

Provider Claims and Reimbursement

Quick Reference Guide – All Regions

Key Points:

- ➔ **All services**, with the exception of the Urgent Care/Retail Location benefit (effective June 6, 2019), and emergency care, require a prior authorization from TriWest Healthcare Alliance to prevent claims denials.
- ➔ Medical documentation must be submitted to the authorizing Department of Veterans Affairs Medical Center (VAMC)
- ➔ Claims must be submitted to WPS Military and Veterans Health (WPS MVH), TriWest's claims processor.
- ➔ Claims should be submitted within 30 days after services have been rendered but never later than 120 days.
- ➔ Providers will not collect copays, cost-shares, or deductibles.
- ➔ Providers will be paid for all authorized care according to their contract or agreement with TriWest under the Department of Veterans Affairs (VA) Community Care programs.
- ➔ According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by TriWest on behalf of VA to a non-VA facility or provider shall be considered payment in full. Providers may not impose additional charges to TriWest or the Veteran for services that have been paid by VA.
- ➔ Regardless of submission method, providers may check the status of submitted claims by registering for a secure account on the TriWest Provider Portal at www.triwest.com/provider.
- ➔ WPS MVH is transitioning to a single unified Payer ID – VAPCCC3. Claims with legacy Payer IDs will still be accepted.

To find your clearinghouse Trading Partner ID for setting up an EDI account, please review the Clearinghouse Lookup tool on TriWest's [Provider-Billing](#) page.

Follow These Steps to Submit Claims:

First, ensure you have submitted medical documentation/records to your authorizing VAMC.

- ➔ Medical documentation submission is a requirement for program participation. Providers must submit documentation directly to the authorizing VAMC.
 - If possible, upload documentation via the HealthShare Referral Manager (HSRM) portal managed by VA. If unable to access the portal, please contact the authorizing VAMC or the VAMC point of contact indicated in your authorization letter. VA will provide you with alternate submission methods.

- Do NOT send medical documentation to TriWest with your claims unless it is an explanation for an unlisted code.

Next, Submit Claims to WPS MVH

- ➔ TriWest uses WPS MVH for all claims processing. After submitting medical documentation to your authorizing VAMC, submit claims either electronically or via mail to WPS MVH. **Do NOT submit documentation to WPS MVH with your TriWest claims!**
- ➔ Always include your VA authorization number on the claim. Claims without authorization numbers may be slower to pay.
- ➔ For claims or reimbursement questions, you can reach your dedicated claims team by calling the direct claims line: 1-866-651-4977. Enter your ZIP code to be routed to the correct team for your Region.
- ➔ Regardless of where you practice, you can also call the Patient-Centered Community Care (PC3) number (855-722-2838). Use your ZIP code and the menu to reach the correct claims team.
- ➔ **Be sure to include your tax identification number (TIN) in all communications.**

Timely Filing:

- ➔ VA Community Care programs have a 120-day timely filing requirement. Providers must submit initial claims within this timeframe.
- ➔ For a claim appeal, providers have 90 days from the date of the denial/remittance advice to re-submit or appeal (details in the chart below).
- ➔ A recent change in VA policy now offers providers an opportunity to request an appeal or an override from TriWest regarding timely filing of claims. If a provider believes he/she was wrongly denied a claim and wants to appeal for timely filing reconsideration, the provider can submit a [Provider Claims Timely Submission Reconsideration Form](#). The provider must include all documentation, including Other Health Insurance EOBs, proof of timely filing, claim forms, the Claim Rejection letter, and other information relevant to appeal determination.

Claims denied for timely filing cannot be billed back to the Veteran or VA.

Find additional tools for your claims questions!

FQHC Claims Quick Reference Guide
ASC Facility Claims Quick Reference Guide
Emergency Health Care Services Quick Reference Guide
Home Health Care Quick Reference Guide
Chiropractic and Acupuncture Quick Reference Guide
CAH Billing and Type of Bill Article

We also offer training on Claims Basics for those providers who do not typically bill third-party insurance. Visit the TriWest Payer Space on Availity at www.availity.com to take the training.

Provider Reimbursement Details – Key Details	
VA-Authorized Care	No payment will be made to a provider for unauthorized services rendered to Veterans. Services must be pre-authorized by VA and TriWest.
Provider Tools	<ul style="list-style-type: none"> ➤ For more information on billing and claims, please register for one of TriWest’s Billing Webinars or view an on-demand eSeminar. <ul style="list-style-type: none"> • The enrollment form, along with TriWest’s Provider Handbook and additional tools, are available on TriWest’s Provider Portal and on Availity.com. ➤ Providers can register for a secure account to allow for document uploads and downloads (depending upon your area) via TriWest’s Provider Portal. ➤ Providers can check the status of submitted claims by logging into their secure account on the TriWest Provider Portal.
Reimbursement Methodologies	<p>Reimbursement rates and methodologies are subject to change per VA guidelines.</p> <ul style="list-style-type: none"> ➤ Provider reimbursement follows current Centers for Medicare and Medicaid (CMS) fee schedule, and pays at the contractual allowed amount of this rate. ➤ If CMS does not define a rate, rate defaults to VA Fee Schedule. This VA rate is established by a servicing VAMC. ➤ VAMC may establish rates for frequently billed codes with no Medicare rate, targeting the 75th percentile. ➤ If VA does not define a rate, rate defaults to the Usual and Customary Rate (UCR) defined by FAIR Health (https://www.fairhealth.org/). ➤ If no UCR is defined, providers are paid at the contractual percentage of reasonable billed charges.
Payment in Full	According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by VA to a non-VA facility or provider shall be considered payment in full. Accordingly, the facility or provider, or the agent for the facility or provider may not impose any additional charge for any services for which payment is made by VA to either TriWest or the Veteran beneficiary.

Provider Reimbursement Details	
Copays, Cost-Shares and Deductibles	<ul style="list-style-type: none"> ➤ Providers will collect no copays, no cost-shares and no deductibles. ➤ Providers are paid 100% of the allowed amount for authorized care according to their contract or agreement.
Claims Appeals and correspondence	<ul style="list-style-type: none"> ➤ Regions 3, 5 and 6, submit appeals and correspondence in support of a claim via mail to: WPS MVH-VAPCCC, PO Box 14491, Madison, WI 53708-0491. ➤ Regions 1, 2 and 4, submit appeals and correspondence in support of a claim via mail to: TriWest/WPS Claims, PO Box 42270, Phoenix AZ 85080. ➤ <u>Appeals must be submitted within 90 days</u> of receipt of the Explanation of Benefits or Remittance Advice. ➤ Please submit each appeal separately. Do not combine appeals.
Claims for Ancillary – Participating and Nonparticipating	<ul style="list-style-type: none"> ➤ If you are an ancillary or “downstream” provider, you can submit a claim for pre-authorized services that are associated with the primary provider’s authorization. <i>You must submit your claim with the authorization number provided for the episode of care!</i> ➤ If the service codes and the associated authorization number align, your claim will process and pay. ➤ The process for submitting claims as an ancillary provider applies to both participating and nonparticipating providers.
Claims Submission on Paper	<ul style="list-style-type: none"> ➤ Paper claims should be submitted by mail to: WPS MVH-VAPCCC, PO Box 7926, Madison, WI 53707-7926. ➤ Do not submit medical documentation to WPS MVH along with claims. WPS MVH cannot transmit these to VA. ➤ Paper claims submitted on non-compliant forms, or which are hand-written and cannot scan cleanly, may be rejected by WPS MVH. ➤ To minimize OCR errors, use a 10-point Courier or Courier New 10 mono-space font with a 10-pitch setting. Don’t mix fonts or use italics, script, percent signs, question marks, or parentheses.

<p>Electronic Data Interchange (EDI) Enrollment</p>	<ul style="list-style-type: none"> ➤ Providers must enroll with WPS Health Solutions for EDI transactions. This is a dual enrollment in addition to any enrollment with your clearinghouse or Availity. Electronic claims may drop to paper at the clearinghouse level without this enrollment step. ➤ Enroll online: https://edi.wpsic.com/edir/home. <ul style="list-style-type: none"> • Providers must know the Trading Partner ID for their clearinghouse or billing service in order to enroll. • View the walk-through tutorials on the enrollment process at: http://www.wpshealth.com/resources/provider-resources/edi/training-tutorials.shtml. ➤ Providers can contact the WPS EDI Helpdesk with additional questions or updates to EDI information ➤ Email: EDI@wpsic.com or Phone: 1-800-782-2680, Option 1. ➤ Use Payer ID VAPCCC3 or a legacy Payer ID if your clearinghouse requires a 3, 4 or 5-digit Payer ID. ➤ If you are in Regions 1, 2 or 4, you can enroll for WPS EDI as part of Region 3 to expedite the enrollment process.
<p>Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)</p>	<ul style="list-style-type: none"> ➤ WPS Health Solutions uses the Committee for Affordable Quality Healthcare (CAQH) EnrollHub[®] solution for EFT and ERA enrollment. ➤ EnrollHub allows you to enter banking information for each insurance plan or payer once and then submit to all plans you participate in. ➤ If you are already set up with EnrollHub, be sure to add WPS Health Solutions, the parent company for WPS MVH, to your list of payers. ➤ If you do not have an account set up, please visit the CAQH.org website for more information and a demonstration of the EnrollHub solution. ➤ For more help, contact the CAQH Provider Help Desk: <ul style="list-style-type: none"> • Phone: 1-844-815-9763 • Email: efthelp@enrollhub.caqh.org

<p>Electronic Transaction Trading Partners: Clearinghouses, Billing Services</p>	<ul style="list-style-type: none"> ➤ Providers may submit electronic claims via any software, clearinghouse, or billing service which is a WPS Health Solutions approved Trading Partner for electronic claims submission. ➤ Availity's Basic Clearinghouse option allows providers to submit claims without an additional charge to the provider. Register for a free account at www.availity.com. ➤ A list of Trading Partner IDs is available from WPS Health Solutions at: https://wpshealth.com/resources/files/edi-va-connection.pdf and on TriWest's Provider-Billing page in our Clearinghouse Lookup tool: https://vapccc.triwest.com/PCCCWeb/index.html#/provider-billing. ➤ A list of Payer IDs is available from WPS Health Solutions at: http://www.wpshealth.com/resources/provider-resources/edi/index.shtml and on TriWest's Provider-Billing page in our Clearinghouse Lookup tool: https://vapccc.triwest.com/PCCCWeb/index.html#/provider-billing. <ul style="list-style-type: none"> • WPS is moving to a unified Payer ID for all Regions – VAPCCC3. However, claims using legacy Payer IDs will continue to be accepted. Please contact your clearinghouse if unsure which Payer ID they are using. • If your clearinghouse requires a 5-digit Payer ID, please use the Payer ID your clearinghouse previously assigned to Region 3. • You can look up Trading Partner IDs and Payer IDs via TriWest's Clearinghouse Lookup Tool. ➤ If you cannot find your clearinghouse in the links above, please contact the clearinghouse to verify they submit claims to WPS Health Solutions for these Veteran programs. ➤ WPS Health Solutions also offers PC-Ace Pro32, a proprietary software that creates a patient database and allows your office to submit electronically to WPS MVH. Visit https://wpshealth.com/resources/provider-resources/edi/software.shtml
<p>Issues and Questions Contact Information</p>	<ul style="list-style-type: none"> ➤ If you have questions or issues on claims, contact the claims team dedicated to your Region directly by calling 1 (866) 651-4977. ➤ Enter your practice ZIP code and your call will be routed to either the WPS MVH or TriWest claims team. ➤ You can also call the VAPC3 Customer Service line and, using your ZIP code and the menu, reach the correct claims team for your Region. <ul style="list-style-type: none"> • 1-855-PCCCVET or 1-855-722-2838

<p>Missing Claims</p>	<ul style="list-style-type: none"> ➤ You can verify receipt of claims, confirm that the claim is in process, and check on status via TriWest’s secure Provider Portal. ➤ For electronic claims, please allow up to two weeks for the receipt status to register in the WPS MVH and TriWest systems. ➤ For paper claims, please allow up to three weeks for a receipt status to register in the WPS MVH and TriWest systems. ➤ Do not submit claim forms that have been copied or scanned – all forms must be compliant with Medicare criteria. Scanned or copied forms cannot scan cleanly and will reject out of the system. ➤ Do not submit any claim forms that have been handwritten. This can create errors and cause a claim to reject out of the system. ➤ If you have had paper claims reject out of the system or showing no status in the Provider Portal, please ensure that you are submitting claims with: <ul style="list-style-type: none"> • a 10-point font with a 10-pitch setting works best with the newest paper forms • Courier or Courier New 10-point mono-space font for cleanest scans • no mixed fonts, italic/script fonts percent signs, question marks, or parentheses ➤ Claims for TRICARE, submitted in error to TriWest, will be rejected or denied. This is a commonly seen error.
<p>Recoupment</p>	<p>When VA, TriWest, or WPS identifies an overpayment, a recoupment is established</p> <ul style="list-style-type: none"> ➤ A letter is mailed to the billing address of the practice or facility. If the overpayment is returned by the provider within 30 days in accordance with “Returning Incorrect Payments,” the recoupment case is closed. To ensure the recoupment is credited to the correct case, include a copy of the original recoupment letter with the remittance. ➤ If there is an overpayment balance remaining, TriWest will offset it against current and future claims as necessary.
<p>Returning Incorrect Payments</p>	<ul style="list-style-type: none"> ➤ If you receive an overpayment for a claim, return it to WPS. ➤ To ensure the refund is credited to the correct claim when returning payments, include a copy of the provider remittance advice or ERA. ➤ If one of these documents is not available, include the claim number, the last four digits of the Veteran’s Social Security number, or Veteran’s Electronic Data Interchange Patient Identifier (EDIPI), the eligible Veteran’s name, refund calculation, and any other pertinent information. ➤ Send returned payments to: WPS MVH-VAPCCC, PO Box 14491, Madison, WI 53708-0491.

For additional billing training for the VA Community Care programs, please register for a webinar, download our Provider Handbook or one of our Quick Reference Guides from [TriWest’s Provider Portal](#) or from TriWest’s Payer Space on [Availity](#).