

Claims Submission

Quick Reference Guide

Key Points:

- ➔ Providers should submit claims within **30 days** after rendering services. There is a **180-day timely filing** limit.
- ➔ Providers should not collect copays, cost-shares or deductibles. The Department of Veterans Affairs (VA) Community Care Network (CCN) reimburses up to 100% of the allowed amount, including any patient obligation.
- ➔ Payments made by VA shall be considered payment in full under CCN. Providers may not impose additional charges to TriWest or the Veteran for covered services.
- ➔ TriWest cannot process claims for out-of-network providers or for care that is not associated with an Approved Referral/Authorization (exceptions for urgent care and emergency care). Submit these claims directly to the appropriate VA official at the nearest VA facility (VAMC or CBOC).
- ➔ For CCN, TriWest follows Medicare Fee-for-Service billing guidelines, fee schedules and payment methodology when applicable.
- ➔ Effective April 1, CCN providers in Kodiak, Alaska, submit claims to PGBA. See “CCN Claims Guidelines for Kodiak, Alaska Providers” below.

Timely Filing Requirements:

- ➔ Providers should use their best efforts to submit claims within 30 days of rendering services. Adhering to this recommendation will help increase provider offices’ cash flow.
- ➔ CCN contractual language limits timely filing of initial claims to 180 days.
- ➔ Providers have 90 days to submit a reconsideration request or re-submit a claim.

Claims Submission Options:

All CCN claims process electronically, regardless of the method of submission. **This is a program requirement** and therefore, filing claims electronically is preferred. As a result, if you choose to submit paper claims, they must scan to an electronic format, creating a potential issue for handwritten or manually typed claims. Claims that cannot be scanned cleanly may reject.

- ➔ TriWest, on behalf of VA, is the payer for in-network authorized claims associated with an Approved Referral/Authorization filed under the CCN. WPS MVH, processes these claims on TriWest’s behalf.

- If you submit electronically through a clearinghouse, please use the WPS Payer ID of **VAPCCC3**.
- Providers can submit electronic claims without a clearinghouse account through Availity's Basic Clearinghouse option. The Basic Clearinghouse option is **FREE** to CCN providers.
- PC-ACE is a standalone desktop software package developed by WPS. This allows submission of direct electronic claims.
- Mail original CMS (RED) forms to:
 - WPS MVH - CCN
 - PO Box 7926
 - Madison, WI 53707-7926
- For best image scan results, complete the form using 10-point and 10-pitch Courier or Courier New 10 mono-space fonts.

CCN Claims Guidelines for Kodiak, Alaska Providers

CCN launched in Kodiak, Alaska, on April 1, 2021. The rest of Alaska will phase in to CCN in June 2021. There is no change in claims processing for any other area in Alaska other than Kodiak at this time. Detailed claims information for Kodiak providers is available at ccn.triwest.com.

Claim Status and Reconsideration Requests

Providers can check the status of claims online through [Availity](#) or through TriWest's Claims Customer Service Contact Center.

Availity

- Providers can check the status of claims through [Availity](#). Availity offers on-demand training and webinars on these tools.
- If you cannot find a claim, there may have been errors with the submission. If you can see a claim, it is in process. Please do not resubmit for in-process claims.
- For missing claims please verify that:
 - It has been at least 10 business days since you uploaded the claim or 15 business days since you mailed the claim.
 - A paper claim was not handwritten and all information was typed correctly.
- TriWest strives to pay all claims within 30 days.
 - At this time, TriWest will not take reductions for penalties associated with Medicare's prompt payment requirements.
 - If your claims show as paid, but you have not received a remittance, please contact TriWest CCN Customer Service at 877 CCN TRIW (877-226-8749) so that we can verify the accuracy of the remit address in our system.

- Notification of denial is provided within 45 days of receipt of the claim in our systems.
- ➔ If your claim was denied because it was sent to another VA payer, requests for reconsideration of claims must be submitted within 180 days of VA's or VA payer's denial. Follow these instructions to successfully correct your claims submission:
 - Retain a copy of the remittance advice from original submission to wrong entity. This serves as documentation of timely filing and should be retained to ensure that the original submission date can be confirmed in the event of an audit.
 - If submitting a Paper Claim: Print out and complete the Provider Timely Filing Form on TriWest's Payer Space on Availity, and submit the Provider Timely Filing Form with your paper claim to PGBA.
 - If submitting an Electronic Claim via EDI: Use an indicator "9" on the 837 in the data element field CLM20 to indicate resubmission for timely filing. The "9" indicator definition is Original Claim rejected or denied for reason unrelated to the billing limitation rules. Claims with the "9" resubmission indicator will bypass automatic timely filing denials.
- ➔ Claims that do not meet the above requirements will be denied. TriWest can no longer accept remittance advice documentation from non-VA payers, such as TRICARE, Medicare, or other health insurers.
- ➔ **Remember, providers are not allowed to balance bill Veterans or TriWest for services provided under the Community Care Network contract, including any remaining balances or after a timely filing denial.**
- ➔ To submit a request for payment reconsideration, download and fill out TriWest's [Claims Reconsideration form](#), available under the "Resources" tab on the TriWest Payer Space on Availity.
 - Providers must submit separate requests for each disputed item.
 - Reconsideration requests must be submitted within 90 days of the claim processed date as indicated on PRA, as an "unsolicited" claims attachment within Availity. Be sure to include all supporting documentation.

Chat with TriWest

- ➔ Providers can check CCN claims status for Veteran patients, 24/7, without waiting for an available customer service representative.
- ➔ Access the Chat with TriWest tool by logging onto Availity, navigate to TriWest's Payer Space, select the Applications tab, and choose Chat with TriWest
- ➔ Providers will need the following information to check claims status:
 - Tax ID number (TIN)
 - 8-digit Date of Service (DOS) MM/DD/YYYY
 - 8-digit Veteran Date of Birth (DOB) MM/DD/YYYY

Providers have the following three options to check claims status:

- Use the Chat with TriWest feature for automated, self-service claims check, 24/7
- Chat online with a live agent through Availity, Monday-Friday from 8 a.m.-6 p.m. in your time zone for CCN
- Call TriWest at 877-CCN-TRIW (877-226-8749)

Clean Claim Requirements

- In order for a claim to process and pay, TriWest must have visibility to the appointment in our systems.
 - With an Approved Referral/Authorization and appointment confirmation, TriWest's system generates an authorization notification to the primary provider.
- The referral/authorization number is the unique identifier assigned for each Approved Referral/Authorization's episode of care. Include this number on your claim.
- Submit claims with the Veteran's full name, date of birth and last four digits of his or her Social Security number (SSN). If available, use the Veteran's Electronic Data Interchange Patient Identifier (EDIPI) in place of the SSN.
- Ensure all coding aligns with Medicare criteria, if applicable. When Medicare policy does not apply, please follow language in your authorization information, VA consult notes, the Provider Handbook or other training materials provided by TriWest and VA.

Returns and Recoupments

- VA benefits do not coordinate with other **Federal programs** (TRICARE, Medicare, Medicaid, etc.). If a provider has an Approved Referral/Authorization on file from TriWest, the provider should bill TriWest, as TriWest pays primary.
- When TriWest identifies an overpayment, a recoupment is initiated. Your practice receives a letter providing information regarding the reason for recoupment.
 - If a provider promptly returns funds, the recoupment case is closed.
 - For an overpayment balance, TriWest offsets against current and future claims. Your remittance advice will detail these amounts.
- For overpayments owed to TriWest, send monies to TriWest Claims, PO Box 42270, Phoenix, AZ 85080-2270. **must include copy of PRA with the refund*
 - To ensure refund credit to the correct claim, include a copy of the remittance advice. If the remittance advice is not available, include the claim number and the Veteran's EDIPI number or the last four digits of the SSN and the Veteran's date of birth.