Answering the Call: Caring for Rural Veterans
The Veterans Choice Program

Webinar Host: Federal Office of Rural Health Policy (FORHP),
U.S. Department of Health and Human Services (HHS)

VHA Rural Community Provider Outreach Team
Veterans Health Administration (VHA)
U.S. Department of Veterans Affairs (VA)
Let’s Take a Poll...

1. Please identify the type of entity you represent:
   a. Community-based or local government
   b. State-wide or state government
   c. Federal or national organization
   d. Other

2. Generally, rural clinicians...
   a. Fully understand Veterans’ needs
   b. Sometimes struggle to understand Veterans’ needs
   c. Need more information on VA and Veteran resources
   d. Know their patients’ military status
## Presentation Topics

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<td>Veterans Health Administration (VHA), Office of Rural Health (ORH)</td>
<td>Gina Capra, Director</td>
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<td>Tommy Driskill, Health Systems Specialist</td>
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<td>VHA, Office of Community Engagement</td>
<td>Lelia Jackson, Director</td>
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Overview of the Department of Veterans Affairs
Mission of the Department of Veterans Affairs (VA)

“...to care for him who shall have borne the battle and for his widow and orphan...”

- Abraham Lincoln, 1865
What is the Department of Veterans Affairs?

- Established in 1930
- Elevated to Cabinet level in 1989
- Federal government’s second largest department after the Department of Defense
- Three components:
Who is a Veteran?
Definition of a 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
Overview: Which Veterans Use the VA Health Care System?

~22 million U.S. Veterans

~9 million enrolled in VA health care

~6 million VA Patients

Not every VA-enrolled Veteran receives VA health care services in a given year. Some Veterans opt to not seek care, and/or others receive care outside the VA system, paying for care using other health insurance, Medicare, Medicaid, TRICARE, private insurance or other means.

In order to receive VA health care benefits, a Veteran must be eligible for care (usually determined by the presence of a service-connected disability, period of military service, or income level).
Veterans Health Administration “Footprint”

167 VA medical centers (VAMC)

771 Community Based Outpatient Clinics (CBOC) and health care centers

287 Other outpatient and/or residential service sites (includes mobile medical and telehealth units)

300 readjustment counseling centers (Vet centers)

80 mobile Vet centers
Snapshot of the Rural Veteran
Snapshot of the Enrolled Rural Veteran

22M Veterans in the United States,
5.3M live in rural areas (24%)

9.1M enrolled in VA health care (41%)
3M rural Veterans enrolled in the VA health care system (57%)
33% (of 9.1M) enrolled Veterans live in rural areas

43% earn an annual income of less than $26,000

25% of rural Veterans live below the poverty line (fiscal year 2013)

43% do not access the Internet at home (fiscal year 2013)

12% served in Iraq or Afghanistan and typically have multiple medical and combat-related issues

56% are 65+ years old

8% are minorities (African-American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native)

6% are women

5% increase of enrolled rural women Veterans since fiscal year 2012

Statistics represent fiscal year 2014 data unless otherwise stated
Does Veteran Status Impact Health Status?

The most common outpatient diagnoses among rural Veterans are:

- High blood pressure
- Post-traumatic Stress Disorder
- Type II Diabetes
- Depressive Disorder
- High blood cholesterol
- At least one service-connected disability

- Rural health requires a community-based approach that provides health care and support services that foster Veterans’ and their families’ well-being
- Veterans and their families are assets in rural communities
Community Collaborations & Strategic Drivers of Health Care Delivery
VA Efforts to Engage Community Providers

- **February 1995**
  - VA begins to establish Community Based Outpatient Clinics (CBOCs)

- **January 2014**
  - VA establishes Patient Centered Community Care (PC3) Contracts

- **November 2014**
  - VA launches Veterans Choice Program (VCP)

- **CBOCs established to improve Veterans’ geographic access to and use of primary care services**
- **Shifts focus of care from inpatient to outpatient setting**
- **Most CBOCs owned and staffed by VA, but some contracted to private sector**

- **Lack of access for Veterans seeking specialist care**
- **PC3 established to expand care options for Veterans**

- **Barriers to accessing care due to long wait times and geographic distance**
- **Choice Act established the VCP to increase accessibility to care for eligible Veterans**

- **The VCP provides greater access to community health care for eligible Veterans**
- **Coordinated Care**
- **Choice Improvement Act**
Health Care Programs Used by Veterans

<table>
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<th>Health Plan</th>
<th>ACS 2013</th>
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<tr>
<td>VA</td>
<td>6,240,160</td>
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<tr>
<td>TRICARE</td>
<td>3,201,337</td>
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<tr>
<td>MEDICARE</td>
<td>11,278,162</td>
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<tr>
<td>Medicaid</td>
<td>1,955,348</td>
</tr>
<tr>
<td>Private</td>
<td>6,173,312</td>
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<tr>
<td>Uninsured</td>
<td>1,329,080</td>
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<tr>
<td>Total Veterans</td>
<td>23,077,645</td>
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Current Use of the VA Health Care System

I use VA services to meet ...

- **All or Most of My Health Care Needs**
- **Some of My Health Care Needs**
- **None of My Health Care Needs or I Have No Health Care Needs**

**Source:** 2014 Survey of Enrollees

**Age:**
- <30: 42% (All or Most), 24% (Some), 33% (None)
- 30-49: 45% (All or Most), 24% (Some), 31% (None)
- 50-64: 58% (All or Most), 19% (Some), 22% (None)
- 65+: 39% (All or Most), 33% (Some), 26% (None)

**Gender:**
- M: 45% (All or Most), 27% (Some), 26% (None)
- F: 50% (All or Most), 22% (Some), 27% (None)

**Income:**
- <$36,000: 57% (All or Most), 24% (Some), 33% (None)
- $36,000+: 36% (All or Most), 30% (Some), 33% (None)
Veterans, Enrollees and Patients: Fiscal Years 2014-2034
Overview of the Veterans Choice Program
Let’s Take a Poll...

3. Do you understand the difference between the Department of Defense’s TRICARE and VA’s Veterans Choice Program/Patient Centered Community Care?
   a. Yes
   b. Somewhat
   c. No

4. If you are a health care provider entity, are you currently enrolled as a Veterans Choice Program provider?
   a. Yes
   b. No
   c. Currently pursuing
Overview: Veterans Choice Program (VCP)

Veterans who are enrolled for VA medical care **AND:**
- **Live >40 miles driving distance,**
- Wait time >30 days from medically appropriate date or clinically necessary
- Reside in state without VA Medical facility, **OR**
- Unusual or excessive burden for travel to nearest health care facility

VCP allows eligible Veterans the choice to receive pre-authorized health care in their communities from community VCP providers, rather than waiting an extended time for a VA appointment or traveling a significant distance to a VA medical facility.

In order to be a VCP provider, you must be an approved provider through the VA’s **contracted third party administrator (TPA)**
The Choice Improvement Act of 2015

- Choice Improvement Act signed into law on July 31, 2015
- Modifications to original Choice Program
  - Waiver of the enrollment date for VA health care of 8/1/2014 – implementation 10/1/15
  - Authority to expand provider base (Choice networks) - implementation 10/23/15
  - Allowance for appointments < 30 days where clinically indicated - implementation 10/23/15
  - Expansion of the 60-day episode for referral care - implementation 12/1/15
  - Choice benefit where no VA full-time physician is present at existing site of VA care – implementation 12/1/15
  - Requirement to develop an implementation plan to consolidate VA’s community care programs
    - Plan submitted to Congress November 1, 2015; HVAC hearing held November 18th; SVAC hearing December 2nd
    - Once implementation is finalized, a public comment period will be available
    - Final provisions scheduled to be implemented December 2015
VA’s Plan to Consolidate Community Care

- The Community Care Consolidation Plan will improve the Veteran experience both inside VA and within the provider network.

**VA’s promise to our Veterans...**

- Provide expedited access to VA’s centers of excellence and medical care.
- Ensure access to private sector’s best providers.
- Provide personalized tools and treatment plans to help manage the Veteran’s health.
- Coordinate care across the system, whether within or outside VA.
- Connect Veterans with a care team in-person or virtually.
- Seek individualized help from VA when needed.
- Oversee and ensure outcomes of care and experience.
Community Care Consolidation Plan Key Considerations

- The following key considerations informed the design of the Community Care Consolidation Plan:
  - Provide a simplified program that is easy to understand, administer, and meets the needs of Veterans, employees, and community providers
  - Improve the Veteran experience with community care
  - Consider community care as a pillar for delivering health care to Veterans
  - Provide a seamless connection as Veterans transition between VA and community providers
  - Make it easier for community partners to work with VA
  - Apply leading practices from industry and Federal partners
  - Develop a plan that can evolve over time to meet new and changing demands and account for developments in the larger health care industry
The Community Care Consolidation Plan joins VA’s community care programs and addresses the following:

**Veterans We Serve (Eligibility)**
- Consolidate multiple community care eligibility requirements to provide Veterans a clearer understanding of their benefits

**Access to Community Care (Referral and Authorization)**
- Optimize the referral and authorization processes to allow faster access to care

**High-Performing Network**
- Implement a tiered network that leverages Federal, academic and other community providers to promote high-quality care and improve health outcomes
- Adopt value-based payment models

**Care Coordination**
- Improve medical records sharing to enable better care coordination and decision-making through analytics
- Tailor care coordination to meet Veterans’ needs

**Provider Payment (Claims)**
- Improve billing and reimbursement processes and increase compliance with the Prompt Payment Act
How Does the Veterans Choice Program Work?
VA Contracted Third Party Administrator (TPA)

- Geographic Coverage - Health Net (yellow) and TriWest (blue)
How does a Veteran Access Services via Veterans Choice Program?

Care in VCP is activated by the Veteran calling the Third Party Administrator (TPA) at the number on the Veterans Choice Card.

Health care through the VCP is authorized (Veteran may incur some cost if condition is non-service connected).

Medical documentation return:
1) 30-day requirement for both in and out patient care
2) New cancer diagnosis must be reported within 48 hours.
How does a Community Provider become a Veterans Choice Program Provider?

1. Participate in the Medicare Program or other similar program approved by VA

2. Be accessible to the Veteran and agree to accept rates as outlined in the Act

3. Maintain at least the same or similar credentials and licenses as VA providers
Veterans Choice Program - Provider Participation

1. Complete information on respective Third Party Administrator (TPA) website
2. TPA sends authorization package for Veteran’s medical appointment
3. Return medical documentation and claim to TPA
4. Claims payment by TPA
Veterans Choice Program Implementation
Secondary Authorizations and Pharmacy

- **Secondary authorization** requests (SARs) *beyond initial 60 days* or for care not included in initial authorization are submitted to and authorized by TPA (not VA) *changing as of December 2015*

- **Pharmacy**
  1. An initial 14-day supply of medication that is an urgent and emergent needed incident to an episode of care can be filled by community provider or local pharmacies
  2. That initial 14-day supply, must be initially paid for by the Veteran, but can be reimbursed by VA
  3. All other prescriptions must be filled by VA and are typically dispensed through the mail order pharmacy, but can be in-person if Veteran desires
Secondary Payer: Other Health Insurance (OHI) Cost Shares, Copayments and/or Deductibles

• Requires Veterans with OHI to provide that information if selecting Choice Program
• Declining to provide OHI information results in loss of the Choice benefit
• OHI cost share will be due by the Veteran to the provider or the OHI
  – VA does not have authority to interfere with health plan requirements, which 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
• Veterans seeking care for military service-connected disorders or Veterans without OHI will not incur additional expense
What VCP Means for Rural Health Systems, Medical Practices and Providers

- In line with mission to provide rural access
- Provides a venue for connecting with Veterans in the community
- Additional source of revenue
- Community impact and opportunity for partnership with Veteran Service Organizations, Officers and nonprofits
How to Become a VCP Provider

- Health Net contact information:
  - Provider customer service phone: 1-866-606-8198
  - Email: HNFSProviderRelations@Healthnet.com
  - Website: http://www.healthnetpc3provider.com/p3c/?register=true
  - Point of contact: Jim Jones, Director, Provider Network Management, Health Net Federal Services, james.a.jones@healthnet.com

- TriWest contact information:
  - Provider services contracting phone: 1-866-284-3743
  - Email: TriWestDirectContracting@triwest.com
  - Website: https://joinournetwork.triwest.com/
  - Point of contact: Hal Blair, Deputy Program Manager, TriWest Healthcare Alliance, hblair@triwest.com
Veterans: Coverage into Care... *How would you answer...*

• Generally, rural clinicians and health care administrators...
  A. Fully understand Veteran needs
  B. Sometimes struggle to understand Veteran needs
  C. Need more information on VA and Veteran resources
  D. Know their patients’ military status

• Any response above points to continued engagement with multiple partners in order to best serve our Veterans and their families in our communities, across our state and across the Nation
Key Resources
Key Resources

- Non-VA Purchased Care Team, Chief Business Office, VHA
  - Tom.Grahek@va.gov (804-878-2754); or Kara.Hawthorne@va.gov (202-437-3537)
- Veterans Choice Program overview
- "How to Become a Veterans Choice Program and/or Patient-Centered Community Provider" fact sheet
- More information on how to become a Choice provider
- VHA Choice Locator PC3 Provider Map
  - http://www.va.gov/opa/apps/locator/
- Veterans Choice Program FAQs
Key Resources (continued)

Veterans Choice Program Toolkit
Outreach materials (e.g., fact sheets, FAQs) designed to make it easy to share information and spread awareness about VCP

Military Culture Training Course
Training for community providers on treating the unique Veteran patient community
http://deploymentpsych.org/military-culture-course-modules

PTSD Consultation Program
Post-traumatic stress disorder training offered for health care professionals who treat Veterans
www.ptsd.va.gov/professional/consult/index.asp
Let’s Take a Poll...

5. I have a better understanding of the Veterans Choice Program:
   a. Strongly agree
   b. Slightly agree
   c. Neutral
   d. Slightly disagree
   e. Strongly disagree

6. I wish to remain engaged with the VA Office of Rural Health and HRSA FORHP on Veterans issues:
   a. Strongly agree
   b. Slightly agree
   c. Neutral
   d. Slightly disagree
   e. Strongly disagree
Thank You! Questions? Ideas?

- Gina Capra, Director, Office of Rural Health, Veterans Health Administration (VHA)
  - Gina.Capra@va.gov or 202-632-8615
- Lelia Jackson, Director, Office of Community Engagement, VHA
  - Lelia.Jackson@va.gov or 202-461-5758
- Tommy Driskill, Health System Specialist, ORH, VHA
  - Thomas.Driskill@va.gov or 808-499-9917
- Jim Jones, Director, Provider Network Management, Health Net Federal Services,
  - James.A.Jones@healthnet.com or 571-227-6545
- Karl Kiyokawa, Pacific Regional Director, TriWest Healthcare Alliance,
  - KKiyokawa@triwest.com or 808-797-3732
- Wakina Scott, Veterans Liaison, Federal Office of Rural Health Policy (FORHP), U.S. Department of Health and Human Services
  - Wscott@hrsa.gov or 301-945-4136