



Veterans Choice Program (VCP) Home Health Care Process



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Home Health Care Online Resource

Choice Home Health Process

- ▶ Home Health Quick Reference Guide available 24/7
 - ▶ www.TriWest.com/HomeHealth

Home Health Overview



Home Health Overview

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- TriWest covers home health care for the following:
 - Skilled nursing
 - Home infusion (when needed for home health)
- TriWest CANNOT cover non-skilled services



Home Health Overview (con't)

Choice Home Health Process

- ➔ VA has been transferring Veterans from direct home health care, to the Veterans Choice Program (VCP)
- ➔ TriWest – not VA – administers the VCP
- ➔ Once a Veteran is transferred to the VCP, TriWest is responsible for authorizing care and paying claims
- ➔ TriWest **cannot pay fee-for-service** under the VCP, even if providers previously billed VA that way
- ➔ Providers must bill TriWest per Medicare guidelines

Home Health Care Process



Notification of Transfer

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- VA has transferred a Veteran to the VCP if:
 - TriWest **calls the provider** requesting the Veteran be seen
 - TriWest **sends an authorization** for the Veteran to be seen
- If a home health provider receives one of the two notifications above, proceed with the following process

Home Health Process

Choice Home Health Process

- Begin following the Medicare model immediately
- Discontinue fee-for-service billing to the VA medical center
- Initiate a new episode of care, **including a new OASIS assessment**



Home Health Process (con't)

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- Create a plan of care from the new OASIS assessment
- Submit it to TriWest as medical documentation (guidelines to follow)
- Bill TriWest according to **Medicare guidelines**
 - This applies to *all types of home health services* rendered under the VCP
 - Per VCP contractual requirements, TriWest cannot pay fee-for-service

Billing and Medical Documentation



Billing Overview

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- VA sets contractual guidelines for TriWest to follow when reimbursing claims through the VCP
 - Unlike private insurers, like Blue Cross, TriWest must follow VA's rules
- The billing process outlined in the next slides applies to all home health care services rendered under VCP
 - Includes daily patients
 - Includes hours skilled patients
- TriWest is not allowed to publish reimbursement rates
- Payments are at 100% of Medicare, per VA guidelines

Submitting Claims

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- **Step 1:** Upload medical documentation to TriWest Provider Portal at www.triwest.com/provider
 - Submit the plan of care developed from the new OASIS assessment
 - Submit the final discharge summary
- If not registered, sign up for a secure account on www.triwest.com/provider
- Documents up to 5 MB in PDF or TIF format may be uploaded
- If unable to access the Provider Portal, fax medical documents to TriWest: 1-866-259-0311

Submitting Claims (con't)

Choice Home Health Process

- ➔ Medical documentation submission timelines:
 - ➔ **3 business days** from the start of care – submit OASIS/initial plan of care
 - ➔ **5 business days** of completing care – submit end of episode-of-care records (a.k.a. discharge summary)

Submitting Claims (con't)

Choice Home Health Process

- **Step 2:** Submit claims to Wisconsin Physicians Service (WPS), TriWest's claims processor
 - After completing an OASIS assessment, fill out a RAP claim in Bill Type 322
 - Submit the RAP using a UB-04
 - At the end of the episode-of-care, submit the final billing using Bill Type 329



Submitting Claims (con't)

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- ➔ Send claims to WPS either:
 - ➔ **Electronically** – set up an EDI by calling WPS at 1-800-782-2680 and selecting Option 1
 - ➔ **Via mail** – mail paper claims to:
WPS-VAPC3
PO Box 7926
Madison, WI 53707-7926

Recap of Claims Process

Choice Home Health Process

- Step 1: Send medical documents to TriWest
 - Initial plan of care (OASIS)
 - End of episode-of-care records

- Step 2: Send claims to WPS
 - Bill per Medicare guidelines (RAP in UB-04)
 - Do NOT bill fee-for-service

Claims Reimbursement

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- ➔ Bill through your clearinghouse for prompter payment
- ➔ Clean claims are usually paid in 30 days
- ➔ TriWest is currently experiencing a systematic delay in claims reimbursement
 - ➔ May result in payments taking longer, closer to 60 days
 - ➔ Any additional delay may be due to claims filed incorrectly
- ➔ ***No payments will be made on claims filed after 120 days, per VA***

Secondary Authorization Requests (SAR)



SARs

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- 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 approved date range on the authorization letter
 - A Veteran needs additional services not included on the authorization letter
- TriWest authorization letters are now more inclusive of CPT codes, eliminating the need for *frequent* SARs

SARs (cont.)

Introduction to VCP and PC3 – Webinar

- Access the SAR decision tool at www.triwest.com/provider-SAR to determine whether a SAR is necessary
- The request for care should include:
 - SAR 15 Form
 - Notes
 - Discharge plans
 - Justification for the request for additional services
- Submit the completed SAR to TriWest by fax to:
1-866-259-0311.

SARs (cont.)

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- ➔ TriWest submits SARs to the appropriate VA medical center, if needed
- ➔ The initial turnaround time is 14 business days
- ➔ Check the status of the SAR request on the TriWest Secure Provider Portal at www.triwest.com/provider
- ➔ ***Do NOT provide care if the SAR has not been approved***

Provider Resources and Contacts



TriWest Provider Portal

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- [TriWest.com/provider](https://www.triwest.com/provider): your one-stop shop for information on filing claims and navigating VA's community programs
 - Provider handbook
 - Quick reference guides
 - eSeminars (training you can take at your own pace)
 - Webinars (instructor-led online training)
 - Additional resources and links to important information



TriWest Provider Portal (cont'd)

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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 and click “Register for Secure Access”

Interactive Voice Response (IVR) System

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

- ➔ Press “1” with authorization questions
- ➔ Press “2” for assistance with the Provider Portal
- ➔ Press “3” for claims questions
- ➔ Press “4” for provider contracting

TriWest Provider Services

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- ▶ TriWest Provider Services is available to answer questions from Home Health providers:
 - ▶ Phone: 1-866-284-3743
 - ▶ Email: ProviderServices@triwest.com





Questions? Thank You!

This has been a presentation of TriWest Provider Services



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