Key Points:

- **Providers should not administer care to Veterans without an authorization; otherwise, they risk losing reimbursement for their services.**
- TriWest generates authorization letters on behalf of VA for care in areas where TriWest is the Third Party Administrator (TPA). If your authorization letter is not from TriWest, please submit your claim to the organization authorizing the Veteran’s care.
- Veterans must be appointed FIRST, before an authorization can be generated. Once our system has a confirmation that an appointment has been made by either TriWest or VA, TriWest will fax or mail the authorization.
- In Patient-Centered Community Care (PC3) Regions 1, 2, 4 and 6, a Veteran may be appointed to a provider’s office via either TriWest or a Department of Veterans Affairs (VA) Medical Center (VAMC).
- Each VAMC chooses which appointing pathway is used.
- VA is changing the appointment scheduling and authorization process by adding a partial scheduling option for some VAMCs.

TriWest will be adding the appropriate VAMC phone number to all authorization letters that will identify who is scheduling the Veteran’s appointment (VA or TriWest).

**TriWest Appointing Pathway**

TriWest manages the appointing process for PC3 and may manage the appointing process if the VAMC has opted for this pathway.

- With the TriWest pathway, a TriWest Patient Service Representative contacts the Veteran to get his or her preferences and then schedules with a provider on behalf of the Veteran.
- With appointment confirmation, TriWest’s systems generate an authorization letter with details on the approved episode of care.
- The authorization letter is mailed or faxed.
- For more information visit the TriWest Payer Space on Availity at [www.availity.com](http://www.availity.com).

**VAMC Appointing Pathway**

- When a VAMC is managing appointing under PC3, a VA staff member or VA clinician may contact your practice to schedule an appointment on behalf of the Veteran.
- When VA shares an appointment confirmation with TriWest, TriWest’s system then generates the authorization letter with details on the approved episode of care and how to submit claims.
The authorization letter is mailed or faxed.
For more information visit TriWest Payer Space on Availity at [www.availity.com](http://www.availity.com).

### TriWest Access to Care Standards:
These standards are established by VA for the Community Care programs:

<table>
<thead>
<tr>
<th>Category</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment Scheduled</td>
<td>TriWest is required to appoint Veterans within 2 days for urgent care and 5 days for routine care.</td>
</tr>
<tr>
<td>Appointment Time Frame</td>
<td>In general, the date of an appointment should be within 20 calendar days of receiving the referral from the VAMC. This may vary under certain conditions.</td>
</tr>
<tr>
<td>Office Wait Time</td>
<td>Veterans should be seen within 30 minutes from scheduled appointment time.</td>
</tr>
</tbody>
</table>
| Basic Drive Time Standards       | Urban – 45 minute commute  
Rural – 100 minute commute  
Highly Rural – 180 minute commute |
| Higher Level of Care Drive Time Standards | Urban – 90 minute commute  
Rural – 180 minute commute  
Highly Rural – within the community standard commute time |
| Primary Care Drive Time Standards| Urban – 30 minute commute  
Rural – 45 minute commute  
Highly Rural – 60 minute commute |
| Women’s Health Drive Time Standards| Mammograms and maternity care must be within 50 miles or a 60 minute commute time. |