



# OPTUM<sup>®</sup> VA Community Care Network - Provider Manual



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## OVERVIEW

Welcome to the U.S. Department of Veterans Affairs (VA) Community Care Network (CCN) Provider Manual. Here, we've collected important information about the VA CCN program that will help you deliver care to Veterans in your community.

The following information will help you better understand the program, work with the VA, and deliver and coordinate care for the Veterans you will be serving:

- Helpful Resources
- Covered Services
- Program Credentialing
- Provider Responsibilities
- Eligibility and Enrollment
- Referrals and Prior Authorizations
- Pharmacy and Durable Medical Equipment (DME)
- Health Care Management
- Medical Documentation
- Claims and Reimbursement
- Contract Provisions

The table of contents contains hyperlinks to specific sections. This enables providers and staff to access needed information quickly and efficiently.

This 2019 VA Community Care Network Provider Manual (this “Manual”) applies to covered services you provide to Veterans as part of the VA CCN program. Veteran eligibility and coverage are determined by the U.S. Department of Veterans Affairs (VA).

This Manual is effective at the start of health care delivery under the VA CCN for physicians, health care professionals, facilities and ancillary providers participating in one of the Optum VA CCN partner networks (see [Network Resources](#)).

“You,” “your” or “provider” refers to any health care provider subject to this Manual, including physicians, health care professionals, facilities and ancillary providers. Except where expressly indicated, the information included in this Manual is applicable to all types of health care providers subject to the Manual.

“Us,” “we” or “our” refers to Optum, UnitedHealthcare or one of the other VA CCN affiliated network entities subject to this Manual.

Terms and acronyms in this Manual are defined the first time they appear. They are also spelled out in the [Glossary](#) and [Acronyms](#) sections at the end of this Manual.

### **Important Note About This Manual**

The Manual will be updated as needed and we'll post the latest version to [info.vacommunitycare.com](http://info.vacommunitycare.com). Please check back for updated versions, as we expect to add more information to the Manual as we get closer to the start of health care delivery under the VA CCN contract.

Some instructions in this version of the Manual will give you different ways to contact VA. To help you understand the processes better, we've included those options where applicable, but we don't have all of the final contact information.

We'll be updating this Manual with phone numbers, fax numbers, email addresses and URLs when they are available from VA.

## What is the VA CCN?

VA created the VA Community Care Network (VA CCN) program to assist Veterans who can't get necessary health care services from a VA Medical Center (VAMC) and when VA determines the Veteran is eligible based on time or distance criteria.

VA CCN gives Veterans the opportunity to not only use the health care services of the military health system and the Veterans Health Administration, but to also receive care from a network of civilian health care professionals, facilities, pharmacies and suppliers.

Our Veterans have sacrificed to serve our country and this is our opportunity to show our appreciation. Participating providers can help serve Veterans in their community. VA CCN only covers Veterans, not families or dependents. VA determines a Veteran's eligibility to get care from VA CCN providers. Providers will have the opportunity to serve:

- Veterans with VA-rated service-connected disabilities
- Veterans determined by VA to be unemployable due to service connected conditions
- Veterans who are Former Prisoners of War (POWs)
- Veterans awarded the Purple Heart Medal
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans awarded the Medal of Honor
- Veterans who are receiving aid and attendance or housebound benefits from VA
- Veterans who have been determined by VA to be catastrophically disabled

## NETWORK RESOURCES

Optum is collaborating with the following partners (referred to as VA CCN "Network Partners") to deliver a complete, comprehensive network of participating providers.

### UnitedHealthcare<sup>®</sup>

UnitedHealthcare provides the network for traditional medical services for the VA CCN except for in Florida, Michigan, Southwest Kentucky, Virgin Islands, or Puerto Rico. Those areas are covered by a leased network. This includes:

- Primary care physicians
- Specialty and sub-specialty physicians
- Acute care hospitals,
- Laboratories
- Ambulatory surgery centers
- Long term acute care facilities
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Urgent care facilities
- Ancillary services including home health, durable medical equipment (DME), hospice care, dialysis and diagnostic radiology

### United Behavioral Health

United Behavioral Health (UBH) provides a network of behavioral health and substance use disorder providers, facilities, and services for the VA CCN. UBH providers include:

- Psychiatric hospitals

- Inpatient and outpatient mental health and substance use disorder programs
- Psychiatrists
- Psychologists
- Social workers
- Marriage and family therapists
- Counselors.

UBH includes providers for some of the CCN Complementary and Integrative Healthcare Services (CIHS), such as biofeedback, hypnotherapy, relaxation techniques, and Native American Healing.

UBH serves all areas, except the state of Florida and Puerto Rico, which will be supported by other networks.

## OptumHealth Care Solutions, LLC

OptumHealth Care Solutions, LLC provides a network of free-standing physical health providers and services for the VA CCN which includes:

- Physical therapy
- Occupational therapy
- Speech therapy
- Chiropractic services

The OptumHealth Care Solutions network includes providers for some of the CCN Complementary and Integrative Healthcare Services. OptumHealth Care Solutions also includes:

- A massage therapy provider network for VA CCN, except in Florida, Puerto Rico and the U.S. Virgin Islands.
- A network of tai chi providers in all areas.

## Logistics Health Incorporated

Logistics Health Incorporated (LHI) provides a network of both general and specialized dental providers covering all geographic areas. This network provides outpatient dental care to all eligible Veterans as determined by VA.

## CVS Pharmacy

CVS Pharmacy serves as a pharmacy benefits manager (PBM) and a retail pharmacy network covering all geographic areas for the VA CCN program. The retail pharmacies provide prescription fulfillment services for urgent or emergent prescriptions from CCN providers as well as VA providers.

## Spectera

Spectera Eyecare Networks, owned and operated by UnitedHealthcare, is a network of eye care professionals covering all geographic regions. This network provides routine eye examinations to all eligible Veterans as determined by VA.

## PROVIDER RESOURCES

### Online

#### VA Community Care Provider Portal

A final description of VA's Community Care Provider Portal and its URL haven't been released yet. Please check back for updates.

When it's available, you'll be able to securely sign in to view a Veteran's electronic health record (EHR) as well as track referrals and exchange data/documentation with VA.

#### Optum's VA Community Care Network Portal

Optum's site [vacommunitycare.com](http://vacommunitycare.com) will be available closer to the start of VA CCN health care delivery. Until that site is available, the latest information will be at [info.vacommunitycare.com](http://info.vacommunitycare.com).

Optum's site will provide:

- Access to the VA CCN provider directory
- Information on claim, referral and prior authorization request status
- VA's covered benefits
- Medical review requirements for specific codes
- Links to verify Veteran eligibility
- Links to real-time pharmacy dispensing information to help prevent medication errors
- Provider resources and education

### Support by Phone

When the VA CCN program launches and health care delivery starts, you can call CCN Provider Services at **888-901-7407** (7 a.m. – 7 p.m., local time, Monday – Friday) to:

- Check status of referrals (except urgent referrals that should route directly to VA Community Care Contact Center)
- Check Prior Authorization status
- Check claims status
- Resolve claims issues
- Confirm Veteran eligibility
- Resolve pharmacy issues
- Resolve issues with DME, medical devices, orthotic items, and prosthetic items
- Verify provider enrollment status
- Resolve complaints
- Resolve benefits issues

**Tip:** You can go online to get much of this information and submit transactions. To learn more, please go to [info.vacommunitycare.com](http://info.vacommunitycare.com).



## COVERED SERVICES

### Health Care Services

VA medical facilities provide a wide range of services, but sometimes those services may not be available at the VA medical facility or in a timely manner.

VA determines a Veteran's eligibility to get care from a VA CCN provider, and which types of care the Veteran can receive. VA will issue a referral to authorize a specific Standard Episode of Care (SEOC), which will include a specified number of visits and/or services. An SEOC is a set of related health care services for a specific unique illness or medical condition to be provided for a given period of time not to exceed one year.

For a current list of VA-covered services, see [va.gov/communitycare](https://www.va.gov/communitycare). These services include, but aren't limited to:

- Acupuncture
- Ancillary services
- Behavioral health (to include professional counseling)
- Chronic dialysis treatment
- Comprehensive rehabilitative services
- Dental care
- Emergent care
- Geriatrics (Non-institutional extended care services, including but not limited to non-institutional geriatric evaluation, non-institutional adult day health care, and non-institutional respite care)
- Home health care (skilled and unskilled)
- Hospice, palliative and respite care
- Hospital services
- Immunizations
- Implants - when provided as part of an authorized surgical or medical procedure
- Inpatient diagnostic and treatment services
- Long term acute care
- Maternity and women's health
- Outpatient diagnostic and treatment services (including laboratory services)
- Pharmacy
- Preventive care
- Reconstructive surgery
- Rehabilitative services and therapies
- Residential care
- Skilled nursing facility care - limitation of rehabilitation services is no more than 100 days per calendar year
- Telehealth
- Urgent care

### Durable Medical Equipment (DME), Medical Devices, Orthotic, and Prosthetic Items

Providers can only provide DME and medical devices to eligible Veterans for an an urgent or emergent condition. VA provides all non-urgent or non-emergent DME items when providers submit prescriptions for the Veteran.

## Routine Prescriptions for DME and Medical Devices

You need to submit all prescriptions for routine DME and medical devices to VA. The VA will provide the DME or medical device to the Veteran. The prescriptions must include the following:

- Date of request
- Patient's full name
- Patient's date of birth
- Patient's last 4 digits of Social Security Number
- Patient's Electronic Data Interchange Patient Identifier (EDIP)
- Prescribing provider's full name
- Prescribing provider's address
- Prescribing provider's phone number
- Prescribing provider's fax number
- Diagnosis and ICD-10 code(s)
- Description and Healthcare Common Procedure Coding System (HCPCS) code for each prescribed item
- Detailed information (brand, make, model, part number, etc.) and medical justification for each prescribed item (if a specific brand/model/product is prescribed)
- Item delivery location/address and expected delivery date

VA reserves the right to issue comparable, functionally equivalent DME to what you prescribe.

Providers are required to submit the VA-provided form or template to the VA within 24 hours, or the next business day, after completing the health care services for which the prescription was generated.

VA forms and templates for DME and medical devices will be available online at [vacommunitycare.com](http://vacommunitycare.com) and updates will be made to this Manual as soon as they are available from VA.

### Scheduled Procedures or Discharge

For a scheduled procedure or patient discharge, if you don't coordinate with VA to help ensure the DME or medical device is ready for the Veteran, that does not make it an urgent or emergent situation.

### Hearing Aids

All prescriptions for hearing aids are to be submitted to VA for review and fulfillment. Hearing aids cannot be purchased or provided by VA CCN or by providers. VA will provide information for the hearing aid manufacturers that have current contracts with VA. Providers must submit all prescriptions for hearing aids to VA for review and fulfillment. Providers must provide initial testing results related to potential hearing aid needs to VA within two (2) business days of completion of the initial testing.

### Home Oxygen

Submit all requests for home oxygen to VA for review and fulfillment. You must provide definitive testing results within 24 hours of completion of testing. Home oxygen equipment or supplies cannot be purchased or provided by VA CCN providers. The need for home oxygen must always be planned sufficiently in advance of the procedure or patient discharge to avoid delay in fulfilling the prescription.

### Sleep Apnea Equipment

Oral Appliance Therapy (OAT) for obstructive sleep apnea will be provided through Optum's VA CCN dental network. For Optum's VA CCN, OAT is classified as medical treatment for a medical disorder, obstructive sleep apnea, which is provided by a licensed dentist.

### Follow Up Care

You are to be responsible for all necessary follow-up care, including patient education, training, fitting, and adjustment for the prescribed item. VA will procure and send the prescribed item to your location, unless specified otherwise, for you to provide follow-up care and the item(s) to the Veteran.

## Urgent/Emergent Prescriptions for DME and Medical Devices

Providers must provide DME and medical devices to eligible Veterans at the time of health care service delivery, or soon thereafter, when there is an urgent or emergent condition requiring DME or medical devices as determined by the CCN provider. This condition is defined by VA as a medical condition of acute onset or exacerbation manifesting itself by severity of symptoms including pain, soft tissues symptoms, bone injuries, etc. Urgent or emergent DME or medical devices may include, but are not limited to:

- Splints
- Crutches
- Canes
- Slings
- Soft collars
- Walkers,
- Manual wheelchairs

### Purchase or Rental

Prescribing providers must ensure the most cost effective option for Urgent/Emergent DME or medical devices when considering renting or purchasing. The rental period may not be more than 30 days. Providers should submit requests for long-term DME needs to VA.

## Transplant Candidates/Chronic Dialysis

Providers must refer Veterans identified as transplant candidates back to the referring VA facility. The medical documentation must contain the recommendation and identification of the Veteran as a transplant candidate.

## VA CCN Complementary and Integrative Health Services (CIHS)

VA's medical benefits package includes services that may not be considered traditional medical benefits. These services are covered in the VA CCN at the direction of VA and will be included in the VA's referral for VA CCN care.

You can find more information about the VA and CIHS services at [va.gov/patientcenteredcare](http://va.gov/patientcenteredcare). Note that acupuncture is already included as basic care under the medical benefits package.

### Submitting CIHS Claims

CIHS providers should submit claims using the appropriate Current Procedural Terminology (CPT®) or HCPCS code. If a CPT or HCPCS code is not available for the service you provide, use the VA National Clinic List Codes as shown below.

VA National Clinic List Code	Service
BIOF	Biofeedback
HYPN	Hypnotherapy
MSGT	Massage therapy
NAHL	Native American healing

RLXT	Relaxation technique (e.g. meditation, guided imagery)
TAIC	Tai chi

You can read more about the VA CCN claim submission process in [Claims Submission](#).

## CCN Healthcare Service Exceptions

The following services are provided to Veterans directly by VA but they are not covered and not payable under the VA CCN program:

- Ambulance services (ambulance services must always be referred directly to VA for payment consideration)
- Home deliveries and deliveries by direct entry midwives also known as lay midwives or certified professional midwives
- Medical and rehabilitative evaluation for artificial limbs and specialized devices such as adaptive sports and recreational equipment
- Nursing home care including state Veterans' Home per diem
- Veteran travel

## Excluded CCN Healthcare Services

The following services are excluded from the CCN Health Benefit Package:

- Abortion or abortion counseling
- Drugs, biologicals, and medical devices not approved by the Food and Drug Administration (FDA) unless they are used under approved clinical research trials
- Gender alterations; however, medically indicated diagnostic testing or treatments related to gender alterations are covered benefits
- Hospital and outpatient care for a Veteran who is either a patient or inmate in an institution of another Government agency if that agency has a duty to give the care or services
- Membership in spas or health clubs
- Out-of-network services

## CREDENTIALING

VA CCN participating providers need to be credentialed by one of our [Network Partners](#). Providers who are currently credentialed and participating with one of the Network Partners as a VA CCN network provider will not have to complete a separate credentialing process. We will utilize each provider's existing credentialing status with our Network Partners.

The credentialing process involves obtaining primary-source verification of the provider's education, board certification, license, professional background, malpractice history and other pertinent data. Optum and our network partners must credential providers and facilities in accordance with the requirements set forth by the nationally recognized accrediting organization for their credentialing program unless the accrediting organization's standards are not applicable to such services, facilities and providers.

New VA CCN providers who are not currently credentialed and participating with one of our [Network Partners](#) will have to complete a standardized, applicable, nationally accredited credentialing process.

All services, facilities, and providers must adhere to all applicable federal and state regulatory requirements. Optum and our network partners will monitor the U.S. Department of Health and Human

Services (HHS) Office of Inspector General (OIG) exclusionary list. Any provider on the exclusions list won't be eligible to participate in the network. See [oig.hhs.gov/exclusions](http://oig.hhs.gov/exclusions) for more information about the exclusion list.

## Professional Credentialing, Licensing and Accreditation

In accordance with requirements outlined in the OIG's [Compliance Guidance](#), all services, facilities, and providers, as applicable, must have a compliance program in place that includes:

- Conducting internal monitoring and auditing
- Implementing compliance and practice standards
- Designating a Compliance Officer or contact
- Conducting appropriate training and education
- Responding appropriately to detected offenses and developing corrective action
- Developing open lines of communication
- Enforcing disciplinary standards through well-publicized guidelines

All providers and practitioners in our VA CCN Healthcare Services need to be credentialed by the appropriate accrediting organization.

VA CCN dental network providers must have an active, unrestricted license in the state or territory in which the VA CCN service is performed.

If a CCN provider's type is not credentialed under an accredited credentialing process, the provider must maintain and provide, upon request, the following documentation:

- Proof of identity with a government issued photo and I-9 documentation
- An active, unrestricted license from the state where the service is provided, if applicable (unskilled home health excluded)
- Criminal background disclosure
- Current National Provider Identifier (NPI) number, if applicable (unskilled home health excluded)
- Drug Enforcement Agency (DEA) number if controlled substances are prescribed
- Education and training, if applicable (unskilled home health excluded)
- Professional references
- Proof of professional liability insurance in an amount in accordance with the laws of the state in which the care is provided
- Tax ID number (TIN)
- Work history
- Operate within the scope of their license

If a VA CCN provider is licensed, registered, or certified in more than one state, they must certify that:

- None of the licenses, registrations, or certifications in those states has been terminated for cause
- They have not involuntarily relinquished such license, registration, or certification in any of those states after being notified in writing by that state of a potential termination for cause

The provider must notify the appropriate Network Partner if there is an action, lapse or limit impacting the provider license, registration, or certification as applicable. If any state in which a provider is licensed, registered, or certified, terminates such license, registration or certification, the provider will be removed from the VA CCN.

### Professional Liability Insurance Requirement

Providers must maintain, during the term of the VA CCN contract, professional liability insurance issued by a responsible insurance carrier of not less than (per specialty per occurrence):

- \$1,000,000 per occurrence

- \$3,000,000 aggregate

Providers must notify Optum of any change in professional liability insurance carrier. New professional liability policies must meet the coverage limits and other coverage requirements.

## Facility Accreditation

All inpatient facilities must maintain accreditation including:

- Joint Commission accreditation
- American Osteopathic Association - AOA
- Commission on Accreditation of Rehabilitation Facilities - CARF

Rehabilitation facilities that maintain a Joint Commission accreditation are not required to maintain an additional CARF accreditation.

Facilities are required to immediately notify the appropriate Network Partner of any changes in facility accreditation.

## CIHS Credentialing

If a CIHS provider's practice area provides for certification or licensure, the provider must have and maintain that certification or licensure

CIHS providers must comply with all applicable federal and state laws, statutes and regulatory requirements

# PROVIDER RESPONSIBILITIES

## Updating Demographic Information

It is important for providers to report any outdated or incorrect demographic information as soon as possible. This allows us to provide accurate information to Veterans and referring providers through our provider directory and will help to ensure that claims are appropriately paid and payments are mailed correctly.

Providers are encouraged to view the online VA CCN Provider Directory and verify the information. Any corrections should be immediately reported to the network partner maintaining your record.

Network Type	Submit Updates
UnitedHealthcare	<a href="http://UHCprovider.com/mypracticeprofile">UHCprovider.com/mypracticeprofile</a>
UnitedHealthcare National Laboratory and Ancillary Providers	Email updates to <a href="mailto:naspi@uhc.com">naspi@uhc.com</a>
United Behavioral Health	Go to <a href="http://providerexpress.com">providerexpress.com</a>
LHI Dental	Go to <a href="http://providers.logisticshealth.com">providers.logisticshealth.com</a> Email updates to <a href="mailto:PNMProvNetRelations@Logisticshealth.com">PNMProvNetRelations@Logisticshealth.com</a>
Spectera	Go to <a href="http://spectera.com">spectera.com</a>



Network Type	Submit Updates
Optum Complex Care Management (Optum CCM)	For skilled nursing facilities (SNFs), follow the process defined by your Optum Regional Contract Team.
OptumHealth Care Solutions, LLC	Go to <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> Fax updates to 888-626-1701 Mail updates to: Optum Provider Data Mgmt. MN103-0700 PO Box 1459 Minneapolis, MN 55440-1459

## Non-Discrimination

CCN Providers must provide all services for any person determined eligible by the Department of Veterans Affairs, regardless of the race, color, religion, sex, or national origin of the person for whom such services are ordered.

## Veteran Appointments

Providers must honor all appointments with Veterans for covered services with an approved VA referral.

If providers cancel a Veteran appointment, the appointment must be rescheduled in a timely manner based on the medical necessity of the Veteran and the required VA CCN appointment availability standards, from the time of initial appointment request:

- Within 24 hours for emergent care
- Within 48 hours for urgent care
- Within 30 days for routine care

Providers must not charge Veterans for missing a scheduled appointment.

## Provider Satisfaction Surveys

CCN providers will receive provider satisfaction surveys by email each quarter in which they submit a claim. Providers are encouraged to respond to provider satisfaction surveys.

## Dental Provider Requirements

VA CCN dental providers must comply with the most current version of the Code on Dental Procedures and Nomenclature published in the American Dental Association’s (ADA) Current Dental Terminology (CDT) manual.

## Out-of-Network Providers

Out-of-network providers must submit health care claims directly to VA and follow the VA claim submission process. Supporting medical documentation must be submitted with the claim. You can find information on VA’s process at [va.gov/communitycare](http://va.gov/communitycare).

## Fraud, Waste and Abuse Reporting

Fraud is recognized as the intentional deception or misrepresentation made by someone with the intent to receive some unauthorized benefit. It includes any act that constitutes fraud under applicable state law.

Waste or abuse is defined as provider practices that are inconsistent with sound medical practices, business practices, and fiscal practices that may result in unnecessary costs.

Instances of waste or abuse may be unintentional, resulting from a variety of causes including limited knowledge about best practices or delays in implementing new processes that would improve efficiencies.

As a CCN provider, if you identify potential fraud, waste or abuse, report it to Optum immediately so we can investigate and respond. The fraud, waste, and abuse reporting information will be released prior to start of health care delivery. Please check back for updates.

In cases of fraud or abuse, Optum will make every reasonable attempt to recover improper payments for services delivered to Veterans or to anyone not eligible to receive services as part of VA CCN.

## ELIGIBILITY AND ENROLLMENT

### Eligibility Verifications

The VA CCN program assists 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. VA makes the determination based on the Veterans current situation and they type care they need.

A Veteran's eligibility to get care from a community provider may change based on the type of care requested, so providers should ensure they have a valid VA referral before starting care.

Your responsibility as a VA CCN provider is to verify the Veteran's identification before delivering care. A valid VA referral and the Veteran's enrollment card are proof of eligibility. Be sure to check the referral's dates, locations, and other variables to be sure that services to be provided are under the SEOC.

### Time-Eligible Veterans

The Veterans Health Administration (VHA) has wait-time goals for scheduling appointments for hospital care, medical services, and dental services provided by VA. If Veterans are unable to schedule an appointment within those wait-time goals or within the clinically necessary times (whichever is shorter), the Veterans are classified as Time-Eligible for community care.

This eligibility includes situations where the needed care or services are not provided within a VAMC that is accessible to the Veteran. This also includes situations where there is a compelling reason that the Veteran needs to receive the care or service outside of a VAMC.

### Distance-Eligible Veterans

Distance-Eligible Veterans are Veterans who meet specific requirements as determined by VA to be eligible for community care because of geographic reasons including an excessive burden or any other special circumstance VA determines to be valid for providing care in the community.

### Veteran's Enrollment Status

VA establishes the enrollment status of a Veteran and updates on an ongoing basis. Eligibility will be determined before a referral is issued to a provider. Providers will need to verify enrollment by viewing a



Veterans' valid identification (e.g. state driver's license) and a VA issued identification card prior to providing services. If needed, providers can confirm a Veteran's enrollment status online at the VA's Community Care Provider Portal or by calling **888-901-7407**.

## Primary Care Provider (PCP) Designation

VA will assign all Veterans a PCP. The PCP may be VA provider or a VA CCN provider. VA may communicate a Veteran's PCP assignment information through referral and prior authorization data or through other means. Optum will collect the PCP assignment information from VA.

## REFERRALS

All services require an approved referral from VA before claims can be processed. Approved referrals from VA will authorize a specific SEOC that will include a specified number of visits and/or services related to a plan of care. The referral will state when it is issued and how long it is valid, at most, for one year. VA determines when a Veteran needs an appointment with the provider.

Other than urgent, emergent, behavioral healthcare services which are addressed below, if a service is denied for failure to obtain a referral and any required prior authorization, or exceeding the referral scope, or failure to submit a timely clean claim, provider must hold the Veteran harmless for those services.

VA will issue referrals to CCN providers in accordance with the VA referral process. VA will send the referral information, including the referral number and any attachments to the provider via EDI 278 or VA's Community Care Provider Portal. If they're not available, VA will use Direct Messaging, secure email, secure fax, or eHealth Exchange.

Referrals for urgent or emergent services can follow a different process. See the section on Referral for Urgent, Emergent Services for Medical and Behavioral Health Care below when requesting an approved retroactive referral in those cases.

VA will release instructions on how to verify the status of a VA referral request closer to the start of health care delivery. VA will also release their referral processes and policies, including:

- Referrals are only valid for the service(s) specified, and the time period specified.
- Referral numbers must be forwarded to any ancillary providers by the referred VA CCN provider.
- Any additional services or extension of a treatment period will require making an additional referral request to VA.
- VA CCN providers treating Veterans under an approved referral may request that additional services by another physician or ancillary provider be authorized by submitting an additional referral request to VA.

It is the responsibility of contracted CCN providers to ensure that they have a valid VA referral before providing care or services to a Veteran. This means that the provider may need to request a new referral from VA if the Veteran's scheduled appointment falls outside of the referral's dates of service. This applies to all visits, whether it is the Veteran's initial visit or a follow-up appointment.

When approved referrals result in the need for urgent/emergent pharmacy prescriptions or urgent/emergent prescriptions for DME, those supplies and services are also authorized as part of the SEOC.

## Referrals for Distance-Eligible Veterans

Distance-Eligible Veterans with a PCP in the community will have an approved referral for primary care services for a period not to exceed one year without restriction on the number of primary care visits. They're able to receive primary care services without requesting additional referrals from VA. For services

other than primary care services, Distance-Eligible Veterans must receive an approved referral from VA in order to be considered eligible for those services.

## Referral for Urgent, Emergent Services for Medical and United Behavioral Health Care

Veterans seeking emergent or urgent medical care without a referral or prior authorization are allowed to self-present to a VA CCN provider. The VA CCN provider must notify VA on the same day but no later than 72 hours to request a retroactive referral. VA will release their contact information closer to the start of health care delivery.

### Initial Behavioral Health Visit

Veterans are also allowed to seek initial outpatient behavioral health care services from a CCN provider without a referral or prior authorization. CCN behavioral health providers have the same 72 hour period to request a retroactive referral from VA. Once the initial outpatient behavioral health visit has been established with the CCN Provider, the provider must submit a referral request to the nearest VA Medical Center for additional behavioral health care services.

### Claims and Reimbursement When a Veteran Self-Presents

It's important that providers contact VA within 72 hours of the Veteran's self-presenting to an in-network urgent care clinic, emergency department, or behavioral health CCN provider. The notification can be via secure email, secure fax or EDI. VA will determine if the Veteran is eligible for the care and may issue an approved referral to the VA CCN provider.

When VA determines the Veteran is eligible and VA CCN services are covered, they will issue an approved referral to the medical or behavioral provider to which the Veteran self-presented. After receiving an approved referral, the provider should follow the [claim submission process](#). The claim must be submitted within the VA CCN timely filing guidelines of 180 days.

When a Veteran self-presents for urgent or emergent care to an out-of-network provider, the claim needs to be submitted within 90 days of the encounter in order for the claim to be considered under the Mill Bill act, which is congressional authorization that allows VA to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system.

Not following these guidelines may cause the claim to be denied.

If the services rendered are not authorized by VA, the provider may [request a reconsideration](#). Requests for reconsideration must be submitted within 90 days from the date of denial.

When providing services to a Veteran under an authorized referral and it's determined that the Veteran is experiencing an urgent or emergent symptom or condition, seek emergency treatment and contact VA immediately.

The in-network urgent care or emergency department will then follow the urgent/emergent care procedures. If you determine a Veteran needs a higher level of care than you can perform, submit a referral request. In the request, be sure to include:

- Facility name and location
- Admitting provider's NPI
- Admitting diagnosis
- Date of admission
- Any services already delivered (if available)
- Appropriate attachments.

VA will release the referral request submission methods closer to the start of health care delivery.

## Requesting a Referral for VA-Provided Care or Care from another VA CCN Provider

If the Veteran is being seen for authorized care and during treatment the provider recommends that the Veteran receive services from another provider, the treating provider must follow these steps to request a referral for the Veteran:

1. Submit a referral request to VA. VA will release the referral request submission methods closer to the start of health care delivery.
  - Provide the requested information and any supporting medical documentation.
2. VA will decide if the care is approved.
3. VA sends the determination and a referral number, if approved, to the referring provider using the same method used to make the request. VA will send a copy of the approval to the Veteran's PCP, if different from the referring provider.
4. The servicing VA CCN provider receives the determination from VA and a referral number, if services are approved.

To help make sure the Veteran gets care in a timely manner, please submit referral requests on the same day that you determine they're needed.

## Prior Authorizations

### Prior Authorizations for Health Care and United Behavioral Health Care

Certain services, procedures, or admissions that require medical-necessity review will be on the Prior Authorization List (PAL) available at the VA's Community Care Provider Portal.

The list is revised by VA whenever new service codes are approved for industry use, retired or replaced. VA CCN providers are required to have an approved authorization for all procedures listed on the PAL.

#### Submitting Prior Authorization Requests

To help make sure the Veteran gets care in a timely manner, please submit prior authorization requests to VA on the same day that you determine they're needed. VA will release the prior authorization request submission methods closer to the start of health care delivery.

#### Checking Prior Authorization Request Status

VA will release information about how providers can check their prior authorization request status closer to the start of health care delivery.

#### Prior Authorization Approvals

VA will send the requesting provider the approved authorization using the same method used to make the request. VA will send a copy of the approval to the Veteran's PCP, if different from the referring provider.

#### Prior Authorization Denials

VA will notify the Veteran and the requesting provider if a prior authorization request is denied. Veterans (or those with power of attorney or proper representation) will have the right to appeal prior authorization denial decisions. VA will release information about the process closer to the start of health care delivery.

Providers who deliver services without an approved required prior authorization, or who exceed the scope of an approved prior authorization, risk having payment for the service reduced or denied. In that case, the provider must hold the Veteran harmless and can't balance bill for those services.

## Dental Prior Authorization Exceptions

Providers must always have a referral for all dental services before delivering any treatment. The Dental Services Prior Authorization Exception List defines specific services that may be performed after the referral is established without further clinical review or prior authorization by VA. All dental services not listed require prior authorization by VA. You can find the Dental Services Prior Authorization Exception list at [vacommunitycare.com](http://vacommunitycare.com) (when available).

## Pharmacy

### Prescriber Requirements

VA requires that:

- All VA CCN providers must be registered with their own states' prescription monitoring programs.
- Providers are prohibited from giving pharmaceutical samples to Veterans.
- Veterans can fill urgent/emergent prescriptions at retail pharmacies. All other prescriptions have to be filled at a VA pharmacy.

### Prescribing Controlled Substances

Before prescribing controlled substances for a Veteran, VA requires that VA CCN providers check their state's prescription monitoring program to see if the Veteran has been prescribed other controlled substances. This can help providers and Veterans ensure appropriate use of controlled substances.

### Urgent and Emergent Prescriptions

You can write an urgent/emergent prescription for up to a 14-day supply without refills. The prescription must be associated with an approved VA referral. No prescriptions for topical compounded products are considered urgent/emergent.

VA CCN providers must use the VA Urgent/Emergent Formulary when writing urgent/emergent prescriptions. If the provider can't find an acceptable medication on the VA Urgent/Emergent Formulary, an alternative from the VA National Formulary must be used. See the [Formulary Requirements](#) section below.

### Using Retail Pharmacies

Optum's VA Community Care Network supports eprescribing for retail network prescriptions. VA CCN retail pharmacies follow established clinical protocol for registration of new patients to determine a Veteran's allergy and previous drug history. The pharmacy must dispense prescriptions in accordance with the VA Pharmacy program's mandatory generic substitution policy.

Retail pharmacy network prescriptions that are not dispensed must always be reversed seven days after the date they were filled.

### Additional Urgent/Emergent Prescriptions

Sometimes, an urgent/emergent prescription is clinically needed for continued treatment beyond the initial 14-day supply. When this happens, CCN providers must generate another urgent/emergent prescription. Prescriptions will need to be transmitted to the authorizing VA facility's pharmacy within one hour of being written.

Incomplete prescriptions will be returned to the prescribing provider and will have to be resubmitted to the authorizing VA facility's pharmacy for processing once completed.

### Prescribing Without a Referral

Urgent/emergent prescriptions that result from urgent or emergent services (whether medical or behavioral health) without an approved existing or retroactive referral will require the Veteran to pay for

the prescription out of pocket. The prescribing provider must inform Veterans of VA's out of pocket reimbursement process.

## Routine and Maintenance Prescriptions

Providers with an approved referral should submit all routine/maintenance prescriptions for Veterans to the authorizing VA facility's pharmacy for processing and fulfillment. Veterans will get their routine and maintenance medications from a VA pharmacy. VA will release information about submitting routine/maintenance prescriptions closer to the start of health care delivery.

Prescribing providers need to include the following information when forwarding the Veteran's prescription to the VA facility's pharmacy:

- Prescribing provider's full name
- Prescribing provider's NPI number
- Prescribing provider's TIN
- Prescribing provider's own DEA number and expiration date (not a generic facility number)
- Prescribing provider's office address
- Prescribing providers office phone number
- Prescribing provider's fax number (if applicable)
- Prescribing provider's discipline (e.g., physician, physician assistant, nurse practitioner, etc.)

Incomplete prescriptions will be returned to the prescribing provider and will have to be resubmitted to the authorizing VA facility's pharmacy for processing once completed.

## Formulary Requirements

Formularies will be available at [vacommunitycare.com](http://vacommunitycare.com). These lists will be updated at least quarterly. Write prescriptions in accordance with VA's National Formulary, which includes provisions for requesting non-formulary drugs (see [va.gov](http://va.gov) for more information).

In addition to the online formulary, use the [online formulary search tool](#). This provides formulary alternatives to non-formulary drugs in the same VA drug class. Utilize this application in order to prescribe appropriate formulary medications. All prior authorizations or non-formulary prescriptions received by the VA Pharmacy must be reviewed with the CCN provider and authorized by VA Pharmacy before dispensing.

## Seasonal Influenza Vaccine

Seasonal flu vaccine may be administered by a VA CCN retail pharmacy without a VA referral or prior authorization when the pharmacy follows recommendations from VA at [publichealth.va.gov](http://publichealth.va.gov) > Health & Wellness > [Vaccines & Immunizations](#) and the Centers for Disease Control and Prevention at [cdc.gov/vaccines](http://cdc.gov/vaccines).

Pharmacy providers must verify the Veteran's eligibility before delivering a flu vaccination by checking the Veteran's valid identification (e.g. State driver's license) and their VA-issued identification card.

## Other Vaccinations

All other vaccinations require an approved prior authorization from VA.

## HEALTH CARE MANAGEMENT

### Clinical Quality Management

Optum's Clinical Quality Management (CQM) program helps ensure access to health care and services by using established quality improvement principles.

We use our CQM program to:

- Identify the scope of care and services given
- Develop clinical guidelines and service standards where clinical performance is measured
- Monitor and assess the quality and appropriateness of services given to our members
- Review the medical qualifications of participating health care professionals
- Achieve continued improvement of member health care and services
- Enhance patient safety and confidentiality of member medical information
- Resolve identified quality issues

#### *Measures*

Provider performance will be assessed and monitored against the following measures. Specific performance measures may change and are not limited to:

- Physician Measures
- Healthcare Effectiveness Data and Information Set (HEDIS) Measures
  - VA Specific Metrics
    - Veteran feedback on appointment experience
    - Referrals from VA CCN provider to VA
- Hospital Measures
- Hospital Compare Measures
  - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) measures
  - Acute myocardial infarction (AMI) measures
  - Heart failure (HF) measures
  - Pneumonia (PN) measures
  - Surgical Care Improvement Project (SCIP) measures
- VA Specific Metrics
  - Veteran feedback on appointment experience
  - Referrals from VA CCN provider to VA
  - Completion of military culture training

### Provider Participation

Providers are required to participate in the CQM process based on their contract and VHA requirements.

Activities that are related to the CQM process include:

- Participating in the investigation of grievances
- Providing access to data for quality studies
- Complying with peer review, and quality programs and procedures established by Optum or VA, including:
  - Concurrent reviews
  - Retrospective reviews

- Allowing Optum and its designees to have access to provider records within a reasonable time and providing complete medical records upon request
- Participating in audits regarding performance assessments of provider practices
- Responsiveness to peer review communications and directed corrective actions within specified time frames
- Failure to submit medical records and/or data may result in claim recoupment and/or impact provider network status.

## Potential Quality Issue Review

Optum's VA CCN program assesses every medical record reviewed for any purpose and any care managed, observed, or monitored on an ongoing basis for potential quality issues.

Potential patient safety or quality-of-care is categorized using the following categories:

- Surgical events
- Product or device events
- Patient protection events
- Care management events
- Environmental events
- Radiologic events
- Criminal events
- Documentation events

Providers may be contacted regarding a potential quality issue by an Optum VA CCN representative.

If you become aware of a potential quality issue (PQI) while providing care to a Veteran, complete and submit the PQI Referral Form which will be available at [vacommunitycare.com](http://vacommunitycare.com).

### On-Site Provider Reviews

As part of the CQMP, Optum VA CCN representatives may conduct on-site evaluations of providers who have been identified for further evaluation based on performance indicators. Optum may help the provider in developing an action plan to help fix an area of concern.

## CQM Confidentiality

Providers are responsible for ensuring the privacy and security protection of VA CCN sensitive and personally identifiable health care information in accordance with applicable federal, state and local laws and provisions afforded.

All CQM information shall be treated as confidential, following federal, state and local laws and regulations.

- Individual Veterans will be referred to by number only, using names only when specific reference is necessary.
- Everything related to CQM activities are considered privileged and confidential information.
- We limit PHI access to the minimum necessary.

## MEDICAL DOCUMENTATION STANDARDS AND REQUIREMENTS

VA CCN providers are responsible for creating, maintaining and submitting Veteran's medical documentation to VA according to established requirements.

## Access to Records

You are required to:

- Send copies of Veteran's medical or administrative records related to care under the VA CCN program
- Give access to records to VA, Optum, or the appropriate Network Partner for all dates of service that occurred when you were a contracted provider

## Medical Record Standards

Providers may access medical record tools, templates and patient safety resources on [UHCprovider.com/patient](https://www.uhcprovider.com/patient). In each year's November Network Bulletin at [UHCprovider.com/news](https://www.uhcprovider.com/news), we publish our recommended medical records standards.

## Monitoring the Quality of Medical Care Through Review of Medical Records

A well-documented medical record reflects the quality of care delivered to patients. VA and Optum will review medical records as part of oversight activities. Providers should maintain medical records in a manner that is current, detailed and organized. This allows for effective and confidential patient care and quality reviews.

## Documentation Guidelines

Medical documentation must be presented in a legible format. Although VA may request additional medical documentation, at a minimum we expect you to include the following applicable data elements for medical documentation:

- Encounter notes must include any procedures performed and recommendations for further testing or follow-up.
- In lieu of encounter notes, a clinical summary may be provided for ancillary services when appropriate (e.g., physical therapy, occupational therapy, speech and language pathology, and nutrition services).
- Results of community testing or imaging such as MRI or CT scan (images must always be provided to VA upon request).
- Actual results of any ancillary studies/procedures that would impact recommended follow up such as biopsy results (e.g., biopsy results from the provider who recommends a follow up, such as surgery).
- Any recommended prescriptions, medical devices, supplies or equipment, and treatment plans.
- Other medical documentation based on clinical need.

Medical records must also include:

- Veteran unique identifier
  - Electronic Data Interchange Patient Identifier (EDIPI)
- Veteran's full name (including suffix)
- Veteran's date of birth
- Referral number

All documents must also be authenticated by the submitting provider or practitioner, including typed name and provider phone number. Authentication consists of one of the following:

- Written or electronic signature
- Written initials

For example documentation, see [Appendix A - VA Example of Documentation Inclusions](#) in this Manual.

## Submitting Medical Documentation



VA CCN Healthcare Services Network providers and CIHS Network practitioners submit medical documentation directly to VA and the referring provider if not VA. VA will release more information about how to submit medical documentation closer to the start of health care delivery.

## Submission Timeframes

Medical documentation is submitted to VA and the referring provider if not VA according to the following timeframes:

- Outpatient care
  - Within 30 days after initial appointment for documentation associated with the first appointment of an SEOC
  - Within 30 days after completion of the SEOC for medical documentation that covers the entire SEOC
- Inpatient care
  - Within 30 days of inpatient care; documentation must at least include a discharge summary
  - Submitted within the timeframe specified in VA's medical documentation request to the facility

In the event VA requests medical documentation for urgent follow up that was not submitted upon request, providers must submit the requested medical documentation within 24 hours of notification.

### Failure to Comply

VA will notify the Optum when the provider:

- Doesn't submit the medical documentation within the required timeframes
- Fails to submit the medical documentation with the required data elements
- Doesn't submit the medical documentation in the required format

Providers have 30 days to respond with corrected medical documentation.

If required medical documentation has not been received within the required timeline VA will notify Optum that you have not submitted the required medical documentation within the required time frame. An Optum representative or designee will notify you of the missing documentation and expected time frames to submit the documentation.

## Submitting Dental Records

CCN Dental Network providers must return dental records of completed care, including supplemental images/radiographs, to VA within 45 days upon completion of the dental treatment plan.

The requested documentation must be submitted by CCN Dental Network providers directly to VA using secure electronic submission, where available.

## VA CCN Medical Documentation Training and Assistance

Training material will be located on [info.vacommunitycare.com](http://info.vacommunitycare.com) 60 days before the start of health care delivery.

Optum Provider Advocates will provide training and assistance to providers for submission of timely medical documentation to VA. Training material will be located on [info.vacommunitycare.com](http://info.vacommunitycare.com) 60 days before the start of health care delivery.

## Clinical Quality Medical Documentation Requirements

- Submit Medical records to Optum directly or through its designee upon request, for purposes of clinical quality review.

- Maintain a release of medical records with the Veteran's signature on file.

## Critical Findings

When a provider makes a critical finding, the provider will communicate, the finding verbally or in writing, to the Veteran, referring provider and VA within either two business days of the discovery or the timeframe required to provide any necessary follow-up treatment to the Veteran, whichever is quicker.

## REIMBURSEMENT AND CLAIMS PROCESS

We know that you want prompt payment. We work hard to process your claims timely and accurately. We prefer to receive claims submissions electronically, but we will also accept paper forms.

Providers must submit claims on nationally recognized claims forms including:

- CMS-1500
- CMS 1450, UB-04
- ADA claim form

Our processes and systems are flexible and can be easily adapted to accept approved, successor claim forms.

Providers must always include the provider's National Provider Identifier (NPI) number, except in those cases when providers are not eligible to receive an NPI. Providers who are not eligible to receive an NPI must always file claims that include the provider's tax ID number (TIN) or other provider ID.

Out-of-network providers must submit claims directly to VA following VA claims submission procedures, which will be released closer to the start of health care delivery.

## Reimbursement

Providers will be reimbursed in accordance to the payment provisions in the provider agreement and any applicable payment appendices. Providers will find the VA Fee Schedule at [vacommunitycare.com](http://vacommunitycare.com).

## Claims Processing and Filing

- Administrative charges submitted by the provider related to completing and submitting the applicable claim form or any other related information will be denied.
- Providers may not charge Veterans for missed appointments.
- Duplicate claims will be denied.
- Claims that are submitted for services that are not part of the Veteran's medical benefits package as well as claims submitted for care that is not within the scope of the referral will be denied.
- Claims submitted on unapproved claim forms will be rejected. Resubmitted claims on approved claim forms need to be submitted within the timely filing deadline of 180 days.
- Claims for urgent or emergency services will be given a pending status until VA determines whether to issue a retroactive referral. In the event VA issues one, the provider will be reimbursed for that claim. In the event VA issues a denial, the claim will be denied.
- Out-of-network emergency providers need to submit healthcare claims directly to VA following VA claims submission procedures.
- Claims that do not include a valid NPI number (or TIN number for providers who are not eligible for an NPI) will be denied.
- Claims for care that is not emergent or urgent and that do not contain a valid referral and any required prior authorization number will be denied. This includes when this information is missing, incorrect, or inconsistent with the exception of in-network behavioral health claims.

- Claims that are not submitted within 180 days from the date of service or date of discharge will be denied for passing the timely filing deadline.
- Claims with OHI need to be submitted with 90 days of receiving the Explanation of Benefits (EOB) or remittance advice (RA) statement indicating the dates of service, amount of the claim, and reasons for denial.

## Veteran's Signature on File

When a Veteran has signed a Release of Information statement, providers should indicate "Signature on File" on the claim submission. A new signature is required every year. Claims submitted for diagnostic tests, test interpretations, or other similar services do not require the Veteran's signature. When submitting these claims, you must indicate "patient not present" on the claim submission.

VA CCN randomly reviews claims to confirm that signature-on-file requirements are being followed. They are found on [vacommunitycare.com](http://vacommunitycare.com).

## Provider's Signature on File

Optum and its network partners verify the signature of providers on all claim submissions for services provided as part of their normal business operations.

In lieu of a provider's actual signature on a VA CCN claim, a facsimile signature or signature of a representative is accepted if Optum or its network partners have on file a notarized authorization from the provider for use of a facsimile signature or a notarized authorization or power of attorney for another person to sign on his or her behalf. The facsimile signature may be produced by a signature stamp or a block letter stamp, or it may be computer-generated, if the claim form is computer-generated. The authorized representative may sign using the provider's name followed by the representative's initials or using the representative's own signature followed by Power of Attorney (POA), or similar indication of the type of authorization granted by the provider.

In the absence of any indication to the contrary Optum and its network partners assume the proper authorization is on file, validating through file checks, those claims containing facsimile and representatives' signatures which are included in their quality control audit, and program integrity samples. The provider is required to update their signature authorization on file annually. Optum or its network partners may return a claim with a request for the signature authorization when it is found that there is no authorization on file or it is out-of-date. Failure to comply will result in a claim denial.

## Submitting Claims Electronically

### **Electronic Form: Submitting Medical, Behavioral Health and Dental Claims with an Existing Referral**

VA CCN claims require an approved VA referral or prior authorization. You must include the referral or prior authorization number on your claim submission. You're strongly encouraged to file electronically using an Electronic Data Interchange (EDI) software program from a vendor, clearinghouse, or billing service. Go to Optum's VA Community Care Network Portal ([vacommunitycare.com](http://vacommunitycare.com)) and select the medical, dental, or pharmacy claims portal. Follow that portal's directions to submit claims.

We'll update the electronic payer IDs for medical and dental claims when VA CCN health care delivery starts.

## Paper Form: Submitting Medical, Behavioral Health, and Dental Claims with an Existing Referral

If EDI capability isn't available, providers can submit claims by secure email, secure fax or mail.

- Medical
  - Mailing Address: TBD
  - Secure Fax: TBD
  - Secure Email: TBD
- Dental
  - Mailing Address:  
Logistics Health Inc.  
Attn: VACCN Claims  
328 Front St S  
La Crosse, WI 54601
  - Secure fax: TBD
  - Secure Email: TBD

We'll update the submission information for medical and dental claims when VA CCN health care delivery starts.

### Timely Filing

Claims not submitted within 180 days from the date of service or date of discharge will be denied for missing the timely filing deadline. When VA is the secondary payer, claims must be submitted within 90 days of the date of the other insurer's adjudication.

### Claims Processing Timelines

Optum is committed to processing 98 percent of all clean claims within 30 days. Clean claims are claims received with all the required data elements necessary for adjudication without needing supplemental information. Claims that aren't clean will be returned with a clear explanation of deficiencies within 30 days of being received.

Don't submit tracer (second submission) claims. Use the secure area of Optum's VA Community Care Network Portal, when it's available, to verify claims status. All claims submitted are acknowledged either with a payment, a provider remittance advice, or returned with a specific request for additional information. In no case is a claim received and not acknowledged. Duplicate claims (any claim that was previously submitted for the same service provided to a particular individual on a specified date of service) will be denied.

### Claim Denials

Veterans are to be held harmless and may not be invoiced when claims for services are denied for the following reasons:

- If the provider doesn't have a referral and any required prior authorizations from VA
- If the provider doesn't meet the prior authorization requirements of the Veteran's other health insurance (OHI)
- When the provider doesn't submit a claim according to the Claims Adjudication Rules (these will be available at [vacommunitycare.com](http://vacommunitycare.com))
- You deliver healthcare services outside of the validity period or outside the scope of the approved referral

- Providers will not be paid for services provided that are not part of the Veteran's medical benefits package or for services that are not in the scope of the VA referral.

## Remittance Advice

VA CCN will send a provider remittance advice using EDI 835, when available. For providers who don't use EDI, an 835 transaction will be created, printed and mailed.

## Claim Reconsiderations

CCN Healthcare Services Network providers and CCN CIHS Network practitioners must comply with the VA CCN Provider Claim Denial Reconsideration process. This process will be available at [vacommunitycare.com](http://vacommunitycare.com) closer to the start of health care delivery. Requests for reconsideration must be submitted to VA CCN within 90 days from the date of the denial.

VA will release more information on reconsiderations closer to the start of health care delivery.

## Other Health Insurance (OHI)

On each approved referral, VA will note if they are the primary or secondary payer. For all service-related conditions, VA is the primary payer and VA will indicate that on the referral as well.

When VA is the secondary payer, providers should invoice the other health insurance (OHI) before invoicing VA. Be sure to include a copy of the OHI remittance advice (RA) with the claim. Follow these steps even when the primary payer has paid the amount in full and there's no payment required from VA. When VA has designated themselves as primary payer, providers must identify and correct those situations where OHI is invoiced incorrectly for care provided on an approved referral.

Services not covered by the benefits package, such as reconstructive surgery, won't be covered by VA, even if OHI covered a portion of those services. Any co-pays or payments made by the Veteran need to be shown in the OHI RA. The Veteran must always be held harmless in cases where the CCN provider fails to meet the OHI Prior Authorization requirements of the OHI and receives a denial.

When claims are submitted to the primary payer, but the claim isn't processed and paid within VA's filing deadline, providers will have additional filing time.

All OHI claims submitted more than 90 days from the date of the other insurer's adjudication will be denied.

Claims for services denied by another insurer need to include the Explanation of Benefits (EOB) or the RA statement indicating the dates of service, amount of the claim, and the reason(s) for denial.

Payments made to providers under the VA CCN contract are deemed payment in full.

## Veteran Explanation of Benefits (EOB)

A copy of the Veteran EOB will always be available for reference through [vacommunitycare.com](http://vacommunitycare.com).

The EOB will include the process for the Veteran to appeal a denied claim.

## Veteran Appeals

Optum keeps track of any referral denial or prior authorization denial notice received from VA for claims adjudication. In the event we deny a claim and the Veteran has a financial liability for that denied claim (such as denied emergency service claims), we will provide a notice of the denial to the Veteran with a description of his or her right to appeal to VA.

## Claims Audits

Claims identified and substantiated as fraud or abuse will be denied or recovered. See [Fraud, Waste, and Abuse](#) for more information.

## Claim/Referral Audit and Compliance

As a CCN provider, you must respond to inquiries from us about the status for Veterans who have scheduled appointments with CCN providers, but there is no associated claims activity. The Veteran's appointment status will be one of the following:

- Additional appointments pending
- Cancelled, not rescheduled
- Claim filed (date of submission to be included)
- Claim pending OHI coordination
- Kept appointment (estimated date claims to be submitted to be included)
- No-show/missed appointment
- Rescheduled appointment (new appointment date to be included)

## PROVIDER TRAINING

Closer to the start of health care delivery, Optum will be providing training and learning material for you and your staff. This includes video modules designed for self-paced learning on specific topics. When they are available, the training materials will be at [vacomcommunitycare.com](http://vacomcommunitycare.com).

## Training Topics

Provider training will include, but isn't limited to:

- VA CCN Overview
- Policy Resources
- Provider Resources/Tools
- High Performing Providers
- Provider Responsibilities
- Eligibility and Enrollment
- Referrals
- Medical Documentation
- Claims Submission

## ACRONYMS

Acronym	Meaning
BH	Behavioral Health
CARF	Commission of Rehabilitation Facilities
CCN	Community Care Network
CIHS	Complementary and Integrative Healthcare Services
CMS	The Centers for Medicare and Medicaid Services
CoE	Centers of Excellence
CPT	Current Procedural Terminology
CQMP	Clinical Quality Monitoring Program
CVS	CVS Caremark
DME	Durable Medical Equipment
DOS	Dates of Service
EDI	Electronic Data Interchange
EDIPI	Electronic Data Interchange Patient Identifier, found on enrollment card.
EHR	Electronic Health Record
EOB	Explanation of Benefits
ES	Enrollment System
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services
ICD	International Classification of Diseases
LHI	Logistics Health Incorporated
MRI	Magnetic Resonance Imaging
NPI	National Provider Identifier

Acronym	Meaning
OHI	Other Health Insurance
OIG	Office of Inspector General
PAL	Prior Authorization List
PBM	Pharmacy Benefits Management
PCP	Primary Care Physician
POC	Point of Contact
PQI	Potential Quality Issue
RA	Remittance Advice
RHC	Rural Health Clinic
SC	Service-Connected condition
SEOC	Standard Episode of Care
SNF	Skilled Nursing Facility
SSN	Social Security Number
UBH	United Behavioral Health
VA	U.S. Department of Veterans Affairs
VA CCN	VA Community Care Network
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration



## GLOSSARY

Term	Meaning
Approved Referral	Approved Referrals from VA will support a specific plan of care as it relates to a specified number of visits and/or services related to a Standard Episode of Care for a specified Veteran as long as the services are provided by a CCN provider.
Claim	An invoice for health care, dental or pharmacy services
Clean Claim	A claim that contains all the required data elements necessary for adjudication without requesting supplemental information from the submitter
Complementary and Integrative Healthcare Services (CIHS)	CIHS includes practices that promote, preserve, and restore health, such as biofeedback, hypnotherapy, massage therapy, Native American healing, relaxation techniques (such as meditation and guided imagery), and tai chi. Note that acupuncture is included as basic care in VA's benefits package, so it isn't listed with CIHS.
Covered Services	Health care services and supplies that are covered under the VA CCN as described in 38 CFR 17.38 and for which Provider has received an Approved Referral or Prior Authorization
Critical Finding	Those findings or results that require immediate evaluation by a health care provider such that failure to take immediate appropriate action might result in death, significant morbidity, or serious adverse consequences to the Veteran.
Distance-Eligible	Distance-Eligible and Special-Circumstances Veterans (referred to as "Distance-Eligible" Veterans) are Veterans who meet specific VA requirements to be eligible for community care because of geographic reasons.
Durable Medical Equipment (DME)	Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.
EDI 278 request	Requests for referrals for additional visits, DME, emergent services or services outside of initial referral.
EDI 835 Remittance Advice (RA)	An electronic explanation of payments and other decision-making information.
Electronic Data Interchange (EDI)	The electronic exchange of information between two or more organizations.
Eligible Veteran	Any Veteran who is eligible to receive care in the community due to either time-eligibility or distance-eligibility.
Emergent Care	Medical care required within twenty-four hours or less essential to evaluate and stabilize conditions of an emergent need that if not provided may result in unacceptable morbidity/pain if there is significant delay in the evaluation or treatment.

Term	Meaning
Emergent Health Care Need	Conditions of one's health that may result in the loss of life, limb, vision, or result in unacceptable morbidity/pain when there is significant delay in evaluation or treatment.
Enrolled Veteran	Any Veteran who is enrolled in VA's patient enrollment system and is eligible to receive health care benefits.
Expired Approved Referral	An Approved Referral that has passed the end date.
General Care	All other care and services offered under VA Health Benefit Package other than primary care and Complementary and Integrative Health Services (CIHS).
Medical Device	An instrument, apparatus, implement, machine, contrivance, or other similar or related article, including a component part or accessory, which is intended for use in the cure, mitigation, or treatment of disease or compensates for a person's loss of mobility or other bodily functional abilities and function as a direct and active component of the person's treatment and rehabilitation.
Non-service Connected Care	Medical care and services provided for a Veteran for an illness or injury that was not incurred in or aggravated by military service as determined by VA.
Primary Care	Health care at a basic, rather than specialized, level.
Prior Authorization	A required process through which VA reviews and approves certain medical services to ensure the medical necessity and appropriateness of care prior to services being rendered within a specified timeframe from a non-VA provider or additional resources in the community. This type of process requires prior authorization be obtained "prior to" the specified service.
Prior Authorization Exceptions (Dental)	After an initial authorized dental referral is completed, some specific services may be performed without further clinical review or prior authorization from VA. These are prior authorization exceptions.
Referral Request	A request and approval process that authorizes the Veteran to obtain specified care within a specified timeframe from additional resources in the community. Upon approval, a referral number is generated. The referral number must always be included on claims submitted by CCN providers for payment.
Remittance Advice	An explanation of payments and other decision-making information.
Service Connected Care	Medical care and services provided for a Veteran for a service-connected (SC) condition is an illness or injury decided by the Veterans Benefits Administration (VBA) as having been incurred or aggravated in line of duty in the active military, naval, or air service.
Standard Episode of Care	A set of clinically related health care services for a specific unique illness or medical condition (diagnosis and/or procedure) provided by an authorized provider during a defined authorized period of time not to exceed one year.

Term	Meaning
Time-Eligible	Veterans who are unable to schedule an appointment for hospital care, medical services, or dental services with VA within the wait time goals of the Veterans Health Administration (VHA) for such care or services or the period determined by a VA provider to be clinically necessary for such care or services, whichever is shorter. This includes when such care or services are not provided within a VA medical facility that is accessible to the Veteran. This also includes when there is a compelling reason, determined by VA, that the Veteran needs to receive the care or service outside of a VA medical facility.
Urgent Health Care Need	Non-life threatening conditions that require care in a timely manner (such as within 24 hours) to avoid having them worsen.
Urgent Care	Provision of immediate medical service offering outpatient care for the treatment of acute and chronic illness or injury.
VA Community Care Network	A network of community-based providers and services designed to coordinate with VA in providing timely, accessible and high quality health care to Veterans.
VA Facility	A VA facility is a VA hospital or VA medical center.
VA Hospital	A VA hospital is any VA-owned, staffed, and operated facility providing acute inpatient and/or rehabilitation services.
VA Medical Center	A VA medical center is a VA point of service that provides at least two categories of care (inpatient, outpatient, residential, or institutional extended care).

## APPENDIX A – VA EXAMPLE OF DOCUMENTATION INCLUSIONS

### VA's Example Medical Documentation for VA CCN Providers

According to the VHA Handbook 1907.01, Health Information Management and Health Records, health record documentation is required to record pertinent facts, findings, and observations about an individual's health history, including past and present illnesses, examinations, tests, treatments, and outcomes. A separate, unique health record is created and maintained for every individual assessed or treated by VA, as well as those receiving community or ancillary care at VA expense. The health record documents the care of the patient and is an important element contributing to high quality care.

All community care provider documentation scanned or imported into the Veteran electronic health record (EHR) must be complete, including the provider signature authenticating the originating VA community provider of care documentation prior to inclusion into the VHA electronic health record. Authentication may include a written signature, written initials, or electronic signatures. If unsigned documents are received, three attempts must be made to work with the VA Community Care provider to obtain authenticated documents.

**Note:** Not all of the documents listed below are necessary to be included in the received documentation. For example, a primary care visit may include only the progress note as no ancillary services were performed.

#### Primary Care

- Initial evaluation note
- Progress notes
- Summary note of care when patient requires no further treatment (i.e., the episode of care)
- Ancillary services, if performed (Results)
  - Imaging
  - Laboratory
  - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Medications, administered and/or prescribed

#### Inpatient Care – Medical - (i.e. Acute Inpatient)

**Note:** Facilities may prioritize the order of clinical documents within the inpatient stay so that pertinent clinical documents, such as Discharge Summary, H&P, and Operative Reports, are sequenced first and readily available to clinical staff. Prioritization of the documents must be stated in the facility's local policy.

- Discharge summary
- History and physical
- Consultations
- Diagnostic and therapeutic procedure report, if performed (Results)
- Informed consent
- Ancillary services, if performed (Results)
  - Imaging
  - Laboratory
  - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Transfer note/summary
- Against Medical Advice (AMA) note (if patient left AMA)
- Discharge note or discharge instructions
- Discharge medications
- Legal documents, (e.g., advance directive, living will, power of attorney, conservatorship)
- State authorized portable orders
- Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR)
- Autopsy
- Death certificate

### **Inpatient Care – Surgical**

- Discharge summary
- History and physical
- Consultations
- Informed consent
- Operative report
- Post-operative note
- Anesthesia evaluation
- Anesthesia plan
- Post-anesthesia note
- Diagnostic and therapeutic procedure report
- Surgical pathology and cytopathology reports
  - Should be received within 48 hours
- Ancillary services, if performed (Results)
  - Imaging
  - Laboratory
  - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Transfer note/summary
- Against Medical Advice (AMA) note (if patient left AMA)
- Discharge note or discharge instructions
- Discharge medications
- Legal documents (e.g., advance directive, living will, power of attorney, conservatorship)
- Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR) Note
- Autopsy
- Death certificate

### **Inpatient Mental Health**

- Discharge summary
- History and physical
- Consultations (if performed)
- Ancillary services performed (Results, if performed)
  - Imaging
  - Laboratory
  - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Transfer note/summary
- Against Medical Advice (AMA) note (if patient left AMA)
- Discharge note or discharge instructions
- Discharge medications
- Legal documents (e.g., advance directive, living will, power of attorney, conservatorship)

### **Ambulatory Surgery**

- History and physical
- Operative note
- Operative report
- Anesthesia evaluation
- Anesthesia plan
- Post-anesthesia note
- Informed consent
- Surgical pathology and cytopathology reports
  - Should be received within 48 hours.
- Medications
- Discharge instructions
- Discharge medications

### **Emergency Room (ER) Care**

**Note:** ER documentation received must be authenticated before it's included in the VA health record.

- ER provider note
- Treatment plan
- Transfer note/summary (point of stability for transfer)
- Condition at discharge
- Discharge instruction
- Ancillary services, if performed (results)
  - Imaging
  - Laboratory
  - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Ambulance/Transportation note, if transported
- Discharge medications, administered and/or prescribed

### **Veteran Death at ER**

- Discharge summary
- Death certificate

### **Specialty/Outpatient Care**

- Consultation note
- Progress note
- Treatment plan
- Summary note of care when patient requires no further treatment.
- Ancillary services performed (results)
  - Imaging (e.g., mammography report , including BI-RAD)
  - Laboratory
  - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Medications, administered and/or prescribed

### **Observation (Short Stay Admission)**

- Initial progress note
- History and physical
- Progress notes
- Discharge note or discharge instructions, including discharge diagnoses
- Discharge medications

### **Outpatient Mental Health**

- Initial evaluation note
- Progress notes
- Summary note of care when patient requires no further treatment.
- Treatment plan
- Medications, administered and/or prescribed

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