



Via Electronic Submission

March 25, 2019

Michael P. Shores
Director, Office of Regulation Policy & Management
Office of the Secretary, Department of Veterans Affairs
810 Vermont Avenue NW, Room 1063B
Washington, DC 20420

RE: RIN 2900-AQ46, Veterans Community Care Program

Mr. Shores:

On behalf of the New Jersey Hospital Association (NJHA) and its over 400 hospital, health system, PACE and post-acute members, thank you for the opportunity to provide comments on the Department of Veterans Affairs' rule proposal on the Veterans Community Care Program.

New Jersey healthcare providers applaud the intent of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, known as the MISSION Act, and appreciate the opportunity to provide our veterans with the same high-quality care that is administered every day.

New Jersey is home to nearly 400,000 veterans and nine military bases. Caring for our service members, veterans and their families is more than a duty, it is an honor. In fact, the Health Research and Educational Trust of New Jersey (HRET), an affiliate of NJHA, was recently awarded a federal grant to address mental healthcare issues in the veterans, armed forces and military family community. The grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), is being used to meet three goals: increase understanding of mental illness among the military community; improve the capacity to de-escalate crisis situations; and expand access to mental health services by training peers and providers on the unique needs of veterans, service members and their families.

Activities under this grant build on several previous grant-funded initiatives both organizations have undertaken to support the veteran community. HRET first employed veterans as health insurance enrollment counselors in 2013 under a grant from the Robert Wood Johnson Foundation. Most recently, these Veteran Navigators educated more than 14,000 veterans, military families and healthcare providers on mental health issues and were able to refer more than 1,100 veterans and military families to healthcare providers.

For these reasons and those listed below, ***NJHA supports the proposed rules allowing for more veteran care to be provided in the community through the Veterans Community Care Program.***

The rule proposes streamlining veteran eligibility to seek care in the community. Using six conditions, veterans, the VA health system and care providers can determine the best care setting. The six proposed conditions are: VA does not offer the required hospital care, medical services or extended care services the veteran requires; VA does not operate a full-service medical facility in the state in which the veteran resides; the veteran was eligible to receive care under the Veterans Choice Program and is eligible to receive care under certain grandfathering provisions; VA is not able to furnish care or services to a veteran in a manner that complies with VA's designated access standards; the veteran and the referring clinician determine it is in the best medical interest of the veteran to receive care or services from an eligible entity or provider based on consideration of certain criteria VA proposes to establish; the veteran is seeking care or services from a VA medical service line that VA has determined is not providing care that complies with VA's standards for quality. ***NJHA supports the ability of veterans and their care providers to make decisions to seek care in the most appropriate setting.***

The proposed new access standards recognize that distance is often not the best method to judge access to care. The proposed rule establishes an access standard for primary care, mental health care and non-institutional extended care services of within 30 minutes average driving time from the veteran's residence and within 20 days of the date of request. For specialty care, the designated access standard would not be met if VA cannot schedule an appointment with a VA healthcare provider within 60 minutes average driving time of the veteran's residence and within 28 days of the date of request. These new access standards will greatly benefit New Jersey veterans who live in congested areas where distance is not an accurate reflection of travel time. Additionally, the many veterans who live in the rural southern and coastal areas of the state often face long travel times and indirect routes to access VA care. Recognition of travel time will greatly reduce barriers to care. ***NJHA applauds the new access standards in the proposed rule that reduce geographic and distance barriers to high quality care.***

VA proposes generally standardizing payment for non-VA providers at a rate limited to the applicable Medicare fee schedule or prospective payment system amount. Also included in this section is a proposal to allow deviation from the payment parameters described above if it determines based on patient needs, market analyses, healthcare provider qualifications or other factors, that it would not be practicable to limit payments according to these parameters. VA believes this flexibility would allow it to ensure it can enroll non-VA entities or providers in the Community Care Program even when factors that drive costs shift faster than established Medicare rates. NJHA also recognizes the efforts VA is undertaking to improve the claims infrastructure and billing process. Prompt reimbursement is always concern for NJHA members when interfacing with any payer, and steps toward streamlining the VA process are welcome. ***NJHA appreciates steps being taken to improve billing and claims, and encourages VA to pursue competitive payment rates which will increase veteran access to care.***

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Again, NJHA deeply appreciates the VA's steadfast commitment to providing high-quality, accessible care for our nation's veterans and the opportunity to comment on these proposed rules. Please do not hesitate to contact Jonathan Chebra, Senior Director, Federal Affairs, at 609-275-4000 should you have any questions.