



GETTING YOUR VETERAN CLAIMS PAID





A VETERAN OWNED COMPANY

- Established in 2018, VCP remains **the only firm in the industry to specialize *exclusively* in Veteran claims revenue recovery for private healthcare providers.**
- Partnering with providers in 21 states, 200+ facilities
- Procurement of payment from all VA payers including VACCN (Optum & TriWest), VA Medical Center, TriCare and CHAMPVA
- **TYPICAL PERFORMANCE METRICS**
 - 50-200% Increase in Collections
 - 20 Average Days to Collect (Discharge to Cash Posting)
 - 95% Collection of Net Charges
 - Negligible denials

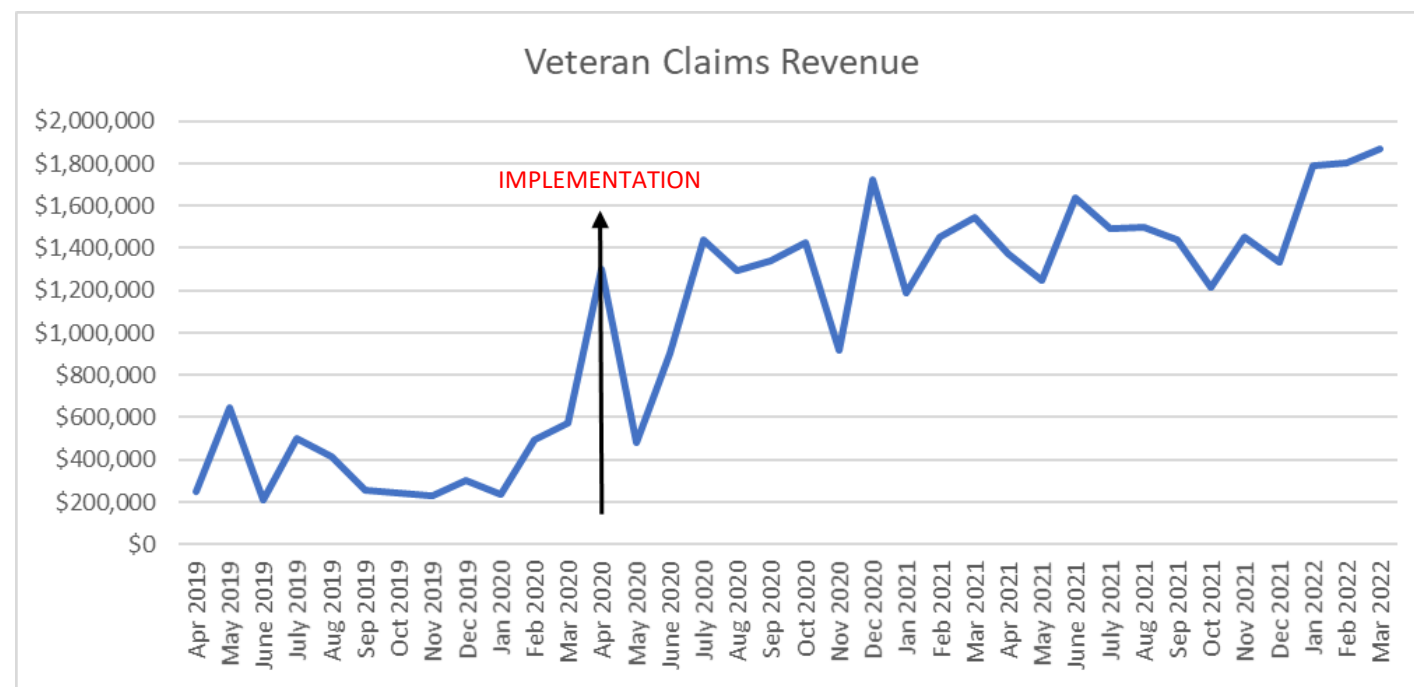


UNIQUE ~~YOUR COMPLEX~~ CLAIMS SOLUTION

Increases in Veteran Claims Revenue Over Previous Vendor:

- Year One = 244%
- Year Two = 316%

**Two-Year Veteran Claims Revenue Recovered:
\$33,153,870**





HONORING THOSE WHO SERVED BY PROVIDING ASSISTANCE TO VETERANS AND THEIR FAMILIES IN NEED



TCopen.org
Supporting children of
wounded and deceased
Veterans



7MileBluegrassfest
on Facebook



EDUCATE.

EQUIP.

EMPOWER.

PROJECTECHOLON.ORG

ProjectEchelonracing.com

Professional cycling Team
empowering veterans and
their communities.



OperationFOF.org
Honoring Veterans and
First Responders



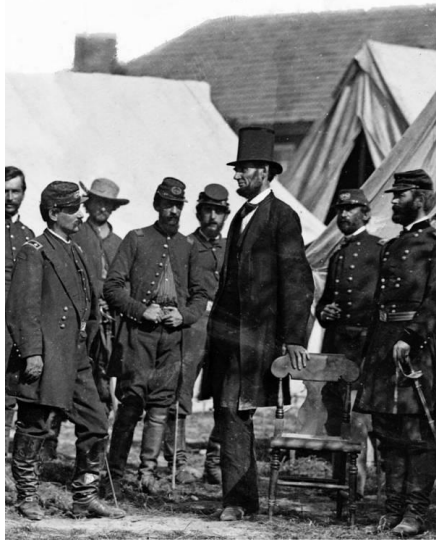
VeteransConnected.org
Providing housing and job
training for the homeless



THE VA's MISSION STATEMENT

1959

"To care for him who shall have borne the battle, and for his widow, and his orphan."

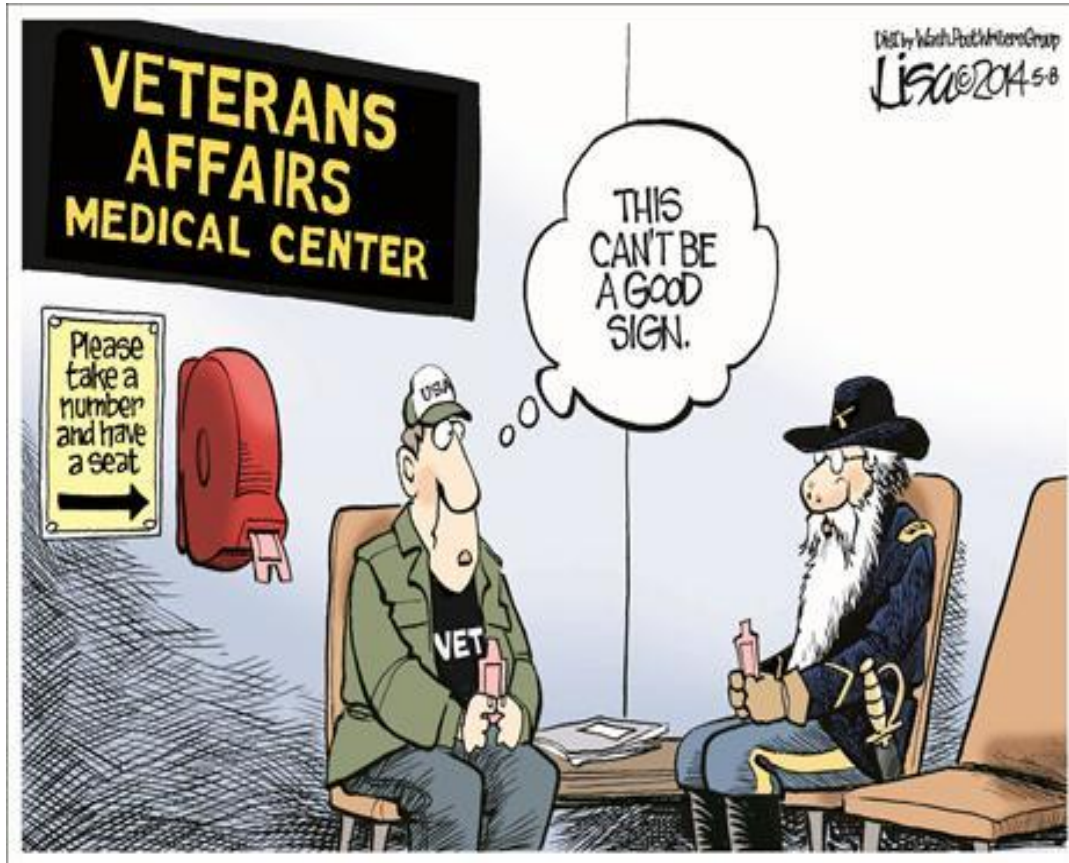


Abraham Lincoln, 1865

2023

"To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors."

VHA Scandal of 2014....Catalyst for Veterans Choice



Phoenix, AZ – Secret waiting lists, several on waiting list died before receiving care

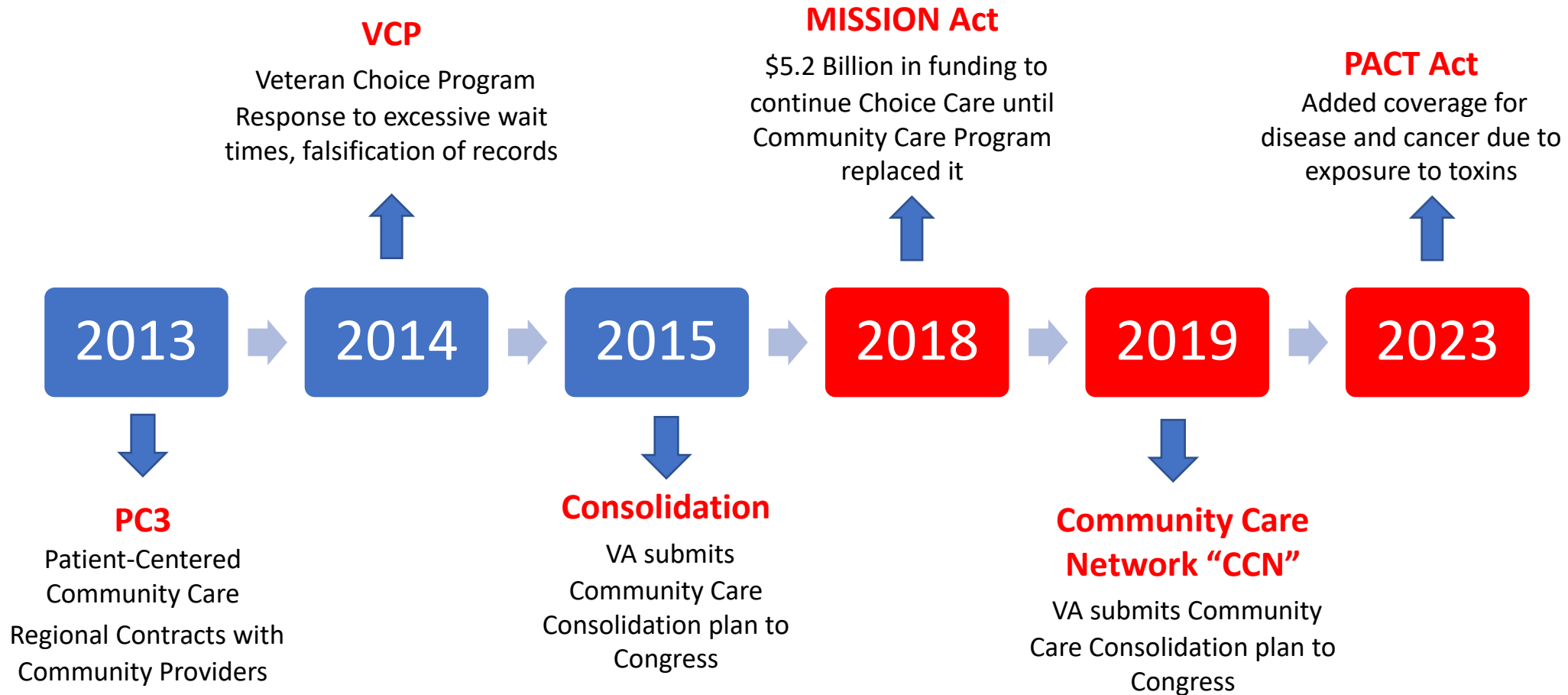
Fort Collins, CO – Clerks instructed to falsify records to show doctors were seeing agency's goal of 14 patients per day

Miami, FL – Accusations of illegal prescription drug sales

Columbia, SC – 3,800 backlogged appointments

Pittsburgh, PA – Legionnaires' disease in a VA facility unreported for over a year, 6 deaths connected

History of Private Veteran Care





PACT Act (Promise to Address Comprehensive Toxics) - Signed August 8, 2022

- \$1.85 billion in benefits to Veterans and survivors
- Since August 10, 2023, 332,252 Veterans have enrolled in VA health care — which is nearly 50,000 more enrollees than during the previous year. This includes more than 113,719 enrollees from the PACT Act population (Vietnam, Gulf War, and Post-9/11 Veterans).

EVEST Act (Ensuring Veterans' Smooth Transition) – Passed House Jan 20, 2022

- Eligible veterans would be automatically enrolled
- 58,000 additional veterans in VA care within the first year



VA-Authorized Private Care Appointments

- 2016 – 3.7 Million
- 2017 – 6.1 Million
- 2018 – 7.2 Million

Percentage of Veteran Care Outside of VA

- 2020 – 17%
- 2021 – 26%
- 2022 – 33%
- 2023 – 40% Projected
 - 2 out of every 5 Veterans...3.6 million

PAYER *AND* COMPETITOR

VA | News

June 5, 2023

VA hires at record rates to deliver care and benefits to Veterans

The Veterans Health Administration increased its total workforce by 13,627 (3.6%) between October 2022 and April 2023, the highest growth rate for VHA in over 20 years.

July 26, 2023

Majority of VA health care facilities receive 4 or 5 stars in CMS quality ratings, outperforming non-VA facilities

Today, the Department of Veterans Affairs announced that 67% of VA hospitals included in the Centers for Medicare & Medicaid Services (CMS) annual Overall Hospital Quality Star Ratings received either 4 or 5 stars, compared to only 41% of non-VA hospitals. This was the first time VA hospitals were included in the CMS Star Ratings.

CHALLENGES REMAIN

Military Times April 21, 2023, ‘VA halts all new work on health records overhaul’

- 2018, Cerner Millennium – **10 years, \$16 Billion**
- 2023 5 VA sites - Training gaps, system unreliability and concerns of patient harm

ABC News, August 4, 2023

The Shreveport (LA) Overton Brooks VA Medical Center received a one out of five star rating from the Centers for Medicare and Medicaid Services based on five criteria: mortality, safety of care, readmission, patient experience, and timely and effective care.

NBC News, August 25, 2023

The Bay Pines VA healthcare system is one of two Florida veterans’ facilities that received one out of five stars in an annual assessment by the Center for Medicare and Medicaid Services. The West Palm Beach VA was also rated with a single star, and Tampa’s James Haley VAHCS got three stars.

Nancy Mace, U.S. Congresswoman South Carolina, August 28, 2023

“For a new patient appointment seeking pain medication at the Ralph H. Johnson Department of Veterans Affairs Medical Center (Charleston, SC), the VA’s Access to Care site lists a wait time of 50 days, as of Aug. 24. There’s no reason why we shouldn’t allow our veterans to go elsewhere,” Mace said. “It’s not just a 52 day wait, every service that you’re looking for is two, three, four, five times the wait as it would be in the private sector.”

Difficult Recovery

- Incredibly long wait times
- Disconnects
- 3-5 Claims per call
- Incorrect Payments
- Limited Automation
- “Claim not on file”
- “Don’t have medical records”
- Denials / Rejections



Veteran Claims Balances and A/R Days are Increasing Across the Country

- Low recovery rates
- Aging of receivables up to 2+ years
- Labor Intensive
- Low ROI
- Unnecessary Write-offs
- Underpayments



VETERAN CLAIMS PAYERS



Veteran's Access, Choice and Accountability Act of 2014 ("Choice Act")

- VA to administer Veterans Choice Fund for 3 years, or until funds are exhausted
- Veterans Choice Card
- Eligibility: 30 days, 40 miles, specialized services
- "VA will establish and implement a system to process and pay claims for care delivered to Veterans by non-VA providers under the Program and other non-VA care authorities."



Veterans Choice Timeline

June 2015: All enrolled Veterans to be eligible for the Veterans Choice Program (amended the August 1, 2014 enrollment date restriction).

October 2015: VA medical facilities allowed to refer the Veteran to VCP for care not available at the Veterans' primary VA medical facility and a referral plan does not exist to refer another VA medical facility or other federal facility.

June 2016 - 1 million Authorizations for Choice care.

Sept 2016: Over 2 million authorizations for Choice care. VA had quadrupled the number of authorizations from 2015 to 2016. 19 million claims processed.

2017: Thirty-six percent of VA appointments in fiscal 2017 were made through the Choice program

Sept, 2018: 1/3 of all appointments happen outside the VA

June 2019: MISSION Act...VACCN



The new VA Community Care combined many separate programs:

Programs for Veterans

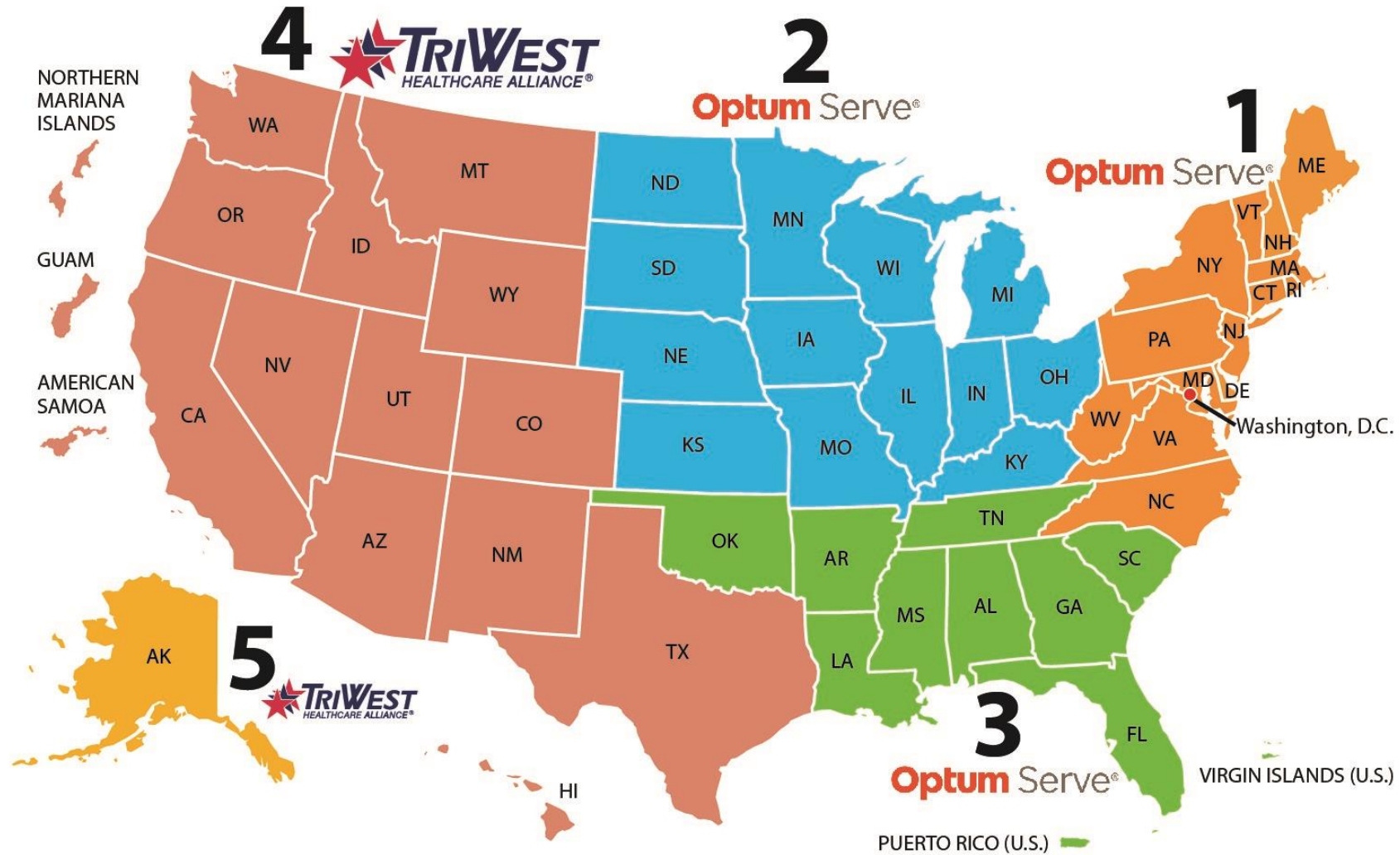
- Patient-Centered Community Care (PC3)
- Community Care Network (CCN)
- Veterans Care Agreement (VCA)
- State Home Per Diem Program
- Indian Health Service / Tribal Health Program (IHS/THP) Reimbursement Agreements Program
- Community Emergency Medical Care
- Veteran Urgent Care Benefit

Family Member Programs

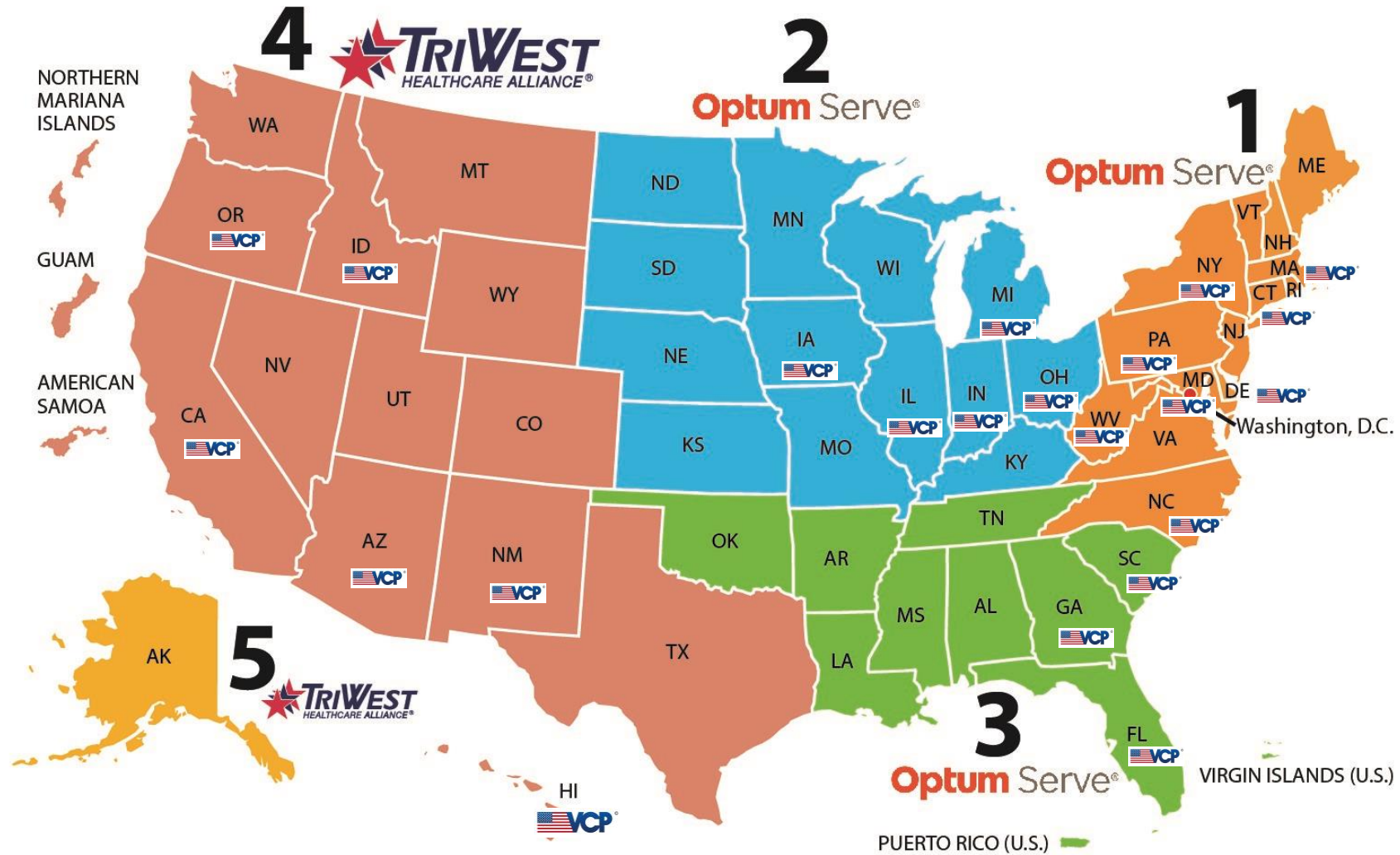
- CHAMPVA
- CHAMPVA In-house Treatment Initiative (CITI)
- Children of Women Vietnam Veterans
- Spina Bifida Health Care Benefits
- Foreign Medical Program
- Camp Lejeune Family Member
- Caregiver Support Program



Community Care Network Regions



Community Care Network Regions



COMMUNITY CARE ELIGIBILITY

Under the MISSION ACT / Community Care Program there are six different eligibility criteria where a Veteran can qualify for private care:

- Veteran requires a service unavailable through a VA facility
- Residence in a State without a full-service VA medical facility
- Grandfathered from the Choice program, meeting the “40-mile rule”
- **Best medical interest**
- Needing care from a VA medical service line that VA determines is not providing care that complies with VA’s standards for quality
- Access Standards – based on average drive times and appointment wait times

Primary Care, Mental Health, Non-institutional Extended Care:

Drive Time 30 minutes, Wait Time 20 days

Specialty Care

Drive Time 60 minutes, Wait Time 28 days

PRE-AUTHORIZATION REQUIRED

Community Care from all programs requires **authorization in advance**, whether for initial start of care or reauthorization for a new episode of care. If a Community Provider fails to request an authorization prior to providing services, the services performed may not be reimbursable by VA.

*The requirement for ALL care to be preauthorized makes VA unique from other payers.





Civilian Health and Medical Program of the Department of Veterans Affairs

CHAMPVA is a health benefits program for dependents of permanently and totally disabled veterans, survivors of veterans who died from service-connected conditions, or who at the time of death, were rated permanently and totally disabled from a service-connected condition and not otherwise eligible for TRICARE.

Authorized Emergency Care / VACCN

Authorized emergency care must meet the following:

- VA must be timely notified within 72 hours to receive maximum reimbursement
- Timeline begins at registration
- 72-hour notification is encouraged but not required for reimbursement...missed timeline can result in reduced reimbursement amount
- Care provided in a medical nature of such nature that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health
- Care must be provided by a contracted provider



Service-Connected Emergency Care (When 72-Hour Rule is NOT Met)



1. Emergency treatment of a service-connected*, or adjunct condition* in a community emergency department; **OR**
2. A Veteran who is permanently and totally disabled (P&T) as the result of a service-connected condition is eligible for emergency treatment of ANY condition; **OR**
3. A Veteran who is participating in a VA Vocational Rehabilitation Program and requires emergency treatment to expedite their return to the program is eligible for emergency treatment for any condition.

Non-Service Connected Emergency Care



- Emergency services were provided in a hospital or ER
- Veteran is enrolled and received medical services from VA within the past 24 months
- Veteran is financially liable to the provider
- Claims must be filed within 90 days of the date of service or date of OHI exhaustion

Federal Circuit decision changes VA's ability to reimburse as a secondary payer

The federal ruling prohibits VA from reimbursing as a secondary payer for emergency care copayments and deductibles

On March 17, 2022, The U.S. Court of Appeals for the Federal Circuit issued a ruling that changes VA's ability to reimburse as secondary payer under [38 U.S.C. 1725](#).

Claims processed after March 17, 2022, will be reviewed and aligned with the federal ruling which prohibits secondary payment on emergency care copayments and deductibles.

Emergent care patient liabilities not tied to copayments or deductibles will continue to be considered for secondary payment by VA.

For additional questions, contact VA by phone, toll-free, at (877) 881-7618 or visit the following website [located here](#).



REQUIREMENTS FOR FILING AN EMERGENCY CLAIM



- Submit claims for services not preauthorized to the VA.
- Submission must include a standard billing form (CMS 1500 and UB-04)
- Submit claims via Electronic Data Interchange (ED) transaction (such as an 8371 or 837P).
- Not Pre-Authorized – must submit hard copy claims with medical records. Most importantly, Discharge Summary.

Filing Deadlines for Emergency Care Claims



72-Hour Notification – Authorized Care

Claims must be submitted to TriWest/CCN contractor in accordance with contract timely filing requirements*.

*TriWest / Optum = 180 days.

Service-Connected Condition

Claims must be submitted to VA within two (2) years of the date emergency medical care was received.

However, filing the claim as soon as possible after care has been provided is highly recommended because it helps ensure that all required documentation is readily available and that providers receive their payment in a timely manner.

Generally, 100% Medicare Rates

Nonservice-Connected Condition

Claims must be submitted to VA within 90 days of the date of discharge, or 90 days from the date that all attempts to receive required payments from a liable third party are completed and not successful in eliminating the Veteran's personal liability to the provider. A liable third party includes other health insurers, worker's compensation, civil litigation, etc.

Generally, 70% Medicare Rates

CLAIMS SUBMISSION PROCESS

Past:

- Mailed paper claims to local VA Medical Centers
- Manual entry and verification of paper claims
- Corrected errors manually throughout processing

Present:

- Consolidating mailed paper claims and sending to single location
- Separating claims from its attachments, scanning and converting to an electronic format
- Sending rejection letters to providers to correct the errors
- Nearly all claims are submitted electronically
- Attach medical documentation to electronic claims submissions (Depending on System – Change Healthcare)



CLAIMS CAN BE SUBMITTED TWO WAYS

Method One – Submitting Electronically via Change Healthcare

- Highly encouraged and preferred
- Expedites claims processing. Work with VA's clearinghouse, Change Healthcare, to begin submitting claims electronically.

NOTE: Future will include adding EDI 275 Attachments to electronic claims as supporting medical documentation

Method Two – Mailing Claims

- If unable to submit claims electronically, mail to designated claims processing unit.

NOTE: For providers who primarily submit paper claims, strongly encouraging a transition to electronic format as soon as possible.

DENIALS AND REJECTIONS

Top Claim Denial and Rejection Reasons

Authorizations

Timely Filing

Non-emergent or no VA care in last 24 months

Medical Records Missing

Billing / Coding Errors

Incorrect Patient Information





- Multiple Denials are Common
- Slowest Payer
- Ongoing Backlog of Claims Processing
- Multiple Re-Bills
- Appeals, Records, Corrected Claims – Same Place, Separate Envelopes

THE FUTURE OF PRIVATE VETERAN CARE

- Claim Volumes Will Continue to Increase
- Claim Submission Rules Continue to Change
- Increase in Claims Volume Expected to Result in Longer Claims Processing Times
- Increase in Cost to Collect
- Technology still far behind the curve





SECRET
SAUCE

RESOURCES





Payer Mix

Balance

Aging

Resources

ROI



Questions?



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