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

Please use the Q&A pod section to submit your questions! We don’t want to miss them!
Presentation Outline

Introduction to VCP and PC3 – Webinar

- Background, Need, Program 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

You can also find tools and additional education on TriWest’s Payer Space on Availity.

- www.availity.com
Background

Introduction to VCP and PC3 – Webinar

- 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
Background – Regions

VCP and PC3 Billing Procedures - Webinar

Health Net Regions
Health Net Federal Services, Inc.
HealthNetFederalServices.com

TriWest Regions 3, 5A, 5B, and 6
TriWest Healthcare Alliance
1-855-PCCCVET
(855)-722-2838
www.triwest.com/provider
The Veterans Choice 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 using the following criteria:

- The closest VA Medical Center (VAMC) or Community-Based Outpatient Clinic (CBOC) with a full-time Primary Care Manager is greater than 40 miles from their home-Choice 40 mile or distance eligible

Veterans are also eligible if:

- They are, or will be, on a wait list of 30 days or more with a VAMC-Choice 30 day
- Services are not available at the VAMC-Choice First
- The closest VA medical facility is not easily accessible from their home or there are significant geographic barriers
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 Choice Program (cont.)

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- Veterans are encouraged to access care through TriWest’s PC3 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 licensing and other basic requirements
VCP and Network Providers

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All TriWest PC3 network providers are automatically eligible to provide services under VCP as well.

As of August 2018, VA allows VCP providers to render services under the PC3 program – this exception to PC3 contracting for participation in PC3 is temporary.

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

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Goals:

- To improve clinical coordination by utilizing TriWest’s Patient Service Representatives (PSR)
- To ensure timely appointments for Veterans
VA sends referral to TriWest (PC3, Choice First, or Choice 30 day)

Veteran calls TriWest to confirm VCP eligibility- Choice 40 mile

OR

PSR locates VCP/PC3 provider

OR

Veteran calls TriWest to confirm VCP eligibility - Choice 40 mile

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 or Choice First, 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 will be seen within 20 minutes of their scheduled appointment time
Labs, X-rays, Ancillary Providers

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 care 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
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

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- All transitions of care need to be approved by and coordinated with VA
- Provider must have a new, unique authorization before initiating any follow on treatment unless previously authorized
- 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 VA Medical Center (VAMC) within 72 hours
- VAMC health care staff will determine the Veteran’s eligibility and authorize care if Veteran is eligible
Admissions Notification

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
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 results from laboratory, cardiology, radiology and other diagnostic areas that upon analysis are determined to be “critical,” regardless of the ordering priority.
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 behavioral 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 not previously authorized *during* the episode of care …

Notify the authorizing VA facility POC *within 24 hours*
Behavioral Health Care Services

- PC3 and VCP cover services delivered by qualified, authorized behavioral health care providers to diagnose and/or treat behavioral 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 behavioral health care, providers should follow the VA/Department of Defense (VA/DoD) Clinical Practice Guidelines (CPG) for the diagnosed behavioral 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


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

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 TripAdvisor 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 (cont.)

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

- Contact your local VAMC and ask for its **Formulary Request Review Form**
- Fill out the form and submit it to the VAMC for approval or denial
- Turnaround time is about 96 hours
- Once approved, write the prescription for the medicine and proceed as normal
DME Process – *Non Urgent/Emergent*

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- Write the DME prescription
- Send the DME prescription to your local VA Medical Center
- VA will directly coordinate the DME between the provider and Veteran
Medication Process – Urgent/Emergent

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 information, please review the DME Quick Reference Guide.
For More on Medication Process

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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
- Veteran needs more visits than VA authorized
- A Veteran needs additional services not included in the authorization letter or in the attached VA documentation
Secondary Authorization Process (cont.)

TriWest authorization letters are now more inclusive of codes, eliminating the need for frequent SARs.

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 Form (electronically fillable)
- Clinical 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.)

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- TriWest submits SARs to the appropriate VAMC, if needed
- The initial turnaround time is 14 calendar days
- Check the status of the SAR request on the TriWest Secure Provider Portal at www.triwest.com/provider
Claims and Medical Documentation
Medical Documentation Submission

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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.

- If you are unable to access or upload via the Provider Portal, fax medical documentation to TriWest at 1-866-259-0311.

- Do not upload documentation with claims. WPS MVH cannot send your documentation to VA for review.

Medical Documents to TriWest Provider Portal
Submitting Claims to WPS MVH

Send claims to WPS MVH either:

**Electronically** via your clearinghouse or through the Availity portal.

You must dual enroll for all electronic transactions with WPS EDI. Visit [https://edi.wpsic.com/edir/home](https://edi.wpsic.com/edir/home) or call WPS EDI at 1-800-782-2680 to get this done.

**Via mail** – mail paper claims to:

WPS-VAPC3, PO Box 7926
Madison, WI 53707-7926

All paper claim forms must be compliant with CMS criteria. Handwritten or copied forms that cannot be scanned will reject.
Claims Processing and Billing Information

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- VA programs do not pay secondary
- Providers collect no copays, cost-shares, or deductibles from Veterans
- Providers are encouraged to submit claims within 30 days after services are rendered
- Claims must comply with the 180-day timely filing limit

Online tools – Quick Reference Guides!
No payment will be made to providers for services rendered without a *prior* authorization from TriWest.

Be sure to submit a Secondary Authorization Request and receive the approval for care PRIOR to providing services!

For more information, refer to the Provider Claims Quick Reference Guide located at [www.triwest.com/provider](http://www.triwest.com/provider) and on TriWest’s Payer Space on Availity.
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

If you submit via Availity you can also check claim status.

For an electronic remittance advice (ERA), please check with your clearinghouse to verify they provide ERAs.

If you are not getting an ERA, please ensure you have pre-enrolled with WPS for each type of transaction and for each Region you practice in

Notify WPS EDI Helpdesk for changed EDI pre-enrollment information

ERAs will be available through Availity at a future point.
Medical Documentation Requirements

Medical documentation submission is a requirement for both PC3 and VCP

Medical documentation must be submitted to TriWest for all services to allow VA’s timely coordination of care for Veterans

Do not submit medical documentation with claims, these will not be processed by WPS MVH

Submit medical documents as soon as possible after care, but within 30 days

Some specialties or critical findings have additional documentation requirements
Medical Documentation Requirements (cont.)

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-General outpatient care:
- Submit all records/documentation within 30 days
- Submit initial assessment and final or end-of-episode-of-care summary

Please review the Medical Documentation Quick Reference Guides for more information.
Medical Documentation Requirements (cont.)

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- **Inpatient care:**
  - Submit discharge summary to TriWest within **30 days** after discharge

- **Urgent specialty care:**
  - Submit to TriWest within **2 business days**
  - Oral reports should be provided to VA POC within 48 hours when indicated on the authorization form

- An authorization may request medical documentation be returned sooner based on clinical need – this would allow VA to make timely decisions for urgent or on-going care
VA has additional medical documentation requirements for specific 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 and view the appropriate Quick Reference Guides
Medical Documentation – Specialty (cont.)

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- **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
Medical Documentation – Specialty (cont.)

PC3/VCP Behavioral Health – Webinar

- **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
Behavioral Health Outpatient care:

- Submit to TriWest as soon as possible, but within 30 days

For both VCP and PC3, VA requires medical documentation for Initial Evaluation and End-of-Episode Summary

- If additional care has been authorized, VA may request Progress Summary reports to support on-going care

Fax to 1-866-284-3736 or upload via Provider Portal
Provider Claims Appeal Process

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- Appeals on denied claims should be submitted within 90 days of the date of the Remittance Advice.
- Send written appeals via mail sent to:
  WPS MVH-VAPC3
  PO Box 14491
  Madison, WI 53708-0491

Quick Reference Guide are at www.triwest.com/provider and TriWest’s Payer Space on Availity.
Provider Resources
TriWest Provider Resources

VCP and PC3 Billing Procedures - Webinar

- 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

Introduction to VCP and PC3 – Webinar

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”
Availity Multi-Payer Portal

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

Your log-in 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
Interactive Voice Response (IVR) System

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- TriWest PC3 Customer Service Line: 1-855-PCCCVET (1-855-722-2838)
- TriWest Veterans Choice Program (VCP) Customer Service Line: 1-866-606-8198
  - Please access the Provider menu, then enter your practice zip code
  - You can reach our Provider Services team for any authorization questions, assistance with the Provider Portal, claims questions and any contracting or credentialing questions!
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 all complaints filed.

Contact TriWest at: 1-855-722-2838
PC3 Local Network Representative

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!