

Treating Veteran Population and Getting Paid for Claims

Part I and II

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Pacific Symposium 2017

Disclosure

This certifies that I, Jennifer M. Williams, have not, nor has my spouse/partner or any immediate family member have had in the past 12 months or expect to have in the upcoming months, any financial relationship or gift-in-kind with industry that is relevant to the subject matter of the presentation.

Outline

1. Become an Acupuncture Provider for VA
 - Business Preparation
 - Direct Provider, Vendor, Fee Basis, Third Party
2. Get Paid for Claims
 - Medical Notes
 - Health Care Financing Administration 1500 Forms
3. Work with Veteran and Soldier Populations
 - Military Culture
 - Pain Comorbidities
4. Intra-Professional Communication
 - Integrated Language
 - Western Acupuncture Challenges and Kilig

Become an Acupuncture Provider for the Veterans Administration

- Business Preparation
 - Council for Affordable Quality Healthcare
 - National Provider Identification
 - Bank, Fax, W9
 - Business and Acupuncture Insurance
- Direct Provider, Vendor, Fee Basis, Third Party
 - Vendor Forms and Process
 - Fee Basis Direct Provider Agreement
 - Third Party Process (VA Choice/Healthnet)

Business Preparation

Checklist

- Council for Affordable Quality Healthcare (CAQH)
- National Provider Identification
- Business bank account
- Fax machine with dedicated fax line
- W9
- Business and provider insurance

CAQH

Council for Affordable Quality Healthcare

- Required by VA, health plans, and organizations
- Repository of enrollment and credentialing info
- Complete in advance
- Keep updated and re-attest quarterly
- Visit <https://proview.caqh.org/PR>
- Call CAQH at 1-888-599-1771 M-F 7am-7pm (EST)
- E-mail CAQH at caqh.uphelp@acsgs.com

NPI

National Provider Identification

- Applies to HIPAA covered healthcare providers
- Used in all HIPAA standard transactions
- Apply at <https://nppes.cms.hhs.gov>
- NPI 1 – for Provider
- NPI 2 – for Business
 - Once assigned it is permanent
 - » remains with provider
 - » regardless of job or location changes

Federal Tax Identification

Federal Tax ID

- Required for VA Vendor and Other Applications
- Used in place of SSN
- Business Employer Identification Number
- Apply at <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>
- May also need State Tax ID Number
 - For State Employee Tax
 - For Business and Resale License

IRS W9 Form

W9

- Required for VA Vendor and Other Applications
- Taxpayer Identification Number and Certification
- Used to report payments to you
- Generates 1099 end of year for taxes
- Apply at:
 - <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Provider Forms and Processes

- Vendor Forms and Process
- Fee Basis Direct Provider Agreement
- Third Party Process
 - VA Choice
 - Health Net

Vendor Forms and Process

- VA-FSC Vendor File Request Form 10091
- www.va.gov/vaforms/va/pdf/VA10091.pdf
- NPI Required
- Business Bank Account Required
- Fax with completed W9 to 512-460-5221
- Call 877-353-9791 after 10 days
- If Information uploaded, contact local VA
- Request local VA pull information into their system
- File Claims through Regional Fee Basis Office

Vendor Forms

Payee/Vendor Type = "Commercial"
Miscellaneous Actions = Leave Blank

This form goes to AZ/TX

After 10 days, call to ensure
information is in system, then call
local VA Fee Basis office to data into
facility and initiate authorizations

Each VA has an additional facility
specific form obtained through the
Fee Basis Vendorization Office

Most Vendorization Office has an
Acupuncture Team

Department of Veterans Affairs		VA-FSC VENDOR FILE REQUEST FORM	
<input type="checkbox"/> NEW		<input checked="" type="checkbox"/> UPDATE	
VA FACILITY INFORMATION		DATE 20 Jul 2017	
STATION NUMBER		PAYEE/VENDOR INFORMATION	
STATION CONTACT		<input type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV (Required IAW FAR 4.1102)	
STATION PHONE NUMBER STATION FAX NUMBER		DUNS NUMBER	
STATION EMAIL ADDRESS		DUNS+4	
PAYEE/VENDOR TYPE (Select one)		SSN/TIN	
<input checked="" type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> O - FOREIGN FACTS ID <input type="text"/> <input type="text"/> <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> V - VETERAN <input type="checkbox"/> U - UTILITY		NPI 1 0 3 3 4 0 5 1 4 7	
MISCELLANEOUS ACTIONS (Select one)		<input type="checkbox"/> SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION	
<input type="checkbox"/> WINRS <input type="checkbox"/> ASSIGNMENT (All applicable documents) <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> SETTLEMENT/TORTS <input type="checkbox"/> ALAC/LG ACCOUNT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		VENDOR NAME Jennifer Williams	
FOR QUESTIONS REGARDING THIS FORM: CONTACT INFORMATION: VENDOR CUSTOMER SERVICE SUPPORT HELPDISK: PHONE: 512-460-5049 EMAIL: VAFSCSHD@VA.GOV FOR ALL OTHER INQUIRIES: CUSTOMER CARE CENTER: 1-877-353-9791 STATION CARE CENTER: 1-866-372-1141 SUBMIT ALL DOCUMENTATION VIA: SECURE FAX: 512-460-5221		DBA Wood Element Acupuncture	
		CONTACT Jennifer Williams	
		EMAIL ADDRESS happyinlove@earthlink.net	
		PHONE NUMBER 910-759-0057	
		CURRENT ADDRESS (Include Street, City, State and Zip Code) 7310 US HWY 19W Burnsville, NC 29714	
		PREVIOUS ADDRESS (Include Street, City, State and Zip Code) 293 Marquis Drive Cameron, NC 28326	
		EFT/ACH (Required IAW 31 CFR Part 208)	
		BANK NAME First Bank	
		BANK ADDRESS (Include City, State and Zip Code) 205 SE Broad Southern Pines, NC 28387	
		NINE-DIGIT BANK ROUTING NUMBER 0 5 3 1 0 4 5 6 8	
		ACCOUNT NUMBER 3 3 1 0 1 5 8 7 0	
PRIVACY ACT STATEMENT The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.		ACCOUNT TYPE <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
		NAME AND TITLE OF PAYEE/VENDOR Jennifer Williams / Wood Element Acupuncture	
		SIGNATURE OF PAYEE/VENDOR 	
NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES			

Direct Provider Agreement

- Veterans Health Administration Provider Agreement
- VA Form 10-10145
www.va.gov/vaforms/medical/pdf/10-10145.pdf
- Fax or E-mail Demographics to Local VA (example):
Thank you for your assistance with the direct provider application.
Please see attached Direct Provider Agreement documentation.

Jennifer M. Williams, PhD, L.Ac
Tax ID/EIN: 473909158
NPI number: 1033405147
State license: NC 553
CAQH ID: 13822459
- VA Community Care Provider Resources
www.va.gov/COMMUNITYCARE/provider_info/provider_resources.asp

Non VA Clinical Program

Authorizations directly through separate VA facilities.

Utilizes VA Vendor Forms.

Authorizes 12 visits in a 6 month period twice a year

Claims can be mailed to regional office or can be set up through free electronic service.

Either VA or authorized veteran can set up initial appointment.



DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
508 Fulton Street
Durham, North Carolina 27705

July 19, 2016

Dear Community Providers,

I am pleased to inform you that new Department of Veterans Affairs (VA) business and clinical processes for the Veterans Choice Program (VCP) allow VA medical facilities to partner directly with community care providers to deliver health care services not readily available under existing contract vehicles.

If you currently provide care to Veterans as a result of individual authorizations, VA requests you migrate to the new VCP Provider Agreement. The agreement establishes a direct relationship with VA and does not involve a contracting network. It will be the primary vehicle through which VA will authorize and pay for services not covered by Patient-Centered Community Care (PC3)/Choice contracts with Health Net and TriWest. If you have not provided care to Veterans in the past, VA invites you to become a VA Community Care provider through the agreement.

Enclosed please find the VCP Provider Agreement and a VCP Provider Agreement Quick Reference Guide outlining the need to submit credential and licensing policy/process for group practices or qualification and licensure documentation requirements for individual practitioners. A Frequently Asked Questions (FAQ) document and VCP Provider Agreement fact sheets are also included for your information.

If you have any questions regarding the VCP Provider Agreement initiative please contact your local VA medical facility at 919-286-0411 ext. 8081.

I appreciate your continued support of our mission to provide quality health care to Veterans and look forward to our partnership.

Sincerely,

Assistant Medical center Director

Enclosed:

VCP Provider Agreement
VCP Provider Agreement Quick Reference Guide
VCP Provider Agreement FAQ Document
VCP Provider Agreement Fact Sheet
VCP Provider Agreement Information Sheet

VA Form 10-10149

Health Net / VA Choice / Choice Patient-Centered Community Care

- Visit www.hnfs.com
- Locate Department of Veterans Affairs Program
- Select I'm a Provider
- Select Register as a Veterans Choice Provider
- Select View VCP Agreement
- Select Register Online
- Provide demographic information as instructed
- Electronic deposit optional but not reliable
- Call program 10 days after for acceptance status



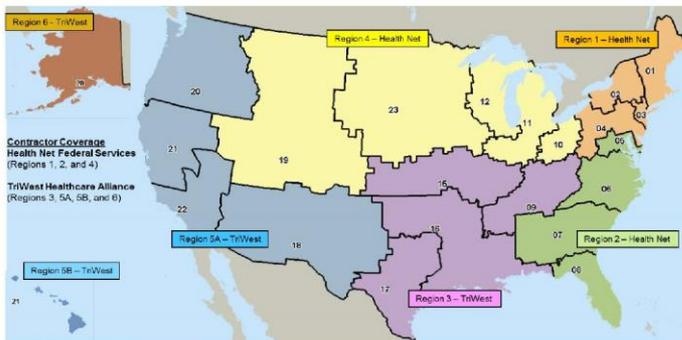
Non-VA Medical Care Program Fact Sheet for Interested Providers

Patient-Centered Community Care and Veterans Access, Choice, & Accountability Act

The Veteran's Choice Program, or Choice Program, is a new, temporary program that provides Veterans the ability to receive medical care in the community if VA cannot schedule an appointment within 30 days of the Veteran's preferred date, or the date determined medically necessary by their provider, or if the Veteran resides more than 40 miles from their closest VA medical facility. It was authorized under the *Veterans Access, Choice, and Accountability Act of 2014* and provides \$10B for non-VA medical care to eligible Veterans. The temporary program will end when the allocated funds of \$10B are used or no later than August 7, 2017. The Choice Program does not impact existing VA health care or any other Veteran benefits.

VA has expanded its Patient-Centered Community Care (PC3) contracts with Health Net Federal and TriWest Healthcare Alliance to include implementing the Choice Program. PC3 is a VA nationwide program to provide eligible Veterans access to certain medical care when the local VA medical facility cannot readily provide the care due to lack of available specialist, long wait times, geographic inaccessibility, or other factors. PC3 has been the VA method of purchasing care in the community. The Choice Program supplements PC3 and allows coverage for more services for eligible Veterans and provides Veterans more flexibility in their choice to receive care in the community or through VA.

PC3/Veterans Choice Contract Coverage Map



Region 7A: VECNs 10, 20 (excluding Alaska), 21 (excluding Hawaii & Pacific Islands), and 22
Region 7B: VECNs 21 (Hawaii & Pacific Islands only)
VA Island locations not on map
American Samoa (273) Guam (291) Northern Mariana Islands (294) Puerto Rico (295) U.S. Virgin Islands (296) Philippines (297) not covered by a PC3 contract

To become part of PC3 and/or Choice Program Network of Providers

- All PC3 providers are automatically eligible to participate in the Choice Program
- If a provider is interested in becoming a PC3 provider, they must establish a contract with one of the Third Party Administrators (TPAs), Health Net or TriWest
 - TPA and provider must have an agreed upon reimbursement amount
- If a provider is not interested in becoming a PC3 provider, but wants to become a Choice provider, they must establish a provider agreement with Health Net or TriWest
 - Providers must accept Medicare rates
 - Providers must meet all Medicare Conditions of Participation and Conditions for Coverage as required by the U.S. Department of Health and Human Services
 - See <http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html> for further detail
 - Any provider on the Centers for Medicare and Medicaid Services (CMS) exclusionary list shall be prohibited from network participation.
 - See <http://oig.hhs.gov/exclusions/index.asp> for further detail
 - All services, facilities, and providers shall be in compliance with all applicable federal and state regulatory requirements.
 - All providers shall have a full, current, unrestricted license in the state where the service(s) are delivered and must have same or similar credentials as required by VA staff
 - Providers must submit a copy of the medical records to the TPA for the medical care and services provided to the Veteran for inclusion in the Veterans VA electronic record
- Contact information for Health Net:
 - Provider Customer Service Phone Number: 1-800-979-9620
 - E-mail: HNFSProviderRelations@Healthnet.com
 - Website: www.hnfs.com/content/hnfs/home/va/home/provider/join-our-network.html
- Contact information for TriWest:
 - Provider Services Contracting: 1-866-284-3742
 - Email: TriWestDirectContracting@triwest.com
 - Website: <https://joinournetwork.triwest.com/>

Tips on VA Patient Authorizations

- Veterans cannot self-refer [for any program]
- Veterans must be authorized by VA
- Representative will coordinate initial appointment for VA Health/Choice
- Representative will HIPAA verify location/ fax number
- Authorization packet will be faxed if VA Health/Choice
 - Cover sheet with a bar code
 - Inpatient Care Form 10-7078 or Outpatient Form 10-7079
 - Includes diagnosis, number of authorized treatments, and inclusive dates
- Will NOT reimburse if Tx date fall outside inclusive dates
- Do not treat veteran until Provider Package is received

Provider Packet Example

FAX SERVER #4 12/13/2016 2:10:05 PM PAGE 1/004 FAX SERVER



U.S. Department of Veteran Affairs – Veterans Choice Program (VCP)

Fax: (910)725-0728
Re: JOHNNY RANDOM

From: Health Net Federal Services
Date: December 13, 2016
Auth: 20170101authorization021234

To: ACUPUNCTURE
JENNIFER MARY WILLIAMS, LAC
1110 NORTH MAY ST
SOUTHERN PINES, NC 28387



Instructions

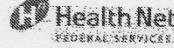
This cover sheet is unique to the Veteran and authorization number cited above.

- Please fax complete medical records for this authorization's date(s) of service with this cover sheet to 1-855-300-1705.
- Providers must submit medical documentation within the timeframe(s) indicated in this packet to avoid recoupment efforts. Do not include claims with medical documentation submission, as we cannot accept faxed or black and white claims for processing.
- Legible documentation and an electronic or written signature will expedite document review.
- Incomplete or illegible documentation may result in recoupment efforts.
- Please review program-specific information starting on page 3.

Confidentiality Note: This facsimile and documents accompanying this facsimile transmission may contain confidential information. The information is intended for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission along with any attachments. Thank you

PRVDR00400G165448920160520070174

Fax Server 2 9/20/2016 2:07:39 PM PAGE 2/004 Fax Server



Date: September 20, 2016

Acupuncture
JENNIFER MARY WILLIAMS, LAC
1110 NORTH MAY ST
Southern Pines, NC. 28387

Name: JOHNNY RANDOM Date of Birth: 01/01/1950

Phone Number: 555-555-1234 Member ID: 123456789

Program: VACAA Non Service Connected

Service Connected Care: no Other Health Insurance (OHI): No

On behalf of U.S. Department of Veterans Affairs (VA), we are authorizing the following services for the above Veteran.

Initial Appointment Date: 2016-09-26 Authorization Number: 20170101authorization021234
Appointment Time: 2:00PM** Provider Specialty: Acupuncture

Diagnosis 1: M54.5 : LOW BACK PAIN

Service Dates	Visits/Units	Status
09/26/2016–12/25/2016	10	Approved

Clinical Information:
Authorized specialty: Acupuncture
Chief complaint/purpose: low back pain

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Additional Treatment Requests

- If Veteran Requests Additional Treatments
 - Complete “Request for Additional Services”
 - Located on www.hnfs.com
 - Fax Request with bar code sheet to 855-303-1705
 - Include statement on medical note advising more
 - Instruct veteran to contact primary care provider
 - Follow up with Choice at 866-606-8198

Questions?

- You are contacted by the VA, asked to verify your information, and given the name, phone number, and authorization details to provide 30 acupuncture treatments to a veteran.
- You and the representative establish an initial appointment.
- You call the patient to verify the appointment, but the veteran is in significant pain and wants to be seen sooner.
- What are your options?

VA Claims Process

Part II

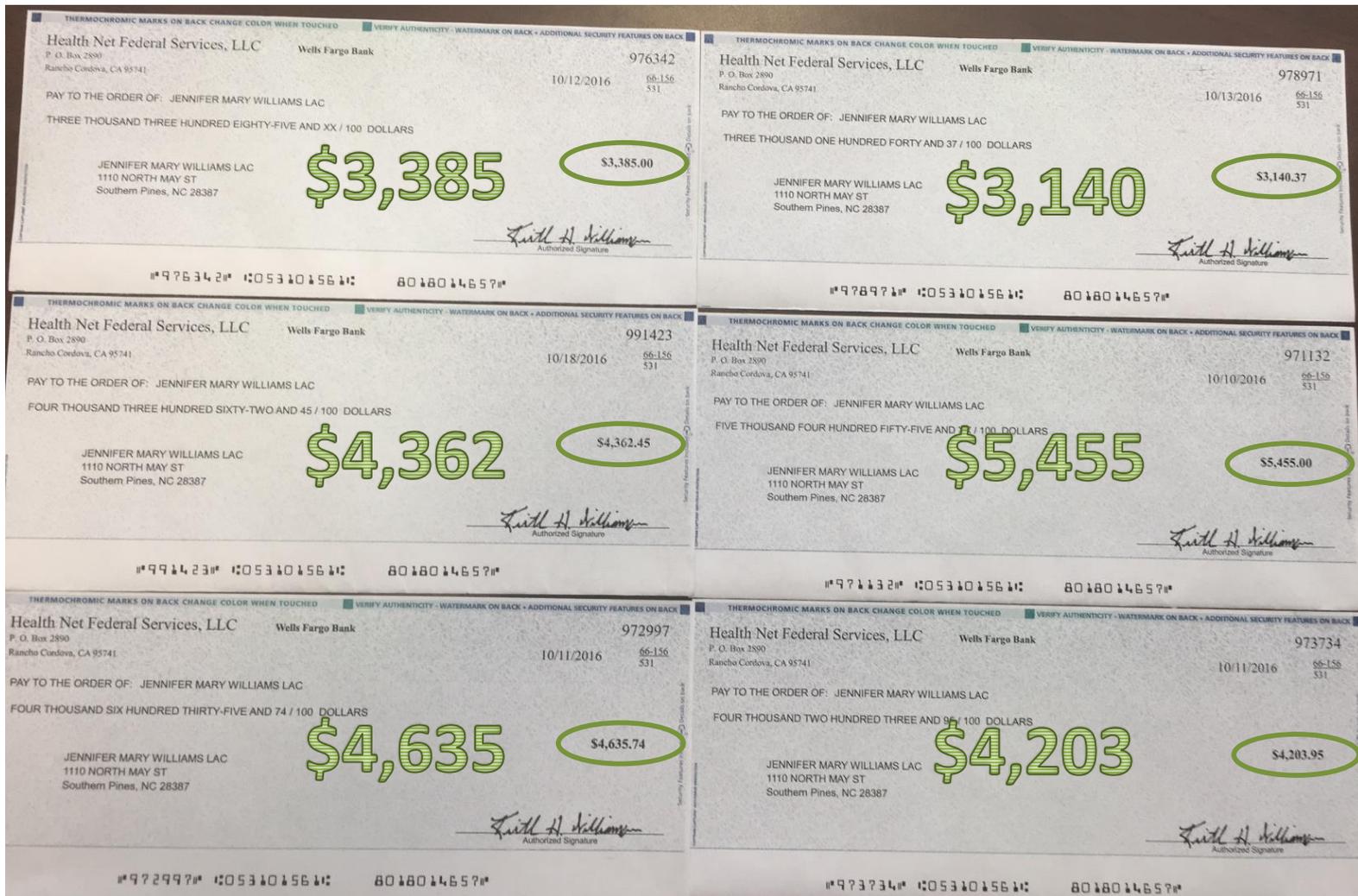
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Pacific Symposium 2017

It May Not Be Too Late!



Submit Treatment Claims

- Medical Notes
 - Required Elements
 - Sample Notes
 - Fax with Cover
 - How that works
- Claims
 - Acupuncture Diagnostic and CPT Codes
 - How to Complete HCFA 1500 Forms
 - Mailing and Tracking Strategies
 - Checking Status through Availity

Medical Notes

Checklist

- Correct spelling of veteran's name and DOB
- Veteran's VA ID Number and SSN
- Correct date of acupuncture treatment
- Provider's name per authorization
- Provider's NPI
- Statement of vitals (normal or otherwise)
- Subjective complaint should match authorization
- All Objective complaints
 - Initial Medical Note will be more thorough

Medical Notes

- Medical notes must be signed by provider
- Initial visit will be more detailed
- Initial claim will include an E and M code
 - E&M = Evaluation and Management
 - Ensure level of intake matches claimed code
- Subsequent notes can have less detail
 - Objective and Assessment
- Final claim will summarize current authorization period outcome and recommendation regarding referrals or additional acupuncture visits

Medical Note Example

Sex: Male

ID#: XXXX (last 4 of SSN) XXXXXXXXXXX (member ID #)

Vitals: Normal Range

Provider Name

Clinic Street

Clinic State, 9 digit zip

Clinic Phone

NPI: XXXXXXXXXXX

Authorization#: XXXXXXXXauthorizationXXXXXX

Subjective: Chronic low back pain that radiates down legs posteriorly and anteriorly along L4 dermatome.

Objective: Veteran with low back pain authorized 10 acupuncture treatments via Health Net Choice program. Patient reported gradual onset of sharp pain that sometimes shoots down legs. Pain started after a paratroop jump resulting in a hard landing after colliding with another paratrooper during jump. Patient also reported knee pain, difficulty falling asleep and staying sleeping, vertigo, and rash on back. Patient has difficulty concentrating. Patient uses tobacco regularly and consumes around 16-24 ounces of beer every evening.

Assessment: Low back pain; blood stasis and stagnation (sharp pain), liver wind heat from deficiency and toxicity (radiating pain/rash/waking 4am/vertigo), heart heat (busy mind). Tongue body is light red/purple; sublingual veins significantly distended from upper to lower back with branching and bowing (30 jumps).

Plan: Needled KD 3, UB 40, HT 7 (even); GB 34 (with counter clockwise 360 degree turns); UB 22, UB 23, and UB 24 quickly to deep level, then slow lifting and fast thrusting from moderate to superficial; and UB channel ashi points under IR heat x 30 minutes; followed by low back and leg tui na x 15 minutes.

Pain Assessment on 0-10 scale: Patient reported 7/10 pain before treatment and 4/10 after treatment

Therapeutic Goals: Reduce pain level to 4 out of 10

Response to Treatment: Patient tolerated treatment well.

Functional Limitations: None

Instructions Given to Veteran: Consider reducing tobacco and alcohol use; Consume more produce, esp. in stews/soups

Recommended Follow-up: Weekly acupuncture treatments

Fax Medical Notes

- Medical notes should be faxed same day as tx
- 30 days is guidance, however:
 - Third party has 30 days to upload to veteran's primary
- Fax medical notes with cover page with bar code
- Cover page should be first
- Bar code is scanned so that secondary pages are routed to veteran's electronic file
- Fax each date of service separately
- Fax to 1-855-300-1705

Claim Form Preparation

Checklist

- Veteran's signature on file (HIPAA release)
- Correct spelling of veteran's name
- Veteran's address with complete zip code
- Veteran's date of birth
- Provider's name and address per authorization
- Provider's NPI and Federal tax ID
- Practice NPI (if applicable)
- Diagnosis code per authorization
- Correct date of acupuncture treatment

Claims

- Claims require HCFA 1500 (most recent version)
- Blank HCFA 1500 form can be printed over
- Difficult for printers to match the red
 - Specific hue required for computer to read
- Recommend a PDF filler such as pdffiller.com
- Some acupuncture software includes feature
- <https://fiachraforms.com/cms-1500-pdf-02-12/http://1500cms.com/>
- Do not use punctuation, decimals, slashes
 - Use spaces instead
- All information on claim must match authorization

Current Procedural Terminology (CPT) Codes

- 99202-25** Evaluation and Management Services
(1st time with assessment)
- 97810** 1st 15 minutes with acupuncture needles
- 97811** 2nd 15 minutes with acupuncture needles
- ** (97810 and 97811 must be used together) ****
- 97813** 1st 15 minutes with electroacupuncture
- 97814** 2nd 15 minutes with electroacupuncture
- ** (97813 and 97814 must be used together) ****
- 97140** Manual Therapy – EX: Tui na (15 minutes)
- 97026** Infrared (not time based)

Diagnostic Codes

- Use code from packet provided by HealthNet
 - Diagnostic codes are now under the ICD-10 coding
 - Anything prior to Sep 2015 falls under ICD-9 coding
- Some commonly used codes:
 - R51 headache
 - M54.2 cervical pain
 - M54.6 thoracic pain
 - M54.5 lumbar pain
 - M54.9 dorsalgia – unspecified pain

Submit Claims

- Medical notes must be faxed before submitting
- Separate fax for each individual date of service
- Electronic Filing is expensive and unreliable
- Currently best to mail claims
- Can mail many together with postal tracking
- Different address for programs
 - Direct through VA or Vendor – mail to regional VA
 - Choice/ third party East Region – mail to Virginia
 - Choice/ third party West Region – mail to California

Mail Claims

- Mail completed claims only; no notes
- Direct VA Provider or Vendor
 - Mail to Regional VA Fee Basis Office
- Choice or Third Party
 - Mail to:
 - Veterans Choice Program – VACAA
 - P.O. Box 2748
 - Virginia Beach, VA 23450

Follow-up on Claims

- If denied, don't be discouraged
- Most of the time, they can give you reason
- Often, there is no reason
- Review for punctuation marks
- Review for details and accuracy
- Simply fix and resubmit
 - Stamp “ Corrected Claim” on top of HCFA 1500
 - This is why you want to save electric file

Follow-up on VA Health Claims

- Availability is a free electronic resource
- Call at 1-866-606-8198 to speak with representative
 - Check one patient at a time
 - Go through each date of service individually
 - Possible statuses are:
 - Not on file
 - Denied
 - Pending
 - Approved, but pending payment amount
 - Approved
 - Approved and Payment extracted
 - If pending, some reps can expedite
 - Pending claims take about 14 days to complete

Availity

Availity.com

- Pending
 - Adjudication/Details
 - generic message about a pended claim.
 - no remittance has been issued, or part of claim has been paid
 - Check back after 14 days to see if status updated
- Finalized/Payment The Claim/Line has been paid
 - Claim is officially APPROVED or DENIED
- Denied
 - Will receive a check for \$0.00 with denial codes

Availity

Availity.com

- “Paid amount” has a monetary value
 - Next step is for check to be generated
- Check # listed in status
 - Check is in the mail

From-To Date of Service	Claim Number	Date Processed	Check # / EFT	Billed Amount	Paid Amount
07/13/2016 - 08/13/2016				\$ 270.00	\$ 196.79

Status: Finalized/Payment The Claim/Line has been paid.
Claim/Line has been paid.
Status Date:08/29/2016

Check # to appear here



Availity

- Scroll down to see section of “Claims Found”
- Each section is a different claim
- Select “Details” link
- see line by line details
- See status for each DOS
- DOS = Date Of Service

Claim Status Inquiry Results Learn More >>

Transaction ID: 619423495 Transaction Date: Oct 5, 2016 10:32 AM EDT Customer ID: 591293

[Edit Inquiry](#) [Print](#)

Payor: HEALTH NET-VA 10003 Subscriber ID: [REDACTED]
Provider: JENNIFER MARY WILLIAMS LAC Patient Name: [REDACTED]
NPI: [REDACTED] Patient Account #: UNKNOWN
Subscriber Name: [REDACTED] Date of Service: 04/13/2016 - 04/30/2016



Claims listed below meet the search criteria entered. Each row contains data relating to a claim, as well as its corresponding status. Click "Details" to view additional information associated with that claim.

Claims Found

From-To Date of Service	Claim Number	Date Processed	Check # / EFT	Billed Amount	Paid Amount
04/13/2016 - 04/30/2016	[REDACTED]	04/22/2016	59590	\$ 80.00	\$ 0.00
Status: Finalized/Payment: The Claim/Line has been paid. Claim/Line has been paid. Status Date: 04/21/2016					
Details					
04/13/2016 - 04/30/2016	[REDACTED]	03/08/2016	90670	\$ 270.00	\$ 200.00
Status: Finalized/Payment: The Claim/Line has been paid. Claim/Line has been paid. Status Date: 07/27/2016					
Details					
04/13/2016 - 04/30/2016	[REDACTED]			\$ 140.00	\$ 82.20
Status: Finalized/Payment: The Claim/Line has been paid. Claim/Line has been paid. Status Date: 09/15/2016					
Details					

[Edit Inquiry](#) [Print](#)

Service Line Status

Show/Hide Status Messages

From Service Date	To Service Date	Procedure Code	Revenue Code	Modifier	Quantity	Billed Amount	Paid Amount
12/13/2016	12/13/2016	97810			1	\$ 85.00	\$ 75.00

Status: Finalized/Payment The Claim/Line has been paid.
Claim/Line has been paid. Status Date: 12/21/2016

12/13/2016	12/13/2016	97811			1	\$ 55.00	\$ 50.00
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Status: Finalized/Payment The Claim/Line has been paid.
Claim/Line has been paid. Status Date: 12/21/2016

12/13/2016	12/13/2016	97026			1	\$ 20.00	\$ 5.75
------------	------------	-------	--	--	---	----------	---------

Status: Finalized/Payment The Claim/Line has been paid.
Claim/Line has been paid. Status Date: 12/21/2016

Total						\$ 160.00	\$ 130.75
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[Return to Results](#)
[Edit Inquiry](#)
[Print](#)

Claim Tips

- Veteran must be authorized for you to file claims
- Ensure appointments fall within inclusive dates
- Do not exceed number of authorized visits.
- Double check that all codes are accurate.
- Do not use periods or dashes in codes, simply use spaces.
- Doctor notes need to be faxed prior to submitting claims
- Even following the process does not get you paid on a timely manner.

Claim Tips

- Provider Grievance Form on www.hnfs.net
- Keep copies of everything that you send
- Retain proof of fax with date and time
- Document, document, document
 - names of people you talk to
 - when and about what
- Create an excel sheet for tracking
 - claims you have submitted on what dates
 - Notes about follow up information
 - Availability Status

Questions, ideas, thoughts?

