Authorization Management for the Veterans Choice Program (VCP) and Patient-Centered Community Care (PC3) Program
VA Programs Background

Department of Veterans Affairs (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 the President 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.

LONG WAITS

Confidential and Proprietary
Veterans Choice Program (VCP)

- VCP is **Veteran driven** for start of appointment request versus PC3, which starts with a VA referral.

- Veterans using VCP must meet **specific criteria**:
  - The closest VA Medical Center (VAMC) or Community-Based Outpatient Clinic (CBOC) with primary care is more than 40 miles from their home; or
  - They are, or will be, on a wait list of 30 days or more with a VAMC.

- If a Veteran needs to make a VCP appointment, refer them to the number on the back of their Choice Card. Or you can call TriWest on their behalf: **1-866-606-8198**.
Access to Care Goals

- To ensure timely appointments for Veterans (Veteran seen within 30 days)
- To allow Veterans to specify their preferences and:
  - Have TriWest’s Patient Service Representative (PSR) schedule an appointment on their behalf
  - Schedule an appointment directly with a network provider using TriWest Chat™
- TriWest has 5 days to get an appointment scheduled before the referral is returned to the supervising VAMC
- VA’s standards for access to care also require providers see Veterans within 20 minutes of the time scheduled
Appointment Pathway Determined

Veteran enrolls with national VA

Veteran calls TriWest for VCP care

Veteran contacts VA for care

TriWest confirms, VA issues referral #

VA issues a referral # to TriWest

Veteran receives text with option to self-appoint
Historic Pathway - TriWest Appoints

Veteran declines self-appoint option

PSR locates VCP/PC3 provider

PSR appoints on behalf of Veteran

TriWest confirms in system for authorization
Veteran Self-Appoints with TriWest Chat™

1. Veteran initiates Chat to define preferences
2. Veteran chooses from displayed providers
3. Veteran contacts provider, schedules appointment
4. Veteran confirms date, time and provider via TriWest Chat
TriWest Authorization Process

1. Appointment date/time is confirmed in TriWest’s system
2. Consult notes and records are available in Provider Portal for download
3. Provider downloads documents for review
4. 5 days prior to the appointment, a formal authorization letter is generated
5. Provider can download, or opt for fax, for receipt of authorization letter
Authorizations for Veteran Programs
Confirmed Authorizations

- Consult details are available immediately for authorized providers.
- For Veterans who are eligible because of a 30-day wait list, clinical/consult information is provided from the supervising VAMC.
- For Veterans who are eligible because of distance constraints (>40 miles), the TriWest authorization is provided, but consult may not always be available.
- Providers will receive a detailed authorization letter for care from TriWest 5 days prior to the appointment date.
Ancillary Authorizations

- Routine labs and X-rays are included in all TriWest authorizations
- For surgeries, anesthesiology services are also included in authorizations

*Primary providers must include the authorization number with your order for the labs, X-rays, or anesthesiologist or facility*

- If you are the primary provider/practice, instruct the ancillary provider to include the authorization number on its claim when billing TriWest and provide any additional consult notes required
Ancillary Authorization (cont.)

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 at a minimum
- 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
Authorizing Post-Discharge Care

- TriWest coordinates inpatient health care with network facilities when VA has authorized the care.
- For discharges, the facility should coordinate with TriWest to arrange necessary supplies, home health, and durable medical equipment (DME).
- Complete the Secondary Authorization Request Form available on [www.triwest.com/provider](http://www.triwest.com/provider).
- Submit the completed form by fax only: 1-866-259-0311.
- DME authorizations are managed by each VAMC directly.
Authorizing Transition of Care

- All transitions of care need to be approved by and coordinated with VA
  - A secondary authorization request initiates this review
- Receiving provider must have a new, unique authorization before initiating treatment
- When multiple visits/procedures/treatments are involved in a specific episode of care, the number of treatments and/or the time period will be determined by VA or be predetermined as part of a Standardized Episode of Care (SEOC)
Emergency Health Care Process

- Emergency care should be provided to any eligible Veteran who self-presents to an emergency room (ER).
- The ER/Facility must contact the Veteran’s VAMC within 72 hours for ER care or for an emergency admission (this also applies to weekend notifications).
- VAMC health care staff will determine the Veteran’s eligibility and authorize care if Veteran is eligible.

*TriWest does not authorize emergency room care or emergency admissions.*
Expanding or Extending Authorizations – The Secondary Authorization Process
Secondary Authorization Process

Secondary Authorization Requests (SAR) should be submitted to TriWest when a provider determines:

- A Veteran needs additional care from another provider or office (such as a specialist) with a different TIN
- A Veteran needs a second opinion
- A Veteran needs continued care outside the authorized date range or beyond the defined visit/unit count
- A Veteran needs additional services not included on the authorization letter

TriWest authorization letters are now more inclusive of CPT codes, eliminating the need for frequent SARs
Secondary Authorization Process (cont.)

- Access the SAR decision tool at [www.triwest.com/provider-SAR](http://www.triwest.com/provider-SAR) to determine whether a SAR is necessary.

- The request for care should include:
  - SAR
  - Notes
  - Discharge plans
  - Justification for the request for additional services

- Submit the completed SAR to TriWest by fax to: 1-866-259-0311
Secondary Authorization Process (cont.)

- TriWest submits SARs to the appropriate VAMC, if needed
- The initial turnaround time is 14 business days
- Check the status of the SAR request on the TriWest Secure Provider Portal at www.triwest.com/provider
Quick Reference Guides

- Veteran Self-Appointing Quick Reference Guide
- Standardized Episodes of Care (SEOC) authorization letters
- General authorization letters
TriWest Provider Resources

- 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

It’s EASY! 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”
Thank You!