Veterans Affairs Community Care Network (VA CCN)

Frequently Asked Questions

Key Points

- The U.S. Department of Veterans Affairs (VA) Community Care Network (CCN) supplements the health care services of the military health system and 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:

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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 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 customary charges, as defined in the VA CCN 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.