

## **VA VETERANS' CHOICE – A BASIC PRIMER**

**In all situations, those initiating a claim for benefits or healthcare should utilize the expertise of an accredited veterans' services officer (VSO). Those services are free to the veteran or veteran's family members without reservation. If you are just beginning the claims process, seeking healthcare or have a question concerning the process, your eligibility or steps needing to be taken; call Virginia Tomlin, the Director of the Cape May County Veterans Bureau. She and her staff are available five days per week as follows:**

County of Cape May Veterans Bureau  
<http://capemaycountynj.gov/563/Veterans-Bureau>  
Veterans' Bureau  
4005 Route 9, South  
Rio Grande, NJ 08242  
Phone: (609) 886 – 2762  
Fax: (609) 886 – 4161  
Hours: Monday – Friday: 8:30 a.m. - 4:30 p.m.

The VA's **Veterans Choice Healthcare Act (P. L. 113-146)**, was enacted on 7 August 2014, and is more commonly referred to as "**Choice First**".

The programs' policy requires that if veterans cannot get an appointment within thirty (30) days for clinical care, or lives more than forty (40) miles from a VA facility (that includes the southern New Jersey CBOCs at Cape May, Northfield and Vineland); Needed services are beyond the 40 mile limit, as the "crow flies" (actual driving distance) not a straight line (e.g. Vineland, Northfield and Coast Guard Station facilities); they then may be eligible for local care, utilizing the ***Veterans Choice Program***, providing that the local healthcare provider is enrolled in HealthNet. Dental care, physical therapy, acupuncture, dialysis treatments and long-term care are not eligible for the ***Veterans Choice Program***. Wilmington VA does not provide services (e.g., dental care, physical therapy, acupuncture, long-term care, and dialysis). These are NOT the only services not provided. For example, oncology radiation services can be provided locally when patient burden is significant (e.g., 15 minutes of treatment for multiple days a week over weeks of treatment: they can refer to Choice First). The veteran's case manager and nurse(s) need to be engaged "up front" to follow cases referred to the ***Veterans Choice Program***. That's the job of the veteran and/or the veteran's advocate.

The HealthNet (PC3) contractor refers the veteran to local healthcare providers enrolled in HealthNet, provided that the veteran is "waitlisted" (can't get an appointment in the VA healthcare system in no more than 30 days) or is outside the 40 mile limit. That VA contractor [HealthNet (PC3)] has a good, "robust" network of services available. The VA's determination of a veteran's ***Veterans Choice Program*** eligibility is a major hurdle that has to be overcome. The HealthNet (PC3) contractor information is: Dave S. Hunter, Manager PC3, Field Operations Region 1 VA Services - 1500, Health Net Federal Services; Phone: (757) 766-4791; Mobile: (609) 815-6806; email: [dave.s.hunter@healthnet.com](mailto:dave.s.hunter@healthnet.com); website: [www.healthnet.com](http://www.healthnet.com). The toll

free Veterans Choice number is (866) 606 – 8198. The PC3 toll free number is (800) 979 – 9620.

It should be noted that federal law establishes the course that the VA is directed to take in very broad terms. Federal regulation(s) is what VA itself writes, in oftentimes tedious and almost indecipherable language, to delineate how programs are to function and authenticates the program eligibilities. It is somewhat disingenuous to suggest that Congress created these complex and confining rules governing the *Veterans Choice Program*. It also needs to be pointed out that VA's "*one size fits all*" mentality gets in the way of "*individual eligibility*" when it comes to attempting to administer the *Veterans Choice Program*. A major hurdle for a veteran, providing that he or she is aware of the *Veterans Choice Program*, is getting a "sign-off" from the veteran's VA primary care physician.

The veteran must advocate for self or have a healthcare professional or veteran serve office advocate. What helps is that the veteran agrees with diagnosis of illness, level of disability, and knows who to access locally (See Resources under Health committee).

#### IN SUMMARY:

Veteran discusses healthcare needs and options with PCP to meet needs within VA and outside options dependent on following:

- Authorizing PCP provider cannot assure treatment within 30 days from visit
- Needed services are beyond the 40 mile limit, as in driving distance, not a straight line (e.g. Vineland, Northfield, and Coast Guard Station facilities) Needed specialty services, such as cardiology, radiation oncology
- Wilmington VA does not provide services (e.g., dental care, physical therapy, acupuncture, long-term care, and dialysis). These are NOT only services not provided. For example, oncology radiation services can be provided locally when patient burden is significant (e.g., 15 minutes of treatment for multiple days a week over weeks of treatment: they can refer to Choice First).

#### IF VETERAN REFUSED BENEFITS:

Appeal to VA, from date of denial veteran has 60 days to fill out and send a 3 page form (send certified mail).

LINK to form 4107 : <http://www.pdfFiller.com/6962785-VA4107pdf-VA-Form-4107-YOUR-RIGHTS-TO-APPEAL-OUR-DECISION-?gclid=CLiO39qtmsgCFYgYHwodEzYMWg>

VA has 60 days to react. VA sends denial letter with reasoning for denial.

If veteran decides to not accept denial they file a Form 9 [http://www.nvlsp.org/images/uploads/redacted\\_form\\_9.pdf](http://www.nvlsp.org/images/uploads/redacted_form_9.pdf)

This form filing then triggers a case to the Board of Veterans Appeals (BVA), which is VA central office.

Veteran then has three options to deal with denial:

1. Travel to central office in Washington DC
2. Appear before a traveling board that occurs in Cape May County 3 times a year

3. Opt for a teleconference via Skype

To any of above options veteran can bring:

1. Attorney (see resources in legal assistance for veterans on website)
2. New medical evidence that has not been considered by VA before, even if previously presented
3. Voluntary Service Officer from Post or County (VSO) or other advocates

#### IF VETERAN LOSES APPEAL

60 days to file another Form 9 [http://www.nvlsp.org/images/uploads/redacted\\_form\\_9.pdf](http://www.nvlsp.org/images/uploads/redacted_form_9.pdf)

Veteran now gets a hearing before Court of Veteran Appeals (COVA) (Court has JD degrees)

Veteran brings lawyer (e.g., personal lawyer or lawyer from National Veteran Legal Services Program <http://www.nvlsp.org/>)

90% approved for benefits. Have to get on docket, can be a lengthy process of months.