

Washington Policy Update

VA MISSION Act



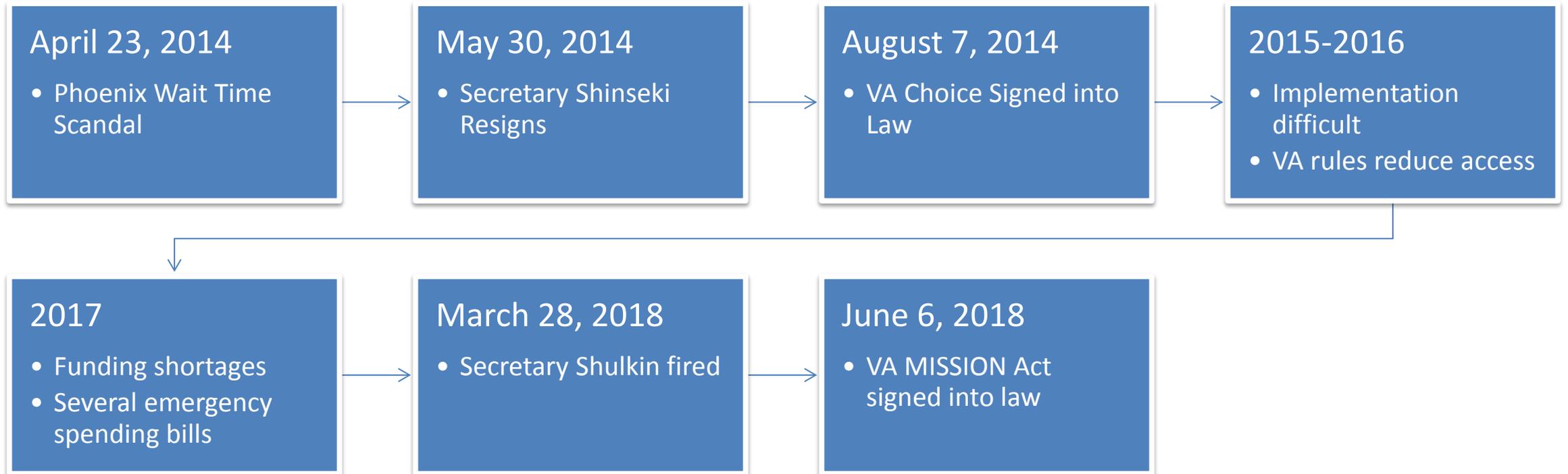
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Summary

- VA MISSION Act signed into law June 6, 2018
- Makes VA Community Care programs permanent
- Effective by June 6, 2019
- \$5.2 Billion to Choice
- New guidelines for when private care is allowed
 - Consolidates private care programs
 - Contracts out billing processes

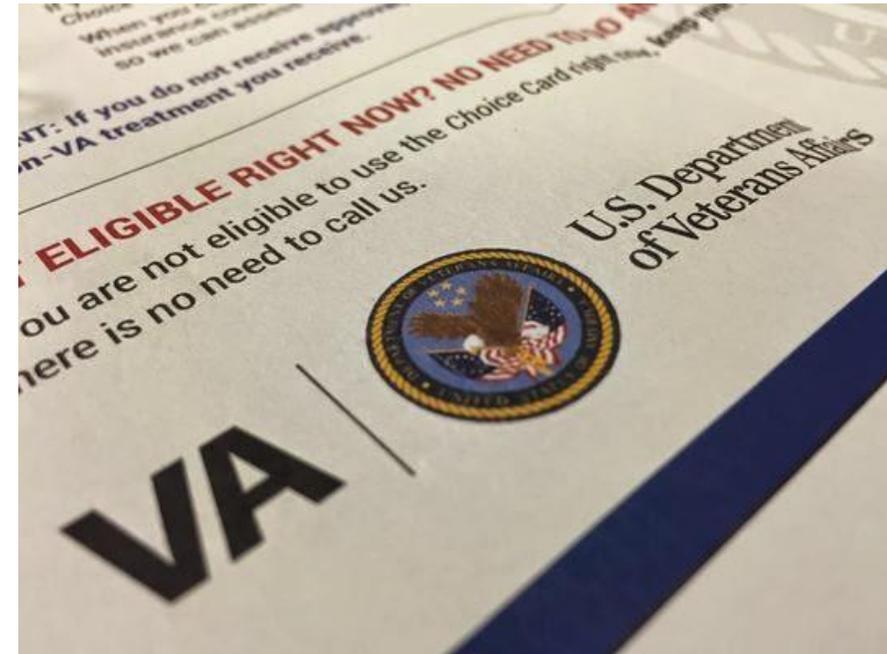


Brief History



VA Choice Act - Eligibility

- Veteran must be enrolled in VA system and eligible for VA Care
- Veteran **must receive pre-authorization from VA before receiving care in the community**
- VA must not be able to provide the services the Veteran needs
- VA must not be able to make an appointment for the Veteran at the nearest VA medical facility within 30 days of the clinically indicated date
- Veteran lives more than 40 miles (driving distance) from the nearest VA medical facility with a full-time primary care physician
- Veteran has to travel by air, boat, or ferry to get to the nearest VA medical facility
- Veteran faces an **excessive burden** in traveling to the nearest VA medical facility (such as geographic challenges, environmental factors, or a health problem that makes it hard to travel)



Pre-VA MISSION Act

Veterans Choice Program (VCP)	<p>The VCP, administered by VA's contractors, provides primary care, speciality care, and inpatient medical services to eligible Veterans in circumstance where:</p> <ul style="list-style-type: none">✓ <i>VA services are not available within the appropriate timeframe</i>✓ <i>A Veteran faces an unusual or excessive travel burden</i>✓ <i>A Veteran has to travel more than 40 miles to a VA primary physician</i>
Patient-Centered Community Care (PC3)	<p>PC3, administered by VA's contractors, is a nationwide program that provides Veterans access to medical care when local VA medical facilities cannot due to:</p> <ul style="list-style-type: none">✓ <i>VA services are not available within the appropriate timeframe</i>✓ <i>Geographic inaccessibility or other factors</i>
VCP Provider Agreements	<p>VCP Provider Agreements, administered by local VA facilities, have to meet the VCP criteria above and one of the following circumstances:</p> <ul style="list-style-type: none">✓ <i>VCP contractors are unable to schedule</i>✓ <i>Specific services are not available from the contract network</i>
Traditional VA Community Care	<p>Traditional VA Community Care, administered by local VA facilities, is a direct authorization with community providers to provide health services to Veterans.</p>

Problems with Choice Act

- **Third Party Administrators – Health Net and TriWest**
- Massive overhaul done very quickly
- One of 7 options for private care
- **No prompt payment**
- Eligibility confusion
- VA withholding medical records
- Burdensome and contradictory paperwork requirements
- Temporary – VA employees felt little incentive to comply

VA MISSION Act

Highlights

- Veterans Community Care Program
 - Replaces all other private care programs
 - VA will enter into Veterans Care Agreements (VCAs)
- Medicare payment rates
 - Veterans can't pay more for non-VA care than they would for VA care
- Prompt payment – 30 days for electronic claims
- New "Innovation" center – opportunities for pilots



New Community Care Guidelines

Requires access to private care if any of the following conditions are met:

- The care or services required not offered by VA;
- No “full-service” medical facility in the State where the Veteran resides;
- The Veteran was eligible under Choice as of June 5, 2018
 - Continues to qualify for eligibility
 - Received choice care in the year preceding enactment of VA MISSION or
 - Seeking care within 2 years of enactment of VA MISSION
- The Veteran has requested care or services and the available care or services does not meet **“designated access standards”**
- The Veteran and the referring physician agree that furnishing care and services through a non-VA provider would be **“in the best medical interest” of the Veteran, based on criteria developed by the Secretary.**

“Best medical interest” criteria includes but is not limited to:

- The distance between the Veteran and the facility that provides the care or services the Veteran needs.
- The nature of the care or services required.
- The frequency that care or services needs to be furnished.
- The timeliness of available appointments for the care or services the Veteran needs.
- Whether the covered Veteran faces an **unusual or excessive burden** to accessing care or services from the VA medical facility where the covered veteran seeks care or services.

A lot of this will be up to discretion of Veteran’s primary care provider.

Community Care Guidelines con...

Authorizes VA to furnish care to veterans in the community when quality measures are deficient.

- Deficient timeliness would be determined when compared with the same medical service line at different VA facilities.
- Deficient quality would be measured when compared with two or more distinct and appropriate quality measures at non-VA medical service lines.

VA limited in exercising this authority at no more than 36 service lines nationally and 3 service lines per facility.



VA Health Provider Networks

- VA can enter into contracts establishing health care provider networks.
 - **To the extent practicable**, VA responsible for scheduling appointments for hospital care, medical services, or extended care services.
 - To the extent practicable, veterans should be able to make their own appointments “using advanced technology”
- Medicare payment rates
 - Excepting highly rural areas (county with fewer than 7 people per square mile)
 - Veterans can’t pay more for non-VA care than they would for VA care.
 - VA can incorporate value-based reimbursement models.
- Tiered networks allowed
 - As long as VA doesn’t prioritize providers in one tier over another in a manner that limits a veteran’s choice of providers

Veterans Care Agreements (VCAs)

- VCAs not subject to federal contracting requirements
- Veterans must be eligible for and enrolled in VA care
- Rates in accordance with Veterans Community Care Program
- Terms:
 - Payment to provider must be rejected and refunded within 30 days of receipt. If not, will be considered payment in full.
- Walk-in care contracts allowed
 - Eligible Veterans must have used VA healthcare services within the last two years



Prompt Payment

- VA required by law to pay for, or deny payment for, services within:
 - 30 days for electronic claims
 - 45 days for paper claims
- In case of denial, VA gets 30 days after any requested new information is submitted by provider
- Claims must be submitted to VA within 180 days of providing care
- Any claim not denied or paid within 30 days is subject to interest
- Claims processing handled by contracted Third Party Administrator
- Secretary will provide a list of required documentation to all participating entities
 - Required to consult with industry in developing the list
 - 30 days notice if the list changes

Other Provisions of Note

- **VA has to do market area assessments once every four years**
- Strategic plan to Congress year after enactment and every four after that
- VA can deny eligibility to any private provider that was previously removed from VA employment or had their medical license revoked
- **VA will establish a CME program to educate non-VA providers on unique conditions of veterans**
- **Providers must review and comply with Opioid Safety Initiative guidelines**
- Establishes participation in PDMP networks
- **Creates “CMMI” like organization for VA: VA Center for Innovation for Care and Payment**
- Creates “BRAC” like process for Asset and Infrastructure Review Commission
- Scholarships to medical students in exchange for 18 months of service to the VA per year of scholarship support
- **Loan repayment for newly graduated physicians training in specialties deemed by VA to be experiencing a shortage**
- Raises for podiatrists – no clinical supervision or “physician” title. **AAOS-negotiated provision**

Takeaways

- VA has been given plenty of authority to send veterans into the community for care
 - Not clear yet whether they will use it
- Keep an eye on the access and quality standards VA is to develop
 - These standards will help determine eligibility
 - VA required to open this process to public comment within two years
- VA has until **June 6, 2019** to promulgate regulations
- New Secretary – Robert Wilkie
- Political criticisms: “Privatizing VA?”

Implementation



“If we implement this bill as Congress has written it, it will be transformational for the VA. If we do not, it will be just another piece of paper Congress wrote.”

— *U.S. Rep. Phil Roe, M.D.*

Thank You!

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