

INDUSTRY BRIEF



The Impact of the MISSION Act

How Community Care Network Providers Can Navigate Veterans Care

If your healthcare organization is part of the Department of Veterans Affairs' (VA's) Community Care Network, you have most likely been affected by the MISSION Act of 2018. While providing greater healthcare access for Veterans, this legislation has created greater challenges for hospitals serving as Community Care Network Providers. This brief is designed to help you navigate those challenges.



Treating Veterans (And Getting Paid)

Community Care Network Providers serving Veterans want two things:

- Provide Veterans with the high-quality care they need and deserve.
- Get paid for the care they provide.

Getting reimbursed for VA claims depends on the resources you have to navigate the process. But how do you get paid for the care you provide when your resources are focused on higher-priority claims? The good news is that you do not have to do it alone.

Before we explore that, let's look at how we got to this point.

| An Ongoing Challenge

As the largest integrated healthcare system in the U.S., the VA manages about 1,300 healthcare facilities, including 172 VA Medical Centers and about 1,100 outpatient clinics. But for its 9 million enrolled Veterans, that's not enough.

The grand scope of the VA's mission presents challenges on multiple fronts, all of which impact the Veterans whom the VA was created to serve. These challenges include:

Heavy volume. As the number of U.S. Veterans continues to rise, so do the numbers of those seeking physical and mental healthcare at VA facilities.

Slow response time. In the past, it has taken the VA more than 180 days to process and pay claims or deny them.

Poor timing on delivery of care. Veterans in hundreds of thousands of cases have waited weeks or even months for medical appointments at VA facilities, and some have died while waiting to see a doctor.

A large number of pending and back-logged claims. As of November 18, 2023, there were more than 1 million pending claims, 47% of them

post-9/11, and more than 300,000 backlogged claims, 44% of them post-9/11, according to the Veterans Benefits Administration.

Outdated technology. The VA has remained a heavily manual, paper-laden organization in severe need of modernization.

A lack of communication and insight into the organization. Hospitals and other provider organizations have had little understanding of why denials and other decisions are made.

A lack of trust on the part of Veterans. Despite a 2021 report by the Veterans Experience Office (VEO) showing a 79% trust score, many Veterans feel neglected by the system that was supposed to take care of them.

An Ongoing Challenge

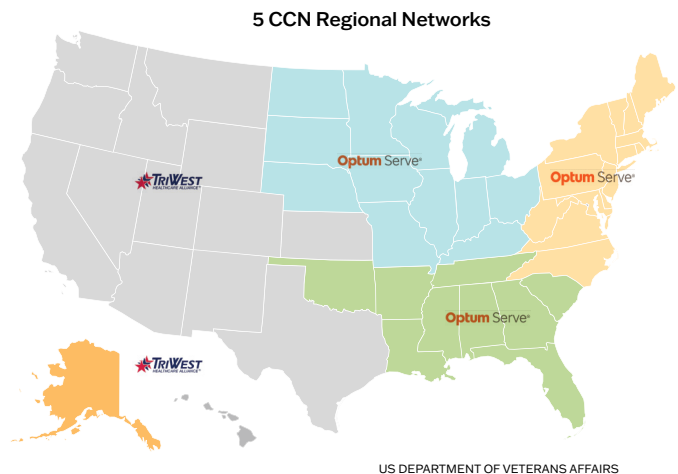
With the implementation of the MISSION Act, the VA brought on third-party administrators (TPAs), drastically improving its performance. TPAs Optum Serve and TriWest Healthcare Alliance, along with the VA's Customer Service Portal, give hospitals enhanced visibility into claim status, processing stages, and denials.

These additions brought modern technology to the VA and also accelerated processing times, holding the VA to a standard that it has struggled to achieve for the past 20 years.

Despite these gains, hospitals still don't have time to devote to constant learning and system updates. Submission deadlines remain tight, denial rates show little improvement, standards and protocols for getting paid remain unchanged, and Veteran usage rates continue to rise.

The VA remains years – and billions of dollars – away from rebuilding its network.

As the VA continues to seek improvements in its systems and processes, it remains years — and billions of dollars — away from rebuilding its network. As a result, much of the burden will remain on its Community Care Providers, who could use some help negotiating this landscape.



Small Claim Category, Big Potential

VA claims can account for 1% to 3% of a hospital's volume. Given the demands of commercial and Medicare claims, this is too small a percentage for most organizations to assign an individual or team. Even so, it can add up to a substantial amount of money — money that your organization can't afford to leave on the table.

A Moving Target

It's not easy to successfully pursue VA claims. The VA is a small government payer that is committed to defending its budget from waste. Its regulations have changed substantially over the past five years, and it continues to shift its views on purchasing care outside its own network.

Meanwhile, Congress continues to look at the VA (and its \$260 billion-plus budget) through a microscope. More changes are most likely on their way in the form of alterations, modifications, or even a complete overhaul.

Staying up to date on the ongoing changes to an already complex system represents a major challenge for already burdened providers in need of expert and experienced assistance.

| How EnableComp Can Help

EnableComp is your partner, your “department down the hall” with the resources and infrastructure to help you navigate the VA landscape and get the most out of your VA claims. That’s the kind of support you need to thrive as a Community Care Network Provider.

The VA understands that we have the training, technology, legal expertise, and knowledge to find solutions for our clients and the Veterans in their care.

At EnableComp, we have strong working relationships with the VA. The VA respects our expertise — and knows that we mean business. They also understand that we have the training, technology, legal expertise, and knowledge to find solutions for our clients and the Veterans in their care. That includes appealing denials and, if necessary, taking disputes to court.

Partnering With CCNs

We help Community Care Network Providers confront longtime challenges such as determining patient eligibility and when VA coverage is primary, as well as complicated third-party claims. We demystify and simplify authorizations, notifications, referrals, filing, coding, claim packaging, follow-up, pricing, and appeals. All these can interfere with your goals of providing high-quality Veteran care and getting paid for those claims.

● Your Department
Down the Hall



We can increase trust and confidence that Veterans — many of whom feel let down by the system — have in your hospital’s ability to provide superior care, interactions, and experience.

Ensuring Full and Timely Payment

Our proprietary AI platform, *Enforcer360*, takes the guesswork out of claims with built-in rules that identify what is required for each claim to be paid, how much should be paid, and the probability that the claim will be processed.

We help you ensure eligibility, minimize denials and delays, improve account management, maximize revenue and yield, measure and track performance, and stay focused on what you do best — now and in the future.

Ready to Simplify Your VA Claims?

Schedule a Consultation