

QUICK FACTS ABOUT VETERANS CHOICE PROGRAM

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Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146)
---Known as the Veterans Choice Act or Veterans Choice Program---

FREQUENTLY ASKED QUESTIONS (FAQ'S) PERTAINING TO THE VETERANS CHOICE PROGRAM (VCP):

1. SERVICES COVERED:

Q: Since VCP is a temporary program, does it replace TRICARE or CHAMPUS?

A: No – There is no change to those programs.

Q: Are dental services covered under VCP?

A: No – Must use regular VA services.

Q: Are eyeglasses covered under VCP?

A: No – Must use regular VA services.

Q: Are emergency services covered under VCP?

A: No – But by calling the number on the Veterans Choice Card, VA notification assistance can be offered.

Q: Are long term care and / or home care services covered under VCP?

A: No – Must use regular VA services or VA supported community care processes.

Q: Are specialties covered? Does it require prior authorization?

A: Yes, specialties are covered and Yes prior authorization by the Third Party Administrator (TPA) is required.

Q: Do the patients need to call and have care preauthorized?

A: Yes, using the telephone number on their Choice Card, patients need to call their TPA for authorization prior to receiving care.

Q: Can you clarify the 40 mile rule? Is this the shortest driving distances or straight line...”as the crow flies?”

A: Although upon initial VCP implementation, the 40 mile rule was a straight line “as the crow flies,” on March 24, 2015, the VA announced that the 40 mile rule interpretation is being changed to driving distance and that change was implemented with an effective date of April 24, 2015.



U.S. Department
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Q: What if either the Veteran and / or the community provider is in a foreign country (Canada, Mexico or other)?

A: VCP and Patient-Centered Community Care (PC3) only apply to the USA and five USA territories (Guam, American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), US Virgin Islands and Puerto Rico). Veterans in foreign countries must utilize the VA Foreign Medical Program (FMP) which has a completely different set of rules from either VCP or PC3. (To contact FMP call 1-303-332-7590). However, Veterans in foreign countries can make their way at their own expense to the closest VA medical facility and will receive VA and / or VA sponsored community care for which they are eligible, with the exception of the Philippines which has its own unique set of rules.

Q: How do we handle a prescription that is written for a non-formulary medication (or really any medication) that a VA pharmacist does not feel is safe and /or efficacious for the patient or there are formulary alternatives available? Is the VA responsible for contacting that community provider or does the VA go through the Third Party Administrator (TPA)? How does the VA proceed if the community provider is not willing to change the prescription to an alternative agent?

A: For VCP, it is the TPA's responsibility to inform community providers of the requirement to follow the VA national formulary process. Non-formulary requests received from VCP providers will be adjudicated locally according to established VA non-formulary request procedures.

2. SIGNING UP AS A PROVIDER:

Q: Who is the contact for contracting for the VA choice program?

A: Providers can reach their respective TPA (either Health Net or TriWest) by calling 866-606-8198.

Q: Are contracts between the TPA and community providers necessary for them to begin serving eligible Veterans?

A: Providers have two fundamental options for offering health care to VCP patients. 1. PC3 Contract or 2. VCP Agreement. One or the other of these two options must be in place for a VCP patient to be referred to a community provider and for the provider to receive payment for services rendered.

Q: How do community providers become an approved provider (VCP provider)?

A: Meet VCP Conditions of Participation and sign a VCP agreement with respective Third Party Administrator (TPA) for 100% Medicare reimbursement, should take two days or less. Note: community providers in states split between two TPAs are not precluded from signing with both TPAs, but are only required to sign with one TPA in order to fully participate in VCP.

Q: If Federally Qualified Health Centers (FQHC) are included as VCP providers, would Rural Health Clinics (RHC) be as well?

A: Yes, RHCs can also be VCP providers if they meet Conditions of Participation and will be reimbursed under VCP the same as all-inclusive rate under Medicare.

Q: Do community providers have to become a VCP provider in order for them to be reimbursed for Veterans referred care under VCP?

A: Community providers have to become either a VCP provider or a PC3 provider in order for them to be reimbursed for Veteran referred care under VCP.

Q: How hard is it and how much paper work is required to become a participating community provider? How much time does the process usually take?

A: The VCP agreement is very simple. It is only two and one half pages long and once signed by a provider should be finalized within two days or less.

Q: Our FQHC is not in the TRICARE or CHAMPUS network. Can we become a VCP provider?

A: Yes, your FQHC can apply for either VCP or PC3 provider status and then offer services to Veterans under the VCP program.

Q: If our medical facility is in a “split state” (a state where both TPAs have a presence) or is located near the state line in a state under one TPA with the adjoining state in the region of the other TPA, do we need to establish either a PC3 contract or a VCP agreement with both TPAs in order to ensure that we can be appointed and paid for services provided to all Veterans who seek our care no matter what TPA region in which the Veterans reside?

A: Yes, Although our TPAs are collaborative and help each other as much as possible, there remain major challenges revolving around exchange of Veteran information between regions. Thus best for a medical facility to have some level of agreement with both TPAs if you are close to region boundaries.

3. Veterans Choice Program (VCP) vs Patient-Centered Community Care (PC3):

Q: Do you have to apply to the TPA for both programs, VCP and PC3 in order to offer services to Veterans under VCP?

A: No, you only have to apply to the TPA for either VCP or PC3, but not both. Either a VCP or a PC3 community provider can offer services to Veterans under the VCP, but different rates of reimbursement will apply depending upon provider status. VCP providers receive 100% Medicare rate for VCP patients, while PC3 providers receive negotiated rates less than 100% Medicare for VCP patients.

Q: Is application to be a PC3 provider more rigorous than application to be a VCP provider?

A: Yes, application to be a PC3 provider entails definitive credentialing, requires reimbursement negotiation, has a 24 page contract, and takes approximately 45 days to complete, whereas application to be a VCP provider entails affirmation of very reasonable Conditions of Participation, has set reimbursement rates, has a two and one half page agreement and takes two days or less to complete.

Q: We have a clinic with approximately 25 providers. Would each of those providers need to be enrolled?

A: If you decide to become a PC3 provider, then each of the 25 providers at your facility must be credentialed, but if you decide to become a VCP provider, then your facility will only need to complete the Conditions of Participation, meet the certification standards, then all of your 25 providers will become part of VCP.

Q: How does a community provider decide if they should sign a PC3 contract or a VCP agreement?

A: Each community provider should do a business case analysis to evaluate the potential for Veterans referrals in their area of operations, the number and proximity of VA health care facilities in their area of operations and then evaluate the merits and demerits of potentially seeing more Veteran patients at a negotiated reimbursement rate less than 100% Medicare or potentially fewer Veteran patients at 100% of the community provider's respective Medicare rate.

4. PAYMENT:

Q: Has reimbursement rate been established?

A: Yes, VCP agreement reimbursement rate under the VCP agreement is 100% Medicare and for FQHC's that means 100 % of Medicare PPS. Also, rates may be negotiated above Medicare for highly rural areas. Highly rural areas are defined as a county that has fewer than seven individuals residing in that county per square mile. PC3 contract reimbursement will be at a negotiated rate below 100% Medicare. If a PC3 community provider sees a VCP Veteran, reimbursement will be at the PC3 negotiated rate rather than 100% of Medicare.

Q: We are a Rural Health Clinic, do you reimburse at the same rate as Medicare or Medicaid?

A: Reimbursement for rural health clinics under the VCP agreement is the same as all-inclusive rate under Medicare.

Q: Does VCP pay sole community hospital 100% Medicare rates?

A: Yes, if the sole community hospital is a VCP provider, but No if the sole community hospital is a PC3 provider.

Q: Does VCP pay a Critical Access Hospitals (CAH) the same cost-based reimbursement as is paid under Medicare?

A: Yes, if the CHA is a VCP provider, but No if the CAH is a PC3 provider.

Q: What is your fee schedule?

A: VCP agreement for payment is 100% Medicare. In the case of FQHCs that would be 100% PPS rate.

Q: Can VCP providers submit bills electronically to the TPA?

A: Yes, through their VCP community provider portal.

Q: How long does it take for payment to be made on the claim?

A: The VA, as a Federal entity, is subject to the Federal Prompt Payment Act which requires payment within 30 days of claim receipt.

Q: Will non-network community providers be reimbursement per the Medicare fee schedule?

A: No, a provider must be either a VCP provider or a PC3 provider in order to have Veterans referred, offer services and be reimbursed for services rendered.

5. MEDICAL RECORDS AND AUTHORIZATION DOCUMENTATION:

Q: Can VCP providers submit patient notes electronically to the TPA?

A: Yes, through their VCP provider portal.

Q: What is the turnaround time required for VCP providers to return clinical documentation to the TPA?

A: VCP providers have 30 days to provide the clinical documentation to the TPA for both outpatient and inpatient care. The TPA will send the documentation to the VA facility upon receipt from the community provider.

Q: If care is required in addition to care already authorized or beyond the initial VCP 60-day authorization, is the authorization provided by the TPA?

A: Yes, Through VCP, each authorization is good for the episode of care for which the veteran was referred for up to 60 days. If additional care is required in addition to care already authorized or beyond the 60 days, then a new authorization is required from the TPA.

Q: Is VCP replacing the traditional VA Fee Basis process? If we have claims prior to this program do we send them to VA Fee Basis or can we send them to this process?

A: No, it is VA policy that, to the maximum extent possible, PC3 should replace traditional Non-VA medical care. VCP is a temporary enhancement to both traditional Non-VA medical care and PC3 (VCP has \$10B allocated for up to three years from enactment and program will continue until money is expended or until Aug 7, 2017).

6. VETERANS RESPONSIBILITIES:

Q: According to the rules on the VA website, Medicare and Tricare cannot pay secondary to this program so does the patient basically have to pay “up-front cost” if they are going to use this program for the visit?

A: No, as long as a Veteran is seen for a service connected condition, then VA is the first payer. However, if a Veteran is seen for a non-service connected condition and the Veteran has Other Health Insurance (OHI) other than Federal insurance (Medicare, Medicaid Tricare, etc) then the provider may require the Veteran to pay a OHI co-pay or cost share at the site of care because the OHI is first payer and VA is second payer for non-service connected conditions. At no time does a Veteran have to pay VA co-pay as “up-front cost,” although there may later be a requirement for a VA co-pay depending upon the Veteran’s priority category of care within the VA.

Q: Does the veteran call and authorize service or the health care provider authorizes service?

A: It is the Veterans responsibility to call the TPA to request service under the VCP and it is the TPA’s responsibility to authorize service that is medically indicated plus coordinate the community site of care for that service to be provided.

Q: Which number should the Veteran call if he or she has Q’s? Have been told numerous times at local VA medical facility that they just don't know who can help with this!

A: If the Veteran has any Q’s on VCP they should call the telephone # on their Choice Card, 866-606-8198 or they can obtain more information by going to www.va.gov/opa/choiceact.

7. VETERANS ELIGIBILITY:

Q: Who is eligible to receive a Veterans Choice Card?

A: Veterans enrolled in the VA Health Care System as of August 1, 2014, or combat Veterans who served on active duty in a theater of combat

operations during a period of war after the Persian Gulf War or in combat against hostile force, and are within 5 years of separation from the military.

Q: Who is eligible to use a Veterans Choice Card?

A: Veterans who have received a Veterans Choice Card and been told by their local VA medical facility that they will need to wait more than 30 days from their preferred date or the date medically determined by their clinician for an appointment, OR Veterans who reside more than 40 miles driving distance from the VA health care facility closest to their home, OR who need to travel by air, boat or ferry to the VA health care facility closest to their home (Note: There are special considerations for Veterans who reside in Hawaii, Alaska, most of New Hampshire and some US Territories – Guam, AS, CNMI & VI).

Q: Notwithstanding the appointment wait time rule or the mileage rule, are “all” Veterans who reside in Hawaii, Alaska, , Guam, American Samoa, CNMI, Virgin Islands and most of New Hampshire eligible to use their Veterans Choice Card?

A: Yes, as long as they meet the VCP eligibility requirements of being enrolled as of August 1, 2014 or combat Veteran within 5 years of separation from the military.

Q: Can VCP be offered to Veterans who have not received a Veterans Choice Card?

A: Yes, if they are eligible for VCP, but have not received a Veterans Choice Card in the mail, then they should call 866-606-8198 to verify eligibility and ask for a card to be mailed to them.

If a Veteran has further questions, they should dial the number (1-866-606-8198) on their choice card.

As Of May 8, 2015