just added another week on to that.

AUDIENCE: With regard to what's going to be faxed, are there going to be record size limits with that? Because a lot of your VA recipients have extremely large medical records.

MS. EWELL: Yes, you're right.

AUDIENCE: And are there any plans in the works for you to have some sort of like a file transfer system so that someone like an ROI vendor could transmit those instead of fax? Because we all know that faxes can take hours to transmit, which means no other faxes are going back and forth.

MS. EWELL: Yes.

(Off—the—record discussion)

MS. LEWIS: I was just telling her, because my staff has to scan the records in right now, and sometimes the records are 700 and 800 pages, and it jams the machine. And, you know, it's just a lot. And I know that it's expensive because I saw a bill that Baptist accidentally sent to us for the outside person that does their medical records, and it was like 200 and some dollars just for one medical record. And I was just amazed.

MS. EWELL: So there is another process. It's called DSS ROI.

MS. LEWIS: Oh, I'm sorry.

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MS. EWELL: We really are on the same team. We really are. DSS ROI. And that is also something that we're looking into. But for right now, STREAM is the first process that we're going to try. Because you're right, some of them, especially when you're looking at episodes of care where the patient has been inpatient for a week, two weeks, that's a lot of medical records. But what we're doing here at CAVHCS is we're trying to put processes in place to where we can look over the care and maybe dwindle it down a bit in regards to the last progress note.

So we are looking at some processes. We're reaching out to other VAs to see what the best practices are. But for right now, we really are looking at STREAM. I don't think that there will be a limit on the number of pages; however, I will check into that.

So as you give me the questions, the ones that I cannot answer, I will write them down and I will be sure to be able to answer them next time.

AUDIENCE: Okay. One last question, for the benefit of others in this room, will these fax numbers vary on the area of the state that we're in? Where Vrinda is here, we're down in Mobile, Baldwin County, and Escambia County. So will there be area- specific faxes or will everything go to one place? We just need to know what the breakdown would be.

MS. EWELL: Right. And that's something that we're trying to work out. The way that I envision it is that it will work according to specialties, it won't be broken down by regions. However, I am working with Matthew Hamilton with that. And I can give you more information on that.

AUDIENCE: I'm talking about hospital facilities.

MS. EWELL: Yes, ma'am, I do understand.

AUDIENCE: Okay.

MS. EWELL: But I don't want to give too many avenues for errors. So if I put into place different numbers, that's just too many avenues that an error can happen. I would rather have just a couple of numbers or maybe two that everyone can fax to, because on the other end, there has to be a staff member that's going to look at the fax and put it in its appropriate place and send it to the primary care providers for follow-up care.

2. At the July meeting, you mentioned that you have a list that has the names, numbers and emails of the correct people to contact for getting an authorization or for notification that one of your patients was admitted. Can you provide us with that list and is there one available for the other VA regions also, like the Gulf Coast/MS region?

Response:

Integrated Service Networks (VISN): VISN

<http://www.va.gov/directory/guide/division.asp?dnum=1>

[VISN 1: VA New England Healthcare System](#)

[VISN 2: VA Health Care Upstate New York](#)

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[VISN 4: VA Healthcare - VISN 4](#)
[VISN 5: VA Capitol Health Care Network](#)
[VISN 6: VA Mid-Atlantic Health Care Network](#)
[VISN 7: VA Southeast Network](#)
[VISN 8: VA Sunshine Healthcare Network](#)
[VISN 9: VA MidSouth Healthcare Network](#)
[VISN 10: VA Healthcare System](#)
[VISN 12: VA Great Lakes Health Care System](#)
[VISN 15: VA Heartland Network](#)
[VISN 16: South Central VA Health Care Network](#)
[VISN 17: VA Heart of Texas Health Care Network](#)
[VISN 19: Rocky Mountain Network](#)
[VISN 20: Northwest Network](#)
[VISN 21: Sierra Pacific Network](#)
[VISN 22: Desert Pacific Healthcare Network](#)
[VISN 23: VA Midwest Health Care Network](#)

See attached for phone numbers of the VA staff at Central Alabama NVCC.

Discussion at meeting

MS. EWELL: I've provided a list of the non VA care staff at Central AL. As far as the other regions, I've provided the link. Each VISN in the VA has a different business manager or a different non VA care chief for each site. I contacted our VISN manager, and he suggested that it would be best if you clicked on the link, and then you can see which hospital.

The VA has over 1200 facilities, about 150 hospitals. So for the region that you represent, there may be a different name, and unfortunately, I don't have a master list of all of those names. The link would probably best suit you. At the end of my PowerPoint, I did provide a map that has the regions so that you can actually see where your region falls.

However, just to give you a little bit of insight for Central AL, for the case managers, they are for the episodes of care as far as if something is missing. If you're missing labs or if your provider needs to have more information in order to process that episode of care for the patient to be seen, the authorizations come from the schedulers. Any one of the schedulers on here can assist you; however, it's best to speak with the lead scheduler.

And I have both of them on here, Troy Ash as well as Lasaundra Ibrahim. If you start there, then they will be able to filter it down for you versus you having to wait for someone to answer the phone, because they do receive numerous phone calls throughout the day. However, please note that I am available at any time.

3. Should all hospitals be getting a Preliminary Fee Remittance Advice Report (PFRAR) from every VA district?

Response: Yes, as the VA claims examiners process claims for payment, rejection, or denial, the claims system automatically builds customized, provider specific correspondence, or the PFRAR.

The PFRAR is a valuable tool that will help you reconcile your billing and claims:

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- PFRARs generate automatically during the payment process.
- Facilities mail PFRARs on a daily or weekly basis.
- Providers may expect PFRARs within one week of a claim being processed.
- This document is intended as informational only and no action is required on your part.
- If you are not receiving the PFRAR, please check with your Billing or Collections department to ensure the PFRAR is routed appropriately.

Discussion at meeting

MS. LEWIS: And the short answer to that question is yes, you should be getting them. And the Preliminary Fee Advice Remittance letter goes to the billing address that's on the claim that you submit.

So if you're not getting them, you need to check with your billing department to see if they're giving them to the proper person. Because on that letter it lets you know if we've received the claim - I mean, you'll see we received it or you wouldn't get a letter. It lets you know if there was a coding error or if we're going to pay it and, if so, what amount we're going to pay. So it provides a lot of information.

And if you're not getting them, I don't know what to tell you. Because I personally mail a lot of them myself because I'm very short staffed. And we mail them on a weekly basis.

AUDIENCE: Jackie, we do get them. But, I think we have talked about this earlier as well, we don't get them immediately. Sometimes we get them once a month maybe.

MS. LEWIS: I mail them usually on a weekly basis, and I send them to the attention of someone.

AUDIENCE: Yeah. We just get once a month.

MS. LEWIS: I mailed some yesterday. I came in yesterday and mailed them. So we'll just have to check, because I personally pull yours out when I do because you were saying that last time.

AUDIENCE: I'm talking about the ones that you mail, the P4s.

MS. LEWIS: Right.

AUDIENCE: Yeah. We just get them maybe once a month, if that.

MS. LEWIS: You should be getting them weekly.

AUDIENCE: Weekly? Okay.

MS. LEWIS: They go to Rihanna's attention.

AUDIENCE: They don't go to me anymore?

MS. LEWIS: So who takes them?

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AUDIENCE: I don't know. They're not coming to me though.

MS. LEWIS: I mailed some on Saturday, so we'll put a tracer on that.

4. What is the process for TriWest/Health Net managed care VA program?

Response: Presentation will be presented by Ms. Ewell

(PowerPoint presentation)

Discussion at meeting

MS. EWELL: The form that they need to sign in order to transfer back into the VA facility, is that the form you're talking about, ma'am?

AUDIENCE: Yes. As they present to our emergency room and they decide to go to the VA or to not go. I have a copy of it, but I need a clean copy. And where do we get those and the explanation behind the form.

MS. EWELL: Yes. We'll get you a copy. If I could please get your email address, or either I could send it to Peggy and she could disseminate it to everyone. Is there anything else you can think of that they need? Any other questions for me?

AUDIENCE: Like we've discussed, Tyeasa, the issues that we're having with Health Net is the authorization packets coming in time. They schedule it, but then they don't send the packets with the barcode and all that kind of stuff. And we're not able to process the claims without the authorization. That is one of the major problems that we have with Health Net.

And from our conversations, that is not something that VA is able to help us with because it is a Health Net issue. Is that a true statement? Because that is something that we are having issues with Health Net.

So how can you guys hold them accountable to make sure that we get our authorization packets in time for us to be able to even send the medical records there in time, within 30 days or whatever it is? That's where we're having issues, with the authorizations coming in and authorizations for physician offices being faxed to us. I mean, it's got nothing to do with us.

MS. EWELL: Right.

AUDIENCE: So those are the issues that we're having with Health Net.

MS. EWELL: Okay. Now that I have a relationship with Christina Macias, that is something that I can look into for you, getting the authorizations. I believe that Health Net has gotten so big now that they do have some kinks to work out; however, the VA is looking at possibly taking that part of it back to where the VA will be scheduling the patients. How soon before we take over that process, I'm not sure. And even when we do begin to do that, I will have to look at my staffing and increase it, which is not a problem. We can definitely do that.

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But what I can do is I can speak with Ms. Macias. I did extend the invitation to her possibly coming here. And maybe next meeting she can be here to answer some of those questions.

However, some of the things we've looked at is putting a Health Net representative at each VA site in VISN 7. I have requested that for the Central Alabama site so that we can have one of their representatives there versus calling on the phone and being on the line for 30 to 45 minutes and still not getting an answer.

They are doing much better, but what I've done is I've opened that door to communication to where I can pick up the phone and talk with her and get things resolved. So if you do have that problem, please, send me an email. I'm tyeasa.ewell@va.gov. And I will see whether or not I can help you with that, or either my staff. Now that you have the numbers of the individuals on the staff, they, as well, can sit on the phone with Health Net. We do have champions that do that in order to get the answers that's needed.

AUDIENCE: You might know this already. They have an automated fax queue that sends those authorizations out. So they say that it's not in their hands that they can fax it. It just goes based off of a queue, I believe.

MS. EWELL: Yes.

AUDIENCE: I don't know if you know that. And when we talked to them, before Christina I think I talked to Yvonne, they had indicated that if you don't have that package, don't schedule.

MS. EWELL: Exactly.

AUDIENCE: That is what we've been told.

MS. EWELL: Which is difficult for the veteran. Because, unfortunately, some providers will go ahead and schedule the patients anyway. And then the patients show up for surgery and so forth, and they wait.

So when that happens, please have your staff call the VA. Because I would never want to be that patient that has fasted for eight hours and then come in to have a surgery and then you don't have an authorization and they have to go home. So when that happens, please utilize the phone numbers that we've given you.

Would it be helpful if I email the answers to the questions that Jackie has written down for VA to Peggy and then she can disseminate it out to you?

AUDIENCE: Yes.

MS. EWELL: Okay. I'll get the answers to those questions. Thank you.

MR. ASHMORE: Thank you for being here today.