

Veterans Choice Program (VCP) Provider Agreements Provider FAQ

ABOUT

What are VCP Provider Agreements?

- Veterans Choice Program (VCP) Provider Agreements will help VA expand its provider networks to offer Veterans more health care options in their local communities. The agreements will be issued under two paths (see question below for details), and will help VA meet requirements of *The Surface Transportation and Veterans Health Care Choice Improvement Act of 2015*.

How will VCP Provider Agreements be used?

- VCP Provider Agreements will provide health care coverage when contractors, TriWest and Health Net, are unable to schedule Veterans for services covered in contract under specific reasons for return (“Contractor Unable to Appoint”) and when specific services are not covered within these contracts (“Services Not In Contract”).

Why should I sign-up for a VCP Provider Agreement?

- VCP Provider Agreements will be the primary vehicle through which VA will authorize and pay for services not covered by Patient-Centered Community Care (PC3)/Choice contracts. VCP Provider Agreements are the preferred non-Federal Acquisition Regulation (FAR) mechanism for purchasing community care when contracts are not feasible.

IMPLEMENTATION TIMELINE

When can I sign-up for a VCP Provider Agreement?

- VA will deploy VCP Provider Agreements in a phased approach and initial provider outreach will focus on “Contractor Unable to Appoint” and Homemaker Home Health Aide (H/HHA) and Veteran Directed Home and Community Based Services (VD-HCBS) services. Please note that VA will only exercise provider agreements for “Contractor Unable to Appoint” in instances where the contractor is unable to schedule an appointment under specific reasons for return.
- Providers may contact their local VA Community Care office for more information on initial provider agreement outreach. VCP Provider Agreement approval decisions will be based on qualification requirements, demand for a specific service in a specific market, its population density, and the quality of the services offered. *Note: For more on qualification requirements, please see the Quick Reference Guide.*

When will VA begin authorizing care under the VCP Provider Agreement?

- VA's goal is to begin authorizing and executing care under provider agreements for "Contract Unable to Appoint" and H/HHA and VD-HBCS services in April 2016. Additional information will be distributed to key stakeholders when VA is ready to authorize and execute care under the new agreements.

When will VA offer VCP Provider Agreements for services not covered in existing contracts?

- Provider agreements are currently being tested for Homemaker and Home Health Aide (H/HHA) services at the White River Junction, Lexington, and Manchester VA Medical Centers. National outreach for H/HHA and VD-HBCS services is underway. Other services not included in PC3 or VCP contracts will be phased in under provider agreements over time.

REQUIREMENTS

What are the general requirements for the VCP Provider Agreement?

- Providers will be responsible for submitting their credentialing and licensing policy/process for a group practice, or qualification and licensure documents for individual providers on an annual basis to the local VA Medical Center (VAMC). VA will check all providers on two exclusionary lists.
- All credentialing and licensing policies/processes for a group practice, or qualification and licensure documentation individual practitioners expire per VA guidelines within 12 months from the time of submission and require annual renewal to remain active. VCP Provider Agreements expire within five years of the approved VCP Provider Agreement or until the VCP expires.
- If the provider is or has been licensed, registered, or certified in more than one state, the provider shall certify that none of those states has terminated such license, registration, or certification for cause, and that the provider has not voluntarily relinquished such license, registration, or certification in any of those states after being notified in writing by that state of potential termination for cause.
- For additional details, please consult the VCP Provider Agreement Quick Reference Guide included in your outreach packet.

Will H/HHA and VD-HCBS have to collect different qualification documents beyond the current requirements for VCP Provider Agreement?

- Yes. Please see the Quick Reference Guide for specific details.

Who will gather provider qualifications?

- VA Medical Center Directors will assign a VCP Provider Agreement Champion to lead the Facility Qualification Review (FQR) Team and related processes for

verifying, gathering and storing credentialing and licensing policies/processes for a group practice, or qualification and licensure documentation for individual practitioners. These processes are based on legislative requirements.

- Providers may be able to participate both under the PC3/Choice contract and through a VCP Provider Agreement; however, priority for use will continue to be the PC3/Choice vehicle.

OTHER DETAILS

What is the VCP Provider Agreement reimbursement rate?

- Payment for hospital care and medical services provided under this agreement shall be at the rates paid by the United States to a provider of services or a supplier under the Medicare program under title XVIII of the Social Security Act for the same hospital care or medical services (applicable Medicare Fee Schedule or Prospective Payment System (PPS), if applicable, or at rates determined in accordance with Title 38 Code of Federal Regulations (C.F.R.)17.1535, 38 C.F.R. 17.55, and 38 CFR 17.56, as applicable.

How long is my agreement active?

- The agreement is active for five years or until VCP expires, but credentialing and licensing policies/processes for group practices or and qualification and licensure documentation for individual providers must be renewed yearly. For more details please consult the VCP Provider Agreement.

Can I terminate the agreement at any time?

- Yes. Either party may cancel by providing a 45-day written notice of the intent to cancel the agreement. Please consult the VCP Provider Agreement for details.

What if I am part of a practice and leave my practice while the agreement is active?

- If you leave your practice, please be sure to notify local VA Community Care staff of your departure so we may update your status accordingly.

Can I designate which VA facilities I want to enter into an agreement with?

- Yes; however, VA prefers that providers are available to the widest number of Veterans possible.

Can my practice submit for all of its providers under one agreement if they wish to?

- Yes; however, you must provide the credentialing and licensing policies/processes for group practices or qualification and licensures documentation for individual providers. Please see the Quick Reference Guide for details.

AUTHORIZING CARE

How will care be authorized?

- Care under VCP Provider Agreements must be authorized the same as any other episode of care, and VA is currently updating processes to allow VA staff to execute care against established provider agreements. Specific details on this process will be shared with providers prior to full implementation in April 2016. These details will outline all aspects of the authorization and execution of care process under the new VCP Provider Agreements.

Claim Submission

How will we be paid? Who will pay the claims?

- Please consult the payment section of the VCP Provider Agreement for details on how all providers will be reimbursed. Claims should be submitted to the VA facility that provided the authorization for care.

POINTS OF CONTACT

Who do I contact with questions?

- Providers should consult their local VA Community Care office with questions about recruitment and anticipated timelines for executing care under VCP Provider Agreements.