On August 7, 2014, President Obama signed into law the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) (“Choice Act”). Technical revisions to the Choice Act 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 continues to be to provide timely, high-quality health care for Veterans.

Section 101 of the Choice Act requires VA to establish a program (“the Veterans Choice Program”) to 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 the Choice Act are also discussed below.

Background

In order to improve VA’s ability to deliver high-quality health care to Veterans, section 101 of the Choice Act 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 the Choice Act being passed, VA had mechanisms in place to purchase non-VA care. Those mechanisms are still available to VA, and the Choice Act will enhance VA’s non-VA care options.

Veterans Choice Fund and Veterans Choice Program

The Choice Act includes a $10 billion Veterans Choice Fund from which VA must pay for non-VA care furnished as part of the Veterans Choice Program. VA will provide a Veterans Choice Card to all Veterans who were enrolled in the VA health care system as of August 1, 2014, and to recently discharged combat Veterans. Eligibility criteria are discussed in greater detail below.
Eligibility

Initially, a Veteran must be enrolled in VA health care on or before August 1, 2014, or be eligible to enroll as a recently discharged combat Veteran within 5 years of separation. Additionally, a Veteran must also meet at least one of the following criteria.

a) The Veteran attempts to schedule an appointment with VA for hospital care or medical services but is unable to schedule an appointment within 30 days of the Veteran’s preferred date, or the clinically appropriate date

b) The Veteran lives more than 40 miles from the VA facility that is nearest to the Veteran’s residence, including a community-based outpatient clinic.

c) The Veteran lives in a state without a medical facility that provides hospital care, emergency services and surgical care rated by the Secretary as having a surgical complexity of standard, and the Veteran resides more than 20 miles from such facility.

d) The Veteran lives 40 miles or less from a VA health care facility but needs to travel by air, boat, or ferry, or faces an unusual or excessive burden on travel due to geographical challenges.

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.

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 the Choice Act.

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 the Choice Act.
Frequently Asked Questions

Q: How long will it take to implement the Veterans Choice Program?
A: In order to ensure Veterans receive high-quality and timely health care, VA is working to implement the Veteran’s Choice Act, including the Veterans Choice Program, as quickly as possible.

Q: How will Veterans get their Veterans Choice Card?
A: VA will mail the Veterans Choice Card to Veterans enrolled in VA health care as of August 1, 2014, and to recently discharged combat Veterans who enroll within the 5 year window of eligibility. Not all Veterans who receive the Card will be able to participate in the Veterans Choice Program right away. Only eligible Veterans may participate.

Q: Is the criteria 40 miles or 30 days?
A: Response: Eligibility for the Veterans Choice Program is based on the Veteran’s place of residence or the inability to schedule an appointment within the “wait-time goals” of VHA. A Veteran could be eligible under one or both of these criteria. Please note that Veterans who are eligible based on their place of residence may elect non-VA care for any service that is clinically necessary. Veterans who are eligible based on “wait-time” may select non-VA care only for an appointment for the service that cannot be scheduled within the “wait-time goals” of VHA.

Q: Does the 40 mile rule refer to whether the specialty need (for example, Orthopedic Surgery) is available within 40 miles, or 40 miles from any VA facility, whether or not the specialty, in this example Orthopedics, is available there?
A: The law indicates that what matters is the distance from the Veteran’s residence to any VA medical facility, even if that facility cannot provide the care that the Veteran requires. VA is developing an interactive tool that will be available on va.gov for Veterans to determine their potential eligibility for VA Choice based on their place of residence. Veterans will enter their address information into the tool. The tool will calculate their distance to the nearest site of VA care and return that mileage and information on their eligibility for VA Choice program.

What are the criteria used to determine the 40 mile radius? Is it similar to the Dashboard used to calculate mileage reimbursement?
A: VA will calculate distance between a Veteran’s residence and the nearest VA medical facility using a straight-line distance, rather than the driving distance. VA is developing an interactive tool that will be available on va.gov for Veterans to determine their potential eligibility for VA Choice based on their place of residence. Veterans will enter their address information into the tool. The tool will calculate their distance to the nearest site of VA care and return that mileage and information on their eligibility for VA Choice program.
Q. How will eligibility be determined for those Veterans who receive a “Veterans’ Choice Card,” and are there limitations on what service they qualify for outside of the VA system?
A: Once a Veteran receives a Veterans Choice Card, they will be eligible to use the Program if they meet the specific eligibility criteria discussed above. Veterans who are eligible based upon their place of residence will be eligible to use the Choice Program for services in the medical benefits package that are clinically necessary. Veterans who are eligible because of the wait-time criterion will only be able to receive a non-VA appointment for the episode of care related to the service that cannot be scheduled within the “wait-time goals” of the Veterans Health Administration.