Information Session on the Veterans Choice Program
Friday, March 6, 2015 – 11:00 AM to 1:00 PM
Karl Ross Post 16 – 2020 Plymouth Road, Stockton, CA 95204

Q&A Session

1. If I live 45 miles from the Stockton VA and 35 miles from the Sacramento VA, and I receive all of my care from the Stockton VA, am I eligible for Choice?

Answer: You are not eligible for the Veterans Choice Program based on the "40-mile" criterion since you live within 40 miles from a VA point of care – in this case, the Sacramento VA Medical Center. If a VA facility is unable to schedule an appointment within 30 days of your preferred date or the date determined to be clinically appropriate by the provider of a particular service you need, you will be eligible for the Veterans Choice Program based on the "30+ days" criterion. Please note that the clinically indicated date supersedes the patient's preferred date when determining eligibility for this program.

2. If I got out tomorrow from the military and happen to work at the US Embassy in Guam, but am not a Combat Veteran, do I qualify?

Answer: Unfortunately, no, you will not qualify for the Veterans Choice Program because you were not enrolled in VA health care by August 1, 2014, and are not a combat Veteran within 5 years of post-deployment. If you were enrolled in VA health care by August 1, 2014, and you live in Guam, you would be eligible for the Veterans Choice Program. Please note that although you are not eligible for the Veterans Choice Program, you may be eligible for VA services.

3. What if don't enroll by August 1, 2014, does this mean I can't get a Choice card and can't receive care closer to my community?

Answer: Veterans enrolled in VA health care after August 1, 2014, are not eligible for the Veterans Choice Program and will not receive a Choice card in the mail. However, this does not mean that you are not eligible to receive care closer to your home or within your community. The Non-VA Care Program provides care to eligible Veterans outside the VA when VA facilities are not feasibly available. An authorization may be granted when it has been determined that direct VA services are either geographically inaccessible or VA facilities are not able to meet the need. Patient-Centered Community Care (PC3) is a program that contracts with vendors to develop a network of health care providers to deliver covered care (e.g., physical therapy, prenatal care, and skilled home care) to Veterans. Care is also available through PC3 when local VA medical centers cannot readily provide the needed care to Veterans due to demand exceeding capacity, geographic inaccessibility, or other limiting factors.

4. Is there any chance we can change the 40 mile rule so that it's not calculated by straight miles?

Answer: Unfortunately, as VA employees, we are not authorized to change the 40-mile rule and have to implement the law as it is written. There has been recent guidance provided to VA staff on how a Veteran who resides 40 miles or less from the nearest VA point of care may request further consideration based on "unusual or excessive burden in accessing the facility" due to geographical challenges. To receive further consideration for the Veterans Choice Program based on unusual or excessive burden in accessing the nearest VA, a Veteran will need to do a Report of Contact by completing VA Form 119 and indicating his/her geographical challenges when commuting to the nearest VA. This form can be obtained by any VA Admissions and Eligibility Office. The form will be reviewed by the Chief of Health Administration Service, who can make the determination of a Veteran's eligibility for the Veterans Choice Program under the geographical challenge criterion (e.g., body of water, mountainous terrain).

5. What happens to your child who goes to the military today, gets hurt, and then gets discharged out of the military? Are you saying that because he didn't see combat, he's not eligible for Choice?

Answer: Based on the eligibility criteria for the Veterans Choice Program, your child would not be eligible for this program since he was not enrolled in VA health care by August 1, 2014, and is not a combat Veteran within 5 years of post-deployment. However, he may be eligible for VA care and may be able to receive care closer to home through the Non-VA Care Program and PC3.

6. What happens if the treatment is an emergency?

Answer: When it is not possible for a Veteran to go to a VA medical center for emergency treatment, a Veteran may seek treatment at the nearest hospital with an emergency room. This emergency care is covered through the Non-VA Care Program. If the Veteran is not service-connected and has no way to pay for the emergency treatment, then the Millennium Bill will be able to cover the cost of treatment.

7. What happens if I'm in Florida at Disneyland and my knee gives out? Does this mean I can only get care at the Stockton VA because that's where I get my care?

Answer: The VA has a traveling care program. You are eligible to receive care at a VA anywhere in the United States. You do not need to return to the Stockton VA Clinic to receive the care. If you are in need of non-urgent care or routine medical care while you are on vacation, we recommend that you contact the Traveling Veteran Coordinator at your VA facility to help coordinate this care at another VA facility.

8. I don't think everyone in the system is informed of the traveling care program. Shouldn't all of the caregivers in the VA Palo Alto Health Care System receive training on this?

Answer: Yes, we agree that everyone should be informed and trained on VA traveling care program. We will provide training to our community based outpatient clinic (CBOC) providers.

9. Can you please address the 40 mile definition? I live here in Stockton, but my care is provided at the Livermore VA.

Answer: The 40 mile definition is written in legislation as a Veteran who lives more than 40 miles away from the nearest VA point of care. The 40 miles is calculated using a straight line distance.

10. If I need to receive ENT care in the community through Choice, how does this work?

Answer: Triwest is the third party administrator for the Veterans Choice Program. A Triwest representative will check if they have a provider within their network that provides ENT care. If they cannot schedule you with a provider in their network within a reasonable time and you know of a provider who can offer the care within a reasonable time, you can work with Triwest to make that provider your Choice provider. Triwest does have the ability to give you a provider outside of their network.

11. In your example where a Veteran receives orthopedic surgery in the community, is the authorization just for the surgery?

Answer: When a Veteran is authorized for a specific care through the Veterans Choice Program, the Veteran will have a 60-day timeline for receiving all of the care associated with that specific care. In the example provided earlier, a Veteran who is authorized for orthopedics surgery is also authorized to receive all of the care associated with the surgery, including pre-op work and post-surgical physical therapy. After 60 days, if a Veteran is still interested in receiving care in the community, Triwest will go back to the VA and request a new authorization. The VA will attempt to bring you back to VA services if these services can be completed timely (within 30 days of clinically indicated date).

12. What is the name of the third party administrator on the East Coast?

Answer: The East Coast's third party administrator is Health Net.

13. I know of a 92-year old Veteran who receives his podiatry care at the Livermore VA and eye care at the Palo Alto VA. Is he not eligible for care in the community through Choice?

Answer: If the Veteran was enrolled in VA health care by August 1, 2014, and lives more than 40 miles from the nearest VA point of care, he is eligible for the Veterans Choice Program. If he does not live within 40 miles from the nearest VA point of care,

he is eligible for the Veterans Choice Program if a VA facility is unable to schedule an appointment within 30 days of his preferred date or the date determined to be clinically appropriate by the provider of a particular service he needs. The clinically indicated date supersedes the patient's preferred date when determining eligibility for this program.

14. Can Veterans receive care outside of their VA catchment area?

Answer: Yes, Veterans may choose to receive care from any VA of his/her choice. We have Veterans who live in Reno, Nevada that receive their care at the VA Palo Alto Health Care System. We ask that Veterans chose one primary care provider so that there is one provider managing and coordinating their care.

15. Is it correct to make the assumption that the Telephone Care Program (TCP) is not managing the Choice Program?

Answer: Our TCP nurses are clinical staff and have been trained on the Veterans Choice Program. However, they are not managing the Veterans Choice Program. Triwest is managing the Veterans Choice Program.

16. Is there any plan for opportunities for Vietnam Veterans like me to have VA health care services?

Answer: For Veterans who served on active duty before September 8, 1980, there is no length of service requirement as long as the Veteran served at least one day on active duty. Veterans discharged with Honorable, General, or Under Honorable conditions are eligible for VA health care. Those with an Other than Honorable discharge will require VA Regional Office review and decision on eligibility for VA health care. Once eligibility is established, VA will determine which one of the eight priority groups the Veteran qualifies for.

17. This program is no different than what we had before. What's so different from this card than what we had before?

Answer: Prior to the implementation of the Veterans Choice Program, the VA had specific criteria for the Non-VA Care Program. With the new Veterans Choice Program, if VA cannot get a Veteran an appointment within 30 days – routine or non-routine care – you now have the option to use the Veterans Choice Program and receive that care in the community.

18. My husband is a 100% combat Veteran Marine. If he was to have a heart attack or car accident, which is outside of his service-connection disability, would the VA pay for his care at St. Joseph's Hospital?

Answer: If your husband had a heart attack and needed to receive care at a local hospital, the VA can consider reimbursement for the care under the Non-VA Care Program. If your husband was in a car accident and needed to receive care at a local

hospital, the person at fault in the accident would cover the cost of the care, and the VA would review the claims for consideration of reimbursement of the remaining unpaid balance.

19. Does the Veterans Choice Program cover hospice care?

Answer: No, the Veterans Choice Program does not cover hospice care.

20. I just got off the phone with the eligibility people. I'm in the VA system, but they want me to come in to verify if I'm eligible for care through Choice. Why?

Answer: There were a total of three different mailings on the Veterans Choice Program and card. The first mailing went out to all Veterans who live more than 40 miles from the nearest VA point of care. The second mailing went out to all Veterans who could not be provided a VA health care appointment within 30 days of their preferred date or the date that is medically determined by their physician. The third mailing went out to all Veterans who were enrolled in VA health care by August 1, 2014. These mailings were sent directly to Veterans. In each of these mailings, it states that "before your Choice Card for this new benefit can be used, your eligibility must be verified and you must receive advance authorization from VA. The VA Palo Alto Health Care System can assist you in determining if you are on the Veterans Choice List (VCL) for care through the Veterans Choice Program. A dedicated phone line – (650) 617-2732 – has been set up to receive voicemail messages. All messages will be addressed within 24 hours of receipt.

21. Who is the liaison between VAPAHCS and Triwest?

Answer: Li Gapasin, Chief of Health Administration Service, is the liaison between VA Palo Alto Health Care System and Triwest. Li can be contacted by telephone at (650) 493-5000, extension 26843, or li.gapasin@va.gov.

22. I'm confused about the Choice card – is it a Triwest card? Is this the same as Tricare?

Answer: Triwest is the third party administrator for the Veterans Choice Program. Triwest also coordinates our Patient-Centered Community Care (PC3) Program, under the Non-VA Care Program. Tricare is the health care program for active duty service members, National Guard and Reserve members, retirees, and their family members. Triwest and Tricare are two different programs. Triwest is not the same as Tricare.

23. How in any way can the ineligibility requirements for the Choice Program be covered in the PC3 Program?

Answer: Through the Non-VA Care Program, the VA Palo Alto Health Care System (VAPAHCS) determines the following: 1) Can the service be provided within VAPAHCS (i.e., at any VAPAHCS site, including Palo Alto Division, Livermore Division, and

Stockton Clinic)? 2) Is there a geographical burden to the Veteran in receiving this care at one of our VAPAHCS sites? If it is determined that the care cannot be provided timely or is considered to be a geographical burden, then the care can be provided in the community. VAPAHCS will first work with PC3, which Triwest also administers, to schedule the appointment. If there is no provider in the PC3 network that can provide the appointment, then VAPAHCS can authorize Non-VA Care with a provider outside the PC3 network.