Q1. What is the Veterans Choice Program?
A1. The Veterans Choice Program is a new temporary program to improve Veterans’ access to health care by allowing certain Veterans to elect to receive health care from eligible providers outside of VA. The program was established by section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act) and amended by the Construction Authorization and Choice Improvement Act and the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015.

Q2. Who is eligible for the Choice Program?
A2. Veteran must have been enrolled in the VA health care system. Additionally, a Veteran must also meet at least one of the following criteria:
- The Veteran is told by his/her local VA medical facility that he/she will need to wait more than 30 days for an appointment from the date clinically determined by his/her physician or, if no such date is provided, the Veteran's preferred date.
- The Veteran's residence is more than 40 miles driving distance from the closest VA medical facility.
- The Veteran resides in a location, other than Guam, American Samoa, or the Republic of the Philippines, that is 40 miles or less from a VA medical facility and the Veteran needs to travel by air, boat, or ferry to reach that VA medical facility.
- The Veteran resides in a location that is 40 miles or less from a VA medical facility and faces an unusual or excessive burden in traveling to such a facility based on factors set out in the law.
- The Veteran resides in a State or a United States Territory without a full-service VA medical facility that provides hospital care, emergency services and surgical care having a surgical complexity of standard, and resides more than 20 miles from such a VA facility. NOTE: This criterion applies to Veterans residing in Alaska, Hawaii, New Hampshire, Guam, American Samoa, Commonwealth of the Northern Mariana Islands and the U.S. Virgin Islands. Also note that some Veterans in New Hampshire reside within 20 miles of White River Junction VAMC.

Q3. How do Veterans get care authorized and make an appointment?
A3. Veterans must call the Choice Program Call Center at 866.606.8198 to verify eligibility and set up an appointment.

Q4. Information on non-VA care/Fee/Choice – Will you explain the difference and how each works?
A4. VA is in the process of combining all non-VA care into Choice. Choice is currently a temporary program that began August 1, 2014 for 3 years or until funding is exhausted. In order for a Veteran to be eligible, they must be enrolled in VA
health care and meet one of the following 5 criteria.

- **Distance** – the closest VA medical facility where the Veteran can see a full-time primary care physician is more than 40 miles driving distance from his/her home.
  - Veterans who meet this criteria can use Choice for all of their medical care. They must call the Choice Program Third Party Administrator at 866.606.8198 to verify eligibility and set up an appointment.
- **Unique Travel** – the Veteran has to travel by air, boat, or ferry to the nearest VA medical facility.
  - Georgia does not have any patients that meet this criteria
- **Unusual or excessive burden** – the Veteran faces an unusual or excessive burden in traveling to the VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature of frequency of the care needed, and whether an attendant is needed.
  - In order to meet the criteria for medical condition, a Veteran must face an unusual or excessive burden in traveling to the closest VA medical facility based on: A medical condition that impacts his/her ability to travel by the route(s) that are 40 miles or less. The medical requirement is that a VA medical facility provider has determined that the Veteran's travel to the closest VA Clinic is affected by a medical condition. If the Veteran's health impacts the ability to travel such that it creates an unusual or excessive travel burden, the clinician will add a progress note in the Veteran's clinical record to document the Veteran's medical condition and eligibility, including the specific reason and date of determination.
  - In order for a Veteran to meet the criteria for nature or frequency of the care needed: Medical facilities must adhere to the guidance and cannot vary from the list identified in the fact sheet provided.

Only six (6) services have been identified to quality under “Unusual or Excessive Burden Eligibility Criteria - Other Factors”:

- Outpatient physical therapy
- Certain IV (parenteral infusions)
- Upper and/or lower extremity joint or soft tissue (trigger point) injections
- Optometry care such as a glaucoma screening or a diabetic retinal exam
- Hearing evaluation
- Shots, Allergy

The rulemaking included the following definitions of “other factors”:

1. The nature or simplicity of the hospital care or medical services the Veteran requires;
2. The frequency that such hospital care or medical services need to be furnished to the Veteran; or
3. The need for an attendant, which is defined as a person who provides required aid and/or physical assistance to the Veteran, for a Veteran to travel to a VA medical facility for hospital care or medical services.

If a VA provider determines that a patient fits the Unusual or Excessive Burden Eligibility Criteria (Other Factors), the provider must submit a consult to
NVCC documenting the nature, frequency or need for an attendant for the care. NVCC will review and forward the consult as a Choice EXBU consult that would then be uploaded to Choice, along with the eligibility form. This process is meant to be episodic (only for the specific service), not for all care.

- No full-service VA facility – the Veteran lives in a state or territory without a full-service VA medical facility and lives more than 20 miles from such a facility. This applies to Veterans who live in Alaska, Hawaii, New Hampshire, Guam, America Samoa, Commonwealth of the Northern Mariana Islands, or the US Virgin Islands.
- Georgia does not have any patients that meet this
- Wait-Time (30 days) – the Veteran is informed by his/her local VA medical facility that they are not able to schedule an appointment for care either: within 30 days of the date the Veteran’s physician determines the Veteran needs to be seen or within 30 days of the date the Veteran wishes to be seen.
- If a VA clinic is unable to schedule a Veteran with 30 days, the scheduler asks the Veteran if they plan to opt-in or opt-out of Choice care. The scheduler will add the Veteran to the Veteran Choice List and indicate the Veteran’s preference. NVCC will upload eligibility form and medical records for the Veterans that opt-in to the Choice program. The Choice Program’s Third Party Administrator will call the Veteran to arrange outside appointment. If the Veteran does not receive a call within 7 days, they can call the Choice Program Third Party Administrator at 866.606.8198 to verify eligibility and set up an appointment.

Traditional non-VA care is transitioning to Choice First. Choice First is only for care that cannot be provided in VA because the specific facility does not offer the service (Care where VA would normally use “Fee”). It is to be the 1st option used by NVCC for Non-VA care. Patients must meet the basic Choice criteria in order for NVCC to use this option. If a patient does not meet the basic criteria or if the patient opts-out of Choice First, NVCC will then continue their normal next steps to get Non-VA care for the patient.

The step by step process for all Choice First Care is:
1. PCP submits consult to Specialty
2. If care cannot be provided within VA because the service is not offered by the facility (or if care has been determined by COS to be critical), Specialty submits NVCC consult
3. NVCC checks VC viewer to make sure patient meets Choice enrollment criteria, if not continue using other Hierarchy of Care
4. If Choice Eligible, NVCC forwards consult to Choice First Consult
5. NVCC gathers records for the EOC and uploads to DOMA portal
6. Veteran calls Health Net, who will discuss options to include possibility of billing of personal insurance
7. Health Net schedules appointment in the community and sends notification to NVCC through DOMA.

Q5: What can a Veteran do if are receiving adverse credit activity due to non-payment of Choice care?
A5: Veterans can call a toll-free number (1.877.881.7618) if they are experiencing ad-
verse credit reporting activity that is a result of delayed payments for authorized health care received in the community. The toll-free number will reach a VA employee trained to research and resolve collection-specific issues. The employee will provide courteous, accurate and consistent information on every contact and will close the loop by reaching out to the Veteran to explain details of the final resolution and to answer any additional questions.

Q6. Why has it taken so long to fix the phone problem at the Atlanta VA?
A6. We've taken a look at all of your feedback and used some of it to make improvements. We do apologize for the length of time it has taken but assure you now that we are keeping this telephone issue at the forefront.

Q7. Sometimes when you call the Atlanta VA, no one answers the phone. Is this a staffing problem or systems problem?
A7. Again, we apologize for that and take full responsibility for the challenges that we have had with our telephones. The Atlanta VAMC has experienced staffing challenges; however, we have implemented many changes that have improved the call center. This includes hiring additional staff and holding staff accountable. You have spoken and we have listened and that is….answer the phones and get us where we need to be. We have redirected the way the VA use to think and do and that is because of your feedback. Again, we have a great leadership team in place who stay up on the issues. Whatever the issues are, they listen to them and then get to work and fix them. What we will tell you now is that if you call the 1.800.224.4087 and listen to the options, you choose the option you want…to talk to an agent to schedule or cancel an appointment or talk to a nurse or the pharmacy.

Q8. What have you done to fix the problem?
A8. The Director has created an Atlanta VA Medical Center Call Center. We have put together the best leadership team this VA has seen. All are involved, not just to serve you but serve you better than you have been. For this leadership, the only focus is on making sure that the phones are answered when you call and answered in a professional way to serve you. We have increased the number of staff to answer the phones, we have trained them on how to answer, we have trained them to ensure your calls and requests are handled without transferring you all over the place and we have also enlightened them on the caliber of customers that they are working with. They have been educated to know that they are serving this Nations’ heroes. We have added additional phones, computers, and headsets for the staff to use to make it easier for them to speak with you on the phone and to look at your charts. We have added the My HealtheVet software that you all can use to do things independent of the staff. With My HealtheVet, you can look in your own chart and see what the staff sees, schedule/request for appointments and medications. You can also send messages to your own provider and he or she will answer you back. You can help cut down your own time by using the My HealtheVet option. Our staff are being trained to use this also to quickly communicate with your providers as well. Try it and tell us about it. This is where you can also make improvements with us.

Q9. When will the phone problem be completely fixed?
A9. This is an ongoing project but we think we have a handle on it now with this team
that we have in place. We have some great people on board and they are excited to be around to help you. Try the phones and let us know what you think. Your feedback is imperative for this operation to continue to grow and service you better than you have ever had.

Q10. What should Veterans do when they encounter phone problems at Atlanta VA Medical Center?
A10. Keep the feedback coming in Town Hall meetings. Be transparent with us and help us maintain that level of transparency too. We are committed to hearing what you have to say and working with you to fix it. All of your feedback through these meetings have been heard and this Call Center was developed because of the problems you’ve reported here. Keep coming to the meetings and keep voicing your issues loud and proud. Get someone to get your message to the Call Center leadership team so that we can aggressively address them especially if it deals with the phone. Use your established processes to get that out to us and we will assure you that they will be answered. You have Veterans leading this leadership team so we stand with you!!!

Q11. Transportation – beneficiary travel (who is eligible)? Veterans Transportation Service program information.
A11. Basic Beneficiary Transportation Eligibility is based on Service Connection and Annual Income. If a Veteran is service connected greater than 30%, they are eligible for any conditions. If a Veteran is Service Connected less than 30%, they are eligible for transportation benefits for care related to their service connected condition. If a Veteran receives a VA pension, they are eligible for any condition. If a Veteran’s annual income is below the annual pension rate, they are eligible for any condition. To receive mileage reimbursement, a Veteran must meet the basic eligibility criteria for beneficiary travel and they must complete a request for reimbursement within 30 days of a VA funded medical appointment. To be transported at VA expense on a VA contracted carrier, a Veteran must meet the basic eligibility criteria for beneficiary travel and have a VA clinician determine that the Veteran needs a special mode of transportation, defined as an ambulance, wheelchair van or other mode specifically designed to transport disabled Veterans. In order for a Veteran to use the VTS shuttle service, they don’t need to meet the basic transportation eligibility criteria, they are requested to call the transportation center at least 7 days prior to the day transport is needed at 404.728.4190 option 2.

Q12. Dental benefits – eligibility – who is eligible? Who can get care?
A12. For Outpatient care, one of the following categories must be met: Service Connected for Dental Condition, 100% Service Connected for Medical Condition, discharged within the past 180 days (under certain conditions. If not a Veteran may still be eligible for Limited Dental care if an inpatient in the VA hospital, nursing home or Dom and a VA dentists has determined the dental services are essential to manage the patient’s medical condition that is under active treatment.
Veteran Town Hall - Frequently Requested Phone Numbers

Dental Eligibility 404.321.6111 Ext. 3748
Dental Care 404.321.6111 Ext. 6400
VA Dental Insurance Program
  Delta Dental 1.855.370.3303
  MetLife 1.888.310.1681
Basic Beneficiary Transportation Eligibility 404.728.4190 option 4
Beneficiary Travel Reimbursement 404.728.4190 option 3
  Fax for non-VA care and Choice 404.728.4705
Beneficiary Transportation – contracted 404.728.4190 option 1
VTS shuttle service 404.728.4190 option 2

Veterans Choice Program Third Party Administrator (Health Net) 1.866.606.8198
  Monday – Friday 8am-10pm, except Federal Holidays
NVCC for upload of medical records 404.321.6111 Ext. 2484
Medical Services Not Covered Under the Choice Program
  Durable Medical Equipment (DME), including eyeglasses
  Prosthetics, Fax 404.728.5086, Phone 404.321.6111 ext. 2202
  Optical Clinic, Fax 404.417.1501, Phone 404.321.6111 ext. 5057
Non-urgent/non-emergent medications
Pharmacy, Fax 404.327.4957, Phone 404.321.6111 ext. 7690
Emergency Care notification, TAP 404.329.2222, 404.329.2220, 1.800.224.4087
Payment of Emergency Care and Urgent medications (14 day supply)
  ER provider must mail original claim form to VA
  Must not bill other health insurance
  Mail medication receipts and Choice Authorization number
  VA Medical Center
  Attn: Fee Basis (16)
  1670 Clairmont Road
  Decatur, GA 30033
  Status: 404.321.6111 Ext. 2138/2139/2144

Adverse credit reporting activity as a result of delayed non-VA health care payments
1.877.881.7618