615-932-3000



## VA Patient-Centered Community Care and Veterans Choice Program

July 2016

Dear Provider:

Health Net Federal Services, LLC (HNFS) offers the following tips to help expedite U.S. Department of Veterans Affairs (VA) Veterans Choice Program (VCP) and Patient-Centered Community Care (PCCC) claims processing.

## **Before You Submit:**



- Fax a legible copy of your W-9 to HNFS at 1-888-244-4025, using the HNFS W-9 Cover Sheet available at www.hnfs.com/go/forms. Health Net Federal Services requires a W-9 form in order to issue claims payment for VCP and PCCC claims.
- Register with Change Healthcare at www.changehealthcare.com > Solutions > Providers, which will allow your office to submit claims electronically.
- Complete and fax to HNFS an Electronic Transfer Funds form and an Electronic Remittance Advice form to begin receiving payments and remittance advices electronically. Visit www.hnfs.com/go/forms.
- If the Veteran has other health insurance (OHI) and the care is non-service connected, file the claim with the OHI carrier first. (Service-connected claims should be sent directly to HNFS.) Note: The VCP and PCCC programs do not coordinate benefits with other government programs such as Medicare or Medicaid.
- View our new VA Programs Claims Quick Reference Chart at www.hnfs.com/go/VA > Claims.

## When You Submit:

- Submit all claims to HNFS. Do not bill VA or Medicare.
- Submit claims within 120 days of the date of service or upon the conclusion of the authorized visits (refer to the provider packet received from HNFS).
- Visit www.hnfs.com/go/VA > Claims for EDI and paper claims submission details. Electronic data interchange (EDI) claim submissions through Change Healthcare are encouraged.
- In order to expedite claims processing, please include the authorization number specified on the HNFS provider packet you received.

## After You Submit:

- Using the bar-coded, Veteran specific cover sheet from your provider packet, return complete, legible and signed medical documentation within the time frame indicated in the packet.
- Check status at www.availity.com.
- If submitting a corrected claim, clearly indicate "corrected" or it may deny as a duplicate.
- Fax claims reconsideration requests to HNFS at (916) 353-6826 or mail to Health Net Federal Services, LLC, Attn: Grievances, 2025 Aerojet Road, Rancho Cordova, CA 95742.
- Return incorrect payments to Health Net Federal Services, LLC, PO Box 2890, Rancho Cordova, CA 95742-9110.

We appreciate your support of our Veteran community.

Sincerely,

Health Net Federal Services

This fax was sent to you by Health Net Federal Services, CLC... If you would like to be removed from our distribution list, please fax your removal request to 1-888-244-4025 and we will remove you from our list within 30 days, as required by law.