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

The Choice Program and the Choice Card

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Key Points of VA Health Care Enrollment

• Veterans generally must be enrolled to receive VA Health Care

• Enrollment assures Veterans that comprehensive health care services will be available when they are needed
  – All enrolled Veterans receive VA’s comprehensive Medical Benefits Package which includes preventive, primary and specialty care, diagnostic, inpatient and outpatient care services

• Health care benefits are completely portable throughout the entire VA system

• Once a Veteran enrolls in the VA health care system, he or she will remain enrolled

• To be eligible for the Choice Program, a Veteran must have been enrolled by August 1, 2014 or be a newly enrolled combat Veteran
Definition of Veteran for VA Purposes

• Veteran is a person who:
  – Served in the active military, naval or air service
  – Was discharged or released under conditions other than dishonorable

• Former or current Reservists, if they served for the full period for which they were called (excludes training purposes)

• Former or current National Guard members if activated/mobilized by a Federal order
VA officially launched the Veterans Choice Program on November 5, 2014. This was in accordance with the timeframe established under Public Law 113-146 signed by President Obama on August 7, 2014.

In order to improve VA’s ability to deliver high-quality health care to Veterans, section 101 of the Choice Act allows VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers.

On November 5, 2014, in accordance with the Veterans Access, Choice and Accountability Act of 2014 (the Act), an interim final rule was published in the Federal Register that provides the authority to begin implementation of section 101 of the Act.

- Rulemaking is open for public comment for 120 days from publication.
- Extended the normal timeline for comments to ensure that Veterans and non-VA Providers had an opportunity to experience the Program before the comment period ended.
Third Party Administrator (TPA)

- VA signed contracts with two health care companies, Health Net and TriWEST, to help VA administer the Choice program.

- TPA will manage the Choice Program card distribution, call center, Veteran counseling, provider management, appointment management, reporting and billing.

- Coordinates other health insurance (OHI) information with provider and responsible to provide Explanation of Benefit (EOB) to VA for payment.

- Providers are either part of the TPA network or out of network with TPA but meet requirements of the Choice Act.
  - Out of Network allows entities that do not want to contract with TPA but meet requirements of the Act to provide care under the Choice Program.

- TPA will provide list of approved providers to Veteran to choose.
Choice Card Production / Distribution

TPA to provide:

- Instructional letter for how to use card will accompany card
- Phased distribution
  - **Nov 4th-6th**: Cards were mailed to Veterans who live more than 40 miles from VA facility
  - **Nov 17th-20th**: Cards were mailed to Veterans who are waiting for an appointment more than 30 days from their preferred date, or clinically indicated date
  - **Dec 1st-Jan 31st**: Cards will be mailed to all other Veterans enrolled as of Aug 1, 2014
• Authorizations – done via providing lists of eligible participants, clinical criteria and medical benefits package
• Veteran will call TPA for information or express interest
• TPA notifies VA medical center (VAMC) when appointments are scheduled
• After appointment
  • TPA will gather clinical documentation, claim information and Explanation of Benefit (EOB) from provider and submit to VA
  • TPA will make payment to the Choice provider
  • VAMC staff will retrieve documentation from TPA web portal and upload into clinical record
  • Chief Business Office (CBO) Purchased Care (CBOPC) staff will process claim payment to TPA
  • CBO Consolidated Patient Accounts Center (CPAC) staff will reconcile VA copayment, OHI cost shares as appropriate
30-Day Group – Started November 17, 2014

- Authorizations – Veteran is on Veterans Choice List or Electronic Wait List and VAMC has submitted clinical documentation to TPA
  - VAMC makes Veteran aware of eligibility to participate in Choice
  - Veteran will call TPA for information or express interest
- TPA will provide information, if Veteran selects Choice, TPA will then schedule appointment
- TPA will notify VAMC of scheduled appointment through web portal
- After appointment
  - TPA will gather clinical documentation, claim information and EOB from provider and submit to VA
  - TPA will make payment to the Choice provider
  - VAMC staff will retrieve documentation from TPA web portal and load into clinical record
  - CBOPC staff will process claim payment to TPA
  - CPAC staff will reconcile VA copayment, OHI cost shares as appropriate
Copayments and Secondary Payers

**VA Copayments**
- Regulation eliminates VA copayment at time of service and allows it to be charged to the Veteran after care provided and coordination of benefits processed

**Other Health Insurance (OHI) Cost Shares/Copayments/Deductibles**
- Requires Veterans with OHI to provide information if selecting Choice Program
- Declining to provide OHI results in loss of this benefit
- OHI cost shares will be due by the Veteran to the provider or the OHI
  - VA does not have authority to interfere with health plan requirements
- May shift up front costs to Veterans with OHI
- VA can only reimburse Veteran up to the Medicare rate minus the cost of care provided
  - If the total of the cost of care plus the cost shares exceed the Medicare rate, Veteran may be left owing some portion of cost share
- Care for service connection or those without OHI will not incur additional expense
Choice Providers

Eligible Providers

• Non-VA entities and providers who enter into an agreement with VA to furnish care, and must be participating in the Medicare program, be a Federally-qualified health center, or be a part of the Department of Defense or the Indian Health Service

• 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 care, have the necessary qualifications to furnish the care, and be within a reasonable distance of the Veteran's residence

• Agree to accept rates as outlined in the Act
Additional Choice Program Resources and Information:

- VACAA web site (Internet – external): http://www.va.gov/opa/choiceact/

- For more information on how to become a Choice provider:
  http://www.nonvacare.va.gov/pc3/
  - HealthNet https://www.hnfs.com/content/hnfs/home/va/home/provider.html
  - TriWEST https://vapccc.triwest.com/PCCCWeb/index.html#/home

- TPA phone number 1-866-606-8198