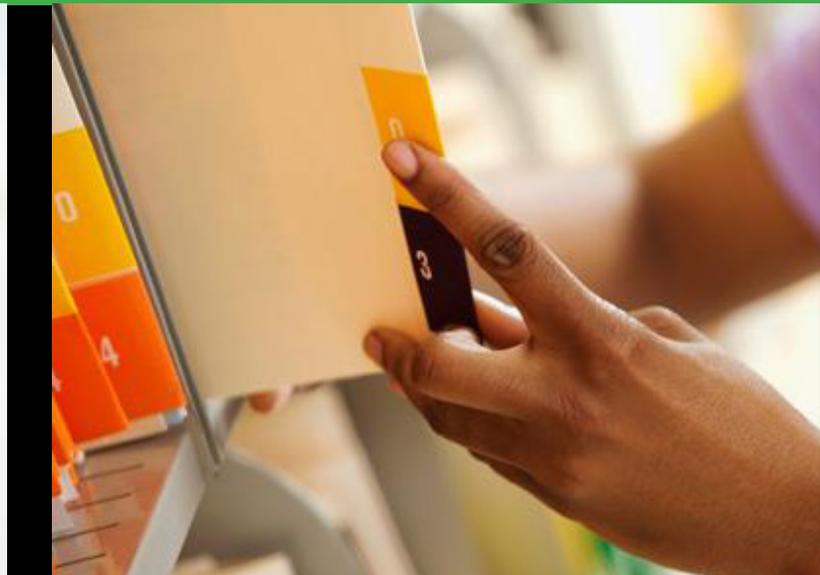


Non-VA Purchased Care Program Guidebook for Veterans

(A guide for understanding VA fee basis)



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Non-VA Purchased Care Program For Veterans

What is NVCC Care: Non-VA Care Coordination (NVCC) is medical care provided to eligible Veterans outside of the VA. It was formerly known as 'Fee Basis', 'Purchased Care', or 'Non-VA Care'. The use of NVCC as a means to provide Non-VA care to Veterans is strictly governed by federal laws containing eligibility criteria and other policies specifying when and why it can be used.

When can I utilize NVCC Care: NVCC care is used when VA medical facilities are not 'feasibly available'. This includes lack of available specialists, medically unacceptable wait times for a particular condition, or long distances from the Veterans home when the Veteran is **medically unable** to travel.

What are some of the FEE Basis Rules I need to know:

- 1) You must be enrolled and eligible for care within the VA in order to be considered for Non-VA Care.
- 2) All episodes of care with a NVCC request **MUST** be initiated within the VA. That is you must have been seen for that particular condition or illness within the VA before a NVCC consult can be submitted. Telephone consultation without you actually being seen for that particular condition or illness is not acceptable as a basis for NVCC consultation.
- 3) All NVCC consults **MUST** be for Pre-Authorized care. That is the VA will not pay for non-emergency services unless they are approved and authorized in advance. Emergency services may be reimbursed on behalf of the Veteran in certain cases. See Emergency Care section below for more information.
- 4) NVCC care is not a permanent treatment option. That is, it cannot be used for ongoing care and treatment.
- 5) If, after you are seen by a Non-VA Provider, if additional tests, a procedure, referral to another specialist, or follow-up visits are needed, which have not been included in the original authorization, they **MUST** be requested and pre-authorized through your Primary Care Provider and the NVCC process. The VA will not pay for additional services unless they are authorized in advance.

What is the process for a NVCC referral:

- 1) After seeing your Primary Care Provider for a particular issue, he/she may decide that further consultation or treatment is required that is not available at the Boise VAMC. The provider will then initiate a NVCC consult
- 2) The consult is screened by the NVCC Department. By VA rules if the care is available within the VA system then the VA will try to use those facilities first. This means you may have to travel for care. The most common places we send Veterans for care are Portland OR, Seattle WA, Palo Alto CA, and Salt Lake City UT.

Note: Unless you are unable to travel for medical reasons (that is you are basically homebound) or another VA facility is unable to meet your medical needs, an appointment will be made for you at the referral VA facility. If you turn down this appointment the Boise VA will not approve a NVCC referral for you.

- 3) If the care you require is not available at another VA facility then the NVCC referral will be approved. The Consult Resolution and Management Department will then work with you to make an appointment with the appropriate specialty.

Frequently Asked Questions:

- 1) What if it is an emergency and I cannot get to the VA?

Urgent and emergent situations are covered under a different program. You will need to notify the VA and file a claim as soon as possible after your emergent treatment to determine whether the VA will cover this episode of care. Please refer to the Emergency Care section below for further information.

- 2) What if I need to see a doctor for something I am not being seen for at the VA?

You must be undergoing treatment for that particular illness or condition at the Boise VA in order to be eligible for a NVCC referral.

- 3) I have been seeing a doctor in the community for a particular medical condition. Can I get a NVCC referral to con-

tinue to see that doctor?

Approval of NVCC referrals do not take into consideration continuity of care. If the care you require is available within the VA system, either here at Boise or at another VA facility then you must utilize those resources if you want the VA to cover this care.

4) I just called my VA doctor and asked if I can be seen locally for a non-emergent medical condition. The doctor said its okay for me to go. Will the VA pay for this?

No. You must have been seen by your Primary Care Provider for that particular condition before a NVCC referral will be approved.

5) If I cannot afford to travel to another VA facility, what options do I have?

The first step is to find out if you are eligible for travel reimbursement by contacting the Travel Office at 208-422-1076. If you are not eligible for VA travel reimbursement you can apply for a hardship waiver by contacting the Boise VAMC Travel Office

6) I am unable to travel because of job, family or other obligations. What options do I have?

In general, considerations for referral to other VA facilities do not take into account financial, social, job, family or other obligations. Each case however is looked at individually.

7) What if after I see a Non-VA Provider they recommend I get a test, an X-ray, a procedure, a follow-up appointment or see another physician. Can I just go and get that done?

No. You must first check to see if the additional tests, x-ray, procedure or referral was authorized on your original consult. If they have not been, then you must contact your Primary Care Provider in order to place another consult. If you just go ahead with other tests, procedures or appointments they will NOT be paid for by the VA if they were not part of the original consult and YOU will be responsible for that bill.

8) What if I have a question or disagree with a NVCC Department decision?

It is best to contact your Primary Care team and work through them to resolve the issue.

Emergency Medical Care

What is Emergency Care:

Emergency care is defined as that care required for a condition that is immediately threatening to your life, limb, or eyesight.

Who Determines What Qualifies as Emergency Care:

According to the law, which is known as the Prudent Layperson Standard, any person who possesses an average knowledge of health and medicine who expects their condition may result in placing their life in serious jeopardy, result in a serious impairment of bodily function or serious dysfunction of any bodily organ, may seek emergency medical care and will be covered for that care.

Emergent Outpatient Care:

Emergency medical services are not pre-authorized. However, medical services that are necessary on a prompt or emergent basis must be reported within **72 hours** in order to be considered for VA coverage. Please submit notification of emergent medical care by phone call, or facsimile.

Telephone notifications:

Medical Administrative Assistants are available 24 hours a day

1-208-422-1252

24 Hour FAX: 1-208-422-1495

Claims for emergency services are reviewed and verified by the VA prior to payment by our medical review board. The claims and the **Emergency Room report** should contain sufficient information to enable the review board to:

Properly identify yourself, the veteran;
Determine the condition treated and amount of treatment furnished;
Confirm the need for the prompt or emergency treatment;
Determine what further treatment, if any, is required.

No claims will be paid until this information has been received. Claims with ER notes can be mailed to:

VA Medical Center
Attn: NVCC Fiscal (136FW)
500 West Fort Street
Boise, Idaho

If it is determined that you are eligible for emergent treatment and that VA facilities were not reasonably available to provide the care the claim will be paid. If it is determined that the emergency room visit did not meet the criteria for emergent medical services and/or that VA facilities were reasonably available to provide the care, an explanation of benefit letter will be sent to both you and the vendor stating the reason for denial.

Emergent Hospitalizations

If you are emergently admitted to a non-VA hospital, the law requires that the VA be notified within **72 hours** from the time of admission. This allows the VA the opportunity to verify eligibility and/or assist you in obtaining the necessary documents.

To be eligible for VA coverage for inpatient care, you must be enrolled with the VA at the time of admission. **If enrollment has lapsed or if you have never applied for healthcare benefits, the admission will not be covered by the VA.** You may apply for enrollment at the time of admission, but it will go into effect after discharge. We request admission notifications be done via fax at 1-208-422-1495

By accepting VA coverage, you are subject to transfer to the VA Hospital in Boise or another VA Hospital once you are stabilized and if medically appropriate.

Considerations for each transfer include:

- The patient's clinical stability
- Requests for surgical/invasive procedures
- Medical services needed
- Availability of such services within the VA system

The VA will not transfer any patient who is assessed by the physician and documented as clinically unstable for transfer. You always have the right to decline transfer to the VA, but please be aware that VA's authority and obligation to pay for care is **terminated** at the time of that decision. You will then become responsible for **all charges** from that point forward.

Claims for Emergent Hospitalizations are reviewed and verified by the VA prior to payment by our medical review board. The claims and the **Medical Records** should contain sufficient information to enable the review board to:

Properly identify you, the veteran;
Determine the condition treated and amount of treatment already furnished;
Confirm the need for the emergent admission;
Determine what further treatment, if any, is required.

No claims will be paid until this information has been received. Please send Claims with Discharge Summary, H&P, and Procedure notes to:

VA Medical Center
Attn: NVCC Fiscal (136FW)
500 West Fort Street
Boise, Idaho

If it is determined that you are eligible for emergent hospitalization and that VA facilities were not reasonably available to provide the care, the claim will be paid. If it is determined that the emergent hospitalization did not meet the criteria for emergent medical services and /or or that VA facilities were reasonably available to provide the care, an explanation of benefit letter will be sent to both you and the vendor stating the reason for denial.