

2021 VA CCN Provider Manual Updates

The [VA CCN Provider Manual](#) is available at provider.vacommunitycare.com > Training & Guides > VA CCN Provider Manual and Resources for Medical/Behavioral Providers. This document provides a summary of key updates made to the VA CCN Provider Manual.

Be sure to read the Provider Manual in full for more complete information on the various updates listed here and to ensure compliance with applicable requirements.

July 1, 2021, Updates Summary

Health Care Management:

Updated:

- Clinical Quality Management (CQM) process updated in accordance with the Provider Agreement and VA requirements.
- High Performing Provider measures updated in accordance with VA requirements.

Added:

- If a VA CCN provider is not designated as a High Performing Provider or Center of Excellence, this does not mean the provider/institution does not provide quality care. Some providers/institutional providers will not be evaluated.
- Provider credentialed specialties that may qualify for High-Performing Provider designation.

Apr. 1, 2021, Updates Summary

Covered Services:

Added:

- COVID-19 vaccinations are a covered service with an approved referral, an UCERN for urgent care or at an in-network pharmacy. COVID-19 vaccinations will be administered in accordance with local, state or territorial vaccination plans.

Updated:

- If care outside of what is identified on a referral or SEOC is needed within 48 hours, contact the VA Medical Center on the approved referral instead of completing a Request for Service form.
- Following verification of Veteran eligibility and issuance of an Urgent Care Eligibility Record Number (UCERN) it may take up to one hour from the creation of UCERN for authorization to appear in the pharmacy claim system.

Removed:

- Reference to medications that require prior authorization. Providers should only prescribe medications listed on the urgent/emergent formulary.

Provider Responsibilities

Updated:

- VA CCN provider directory is available at: <https://www.va.gov/find-locations>.
- Instructions for UnitedHealthcare providers to update demographic information.
- Optum may reimburse out of network providers when services provided that are included in referral and SEOC issued to an in-network provider.

Referrals:

Added:

- Optum is assisting select VAMCs with appointment scheduling. Providers may be contacted by VA or Optum to request acceptance of a referral and schedule an appointment. A Veteran may also choose to contact the provider directly to schedule an appointment.

Updated:

- Emergency Department provider must notify VA Emergency Care Centralized Notification Center within 72 hours of Veteran arriving. As of Mar. 1, 2021, VA is assigning a notification identification number during emergency notification submission. VA will communicate an authorization decision using encrypted email and the notification identification number provided during submission.

Health Care Management:

Added:

- Provider specialties that may qualify for High-Performing Provider designation.
- Resources for improving Quality Improvement performance measures.

Updated:

- Institutional Providers Measures.
- Optum is not authorized to reimburse providers for collection, copying or mailing medical records.

Reimbursement and Claims Process:

Added:

- Claims inquiries where the provider believes the claim was incorrectly paid must be submitted by mail or fax within 12 months after the claim was initially processed. New address and fax number to submit inquire provided.

Updated:

- A claim must be submitted to Optum for payment within 180 days from when it was first denied by VA, or another VA Third Party Administrator. If the claim was submitted to any other payer, the claim must be submitted to Optum within 180 days of the date of service or discharge.

Jan. 4, 2021, Updates Summary

Overview:

Updated:

- The provider manual will be updated quarterly, and off-cycle updates will be made as determined by Optum.

Referrals:

Added:

- When VA issues an approved referral and SEOC to a Home Health Care Agency a Veteran does not need to meet Medicare home-bound criteria and face-to-face requirements.

Updated:

- Emergency department must notify VA online or by phone within 72 hours of the Veteran presenting to the emergency department.

Reimbursement and Claims Process:

Updated:

- VA fee schedule will move to a calendar year update and apply CMS locality.
- VA has updated the definition of a clean claim.

Provider Training and Resources:

Added:

- HSRM training and resources available at https://www.va.gov/COMMUNITYCARE/providers/Care_Coordination.asp