

*Sent via DocuSign*



P.O. Box 30449  
Salt Lake City, UT 84130-0449

**Re: Action Required: Please Join Our New Network Supporting the U.S. Department of Veterans Affairs Community Care Network!**

Dear Provider:

We'd like to officially invite you to become a participating care provider in the U.S. Department of Veterans Affairs Community Care Network (VA CCN). This network is scheduled to launch on July 29, 2019.

We're committed to serving Veterans. In your area, Optum and UnitedHealthcare are collaborating to manage the VA CCN, a national VA initiative.

**What This Means to You**

By becoming a VA CCN participating care provider, your practice can help serve Veterans in your community and give those Veterans the opportunity, when needed, to supplement their health care with a network of civilian care providers.

To participate in the VA CCN, please complete the UnitedHealthcare Participation Agreement included with this email. If you also need to complete the credentialing process, we'll send you the required **New York** Home- and Community-Based Services Application in a separate email.

After you complete and return the documents and your credentialing is approved, we'll add you as a participating care provider in the VA CCN.

**What You Need To Do**

1. Open the UnitedHealthcare Participation Agreement attached to this email and follow the instructions to complete and electronically sign and return the document. This shows that you agree with the VA CCN's terms and conditions.
2. Complete and electronically sign the **New York** Home- and Community-Based Services Application within 60 days of receiving this letter. This is required to complete the credentialing process.

Once the required documents are signed and returned, you'll receive an email with the executed Participation Agreement for your records.

### **What are the plan features?**

The VA CCN gives Veterans the opportunity to not only use the health care services of the military health system and the Veterans Health Administration, but to also receive care from a network of civilian health care professionals, facilities, pharmacies and suppliers.

This is a new program from the VA, so we're including important information to help you provide care and services for Veterans through the VA CCN.

### **What will your reimbursement be?**

Your UnitedHealthcare Participation Agreement includes a VA CCN Payment Appendix with the program's payment information.

- Covered services will be reimbursed at 100 percent of the Centers for Medicare & Medicaid Services (CMS) Fee Schedule amount.
- For covered services that are not covered by the Medicare program or for which the Medicare program does not have local pricing, reimbursement will be made according to the VA Fee Schedule.
- If the VA Fee Schedule does not include a rate for the covered service provided, reimbursement will be made at 100 percent of customary charges, as defined in the VA CCN Payment Appendix.
- The VA Fee Schedule will be posted at **vacommunitycare.com**. Because the file will be password protected, you'll have to use the password "NCCAV2019" to access the file when it's available.

### **We're Here To Help**

We hope that you'll agree to participate in the VA CCN. This is a new program from VA, so please take some time to visit us at **vacommunitycare.com** to learn more about the VA CCN.

If you have questions about the UnitedHealthcare Participation Agreement process, please call CCN Provider Services at **888-901-7407**.

We look forward to working with you to help provide Veterans with the access to health care services they deserve. Thank you.

Sincerely,

*Anissa Henderson*

Anissa Henderson  
Regional Manager, HCBS Contracting and Strategy

Enclosures

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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## Veterans Affairs Community Care Network (VA CCN)

### Frequently Asked Questions

#### Key Points

- The U.S. Department of Veterans Affairs (VA) Community Care Network (CCN) supplements the health care services of the military health system and the Veterans Health Administration with a network of civilian health care providers: professionals, facilities, pharmacies and other suppliers.
- VA determines a Veteran's eligibility to get care from a civilian care provider.
- Prior authorization and referral requirements apply.
- Veterans can only access care in the civilian VA CCN with an authorized referral from VA.

#### Program Description

VA created the VA CCN program to assist Veterans who can't get necessary services from a VA provider either because the services aren't available or the VA provider is too far away.

By participating in the VA CCN, you can help Veterans in your community access a network of civilian healthcare facilities, pharmacies, professionals and suppliers.

VA recently chose UnitedHealthcare and Optum to manage the new VA CCN in Regions 1, 2 and 3:

Region 1		Region 2		Region 3	
Connecticut	New York	Illinois	Nebraska	Alabama	South Carolina
Delaware	North Carolina	Indiana	North Dakota	Arkansas	Tennessee
District of Columbia	Pennsylvania	Iowa	Ohio	Florida	U.S. Virgin Islands
Maine	Rhode Island	Kansas	South Dakota	Georgia	
Maryland	Vermont	Kentucky	Wisconsin	Louisiana	
Massachusetts	Virginia	Michigan		Mississippi	
New Hampshire	West Virginia	Minnesota		Oklahoma	
New Jersey		Missouri		Puerto Rico	

To help you become familiar with the network, please read the following frequently asked questions. Specific information on policies and procedures is in the VA CCN Provider Manual at [vacommunitycare.com](http://vacommunitycare.com).

To keep up to date on the VA CCN, please visit [vacommunitycare.com](http://vacommunitycare.com). We'll update these FAQs, the quick reference guide and the VA CCN Provider Manual with the latest program information as we get closer to the start of health care delivery under VA CCN. Thank you.

### Frequently Asked Questions and Answers

#### Eligibility and Benefits

##### Q. Are all Veterans eligible to receive care from care providers participating in the VA CCN?

- A. Not all Veterans. VA will determine if a Veteran is eligible to get care from a civilian care provider in the VA CCN. To be eligible, a Veteran must be both:
- Enrolled in VA's patient enrollment system
  - Have an approved referral from VA for care in the community

Enrolled Veterans would normally receive care from a VA facility or VA provider. When appointments for the care they need aren't available or when they live too far away, the VA may give the Veteran a referral for community care. The Veteran's caregivers and family members are not eligible for VA CCN care.

**Q. How do I confirm that a Veteran is eligible for VA CCN services?**

- A. VA will send you a referral with information about the Veteran and the type of care the Veteran can receive. Our VA CCN website, **vacommunitycare.com**, will be available before the start of health care delivery and will include online tools to view the VA-approved referral and confirm the Veteran's eligibility.

**Referrals**

**Q. Are referrals required for VA CCN?**

- A. Yes. Before a Veteran gets care or services from a VA CCN participating care provider, the VA must issue a referral for an episode of care. If you deliver care or services without an authorized referral, the care or services may not be reimbursed.
- VA referrals will include an authorization for a specific standard episode of care. The referral will include a start date and an end date, along with a specified number of visits and/or services.
  - VA may issue a primary care referral for distance-eligible Veterans (those who live too far away from a VAMC) that are valid for one year. These referrals include an unlimited number of primary care visits to a VA CCN primary care provider (PCP).
  - All claims must have a referral or prior authorization number.

When health care delivery starts, you'll be able to verify the status of a referral or prior authorization at **vacommunitycare.com** or by calling **888-901-7407**.

**Q. Does VA CCN require prior authorization?**

- A. Yes, prior authorization is required for certain services on the Prior Authorization List, which will be available at **vacommunitycare.com**. VA will release the list and determine if the services are covered under the VA CCN benefits according to VA policies and guidelines.

When health care delivery starts, you'll be able to verify the status of a prior authorization request at **vacommunitycare.com** or by calling **888-901-7407**. You can read more about the prior authorization procedures in the VA CCN Provider Manual at **vacommunitycare.com**.

**Q. Are notifications required for VA CCN?**

- A. Yes. Behavioral health, emergency care and urgent care providers must notify VA within 72 hours when a Veteran self-presents to a VA CCN participating urgent care clinic, emergency department or behavioral health care provider. Instructions for sending notifications to VA are in the Provider Manual at **vacommunitycare.com**.

**Q. Can I refer a Veteran for care to another care provider in the VA CCN network?**

- A. Yes. All referral requests for additional services have to be approved by VA. Referral instructions and procedures are outlined in the Provider Manual at **vacommunitycare.com**. **Q.**

**Can I refer a Veteran to a hospital for admission?**

- A. Referral requests for hospitalization have to be approved by VA, just the same as any other services beyond what is specified in the initial VA referral. Referral instructions and procedures will be outlined in the Provider Manual at **vacommunitycare.com**.

If you are providing services to a Veteran under an authorized referral and you determine that the Veteran is experiencing an urgent or emergent symptom or condition, contact VA immediately.

**Q. Can I refer a Veteran for care to a provider in another region?**

- A. No, a Veteran's eligibility for community care is specific to the region where VA issues the referral. Even if you have an additional clinic or office that is outside of the region from the initial referral, the Veteran can't be treated there without a new referral.

**Claims and Provider Reimbursement**

**Q. How do I file a claim?**

- A. As we get closer to the start of health care delivery, you'll find instructions for filing electronic and paper VA CCN claims for medical, behavioral health, dental, and pharmacy services at **vacommunitycare.com**. All claims must have a VA referral or prior authorization number.

**Q. What is the VA CCN reimbursement rate for approved services?**

- A. For claims submitted with a valid referral or prior authorization number, services will be reimbursed according to the following payment order:
- Covered services will be reimbursed at 100 percent of the Centers for Medicare & Medicaid Services (CMS) Fee Schedule amount.
  - Covered services that are not covered by the Medicare program or for which the Medicare program does not have local pricing, reimbursement will be made according to the VA Fee Schedule.
  - If the VA Fee Schedule does not include a rate for the covered service provided, reimbursement will be made at 100 percent of customary charges, as defined in the VA CCN Payment Appendix.

When VA releases the VA Fee Schedule, it will be available at **vacommunitycare.com**.

**Q. How will I be able to tell if VA is the primary or secondary payer for services delivered as part of an episode of care?**

- A. Each VA referral will indicate if Optum on behalf of the VA is the primary or secondary payer for the Veteran's episode of care. The Veteran may have other health insurance that is the primary payer. When you're submitting claims, be sure to invoice the primary payer first, then the secondary payer. Please include the Remittance Advice from the primary payers when invoicing secondary payers.

**Q. Can I bill the Veteran for non-covered services?**

- A. No. VA CCN care providers won't be reimbursed for services that aren't covered in the Veteran's medical benefits package (as determined by VA) or aren't included in the VA approved referral.

**Q. Can out-of-network emergency care providers file claims for Veterans?**

- A. Out-of-network emergency care providers must submit claims directly to VA. There won't be a referral number for these types of claims. VA's claim submission information is in the VA CCN Provider Manual at **vacommunitycare.com**.

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## Veterans Affairs Community Care Network (VA CCN)

### Quick Reference Guide



### Program Overview

This quick reference guide provides an overview of what you and your practice might need to know about the new U.S. Department of Veterans Affairs Community Care Network (VA CCN) program.

The VA CCN supplements the health care services of the military health system and the Veterans Health Administration with a network of civilian health care providers.

### Using This Guide

To keep up to date on the VA CCN, please visit [vacommunitycare.com](http://vacommunitycare.com). We'll update this guide, the frequently asked questions and the VA CCN Provider Manual with the latest program information as we get closer to the start of health care delivery under VA CCN.

### Provider Services

When the VA CCN program launches and health care delivery starts, you can call CCN Provider Services at **888-901-7407** (7 a.m. – 7 p.m., local time, Monday – Friday) to:

- Confirm Veteran eligibility and approved referrals
- Check claims status
- Request a referral

**Tip:** Once health care delivery starts as part of the VA CCN program, you'll be able to verify the status of a referral or prior authorization at [vacommunitycare.com](http://vacommunitycare.com) or by calling **888-901-7407**.

### Online Tools and [vacommunitycare.com](http://vacommunitycare.com)

Our VA CCN website, [vacommunitycare.com](http://vacommunitycare.com), will be available before the start of health care delivery and will include:

- Administrative tools to help you submit claims, as well as track and submit referrals
- VA CCN announcements and news
- Program forms, the provider manual and provider materials
- Links to VA policies and procedures

Updates will be posted to [vacommunitycare.com](http://vacommunitycare.com).

### Referrals and Veteran Eligibility

You are not authorized to provide services to a VA member until you receive a VA-approved referral. The only exceptions are for emergency or urgent care, or the Veteran's first behavioral health visit. The referral process is outlined in the VA CCN Provider Manual at [vacommunitycare.com](http://vacommunitycare.com).

When VA determines that a Veteran needs to receive care from a VA CCN provider, VA will send you a referral with information about the Veteran and the type of care the Veteran can receive.

### Prior Authorization Requests

Prior authorization is required for the services that will be listed on the VA Prior Authorization List.

The VA Prior Authorization List will be available at **vacommunitycare.com** before the start of health care delivery under the VA CCN program.

### Pharmacy Benefits and Prescription Guidelines

- VA CCN care providers must **not** dispense any pharmaceutical samples to Veterans.
- VA requires that you register with your state's prescription monitoring program, if your state has one, before prescribing a controlled substance.
- Prescriptions for routine and maintenance medications will be filled by the VA pharmacy.
- For urgent and emergency prescriptions:
  - Covered medications are on the VA Urgent/Emergent National Formulary at **pbm.va.gov** > VA National Formulary > Formulary Documents > [VA Drug Standardization List](#).
  - The initial prescription should be a maximum 14 day supply with no refills. Veterans should fill this prescription at a local network pharmacy.
  - Additional prescriptions should be submitted to and filled by the VA pharmacy.

### Claim Management

- Instructions for filing electronic and paper VA CCN claims will be in the VA CCN Provider Manual available at vacommunitycare.com.
- All claims must have a referral or prior authorization number.
- Contact CCN Provider Services at **888-901-7407** for claim status.
- Submit claims within 180 days from the date of service or date of discharge.

### Other Health Insurance

- When the Veteran has other health insurance (OHI) coverage that's primary, submit secondary claims to VA within 90 days from the date of the primary payer's claim decision. Please include the Remittance Advice from the primary payers when invoicing secondary payers.

### Reconsideration Request

- Submit reconsideration requests to VA within 90 days from the date of denial.

### Submitting Medical Documentation

- VA will release more information about submitting medical documentation closer to the start of health care delivery.
- VA CCN Healthcare Services network providers and Complementary and Integrative Healthcare Services (CIHS) network practitioners will submit medical documentation for VA CCN care directly to VA or the Veteran's referring provider.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates

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**NON-DISCLOSURE AGREEMENT  
PROVIDER ONLY**

In consideration of receiving certain confidential or proprietary information, UnitedHealthcare Insurance Company, on behalf of itself, UnitedHealthcare of New York, Inc., Oxford Health Plans (NY), Inc. and the other entities that are United's affiliates (collectively referred to as "United") and Home Care For Adults, Inc. DBA-US Veteran Care ("Provider"), agree as follows. In this Agreement, United and Provider may collectively be referred to as the "Parties."

1. Information to be Disclosed. In the course of the Parties' business relationship, United may disclose certain confidential information. Confidential or proprietary information, whether written or oral, shall include but is not limited to information relating to provider information, data, computer programs and codes, payment processes or methods, operational procedures, and is defined in this agreement as "Confidential Information". Confidential Information may be disclosed orally, electronically, in writing, by inspections, or in any tangible medium.
2. Time Period for Disclosures. The restrictions on Confidential Information contained in this Agreement continue indefinitely.
3. Restrictions. Provider agrees to keep Confidential Information secret and confidential and agrees not to disclose it to third parties without United's prior written permission. Provider agrees that Provider will not disclose Confidential Information to anyone within its organization other than those employees with a need to know it and who have been informed of Provider's obligations under this agreement. Provider will not use any Confidential Information for any purpose, other than discussions or business dealings with United, without United's prior written permission. Provider will not reproduce any Confidential Information exchanged without United's prior written permission. Provider shall not reverse engineer, disassemble or decompile any prototypes, software or other tangible objects, which embody any part of Confidential Information.
4. Exceptions. The restrictions of paragraph 3 of this agreement do not apply to information that (a) was in Provider's possession prior to receiving Confidential Information from

**Property of UnitedHealthcare – Confidential**

The current version of this policy or procedure is maintained in the eGRC Policy Center.

This document contains commercial information of UnitedHealth and is protected under 5 U.S.C. 552(b)(4), and, as such, may not be used, disclosed or reproduced, in whole or in part, outside the Government, without the express written permission of UnitedHealth.

United; or (b) is or later becomes generally available to the public through no fault of Provider; or (c) Provider develops internally, without reference to Confidential Information; (d) Provider is required by law to disclose; or (e) Provider receives from a third party which it believes had the right to disclose the information.

- 5. Disclaimers. This agreement does not require United to disclose any Confidential Information. All Confidential Information disclosed on an “AS IS” basis. United will not be liable for any damages arising out of use of the Confidential Information, and the use of such information is at Provider’s own risk. Neither this agreement nor the disclosure of any Confidential Information grants Provider any license under any patents, copyrights, or trade secrets.
- 6. Remedies. Provider agrees and acknowledges that money damages alone would not be a sufficient remedy for any breach of this agreement and that United shall be entitled to injunctive or other equitable relief to remedy or prevent any breach or threatened breach of this agreement by Provider or any of its representatives. Such remedy shall not be the exclusive remedy for any breach of this agreement, but shall be in addition to all other rights and remedies available at law or in equity.
- 7. Return of Materials. Provider shall return all its copies of Confidential Information to United within 10 days after United’s request for it. That portion of the Confidential Information that may be found in analyses, compilations, studies or other documents prepared by or for the Provider and written Confidential Information not so requested or returned will be destroyed.
- 8. Amendments. This agreement is the entire agreement of the Parties regarding Confidential Information, and it cannot be altered or amended without a writing signed by both Parties.

UnitedHealthcare Insurance Company, on behalf of itself, UnitedHealthcare of New York, Inc., Oxford Health Plans (NY), Inc. and the other entities that are United’s affiliates

Provider: Home Care For Adults, Inc. DBA-US Veteran

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: President

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**NEW YORK  
HOME AND COMMUNITY BASED SERVICES APPLICATION**

**INSTRUCTIONS:**

- ALL fields require a response, even if your response is “not applicable” (N/A) unless otherwise noted.
- Incomplete, missing and/or outdated documents and applications will delay processing.

**ATTACHMENTS NEEDED:**

To complete the credentialing or recredentialing process, please review all enclosed documents then **sign, date and return the following items:**

- **ALL original signed** documents, contracts, or Letter of Intent, if applicable
- Provider Application and Component Attestation
- W-9
- Certificate of Insurance
- Current State License, Accreditation, or Certification (if applicable)



**NEW YORK  
HOME AND COMMUNITY BASED SERVICES  
PROVIDER CREDENTIALING APPLICATION FOR:**

**Initial Credentialing**     **Recredentialing**

**PROVIDER/CORPORATE OWNER** (Should match W-9):

US Veteran Care

**Legal Business Name** (as reported to IRS)

US Veteran Care

**DBA Name** (as reported to IRS)

**BUSINESS OPERATIONS:**

- |  |                               |
|--|-------------------------------|
|  | <b>Used for All Locations</b> |
| 1. <b>Tax ID Number:</b> <u>843100566</u>  | Yes                           |
| 2. <b>NPI:</b> _____   |                               |
| <i>*If you checked no for any of the above, please list on a separate sheet of paper all addresses, Tax IDs, National Provider Identifier (NPI)/Atypical Provider Identifier (API) numbers and the Legal Name for each listing/location.</i> |                               |
| 3. Do you participate with the New York Medicaid Plan? <b>NO</b>   | Medicaid #: _____             |
| 4. Are you Medicare certified? <b>NO</b>   | Medicare # _____              |

**CONTACTS:**

	Primary	Secondary	Credentialing	Billing
Name:	Dimitri Mishiev			
Title:	President			
Phone:	718-954-4535			
Fax:	929-447-1101			
Email:	info@homecareforadults.com			

**LICENSURE/CERTIFICATIONS:**

Please provide applicable licenses and/or certifications for the services you are rendering per location as applicable.

**ACCREDITATION:**

Please provide documentation supporting the completion of accreditations you have.



**INSURANCE:**

Please attach all applicable insurance forms per location. (Example: General, Professional, Workers' Comp/Employers' Liability, Auto, etc.)

**QUESTIONNAIRE:**

\*Please answer all questions and provide an explanation for "Yes" responses.

\* **Answers not checked or without explanations may delay the application processing.**

1. Has your license to do business in any applicable jurisdiction ever been denied, restricted, suspended, reduced or not renewed?

\* No

2. Have you been excluded from or denied participation, suspended from or denied renewal from Medicare or Medicaid?

\* No

3. Have you ever had professional liability coverage cancelled but not renewed?

\* No

4. Have you been denied accreditation by a selected accrediting body (i.e., JCAHO), or had accreditation status reduced, suspended, revoked or in any way revised by the accrediting body?

\* No



**PRIMARY SERVICE LOCATION ADDRESS\*:**

If there are additional office location(s), please attach a separate page with the following information:

*\* If the primary service location address is the same as one of the following, please check the appropriate box. Otherwise complete additional address section below.*

Primary Service Location Address     Billing/Remittance Address     Mailing Address

			Office Hours	
			From	To
<b>Street:</b> _____				
<b>City:</b> _____	<b>ST:</b> _____	<b>Zip Code:</b> _____	<b>Sun</b>	
<b>Phone:</b> 718-954-4535	<b>Fax:</b> _____		<b>Mon</b>	
<b>Email:</b> _____			<b>Tues</b>	
<b>Website:</b> (if applicable) _____			<b>Wed</b>	
Is this location on a public transportation route?			<b>Thurs</b>	
Does this location have any accommodations supporting the American Disabilities Act (ADA)? <i>Select all that apply:</i>			<b>Fri</b>	
P – Parking R – Restroom E – Exam Room G – Gurneys & Stretchers RE – Radiological Equipment	EB – Exterior Building IB – Interior Building T – Exam Table/Scale Valid Value PL – Portable Lifts S - Signage		<b>Sat</b>	

\*Note: If you see patients in your primary service location the above ADA section is required to be completed

**OTHER ADDRESS:**

**Mailing Address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Phone:** 718-954-4535 **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_



**Billing/Remit Address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**LANGUAGES:**

Languages spoken by the provider/staff (other than English):

Language 1: \_\_ (if applicable) \_\_\_\_\_  Spoken  Written  Both  
 Provider Language  Staff Language  Interpreter

Language 2: \_\_ (if applicable) \_\_\_\_\_  Spoken  Written  Both  
 Provider Language  Staff Language  Interpreter

Do you use an American Sign Language Interpreter?

**ADDITIONAL CARE PROVIDER INFORMATION:**

Please answer the following questions so we may accommodate your needs and report additional CMS-specific reporting requirements.

1. Does your staff have any training in Cultural Competency? YES
2. Do you provide accommodations for cultural preferences?\* \*Cultural preferences refers to meeting the individual needs of all members and providing health care services that are respectful of and responsive to their cultural and linguistic needs. Offering sign language is an example. YES
3. Please select the following business certifications that are applicable:  
 Small Business     Women-owned Business     Minority-owned Business  
 Disabled-owned Business    Other (please specify) \_\_\_\_\_ N/A
4. How many members can you accommodate? \_\_\_\_\_
5. Do you have the ability to bill on a CMS-1500 or UB-04 claim form?
6. Select which electronic system used to submit claims (not the claim form type used):  
 Electronic Visit Verification(EVV)     Clearinghouse  
Other (please specify) \_\_\_\_\_



7. Are you affiliated with a skilled nursing facility?  No

Name: \_\_\_\_\_

8. Are you affiliated with a hospital?  No

Name: \_\_\_\_\_

9. Are you affiliated with a Medicare-certified home health agency?  Yes

Name: \_\_\_\_\_

10. Can you serve Intellectual and Developmental Disabilities (IDD/DD) members?  Yes

#### VETERAN AFFAIRS COMMUNITY CARE NETWORK SERVICES:

Please check the type of HCBS service you are Licensed/Certified or State Approved to provide:

Services	
Adult Day Health Care	Private Duty Nursing Over 21
Homemaker/Personal Care <input type="checkbox"/> Yes	

#### VETERAN AFFAIRS COMMUNITY CARE NETWORK SERVICE COUNTIES:

Please indicate which counties you provide services in.

Service Counties		
<input type="checkbox"/> ALL COUNTIES	Albany	Allegany
<input checked="" type="checkbox"/> Bronx	Broome	Cattaraugus
<input type="checkbox"/> Cayuga	Chautauqua	Chemung
<input type="checkbox"/> Chenango	Clinton	Columbia
<input type="checkbox"/> Cortland	Delaware	Dutchess
<input type="checkbox"/> Erie	Essex	Franklin
<input type="checkbox"/> Fulton	Genesee	Greene
<input type="checkbox"/> Hamilton	Herkimer	Jefferson
<input checked="" type="checkbox"/> Kings	Lewis	Livingston
<input type="checkbox"/> Madison	Monroe	Montgomery
<input checked="" type="checkbox"/> Nassau	<input checked="" type="checkbox"/> New York	Niagara
<input type="checkbox"/> Oneida	Onondaga	Ontario
<input type="checkbox"/> Orange	Orleans	Oswego



Otsego	Putnam	x Queens
Rensselaer	x Richmond	Rockland
Saratoga	Schenectady	Schoharie
Schuyler	Seneca	St Lawrence
Steuben	x Suffolk	Sullivan
Tioga	Tompkins	Ulster
Warren	Washington	Wayne
Westchester	Wyoming	Yates

Please indicate if the counties indicated above receive the same services:  Yes  
**(If no, provide the county name and specific service on a separate sheet)**



**COMPONENT ATTESTATION/CONSENT & RELEASE FORM**

*PLEASE DO NOT ALTER THIS FORM. TO AVOID DELAYS IN PROCESSING THIS APPLICATION, PLEASE BE SURE TO SIGN AND DATE THIS FORM.*

By signing below, I attest that I am the duly authorized representative of the Component, that all information on the Application pertains to the above-named Component, and that such information is current, complete and correct.

**Your signature is required to complete this application. Stamped signatures are NOT acceptable.**

Home Care For Adults, Inc.

---

**DOING BUSINESS AS NAME**

US Veteran Care

---

**SIGNATURE**

President

---

**PRINT AUTHORIZED REPRESENTATIVE NAME**

---

**TITLE**

---

**DATE**