



U.S. Department  
of Veterans Affairs

## Fact Sheet

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March 24, 2015

### **Progress Report: Veterans Access, Choice, and Accountability Act 2014**

President Obama signed into law the [Veterans Access, Choice, and Accountability Act of 2014](#) (Public Law 113-146) (VACAA) on August 7, 2014. Technical revisions to VACAA were made on September 26, 2014, when the President signed into law the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175). The Department of Veterans Affairs' (VA) goal is to provide timely, high-quality health care for Veterans. The Department's focus and priority is on efficient and effective implementation of this highly complex law. The legislation included requirements to implement 21 program modifications or expansions, 1 entirely new benefit program, complete 3 required assessments, and to produce 12 reports.

As part of its continuing efforts to improve Veterans' access to healthcare, VA has been making progress along the path to implementation. Since it went into effect on November 5, 2014, more than 45,000 medical appointments have been scheduled through the [Veterans Choice Program](#), and 45,990 Veterans have requested to receive care using Choice as of March 17, 2015.

In addition to implementing the Veterans Choice Program, VA's actions on these requirements to date include the following:

#### **Increasing Access and Program Expansions:**

- **Section 101:** The Choice Program is a new, temporary benefit that allows eligible Veterans to receive health care in their communities if VA is unable to schedule an appointment for the Veteran within 30 days, or if the Veteran lives more than 40 miles from a VA facility. VA contracted with two health care companies to implement the Choice Program to provide eligible Veterans non-VA care. VA also published an Interim Final Rule (IFR) in the Federal Register on November 5, 2014. The regulation defines a number of parameters of the Choice Program including: establishing the scope of the Choice Program, aligning VA's existing copayment rates with those for the Choice Program, defining eligibility criteria for Veterans, and explaining the process for authorizing non-VA care under the Choice Program.

As part of this new program, VA has issued a Veterans Choice Card to every Veteran who is potentially eligible for the new, temporary health benefit. Eligible Veterans may elect to pursue authorization to receive care outside VA when they

qualify for the new program on the basis of the distance of their residence from a VA care facility, or when wait times for VA health care exceed the standards established in law. The Choice Card does not replace the identification card Veterans already use to access other VA benefits; Veterans should not throw away that identification card.

The Choice Card was issued in three phases. The first group of Choice Cards, along with a letter explaining eligibility for this program, went out to Veterans who live more than 40 miles from a VA facility. The next group of Choice Cards and letters was sent shortly thereafter to those Veterans who were waiting for an appointment longer than 30-days from their preferred date or the date determined to be medically necessary by their physician. The final group of Choice Cards and letters were sent between December 2014 and January 2015 to the remainder of Veterans enrolled for VA health care who may be eligible for the Choice Program in the future.

On March 24, 2015, The Department announced the expected expansion for eligibility for the Veterans Choice Program by changing the calculation used to determine the distance between a Veteran's residence and the nearest VA medical facility from a straight line distance to driving distance.

- **Section 104:** VA extended the Project Access Received Closer to Home ([Project ARCH](#)) pilot program contracts to continue to provide expanded access to health care for eligible Veterans in rural areas. In accordance with law, Project ARCH is being piloted in Veterans Integrated Service Networks 1, 6, 15, 18, and 19.
- **Section 204:** VA is developing draft standardized requirements for the operations of Mobile Vet Centers and primary care Mobile Medical Centers. Internal data analysis is currently occurring in order to verify standard requirements and inform VA on use of telemedicine on board MMCs. VA is on track to complete the Report on Access to Telemedicine, Readjustment Counseling Services and other health services through the use of Mobile Vet Centers and Mobile Medical Centers, and submit to Congress by August 7, 2015.
- **Section 301:** On December 11, 2014, VA approved over 200 new Graduate Medical Education (GME) Residency positions for the 2015-2016 Academic Year. The process for new residency positions began on September 17, 2014, when the Department of Veterans Affairs (VA) Office of Academic Affiliations (OAA) issued a national Request for Proposals to VA facilities. There was significant national interest in the residency positions from both currently affiliated educational institutions and potential affiliated entities. After a careful

review process, OAA recommended the allocation of over 200 positions that met the requirements to be funded under VACAA. Residents filling these positions will begin work in July 2015. OAA will continue to work over the next four years to add a total of 1500 new GME positions and to enable new sites and new affiliates to participate in these exciting expansion opportunities.

- **Section 401:** VA has completed the expansion of eligibility for Veterans to receive healthcare related to experiences of sexual assault or sexual harassment during military service, known as military sexual trauma (MST). Section 401 of VACAA enables Veterans to receive care related to incidents of MST that occurred during a period of inactive duty training, which primarily pertains to Reservists and National Guard members participating in weekend drill trainings. This expansion was announced through a press release in November 2014, as well as through updated guidance and communication to VHA business and clinical staff at VA health care facilities, VHA MST Coordinators, and the central Sexual Assault Prevention and Response Office (SAPRO) and military service level SAPR leadership within the Department of Defense.
- **Section 501:** VACAA extended VA's Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI) through October 6, 2017. AL-TBI places Veterans meeting the eligibility criteria in private sector TBI residential care facilities specializing in neurobehavioral rehabilitation. The program offers team-based care and assistance in areas such as speech, memory and mobility. Since 2009, VA has enrolled approximately 187 Veterans in the AL-TBI Pilot Program in 46 different facilities located in 22 states. New patients meeting the criteria for eligibility continue to be accepted. A six month contract extension has allowed VA to provide uninterrupted care through the pilot. A new contract solicitation is underway. Proposal technical review was completed on December 12, 2014, and a new contract award is anticipated in late March 2015.
- **Section 701:** VA expanded the eligibility criteria for the Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) to include the surviving spouses of Servicemembers who died in the line of duty after September 10, 2001. VA began [accepting applications](#) by mail for the Fry Scholarship under the newly expanded eligibility criteria on November 3, 2014.
- **Section 702:** VA has sent letters to all state Governors informing them that, as required by VACAA, VA will disapprove programs of education under the Post 9/11 GI Bill and Montgomery GI Bill at a public institution of higher learning if the school charges qualifying Veterans and dependents tuition and fees in excess of the rate for resident students. This change is effective for terms beginning after July 1, 2015.

### **Additional Actions, Collaborations, and Business Process Improvements:**

- **Section 102:** VA has collaborated with Indian Health Service on outreach activities and evaluation of the feasibility of entering into agreements to reimburse Urban Indian Health facilities for the care of eligible Veterans.
- **Section 103:** VA has collaborated with the Papa Oka Lokahi organization in Hawaii to investigate health care contracting opportunities.
- **Section 105:** The Chief Business Office continues VISN site visits to assess risks and issues associated with Prompt Payment Act compliance. As of mid-January, six VISN site visits have been completed with the remaining four to be complete by mid-February. Operational improvements include ensuring funds are available to pay claims, authorizations are entered timely, utilizing overtime and contract staff to address outstanding payment requests, development of a staffing model and enhanced reporting.
- **Section 106:** VA completed the consolidation of staff and funding for non-VA medical care claims processing under the Chief Business Office at the beginning of fiscal year (FY) 2015. The re-alignment of staff was effective as of the first pay period in FY 2015. This allows one central organization to have oversight of the funding and claims processing activities.
- **Section 201:** The Centers for Medicare and Medicaid Services' Alliance to Modernize Healthcare (CAMH) and partners are currently conducting the initial discovery efforts for each of the independent assessments of VA health care processes required by section 201 of VACAA. The assessment teams have begun conducting site visits across a representative sample of Veterans Health Administration (VHA) medical facilities across the country to gain the field-level perspective required to complete a comprehensive analysis of VA capabilities, processes, staffing and leadership. Additionally, a Blue Ribbon Panel of experts has been chartered to provide subject matter expertise over different stages of the assessment, analysis and recommendation development process and provide input on leading edge healthcare practices. The Blue Ribbon Panel is composed of sixteen members with substantial and diverse executive-level healthcare experience in the private sector, military, nursing and medical care, mental health, organizational design, academic research and other areas relevant to the independent assessments. The Blue Ribbon Panel will continue to meet on a regular basis to help to ensure the recommendations resulting from section 201 of VACAA both honor and serve our Veterans, and establish a foundation for transforming the VA into the preeminent 21st Century model for effectively improving health and well-being using a population-based approach.

- **Section 203:** VA signed a Memorandum of Agreement with the Northern Virginia Technology Council (NVTC) to establish a pro-bono technology task force. On November 26, 2014, VA published the report received from NVTC on October 30 in the Federal Register and on a public website ([www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact)). The report included 39 recommendations to improve VA's scheduling system and processes. VA has been working with a group of subject matter experts to evaluate NVTC's recommendations. VA plans to kick off implementation of the recommendations deemed feasible, advisable, and cost effective with the goal of beginning implementation by October 30, 2015.
- **Section 205:** VA has reviewed 88,000 FY 2014 employee performance plans. Upon review, 13,000 plans were modified to remove scheduling and wait time metrics or goals. In accordance with VACAA, these factors have been removed from inclusion in employee performance evaluations and when calculating whether to pay performance awards. VA will continue to review and modify employee performance plans for future years.
- **Section 206:** VA has begun to post wait time data that reflects VA's ability to schedule an appointment within 30 days of the date a Veteran wishes to be seen or the date determined medically necessary by their physician. In accordance with VACAA and VA's implementing regulations, this new wait time standard is being applied to determine a Veteran's eligibility to elect to receive non-VA care through the Choice Program. In keeping with the commitment to improve transparency in the Department's processes, VA has provided ongoing facility level patient access data updates since June 9, 2014. The latest update further increases transparency by expanding nationwide patient access data releases to include updates at the Community-Based Outpatient Clinics level. The data are updated on a regular basis and are available at <http://www.va.gov/health/access-audit.asp>.

The Quality of Care website ([www.va.gov/qualityofcare](http://www.va.gov/qualityofcare)) exists to give Veterans, their families and caregivers information they need to evaluate patient safety and health care outcomes at VA facilities. Veterans can use the site to find and compare the performance of different VA medical centers in treating a wide range of common illnesses, such as diabetes or high blood pressure. In accordance with VACAA, VA will also continue to provide annual patient safety and outcome data to the Department of Health and Human Services Hospital Compare website ([www.medicare.gov/hospitalcompare/search.html](http://www.medicare.gov/hospitalcompare/search.html)), which enables Veterans to evaluate the quality of care at VA hospitals with over 4,000 Medicare-certified hospitals across the country. VHA is continually working to release applicable data in order to ensure public accountability and to spur constant improvements in health care delivery (<http://www.va.gov/opa/choiceact/documents/Unavailable-Data-Notification.pdf>).

- **Section 209:** VA revised Human Resources handbook 5021 to include provisions related to penalties for employees who falsify data regarding access to care or quality measures. The policy has been updated to list, “Willfully submitting or directing others to submit false data concerning wait times for health care or quality measures related to health care,” as an offense related to falsification. The explicit inclusion of the terminology “wait times” and “quality measures” will reinforce the expectation of the Department that no employee shall manipulate or falsify data regarding wait times or quality measures.

Caring for our Nation’s Veterans, their Survivors, and dependents continues to be the guiding mission of VA. We are enhancing our health care system and improving service delivery to better serve Veterans and set the course for long-term excellence and reform. VA has made significant progress since the enactment of VACAA, but more work remains to expand timely access to high-quality health care for Veterans. Again, the Department’s focus and priority is on the efficient and effective implementation of this highly complex law. As we work to meet the requirements of VACAA, you can follow our progress at [www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact).

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