Purchased Care Program Integrity Tools

Chief Business Office Purchased Care
Department of Program Integrity (DPI)

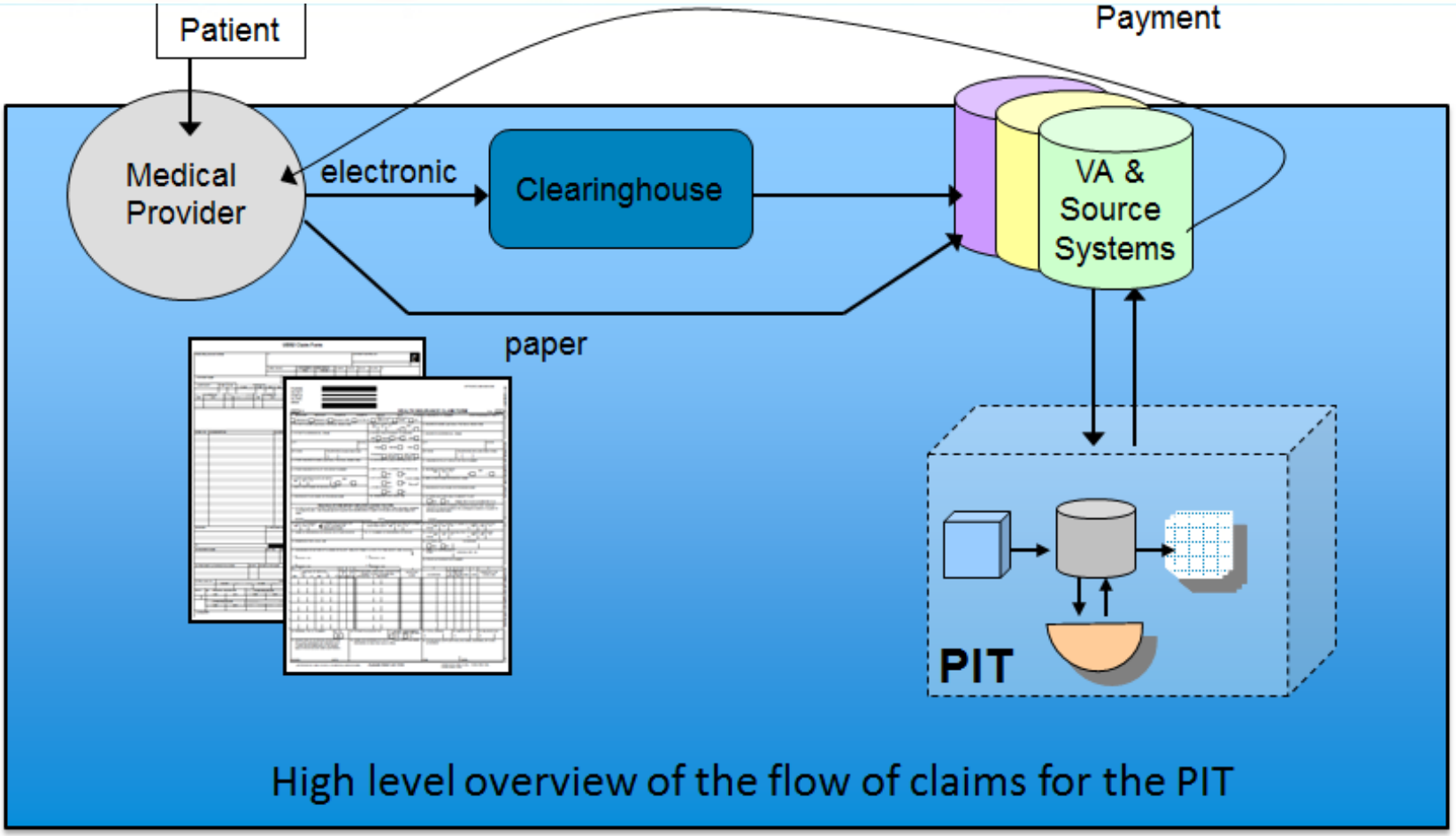
July 2013

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Topics

- Introduction and Overview
- Frequently Asked Questions and Rejection Reasons
- Benefits of the Program Integrity Tools

Program Integrity Tools (PIT)



Claims Scoring Tool

- **Hard Rules**
  - Predefined FWA logical rules
  - Examples:
    - LEIE
    - Duplicate claims
- **Statistical**
  - Fraud Abuse Management System
  - (FAMS) identifies healthcare providers exhibiting suspicious billing patterns
  - FAMS contains integrated data mining, business logic, and reporting

FAQ - Providers

- **Frequently Asked Questions by Providers**
- **Will address providers concerns regarding:**
  - **Delay in payment**
  - **How to bill appropriately**
  - **What will be displayed on their PFAR**
  - **What to do if a claim is rejected by the PIT**
  - **Informational resources available to them regarding the PIT**

Rejection Reasons

- **Match the rejection reason on the VA EOB to the chart on the website.**

Rejection Codes	Rejection Explanation	What Should the Provider Do?
RL00110	Provider is listed on the current active "LEIE List" and the claim line service date is within the LEIE exclusion dates.	The rendering provider must contact the HHS-OIG to have their name removed or data modified by the HHS-OIG. If the provider's information was incorrect, they must attach a cover letter to the claim(s) explaining the circumstances and request that the claim(s) be reprocessed. **Under no circumstances shall the provider balance bill the Veteran or beneficiary. Any adverse action taken against the Veteran or beneficiary will be reported to the appropriate authorities such as, but not limited to, State Licencing Board, HHS-OIG, District Attorney, etc.
RL00210	Modifier -26 Duplicate Payment Rule - claim line score and reason indicate that either the professional component or the global service were paid on a previous claim based on a unique combination of the following: Patient ID, Service Date Range, and Procedure Code.	If you or your affiliate were not paid, please resubmit the claim(s) with a cover letter of explanation.
RL00220	Modifier -TC Duplicate Payment Rule - claim line score and reason indicate that either the technical component or the global service were paid on a previous claim based on a unique combination of the following: Patient ID, Service Date Range, and Procedure Code.	If you or your affiliate were not paid, please resubmit the claim(s) with a cover letter of explanation.

Benefits of the Program Integrity Tools

- **Benefits**
  - **Safeguards the taxpayer's investment**
  - **Prevents improper or fraudulent payments**
  - **Providers receive education on billing rules**
  - **Providers will receive educational letters**
  - **Affirms Veterans Affairs' commitment to excellence to our nation's Veterans and Beneficiaries, and stakeholders**

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf