

Advocating for veterans' health

The AMA is committed to providing physicians with information, tools and training materials to help assess and treat our nation's veterans and their families. AMA involvement in the Joining Forces Initiative shows this commitment. AMA's policy supporting veterans' access to timely and high-quality health care further demonstrates AMA's federal advocacy efforts.

The Veterans Choice Program

The Veterans Choice Program Extension and Improvement Act has extended the Choice Program beyond its August 2017 expiration. The extension ensures that veterans:

- Will not have to wait weeks or months for timely care (more than 30 days)
- Drive long distances to get care (more than 40 miles)

The new law also improves payment for services and the way medical information is shared with non-VA providers.

The AMA strongly supported passage of the Veterans Access, Choice, and Accountability Act of 2014, which created the Veterans Choice Program (VCP), a temporary program enabling the VA to enter agreements with non-VA physician providers to deliver care to veterans who:

Congress originally intended the Veterans Choice Program to sunset in August 2017, as the VA rebuilds its workforce and improves accountability at its facilities.

Learn more by reading a summary of the Veterans Choice Program Interim Final Rule (PDF). Due to ongoing workforce challenges at the VA, the AMA supports bipartisan efforts to make the Veterans Choice Program permanent and to streamline the registration process for non-VA providers.

Apply to deliver care through VCP

Health Net and TriWest are the two VA contractors implementing the Veterans Choice Program. Physicians interested in delivering care through the VCP must follow these steps:

1. Use the Veterans Choice Program Contractor Map.
2. Review Health Net's® and TriWest's Conditions of Participation to verify that your practice is configured to participate.
3. Go to the contractor website to complete the Participating Provider Agreement and join its provider network. Join the Health Net Network® or join the TriWest® network.

Download a Non-VA Provider Fact Sheet (PDF) for a summary of the Conditions of Participation and other requirements that are included in the Veteran's Choice Program application process. Direct questions to the VA contractor administering the program in your locale.

Listen to a webinar on the Veterans Choice Program (archived recording).

AMA's response to deficiencies in VA-based health care delivery

Working with the Congress and the President, the AMA urged immediate action to provide veterans with care outside the VA system until the system could provide more timely care.

Bills introduced and passed concerning veterans' health include:

- H.R. 4810, The Veteran Access to Care Act of 2014
- S. 2450, The Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014, which passed the Senate as H.R. 3230 and was signed into law in August 2014.

The AMA continues to work with the Committees on Veterans' Affairs of the Senate and the House of Representatives to streamline programs, improve access to care and to encourage participation by non-VA physicians and other providers.

- **Consolidation of Programs**—The AMA strongly supports the improvement and consolidation of the Veterans Choice Program (VCP) to streamline and eliminate confusion and duplication between community care programs. The AMA believes that creating efficiencies and reducing administrative costs will benefit both veterans and physicians and encourage greater participation.
- **Access to Specialty Care**—The AMA recognizes that inaccess to specialty care in VA-based facilities is further complicated by provisions that require a minimum 40-mile driving distance, in addition to the lack of necessary specialists at VA community-based outpatient clinics.
- **Agreements/Contracts With Providers**—Using provider agreements similar to those for Medicare and Medicaid could help alleviate some of the burdensome compliance issues associated with federal contractors. .

- **Billing and Reimbursement**—AMA supports efforts to reform billing and reimbursement--namely, to standardize provider reimbursement rates using Medicare rates as a “floor” and not a “ceiling” (especially in regions with high demand and low supply of care specialists). Improving the VA’s reimbursement processes would alleviate complaints that physicians and other providers have tied to the VCP in terms of administrative hassles and payment delays.

The AMA does not advocate for the strict mandate that all claims should be submitted electronically. Rather, it encourages a system similar to Medicare that allows certain exceptions, especially for smaller practices.

- **Tiered Networks**—The AMA is very concerned about intended plans to create tiered networks, especially in the absence of clear guidelines about differentiations in “high-value care.” The AMA urges extreme caution that the VCP doesn’t experience problems similar to those sometimes resulting from the Affordable Care Act, in which tiering narrowed networks and reduced access.
- **Value-based Reimbursement Models**—the AMA is strongly opposed to the use of a value-based model (VBM). Because the VBM was developed to measure hospital populations, it may be inadequate for accurately measuring services provided by physicians’ offices. Reports suggest that practices with the sickest patients fare poorly under the VBM. The AMA believes that more analysis of the VBM and its results are needed before it is applied to programs like the VCP.

Fuller explanation of these recommendations can be found in the [AMA Statement to House Veterans' Affairs on Choice Consolidation: Improving VA Community Care Billing and Reimbursement \(PDF\)](#) and the [AMA statement to Senate Committee on Veterans' Affairs regarding improving the Veterans' Choice Program \(PDF\)](#).

Related AMA links

At the 2014 AMA Interim Meeting, the VA Secretary spoke to the challenges of veterans’ access, choice and accountability and asked for physicians’ help. (Length 26:22)