

VAU.S. Department
of Veterans Affairs

Fact Sheet

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Veterans Access, Choice, and Accountability Act of 2014 **Title I: Veterans Choice Program and Health Care Collaboration** *Updated July 2015*

On August 7, 2014, President Obama signed into law the Veterans Access, Choice and Accountability Act of 2014 (VACAA). Section 101 of VACAA requires VA to establish the Veterans Choice Program to help improve Veterans' access to health care through the provision of hospital care and medical services by eligible providers outside of the VA system (non-VA care). Sections 102 and 103 of VACAA are also discussed below. The Department of Veterans Affairs' (VA) goal continues to be to provide timely, high-quality health care for Veterans.

Background

In order to improve VA's ability to deliver high-quality health care to Veterans, section 101 of VACAA requires VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers. This is referred to as the Veterans Choice Program. Veterans who meet certain eligibility requirements will be able to elect to receive care from eligible non-VA entities and providers through the Program. VA must enter into agreements with eligible non-VA health care entities and providers for them to participate in the Program. Prior to VACAA being passed, VA had mechanisms in place to purchase non-VA care. Those mechanisms are still available to VA, and the Choice Program will enhance VA's non-VA care options.

Veterans Choice Fund and Veterans Choice Program

VACAA includes a \$10 billion Veterans Choice Fund from which VA must pay for non-VA care furnished as part of the Veterans Choice Program.

Eligibility

A Veteran must be enrolled in VA health care and meet at least one of the following criteria:

- ✓ The Veteran is told by his/her local VA medical facility that he/she will need to wait more than 30 days for an appointment from the date clinically determined by his/her physician, or, if no such date is provided, the Veteran's preferred date.
- ✓ The Veteran's home is more than 40 miles driving distance from the closest VA medical facility.
- ✓ The Veteran needs to travel by air, boat or plane to the VA medical facility closest to his/her home.
- ✓ The Veteran faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, or a medical condition. Staff at the Veteran's local VA medical facility will work with

- him/her to determine if he/she is eligible for any of these reasons.
- ✓ The Veteran resides in a State or a United States Territory without a full-service VA medical facility that provides hospital care, emergency services, and surgical care having a surgical complexity of standard, and resides more than 20 miles from such a VA medical facility.

NOTE: This last criterion applies to Veterans residing in Alaska, Hawaii, New Hampshire, Guam, American Samoa, Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands. Also note that some Veterans in New Hampshire reside within 20 miles of White River Junction VAMC.

Cost Sharing

If an eligible Veteran has another health-care plan, VA will be secondarily responsible for costs associated with non-service connected care and services furnished to eligible Veterans through the Veterans Choice Program.

Medical Records

When a Veteran receives care from an eligible non-VA health care entity or provider, the entity or provider must submit to VA a copy of any medical record information related to the care and services provided. This information will be included in the Veteran's medical record maintained by the Department.

Appointments

Veterans must call the Choice Program Call Center at 866-606-8198 to verify their eligibility and set up an appointment.

Indian Health Service and Native Hawaiian Health Care Systems

VA will work with the Indian Health Service (IHS) to ensure that certain medical facilities operated by an Indian tribe or tribal organization are aware of the opportunity to negotiate reimbursement agreements with VA. This is in accordance with section 102 of VACAA.

VA will enter into contracts or agreements with certain Native Hawaiian Health Care Systems (NHHCS) for reimbursement of direct care services provided to eligible Veterans. This is in accordance with section 103 of VACAA.

Questions and Answers

How can Veterans confirm whether they are eligible for the Choice Program?

Veterans can call the Choice Program Call Center at 866-606-8198 for more information.

What happens once a Veteran has been determined to be eligible?

Veterans should call the Choice Program Call Center at 866-606-8198 to set up an appointment.

Can a Veteran call his/her non-VA doctor to make an appointment?

No, Veterans must call the Choice Program call center at 866-606-8198 to verify eligibility and make an appointment.

How is the 40 mile calculation made?

This calculation is based on the distance from a Veteran's permanent residence (or an active temporary address) to the closest VA medical facility-- including Community-Based Outpatient Clinics and VA Medical Centers.

If a Veteran didn't get his/her Choice Card, what he or she do?

Veterans do not need their Choice Card to access the Choice Program. If a Veteran didn't receive a Choice Card, he/she can simply call 866-606-8198 to find out if he/she eligible and to make an appointment.

How do Veterans get their prescription filled if they use the Choice Program?

The Choice Program non-VA Provider will issue a prescription with up to a 14 day supply of a National Formulary drug. Veterans may have the 14 day supply prescription filled at any non-VA pharmacy of their choosing and may submit a request for reimbursement to VA. For prescriptions needed past 14 days, Veterans should follow standard procedures to fill a prescription at the VA pharmacy.

If a Veteran uses the Choice Program, does that affect other VA health care?

No, not at all. Veterans do not have to choose between the two—the Choice Program is here to make it easier for Veterans to access the care they need, close to home.

Is Emergency care covered by the Choice Program?

No, emergency care is not covered under the Choice Program. All care under the Choice Program is required to be preauthorized. VA has other options for Veterans who require emergency care. Veterans should contact their local VA medical facility for more information.

If a Veteran lives in Alaska or Hawaii, is he/she automatically eligible for the Choice Program?

Yes.

If a Veteran lives in New Hampshire, is he/she automatically eligible for the Choice Program?

If a Veteran lives more than 20 miles from the White River Junction VA, he/she is eligible. If a Veteran lives less than 20 miles from the White River Junction VA he/she is not eligible based on the distance criteria, but may be eligible based on the wait-time criteria or the unusual or excessive burden criteria.

If a Veteran does not qualify for the Veterans Choice Program, are there other options he/she can use to access non-VA health care?

Yes, there are other non-VA care programs Veterans may be able to use. Each program has its own eligibility requirements. Veterans should talk to their VA medical provider or click here [for more details about these programs](#).

If a non-VA doctor is not part of the Choice Program, can he/she join?

Yes. VA is actively seeking to expand its network of community providers. Providers can call 866-606-8198 to learn more about the Veterans Choice Program and to become an approved Choice provider. If a Veteran's preferred provider is not available under the Program, we will recommend other providers in his/her area. Providers can find more information [here](#).

Are Veterans responsible for their private insurance deductible if they get care through the Choice Program?

Yes, if Veterans are receiving non-service connected care. The Veteran's private health insurance will be the primary payer for non-service connected care and the Veteran may be responsible for the health insurance deductibles or cost-shares. If a Veteran is receiving service connected care, he/she will not be responsible for his/her deductible as VA is primarily responsible for service connected care received through the Choice Program.

What about VA copayments? Will they be collected by the community provider?

VA copayments will be billed by VA after the appointment. If a Veteran currently pays VA copayments he/she will be subject to the same copayment requirements under the Choice Program. The VA copayment will be determined by VA after the care is provided.

What if the Veteran doesn't have a VA copayment?

If a Veteran is exempt from having to pay a VA copayment, he/she will not be required to make the VA copayment under the Choice Program.

Is the Veteran responsible for Medicare, Medicaid or TRICARE cost-shares?

No, these plans are not considered Other Health Insurance for purposes of the Choice Program. Veterans will not be billed by the VCP provider for any of the cost-shares associated with these plans.