

VA MISSION Act



Understanding New Community Care for Veterans

On June 6, 2019, the Veterans Community Care Program under the VA MISSION Act went into effect, offering veterans greater choice in their health care—whether they choose to receive their care at a VA facility or through a community provider. We want to help you understand the Veterans Community Care Program and its eligibility requirements, answer some frequently asked questions, and direct you to additional resources.

What is the Veterans Community Care Program?

The VA MISSION Act, and the Veterans Community Care Program, or VCCP, streamlines and replaces the Veterans Choice Program and expands eligibility for veterans enrolled in VA health care to get care outside the VA—meaning more veterans will have better access and greater choice in their health care. In short, it puts veterans in the driver seat of their own health care to make sure they can get the care they need, when and where they need it.

Eligibility

You may be eligible for community care if:

- You need a service that's not available at VA (e.g. maternity care).
- You reside in a U.S. state or territory without a full-service VA medical facility.
- You met previous distance criteria or live in one of the least populated states (ND, SD, MT, AK, WY), received care prior to June 6, 2018, and receive care within two years after June 6, 2018.
- The specific care you need is not available within designated access standards, average drive time or appointment wait-time requirements.
- It's in your best medical interest to be referred to a community provider.
- You need care from a VA medical service line that isn't providing care that complies with VA's quality standards.

Drive Time

You are eligible for community care if your average drive time to a specific VA medical facility exceeds:

- 30 minutes for primary care, mental health, and non-institutional extended care services (including adult home day care).
- 60 minutes for specialty care
- All average drive time is based on the distance from your permanent residence to the closest VA medical facility offering the care or service you need, determined using geo-mapping software that accounts for a variety of factors.

Appointment Wait Time

You are eligible for community care if the wait time for an appointment at a specific VA medical facility exceeds:

- 20 days for primary care, mental health, and non-institutional extended care services from the date of request; or
- 28 days for specialty care from the date of request.

Urgent/Walk-in Care

A new urgent care provision gives veterans a new option for care for the treatment of minor injuries and illnesses, such as colds or minor skin infections. Veterans may still choose to receive care from a VA provider, as VA also offers same-day services. Eligible veterans will be able to receive urgent care from an urgent care provider **that is part of VA's contracted network of community providers** without referral or prior authorization from VA. VA can pay for an urgent care claim only if:

- The veteran is eligible for the benefit;
- The urgent care provider is part of VA's contracted network of community providers; and
- The services are not excluded under the benefit (i.e. preventive services and dental services).

Veterans may incur a copayment depending on assigned priority group and the number of times the benefit is used. To be covered by this benefit, you must be enrolled in the VA health care system and have received care from VA within the 24 months prior to seeking this care. To find an available urgent care provider in VA's contracted network of community

providers, veterans can use VA's provider locator [va.gov/findlocations/](https://www.va.gov/findlocations/) or contact their local VA medical facility. VA staff can inform the Veteran of available in-network locations and offer to find the closest locations.

Complaint and Appeals Process

Patient advocates at your facility can assist with almost any problem you may experience. VA has different processes for clinical and non-clinical appeals. VA should respond to your non-clinical appeals such as eligibility within 72 hours.

The patient advocate can ensure your concern is handled appropriately. Patient advocates have their contact information posted at every VA medical center and on the local VA medical center's website. Here are other ways to contact the patient advocate:

- Call your local VA medical center and ask to talk with a patient advocate.
- Go to the patient advocate office in person.
- Communicate through My HealthVet at www.myhealth.va.gov and ask to speak with the patient advocate.

Frequently Asked Questions

How will the new Community Care Program work?

VA's previous patchwork of seven separate community care programs was a bureaucratic maze, difficult for veterans, their families, and VA employees to navigate. The MISSION Act consolidated VA's community care programs, including Veterans Choice, into a new program, the VCCP, that is easier to navigate for all. Eligible veterans who access community care can expect a familiar process with several improvements through a new urgent care benefit, expanded eligibility criteria, and improved quality of care. Community providers can expect their interaction with VA will get easier with new IT systems, better communications, and more timely payments.

Will VA still need to officially authorize the care I receive through a community provider?

Yes, usually. Regardless of which eligibility standards you meet, community care must be formally authorized in advance by VA before you can make an appointment and receive care from a community provider. However, you may not need to come to a VA facility to obtain the authorization. The law requires that VA provide authorization before they can pay for non-VA care. There may be exceptions for emergency and urgent care.

Who will schedule my community care appointments?

As VA implements its new Community Care Network (CCN) in 2019 and 2020, community care appointments will be scheduled directly by VA, not a third party. You will also continue to have the option of making your own community care appointments.

Will I be able to go to any community provider I want?

If you are eligible for community care, you will be able to receive care from a community provider who is part of VA's CCN. You can accept the community provider VA recommends or you can select a different community provider in the network.

Will the process for getting prescription medication change?

There are no changes to how prescriptions are processed. You'll be able to get urgent prescription medication in your community, while long-term prescription medication will be provided by a VA pharmacy.

Will I have a copayment for community care?

Copayment charges work the same way with community care as they do if you receive care at a VA medical facility. Usually, this means you'll be charged a copayment for non-service-connected conditions. Copayment charges and payments are made through VA, not through your community provider.

Will VA pay beneficiary travel expenses if I am referred to a community provider?

If you're eligible for beneficiary travel, your eligibility will not change. It's paid the same way whether the care is provided at a VA medical facility or through a community provider.

Do you have other questions?

The VA has a wealth of resources and answers on its VA MISSION Act site: missionact.va.gov

This should be your first stop for any questions you may have regarding the VA MISSION Act, the Veterans Community Care Program, urgent/walk-in care, or any other VA MISSION Act health care benefits.

Veterans in crisis

If you are or if you know a veteran in crisis, visit veteranscrisisline.net or text 838255.

VA Veterans Hotline: 1 (800) 827-1000
White House Veterans Hotline: 1 (855) 948-2311
VA Billing Hotline: 1 (866) 400-1238