

# VA CCN Provider Newsletter

Supporting Regions 1, 2 and 3 of the VA Community Care Network

## Commonly Asked Credentialing Questions

All providers caring for Veterans through the Veterans Affairs Community Care Network (VA CCN) must be credentialed. Below are some questions related to the credentialing process.



### Do all providers in a practice need to be credentialed?

**Yes.** Any provider who wishes to see Veterans through CCN will need to be credentialed prior to providing services. You can also access additional [information](#) on credentialing on Optum's VA Community Care portal.

### How long does it take to get providers, new to the practice, credentialed?

**The timing to complete the credentialing process can vary.** To help with timely processing, it is important to supply all requested information and supporting documentation.

### Do I have to be recredentialed?

**Yes.** All CCN providers are recredentialed within 36 months of your previous credentialing cycle.

### We have a new provider in our practice. Can they see Veteran patients under CCN and bill through a credentialed provider?

**No.** Any provider who wishes to see Veterans through CCN will need to be credentialed prior to providing services.

For information about the credentialing process with VA CCN, please contact the appropriate network based on your provider type:

Network	Provider Type	Website or Email Address
UnitedHealthcare	Medical professionals, facilities and ancillary providers	<a href="https://UHCprovider.com/Join">UHCprovider.com/Join</a>
United Behavioral Health	Mental health and substance abuse	<a href="https://providerexpress.com">providerexpress.com</a> > <a href="#">Our Network</a>



## Are You Ready for an Audit?

All VA CCN providers submitting claims for reimbursement are subject to post-pay audits to validate the services billed. As a participating provider, you are required to maintain medical, financial and administrative records related to the covered services that are rendered. When a request for records is received, submitting an adequate medical record is vital for validation of services.

### Would your records pass?

An adequate medical record should give a pertinent chronological report of the Veteran's course of care and should reflect any change in condition and the results of treatment. All records must be legible, complete, dated, timed and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided. All significant information pertaining to a patient should be incorporated into the patient's medical record. These requirements apply to all providers regardless of the level of service provided.

The lack of pertinent information makes it impossible to determine critical information such as the patient's clinical condition, treatment rendered, quality and effectiveness of the care provided, or the identity and qualifications of the staff providing treatment services. Without this information, the service(s) cannot be validated, they are not covered for reimbursement and are subject to recoupment. Please make sure your records are in compliance.

### Updated Request for Service (RFS) Form

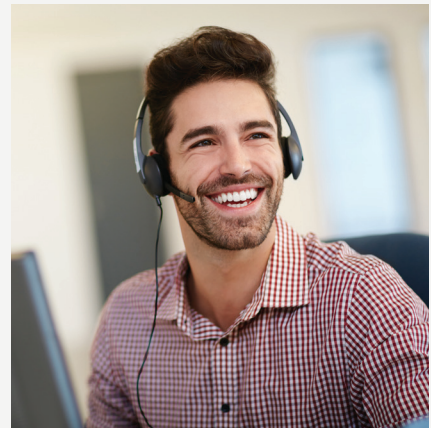
Please note, the VA has updated the Request for Services (RFS) form. The [new form](#) is located on the portal at [vacommunitycare.com/provider](http://vacommunitycare.com/provider).

## Quality Corner

### Why providers might receive requests for medical documentation?

Providers may receive requests for medical documentation from Optum's VA CCN Clinical Quality Management (CQM) team for any of the following reasons:

- Clinical quality studies are being conducted on topics impacting the Veteran population.
- There are quality of care or patient safety concerns surrounding an episode impacting a Veteran in which the documentation is reviewed against the standard of care guidelines.
- Requests for HEDIS® measure data related to specific Veterans.
- Providing information on evidenced-based best practices for Centers of Excellence quality measures.



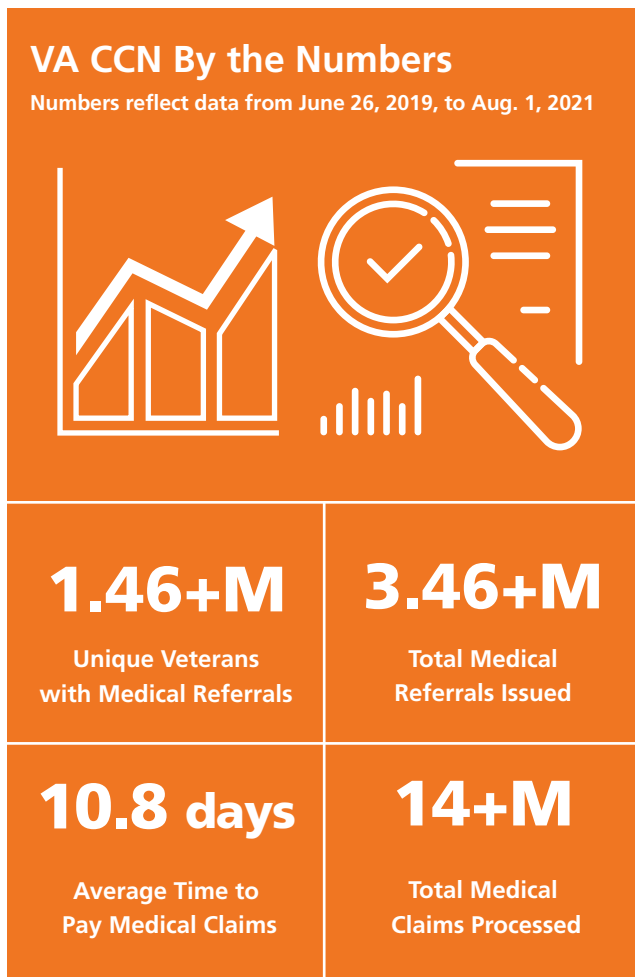
Documentation should be submitted within 30 days for standard requests and 21 days for expedited requests, unless otherwise specified. Optum will follow up either by phone, mail or both at various times within the 21- or 30-day time frame to help ensure records are received in a timely manner.

Medical documentation may be submitted by mail, fax or email as listed in the letter. Following the submission of documentation, providers may receive a request for additional information and/or additional medical documentation for clarification, further investigation or other relevant purposes.

# Find Answers to Frequently Asked Questions When Calling Provider Services

Below are some of the common reasons a provider calls VA CCN Provider Services and how you can find supporting information online. See the list below of the most frequently asked questions and where to find the information.

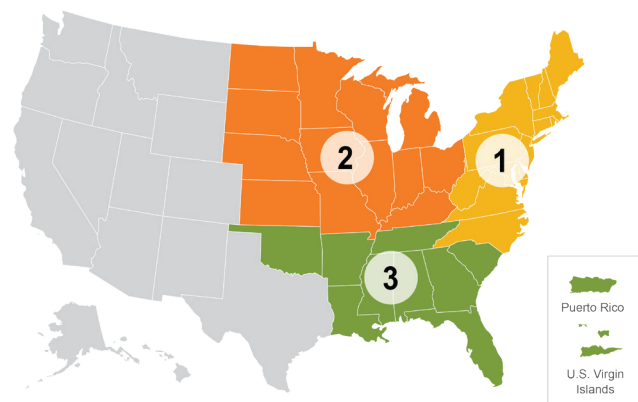
1. **Referral or referral status:** Locate a referral after signing into the medical/behavioral provider portal at [provider.vacommunitycare.com](http://provider.vacommunitycare.com) or HSRM. Referral information and a sample of a referral are available on the [Referral Process](#) document.
2. **Procedure codes:** View the procedure codes included in a Standardized Episode of Care (SEOC) at [va.gov/COMMUNITYCARE/providers/PRCT\\_requirements.asp#list](http://va.gov/COMMUNITYCARE/providers/PRCT_requirements.asp#list).
3. **Claim submission or claim status:** Submission information is available on the [Claims Processing Guidelines](#) document. Check the status of your claim after signing in to the medical/behavioral provider portal at [provider.vacommunitycare.com](http://provider.vacommunitycare.com).
4. **Pharmacy and VA formulary:** Find the VA formulary and pharmacy search at [provider.vacommunitycare.com](http://provider.vacommunitycare.com). Additional details on prescribing medications is available on the [Prescribing Medications for Veterans](#) document.



## Contact Us

For assistance, call VA CCN Provider Services. See the map to determine the appropriate phone number for your region. The call center is open from 8 a.m. to 6 p.m. local time, Monday through Friday, excluding federal holidays. If you prefer, assistance is available through online chat during the same hours at [provider.vacommunitycare.com](http://provider.vacommunitycare.com) > [Medical/ Behavioral Provider](#). General VA CCN information is available in the [VA CCN Provider Services and Resources](#) document.

- Region 1 . . . . . 888-901-7407
- Region 2 . . . . . 844-839-6108
- Region 3 . . . . . 888-901-6613



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