



VA Community Care Network

VA CCN Provider Manual for Dental Providers



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OVERVIEW

Welcome to the U.S. Department of Veterans Affairs (VA) Community Care Network (CCN) Provider Manual for Dental Providers. Here, we have collected important information about the VA CCN that will help you deliver care to Veterans in your community. The information contained in this document is specific to dental providers. If you are not a dental provider, please reference the VA CCN Provider Manual at <https://info.vacommunitycare.com> for details.

This VA CCN Provider Manual for Dental Providers (this “Manual”) applies to Covered Services you provide to Veterans as part of the VA CCN. Veteran eligibility and coverage are determined by the U.S. Department of Veterans Affairs (VA).

This Manual is effective immediately upon contracting for dental providers engaged in the delivery of services under the VA CCN. For the purpose of the manual, “provider” refers to for any facility, ancillary provider, physician, physician organization, other health care professional, supplier, or other entity providing services.

As used in this Manual, “you,” “your” or “provider” refers to any provider as that term is defined above. Except where expressly indicated, the information included in this Manual is applicable to all types of providers subject to the Manual.

As used in this Manual, “us,” “we” or “our” refers to Optum or UnitedHealthcare (collectively “Optum”) or one of the other VA CCN affiliated Network Partners (collectively “Network Partner(s)”) with which you have contracted for VA CCN.

This Manual is a binding part of your contract with Optum or Network Partner (the “Provider Agreement”), and includes requirements that you must comply with for VA CCN, including the following categories of information, which will help you better understand VA CCN requirements as well as how to collaborate with VA and deliver and coordinate care for the Veterans you will be serving:

- Helpful Resources;
- Covered Services;
- Credentialing;
- Provider Responsibilities;
- Eligibility and Enrollment;
- Referrals;
- Pharmacy and Durable Medical Equipment (DME);
- Health Care Management;
- Medical and Dental Documentation;
- Claims and Reimbursement; and,
- Contract Provisions.

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

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 <https://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 (“SHCD”) for VA CCN. This document was updated June 24, 2019 for providers currently participating in VA CCN. This guide is subject to change. We will update content in our effort to support our dental network.

What is the VA CCN?

VA created the VA Community Care Network (VA CCN) 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 receive care from a network of community 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.

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®

UnitedHealthcare provides the network for traditional medical services for the VA CCN except for in Upper-Peninsula Michigan, Southwest Kentucky, U.S. Virgin Islands, or Puerto Rico. Those areas are covered by a leased network. UnitedHealthcare network 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; and,
- 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 Network includes:

- Psychiatric hospitals;
- Inpatient and outpatient mental health and substance use disorder programs;
- Psychiatrists;
- Psychologists;
- Social workers;
- Marriage and family therapists; and,
- 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 U.S. Virgin Islands and Puerto Rico. Those areas are covered by a leased network.

OptumHealth Care Solutions, LLC

OptumHealth Care Solutions, LLC (OHCS) 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; and,

- Acupuncture.

OHCS network includes providers for some of the CCN Complementary and Integrative Healthcare Services. OHCS also includes:

- Massage therapy; and,
- Tai Chi.

OHCS provides Tai Chi in all areas. All other specialties listed above are provided by OHCS in all areas except Puerto Rico and the Virgin Islands.

Logistics Health, Inc.

Logistics Health, Inc. (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 Caremark Pharmacy

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

UnitedHealthcare Vision

UnitedHealthcare vision 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

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 will be available closer to the start of VA CCN health care delivery. Until that site is available, the latest information will be at <https://info.vacommunitycare.com>.

Optum's site will provide:

- Access to the VA CCN provider directory;
- Information on claim or referral 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; and,
- Provider resources and education.

LHI's VA Community Care Network Portal

LHI will release an additional VA CCN section on the Provider Portal (<https://providers.logisticshealth.com>) closer to the Start of Healthcare Delivery. Until that site is available, the latest information will be at <https://info.vacommunitycare.com>.

The site will provide:

- Information on claim or referral request status;
- VA's covered benefits;
- Links to verify Veteran eligibility;
- Links to real-time pharmacy dispensing information to help prevent medication errors; and,
- Provider resources and education information on claim or referral request status.

Support by Phone

VA CCN Provider Services can be reached at **888-901-7407** (8 a.m. – 6 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 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; and,
- Resolve benefits issues.

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 Standardized 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 <https://www.va.gov/communitycare/>. These services may include:

- Dental care;
- Emergent care;
- Hospital services;
- Implants - when provided as part of an authorized surgical or medical procedure;
- Pharmacy;
- Preventive care;
- Reconstructive surgery; and,
- Urgent care.

Complete SEOCs will be posted on the VA public site closer to SHCD at <https://www.va.gov/communitycare/providers/>

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

Providers can only provide DME and Medical Devices to eligible Veterans for an urgent or emergent condition. There are no urgent or emergent services allowed under VA CCN for dental conditions.

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 (EDIPI);
- Prescribing provider's full name;
- Prescribing provider's address;
- Prescribing provider's phone number;
- Prescribing provider's fax number;
- Diagnosis and International Classification of Diseases (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); and,
- 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 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 <https://info.vacommunitycare.com>.

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.

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. A referral from VA is required for OAT.

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 and patient training, fitting etc. of DME.

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 for fulfillment.

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 for a maximum of 14 days at VA CCN retail; and, 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 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.

When urgent/emergent prescriptions are clinically needed for continued treatment beyond the urgent/emergent 14-day supply, CCN providers must generate a second prescription for medications. Submit the prescription to the authorizing VA facility's pharmacy by fax or other agreed-upon electronic method within one (1) hour of issuance of the urgent/emergent prescription for processing.

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 CCN 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.

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 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 SHCD.

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 provider's office phone number;
- Prescribing provider's fax number (if applicable); and,
- 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 <https://info.vacommunitycare.com>. These lists will be updated at least quarterly. Write prescriptions in accordance with VA's National Formulary Management Process, which includes provisions for requesting non-formulary drugs (For more information, refer to the VA directive at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3291).

In addition to the online formulary, use the online formulary search tool at <https://www.pbm.va.gov/apps/VANationalFormulary>. 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 requests for non-formulary prescriptions received by the VA Pharmacy must be reviewed with the CCN provider and authorized by VA Pharmacy before dispensing.

Excluded VA CCN Healthcare Services

The following dental-related services are excluded from the VA CCN Health Benefit Package:

- Drugs, biologicals, and medical devices not approved by the Food and Drug Administration (FDA) unless they are used under approved clinical research trials
- 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.

Professional Credentialing, Licensing and Accreditation

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

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.

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 operate within the scope of their license and 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;
- Criminal background disclosure;
- Current National Provider Identifier (NPI) number, if applicable;
- Drug Enforcement Agency (DEA) number if controlled substances are prescribed;
- Education and training, if applicable;
- 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); and,
- Work history.

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; and,
- 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 within five (5) days of the occurrence of any 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.

All services, facilities, and providers must adhere to all applicable federal and state regulatory requirements. Optum and its Network Partners will monitor the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) exclusionary list. If you're on the exclusions list you won't be eligible to participate in the network. See <https://oig.hhs.gov/exclusions/> for more information about the exclusion list. If you don't maintain your credentialing status, you could lose your contract with Optum or the Network Partner.

In accordance with requirements outlined in the OIG's Compliance Guidance located at <https://oig.hhs.gov/compliance/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; and,
- Enforcing disciplinary standards through well-publicized guidelines.

Professional Liability Insurance Requirement

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

- \$1,000,000 per occurrence; and,
- \$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.

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.

Table 1: Updating Demographic Information

Network Type	Submit Updates
LHI Dental	<p>To update your email address or phone number go to https://providers.logisticshealth.com</p> <p>Log in to the Provider Portal Using your User name and password Hover over 'My Profile' and select 'Update Profile'</p> <p>All other updates must be submitted via email to LHI_ProviderNetworkCommunications@logisticshealth.com</p>

Non-Discrimination

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; and,
- Within 30 days for routine care.

Providers must not charge Veterans for missing a scheduled appointment.

Provider Satisfaction Surveys

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 clinical documentation must be submitted with the claim. You can find information on VA's process at <https://info.vacommunitycare.com>.

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 clinical practices, business practices, and fiscal practices, and which may result in unnecessary costs to VA.

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. To report suspected fraud, waste or abuse, please contact Optum via one of the following methods.

Phone:

Optum Fraud, Waste, and Abuse Hotline 1-844-883-3461

Mail:

Optum Fraud, Waste, and Abuse
3237 Airport Road
VA Community Care Network MS-51
La Crosse, WI 54603

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

Critical Findings

Critical Findings are findings or results that require immediate evaluation by a provider such that failure to take immediate appropriate action might result in death, significant morbidity, or serious adverse consequences to the Veteran.

When a provider makes a Critical Finding, the provider must 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.

ELIGIBILITY AND ENROLLMENT

Veteran's Enrollment Status

VA establishes the enrollment status of a Veteran and updates on an ongoing basis. 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**. Veterans must be enrolled to become eligible for services.

Eligibility Verifications

VA CCN assists Veterans who can't get necessary services from a VA provider either because the services aren't available timely or the VA provider is too far away. VA makes the determination based on the Veteran's current situation and the type of care they need.

A Veteran's eligibility to get care from a community provider may change based on the type of care requested. Prior to providing services a provider should ensure they have an approved valid VA referral with a SEOC to cover the care to be provided.

You are responsible for verifying the Veteran's identification (e.g., State driver's license) and VA issued identification card before delivering care. A valid VA referral and the Veteran's Confirmation Letter or identification are proof of eligibility.

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.

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.

After an initial authorized dental referral is completed, all recommended treatment plans must be reviewed and approved by VA prior to the Veteran receiving care. A referral is required for all dental services to be provided under the contract in advance of treatment. The SEOCs included with the referral will list specific services that may be performed after the referral is established without further clinical review by VA. All dental services not listed in the list require approval by VA.

If a service is denied for failure to obtain a referral, 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 VA's

Community Care Portal or EDI 278. 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 and do not apply to dental services.

Referral requirements include the following:

- 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; and,
- 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 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.

If a service is denied for failure to obtain a referral, exceeding the referral scope, or failure to submit a timely clean claim, the provider must hold the Veteran harmless for those services and may not invoice Veterans for any services denied for failure of a provider to obtain an Approved Referral.

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.

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

If you are providing authorized care to a Veteran and determine during treatment that the Veteran should receive services not included within the SEOC from another provider, you must request that the additional service by another provider be authorized by submitting a Referral Request to VA, as follows:

1. Referring provider must submit a referral request to VA. VA will release the referral request submission methods closer to the SHCD.
 - Provide the requested information and any supporting clinical documentation.
2. VA will decide if the additional services are 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 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 that additional services are needed.

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 qualifications of participating health care professionals;

- Achieve continued improvement of member health care and services;
- Enhance patient safety and confidentiality of member information; and,
- Resolve identified quality issues.

Provider Participation

Providers are required to participate in the CQM process in accordance with their Provider Agreement and VA 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: and,
 - 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

For VA CCN, Optum assesses all medical and dental records 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; and,
- 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, please complete and submit the PQI Referral Form which will be available at <https://info.vacommunitycare.com>.

On-Site Provider Reviews

As part of the CQM program, Optum may conduct on-site evaluations of providers who have been identified for further evaluation based on performance indicators. Optum may work with providers to develop an action plan to help fix an area of concern.

CQM Confidentiality

Providers are responsible for ensuring the privacy and security protection of in accordance with applicable federal, state and local laws and provisions applicable to sensitive and personally identifiable healthcare information..

Throughout the CQM process, information shall be treated as confidential and in accordance with federal, state and local laws and regulations.

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

Clinical Quality Dental Documentation Requirements

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

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

DENTAL DOCUMENTATION STANDARDS AND REQUIREMENTS

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

Access to Records

You are required to:

- Send copies of Veteran's medical and dental or administrative records related to care under the VA CCN; and,
- 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.

Monitoring the Quality of Dental Care Through Review of Records

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

Documentation Guidelines

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

- Treatment notes must include any procedures performed and recommendations for further testing or follow-up;
- Results of histology reports, other testing or imaging such as panoramic, cone beam and cephalometric radiographic images (images must always be provided to VA upon request);
- Any recommended prescriptions, medical devices, supplies or equipment, and treatment plans; and,
- Other medical and dental documentation based on clinical need.

Records must also include:

- Provider authentication (including a typed name, written signature, written initials or electronic signature and provider phone number);
- Veteran unique identifier;
 - Internal Control Number (ICN) – primary beneficiary ID; and
 - Social Security Number – secondary beneficiary ID; or
 - Electronic Data Interchange Patient Identifier (EDIPI); or
 - Patient Control Number (PCN);
- Veteran's full name (including suffix);

- Veteran's date of birth; and,
- 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; and,
- Written initials.

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

Submitting Dental Documentation

VA CCN dental providers submit documentation directly to VA and the referring provider if not VA. VA will release more information about how to submit dental documentation closer to the SHCD.

Submitting Dental Records

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

The documentation includes readable copies of all radiographs which were taken, complete periodontal charting (if applicable such as cases in which periodontal disease was diagnosed), and complete treatment notes inclusive of dates of visits, procedures completed and follow visit documentation.

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

VA CCN Dental Documentation Training and Assistance

LHI will provide training for the dental network via the Provider Portal Knowledge Center 60 days prior to the SHCD. Training must be completed before performing services under the VA CCN contract.

Training materials will also be available for reference on <https://info.vacommunitycare.com>. Review of these materials does not fulfill the training requirement for dental providers listed above.

REIMBURSEMENT AND CLAIMS PROCESS

We know that you want timely 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. In order to ensure timely payment, please ensure that claims are submitted as outlined in this manual. Failure to do so may result in a delay in payment or denials.

Providers must submit claims on nationally recognized claims forms including:

- 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 with the payment provisions in the Provider Agreement and any applicable payment appendices. Prior to Start of Healthcare Delivery (SHCD) providers should follow instruction in their contract letters to access the VA Fee Schedule.

Reimbursement Exceptions

Exceptions to the reimbursement rate are as follows:

- All Dental providers will be reimbursed according to the fee schedule in their payment appendix.

Claims Processing and Filing

Applicable claims processing and filing requirements for VA CCN include the following:

- 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 benefits package as well as claims submitted for care that are 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 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 and that do not contain a valid referral number will be denied. This includes when this information is missing or incorrect; and,
- 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.

Subrogation

Provider must ensure that Optum is notified in all circumstances of any VA CCN healthcare services related to or associated with any claim involving subrogation against: (i) workers' compensation carrier, (ii) an auto liability insurance carrier, (iii) third party tortfeasor (e.g. medical malpractice), or (iv) any other situation where a third party is responsible for the cost of VA CCN healthcare services. Optum will work with the VA and notify Provider if any recoupment processes will be initiated.

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. At the SHCD requirements can be found on <https://info.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 only if Optum or its Network Partners has 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 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 Dental Claims with an Existing Referral

VA CCN claims require an approved VA referral. You must include the referral 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. If you cannot submit your claims via EDI, Dental claims can be submitted through the VA CCN page on the LHI Provider Portal at <https://providers.logisticshealth.com>. Complete directions for this submission will be included in the training provided by LHI. The electronic payer ID for dental claims is VACCN.

Paper Form: Submitting Dental Claims with an Existing Referral

If EDI capability isn't available, providers can submit claims via the Provider Portal, secure fax or mail.

LHI's Provider Portal (preferred over mail/fax): <https://providers.logisticshealth.com>

Mailing Address:

Logistics Health Inc.
Attn: VA CCN Claims
328 Front St S
La Crosse, WI 54601

Secure fax: 608-793-2143, please specify that the claim is for VA CCN on your fax

Timely Filing

When VA is the primary payer, claims must be submitted within 180 days from the date of service or date of discharge.

Claims submitted after the timely filing deadline will be denied.

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 LHI's VA CCN page on the Provider Portal, when it's available, to verify claims status. All claims submitted will be acknowledged either with a payment, a provider remittance advice, or returned with a specific request for additional

information. 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 from VA;
- If the provider doesn't meet the requirements of the Veteran's other health insurance (OHI);
- If you fail submit a claim according to the Claims Adjudication Rules (these will be available at <https://info.vacommunitycare.com>);
- If you deliver healthcare services outside of the validity period or outside the scope of the approved referral; and,
- If you provide services that are not part of the Veteran's medical benefits package or for services that are not in the scope of the VA referral.

Payment Options

You can elect to receive payments from LHI via either direct deposit or check. To opt in for direct deposit, please visit the LHI Provider Portal Accounting Center and update your 'Payment Preferences' to add banking information.

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. Remittance Advice(s) will be available on the Provider Portal for those providers who have opted to go paperless.

Claim Reconsiderations

Reconsideration is a formal process by which a Provider may request that Optum review a claim denied partially or in whole, or where a Provider believes the payment was incorrect.

Where a claim is denied partially or in whole, a reconsideration request must be filed within 90 calendar days from the date of denial.

Where a claim has not been denied partially or in whole, but the Provider believes the claim has been incorrectly paid, the Provider must file a reconsideration request by mail or fax, as specified above, within 12 months after the claim was initially processed.

Provider must mail or fax the request to:

VA Community Care Network
Appeals and Grievance
Team MS-21
3237 Airport Road
La Crosse, WI 54603

Secure Fax: 1-877-666-6597

Veteran Explanation of Benefits (EOB)

A copy of the Veteran EOB will always be available for reference at <https://info.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 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 subject to recovery from Provider by Optum. 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; and,
- Rescheduled appointment (new appointment date to be included).

PROVIDER TRAINING

LHI will be providing training and learning material for you and your staff. This includes video modules designed for self-paced learning on specific topics. Training material will be assigned through the LHI Provider Portal Knowledge Center.

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;
- Dental documentation; and,
- Claims submission.

ACRONYMS

Table 2: 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
OHI	Other Health Insurance

Acronym	Meaning
OIG	Office of Inspector General
PBM	Pharmacy Benefits Manager
PCP	Primary Care Physician
POC	Point of Contact
PQI	Potential Quality Issue
RA	Remittance Advice
RHC	Rural Health Clinic
SC	Service-Connected condition
SEOC	Standardized 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

Table 3: 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
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.
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.

Term	Meaning
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.
Medical Records	Includes medical and dental records.
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.
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.
Standardized 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.
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.

Term	Meaning
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 Clinical 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); and,
 - Imaging
 - Laboratory
 - Other testing (e.g., electrocardiogram, pulmonary function testing, etc.)
- Medications, administered and/or prescribed.

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; and,
- 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; and,
- Discharge medications, administered and/or prescribed.

Specialty/Outpatient Care

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