

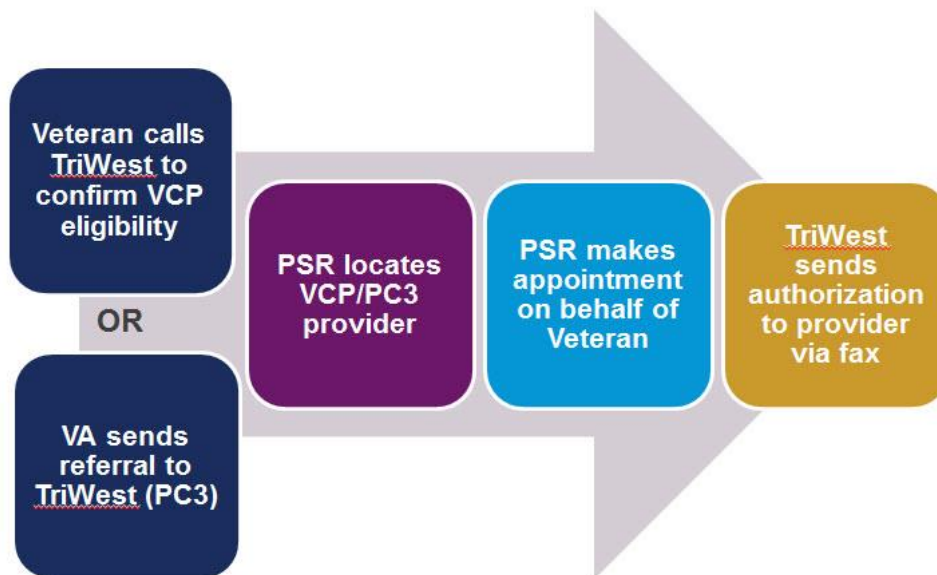
Appointment Scheduling Process

Quick Reference Guide

Key Points:

- TriWest Healthcare Alliance is responsible for making appointments for Veterans and generating authorizations to providers under the Department of Veterans Affairs' (VA) Patient-Centered Community Care Program (PC3) and Veterans Choice Program (VCP).
- Providers should not administer care to a Veteran without an authorization; otherwise, they risk losing reimbursement.
- Under VCP, a Veteran needs to call TriWest to confirm eligibility and may request to see a certain provider; OR
- Under PC3, the VA medical center (VAMC) sends a referral directly to TriWest for a Veteran.
- TriWest will then follow the corresponding Appointment Scheduling Process, outlined below.

TriWest's goal is to improve clinical coordination by utilizing TriWest's **Patient Services Representatives (PSRs)** to ensure timely appointments for Veterans.



Providers should not administer care to Veterans without an authorization; otherwise, they risk losing reimbursement for their services.

Appointment Scheduling Process:

1. Veteran calls TriWest, or VAMC sends referral to TriWest

- Under VCP (Choice), a Veteran must call the number on the back of his or her Veterans Choice Card to confirm eligibility and initiate the appointing process.
- Under PC3, a VAMC sends a referral directly to TriWest for a Veteran.

2. TriWest PSR locates a VCP or network provider to see the Veteran

- Under VCP (Choice), the Veteran may request to see a specific provider that's not in-network with TriWest. The PSR will call the provider to confirm if he or she is Medicare-participating. If so, the PSR will ask if the provider is willing to participate in VCP and see the Veteran.
- If the Veteran doesn't have a specific request, under both programs, the TriWest PSR will locate a provider for the Veteran.

3. TriWest PSR makes appointment for the Veteran

- The PSR makes an appointment with the provider's office on behalf of the Veteran.

4. TriWest faxes an authorization to the provider

- TriWest will send a detailed [authorization letter](#) to the provider via fax that outlines the approved episode-of-care for the Veteran.
- Providers should not administer care to Veterans unless they have an authorization on file; otherwise, they could lose reimbursement.
- For more information on what's included in the authorization letter, please review our [Authorization Letter Quick Reference Guide](#).

Access to Care Standards:

Category	Standard
Appointment Scheduled	Within 20 calendar days of TriWest receiving the referral from the VAMC or the Veteran calling TriWest
Office Wait Time	20 minutes from scheduled appointment
Basic Drive Time Standards	<ul style="list-style-type: none"> ➤ Urban – 45 minute commute ➤ Rural – 100 minute commute ➤ Highly Rural – 180 minute commute
Higher Level of Care Drive Time Standards	<ul style="list-style-type: none"> ➤ Urban – 90 minute commute ➤ Rural – 180 minute commute ➤ Highly Rural – within the community standard commute time
Primary Care Drive Time Standards	<ul style="list-style-type: none"> ➤ Urban – 30 minute commute ➤ Rural – 45 minute commute ➤ Highly Rural – 60 minute commute
Women's Health Drive Time Standards	<ul style="list-style-type: none"> ➤ Mammograms and maternity care must be within 50 miles or a 60 minute commute time