Medical Documentation Requirements: Veterans Choice Program (VCP) and Patient-Centered Community Care (PC3) Program
Questions? Just ask!

Please use the Q&A section to submit your questions! We don’t want to miss them!
Discussion Points

Medical Documentation Requirements – Webinar

- Which VA PC3 Region Are You In?
- Where to Send Medical Documents
- Medical Documentation Requirements
- Provider Resources
Which VA PC3 Region Are You In?

Medical Documentation Requirements - Webinar
Medical Documentation: VA Requirement

Medical Documentation Requirements – Webinar

- VA requires providers to submit medical documentation for *all services* to ensure coordination of care for Veterans
- Clinical and utilization review require medical documentation
- Submit medical documents *before* submitting claims
Where to Send Medical Documents
Medical Documentation Regions 3, 5 and 6
Submit medical documentation to TriWest
Medical Documentation Regions 3, 5 and 6

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(1) Upload Medical Documentation to TriWest Provider Portal
   - Register for a secure account on TriWest’s portal at www.TriWest.com/provider and upload medical documentation directly to TriWest’s system

(2) As Backup, Fax Medical Documentation to TriWest
   - Main line: 1-866-259-0311
   - Behavioral Health line: 1-866-284-3736

Medical Documents to TriWest Provider Portal
Medical Documentation Regions 1, 2 and 4
Submit medical documentation to VA
HSRM for Regions 1, 2 and 4

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Upload directly to VA via the HSRM portal. To get set up:

1. Ensure you have a signed contract or agreement with TriWest. This submits your data to VA.

2. Go to ID.me and set up a personal account using your social security number and phone number.

3. Follow VA’s 2-step verification.
If you try to submit medical documents through the TriWest Provider Portal, you will receive the following error message:

Please submit your medical records directly to the referring VA Medical Center identified on your authorization. TriWest does not accept medical records or pre-authorization requests for this VA Medical Center. Thank you!
Providers submit medical documentation for initial and final summary of episode care

Regions 1, 2 and 4: Faxes sent directly to your VAMC **must** include unique identifiers **on each page**:

- Veteran’s name, date of birth, authorization number and last four of social security number
Submission Timeline Requirements

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- Outpatient care - **30 calendar days**
- Inpatient care - **30 business days** after discharge
- Urgent specialty care
  - Choice: **2 business days**
  - PC3: **48 hours**
  - Oral reports should be provided to VA point of contact within 48 hours when indicated on authorization form
- Authorization may request medical documentation be returned sooner based on clinical need
Medical Documentation – Specialty

VA has specific medical documentation requirements for some specialty providers

- Gastroenterology
- Radiation Oncology
- Behavioral Health

For easy access to this information, visit www.triwest.com/provider or TriWest’s Payer Space on www.availity.com

View appropriate Quick Reference Guide
Surgical procedures – Complete the VA Purchased Surgical Care Outcome form

Download the form at www.triwest.com/provider and click on “Find a Form”

Quick reference guides available at www.triwest.com/provider
**Inpatient rehabilitation** – Complete the CMS Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

The IRF-PAI example can be found at [https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf)

Quick reference guides available at [www.triwest.com/provider](http://www.triwest.com/provider)
Medical Documentation – Specialty (Cont.)

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- **Behavioral Health** documentation **should** include medical Progress notes
  - Treatment, diagnosis, testing, assessment, Plan of Care

- **Behavioral Health** documentation **should NOT** include Psychotherapy Process Notes
  - Process notes should be kept separate from the Veteran’s medical record, per HIPAA regulation
  - Psychotherapy Process notes document or analyze the contents of conversation during a private counseling session
Critical Findings

VA defines Critical Findings as a test result value or interpretation that, if left untreated, could be life-threatening or place the Veteran at serious risk.

Critical values/results are results from laboratory, cardiology, radiology and other diagnostic areas that upon analysis are determined to be “critical,” regardless of the ordering priority.
Critical Findings (Cont.)

VA requires that for any Critical Finding test result, the provider shall:

- Notify the VA POC by phone (as listed on the authorization/referral) **within 24 hours** of the test/evaluation/treatment
- Note in the medical documentation that the VA POC was notified of this Critical Finding and include the date of the notification
A newly identified suicide risk in a Veteran not referred for inpatient mental health should be considered a Critical Finding

Provider shall contact VA by phone within 24 hours

A new diagnosis of cancer should be considered a Critical Finding – notify your VA POC within 48 hours of diagnosis
Urgent Follow-Up and Additional Care

If a provider determines the Veteran requires:

- Urgent follow-up *after completion* of episode of care, or
- Urgent additional care *during* the episode of care …

Notify the authorizing VA facility POC **within 24 hours**
For a Secondary Authorization Request/Request for Services (SAR/RFS), send medical documentation to the appointing entity

- Sometimes that might be TriWest
- Sometimes that might be your local VAMC

Reference matrix resource for appointing entity:
https://www.triwest.com/en/VAPC3-Provider/Resources/VAMC_Lookup_Matrix.xlsx
Provider Resources
Review the **Medical Documentation Quick Reference Guide** for more details on what information to include when submitting medical documents.
TriWest Provider Resources

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- 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

ASC Facility Claims

Quick Reference Guide

Key Points
- TriWest functions as a Medicare Administrative Contractor (MAC) for the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Defense (DoD) to handle Medicare enrollees in these government programs.
- ASC claim forms are submitted to TriWest on an ASC-100 claim form. Some commercial carriers require submission of ASC claim forms on a UB-04 form, but TriWest does not.
- To ensure that all ASC claims are properly submitted, a complete service list of each patient at the enrolled ASC is required. This list includes all services billed and all services not billed.

TriWest’s Role

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ASC Facility Claims

Understanding Medicare reimbursement rules for ASC patients can be challenging. Medicare requires that ASCs submit claims on the ASC-100 claim form. Some commercial carriers require submission of ASC claim forms on a UB-04 form, but TriWest does not.

Tools for ASC Facility Claims

- ASC-100 Claim Form
- UB-04 Claim Form (if required by commercial carriers)
- Claims Submission Guidelines
- Medicare Billing Requirements

ASC Facility Claims Tips

1. Ensure that all services billed are included in the overall service list.
2. ASC-100 claims should be submitted on a UB-04 form for commercial carriers, as required.
3. ASC-100 claims should include all services billed and all services not billed.

TriWest Healthcare Alliance

1-800-228-9859
www.triwest.com/provinfo
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!