

**Hepatitis C Virus (HCV) FACT SHEET for Veterans Choice Program  
for both VA and Choice Providers (updated 06.18.15)**

Providing outstanding care for Veterans with HCV is a priority for VA. VA thanks you for the care you provide to Veterans. VA recognizes that some community providers are highly specialized and well versed in treating HCV. Others may not be specialists and may be interested in receiving VA educational materials on HCV treatment and utilizing VHA care coordination services. VA has prepared this Fact Sheet and accompanying Support Plan which outlines the materials and care coordination that VA will make available to community providers caring for Veterans with HCV through the Veterans Choice Program (VCP). Also attached are additional VA resources including evidence-based guidance documents which encourage safe, effective, and high-value therapy.

HCV Care Coordination

- Care coordination will begin with outreach to HCV infected Veterans by VA HCV providers. The VCP contact information will be provided to the Veterans.
- In an effort to facilitate Hepatitis C referrals to Choice First, VA facilities are required to implement and use a new Non-VA Care Coordination consult service named NON-VA CARE HEP-C TREATMENT and corresponding NON-VA CARE HEP-C TREATMENT V6.2 consult reason for request template. Within this template is a text box to provide the relevant patient specific clinical information to assist the VCP provider in making an informed treatment decision. For clarification: the imbedded “CPRS Choice HCV Referral Template” (see page 6) is provided as a tool to assist in the smooth transition of care between VA and Choice Providers and *is not mandatory; VA facilities are not required to create and use this template*. Rather, this is a model template which sites *may choose* to incorporate in addition to the required NON-VA CARE HEP-C TREATMENT consult and corresponding NOV-VA CARE HEP-C TREATMENT V6.2 consult reason for request template.
- After the Veteran selects a VCP provider with contractor, care coordination and the level of interaction with VA providers will vary and will be determined by the VCP provider and the patient.
  - The VCP provider may choose to manage the Veterans HCV antiviral treatment course (including laboratory and follow-up monitoring) independently, which will result in no or little VA interaction. The Veteran may wish to have laboratory monitoring done at a VA Medical Center (VAMC). Labs performed at a VAMC will be transmitted to the VCP provider in accordance with existing contractor processes.
  - The VCP provider may choose to manage the Veterans HCV antiviral treatment course but seek greater input from the VA HCV provider. These interactions may occur via phone, secure messaging or other mechanism decided upon by the VCP provider and VA HCV provider. This may be a one-time or as needed consultation, or may occur on a more regular basis (as determined by the VCP provider).

## Department of Veterans Affairs (VA)

### Attachment D

- To receive payment for care provided through VCP, the VCP provider must furnish only the hospital care or medical services authorized by VA. For coordination of other care, the VCP provider may directly contact the VA Primary Care or VA Mental Health (MH) point of contact included in the original “Choice HCV Referral Template.” For Veterans who already have established VA care at a VAMC, other medical issues which need to be addressed during this time will be coordinated through these contacts as appropriate.
- If the Veteran has not established care at a VAMC or does not wish to resume care at the VAMC and lives more than 40 miles from the nearest medical facility, the VCP provider should contact the contract administrator to seek authorization for additional care based on the Veteran’s needs and eligibility for VCP.

#### Points of Contact within VA

- If a Veteran has established care at a VAMC, VA Points of Contact will be provided in the “Choice HCV Referral Template” for the following: VA HCV Provider/Consultant, VA Primary Care Provider, and VA MH Provider (if applicable).
- If a Veteran has not established care at a VAMC, a VA HCV provider/consultant point of contact may still be provided, if the Veteran was notified about Choice via HCV Outreach efforts.
- A VA Pharmacy Contact will be provided for all VCP Veterans. This contact can be used for all pharmacy/prescription related questions or issues. Additional clinical pharmacy support is expected to be available to VCP providers to address drug-interactions, adherence, or other monitoring.

#### HCV Treatment Selection and Monitoring:

- After a VCP provider assesses a Veteran and determines the appropriate HCV treatment regimen (VA medical documentation is available to assist this assessment and will be provided in the NON VA CARE HEP-C TREATMENT consult and template), the VCP provider should provide the prescription(s) for those medications to be filled through the referring VAMC pharmacy. VA HCV providers can offer treatment suggestions, but treatment decisions will ultimately be made by the VCP provider.
  - VCP providers are encouraged to follow VA standards of care articulated in VA Chronic HCV Treatment Considerations (<http://www.hepatitis.va.gov/pdf/treatment-considerations-2015-02.pdf>) and provided in the VA Criteria For Use (Refer to Resources section for links). VCP providers may also wish to engage VA clinical pharmacists with training and expertise in HCV care. A VA pharmacist may contact a VCP provider if the VA pharmacist has questions or concerns about the prescription. To ensure Veterans follow-up with their VCP provider for monitoring, prescriptions should generally be written to not exceed a one-month supply in total. VCP providers should write new prescriptions to continue therapy for Veterans who are responding to treatment.

## Department of Veterans Affairs (VA)

Attachment D

- VA has developed recommendations regarding treatment monitoring (such as those included in “HCV Monitoring” (see page 6). Monitoring can be obtained either through a local laboratory, or at the referring VAMC. If desired by the VCP provider, the VA HCV provider can assist in ordering those labs and conveying the results to the VCP provider.
- At the end of the HCV medication treatment course (i.e. completion of therapy, or stopped due to treatment failure or adverse events), the Veteran should be referred back to VA so that an assessment for a HCV sustained virologic response (SVR) can be determined.
- If the Veteran lives more than 40 miles away from VA facility and decides not to return to VA care and additional care is authorized through VCP, then the VCP provider should follow up with the patient three months after completion of treatment to assess for SVR (this should be coordinated through the contractor to ensure that the care is authorized by the VA prior to treatment).
- If a Veteran is lost to follow-up, the VCP provider should notify the VA HCV provider or primary care point of contact so that VA can attempt to re-engage the patient in care.

### Additional Resources:

1. VA Criteria for Use:
  - Sovaldi and Harvoni:  
[http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Sofosbuvir\\_SOVALDI\\_and\\_Ledipasvir\\_Sofosbuvir\\_HARVONI\\_Criteria\\_for\\_Use\\_rev\\_Apr\\_2015.pdf](http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Sofosbuvir_SOVALDI_and_Ledipasvir_Sofosbuvir_HARVONI_Criteria_for_Use_rev_Apr_2015.pdf)
  - Viekira:  
[http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Ombitasvir\\_Paritaprevir\\_Ritonavir\\_plus\\_Dasabuvir\\_VIEKIRA\\_PAK\\_Criteria\\_for\\_Use\\_rev\\_2\\_15.pdf](http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Ombitasvir_Paritaprevir_Ritonavir_plus_Dasabuvir_VIEKIRA_PAK_Criteria_for_Use_rev_2_15.pdf)
  - Olysio:  
[http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Simeprevir\\_Criteria\\_for\\_Use\\_updated.pdf](http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Simeprevir_Criteria_for_Use_updated.pdf)
2. VA Chronic HCV Treatment Considerations:  
<http://www.hepatitis.va.gov/pdf/treatment-considerations-2015-02.pdf>
3. VA Hepatitis Website: <http://www.hepatitis.va.gov/>
4. AASLD/IDSA HCV Treatment Guidelines: <http://www.hcvguidelines.org/>

**VA HCV Care Coordination Plan for VA and VCP Choice Providers**

1. Each Veteran referred to VCP for HCV treatment will be required to have a NON VA HEP-C TREATMENT CONSULT and NON VA HEP-C TREATMENT reason for request template filled out for that individual Veteran, including all relevant HCV information (genotype, prior treatments, presence of advanced liver disease, etc.), as well as other clinical information relevant to treatment of the HCV to assist the VCP provider in making an informed treatment decision.
  - a. To facilitate Hepatitis C referrals to Choice First, a new national NON-VA CARE HEP-C TREATMENT consult service for hepatitis C referrals with a new associated NOV-VA CARE HEP-C TREATMENT template and CHOICE-FIRST HEP-C TREATMENT consult service for eligible Veterans has been created with VHA Informatics Committee approval. This NON VA CARE HEP-C TREATMENT consult and template should be utilized until a more comprehensive template is approved through the national VHA Informatics Committee process.
  - b. Responsibility for completing this template will be by the referring VA HCV treating provider.
  - c. Note that the CPRS Choice HCV Referral template (page 6) is not mandatory and sites are not required to create and use this template, rather, this is a model template which sites may choose to incorporate in addition to the required NON VA HEP-C TREATMENT consult and reason for request template.
2. HCV Treatment Options document (see page 6) provides a table summary of recommended HCV treatment regimens and duration based on genotype, treatment experience and presence or absence of advanced liver disease/cirrhosis that may be useful in selecting a treatment regimen.
  - a. Patient specific treatment suggestions may be included with the referral, with the caveat that while VA desires that the most cost-effective regimen be chosen, the ultimate decision regarding treatment regimen will be a clinical decision made by the VCP physician.
  - b. Treatment selection should include relevant considerations for drug interactions, medical and psychiatric co-morbidity care, and other considerations relevant to the individual Veteran.
3. VA Outpatient Pharmacy Checklist for HCV Prescriptions document (see page 6) provides a checklist VA Pharmacists will use when reviewing HCV prescriptions from Choice Providers. This represents an abbreviated version of VA Criteria For Use for HCV medications.
4. The HCV Monitoring document (page 6) document is provided to guide monitoring during HCV treatment.

## Department of Veterans Affairs (VA)

### Attachment E

- a. VCP Providers (and Veterans) should be given the option to have this testing done at the VAMC. If testing is done at the VAMC, VA will ensure that these results are shared with the VCP provider in a timely fashion.
  - b. VA tracks treatment outcomes and needs to receive documentation of HCV-related laboratory results; therefore the VCP provider should ensure these results are transmitted to VA, in accordance with existing contractor processes.
5. All Veterans referred for HCV treatment through Choice who already have a VA primary care provider identified, will have the relevant contact information provided to the VCP provider.
  - a. At a minimum, an e-mail contact, telephone number, and secure fax number should be provided for the VA primary care provider to allow the VCP provider multiple contact routes.
  - b. VCP should only treat conditions within the scope of the authorization received from the contractor. Only specialty or ancillary care related to the original episode of care may be provided. The Veteran should be referred back to the relevant provider at VA for management of those issues beyond the authorization.
6. All Veterans referred for HCV treatment through VCP will have a VA HCV contact identified, with relevant contact information provided to the VCP physician.
  - a. The HCV contact may be a physician, pharmacist, nurse practitioner or physician assistant, or other clinician as determined by the VA referral facility.
7. For Veterans referred for HCV treatment through VCP who are also under the care of a VA mental health (MH) provider, the VA MH provider will be identified with relevant contact information provided to the VCP physician in the initial referral packet.
8. Once treatment is completed (or discontinued), the Veteran should be referred back to the VA HCV referring provider, if the patient desires.
  - a. All outside labs, as well as Veteran progress reports will be obtained by VA through the contractor, and transferred to the referring HCV VA provider.
9. A Frequently Asked Questions (FAQ) for VA Providers document (Attachment G) for referring VA providers is available to address common questions regarding the referral process, and follow up for VCP HCV Veterans.

## Department of Veterans Affairs (VA)

Attachment E

**CPRS HCV Referral Template:** includes comprehensive, relevant patient specific clinical information/documentation available from VA records (i.e. prior treatment history, laboratory, and imaging) to support care so the VCP provider can make an informed treatment decision. Suggestions regarding treatment regimen based on VA guidance may be provided; but this decision is left to the VCP provider for final determination. In addition, we identify a VA primary care clinician (for non-HCV medical issues) and a VA HCV consultant (for any HCV related questions). **\*NOTE\*: This was created as a tool to assist in the smooth transition of care between VA and Choice Providers and is not mandatory and sites are not required to create and use that template. Rather, this is a model template which sites *may choose to incorporate.***



A new national NON-VA CARE HEP-C TREATMENT consult service for Hepatitis C referrals with a new associated NOV-VA CARE HEP-C TREATMENT template and CHOICE-FIRST HEP-C TREATMENT consult service for eligible Veterans has been created with VHA Informatics Committee approval. This NON VA CARE HEP-C TREATMENT consult and template should be utilized until a more comprehensive template is approved through the national VHA Informatics Committee process.

**VA Outpatient Pharmacy Checklist for HCV Prescriptions:** Provides a checklist VA Pharmacists will use when reviewing HCV prescriptions from Choice Providers. This represents an abbreviated version of VA Criteria For Use for HCV medications.



**HCV Treatment Options:** Provides a summary table of recommended HCV treatment regimens and duration based on genotype, treatment experience and presence or absence of advanced liver disease/cirrhosis



**HCV Monitoring** document: Recommend guidance for on-treatment laboratory monitoring



**Hepatitis C Virus (HCV) Treatment Care Coordination Plan for Veterans  
Frequently Asked Questions for Veteran Choice Providers**

1. Where will Veterans get their HCV medications?

Although you will write for the HCV medications, they will all be filled through the Veterans referral VA Pharmacy. As such, a VA pharmacist may contact you for clarifications of the prescriptions or issues relating to drug interactions. Veterans will not be able to use non-VA pharmacies for these prescriptions (i.e. for the initial 14 day supply) as these are not considered emergent medications.

2. Am I expected to follow all VA guidelines and recommendations for the treatment of HCV?

Generally, we hope that you follow our treatment recommendations as these are evidence-based recommendations assembled by an expert panel of VA specialists in HCV treatment. However, we recognize that there may be some differences in the interpretation for appropriate treatment plans for individual patients. Specifically, VA encourages the use of Viekira in patients where it is appropriate to use (see VA Criteria for Use links on page 3); some non-VA providers may not be comfortable treating with this regimen or have concerns with its use in specific patients. If you plan to depart significantly from VA recommendations for treatment, we would ask that you discuss the treatment plan with the VA HCV consultant, identified in the Referral Template.

3. Must I follow VA monitoring guidelines while on treatment?

Generally, we suggest that patients be monitored as outlined in the VA HCV Monitoring document. These recommendations are derived from recommendations from the package insert, as well as treatment guidelines for Hepatitis C. VA carefully monitors outcomes and response to therapy, and these monitoring guidelines facilitate our tracking of our patients.

4. Can VA assist in obtaining the recommended monitoring parameters?

Veterans who prefer to get laboratory monitoring done at their local VA may do so. Those Veterans that choose to have labs done in VA will have the results transmitted to you

5. How long am I expected to follow the Veterans that I agree to treat?

The VCP Provider is expected to follow the Veterans authorized for care until treatment is completed, either with a virologic response after completing the anticipated treatment course, or discontinuation of medication due to treatment failure, Veteran choosing to stop, or adverse drug events. Once the treatment is complete, the VA will assume responsibility for the clinical HCV care of the Veteran. Most Veterans will need to have the care re-authorized by the contractor every 60 days.

6. How frequently can I see (and bill for) Veterans referred to me for care?

The contractors provide guidance regarding billing in accordance with the terms of your agreement. All care must be preauthorized by the contractor. An initial authorization includes all related specialty or ancillary care related to the original authorization for a period of 60 days from the initial appointment. Beyond 60 days, the authorization will need to be renewed. VA asks that you obtain the monitoring parameters as outlined in the VA HCV Monitoring document at the recommended time points, specifically HCV RNA monitoring.

7. What if the Veteran asks me to write for other medications unrelated to HCV treatment? In particular, how do I handle requests for opioids, or other medications?

You are not expected to care for issues that are unrelated to the authorization for treatment. If a Veteran asks for other medications that are beyond the authorized treatment referral, please inform the patient that they will need to contact their providers at the referring VA.

**HCV Treatment Care Coordination Plan for Veterans Choice Program  
Frequently Asked Questions for VA Providers**

1. What is Choice?

The Veterans Choice Program, or Choice Program, is a temporary program that provides Veterans the ability to receive medical care in the community if VA cannot schedule an appointment within 30 days of the Veteran's preferred date, or the date determined medically necessary by their provider, or if the Veteran resides more than 40 miles from their closest VA medical facility. More information can be obtained at:

[http://vaww.va.gov/CHOICE/Choice\\_Program\\_Training\\_Materials.asp](http://vaww.va.gov/CHOICE/Choice_Program_Training_Materials.asp)

2. What is the difference between Choice and Choice First?

The goal of the Choice First initiative is to revise current Non-VA Care Coordination (NVCC) processes to incorporate a Veterans' Choice option earlier in the referral hierarchy when care is not available within VA facilities. This process is an enhancement to the existing Veterans' Choice Program (VCP) and allows the VA provider at a local Veterans Affairs Medical Center (VAMC) to directly enter a NON VA CARE consult when care is not available within VA facilities.

The Choice First process incorporates a Veterans Choice Program (VCP) option earlier in the referral hierarchy when care is not available within VA facilities. The process begins when the VA Provider selects, completes, and submits appropriate Non-VA Medical Care Consult/Referral Template.

Subsequently, the Non-VA Medical Care Coordination (NVCC) Team receives the Non-VA Care Consult/Referral and performs Administrative and Choice Program eligibility determination and clinical review.

If Veteran has been determined eligible for Choice First, the consult is forwarded to CHOICE-FIRST consult title and appropriate NVCC staff view-alerted.

3. How do I refer a Veteran for treatment through Choice?

Veterans eligible for Choice based on residence may contact the Choice contractor at 1-866-606-8198 to arrange for care in the community. Veterans unable to schedule an appointment within the wait time goals of the Veterans Health Administration will need to be added to the Veterans Choice List for the specific clinic service required to identify their eligibility for Choice to the contractor. This information is communicated to the contractor on a daily basis, however it normally takes three business days before the contractor can recognize the Veterans and schedule care in the community. The Veteran can contact the contractor, at the toll-free number above, to schedule the care.

## Department of Veterans Affairs (VA)

### Attachment G

4. Can I, as a VA Provider, contact a Choice Provider directly to refer a Veteran to them?

VA Providers can not directly contact a Choice Provider to make a referral. Eligible Veterans must initiate the process by calling the VCP contractor at 1-866-606-8198 to arrange care in the community. The Veteran *may request* a specific community provider.

5. Do I need to follow the Prioritization Scheme when considering Veteran eligibility for Choice?

No, any Veteran for whom HCV antiviral treatment cannot be provided to in VA can be referred to Choice, regardless of stage of liver disease.

6. What services are VA HCV providers responsible for providing for patients being treated through Choice?

VA HCV providers are responsible for:

- Offering patients Choice as an option if he/she is eligible for Choice
- Filling out the NON VA CARE HEP-C TREATMENT consult and template (providing clinical information for Veterans referred to Choice)
- Acting as points of contact for Choice providers
- Acting as consultants for Choice providers, should the Choice provider request VA HCV provider input; collaborating with Choice providers to the maximum extent possible in these instances

7. How do we know the qualifications of Choice providers in treating HCV?

Through partnerships with the Contractors, VA has established criteria for evaluating the expertise of the Choice providers. Choice providers agreeing to manage HCV infection will be provided with VA resources to assist in HCV treatment management.

8. What is the recommended course of action if the VA HCV Consultant and Choice provider do not agree on treatment (e.g., the patient has not had any therapeutic response at 4 weeks but the Choice provider wants to keep going)?

As Consultants, VA providers may provide input into care decisions if Choice providers are interested in collaborating, but treatment decisions will ultimately be deferred to the treating provider. Choice providers will be encouraged to follow VA standards of care articulated in VA HCV Chronic Treatment Considerations and recommendations for clinical and virologic monitoring provided in the HCV Monitoring document. It may be helpful to engage VA clinical pharmacists with training and expertise in HCV care in the collaboration process, particularly since all Choice prescriptions will require review by a VA pharmacist prior to processing.

## Department of Veterans Affairs (VA)

### Attachment G

9. How does VA ensure appropriate monitoring and co-management of other medical and psychiatric co-morbidities?

For coordination of other care, the Choice VCP provider may directly contact the VA Primary Care or VA Mental Health point of contact included in the Choice HCV Referral Template. For those Veterans who already have established VA care at a VAMC, other medical issues which need to be addressed during this time should be coordinated through these contacts.

10. How can VA providers who are serving as HCV consultants for patients being treated through Choice be credited for that time?

VA providers will get workload credit for performing the initial assessment. VHA will explore options for a mechanism to give credit for care coordination activities.

11. How will clinical information be transmitted back and forth between the VA and the Choice provider?

Clinical information will be transmitted via the existing Contractor's portal currently used for all Choice referrals. Strategies are being evaluated to provide HCV clinicians access to this portal to review/receive clinical information, however this is not yet available.

12. How quickly will facility pharmacies be reimbursed for medication purchased through Choice?

Currently, stations are reimbursed for filling Choice prescriptions when at the end of each month a report is run by the ARC which identifies choice RX's processed at the local VAMC based on the pharmacist adding the word "choice" in a comments field. This report is compiled by VISN/Station & then sent out to the VISN CFOs who in turn work with their VISN facilities to process a cost transfer which reimburses the VAMC and charges these expenditures to CBOPC station 741. Thus, stations would be reimbursed monthly for the previous month's Choice RX's filled via this cost transfer.

13. If patients come in and are told that they cannot be treated or are being referred to Choice, are they still subject to specialty clinic co-pay?

Yes, it doesn't matter what treatment is provided as long as an appointment is held, a copayment is charged for those Veterans required to pay a copayment. However, the majority of patients with HCV in the VA are Priority groups 1-5 and thus do not qualify for a co-payment. Information on priority groups is available here:

[http://www.va.gov/healthbenefits/resources/priority\\_groups.asp](http://www.va.gov/healthbenefits/resources/priority_groups.asp)

## Department of Veterans Affairs (VA)

Attachment G

14. Can VA's academic affiliates be Choice providers?

Yes. Under Choice, an academic affiliate would likely be an eligible provider. However the academic affiliates must be enrolled as Choice providers.

15. If an affiliate is a Choice provider, under what circumstances would it be appropriate for an academic affiliate provider who also holds a part-time or without compensation appointment with VA to provide Hepatitis C treatment?

VA physicians may be eligible providers under the Choice Act when they are working on non-VA time, outside of their tour of duty or on leave, at an affiliate subject to the following restrictions.

- VA physicians must not refer Veterans to their affiliates, as they could run afoul of 18 U.S.C §208 (a criminal statute), which prohibits Federal employees from participating personally and substantially through decision, approval, recommendation, or otherwise in a particular matter (for example – the decision to send a veteran to their affiliate for medical testing) in which to their knowledge their affiliate-employer has a financial interest. *Referrals to affiliates should not be made by physicians and must be made through standard business offices processes.*
- Further, VA physicians providing services at non-VA facilities, other than as part of their VA duties, pursuant to an existing contract or sharing agreement, are prohibited by 18 U.S.C. §203 and 18 U.S.C. §205 from acting as an agent before the Government on behalf of another person in connection with a particular matter in which the United States is a party or has a direct and substantial interest. *Hence, if there is a dispute as to the underlying contract, a dually appointed physician must not communicate with VA in connection with that contract on behalf of the affiliate.*

**HCV Treatment Care Coordination Plan for Veterans Choice Program  
Frequently Asked Questions for VA Patients**

1. Why would my VA health care provider refer me to the Choice Program for Hepatitis C Virus (HCV) treatment?

When VA cannot provide the treatment for certain Veterans, they may be referred to the Choice Program to get their care in the community.

2. How will getting HCV treatment through Choice impact my VA health care for other things?

The Choice Program does not impact your existing VA health care or any other VA benefits. All other care you receive through VA will continue as usual.

3. Do I have to go through Choice for HCV treatment if my VA health care provider recommends it?

The decision to use Choice for your HCV treatment is ultimately your decision. Please discuss with your VA health care provider if waiting for HCV treatment is a good option for you. If you are satisfied with your anticipated wait time and wish to continue waiting for HCV care through VA, you may certainly do so.

4. How do I know if I'm eligible for Choice for my HCV treatment?

Under the distance calculation, a Veteran who lives more than 40 miles using a driving distance calculation, from the nearest VA medical facility, would be eligible for the Veterans Choice Program for any of their care. You would also be eligible for Choice if you have to wait for longer than 30 days for an appointment from your preferred date, or the date determined to be medically necessary by your provider.

5. Can I get reimbursed for HCV prescriptions that are written by a Choice provider, but not filled at a VA pharmacy?

No, only medications that are considered urgent can be filled through a non-VA pharmacy. HCV medications are not considered urgent and therefore the HCV prescriptions may only be filled through a VA pharmacy.

## Department of Veterans Affairs (VA)

Attachment H

6. Will I be notified by the VA if I'm eligible for HCV treatment through Choice?

Your HCV provider or a VA Choice coordinator will notify you if you are eligible for Choice. If you are eligible, you can call the toll free Choice number at 1-866-606-8198 to schedule your care in the community.

7. Who can I call if I have questions about the Veterans Choice Program or do not remember receiving a Veterans Choice Card?

If you do not remember receiving a Veterans Choice Card or have other questions about the Choice Program, please call (866) 606-8198.

8. Where can I get more information about the program?

Please review the VA Choice website at <http://www.va.gov/opa/choiceact/>

9. Who can I contact if I have issues or questions about my care through Choice?

For customer service, you can contact the Choice Program at (866) 606-8198.

10. Where will I get my prescriptions filled through the Choice Program?

Your prescriptions for HCV through the Choice Program *must* be filled through VA. You can request that your Choice provider fax the prescription or you can bring the prescription (along with an authorization form that will be given to you by the Choice provider) to any VA medical facility.

11. Will VA copayments apply to care under the Choice Program?

Yes, if a Veteran is VA copayment required, the VA copayments will still apply. The VA copayment will be determined by VA after the care is furnished, and any amount not offset by any other health insurance payment (if applicable) will be collected by VA.

12. Will I have to pay cost-shares from my other health insurance?

Possibly, if the care under the Choice Program is not service connected, and you have other health insurance (other than Medicare, Medicaid or TRICARE), you are responsible for any cost-share determined by the other health insurance. VA may be able to reimburse Veterans for the cost-share if the total VA payment is less than the allowable Medicare rate.

13. Am I responsible for Medicare, Medicaid or TRICARE cost-shares?

No, these plans are not considered as other health insurance for purposes of the Choice Program. Therefore you will neither be billed by the Choice Program provider nor will you be responsible for any of the cost-shares associated with these plans.