

Background

Public Law (Pub. L.) 113-146, the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act), as amended, establishes the Veterans Choice Program (VCP). Pub. L. 113-146 did not change the eligibility requirements for enrollment in the VA health care system and did not modify VA's existing authorities to furnish Community Care.

On November 5, 2014, VA published an interim final rule making, AP24 that amends sections 17.108, 17.110, and 17.111 of title 38 of the Code of Federal Regulations (CFR) and establishes new regulations at 38 CFR 17.1500 through 17.1540 to implement the Choice Program.

On December 16, 2014, the President signed Pub. L. 113-235, the Consolidated and Further Continuing Appropriations Act, 2015, which provides for another another Community Care provider payment rate in certain states.

On April 24, 2015, VA published another interim final rule making, AP24 that amends 38 CFR 17.1510 and the calculation of the mileage from a Veteran's residence to the VA medical facility for purposes of determining eligibility for VCP.

On May 22, 2015, the President signed Pub. L. 114-19, the Construction Authorization and Choice Improvement Act, which amends the Choice Act to give the Secretary flexibility to determine eligibility for the Choice Program when a Veteran faces an unusual or excessive burden in traveling to a VA medical facility based on factors set out in the law.

On July 31, 2015, the President signed Pub. L. 114-41, the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015. Title IV, the VA Budget and Choice Improvement Act, makes several changes to the Choice Act that affect Veteran eligibility, including expanding eligibility for VCP to all enrolled Veterans who meet eligibility criteria based on their residence or wait-times.

VCP Eligibility

VA will apply a two-step process to establish a Veteran's eligibility. A Veteran must meet the criterion in step 1 and at least one of the criteria in step 2.

Step 1:

The Veteran must be enrolled in the VA health care system.

Note: *If the enrollment status is "pending," the Veteran will not be eligible until enrolled.*

Step 2:

The Veteran must:

- attempt to schedule an appointment for hospital care or medical services, and is unable to schedule an appointment within:
 - the wait-time goals of the Veterans Health Administration (VHA) for such care or services, or
 - the period determined clinically necessary for such care or services if this period is shorter than such VHA wait-time goals, OR
- reside **more** than 40 miles from:
 - the closest VA medical facility, defined as a VA hospital, community-based outpatient clinic, or VA health care center with **at least one full-time primary care physician**, OR
- reside 40 miles or **less** from:
 - the closest VA medical facility, and
 - must travel by air, boat, or ferry to reach such a facility, OR
- reside 40 miles or **less** from:
 - the closest VA medical facility, and
 - face an unusual or excessive burden in accessing such a facility, OR
- reside in a State without a full-service VA medical facility that provides hospital care, emergency services and surgical care having a surgical complexity of standard, and reside **more** than 20 miles from such facility. This criterion applies to Veterans residing in the following:
 - Alaska
 - Hawaii
 - New Hampshire, and
 - United States Territories (Guam, American Samoa, Commonwealth of the Northern Mariana Islands and the U.S. Virgin Islands).

Note: *Veterans in New Hampshire who reside within 20 miles of a full-service VA medical facility that is located in a bordering state are not eligible under this criterion.*

Options for VA Care

Eligible Veterans can choose between the following options:

- schedule an appointment with a VA health care provider
- ask to be placed on an Electronic Wait List (EWL) for a VA appointment, OR
- receive authorized Community Care hospital care or medical services from an eligible provider under VCP.

VCP Care and Exclusions

VCP covers hospital care and medical services under the Medical Benefits Package (see 38 CFR 17.38), which includes pharmacy and other benefits, such as beneficiary travel. For programs that have specific eligibility criteria, such as dental care, the specific eligibility criteria still applies. All care under VCP must be pre-authorized (see Authorizations).

VCP does not include Nursing Home Care or unscheduled emergency care.

The Patient-Centered Community Care (PC3) contract, which is the primary vehicle used to buy care for VCP, excludes the following services:

- unscheduled emergency care
- nursing home care
- long term acute hospitals (LTAC)
- homemaker and home health aide services
- chronic dialysis treatments
- pediatric services
- durable medical equipment (DME), including eyeglasses
- non-urgent/non-emergent medications, and
- compensation and pension (C&P) examinations.

Other Health Insurance

To be eligible, all Veterans who are covered by other health insurance (OHI) must provide that information upon request for care under VCP.

If there is a change in the Veteran's health-care plan information, the Veteran must provide the new information to VA within **60 days** of when the change occurred.

Authorizations

All hospital care or medical services under VCP must be pre-authorized prior to scheduling the Veteran's appointment. Veterans must receive authorization for care by contacting the VCP Call Center at 1-866-606-8198.

Eligible Veterans are authorized for a course of treatment, which must be considered medically necessary. The treatment will include any follow-up appointments, as well as any ancillary and specialty services for the episode of care.

An eligible Veteran may request a particular Community Care provider, but that provider must be eligible under 38 CFR 17.1530. If the Veteran does not request a specific provider, VA will refer the Veteran to an eligible provider.

VA Copayments and Provider Payment

Veterans who are subject to the copayment requirements under 38 CFR 17.108, 17.110, and 17.111, will be subject to the same copayment requirements under VCP. The Veteran's copayment responsibility under VCP is determined the same as current VA policy, after the service is rendered.

Once an offset has been applied for any payment made by the Veteran's OHI, VA will bill the Veteran for the remainder of the charges. In addition, an eligible Veteran is responsible for any copayments, deductibles or cost shares required by their OHI. VA can reimburse the Veteran for any payments made by the Veteran to cover the cost of copayments, deductibles, or cost shares required by their OHI, as long as the total payment by VA does not exceed the negotiated or applicable Medicare rate (see 38 CFR 17.1535).

VA will reimburse the eligible Community Care provider up to an amount not to exceed the applicable Medicare rate with exceptions for eligible providers in highly rural areas and in Alaska and Maryland. VA's payment to the Community Care provider will be reduced by any payment made to the provider by the Veteran's OHI.

Definitions

40 Mile Determination. This is calculated from the VA medical facility that is closest to the residence of the Veteran. A VA medical facility is defined as VA hospital, a VA community-based outpatient clinic, or a VA health care center, any of which must have at least one full-time

primary care physician. A Vet Center, or Readjustment Counseling Service Center, is not a VA medical facility. The distance is calculated using driving distance.

Air, Boat, or Ferry. A Veteran who is required to travel by air, boat, or ferry to reach a VA medical facility that is 40 miles or less from the Veteran's residence. By law, Veterans who reside in Guam, American Samoa, or the Republic of the Philippines cannot be eligible on this basis. (As noted above, however, residents of the United States Territories, Guam, American Samoa, Commonwealth of the Northern Mariana Islands and the U.S. Virgin Islands, are eligible based on residing in a state without a full-service VA medical facility.)

Episode of Care. Episode of care means a necessary course of treatment, including follow-up appointments and ancillary and specialty services, which lasts no longer than 1 calendar year from the date of the first appointment with a Community Care provider.

Full-Service VA Medical Facility. The facility provides, on its own and not through a joint venture, hospital care, emergency medical services, and surgical care having a surgical complexity of standard. A list of VA medical facilities complying with at least a standard level of surgical care can be found at www.va.gov/health/surgery

Unusual or Excessive Burden. A Veteran who resides 40 miles or less from the closest VA medical facility (as defined above) may face an unusual or excessive burden in traveling to such a VA medical facility based on:

- Geographical challenges
- Environmental factors such as:
 - Roads that are not accessible to the general public, such as a road through a military base or restricted area
 - Traffic, or
 - Hazardous weather conditions

- A medical condition that impacts the ability to travel
- Other factors (as determined by the Secretary of VA), including but not limited to:
 - Nature or simplicity of the hospital care or medical services the Veteran requires
 - Frequency that such hospital care or medical services need to be furnished to the Veteran, or
 - Need for an attendant, which is defined as a person who provides required aid and/or physical assistance to the Veteran, for a Veteran to travel to a VA medical facility for hospital care or medical services

Veteran's Residence. This is the Veteran's legal residence or personal domicile. A residence may be "seasonal," and consequently, a Veteran may maintain more than one residence, but only one residence at a time. For purposes of determining eligibility, the Veteran's residence is the residence where the Veteran is staying at the time the Veteran wants to have an appointment. **Note:** *This excludes a PO Box or other non-residential location. If the Veteran changes his or her residence, the Veteran must update VA about the change within 60 days.*

Wait Time Goals. VHA wait-time goals are to schedule appointments within 30 days of the date that an appointment is deemed clinically appropriate by a VA health care provider, or if no such clinical determination has been made, the date a Veteran prefers to be seen.

Additional Information

For more information, Veterans and Providers should contact the VCP Call Center at 1-866-606-8198, or visit <http://www.va.gov/opa/choiceact/>