



U.S. Department
of Veterans Affairs

Fact Sheet

Office of Public Affairs
Media Relations

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Veteran Community Care – Veterans Care Agreements (VCAs) VA MISSION Act of 2018

Under the VA MISSION Act, VA may enter into agreements with certain community providers to care for Veterans when they are not part of VA's contracted community care network. Known as Veterans Care Agreements (VCAs), the agreements are intended to be used in limited situations where contracted services through VA's network are either not provided or not sufficient to ensure Veterans can get the care they need.

Under the VA MISSION Act, the Veterans Choice Program (VCP) and VCP Provider Agreements (PA) sunset on June 6, 2019. After June 6, VA may only purchase care for Veterans either through its contracted networks, such as the Patient-Centered Community Care (PC3) network or the Community Care Network (CCN), or by establishing a VCA.

In cases where a VCA is needed to maintain a robust network of community providers, VA is conducting outreach to community providers to establish a VCA to replace traditional community care or VCP provider agreements.

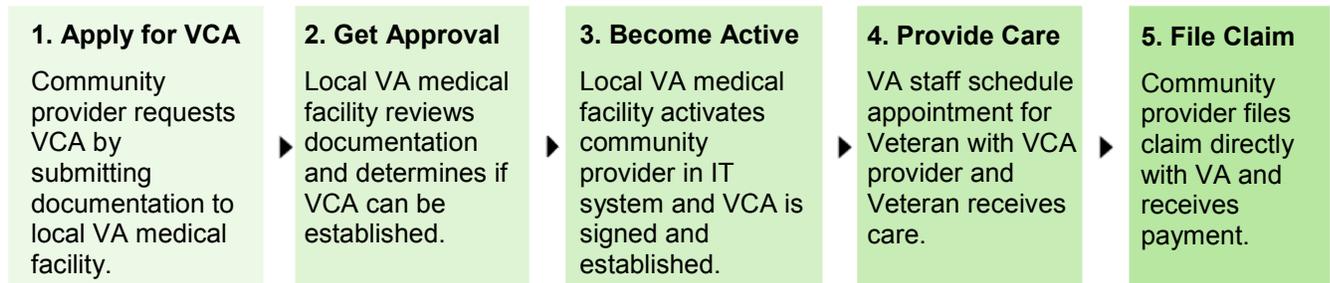
Important: Community providers of dental care, homemaker/home health aide services, Veteran Directed Home and Community Based Health Care (VD-HCBS) or Respite services, must sign a VCA with VA prior to June 6, 2019 to avoid delays in receiving referrals.

Establishing a VCA

Either a community provider or a local VA medical facility may initiate the process for establishing a VCA.

- Providers interested in establishing a VCA should contact their nearest VA medical facility using VA's Provider Locator at the following website: <https://www.va.gov/find-locations>.
- In some cases, local VA medical facilities will reach out to community providers to request that they establish a VCA where there is a need for services not adequately covered through VA's contracted network.

Process Overview



To establish a VCA, community providers must provide the following information to the local VA medical facility community care office. Required information:

- Provider Name and Address
- Tax Identification Number
- Taxonomy
- National Provider Identification Number
- Primary Type of Care Provided
- Other Types of Care Provided
- Copy of State Licensure
- Credentialing policy, if community provider is not a Medicare-certified provider.
- Attestation that community provider is not currently on either of the Office of Inspector General's List of Excluded Individuals/Entities (LEIE) or the System of Awards Management (SAM) database.

After VA receives the request and required documentation, VA has 120 calendar days to process the request.

Certification and Credentialing

Once a VCA is signed, it is active for three (3) years and must be re-certified every 12 months. Community providers must maintain a high level of quality of care performance by staying in compliance with VA's certification standards through the entire length of the agreement.

VA verifies the credentials of licensed medical professionals providing care to Veterans by assessing their background and legitimacy to provide care. To do this, VA normally uses the Centers for Medicare and Medicaid Services (CMS) process to certify CMS-participating providers. Alternatively, VA can use its Interim Certification Process to certify non-CMS participating providers for a VCA until VA establishes a national contract with a Credentials Verification Organization (CVO). The CVO reviews required provider and provider organization documentation and credentials the community providers based on established criteria.

Referrals and Authorizations

Once a VCA is signed, the community provider can begin receiving referrals and authorizations from VA to provide care to Veterans. The referral and authorization contain

the scope of services authorized for the community provider to provide to a specific Veteran.

Important: Veterans must receive approval from VA prior to obtaining care from a community provider in most circumstances.

Referrals and authorizations are sent to community providers through an IT system called HealthShare Referral Manager (HSRM), an electronic community-wide health record. Community providers can also receive referrals and authorizations using secure email, fax, or regular mail.

Claims and Payments

With VCAs, community providers submit claims directly to VA using electronic data interchange (EDI) or by mailing the claim to the address contained within the referral.

Important: Community providers cannot receive payment for care provided to Veterans through a VCA until the VCA is established and signed. VA is not responsible for payments prior to the approval of the VCA.

VA follows Medicare reimbursement rates for all Medicare-recognized services. For non-Medicare recognized services, VA reimburses at the appropriate VA fee schedule or billed charges. VA is responsible for any payment or fee arising from care authorized through VCAs. Community providers cannot collect or seek to collect payments from any entity for VA-authorized care, including from a Veteran or a Veteran's other health insurance.

Community providers can check the status of a claim through VA's Vendor Inquiry System (VIS), located at the following web address: <https://www.vis.fsc.va.gov/login.asp> (registration required). VIS is a web application that allows community providers and other registered vendors to research the status of claims received by VA. This includes information on previous, current, and future payments, and provides the option to check the status of CMS 1500 (HCFA-1500) or CMS 1450 (UB-04) claims forms.

Support

Community providers should contact their local VA medical facility community care office for questions or inquiries about VCAs. To find the nearest VA medical facility, use VA's Provider Locator at the following website: <https://www.va.gov/find-locations>.

Frequently Asked Questions

Q1. For community providers who are part of a group practice, can the group practice sign one VCA for the entire practice? Yes, VCAs may be signed by an entity such as a group practice. The VCA will need to include the National Provider Identification (NPI) numbers of all providers covered under the VCA.

Q2. Under what circumstances would a VCA be terminated? The terms by which a VCA can be terminated are specified in the VCA.

Q3. How often do community providers need to update their information after they establish a VCA? Community providers must submit to VA any changes that may affect their status according to the process specified in the VCA within 10 business days, as outlined in the VCA.

Q4. How do community providers receive referrals through a VCA? Requests for services are made by the VA medical facility to a community provider either through the contract network or an established VCA.

Q5. How do community providers with a VCA resolve a payment dispute? The specific VA medical facility with which a community provider has received the referral or authorization under the VCA is responsible for addressing payment disputes.