

## Frequently Asked Questions: VA Patient-Centered Community Care Program

### *Q: What requirements were included in the recent VA bill related to expanding access to healthcare providers?*

**A:** In August 2014, President Barack Obama signed into law the Veterans Access, Choice and Accountability Act of 2014. This new Veterans Affairs (VA) legislation requires the VA to enter into agreements (including contracts, intergovernmental agreements and provider agreements) with non-Department of Veterans Affairs entities, limited to:

- Providers participating in Medicare,
- Federally-qualified health centers (FQHCs),
- Department of Defense (DoD) facilities, and
- Indian Health Service (IHS) facilities.

In addition, to the greatest extent possible, the VA will use agreements entered into under other provisions of law including **patient-centered community care (PC3)** and intergovernmental agreements with FQHCs, DoD and IHS. Eligible veterans can choose from the providers listed above, and the VA will coordinate care under this new authority using the Non-VA Care Coordination Program.

### *Q: What does the legislation specify with respect to payment rates for providers?*

**A:** Payment rates are limited to Medicare rates, unless the veteran is receiving care in a highly rural location.

## REGULATORY FAQs

### *Q: Now that the VA bill has passed, what has the VA done to expand access to care?*

**A:** Earlier this year, the VA launched the Accelerating Access to Care Initiative, a nationwide program to ensure timely access to care. As directed by President Obama, the Veterans Health Administration (VHA) has identified veterans across the system experiencing waits that do not meet Veterans expectations for timeliness. The VA has begun contacting and scheduling all veterans who are waiting for care in VA clinics or arranging for care in the community, while simultaneously addressing the underlying issues that impede veterans' access.

In addition to the Access Audit process, VA also gathered additional data from each facility. This data includes: the number of appointments scheduled at each facility; the number of requested appointments that are on each facility's Electronic Wait List; the number of newly enrolled patients who have not yet been scheduled by facility; and Average Wait Times for Mental Health, Primary Care, and Specialty Care at each facility, for both new and established patients. For more information about this initiative, visit <http://www.va.gov/health/access-audit.asp>.

On August 8, 2014, the VA announced that primary care services were added to the services available to veterans through the VA's Patient-Centered Community Care (PC3) contracts, a key and evolving part of the non-VA medical care program. Eligible veterans are already able to access inpatient specialty care, outpatient specialty care, mental health care, limited emergency care and limited newborn care for female veterans following childbirth under PC3.

As part of that release, the VA noted that "VA Medical Centers have the ability to purchase non-VA medical care for veterans through contracted medical providers when they cannot readily provide the needed care due to geographic inaccessibility or limited capacity. This additional option is available to purchase non-VA medical care when required veteran care services are unavailable within the VA medical facility, or when veterans benefit from receiving the needed care nearer to their homes. **In addition, VA is reviewing how PC3 may be used to help implement the newly enacted Veterans Choice, Access, and Accountability Act of 2014.**"

***Q: According to the American Medical Association (AMA), what has been done with respect to physician registries to help fill the gaps?***

**A:** The VA is developing maps to identify gaps in access to VA facilities, and officials have said they would like to work with the AMA and state medical societies that have developed registries of physicians willing to see veterans in their practices. Registries have been created so far in Alabama, Florida, Georgia, Indiana, Nebraska (at the county level), New York, Missouri, Oklahoma and Texas.

Such registries will be particularly helpful in filling gaps in access to care in rural and remote areas, and the AMA encourages all states to develop registries. Key to ensuring adequate numbers of physicians are able to fill the current need will be the development of a streamlined and simple process for individual physicians to enter into provider agreements to care for veterans, the AMA told VA officials in a recent meeting.

***Q: What defines an episode of care? As a provider, how long can I be expected to assist the veteran?***

**A:** According to the recent legislation, eligible veterans who opt for hospital care or medical services in a non-VA facility to receive such care or services through the completion of the episode of care (including all specialty and ancillary services deemed as part of the treatment recommended in the course of such hospital or medical services), but for no longer than 60 days.

***Q: As a provider, how will I know if a veteran is eligible for services?***

**A:** In addition to any requirements established by the required agreement with the VA, the VA will also issue a Choice Card to eligible veterans to present to the non-VA healthcare provider before receiving such care and services.

***Q: What is PC3, the legislatively preferred process by which VA expands care to non-VA providers?***

**A:** Patient-Centered Community Care (PC3) is a Veterans Health Administration (VHA) program that offers healthcare contracts to provide eligible veterans access to:

- primary care

- inpatient specialty care
- outpatient specialty care
- mental health care
- limited emergency care
- limited newborn care for enrolled female veterans following birth of a child

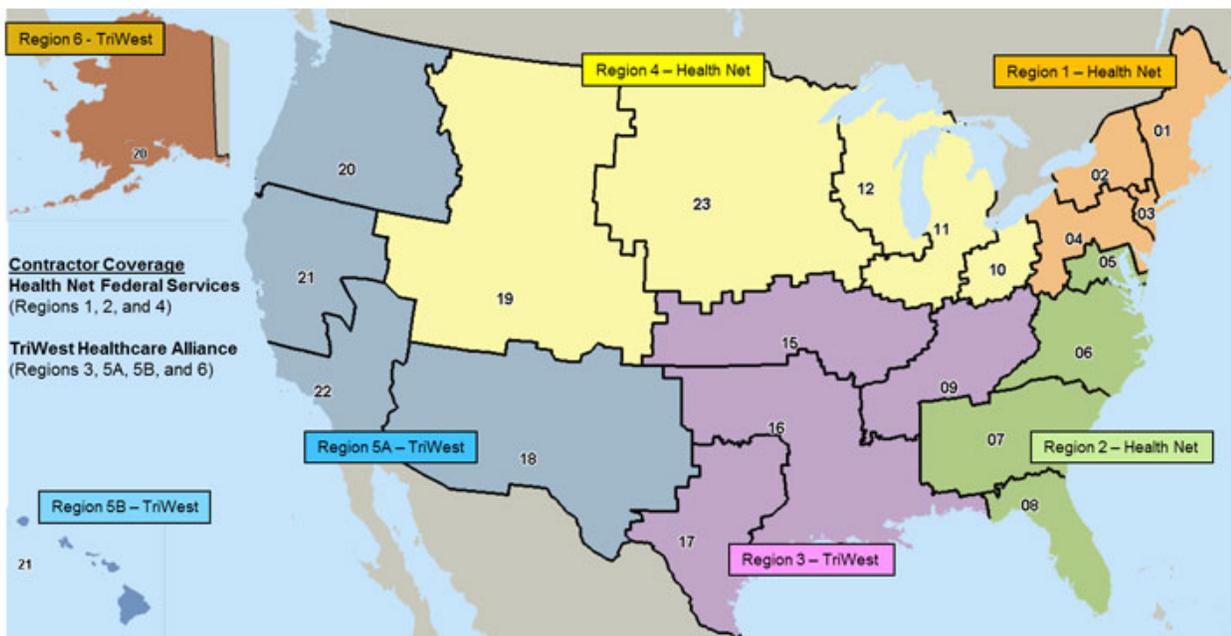
**Q: Who currently has contracts with the VA to implement PC3?**

**A:** Under PC3, VHA contracts with Health Net and TriWest to develop a network of providers who deliver the covered care. Care is available through PC3 when the local VA Medical Center (VAMC) cannot readily provide the needed care to veterans due to lack of available specialists or other clinicians, long wait times, geographic inaccessibility or other factors.

The contracts have been awarded in the following regions to the following contractors:

- **Health Net Federal Services LLC**
  - Region 1 - VISNs 1, 2, 3, 4
  - Region 2 - VISNs 5, 6, 7, 8
  - Region 4 - VISNs 10, 11, 12, 19, 23
- **TriWest Healthcare Alliance Corp**
  - Region 3 - VISNs 9, 15, 16, 17
  - Region 5 A - VISNs 18, 20 (excluding Alaska), 21 (excluding Hawaii and Pacific Islands), 22
  - Region 5 B - VISN 21 – Hawaii and Pacific Islands (Philippines not covered by PC3 Contract)
  - Region 6 - VISN 20 – Alaska

See the map below for more information regarding the coverage of particular contracts.



The contract requirements were based on lessons learned through VHA pilot programs, including Project HERO, which offered medical and dental contracts in four Veterans Integrated Service Networks (VISNs) and tested the best ways to buy care through contracts.

**Q: *If I am a provider, how can I participate in PC3?***

**A:** If you are interested in participating in the Health Net Federal Services, LLC URAC-accredited Preferred Provider Network (contracted for Regions 1, 2, and 4), please complete the form at [https://www.hnfs.com/content/dam/hnfs/va/provider/pdf/PCCC\\_Join\\_Our\\_Network.pdf](https://www.hnfs.com/content/dam/hnfs/va/provider/pdf/PCCC_Join_Our_Network.pdf) and email it to [HNFSProviderRelations@Healthnet.com](mailto:HNFSProviderRelations@Healthnet.com). For additional provider resources, visit <https://www.hnfs.com/content/dam/hnfs/va/provider/pdf/PCCC-quick-ref-chart.pdf>.

If you are interested in participating in the TriWest network (contracted for Regions 3, 5A, 5B and 6), to receive a contract to provide services for care, you will need to first provide your federal Tax Identification Number (TIN), National Provider Identifier (NPI), address of your business, billing address, phone number, fax number and main contact name. You can submit that information by calling a customer service representative at 1-855-PCCCVET (722-2838), press 3 (a provider) and then press 4 (contracting information), or via email to [areece1.ctr@triwest.com](mailto:areece1.ctr@triwest.com). A contract will then be sent back to you. Once you have signed that contract, you can begin providing care. See <https://vapccc.triwest.com/PCCCWeb/index.html#/provider-home> for more information.

**Q: *What are the PC3 key contract requirements?***

**A:** The contractors are required to meet key requirements that ensure the care provided works well for the veterans and VAMCs, including:

**Access:** Specific commute times for specialty care (urban: 60 minutes, rural: 120 minutes, highly rural: 240 minutes) and higher level of specialty care (urban: 60 minutes, rural: 240 minutes, highly rural: community standard);

**Appointments:** Scheduled within five days and held within 30 days of receipt of authorization. Patient should be seen within 20 minutes of arrival;

**Care Coordination:** Medical documentation returned within 14 days for outpatient and 30 days for inpatient. All critical findings reported within 24 hours;

**Clinical Quality:** Complies with federal and state regulatory requirements. Meet Medicare Conditions of Participation and Conditions for Coverage;

**Safety:** All events reported within 24 hours. Two quality and safety committees. Established complaints and grievances processes;

**Performance:** Monitor contractor performance against Quality Assurance Plan and Quality Assurance Surveillance Plan.

**Q: *What additional requirements are outlined for provider participation with TriWest as part of PC3?***

**A:** The program requires providers to submit medical documentation (e.g., consult/treatment and radiology reports) to the VA via TriWest within a specified time period by fax or mail. Claims cannot be paid until such documentation is provided.

Providers are not allowed to bill no-show fees to veterans.

VAPC3 will follow Medicare reimbursement guidelines and policies; except as otherwise noted in the specific provider reimbursement section of the provider's contract/amendment. Providers will submit claims electronically to TriWest for processing.

***Q: How has TriWest recently worked to expand its access to veterans?***

**A:** On June 24, 2014, Tenet Healthcare Corporation and TriWest Healthcare Alliance have signed an agreement that will expand access to healthcare services for veterans in Arizona, California, Missouri, Tennessee and Texas. As a result, veterans will gain access to 41 hospitals, 19 urgent care centers, seven freestanding emergency departments, 18 ambulatory surgery centers, 85 diagnostic imaging centers and nearly 600 employed physicians. This is the first agreement between Tenet and TriWest.

For more information, visit <http://online.wsj.com/article/PR-CO-20140625-906286.html>.

***Q: What is not included in the PC3 contracts?***

**A:** The contracts do not include dental care, nursing home care, Long-Term Acute Care Hospitals, Homemaker and home health aide services, dialysis and compensation and pension examinations.

***Q: When does a Veterans Affairs Medical Center (VAMC) use the PC3 contracts?***

**A:** When a VAMC cannot readily provide needed care in-house or the care is not feasibly available to the Veteran, VAMCs will first look to provide specialty care at another VAMC. When not feasible to provide the care within the VHA system, the VAMC will consider its options for purchasing the care. Consideration will first be given to the availability of sharing agreements with the DoD or with Academic Affiliates (VA Directive 1663). If none, the VAMC will obtain the care through local contracts, if they exist and if they prove definitive benefits above and beyond PC3 contracts. Once these options are ruled out as not viable, the VAMC will purchase care through PC3 contracts.

***Q: How are the PC3 contracts managed?***

The PC3 contracts will be organized regionally. A central project management organization (PMO) will support the contracts with regional teams consisting of subject matter experts in contract management, claims processing, field operations and other appropriate areas.

***Q: How will current and future local contracts be affected by PC3?***

**A:** Current contracts will remain in place until the period of performance is complete. Future contracts for services covered under PC3 will be reviewed and approved prior to solicitation to ensure that any other contracts provide definitive benefits above and beyond those offered by PC3. Contracts for staffing within VAMCs to provide care internally are not impacted by this approach.

***Q: Can VAMCs still contract directly with a local provider outside of the PC3 framework?***

**A:** Local contracts may be used on an exception basis. The intent is to purchase all services included in PC3 through the resultant contracts. However, a local VAMC may contract directly if needed services are not covered by PC3 or if the local contract can definitively provide benefits above and beyond those offered by PC3.

**Q: In addition to PC3, what other programs may veterans use to access services?**

**A:** As outlined in the recent legislation, Congress also opted to extend the authorization for two years for Project ARCH (Access Received Closer to Home), a pilot project to improve access for eligible veterans by connecting them to health care services closer to home.

Eligibility for the pilot program is based on specific criteria including veterans’ enrollment for VA healthcare and distance from VHA for primary care, secondary care or acute care. The number of veterans who are eligible to participate in Project ARCH will depend on the specific pilot site and the veterans’ healthcare needs.

Five pilot sites have been established across the country. Key information about those sites is captured below.

	<b>Caribou, ME</b>	<b>Farmville, VA</b>	<b>Pratt, KS</b>	<b>Flagstaff, AZ</b>	<b>Billings, MT</b>
<b>Service focus</b>	In-patient and out-patient specialty care	Primary care	Primary care	In-patient and out-patient specialty care	In-patient and out-patient specialty care
<b>Parent VAMC or Health Care System (HCS)</b>	Hunter Holmes McGuire VAMC (Richmond, VA)	Robert J. Dole VAMC (Wichita, KS)	Togus VAMC (Augusta, ME)	Northern Arizona VA HCS (Prescott, AZ)	Fort Harrison VAMC (Fort Harrison, MT)
<b>Contracted service provider<sup>1</sup></b>	Cary Medical Center	Humana Veterans	Humana Veterans	Humana Veterans	Humana Veterans

Each Project ARCH pilot site must contract with specific providers for each service covered under the Pilot. Veterans must use those providers to participate in Project ARCH.

Care Coordinators work closely with the contracted non-VA provider to ensure that they have all of the necessary clinical information from a veteran’s medical records. The Care Coordinator also ensures that the VA receives information from the non-VA provider to keep medical records up-to-date.

**Q: What is the payment rate for Project ARCH?**

**A:** The VA will pay a negotiated contract rate for the services provided by non-VA providers. All Veterans who participate in Project ARCH will still have responsibility for co-payments, if applicable.

**Q: How do I, as a provider, participate in Project ARCH?**

**A:** As outlined above, for services near Caribou, ME, the VA has contracted with Cary Medical Center, a 65-bed acute care hospital. The Cary facility includes approximately 540 employees, 60 active medical staff providers, 100 courtesy and consulting physicians, and 75 volunteers.

In collaboration with Pines Health Services, a non-profit physician management group, Cary Medical Center services include: general and vascular surgery, pediatrics, 24-hour emergency medicine, obstetrics and gynecology, orthopedics, physical and occupational therapy, neurology,

<sup>1</sup>Contracts were awarded on July 9, 2011.

one-day surgery, family practice, sports medicine, cardiac and pulmonary rehabilitation, occupational health, internal medicine, urology, radiology, pathology, and a wide variety of specialty clinics.

Cary Medical Center is also home to the first Veterans Administration Outpatient Clinic located in a private rural hospital. Additionally, the hospital's campus includes a 40-bed, long-term care facility and a 30-bed residential care facility operated by the Maine Veterans Home. Therefore, one would need to develop a relationship with Cary Medical Center to provide services for Caribou, ME. For more information, visit <http://www.carymedicalcenter.org/>.

For services in the other four sites (Farmville, VA; Pratt, KS; Flagstaff, AZ; and Billings, MT), the VA has contracted with Humana Veterans. Given that Humana Veterans' contract to support the VA's ARCH demonstration project expires soon, Humana Veterans is currently in the transition phase of the contract so they are not expanding its network of providers.