

myVACCN Provider Portal Guide

Veterans Affairs Community Care Network (VA CCN)

Overview

myVACCN.com serves providers in the [VA CCN network for regions 1, 2 and 3](#). This reference guide will help you navigate through the secure provider web portal and explain the self-service options.

Why become a registered member of myVACCN.com?

The secure provider portal offers fast, easy self-service anytime, day or night. Registered providers have access to:

- Check medical claims status
- Create Claims Data Reports (view claims for all your patients in one report)
- Check veteran eligibility
- View referrals
- Chat real-time with a customer service agent
- Submit both professional and institutional claims online with our free XPressClaim® application
- Use the Account Administration feature to control website access for your Tax ID Number

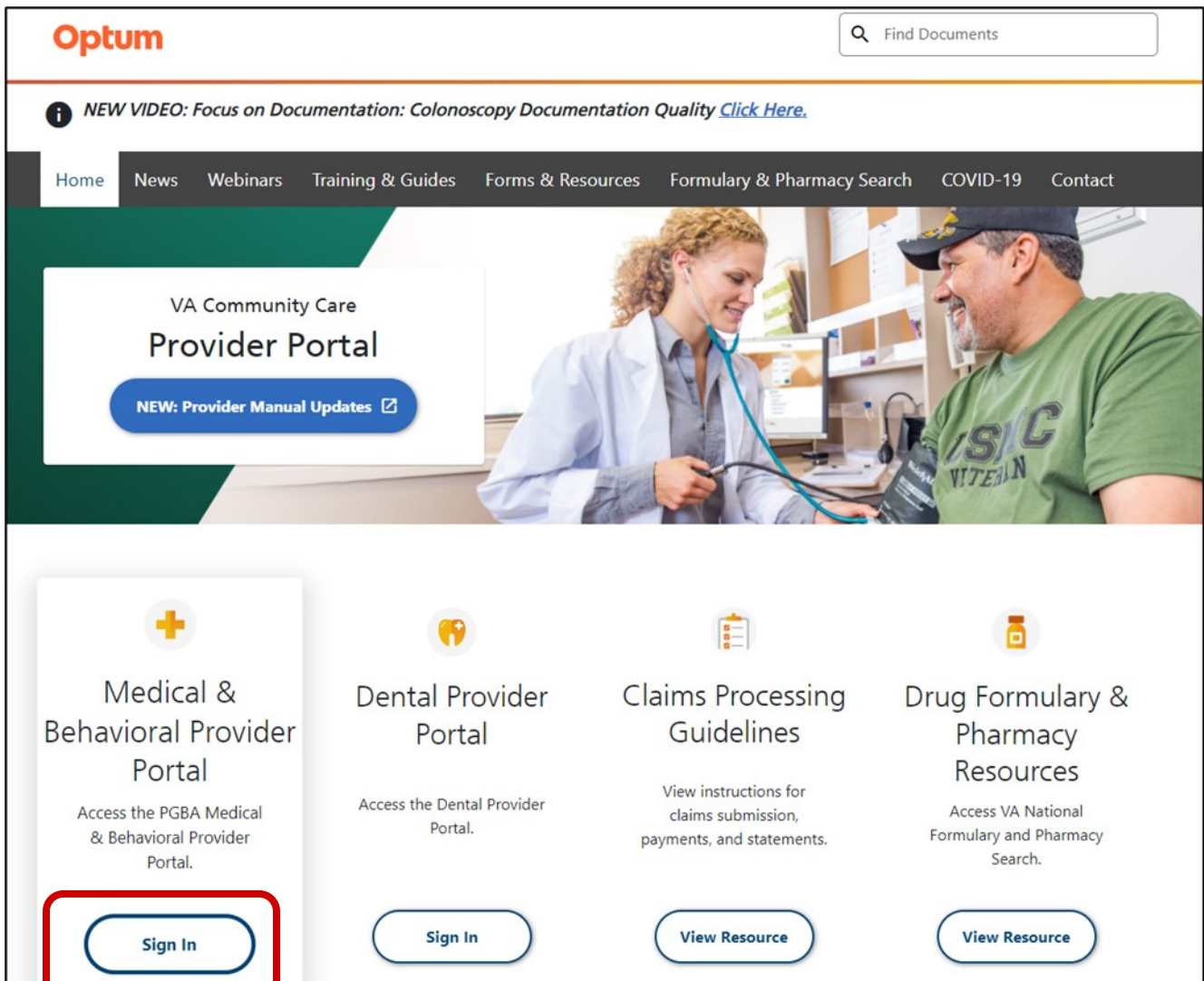
Important: myVACCN.com uses PGBA's Provider Information Management System (PIMS) as the source of provider data. The Tax ID Number and National Provider Identifier (NPI) must be on PIMS before the provider can use the web portal. How do you get into PIMS? Join the VA CCN network!

If you are interested in joining the network, please call CCN Provider Services at (888) 901-7407 8:00 am to 8:00 pm ET, Monday through Friday, excluding holidays.

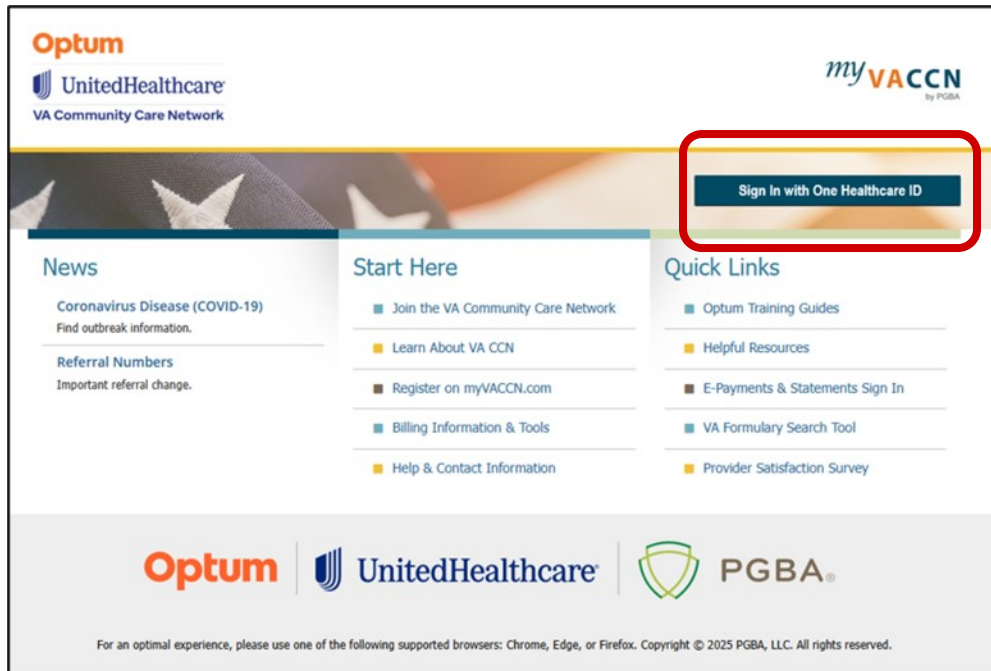
Provider Portal Registration

To access the secure provider self-service options, you must be a VA CCN provider and complete a one-time Web registration.

Please go to vacommunitycare.com/provider and select **Sign In** for the **Medical & Behavioral Provider Portal**.

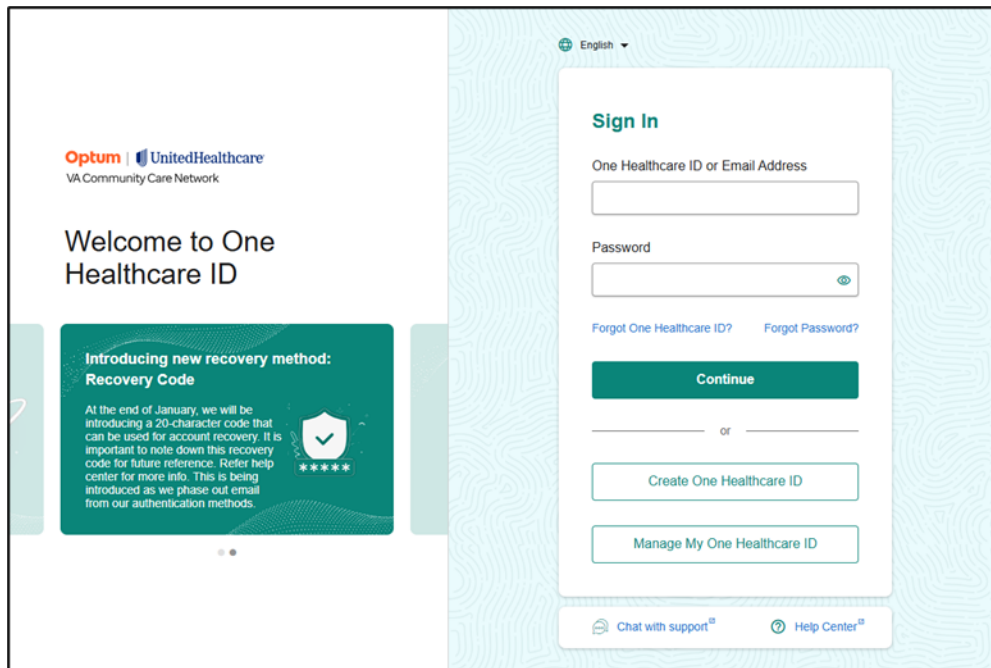


Then, select **Sign In with One Healthcare ID**.



If you already have a One Healthcare ID account, **sign in**. If not, select **Create One Healthcare ID (OHID)** and follow the steps to completion.

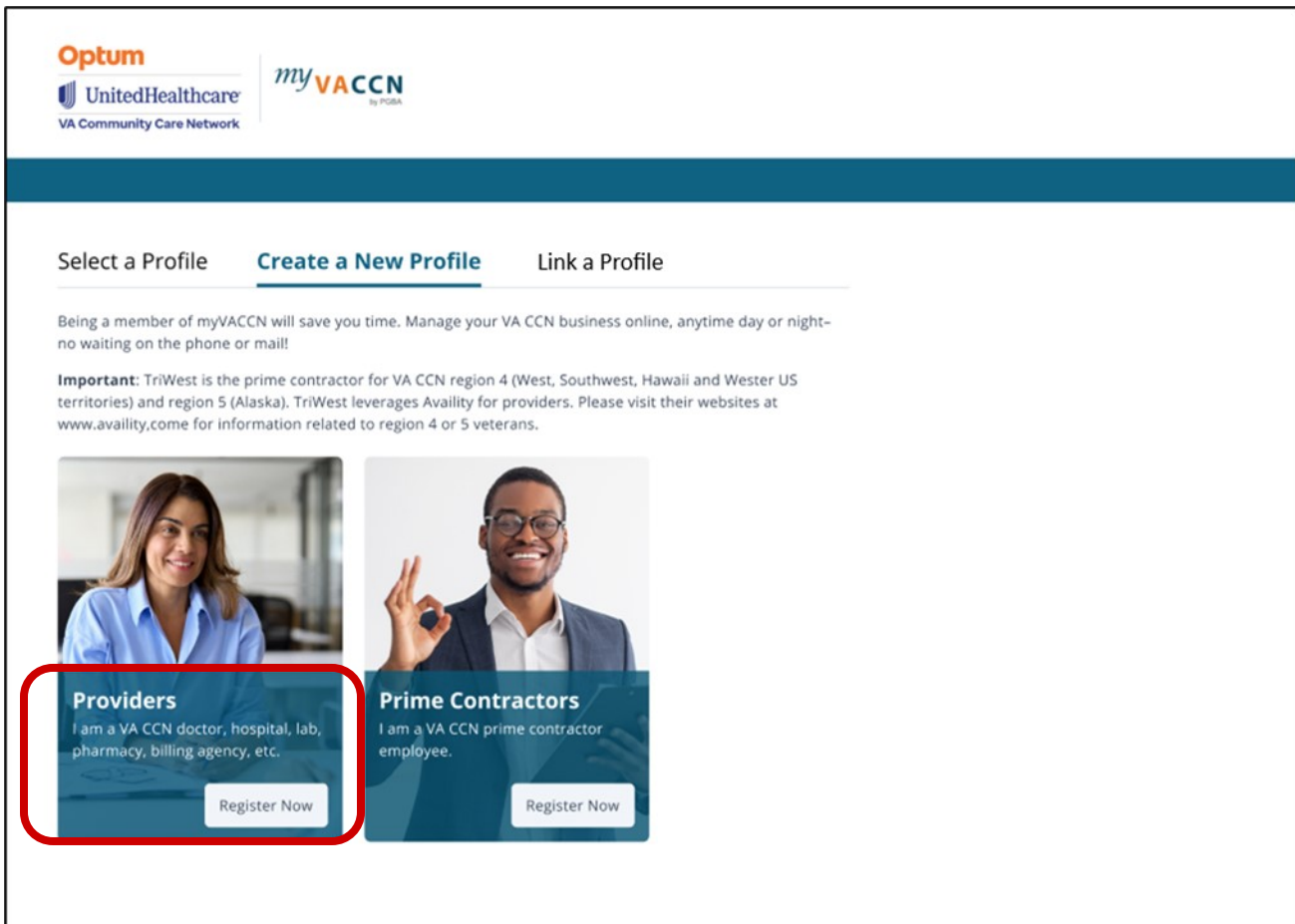
IMPORTANT: Each person in your office who needs access must have a separate OHID account.



Register

After you successfully sign in using your One Healthcare ID, the **myVACCN Create a New Profile** page will appear. Select **Register now for providers** to continue.

A separate profile is required for **each Tax Identification Number (TIN)** that you manage.



Enter your **Tax ID**, **State**, **ZIP code**, and personal information. You will also be asked to create a **4-digit PIN** (personal identification number) and provide your **Date of Birth**.

Register > Account Information > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Registration - Provider

You are in a secure Web environment. To register on myVACCN, please complete the required fields.

Tax Identification Number

State ZIP Code

Select

Please select one of the following:

Last 4 Digits of SSN 4 Digit PIN

Date of Birth

Review and accept the **Terms & Conditions** and **Privacy Statement**.

Register > Account Information > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Registration - Terms and Conditions and Privacy Statement

You are in a secure Web environment. Please read and accept the Terms of Conditions and Privacy Statement.

[Print Terms and Conditions and Privacy Statement](#)

Terms and Conditions

Acceptance of Terms

The following terms and conditions ("Terms") constitute the legal agreement between you and us regarding your access and use of the website and your use of the Web-based services offered on the website ("Service(s)"). Your access to the website and the applicable Services will depend on the nature of your relationship with the entity that has provided you with access to the website or the Services. Depending on your relationship with us, Services may include information about the Health Plan and its subsidiaries, links to content and services provided by third parties, and restricted access to certain member-, provider-, benefit coordinator- and agent-specific information. Please read these Terms carefully. If you agree to these Terms then click the "Accept" button below. By clicking the Accept button below, you acknowledge your agreement that these Terms shall be a legal and binding agreement governing your use of the website and the Services. If you do not agree to these Terms, then do not click the Accept button and return to the previous page of this website.

From time to time, we may change the Terms by posting new or supplemental terms and conditions on this website. You agree that we may change these Terms from time to time and that you shall be bound by such changes when they are posted on this website. Further, some Services may require you to agree to additional terms and conditions which apply to the specific Services. If you agree to those additional terms and conditions, then those additional terms and conditions also shall form a part of the legal agreement between you and us.

You represent and warrant to us that you are over the age of 18 and that you have the legal capacity to enter into these Terms. If you are accessing the website or using the Services on behalf of any other person or entity, then you represent and warrant that you have the capacity and authority to enter into these Terms on behalf of such person or entity.

Use of Website and Services

You agree that you will use the website and Services only for legitimate purposes and that you shall comply with all applicable laws, regulations or other government directives regarding your use. You agree that you will not use the website or the Services: (i) to access any information for which you do not have the legal right to view; or (ii) to distribute or publish any defamatory statements, pornographic material, copyrighted, trademarked or other proprietary material. At any time we may modify or discontinue your access to any or all of the website or Services in our discretion.

Use of Information

Through the website and the Services you may be offered access to various types of information originating from ourselves or third parties. Some of this information may be related to dental, medical and health care issues. The information contained within this website and the Services is not dental, medical or health care advice. We do not engage in the practice of medicine

Account Information

Enter your account information, including:

- **Personal Information:** First Name, Last Name, Occupation
- **Contact Information:** Primary Phone Number, Extension, E-mail, Confirm E-mail

Register > **Account Information** > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Account Information - Provider

Additional Registration Information ▾

Your Information

Tax ID Number (TIN): 1234145843

State and ZIP Code: SC, 29223

Last 4 Digits of SSN: 1234

Date of Birth: 01/01/2001

* Required fields are marked with an asterisk

Personal Information

First Name * Last Name *

Occupation *

Contact Information

Primary Phone Number * Ext

Email *

Confirm Email *

- **Business Details:** Business Name
- **Business Mailing Address:** Address Line 1, Address Line 2, City, State, ZIP Code, Fax Number
- **Business Physical Address:** Address Line 1, Address Line 2, City, State, ZIP Code

Please note: A check box to use the mailing address for the physical address is checked by default. If your mailing and physical addresses are different, please be sure to enter both.

Business Details

Business Name *

Business Mailing Address

Address Line 1 *

Address Line 2

City *

State *

Select ▼

ZIP Code *

Fax Number *

(000) 000-0000

Physical address is the same as mailing address.

Business Physical Address

Address Line 1 *

Address Line 2

City *

State *

Select ▼

ZIP Code *

Cancel Registration

Continue

- **Profile Information:** Profile Name (sometimes referred to as a username)
- **Security Question:** Question, Answer

Register > **Account Information** > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Account Information - Provider

Additional Registration Information ▼

Your Information

Tax ID Number (TIN): **1234145843**

State and ZIP Code: **SC, 29223**

Last 4 Digits of SSN: **1234**

Date of Birth: **01/01/2001**

* Required fields are marked with an asterisk

Profile Information

Profile Name *

Verification

Verify your information and indicate whether you work for a **Billing Agency**.

Register > Account Information > **Verification** > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Verification

Additional Registration Information ▾

Your Information

Tax ID Number (TIN): **1234145843**

State and ZIP Code: **SC, 29223**

Last 4 Digits of SSN: **1234**

Date of Birth: **01/01/2001**

* Required fields are marked with an asterisk

Personal Information ^

Name Michael Testing

Occupation Provider

Contact Information ^

Primary Phone Number (123) 123-1234

Ext 1234

Email michaeltesting@bcbsc.com

Business Details ^

Business Name Sunshine Hospital

Mailing Address 123 Streetname Blvd
Columbia, SC 29223

Fax (123) 123-1234

Physical Address Same as mailing address

Profile Information ^

Profile Name mtesting

Security Question ^

Question What is your favorite color?

Answer Magenta

[Edit Information](#)

Please answer the following question.

Are you a Billing Agency? *

Yes

No

[Cancel Registration](#) [Back](#) [Continue](#)

Account Administrator Signup

If you do not work for a Billing Agency, you will see the option to sign up as an Administrator for your Tax ID. As the Account Administrator for your provider's Tax Identification Number, you have the ability to **approve, deny and promote access to myVACCN.com**. For more information about this feature, refer to the [myVACCN Account Administration](#) tutorial and guide.

Register > Account Information > Verification > **Administrator** > XPressClaim > Registration Type > Claim Information > Complete

Sign up to be an Account Administrator

Additional Registration Information ▾

Your Information

Tax ID Number (TIN): **1234145843**

State and ZIP Code: **SC, 29223**

Last 4 Digits of SSN: **1234**

Date of Birth: **01/01/2001**

An account administrator has the authority to manage access for other users within their organization/Tax Identification Number (TIN). There can be multiple Account Administrators for the same organization/TIN.

Account Administrators are responsible for:

- Approving registration requests for new users
- Denying registration requests for new users for existing users
- Promoting users to the Account Administrator role
- Demoting other Account Administrator to a non-administrator role
- Serving as a point-of-contact for other users within their organization/TIN

Please note: Billing agencies CANNOT be Account Administrators

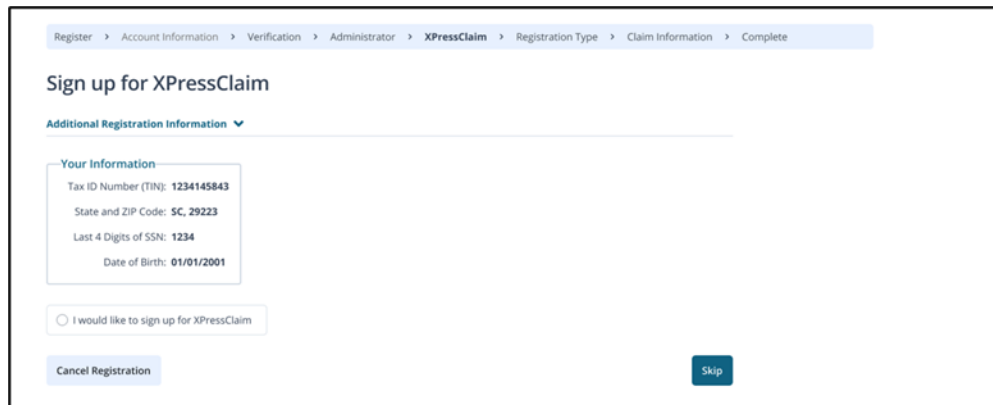
Yes, I have the authority within my organization/TIN to be an Account Administrator and I would like to sign up.

No, I don't have the authority within my organization to be an Account Administrator but would like to register as a regular user.

[Cancel Registration](#) [Continue](#)

XPressClaim Signup

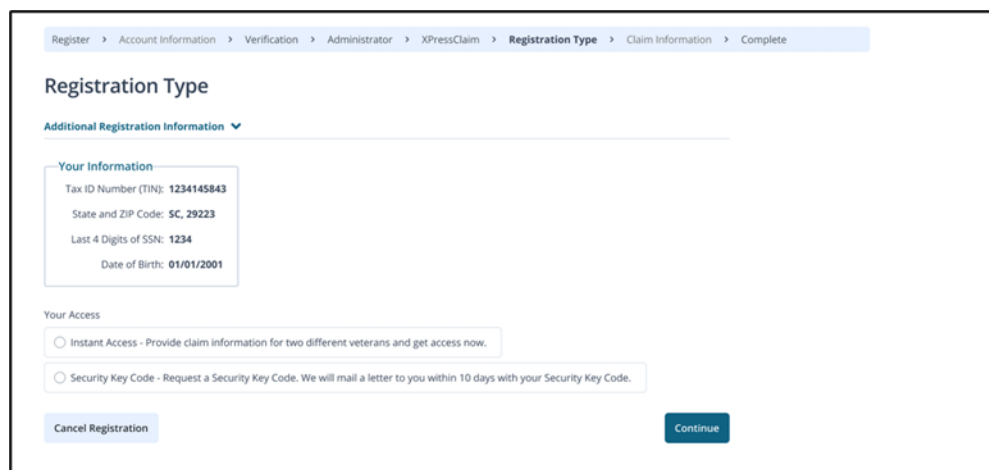
Sign up for **XPressClaim**. If you choose to skip this step, you can complete the XPressClaim agreement later through your secure myVACCN account. For more information about XPressClaim, refer to the [XPressClaim](#) tutorials and guides.



The screenshot shows the 'Sign up for XPressClaim' page. At the top, a breadcrumb trail reads: Register > Account Information > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete. The main heading is 'Sign up for XPressClaim'. Below it is a section titled 'Additional Registration Information' with a dropdown arrow. Underneath is a box labeled 'Your Information' containing the following details: Tax ID Number (TIN): 1234145843, State and ZIP Code: SC, 29223, Last 4 Digits of SSN: 1234, and Date of Birth: 01/01/2001. Below this box is a radio button with the text 'I would like to sign up for XPressClaim'. At the bottom left is a 'Cancel Registration' button, and at the bottom right is a 'Skip' button.

Registration Type

Choose your registration type. If you have VA CCN claims on file for **two different Veterans**, select the **Instant Access** option to gain immediate access. Otherwise, select the **Security Key Code** option to receive your access code by postal mail; a unique code will arrive within **7 to 10 days**.



The screenshot shows the 'Registration Type' page. At the top, a breadcrumb trail reads: Register > Account Information > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete. The main heading is 'Registration Type'. Below it is a section titled 'Additional Registration Information' with a dropdown arrow. Underneath is a box labeled 'Your Information' containing the following details: Tax ID Number (TIN): 1234145843, State and ZIP Code: SC, 29223, Last 4 Digits of SSN: 1234, and Date of Birth: 01/01/2001. Below this box is a section titled 'Your Access' with two radio button options: 'Instant Access - Provide claim information for two different veterans and get access now.' and 'Security Key Code - Request a Security Key Code. We will mail a letter to you within 10 days with your Security Key Code.' At the bottom left is a 'Cancel Registration' button, and at the bottom right is a 'Continue' button.

Helpful Tip: If an **Account Administrator** is already assigned to your Tax ID and has completed registration, the administrator can sign in and approve your access. Once your access is approved, neither the security code nor the claims information will be required.

Instant Access

Select the location where services were provided. Then, enter VA CCN claim information for **two different Veterans**. The **claim numbers** and corresponding **patient dates of birth** are required.

You will be prompted to confirm the information before submission. As a security measure, if incorrect claim information is entered twice, instant registration will fail and a **security key code** will be required.

Register > Account Information > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Claim Information

Additional Registration Information ▾

Your Information

Tax ID Number (TIN): 1234145843
State and ZIP Code: SC, 29223
Last 4 Digits of SSN: 1234
Date of Birth: 01/01/2001

Selected Location

FAMILY HEALTH
2000 W BALTIMORE
BALTIMORE, MD 21223-2134

Change location

Please enter claim information for different veterans that match the Tax ID Number (TIN) for this registration. Remember to ket the entire 13 digit claim number without dashes.

Important: The first character of a claim number is the year received, 2019 is "F", 2020 is "G", 2021 is is "H". Please be sure to key a letter as the first characyer and not a number such as number 1 as the letter I.

Veteran 1 Information

Claim number Date of Birth [Having trouble?](#)

If you are unable to complete this step, you can request a [Security Key Code](#) instead.

Veteran 2 Information

Claim number Date of Birth

[Cancel Registration](#) [Continue](#)

Security Key Code Access

If you choose **Security Key Code access**, your code will be mailed to the address we have on file for your Tax ID number.

Register > Account Information > Verification > Administrator > XPressClaim > Registration Type > Claim Information > Complete

Registration Complete

Your Security Key Code is being mailed.

Within 10 days, you will receive a letter by U.S. mail at an address we have on file for you. The letter will contain your Security Key Code.

[Link a New Profile](#)

Once your security code arrives in the mail, return to the site, sign in and select your profile.

Select a Profile Create a New Profile Link a Profile

These are all of the profiles associated with your One Healthcare ID (OHID).
If you do not see the profile you are looking for, select on the Link a Profile tab.

[Clear Filters](#)

Profile	Tax ID
<input checked="" type="radio"/> michael_testing	123456789

[Continue](#)

The site will prompt you to enter your unique code. Be sure to enter the code exactly as it appears in your letter, as the field is case-sensitive.

Security Key Code

Please enter the Security Key Code you received in the mail. The SKC is case sensitive so you must enter it exactly as printed.

Security Key Code

[I haven't received my code](#)

If you haven't received your Security Key Code (SKC) within 10 business days of registering or you're having problems entering your SKC, please contact the Help Desk.

Region 1 : 888-888-888
Region 2 : 888-888-888
Region 3 : 888-888-888

[Cancel](#) [Continue](#)

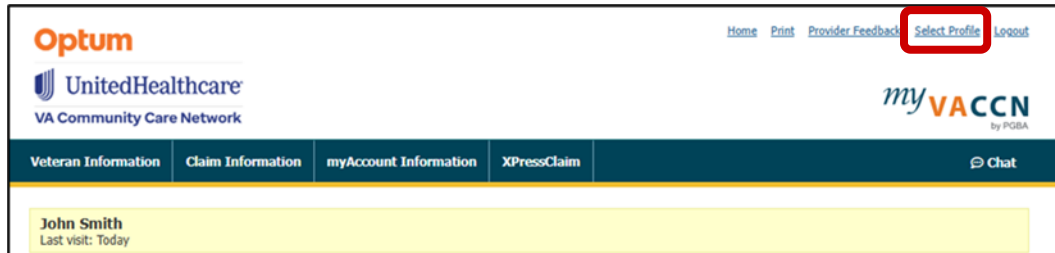
Provider Secure Homepage

Use the top navigational menu or any of the links on the secure homepage to access the **self-service features**.

The screenshot shows the myVACCN Provider Secure Homepage for John Smith. The page features a top navigation bar with links for Home, Print, Provider Feedback, Select Profile, and Logout. The main navigation bar includes links for Veteran Information, Claim Information, myAccount Information, XPressClaim, and Chat. The user's name, John Smith, and last visit date (Today) are displayed. The main content area is divided into two columns. The left column contains three tiles: 'Verify veteran eligibility >>', 'View Referrals >>', and 'Check claim status >>'. The right column contains several informational sections: 'Important: Please read the Referral Recoupment Notification.', 'Please confirm that we have your correct email address on-file, so that you will receive any email updates from your site administrator about changes to your account access.', 'Claim Status: Are you having trouble viewing claim status? Please ensure that you are using a supported browser: Chrome, Edge or Firefox.', 'XPressClaim: When a patient does not have Other Health Insurance (OHI), please do not enter zeroes in the OHI Paid field, leave the field blank. Remember that providers can submit corrected claims through XPressClaim! Need help with XPressClaim? View the provider guides: Professional and Institutional.', 'Fee Schedules: Fee Schedules and VA SEOC Billing Code Information', 'Referrals: If the Group TIN wasn't included on the VA referral, you may have trouble locating the referral on our website. You can call Provider Services for a referral status or you can use the HealthShare Referral Manager (HSRM) tool.', 'Provider Services: Region 1: 888-901-7407, Region 2: 844-839-6108, Region 3: 888-901-6613', 'CCN Portal: 844-833-3802', and a maintenance notice: 'So that we can update our files and keep your information current, myVACCN.com is down for maintenance daily between 3:00 - 4:00 a.m. EST and Sundays from 5:00 p.m. to midnight.'

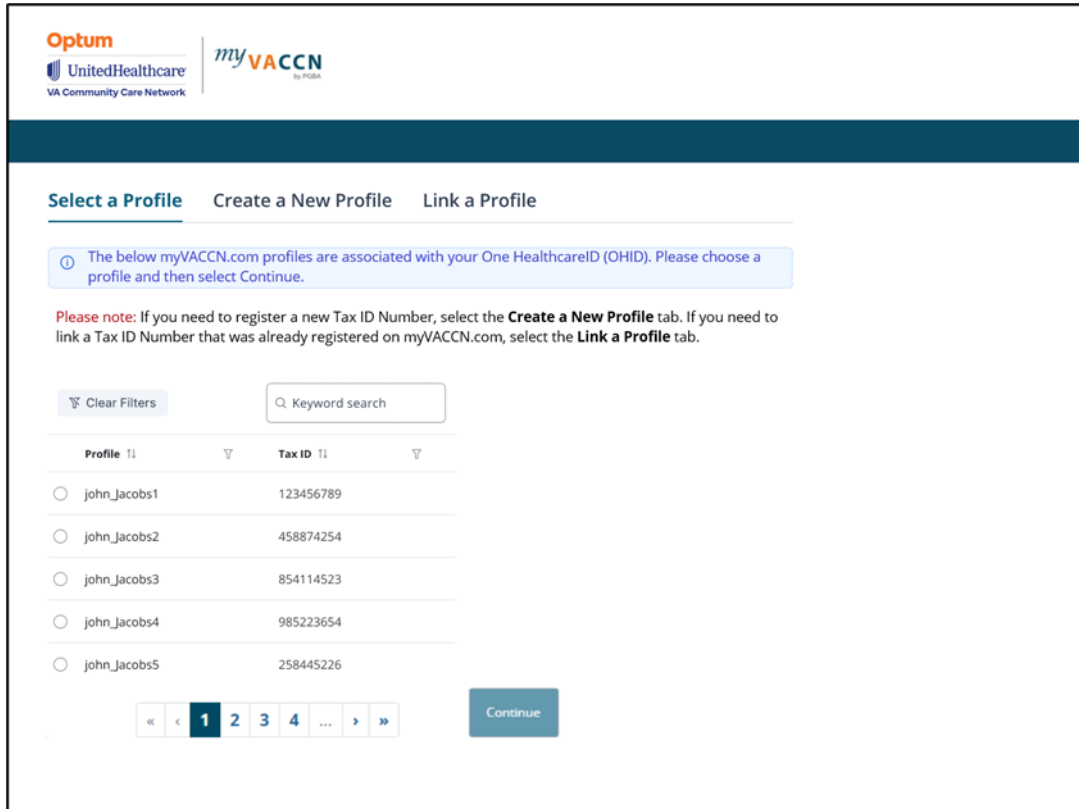
Switch Profiles

When you finish working under a Tax ID number and need to switch to a different profile, use the **Select Profile** link located in the top-right corner of any secure webpage.



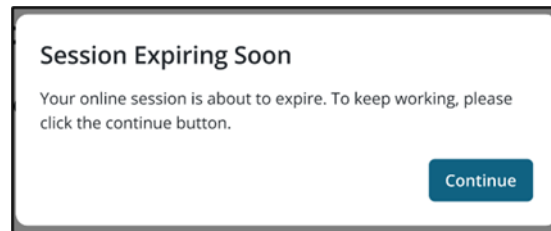
Select a Profile

A list of accounts associated with your One Healthcare ID will display. Select the profile for the Tax ID number you want to access, and then select **Continue**.



Session Timeout

For security purposes, your session will expire after **15 minutes** of inactivity. A timeout warning will appear after **10 minutes** of inactivity. If you are still working, select **Continue** to reset the timer.



Fee Schedules and VA SEOC Billing Codes

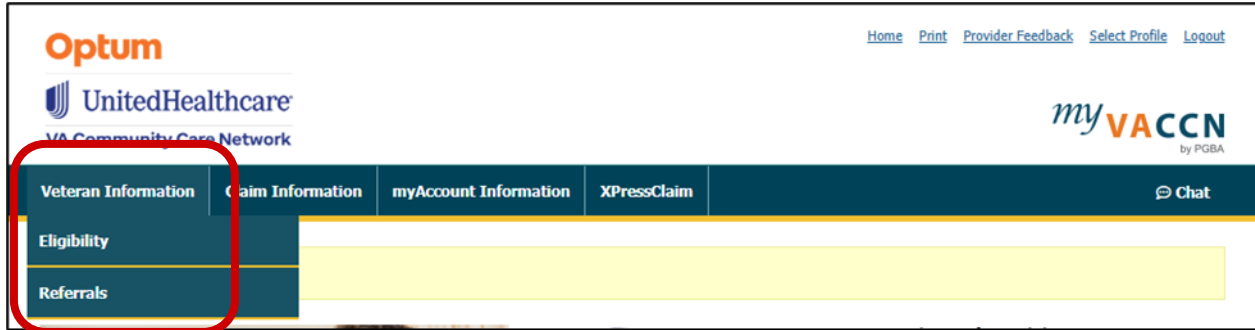
A **Standardized Episode of Care (SEOC)** is a standardized bundle of services and procedures related to a specific category of care or sub-specialty. All services or procedures included in the SEOC are authorized as medically necessary for an approved referral.

A link to the **fee schedules** and the **SEOC billing code list** can be found on the secure homepage.

A screenshot of the myVACCN provider portal homepage for a user named John Smith. The page features a top navigation bar with links for Home, Print, Provider Feedback, Select Profile, and Logout. Below this is a header with the Optum and UnitedHealthcare logos, and the text "VA Community Care Network" and "myVACCN by PGBA". A secondary navigation bar includes "Veteran Information", "Claim Information", "myAccount Information", "XPressClaim", and a "Chat" icon. The main content area displays the user's name "John Smith" and "Last visit: Today". There are several interactive cards: "Verify veteran eligibility", "View Referrals", and "Check claim status". A red box highlights a link titled "Fee Schedules: Fee Schedules and VA SEOC Billing Code Information". Other text includes an important notice about email updates, a claim status check, and XPressClaim instructions. At the bottom, there are provider services contact numbers for three regions and the CCN Portal number (844-833-3802). A maintenance notice at the very bottom states that myVACCN.com is down for maintenance daily between 3:00 - 4:00 a.m. EST and Sundays from 5:00 p.m. to midnight.

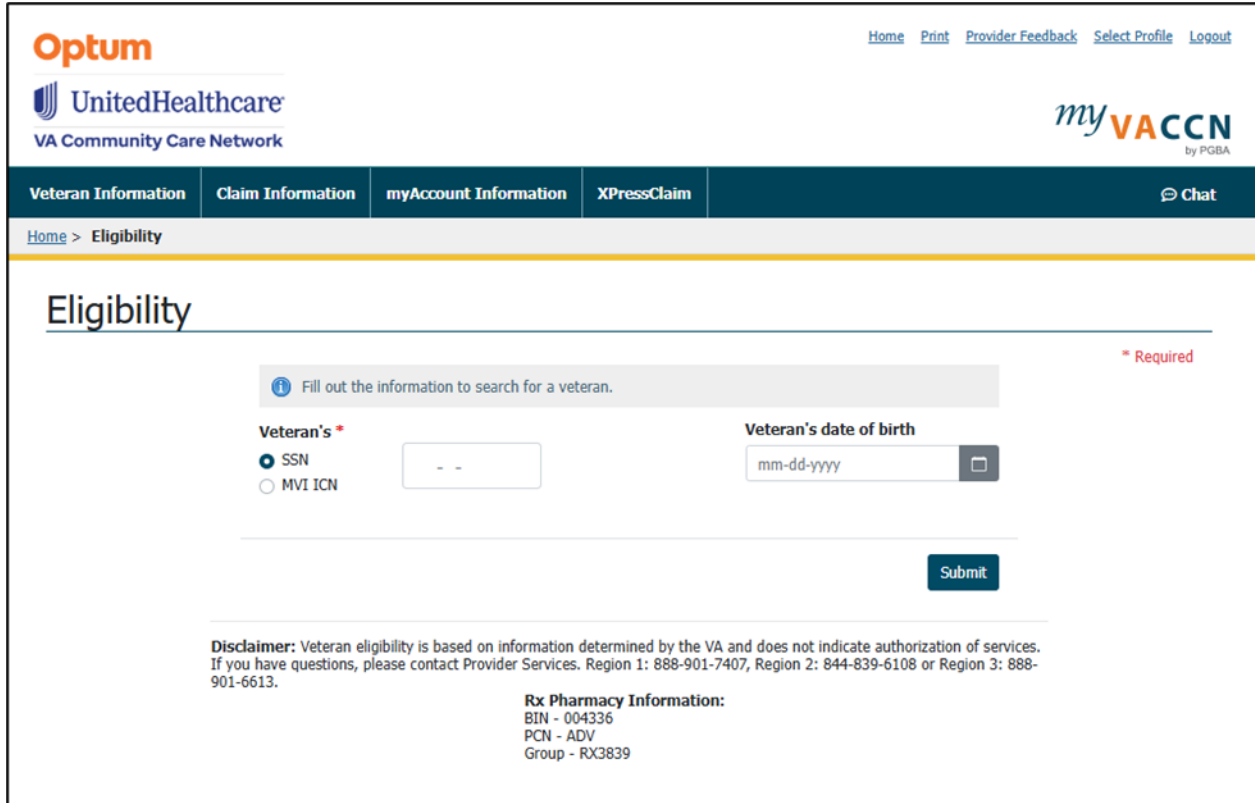
Veteran Information

Eligibility and **Referrals** can be found under the **Veteran Information** menu in the top navigation.




Eligibility Search


To check eligibility, enter the veteran's Social Security Number (SSN) or MVI ICN and date of birth (optional) and then **Submit**.



Eligibility Results

The results will display the Veteran’s name along with the VA information on file. A status of **YES** indicates that the Veteran is eligible for services. If the Veteran is not eligible, a status of **NO** will appear in the **Community Care Eligibility** or **Urgent Care** fields, as appropriate.





VA Community Care Network

[Home](#) [Print](#) [Provider Feedback](#) [Select Profile](#) [Logout](#)

Veteran Information
Claim Information
myAccount Information
XPressClaim

Chat

[Home](#) > Eligibility

Eligibility

<p>Eligibility for JOHN DOE</p> <p>Community Care Eligibility YES</p> <p>Urgent Care NO</p>	<p>SSN XXX-XX-9999</p> <p>Veteran’s ID (EDIPI) 1111111111</p> <p>MVI ICN 1234567V1234567</p> <p>Date of birth 01/01/2000</p> <p>Address 999 MAIN ST CITY, ST 12345-9999</p> <p>Gender MALE</p>
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Back

Disclaimer: Veteran eligibility is based on information determined by the VA and does not indicate authorization of services. If you have questions, please contact Provider Services. Region 1: 888-901-7407, Region 2: 844-839-6108 or Region 3: 888-901-6613.

Rx Pharmacy Information:
BIN - 004336
PCN - ADV
Group - RX3839

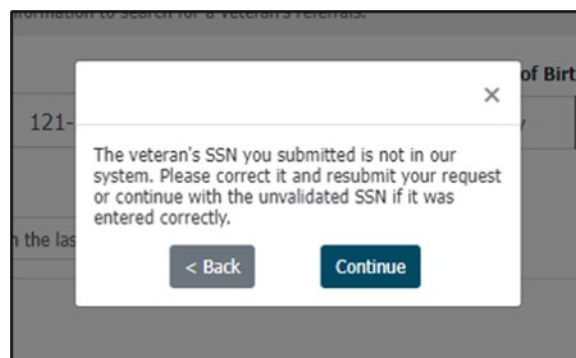
Referral Search

To search for a Veteran's referrals, enter the Veteran's **SSN** or **MVI ICN** and the **date of birth** (optional). Then, select a **date range** or enter a **referral number**, and select **Submit**.

The screenshot shows the 'Referrals' search page on the myVACCN portal. At the top, there are logos for Optum, UnitedHealthcare, and VA Community Care Network, along with navigation links for Home, Print, Provider Feedback, and Logout. A dark blue navigation bar contains 'Veteran Information', 'Claim Information', 'myAccount Information', 'XPressClaim', and a 'Chat' icon. Below this, a breadcrumb trail shows 'Home > Referrals'. The main heading is 'Referrals'. A grey information box states: 'Fill out the information to search for a veteran's referrals.' with a red asterisk indicating required fields. The form includes:

- Veteran's ***: Radio buttons for 'SSN' (selected) and 'MVI ICN', followed by a text input field containing '- -'.
- Veteran's Date of Birth**: A text input field with the placeholder 'mm/dd/yyyy' and a calendar icon.
- Search by ***: A dropdown menu currently showing '- Please Select -'. The dropdown list is open, showing options: '- Please Select -', 'Date range within the last 6 months', 'Date range within the last 12 months', 'Date range beginning on or after a specific date', 'Referral number', and 'All referrals'.
- A blue **Submit** button is located to the right of the search options.

If the Veteran's SSN is not found in the eligibility system, the website will ask you to verify that the number was entered correctly. Select **Back** to make changes, or **Continue** if the number is correct.



Referral Results

A list of referrals that match your search criteria will be displayed. Select a **column heading** to sort the list, or select a **date of service range** to view referral details.

The screenshot shows the myVACCN interface. At the top, there are logos for Optum, UnitedHealthcare, and myVACCN by PGBA. A navigation bar includes links for Veteran Information, Claim Information, myAccount Information, XPressClaim, and Chat. The main heading is 'Referrals' with a sub-heading 'Select a date of service range to view referral details.' Below this is a summary row for a veteran named JOHN DOE. The 'Search Results:' section contains a table with two rows of referral data. A red box highlights the 'Dates of Service' column in the first row, and a red arrow points to it from the left.

Referral Number	Dates of Service	Place of Service	Decision	Servicing Providers	
VA9001582094	01/11/2022 - 02/11/2022	INPATIENT HOSPITAL	APPROVED	UNIVERSITY MEDICAL CTR	View Claims >
VA9000924347	01/11/2022 - 07/11/2022	OUTPATIENT HOSPITAL	APPROVED	LABORATORY CORP	View Claims >

Please note: In some instances, valid referrals may not appear. If the Group TIN wasn't included on the VA referral, you may have trouble locating the referral on our website. To request confirmation, please select the above Chat link, call Provider Services or use the HealthShare Referral Manager (HSRM) tool. Region 1 CCN Provider Services: 888-901-7407 Region 2 CCN Provider Services: 844-839-6108 Region 3 CCN Provider Services: 888-901-6613 Monday through Friday, 7:00 a.m. to 8:00 p.m., local time, excluding federal holidays.

[New Search](#)

Referral Details

Referral details include information such as **diagnosis codes**, **SEOC ID**, **dates of service**, **place of service**, **decision**, and **provider**. The information displayed is dynamic and may vary based on the referral. Select **View Claims for this Referral** to see claims associated with the referral.

The screenshot displays the 'Referrals' section of the myVACCN portal. At the top, there are navigation links for Home, Print, Provider Feedback, and Logout. Below the UnitedHealthcare logo, there are tabs for Veteran Information, Claim Information, myAccount Information, XPressClaim, and a Chat icon. The main content area shows a table with the following data:

Referral Number	Veteran's Name	Veteran's SSN	Veteran's MVI ICN	Veteran's Date of Birth
VA9000924347	JOHN DOE	XXX-XX-6370	1234567890A123456	08/27/1977

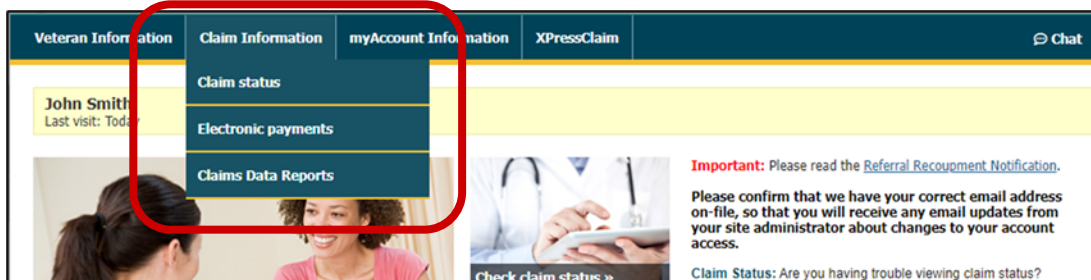
Below the table, there is a link 'View Claims for this Referral' which is highlighted with a red box. The details for the selected referral are as follows:

Primary Diagnosis Code R0602 SHORTNESS OF BREATH	Approved Service Type MEDICAL CARE
Secondary Diagnosis Code J440 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) LOWER RESPIRATORY INFECTION	Length of Stay DAY
SEOC ID EUC_EMERGENCY CARE_1.2.3_PRCT	Associated Group LABORATORY CORP
Beginning Date of Service 01/11/2022	Address 555 UNIVERSITY BLVD, STE 25, CITY, ST 12345
Ending Date of Service 07/11/2022	Phone 555.555.5555
Place of Service OUTPATIENT HOSPITAL	Fax 999.999.9999
Decision APPROVED	Facility UNIVERSITY MEDICAL CTR
Reason APPROVE, MEDICALLY APPROPRIATE	Facility NPI 1111111110
	Specialty SHORT TERM GENERAL HOSP
	Address 555 UNIVERSITY BLVD, CITY, ST 12345
	Phone 555.555.5555
	Fax 999.999.9999

At the bottom right of the page, there are buttons for 'New Search' and 'Back to List'.

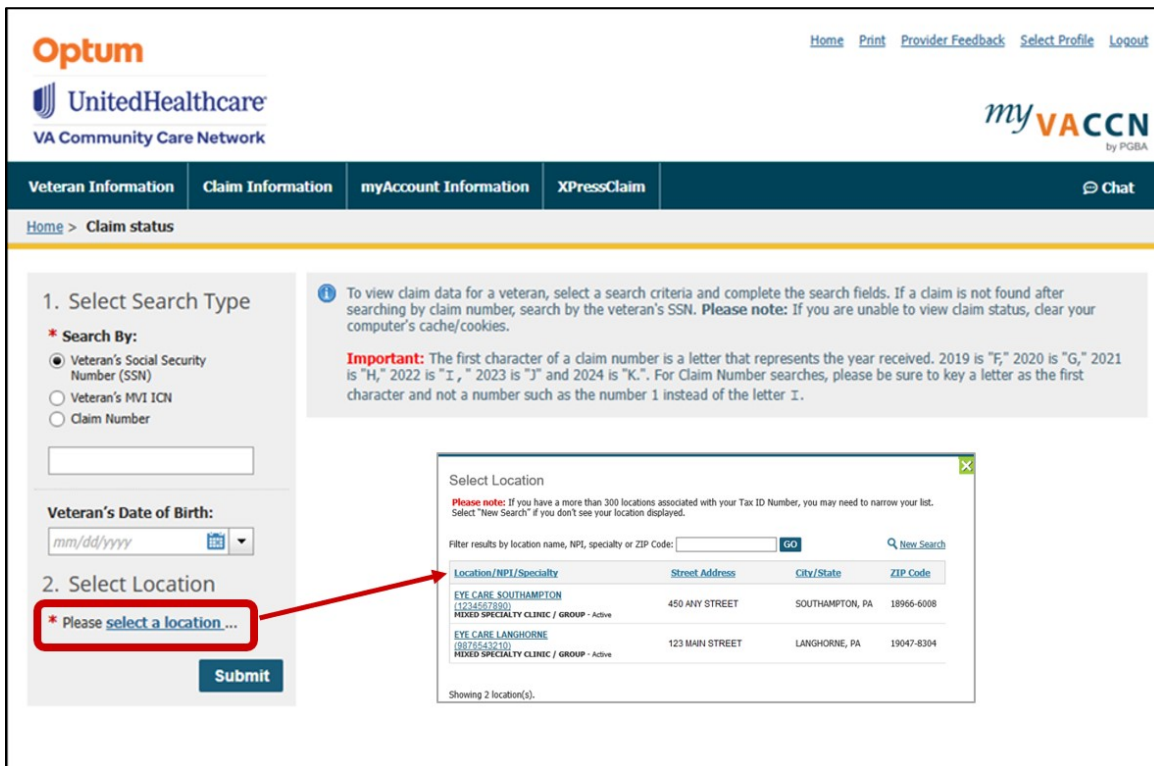
Claim Information

Claim Information includes options for **Claim Status**, **Electronic Payments**, and **Claims Data Reports**.



Claim Search

To search for claims, enter the Veteran’s SSN, MVI ICN or Claim Number. The provider’s location is required; the veteran’s date of birth is optional.



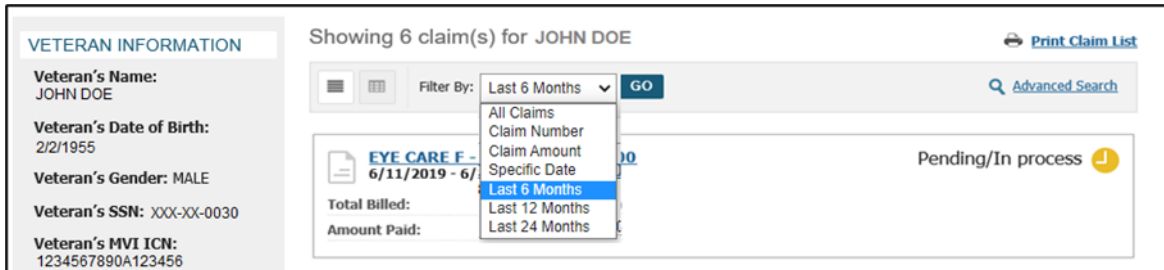
Claim List

A summary list of claims is returned. Each claim displays its current status—**In Process**, **Paid**, **Denied**, or **Returned**. Veteran information appears on the left side of the page. Select a Claim Number link to view the claim’s details.

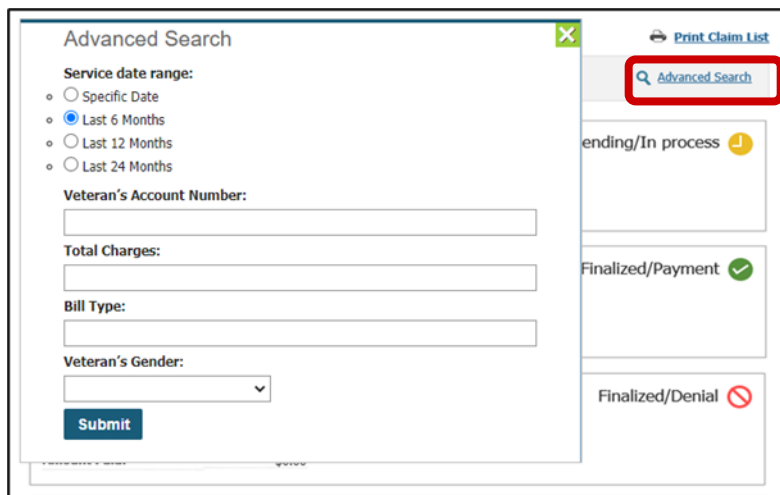
The screenshot displays the 'Claim List' interface for a user named JOHN DOE. The page is divided into several sections:

- Navigation:** Tabs for 'Veteran Information', 'Claim Information', 'myAccount Information', 'XPressClaim', and 'Chat' are at the top.
- Header:** 'Home > Claim status' and 'Showing 6 claim(s) for JOHN DOE'.
- Veteran Information (Left Sidebar):**
 - Veteran's Name:** JOHN DOE
 - Veteran's Date of Birth:** 2/2/1955
 - Veteran's Gender:** MALE
 - Veteran's SSN:** XXX-XX-0030
 - Veteran's MVI ICN:** 1234567890A123456
 - Change Veteran >**
 - EYE CARE SOUTHAMPTON:** 450 ANY STREET, SOUTHAMPTON, PA, 18966-6008
 - Specialty:** MIXED SPECIALTY CLINIC / GROUP
 - NPI:** 1234567890
 - Change location >**
- Filtering:** 'Filter By: Last 6 Months' and 'GO' button.
- Advanced Search:** 'Advanced Search' link.
- Claim List:**
 - Claim 1:** EYE CARE F - F172VM003-00-00 (6/11/2019 - 6/11/2019), Pending/In process (yellow arrow icon). Total Billed: \$150.00, Amount Paid: \$124.02.
 - Claim 2 (Highlighted):** EYE CARE F - F157X000J-00-00 (6/4/2019 - 6/4/2019), Finalized/Payment (green checkmark icon). Total Billed: \$62.00, Amount Paid: \$62.00. A red box highlights the claim ID and dates, and a red arrow points to the status.
 - Claim 3:** EYE CARE F - F157X000K-00-00 (6/3/2019 - 6/6/2019), Finalized/Denial (red X icon). Total Billed: \$1,242.00, Amount Paid: \$0.00.
 - Claim 4:** EYE CARE F - F161X8888-00-00 (5/25/2019 - 5/25/2019), Acknowledgement/Returned (grey minus icon). Total Billed: \$185.00, Amount Paid: \$0.00.
- NEED HELP?:** Please note: Claim searches only return the first 300 claims. To see more claims, please narrow your search.

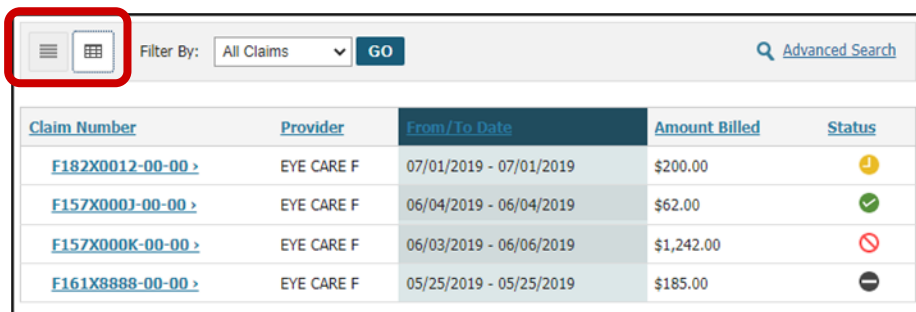
Veteran ID searches return the last 6 months of claims based on claim date of service. Use the **Filter By** option at the top of the list to expand or narrow the claim list.



Select the **Advanced Search** link to search by veteran's account number, total charges, bill type or gender.



The buttons at the top of the list allow you to toggle between a card view and table view of the claims list depending on your preference.



Claim Details – Paid Claim

Claim details include the overall claim information such as date processed, provider details, billed amount, paid amount, payment number and a list of line items. Select a **Line number** link to view line details.

Veteran Information
Claim Information
myAccount Information
XPressClaim
Chat

Home > Claim status > View Claim Details

VETERAN INFORMATION

Veteran's Name:
JOHN DOE

Veteran's Date of Birth:
2/2/1955

Veteran's Gender: MALE

Veteran's SSN: XXX-XX-0030

Veteran's MVI ICN:
1234567890A123456

[Change Veteran >](#)

EYE CARE SOUTHAMPTON
450 ANY STREET
SOUTHAMPTON, PA
18966-6008

Specialty: MIXED SPECIALTY
CLINIC / GROUP

NPI: 1234567890

[Change location >](#)

NEED HELP?

Please note: Claim searches only return the first 300 claims. To see more claims, please narrow your search.

Claim Details for F157X000J-00-00 [Print Claim Details](#)

Status Explanation

Today's Date:	8/19/2019
Category:	✔ F1 - FINALIZED/PAYMENT - THE CLAIM/LINE HAS BEEN PAID.
Status:	1 - FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE.

Claim Information

Claim Number:	F157X000J-00-00
Date Processed:	6/6/2019
Dates of Service:	6/4/2019 to 6/4/2019
Provider/TIN:	EYE CARE - XXXXX5081
Provider NPI:	1234567890
Total Billed:	\$62.00
Amount Paid:	\$62.00
Payment Number:	7000000258

Lines	From	To	Procedure	Service	Charge	Status
Line 1	06/04/2019	06/04/2019	92014	OPHTHALMOLOGICAL SERVICES	\$62.00	✔

[Back to Claim List](#)
[Previous Claim](#)
[Next Claim](#)

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Claim Line Details

Claim line details include procedure codes and descriptions, days/units/time (DUTs), billed amount and paid amount.

Claim Line Details for F157X000J-00-00

VETERAN INFORMATION

- Veteran's Name: JOHN DOE
- Veteran's Date of Birth: 2/2/1955
- Veteran's Gender: MALE
- Veteran's SSN: XXX-XX-0030
- Veteran's MVI ICN: 1234567890A123456

EYE CARE SOUTHAMPTON
450 ANY STREET
SOUTHAMPTON, PA
18966-6008
Specialty: MIXED SPECIALTY CLINIC / GROUP
NPI: 1234567890

Claim Information

- Claim Number: F157X000J-00-00
- Line Number: Line 1 of 1
- Date Processed: 6/6/2019
- Dates of Service: 6/4/2019 to 6/4/2019
- CPT4 Code: 92014 00 00 00 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, 1 OR MORE VISITS
- Days/Units/Time: 1
- Total Billed: \$62.00
- Amount Paid: \$62.00

Status Explanation

- Today's Date: 7/18/2019
- Category: F1 - FINALIZED/PAYMENT - THE CLAIM/LINE HAS BEEN PAID.
- Status: 0 - CANNOT PROVIDE FURTHER STATUS ELECTRONICALLY.

NEED HELP?
Please note: Claim searches only return the first 300 claims. To see more claims, please narrow your search.

Claim Details – Denied Services

For denied services, select **View the denial reason** to see why a service was denied. Denial reasons are available at the claim and line level.

Claim Details for F157X000K-00-00

VETERAN INFORMATION

- Veteran's Name: JOHN DOE
- Veteran's Date of Birth: 2/2/1955
- Veteran's Gender: MALE
- Veteran's SSN: XXX-XX-0030
- Veteran's MVI ICN: 1234567890A123456

EYE CARE SOUTHAMPTON
450 ANY STREET
SOUTHAMPTON, PA
18966-6008
Specialty: MIXED SPECIALTY CLINIC / GROUP
NPI: 1234567890

Claim Information

- Claim Number: F157X000K-00-00
- Date Processed: 6/6/2019
- Dates of Service: 6/3/2019 to 6/6/2019
- Provider/TIN: EYE CARE - XXXX005081
- Provider NPI: 123456789
- Total Billed: \$1,242.00

Status Explanation

- Today's Date: 7/18/2019
- Category: F2 - FINALIZED/DENIAL - THE CLAIM/LINE HAS BEEN DENIED.
- Status: 1 - FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE.

View the denial reason

Lines	From	To	Procedure	Service	Charge	Status
Line 1	06/03/2019	06/03/2019	65855	TRABECULOPLASTY BY LASER	\$1,180.00	⊘
Line 2	06/06/2019	06/06/2019	92014	OPHTHALMOLOGICAL SERVICES	\$62.00	⊘

Finalized/Denial Status Explanation

This service does not meet VA CCN criteria. PROVIDER SPECIALTY NOT VA CCN AUTHORIZED FOR THIS SERVICE.

A REFERRAL MATCH WAS NOT FOUND DUE TO ONE OF THE FOLLOWING REASONS: REFERRAL NUMBER SUBMITTED IS NOT ON FILE FOR THIS VETERAN ID OR REFERRAL NUMBER SUBMITTED DOES NOT COVER DATE OF SERVICE.

Claim Details – Returned Claim

For returned claims, select **Reason for return or transfer** for an explanation of why the claim was returned to the submitter.

The screenshot displays the 'View Claim Details' page for claim F161X8888-00-00. The status is 'ACKNOWLEDGEMENT/RETURNED - The claim / encounter has been rejected and has not been entered into the adjudication system'. A red box highlights the link 'Reason for return or transfer'. A modal window titled 'Acknowledgement/Returned Explanation' is open, displaying the error: 'INVALID DIAGNOSIS POINTER(S). DIAGNOSIS POINTERS ARE NOW ALPHA CHARACTERS.'

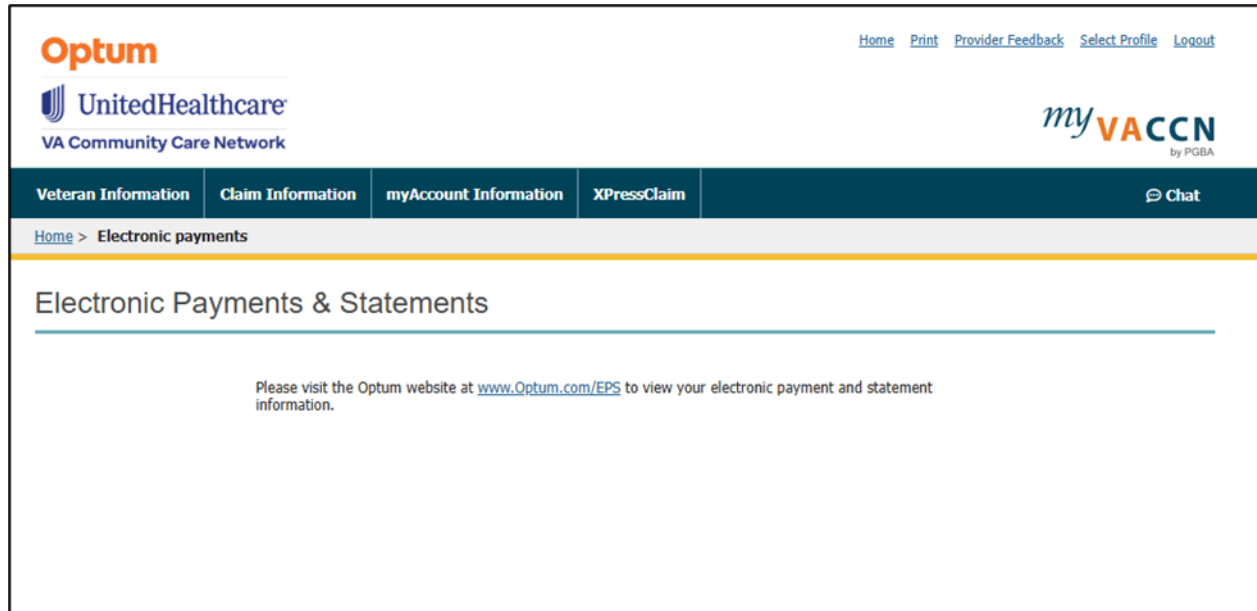
Claim Details – Other Health Insurance (OHI)

For claims processed with OHI, select **View Other Health Insurance (OHI) for this claim** to view details. The OHI link will not display for claims with no OHI.

The screenshot displays the 'View Claim Details' page for claim F246X000N-00-00. The status is 'F2 - FINALIZED/DENIAL - THE CLAIM/LINE HAS BEEN DENIED'. A red box highlights the link 'View Other Health Insurance (OHI) for this claim'. A modal window titled 'Other Health Insurance' is open, showing details for claim F246X000N0000, including OHI Payer Name (BCBS OF DE), OHI Allowed Amount (\$50.00), and OHI Paid Amount (\$0.00).

Electronic Payments

Remittance Advices are found on our partner's website. Please visit www.Optum.com/EPS to view your electronic payments and statement information. A link is provided on the Electronic Payments page for your convenience.



Claims Data Reports

Create, view, print or download unique accounts receivable reports. View claims information for all your VA CCN patients for one or more locations in one report.

There are three easy steps to create a report:

- Select the **provider's location(s)** (up to 20 locations per report)
- Select a **Date Range** – Last 2 weeks, Last 30 days, Last 3 months, Last 6 months or a Specific Date
- Select a **sort order** – Completed Date, Patient's Account Number, Patient's Name or Veteran's SSN and then **Continue**

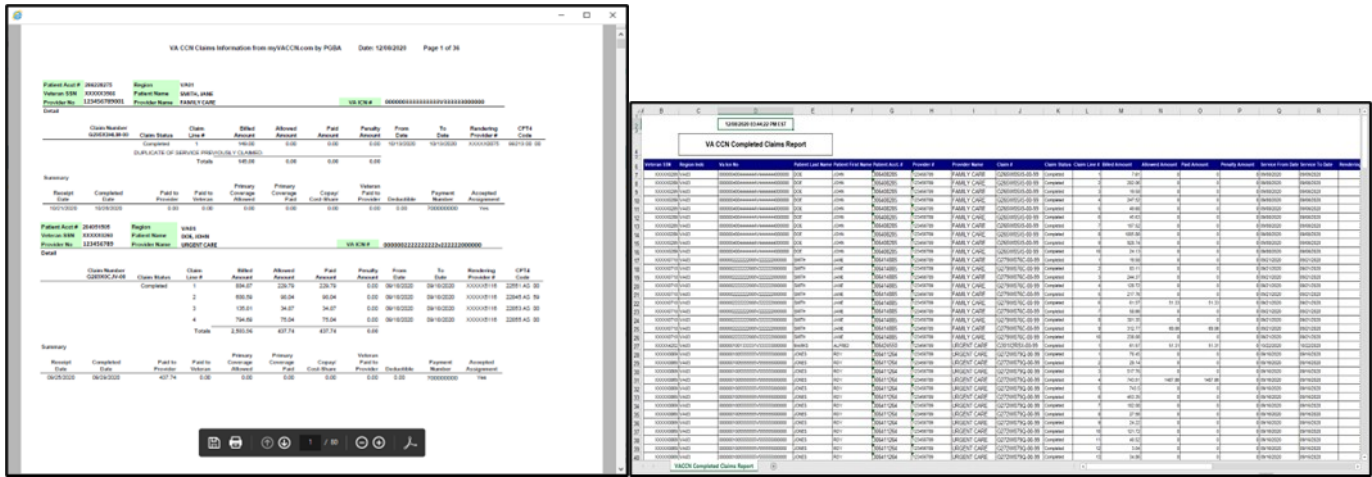
The screenshot shows the 'Claims Data Reports' page in the myVACCN portal. The page is titled 'Claims Data Reports' and includes a navigation menu with 'Veteran Information', 'Claim Information', 'myAccount Information', 'XPressClaim', and 'Chat'. The main content area is divided into two columns. The left column contains three numbered steps: 1. Select Location (with a dropdown menu), 2. Select Date Range (with a dropdown menu), and 3. Sort report data by (with radio buttons for 'Completed Date', 'Patient's Account Number', 'Patient's Name', and 'Veteran's SSN'). A 'Continue' button is located below these steps. The right column contains a 'Claims Data Reports' section with a list of bullet points: 'Create, view, print or download unique account receivable reports', 'View claims information for all your VACCN patients for one or more locations in one report', and 'Sort information the way you want it - by date range, patients name, account number, etc.'. A 'Please note' section states: 'the "Date Range" field corresponds to the claim dates of service.' At the bottom left, there is a 'NEED HELP?' section with a link to 'Claims Data Reports FAQs'.

Claims Data Reports – Results

Select **Generate Report** to create a PDF that can be viewed on screen, printed, or saved to your personal device. To download a report, select **Completed Claims**, **In-Process Claims**, or **Returned Claims** under the **Download** section of the page.

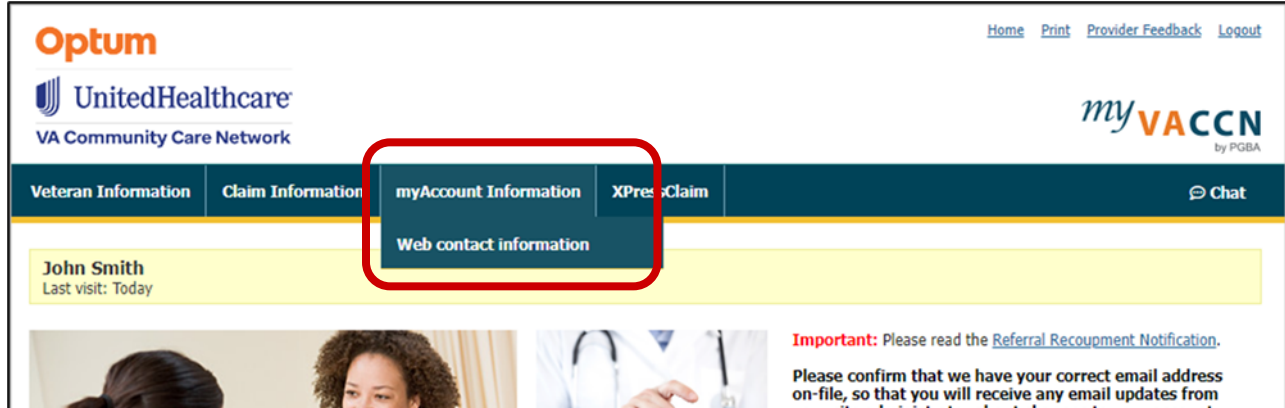
The screenshot shows the 'Claims Data Reports' page in the myVACCN portal, displaying the results of a search. The page is titled 'Claims Data Reports' and includes a navigation menu with 'Veteran Information', 'Claim Information', 'myAccount Information', 'XPressClaim', and 'Chat'. The main content area is divided into two columns. The left column contains a 'RESULTS' section with the following information: 'Location: You selected 2 location(s).', 'Date Range: Last 2 weeks', and 'Sorted By: Patient's Account Number'. A 'New Search >' link is located below this information. The right column contains a 'Claims Data Reports' section with a table of 'Selected Locations for this report:'. The table has four columns: 'Location/NPI/Specialty', 'Street Address', 'City/State', and 'Zip Code'. The table contains two rows of data: 'CAROLINA FAMILY CARE (9876543210) MIXED SPECIALTY CLINIC / GROUP - Active' at '123 ANY STREET, SUITE 1111, RALEIGH, NC 276171914' and 'FAMILY & URGENT CARE (1234567890) MIXED SPECIALTY CLINIC / GROUP - Active' at '999 HOSPITAL RD, LUMBERTON, NC 283582677'. A 'Generate Report' button is located below the table, and a red box highlights it. Below the 'Generate Report' button is a 'Download' section with the text: 'Download Comma Separated Values (.csv) files. For best results, we recommend Microsoft Excel. Please note that your report will display as empty if there are no claims returned.' Below this text are three radio buttons: 'Completed Claims', 'In-Process Claims', and 'Returned Claims'. A red arrow points to the 'Completed Claims' radio button. At the bottom of the 'Download' section, there is a 'Note: Any leading zero(0's), such as those at the beginning of patient account numbers or Social Security Numbers, will not appear in the report unless you specifically format within Excel by selecting "Format" then "Cell" and the "Number" tab, then set "Decimal spaces" to 0 (zero). Remember to highlight all the columns and rows you want formatted this way.'

Example Reports



myAccount Information

Update your **Web** contact information from the myAccount Information menu.



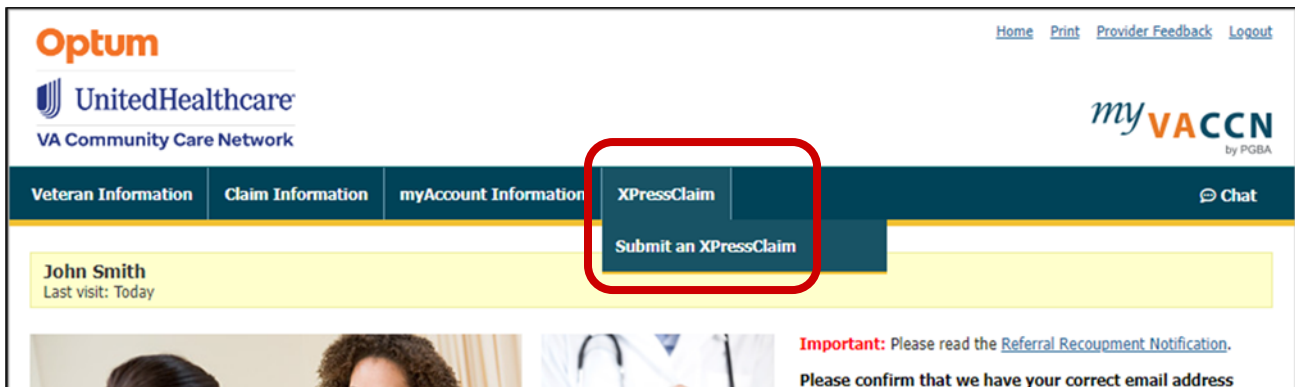
To update your web contact and account information, select **Edit** from the bottom of the page. **Please note:** Changing your information here only changes your web account. It does not carry over into any other systems.

Veteran Information	Claim Information	myAccount Information	XPressClaim	Chat
Home > Web contact information				
<h2>Web Contact Information</h2>				
Tax ID Number (TIN) XXXXX6789	Provider's SSN 8888	Date of Birth 01/01/1981		
<h3>Personal Details</h3>				
How should we greet you?				
First Name:	John			
Middle Initial:				
Last Name:	Smith			
<h3>Business Details</h3>				
Business Name:	Example Medical Provider			
Job Title:	Office Manager			
<h3>Business Mailing Address</h3>				
Address Line 1:	123 Main St			
Address Line 2:				
City:	City			
State:	North Carolina			
ZIP Code:	27103			
<h3>Business Physical Address</h3>				
Address Line 1:	PO BOX 456			
Address Line 2:				
City:	City			
State:	North Carolina			
ZIP Code:	27103			
<h3>Email</h3>				
Email:	a@b.com			
<h3>Fax</h3>				
Fax:	() -			
<h3>Phone</h3>				
Primary Phone Number:	(555) 555-5555			
Extension:				
<h3>Security</h3>				
Security Question:	What is the name of the elementary school you attended?			
Security Answer:	vaccn@01			
Edit				

XPressClaim (XPC)

XPC is a free online claim submission tool. You can submit both professional and institutional claims once you sign up and accept the terms & conditions. Signing up is easy. It just requires an electronic signature.

Select **Submit an XPressClaim** from the XPressClaim menu in the top navigation.



Here's a quick overview of the XPressClaim process:

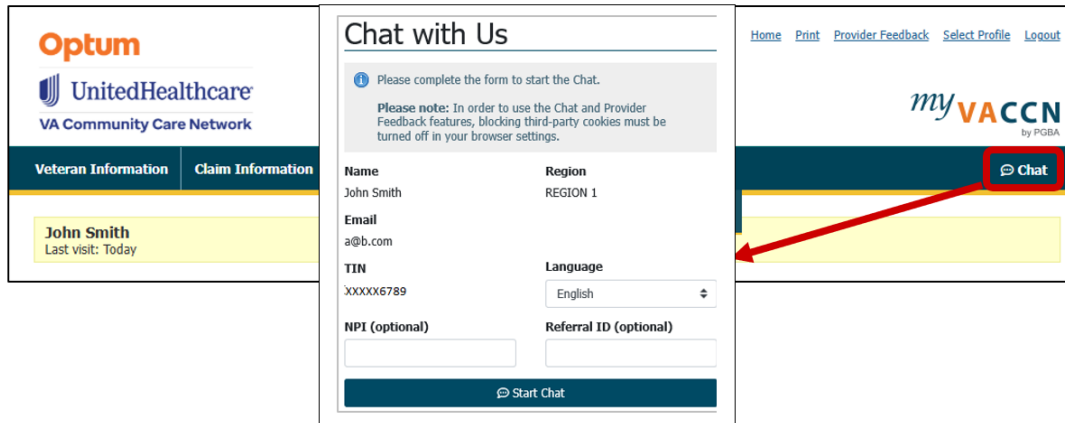
- Select the location where the care was provided.
- Select the doctor who provided the care.
- Select the patient who received the care.
- Enter the list of services and charges for this claim.
- Submit and make any online corrections.
- Receive your results right away.

Please refer to the XPressClaim guides and tutorials on myVACCN.com for more information.

Chat

Select **Chat** from the upper right corner of any page on the secure website during normal business hours to chat with a customer service representative in English or Spanish.

“Block third party cookies” must be turned off in your browser settings to use the Chat feature.

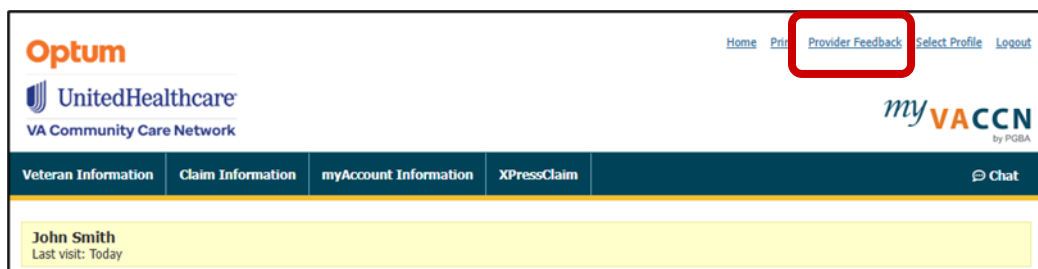


The screenshot displays the myVACCN user interface. On the left, there is a sidebar with the Optum and UnitedHealthcare logos, and a user profile for John Smith. The main content area is titled 'Chat with Us' and contains a form with the following fields: Name (John Smith), Region (REGION 1), Email (a@b.com), TIN (XXXXX6789), Language (English), NPI (optional), and Referral ID (optional). A 'Start Chat' button is at the bottom of the form. On the right side of the page, there is a navigation menu with links for Home, Print, Provider Feedback, Select Profile, and Logout. A red box highlights the 'Chat' button in the top right corner, with a red arrow pointing to it from the left.

Provider Feedback

Select **Provider Feedback** from the right side of the secure homepage to give feedback **specifically about the myVACCN.com website**. Please do not use this form to give feedback about claims, customer service or any other processes.

“Block third party cookies” must be turned off in your browser settings to use the Provider Feedback feature.



The screenshot shows the myVACCN homepage. The navigation menu at the top right includes links for Home, Print, Provider Feedback, Select Profile, and Logout. The 'Provider Feedback' link is highlighted with a red box. Below the navigation menu, there are several tabs: Veteran Information, Claim Information, myAccount Information, XPressClaim, and a Chat button. The user profile for John Smith is visible at the bottom of the page.

Select a rating 1 through 5 for each question and **Submit**.

Veteran Information | **Claim Information** | **myAccount Information** | **XPressClaim** | **Chat**

Feedback Survey

Please select a rating (1 - 5) for each question below and click Submit to send your feedback.

Important: This form should be used to provide feedback about your experience on this website only.
Please note: Blocking third-party cookies must be turned off in your browser settings to submit feedback.

1. How well did the web pages load? *

1 - poor | 2 - fair | 3 - good | 4 - very good | 5 - excellent

2. Please rate the ease of navigation of the website. *

1 - poor | 2 - fair | 3 - good | 4 - very good | 5 - excellent

3. Please rate the information provided on the website. *

1 - poor | 2 - fair | 3 - good | 4 - very good | 5 - excellent

4. Please rate how well the website met your expectations. *

1 - poor | 2 - fair | 3 - good | 4 - very good | 5 - excellent

5. How likely are you to return to use the self-service options offered? *

1 - very unlikely | 2 - unlikely | 3 - neutral | 4 - likely | 5 - very likely

Submit

Remember to **Logout** when you have completed your session.

Optum | [Home](#) | [Print](#) | [Provider Feedback](#) | [Select Profile](#) | **Logout**

UnitedHealthcare
VA Community Care Network

myVACCN
by PGBA

Veteran Information | **Claim Information** | **myAccount Information** | **XPressClaim** | **Chat**

Feedback Survey

✔ Thank you for submitting. We appreciate your feedback!

Want to Know More?

Check out the other [Training & Guides](#) on vacommunitycare.com for providers.