Emily DeMent:

Hello everyone and welcome to today's webinar Veteran Community Care. My name is Emily DeMent, program associate here at NACHC's Training & Technical Assistance department and I am pleased to bring you this webinar along with my colleague Dick Bohrer who you will get to hear from in a few minutes. Before we get started, let's review a few housekeeping items. You have joined this online event by calling in on the phone or via your computer. All the lines have been automatically muted upon entry. The duration of this webinar is approximately 60 minutes including presentations and Q&A.

Emily DeMent:

We encourage you to ask questions and use the chat feature on the right side of the screen at any time during the webinar. Please note that when you send chat messages you can specify who you want to send it to so you can send me a message if you're having any technical issues, you can send a message to everyone if you have a discussion question, so make sure to keep an eye on that.

Emily DeMent:

This event is being recorded and will be available online in approximately two weeks. Without any further ado, I will begin and I'll turn things over to Dick.

Dick Bohrer:

Thank you Emily. This is Dick Bohrer and I'm very fortunate to be the moderator for this session today. Before we start, I just want to note the significance of this week and the content of this call. I'm sure that many of you have been following the events in Europe as people recognize the 75th anniversary of D-Day and the fact that there have been folks in attendance, some of whom are current users of VA health services. The second thing that's important is that the way the Mission Act was constructed, there were 12 months from when the president signed it into law and to when it became effective from a programmatic standpoint.

Dick Bohrer:

So those 12 months conclude at midnight today and tomorrow is actually then the first day that the VA is live with the provisions of the Mission Act. I would like to tell you that Gina Capra had the foresight to schedule this event on this day but I don't think we were thinking that far ahead but it certainly is appropriate. So...

Gina Capra:

Next slide?

Dick Bohrer:

Yeah. Next slide.

Emily DeMent:

Sure.

Dick Bohrer:

So again, I think you have seen the material that went out in advance about today's webinar and we will spend some time quickly going through the act that we're moving from and the act that we're moving to. We'll talk a little bit about that transition but we'll focus primarily today on the role that TriWest is playing for the foreseeable future after the Mission Act is in effect the work they will be doing. And then we are hoping that we will leave you with information about what you should be doing, whether you're a health center whether you're a pharma cure association or from a health center network.

Dick Bohrer:

It's not on this slide but we value your input. You will get a post session evaluation and it's really important. It's important on two fronts. One, that we can improve the way we do webinars in general, but secondly that you can suggest areas where there's need for additional information and future topics. In addition to the evaluation and your input, I'm going to put in a quick both a reminder and request. The reminder is that in August actually the 18th through the 20th of August in Chicago, NACHC will be hosting its annual Community Health Institute. There will be several sessions within that two and a half day program that focus on veterans' health issues. If you're able to participate in person or participate through the online feature, we look forward to seeing you.

Dick Bohrer:

And the other thing is that some of you are aware that several years ago we created something called the Veterans Interest Group. Very informal group of people around the country in the health center world who are wanting to stay connected in a communication sense. If you are not a part of that interest group and you would like to be added to the contact list, please send me an email and in a second I'll tell you what it is. I can assure you we don't request money. We don't have to go through a formal NACHC committee process. It's meant to be something where we can just stay in touch with you mostly through email. But we do have an in person opportunities at the major NACHC conferences. So with that, let me again mention that my email address is my the initial of first name, so dbohrer@nachc.com.

Dick Bohrer:

On the webinar with me today are two people from TriWest. First person who you'll be hearing from is LeeAnn Oswiany and then you'll be hearing from Kadel Laxson. LeeAnn is a direct contracting manager with TriWest based out of Phoenix and Kadel is involved in providing communications, again, out of TriWest Phoenix office.

Dick Bohrer:

So the vision of the VA and if you're not aware of two documents, I want to make sure that you know about them. The most recent was posted last night. The secretary of the VA, secretary Wilkie, posted a note explaining the Mission Act. It's a page and a half of information. Couple of key things I will highlight in his message. He said he asked the question, so what can veterans expect on June 6th? And his commitment is, there'll be less red tape, more satisfaction and predictability for patients, more efficiency for our clinicians and better value for taxpayers.

Dick Bohrer:

Two important things to remember that change, okay, with the Mission Act of when the community care programs are up and running. There's now a 30 minutes drive time as opposed to the 30 miles that had been a part of Choice. And there's a 20 day wait time for a primary care or mental health

appointment as opposed to the 30 day. So again, you may want to go through the va.gov website and access the secretary's statement.

Dick Bohrer:

The second document I'd urge if you have not already done it in that same va.gov, there is a fact sheet about the Community Care Network. It's not been updated recently. It was a February 26 document but again, that gives you some more of the ideas about what they're talking about. You can read the four bullets on this slide. The most important one, the one I'm going to come back to for a second is the third one, the community provider networks that are extensions of VA facilities.

Dick Bohrer:

And you'll hear me in a second talk more about the role of the TPAs. But what the vision is, is that around VA medical centers, the marketplaces that they touch upon, they will build Community Care Networks, networks of providers like health centers, like rural health clinics, et cetera, et cetera, et cetera. So, some of the changes under the Choice Act, there were seven or eight different programs that did community care. So not just Choice and not just the Patient-Centered Community Care, the PC3 program. The Mission Act takes the myriad of community programs and makes one consolidated Community Care Program. So in essence that that is effective tomorrow though you'll hear in a second that effective tomorrow comes with a semicolon, however, comma.

Dick Bohrer:

Secondly, with the Choice Act, the third party administrators assume the vast majority, the bulk of the care coordination and scheduling, not all, but the vast majority. With Mission Act, that responsibility will primarily vest with the VA medical centers. Again, the third-party administrators will have a role but not near the role they had under Choice. So what is the role of the third-party administrator? In inition, they are tasked with building and again if you go back to the VA words with building these robust community provider networks and managing the system of when veteran access is that network is that there is an efficient provider payment arrangement.

Dick Bohrer:

Finally with Choice, there were two third party administrators and the country in the territories were divided up between the two. With the Mission Act, there are six geographic regions that the VA acknowledges. Each region will have a third party administrator and at this point in time, what's unknown is how many companies will serve in that role. What is known today is that for two of those six regions, what the VA calls a region one, what we would probably call HHS regions one, two and part of region three. And then for VA region two and again in our world we would probably think of that as HHS regions five and seven and a little bit of region eight.

Dick Bohrer:

Those are the only two VA regions today where there are community cared network contracts that have been awarded. Both of those regions, the awards went to Optum. Some of you have worked with Optum in the past. For others of you working with Optum will be a new experience.

Dick Bohrer:

With region one, Optum started working sometime between Christmas and New Year and region two just awarded the latter part of May. Now we get to the however comma, so the contracts that are being awarded to do these community care networks allow that contractor 12 months from the award date to put the robust community care networks in place. And so they will go medical center by medical center in building the networks. So even though Optum is active in region one, VA region one today, the majority of community work being provided and paid for is being paid for by a different third party administrator. And until two things happen, that other third-party administrator will be the entity most of you will be dealing with. They say two things have to happen, VA's got to award the contracts for regions three, four, five and six and then secondly, the networks have to be stood up.

Dick Bohrer:

In the interim TriWest is the third-party administrator for the entire country. So even in regions one and two, if it's an area where there is not a provider network you have established, they are still the principal player. And therefore that's why today we'll focus on TriWest, who they are, what their role is and how they're able to work with health centers. So thank you. I will turn it over now to LeeAnn and she'll start with the TriWest part of this presentation.

LeeAnn Oswiany:

Hi everyone. Thank you so much for joining and thanks Dick, Emily and Gina for putting this together. It's a great platform to kind of reach out and give some information to everyone at once instead of emails one by one. This is a perfect venue. Today we kind of... Dick, you did a really good job summing up a lot of what's going on currently and what's going to happen. We're going to just dig a little deeper into some of that. We're going to talk about actually who is TriWest, the difference in how we administer the PC3 and the Choice program. A little bit more on the Mission Act, touch on that some more. How are you going to proceed with participating with TriWest if you aren't already and getting a direct contract and for those that are already participating, we want to touch a little on the authorization process, claims, medical documentation and provide you tons of resources and training.

LeeAnn Oswiany:

So TriWest has been around for a while. Our corporate office is based here in Phoenix. We do have several hubs nationwide built along with some embedded staff at some of the other individual band seas. Starting in 1996 through 2013, TriWest actually served with the department of defense as the TRICARE administrator in the West region. In 2013, we no longer served as the TRICARE, we started administering the PC3 with the VA. And then in 2014 we started with the Choice Program. In 2018, the community care program management, we expanded to help include all of the nation.

LeeAnn Oswiany:

As you might recall, Health Net was administering those programs in a portion of the nation and TriWest had the other portion. When Health Net moved, VA asked that TriWest step in and help administer for that old Health Net region. So what we call the formal Health Net region or expansion area is what we are helping fill the gap in right now until PCN is up and running.

LeeAnn Oswiany:

So TriWest, our main responsibility is to provide a high quality network and customer service including claims payment, supporting our veterans access to care through a nationwide footprint of community providers. The footprint was managed and accessed in two different ways. One was through the PC3

program, PC3 providers were fully credentialed and they were participating as part of the network. They had an actual contract they signed that was fully executed. We did the credentialing process, got you in the system and that way you could see either PC3 VA initiated referral or a Choice which is a VA or veteran initiated referral. PC3 providers that were fully contract and credentials, they could see either and I like to call them kind of like the funding buckets so they could see either one of those funding buckets, the Choice or the PC3.

LeeAnn Oswiany:

The other way that we managed access was through the Choice Program or the Choice providers. Those providers are not... They are credentialed in line with the Medicare and aligned with Medicare and loaded into a registry as a certified provider. So they aren't fully credentialed and they actually sign an agreement. They're not fully contracted, they don't have that full blown contract executed for them. With the Choice providers, you could only see veterans that fell under the choice program.

LeeAnn Oswiany:

So in 2018 we'll go back to the Mission Act that Dick was talking about earlier and the Mission Act actually as Dick said was signed in 2018 but it was actually had an end date of June 6, 2019 to have this established. So within that year the whole purpose was try to convert a lot of those choice providers over to a PC3 contract in preparation for having everything under one funding. So with the Choice program, the end date was June 6 and the providers must have been transitioned to fully contract it under PC3 in order to see the veterans longterm. This had to have happened within the 12 months of the initial participation in Choice. So if a provider was certified with TriWest in January 2019, you have until January 2020 to become a contracted PC3 provider. You will be considered a certified provider until January 2020 where we can get you converted over to a full blown contract. So it's one year from the initial participation with Choice. It's not necessarily as of June 6, 2019 we can no longer have any certified providers in our system.

LeeAnn Oswiany:

Referrals allowed for the Choice certified providers were expanded allowing providers to see VA initiated care under the PC3 program. So previously prior to the Mission Act, as I said, if you were a PC3 provider, you could see veterans under either bucket of funding. You could see under the PC3 program of the Choice program. If you were a Choice provider, you could only see veterans that were referred under the Choice program. With the Mission Act, it allowed those certified or Choice providers to also see veterans referred under the PC3.

LeeAnn Oswiany:

So the next step with credentialing and being participating with TriWest is to make sure that we get your credentialing data along with any agreements that are signed or contracts. I know that we have had several consultants that have helped us out by sending out and mailing out contracts to either providers or clinics that we already had in our system as Choice or to providers or clinics that we identified as potential FQHC that we want in our network.

LeeAnn Oswiany:

We had consultants that did a lot of mass mailings. They did a lot of mass emails so you might've been contacted by any of them. A couple of ACR, CareSource, HCPC or ARC or you might've been contacted directly by TriWest. If you have any questions, we have an FQHC email box that we would love for you to

utilize, fqhc@triwest.com. I know a lot of people are kind of leery when they're getting me different contracts in the mail by different consulting agencies and not sure if they should sign them or not. We're happy to help you if you would like to email that fqhc@triwest.com. That is a dedicated email box for nothing but our FQHC providers. If you have questions, whether you are already participating, if you're not participating, if you just want a contract and you've done the proper steps by going to the join our network, but you haven't heard anything back from them yet, please by all means use that fqhc@triwest.com and we can get you any of the answers that you need.

LeeAnn Oswiany:

Once we get your credentialing data, we will get you in our system. We're going to load the clinics quickly because FQHCs are one of our main focuses right now. So if you have submitted and haven't heard anything back, please, please let us know. We want to get you in there. You are one of our top priorities right now. We want to ensure that for continuity of care, we can get you in there as quickly as possible.

LeeAnn Oswiany:

Clinics that are contracted directly with a VAMC but not with TriWest, you have to be re credentialed and sign a contract with TriWest to continue seeing and being eligible for payment for services provided to our veterans. Regardless of which region you'll be able to continue seeing veterans until the new CCN is fully active in your area if you're loaded through TriWest. Okay. Again, if you want to find out if you already have a contract with TriWest, we do have a phone number you can call it's 8662843743 or again you can email the fqhc@triwest.com and we'll be happy to help you through that.

LeeAnn Oswiany:

The direct contracting for all FQHC, there are a couple of... And this is where it gets kind of confusing I think it's why it's important that you go through that fqhc@triwest.com email. We are very dedicated to FQHC. If you go through the normal provider loads and general provider email that we have here at TriWest, they might get a little confused on FQHC. In the past, we've allowed our FQHCs to either be contracted at the group level or at the facility level. If you're contracted at the group level, that means you're going to be billing on a HCFA and only be getting reimbursed at that provider fee schedule. If you bill in contract at the facility level, then you'd be billing us just like you bill Medicare on a UB and get reimbursed at that FQHC PPS rate.

LeeAnn Oswiany:

Kadel's going to talk more about the claim submission and reimbursement later, I just wanted to make mention of that because that does determine how you're going to be contracted. We would prefer to have everybody contracted at the location or at the facility level. It's easier on you. It's easier on us as far as credentialing and data. We can get you in there quicker because we will credential you at each location. We won't have to credential each and every physician. Whereas if you have a group contract, we would have to credential each and every physician. So those are the two major differences in the contracting. And when you call those general numbers, sometimes they get confused and they don't understand the difference and that you actually have a choice. We do give that choice because a lot of providers and a lot of the clinics that we've dealt with in the past did not want to change their billing system to start billing us as they do Medicare on a UB. So we allowed them to keep that group contract in place.

LeeAnn Oswiany:

We do have several that I believe Emily attached to the meeting invite you received several quick reference guides that have tons of information, valuable information that I think you'll enjoy a little light reading. One of them is just real quick to touch on them, there's a quick reference contact information guide. It has all kinds of information and contact numbers for TriWest if you need to talk to authorizations, if you need to email again, medical documentation. But if you have any contract questions or participating, use the fqhc@triwest.com email. We also have a quick reference guide for billing, frequently asked questions, which is very informative. It even goes in and tells you the difference between the federal program, how long you have to submit a claim. It's just a lot of the FAQs that are very informational. We have two others or one on appointment scheduling and authorization processes and a second that kind of goes hand in hand that shows you the example of an authorization letter and how to read those off letters.

LeeAnn Oswiany:

Authorization request process is another. We have one for provider claims and reimbursement. Everything and anything you ever wanted to know about submitting your claim to TriWest, it will give you EDI contact information to get you set up for that. It will tell you how to check your claim status, who you need to call, timely filing appeals, the whole everything is in this guide. And then we also have three additional med... Sorry, there's four additional. One for urgent care benefit, one for medication process and DME, durable medical. And then the last but not least, we have the federally qualified health centers, QRG. Again all of those are very good information. I know it's a lot, but it is very informative and I refer to them all the time.

LeeAnn Oswiany:

The other place that you can find these GRGs is on Availity. You can find them two places on Availity or on the TriWest provider portal at triwest.com. I'm going to let Kadel speak to Availity since she is one of our experts on the Availity and that Payer Space.

Kadel Laxson:

Sure. If you're not familiar with Availity, one of the reasons TriWest partnered with them is that they are a multi payer space that allows you to go in and pull up references, tools and other education by payers. So you could go in and pull up something on Blue Cross Blue Shield, you could go up and pull something onto Humana and you can go up and go to TriWest Payer Space and pull up the range of tools and training that we have. It is also where we host our webinar registration and how you would access any of our live webinars.

Kadel Laxson:

Availity is also for those of you who have not used it and are not familiar with it, it is a clearing house. So if you want to submit a claim, they have various ways you can submit a claim, either a professional claim or a facility claim, which is similar to a UB. You do not have to pay a penny to submit these claims if you are using just the basic clearinghouse function. So this would not apply to too many of your clinics but if you do have for some reason a need to submit a claim electronically and you're not able to go through your clearing house or your billing software, Availity is a fast and easy way to submit a claim electronically at no additional cost to your practice.

Kadel Laxson:

So you've got to go for the next slide.

Gina Capra:

Mm-hmm.

Kadel Laxson:

There we go. Nope, hold on. We'll go to the next slide. Hold on.

Kadel Laxson:

There we go. Sorry. Now we're going to look at some of the things that you should be aware of if you are a participating provider. These are just some of the requirements that go along with the veterans programs because these are a bit different from most traditional commercial health care plans. And because it's different from Medicare and Medicaid, we try to over how this works so that providers are familiar with the program. The first thing we're going to touch on is authorization. Well, let me start out by saying everything must be authorized. The veteran programs are very much like a managed Medicaid plan. They have to know, understand and pre-approve absolutely everything. And you start that with an authorization letter.

Kadel Laxson:

That is the verification of eligibility. There is no insurance card. There is no way to check the VOP online. What you do is you get an authorization letter that says this appointment has been scheduled. It is for this veteran, it is for this episode of care. Here are the range of codes. All of the covered services are included as detailed on every letter. All of the authorizations that go out are also authorized by episode. So VA has a large number of pre-templated episodes. These are called standardized episodes of care or SEOC. And for much of the care that goes out, it is templative. VA has already determined what is the scope, what is the timeframe, how many sessions of this or that can be included and that's all folded into that letter that comes out to you. If you want to look at what the various templates of care are, those are already predefined and you can find those on the TriWest website or we have links to those documents within Availity as well.

Kadel Laxson:

Whenever you get an authorization, any commonly prescribed ancillary services, this would include lab tests, physical therapy, X-ray. These things are always included as part of the episode of care. You don't have to get them additionally authorized. They are just considered included. Any downstream providers so an anesthesiologist for a surgical procedure that's a downstream provider, that is not the primary provider, that care is considered covered if the surgery is covered. With every authorization letter, you will also get valid date ranges. So if you have an episode of care that has therapy for specific incidents, it may have a limited timeframe such as a six week timeframe and a total number of visits, 18 visits.

Kadel Laxson:

If you have an authorization for primary care, that typically means that you've got a 12 month timeframe and you can have as many visits as possible for primary care. It's then renewed every year so that the authorization for the episode of care is going to depend on the episode and it's very, very specific and detailed so that VA understands totally what the scope of care is.

Kadel Laxson:

This starts in our system with a confirmed appointment. So it's going to depend on where you're at in the U.S. if either a VAMC or a TriWest patient service representative is going to call your office. It will vary from VAMC to VAMC. The person who is actually reaching out to set up the appointment makes a difference in how you then get responses on additional care requests and where you send information on a no-show or a canceled appointment. We do advise all providers to notify either the VAMC or TriWest when there is a no-show or a canceled appointment or if the appointment is delayed because again, care is authorized on a specific timeframe. So if the first appointment scheduled was for June 3rd and the veteran contacted your practice and said, I can't be there until June 20th that notification needs to come to us so that we can then amend the authorization, extend the date range and none of the claims for service after the end date range will be denied.

Kadel Laxson:

For VA scheduled appointments, you need to call or fax this information to your local VA. For a TriWest scheduled appointment, you need to call or fax TriWest. Those phone numbers are up on the screen, so it's 8666068198 for main phone number or 8662590311 for our main fax. We can no longer accept medical documentation to these fax numbers, but we can accept information regarding a change in what the appointment timeframe needs to be.

Kadel Laxson:

So let's go on to consultation document. If the VA, which is functioning pretty much as a patient-centered medical home, if the VA has information on what the veteran's condition is, they will always include consultation documents. In those consultation documents, they will include who the specific VA is, who the specific contact within the VA is, what the history is and it will give you as much information as possible. If the care was referred through a community provider back to a community provider, VA may not always have enough records to get you clinical consult, but if they have it then we or they can get it for you. If VA is appointing, then you do need to go to VA to capture that consult detail. If TriWest is appointing, we have visibility to and access to that consult information, we can pull it down and fax it to you.

Kadel Laxson:

So just once again, don't let yourself get caught out if you have an authorization with an end date and the care has extended beyond that end date, always let us know. Either get a report on the delay and start of care or if the veteran's not doing well and needs an extension of care, you can submit a request for additional care, get that approved and then claims will pay. Everything has to be preauthorized.

Kadel Laxson:

And we just had a question come in saying, what do you mean by VA scheduled appointment? The appointment has to be scheduled and entered into TriWest system in order to flag it and generate that authorization letter. So either TriWest or a VAMC would call the practice and say, "I need to set up an appointment for John Veteran. Do you have something available within the next 20 days?" And they would then schedule that appointment. That data goes into the system and it says, "John Veteran has an appointment at 10 o'clock in the morning on June 15th with provider X, Y, Z, or with clinic X, Y, Z." That flags the system, the authorization letter is generated and it is either faxed out to the clinic or you can pull it down from the TriWest provider portal. Every authorization letter associated with your tax ID is

available on TriWest provider portal. It's really easy to go in and figure out what you got, how to bill it. If you're looking for additional information on the consult, you could also request it that way.

Kadel Laxson:

So let's go on to claims. Got it. Oh, medical documentation submission. Sorry, I'm on the wrong page. So medical documentation submission, this is very, very important to VA because they are responsible for providing efficient, effective and fiscally responsible care. And to do that they need to have medical documentation. If they don't have a history of the care, if they cannot document it and record it, then they cannot authorize subsequent care. They don't know how to move forward effectively. So documentation submission both at initial and a final are requirements of program participation. To help simplify this and VA is aware that there is a lot to go on with medical documentation. So they have started a health information exchange is called Health Share Referral Manager or HSRM.

Kadel Laxson:

This is a provider and VA portal that is phasing in over 2019. It will allow providers to upload documentation directly to their VAMC and it will also allow providers to download any clinical documentation directly from the VAMC. This is up and running in about a third of the U.S. currently with another almost a third probably scheduled to happen in the next 30 to 60 days. And after that they will continue to roll out the rest of the U.S. but I don't have a timeframe on it. Our goal is to have everything up running and... Or VA's goal is to have everything up, running and out the door by the end of 2019.

Kadel Laxson:

So I'm running slow here, so let me try and get a little bit faster. Claims submission, TriWest again is the third party administrator for the VA and we want to pay you for clean claims. We get paid when you get paid. So our claims processor is WPS MVH. There was a claims quick reference guide that was attached to the email that went out that is extensive. It will give you all the details you need. It will give you how to find your claim status, it will give you who to call if there's a claims issue. And again, touching on this, if you submit as a facility, you will get paid at the PPS rate. If you submit as a professional or group, then you get paid at the Medicare rate.

Kadel Laxson:

So the veterans programs do pay 100% of the FQHC PPS rate for facilities. There is never a Copay or cost share for the veteran. This is because VA will determine what percentage of veteran may or may not owe after the fact. You get paid and then they determine if they will also build the veteran. For more information on that, please refer to the claims quick reference guide.

Kadel Laxson:

All right, urgent care opportunities. This is something that we are launching very, very quickly because the urgent care benefit starts tomorrow, June 6th. The urgent care and convenience care services can be built to TriWest. There is a quick reference guide that details this that went out to everybody. Just to understand the scope, VA anticipates at least 2.5 million visits. We are actually thinking it could be significantly more than that. If you are treating someone as urgent care, be sure to build in compliance with Medicare part B on a CMS 1500 using a place of service location of 20. That is going to be different from your other care that you provide to veterans. Urgent care can only be built with the ENM codes. Go ahead, jump in.

LeeAnn Oswiany:

And I believe that they did change, so now the VA is accepting urgent care visits with a place of service 11.

Kadel Laxson:

Perfect. Excellent. So that's a new one for me and I'm really glad because boy that makes it easier. So I believe we have a poll coming up.

LeeAnn Oswiany:

Well, and one more thing on the urgent care, the big difference with urgent care than the other services that are offered through these programs is the authorization process. So with urgent care there is no off that you need up front. Once we receive the notification of the claim, we will produce the authorization on the backend for the urgent care visit. All other visits do require prior authorization before you see that veteran so that you can get reimbursed.

Kadel Laxson:

So this is where we were going to have a poll but I guess what we need to do is just have you submit your responses to the urgent care inbox with your answers on these and then if you have urgent care we can escalate the contracting for that aspect and get you in the data for that aspect as well.

Kadel Laxson:

So next slide is learn more. We do have webinars, live webinars and we also have prerecorded webinars. Again, these are all on Availity and as you can see we have topic specific education. All of our education is very topic specific. So you can go in and learn just about medical documentation requirements, just about claim submission requirements, just about home health requirements. It's whatever your specific topic is, we have training focused on that topic.

Kadel Laxson:

And finally we have additional resources. We have lots of resources. We have our provider handbook. We have a whole team here that can help you if you have questions. We have a dedicated claims team that you can reach by phone and we have all of our quick reference guides. We have the FQHC, the claim, all of them are available and they are continually updated. So we encourage you to either visit the TriWest website or visit TriWest Payer Space on Availity to get the most current training.

Dick Bohrer:

Okay. I think we're at that point in the webinar where I want to first say thanks to LeeAnn and Kadel. I'm going to get... We've been trying to respond to some of your questions as they've come in. There's probably a half a dozen in case that didn't lend themselves to a quick chat box response back. So we'll try to pick up on a couple of those before we wrap up today. As I'm being handed that list, I want to remind you of really two things from what LeeAnn and Kadel said. First, the quick reference guides that were stated, in the email that you received this morning confirming this webinar, the call in information, all that sort of stuff. The 10 quick reference documents were attached to that email. If you did not receive them, then please let either Emily or I know and we will get them to you.

Dick Bohrer:

They will also be a part of a post webinar resource file. But if you anyway, more quickly need them let us know. Secondly, if nothing else today, please, please hear clearly what LeeAnn ad Kadel said if you do not today as an entity have what's known as a PC3 contract with TriWest, then begin working on it tomorrow. You want that to be in place and maybe there's a third point, I'm sorry. The third point is that do the second point and then as the third party administrator for your VA region stands up the provider networks, you may have to enter into a new contract with that third party administrator because Optum will not have what has been built through the PC3 network. So with that, you want to hand me a couple or you want to shout them out, any questions?

Gina Capra:

Yeah. LeeAnn, can one search the TriWest community care provider network?

LeeAnn Oswiany:

No, we do not have a public facing directory. Is that what you're asking for? If we have a directory out there that they could look?

Gina Capra:

Yeah.

LeeAnn Oswiany:

We do not have a public facing directory. They can't contact their VAMC to see if the individual facilities are loaded, but no, a veteran cannot go out and say, "Oh, is facility ABC in network?"

Dick Bohrer:

Yep.

Gina Capra:

Okay.

Dick Bohrer:

Next question.

Gina Capra:

Please verify, do health centers need to sign or not sign a contract to be a part of the community care network?

Kadel Laxson:

A health center can participate as a certified clinic, which doesn't require an actual signature on a contract for up to 12 months, but we do have to have a roster with all of the details so that we can get them loaded into our data. However, as a certified clinic, there isn't an actual signature on paper agreement. Instead, you function as part of the registry and you're accepting veterans on a case-by-case basis. After that 12 month period, whatever date that initial veteran was seen, then yeah, at that point you have to have a PC3 contract or we're not allowed to push veteran referrals to you. We're not allowed to keep you in the network.

Dick Bohrer:

Next question.

Gina Capra:

Do you know if this will affect how the MSP questionnaire will direct benefit aged or disabled patient? I'm not sure I understand that one, LeeAnn, maybe you do.

LeeAnn Oswiany:

I know, I apologize. I don't either. I'm not sure what that MSP is.

Gina Capra:

Okay. Whoever asked that question, if you want to send us more details after the fact here at NACHC, we'll follow up. Next question, are these resources that you mentioned for all available lines of business, basic, advanced and RCM?

Dick Bohrer:

Availity.

Gina Capra:

Availity.

Kadel Laxson:

Well, what we have is, and yes, anybody who wants to go out to TriWest Payer Space on Availity can pull up and look at any of our tools. And again, they're topic specific. So we do have a dedicated quick reference guide for an FQHC. We have dedicated quick reference guides for Cairo. We have dedicated quick reference guides for home health. We also have general quick reference guides, the handbook and webinars. So we talk about billing and claims. How do billing and claims get managed with the veteran programs through TriWest? How do you manage medical documentation? What is VA looking for? So we have all of these tools out there including a range of tools for behavioral health since that's a slightly different approach. And you can go out and pull them up, look at them and learn as much as possible.

Gina Capra:

Thank you. Next question. What are the covered dental services under PC3?

LeeAnn Oswiany:

Dental is not one of the covered benefits that we can provide under the PC3 program.

Kadel Laxson:

It would be upcoming under CCN but it's-

LeeAnn Oswiany:

Yeah, we expect that it will be in CCN but it's not currently under PC3.

Gina Capra:

Okay. What are convenience care services?

LeeAnn Oswiany:

So my understanding is the difference between urgent care services and convenience care services is convenience care is walk in flu shot, I have a cold, I have a tummy that kind of thing. Urgent care is more, you actually have lab and X-ray facilities there. You can do minor procedures like sutures that was how it was explained to me the difference between the two.

Dick Bohrer:

Okay.

Speaker 5:

...

LeeAnn Oswiany:

Okay.

Gina Capra:

Can veterans directly schedule with FQHC? I think the answer is no. They have to go through the VA or TriWest.

Kadel Laxson:

The initial appointment for primary care or for any care needs to be initiated by TriWest or VA. However, yeah, unless it's urgent care. However if you've got a PCP off coming to you, the veteran doesn't need to schedule for every subsequent appointment. Not at all. If you've got a veteran coming to you for some sort of rehab therapy and the initial appointment is scheduled and there's 18 more, that's between the provider and the veteran. Nobody needs to see that level of detail.

Dick Bohrer:

I'm going to do the two most recent questions that came in and I think we're going to have to move to wrap up for today. Next question. How long does it take to establish a PC3 contract?

Kadel Laxson:

It depends on the workload. Usually it ends how it is credentialed. If we are credentialing all of the providers, it will take a little bit longer. We typically tried to have a certified provider loaded in two weeks or less. Again, we have a huge backlog at the moment, but a certified provider goes faster. A PC3 credentialed provider is going to be 30, 60, 90 days depending on the load.

LeeAnn Oswiany:

But with FQHCs our goal is to at least get you in as certified while we're working on the credentialing to get your PC3 contract up and running so you can see veterans right away.

Dick Bohrer:

Okay. Final question. Does the actual provider have to complete the SAR, the SAR or letter of a request or can it be the provider's nurse or an administrator completing the SAR?

Kadel Laxson:

Nurse or administrator is fine. They just need to have an understanding of what the clinical rationale is and what the exact additional care is. So if you, if you leave it fuzzy, VA isn't going to really understand what you're looking for. The more specific you can be, the better.

Dick Bohrer:

So I apologize. Okay. I created another question and I did what do you are not supposed to do? I used an acronym SAR. SAR. You want to describe it? LeeAnn or Kadel what an SAR referred to as SAR is what that is?

LeeAnn Oswiany:

It is a secondary author request.

Dick Bohrer:

And that means authorization. Okay.

LeeAnn Oswiany:

Yeah, right. Sorry. Yeah.

Dick Bohrer:

So for the person who asked the question, thank you and I'm very sorry about making... We do get caught up in acronyms. My fault. I mean, I've been told we can actually continue, but I think in fairness, when you say you're going to try to do something within an hour, you try to adhere to it. I just want you to know that it's been a pleasure working with LeeAnn and Kadel. We are just delighted at the number of you that also not only registered, signed on, stayed with us. So all of a sudden this believe in how important the topic this is. And I think you're, this patient reinforces that. So thank you. My pitch again, please, when you get the evaluation, it's going to come to you electronically, spend a few minutes on that.

Dick Bohrer:

And think seriously about participating in Chicago. There will be an online opportunity. Just so you have an idea, the invitations that we hope will come back positive, one would be a representative from the VA community care office. We're hoping and alumni of the health center program who runs that office will be able to join this. We've also invited LeeAnn and or Kadel or one of their peers to be there. And we're hoping that a representative from Optum and again, if we go way back to when we started today the organization that has the third party administrator responsibility today for two of the regions.

Dick Bohrer:

So those sessions again will be the 19th and 20th. And with that, you get material in the mail. We will post all of this information, the recording as well as the PowerPoint slides and again dbohrer@nachc.com if you want to be added to the veterans interest group contact list.

Dick Bohrer:

Again, thanks again, have a wonderful rest of your day and spend a minute tomorrow and remember what a lot of very brave people did for all of us today. Thank you again.

Kadel Laxson:

Thank you Richard.

LeeAnn Oswiany:

Thank you.

Gina Capra:

Thanks everyone!