

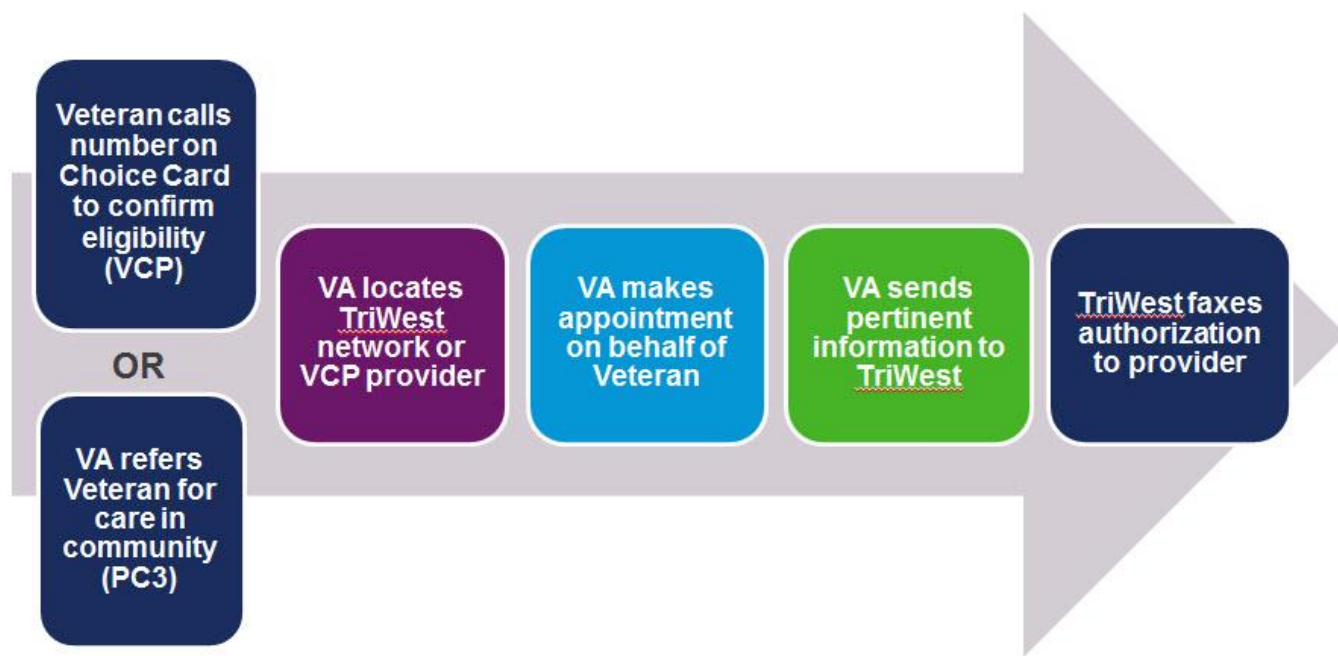
Alaska Process

Quick Reference Guide

Key Points:

- In Alaska, the **Department of Veterans Affairs (VA) is responsible for making appointments for Veterans** under the Patient-Centered Community Care Program (PC3) and Veterans Choice Program (VCP).
- TriWest Healthcare Alliance is responsible for generating authorizations to providers, collecting medical documentation and paying claims.
- Providers should not administer care to a Veteran without an authorization; otherwise, they risk losing reimbursement.
- Providers should expect a lag time of three to four days from when VA makes the appointment to when TriWest sends the authorization letter.
- VA will provide all necessary medical documentation to the provider in order to secure the appointment for the Veteran.
- Under the VCP, a Veteran needs to call the number on the back of his or her Veterans Choice Card to confirm eligibility and initiate the appointing process outlined below.

The Alaska appointing and authorization process under PC3 and VCP differs from the other states TriWest serves in VA Regions 3, 5 and 6. Below is a flow chart of the process in Alaska, followed by an outline with more details.



Providers should not administer care to Veterans without an authorization; otherwise, they risk losing reimbursement for their services.

Appointment Scheduling Process:

1. Veteran calls VA, or VA refers Veteran for care in the community

- Under the VCP (Choice), a Veteran must call the number on the back of his or her Veterans Choice Card to confirm eligibility and initiate the appointing process.
- Under PC3, VA directly refers a Veteran for care in the community.

2. VA locates a TriWest network or VCP provider to see the Veteran

- Under VCP (Choice), the Veteran may request to see a specific provider that's not in-network with TriWest. VA calls the provider to confirm he or she is willing to participate in the VCP. If so, VA sends a credentialing request to TriWest, which verifies the provider is Medicare-participating and meets other credentialing requirements.
- If the Veteran doesn't have a specific request, under both programs, VA locates a community provider for the Veteran.

3. VA makes appointment for the Veteran

- VA schedules an appointment with the provider's office on behalf of the Veteran.
- VA also provides all necessary medical documentation to the provider in order to secure an appointment for the Veteran.

4. VA sends information to TriWest

- VA provides all pertinent information to TriWest.
- TriWest generates an authorization for care.

5. TriWest faxes authorization to the provider

- TriWest sends a detailed authorization letter to the provider via fax that outlines the approved episode-of-care for the Veteran.
- Providers should expect a lag time of three to four days from when VA makes the appointment to when TriWest sends the authorization letter.
- Providers should not administer care to Veterans unless they have an authorization on file; otherwise, they could lose reimbursement.
- For more information on what's included in the authorization letter, please review our [Authorization Letter Quick Reference Guide](#).

Secondary Authorization Requests (SARs)

- SARs should be submitted directly to Alaska VA when a provider determines:
 - A Veteran needs additional care from another provider or office (such as a specialist)
 - A Veteran needs a second opinion
 - A Veteran needs continued care outside the authorized date range
- Fill out the [Alaska VA SAR form](#), available on the TriWest Provider Portal at TriWest.com/Provider under "Find a Form"
- Compile any pertinent medical documentation or notes to help the Alaska VA make a timely decision
- Submit all SARs (including pertinent notes) directly to the overseeing Alaska VA medical center
- TriWest will send the provider a new/updated authorization after VA approves SAR

Medical Documentation and Claims

TriWest is responsible for collecting all medical documentation on behalf of VA, as well as paying claims. Therefore, **Alaska providers should send all medical documentation and claims to TriWest, NOT VA.**

*(**Please note: the only time medical documentation should be submitted to Alaska VA directly is when it's accompanying a SAR for a more timely decision. However, submitting pertinent medical documentation with a SAR **NEVER** negates the requirement that it still must be submitted to TriWest as part of the claims submission process.)*

Follow the two-step billing process below:

(1) Upload Medical Documentation to TriWest Provider Portal

- Register for a secure account on TriWest's Provider Portal at www.TriWest.com/provider and upload medical documentation directly to the system.
 - Documents up to 5 MB can be uploaded in PDF or TIF format
- For details on what types of medical documentation to include, as well as timeframes for submitting, review our [Medical Documentation Quick Reference Guide](#).
- If unable to access the Provider Portal, fax medical documentation to TriWest at 1-866-259-0311.

(2) Submit Claims to Wisconsin Physicians Service (WPS)

TriWest uses WPS for all claims processing. After submitting medical documentation to TriWest, send claims either:

- **Electronically.** Enroll for EDI to submit electronic claims by calling WPS at 1-800-782-2680 and selecting Option 1.
- **Via mail.** Mail paper claims to the following address:
WPS-VAPC3
PO Box 7926
Madison, WI 53707-7926

For more information on claims submission timelines and additional contact information, read our [Provider Claims Quick Reference Guide](#).

Other Health Insurance (OHI)

TriWest will always pay PRIMARY on service-related or service-connected appointments, regardless of a Veteran's Other Health Insurance (OHI). VA determines service-connection status and whether commercial OHI should be billed as primary. TriWest will notify the provider via the authorization letter.

If the Veteran has Medicare (including Advantage), 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 copays, 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:

1. Bill the OHI.
2. Receive the denial.
3. Bill TriWest ***with*** a copy of the OHI denial.
4. TriWest will pay for VA-covered services according to the provider's agreement.

NOTE: Veterans will present their OHI information (including member number, address, etc.) at the time of their appointment. The provider should collect this information, but still refer to the TriWest authorization letter for ultimate billing instructions.

Contact Information

Have additional questions on the Alaska PC3 and VCP processes? Contact the numbers below:

- Claims and/or contract questions, call TriWest: 1-866-606-8198
- Authorization or appointment questions, call VA: 907-257-4836