

Billing Frequently Asked Questions

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Resources & Contacts for Billing or Claims Questions

The TriWest Provider Portal at www.triwest.com/provider is always available as your one-stop shop for information on filing claims, enrolling in webinars and navigating the Department of Veterans Affairs (VA) community care programs.

TriWest has additional [Quick Reference Guides](#) you can find on TriWest's Payer Space on Availity.com:

Provider Claims	ASC Facility Claims
Federally Qualified Health Center Claims	Medical Documentation – General
Medical Documentation – Gastroenterology	Medical Documentation – Radiation Oncology

- For claims or reimbursement questions, you can reach WPS Military and Veterans Health (WPS MVH), by calling **1-855-722-2838, Option 3, for providers, and then Option 3, for claims**
- To pre-enroll with WPS in order to submit electronic transactions (EDI, EFT, or ERA):
 - Visit WPS Health Solutions online at <http://www.wpsic.com/edi/edi-forms.shtml>
 - Contact the WPS EDI Helpdesk via email: EDI@wpsic.com
 - Call the **WPS EDI Helpdesk directly via phone: 1-800-782-2680, Option 1**
- For questions on VA community care program participation, please call **1-866-284-3743** or email **ProviderServices@triwest.com**
- For technical questions on TriWest's Secure Provider Portal, call **1-855-722-2838, Option 3, Option 2**, or email **VAPortalAssistance@triwest.com**

Join Us For a Billing Webinar!

View our [Webinar Schedule](#) to find the topic, date and time that best fits your practice needs!

Billing Frequently Asked Questions

Frequently Asked Questions

Q: What does TriWest Healthcare Alliance have to do with VA, and why am I receiving authorizations from TriWest?

A: VA contracted with TriWest to administer two (Patient-Centered Community Care (PC3) and Veterans Choice Program (VCP)) of its community care programs across all or parts of 28 states. This means TriWest is responsible for appointing Veterans, generating authorizations, collecting medical documentation and paying claims on behalf of VA for these programs. For more information on how the authorization and appointing process works, review our [Appointment Scheduling Process Quick Reference Guide](#).

Q: I am an ancillary provider (such as a laboratory or x-ray clinic) and received an order for a Veteran. How do I know whether to bill TriWest?

A: If the Veteran is using his or her community VA benefits under PC3 or VCP, the order should have included an authorization number. Sometimes, the Veteran may have a copy of his or her TriWest authorization letter, as well. TriWest includes routine labs and x-rays in all authorizations. If you're not sure, call the prescribing provider's office to confirm and obtain the authorization number. Then, bill TriWest's claims processor, WPS MVH, and include the authorization number on the claim.

Q: I need to send my Veteran patient for labs or x-rays. What do I tell the ancillary provider when it comes to billing?

A: Be sure to send the Veteran to a participating PC3 or VCP] ancillary provider and provide a copy of the TriWest authorization you have on file for the Veteran. The laboratory can bill TriWest's claims processor at WPS MVH-VAPC3 with that authorization number.

Q: I am treating a Veteran at my office. How do I know whether to bill TriWest, VA, TRICARE, Medicare, or Medicaid?

A: Look on the Veteran's authorization. If it says TriWest, bill TriWest. If it says the Department of Veterans Affairs (VA), bill VA directly. If the Veteran wants to use his or her Veterans Choice Card, tell the Veteran to call the number on the back of the card to secure an authorization through TriWest. TriWest pays primary on all care through the VA's PC3 and VCP community care programs. Bottom line, if you have a TriWest authorization on file, always bill TriWest by submitting claims to WPS MVH.

Q: What is the difference between TRICARE, VA, Medicare, Medicaid, and TriWest?

A: We developed a chart to illustrate the differences between these programs and included it in this document. Access the matrix [by clicking here](#).

Q: How long do I have to submit my claim to TriWest?

A: Providers should make their best efforts to submit claims within 30 days of rendering services. Initial claims submitted after the VA 180-day filing limit may be denied for lack of timely filing.

Q: How long does it take to process claims payments?

A: TriWest shall make its best effort to pay clean claims within 30 days.

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Q: What is the claims submission/billing process for TriWest?

A: The claims submission process takes place in two main steps:

- **Step 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.*
 - If unable to access the Provider Portal, fax medical documentation to TriWest at 1-866-259-0311. Fax behavioral health documentation to the dedicated Behavioral Health team at: 1-866-284-3736.
- **Step 2 – Submit claims to TriWest’s claims processor, WPS MVH**
 - TriWest uses WPS MVH, a subsidiary of WPS Health Solutions, for its claims processing.
 - Send claims to WPS MVH either electronically through your clearinghouse or billing service, or via mail.
 - **For electronic transactions**, providers must be pre-enrolled with WPS, in addition to a clearinghouse or billing service. Providers who are not pre-enrolled for VA community care programs will likely have electronic claims drop to paper at the clearinghouse level.
 - Pre-enroll with WPS at <https://edi.wpsic.com/edir/home>.
 - Mail paper claims to the following address:
WPS MVH-VAPC3
PO Box 7926, Madison, WI 53707-7926
 - Do not submit any claims 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, showing no status in the Provider Portal, please ensure that you are submitting claims with:
 - A 10-point font with a 10-pitch setting;
 - Courier or Courier New 10 point mono-space font for cleanest scans;
 - No mixed fonts, italic/script fonts percent signs, question marks, or parentheses.

Q: Can I get electronic payments (EFT) and remittance advices (ERA)?

A: Yes! Enroll for EFT or ERA while enrolling for electronic data/claims interface (EDI) at <https://edi.wpsic.com/edir/home>. Please review [TriWest’s Electronic Transactions](#) tutorial for more information.

Q: How do I appeal a claim paid or denied by TriWest?

A: Submit appeals in writing within 90 days of the date of the explanation of benefits (EOB) or remittance advice to: WPS MVH-VAPC3, PO Box 14491, Madison, WI 53708-0491. Please do not batch multiple claims into a single appeal.

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Q: I submitted my claim, but it has not paid and I cannot find the status in TriWest's Provider Portal.

A: There are several reasons this may have happened:

- Handwritten paper form. All claims data must be submitted to VA electronically, so a scan of any paper documents is the first step that takes place. If a handwritten claim cannot be scanned, it is rejected and may never show as received.
- TRICARE and TriWest are often confused at the point of billing. Confusion about the difference between VA and Department of Defense (TRICARE) programs is one of the biggest claims errors TriWest sees. Please verify that the authorization for care is from TriWest, not VA or TRICARE, and that the claim was submitted correctly.

Q: We pre-enrolled with WPS Health Solutions for the TRICARE program. Do we need to enroll for the VA community care programs too?

A: YES. With WPS you must pre-enroll for each plan, program or region in addition to enrolling for each type of transaction. If your practice/facility submits claims for both VA Region 5A and Region 5B, then you would need to submit an enrollment for EDI, EFT and ERA for professional claims and then institutional claims. You need to do this for both Region 5A and then for Region 5B. This enrollment is in addition to any enrollment with your clearinghouse or billing service.

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Federal Programs Matrix of Plans

Plan	Covered Group	Description
Department of Veterans Affairs (VA)	Veterans	Benefit covering those who once served in the military, but have now separated or retired and become Veterans (no longer active duty). They also meet certain eligibility and health criteria. VA benefits fall under the umbrella of the Department of Veterans Affairs, which is separate from the Department of Defense.
TRICARE	Active Duty Service Members, National Guard/ Reserve, and Their Families and Retirees and their families	Civilian network providing health care benefits for active duty Service members, National Guard/Reserve members, and their families when services cannot be provided at a Military Treatment Facility. Military retirees and their families are also TRICARE eligible. TRICARE falls under the Department of Defense and receives its funding through the defense budget.
Medicare	Civilians Ages 65 Years and Older or Disabled	Federal health care benefit available to U.S. civilians who are age 65 and older. Many Veterans may have both Medicare and VA benefits.
Medicaid	Financially Disadvantaged	Federal health care program for civilians living at or under the poverty line. The threshold for eligibility varies from state to state. Veterans may have Medicaid in addition to their VA benefits.
TriWest Healthcare Alliance	Veterans Using VA Community Care Programs	Third Party Administrator contracted with VA to administer VA community care programs across all or parts of 28 states when VA cannot meet a Veteran's health care needs.

VA benefits function much like a managed Medicaid program. As a result, VA's coverage of a Veteran's care is based on a combination of criteria including service connected injury or illness and financial need. VA determines the Veteran's specific benefit level when he or she enrolls for VA health care benefits. For this reason, providers should always bill TriWest as primary for care authorized by TriWest. Never balance bill a Veteran or collect co-pays, cost-shares, or deductibles. VA bills Veterans directly for his or her out-of-pocket obligation, if any, after the claim has been paid.

If you provide care to a Veteran with a TriWest authorization:

- ➔ Don't bill TRICARE.
- ➔ Don't bill Medicare.
- ➔ Don't bill Medicaid.
- ➔ ALWAYS bill TriWest/WPS MVH as primary.