COMMUNITY CARE NETWORK (CCN) OVERVIEW
The **Community Care Network (CCN)** is a set of *region-based* contracts to provide health care services in the community through a contractor who **builds** and **credentials** the associated network and **processes claims**.

### Benefits of the CCN:

- **Gives VA control of Veteran care and experience**
  - VA is taking back **scheduling**, **care coordination**, and **customer service** functions

- **Gives VA convenient access to a network of qualified, credentialed providers**

- **Gives VA a streamlined community care processes**
  - by including **more services** under CCN
  - by **no longer** adjudicating claims

Community providers wanting to deliver care to our nation's Veterans can contact:

- **Optum** at [Join Optum VACCN Network](#) or [VACCNProviderContracting@optum.com](mailto:VACCNProviderContracting@optum.com) **(R1, R2, R3)**

- **TriWest** at [https://joinournetwork.triwest.com](https://joinournetwork.triwest.com) or [providerservices@triwest.com](mailto:providerservices@triwest.com) **(R4)**
Veterans, VA staff, and community providers shared challenges they were experiencing with community care programs like PC3/VCP. VA has listened and taken steps to address each of them in the new CCN contracts.

CCN Capabilities

Eligibility

- Contractor attains Veteran opt-in

Referrals & Authorization

- VA sends authorizations to the contractor who then sends them to providers

Care Coordination

- Contractor schedules appointments
- Use of contractor portal for medical documentation exchange

Current State

Future State

- Clear processes for exchanging eligibility information between the contractor and VA
- VA sends referrals directly to providers, with copies sent to the contractor
- All referrals include a SEOC that relates to a specific number of visits and/or services related to a plan of care
- Scheduling occurs locally at the VA
- Veterans may schedule their own appointment or get support from local staff
- Direct health information sharing capability between VA and CCN providers
Veterans, VA staff, and community providers shared challenges they were experiencing with community care programs like PC3/VCP. VA has listened and taken steps to address each of them in the new CCN contracts.

**Current State**

- Adequacy measurements are region-based
- No high performing provider designation
- Poor visibility into network coverage gaps
- VA re-adjudicates claims
- Providers and not paid timely and strained provider relationships
- Lengthy reimbursement process
- Strained provider relationships
- Contractor manages Veterans, providers, and VA touchpoints
- Veteran customer service and experience is inconsistent

**Future State**

- Adequacy measured at VAMC level
- Accreditation standards and high performing provider designation
- Local VAMC participation in network development effort
- More services under the CCN contract than with PC3/Choice
- VA will not re-adjudicate claims
- Contractor pays providers
- 98 percent of clean claims paid within 30 days of receipt
- PMPM Admin Fee
- VA will directly manage Veteran touchpoints
- Contractor supports VA staff and community provider touchpoints
<table>
<thead>
<tr>
<th>Basic Medical</th>
<th>Conditional Benefits</th>
<th>CIHS</th>
<th>Non-Covered</th>
</tr>
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<tbody>
<tr>
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<td>Outpatient Services</td>
<td>Outpatient Services</td>
<td>Dental</td>
<td>Drugs not approved by FDA</td>
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<td>Inpatient Services</td>
<td>Emergent Care</td>
<td>Gender alteration</td>
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<td>DME</td>
<td>Institutionalized Patient care</td>
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<td>Reconstructive Surgery</td>
<td>Spa/Health club</td>
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<td>Surgery</td>
<td>Out-of-network Services</td>
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<td>Immunizations</td>
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<td>Rehab</td>
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<td>Implants</td>
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<td>Home Health</td>
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<td>Skilled Nursing</td>
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<td>Facility Care</td>
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<td>Geriatrics</td>
<td>Geriatrics</td>
<td>In Vitro Fertilization (IVF)*</td>
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<tr>
<td>Long Term Acute Care</td>
<td>Long Term Acute Care</td>
<td>Walk-In Care*</td>
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<td>Maternity and Women’s Health</td>
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<td>Chronic Dialysis</td>
<td>Native American Healing</td>
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<td>Assisted Reproductive Tech*</td>
<td>Assisted Reproductive Tech*</td>
<td>Relaxation Techniques</td>
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<td>Tai Chi</td>
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*Region 4 benefit only  +Excluded from Region 4.

Note: Region 4 has been awarded separately. Region 4 RFP includes Urgent Walk-in Care and Assisted Reproductive Technology services as conditional benefit. Regions 1-3 contracts will be amended to include these services.
Supporting Access to Community Care

VA is working closely with Optum and TriWest to ensure Veterans receive care when and where they need it.

### MISSION Act Community Care Eligibility Access Standards

Access is one of six Community Care eligibility criteria established by MISSION Act

<table>
<thead>
<tr>
<th>MISSION ACCESS STANDARDS</th>
<th>Primary Care, Mental Health, Non-institutional Extended Care</th>
<th>Specialty Care</th>
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<tbody>
<tr>
<td>Drive Time</td>
<td>30 minutes</td>
<td>60 minutes</td>
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<tr>
<td>Wait Time</td>
<td>20 days</td>
<td>28 days</td>
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</table>

Six Community Care Eligibility Criteria:
- Best medical interest of the Veteran
- Care or services are non-compliant with VA’s standards for quality
- Care or services not provide within the designated access standards
- Grandfathered eligibility from Veterans Choice Program
- Lack of full-service medical facility
- Required care or services are not offered

After determining Community Care eligibility based on the new MISSION standards, sites turn to CCN

CCN has contractually binding drive time and appointment standards

VA is working to adjust the CCN contract standards to ensure CCN is as accurate as possible (e.g., stabilize highly rural needs, address by individual categories of care)

In the interim, Optum and TriWest will enroll providers based on immediate and recent demand

### CCN Network Adequacy Access Standards for the new network

<table>
<thead>
<tr>
<th>Health Services Network</th>
<th>Accessibility/Delay Times (in minutes)</th>
<th>Appointment Availability</th>
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<tbody>
<tr>
<td>Primary Care</td>
<td>General Care</td>
<td>Emergent</td>
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<tr>
<td>Rural</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
<td>Highly Rural</td>
<td>60</td>
<td>180</td>
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</table>

<table>
<thead>
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<th>Dental</th>
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<tr>
<td>Rural</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
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<td>60</td>
<td>180</td>
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</table>

<table>
<thead>
<tr>
<th>CHS</th>
<th>Accessibility/Delay Times (in minutes)</th>
<th>Appointment Availability</th>
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</thead>
<tbody>
<tr>
<td>Urban</td>
<td>45</td>
<td>30 days</td>
</tr>
<tr>
<td>Rural</td>
<td>100</td>
<td>30 days</td>
</tr>
<tr>
<td>Highly Rural</td>
<td>180</td>
<td>30 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Accessibility/Delay Times (in minutes)</th>
<th>Appointment Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>70% 55 miles</td>
<td>30 days</td>
</tr>
<tr>
<td>Rural</td>
<td>70% 55 miles</td>
<td>30 days</td>
</tr>
<tr>
<td>Highly Rural</td>
<td>70% 55 miles</td>
<td>30 days</td>
</tr>
</tbody>
</table>
**Identify**

**Description:**
Using the proven Network Sizing Model along with our proven interactive VISN/VAMC Demand Capacity Tool, TriWest will identify the number, type by specialty and subspecialty type, and location of the providers needed.

**Method:**
- Our network subcontractors typically contract with more than 95% of the providers in any respective state. Thus, a strong likelihood a needed provider is already credentialed by our network.
- If there is not a provider already under contract, then the network team investigates if providers are available in the community that were not previously rejected due to credentialing concerns or if there is a community shortfall.

**Resources:**
- National Plan & Provider Enumeration System (NPPES)—I.E. the National Provider Identifier (NPI) database or registry
- Lexis-Nexis

**Contact**

**Description:**
Once a provider is identified, our network teams will actively recruit the provider. In some cases, there are providers who have previously elected not to participate in the team’s network. We will still attempt to contract this provider because our experience has shown that providers may not accept commercial insurance but might be willing to serve Veterans.

**Method:**
- Our network teams will initially contact providers (physician, practitioner, facility) by phone, fax, mail/email, and website, following up as needed.
- Once we have identified a provider(s) to be targeted, we choose an outreach method that is appropriate to the scale.

**Resources:**
- Outreach – phone call, in-person visit, e-mail, (electronic contract system ECR)
- TriWest Provider Registration Form located on our TriWest Self Service Provider Website

**Negotiate**

**Description:**
In negotiations with CCN, TriWest performs contract redlining–back and forth conversation around edits/changes to the contract.

**Method:**
- We categorize each provider by type (e.g., individual, group practice, institution) and generate the appropriate standard contract using Adobe Sign for review.
- We then immediately contact the provider to begin negotiation on contract terms, stressing VA CCN requirements and standards.
- If no response, we make several attempts over the course of three days to begin negotiations to ensure we quickly fill the network need.
- During negotiations, we will ensure CCN providers understand that only VA providers are delegated as Ordering Officials, and that when ordering pharmacy services, an Approved Referral is required.

**Contracting**

**Description:**
After a provider has agreed to contract, we initiate the credentialing or accreditation process described in Section 1.3 Credentialing (L.6.2.2)

**Method:**
- Upon completion of credentialing/accreditation, we finalize contract execution using Adobe Sign, mail, or email.
- After the contract is fully executed, TriWest notifies the healthcare network subcontractor to submit their provider data electronically (and follow up until it is received) for upload into our provider data system of record, AnchorPoint.
- If TriWest directly contracts instead of our healthcare network subcontractors, we enter the provider data directly into AnchorPoint.

**Resources:**
- Adobe Sign, mail, email
- AnchorPoint
CCN R4 Quick Reference Guide

A quick reference guide across TriWest’s CCN Region 4 operations:

**Medical Claims**
- Payer ID: VAPCCC3
- Mailing Address: WPS MVH-CCN P.O. Box 7926 Madison, WI 53707

**Pharmacy**
- Hours of Operation:
  - 877-CCN-TRIW
  - 877-226–8749

**Dental Claims**
- Payer ID: CDCA1
- Mailing Address:
  - Delta Dental of California
  - Federal Government Programs
  - P.O. Box 537007
  - Sacramento, CA 95853
- Secure Fax: 916-851-1559

**Providers Calling with Questions on CCN**
- Provider Inquiries:
  - 877-CCN-TRIW
  - 877-226–8749
- Hours of Operation:
  - M-F: 8AM-6PM in each time zone served
  - Excludes Federal holidays

**CCN R4 Call Center**
- Hours of Operation for all lines:
  - M-F: 8AM-6PM in each time zone served
- Community Care Providers:
  - 877-CCN-TRIW
  - 877-226–8749
- VA Staff and Administrators:
  - 877-CCN-TRIW
  - 877-226–8749

**Appeals & Grievances**
- Veteran A&Gs should be submitted directly to VA.
- Providers A&Gs should be mailed or faxed to the below.
- Questions about A&Gs from VAMC Staff should be sent to: Triwest@TriWest.com
- Mailing Address: TriWest Healthcare Alliance
  - Congressional Relations & Customer Grievances
  - P.O. Box 41970, AZ 85080-1970
  - Fax: 602-564-2523

**TriWest Portal**
- Via triwest.com, select ‘Login to VA Staff Portal’
- VA staff must be registered for access, or reach out to their site Group Admin(s)

Note: TriWest is providing this Reference Guide to help answer VA Medical Center (VAMC) staff questions. Last updated 06.01.2020.
Centralized Authorization of Emergency Care (CAEC) Process

• Implemented June 8th, 2020, the Centralized Authorization of Emergency Care (CAEC) establishes a procedure for centralized notification of emergency care for Veterans, representatives, and providers. It also provides a streamlined way to coordinate between the VA and Providers for both care coordination and authorization.

• Veterans do not need to confirm with VA before visiting an emergency department or calling an ambulance.

• In most cases, Veterans are eligible to receive authorized care at an in-network facility if VA is notified of the event within 72 hours.
## CAEC Updated Process: Key Stakeholders & Impacts

<table>
<thead>
<tr>
<th>Stakeholder(s)</th>
<th>Impact(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>• Improved continuity and timeliness of care</td>
</tr>
</tbody>
</table>
| Community Providers                 | • Increased customer satisfaction  
                                      • Increased awareness of approval/denial decisions 
                                      • Improved care coordination                                             |
| VA Clinical and Administrative Staff| • Streamlined claims adjudication process  
                                      • Decreased administrative responsibility                               |
CAEC Process: Why is the Process Being Updated?

- Standardizes emergency notification process
- Automates referral process and eligibility determinations
- Increases community provider satisfaction
- Decreases administrative responsibility for VAMC Community Care staff
- Enables more efficient emergency notification
- Reduces delays in claims adjudication
• The updated Emergency Care Treatment Process is detailed below:

1. Veteran seeks Emergency Care at a Community Care (CC) facility.
2. Centralized Call Center is contacted (within 72 hours).
3. Centralized Call Center inputs Veteran’s information.
4. SharePoint site uses business logic to determine Veteran eligibility.
5. Emergency Care determination is made* (1703 only).
6. Authorization notification and referral no. is sent to the CC facility and TPAs.
7. VA notifies provider to send the claim to the TPA.

*If business logic does not approve, guidance is given for next steps.
For VAMCs to communicate with the Call Center:

- **Phone**: 844.72HRVHA (844-724-7842)
- **Email**: VHAEmergencyNotification@va.gov

- **TriWest Provider Inquires**: 1-877-CCN-TRIW (1-877-226-8749)
- **TriWest Claims Concerns**: 1-855-722-2838
- **Claims Status Line**: 1-877-881-7618