

Veterans Access, Choice and Accountability Act of 2014 (VACAA) The Choice Program and the Choice Card

December 2, 2015

Key Points of VA Health Care Enrollment

- Veterans generally must be enrolled to receive VA Health Care
 - Enrollment assures Veterans that comprehensive health care services will be available when they are needed
 - All enrolled Veterans receive VA's comprehensive Medical Benefits Package which includes preventive, primary and specialty care, diagnostic, inpatient and outpatient care services
 - Health care benefits are completely portable throughout the entire VA system
 - Once a Veteran enrolls in the VA health care system, he or she will remain enrolled
 - To be eligible for the Choice Program, a Veteran must be enrolled in VA health care

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- Launched the Veterans Choice Program on November 5, 2014 in accordance with the timeframe established under Public Law 113-146 signed by President Obama on August 7, 2014
- Allows VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers through section 101 of the Act. Includes Veterans who are:
 - On a wait list of 30 or more days from the clinically indicated date (CID) for the service (date that the provider has specified for the Veteran to be seen) or patient preferred date if no CID provided
 - Reside more than 40 miles from the closest VA medical facility (or more than 20 miles from White River Junction, VT if a resident of New Hampshire)
 - Meet certain other residence based requirements

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- On April 24, 2015 VA published an interim final regulation changing mileage calculation from straight line to driving distance (fastest route).
 - Changes the special provision for New Hampshire residents who live more than 20 miles from White River Junction, VT to driving distance
 - Doubles the estimated number of Veterans eligible for Choice based on residence in driving miles to the closest VA medical facility
 - All newly eligible Veterans received a letter informing them of their eligibility on April 25, 2015
- On May 22, 2015, Public Law 114-19, the Construction Authorization and Choice Improvement Act, was signed into law
 - Updates the Veterans Access, Choice and Accountability Act of 2014 by enhancing the language surrounding the unusual and excessive burden for travel to a VA medical facility.
 - Expands the eligibility for certain Veterans to use the Choice Act based on challenges in traveling to a VA medical facility.
 - Includes four provisions that describe the unusual and excessive burden (sections “aa through dd”)

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- On July 31, 2015 Public Law 114-41, Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, was signed into law
- Includes several sections for VA:
 - Sec. 4002. Plan to consolidate programs of Department of Veterans Affairs to improve access to care
 - Sec. 4003. Funding account for non-Department care
 - Sec. 4004. Temporary authorization of use of Veterans Choice Funds for certain programs
 - Sec. 4005. Modifications of Veterans Choice Program
 - Sec. 4006. Limitation on dialysis pilot program
 - Sec. 4007. Amendments to Internal Revenue Code with respect to health coverage of veterans

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- Published Interim Final Rule, AP60, Expanded Access to Non-VA Care through the Veterans Choice Program, on December 1, 2015
 - Allows VA to implement provisions of PL 114-41 that require regulations (from section 4005)
 - Removes 60 day limit on episode of care
 - Removes requirement for enrollment prior to 8/1/2014; Veteran must be enrolled in the system of patient enrollment
 - Expand provider base by allowing Secretary VA to establish criteria
 - Adds when care cannot be provided in VA by clinically indicated date that is shorter than wait time (currently 30 days)
 - Changes requirement for distance from CBOCs related to full time physician availability
 - Includes provisions from PL 114-19 regarding the unusual or excessive burden

Contractors for Choice

- VA signed contracts with two companies, Health Net and TriWest, to help VA administer the Choice program
- Contractors will manage the Choice Program card distribution, call center, Veteran counseling, provider management, appointment management, reporting and billing
- Pre-authorizes all Veteran care
- Coordinates other health insurance (OHI) information with provider and responsible to provide Explanation of Benefit (EOB) to VA for payment
- Providers are either part of the contractor's PC3 network or Choice network meeting the requirements of the Choice Act
 - Choice network allows entities that do not want to contract but meet requirements of the Act to provide care under the Choice Program
- Contractors provide list of approved providers to Veteran to choose

Eligible Choice Providers

- Non-VA entities and providers who enter into an agreement with VA to furnish care, and must be participating in the Medicare or Medicaid program, be a Federally-qualified health center, or be a part of the Department of Defense or the Indian Health Service or meet other criteria as defined in the AP interim final rulemaking
- Maintain at least the same or similar credentials and licenses as VA providers, and must submit information verifying compliance with this requirement annually
- Be accessible to the Veteran
 - Able to provide timely care, have the necessary qualifications to furnish the care, and be within a reasonable distance of the Veteran's residence
- Agree to accept rates as outlined in the Act

Secondary Payer

Other Health Insurance (OHI) Cost Shares/Copayments/Deductibles

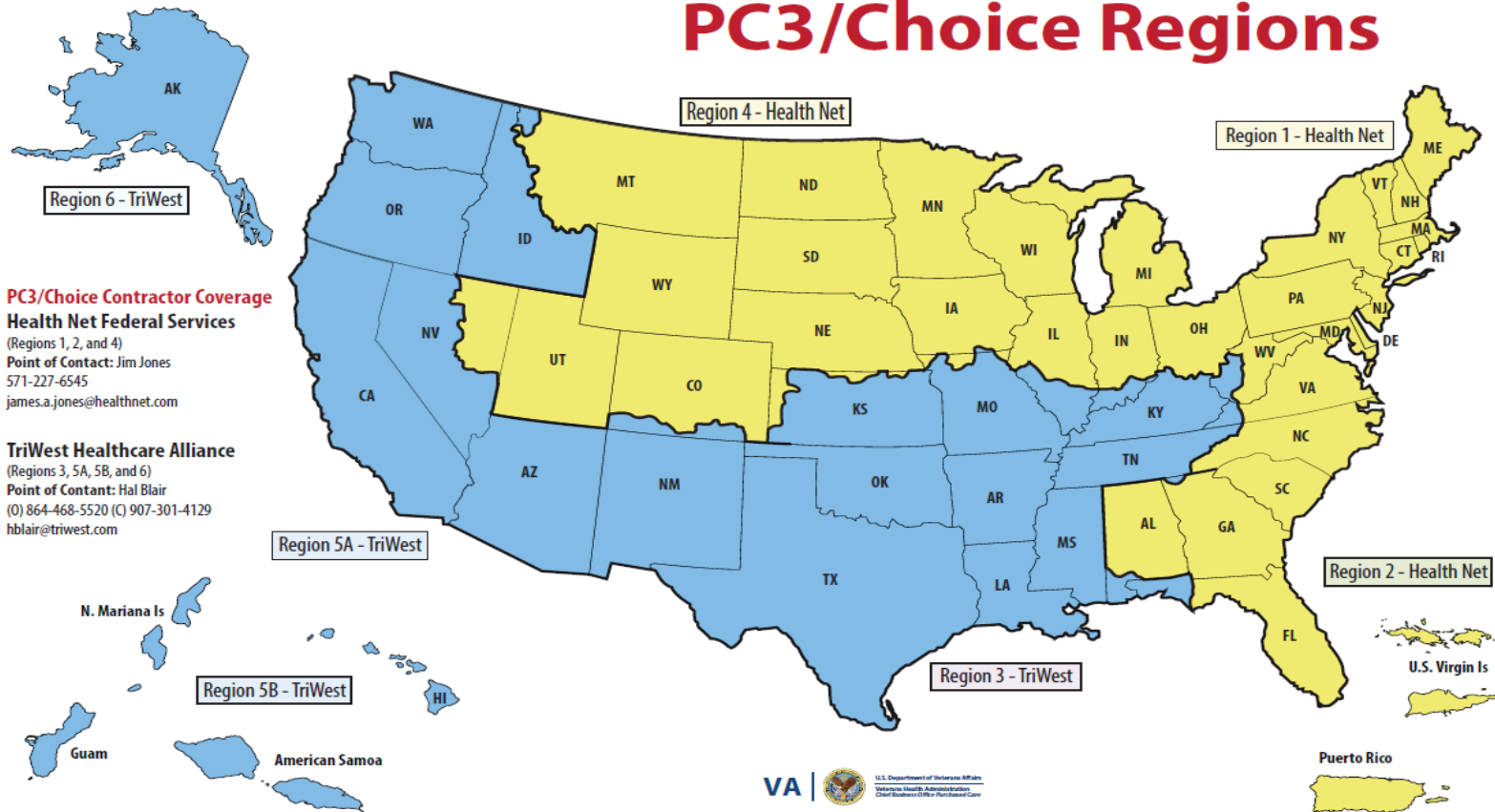
- Requires Veterans with OHI to provide information if selecting Choice Program
- Declining to provide OHI results in loss of this benefit
- OHI cost shares will be due by the Veteran to the provider or the OHI
 - VA does not have authority to interfere with health plan requirements
- May shift up front costs to Veterans with OHI
- VA can only reimburse Veteran up to the Medicare rate minus the cost of care provided
 - If the total of the cost of care plus the cost shares exceed the Medicare rate, Veteran may be left owing some portion of cost share
- Care for service connection or those without OHI will not incur additional expense

Additional Choice Program Resources and Information:

- VACAA web site (Internet – external): <http://www.va.gov/opa/choiceact/>
- For more information on how to become a Choice provider:
- <http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/pccc/index.asp>
 - HealthNet
 - <https://www.hnfs.com/content/hnfs/home/va/home/provider/options-for-providers/become-a-veterans-choice-participating-provider.html>
 - TriWEST
 - <https://joinournetwork.triwest.com/>
- Contractor phone number 1-866-606-8198

Contractor Coverage Regions

PC3/Choice Regions



PC3/Choice Contractor Coverage
Health Net Federal Services
(Regions 1, 2, and 4)
Point of Contact: Jim Jones
571-227-6545
james.a.jones@healthnet.com

TriWest Healthcare Alliance
(Regions 3, 5A, 5B, and 6)
Point of Contact: Hal Blair
(O) 864-468-5520 (C) 907-301-4129
hbblair@triwest.com

