

# Emergency Health Care and Urgent Care/Retail Location Services

## Quick Reference Guide

### Key Points:

- Emergency rooms (ER) should provide care to any Veteran who self-presents.
- The ER must call or email the Community Care Centralized Notification Center within 72 hours of the Veteran self-presenting or being referred for emergency admission.
- Network urgent care/retail location clinics may treat eligible Veterans without a prior authorization although they must confirm eligibility before treating.
- Urgent care/retail location clinics should call 833-4VETNOW (833-483-8669) to confirm the Veteran’s eligibility before rendering care.

## Emergency Care

ERs are required to call or email the Community Care Centralized Notification Center within 72 hours after seeing a Veteran, and if calling, should note the name of the person who they spoke to in the medical documentation.

- Email: [VHAEmergencyNotification@va.gov](mailto:VHAEmergencyNotification@va.gov)
- Phone: (844)72HRVHA or (844-724-7842)

### VA Facility Will Need to Know the Following:

Veteran Information	Treating Facility Information
Name	NPI
Social Security Number	Name
Date of Birth	Address
Address	Point of Contact (POC) Name
Date Presenting to Facility	POC Phone #
Date of Discharge	POC Email Address
Admitted? (YES/NO)	Note: POC will receive VA authorization decision info
Chief Complaint/Admission DX and/or Discharge DX	

## Determining Eligibility (by VA):

- The VA will determine the Veteran's eligibility and approve care, as appropriate.
- If the Veteran is eligible, VA will retroactively issue an authorization for the facility where the Veteran self-presented and will notify TriWest if the claim can be paid.

## Authorization by TriWest

- Inpatient care and the associated emergency services may be covered under VA Community Care benefits, if authorized by the VA facility.
- If VA approves inpatient care, TriWest will issue an authorization for inpatient care and the associated emergency services. The results of VA determinations may not fully eliminate the Veteran's liability for the emergency treatment or transportation.
- ER/Inpatient authorization can be made retroactive if the VA facility was notified within 72 hours.

## Claims for ER Services

- After notifying VA within 72 hours, ERs should submit claims directly to TriWest for care that has been approved and authorized by VA.
- Should the ER fail to notify VA within 72 hours, the claim should be sent to VA.

## Emergent Prescriptions:

- When there is an emergent need to start a medication and it is not possible to fill the prescription at a VA Pharmacy, the provider may write a prescription for a 14-day supply (without refills). Include the following information on the medication request:
  - Prescribing provider's name
  - Prescribing provider's address
  - Prescribing provider's **personal** Drug Enforcement Administration (DEA) number (NOT a generic facility number)
  - Prescribing provider's phone number
  - Prescribing provider's fax number
  - Prescribing provider's National Provider Identifier (NPI) number
  - The TriWest authorization letter if care was authorized by TriWest
- The medication must be included on [VA's National Formulary](#).
- If the emergent medication needs to be continued beyond 14 days, the provider should write another prescription to cover needs beyond 14 days to be filled at a VA Pharmacy.
- Always include **both the authorization, if available, and any prescriptions** in submissions to the authorizing VA Medical Center (VAMC). If the Veteran prefers to take a prescription to the VA pharmacy, he or she should also bring the authorization (available for an approved referral for outpatient care) or a copy of their ER treatment record.
- **Do not dispense** pharmaceutical samples to Veterans.
- Health care services provided as part of a clinical trial cannot be authorized or reimbursed under VA Community Care.

*NOTE: Incomplete prescriptions will not be processed and will be returned to the prescribing provider.*

## Urgent Care/Retail Location Services

Under this benefit, urgent care and retail location providers that are part of the TriWest provider network may treat Veterans who self-present WITHOUT a prior authorization on file. However, the urgent care staff will need to confirm the Veteran's eligibility before providing care.

This urgent care benefit applies to all states except those in CCN Region 1, which include VAMCs in Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, D.C., and West Virginia. In those states, VA Community Care Network benefits are administered by Optum and providers should follow the processes established by VA and Optum in that region.

***Providers may not collect any co-pay, cost-share, or deductible from a Veteran as part of this benefit.***

### Urgent Care/Retail Process

1. The Veteran self-presents to a TriWest network urgent care or retail location clinic.
2. The clinic asks the Veteran for his or her:
  - ➔ Date of Birth (DOB)
  - ➔ Last four digits of the Social Security number (SSN)
  - ➔ Home VA Medical Center (VAMC)
  - ➔ Home address
3. Clinic staff calls TriWest at 833-4VETNOW (833-483-8669) to confirm the Veteran's eligibility using the DOB and SSN information. Always be sure to call first to check the Veteran's eligibility BEFORE rendering care. Failure to do so could cause a denial of the Urgent Care claims and an inability for the Veteran's urgent medication to be provided without Veteran payment upfront.
4. If eligibility is confirmed, the clinic treats the Veteran for his or her medical condition.
5. The clinic provider may write a prescription for up to a 14-day supply of medicine. The medicine must be listed on VA's Urgent Care Formulary, available here: <http://www.triwest.com/urgent-formulary>.
  - ➔ The Veteran may fill the prescription at any in-network pharmacy with Express Scripts, available here: [www.va.gov/find-locations](http://www.va.gov/find-locations). No voucher is required for a Veteran when fulfilling an urgent medication prescription. The eligibility check done by the Urgent Care site also activates the pharmacy benefit.
6. After the Veteran leaves, the clinic submits medical documentation from the visit to the Veteran's home VAMC **within 30 days** of the date of service.
  - ➔ If the Veteran doesn't know his or her home VAMC, the clinic can look up the VA facility closest to the Veteran's home address using this VA lookup tool: [www.va.gov/directory/guide/home.asp](http://www.va.gov/directory/guide/home.asp).
  - ➔ The provider can look up the medical documentation fax number for the VAMC here: [www.triwest.com/vamc-contacts](http://www.triwest.com/vamc-contacts).

7. The urgent care clinic then submits its claim **within 30 days** to WPS Military and Veterans Health (WPS MVH), TriWest's claims processor. TriWest is responsible for paying claims.
  - ➔ Providers can submit claims electronically by enrolling with WPS EDI at <https://edi.wpsic.com/edir/home>.
  - ➔ Providers can submit paper claims via mail to WPS MVH, P.O. Box 7926, Madison, WI 53707-7926.

## Covered and Excluded Services for Urgent Care/Retail Location Benefit

VA defines urgent care as the treatment of non-emergent symptoms needing immediate attention, such as flu-like symptoms, strep throat, minor burns, pink-eye, or ear and skin infections. The Urgent Care/Retail Location benefit is **not** intended to cover routine primary care or preventive screening services.

To help providers better understand what is excluded, VA has provided a list of excluded codes, available here: [www.triwest.com/UC-excluded-codes](http://www.triwest.com/UC-excluded-codes).

As noted on the list, some of these codes refer to care that is screening or preventive by nature. The remaining codes refer to care that may or may not be used for screening or prevention. However, these codes **are** allowed when used as a diagnostic test for a presenting condition.

### Flu Shots: Covered as “Incidental”

VA allows providers to administer the flu shot to Veterans during an urgent care/walk-in visit, as long as the shot is appropriate to the condition being treated, or is indicated for the Veteran.

VA will **not** cover flu shots as a standalone service under the PC3 Urgent Care/Walk-in benefit or any other PC3 benefit. If an eligible Veteran visits an urgent care location for the sole purpose of receiving a flu shot, it will be denied. The only exception is visits to Walgreens, where VA has a separate contract for administration of a flu shot independent of any urgent care needs.

### If Veteran is NOT Eligible

If a Veteran is NOT eligible for the Urgent Care benefit, there are same-day access options available for primary care and mental health care at the VA. Staff should let the Veteran know to contact his or her VAMC for other same-day options.

### Additional/Follow-Up Care

For additional care after the urgent care or retail location treats the Veteran, the Veteran should be referred back to the home VAMC or preferred community provider. **Do NOT submit a Request for Service (RFS) to TriWest.**

## Emergency Situations

If a Veteran's situation escalates to a true emergency, the urgent care or retail location clinic should take whatever action is necessary to protect the health and safety of the Veteran. For example:

- ➔ Call 9-1-1
- ➔ Call the Veteran's family to transport the Veteran to the emergency room
- ➔ Order an ambulance to take the Veteran to the emergency room

## Critical Findings

Providers must report any Critical Findings discovered during urgent care/retail location treatment to the Veteran's home VAMC **within 24 hours by phone**.

VA defines a Critical Finding as one of the following:

- ➔ A test result value or interpretation that, if left untreated, could be life-threatening or place the Veteran at serious risk
- ➔ A newly identified suicide risk in a Veteran
- ➔ A new diagnosis of cancer