Billing Frequently Asked Questions

I am looking for:

- Resources & Contacts for Billing or Claims Questions
- Information on a Billing Webinar
- Answers to Frequently Asked Questions
- A Matrix of Federal Programs

Resources & Contacts for Billing or Claims Questions

The TriWest Provider Portal at www.triwest.com/provider and TriWest’s Payer Space on Availity® are always available as your one-stop shop for information on filing claims, enrolling in webinars and navigating the Department of Veterans Affairs (VA) community care programs.

TriWest has additional Quick Reference Guides that cover claims and billing - both in general and for certain specialties. You can find these on TriWest’s Payer Space on Availity.com:

<table>
<thead>
<tr>
<th>Provider Claims</th>
<th>ASC Facility Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Center Claims</td>
<td>Home Health Care</td>
</tr>
<tr>
<td>Chiropractic and Acupuncture</td>
<td>Emergency Health Care</td>
</tr>
</tbody>
</table>

For claims or reimbursement questions, we have two ways you can contact us:

- Call our Patient- Centered Community Care (PC3) number, 1-855-722-2838 and use the menu to choose “providers” and then “claims” (Option 3 and then Option 3).
- You can also call claims direct at 1 (866) 651-4977. By entering your ZIP code you will reach the TriWest or WPS MVH claims team dedicated to your Region.

WPS Health Solutions requests providers enroll with WPS MVH for electronic data interchange (EDI) to indicate which clearinghouse or billing service they use for claims submission. WPS MVH works with over three dozen clearinghouse trading partners! You can find out more:

- Visit WPS Health Solutions online at http://www.wpsic.com/edi/edi-forms.shtml
- Contact the WPS EDI Helpdesk via email: EDI@wpsic.com
- Call the WPS EDI Helpdesk directly via phone: 1-800-782-2680, Option 1

Join Us For a Billing Webinar!

View our Webinar Schedule to find the topic, date and time that best fits your practice needs!
Billing Frequently Asked Questions

Q: What does TriWest Healthcare Alliance have to do with VA, and why am I receiving authorizations from TriWest?
A: VA contracted with TriWest to administer the Community Care programs, which includes the PC3 program. This means TriWest is responsible building a network, generating authorization letters and paying claims on behalf of VA for these programs. On a location-by-location basis, TriWest may also be responsible for appointing Veterans. To view a matrix of which VAMCs are appointing directly or having TriWest appoint, please see our Matrix tool.

For more information on how the authorization and appointing process works, review our Appointment Scheduling Process Quick Reference Guide, join us for a live webinar, or review our on-demand eSeminars on Availity.

Q: I am an ancillary provider (e.g., laboratory or X-ray clinic) and received an order for a Veteran. How do I know whether to bill TriWest?
A: Commonly prescribed/ordered ancillary services are considered covered in authorizations. So, if the Veteran is using his or her VA benefits, the authorization for the episode of care includes that range of billable codes for these ancillary services. To submit a claim, just bill WPS MVH and include the authorization number that was provided to the primary provider (e.g., surgeon, primary care provider, etc.) or Veteran.

If you’re not sure, call the prescribing/ordering provider’s office to confirm and obtain that authorization number. WPS MVH will align the service with the authorized episode of care and pay the claim. Care that is not pre-authorized cannot be paid for by TriWest.

Q: I need to send my Veteran patient for labs or X-rays. What do I tell the ancillary provider when it comes to billing?
A: Be sure to send the Veteran to a participating ancillary provider and provide a copy of the TriWest authorization you have on file for the Veteran. The laboratory will need to bill TriWest’s claims processor (WPS MVH) with that authorization number.

Q: I am treating a Veteran at my office. How do I know whether to bill TriWest, VA, TRICARE, Medicare, or Medicaid?
A: Look on the Veteran’s authorization letter or information. If it says TriWest, bill TriWest. If it says the Department of Veterans Affairs (VA), bill VA directly. If the authorization or orders came from TRICARE, bill TRICARE. All of these groups have different funding, so billing TriWest for TRICARE is like billing Aetna for a claim for a United beneficiary. If the Veteran does not have an authorization from TriWest, but does have Medicare or Medicaid, then the claims should go in that direction as appropriate.

TriWest pays primary on all care through the VA’s Community Care programs. Bottom line, if you have a TriWest authorization on file, always bill TriWest by submitting claims to WPS MVH.
Q: What is the difference between TRICARE, VA, Medicare, Medicaid, and TriWest?
A: All of these are government programs, but each services a different demographic and pays from different funds. We developed a chart to illustrate the differences between these programs and included it in this document. Access the programs matrix by clicking here.

Q: How long do I have to submit my claim to TriWest?
A: Providers should make their best efforts to submit claims within 30 days of rendering services. Initial claims submitted after more than 120-days will be denied for lack of timely filing.

Q: How long does it take to process claims payments?
A: TriWest pays most clean claims within 30 days.

Q: What is the claims submission/billing process for TriWest?
A: VA requires medical documentation to support claims, so TriWest encourages providers to submit all required medical documentation to the VAMC as soon as possible, but no later than 30 days from date of service for initial evaluation or end of episode of care.

- After submitting medical documentation to the authorizing VAMC, submit claims to TriWest’s claims processor, WPS MVH
  - Send claims to WPS MVH either electronically through your clearinghouse or billing service, or via mail.
  - For electronic claims transactions, providers should enroll with WPS EDI to indicate their clearinghouse or billing service.
    - WPS MVH uses VAPCCC3 as a Payer ID with most clearinghouses. Please verify which ID is used with your clearinghouse. For a listing of alternate Payer IDs, please review TriWest’s Clearinghouse Lookup Tool. WPS MVH continues to accept the older legacy Payer IDs.
  - Mail paper claims to the following address:
    WPS MVH-VAPC3
    PO Box 7926, Madison, WI 53707-7926
  - Do not submit any claims forms that have been handwritten. This can create errors and cause a claim to reject out of the system.
    - If you have had paper claims reject out of the system, showing no status in the TriWest Provider Portal, please ensure that you are submitting claims with:
      • A 10-point font with a 10-pitch setting;
      • Courier or Courier New 10 point mono-space font for cleanest scans;
      • No mixed fonts, italic/script fonts percent signs, question marks, or parentheses.
  - Do not submit claims on forms that have been copied or scanned/printed. Incorrect color or incorrect field size creates processing errors and will cause your claim to reject.
Billing Frequently Asked Questions

Q: Can I get electronic payments (EFT) and remittance advices (ERA)?
A: Yes! Enroll for EFT via the CAQH® Solutions EnrollHub® portal. EnrollHub is a national data base that allows providers to enter banking information once, and then apply it for all of the payers and insurance plans they work with. For more help, contact the CAQH Provider Help Desk:
   o Phone: 1-844-815-9763
   o Email: efthelp@enrollhub.caqh.org

For an ERA, please check with your clearinghouse to determine if they provide this service. If not, you will receive a paper remittance advice from WPS MVH.

Q: How do I appeal a claim paid or denied by TriWest?
A: Appeals will vary by Region – see a map to determine which VA PC3 Region you are in.
   • In Regions 3, 5 and 6, submit appeals and correspondence in support of a claim via mail to:
     WPS MVH-VAPCCC, PO Box 14491, Madison, WI 53708-0491.
   • Regions 1, 2 and 4, submit appeals and correspondence in support of a claim via mail to:
     TriWest/WPS Claims, PO Box 42270, Phoenix AZ 85080.
   • Appeals must be submitted within 90 days of receipt of the Explanation of Benefits or Remittance Advice.
   • Please submit each appeal separately. Do not combine appeals.

If you are appealing a medical necessity or benefit coverage determination, this must go to the Veteran’s VAMC. For more information, please review our Quick Reference Guide on Medical Necessity Appeals.

Q: I submitted my claim, but it has not paid and I cannot find the status in TriWest's Provider Portal.
A: There are several reasons this may have happened:
   ➪ Handwritten paper form. All claims data must be submitted to VA electronically, so a scan of any paper documents is the first step that takes place. If a handwritten claim cannot be scanned, it is rejected and may never show as received.
   ➪ Likewise a copied or scanned form – either the CMS 1500 (which is a red form) or the CMS-1450 (also call the UB-04, a black and white form) – cannot be used. These forms are not 100% to scale or the correct color and so create processing errors when scanned
   ➪ TRICARE and TriWest are often confused at the point of billing. Confusion about the difference between VA and Department of Defense (TRICARE) programs is one of the biggest claims errors TriWest sees. Please verify that the authorization for care is from TriWest, not VA or TRICARE, and that the claim was submitted correctly.

Q: We pre-enrolled with WPS Health Solutions for the TRICARE program. Do we need to enroll for the VA community care programs too?
A: YES. With WPS you must pre-enroll for each plan, program or region in addition to enrolling for each type of transaction. If your practice/facility submits claims for both VA Region 5A and Region 5B, then you would need to submit an enrollment for EDI, EFT and ERA for professional claims and then institutional claims. You need to do this for both Region 5A and then for Region 5B. This enrollment is in addition to any enrollment with your clearinghouse or billing service.
# Billing Frequently Asked Questions

## Federal Programs Matrix of Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Covered Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Veterans Affairs (VA)</strong></td>
<td>Veterans</td>
<td>Benefit covering those who once served in the military, but have now separated or retired and become Veterans (no longer active duty). They also meet certain eligibility and health criteria. VA benefits fall under the umbrella of the Department of Veterans Affairs, which is separate from the Department of Defense.</td>
</tr>
<tr>
<td><strong>TRICARE</strong></td>
<td>Active Duty Service Members, National Guard/Reserve, and Their Families and Retirees and their families</td>
<td>Civilian network providing health care benefits for active duty Service members, National Guard/Reserve members, and their families when services cannot be provided at a Military Treatment Facility. Military retirees and their families are also TRICARE eligible. TRICARE falls under the Department of Defense and receives its funding through the defense budget.</td>
</tr>
<tr>
<td><strong>Medicare</strong></td>
<td>Civilians Ages 65 Years and Older or Disabled</td>
<td>Federal health care benefit available to U.S. civilians who are age 65 and older or qualify on a disability. Many Veterans may have both Medicare and VA benefits.</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>Financially Disadvantaged</td>
<td>Federal health care program for civilians living at or under the poverty line. The threshold for eligibility varies from state to state. Veterans may have Medicaid in addition to their VA benefits.</td>
</tr>
<tr>
<td><strong>TriWest Healthcare Alliance</strong></td>
<td>Veterans Using VA Community Care Programs</td>
<td>Third Party Administrator contracted with VA to administer VA community care programs when VA cannot meet a Veteran’s health care needs.</td>
</tr>
</tbody>
</table>

VA benefits function much like a managed Medicaid program. As a result, VA’s coverage of a Veteran’s care is based on a combination of criteria including service connected injury or illness and financial need. VA determines the Veteran’s specific benefit level when he or she enrolls for VA health care benefits. For this reason, providers should always bill TriWest as primary for care authorized by TriWest. Never balance bill a Veteran or collect co-pays, cost-shares, or deductibles. VA bills Veterans directly for his or her out-of-pocket obligation, if any, after the claim has been paid.

If you provide care to a Veteran with a TriWest authorization:
- Don’t bill TRICARE.
- Don’t bill Medicare.
- Don’t bill Medicaid.
- ALWAYS bill TriWest/WPS MVH as primary.