



Referral process





Key points

- Department of Veterans Affairs (VA) approves services for a Veteran to receive care through the Community Care Network (CCN) when VA cannot provide the care needed.
- CCN providers must receive a referral prior to treating a Veteran with the exception of emergency room care and urgent care benefits administered by Optum.
- As VA CCN is implemented, it is imperative that registration and billing staff are aware of the appropriate third-party administrator (TPA) to bill and be paid quickly.
- To verify the status of a referral, access HealthShare Referral Manager (HSRM), the provider portal at provider.vacommunitycare.com > Medical/Behavioral Provider or call CCN Provider Services for your region.

VA CCN referral process overview

Referrals are an important part of delivering care to Veterans as part of VA CCN. Referrals validate a Veteran's eligibility and authorize services and procedures that can be performed by a CCN provider. It is the responsibility of the provider to ensure there is an approved referral before providing care or services to a Veteran.

Receiving a referral

			
Eligibility	VA contacts CCN provider	Schedule appointment	Reviews consult order
VA confirms a Veteran's eligibility to receive Community Care	VA requests CCN provider accept referral and confirms provider's preferred method to receive referral.	Veteran or VA staff member schedules appointment with a CCN provider	Provider reviews consult order included with the approved referral for services being requested by VA

Upon a CCN provider accepting a referral from VA, an approved referral packet will be sent, using the provider's preferred method to receive it. Options for preferred methods are:

- HealthShare Referral Manager (HSRM)
- Secure fax
- Secure email
- Direct messaging



CCN providers can find more information about the methods directly from VA at va.gov/COMMUNITYCARE/providers/index.asp.

Included in a Referral Packet

The referral packet will contain:

- VA facility contact information
- Referral number
- Issue and expiration dates
- Services authorized
- Category of care or subspecialty
- Standardized Episode of Care (SEOC)
- Billing information

Referral Example:

		<p>U.S. Department of Veterans Affairs</p>	<p>VA Form 10-7080 - Approved Referral For Medical Care</p>
<p>Veteran Name: Jane Doe Veteran ICN: 1234567890V123456 Veteran EDIPI: 123456 Veteran Date of Birth: 00/00/1901 Veteran Address:RD Springfield, VT 05156 Veteran Phone Number: 999-999-9999</p>		<p>Referral Number: VA0000012345 Priority: Routine Referral Issue Date: 2019-02-28 Expiration Date: 2019-10-18 First Appointment Date:</p>	
<p>Referring VA Facility: White River Junction VA Medical Center VA Telephone Number: 800-XXX-1212 ext 6060</p>			
<p>Initial Community Care Provider/Facility: WE CARE HOSPITAL PROF FEES Initial Provider Location: WE CARE HOSPITAL PROF FEES-999 MAIN ST, SPRINGFIELD, VT, 012345-22 510000X Provider Name (if known): SHANNON DOE Community Provider NPI: 1111111111</p>			
<p>Any claim related to this episode of care MUST INCLUDE THE APPROVED REFERRAL NUMBER on the EDI transaction as the Referral Number or Prior Authorization number.</p>			
<p>Please see below for Additional VA Referring Facility Information and Billing Information</p>			
<p>Pertinent Clinical Information</p>			
<p>Please refer to your referral package for additional clinical consult information.</p>			
<p>Provisional Diagnosis: M797 Fibromyalgia</p>			
<p>Services Authorized</p>			
<p>Service Requested: Physical Therapy SEOC 1.0.4</p>			
<p>Category of Care: PHYSICAL THERAPY</p>			
<p>Procedural Overview – Standardized Episode of Care (SEOC)</p>			
<p>Physical Therapy SEOC 1.0.4</p>			
No.	Service/Procedure		No. Visits Authorized
1.	Physical therapy evaluation and treatment for the referred condition on the consult. It is expected that a standardized outcome questionnaire be completed at initial, additional visit requests, and discharge be complete.		999
2.	Physical Therapy: A maximum of fifteen (15) visits are approved for this episode of care related to the referred condition on the consult. Approved modalities to help restore muscle function that can be utilized during		15
3.	Equipment Fitting/Instruction (i.e. TEMS unit instruction, brace fitting as provided, or approved by VA to be dispensed): A maximum of 3 visits for issuance, education, and follow up as ordered.		3

Note: The expiration date is subject to change, based on the first appointment to allow for the complete timeframe from appointment to expiration date. When recalculated, a new referral is not issued; however, the provider will be able to see the update in HSRM or the provider portal.

Standardized Episode of Care (SEOC)

A SEOC indicates a set of services and procedures that relate to a specific category of care or subspecialty that is already approved for the Veteran, if medically necessary. The SEOC also indicates the number of visits that are authorized. If a service or procedure states that the number of visits authorized is 999, this indicates there is not a standard number of visits. Use clinical judgment to evaluate and treat the Veteran.

During the COVID-19 public health emergency, VA will allow providers to care for CCN patients through telehealth and telephonic consults, when clinically appropriate and with an approved referral from a VAMC.

For additional details, please see the [Treating Veterans during the COVID-10 Public Health Emergency](#) reference document at provider.vacommunitycare.com.

SEOC Example:

Procedural Overview – Standardized Episode of Care (SEOC)		
Physical Therapy SEOC 1.0.4		
No.	Service/Procedure	No. Visits Authorized
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With an approved referral, VA is always primary, and claims should be submitted to Optum. If a Veteran has other health insurance, please see va.gov/COMMUNITYCARE/providers/PRCT_requirements.asp for additional information.

Request for Services

Providers must submit a Request for Service (RFS) form 10-10172 to VA, when a need is identified for additional care that falls outside of the original referral and SEOC, or if there is a need to extend the duration of the referral. This form can be uploaded into HSRM or sent to VA through secure email or secure fax and must include the provider signature. VA will process all requests within 3 business days and the provider will be notified of the decision or outcome through their preferred method of communication. The notification will also indicate if the care will be provided within VA or in the community. This form is also used for DME, medical devices, orthotics, prosthetics, eyeglasses and oxygen requests.

When it is necessary for a CCN provider to refer care to another provider for services on the approved referral and SEOC, the referring provider must call CCN Provider Services for your region to verify participation status and confirm they are referring to an in-network CCN provider. To ensure timely claims processing, the referring provider shall forward the approved referral, including the referral number, to the referred provider.

CCN providers can find more information at Optum VA Community Care Network provider portal, provider.vacommunitycare.com > Training & Guides.

Emergency department

Veterans are allowed to seek emergent medical care in a VA CCN emergency department without a referral. VA should be notified within 72 hours of a Veteran presenting to a community emergency room for care. Case specific details are needed for care coordination and eligibility determinations. Use the following options to notify VA:

- **Emergency Care Reporting (ECR) portal:**
<https://www.EmergencyCareReporting.CommunityCare.va.gov>
- **Phone:** 844-72HRVHA (844-724-7842)

Additional information on emergency care, including case specific information required, is on VA's community care website at

[va.gov/COMMUNITYCARE/providers/info_EmergencyCare.asp](https://www.va.gov/COMMUNITYCARE/providers/info_EmergencyCare.asp).

Providers that perform dental services

It is important for providers that are performing dental services to recognize the difference between a medical and dental referral. A dental referral is identified by the category of care of dental with a dental SEOC. A medical referral is identified by a medical SEOC. CCN providers can find information regarding appropriate billing and reimbursement for medical and dental services in the VA CCN Provider Manual at provider.vacommunitycare.com > Training & Guides.

Identifying Optum as the third-party administrator

Referrals for authorized care from VA may show one of three different networks:

- Optum – CCN (Community Care Network for Regions 1, 2 and 3)
- TriWest – PC3 (Patient-Centered Community Care)
- VA – VCA (Veterans Care Agreement)

As VA CCN is implemented, it is imperative that registration and billing staff are aware of the appropriate TPA to bill and be paid quickly.

On the **VA CCN referral**, look for the following **Affiliations** and **Networks** specific to the VA CCN Region signifying that Optum is the third-party administrator:

Affiliations:	Network:
• CCN1	• CC Network 1
• CCN2	• CC Network 2
• CCN3	• CC Network 3

REFER ALL QUESTIONS RELATED TO THIS APPROVAL TO THE ISSUING VA OFFICE

Referring VA Facility: White River Junction VA Medical Center
Station Number: 405
Ordering Officer: Terri Doe
Telephone Number: 802-XXX-9363 ext 6060
Address: 163 Veterans Drive WHITE RIVER JUNCTION VT 05001
Referring Provider: LYNN DOE
Unique Consult No: 405_1674357
Program Authority: Authorized/Pre-authorized VA Referral (not otherwise specified)- 1703
Affiliation: CCN1
Network: CC Network 1

More Information and Training

Providers participating in VA CCN can find more information at provider.vacommunitycare.com > Training & Guides.

CCN providers will find:

- VA CCN Provider Manual
- Self-service resources and educational videos
- Resources and tools to view and manage referrals