VA Community Care Provider Brief
Veterans Health Administration
May 18, 2017

Joe Enderle, Director, Claims Adjudication and Reimbursement
Rob Morales, Regional Officer, Region 2
VA Community Care

• VA provides Veterans access to community care when services are not available at a VA facility or due to geographic inaccessibility.

• Our care network delivers health care services to approximately 1.5 million Veterans and more than 350,000 beneficiaries every year.
VA Community Care Programs

- VA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time.

### Programs for Veterans

- Patient-Centered Community Care (PC3)
- Veterans Choice Program (VCP)
- Community emergency medical care
- Individual authorizations

### Family Member Programs

- CHAMPVA
- Camp Lejeune Family Member
- Children of Women Vietnam Veterans
- Spina Bifida Health Care Benefits
Current Community Care Programs Are Confusing

- Following the implementation of the Choice Program, it became apparent that maintaining multiple community care programs was unsustainable and confusing.

To address this issue, VA proposed a plan to Congress. This plan addresses immediate improvements to community care while driving towards the future.
Deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA Staff.
How Will We Get There?

- VA is taking immediate steps to improve stakeholders’ experiences while also planning and implementing long-term improvements for the new community care program.

1. Immediate Steps to Improve Stakeholder Experience
   - Implement contract modification
   - Reduce unnecessary steps in the process
   - Improve communications

2. Long-Term Steps to Improve Stakeholder Experience
   - Develop detailed implementation plan
   - Execute make/buy decisions
   - Implement integrated solutions
Five Key Components Trace the Veteran Community Care Journey

- Provide easy to understand eligibility information to Veterans, community providers, and VA staff
- Provide Veterans timely access to a community provider of their choice
- Support accurate and timely payment of community providers
- Coordinate care through seamless health information exchange
- Implement a network that provides access to high-quality care inside and outside VA
- Provide quick resolution of questions and issues for Veterans, community providers, and VA staff
Overview of Veterans Care Journey

Veteran Visits VA

- VA assess patient and makes clinical decision
- VA **refers** Veteran to community
- VA issues **authorization** based on service availability
- Veteran selects provider from **community care network**
- VA works with contractor to schedule appointment

Veteran Visits Community Provider

- Provider receives authorization
- Veteran receives health care
- Provider submits claim
- Provider returns clinical information
- VA and community provider **coordinate care**

VA Pays Community Provider

- VA processes claim for prompt **provider payment**
Become a Community Care Provider

How to partner with VA

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.
• Join through VCP/PC3 contract partner
  - Visit Health Net at
    https://www.hnfs.com/content/hnfs/home/va/home/provider/options-for-providers.html
  - Visit TriWest https://joinournetwork.triwest.com/

• Under certain circumstances, VA will contact providers to join through VCP provider agreements to partner directly with us.
Authorizations

The Referral Process & Getting an Authorization

All VA Community Care requires authorization in advance whether for initial start of care or reauthorization for a new episode of care. If a community provider fails to request an authorization prior to providing services, the services performed may not be reimbursable by VA.
Veterans Choice Program/Patient-Centered Community Care
VCP Provider Agreement

Department of Veterans Affairs
VETERANS CHOICE PROVIDER AGREEMENT AUTHORIZATION
VA-FORM 10-0386a

Reason for Use of Provider Agreement:
Community Provider Name(s):
Authorization Number:
VA Ordering Provider:
Community Care Preauthorization Forms – Traditional Community Care

Outpatient Form 10-7079

[Diagram of the Outpatient Form 10-7079]

- Veteran’s ID Number
- Period of Validity
- Date of Issue
- Conditions for which services are requested (Description of disability)
- Referring Provider’s Name
- National Provider Identifier (NPI) Number
- Authorization Period for Episode of Care
- Description of Veteran’s Service-connected Condition
- Number generated to track authorization

[VA Community Care Logo]
Claims Submission and Payment

Timely Provider Payment

VA encourages the use of electronic health care claims for timely payment. When submitting a claim electronically, community providers must use the EDI for which care is authorized. Community providers for whom electronic filing is not an option can file by mail.
**Electronic Claims Filing**

- VA encourages electronic health care claims for timely payment.
- Providers must use the EDI for which care is authorized.

### Veterans Choice Program/Patient-Centered Care

<table>
<thead>
<tr>
<th>HealthNet</th>
<th>TriWest</th>
</tr>
</thead>
</table>

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

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.

### VCP Provider Agreements & Traditional Community Care


While registering you will need the VA Fee Program payer IDs which include:

- 12115 for submission of medical claims
- 12116 for submission of dental claims
- 00231 for submission of any inquiry transaction
Paper Claims Filing

- Claims for VCP and PC3 are routed through contractors by region.
- Claims for Traditional VA Community Care and VCP Provider Agreements vary by facility.

<table>
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<tr>
<th>Where to Mail a Claim</th>
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<tr>
<td><strong>Health Net</strong></td>
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<tr>
<td><strong>VETERANS CHOICE PROGRAM – VACAA</strong></td>
</tr>
<tr>
<td>PO Box 2748</td>
</tr>
<tr>
<td>Virginia Beach, VA 23450</td>
</tr>
<tr>
<td><strong>PATIENT-CENTERED COMMUNITY CARE (PC3)</strong></td>
</tr>
<tr>
<td>PO Box 9110</td>
</tr>
<tr>
<td>Virginia Beach, VA 23452</td>
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<tr>
<td><strong>TriWest</strong></td>
</tr>
<tr>
<td><strong>VETERANS CHOICE PROGRAM AND PC3</strong></td>
</tr>
<tr>
<td>WPS-VAPC3</td>
</tr>
<tr>
<td>PO Box 981646</td>
</tr>
<tr>
<td>El Paso, TX 79998-1646</td>
</tr>
<tr>
<td>Note: Must use form CMS 1500 or UB04.</td>
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Submitting claims electronically may help community providers receive payment faster and reduce administrative costs.

If you are unable to file a claim electronically, please complete the appropriate form (original CMS 1500 and/or CMS 1450 (UB-04) and provide the codes for the treatment rendered just as you would when completing a Medicare claim. Contact the facility indicated in the authorization for further instruction on where to mail paper submissions.
• VA offers multiple resources available such as fact sheets, websites, and hotlines to assist with claims filing.

<table>
<thead>
<tr>
<th>Where can I find detailed instructions for VCP/PC3?</th>
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<tbody>
<tr>
<td><strong>Health Net</strong></td>
</tr>
<tr>
<td>Call 1-866-606-8198</td>
</tr>
<tr>
<td>Open 6:00am–7:00pm EST, Monday through Friday,</td>
</tr>
<tr>
<td>excluding federal holidays</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>Visit <a href="#">Health Net claims submission provider page</a></td>
</tr>
<tr>
<td><strong>TriWest</strong></td>
</tr>
<tr>
<td>Call 1-855-722-2838</td>
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<tr>
<td>Open 8:00am–10:00pm EST, Monday through Friday,</td>
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<tr>
<td>excluding federal holidays</td>
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<tr>
<td>OR</td>
</tr>
<tr>
<td>Visit <a href="#">TriWest Claims and Reimbursement Quick Reference Guide</a></td>
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<table>
<thead>
<tr>
<th>Where can I find detailed instructions for VCP Provider Agreements and Traditional Care?</th>
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<tr>
<td>For information on authorizations, call the number indicated on your authorization letter/form.</td>
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<tr>
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### Top 5 Reasons a Claim is Rejected or Denied

#### REJECTS

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<th>Code</th>
<th>Reason/Detail</th>
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<td>Medical Records - not received or are insufficient to determine decision of payment</td>
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<td>16</td>
<td>Billing/Coding Error</td>
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<td>22</td>
<td>Contractor Billed to VA in Error – submit claim to Tri-West or Healthnet</td>
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<td>No Authorization – authorization absent or exceeded</td>
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#### DENIALS

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<td>27</td>
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Filling a Claims Appeal

• 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.
Additional Resources by Topic

- Emergency Care
- Other Health Insurance
- Preliminary Fee Remittance Advice Report & Appeals
- Prescriptions
- Provider Toolkit
When Emergency Care is Needed

- Eligibility for VA payment of emergency care and deadlines for filing claims depend upon whether a Veteran has a service-connected condition and their specific eligibility for community care.

**5 Key Facts**

1. Emergent hospital admissions should be reported to the nearest VA within 24 hours when possible; notification should not exceed 72 hours.

2. VA must be notified to facilitate admission to a VA Medical Center or to authorize the transfer to a second non-VA facility if higher care is needed.

3. If the VA has capacity, transfer to VA hospital will be facilitated when the patient is stable to transfer.

4. If the patient refuses transfer, VA payment will cease and the Veteran will be liable for additional physician and facility charges.

5. Providers must verify Veteran eligibility for reimbursement of claims and identify the VA of jurisdiction for claims submission.
Claims Requirements for Emergency Care

Minimum Requirements

1. Community hospital must notify nearest VA health care facility within 72 hours of an emergent hospital admissions.

2. Community hospital must provide relevant documentation so VA can determine its payable amount based on each Veteran’s specific circumstances and eligibility.

   Claims and Emergency Report Must Contain
   - Patient name, ID, demographics
   - Hospital ID, name, address
   - Hospital point of contact
   - Provider name and NPI
   - Patient chief complaint
   - Clinical presentation of patient
   - Stabilization for transfer
   - Care coordination information

3. VA will generate a Preliminary Fee Remittance Advice Report (PFRAR) supplying claims data and reasons for disapproval and/or payment amounts.

4. Veterans will receive a claims letter for emergency care received.

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

- VA is required to bill OHI including policies held by a Veteran’s spouse for medical care, supplies, and prescriptions provided for treatment of Veterans non-serviced connected conditions.

- For VCP:
  - Community providers are responsible for billing
  - Community providers cannot bill Medicare, Medicaid, and TRICARE
  - Veterans are not responsible for Medicare, Medicaid or TRICARE cost-shares

**OHI Sources**

**Private Insurance**
- Commercial policies

**Public Insurance**
- Medicare
- Medicaid

**Government Plans**
- TRICARE
- CHAMPVA
Service-Connected Conditions and Special Authority

Service - Connected Conditions

• Service-Connected (SC) refers to the Veterans Benefits Administration determination that a illness or injury was incurred in or aggravated by military service.
• Non-Service Connected (NSC) refers to conditions not related to military service.

Special Authority Eligibility

• Veterans are eligible for cost-free medical care for conditions that have been adjudicated as special treatment authorities related to specific exposures or experiences.

  – Agent Orange (AO)
  – Camp Lejeune (CL)
  – Ionizing Radiation (IR)
  – Military Sexual Trauma (MST)
  – Project Shipboard Hazard and Defense (SHAD)
  – Head and Neck Cancer
  – Combat Veteran (CV)
  – Southwest Asia Conditions (SWA)
A PFRAR provides claim data, payment amounts, and reasons for disapproval.
PFRARs generate automatically during the payment process.
Providers should receive PFRARs within one week of a claim being processed.

**Note:** If you have not received a PFRAR, please follow-up with your Billing or Collections department first before contacting the local VA health care facility.
How to Read Preliminary Fee Remittance Advice Report – CMS-1500

| VA facility that processed the claim. All claims and questions should be directed to this location. |
| Information on file for your office. Please make sure this information is correct and current. |
| Patient identification information. |
| Claim information. |
| Total to be paid by VA for claims listed on this PFRAR. |
| Explanation of claim adjustment codes used by VA that are particular to this claim. |

### Preliminary Fee Remittance Advice Report
(Not an official payment document. Please forward to the Accounts Receivable department.)

**Patient:** VACCK PATIENT  
**SSN (last 4 digits):** ####  
**Program:** Authorized  
**Claim ID:** ####  
**Claim Adj Codes:**

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**Claim Totals:**  
135.00 $74.77

### Totals for Facility BUTLER  
135.00 $74.77

Grand  
135.00 $74.77

Payment by VA constitutes payment in full. The veteran may not be billed for any services covered by VA’s authorization.

Legend [ ]
How to Read Preliminary Fee Remittance Advice Report – UB04

2/6/2013

(Final document. Please forward to the Accounts Receivable department.)

FBCS VA FACILITY
1234 ABC DRIVE
ALTOONA, NJ 11111 [originating VA Facility]

AS HOSPITAL
666 PARIS STREET
LEWISTON, WI 22222 [claimant / vendor]

Facility: BUTLER

Patient: VACCY PATIENT MSSN (last 4 digits): ####

Period: 12/19/2012 to 12/19/2012 Program: Mill Bill Claim ID: ####

Claim Adjust Code: CR-110, CR-161,

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Claim Totals: $1,257.50 $0.00

Totals for Facility BUTLER $1,257.50 $0.00

Grand Total: $1,257.50 $0.00

Payment by VA constitutes payment in full. The veteran may not be billed for any services covered by VA’s authorization.

Legend:

CR-1 10 = The Veteran was not treated for a service-connected disability or a condition to be adjunct to a service-connected disability.
CR-1 61 = Our records indicate the veteran has other insurance.
CE-CW7001 = (50)(MN-LCD) Procedure is not medically necessary based on the primary diagnosis code selected. Procedure - 83880
CE-CW6001 = (50)(MN-LCD) Procedure is not medically necessary based on the primary diagnosis code selected. Procedure - 83880
CE-CW7001 = (50)(MN-NCD) Procedure is not medically necessary based on the primary diagnosis code selected. Procedure - 86510
CE-CW7001 = (50)(MN-NCD) Procedure is not medically necessary based on the primary diagnosis code selected. Procedure - 85730

VA facility that processed the claim. All claims and questions should be directed to this location.

Information on file for your office. Please make sure this information is correct and current.

Patient identification information.

Claim information.

Claim adjustment codes.

Total to be paid by VA for claims listed on this PFRAR.

Explanation of claim adjustment codes used by VA that are particular to this claim.
The Vendor Inquiry System (VIS) is a web-based application that allows registered users to access payment information on the Internet. To register visit, https://www.vis.fsc.va.gov/.
Prescriptions Written by Community Providers

- VA will fill prescriptions prescribed by a community provider only if all of the following criteria are met:
  - Veteran is enrolled in VA health benefits
  - Veteran has an assigned a Primary Care Provider
  - Veteran provided VA provider with their medical records from the community provider
  - VA provider agrees with the medication prescribed by the community provider


- Under VCP and PC3 community providers can issue a prescription with up to a 14 day supply.
  - If a Veteran goes to a local pharmacy they must pay for the medicine out of pocket and submit a reimbursement request to the VA Medical Center.

Note: VA is under no obligation to prescribe a medication recommended by a non-VA provider.
Community Care Provider Website Link:
https://www.va.gov/PURCHASEDCARE/index.asp
Claims Processing Point of Contacts

For additional questions, the following contacts can respond to your questions.

Joe Enderle, Director, VACC, Claims Adjudication and Reimbursement
• (303) 370-5088
• Joseph.Enderle@va.gov

Cindy Heaton, Deputy Director, Claims Adjudication and Reimbursement
• (406) 461-5971
• Cindy.Heaton@va.gov

Rob Morales, Regional Officer, Region 2
• 727.575.8120 (office)
• 813.541.4726 (mobile)
• Roberto.Morales2@va.gov

Provider Relations Email: Provider.Response@va.gov
Chief Business Office Purchased Care (CBOPC) Website: http://www.va.gov/purchasedcare/
• For community provider fact sheets and guidebooks.

Veterans Choice Program Website: http://www.va.gov/opa/choiceact/
• For more information on how to become a Choice Program and/or Patient-Centered Community Care (PC3) provider.