



Claim Submission to Health Net Federal Services Community Provider Frequently Asked Questions

The Department of Veterans Affairs (VA) contract with Health Net Federal Services (HNFS) ended on September 30, 2018. Health Net was a third-party administrator for the eastern region of the Veterans Choice Program (VCP) and Patient-Centered Community Care (PC3) networks. Health care provided to Veterans through Health Net ceased in June 2018 and VA took over all activity previously performed by HNFS. VA reached an agreement with Health Net to extend the final date for filing initial claims to March 26, 2019. Originally, community providers were required to file claims within 180 days of health care delivery.

Frequently Asked Questions

Q1. What is the final date that PC3/VCP claims need to be submitted by to be paid for services rendered?

Community providers have until March 26, 2019, to submit initial claims to HNFS for payment for covered services that were rendered through September 30, 2018. HNFS will continue to process claims for payment and accept appeals for previously denied claims through January 30, 2020.

Q2. How will outstanding claims already submitted to HNFS be paid?

HNFS will follow contractual obligations and guidelines for claims processing and process clean claims submitted for authorized services rendered on or before September 30, 2018.

Q3. How do community providers check the payment status on claims?

Providers can call the HNFS provider customer line at 844-728-1914 for PC3/VCP claims and authorization inquiries related to HNFS-authorized services or visit HNFS' website at www.hnfs.com/go/VA. Community providers can continue to use www.availity.com to check status on claims submitted for HNFS-authorized services.

Q4. Who do providers contact if they still have unresolved claims with HNFS?

Community providers should first try to resolve any outstanding PC3/VCP claims and authorization inquiries related to HNFS-authorized service claims with HNFS directly using the HNFS provider customer line at 844-728-1914 or visit HNFS' website at www.hnfs.com/go/VA. If after working with HNFS, a provider is unable to get resolution for outstanding claims they may contact VA's Office of Community Care, Provider Relations & Services, Network Management at ProviderExperience@va.gov. A staff member will be assigned to work with the community provider and HNFS toward resolution.

Q5. Is there language regarding billing for PC3/Choice care in the Provider Participation Agreement I signed with HNFS?

Yes, the following statement within the Provider Participation Agreement identifies the conditions agreed to and which community providers must adhere to under the agreement.

"Provider agrees not to bill; charge; collect a deposit from; seek compensation, remuneration, or reimbursement from; or have any recourse against Veterans or persons acting on their behalf, other than HNFS or other health insurance for covered services authorized by HNFS. This provision shall not prohibit collection of copayments, coinsurance or deductibles of the Veteran's other health insurance."