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Court Rules VA Must Pay for ER CARE

June 6 has come and gone with implementation of the MISSION ACT in full swing across the country and several programs being consolidated into the VA's new 'Community Care Program' (CCN). Regions have been realigned, HealthNet has been replaced as the TPA by Optum Public Sector in Regions 1-3. The contract protest has been resolved and TriWest has hung onto Region 4. Contracts for Regions 5 and 6 are expected to be awarded by the end of this year. The new "Access Standards" have really blown the doors wide open for Veterans to access private care. Urgent Care coverage alone will increase volumes substantially. And, while the VA continues to promise of coming improvements to the process for providers to receive timely reimbursement for Veteran care, many limitations remain. Considering the VA and DOD have used the same EHR since the 1970's, it is not surprising that changes for the better are taking time. The new system, which is intended to improve interoperability of Veteran health records and eliminate the old "We don't have the claim on file" or "We never got the medical records" excuse is way behind schedule. While the mandated deadline for the electronic submission of medical records by private providers was October 1, bugs remain in the system causing the VA to not hold anyone's feet to the fire just yet. And the completion of the deal with Cerner to modernize the EHR is still 10 years and \$16 billion away. While electronic submission of medical records and claims through the new website may help somewhat, the VA already has a tremendous backlog of claims to process, to the tune of 6 months. And now it looks like that backlog is about to get even worse.

In a landmark decision, The U.S. Court of Appeals for Veteran Care ruled on Sept 10 that the VA has been wrongfully denying reimbursement for emergency medical care at non-VA facilities. The ruling applies to past and future claims dating from 2016 to 2025. The ruling makes the VA now on the hook for between \$1.8 billion and \$6.5 billion in additional reimbursements. For providers, this may sound like a windfall. The challenge, however, is that the previously denied claims must now be re-adjudicated. And, depending on the status of the claims, many will have to be resubmitted. So back into the 'black hole' they go. The VA has yet to respond but all indications are that at least some of the ruling will stick.

The ongoing delays in getting paid by the VA, combined with the anticipated increase in Veteran patients coming through their door, has many providers concerned. While Veteran related claims have not historically represented a large percentage of total patient revenue, the delay in receiving reimbursement has begun to have an impact on the overall aging of their A/R. Many providers already have Veteran claims "buckets" aged over 365 on the books. With

resources already spread thin, the labor-intensive nature of recovering Veteran claims revenue will remain a challenge for private providers for some time.

(Source: <https://www.nbcnews.com/news/veterans/court-rules-va-must-pay-veterans-emergency-room-care-decision-n1052131>)

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