VNS Health

HEALTH PLANS

Provider News

August Capitation Payment Timing Change

Monthly capitation payments will be processed approximately two days later than the current schedule.

Effective: August 2026 capitation cycle

Why?
The updated schedule provides additional time to validate eligibility, Social Care Network (SCN), and related data before payments are finalized, helping improve payment accuracy and reduce future adjustments.

What is not changing?

- Capitation payment amounts
- Payment methodology
- Contractual payment terms

Take Action
Review payment timing expectations for upcoming capitation cycles. Providers currently receiving paper checks may also want to consider Electronic Funds Transfer (EFT), which may help improve payment delivery timing.

Beginning with the August 2026 capitation cycle, we will adjust the monthly capitation processing schedule by approximately two days. This change provides additional time to complete eligibility and SCN-related data validation before payments are finalized, helping ensure payments reflect the most accurate information available.

This adjustment affects payment timing only and does not change provider reimbursement amounts, capitation methodology, or contractual terms.

Questions? Contact your Provider Relations representative.

Annual Training & Attestations Due by Dec. 31

To maintain compliance with regulatory requirements, participating Medicare providers must complete annual Model of Care (MOC) training and submit the associated attestation by December 31, 2026.

Applies to: Physicians, LHCSAs, DME providers, MOV, Chores, and PERS providers.

Action Required

1. Review the 2025 Model of Care Training
   Model of Care Training
2. Submit the attestation form confirming completion
   Provider Model of Care Attestation

Note: Independent Physician Associations (IPAs) may attest as a single entity if training information is shared with affiliated providers.

Ownership Change? Notification Required Within 35 Days

If your organization experiences a change in ownership, submit an updated Disclosure of Ownership and Control Interest Statement within 35 days.

Who is affected?

Providers and provider organizations that are newly contracting with VNS Health or experience a change in ownership.

When is the form required?

- Upon execution of an agreement with VNS Health during initial credentialing
- Within 35 days of any ownership change

Keeping ownership information current helps maintain accurate provider records and supports credentialing, recredentialing, and regulatory compliance activities.

We value our partnership and appreciate your assistance in keeping provider information current.

New Resource for Coding & Risk Adjustment Questions

Have a coding or documentation question?

The new Risk Adjustment Support mailbox provides guidance for providers, coders, and clinic staff on topics such as:

- ICD-10-CM coding principles
- CMS-HCC fundamentals
- Documentation requirements, including MEAT criteria
- Risk adjustment terminology

Important: This mailbox is intended for general educational guidance only. Please do not submit PHI, patient-specific questions, payment inquiries, or audit-related requests.

Need additional support? Request a one-on-one or group training session.

Before You Reach Out, Check the Portal

When addressing HEDIS® and Stars care gaps, you may already have some of the information you need.

Before initiating outreach for open care gaps, consider checking the VNS Health Provider Portal first. Clinical data collected by or received by the health plan, including blood pressure results and other supplemental information, may help identify care already completed and support quality measure documentation.

This can be particularly valuable for high-impact measures such as:

- **Controlling High Blood Pressure (CBP)**
- **Glycemic Status Assessment for Patients with Diabetes (GSD)**

As you review patients with open gaps, consider leveraging available portal data to support quality improvement efforts, reduce duplicate outreach, and improve measure performance.

Provider Portal Gateway

Thank you for your partnership in delivering high-quality care and improving outcomes for our shared members.

Early Identification of PAD Can Help Prevent Limb Loss

Peripheral arterial disease (PAD) remains underdiagnosed despite its association with increased risk of cardiovascular events, hospitalization, and lower extremity amputation.

Patients Who May Be at Higher Risk

- Adults age 65 and older
- Patients with diabetes
- Current or former smokers
- Patients with ASCVD or chronic kidney disease (CKD)
- Patients with non-healing wounds or leg symptoms

Clinical Considerations

- Consider Ankle-Brachial Index (ABI) or other non-invasive vascular studies when indicated
- Optimize statin and antiplatelet therapy based on clinical guidelines
- Address blood pressure and diabetes management
- Reinforce smoking cessation and routine foot exams
- Refer patients with claudication, rest pain, ulcers, or gangrene when appropriate

PAD is frequently underrecognized and may signal elevated risk for cardiovascular complications and limb loss. Early identification and evidence-based management can help improve outcomes and support limb preservation for patients at risk.

Thank you for your continued partnership in advancing high-quality, preventive care for our shared members.