



**DEPARTMENT OF VETERANS AFFAIRS (VA)
DRAFT BILLING FACT SHEET FOR VA COMMUNITY CARE PROGRAMS**

This fact sheet is a tool to help community providers delivering care through the Veterans Choice Program (VCP), VCP Provider Agreements, Patient-Centered Community Care (PC3), or Traditional VA Community Care submit claims and get paid faster. VA is working with Congress to further simplify and streamline the process. Until we get there, we will continue to provide tools like this fact sheet to help community providers and the Veterans they serve navigate VA Community Care.

WHICH PROGRAM?

Prior to receipt of care, you will receive a detailed authorization from either VA or one of VA's contractors (Health Net or TriWest) specifying which VA Community Care Program the specific episode of care is under. An authorization gives the community care provider the authority to provide health care to the Veteran and provides assurance of payment for those services.

Veterans Choice Program (VCP)	<p>VCP, administered by VA's contractors, provides primary care, specialty care, and inpatient medical services to eligible Veterans in circumstance where: (Appendix A)</p> <ul style="list-style-type: none"> ✓ VA services are not available within the appropriate timeframe ✓ A Veteran has to travel more than 40 miles to a VA primary physician ✓ A Veteran faces an unusual or excessive travel burden
Patient-Centered Community Care (PC3)	<p>PC3, administered by VA's contractors, is a nationwide program that provides Veterans access to medical care when local VA medical facilities cannot due to: (Appendix A)</p> <ul style="list-style-type: none"> ✓ VA services are not available within the appropriate timeframe ✓ Geographic inaccessibility or other factors
VCP Provider Agreements	<p>VCP Provider Agreements, administered by local VA facilities, have to meet the VCP criteria above and one of the following circumstances: (Appendix B)</p> <ul style="list-style-type: none"> ✓ VCP contractors are unable to schedule ✓ Specific services are not available from the contract network
Traditional VA Community Care	<p>Traditional VA Community Care, administered by local VA facilities, is a direct authorization with community providers to provide health services to Veterans. (Appendix C)</p>



HOW TO FILE A CLAIM?

VETERANS CHOICE PROGRAM AND PATIENT-CENTERED COMMUNITY CARE

Where to File a Claim Electronically?

Health Net

Visit <http://www.changehealthcare.com/solutions/providers> to register with Change Healthcare.

Payer Name: Health Net – VA Patient-Centered Community Care.
Payer ID: (68021)

TriWest

Step 1: Upload medical documentation to provider portal at www.TriWest.com/provider

Step 2: Set up an EDI to submit electronic claims by calling Wisconsin Physicians Service (WPS) at 1-800-782-2680 and select Option 2 to register.

Where to Mail a Paper Claim?

Health Net

VETERANS CHOICE PROGRAM – VACAA

PO Box 2748
Virginia Beach, VA 23450

PATIENT-CENTERED COMMUNITY CARE (PC3)

PO Box 9110
Virginia Beach, VA 23452

TriWest

VETERANS CHOICE PROGRAM AND PC3

WPS-VAPC3
PO Box 981646
El Paso, TX 79998-1646

Note: Must use form CMS 1500 or UB04.

Where Can I Find Detailed Instructions?

Health Net

Call 1-866-606-8198

Open 6:00am–7:00pm EST, Monday through Friday, excluding federal holidays

OR

Visit [Health Net claims submission provider page](#)

TriWest

Call 1-855-722-2838

Open 8:00am–10:00pm EST, Monday through Friday, excluding federal holidays

OR

Visit [TriWest Claims and Reimbursement Quick Reference Guide](#)



VCP PROVIDER AGREEMENTS AND TRADITIONAL VA COMMUNITY CARE

Where to File A Claim Electronically?

To register for Change Healthcare' EDI visit <http://www.emdeon.com/contactform/> or Call 1-877-363-3666

While registering you will need the VA Fee Program payer IDs which include:

- 12115 for submission of medical claims
- 12116 for submission of dental claims
- 00231 for submission of any inquiry transaction

Where to Mail a Paper Claim?

Submitting claims electronically may help community providers receive payment faster and reduce administrative costs.

If you are unable to file a claim electronically, please complete the appropriate form (original CMS 1500 and/or CMS 1450 (UB-04) and provide the codes for the treatment rendered just as you would when completing a Medicare claim. Contact the facility indicated in the authorization for further instruction on where to mail paper submissions.

For Detailed Instructions

For information on authorizations, call the number indicated on your authorization letter/form.

OR

For information on claims payments, visit http://www.va.gov/PURCHASEDCARE/programs/providerinfo/provider_info_claimsPay.asp.

To Contact Us

Find and contact your local medical center, visit <http://www.va.gov/directory/guide/division.asp?dnum=1>



AUTHORIZATION FORMS

APPENDIX A: VCP/PC3 AUTHORIZATION FORMS

TriWest Healthcare Alliance

1-866-696-8198
www.TriWest.com

<p>To: <input style="width: 100%;" type="text"/></p> <p>Fax: <input style="width: 100%;" type="text"/></p> <p>Phone: <input style="width: 100%;" type="text"/></p> <p>RE: Veteran and Authorization Information – CHOICE</p>	<p>Veteran Name: <input style="width: 100%;" type="text"/></p> <p>Last 4 of SSN: <input style="width: 100%;" type="text"/></p> <p>Veteran DOB: <input style="width: 100%;" type="text"/></p> <p>Authorization Number: <input style="width: 100%;" type="text"/></p> <p>Appointment Date: <input style="width: 100%;" type="text"/></p>
--	---

Provider's Name →

Provider's Fax Number →

Provider's Phone Number →


Veteran's Name →

Last 4 Digits of Veteran's Social Security Number →

Veteran's Date of Birth →

Number Generated to Track Authorization →

Date of Scheduled Medical Visit →



Health Net[®]
FEDERAL SERVICES

U.S. Department of Veteran Affairs – Veterans Choice Program

<p>Fax: <input style="width: 100%;" type="text"/></p> <p>Re: <input style="width: 100%;" type="text"/></p> <p>To: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p>	<p>From: Health Net Federal Services</p> <p>Date: <input style="width: 100%;" type="text"/></p> <p>Auth: <input style="width: 100%;" type="text"/></p>
--	---

Provider's Fax Number →

Veteran's Name →

Provider's Name
Street Address
City, State Zip Code →

Date of Scheduled Medical Visit →

Number Generated to Track Authorization →



APPENDIX B: VCP PROVIDER AGREEMENT AUTHORIZATION FORM

Reporting Fields for VA Use Only	NOTE DATED:	<input type="text"/>
	LOCAL TITLE:	<input type="text"/>
	STANDARD TITLE:	<input type="text"/>
Date & Time of Visit	VISIT:	<input type="text"/>
Department of Veterans Affairs VETERANS CHOICE PROVIDER AGREEMENT AUTHORIZATION VA-FORM 10-0386a		
Date, Time & Reason for Visit	Reason for Use of Provider Agreement:	<input type="text"/>
Name of Community Provider	Community Provider Name(s):	<input type="text"/>
Number Generated to Track Authorization	Authorization Number:	<input type="text"/>
Name of Requesting VA Provider	VA Ordering Provider:	<input type="text"/>



APPENDIX C: TRADITIONAL VA COMMUNITY CARE AUTHORIZATION FORM

Outpatient Care VA Form 10-7079

Department of Veterans Affairs						ID Card Number:
REQUEST FOR OUTPATIENT SERVICES						
Veteran's Name		Veteran's ID Number		Period of Validity		Authorization Period for Episode of Care
(1) Veterans Name	(2) ID Number	FROM:	TO:			
Veteran's Address		DATE OF ISSUE	Description of Veteran's Service-connected Condition			
(3) ADDRESS						
Community Care Provider's Name & Address		REFERRING PROVIDER:		Referring Provider's Name		
Name and Address of Fee Participant		NPI:		National Provider Identifier (NPI) Number		
		AUTHORIZATION #:		Number Generated to Track Authorization		
		AUTHORIZATION REMARKS				
Supplemental Clinical Information						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
STATION OF JURISDICTION				(11) CODE	(12) SEX	



Inpatient Care VA Form 10-7078

Department of Veterans Affairs		AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES	
Name & Address of Authorizing VA Office	Issuing Office	1. Date of Issue	Issued Date of Authorization
		2. Veteran's Name	Veteran's Name
Requesting VA Provider Name, Address, & ID #	Name of Physician or Station	3. Address	Veteran's Address
		4. Veteran's Claim No. SS	Veteran's Social Security Number
National Provider ID #		4A. SSN	
		5. Authorization valid	Authorization Period for Episode of Care
Name of VA Referring Provider	From	To	
	NPI:		
PART 1. - SERVICES AUTHORIZED			
Authorized Services	6. Services shown below are authorized for the period indicated in Item 5 above.		7. Fee
Indicates VA Payment Rate	8. Fee schedule or Contract	9. Authority	10. Estimated Amount
	9A.		
	11. Fiscal Symbols	12. Authorized by (Name and Title)	
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			
	VA Use Only	VA Use Only	Local VA Authorizing Official

