Department of Veterans Affairs
Community Care Programs
Home Health Care Process
Discussion Points

Home Health Care Process - Webinar

- Which VA Region Are You In?
- Home Health Overview
- Home Health Processes (Notification-Documentation)
- Medical Claims and Billing
- Requesting Additional Services or Authorizations
- Provider Resources
Home Health Care Online Resource

Home Health Care Process - Webinar

- Home Health Quick Reference Guide available 24/7
- www.TriWest.com/HomeHealth
- TriWest’s Payer Space on Availity

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Home Health Care
Quick Reference Guide

Key Points:
- TriWest Healthcare Alliance supports fee-for-service under the Veterans Choice Program (VCP) or TriWest-assisted Community Care (PCA) program, even if providers previously already billed the Department of Veterans Affairs (VA) in this fashion.
- Home health providers who serve Veterans under the VCP or PCA need to bill TriWest according to Medicare guidelines.
- Upon determining the Request for Authorized Payment (RAP) by the US-GP, providers should bill at minimum one month, even though the Medicare requirement is zero.
- If a Veteran was previously referred directly from VA, providers must initiate a new Outcome and Assessment Information Set (OASIS) assessment since the Veteran has been referred.
- If TriWest calls a home health agency requesting care for a Veteran, or the provider receives an authorization from TriWest, VA has initiated transfer of care from the facility to TriWest's community care provider under VCP or PCA.

TriWest Authorized Care

As VA providers, Veterans from directly authorized home health care to the VCP or PCA programs, providers should be aware that TriWest - not VA Medical Centers - is the administrator. Additionally, TriWest is responsible for authorizing the care in coordination with VA and paying provider claims.

Therefore, home health providers should follow the process below:
- TriWest calls the provider requesting a Veteran be seen; OR
- TriWest sends an authorization to the home health provider for a Veteran to be seen.

Home Health Documentation:

Once TriWest has contacted the home health provider via phone or written authorization, VA has already initiated transfer of the Veteran’s care to TriWest’s community care provider under the VCP or PCA.

With transition to VCP or PCA programs:
- Begin following the Medicare protocol immediately.
- Discontinue fee-for-service billing to the VA medical center once the VA authorization ends and the VCP or PCA authorization from TriWest begins.
Which VA PC3 Region Are You In?

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[Map showing regions of the United States divided into regions 1 to 6]
Home Health Overview

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VA programs cover home health care for the following:

- Skilled nursing
- Home infusion (when needed for home health)
- Therapy services (PT/OT/ST)

VA programs do NOT cover non-skilled services:

- Respite
- Custodial care
- Homemaker services
VA may transfer Veterans from their direct management of home health care to the VA programs.

TriWest – not VA – administers this care once transferred.

Once transferred, TriWest is responsible for pushing the authorization letter and paying claims.

TriWest *cannot pay fee-for-service* under the VA community care programs, even if providers previously billed VA that way.
TriWest is required by contract to reimburse using Medicare Home Health PPS guidelines.

Please visit the CMS website to learn more about Medicare’s PPS for Home Health.

The VA does not require TriWest to enforce Medicare’s skilling criteria; no requirement for:

- Home bound status
- Face-to-face documentation
- Skilled need certification
- PECOS enrollment by the ordering physician
Home Health Care Processes - Notification to Documentation
Home Health Process – Appointing

Appointing may happen in one of two ways:

1. **VA Medical Center (VAMC)** staff may call the provider to set up the episode of care; OR
2. **TriWest** may call the provider to set up the episode of care
After appointing, TriWest generates an authorization letter and sends it to the provider.

Once you receive the TriWest authorization, begin following the Medicare model:

- Discontinue fee-for-service billing to the VAMC.
- Initiate a new episode of care (EOC), including a **new** Outcome and Assessment Information Set (OASIS) assessment.
- Create a **plan of care** from the new OASIS assessment.
VA requires home health providers to submit plan of care medical documentation to authorizing VAMC.
Submit initial plan of care (formerly known as the CMS485) to the VAMC within **three business days** from the start of care
- The plan of care should be signed by the clinician who performed the intake assessment and developed the plan of care
- It is **not** necessary to wait until the ordering physician signs the plan. Often a VA physician needs to sign once submitted.

Within **five business days** of completing care, submit an end EOC record (a.k.a., discharge summary)
Medical Claims and Billing

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 WPS Military and Veterans Health (WPS MVH). TriWest’s claims processor.
- Claims should be submitted within 30 days after services have been rendered but never later than 180 days.
- Providers will collect no copays, cost-shares, or deductibles. Providers will be paid for all authorized care according to the Patient-Centered Community Care (PCC) contract or the Veterans Choice Program (VCP) terms and conditions.
- 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.

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 TriWest. TriWest submits documentation to VA.
   - Documents up to 5 MB can be uploaded in PDF or TIFF 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 your practice is unable to access the Provider Portal, fax medical documentation to TriWest at 1-888-250-0311.

2. Submit Claims to WPS MVH
   - TriWest uses WPS MVH for all claims processing. After submitting medical documentation to TriWest, submit claims either electronically or via mail.
   - For claims or reimbursement questions, call WPS MVH: 855-722-2338, Option 3, Option 3.
TriWest Claims Processor – WPS MVH

Send all claims to WPS Military and Veterans Health (WPS MVH), TriWest’s claims processor

**Electronically** via a partnered clearinghouse, the Availity Portal, or PC-Ace Pro32 (WPS proprietary software you install on your desktop)

Enroll with WPS EDI to set up electronic claims submission

**Via mail** – mail paper claims to:

WPS MVH, PO Box 7926
Madison, WI 53707-7926

*All paper claim forms must be compliant with CMS criteria. Hand-written or copied forms that cannot be scanned will reject.*
WPS is now using EnrollHub!

CAQH took its nationalized credentialing approach and expanded it to Electronic Funds Transfer (EFT) enrollment.

One simplified, streamlined enrollment allows you to securely provide your EFT/ERA data to all of your payers – at NO COST TO YOUR PRACTICE!

Visit https://www.caqh.org/solutions/enrollhub to view a demo, and get started with this smart, fast payment solution!

EnrollHub Support Desk:
- Email: efthelp@EnrollHub.CAQH.org,
- Phone: 1-844-815-9763
How TriWest Pays and Determines Rates

VA sets contractual guidelines for TriWest to follow when reimbursing claims

 Unlike private insurers, TriWest must follow VA’s rules and defined scope of coverage

 Payments are based on current Medicare fee schedule, then VA fee schedule, then UCR, then reasonable billed charges

 Use TriWest’s VA Fee Lookup Tool – www.triwest.com/provider
Submitting Claims – Initial Billing

Follow Medicare coding and billing guidelines

After completing an OASIS assessment, fill out a Request for Anticipated Payment (RAP) claim – use Type Of Bill Code 322

Submit the RAP using a UB-04

When completing the RAP on the UB-04, providers should bill at minimum one penny, even though the Medicare requirement is zero

If a Veteran chooses to use his/her VA benefits over Medicare, then TriWest is primary over Medicare and pays 100% of the allowed.
Submitting Claims – Final Billing

At the end of the EOC, submit final billing using *Type of Bill Code 329*

OASIS assessment details reveal a code required for billing. If the OASIS data/code is not included on the claim, then the claim will be denied.

If a Home Health claim needs to be cancelled, you must submit a claim with a Type of Bill Code 328

All providers should make their best effort to submit claims within 30 days

VA programs have a 180-day deadline for submitting claims
Secondary Authorization Requests (SAR) & Requests for Services (RFS)
SAR/RFS Process

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Authorization requests should be submitted when a provider determines:

- A Veteran needs additional episodes of home health care

Authorization requests NOT NEEDED for:

- Additional services
- Additional medical disciplines
- Additional providers

All skilled services are included in the original home health authorization.
The request for care should include:
- A completed authorization request
- Include supporting clinical notes and any discharge plans
- Your clinical assessment and the supporting rationale for the additional services

**ALWAYS FAX** the request to either the authorizing VAMC, or TriWest
- Use the coversheet included with your authorization letter – stating referral details
- Ensure the authorization number, Veteran’s name, date of birth and last four digits of Social Security number is visible on every page

Routine, Urgent or Emergent Requests

To escalate Veterans with highest need, VA assesses requests based on **clinical need** and priority.

There are three clinical priority levels for a request – Routine, Urgent and Emergent.

- ROUTINE: Any care that is not urgent or emergent is considered routine. Up to 14 calendar days to review.
- URGENT indicates that processing time greater than two days could jeopardize life, health, ability to regain maximum function, or will subject Veteran to severe pain.
- EMERGENT indicates a new issue/diagnosis has developed. VA determination of emergent care includes loss of limb, loss of life, loss of eyesight and other urgency at this level.
Provider Resources and Contacts
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 & links to important information
It’s EASY! Register for a secure account to:
- Check authorization status (including SARs)
- Print authorization information
- Check claims status

Visit www.triwest.com/provider and click “Register for Secure Access”
Availity Multi-Payer Portal

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Availity’s Basic clearinghouse options allow providers to submit claims electronically **at no charge to the provider!**

Your login gives you access to multiple payers – including TriWest, TRICARE, Blues, Aetna and more

TriWest’s Payer Space has all of TriWest’s tools and training in one centralized location

To dual enroll with WPS, use Trading Partner ID of 70000 for setting up electronic transactions with Availity as a clearinghouse
Who to Contact

- Please access the Provider menu and enter the ZIP code for your practice if requested
- You can reach our team for authorization questions, assistance with the provider portal, claims questions and contracting or credentialing questions
- Claims questions? Contact a dedicated claims representative by phone – 1-866-651-4977
- EMAIL: ProviderServices@TriWest.com
Thank You!