Program Description

The Veterans Affairs (VA) Community Care Network (CCN) provides distance- or time-eligible Veterans an opportunity to receive care from a network of civilian healthcare professionals, facilities, pharmacies and suppliers. Participating providers have the privilege to serve Veterans in their communities by supplementing their healthcare when needed.

Malpractice coverage of $1,000,000 per incident and $3,000,000 aggregate is required for participation.

Eligibility/Verification Options

Use the online tools that will be available at **vacommunitycare.com** to view the approved referral and confirm the Veteran's eligibility.

Fee Schedule

For claims submitted with a valid referral or prior authorization number, services will be reimbursed according to the VA CCN Payment Appendix. The VA Fee Schedule also can be found at: **vacommunitycare.com** > I am a Provider > Documents and Links. Providers may not bill a Veteran for a missed appointment.

Referrals

Providers are not authorized to deliver services to an eligible Veteran until a VA-approved referral is received. The VA will send a referral with information about the Veteran and the type of care the Veteran can receive. Use the online tools that will be available at **vacommunitycare.com** to view the approved referral and confirm the Veteran's eligibility.

Optum® Utilization Review/Clinical Submission

The Optum utilization review process/clinical submission form is not required for VA CCN.

Prior Authorization

Prior authorization is required for certain services that will be listed on the VA Prior Authorization List. The VA Prior Authorization List will be available at **vacommunitycare.com** before the start of health care delivery.

Claims Submission

Online Claims Submissions:
Go to vacommunitycare.com > I am a provider> Medical/Behavioral Provider
Electronic Data Interchange:
Payer ID = VACCN
Mail Paper Claims To:
VA CCN Optum
PO Box 202117
Florence, SC 29502
Fax Claims Securely To:
1-833-376-3047

Claims Payment & Inquiry

Providers must submit claims within one hundred eighty (180) days from the date of service or date of discharge.

When the veteran has other health Insurance coverage that is primary, providers must submit secondary claims within ninety (90) days from the date of the other insurer's adjudication.

Claims not filed within this time frame will be denied for missing the timely filing deadline.

Requests for reconsideration must be submitted to the VA within ninety (90) days from the date of the denial.

To inquire about the status of a claim, contact CCN Provider Services at:
888-901-7407

CCN Provider Services

Provider Line:
888-901-7407
Hours of Operation:
Monday - Friday
8 a.m. – 8 p.m., local time

Provider Status Changes

Submit demographic changes (including relocation and tax identification number changes) via one of the following methods:

Web: myoptumhealthphysicalhealth.com
Fax: 888-626-1701
Mail: OptumProviderDataMgmt.
MN103-0700
PO Box 1459
Minneapolis, MN 55440-1459

There are no VA CCN-specific ID cards. Therefore, it is important that once you receive a referral, you confirm eligibility at **vacommunitycare.com.**

1/17/2019

Veterans Affairs Community Care Network
Frequently Asked Questions

Key Points
• The U.S. Department of Veterans Affairs (VA) Community Care Network (CCN) supplements the health care services of the Veterans Health Administration with a network of civilian health care providers: professionals, facilities, pharmacies and other suppliers. • VA determines a Veteran's eligibility to get care from a civilian care provider. • Prior authorization and referral requirements apply. • Veterans can only access care in the civilian VA CCN with an authorized referral from VA.

Program Description

VA created the VA CCN program to assist Veterans who can't get necessary services from a VA provider either because the services aren't available or the VA provider is too far away.

By participating in the VA CCN, you can help Veterans in your community access a network of civilian healthcare facilities, pharmacies, professionals and suppliers.

VA recently chose UnitedHealthcare and Optum to manage the new VA CCN in Regions 1, 2 and 3:

Region 1		Region 2		Region 3	
Connecticut	New York	Illinois	Nebraska	Alabama	South Carolina
Delaware	North Carolina	Indiana	North Dakota	Arkansas	Tennessee
District of Columbia	Pennsylvania	Iowa	Ohio	Florida	U.S. Virgin Islands
Maine	Rhode Island	Kansas	South Dakota	Georgia	
Maryland	Vermont	Kentucky	Wisconsin	Louisiana	
Massachusetts	Virginia	Michigan		Mississippi	
New Hampshire	West Virginia	Minnesota		Oklahoma	
New Jersey		Missouri		Puerto Rico	

To help you become familiar with the network, please read the following frequently asked questions. Specific information on policies and procedures is in the VA CCN Provider Manual at **info.vacommunitycare.com.**

To keep up to date on the VA CCN, please visit **info.vacommunitycare.com**. We'll update these FAQs, the quick reference guide and the VA CCN Provider Manual with the latest program information as we get closer to the start of health care delivery under VA CCN. Thank you.

Frequently Asked Questions and Answers

Eligibility and Benefits

Q. Are all Veterans eligible to receive care from care providers participating in the VA CCN?

A. Not all Veterans. VA will determine if a Veteran is eligible to get care from a civilian care provider in the VA CCN. To be eligible, a Veteran must be both:
   • Enrolled in VA's patient enrollment system
   • Have an approved referral from VA for care in the community

Enrolled Veterans would normally receive care from a VA facility or VA provider. When appointments for the care they need aren't available or when they live too far away, the VA may give the Veteran a referral for community care. The Veteran's caregivers and family members are not eligible for VA CCN care.

Q. How do I confirm that a Veteran is eligible for VA CCN services?

A. VA will send you a referral with information about the Veteran and the type of care the Veteran can receive. Our VA CCN website, **vacommunitycare.com**, will be available before the start of health care delivery and will include online tools to view the VA-approved referral and confirm the Veteran's eligibility.

Referrals

Q. Are referrals required for VA CCN?

A. Yes. Before a Veteran gets care or services from a VA CCN participating care provider, the VA must issue a referral for an episode of care. If you deliver care or services without an authorized referral, the care or services may not be reimbursed.

- VA referrals will include an authorization for a specific standard episode of care. The referral will include a start date and an end date, along with a specified number of visits and/or services.
- VA may issue a primary care referral for distance-eligible Veterans (those who live too far away from a VAMC) that are valid for one year. These referrals include an unlimited number of primary care visits to a VA CCN primary care provider (PCP).
- All claims must have a referral or prior authorization number.

When health care delivery starts, you'll be able to verify the status of a referral or prior authorization at **vacommunitycare.com** or by calling **888-901-7407**.

Q. Does VA CCN require prior authorization?

A. Yes, prior authorization is required for certain services on the Prior Authorization List, which will be available at **vacommunitycare.com**. VA will release the list and determine if the services are covered under the VA CCN benefits according to VA policies and guidelines.

When health care delivery starts, you'll be able to verify the status of a prior authorization request at **vacommunitycare.com** or by calling **888-901-7407.** You can read more about the prior authorization procedures in the VA CCN Provider Manual at **info.vacommunitycare.com.**

Q. Are notifications required for VA CCN?

A. Yes. Behavioral health, emergency care and urgent care providers must notify VA within 72 hours when a Veteran self-presents to a VA CCN participating urgent care clinic, emergency department or behavioral health care provider. Instructions for sending notifications to VA are in in the Provider Manual at **info.vacommunitycare.com.**

Q. Can I refer a Veteran for care to another care provider in the VA CCN network?

A. Yes. All referral requests for additional services have to be approved by VA. Referral instructions and procedures are outlined in the Provider Manual at **info.vacommunitycare.com.**

Q. Can I refer a Veteran to a hospital for admission?

A. Referral requests for hospitalization have to be approved by VA, just the same as any other services beyond what is specified in the initial VA referral. Referral instructions and procedures will be outlined in the Provider Manual at **info.vacommunitycare.com.**
If you are providing services to a Veteran under an authorized referral and you determine that the Veteran is experiencing an urgent or emergent symptom or condition, contact VA immediately.

Q. Can I refer a Veteran for care to a provider in another region?

A. No, a Veteran's eligibility for community care is specific to the region where VA issues the referral. Even if you have an additional clinic or office that is outside of the region from the initial referral, the Veteran can't be treated there without a new referral.

Claims and Provider Reimbursement

Q. How do I file a claim?

A. As we get closer to the start of health care delivery, you'll find instructions for filing electronic and paper VA CCN claims for medical, behavioral health, dental, and pharmacy services at **vacommunitycare.com.** All claims must have a VA referral or prior authorization number.

Q. What is the VA CCN reimbursement rate for approved services?

A. For claims submitted with a valid referral or prior authorization number, services will be reimbursed according to the following payment order:

- Covered services will be reimbursed at 100 percent of the Centers for Medicare & Medicaid Services (CMS) Fee Schedule amount.
- Covered services that are not covered by the Medicare program or for which the Medicare program does not have local pricing, reimbursement will be made according to the VA Fee Schedule.
- If the VA Fee Schedule does not include a rate for the covered service provided, reimbursement will be made at 100 percent of provider's customary charges as defined in the Payment Appendix

When VA releases the VA Fee Schedule, it will be available at **info.vacommunitycare.com.**

Q. How will I be able to tell if VA is the primary or secondary payer for services delivered as part of an episode of care?

A. Each VA referral will indicate if Optum on behalf of the VA is the primary or secondary payer for the Veteran's episode of care. The Veteran may have other health insurance that is the primary payer. When you're submitting claims, be sure to invoice the primary payer first, then the secondary payer. Please include the Remittance Advice from the primary payers when invoicing secondary payers.

Q. Can I bill the Veteran for non-covered services?

A. No. VA CCN care providers won't be reimbursed for services that aren't covered in the Veteran's medical benefits package (as determined by VA) or aren't included in the VA approved referral.

Q. Can out-of-network emergency care providers file claims for Veterans?

A. Out-of-network emergency care providers must submit claims directly to VA. There won't be a referral number for these types of claims. VA's claim submission information is in the VA CCN Provider Manual at **info.vacommunitycare.com.**

U.S. Department of Veterans Affairs (VA) Community Care Network (CCN)
Quick Reference Guide

Program Overview
This quick reference guide provides an overview of what you and your practice might need to know about the new VA CCN program.

The VA CCN supplements the health care services of the Veterans Health Administration with a network of civilian health care providers.

Using This Guide
To keep up to date on the VA CCN, please visit **info.vacommunitycare.com**. We'll update this guide, the frequently asked questions and the VA CCN Provider Manual with the latest program information as we get closer to the start of health care delivery under VA CCN.

Provider Services
When the VA CCN program launches and health care delivery starts, you can call CCN Provider Services at 1-**888-901-7407** (7 a.m. – 7 p.m., local time, Monday – Friday) to:
- Confirm Veteran eligibility and approved referrals
- Check claims status
- Request a referral

Tip: Once health care delivery starts as part of the VA CCN program, you'll be able to verify the status of a referral or prior authorization at **vacommunitycare.com** or by calling **1-888-901-7407**.

Online Tools and vacommunitycare.com
Our VA CCN website, **vacommunitycare.com**, will be available before the start of health care delivery and will include:
- Administrative tools to help you submit claims, as well as track and submit referrals
- VA CCN announcements and news
- Program forms, the provider manual and provider materials
- Links to VA policies and procedures

Updates will be posted to **info.vacommunitycare.com.**

Referrals and Veteran Eligibility
You are not authorized to provide services to a VA eligible Veteran until you receive a VA-approved referral. The only exceptions are for emergency or urgent care, or the Veteran's first behavioral health visit. The referral process is outlined in the VA CCN Provider Manual at **info.vacommunitycare.com.**

When VA determines that a Veteran needs to receive care from a VA CCN provider, VA will send you a referral with information about the Veteran and the type of care the Veteran can receive.

Prior Authorization Requests

Prior authorization is required for the services that will be listed on the VA Prior Authorization List.

The VA Prior Authorization List will be available at **vacommunitycare.com** before the start of health care delivery under the VA CCN program.

Pharmacy Benefits and Prescription Guidelines

- VA CCN care providers must **not** dispense any pharmaceutical samples to Veterans.
- VA requires that you register with your state's prescription monitoring program, if your state has one, before prescribing a controlled substance.
- Prescriptions for routine and maintenance medications will be filled by the VA pharmacy.
- For urgent and emergency prescriptions:
    - Covered medications are on the VA Urgent/Emergent National Formulary at **pbm.va.gov** > VA National Formulary > Formulary Documents > VA Drug Standardization List.
    - The initial prescription should be a maximum 14 day supply with no refills. Veterans should fill this prescription at a local network pharmacy.
    - Additional prescriptions should be submitted to and filled by the VA pharmacy.

Claim Management

- Instructions for filing electronic and paper VA CCN claims will be in the VA CCN Provider Manual available at **info.vacommunitycare.com.**
- All claims must have a referral or prior authorization number.
- Contact CCN Provider Services at **1-888-901-7407** for claim status.
- Submit claims within 180 days from the date of service or date of discharge.

Other Health Insurance

- When the Veteran has other health insurance (OHI) coverage that's primary, submit secondary claims to VA within 90 days from the date of the primary payer's claim decision. Please include the Remittance Advice from the primary payers when invoicing secondary payers.

Reconsideration Request

- Submit reconsideration requests to VA within 90 days from the date of denial.

Submitting Medical Documentation

- VA will release more information about submitting medical documentation closer to the start of health care delivery.
- VA CCN Healthcare Services network providers and Complementary and Integrative Healthcare Services (CIHS) network practitioners will submit medical documentation for VA CCN care directly to VA or the Veteran's referring provider.