Alaska 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

Confidential and Proprietary
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-alaska
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 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

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

TriWest Regions 3,5,6
TriWest Healthcare Alliance
1-855-PCCCVET
(855)-722-2838
www.triwest.com/provider
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 Choice Program (cont.)

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- 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.
Veterans Choice Program (cont.)

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.

- VA will verify if the provider is willing to participate in VCP.
- If so, VA will submit provider name, practice information and contact information to TriWest.
- TriWest will credential the provider within 2 days and notify VA.
VCP and Network Providers

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- 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
Goals:
- To improve clinical coordination
- To ensure timely appointments for Veterans
Appointment Scheduling & Authorization

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Veteran calls number on Choice Card to confirm eligibility (VCP)

VA refers Veteran for care in community (PC3)

OR

VA locates TriWest network or VCP provider

VA makes appointment on behalf of Veteran

VA sends pertinent information to TriWest

TriWest faxes authorization to provider
To avoid claims denials, *all care requires an authorization before services are rendered*

Expect a lag time of 3-4 days from when VA makes the appointment to when TriWest sends the authorization

VA will provide the necessary medical documentation to the provider to secure the Veteran’s appointment
Access to Care Standards

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- Appointments for Veterans will be scheduled within 30 days of clinically indicated date
- Veterans shall 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 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

VA directly coordinates all inpatient health care with the provider

For discharges, coordinate with the local VA medical center to arrange necessary supplies, home health, and equipment

- Submit all secondary authorization requests to the overseeing VA medical center
- TriWest will send the provider a new/updated authorization after VA has approved the request
Continued Stay and Transfer Process

Coordinate directly with the VA medical center to:

- Facilitate the transfer of the Veteran back to a VA clinic 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 directly 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

Emergency care should be provided to any eligible Veteran who self-presents to an emergency room (ER)

- Anchorage-area Veterans should seek ER care at the 673rd Medical Center, if possible

- 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
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 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
Critical Findings (cont.)

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- 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
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.
Mental Health Care Services (cont.)

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


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.

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 or hand-carry both the authorization and prescription to the appropriate VA medical center
- Veterans must hand-carry script and authorization for narcotic prescriptions and after-hour/weekend needs
- The medication may be filled at:
  - VA Pharmacy; or
  - Consolidated Mail Outpatient Pharmacy (CMOP)
Medication Process – Urgent/Emergent

Write an urgent/emergent prescription for a 10-day supply (antibiotics have 14 days), *without refills*

Call Medical Administrative Assistant: 907-580-6421

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 10-day supply, but fill out an AK Formulary Request Review Form and submit it to VA to continue medication
For claims to be reimbursed for urgent medications under VCP, they must meet this criteria:

- Medication is needed urgently
- VA pharmacy was not open or available when the medication was needed
- Medication must be associated with an authorized episode-of-care
- Medication must be listed in the VA National Formulary
- Medication is NOT recurring or a refill
- Supply is limited to 10 days, 14 if antibiotics
- Prescribing provider is not prohibited from participating in federally funded health care programs
DME Process – Urgent/Emergent

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 Process

Secondary Authorization Requests (SAR) should be submitted to VA 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
- Additional procedures are indicated

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

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- Fill out the **Alaska VA SAR form** (available on TriWest’s Provider Portal under “Find a Form”)

- Fax all SARs **directly** to the overseeing Alaska VA medical center at 907-257-7418

- The request for care should include:
  - Completed SAR form
  - Pertinent medical documentation or notes
  - Justification for the request for additional services

- TriWest will send the provider a new/updated authorization after VA approves SAR
Claims Submission Process

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**Step 1** – Submit medical documentation to TriWest
- **Upload to Provider Portal at [www.triwest.com/provider](http://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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TriWest *always* pays primary on service-related or service-connected appointments, regardless if the Veteran has Other Health Insurance (OHI)

A central, dedicated VA team determines service-connection status (*not* individual VA medical centers)

VA determines if OHI should be billed primary and TriWest notifies the provider via the authorization letter (*this is not the provider’s job*)

**NOTE:** Veterans cannot decide if their commercial plans should be primary or secondary
OHI Billing Process

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If the Veteran has Medicare, Medicaid, or TRICARE:

- TriWest pays primary
- TriWest cannot pay secondary

If the Veteran has commercial OHI:

- TriWest pays secondary (unless service-connected)
- Bill the commercial OHI first
- Follow the OHI’s rules on collecting copays, cost-shares and deductibles
- Include the OHI’s EOB statement when you bill TriWest
- The Veteran does not choose which plan is primary
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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- VA collects OHI information from Veteran when he or she calls the number on the Choice Card to determine eligibility
- VA makes appointment for Veteran and sends TriWest pertinent information
- TriWest sends the provider an authorization letter for the Veteran that includes:
  - Service-connection status
  - OHI information
  - Billing instructions
NOTE:

 caractère } Veterans will present OHI information (such as member ID, address, etc.) to your office at the appointment. However, still refer to the TriWest authorization for ultimate billing instructions.
Reimbursement

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
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 Requirements

VA requires medical documentation 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.)

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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 and view the appropriate Quick Reference Guide
Medical Documentation – Specialty (cont.)

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 AppBundle procedures – complete the VA Purchased Surgical Care Outcome form

AppBundle 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](http://www.triwest.com/provider)
TriWest Provider Portal – Alaska Section

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

- Provider handbook
- AK quick reference guide
- AK webinar slides and schedule
- TriWest letter sent to AK providers
- Additional resources and links to important information
TriWest Provider Portal – Alaska (cont.)

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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”
For Claims and/or Contract Questions
TriWest: 1-866-606-8198

For Authorization or Appointment Questions
VA: 907-257-4836
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.
PC3 Local Network Representative

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If you are a TriWest network provider through PC3, contact your local representative in Alaska 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!