



VA Care in the Community

Veterans Health Administration
Chief Business Office

October 2015



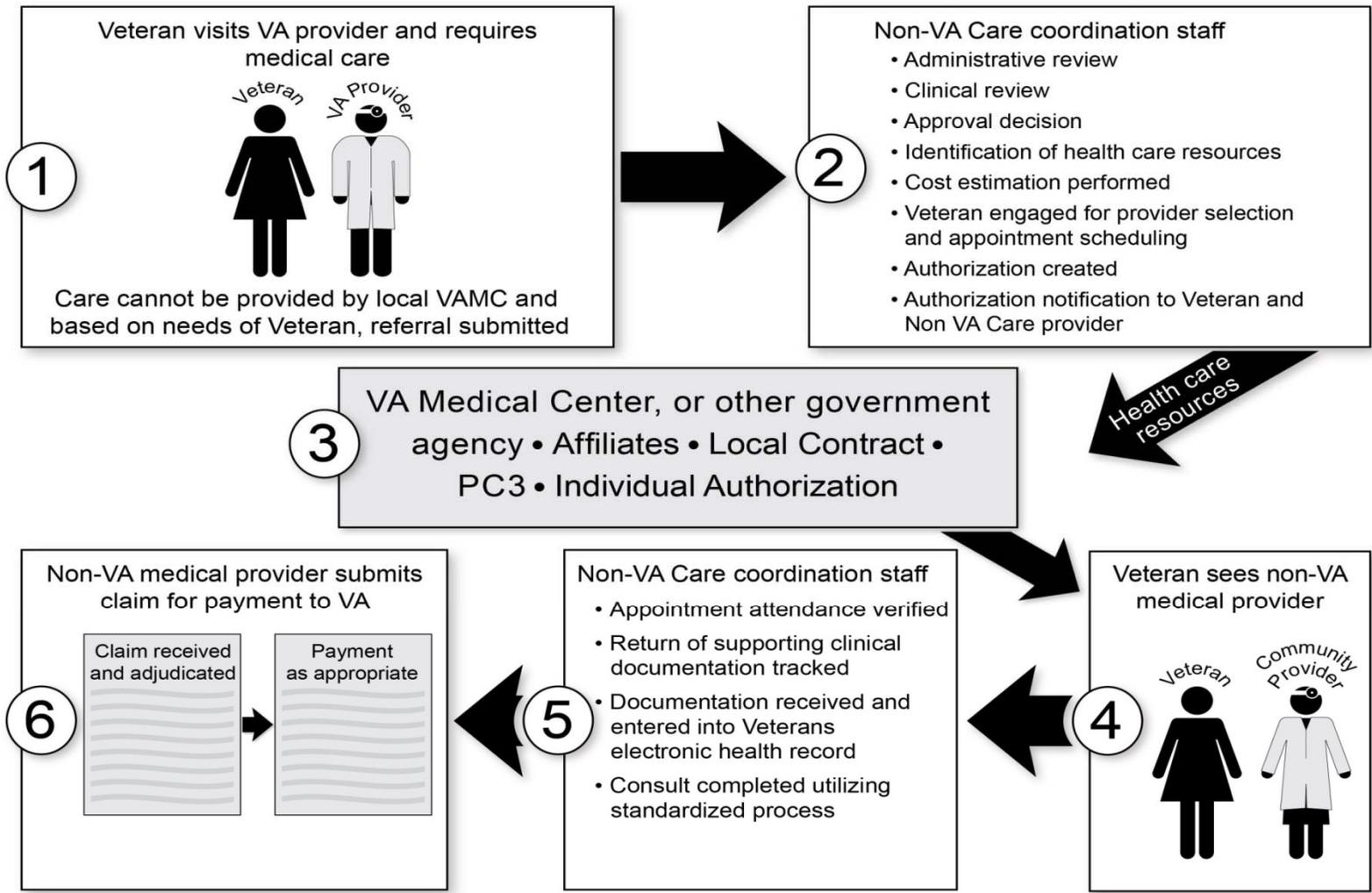
Reasons VA Purchases Care in the Community

- Ensures complete continuum of quality care when VA does not have internal resources available
 - Unable to access VA health care facilities
 - Demand exceeds VA health care facility capacity
 - Need for scarce specialty resources (e.g., obstetrics, hyperbaric, burn care, oncology) and/or when VA resources are not available due to constraints (e.g. staffing, space)
 - Satisfying patient wait-time requirements
 - Ensure cost-effectiveness for VA (whereby outside procurement vs. maintaining and operating like services in VA facilities and/or infrequent use is more appropriate)
- Must pre-approve use of care outside of VA, except in cases of emergencies
- Approval of emergency care must meet specific requirements
 - Requirements vary for care for service connected vs non-service connected conditions

Veteran Care in the Community

- **Foreign Medical Program (FMP):** health benefits for service connected Veterans residing or traveling overseas
- **Project ARCH:** provides access closer to home for certain Veterans in five VISNs for primary care and specialty care
- **State Home Program:** partnership with State governments to provide long-term care to Veterans; managed by State governments with some financial assistance from VA
- **National Non-VA Medical Care Program:** enterprise management of the purchase of health care services when unavailable at VA facilities
 - Includes National Dialysis Contracts, Patient Center Community Care Contract, local contracts
- **Sharing Agreements/Academic Affiliates:** partnerships with other government agencies (DoD, Indian Health) or academics to provide care when unavailable at VA facilities

Care in the Community Medical Care Options



Purchased Care Programs for Non-Veteran Beneficiaries

- VA provides several health care programs for family members of certain Veterans:
 - Civilian Health And Medical Program of VA (CHAMPVA): health benefits for spouse/dependents of certain Veterans
 - Spina Bifida (SB): health benefits to the children of Vietnam Veterans diagnosed with Spina Bifida
 - Children of Women Vietnam Veterans (CWVV): health benefits to children of female Vietnam Veterans when the children are diagnosed with a covered birth defect
 - Camp Lejeune family members: reimbursement as last payer for 15 conditions for family members who resided on Camp Lejeune

Veterans Access, Choice and Accountability Act of 2014 (VACAA)

- The Veterans Choice Program was launched on November 5, 2014 under Public Law 113-146 signed by President Obama on August 7, 2014
- Choice allows VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with community providers
- Veterans who qualify for Choice must be enrolled in the VA health care system and meet the following criteria
 - Be on a wait list of 30 or more days from the clinically indicated date (CID) for the service or patient preferred date if no CID provided or VA does not provide the service that is required in less than 30 days or
 - Reside more than 40 miles from the closest VA medical facility (except of New Hampshire) or
 - Meet certain other residence based requirements

Basic Choice Structure

- VA signed contracts with two companies, Health Net and TriWest, to help VA administer the Choice program including:
 - Managing Choice Program card distribution and operating a toll free call center to provide information to Veterans on the program
 - Managing provider relations and reimbursement
 - Pre-authorizing all Veteran care under the program
 - Scheduling appointments
 - Contractors provide list of approved providers to Veteran to choose. Veterans can ask contractor to add specific Medicare participating providers
 - Coordinating other health insurance (OHI) information with providers

Eligible Choice Providers

- Enter into a contract or agreement with VA to furnish care
- Must be participating in the Medicare program, or be a Federally-Qualified Health Center, or be a part of the Department of Defense or the Indian Health Service or as defined by the Secretary VA
- 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
 - be able to provide timely and accessible care
- Agree to accept rates as outlined in the Act
- Return medical documentation within specified timelines
- Bill other health insurance (except Medicare, Medicaid or TRICARE) prior to billing the contractor for non-service connected care

Choice – FY 2016 Changes to Choice

- **Operational Enhancements**

- **Choice First Phase 2:** NVCC staff will contact eligible Veterans from the 30-day wait group to explain the Veterans Choice Program and offer it as an option to receive care when their wait time for a VA appointment is greater than 30 days (10/1/2015)
- **Outbound Calls:** Eliminate the requirement for an inbound call from Veteran; require Contractor to make outbound calls to eligible Veterans to facilitate care (11/2015)

- **Legislative Changes**

- **Removal of 8/1 enrollment and combat status requirements;** Veteran must be VA-eligible and enrolled (Completed - 10/2/2015)
- **VA Appointment Beyond Clinically Indicated Date** - To have outreach by VA Care Coordination staff to Veteran offering Choice as an option to receive care when their wait time for a VA appointment is beyond the clinically indicated date (11/2015)
- **Removal of 60 day authorization limit** - Move to Episode of Care with maximum length of 12 months (12/2015)
- **Expansion of Provider Base** - Expand provider eligibility beyond those providers expressly listed in Act e.g. Dental (11/2015)
- **40 Mile Expansion** - The nearest medical facility with Primary Care Physician is below 0.9 FTEE (12/2015)