Mr. Chairman,

Thank you for giving me the opportunity to submit written testimony as part of the Committee’s oversight hearing on the ability of the Department of Veterans Affairs to comply with the Prompt Pay Act and efficiently and accurately reimburse non-VA providers. As the Vice President for Reimbursement and Regulatory Affairs for EmCare’s billing subsidiary, Reimbursement Technologies, Inc. (RTI), I am responsible for managing a large professional staff (over 60) that supports many of the regulatory and business functions of over 600 EmCare emergency department physician groups nationwide.

More specifically, RTI bills all responsible parties, including third party insurers like the Department of Veterans Affairs, for EmCare’s current fifteen million annual patient encounters across 650 healthcare facilities in 41 states and the District of Columbia. While EmCare’s largest medical specialty is hospital-based Emergency Medicine (emergency departments), other specialties include Hospital Medicine (inpatient services), Anesthesiology, Surgery, and Radiology.

EmCare’s physicians and non-physician providers (physician assistants and nurse practitioners) provide needed services to over 30,000 of our nation’s veterans each year. The vast majority of these services are treatments in hospital emergency departments to veterans seeking immediate care. Such care is available every shift of every day of every year in these locations for our deserving veterans. In this testimony I wish briefly to describe our on-going difficulties and the virtual impasse we have reached in obtaining payment for these services from the Department of Veterans Affairs.

I. Inability to obtain payments for services provided

Starting in the fourth quarter of 2013 and continuing to today, EmCare has been unable to obtain virtually any payments from the Veterans Health Administration. This delay in payment has occurred even though all claims, with attached medical records, are submitted in a timely manner. The table below summarizes EmCare’s outstanding accounts receivable with the Veterans Health Administration since 2012:
<table>
<thead>
<tr>
<th>Year</th>
<th>Veterans Treated without Payment</th>
<th>Outstanding Accounts Receivable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1,683</td>
<td>$1,026,383</td>
</tr>
<tr>
<td>2013</td>
<td>5,141</td>
<td>$3,220,989</td>
</tr>
<tr>
<td>2014</td>
<td>21,573</td>
<td>$15,593,875</td>
</tr>
<tr>
<td>2015 thru April</td>
<td>30,875</td>
<td>$25,608,073</td>
</tr>
<tr>
<td></td>
<td>59,272</td>
<td>$45,449,320</td>
</tr>
</tbody>
</table>

II. Current Dysfunctional, Fragmented Claims Processing System

Physicians serving the nation’s veterans are currently required to be enrolled as “vendors” at both the local VA level and at the national VA level. It is our experience that each local VA hospital has developed unique enrollment forms and procedures. A single, national standard does not exist. Nor are local enrollment procedures made available on-line, or in any other workable manner. Such protocols can only be obtained by interacting with each of the hundreds of VA hospitals—by waiting on hold for hours per week, hoping that the VA respondent can provide a correct answer when one is given.

Further, physicians need to be enrolled with each patient’s “home” or local VA center—besides being a “vendor” with the VA district in which the treatment occurred. This results in an unworkable situation when veterans travel and seek emergency care. The following scenario is an example of what one of EmCare’s emergency physicians could potentially face during a given year while providing needed services to a random array of veterans.

- A physician working in Florida enrolls with his local VA center
- During the year the physician treats 50 veterans who reside out of the area, each from a different local VA office.
- 50 additional enrollments need to be completed

III. Recommended Improvement Plan

Of the hundreds of private, state-supported and federally-supported insurers that EmCare submits claims to each year, the Medicare program is one of the most efficient and problem-free payers in terms of claims submission and payment. The Medicare claims processing and enrollment functions are contracted out to private companies through a competitive bidding process.
(1) Moving to a single, national processor or a few regional processors similar to the Medicare program’s Medicare Administrative Contractors (MACs) would eliminate the need for hundreds of local VA hospitals to be involved in the review and approval of claims for services provided outside of the VA hospital network.

(2) Eliminating the need for multiple “vendor” enrollments is a short-term action that should be taken to allow the growing backlog of outstanding claims to be adjudicated in a timely manner. A single enrollment with the national VA processing center in Texas should allow a physician to be enrolled and approved for payment at all VA locations.

Immediate action needs to be taken to address this lack of payment to our EmCare physicians who have treated veterans for many years during their time of need, and in fact stand ready to continue such services even in the face of these discouraging and distressing problems in the VA payment system.

If you should want any further information, please contact me as follows:

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