April 1, 2020

Community Providers:

Thank you for joining with the Department of Veterans Affairs (VA) and our Office of Community Care (OCC) to serve our nation’s Veterans. Your partnership is a critical component of our overall efforts during the COVID-19 nationwide public health emergency.

I want to provide you with an update to our guidance and recommendations to ensure we are united in offering health care services to our Veteran community.

1. **Convert routine in-person appointments to telehealth.** Please continue to implement social distancing and take action to ensure the safety of our Veterans and your staff. Until this guidance is lifted, please convert all possible routine visits to telehealth, to include referrals/authorizations already in place. Please do not have Veterans attend routine appointments in-person except where the urgency of in-person treatment clinically outweighs the risk of contracting COVID-19. Enhanced telehealth encounters will be an effective means to care for Veterans with routine needs, as clinically appropriate, and to limit Veteran and staff risk for COVID-19.

2. **Follow Centers for Medicare and Medicaid, Centers for Disease Control and Prevention (CDC), and state/local guidance regarding screening, testing, case reporting, and personal protective equipment.** Please ensure health care professionals are conducting appropriate screening at the entrances of inpatient and long-term care facilities and that patients are tested for COVID-19 as appropriate. Please ensure cases are reported to appropriate authorities and that all relevant personnel are trained in how to properly don, use, and remove personal protective equipment by referring to information provided by the CDC: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).

3. **Plan for increased high acuity care demand.** Please ensure planning is in place to support an increased demand for high acuity care, including medical supplies, ventilators and related equipment, and staffing.

4. **Communicate with your local VA Medical Center (VAMC).** Please notify your local VAMC or clinic regarding any Veteran cases or exposure to COVID-19 and any cancellations or closures of services. In the event visits or services cannot be provided to Veterans in your care due to COVID-19, please ensure next steps in care are jointly coordinated with the Veterans’ VA care team. We understand that this is a rapidly changing situation across the country, your state, and your locality. Deliberate care coordination will ensure the best possible outcomes for our Veteran population.
5. **Episodes of Care extended by 60 days.** To complete care ordered by the VA, we will extend all current referrals and associated episodes of care by 60 days so long as the episode of care does not exceed 365 days in total. We understand there are other priorities of care within your practices; this extension will allow adequate time to complete all the services associated with each episode of care.

6. **Work with TriWest or Optum to expand enrollment.** When possible, please work with the regional administrator (TriWest or Optum) to continue to expand enrollment in our network so that once the COVID-19 outbreak ends, we can continue to enhance our partnerships and build a robust network of compassionate and dedicated providers, able to deliver outstanding health care services that meet the needs of Veterans in every community.

For additional frequently asked questions, please reference our earlier COVID-19 guidance for community providers at: [https://www.va.gov/COMMUNITYCARE/providers/Latest_news.asp](https://www.va.gov/COMMUNITYCARE/providers/Latest_news.asp).

Community providers who see Veterans via Veterans Care Agreements (VCA), should contact the point of contact identified in Section O of the VCA template.

If you have any questions, please email us at ProviderComms@va.gov.

Thank you for your continued support of our mission.

Sincerely,

Kameron Matthews, MD, JD, FAAFP
Deputy Under Secretary for Health for Community Care