

**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.

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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.

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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)

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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.*