



## **HFMA Region 11 Questions and Answers**

**Answered by: Jason Smartt, Esq., CRCR – VP, Complex Claims**

- 1. How can emergency room registration staff determine when VA should be listed as primary vs. secondary?**
  - a. Once your Front Line or Registration staff determines that the patient is a Veteran and has elected to utilize their VA coverage, your staff member inputs all information into the ED notification portal. Upon submission, the VA will review the information and make the determination if the admission is related to their benefit file's service-related accidents or disability rating.
  - b. The VA will not tell you if the VA should be primary. However, your staff should continue their due diligence process and continue to register the patient. If the patient has other health insurance, such as commercial, Medicare, Medicaid, WC, or MVA, those red flags that your staff may need to contact another carrier and determine eligibility for that date of service and additional follow up.
  
- 2. If a patient has Medicare A/B, Tricare for Life and is also receiving Veterans Benefits through the VA, presents to the Emergency Department at the Non-VA Hospital, should VA get an admission notification and be the Primary Payer if Medicare does not indicate that they are a secondary payer to the VA?**
  - a. In that scenario, the deciding factor would be the type of injury (service related or not). If service related, the VA would be primary. If not service related, Medicare is primary.
  - b. With Medicare noting that they are not a secondary payer to the VA, it would be a reasonable inference to make the VA the primary carrier for that date of service.
  
- 3. Will HSRM allow for rendering facilities (hospital in which services are performed) to retrieve an authorization for services that were requested by a provider or provider office? Or will it only be retrievable for authorizations that are submitted by a hospital for a hospital admission?**
  - a. Unfortunately, HSRM does not house the authorization number that a hospital requests through the ED portal. It houses the referral information and the subsequent authorizations that stem from those encounters.
  - b. If you would like the authorization information for ED encounters, you would need to go through the ED portal or look in the TriWest portal for the patient's specific date of service.
  
- 4. Which Veterans are allowed to have VA/TriWest pay for their services? At this time, most VA/TriWest will always pay. This would be for emergency and/or inpatient services.**
  - a. Those Veterans that live in Regions 4, 5, and 6 are covered by TriWest. TriWest's involvement and payments stemming from the PC3 and VCP programs have all but come to an end.
    - i. If the ER claim / Inpatient Encounter is not authorized, the VA is the payer.
    - ii. If the ER claim / Inpatient Encounter is authorized, TriWest is the payer.



- 5. We've always encountered issues in regard to which Payer ID the claim should be sent through Change. I know it is based on patient's address, but we may not have correct address. Is there any other way to identify which Payer ID we should send the claim to?**

  - a. Unfortunately, I'm not aware of the address issue. However, in Change's Payer Finder tool, the VA Fee Basis Program is noted as Payer 12115, Veterans Affairs Fee Basis Programs is noted as VAFEE, and TriWest Region 4 CCN is noted as TWVA4.
    - i. If the patient lives in Alaska, Region 5, which is noted as TWVA5.
    - ii. If the patient lives in Hawaii, Region 6, which is noted as TWVA6.
  
- 6. Based on scenarios, is there a place to view the condition patient qualified for A? Sometimes patients are not able to provide specific information.**

  - a. Unfortunately, there is no open source currently from the VA. The only method is to send in a request for a notification from the ED portal. The VA can give a response back and indicate next steps, which would be admission for treatment or transfer.
    - i. This is one of the items that the VA currently has in research to help Community Providers. However, until it is resolved, there is no good source for this information.
  
- 7. The HSRM doesn't show ER authorizations, do you know if there is a different site where we can view those? Currently we are having issues with getting point of stability and discharge records for them (72hr). Example the patient is admitted for more than the 30 days that the ER authorization allows, and we are requesting an extension and they want records.**

  - a. The only source I'm aware of for reviewing authorization comes from the ED portal. If the VA wants to coordinate a review of the medical records, there should be a delivery link or repository avenue that allows the VA to collect and review the documentation.
    - i. In most cases, it remains faxing the records, but I've heard in some cases they can receive medical records from email.
  
- 8. What about the ruling that was overturned stating VA will not pay 2<sup>nd</sup>?**

  - a. That ruling noted that the VA will pay Emergent claims if and only if the patient has a co-insurance amount remaining. The VA will no longer pay deductibles and will continue to not pay co-pays.
  - b. The VA noted that they would restart reviewing and processing those claims as of July 17, 2022.
  
- 9. Patient seen in ER for hand injury at home. Patient has VA and Tricare Prime. 100% VA disabled. Who should be the primary?**

  - a. If the patient's hand injury is not related to service-related condition (which in this case sounds as if it is not service related), any other insurance would supplant the VA as the primary payer.
  - b. The interesting factor in this scenario is the 100% VA rated disability. If the Veteran had no other insurance, the VA would be responsible for the patient's Emergency Care at a non-VA facility. There are some conditions that apply, which leads to the other health insurance being on the patient's account.



- c. Therefore, Tricare Prime would be the primary carrier with the VA being secondary. If Tricare Prime is denying the claim, which Tricare may try to ask for a DD Form 2527 to be completed to ascertain accident details, it would still be the responsibility of Tricare to process the claim.

**10. TriWest states if they authorize, they are primary regardless of other health insurance. Could you confirm this as you are stating VA is last payer.**

- a. Under the Medicare Secondary Questionnaire, if the VA (which TriWest is an extension of in this case) authorizes the claim, they are the primary carrier. If for some reason, the VA (through TriWest) authorized the claim in error, they will send an indication that the claim is the responsibility of another carrier and withdraw (recoup / offset) payment from your facility.
- b. The VA is the payer of last resort when two conditions occur.
  - i. The Veteran's injury is related to a non-service related condition and
  - ii. The Veteran has other insurance (commercial, Medicare, Medicaid, Worker Comp, or MVA).
- c. Once those conditions are met, the VA will act as a secondary carrier and will pay the co-insurance amount.

**11. How would the hospital or front-line registration staff in the ED be able to identify a Service-Connected Condition in order to complete an electronic Admission Notification on the VA portal?**

- a. Once your Front Line or Registration staff determines that the patient is a Veteran and has elected to utilize their VA coverage, your staff member inputs all information into the ED notification portal. Upon submission, the VA will review the information and make the determination if the admission is related to their benefit file's service-related accidents or disability rating. Unless the Veteran tells you outright, your staff will not know until they receive the notification information back from the VA.

**Additional questions? Reach out to Kerry Stark at [kstark@enablecomp.com](mailto:kstark@enablecomp.com).**