

Veterans Choice Program

Quick Reference Chart



Resources	
Contact Us	To learn more about the program, view frequently asked questions and access the most up-to-date resources, visit www.hnfs.com . Call Center: 1-866-606-8198, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern time, excluding certain holidays.
Eligibility	
Eligibility	The authorization received from Health Net Federal Services, LLC (Health Net) is the provider's confirmation of eligibility and authorization to render the services to the Veteran. No additional eligibility verification is required.
Covered Services	
Authorizations	Covered services are limited to those set forth in the authorization from Health Net. Authorizations are approved for routine office visits, in-office procedures, routine lab work and/or X-rays that are required to properly evaluate the Veteran and to determine if further treatment is needed.
Requesting Additional Services	If any additional visits and/or services are needed to treat the Veteran, the provider must complete a Request For Additional Services form and obtain approval from Health Net by faxing it to 1-855-300-1705. The request must be submitted to and approved by Health Net prior to rendering services outside of the current authorization. This includes services not included under the episode of care as well as rendering services outside the approved dates.
Appointments	
Scheduling	Health Net coordinates the initial appointment with the provider and Veteran.
No-Shows, Missed and Canceled Appointments	Providers must report all no-shows, missed or canceled appointments to Health Net at 1-866-606-8198 or by returning the Appointment Verification form to fax number 1-855-300-1705. Providers must not bill the Veteran, VA or Health Net for no-show, missed or canceled appointments.
Notification Packets	
Packet Contents	After an appointment is scheduled, the provider will receive a notification packet from Health Net. This will include: <ul style="list-style-type: none"> • VA's authorization and any clinical notes/medical documentation from VA, • Veteran's name and demographics, diagnosis or clinical rationale for the visit, date and time of appointment, and the authorization start and end date, • instructions, coversheet and due date for returning required medical documentation, and • instructions to request ongoing treatment and/or extended service requests.
Reporting Critical Findings	
Critical Findings/Time Sensitive Results	Report the following to Health Net and VA within 24 hours upon identification of: <ul style="list-style-type: none"> • the need for urgent follow-up care in addition to or after completion of the authorized episode of care, • time sensitive results from outpatient imaging/laboratory testing during evaluation or treatment, or • newly-identified suicide risk in a Veteran not referred for inpatient mental health. A new diagnosis of cancer must be reported to Health Net and VA within 48 hours of diagnosis. Critical findings must also be reported in medical documentation as indicated in the Required Content of Medical Documentation Checklist.
Medical Documentation	
Returning Medical Documentation	Using the cover sheet provided by Health Net, fax complete medical documentation to 1-855-300-1705 within the time frame indicated in the provider packet to avoid recoupment efforts. <ul style="list-style-type: none"> • Do not combine documentation for multiple authorizations. • Do not submit claims with medical documentation, as we cannot accept faxed claims for processing.
Service-Connected Care and Other Health Insurance (OHI)	
Copayments/Coinsurance	If the Veteran has OHI* and care is not service-connected, a provider may collect a copayment based on the OHI, if applicable. Otherwise, providers must not collect a copayment and Health Net is the primary payer. <p><i>*Veterans Choice Program does not coordinate benefits with TRICARE, Medicare or Medicaid.</i></p>
Claims	
Clean Claims	A clean claim complies with billing guidelines and requirements, has no defects or improprieties and does not require special processing that would prevent timely payment.
Claims Submission	Claims must be submitted within 120 days of the date of service or upon the conclusion of a series of authorized visits. Electronic data interchange claim submissions through Change Healthcare (formerly Emdeon) are accepted and encouraged. To register, visit https://changehealthcare.com/solutions/providers . <p>Change Healthcare Payer Name: Health Net – VA Patient-Centered Community Care Program Payer ID: 68021</p> <p>Paper claim submissions must be mailed to: Veterans Choice Program – VACAA PO Box 2748 Virginia Beach, VA 23450</p>