

VA Recovery Audit - Contract Implementation Conference Call Summary

Date: 5/20/2002
Time: 1:00 – 2:30 PM (EST)

Attendees **Veteran Affairs**

Ralph Charlip, Director, HAC
George Gray, Director, VAMC Little Rock, AR
James Davis, Administrative Contracting Officer, HAC
Ryan Lilly, Chief Fiscal Officer, HAC
Thomas Wayburn, COTR, VA Recovery Audit, HAC
Elliott Vanderstek, Chief Accounting Officer, HAC
Jenie Perry, Chief Healthcare Information Systems, AAC
Joe Enderle, HAS Fee Council, OPC Columbus
Kent Simonis, Director, VACO/HAS
Gail Graham, Director, VACO/HIMS
Robert Zier, Accounting Technician, HAC

Contractor

Richard Pectol, Vice President, Abacus Technology
Steve Westbrook, Director, Government Contracting, HealthNet
John Pieters, Program Manager, HealthNet
Sharon Lopez, DRG Manager, HealthNet

Conference Call Summary

1. Attendee Identification: Participants identified themselves.
2. Review of action items:
 - a) Item 1: No Payments Indicated for VAMC Houston
AAC reported that their comparison of the data provided to the contractor for VAMC Houston and the data maintained at AAC showed the same number of Non-VA hospitalization cases. However, the DRG data fields were not input by the station, giving the false appearance that there were few DRG cases paid. HAS will contact the station to verify failure to input the data and to determine the process for case referrals to HealthNet. (OPEN)
 - b) Item 2: Response to White Paper on VA DRG Pricer Calculation
The opinion from General Counsel (OGC) was received on May 7, 2002. OGC determined that collection of monies due to the VA DRG pricer issue is not within the scope of the recovery audit contract. The ACO has notified the contractor in writing of this finding. (CLOSED)
 - c) Item 3: Treasury Offset Program
Tom Wayburn reported that the offset process is working well. (CLOSED)

- d) Item 4: Fee Basis Guidebook, Chapter 20, Section XI, Scenario 10
A VA signed letter to concerned providers was provided to HealthNet on May 13, 2002 to use to explain a change in the amount due as a result of the fee guidebook amendments. (CLOSED)
- e) Item 5: Allocation Report
All parties expressed agreement with the format of the allocation report. The report is sent to in Excel format to Abacus and in Access format to HealthNet. (CLOSED)
- f) Item 6: Re-pricing Claims from UB-92 Forms for Outpatient Reimbursement
RASC has proposed that HealthNet request the VA station to provide a copy of the UB-92 billing statement. If the UB-92 statement is unavailable from the VA station, HealthNet should contact the provider for the UB-92 copy. HealthNet will review the UB-92 statement upon receipt and if it contains CPT coding HealthNet will send it to the VA station to have it repriced for payment using outpatient payment methodology. If the UB-92 statement does not contain CPT codes, HealthNet should request the provider to re-code the bill. If HealthNet is unable to obtain a corrected bill from the provider, the provider will be advised that the case will be fully recovered and instructions enclosed on how the provider may receive proper payment. This item will be discussed at the next meeting for closure. (OPEN)
- g) Item 7: Payment Report
HAC revised the payment report to include only those cases with a payment received during the reporting period. HealthNet requested that all cases be included in the report. HAC will include all cases with a payment in the report. (CLOSED)
- h) Item 8: Offset Report
HAC is providing the requested offset report to HealthNet. (Closed)
- i) Item 9: Vendor requests for EOB/Canceled Check
Some vendors are requesting that HealthNet furnish a copy of the EOB associated with the claimed recovery action and/or the canceled check showing proof of payment for old cases (vendor has purged its records). The VA station does not receive a copy of the EOB and the EOB cannot be reproduced by the facility or AAC. The VA station can request a copy of the canceled check, however this process may take several weeks. HealthNet requested guidance on how to show proof of VA payment for the cases being questioned by the vendor. HAS advised that fee payments are often grouped to issue one payment to the vendor. Thus, a copy of the canceled check may be greater than the payment for the case in question and that without the EOB the vendor may be unable to reconcile or accept it as proof of payment.

The payment history from the VA station may provide the batch number, identifying that case as included in the check issued for that batch. The recommendation was to obtain the payment history from the VA station and, only if necessary, the copy of the canceled check. HealthNet could initially present the payment history to the provider as proof of payment. Issue will be referred to RASC with HAS recommendations/comments. (OPEN)

- j) Item10: Payment for Production of Community Medical Records
HealthNet has received bills from community vendors associated with the cost of disclosure of requested medical records from community health care providers. HealthNet estimates the average cost per bill is \$8.00 and that there are about 234 bills pending payment for copy services (109 from hospitals and 125 from contracted copy services). HealthNet advised that some copy services are requesting pre-payment. HAC requested that all bills for production of medical records be certified and forwarded to HAC. (OPEN)

3. New Business – New business topic not assigned for this call.

4. Next Call: June 24, 2002.

Tom Wayburn
COTR, Recorder