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Welcome

The Department of Veterans Affairs (VA) has provided care in the community for over 70 years. While the programs to deliver this care have changed over time, our objective to increase timely access to care for Veterans remains. VA Community Care is made up of a diverse group of staff from all over the country. We are clinicians, health care administrators, business specialists, information technology staff, and more. We work tirelessly to support Veterans, community providers, and VA staff. Veterans are at the center of what we do – we are committed to bringing high-quality health care closer to home for our nation’s Veterans.

Community providers play a key role in ensuring Veterans have access to care. VA welcomes the opportunity to work with community providers to improve the health and well-being of our nation’s Veterans. We want to combine the best of VA’s health care system with the best in industry to meet Veterans’ needs. The purpose of this toolkit is to connect community providers with information and resources they need to successfully collaborate with VA.
What is VA Community Care?

VA Community Care provides Veterans access to health care through the community when services are either not available at a VA facility or distance makes these services inaccessible. Currently, there are multiple programs to send Veterans out into the community to receive care. We are working to consolidate all community care programs and build an integrated health care network to improve Veterans’ access to high-quality care both in VA and in the community. Our goal is to deliver a community care program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff.

Currently, VA’s Community Care Network of more than 446,000 federal, private, and academic partners delivers outpatient, inpatient, and extended care services serving approximately 1.5 million Veterans. We also serve more than 350,000 beneficiaries every year through our family and special Veteran programs.
What is it Like Working with VA?

When you work with VA, you will be helping improve the health of Veterans across the nation. You will be joining thousands of public servants committed to honoring those who have made incredible sacrifices to protect our freedom. You will be a part of the country’s largest health care system known for its innovative treatments and high standards for quality and patient safety. Sharing your skills with VA not only impacts Veterans, but also their families and loved ones.

We are bolstering relationships and forging new ones to complement VA's delivery of high-quality care of Veterans. It is essential for VA to work closely with all our partners to make community care not only accessible for Veterans and their families, but easy to use. To achieve this, VA seeks to consolidate our various community care programs into one simplified and streamlined program as outlined in the Plan to Consolidate Community Care Programs.

3.1 Understanding Military Culture

It is important that all who serve Veterans have a basic understanding of military culture. According to a 2014 RAND report, many community providers are not trained or experienced in treating the Veteran community. In early 2015, the American Medical Association issued guidelines for assessing a patient’s military experience and duty assignments. The following free training resources are available to introduce community providers to the unique needs of our Veterans:

Military Culture Training for Community Providers Fact Sheet

Department of Veteran Affairs Military Culture: Core Competencies Training for Healthcare Professionals

- Module 1: Self-Assessment/Intro to Military Ethos
- Module 2: Military Organization and Roles
- Module 3: Stressors and Resources
- Module 4: Treatment, Resources, and Tools

Uniformed Services University Military Culture: Core Competencies for Healthcare Professionals Training

3.2 Pre-authorization

All VA Community Care requires authorization in advance before a community provider can provide service through the program. Community providers should receive a Veteran’s authorization form prior to the delivery of care.

The authorization form will look similar to one of the following images.

**Figure 1:** Veterans Choice Program/Patient-Centered Community Care (PC3) Authorization

![TriWest Healthcare Alliance Authorization Form](image)

**Figure 2:** Veterans Choice Provider Agreement Authorization

![Health Net Authorization Form](image)
Figure 3: Traditional VA Community Care Authorization

Outpatient Form 10-7079

Figure 4: Traditional VA Community Care Authorization

Inpatient Care Form 10-7078
3.3 How Do I Get Reimbursed?

VA encourages electronic health care claims for timely payment. When submitting a claim electronically, community providers must use the Electronic Data Interchange (EDI) for which care is authorized. Community providers for whom electronic filing is not an option can file by mail. Each contractor responsible for managing the reimbursement of VA Community Care – Health Net, TriWest, or VA, maintains their own website with detailed claims filing instructions.

Each provider should receive a Preliminary Fee Remittance Advice Report (PFRAR). PFRARs are generated automatically during the payment process and provide claim data, payment amounts, and reasons for disapproval. Community providers should receive PFRARs within one week of a claim being processed. Community providers can access VA Treasury payment info to check their payment status via the Vendor Inquiry System (VIS).

Vendor Inquiry System (VIS)

- Provides access to VA Treasury payment info
- Special log-on access is required
- To register, visit https://www.vis.fsc.va.gov/
3.3.1 Claims Filing Instructions by Program

You will receive a detailed authorization from either VA or one of VA’s contractors (Health Net or TriWest) specifying which VA Community Care program the specific episode of care is under. An authorization gives the community care provider the authority to provide health care to the Veteran and provides assurance of payment for those services.

<table>
<thead>
<tr>
<th>Veterans Choice Program (VCP)</th>
<th>The VCP, administered by VA’s contractors, provides primary care, specialty care, and inpatient medical services to eligible Veterans in circumstance where:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✔️ VA services are not available within the appropriate timeframe</td>
</tr>
<tr>
<td></td>
<td>✔️ A Veteran faces an unusual or excessive travel burden</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient-Centered Community Care (PC3)</th>
<th>PC3, administered by VA’s contractors, is a nationwide program that provides Veterans access to medical care when local VA medical facilities cannot due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✔️ VA services are not available within the appropriate timeframe</td>
</tr>
<tr>
<td></td>
<td>✔️ Geographic inaccessibility or other factors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VCP Provider Agreements</th>
<th>VCP Provider Agreements, administered by local VA facilities, have to meet the VCP criteria above and one of the following circumstances:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✔️ VCP contractors are unable to schedule</td>
</tr>
<tr>
<td></td>
<td>✔️ Specific services are not available from the contract network</td>
</tr>
</tbody>
</table>

Traditional VA Community Care

Traditional VA Community Care, administered by local VA facilities, is a direct authorization with community providers to provide health services to Veterans.

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**Where to File a Claim Electronically?**

**Health Net**

http://www.changehealthcare.com/solutions/
to register with Change HealthCare

Payer Name: Health Net - VA Patient-Centered Community Care. Payer ID: (68021)

**TriWest**

Step 1: Upload medical documentation to provider portal at www.TriWest.com/provider

Step 2: Set up an EDI to submit electronic claims by calling Wisconsin Physicians Service (WPS) at 1-800-782-2680 and select Option 2 to register.

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**Where to Mail a Paper Claim?**

**Health Net**

Veterans Choice Program - VACAA

PO Box 2748
Virginia Beach, VA 23450

Patient Centered Community Care (PC3)

PO Box 9110
Virginia Beach, VA 23452

**TriWest**

Veterans Choice Program PC3

WPS - VAPCCC

PO Box 7926
Madison, WI 53707-7926

Note: Must use form CMS 1500 or UB04

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**Where Can I Find Detailed Instructions?**

**Health Net**

Call 1-866-606-8198
Open 6:00am - 7:00pm EST, Monday through Friday, excluding federal holidays

Visit: Health Net Claims Submission Provider Page

**TriWest**

Call 1-855-722-2838
Open 8:00am - 10:00pm EST, Monday through Friday, excluding federal holidays

Visit: TriWest Claims and Reimbursement Quick Reference Guide
Other or Traditional VA Community Care

Electronic Claims Submission

- Contains information about ICD-10, National Provider Identifier (NPI) requirements, electronic pharmacy claims and how to register and/or submit an EDI claim to your local VA health care facility.

Paper Claims Submission

- To submit claims for payment, complete the appropriate form and provide the codes or the treatment rendered just as you would when completing a Medicare claim. Submit the claim to the community care office that issued the authorization.

3.3.2 Electronic Funds Transfer (EFT) Claims Payment

For instructions to apply to receive payments for VA initiated authorizations via Electronic Funds Transfer (EFT), visit the VA Claims Payment web page. You will also find information on file changes and updates for current EFT vendors, as well as requirements for electronic payments for community providers.

3.3.3 Rejected Claims

Here is a list of the top four reasons VA rejects a claim for VA initiated authorizations. For a detailed explanation of each reason and what you need to do to get the claim processed correctly visit the VA Community Care website Rejected Claims – Explanation of Codes.

<table>
<thead>
<tr>
<th>RANK</th>
<th>REASON/DETAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Duplicate claim – Previously processed and/or paid.</td>
</tr>
<tr>
<td>2</td>
<td>Medical records have not been received or are insufficient to determine decision of payment.</td>
</tr>
<tr>
<td>3</td>
<td>Billing/Coding error. Claim lacks information or has submission/billing error(s), which is needed for adjudication.</td>
</tr>
<tr>
<td>4</td>
<td>Services were referred or coordinated by a VA contractor. Submit claim to the contractor specified in the authorization or contract.</td>
</tr>
</tbody>
</table>

3.3.4 Claims Appeal Process

Community providers who disagree with the VA decision to deny payment for a claim have the right to request reconsideration of the claim. If a community provider disagrees with the initial decision to deny the claim in whole or in part, they must follow the appeal process outlined in their remittance advice or notice of payment.
3.4 VA Community Care and Emergency Care

An essential part of the Emergency Care and Admissions procedures is identifying potential Veterans when they visit a community care facility for emergency treatment. You must contact VA immediately once the Veteran seeks emergency care so VA can determine if a Veteran has been registered, is eligible for care, and pre-approve VA payment for services. VA must be notified within 72 hours of the time the Veteran presents for emergency care to consider pre-approving VA payment.

The following guidance will assist the community care provider to incorporate questions in the triage/registration process:

<table>
<thead>
<tr>
<th>3 KEY QUESTIONS ABOUT EMERGENCY CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the patient a Veteran?</td>
</tr>
<tr>
<td>2. If yes, is the Veteran being transferred from a VA facility or did the Veteran self-present?</td>
</tr>
<tr>
<td>3. If the Veteran self-presented, does the Veteran request to use VA benefits or other health insurance?</td>
</tr>
</tbody>
</table>

Once these three questions are answered, VA Community Care requires the following steps be taken to ensure proper VA Community Care Emergency Care and Admissions Procedures are followed. For more detailed guidance, please see the Community Care Admission and Emergency Care Notification process map.

1. **Does Veteran want to use VA benefits?**
   - **If yes,** the community provider notifies the community care office immediately. The notification must occur within 72 hours for pre-approval of VA payment.

2. **Is patient enrolled and eligible for VA benefits?**
   - **If yes,** the community care office initiates a hospital notification and contacts the community provider to obtain clinical documentation and perform clinical review.

3. **Can VA payment for care be pre-approved?**
   - **If yes,** the community care office creates an authorization and sends to the community provider.

4. **Does the Veteran want to transfer to a VA facility?**
   - **If yes,** ongoing continued stay reviews between the VA Community Care/Transfer Center Team and the community provider to transfer the Veteran to a VA facility until a bed is available or discharge disposition.
### 3.4.1 Claims Requirements for Emergency Care

#### Minimum Requirements

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Community hospital must notify nearest VA facility within 72 hours of an emergent hospital admission.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Community hospital must provide relevant documentation so VA can determine its payable amount based on each Veteran's specific circumstances and eligibility.</td>
</tr>
<tr>
<td><strong>Claims and Emergency Report Must Contain</strong></td>
<td></td>
</tr>
<tr>
<td>• Patient name, ID, demographics</td>
<td>• Patient chief complaint</td>
</tr>
<tr>
<td>• Hospital ID, name, address</td>
<td>• Clinical presentation of patient</td>
</tr>
<tr>
<td>• Hospital point of contact</td>
<td>• Stabilization for transfer</td>
</tr>
<tr>
<td>• Provider name and NPI</td>
<td>• Care coordination information</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>VA will generate a Preliminary Fee Remittance Advice Report (PFRAR) applying claims data and reasons for disapproval and/or payment amounts.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Veterans will receive a claims letter for emergency care received.</td>
</tr>
</tbody>
</table>

Please visit [www.va.gov/directory](http://www.va.gov/directory) to find the nearest VA health care facility

### 3.4.2 Payment for Emergency Care

VA may pay or reimburse community providers for emergency care provided to a Veteran for treatment of a medical condition, provided certain provisions are met.

Please contact the nearest VA medical center as soon as a Veteran presents for care, preferably within 72 hours of the emergency. The provider must also deem the care provided was emergent, based upon the prudent layperson standard. Authorized payment by VA is subject to the terms and conditions associated with the outcome of the administrative and clinical review process.

File claims with the nearest VA medical centers quickly because time limits usually apply. For service-connected care, claims must be submitted within two years from the date of care or date of rating decision. For non-service connected care, the time limit is 90 days from date of care, or date of notification from the insurer the policy coverage has been exhausted. Please consult your local VA Medical Center or the VA Community Care Emergency Care web page for more information.

**Please Note:** Individual eligibility determinations are difficult, and therefore outside the scope of this general information. Please contact your local VA health care facility for individual Veteran eligibility questions or concerns.
How Can I Partner with VA Community Care?

VA strives to provide exceptional health care, but we cannot do this alone. VA relies on community providers nationwide to share their skills and knowledge to deliver accessible high-quality care. VA has taken major strides towards developing an integrated care network that offers the best of VA and the community, and greater provider choice for Veterans.

Providers interested in participating in VA’s Community Care Network must first join one of VA’s contract partners, Health Net Federal (Health Net) and TriWest Healthcare Alliance (TriWest), existing networks provided through the Patient Centered Community Care (PC3) and Veterans Choice Programs (VCP) contracts, partner directly with VA through a VCP provider agreement, or enter into another form of contractual arrangement directly with VA.
Become part of VA’s Community Care Network.

- Join through a contract partner. Visit Health Net or TriWest.

Note: VA contract partners are responsible for specific geographic regions. Visit the contract partner directory to find out which partner delivers care in your area.

- Provider fact sheet provides instructions to prospective providers and gives an overview of the onboarding and credentialing process.

- Under certain circumstances, VA will contact you to partner directly with us through VCP provider agreements.
5.1 Provider Reference Guides and Handbooks

5.1.1 PC3 and VCP

- Health Net Provider Reference Guide
- TriWest Provider Handbook
- TriWest Quick Reference Guides

5.1.2 Traditional VA Community Care and VCP Provider Agreement

- Working With the Veterans Health Administration: A Guide for Providers

A comprehensive guide on VA Community Care, with focus on care purchased directly from a VA medical center. Excludes PC3 and VCP.
## 5.1.3 Provider Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Filing</td>
<td>Developing submitting and checking claims status</td>
</tr>
<tr>
<td>Complaints/Grievances</td>
<td>Health Net and TriWest Complaint Process</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Non-VA Emergency Care</td>
</tr>
<tr>
<td></td>
<td>Non-VA Emergency Care fact sheet</td>
</tr>
<tr>
<td></td>
<td>Claims Process for Emergency Medical Services</td>
</tr>
<tr>
<td>Episode of Care</td>
<td>Choice First Episode of Care Expansion of 60-day Authorization – Not to Exceed One Year</td>
</tr>
<tr>
<td>Forms</td>
<td>VA Community Care Forms</td>
</tr>
<tr>
<td>ICD10</td>
<td>Overview of ICD-10 (International Classification of Diseases, 10th Revision)</td>
</tr>
<tr>
<td>ICD9 Crosswalk with ICD10</td>
<td>General Equivalence Mappings FAQ</td>
</tr>
<tr>
<td>Military Sexual Trauma</td>
<td>Military Sexual Trauma</td>
</tr>
<tr>
<td></td>
<td>Military Culture: Core Competencies for Healthcare Professionals Training</td>
</tr>
<tr>
<td>PFRAR</td>
<td>How to Read a Preliminary Fee Remittance Advice Report</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>PTSD: National Center for PTSD</td>
</tr>
</tbody>
</table>
VA Community Care wants to provide you with the best resources possible. We have a number of ways to answer your questions and provide the forms and other information you need. Our Customer Service Center can be reached during business hours, Monday through Friday, while our interactive voice response system is available 24 hours a day, seven days a week.

- **Website** - https://www.va.gov/COMMUNITYCARE/index.asp
- **Phone** - 1-800-733-8387
- **Email** - https://iris.custhelp.com/app/ask

**Questions or Feedback**

Providers may send questions and feedback to VHA10D1D1ProviderFeedback@va.gov