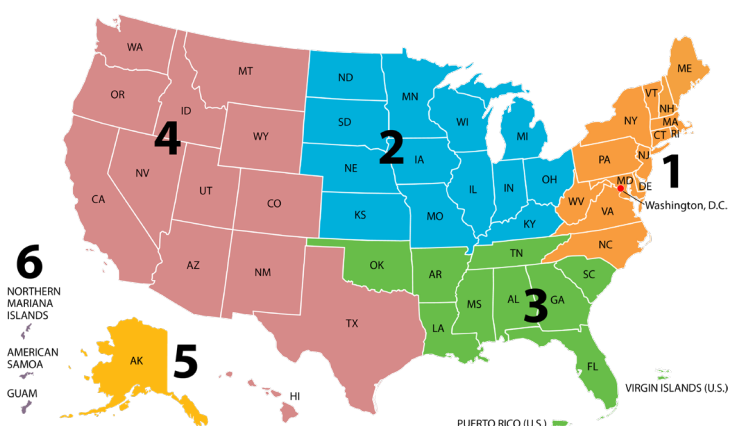


# Community Care Network (CCN) —Regions 1-3 For Community Providers

The Department of Veterans Affairs (VA) is committed to providing eligible Veterans with the care they need when and where they need it. To streamline VA's community care programs, President Donald Trump signed the VA MISSION Act into legislation on June 6, 2018, providing more choices and robust care coordination for Veterans by consolidating multiple programs into one. A significant component of having one method for Veterans to receive care from community providers are the CCN contracts awarded to third-party administrators (TPAs). The contracts and associated TPAs each cover established regions which are aligned to state boundaries to ensure that health care services and resources are available to our diverse Veteran population. CCN's goal is to improve transparency, accountability, quality, and communications between Veterans, community providers, and VA staff.

The CCN contracts develop and administer regional networks of high-performing licensed community health care providers working together with VA providers and practitioners. Collaboratively, they work alongside one another providing medical, surgical, Complementary and Integrative Health Services (CIHS), durable medical equipment, pharmacy, and dental services to eligible Veterans who are unable to receive care at a VA medical center (VAMC).



On December 28, 2018, VA announced a new partnership with Optum Public Sector Solutions, Inc. (Optum), a subsidiary of UnitedHealth Group, Inc., to manage CCN Regions 1, 2 and 3. Optum brings years of experience successfully delivering services to beneficiaries associated with federal and state agencies.

## Overview

### Q1. Can community providers have an agreement directly with VA or do they have to sign up with Optum?

As VA transitions to CCN, managed by Optum for Regions 1, 2 and 3, community providers will need to sign up with Optum and their UHG affiliates, such as UnitedHealthcare (medical) or Logistics Health Inc. (LHI) (dental), if they wish to continue serving Veterans in partnership with VAMCs. Additional Optum affiliates include Optum Healthcare Solutions, United Behavioral Health and UnitedHealthcare Vision.

As of June 6, 2019, Veterans Choice Program (VCP) Provider Agreements are no longer approved or active. Community providers who wish to continue serving Veterans need to be a participating provider under the current Patient-Centered Community Care (PC3) Contract, which is contracted through VA's TPA, TriWest Healthcare Alliance (TriWest). Participating under PC3 will allow community providers to continue serving Veterans during the transition time before the new CCN is deployed in summer 2019.

Once CCN is deployed, PC3 will be phased out by VAMCs and community providers will need to join CCN, as mentioned above. Veterans Care Agreements (VCAs) and direct local contracts will be the only other avenue in which providers may be able to provide services to Veterans. However, these agreements will be very limited and, in most instances, will only be approved if the services cannot be provided under CCN.

**Q2. Are community providers currently in the TriWest network required to sign up with Optum to join CCN?**

Community providers will not be automatically enrolled in CCN, so they will be required to sign up with Optum/UHG to continue providing service to Veterans under CCN. The contract with TriWest will be phased out as Optum's provider network is activated in Regions 1, 2 and 3.

**Q3. Can providers be excluded from CCN due to quality of care?**

Yes. CCN is focused on ensuring the providers in the network are delivering quality care for Veterans. As such, VA may prohibit network participation of providers listed on the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) and/or providers listed on the General Service Administration (GSA) System of Award Management (SAM) exclusionary lists.

**Eligibility****Q4. Will CCN have eligibility requirements similar to the Veterans Choice Program?**

CCN is not a program and does not have eligibility requirements like the Veterans Choice Program. CCN is the contract vehicle VA uses to buy community care for Veterans. Eligibility for community care is determined before a Veteran can be referred to a CCN community provider. Additional information on eligibility for community care can be found here: [https://www.va.gov/COMMUNITYCARE/programs/veterans/General\\_Care.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/General_Care.asp).

**Referrals****Q5. Are referrals from VA required for Veterans to visit a community provider?**

Yes. Before a Veteran receives care or services from a CCN participating provider, VA must issue a referral the Veteran to a specific community provider. If a community provider delivers care or services without an authorized referral, the care or services may not be reimbursed.

Community providers will receive a referral packet for a specific Standardized Episode of Care (SEOC). The referral packet will include the SEOC, its title, and its content including a start and end date, along with a specified number of visits and/or services. Services provided within the SEOC are approved for the specified episode of care. However, providers are to look at the consult/order itself to see which services are specifically

requested. If the community provider deems additional services are clinically necessary which are not on the consult/order but found on the SEOC, the community provider should contact the VA Facility Community Care Office to coordinate services that are reasonably available within the VA system.

For community providers that choose to use HealthShare Referral Manager (HSRM), VA's referral and authorization system, they will be able to see the relevant information related to a specific referral through the tool.

**Q6. What happens if a referral is needed for additional health care services beyond what was requested in the original referral?**

In the event that a community provider identifies a need for additional care that falls outside of the original SEOC or need to extend the duration under the original SEOC, a Request for Services (RFS) is sent to VA for review and processing. Once the RFS form is received by the VA, it will be clinically reviewed by Community Care staff for approval. If approved, the completed referral will then be sent back to the community provider via their preferred communications method.

**Q7. When will community providers receive a new referral from VA for a Veteran they are currently seeing?**

Community providers will start receiving new referrals as CCN is deployed to VAMCs starting in the summer of 2019 in Region 1.

**Claims and Provider Reimbursements****Q8. Will the new CCN contract improve the timeliness of payments to community providers?**

Yes. Community providers under CCN will be paid within 30 days of submitting a clean claim. Optum will pay claims submitted by community providers. To ensure timely claims processing, Optum will educate community providers on how to submit clean claims

**Q9. How will community providers file a claim, and who do providers call if there is a payment issue?**

Providers can find instructions for filing electronic and paper CCN claims for medical, behavioral health, dental, and pharmacy services at Optum's CCN website, <https://vacommunitycare.com>. All claims must have a referral number. Claims issues will be able to be resolved through Optum's CCN Provider Services Line, 888-901-7407.

**Q10. What is the CCN reimbursement rate for approved services?**

For claims submitted with a valid referral number, 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 CMS or for which CMS 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. For services that have a negotiated rate between VA and Optum, providers will be paid at a negotiated rate between Optum and the provider. Dental providers are reimbursed according to contract schedule.

**Q11. Will claims from TriWest be transferred to Optum?**

No, TriWest will handle claims received from their network.

**Additional Information****Q12. Where can community providers find additional information on CCN?**

VA information on CCN, including upcoming trainings, can be found here: <https://www.va.gov/COMMUNITYCARE/providers/index.asp>.

Optum has launched their official CCN website, <https://vacommunitycare.com>. This site includes:

- Administrative tools to help you submit claims, as well as track and submit referrals
- CCN announcements and news
- Program forms, the provider manual and provider materials
- Links to VA policies and procedures
- Information on joining Optum's CCN network

**Q13. Who do community providers contact if they have additional questions?**

Community providers who have received a contracting packet from Optum may reference that for contact information to address additional questions and provide general CCN information.

Additionally, Optum has set up a Provider Services line for Regions 1, 2 and 3 available from 8 a.m.- 6 p.m., local time, Monday – Friday for community providers

to obtain approved referral information, check claims status and request information about the appeals and grievance process.

The customer service lines for providers in each region are:

- Region 1: 888-901-7407
- Region 2: 844-839-6108
- Region 3: 888-901-6613

For providers who are interested in participating in CCN, but have not received an amendment to an existing contract or a new contract, please e-mail Optum at [VACCNProviderContracting@optum.com](mailto:VACCNProviderContracting@optum.com) to request participation. To ensure that Optum can route the inquiry to the most appropriate network affiliate and provide a comprehensive response, it is helpful if providers include the following information in the e-mail:

- Provider name
- Provider location(s) (at a minimum city/county and state)
- Provider type(s) / specialty(ies)
- Number of providers (e.g. 2 physicians, 1 general acute care hospital, etc.)
- National Provider Identifier (NPI) and/or Tax identification number(s)
- Point-of-contact name, phone number, e-mail and mailing address
- Note that you are requesting to participate in CCN.