



COMMITTEE ON VETERANS' AFFAIRS MEMORANDUM

TO: Republican Conference Members

RE: Non-VA Care

DATE: May 23, 2014

Chairman Miller: Does VA have every legal authority it needs to pay for a veteran's care - whose care is delayed - outside of the VA system?

Dr. Lynch, VA's Assistant Deputy Under Secretary for Health for Operations and Management:
To my knowledge, sir, yes.

- April 9, 2014, Full Committee Hearing, "A Continued Assessment of Delays in VA Medical Care and Preventable Veterans Deaths"

The Department of Veterans Affairs (VA) is authorized to send veterans outside of the VA health care system to receive needed care and services from a non-VA provider under certain circumstances. This authority is generally referred to as non-VA care.

Non-VA care can be authorized when: the needed clinical service cannot be provided by a VA facility and the veteran patient cannot be transferred to another VA facility; VA cannot recruit a needed clinician; a veteran cannot access a VA facility due to geographic inaccessibility; there is an emergent situation where delays in care could result in a life-threatening situation; or, to meet patient wait-time standards.

In general, there are four main avenues through which VA provides non-VA care.

Fee Basis Care

Fee basis care (also known as purchased care) is used on a fee-for-service basis per episode of care. Under fee basis care, VA may purchase care from a non-VA provider for any form of care a veteran may need, including inpatient, outpatient, emergent medication prescriptions, and long-term care, as long as it is related to a service-connected condition.

The Patient Centered Community Care Program (PC3)

PC3 is a new, TRICARE-like initiative in which VA contracts with a regional contractor – either HealthNet or TriWest – who, in turn, develop a network of providers to provide care to eligible veterans. Under PC3, eligible veterans can receive inpatient and outpatient specialty care, mental health care, limited emergency care, and limited newborn care for enrolled female veterans following birth of a child. Implementation of PC3 began in October 2013 and should be complete by July 2014. More information about PC3 can be found at <http://www.nonvacare.va.gov/NONVACARE/PC3/index.asp>.

Millennium Act for Emergency Care

P.L. 106-117, the Veterans Millennium Health Care and Benefits Act (Millennium Act), authorizes VA to cover the costs of emergency treatment for conditions not related to service-connected disabilities for eligible veterans who do not have any other health care coverage. Unlike other types of non-VA care, emergency care provided from a non-VA provider under the Millennium Act does not require pre-authorization. However, in order to receive reimbursement, claims must be submitted within 90 days of the date of care. More information about emergency services under the Millennium Act can be found at <http://www.nonvacare.va.gov/millbill.asp>.

Project ARCH

P.L. 110-387, the Veterans' Mental Health and Other Care Improvements Act of 2008, required VA to establish a three-year pilot program in five Veterans Integrated Service Networks (VISNs) to pay for certain enrollees to receive medical care outside the VA system. This pilot program became Project ARCH (Access Received Closer to Home). Under Project ARCH, enrollees can elect to receive health care through non-VA providers and VA would pay for such care if: (1) the enrollee requires primary care and lives more than 60 miles driving distance from the nearest VA facility providing such care; (2) the enrollee requires acute hospital care and lives more than 120 miles driving distance from the nearest VA facility providing such care; (3) the enrollee requires tertiary care and lives more than 240 miles driving distance from the nearest VA facility providing such care; or, (4) the enrollee does not meet the criteria above but has difficulty traveling to VA facilities, as determined by the VA Secretary. The five pilot sites chosen for Project ARCH are: Caribous, ME; Farmville, VA; Pratt, KS; Flagstaff, AZ; and Billings, MT. Rather than implement the pilots VISN-wide, as Congress intended, VA implemented the pilots in only one select site within each of the five VISNs. Project ARCH became operational on August 29, 2011, and Congressional authority for the pilot will expire on August 29, 2014. More information about Project ARCH can be found at <http://www.va.gov/health/arch/>.

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