



Veterans Access, Choice and Accountability Act

What Health Centers Need to Know

In the summer of 2014, the Veterans Choice Act was signed into law by the President--and it is changing how Veterans may be able to obtain health care in their local communities. It has also opened the door for health centers to serve more Veterans in those communities.

Information is being shared now with Veterans and with providers about the implementation of this legislation (read more in the [Department of Veterans Affairs fact sheet](#)).

The VA serves a broad population and offers many different services. The Veterans Choice Act has some complex rules and procedures. This Fact Sheet for Health Centers (the 2nd that NACHC has issued) tries to simplify some of the complexity by providing health centers, networks and PCAs with current information about the Veterans Choice Act.



VA U.S. Department of Veterans Affairs

Private Sector Care Paid by the VA

Traditionally, the VA has not purchased significant amounts of care from health centers. That is changing. Today, there are three ways in which Veterans receive care from non-VA sources:

1. Community Based Outpatient Clinics (CBOCs)

These are contracted health facilities that provide primary care services to Veterans and function much like VA clinics.

The VA has over 800 CBOCs across the US and its territories, and approximately 20 health centers currently serve as CBOCs for the VA.

2. Patient-Centered Community Care Networks (PC3)

PC3 is a nationwide program that offers health care contracts to a network of private providers, in order to provide eligible veterans access to primary care, mental health care, preventive services, inpatient specialty care, and outpatient specialty care.

Care is available through PC3 when a local VA medical center cannot readily provide the needed care to Veterans due to lack of available specialists, long wait times, geographic inaccessibility or other factors.

The VA has contracted with Health Net and TriWest to develop networks of providers to deliver the covered care.

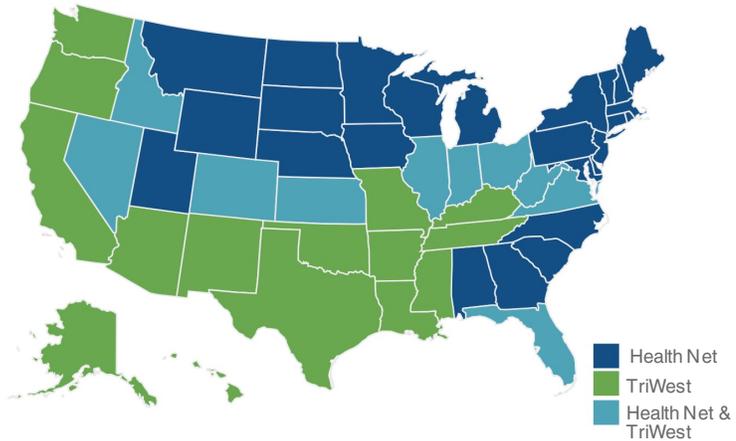
3. Veterans Choice Program (VCP)

The Veterans Choice Act provides new authorities, funding and other tools to better serve veterans in the short term by improving access to care.

A new program established as part of the Choice Act, the VCP is a new temporary benefit allowing eligible Veterans the choice to receive pre-authorized health care in their communities from non-VA providers participating in the VCP, rather than waiting an extended time for a VA appointment or traveling a significant distance to a VA medical facility.

The VA has contracted with Health Net and TriWest to serve as this program's third party administrators, including the development of provider networks to deliver covered services.

Health Net and TriWest manage the VCP based on the same geographic assignments they have for the PC3 program.



PC3 vs. VCP



The PC3 program pre-dates the VCP, as PC3 contracts were awarded to Health Net and TriWest in 2013. PC3 expanded the options Veterans had for receiving care by creating a network of private providers, external to the VA.



The VCP further expanded access to care for Veterans in the private sector under certain circumstances – distance from a VA clinic or hospital, or the inability of the VA to see a Veteran in a timely manner. Health Centers may participate in the VCP by either (1) joining Health Net or TriWest PC3 provider networks or (2) by signing a separate VCP provider agreement with Health Net or TriWest.

For health centers who are not members of PC3 or VCP provider networks, it is important to remember that Veterans are eligible to use the Choice Card only under specific circumstances. If a Veteran comes to a health center and presents a card, he or she may not be eligible to obtain services. Without verification of eligibility and preauthorization, there is no way to ensure reimbursement for provided care.



While Health Centers have the option of being either PC3 network providers or VCP providers, once they become a PC3 network provider the negotiated PC3 reimbursement rate will apply for both programs. VCP pays health centers at the Medicare FQHC PPS Rate.



Frequently Asked Questions

Note: Since there are two third party administrators for the VCP – HealthNet and TriWest – answers will distinguish between the two when they have established different procedures.

Q: When will Veterans get their Choice Card?

A: The Choice Card will be issued in three phases. The first group of Choice Cards along with a letter explaining eligibility for this program was sent November 5, 2014, to Veterans who live more than 40 miles from a VA medical facility.

The next group of Choice Cards and letters was sent November 17, 2014, to those Veterans waiting for an appointment longer than 30 days from their preferred date or the date determined to be medically necessary by their physician.

The final group of Choice Cards and letters will be sent between December and January to the remainder of all Veterans enrolled for VA health care who may be eligible for the VCP in the future.

Q: What benefits does the Choice Card provide?

A: The Choice Card provides a safety net for Veterans who may have challenges in accessing timely medical care from VA hospitals or clinics because they: (a) are on a VA waiting list because a health care appointment could not be provided to them within 30 days of their preferred date or the date that is medically determined by their physician, or (b) live more than 40 miles from the closest VA medical facility.

Q: How will eligibility be determined for whether services can be provided outside of the VA system?

A: Once a Veteran receives a Choice Card, they will be eligible to use the VCP if they meet the specific eligibility criteria discussed above and call the VA or one of the third party administrators to receive approval for use. Veterans who are eligible based upon their place of residence will be eligible to use the VCP for any services 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 30 days from their preferred date or the date medically determined by their physician. Contact the VA Choice Call Center at (866) 606-8198 to determine eligibility.

Q: How can a health center participate in the VCP through Health Net?

A: If you are located in one of the 38 Health Net states (includes Puerto Rico, Washington D.C. and the U.S. Virgin Islands), follow these instructions:

✓ To learn more about the program, go to "Veterans Choice" section of the Health Net website <https://www.hnfs.com> click on "Information for Providers" – then:

o Review Veterans Choice Fact Sheet

o Review Veterans Choice Quick Reference Chart

o Download VCP Provider Participation Requirements

✓ Contact the VA Choice Call Center at (866) 606-8198 or apply directly to Health Net online at:

<https://www.hnfs.com/content/hnfs/home/va/home/provider/join-our-network.html>

then scroll to the Veterans Choice section and click on "Application for Providers".

✓ Complete and submit the Participation Agreement for Services Under the Veterans Access, Choice and Accountability Act of 2014 (Veterans Choice Program or "VCP"). Submit practice locations, billing information, provider licensure, evidence of Medicare enrollment and Medicare payment rates with application.

✓ Be sure to receive both (1) acceptance of your participating provider agreement with Health Net and (2) approval for the episode of care (not to exceed 60 days) prior to providing the care to an eligible Veteran.

Q: How can a health center participate in the VCP through TriWest?

A: If you are located in one of the 27 TriWest states (includes American Samoa, Guam and the Northern Marianas Islands), contact the VA Choice Call Center at (866) 606-8198 or go to:

<https://joinournetwork.triwest.com>

Q: What are the requirements for health centers to participate in the VCP?

A: Participating health centers must:

- be a participating Medicare provider
- have providers with unrestricted state license
- have providers with no sanctions
- provide a Type I NPI number and demographic information as presented in the form
- provide a copy of the license from each state in which providers are licensed

For more information on provider participating requirements, go to:

<https://hnfs.com/content/dam/hnfs/va/pccc/VeteransChoice/Choice Provider Appl Professional Nov2014.pdf>

Q: Are health centers obligated to accept the Choice Card?

A: There is no legal requirement for any doctor or hospital to honor the Choice Card; however, health centers are expected to provide care to all members of their community.

Q: Does the Choice Card automatically mean a patient is eligible to receive care?

A: No.

While millions of Veterans will receive a Choice Card, only a subset of those who hold the card will be eligible to use it at any given time. As such, eligible Veterans who receive a Choice Card must contact Health Net or TriWest by calling the VA Choice Call Center at (866) 606-8198 to verify eligibility and obtain authorization for care under the VCP.

Once a preauthorization is obtained, an appointment will be scheduled within five business days of receipt of authorization. The appointment shall take place within 30 calendar days of scheduling unless a desired appointment date is otherwise noted on the authorization form.

After the appointment is scheduled and confirmed, Health Net or TriWest will inform both network and non-network providers on the process for submitting claims for payment.

Q: What services are covered under the VCP?

A: Any service permitted in a VA facility is potentially eligible for coverage using the card. Covered services are limited to services set forth on the authorization from the contractor.

Q: Can a health center participate in both the PC3 provider network and the VCP provider network?

A: Yes, a health center may be a provider in both the PC3 and VCP networks; however, if the health center participates in the PC3 provider network then the established PC3 reimbursement rate applies to both programs.

Q: What are the reimbursement rates for health centers?

A: Under PC3, reimbursement is typically set at a slightly discounted Medicare rate. For VCP, reimbursement is limited to 100% of the Medicare rate, which is understood by Health Net and TriWest to refer to the Medicare FQHC PPS Rate as set forth in letters from the CMS Medicare Administrative Contractor. The legislation allows for exceptions for Veterans receiving care in highly rural or medically underserved locations.

Q: How will a health center get reimbursed?

A: PC3 Providers will see little change in the way reimbursement works when Veterans use the Veterans Choice Card; however, Congress required a change in the normal payment terms.

In some circumstances, providers must first bill a Veteran's private, commercial health insurance before billing Health Net or TriWest, which pays on behalf of VA. Approximately, 10-15 percent of Veterans have private health insurance and Health Net or TriWest will make it absolutely clear when billing private insurance is required.

Neither Health Net nor TriWest can be billed for no-show, cancelled or missed appointments. Complete medical documentation must be returned before claims will be paid.

