

## Veterans Choice Program (VCP) Overview for Academic Affiliate Partners

### Background:

The Veterans Access, Choice, and Accountability Act (VACAA) of 2014, which was enacted on August 7, 2014, improves the access of eligible Veterans to health care through non-VA entities and providers. VACAA did not change the eligibility requirements for enrollment in the VA health care system and did not modify VA's existing authorities to furnish non-VA care.

### Veteran Eligibility for VCP:

- Any Veteran who is enrolled in the VA health care system is eligible for the program.
- Once a Veteran meets the basic VACAA eligibility, they must also meet one of the following specific criteria related to residence or wait times.

The Veteran must:

- attempt to schedule an appointment for hospital care or medical services, and be unable to schedule an appointment within:
  - the wait-time goals of the Veterans Health Administration (VHA) for such care or services, or
  - the period determined clinically necessary for such care or services if this period is shorter than such VHA wait-time goals, OR
- reside **more** than 40 miles from:
  - the closest VA medical facility, defined as a VA hospital, community-based outpatient clinic, or VA health care center with at least one full-time primary care physician, OR
- reside 40 miles or **less** from:
  - the nearest VA medical facility, and
  - must travel by air, boat, or ferry to reach such a facility, OR face an unusual or excessive burden in accessing such a facility
  - OR
- reside in a State without a full-service VA medical facility that provides hospital care, emergency services and surgical care having a surgical complexity of standard, and reside **more** than 20 miles from such facility. This criterion applies to Veterans residing in the following:
  - Alaska
  - Hawaii
  - New Hampshire, and
  - United States Territories (Guam, American Samoa, Commonwealth of the Northern Mariana Islands and the U.S. Virgin Islands).

**NOTE:** Veterans in New Hampshire who reside within 20 miles of a full-service VA medical facility that is located in a bordering state are not eligible under this criterion.

### Care under VCP:

VACAA covers hospital care and medical services under the Medical Benefits Package as described in federal regulations at 38 CFR 17.38, which includes pharmacy and

other benefits, such as beneficiary travel. All care under the VACAA must be pre-authorized.

VACAA does not include Nursing Home Care or unscheduled (emergency) non-VA care.

**Authorizations for Care under VCP:**

All hospital care or medical services under VACAA must be pre-authorized prior to scheduling the Veteran's appointment. Veterans will need to call the Veterans Choice Program Call Center to receive authorization for care.

Eligible Veterans are authorized for a course of treatment, which must be considered medically necessary. The treatment will include any follow-up appointments, as well as any ancillary and specialty services.

An eligible Veteran may request a particular non-VA health care provider, but that provider must be eligible under VCP. If the Veteran does not request a specific provider, the contractor will refer the Veteran to an eligible provider.

VA will reimburse the eligible non-VA care provider up to an amount not to exceed the applicable Medicare rate, with exceptions for eligible providers in highly rural areas, and in Alaska and Maryland. For non-service connected care, VA's payment to the non-VA care provider will be reduced by any payment made to the provider by the Veteran's other health insurance, if applicable.

**Frequently Asked Questions:**

**Question:** How does an affiliate sign-up to be a provider under VACAA?

**Answer:** The sign-up process is directly with the contractors, TriWest and Health Net. All of the coordination for signing-up, billing, reimbursement, etc. is done through the contractors. The process to sign-up is similar to joining any health insurance network – provider information (credentials, NPI, etc.) needs to be furnished to ensure they meet the requirements of VACAA and that they are seen as available providers in the program. Each contractor has a Web-based form that can be used to sign up as a Choice provider. Please see the contractor Web sites for more specific information:

TriWest: <https://joinournetwork.triwest.com/>

Health Net: <https://www.hnfs.com/content/hnfs/home/va/home/provider/options-for-providers/become-a-veterans-choice-participating-provider.html>

**Question:** If an affiliate has many providers, is there a way to streamline the provision of the provider-specific information required to sign-up for the program?

**Answer:** Yes, both contractors have Web-based applications that can be used to input provider information. If an affiliate has many providers, the contractors will work with them to provide alternatives to share the information.

**Question:** Will physicians with joint VA/affiliate appointments be eligible providers under VACAA?

**Answer:** If the provider is acting in their capacity as an employee of the affiliate, and that provider is registered with the Choice contractors, they are able to participate in the program. Providers working at the affiliate under their VA position are not able to participate. In addition, there are no self-referrals. The contractors coordinate all appointing for the Veterans. The provider cannot be acting within the scope of their employment with VA.

**Question:** Is the Veterans Choice Program subject to the VA Medical Sharing Office review of clinical contracts with affiliates that exceed \$500,000?

**Answer:** No. Under the Veterans Choice Program, the affiliates are not contracting directly with VA. Instead, they become providers under the TriWest and Health Net network, who have contracted directly with VA.

**Question:** Will the Veterans Choice Program reimburse for the myriad of non-direct clinical services provided to the VA such as educational cost contracts?

**Answer:** Yes, educational cost contracts will continue to be awarded and paid as usual out of non-Choice funds.

**Question:** How long is this change expected to last? What happens when VACAA funding runs out?

**Answer:** VACAA is a temporary program that will end 3 years from the date of the enactment of the law (August 7, 2017) or when the appropriated funds run out, whichever occurs sooner. VA anticipates working with Congress to consolidate and enhance our authorities to purchase care in advance of when VACAA is expected to end. We expect all of our authorities to purchase care in the community will change as a result of this consolidation.

**Question:** Does VA have the authority to use VACAA funding for regular non-VA clinical contracting?

**Answer:** VACAA has specific eligibility requirements for both Veterans and providers when buying care in the community. VACAA funds can only be used in those cases where both the Veteran and the provider meet the eligibility criteria, and when the health care constitutes hospital care and medical services. VA received flexibility in the use of the VACAA funding in late FY 2015 for amounts obligated on or after May 1, 2015 through September 30, 2015, to furnish health care to individuals pursuant to chapter 17 of title 38 at non-Department facilities. VA has asked for further flexibility for the Veterans Choice Program in future years, but this requires Congressional action.

**Question:** How will VA reimburse affiliates who have provided services in good faith under existing clinical contracts that are already in place?

**Answer:** If services were provided under a contract, those services should be paid from non-Choice funds in accordance with the terms and conditions of the contract. If there are issues of contracts not being paid, those incidents should be discussed with the local VA medical center and contracting officer.

**Question:** What impact will this change have on clinical training and affiliation agreements? Should program directors plan to continue to rotate residents to VA?

**Answer:** VACAA utilizes a contractor to direct care outside of VA to a network of external community providers, as opposed to sole source clinical contracts which direct care solely to academic affiliates. Clinical workload that previously was going to academic affiliates may be divided among community providers. Academic affiliates are encouraged to become Choice Providers to participate in this clinical workload flow. Yes, program directors should plan to continue to rotate residents at VA. Existing disbursement agreements for resident salary and benefits, and existing educational cost contracts (for indirect costs associated with residency programs) will still proceed as usual.

**Program Eligibility Definitions:**

**40 Mile Determination.** This is calculated from the VA medical facility that is closest to the residence of the Veteran. A VA medical facility is defined as VA hospital, a VA community-based outpatient clinic, or a VA health care center, any of which must have at least one full-time primary care physician. A Vet Center, or Readjustment Counseling Service Center, is not a VA medical facility. The distance is calculated using driving distance.

**Air, Boat, or Ferry.** A Veteran who is required to travel by air, boat, or ferry to reach a VA medical facility that is 40 miles or less from the Veteran's residence. By law, Veterans who reside in Guam, American Samoa, or the Republic of the Philippines cannot be eligible on this basis.

**Episode of Care.** Episode of care means a necessary course of treatment, including follow-up appointments and ancillary and specialty services.

**Full-Service VA Medical Facility.** The facility provides, on its own and not through a joint venture, hospital care, emergency medical services, and surgical care having a surgical complexity of standard. A list of VA medical facilities complying with at least a standard level of surgical care can be found at: [www.va.gov/health/surgery](http://www.va.gov/health/surgery).

**Unusual or Excessive Burden.** A Veteran who resides 40 miles or less from the nearest VA medical facility (as defined above) may face an unusual or excessive burden in traveling to the closest VA medical facility based on:

- Geographical challenges
- Environmental factors such as:
  - Roads that are not accessible to the general public, such as a road through a military base or restricted area
  - Traffic, or

- Hazardous weather conditions
- A medical condition that impacts the ability to travel
- Other factors (as determined by the Secretary of VA)

**Veteran's Residence.** This is the Veteran's legal residence or personal domicile. A residence may be "seasonal," and consequently, a Veteran may maintain more than one residence, but only one residence at a time. For purposes of determining eligibility, the Veteran's residence is the residence where the Veteran is staying at the time the Veteran wants to have an appointment. NOTE: This excludes a PO Box or other non-residential location. If the Veteran changes his or her residence, the Veteran must update VA about the change within 60 days.

**Wait Time Goals.** VHA wait-time goals are to schedule appointments within 30 days of the date that an appointment is deemed clinically appropriate by a VA health care provider, or if no such clinical determination has been made, the date a Veteran prefers to be seen.

**Additional Information:**

For more information, Veterans and Providers should contact the Choice Program Call Center at 1-866-606-8198.