

VETERAN HEALTHCARE CHOICE ACT



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va.gov/opa/choiceact.com

1 866-606-8198

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The Veterans Choice Program (VCP) is a program to improve Veterans' access to health care by allowing eligible Veterans to use approved health care providers outside of VA. Section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (VACCA) required that VA establish the program.

This manual is meant to be an easy-to-read interpretation of these benefits. Section V below outlines the procedures for becoming an approved non-VA Provider (VCP).

For more information you can call the Choice Program Call Center at (866) 606-8198 or visit www.va.gov/opa/choiceact.

I. Background

In order to improve VA's ability to deliver high-quality health care to Veterans, Section 101 of the VACAA requires VA to expand the options for eligible Veterans to elect to use non-VA health care for a period of up to three years, based either on the distance a Veteran lives from a VA facility, or if he or she is experiencing wait-times beyond the 30 day standard. This is referred to as the Choice Program. Veterans who meet certain eligibility requirements will be able to elect to receive care from eligible non-VA entities and providers through the Program. VA must enter into agreements with eligible non-VA health care entities and providers for them to participate in the Program. Prior to VACAA being passed, VA had mechanisms in place to purchase non-VA care, which are still available to VA. VACAA will enhance VA's non-VA care options. Eligibility criteria are discussed in greater detail below.

Recently **President Trump** has signed The [Veterans Choice Improvement Act](#).¹ This new law will significantly expanded the program at the Department of Veterans Affairs (VA) that was originally signed into law by **President Obama** in 2014.

Key Factors of the Choice Improvement Act signed by President Trump in 2017.

The new legislation has several new key items:

- The program allows patients to seek care from private doctors if they want to go outside of the VA system.
- The new law removes barriers that Congress inserted in the original "choice" initiative.
- It eliminates the expiration date of the law that would have closed the program in August 2017.
- The law makes the VA the primary payer (currently the VA is the secondary payer) for medical care relating to non-service connected disabilities and recovery of costs from third parties for certain care under the program.

Congress created the choice program in 2014. It was a result of the VA scandal involving wait time maneuvering at some VA facilities around the country. The system generally resulted in hiding how long it was taking some veterans to receive care at the VA.

¹ www.govtrack.us/congress/bills/115/s544/text/enr

II. Veteran Eligibility

Generally, a Veteran must meet at least one of the following criteria.

a) The Veteran is told by local VA medical facility that they will not be able to schedule an appointment for care either:

- 1) Within 30 days of the date the provider determines the Veteran needs to be seen; or
- 2) Within 30 days of the date the Veteran wishes to be seen if there is no specific date from his/her provider.

b) The Veteran's current residence is more than 40 miles from the closest VA health care facility (including Community-Based Outpatient Clinics) that have a full-time primary care physician.

c) The Veteran faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, or a medical condition. Staff at your local VA medical facility will work with the Veteran to determine if he/she is eligible for any of these reasons.

d) The Veteran's specific health care needs, including the nature and frequency of the care needed, warrants participation in the program. Staff at your local VA medical facility will work with the Veteran to determine if he/she is eligible for any of these reasons.

d) The Veteran resides in a State or a United States Territory without a full-service VA medical facility that provides hospital care, emergency services, and surgical care having a surgical complexity of standard, and resides more than 20 miles from such a VA medical facility.

NOTE: This criterion applies to Veterans residing in Alaska, Hawaii, New Hampshire, Guam, American Samoa, Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands. Also note that some Veterans in New Hampshire reside within 20 miles of White River Junction VAMC.

- Either call or go online to check on the individual Veteran's eligibility.

Veterans Choice Act – (866) 606-8198

www.va.gov/opa/choiceact

www.ebenefits.va.gov/ebenefits/about/feature?feature=tricareinsurance

www.va.gov/health/

III. How to verify eligibility and get an appointment

The Veteran can call the Choice Program Call Center at (866) 606-8198 to verify his or her eligibility. If distance-eligible, the Veteran can use the same phone number to make the Veterans Choice Program appointment. If the Veteran is wait list-eligible, they will receive a phone call from a VA partner to help set up the Veterans Choice Program appointment. Please note that:

- a) If the Veteran does not receive approval for care under the Veterans Choice Program, he or she may be responsible for some or all the costs of the non-VA treatment he or she receives
- b) Unfortunately, not all providers will be covered by the Veterans Choice Program. If the Veteran's preferred provider is not available, the VA will recommend other providers in the area

IV. What is the Veterans Choice Card?

VA mails the Choice Card to Veterans. The Choice Card allows the Veteran to choose to receive care outside of the VA if qualified for the program. The Choice Card doesn't replace the Veteran's identification card used to access other benefits. If the Veteran is satisfied and wishes to continue with his/her current VA care, there is nothing they need to do at this time. The Veteran should save his or her Choice Card in case they would like to use the program in the future. If the Veteran did not receive a Choice Card, then they are not required to have the Choice Card to access the Choice Program. However, if the Veteran did not receive a Choice Card, it is recommended that they call (866) 606-8198 to find out their eligibility and to make an appointment.

V. Becoming & Locating Community Care Providers

a) Overview

As directed by the Choice Act, VA will administer the "Veterans Choice Fund" to implement the Veterans Choice Program ("the Program"). The Program will operate for 3 years or until the Fund is exhausted. President Trump signed an extension to the program in 2017. The Program will provide Veterans who were enrolled as of August 1, 2014 or eligible to enroll as a recently discharged combat Veteran with a Veterans Choice Card, and allow those Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. This is separate from VA's existing program providing Veterans care outside of the VA system.

b) Applying to Become a VCP

Eligible non-VA entities or providers must enter into agreements with VA to furnish care, must maintain the same or similar credentials and licenses as VA providers, and must submit to VA a copy of any medical records related to care and services provided under the Program for inclusion in the Veteran's VA electronic medical record.

It's important that all who care for Veterans have a basic understanding of military culture. With the Veterans Choice Program (VCP), the signature initiative of the Veterans Access, Choice and Accountability Act of 2014, eligible Veterans have increased access to health care from community-based medical care providers. Many community providers are not trained or experienced in treating this unique Veteran patient community, according to a [2014 RAND report²](#). In early 2015, the American Medical Association issued guidelines for assessing a patient's military experience and duty assignments. In the interest of the highest quality, most compassionate health care for our Nation's Veterans, the Department of Veterans Affairs (VA) is providing a number of accredited training resources at no cost to *all* Veteran care providers. Click the "[Military Cultural Awareness](#)" and "[VHA TRAIN](#)" links to sign up for training courses:

- [Military Cultural Awareness³](#)

Note: Click "OK" to move past any pop-up notice

- **Military Culture: Core Competencies for Healthcare Professionals**

Module 1: Self-Assessment/Intro to Military Ethos

Module 2: Military Organization and Roles

Module 3: Stressors and Resources

Module 4: Treatment, Resources, and Tools

Note: The four modules listed above are available via [VHA TRAIN⁴](#), a new service to share valuable Veteran-focused continuing medical education at no cost to community health care and public health providers. Dozens of additional Veteran-care training courses will be added to VHA TRAIN throughout 2015.

² www.rand.org/news/press/2014/11/12/index1.html

³ http://learning.Mycareeratva.gov/courses/military-cultural-awareness-course/m/wrap_menupage.htm

⁴ <https://vha.train.org>

To learn more about opportunities to care for our Nation's Veterans, please visit the [Veterans Choice Program](http://www.va.gov/opa/choiceact), (www.va.gov/opa/choiceact), and the [Community Care](http://www.va.gov/communitycare), (www.va.gov/communitycare) websites. If you are interested in becoming a Patient-Centered Community Care and/or Choice Program provider, please contact one or both of the Third Party Administrators below:

[Health Net](http://www.hnfs.com) (www.hnfs.com)

Provider Customer Service: HNFSProviderRelations@Healthnet.com, 1 (800) 979-9620

[TriWest](https://joinournetwork.triwest.com), (<https://joinournetwork.triwest.com>)

Provider Services Contracting: TriWestDirectContracting@triwest.com 1 (866) 284-3742

c) Find an Authorized Community Care Provider

www.va.gov/opa/apps/locator/index.html

d) Provider Claims Processing

VA will establish and implement a system to process and pay claims for care delivered to Veterans by non-VA providers under the Program and other non-VA care authorities.



i. Helpful Web Resources

- **Form CMS 1500 processing manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf>

- **Form CMS 1450 processing manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>

- **Medicare Claims Processing Manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

- **Utilize Medicare's Claims Processing Manual CMS 100-04 at:**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascending>

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these

health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.

ii. Medicare Claim Processing Guide

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>

iii. Additional TriWest Information

The TriWest Provider Portal is your one-stop shop for information on filing claims and navigating the Department of Veterans Affairs (VA) programs outlined in this training

www.triwest.com/provider

iv. Additional Health Net Information

Health Net Federal Services' process for receiving and paying providers is designed to ensure the medical claims received by VA are complete and accurate.

A clean claim is a claim that complies with billing guidelines and requirements, has no defects or improprieties, and does not require special processing that would prevent timely payment. Clean claims will be processed within 30 days.

Claims must be submitted directly to HNFS within 120 days of the date of service or upon the conclusion of a series of authorized visits. Electronic data interchange claim submissions through Change Healthcare are accepted and encouraged.

To register, visit <http://www.changehealthcare.com/legacy/resources/enrollment-services/medical-hospital-enrollment>.

Health Net Federal Services offers tips to reduce common claim submittal errors (paper and electronic) and common denial code explanations.

Visit www.hnfs.com/go/VA > Claims > Claims Tips.

VI. Frequently Asked Questions

Q: How long will it take to implement the Choice Program?

A: In order to ensure Veterans receive high-quality and timely health care, VA is working to implement VACAA, including the Choice Program, as quickly as possible. VA will be staging implementation of the Choice Program, with the first round being implemented on November 5, 2014.

Q: How will Veterans get their Choice Card?

A: VA will mail the Choice Card to Veterans enrolled in VA health care as of August 1, 2014, and to recently discharged combat Veterans who enroll within the 5 year window of eligibility. Not all Veterans who receive the Card will be able to participate in the Choice Program – they must meet the criteria established under the new law. VA will implement this program in stages.

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 will be sent by November 5, 2014, to Veterans who may live more than 40 miles from a VA facility. The next group of Choice Cards and letters will be sent by November 17 to those Veterans who are currently 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 Choice Program in the future.

Q: Is the criteria 40 miles or 30 days?

A: Eligibility for the Choice Program is based on the Veteran's place of residence or the inability to schedule an appointment within the "wait-time goals" of VHA, which have been established as 30 days from the date preferred by the Veteran, or the date medically determined by his/her physician. A Veteran could be eligible under one or both of these criteria. Please note that Veterans who are eligible based on their place of residence may elect non-VA care for any service that is clinically necessary. Veterans who are eligible based on "wait-time" may select non-VA care only for an appointment for the service that cannot be scheduled within the "wait-time goals" of VHA.

Q: Does the 40 mile rule refer to whether the specialty need (for example, Orthopedic Surgery) is available within 40 miles, or 40 miles from any VA facility, whether or not the specialty, in this example Orthopedics, is available there.

A: The law is clear that eligibility must be based on the distance from the Veteran's residence to any VA medical facility, even if that facility does not offer the specific medical service the Veteran requires for that particular visit.

Q: What are the criteria used to determine the 40 mile radius? Is it similar to the Dashboard used to calculate mileage reimbursement?

A: VA will calculate the distance between a Veteran's residence and the nearest VA medical facility using a straight-line distance, rather than the driving distance. VA is developing an interactive tool that will be available on va.gov beginning in early November for Veterans to determine their potential eligibility for the Choice Program based on their place of residence. Veterans will enter their address information into the tool, and the tool will calculate their distance to the nearest site of VA care, and provide that mileage and information on their eligibility for the Choice Program to the Veteran online.

Q. How will eligibility be determined for those Veterans who receive a "Choice Card," and are there limitations on what service they qualify for outside of the VA system?

A: Once a Veteran receives a Choice Card, they will be eligible to use the Program if they meet the specific eligibility criteria discussed above and call to receive approval for use. Veterans who are eligible based upon their place of residence will be eligible to use the Choice Program 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 his/her preferred date or the date medically determined by his/her physician.