FAQs - The Department of Veterans Affairs Community Care Program

1. What is the VA's Community Care Program?

    The U.S. Department of Veterans Affairs (VA) is responsible for providing healthcare benefits to eligible veterans in a timely and safe manner. To do this the VA has a national network of facilities and providers that it directly owns and operates. However, sometimes it is not possible to meet all the healthcare needs of every veteran within the VA's system. To ensure these needs do not go unmet, the VA allows these veterans to seek care at a provider in their community and reimburses that provider for the care the veteran received.

    Source: https://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/

2. How does a veteran become eligible for community care?

    Generally, veterans are eligible for the VA's Community Care Program if they require healthcare services that cannot be provided at their local VA medical center or if there is an issue accessing that service at their local VA medical center in a timely manner.

    The use of non-VA medical care is governed by federal laws containing eligibility criteria and other policies specifying when and why it can be used.

    Source: https://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/

3. What is the VA's Community Care Network?

    The VA currently operates several separate programs to provide veterans with access to care in their community and outside a VA medical facility. On October 30, 2015, the VA delivered to Congress a Plan to Consolidate Community Care Programs in an effort to streamline existing programs and better integrate the care delivered to veterans.

    In December, 2016, the VA released an RFP for bidders to manage its Community Care Network. The Community Care Network is the name of the VA's consolidated program to grant veterans access to care in their community. The program divides the nation into four regions and bidders will be responsible for managing a network of high-quality providers in one or more regions.

    Source: https://commissiononcare.sites.usa.gov/files/2016/04/Building-an-Integrated-HealthNetwork-FINAL.pdf; Solicitation Number: VA791-16-R-0086

4. <u>What Health Benefits are covered by the Community Care Network?</u>

Health Benefits Included for all Eligible Veterans	
Preventive Care	Outpatient Diagnostic and Treatment Services (including laboratory services)
Comprehensive Rehabilitative Services	Inpatient Diagnostic and Treatment Services
Hospital Services	Long Term Acute Care
Ancillary Services	Acupuncture
Mental Health (to include professional counseling)	Maternity and Women's Health
Residential Care	Telehealth
Home Healthcare (Skilled and Unskilled)	Hospice/Palliative Care/Respite
Geriatrics (Non-institutional extended care services, including but not limited to non-institutional geriatric evaluation, non-institutional adult day health care, and non-institutional respite care)	

Source: https://commissiononcare.sites.usa.gov/files/2016/04/Building-an-Integrated-Health-Network-FINAL.pdf; Solicitation Number: VA791-16-R-0086

5. <u>What Role Does URAC Have in the VA's Community Care Network?</u>

The Community Care Network RFP requires successful bidders to be accredited by a national accreditation organization in specific areas prior to delivering care to veterans. The RFP also includes "Optional Tasks" that the VA can choose to include in a bidder's contract to manage a Community Care Network within a region. Should one or all of these optional tasks be included, a bidder must hold accreditation for these areas as well.

Successful bidders must have accreditation for their following areas:

- Network Management
- Credentialing
- Medical Administration ○ Case Management (Optional Task) ○ Care Coordination Follow-Up (Optional Task) ○ Disease Management (Optional Task)
- IT Systems

Source: https://commissiononcare.sites.usa.gov/files/2016/04/Building-an-Integrated-Health-Network-FINAL.pdf; Solicitation Number: VA791-16-R-0086

6. What URAC Programs Apply to the VA's Community Care Network?

RFP Requirements	Corresponding URAC Program
Network Management	Health Plan/Health Network
Credentialing	Health Plan/Health Network
Case Management (Optional Task)	Case Management
Care Coordination Follow-Up (Optional Task)	Transitions of Care Designation
Disease Management (Optional Task)	Disease Management
IT Systems	N/A

7. Are There Other URAC Programs That Apply to the RFP?

While not a requirement for participation in the RFP, URAC's Pharmacy Benefit Management (PBM) and Health Call Center accreditation programs are applicable to the VA's Community Care Network.

As part of the RFP, bidders must provide veterans with access to a network of high quality retail pharmacies and must provide call center support to the VA. Organizations that are accredited by URAC for these two programs, or those organizations who contract with accredited organizations to provide these services, are in the best position to reliably meet the needs of veterans in their community.