



NATIONAL ASSOCIATION OF
Community Health Centers

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May 26, 2015

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Submitted to via www.regulations.gov

RE: RIN 2900–AP24, Driving Distance Eligibility for the Veterans Choice Program

The National Association of Community Health Centers (NACHC) welcomes the opportunity to comment on the Department of Veterans' Affairs' Interim Final Rule on changes to the distance calculation for eligibility for the Veterans Choice Program published in the Federal Register on April 24, 2015 (80 Fed. Reg. 22906). NACHC is the national membership organization for community health centers, also known as federally qualified health centers (FQHCs) or health centers.

Health centers play a critical role in the health care system, serving as the health home to over 23 million people, including over a quarter million veterans. With over 9,000 sites, they provide affordable, high quality, comprehensive primary care to medically underserved individuals, regardless of their insurance status or ability to pay for services.

We applaud the Department for changing the distance eligibility calculation, in order to allow for the 40 mile distance to be calculated using the driving distance, not "as the crow flies" as was previously implemented. NACHC advocated for this change in our comments on the original Interim Final Rule (published November 5, 2015 at 79 Fed. Reg. 65571), stating that we believed the original distance calculation would create a significant burden to veterans who live in rural and frontier areas, many of who could be served by health centers. The new distance calculation will allow many more veterans to be eligible to receive the critical primary and preventive care from community providers, including FQHCs. We applaud the Department's attention to this key detail and willingness to make changes in response to the comments it received from the public.

While we very much appreciate this critical change, we would like to take this opportunity to remind the Department of NACHC's additional comments on the original Interim Final Rule. We believe that the Veterans Choice Program is an important step forward to ensuring that our veterans have access to timely, high quality care, and believe that there are some key changes that could be made in order to ensure that it serves veterans to its

fullest ability. For that purpose, we have included a brief summary of those comments below and attached our full comments to this letter.

Our previous comments and recommendations fall into five categories, as follows:

- **Authorizations to receive non-VA care:**
 - Establish a unique call-in number for contracted providers to receive expedited service;
 - Make authorizations retroactive to the date of an eligible request;
 - Alert veterans and their providers if their authorization will not be renewed at the end of the 60-day period;
 - For patients who are authorized to see a non-VA provider for the care of a chronic condition, expand the authorization to cover emerging primary care needs.

- **Reimbursement under Veterans Choice Program:**
 - Ensure that FQHCs will be reimbursed for their reasonable costs as recently calculated by Medicare;
 - Clarify that PC3 rates do not “trump” rates under Veterans Choice;
 - Make provider contracts retroactive to the start date of the Veterans Choice program;
 - Define “timely” payment in the IFR;
 - Refer to Medicare Part B for pharmaceutical rates.

- **Access to Care:**
 - Broaden language around credentialing and licensing to ensure that qualified non-physician practitioners (NPPs) are eligible providers in all states;
 - Base the distance eligibility calculation on the nearest facility that can provide the type of care the veteran needs.

- **Third Party Administrators (TPAs):**
 - Increase coordination and consistency between TPAs;
 - Require TPAs to clearly inform providers whether they are signing up for Veterans Choice or PC3;
 - Clarify which TPA is responsible for patients who live in states served by both TPAs.

- **Sharing of Patient Records:**
 - Develop a streamlined system for sharing patient records between VA and non-VA providers.

Once again, we appreciate the Department’s change to the driving distance to more appropriately account for a veteran’s actual travel distance and hope that the Department will continue to consider additional changes and improvements to the Veterans Choice Program.

Thank you for the opportunity to comment on this Interim Final Rule. NACHC staff, and our member health centers, would be happy to provide the Department with any further information that would be beneficial. To initiate a discussion, please contact me at 202-296-0158 or cmeiman@nachc.org.

Sincerely,

A handwritten signature in black ink, reading "Colleen P. Meiman". The signature is written in a cursive style with a long horizontal flourish at the end.

Colleen P. Meiman, MPPA
Director, Regulatory Affairs
National Association of Community Health Centers