Veterans Choice Program Fact Sheet



Veterans Choice Program	Veterans Choice Program (VCP) provides primary care, inpatient and outpatient specialty care, and behavioral health care options for eligible Veterans outside of U.S. Department of Veterans Affairs (VA) health care facilities.	
	VCP allows eligible veterans to seek receive care from community-based providers when their local VA health care facility cannot provide the services due to:	
	• Lack of available specialists.	
	• Extended wait times for appointments at a VAMC.	
	• Extraordinary distance from the Veteran's home.	
	Health Net Federal Services, LLC (Health Net) will coordinate with VCP-eligible Veterans to obtain authorization for all care within the program. Health Net will schedule the appointment and send the authorization to the participating VCP provider.	
	All providers must meet the VA certification standards and must agree with the program requirements prior to rendering services to the Veteran.	
Choice Card (Example)	All Veterans received a card but not all are eligible for Choice benefits.	
	VA W.S. Department of Veteranz Affairs Veterans Choice Card Temporary Program Name: Veteran First Name Veteran Last Name> Member ID: Veteran EDIPI> Date of Issuance: <date card="" generated=""> Call 1-xxx-xxxx for information or to make an appointment This card does not provide pre-approval. Veterans may be liable for the cost of care that is not pre-approved.</date>	Veteran's Choice Program Information (for Veterans and Providers): http://www.va.gov/xxxxxxxxx This card is for qualifying medical care outside the Department of Veterans Affairs. Please call 1-xxx-xxx- xxxx to ensure that treatment has been authorized. Providers submit claims to: XXXXXXXXX PO Box XXX XXXXX XX, XXXXX
Provider Notification Packet	Once an appointment has been scheduled and confirmed with the Veteran, Health Net will send the provider a notification packet. The packet includes the authorization, details about services to be rendered, and instructions for returning medical documentation and submitting claims.	
Medical Documentation	 Medical documentation recording an authorized episode of outpatient care must be submitted to Health Net within 25 calendar days after completion of the initial appointment, or after the conclusion of any series of authorized care. Return medical documents via fax to 1-855-300-1705. Remember: Use the cover sheet provided. It includes a bar code which is specific to the authorization. Do not combine medical documentation for multiple authorizations or different Veterans. 	
	• Do not submit claims with medical documentation.	

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Claims Payment Process	A clean claim is a claim that complies with billing guidelines and requirements, has no defects or improprieties, includes substantiating medical documentation as defined by the provider notification packet, and does not require special processing that would prevent timely payment.	
	Claims must be submitted within 120 days of the date of service or the conclusion of a series of authorized visits.	
	Remember, Veterans are eligible to use the Choice Card only under specific circumstances. If a Veteran presents a card without an appointment or authorization from Health Net, he or she may not be eligible to obtain services. Without verification of eligibility, there is no way to ensure reimbursement for care provided.	
	Providers may not bill Veterans for any services, including no-show, missed or canceled appointments. Additionally VA and Health Net cannot be billed for no-show, missed or canceled appointments. Complete medical documentation must be returned before claims will be paid.	
	Health Net will process clean claims within 30 days, clean claims aged more than 30 days will be paid interest in addition to the payable amount.	
Services-Connected Care and other Health Insurance (OHI)	The authorization will indicate if the Veteran's care is related to a service-connected injury. However, the notification packet may or may not indicate a Veteran's OHI information. It is the provider's responsibility to inquire and confirm if OHI is present.	
	Non-service-connected claims must be filed with the other health insurance (OHI) carrier before submitting claims to Health Net with the Explanation of Benefits (EOB) from the primary payer for payment determination. It is appropriate to collect a copayment from the Veteran for the OHI, if applicable. VCP does not coordinate benefits with other government programs such as Medicare, Medicaid and TRICARE.	
	Service-connected claims must be sent to Health Net and should not be submitted to the OHI.	
Submitting Claims	Participating VCP providers are encouraged to submit health care claims via HIPAA- compliant electronic data interchange transactions set through Health Net's designated clearinghouse, Emdeon.	
	To register, visit http://www.emdeon.com/physicians.	
	If already registered, providers may submit claims using the following information. Payer Name: Health Net – VA Patient-Centered Community Care Program	
	Payer Name: Health Net – VA Patient-Centered Community Care Program Payer ID: 68021	
	Paper claim submissions must be mailed to: Veterans Choice Program - VACAA PO Box 2748 Virginia Beach, VA 23450	
Contact Us	If you have questions or need assistance with the Veterans Choice Program or the Veterans Choice Card, please contact 1-866-606-8198.	