Billing Procedures
VA Veterans Choice Program and Patient-Centered Community Care
Questions? Just ask!

Please use the Q&A pod section to submit your questions! We don’t want to miss them!
Presentation Outline

VCP and PC3 Billing Procedures - Webinar

- Background, Need, Program Overview
- Appointment Scheduling & Authorization Overview
- Differences Between VA, TRICARE, Medicare, & Medicaid
- Provider Claims and Medical Documentation
- Provider Resources
- Provider Portal Demo
The TriWest Provider Portal is your one-stop shop for information on filing claims and navigating the Department of Veterans Affairs (VA) programs outlined in this training.

www.triwest.com/provider

You can also find tools and additional education on TriWest’s Payer Space on Availity.

www.availity.com
Background

VA needed to expand health care access for Veterans in communities across the nation

VA awarded TriWest the Patient-Centered Community Care (PC3) Contract in 2013

In 2014, Congress introduced and President Obama signed into law the Veterans Access, Choice, and Accountability Act

Section 101 established the Veterans Choice Program (VCP) and went live on Nov. 5, 2014
Background – Regions

TriWest Regions 3, 5A, 5B, and 6

TriWest Healthcare Alliance
1-855-PCCCVET
(855)-722-2838
www.triwest.com/provider
The Veterans Choice Program (VCP) is part of VA’s Patient-Centered Community Care (PC3) Program.

VCP provides eligible Veterans with community access to primary care, inpatient and outpatient specialty services, and behavioral health care.

VCP is **Veteran-driven**

All Veterans enrolled for care with VA as of Aug. 1, 2014 received a Choice Card.
Veterans' eligibility to use their Choice Card in the private sector is determined by VA using the following criteria:

- The closest VA Medical Center (VAMC) or Community-Based Outpatient Clinic (CBOC) with a full-time Primary Care Manager is **greater than 40 miles** from their home—Choice 40 mile or distance eligible
- They are, or will be, on a **wait list of 30 days or more** with a VAMC—Choice 30 day
- Services are not available at VAMC—Choice First
- The closest VA medical facility is not easily accessible from their home or there are significant geographic barriers
Veterans Choice Program (cont.)

When a Veteran needs to make an appointment, refer them to the number on the back of their Choice Card.

If you would like to schedule an appointment on their behalf, call TriWest to make the appointment: 1-866-606-8198.
Appointment and Authorization Overview
Veteran calls TriWest to confirm VCP eligibility - Choice 40 mile

OR

VA sends referral to TriWest (PC3, Choice First, or Choice 30 day)

PSR locates VCP/PC3 provider

PSR makes appointment on behalf of Veteran

TriWest sends authorization to provider via fax
To avoid claims denials, all care requires an authorization from TriWest before services are rendered.

If a provider renders care without an authorization, he/she risks losing reimbursement.

Providers CANNOT balance-bill Veterans or charge for no-shows.
Labs, X-rays, Ancillary Providers

Introduction to VCP and PC3 – Webinar

- Routine labs and X-rays are included in TriWest authorizations
- For surgeries, anesthesiology services are also included in authorizations
- *Include the authorization number with your order form for the labs, X-rays, or anesthesiologist*
- Instruct the ancillary provider to include the authorization number on its claim when billing TriWest
If you’re an ancillary provider and receive an order to treat a Veteran using his/her VA community benefits:

- The order should include the authorization number.
- If you’re not sure, call the prescribing provider’s office to confirm, and obtain an authorization number.
- Bill TriWest for your services and include the authorization number on your claim.
VA, TRICARE, Medicare, Medicaid
Definition – VA

VA – Veterans (Prior Military Service)

- Covers those who *once served* in the military, but have now either separated or retired and are no longer active duty
- Benefits fall under the Department of Veterans Affairs (VA)
- Different than the Department of Defense
- TriWest only administers VA community programs
Definition – TRICARE

TRICARE – Active Duty Service Members, National Guard/Reserve, and Their Families

- Covers those who are currently serving in the U.S. Armed Forces, and their families
- Military retirees are also TRICARE-eligible (dual eligible)
- Program falls under the Department of Defense
- Receives funding through the defense budget
- Never bill TRICARE for a Veteran with a TriWest authorization
Definition – Medicare

Medicare – Civilians Ages 65 Years and Older or Disabled

- Federal health care benefit available to U.S. civilians ages 65 and older
- Veterans may have both Medicare and VA benefits
- If you have an authorization from TriWest, *always bill TriWest* – not Medicare
Definition – Medicaid

Medicaid – Medical Insurance for Financially Disadvantaged

- Federal health care program for individuals living at or under the poverty line
- Threshold for eligibility varies from state to state
- Veterans may have Medicaid and VA benefits
- If you have an authorization from TriWest, **always bill TriWest** – not Medicaid
TriWest and VA

TriWest does not contract with TRICARE, Medicare, or Medicaid Programs

TriWest authorizations apply to Veterans only (not TRICARE)

When you see a TriWest authorization, think “VA”
Never bill TRICARE for services provided to a Veteran with a TriWest authorization

Claims may be denied

Always bill **TriWest** for Veterans with a **TriWest** authorization

- Don’t bill Medicare
- Don’t bill Medicaid
Claims and Medical Documentation
(1) Upload Medical Documentation to TriWest Provider Portal

- Register for a secure account on TriWest’s portal at www.TriWest.com/provider and upload medical documentation directly to TriWest’s system.
- If you are unable to access or upload via the Provider Portal, fax medical documentation to TriWest’s Behavioral Health team at 1-866-284-3736.
- Do not upload documentation with claims. WPS MVH cannot send your documentation to VA for review.
(2) Submit Claims to WPS MVH

TriWest uses WPS MVH for all claims processing and can accept electronic claims through your clearinghouse/billing service or via Availity. Availity's Basic Clearinghouse option allows providers to submit claims without an additional charge to the provider.

- WPS requires providers to pre-enroll with WPS in addition to enrolling with their clearinghouse for electronic transactions.
- To find clearinghouse Payer IDs, please visit: [http://www.wpshealth.com/resources/provider-resources/edi/index.shtml](http://www.wpshealth.com/resources/provider-resources/edi/index.shtml) or contact TriWest Provider Services at providerservices@triwest.com.
- Mail paper claims to WPS MVH-VAPC3, PO Box 7926, Madison, WI 53707-7926. Paper claims must be on CMS compliant forms or they will be rejected.
Submitting a Compliant CMS-1500 Form

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- Non-compliant claim forms cannot scan and will reject
  - CMS criteria on scale and color (OCR Red) are required
- Minimize OCR errors
  - 10-point Courier or Courier New 10 mono-space font with a 10-pitch setting
  - Don’t mix fonts or use italics, script, percent signs, question marks, or parentheses
  - Do not hand-write forms

- Forms on U.S. Government Bookstore website
- Instructions on NUCC.org
Don’t Delay, Cut Paper Today!

Electronic transactions can save an average of $23K per provider and hundreds of hours!*

To submit claims electronically to WPS-MVH through a clearinghouse, Providers must pre-enroll for each type of electronic transaction with WPS Health Solutions:

- **EDI** – submit claims electronically
- **ERA** – receive remittance advice electronically
- **EFT** – receive payment electronically

Getting Pre-Enrolled with WPS

To get started with pre-enrollment, visit https://edi.wpsic.com/edir/home

Be sure to have:

- Your Trading Partner ID (the ID for your clearinghouse)
- Your practice information
  - Which VA Region you practice in
  - Your Tax Identification Number (TIN)
- Contact information for principle contact
- Business name
- Physical address (No P.O. Boxes)
- Your banking information, including routing numbers
Training Tutorials

To help guide you through the new procedures, the following tutorials are:

- Provider EDI Enrollment—demonstrates how to complete enrollment with a billing agency
- Provider ERA Enrollment—demonstrates how to complete enrollment to receive Electronic Remittance Advice (ERA) through a clearinghouse or billing agency.
- Provider EFT Enrollment—demonstrates how to complete enrollment for Electronic Funds Transaction (EFT) to receive direct deposit payments to your bank account.

https://wpshealth.com/resources/provider-resources/edi/training-tutorials.shtml
Questions on Electronic Transactions?

Let us help you!

- Don’t know your region?
- Need to track down the WPS MVH Payer ID?
- Need to determine what your clearinghouse Trading Partner ID is?

ProviderServices@triwest.com or 1-855-722-2838, Option #3, Option #4
Claims Processing and Billing Information

- VA programs do not pay secondary
- Providers collect no copays, cost-shares, or deductibles from Veterans
- Providers are encouraged to submit claims within 30 days after services are rendered
- Claims must comply with the 180-day timely filing limit

Online tools – Quick Reference Guides!
Reimbursement

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No payment will be made to providers for services rendered without a prior authorization from TriWest

Be sure to submit a Secondary Authorization Request and receive the approval for care PRIOR to providing services!

For more information, refer to the Provider Claims Quick Reference Guide located at www.triwest.com/provider and on TriWest’s Payer Space on Availity
Provider Claims Status

VCP and PC3 Behavioral Health - Webinar

Claim status? Check on TriWest’s Provider Portal at [www.triwest.com/provider](http://www.triwest.com/provider)

Electronic Remittance Advice (ERA)? Ensure your clearinghouse offers ERAs and then enroll with WPS - [https://edi.wpsic.com/edir/home](https://edi.wpsic.com/edir/home)

Claim Status Look Up
Medical documentation submission is a requirement for both PC3 and VCP.

Medical documentation must be submitted to TriWest for all services to allow VA’s timely coordination of care for Veterans.

Do not submit medical documentation with claims, these will not be processed by WPS MVH.

Submit medical documents to TriWest as soon as possible after care, but within 30 days.

Some specialties or critical findings have additional documentation requirements.
Maximum Reporting Timeframes

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General outpatient care medical documentation/records:
- Submit within **30 days** via upload to the TriWest provider portal

Inpatient care medical documentation/records:
- Submit at a minimum the discharge summary to TriWest within **30 days of discharge**
Urgent specialty care:
- Submit to TriWest within two days
- Oral reports should be provided to VA Point of Contact within 48 hours when indicated on the authorization form
- The authorization may request medical documentation be returned sooner based on clinical need
Provider Claims Appeal Process

Appeals on denied claims should be submitted within 90 days of the date of the Remittance Advice.

Send written appeals via mail sent to:
WPS MVH-VAPC3
PO Box 14491
Madison, WI 53708-0491

Quick Reference Guide are at www.triwest.com/provider and TriWest’s Payer Space on Availity.
Provider Resources
TriWest Provider Resources

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- TriWest.com/provider and TriWest’s Payer Space on Availity – Your one-stop shop for information on filing claims and navigating VCP and PC3
- Provider Handbook
- Reference Guides
- Webinar registration
- Newsletters
- Additional resources and links to important information
TriWest Provider Portal

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Register for a secure account to:
- Upload medical documentation
- Check authorization status (including SARs)
- Print authorization information
- Check claims status

Visit [www.triwest.com/provider](http://www.triwest.com/provider) and click “Register for Secure Access”
New TriWest Payer Space on Availity

Availity = online, multi-payer site for you to work with TriWest and other health plans you accept

Becoming TriWest’s new way to access the Provider Portal, online resources, and other tasks

Register at www.availity.com
Interactive Voice Response (IVR) System

TriWest PC3 Customer Service Line: 1-855-PCCCVET (1-855-722-2838)

TriWest Veterans Choice Program (VCP) Customer Service Line: 1-866-606-8198

- Please access the Provider menu and enter the zip code for your practice if requested.
- You can reach our team for Authorization questions, assistance with the Provider Portal, Claims questions and contracting or credentialing questions.
Thank You!