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
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
  - 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](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](http://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/](https://joinournetwork.triwest.com/)