

Network Provider Fact Sheet

VAPC3 and VACAA (Veterans Choice Program) Comparison

	VA Patient-Centered Community Care (PC3)	Veterans Access, Choice, and Accountability Act of 2014 (VCP)
Plan Description	A program designed to enhance access to health care by allowing VA Medical Centers to refer Veterans to a quality provider network closer to a Veteran's home.	A program for Veterans that provides a <i>Veterans Choice Card</i> that allows them to seek care from community providers if the Veteran faces wait times longer than 30 days for a specific service from a VA Medical Center or when a VA medical facility is not easily accessible (>40 miles) from their home.
Referrals	The VA Medical Center sends a care request to TriWest and the network provider subsequently receives an authorization for care from TriWest.	Provider receives authorization for care from TriWest. For those Veterans who are eligible because they are on a 30-day wait list, provider will also receive clinical/consult information from a VA Medical Center. For those Veterans who are eligible due to the fact that a VA medical facility is not easily accessible (>40 miles) from their homes, only the TriWest authorization is provided.
Other Health Insurance	Other Health Insurance (OHI) is not relevant.	TriWest will notify the provider if Commercial/private OHI should be billed. When the provider is notified, the private health insurance is the primary payor and TriWest pays on behalf of VA secondarily.
Co-Pays	Provider is not responsible for the collection of any	If commercial OHI is present, provider should follow the

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	copayments. All allowable charges are paid by TriWest.	copayment requirements of the OHI carrier.
Claims Submission	Provider submits claim to WPS, TriWest's claims processing partner. Network provider is paid according to terms in provider agreement.	Provider submits claim to WPS, TriWest's claims processing partner. Network provider is paid according to terms of provider agreement.
	<p>Claims should be submitted on CMS1500 or UBO4 claim electronically or mailed in hard copy to:</p> <p style="text-align: center;">WPS-VAPC3 PO Box 981646 El Paso, TX 79998-1646</p>	
	For claims, eligibility or other questions call: 855-722-2838	For eligibility or other questions, call: 866-606-8198 For claims questions, call: 855-722-2838
Secondary Authorizations	Separate authorizations must be requested from TriWest for any services beyond what has been authorized.	Separate authorizations must be requested from TriWest for any services beyond what has been authorized.
	Authorizations and secondary authorization requests (SAR) will be communicated and displayed on the secure provider portal. A program indicator for VAPC3 will display on the summary page.	Authorizations and secondary authorization requests (SAR) will be communicated and displayed on the secure provider portal. A program indicator for VACAA will display on the summary page.
Medical Documentation	Medical documentation must be returned to TriWest prior to payment of any claim: Within 14 days of date of service for outpatient services. Within 30 days after discharge for inpatient care. New cancer diagnosis reported to VA Medical Center within 48 hours.	Medical documentation must be returned to TriWest within 30 days of date of service, prior to payment of any claim. New cancer diagnosis reported to VA Medical Center within 48 hours.
Customer Service Contacts	1-855-PCCCVET (722-2838)	1-866-606-8198