

Understanding the changes in Community Care for Veterans



U.S. Department
of Veterans Affairs

ChooseVA

This will help you understand how community care will work when the new **VA MISSION Act** goes into effect in **June 2019**. Veterans can expect better access and greater choice in their health care, whether they receive it at VA or through a community provider.

► *This information is current as of March 29, 2019. Additional details regarding the new program and how you can use it are expected in the coming months so please check back at www.va.gov for updated information.*

What is the VA MISSION Act?

On June 6, 2018, President Donald J. Trump signed landmark legislation known as the [VA MISSION Act of 2018](#). The Act affects many VA programs, including changes that make dramatic improvements to how Veterans receive health care provided outside of VA facilities.

Will I be eligible for community care under the MISSION Act?

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.
- You meet 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.

When will these changes occur?

The new program will start when VA publishes final regulations. This is expected to occur in June 2019. At that time, all existing community care programs, including the Veterans Choice Program, will end.

Proposed Access Requirements

Drive Time

You may be eligible 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
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. It is based on geo-mapping software that accounts for a variety of factors, such as rush hour traffic.

Appointment Wait Time

You may be eligible if the wait time for an appointment at a specific VA medical facility exceeds:

- 20 days for primary care, mental health care, and non-institutional extended care services
- 28 days for specialty care from the date of request with certain exceptions

FAQ:

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

Yes, usually. Regardless of which eligibility criterion 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 Community Care Network (CCN).

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.

Is this information final?

Since some parts of the new eligibility criteria aren't final and must formally be established in a Federal regulation, this is a preview of the final eligibility criteria. The final criteria are expected in June 2019.

How can I get updates?

- Visit us online at www.missionact.VA.gov.
- Visit us in person at your local VA Medical Center. You can locate a VA Medical Center near you at www.VA.gov/find-locations/.