



# CCA Member Survey

## Veteran Care/TriWest

### June 2023

#### MULTIPLE CHOICE

Are you credentialed with TriWest?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
Yes			63	80%
No			15	19%
<b>Total Responses</b>			<b>78</b>	<b>100%</b>

#### OPEN QUESTION

If no, is there any specific reason? (please answer this question, but there is no need to complete the remainder of the survey. After answering this question, scroll to the end to submit your answers)

I have had problems figuring out how to join them and I'm afraid of the amount of paperwork required to manage the care from them. I would love to help those patients.

I am no longer taking any insurance. The work and hardship to get paid with any insurance is no longer worth it.

I think I'm still accredited and was for many years but stopped accepting VA referrals in 2021 for many reasons. Grand Junction added chiropractic care in their facility and they began refusing my vets renewals for seeing me and told them they had to drive to Grand Junction, instead. Also, it became even more of a hassle to get paperwork through, and to be paid for services a reasonable fee, considering the paperwork and hours my assistant had to spend on the phone to chase the claims.

( I am and have been for 7 years - I hired a new associate and they told me you now have to pay a monthly fee to be credentialed with them - them being Empower Chiro - so we chose not to have our associate be in network with them)

Practice is in Cody, Wyoming. We tried for a long time but it was a mess. Always problems, never straight answers.

I am not credentialed with any insurance company. I would however be interested in working with TriWest, as I believe helping our veterans is an incredible thing that our profession can do for them!

Too much paperwork involved.

rates are abismal

I cannot understand the HR voice-mail when it read the contact Email address

We were but they dropped us leaving over 90k in non-paid

I was credentialed with triwest, however I had my associate get credentialed with them and we found out it enrolled him in additional managed care organizations including Muliplan which has cut our med-pay payments in 1/2. Because of this I haven't allowed my associate to treat PI patients. My contract came up for renewal, however because we are medically integrated clinic we do not have to contract with EmpowerChiro, we can contract through UHealth and we are not subject to their managed care I've applied, they say they are full although I don't know of any doc in my area in triwest. Trying to get set up. Was always told they don't pay

The kicked us out of network. We were in network however.

Credentials were dropped without explanation and no payments received. So currently not treating VA. Answers below are for when we were credentialed.

I've taken care of active military and veterans for decades, and they pay out of pocket to see me for initial intensive and corrective care. They know that the VA or Tricare or the Chiropractors at Fort Carson can not do more than temporary symptomatic relief care, and it's frustrating for them. I'd prefer not to participate in that kind of a program, and don't want to put my staff through more hoops trying to get paid by another insurance program that delays and denies care for their insured.

They have no desire to cover my services.

MULTIPLE CHOICE

On average, how many of those patients do you treat each week?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
1-10			54	77%
11-20			7	10%
21-30			2	2%
31-40			2	2%
40-50			2	2%
50 or more			3	4%
<b>Total Responses</b>			<b>70</b>	<b>100%</b>

MULTIPLE CHOICE

How many patients in the VA system do you have on file?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
1-10			15	21%
11-20			13	18%
21-30			10	14%
31-40			10	14%
40-50			10	14%
50 or more			12	17%
<b>Total Responses</b>			<b>70</b>	<b>100%</b>

MULTIPLE CHOICE

On average, how many weeks does it take for you to receive the INITIAL referral to treat these patients?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
Less than one week			8	11%
1-2 Weeks			25	37%
3-4 Weeks			15	22%
More than 4 weeks			19	28%
<b>Total Responses</b>			<b>67</b>	<b>100%</b>

MULTIPLE CHOICE

On average, how many weeks does it take for you to receive the subsequent referrals to treat these patients?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
Less than one week			3	4%
1-2 Weeks			11	16%
3-4 Weeks			14	20%
More than 4 weeks			39	58%
<b>Total Responses</b>			<b>67</b>	<b>100%</b>

MULTIPLE CHOICE

Have you experienced a delay in reimbursement payments from TriWest?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
Yes			43	63%
No			25	36%
<b>Total Responses</b>			<b>68</b>	<b>100%</b>

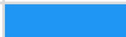
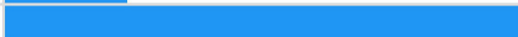
MULTIPLE CHOICE

If yes, how long is the average delay?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
A few weeks			12	23%
A few months			14	26%
More than 6 months			12	23%
Other			14	26%
<b>Total Responses</b>			<b>52</b>	<b>100%</b>

MULTIPLE CHOICE

When you have a question or concern, are you able to easily contact someone with TriWest to resolve your question or concern?

Answer Choice	0%	100%	Number of Responses	Responses Ratio
Yes			14	19%
No			57	80%
<b>Total Responses</b>			<b>71</b>	<b>100%</b>

OPEN QUESTION

If no, please provide more detail

Because they change staff so frequently it can be hard to have problems resolved because you get shuffled and passed around a lot. Also phone lines are typically busy and hard to get through. It is impossible to get through the phone system to talk to a person. My front staff has spent several hours wasted on hold.

Often by time of initial appointment a few weeks if not a month of authorization has passed. To complete proper treatment authorized number of treatments go over allotted time schedule. Takes forever to hear anything. Veteran calls and they tell them no problem we will pay. Then no payment or rejection of authorized service even though veteran needed it.

We are on hold for hours trying to get in touch with anyone to get anything resolved.

Wish there was a direct line for providers.

I was receiving multiple referrals from the VA last year. Unfortunately, I was never paid and have never been paid for any of the treatments. We are now declining veterans who call with a VA referral.

We have called Tri west and they have never resolved the non payments. Extremely frustrating, especially since the treatments were helping these veterans.

Up to 2 to 4 hours on the phone to talk with someone or being hung up on after waiting on hold for an hour or more.

Always given the same reason for denials even after we fix the trouble are, often there is not problem and we still receive the same denial. When we call in they don't understand how to fix the problem . Or we follow their instructions and still receive denials.

when calling you can be on hold for over an hour

The employees apparently do not communicate with each other. They never can give us straight answers.

Particularly when there is an urgency in getting imaging, DME, or continuation of care extensions, there is no clear line of contact that reaches an actual human in a timely fashion. We are told to use HSRM, which I do, but also to fax requests to the Denver VAMC nurses line, which it seems to take weeks for them to get to.

The hold time is often up to an hour long

Anytime we call, we are on hold for a minimum of 45 minutes and often times we cannot be helped by the initial person or have to call subsequent times to get what is needed.

Most of the time we try to call in and sit on hold for hours. Then typically someone answers and hangs up before we can respond.

They are a government system that is overworked and underpaid. They do not have enough people to service the area and you will have to wait on hold for hours sometimes

WE HAVE CALLED MULTIPLE PEOPLE AND NO ONE HAS BEEN ABLE TO HELP US. THEY TELL US THEY ARE WORKING ON IT AND SOMEONE WILL CALL BUT NO ONE DOES! THEY OWE US CLOSE TO \$3000 WE STOPPED ACCEPTING REFERRALS AND INFORMED THEM NO MORE VA SERVICE UNTIL WE GET PAID

On hold forever.

Usually on hold for a minimum of 45 minutes. Sometimes when they answer they cannot hear us and we get hung up on and have to call and wait again.

Dealing with the VA is not easy. It is hard to get approved for additional visits UNLESS the veteran begs and pleads with their PCP at the VA.

Hold times are sometimes hours. More often than not whomever I reach on the phone cannot help and does not know the answers.

Again always a mess that lead to problems with care

Cannot get live person on phone. No contact emails. Return calls take 48 hours.

The hold time is long and once you speak with someone you end up getting misinformation. Currently most of our communication is from our local VA Hospital staff person. We receive all the authorizations directly from this person as well. We have been treating VA patients for close to 20 years. Initially the referral was from the the Grand Junction VA Hospital. We were paid by these as well. When Community Care started we immediately signed up. Dealing with Health Net was a tremendous challenge. It took a great deal of effort to learn the system and steps for billing.

The line is always busy and hold times range from 30-45 minutes.

It can take up to 30 minutes on hold

spend too much time on phone .

Never get the right person to fix issues

The call system is dated and frequently drops calls, or the representative says "hello, hello" as though they cannot hear us and then hang up the line. This has happened several times. It usually takes between 3-4 call attempts to get even a rudimentary answer.

Additionally they cannot provide any information as to why a CPT code, which was in the pre-authorization form, was not allowed to be paid.

Long wait times on phone, referrals and getting extensions is next to impossible on a regular basis.

Usually there will be an assigned outreach person for the case with the patient. After the initial 12 visits it is relatively hard to get additional visits without additional notes and effort on you and the patients behalf, them working with their primary care.

The average wait time to reach someone at TriWest by phone is 45-60 minutes and they never seem to have the correct information regarding the veteran.

I used to be able to call a direct number to talk to Stuart with Community Care. He has left. I waited 40 minutes once to reach someone and gave up recently. That's when I went to my IT person and said we need to get on there portal. We have not done this yet to my knowledge. I only have one patient that has a referral with me now. We are greatly underutilized.

No one can act or be effective in getting these servicemen and women assistance. Typical insurance issues. Prolong every step. Slow down payment to a point so your office gives up. Ignore the veterans and don't do anything. Force your office to waste time on labor and give up.

Email: could not differentiate between letters used in, V, B, D, Z, E

WE HAVE CALLED AND EMAILED EVERYONE WE HAVE CONTACT FOR AND NO ONE HAS RESOLVED THE ISSUE TO PAY US THE \$2000+ THEY OWE US

Hold time 30 mins to an hour or more.

Extended hold times and by that I mean an excess of 45 minutes usually  
Due to the constant changing of the contracts each October the recredencialing process is becomes too problematic and the recertification for more visits is almost never re-newed. 12 visits a year is ridiculous.

Can't get a good answer about getting credtialed with them.

I think its been hard to negotiate with my staff

We have tried to figure out what they possibly want in the notes to get more visits approved but no one at Triwest can give us an answer.

Hard to get in contact with someone, as well as have issues resolved. Billed the same as every other VA patient with some getting denied and others going through for no reason.

Often a long wait time. The phone tree system is confusing.

Extremely long hold times and then we get disconnected quite frequently.

The amount of Phone (Hold time) tends to be between 35 - 60mins  
Can't connect with anyone to help speed the process up. Not uncommon to go 4-12 to nbetween getting second autho.

I've been treating veterans for 6 years. The VA is constantly changing how they do things. They have changed payors 3X in the yrs. that I've been involved with them. Different representatives in the VA as well as TriWest provide conflicting information. I have claims outstanding from 2019. I document everything that leaves this office including copies of claims. I've sent appeal letters, Requests for Service, spread sheets with outstanding claims, etc. to no avail.

We have talked to everyone and spent over a year trying to get this resolved and countless hours on the phoone and rebilling and and and etc.

The process is never easy for anything with the VA

Government ... "please hold", then they hang up on you

Noone answersthe phone, or if the phone is answered my staff gets the run around on who to speak with. there just hard for my staff to get a hold of. They just say submitt paper work. sometimes no one answers.

Staff spends hours on one call to VA or CC

We often have to hold for more than 90 minutes to get our phone call answered. Once we get someone on the phone, they are usually very nice, but often we get told the phone number we called (which we got from the paperwork referring the patient) is the wrong number. When we submit records to the fax number provided, we are later told it was the wrong fax number, even though it is the number on the instructions on the referral.

The issue seems to be more with availability than with TriWest, but affects billing and payments from TriWest.

When authorizations expire, that can be extremely difficult to understand.

We have appealed claims from 2021 when they changed processing companies and they have still not been resolved!

#### OPEN QUESTION

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Is there anything else you'd like to share?

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Chronic care is easy. The waiting period is not as big of a factor. However, if an acute condition comes up where they need care fast it is easier to have them pay cash or use private insurance since it is a minimum of 4 weeks to get care.

Also I have several patients in the choice program who like to come to my office for convience but the VA often times will not allow them to come and tries to make them see the in house DC. Whose hours and location is not as convenient.

I treated veteran with Parkinsons due to burn fields in Iraq. With acupuncture stability much better for two to three weeks according to VA they want treatment to be curative. Totally affected the veterans quality of day to day life. VA denies additional care. This particular veteran would drive two hours for care each way due to his improvement in balance. Extremely unfortunate for this disabled veteran. I am a veteran and this appalls me. TriWest required us to re-credential and at that time we had to pay to be a part of the network. For the small amount of people I see in this network, it was not cost effective for me to pay the amount of money they were requesting to be in the network.

Sadly the people who pay into this Insurance are losing options for healthcare choices  
Set up reasonable treatment plans

Set up a committee to petition the VA to set more reasonable treatment plans than what they do  
Paying for treatments of veterans is obviously not a priority for TriWest. For all the veterans I treated, I was not paid one penny by TriWest. I could not, in good conscience, go after the vets for payment. I wrote it all off. A few thousand dollars. Very sad for our veterans.

RFS forms, Request for Service forms fall on deaf ears. Working with the VA and TriWest for 4 to 5 years now and never have I had a response form the RFS forms. I need the patient to talk with their PCP to get an updated referral.

Trying to get a hold of anyone about payment is impossible.

Love treating the veterans but the process is horrible.

Reimbursement limited to manual manipulation @41.00. Limited 99213. Initial tx au thorizations 12 OV for 12 weeks. Like MC no maintenance care coverage.

Since their transition to the current insurance for reimbursement, payments have been coming through on clean claims in as little as 2 days from submission, rarely longer than 2 weeks.

The request for service process involves too many delays. It's often upwards of 3 months before a request is processed. By that time the veteran has digressed. Most of our veterans suffer chronic, permanent damage from service and chiropractic care keeps them functional. The delays cause significant harm to the veteran's quality of life.

The entire process is incredibly frustrating. There is no set criteria to get veterans subsequent visits after the initial referral... and it seems the advice changes each time I try to contact them to see what they need. This causes gaps in care for the patient and is EXTREMELY time consuming for DCs and staff.

Recently, when a VA patient asked his primary care provider to refer him for chiropractic, for his already well established back issues, he was told (by letter) that he would need to come and see the primary care first (more than 70 miles drive away) and that then he would need to come see the "in-house" chiropractor there, in east Aurora, more than an hour's drive away, rather than coming to see our office, about 12 miles away. Having said all that, at least the VA does pay reasonably well for

Recently they have asked for refunds on claims that should be paid. When we appeal their decision no action is taken and then the refund is automatically withheld from another payment.

Appeals are sent but no response is received. I would appreciate some indication that they have received the documentation and are working on it. If they need additional information it would be nice to have some communication. Instead we call monthly because they need 6 weeks to process the appeals. The chat feature has been better with response time but always says to call the VA.

I wish you didn't have to credential through Empower Chiro & I wish they paid more than medicare pricing.

For an initial visit they will always approve a patient for 12 visits for 3 months. (whichever one runs out first) then when you ask for a subsequent referral they only offer 6 visits for 1 month. The issue is most of these patients have chronic conditions where as a 6 visit 1 month care plan is more for an acute condition. This is not helpful for patients that would like monthly care

We are a walkin Chiropractic Care Center. The initial authorizations are not usually a problem. However, the added necessary care takes quite awhile to get approved. Most patients will be under care for as long as they need us. At the beginning of care there are many visits and then it is maintenance. 12 visits will last roughly 6 weeks at the beginning. Then the patient comes in roughly every 3 weeks to a month for maintenance.

COMMUNICATION IS A NIGHTMARE! MY OFFICE MANAGER AFTER A 1.5 YEARS JUST GAVE UP. THEY TOLD US WE WERE PAST THE BILLING DEADLINE AND WE EXPLAINED WE WERE NOT WHEN WE STARTED ASKING ABOUT GETTING PAID.

I did not answer referral questions as I am not sure. I will usually get an initial referral of 12 visits to be used in 90 days, but if they all don't get used, no luck getting an extension of time. Also, they are very poor about a referral for any visits after the initial twelve. Most of these patients are older, with chronic conditions that are not going to be fully resolved, but their quality of life improves quite a bit. They all would benefit from continued care.

Considering the safety, efficacy and cost effectiveness of chiropractic care, it should be REQUIRED for any veterans suffering with any type of spinal pain or radicular symptoms.

Recently referrals have started weeks and sometimes a month before we know. They refuse to backdate the referral. They have called my office before during lunch or after hours and could not reach us then told the Veteran they have to see someone else.

Please fix this, would love to take care of our veterans if paid reasonably and efficiently

We currently only have 1 TriWest patient who comes in every other week. TriWest authorizes only 8 visits for each referral period, but we simply complete a form Request for additional visits and receive a new authorization within a reasonable amount of time.

On hold for 30+ minutes or more to get hung up on or not to even get to even anyone on phone calls.



Sometimes patients are told that we "aren't in network" and are referred elsewhere.

Authorization sheets AFTER the referral authorization has been granted take 1-2 months.

We had to pay back money on a case where pt was referred but authorization was never granted.

Initial treatment referral is typically processed perfectly. The real issues occur when you get a follow-up referral. These referrals are very difficult to get processed. Not sure where the hang up is but many of those we have to mail to get them paid.

The turn around time for the RSF form to get extended care is approximately 2-3 months. This interrupts the veterans care plan and leaves the veteran with a long gap in care.

Tri West has been much better and easier to deal with. The key to getting paid is getting the required information in the correct spot on the billing form and making sure you send the notes to the VA. Our local VA now has a chiropractor which is great. Our current frustration is when they deny sending a veteran to us for care that we have seen for 10 plus years, telling them they need to see the DC at the VA. And in the same day we receive authorization for a veteran we have not seen before.

Approval for continuation of care is impossible to receive. These veterans are coming in with chronic pain from their time spent in the military and only getting 12 visits to help relieve their pain is ridiculous, especially when we don't get approved for more when we are finally seeing their symptoms diminish.

Our office has sent in an RFS, Request For Service, but the veteran was sent to a different office.

I am both a disabled veteran and a provider, I know first hand how terrible access to the community care can be. Without a doubt they are creating more trauma for the DV's for which they "care." I have 3 collegiate (2 graduate level) degrees in healthcare, and I struggle to navigate this process. What hope does a less educated DV have? It would be a simple manner of providing a HSA or an FSA to DV's and allow them to select whatever provider or service they feel helps their condition. Veterans are extremely happy for the care, frustrated at the administration.

The gate keepers are not familiar with time for correction care. They are too strong on the Medicare model of care. They should allow 3 to 4x more visits. Nutrition and therapy should be covered along with lab orders.

I'm a veteran myself and I stopped in and met the chiro on staff in Cheyenne to just say hello, introduce myself and get a feel for the culture. He explained that the VA system were hiring chiro's around the nation to keep the business in house. He also explained that they were working hard to promote evidence based care and to not be surprised to see even less authorized visits.

The entire process is completely in-efficient. From the coordination of Community Care Network and their communication with the VA and the complete ineptitude of TriWest managing credentialing and payments. I don't know how long we wait to get reimbursed. My off-site biller takes care of this. I have patients go back to their primary to ask for another round of treatment I don't mess with getting an extension anymore.

It is more cost effective to give Chiropractic care to VA patients then having them drive to Wyoming for a referral or an MRI.

I would like veterans affairs to know I'm able and willing, here in park county.

WE HAVE BILLED, REBILLED, FAXED, CALLED AND NO ONE CAN FIX THIS! THEY NOW TELL US WE HAVE PASSED THE ACCEPTED BILLING PERIOD AND WE TELL THEM THIS ALL STARTED IN THE CORRECT BILLING PERIOD. WE HAVE STOPPED ACCEPTING VA REFERRALS AND TELL THEM EVERY TIME THEY CONTACT US WE WILL NOT ACCEPT VA PATIENTS UNTIL WE ARE PAID IN FULL. WE ARE THE ONLY CHIROPRACTIC OFFICE IN A LARGE RADIUS THAT ACCEPTED VA PATIENTS.

The biggest problem we have is getting our claims resubmitted when there is a small issue. It takes over a month for it to get pushed through and sometimes it'll go past the point of where they can allow to accept the claim. They've been able to fix and overlook but not every time. The biggest issue is the RFS. It takes much longer to receive any word while our patients are still in pain and most of the time it's a denial.

Just that subsequent referrals appear to be based on standard group insurance parameters. In other words, the fact that these patients have already been issued a permanent disability seems to have no bearing on future referrals. It should be obvious that we are working in the realm of pain management, and not a cure.

We helped lots of veterans stay off of opioids and lower their overall pain but the VA/Tri-West didn't allow full treatment so veterans were left leaving with only partial treatment only to be told they have to wait for additional visits to continue treatment.

Empower not requires you to contract with 3rd party managed care organizations which dramatically decreases other reimbursements. Insurance reimbursements for chiropractors in Colorado is embarrassing. How can Nebraska, SD, Idaho, to name a few get \$150 per visit for adjustments and rehab and we settle for \$41 for BCBS and \$58 from Aetna and Cigna.

The veterans should get secondary referrals more quickly. Too long of a wait when they are getting care, relief and disrupted with follow up. Requests for additional services takes too long most often We are always denied additional visits no matter what documentation we provide to the VA. The only time we get additional visits is if the patient asks their PCP with the VA to send in a request for more.

The care plan time frames are very inconsistent. Some have 8 visits they have to use in a month and others have the same amount but have 3-4 months to use them, which causes the Patient to lose visits.

I've resubmitted claims and RFS via certified mail which TriWest states they've never received, but I have proof. The list goes on and on. Per the questions you have above regarding how long it takes an initial/subsequent referral to go through - that depends- the choices provided are not adequate w/o further explanation. Subsequent auth.'s not realistic unless the veteran acute. I'd be happy to discuss this further. I've offered to go to the GJ VA to meet in person w/whomever will listen.

There was no one that cared we didn't get paid and their final reply was we were past the billing period for the service! This took place as we were battling COVID restrictions and my office manager was out for a month. To get additional visits past the initial 11 it takes a minimum of 60 days to hear from the VA to continue care so each additional request for services we basically start from the beginning

I treat many soldiers and their families. Tri Care is a non player for DC. I provide discounted cash fees for them... It is hard to get subsequent visits for VETs. What works with one VET doesn't work with another. Do we contact the referring MD for more visits, or do we contact the VA central line?

Massage Therapy CC also needs work

#### Reporting

