members or referring providers for process to handle routine requests from standards? Do health plans have an effective while maintaining quality current regulatory access standards cost-access standards are not being met? Are health plan respond to findings when internal access standards? How does the performance against regulatory and performance against regulatory standards required by section 1703B(c) of title 38, U.S.C., as added by section 104(a) of Public Law 115–182, (the VA MISSION Act), VA requests information that will assist in developing the access standards required by section 1703B(a)(1). This includes information regarding the development of these access standards, including but not limited to information on the use of access standards for the design of health plan provider networks, referrals from network providers to out-of-network providers, the appeals process for exemptions from benefit limits to out-of-network providers, the existence of standards for appointment wait times, the use of travel distance for establishing service areas, the development or use of guidelines to refer patients to out of system providers, and the measurement of performance against regulatory standards.

Specifically, VA requests information from health plans and systems related to the below:

1. Do health plans use internal access standards for the design of provider networks and the application of in network/out of network benefits that are more stringent than regulatory standards (time or distance of travel, appointment wait times, provider/member ratios)? If so, what are these internal standards? How does the health plan measure performance against regulatory and internal access standards? How does the health plan respond to findings when access standards are not being met? Are current regulatory access standards cost-effective while maintaining quality standards? Do health plans have a process to handle routine requests from members or referring providers for exemptions to benefit limits when members seek out of network care or a lower tier provider?
2. Do health plans allow for appeals by providers or members to request exemptions from benefit limits related to out of network care or care by a lower tier provider? Is external review allowed for such appeals?
3. What are health plan practices regarding internal, regulatory, and/or accreditation standards for appointment wait times, including variance by specialty or type of service? How does the health plan use travel distance or time and/or provider-to-population ratios in deciding which geographic areas to consider as primary or secondary service areas?
4. Are clinicians within the health system given guidelines or rules on when to refer patients to out of system providers? For example, are clinicians encouraged to refer out of system if in-system wait times are longer than standard, travel time or distance to an in-system provider is too long, the patient’s ability to travel is compromised or the frequency of treatment makes travel to an in-network provider difficult?

Signing Authority

The Secretary of Veterans Affairs, or designee, approved this document and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs. Jacquelyn Hayes-Byrd, Acting Chief of Staff, Department of Veterans Affairs, approved this document on June 25, 2018, for publication.


Jeffrey M. Martin,
Impact Analyst, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

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DEPARTMENT OF VETERANS AFFAIRS

VA National Academic Affiliations Council, Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under the Federal Advisory Committee Act that the VA National Academic Affiliations Council (NAAC) will meet via conference call on July 11, 2018, from 10:00 a.m. to 12:00 p.m. EST. The meeting is open to the public.

The purpose of the Council is to advise the Secretary on matters affecting partnerships between VA and its academic affiliates.

On July 11, 2018, the Council will explore the current modernization effort within the Veterans Health Administration (VHA); receive a briefing on the VHA electronic health record modernization program; discuss provisions of the recently enacted Public Law 115–182 that impacts VA’s clinical education mission; and receive updates on the waiver process for VA employees engaging in teaching activities with for-profit educational institutions; the activities of the Council’s Subcommittee on Diversity and Inclusion; the June 13, 2018 Roundtable of Graduate Medical Education hosted by the House Committee on Veterans’ Affairs; and the recent efforts of the VA Strategic Academic Advisory Council. The Council will receive public comments from 11:50 p.m. to 12:00 p.m. EST.

Interested persons may attend and/or present oral statements to the Council. The dial in number to attend the conference call is: 1–800–767–1750. At the prompt, enter access code 66983 then press #. Individuals seeking to present oral statements are invited to submit a 1–2 page summary of their comments at the time of the meeting for inclusion in the official meeting record. Oral presentations will be limited to five minutes or less, depending on the number of participants. Interested parties may also provide written comments for review by the Council prior to the meeting or at any time, by email to Steve.Trynosky@va.gov, or by mail to Stephen K. Trynosky J.D., M.P.H., M.M.A.S., Designated Federal Officer, Office of Academic Affiliations (10A2D), 810 Vermont Avenue NW, Washington, DC 20420. Any member of the public wishing to participate or seeking additional information should contact Mr. Trynosky via email or by phone at (202) 461–6723.

Dated: June 26, 2018.

Jelessa M. Burney,
Federal Advisory Committee Management Officer.

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