

Providing Veterans with Hearing Healthcare (from Outside the VA)

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The Community Care system is a mechanism for approved non-VA clinicians to provide healthcare (including hearing health) to Veterans. The program has been expanded and is a Congressional priority to improve access for Veterans to a range of healthcare services.

Becoming a VA Community Care Provider

When I began work at Trinity Health in Minot (ND) in 2010, our clinic was already contracted with the US Department of Veterans Affairs (VA). In fact, our hospital had been participating in providing services via various VA departments for at least 33 years! The Minot Air Force Base is located just outside of our town, so we have also been serving active duty Air Force personnel via TriCare health insurance coverage for years. Additionally, we provide hearing diagnostic evaluations, counseling, fitting, and follow-up for hearing aids, osseointegrated devices and cochlear implants through the VA. The majority of our Veteran services are diagnostic evaluations and fitting and provision of hearing aids. In 2016, hearing aid fittings for Veterans were 14% of our total fittings. By 2019, hearing aid fittings for Veterans were 43% of our total. We currently provide cochlear implant services to only a handful of Veterans. My hope is that CI services to Veterans will increase with greater awareness, criteria that are closer to those of the FDA, and more convenient locations for surgery and follow-up care.

If a clinic is interested in providing care to Veterans, they may contact the Community Care Network staff within the VA directly. They would then be directed to the VA contracted payer; Optum is currently providing contractual services in our geographic area.

The payer provides contract details to the interested party and conducts a review of their clinic and personnel. If the fee schedule and specifics are agreeable, the clinic may become a service provider. With respect to hearing related services, providers must be audiologists to be contracted by the VA. More information on how to become a provider can be found on the [VA Community Care website](#).

There are six regional contractors that provide services to Veterans and that contracted payer can change. Healthnet was the payer in our area for a few years but it is believed that Optum will be the payer for the immediate future. Current contracts for each region can be found [here](#). There have been times in the past when the VA was directly paying outside clinics.

Every state is different in their level of involvement, but there has been a national push toward Community Care in the recent years. The North Dakota VA system has been using outside clinics for many years. Our rural make-up has required this to ensure appropriate and prompt care can be provided. Veterans can find out more about the Community Care program and what it provides for themselves and their families by [visiting the website](#).

VA Centers in Rural Communities

There are multiple VA clinics throughout North Dakota that can provide primary care and other limited services. We have a VA clinic here in Minot for primary care services. The nearest VA audiologist, however, is in Bismarck (ND) which 110 miles away. She provides hearing assessments, hearing aid fittings and follow-up.

The nearest VA Hospital is in Fargo (ND), which is 268 miles. At this center, the audiology department can provide hearing assessments, hearing aid fittings and follow-up, and cochlear implant candidacy evaluations. The Fargo VA audiology clinic does not provide cochlear implant programming.

Currently, our local Veterans complete their candidacy evaluations here in Minot at our clinic or at the Fargo VA if they choose to travel. If deemed a candidate, they are referred to our nearest CI surgeons at Sanford Health in Fargo (ND). There have been times in my career when Veterans were required to travel to Iowa City (IA) because that was the nearest VA Hospital providing cochlear implant surgery. In 2016, the VA Hospital in Minneapolis (MN) (499 miles away) began providing cochlear implant care for veterans. However, this was still a great distance to travel. Currently, the VA allows Veterans to return to our clinic for the initial stimulation of their device and all follow-up programming. The nearest VA speech-language pathologist for auditory training is in Fargo (ND) at the VA Hospital there. There are speech-language pathologists in our hospital who can provide services to our local Veterans.

Services for Veterans

With the current payer, Optum, the codes allowed for visits have been comprehensive. We can complete a full hearing evaluation and communication needs assessment for those who are hearing aid candidates. We are able, and expected, to complete real-ear verifications of our hearing aid fittings. Post-fitting evaluations of aided benefit and subjective reports of benefit are also allowed. The typical cochlear implant candidacy evaluation codes and cochlear implant programming codes that we use with our other patients are all allowed. We are able to ensure our Veterans receive the same level of care as any other patient that comes to our clinic.

Due to the COVID-19 pandemic, telehealth is an approved mode of service delivery through Optum. It is our hope that this mode of service delivery will continue to be approved.

Steps to Service: Accessing the Community Care Program

When a Veteran is seen by a VA primary care physician and indicates his or her concern about hearing or tinnitus, a referral for a hearing evaluation is initiated. A VA nurse will then review the case, and there is a tool that determines if a Veteran is eligible to receive services through Community Care. Eligibility is determined by the nearest drive time to a VA facility that could provide the care and the wait time for a VA appointment. If eligible, the Veteran is provided with the options for Community Care locations and the nearest VA location. Some patients choose to travel to the VA Hospital or VA clinics for their care while others are interested in

local care outside the VA system. The Veteran is provided with their options when a referral is made, and then they make the choice.

If a patient comes to our clinic under their personal insurance and indicates they have served in the military, we educate them about their option to proceed using their personal insurance versus care through the VA.

Provider Perspectives about Serving Veterans

Our audiology team appreciates the opportunity to give back to those who served our country. Veterans receive quality care in the same hospital they likely have their other medical care and are not burdened by travel and cost. The VA system has historically provided Veterans with high-end amplification and accessories of their choosing. Our Veterans are grateful for the ability to hear without the financial burden, and it is a pleasure to serve them.

The main complaint we have noted from Veterans is the processing time to obtain a referral, an appointment, or their hearing devices. There are times when processing is a few weeks, but it has also been as long as three months. This impacts the time a Veteran is waiting without hearing. In our state, if cochlear implant equipment is under warranty, we are able to work directly with the cochlear implant manufacturer. This is not the case, however, with hearing aids.

Suggestions to Improve the Hearing Health System for Veterans

Many Veterans come to our clinic unaware that the VA provides hearing health services for them. They were unaware that hearing assessments, hearing aids and cochlear implants are services they may receive as part of their Veterans' services. Many have spent years paying for hearing evaluations and personal hearing aids out-of-pocket. *I believe Veterans would be better served if education about VA benefits was more widespread.*

While it is not the case currently, there have been times when Veterans in our state now receiving Community Care were required to travel as far as Iowa City (IA) to receive their cochlear implant care. This did stop a handful of patients from pursuing that treatment option. It improved slightly when cochlear implant services were provided at the VA Hospital in Minnesota. Now it is much better given that CI surgeries can be provided at a Community Care facility in Fargo (ND).

Some concerns we have had over the years include reimbursement and wait time. Reimbursement from the VA for some of the services provided may be less than some other insurances. We have struggled in the past to get specific guidance as to what codes are covered and what the reimbursement is. We are fortunate in our clinic to have audiology assistants who have time to be on the phone and research these issues; without them it might be difficult to provide VA services. I believe this issue depends somewhat on the contracted payer at the time.

Another area I would like to see the VA improve is to include single-sided deafness and asymmetric hearing loss candidacy criteria for cochlear implantation. I have discussed this with a VA cochlear implant audiologist and was told that this is under consideration. Expanding to include the current FDA criteria would help us to ensure Veterans are offered the best opportunity to hear.

Steps to Improve Referrals for a CI Evaluation

I believe education about cochlear implant candidacy is the best way Veterans can receive the care they need in a timely fashion. We know that cochlear implant candidacy guidelines will change over time, so I believe consistent reminders for audiologists and primary care providers about when to refer for an evaluation would be critical.

The VA candidacy criteria are now in line with Medicare criteria but if an audiologist hasn't been informed of this change, they might still test the patient based on old guidelines. If single-sided and asymmetric criteria were established, there should also be part of the educational process within the VA. The Medicare guidelines are considerably more restrictive than what we consider appropriate audiologically. This means that there are patients who we deem to be appropriate candidates for a cochlear implant in one or both ears who do not meet the criteria for coverage from their insurance—be it Medicare, VA, Medicaid, or private insurance. We have received coverage for those with single-sided deafness through TriCare and some private insurance providers.

I am grateful to have the opportunity to serve our local Veterans through the Community Care program. I hope the program will continue to improve how we serve those with hearing loss by educating the community about hearing benefits, educating the providers about cochlear implant candidacy, and by expanding the candidacy criteria for those with single-sided or asymmetric hearing loss so that they are in line with the FDA candidacy guideline and what is considered best practice in current hearing healthcare.

Jerrica Maxson, AuD, CCC-A, is an audiologist providing hearing healthcare at Trinity Health in Minot, ND, since 2010. She received her Doctorate of Audiology at the University of Iowa and started her career as a pediatric cochlear implant audiologist at St. Louis Children's Hospital. She returned to her hometown in 2010 and has since been providing a wide range of diagnostic and (re)habilitative treatments to patients of all ages. Jerrica has served as a board member of North Dakota Hands & Voices since inception in 2011. She became a member of the American Cochlear Implant Alliance in 2013, and has been the North Dakota State Champion since 2016.