Department of Veterans Affairs
Veterans Choice Program (VCP) and Patient-Centered Community Care (PC3)
Questions? Just ask!

Use the Q&A pod to your right to submit questions so we don’t miss them!
Presentation Outline

Introduction to VCP and PC3 – Webinar

- Background, Need, Overview
- Health Care Management
- Provider Claims and Medical Documentation
- Provider Resources
- Provider Portal Demo
The TriWest Provider Portal is your one-stop shop for information on filing claims and navigating the Department of Veterans Affairs (VA) programs outlined in this training.

www.triwest.com/provider
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 President Obama 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
The Veterans Choice Program (VCP) is the newest addition to VA’s Patient-Centered Community Care (PC3) program.

VCP provides eligible Veterans with community access to primary care, inpatient and outpatient specialty services, and behavioral health care.

VCP is Veteran-driven.

All Veterans enrolled for care with VA as of Aug. 1, 2014 received a Choice Card.
Veterans' eligibility to use their Choice Card in the private sector is determined by VA under the outlined 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.

When a Veteran needs to make an appointment, refer them to the number on the back of their Choice Card. If you would like to schedule an appointment on their behalf, call TriWest to make the appointment: 1-866-606-8198.
Veterans are encouraged to access care through TriWest’s network providers, who are certified to meet VA’s quality standards.

VCP allows an eligible Veteran to request seeing a non-network provider.

TriWest will verify the Veteran’s non-network provider is willing to accept the VCP terms and conditions and meets the (credentialing) licensing requirements.
VCP and Network Providers

All TriWest network providers under PC3 are automatically eligible to participate in VCP.

If a provider is not interested in signing a PC3 contract with TriWest, but wants to participate in VCP, they must establish a provider *agreement* with TriWest:

- Must agree to treat Veterans on an “as-needed” basis for each authorization and agree to VCP “**Terms and Conditions**” for the care being authorized.
Health Care Management
Appointment Scheduling & Authorization

Goals:

- To improve clinical coordination by utilizing TriWest’s Patient Service Representatives (PSRs)
- To ensure timely appointments for Veterans
Appointment Scheduling & Authorization

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Veteran calls TriWest to confirm VCP eligibility

OR

VA sends referral to TriWest (PC3)

PSR locates VCP/PC3 provider

PSR makes appointment on behalf of Veteran

TriWest sends authorization to provider via fax
To avoid claims denials, all care requires an authorization from TriWest *before* services are rendered

For Veterans who are eligible because of a 30-day wait list, providers will also receive clinical/consult information from a VAMC

For Veterans who are eligible because of distance constraints (>40 miles), only the TriWest authorization is provided
Access to Care Standards

Appointments for Veterans will be scheduled within:
- 2 days for urgent care requests
- 5 days for routine care requests

Appointments that are not scheduled within this timeframe must be returned to VA (by TriWest)

Veterans shall be seen within 20 minutes of their scheduled appointment time
Routine labs and X-rays are included in TriWest authorizations

For surgeries, anesthesiology services are also included in authorizations

*Include the authorization number with your order form for the labs, X-rays, or anesthesiologist*

Instruct the ancillary provider to include the authorization number on its claim when billing TriWest
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
- 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**
Inpatient Care and Transfer Process

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 equipment.

- Complete the Secondary Authorization Request Form available on www.triwest.com/provider
- Submit the completed form by fax: 1-866-259-0311
Continued Stay and Transfer Process

TriWest will coordinate with VA to:
- Facilitate the transfer of the Veteran back to a VA facility or elsewhere, and
- Complete discharge planning to their home, if other services are required
Transition of Care Process

All transitions of care need to be approved by and coordinated with VA

Provider must have a new, unique authorization before initiating treatment

When multiple visits/procedures/treatments are involved in an episode of care, the number of treatments and/or the time period will be determined by VA
Emergency Health Care Process

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

Forms available at [www.triwest.com/provider](http://www.triwest.com/provider)
Critical Findings

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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.)

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

- Notify the VA point of contact (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

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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*
Mental Health Care Services

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- PC3 and VCP cover services delivered by qualified, authorized mental health care providers to diagnose and/or treat mental health components of a medical or psychological condition.

- Veterans with a history of Military Sexual Trauma receiving treatment related to this condition will receive care from a provider of the gender of their choice.
For inpatient and outpatient mental health care, providers should follow the Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guidelines (CPGs) for the diagnosed mental health problem found at http://www.healthquality.va.gov/

**These are baseline criteria to follow, and should not replace clinical judgment**
If suicide risk is a clinical issue, the Veteran shall be provided a written copy of his or her personal Suicide Prevention Safety Plan.

Please reference


The plan will include the Veterans Crisis Line telephone number, 1-800-273-8255
Patient Safety

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- TriWest is responsible for the oversight of clinical care provided to Veterans and will review adverse events, sentinel events, close calls and intentionally unsafe acts.

- Providers are responsible to abide by patient safety programs that support VA requirements and agree to make their medical records available for review upon request, for quality purposes.

- Please refer to http://www.jointcommission.org/Sentinel_Event_Policy_and_Procedures/
Medication Process
Medication Overview

Medically necessary prescriptions are included in all TriWest-authorized episodes of care.

VA (not TriWest) is responsible for supplying Veterans with non-urgent/emergent medications, medical/surgical supplies and nutritional products.

RX must be prescribed in accordance with the VA National Formulary.

Fax the authorization and prescription to the appropriate VA medical center.
Medication Process – *Non* Urgent/Emergent

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- Write the prescription during an authorized episode-of-care by TriWest
- Follow the rules of the [VA National Formulary](#) when prescribing
- Fax *both the authorization and prescription* to the appropriate VA medical center
- The medication may be filled at:
  - VA Pharmacy; or
  - Consolidated Mail Outpatient Pharmacy (CMOP)
Medication Process – Non Urgent/Emergent

If the medication is not on VA’s National Formulary:

- Contact your local VA medical center and ask for its Formulary Request Review Form
- Fill out the form and submit it to the VA medical center for approval or denial
- Turnaround time is about 96 hours
- Once approved, write the prescription for the medicine and proceed as normal
Access the Secondary Authorization Request (SAR) form on www.triwest.com/provider

Fill out the form and write the DME prescription

Fax both the form and prescription to TriWest at 1-866-259-0311

TriWest will forward the SAR form and DME order to the correct VA medical center for coordination

VA will directly supply the DME for the Veteran
Write an urgent/emergent prescription for a 14-day supply, *without refills*

If additional medication is needed, write a second prescription to be filled at a VA Pharmacy or CMOP (follow process outlined previously)

If a non-formulary drug, write an initial 14-day supply, but fill out a Formulary Request Review Form and submit it to your local VA to continue medication
For urgent/emergent care, supply Veterans directly with DME and TriWest will reimburse

Examples: splints, crutches, canes, slings, soft collars

Urgent/emergent DME must be provided by a treating physician, facility, or DME supplier at the time of treatment and before the Veteran leaves

Bill TriWest for the urgent/emergent DME
For More on Medication Process

Visit the Pharmacy webpage on the TriWest Provider Portal

www.triwest.com/provider-pharmacy
Additional Services – Continued Care
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
- 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 to determine whether a SAR is necessary.

The request for care should include:
- SAR 15 Form
- 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
Claims and Medical Documentation
Claims Submission Process

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Step 1 – Submit medical documentation to TriWest
- Upload to Provider Portal at www.triwest.com/provider
  - Documents up to 5 MB can be uploaded in PDF or TIF format
- Fax (if portal not available) to 1-866-259-0311

Step 2 – Submit claims to Wisconsin Physicians Service (WPS), TriWest’s claims processor
- Electronic: call WPS at 1-800-782-2680 (Option 1) to set up EDI
- Mail: mail paper claims to:
  - WPS-VAPC3
  - PO Box 7926
  - Madison, WI 53707-7926
Providers collect no copays, cost-shares, or deductibles from Veterans

Providers will use best efforts to submit claims within 30 days after services rendered

Medical documentation must be submitted to TriWest

*No payment will be made for claims submitted after 120 days*

Quick reference guide available at www.triwest.com/provider
Other Health Insurance (OHI)

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- April 20, 2017 – VA eliminated OHI requirement from Choice
- TriWest, on behalf of VA, is now primary and only payer for claims filed under Choice
- Bill TriWest via WPS for all services performed after April 20, 2017 under Choice
  - No need to include OHI EOB anymore
- Effective date is based off dates-of-services, NOT authorization dates
  - Any services performed BEFORE April 20, 2017 may still need OHI coordination
If the Veteran has Medicare, Medicaid, or TRICARE:
- Bill TriWest as primary payer
- TriWest cannot pay secondary

If the Veteran has commercial OHI:
- TriWest pays primary on service-connected visits
- Otherwise, TriWest pays secondary
- If not service-connected, bill the commercial OHI first
- Include the OHI’s EOB statement when you bill TriWest
If the provider has a TriWest authorization but is not in-network with the Veteran’s OHI, or the TriWest-authorized services are not covered under the Veteran’s OHI:

- Bill the OHI
- Receive the denial
- Bill TriWest *with* a copy of the OHI denial
- TriWest will pay for VA-covered services according to the provider’s agreement or contract
OHI Notification Process

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- TriWest confirms OHI with Veteran
- If Veteran is eligible for Choice, TriWest sends the provider an authorization letter for the Veteran
  - The authorization *does not* include OHI information
- If Veteran has commercial OHI on file, TriWest reaches out to VA to confirm service-connection status
- TriWest faxes secondary OHI notification to the provider AFTER the authorization
  - OHI notification includes service-connection status and OHI billing directions
No payment will be made to providers for services rendered without a *prior* authorization from TriWest

For more information, refer to the Provider Claims Quick Reference Guide located at [www.triwest.com/provider](http://www.triwest.com/provider)
Provider Claims Status

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You may check the status of your claims by registering for a secure account on the TriWest Provider Portal at www.triwest.com/provider
Medical documentation must be submitted to TriWest for all services to ensure coordination of care for Veterans.

Submit medical documents before submitting claims.

Specific specialty providers have additional documentation requirements.
Medical Documentation Requirements (cont.)

Outpatient care:
- VCP: submit to TriWest within 75 calendar days
- PC3: submit to TriWest within 14 calendar days

Under Choice, VA requires medical documentation include the initial appointment and end-of-episode-of-care records
Medical Documentation Requirements (cont.)

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Inpatient care:

- Submit to TriWest within **30 business days** after discharge

Urgent specialty care:

- VCP: submit to TriWest within **2 business days**
- PC3: submit to TriWest within **48 hours**

Oral reports should be provided to VA POC within 48 hours when indicated on the authorization form

The authorization may request medical documentation be returned sooner based on clinical need
VA has medical documentation requirements for specific specialty providers

- Gastroenterology
- Radiation Oncology

For easy access to this information, visit [www.triwest.com/provider](http://www.triwest.com/provider) and view the appropriate Quick Reference Guide
Surgical procedures – complete the VA Purchased Surgical Care Outcome form

Download the form at [www.triwest.com/provider](http://www.triwest.com/provider) and click on “Find a Form”

Quick reference guides available at [www.triwest.com/provider](http://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

Quick reference guides available at www.triwest.com/provider
Mental Health documentation should include:

- Psychotherapy notes kept separate from the Veteran’s medical record, per HIPAA regulations

  Psychotherapy notes are defined as “notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversation during a private counseling session.”
Mental Health documentation should also include the items listed below and do not require Veteran authorization for disclosure:

- Medication prescription and monitoring (as appropriate)
- Counseling session start and stop times
- Modalities and frequencies of treatment
- Results of clinical tests
- Any summary of diagnosis, functional status, treatment plans, symptoms, prognosis or progress
Provider Claims Appeal Process

Provider claim appeals should be submitted **within 90 days** of the date of the Explanation of Benefits (EOB)

Written appeals can be sent to:

- **Mail**  
  WPS-VAPC3  
  PO Box 14491  
  Madison, WI 53708-0491

Quick reference guide available at www.triwest.com/provider
Provider Resources
TriWest Provider Portal

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**TriWest.com/provider**: your one-stop shop for information on filing claims and navigating VCP and PC3

- Provider handbook
- Quick reference guides
- eSeminars (training you can take at your own pace)
- Webinars (instructor-led online training)
- Additional resources and links to important information
TriWest Provider Portal (cont.)

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”
Interactive Voice Response (IVR) System

1-855-PCCCVET (1-855-722-2838) Option #3

- Press “1” with authorization questions
- Press “2” for assistance with the Provider Portal
- Press “3” for detailed reimbursement questions
- Press “4” for provider contracting
Complaint Process

If a provider or Veteran has concerns about the level or quality of services or care received, he or she has a right to file a complaint with TriWest.

TriWest will work with VA to resolve complaints.

Contact TriWest at 1-855-722-2838.
If you are a TriWest network provider through PC3, contact your local network representative for assistance with:

- Provider demographic updates and changes
- Questions about your contract

Contact TriWest Provider Services at 1-866-284-3743 or providerservices@triwest.com for:

- Issues/concerns requiring escalation
- Requests for additional information about PC3 processes
Questions
Thank You!