Provider Claims and Reimbursement Quick Reference Guide

Key Points:
- **All services** require a prior authorization from TriWest Healthcare Alliance to prevent claims denials.
- Medical documentation must be submitted to TriWest, and claims must be submitted to Wisconsin Physicians Service (WPS), TriWest’s claims processor.
- Claims should be submitted within 30 days after services have been rendered.
- Providers will collect no copays, cost-shares, or deductibles. Providers will be paid for all authorized care according to their contract or Veterans Choice Program (VCP) agreement.
- According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by the Department of Veterans Affairs (VA) to a non-VA facility or provider shall be considered payment in full. Providers may not impose additional charges to TriWest or the Veteran for services that have been paid by VA.
- Providers may upload medical documentation and check the status of submitted claims by registering for a secure account on the TriWest Provider Portal at www.triwest.com/provider.

To find your Payer ID please navigate to the link below.


**Note:** If you cannot find your Clearinghouse in the link above, you must call your Clearinghouse to receive the Payer ID it requires.

Follow these steps to submit claims:

1. **Upload Medical Documentation to TriWest Provider Portal**
   - Register for a secure account on TriWest’s Provider Portal at www.TriWest.com/provider and upload medical documentation directly to the system.
   - *Documents up to 5 MB can be uploaded in PDF or TIF format*
   - For details on what types of medical documentation to include, as well as timeframes for submitting, review our Medical Documentation Quick Reference Guide.
   - If unable to access the Provider Portal, fax medical documentation to TriWest at 1-866-259-0311.
(2) Submit Claims to WPS
TriWest uses WPS for all claims processing. After submitting medical documentation to TriWest, send claims either:
- **Electronically.** Set up an EDI to submit electronic claims by calling WPS at 1-800-782-2680 and selecting Option 1.
- **Via mail.** Mail paper claims to the following:
  
  WPS-VAPC3  
  PO Box 7926  
  Madison, WI 53707-7926

**Timely claims submission:**

- Providers should use their best efforts to submit claims within 30 days of rendering services. Adhering to this recommendation will increase provider offices’ cash flow, as well.
- As of Sept. 1, 2017, TriWest is no longer accepting outstanding claims with a date-of-service (DOS) before Jan. 1, 2016.
- As of Dec. 1, 2017, TriWest is no longer accepting outstanding claims with DOS prior to June 30, 2016.
- All claims with DOS on or after July 1, 2017 must be submitted within 180 days from date of service. Initial claims submitted after this time frame will deny for timely filing. Providers may not bill Veterans for these denied claims.

** Providers can always check the status of their claims by logging into their secure account on the TriWest Provider Portal at [www.triwest.com/provider](http://www.triwest.com/provider). **

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<tr>
<th>Provider Reimbursement Details</th>
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<tr>
<td><strong>VA-Authorized Care</strong></td>
<td>No payment will be made to a provider for unauthorized services rendered to Veterans; services must be authorized by VA and TriWest.</td>
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<td><strong>Reimbursement Methodologies</strong></td>
<td>Provider reimbursement will follow Medicare guidelines respective to the type of service authorized and performed.</td>
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<td><strong>Payment in Full</strong></td>
<td>According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by VA to a non-VA facility or provider shall be considered payment in full. Accordingly, the facility or provider, or the agent for the facility or provider may not impose any additional charge for any services for which payment is made by VA to either TriWest or the Veteran beneficiary.</td>
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| **Copays, Cost-Shares and Deductibles** | Providers will:  
  - Collect no copays.  
  - Collect no cost-shares.  
  - Collect no deductibles.  
  - Be paid for all authorized care according to their contract or VCP agreement. |
| **Claims Appeals** | Claims appeals should be submitted **within 90 days** of receipt of the Explanation of Benefits or Remittance Advice. Claims appeals should be submitted to:  
**Mail:** WPS-VAPCCC  
PO Box 14491  
Madison, WI 53708-0491 |
| --- | --- |
| **Electronic Data Interchange (EDI) Software Option** | You may choose an EDI software program from a vendor, clearinghouse or billing service whose software already has been approved for Patient-Centered Community Care (PC3) and/or VCP electronic claims submission. WPS EDI Connection publication, available at: [http://www.wpsic.com/edi/files/edi-va-connection.pdf](http://www.wpsic.com/edi/files/edi-va-connection.pdf) provides all of the information you need to make an informed decision about a vendor or clearinghouse selection.  
WPS also provides a link to PC-Ace Pro32, which is a “standalone” software package that creates a patient database and allows your office to submit most claims electronically. Go to [http://www.wpsic.com/edi/tools.shtml](http://www.wpsic.com/edi/tools.shtml) to find out more about PC-Ace Pro32. |
| **To Enroll for Electronic Remittance Advice (ERA); or … Electronic Funds Transfer (EFT)** | Contact WPS:  
**Online:** [http://www.wpsic.com/edi/edi-forms.shtml](http://www.wpsic.com/edi/edi-forms.shtml)  
**Fax:** 1-608-223-3824  
**Email:** EDI@wpsic.com  
**Phone:** 1-800-782-2680, Option 2 |
| **Recoupment** | When TriWest or WPS identifies an overpayment, a recoupment will be established.  
- An initial letter and a 30-day follow-up letter will be mailed to the billing address of the group or facility. If the overpayment is returned by the provider in accordance with “Returning Incorrect Payments,” the recoupment case is closed. To ensure the recoupment is credited to the correct case, include a copy of the original recoupment letter with the remittance.  
- If there is an overpayment balance remaining, TriWest will offset it against current and future claims as necessary. |
### Returning Incorrect Payments

If you receive an overpayment for a claim, return it to WPS. To ensure the refund is credited to the correct claim when returning payments, include a copy of the provider remittance advice or ERA. If one of these documents is not available, include the claim number, the last four digits of the Veteran’s social security number or Department of Defense (DoD) benefits number, the eligible Veteran’s name, refund calculation and any other pertinent information. Send returned payments to:

**Mail:**
WPS-VAPCCC  
PO Box 14491  
Madison, WI 53708-0491

### Claims Correspondence

Any correspondence in support of a claim should be submitted to:

**Mail:**
WPS-VAPCCC  
PO Box 14491  
Madison, WI 53708-0491