

VA Community Care Provider Brief

Veterans Health Administration

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Reimbursement

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Agenda

What is VA Community Care?

Review the Veterans Care Journey

How to Partner with VA

Review Referral and Preauthorization

Review Claims Submission and Payment Process

Additional Resources by Topic

Review VHA Community Care Contact Information

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 overtime.

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.

Our Goal for VA Community Care

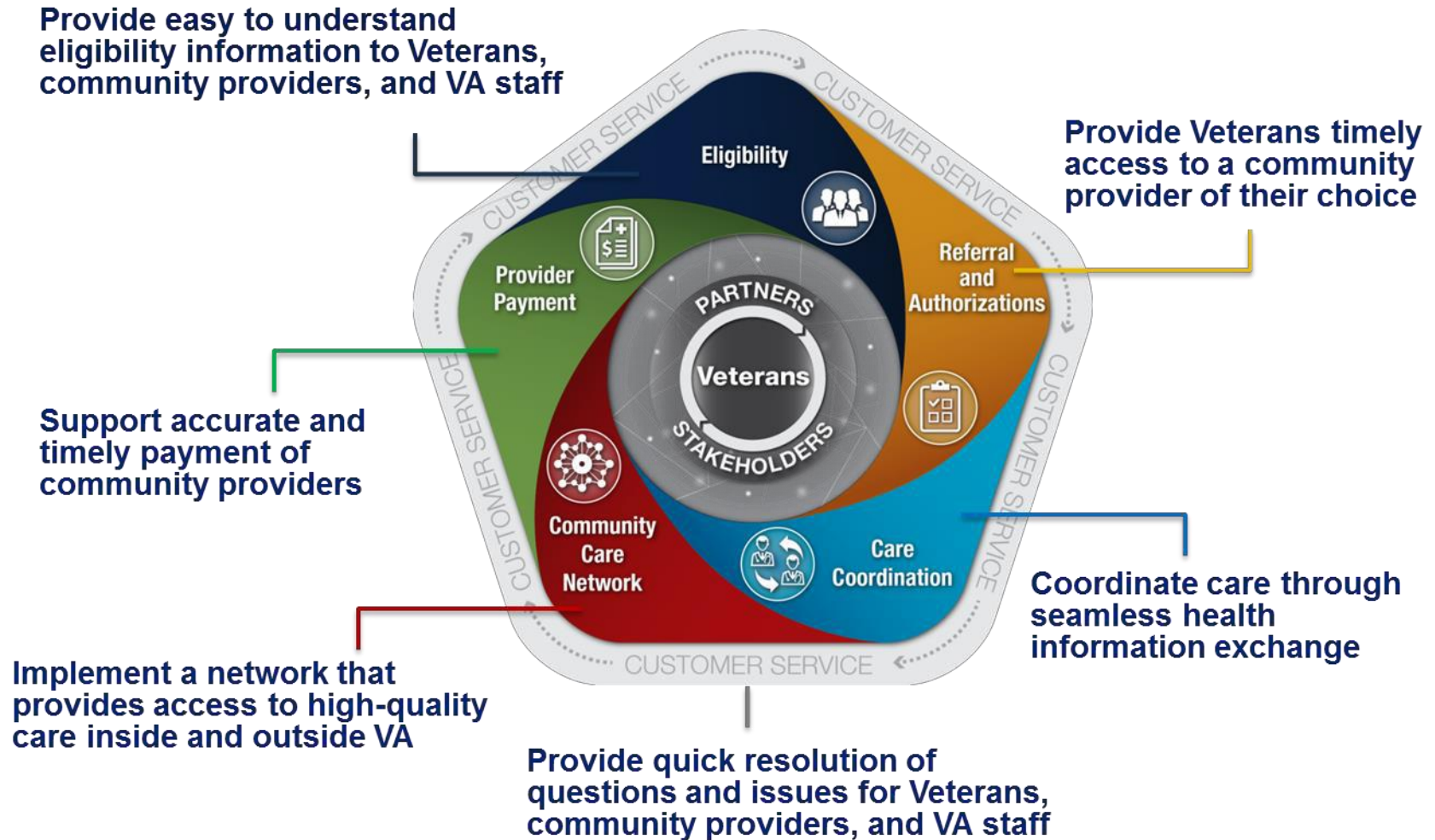
Deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA Staff

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.



Five Key Components Trace the Veteran Community Care Journey



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.

VA Community Care Network



- 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.

Community Care Preauthorization Forms – VCP/PC3

Veterans Choice Program/Patient-Centered Community Care

TriWest Healthcare Alliance		1-866-696-8198 www.TriWest.com	
Provider's Name	To: <input type="text"/>	Veteran Name:	<input type="text"/>
Provider's Fax Number	Fax: <input type="text"/>	Last 4 of SSN:	<input type="text"/>
Provider's Phone Number	Phone: <input type="text"/>	Veteran DOB:	<input type="text"/>
	RE: Veteran and Authorization Information – CHOICE	Authorization Number:	<input type="text"/>
		Appointment Date:	<input type="text"/>

			
U.S. Department of Veteran Affairs – Veterans Choice Program			
Provider's Fax Number	Fax: <input type="text"/>	From:	Health Net Federal Services
Veteran's Name	Re: <input type="text"/>	Date:	<input type="text"/>
Provider's Name Street Address City, State Zip Code	To: <input type="text"/> <input type="text"/> <input type="text"/>	Auth:	<input type="text"/>

VCP Provider Agreement

Reporting Fields for VA Use Only	NOTE DATED:	
	LOCAL TITLE:	
	STANDARD TITLE:	
Date & Time of Visit	VISIT:	
 Department of Veterans Affairs VETERANS CHOICE PROVIDER AGREEMENT AUTHORIZATION VA-FORM 10-0386a 		
Date, Time & Reason for Visit	Reason for Use of Provider Agreement:	
Name of Community Provider	Community Provider Name(s):	
Number Generated to Track Authorization	Authorization Number:	
Name of Requesting VA Provider	VA Ordering Provider:	

Community Care Preauthorization Forms – Traditional Community

Outpatient Form 10-7079

Department of Veterans Affairs						ID Card Number:
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name		(2) ID Number	Period of Validity			
Veteran's Name			FROM: TO:			Authorization Period for Episode of Care
(3) ADDRESS		DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)			
Veteran's Address			Description of Veteran's Service-connected Condition			
Name and Address of Fee Participant						
Community Care Provider's Name & Address		REFERRING PROVIDER:				Referring Provider's Name
		NPI:				National Provider Identifier (NPI) Number
		AUTHORIZATION #:				Number Generated to Track Authorization
AUTHORIZATION REMARKS						
Supplemental Clinical Information						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
STATION OF JURISDICTION				(11) CODE	(12) SEX	

Community Care Preauthorization Forms – Traditional Care

Inpatient Form 10-7078

Department of Veterans Affairs AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES

Name & Address of Authorizing VA Office	Issuing office	1. Date of Issue	Issued Date of Authorization
		2. Veteran's Name	Veteran's Name
Requesting VA Provider Name, Address, & ID #	Name of Physician or Station	3. Address	Veteran's Address
		4. Veteran's Claim No. SS	Veteran's Social Security Number
National Provider ID #	Name of VA Referring Provider	4A. SSN	Authorization Period for Episode of Care
		5. Authorization valid From To	
PART 1. - SERVICES AUTHORIZED			
Authorized Services	6. Services shown below are authorized for the period indicated in Item 5 above.		7. Fee
Indicates VA Payment Rate	8. Fee Schedule or Contract	9. Authority	10. Estimated Amount
	11. Fiscal Symbols	12. Authorized by (Name and Title)	
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			

VA Use Only VA Use Only Local VA Authorizing Official

Amount from Cost Estimation Tool

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

HealthNet

Visit <http://www.changehealthcare.com/solutions/providers> to register with Change Healthcare.

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

TriWest

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

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

VCP Provider Agreements & Traditional Community Care

To register for Change Healthcare' EDI , visit <http://www.emdeon.com/contactform/> or Call 1-877-363-3666

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.

Where to Mail a Claim

Health Net

VETERANS CHOICE PROGRAM – VACAA

PO Box 2748
Virginia Beach, VA 23450

PATIENT-CENTERED COMMUNITY CARE (PC3)

PO Box 9110
Virginia Beach, VA 23452

TriWest

VETERANS CHOICE PROGRAM AND PC3

WPS-VAPC3
PO Box 981646
El Paso, TX 79998-1646
Note: Must use form CMS 1500 or UB04.

Where to Mail a Claim

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.

For Additional Support, Contact Instructions



- VA offers multiple resources available such as fact sheets, websites, and hotlines to assist with claims filing.

Where can I find detailed instructions for VCP/ PC3?

Health Net

Call 1-866-606-8198

Open 6:00am–7:00pm EST, Monday through Friday,
excluding federal holidays

OR

Visit [Health Net claims submission provider page](#)

TriWest

Call 1-855-722-2838

Open 8:00am–10:00pm EST, Monday through Friday,
excluding federal holidays

OR

Visit [TriWest Claims and Reimbursement Quick Reference Guide](#)

Where can I find detailed instructions for VCP Provider Agreements and Traditional Care?

For information on authorizations, call the number indicated on your authorization letter/form.

OR

For information on claims payments, visit

http://www.va.gov/PURCHASEDCARE/programs/providerinfo/provider_info_claimsPay.asp.

Top 5 Reasons a Claim is Rejected or Denied

• REJECTS

Rank	Code	Reason/Detail
1	18	Duplicate of a claim processed, or to be processed.
2	252	Medical Records - not received or are insufficient to determine decision of payment
3	16	Billing/Coding Error
4	22	Contractor Billed to VA in Error – submit claim to Tri-West or Healthnet
5	197/198	No Authorization – authorization absent or exceeded

• DENIALS

1	Code	Reason/Detail
1	29	Past Timely Filing
2	197/198	No Authorization
3	40	Non Emergent Care
4	A1	VA Available
5	A1	No Treatment in Past 24 months

Top 10 Reasons a Claim is Rejected-VCP/Choice

Rank	Code	Reason/Detail
1	65/159/177	Duplicate claim – Previously processed.
2	78	EOB from other insurance required – CBOPC secondary payer. (Enclose this form when resubmitting claims)
3	124	Claim not timely filed. (See applicable Program Guide.)
4	278	Multiple primary insurance coverage. Please resubmit EOBs from each payer.
5	148	Claim denied – Chiropractic services not covered.
6	137	Beneficiary not eligible on date of service claimed.
7	224	Must provide medical history/documentation to support treatment.
8	218/220	Clarification of OHI information required. Certification sent to beneficiary.
9	27	Not a covered service and/or benefit for diagnosis listed.
10	391	ICD diagnostic code(s) missing/unreadable/ invalid. Resubmit with this form.

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 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

- 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)

Preliminary Fee Remittance Advice Report

- 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.

Preliminary Fee Remittance Advice Report							2/6/2013
(Not an official payment document. Please forward to the Accounts Receivable department.)							
FBCS VA FACILITY 1234 ABC DRIVE ALTOONA, NJ 11111							
AS HOSPITAL 565 PARIS STREET LEWISTON, WI 22222							
Facility: BUTLER							
Patient: VACCK PATIENT		SSN (last 4 digits): ####					
Program: Authorized		Claim ID: ####		Claim Adj Codes:			
DOS	POS	CPT	Diags	QTY	Billed	Paid	
10/31/2012	22	99214	722.83, 724.2, V45.89	1	135.00	\$74.77	
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:							

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

2/6/2013

(Not an official payment document. Please forward to the Accounts Receivable department.)

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

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

Facility: BUTLER

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

DOS	POS	CPT	Diags	QTY	Billed	Paid
10/31/2012	22	99214	722.83, 724.2, V45.89	1	135.00	\$74.77
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

Preliminary Fee Remittance Advice Report

(Not an official payment document. Please forward to the Accounts Receivable department.)

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

AS HOSPITAL
565 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 Adj. Codes: CR-110, CR-161,

DOS	Rev. Code	Prim. Diag.	Adm. Diag.	QTY	Billed	Paid	Adj. Codes
12/19/2012	0250	493.90		1	\$100.50	\$0.00	
12/19/2012	0300	493.90		1	\$70.00	\$0.00	
12/19/2012	0300	493.90		1	\$19.00	\$0.00	CE-CW7001
12/19/2012	0300	493.90		1	\$29.00	\$0.00	CE-CW7001
12/19/2012	0301	493.90		1	\$15.00	\$0.00	
12/19/2012	0301	493.90		1	\$35.00	\$0.00	
12/19/2012	0301	493.90		1	\$48.00	\$0.00	
12/19/2012	0301	493.90		1	\$58.00	\$0.00	
12/19/2012	0302	493.90		1	\$230.00	\$0.00	CE-CW6001
12/19/2012	0305	493.90		1	\$40.00	\$0.00	
12/19/2012	0324	493.90		1	\$147.00	\$0.00	
12/19/2012	0450	493.90		1	\$368.00	\$0.00	
12/19/2012	0730	493.90		1	\$98.00	\$0.00	CE-CW6001

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-110= The Veteran was not treated for a service-connected disability or a condition to be adjunct to a service-connected disability.
CR-161= Our records indicate the veteran has other insurance.
CE-CW6001= (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 - 93005
CE-CW7001= (50)(MN-NCD) Procedure is not medically necessary based on the primary diagnosis code selected. Procedure - 85610
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.

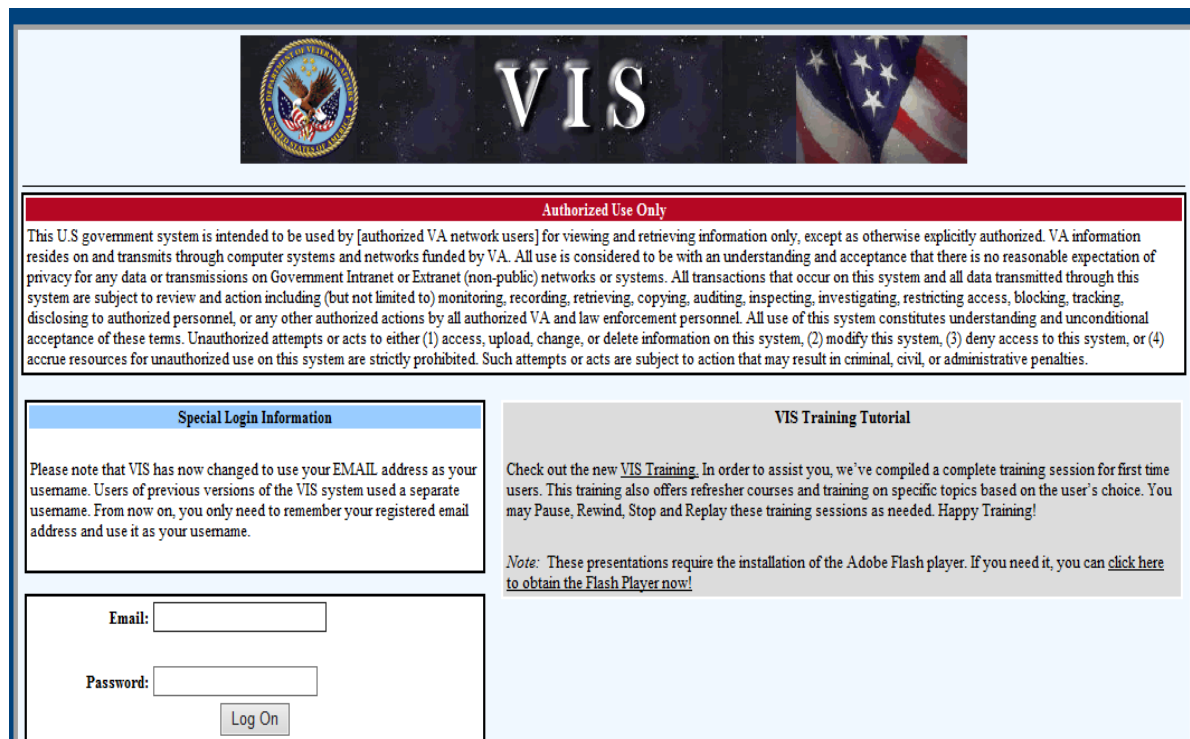
Claim adjustment codes.

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.

Track VA Invoices

- 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/>.



Authorized Use Only

This U.S government system is intended to be used by [authorized VA network users] for viewing and retrieving information only, except as otherwise explicitly authorized. VA information resides on and transmits through computer systems and networks funded by VA. All use is considered to be with an understanding and acceptance that there is no reasonable expectation of privacy for any data or transmissions on Government Intranet or Extranet (non-public) networks or systems. All transactions that occur on this system and all data transmitted through this system are subject to review and action including (but not limited to) monitoring, recording, retrieving, copying, auditing, inspecting, investigating, restricting access, blocking, tracking, disclosing to authorized personnel, or any other authorized actions by all authorized VA and law enforcement personnel. All use of this system constitutes understanding and unconditional acceptance of these terms. Unauthorized attempts or acts to either (1) access, upload, change, or delete information on this system, (2) modify this system, (3) deny access to this system, or (4) accrue resources for unauthorized use on this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

Special Login Information

Please note that VIS has now changed to use your EMAIL address as your username. Users of previous versions of the VIS system used a separate username. From now on, you only need to remember your registered email address and use it as your username.

Email:

Password:

VIS Training Tutorial

Check out the new [VIS Training](#). In order to assist you, we've compiled a complete training session for first time users. This training also offers refresher courses and training on specific topics based on the user's choice. You may Pause, Rewind, Stop and Replay these training sessions as needed. Happy Training!

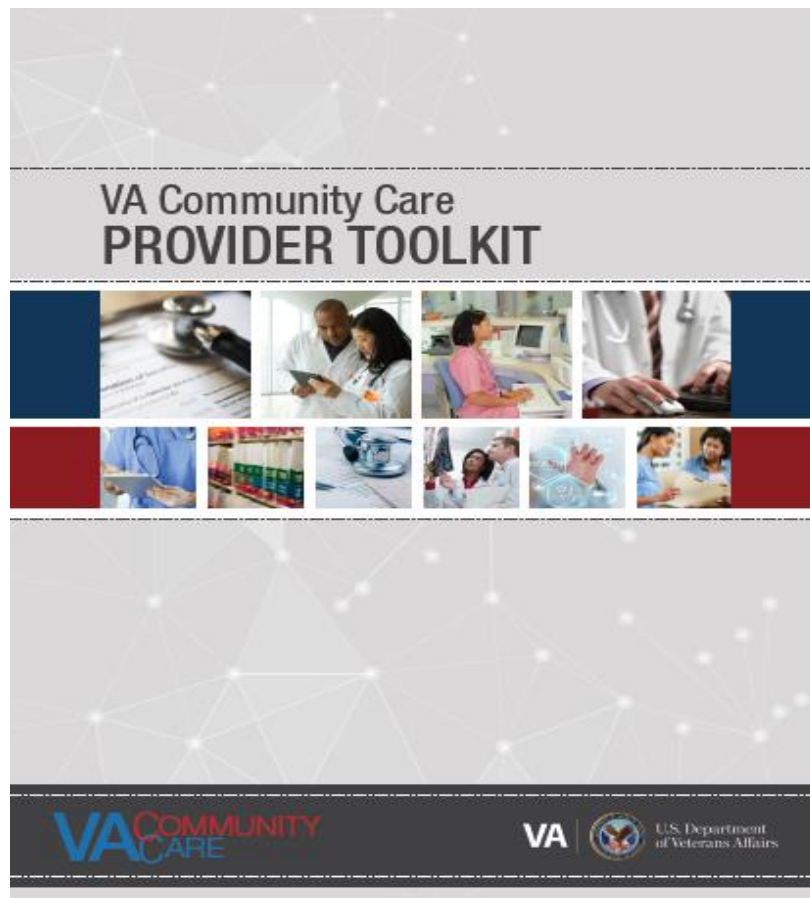
Note: These presentations require the installation of the Adobe Flash player. If you need it, you can [click here to obtain the Flash Player now!](#)

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
- Prescriptions must meet the VA Formulary guidelines, available at <http://www.pbm.va.gov/NationalFormulary.aspx>.
- Under VCP and PC3 community providers can issue a prescription with up to a 14 day supply.
 - If a Veterans 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.

Provider Toolkit



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

Additional Resources

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.