Using This Provider Handbook

This Provider Handbook provides you and your staff with basic, important information about the PC3 and VCP while emphasizing key operational aspects of the programs and their requirements. You may use this handbook to assist in coordinating care for Veterans.

This Provider Handbook is also available electronically on the TriWest Provider Portal at www.triwest.com/provider. The Provider Portal is your one-stop shop for information on filing claims and navigating these programs.

Thank you for your service to our nation’s Veterans.
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Patient-Centered Community Care (PC3)

PC3 is a program that was started in 2013 to provide Veterans coordinated, timely access to high-quality care from a comprehensive network of civilian community providers. The PC3 program was designed to ensure Veterans receive coordinated, evidence-based care through civilian community providers when VA facilities are not able to provide a specialty. Services provided under PC3 include mostly primary and specialty care. Services NOT included are nursing home care, hospice, long-term acute care, homemaker and home health aide services, chronic dialysis treatments, dental care, and compensation and pension examinations.

Veterans Choice Program (VCP)

In August 2014, President Obama signed into law the Veterans Access, Choice and Accountability Act (VACAA) of 2014, which directed the establishment of the Veterans Choice Program (VCP). The VCP was developed to better meet the health care needs of our nation’s Veterans in light of VA wait times that were too long or VA medial centers that were too far from a Veteran’s home. The VCP works to address those issues and is the newest addition to the PC3 program. It provides eligible Veterans with access to primary care, inpatient and outpatient specialty services and behavioral health care.

With the VCP, Veterans can seek care from private-sector providers if:

- They face wait times longer than 30 days for care from a VA medical center;
- The closest VA medical center is greater than 40 miles from their home; or
- The closest VA medical center is not easily accessible from their home, due to geographic barriers (mountains, large body of water, etc.)

Veterans enrolled for care with VA may be eligible to receive a Veterans Choice Card. However, Veterans must still call the number on the back of their Choice Card to confirm eligibility with VA in order to use the VCP benefits. The VCP was developed to be a choice for Veterans; it allows an eligible Veteran to choose to receive care from a provider outside of TriWest’s network. TriWest must still verify the provider is willing to accept the terms and conditions of the VCP and meets the licensing requirements before authorizing care.

To join TriWest’s provider network, please visit: https://joinournetwork.triwest.com.

Sample VCP Choice Card

![Sample VCP Choice Card](image)

Policy Resources

The statutes governing the PC3 and VCP can be found in the United States Code, Title 38. VA directs TriWest on how to administer these programs. This direction comes through modifications to the Code of Federal Regulations (CFR), Title 38.
Regions
In the United States, the PC3 and VCP are divided into six separate regions.

- **Region Two** – Alabama, Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, and Virginia.
- **Region Three** – Alabama (southern portion) Arkansas, Florida (western portion), Illinois (southern portion), Indiana (southern portion), Kansas, Kentucky, Louisiana, Missouri, Mississippi, Oklahoma, Tennessee, Texas, Virginia (western portion), and West Virginia.
- **Region Four** – Colorado, Indiana, Illinois, Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, Utah, Wisconsin, and Wyoming.
- **Region Five** – Arizona, California, Colorado (southern portion), Hawaii, Idaho, Nevada, New Mexico, Oregon, Texas (western portion), Washington and the territories of American Samoa, Guam, and the Northern Mariana Islands.
- **Region Six** – Alaska.

Your Contractor
TriWest Healthcare Alliance (TriWest) is responsible for administering the PC3 and VCP in Regions 3, 5 and 6. TriWest is committed to offering eligible Veterans access to the finest health care services available.
Resources: Provider Portal
The TriWest Provider Portal is available as your one-stop shop for information on filing claims and navigating the PC3 and VCP. Access the resource anytime at www.triwest.com/provider.

The Provider Portal offers:
- **Quick reference guides** on topics like other health insurance and medical documentation requirements;
- **Live, interactive webinars** to help providers learn the health care management process for the PC3 and VCP, including the appointing and authorization process and billing procedures;
- **Frequently asked questions** on everything from medical documentation to determining a Veteran’s eligibility

Registering for a Secure Account
TriWest strongly recommends providers register for a secure account on the Provider Portal, where they can access authorization information, upload medical documentation and view claims status. For technical assistance with the Provider Portal, email VAPortalAssistance@triwest.com or call the Provider Portal Assistance Line at 1-855-722-2838, x3, x2.

TriWest’s Interactive Voice Response (IVR) System
TriWest offers an IVR system (1-855-722-2838, option 3) to assist providers with routine questions. Follow the greeting and select the applicable touch-tone prompts outlined below to get quick information and accurate answers on many topics:
- Press “1” with authorization questions
- Press “2” for assistance with the secure Provider Portal
- Press “3” for claims questions
- Press “4” for provider contracting

PC3 Network Providers
TriWest network providers under PC3 are those physicians, specialists, primary care, group practices, hospitals, facilities and ancillary providers who have signed contracts to become part of the TriWest network. Through the contract, providers agree to provide health care services to Veterans authorized by VA and TriWest.

PC3 Local Network Representatives
For providers who have signed network contracts with TriWest under the PC3 program, TriWest has subcontracted local network representatives to help them navigate the program. Go to www.triwest.com/provider to find contact information for your local network representative, depending on which state you reside.

PC3 network providers should contact their local network representative for assistance with:
- Provider demographic updates (e.g., change in tax identification number, physical location, contact information, and email addresses for staff working with PC3)
- Questions about their PC3 contract

VCP Providers
TriWest VCP providers are those physicians, specialists, primary care, group practices, hospitals, facilities and ancillary providers who have agreed to provide care to Veterans for each authorization sent by TriWest, and adhere to the VCP terms and conditions for each authorization. VCP providers are NOT under contract with TriWest, but still must adhere to the terms and conditions outlined in their authorizations if they choose to treat Veterans.

A separate telephone line has been established to assist providers with the VCP. For VCP assistance, please call 1-866-606-8198.

Program Governance
PC3 and VCP providers are obligated to abide by the rules, procedures, policies and program requirements specified in this Provider Handbook, which is a summary of the regulations and manual requirements related to the PC3 and VCP programs. Providers must read and understand the contents of this handbook outlining the governing statutes and regulations that provide final guidance for the PC3 and VCP programs. This handbook is **NOT** a substitute for legal advice from qualified counsel, as appropriate. VA regulations are available on the VA website at www.va.gov or www.ecfr.gov.
Provider Credentialing Process
All services, facilities, and providers shall comply with all applicable federal and state regulatory requirements in their state or jurisdiction. Any provider on the Centers for Medicare and Medicaid Services (CMS) exclusionary list shall be prohibited from network or VCP participation.

TriWest will ensure that every procedure, test or other aspect of clinical care is performed by providers with demonstrated current competence, either through current, unrestricted privileges to provide the care as required by Medicare Conditions of Participation (CoP) and Conditions of Coverage (CfC), or other measures of demonstrated competency. Go to www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html to review the current Medicare CoPs and CfCs.

Providers who have signed a contract to become a participant of the PC3 network will be credentialed by either TriWest or the local network representative. Go to www.triwest.com/provider to find your local network representative. The credentialing process involves obtaining primary-source verification of the provider's education, board certification, license, professional background, malpractice history and other pertinent data. Credentialing and contracting packets may be obtained from the local network representative who assists in completing the paperwork and executing the contract. If you participate in the Council for Affordable Quality Healthcare (CAQH) simply provide your CAQH ID on the form in lieu of the full credentialing application. A credentialed provider who has signed a contract is considered a network provider once they are informed of the final notification of contract execution by the local network representative.

For additional credentialing requirements based on the VA-specialty specific requirements, please reference the Provider Credentialing Quick Reference Guide.

Note: It is imperative that PC3 providers wait for final notification of contract execution from their local network representative before providing care to Veterans as network providers.

Provider Responsibilities
The agreements for providers participating in the PC3 or VCP outline the provider responsibilities under these programs. The following are certain provider responsibilities and requirements for both PC3 and VCP:

• If Provider enters into any subcontracts with any subcontractors whereby such subcontractor assumes any of Provider's duties, responsibilities, or other obligations under this Agreement, Provider assumes full responsibility for credentialing, licensure, and professional liability insurance of said subcontractor and shall ensure that any such subcontracts require subcontractors to comply with the terms and conditions of this Agreement.

• Provider agrees to comply with all policies and procedures set forth in this Provider Handbook, including, without limitation, credentialing, peer review, utilization review/management, medical documentation sharing, quality-assurance programs and procedures established by TriWest or VA, including concurrent reviews, retrospective reviews, and discharge planning for inpatient admissions.

• Provider agrees to accept the PC3-contracted reimbursement rates or the VCP reimbursement rates as the only payment expected from TriWest for Veterans covered under either program for authorized services.

• Veterans have no co-pays or cost-shares in this program. As such, a Veteran will not be billed directly for any services or supplies furnished under this contract.

• VA regulations prohibit PC3 or VCP providers from charging missed appointment fees.

• Provider understands and agrees that all covered services provided to Veterans, except emergency services, must be authorized by VA and TriWest.

• Provider agrees to meet office and appointment access standards (Veteran should be seen within 20 minutes of a scheduled appointment and a Veteran appointment should be scheduled within 20 days of TriWest requesting an appointment with the provider), as noted below in the Office and Appointment and Access Standards section.

• Provider will include his or her National Provider Identifier (NPI) and the authorization number for the episode of care when submitting claims for health care services.
• Provider agrees to submit all claims for covered services on behalf of Veterans. All claims should be submitted electronically. Providers who do not have the ability to submit claims electronically can find additional information in the Provider Claims Quick Reference Guide.

• Secondary authorization and continued care requests should be submitted by fax to: 1-866-259-0311.

• Provider agrees to submit medical documentation for an authorized episode of care to TriWest within the timelines outlined in the Medical Documentation Quick Reference Guide. Providers agree that when providing covered services to Veterans under PC3 or VCP, they will not discriminate against any Veteran on the basis of his or her race, color, national origin, or any other basis recognized in applicable laws or regulations.

• Provider will provide Veterans with a copy of their medical records at no charge, including a narrative summary and other documentation of care, within 10 business days of the request.

• The Provider shall notify TriWest within 24 hours of discovery of all Veteran safety events that are sentinel events, adverse events (including adverse drug events), or intentionally unsafe acts. Adverse events involving administration of drugs shall be reported to TriWest using the Food and Drug Administration (FDA) Form 3500. A copy of the completed form shall be submitted to the FDA online and shall also be submitted to VA. The FDA reporting form can be found at: www.fda.gov/Safety/MedWatch/HowToReport/default.htm.

• Provider agrees to submit at least one email address to TriWest for purposes of communicating important PC3 or VCP updates.

• Facilities that perform cardiac catheterizations and/or percutaneous coronary interventions and implanting cardioverter defibrillators (ICDs) are required to participate in the National Cardiovascular Data Registry (NCDR) CathPCI and NCDR ICD, respectively.

• Provider agrees to comply with all final HIPAA ASC X12N Transactions and Code Sets standards as promulgated by the secretary of HHS.

• Provider or designee should receive initial and periodic web-based training to obtain and enhance understanding of PC3 or VCP requirements.

• Provider agrees to notify his or her local network representative (for PC3 network providers) or TriWest (for VCP providers) of any changes of tax identification number (TIN), physical and/or mailing address, phone or fax number, whether the Provider is accepting new patients or specialty services rendered and email address for staff working with PC3 or VCP, within 10 business days of the change.

**Updating Provider Demographic Information**

It is important for providers to report any outdated or incorrect demographic information—such as changes in physical/mailing address, phone, fax, tax identification number, or email address—as soon as possible to their local network representative or TriWest directly. This enables TriWest to provide accurate information to Veterans, ensures claims are paid appropriately and guarantees payments are mailed to the correct address. To update your information:

• **For PC3 network providers:** contact your local network representative. Go to www.triwest.com/provider to find your local network representative

• **For VCP providers:** call TriWest at 1-866-284-3743
Access to Care Standards
The Veterans Health Administration (VHA) has established access to care standards for the PC3 and VCP programs. These standards address appointment availability, wait time once the Veteran arrives at the office and drive time standards. The drive time is based on the distance from the Veteran’s residence address to the provider service location. These standards are monitored and reported to VA on a regular basis. PC3 local network representatives will work to contract providers to comply with these standards and assist providers with compliance.

Note: No payment will be made for services not authorized by VA and TriWest.

Appointing and Authorization Process
The appointing and authorization process may vary depending on whether the Veteran is participating in the VCP, or VA refers the Veteran directly to TriWest through PC3. Either way, TriWest makes the appointment for the Veteran and then faxes an authorization to the provider. *The provider must have an authorization on file BEFORE rendering care to ensure payment for services.*

TriWest’s goal is to improve clinical coordination by utilizing TriWest’s Patient Service Representatives (PSRs) to ensure timely appointments for Veterans.

*Please note that the appointing process is different in Alaska. Visit [www.triwest.com/provider-alaska](http://www.triwest.com/provider-alaska) for more information.

If the Veteran is using the VCP (i.e. the Veteran presents his or her Choice Card at the front office), it is the VETERAN’S responsibility to call the number on the back of the Choice Card and confirm eligibility—not the provider’s. Once eligibility is verified, TriWest will schedule an appointment for the Veteran with the provider and send the provider a detailed authorization letter.

If VA sends a referral request (PC3) directly to TriWest, TriWest will call the provider to schedule an appointment for the Veteran and send the provider a detailed authorization letter. VA will send a Veteran to another provider when the requested service is outside the scope of practice for the VA medical center, or VA is unable to provide the services in a timely manner.

To reiterate, authorizations are required for all services and procedures under PC3 and VCP. If providers render care without an authorization, they risk losing reimbursement and may NOT bill the Veteran. Additionally, VA requires medical documentation for all services to ensure coordination of care for Veterans.

Please refer to the Appointment Scheduling Process Quick Reference Guide for more information.

Note: No payment will be made for services not authorized by VA and TriWest.
Drive time standards are based on the geographic area and defined as:

- **Urban** – Census Bureau-defined urbanized area, which is any block or block group having a population density of at least 1,000 people per square mile
- **Rural** – Any non-urban or non-highly rural area
- **Highly Rural** – an area having less than 7 civilians per square mile

Appointment Scheduled:
- Within 20 calendar days of TriWest receiving the referral from VA, or the Veteran calling the number on the back of his or her Choice Card

Office wait time:
- 20 minutes from scheduled appointment

Basic drive time standards:
- **Urban** – within 45 minutes’ commute time
- **Rural** – within 100 minutes’ commute time
- **Highly Rural** – within 180 minutes’ commute time

For Veterans whose condition requires a higher level of care, the following drive-time standards apply:
- **Urban** – within 90 minutes’ commute time
- **Rural** – within 180 minutes’ commute time
- **Highly Rural** – within the community standard commute time

For Primary Care Network Access, the time distance standards are as follows:
- **Urban** – within 30 minutes’ commute time
- **Rural** – within 45 minutes’ commute time
- **Highly Rural** – within 60 minutes’ commute time

For Women’s Health, the standards are as follows:
- **Mammograms** and **Maternity Care** must be accessible within 50 mile distance or 60-minute maximum commute time (whichever is the lesser commute)

**Authorization Letters**

To initiate the appointing and authorization process, VA may send a referral directly to TriWest for a Veteran (PC3), or a Veteran may call the number on the back of their Choice Card and request to be seen under the VCP.

In both instances, a TriWest PSR will schedule an appointment for the Veteran and then generate a detailed authorization letter to the provider via fax.

The authorization letter will identify whether the episode-of-care is for PC3 or VCP (also called Choice). **All services require prior authorization in order for the provider to receive payment.**

**Secondary Authorization Requests**

A provider who determines that additional or continued care is required should complete the Secondary Authorization Request (SAR) Form found on the TriWest Provider Portal, and fax the form to TriWest at 1-866-259-0311.

**Note:** The SAR process differs for Alaska providers. For more information, visit [www.triwest.com/provider-alaska](http://www.triwest.com/provider-alaska).

Providers should send a SAR when:
- A Veteran needs additional care from another provider or office;
- A Veteran needs a second opinion; or
- A Veteran needs continued care outside of the authorized date range (available on the authorization letter)

This SAR should include notes, discharge plans and justification for the request for additional services.

**Inpatient Care Coordination and Transfer Process**

TriWest will coordinate and communicate admissions and discharges with an inpatient facility whenever inpatient health care is ordered and approved by the overseeing VA medical center. Care coordination will be performed by VA or TriWest in coordination with network facilities.

For discharges, the provider will coordinate with TriWest to arrange for necessary supplies, home health services and equipment. The provider needs to complete the [SAR form](#) and submit it to TriWest to obtain approval from VA. All transitions of care need to be approved by the VA medical center. TriWest will coordinate with the authorizing VA to facilitate the transfer of the Veteran back to a VA facility or another facility. TriWest will also coordinate discharge planning to the Veteran’s home if other services are required. The VA medical center will approve the number of services, treatments and/or procedures.

**Emergency Health Care Process**

Emergency care should be provided to any Veteran who self-presents to an emergency room (ER) seeking emergency care.
All ER care is coordinated directly through VA, not TriWest. If a Veteran self-presents to an ER, the ER must call the Veteran’s VA medical center within 72 hours.

VA will need to know:

- Veteran’s full name
- Last four digits of the Veteran’s Social Security number
- The condition for which the Veteran is being seen
- The mode of transportation by which the Veteran arrived. If by ambulance, a copy of the trip report should be provided, if possible

VA health care staff will determine the Veteran’s eligibility and authorize care. If the Veteran is eligible, VA will issue an authorization to TriWest.

If the Veteran is being seen for authorized care and, during treatment, it is determined the Veteran is experiencing an emergency, the treating provider/facility must render emergency treatment immediately and notify VA. Additionally, the local ER that receives the Veteran must follow the steps above.

If a Veteran is receiving authorized services and the treating facility determines the Veteran needs a higher level of care than its facility is capable of providing, it must obtain authorization from VA prior to transferring the Veteran to another facility.

Providers should notify VA within 72 hours of an emergency admission. This also applies to weekend notifications.

In the event that care is not authorized by VA, the provider must submit claims within 90 days of the encounter directly to VA for reconsideration. No separate payment will be made for ER facility charges for inpatient services authorized under this contract that are subject to reimbursement under the VA Inpatient Acute Care Prospective Payment System.

**Urgent Care Process**

Urgent care is defined as care considered essential to evaluate and stabilize conditions that may result in loss of life, limb or vision; or care that, if not provided, will likely result in unacceptable morbidity/pain when there is significant delay in evaluation or treatment.

Authorizations containing the notation of “urgent” require TriWest to schedule the Veteran for care to a provider within 48 hours. If a Veteran needs urgent care and wants to use the VCP, he or she must call the number on the back of the Choice Card to make an appointment.

Regarding medical documentation, providers will be informed if VA specifies the need for an oral report in addition to the written report. All contacts to VA should be notated within the returned medical documentation.

**Critical Findings Notification Process**

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 health risk. Critical values/results are those results from laboratory, cardiology, radiology departments 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 within 24 hours of the test/evaluation/treatment.

It should also be noted in the medical documentation who the provider spoke to at the VA medical center and when the POC was notified.

- A new diagnosis of cancer is considered a Critical Finding and notification to the VA POC shall be made within 48 hours of diagnosis
- A newly identified suicide risk in a Veteran not referred for inpatient mental health should be considered a Critical Finding and the provider shall contact VA by phone within 24 hours

**Immediate notification (within 24 hours)** to a VA POC is required if the provider determines that the Veteran requires the following:

- Urgent follow-up after completion of authorized episode of care
- Urgent additional care during the authorized episode of care

Refer to the Critical Findings section of the [Medical Documentation Quick Reference Guide](#) for more information.

**Medication Process**

Pharmacy is included in all authorization letters; however, VA is primarily responsible for supplying
Veterans with non-urgent/emergent medications, medical/surgical supplies and nutritional products. These must be prescribed in accordance with the VA National Formulary Handbook, which includes provisions for requesting non-formulary drugs.

**Always fax both the authorization and prescription to the appropriate VA medical center.** If the Veteran prefers to take his or her script to the VA Pharmacy, he or she will also need to bring the authorization.

When there is an urgent/emergent need to start a medication and it is not possible to obtain the medication from a VA Pharmacy, the provider may write a prescription for up to a 14-day supply (without refills). The Veteran should be informed by the provider that an emergency prescription may be obtained from a non-contracted source, and VA will reimburse the Veteran directly.

If the urgent/emergent medication is filled at a non-VA pharmacy and is expected to be continued beyond 14 days, a second prescription should be submitted to a VA Pharmacy for processing. Follow the guidelines above.

If the medication is not on VA's drug formulary, the provider may write an initial 14-day, non-formulary prescription but, for the second prescription, the provider must submit a Formulary Review Request Form to VA. This process can take up to 96 hours for review.

Veterans who consent to participate in Human Subject Research studies and are enrolled in clinical trials cannot be authorized for those services under the PC3 or VCP programs. Veterans must be referred back to their respective Non-VA Care Office for the administration and coordination of non-VA care authorizations for care concomitant with clinical trials.

For more information on the pharmacy process, please visit the Pharmacy Page on the TriWest Provider Portal at www.triwest.com/provider-pharmacy.

**Mental Health Care Services**

This section will assist you with specific mental health care aspects of PC3 and VCP. You may also refer to the Mental Health Services Quick Reference Guide for additional information and important website links.

For both 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 www.healthquality.va.gov. These are baseline criteria and should not replace clinical judgment.

VA covers services delivered by qualified, authorized mental health care providers practicing within the scope of their licenses to diagnose and/or treat mental health components of a medical or psychological condition. PLEASE NOTE: all psychotherapy notes shall be kept separate from the Veteran's medical record, per Health Insurance Portability and Accountability Act (HIPAA) regulations.

However, medication prescription and monitoring (as appropriate), counseling session start and stop times, modalities and frequencies of treatment, results of clinical tests, and any summary of diagnosis, functional status, treatment plans, symptoms, prognosis or progress shall be provided in the medical record and do not require Veteran authorization for disclosure.

Veterans with a history of Military Sexual Trauma (MST) being treated for a mental health problem related to MST will receive care from a provider of the gender of their choice.

If suicide risk is a clinical issue, the Veteran shall be provided a written copy of the Veteran's personal Suicide Prevention Safety Plan (reference www.mentalhealth.va.gov/docs/VA_Safety_planning_manual.pdf). The plan will include the Veterans Crisis Line telephone number: 1-800-273-8255.

Any newly identified suicide risk in a Veteran not referred for inpatient mental health treatment shall be considered a Critical Finding, and therefore must be called into VA within 24 hours.

**Labor, Delivery, and OB/GYN Prenatal Care**

For labor, delivery and OB/GYN prenatal care, providers should follow the Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guidelines (CPGs) for pregnancy management at www.healthquality.va.gov. These are baseline criteria only and should not replace clinical judgement.
Patient Safety
TriWest PC3 and VCP providers are responsible to abide by patient safety programs that support VA requirements. TriWest is responsible for the oversight of clinical care provided to our Veterans and will review adverse events, sentinel events, close calls and intentionally unsafe acts. TriWest providers must agree to make their medical records available for review upon request for quality purposes.

www.jointcommission.org/Sentinel_Event_Policy_and_Procedures

Submitting Claims and Medical Documentation
VA requires that providers submit medical documentation to TriWest for all services to ensure coordination of care for Veterans. Medical documentation should be sent to TriWest and claims should be sent to Wisconsin Physicians Service (WPS), TriWest’s claims processor.

All services require prior authorization from TriWest to prevent claims denials. Additionally, claims should be submitted within 30 days after services have been rendered. No payment will be made for claims submitted after 120 days. Providers also collect no copays, cost-shares or deductibles from Veterans. To properly submit claims, follow these steps:

1. Upload medical documentation to TriWest Provider Portal
   • Register for a secure account on www.triwest.com/provider
   • Upload medical documents directly to the TriWest Secure Provider Portal
   • If unable to access the portal, fax the medical documentation to TriWest at 1-866-259-0311

2. Submit claims to WPS
   • Send claims electronically by calling WPS at 1-800-782-2680 (Option #2) and setting up an EDI; or
   • Send claims via mail to the address: WPS – VAPC3 PO Box 7926 Madison, WI 53707-7926

You may check the status of your claims anytime through the TriWest Secure Provider Portal at www.triwest.com/provider. For more information on filing claims, read the Provider Claims Quick Reference Guide.

Other Health Information (OHI)
TriWest will always pay primary on service-related or service-connected appointments, regardless if the Veteran has Other Health Insurance (OHI). VA determines service-connection status using a central, dedicated VA team. Additionally, VA will determine if a Veteran’s OHI should be billed as primary and TriWest will notify the provider.

If the Veteran has Medicare, Medicaid, or TRICARE:
• TriWest pays primary
• TriWest cannot pay secondary

If the Veteran has commercial health insurance:
• Bill the commercial plan first. TriWest will pay secondary (unless service-connected)
• Always follow the billing rules of the primary OHI, including collection of co-pays, cost-shares and deductibles.
• The Veteran does not choose which plan is primary

If the provider has an authorization from TriWest 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

OHI Notification Process
TriWest is responsible for informing providers whether OHI applies to a Veteran’s appointment. TriWest will fax the provider a secondary notification AFTER the authorization letter, clarifying if the Veteran has OHI and whether the visit is service-connected (per VA’s ruling).

Therefore, OHI information WILL NOT be included on the authorization letter. Providers should look to the secondary notification for proper billing instructions. If providers don’t receive a secondary notification, proceed with billing TriWest as the primary payor.

For more information on the OHI process, please visit www.triwest.com/provider-ohi.
Medical Documentation Requirements
As stated before, medical documentation is required for all services provided to a Veteran to ensure coordination of care. VA requires medical documentation include the initial appointment and end-of-episode-of-care records only. Below are the timelines for submitting medical documents:

**Outpatient care:**
- VCP: 75 calendar days
- PC3: 14 calendar days

**Inpatient care:**
- VCP and PC3: 30 business days

**Urgent care:**
- VCP: 2 business days
- PC3: 48 hours

The authorization may request medical documentation be returned sooner than the timelines above, based on clinical need. A phone call may be required when results or clinical findings necessitate an urgent response.

Reimbursement Methodologies
Reimbursement rates and methodologies are subject to change per VA guidelines. The provider agrees to accept as payment for the services provided the amounts agreed to under the terms set forth in his or her PC3 contract with TriWest or VCP agreement. Furthermore, the provider understands that no payment may be made for services that were not authorized by VA and TriWest.

**VA prohibits providers from balance billing Veterans.**

The provider acknowledges and agrees that PC3, VCP and Medicare program reimbursement methodologies and amounts may be adjusted periodically and, when effective, will supersede the reimbursement amounts and methodologies set forth in his or her PC3 contract with TriWest, or VCP agreement.

When a given medical procedure is not payable under Medicare rules, or is payable under Medicare rules but does not have established pricing at the national or local level, the provider will be reimbursed using verifiable usual and customary charges.

When a given medical procedure is not payable under Medicare rules, or is payable under Medicare rules but does not have established pricing at the national or local level, the network provider will be reimbursed using verifiable usual and customary charges.

Health Insurance Portability and Accountability Act (HIPAA) of 1996

Complaint Process
If a provider or a Veteran has concerns about the level or quality of services or care received through PC3 or VCP, he or she has a right to file a complaint with TriWest. TriWest will work with VA to resolve complaints. You may contact TriWest at 1-855-722-2838.

For more details on medical documentation requirements, such as the type of information to include, read the Medical Documentation Quick Reference Guide.

Specialty Provider Guidelines and Additional Documentation
VA has additional documentation guidelines for two types of specialty providers. Those specialties are:
- Radiation Oncology
- Gastroenterology

Please click on the respective specialty to read the full details in its corresponding quick reference guide. Both guides can be found under the “Quick Reference Guides” section of the Provider Portal at [www.triwest.com/provider](http://www.triwest.com/provider).
ACRONYMS

CoP – Medicare Conditions of Participation
CPGs – Clinical Practice Guidelines
CPT – Current Procedural Terminology
CQM – Clinical Quality Management
DME – Durable Medical Equipment
DMEPOS – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DoD – Department of Defense
DRG – Diagnosis-Related Group
EDI – Electronic Data Interchange
EFT – Electronic Funds Transfer
EOB – Explanation of Benefits
ER – Emergency Room
ERA – Electronic Remittance Advice
FL – Form Locator
HCPCS – Healthcare Common Procedure Coding System
HHA – Home Health Agency
HHS – U.S. Department of Health and Human Services
ICD – Implanting Cardioverter Defibrillators
ID – Identification
IDME – Indirect Medical Education
IVR – Interactive Voice Response
MD – Medical Doctor
MRI – Magnetic Resonance Imaging
NDC – National Drug Code
NCDR – National Cardiovascular Data Registry
NP – Nurse Practitioner
NPI – National Provider Identifier
OHI – Other Health Insurance
OPPS – Outpatient Prospective Payment System
PA – Physician Assistant
PCS – Primary Care Services
PC3 – Patient-Centered Community Care program
PDTS – Pharmacy Data Transaction Service
PPS – Prospective Payment System
SSN – Social Security Number
TIN – Tax Identification Number
UAC – Usual and Customary
VA – Department of Veterans Affairs
VACAA – Veterans Access, Choice and Accountability Act of 2014
VAMC – Veterans Affairs Medical Center
VCP – Veterans Choice Program
VHA – Veterans Health Administration
VNAF – VA National Formulary
WPS – Wisconsin Physicians Service
If you have any questions regarding this information, please contact TriWest using the Provider Customer Service contact listed below for the appropriate program.

Department of Veterans Affairs (VA)
Patient-Centered Community Care (PC3)
1-855-PCCCVET (1-855-722-2838)

Veterans Access, Choice and Accountability Act of 2014 (VACAA)
Veterans Choice Program (VCP)
1-866-606-8198

www.triwest.com