

# The VA MISSION Act empowers Veterans and enhances their healthcare options.

## **We make it our mission to:**

- Improve the process for access to care in the community
- Expand care where and when Veterans need it to include more options for telehealth
- Establish access to community urgent care walk-in clinics

## **What are the eligibility requirements for community care?**

1. The VA does not provide the service needed at any of its facilities.
2. The Veteran is currently receiving care under the Choice Program distance criteria.
3. The Veteran is more than a 30-minute drive (as determined by VA) from primary and mental health care or more than a 60-minute drive from specialty care.
4. The Veteran must wait more than 20 days for a primary care appointment or more than 28 days for specialty care from the day the appointment is requested.
5. The Veteran and their provider agree that it is in the Veteran's best interest to be seen in the community.

## **Why should I choose the VA over community care?**

The VA wants to be your lifetime healthcare partner through careful care coordination and specialized treatment programs unique to Veterans' needs.

- The VA Offers dedicated Veteran providers and facilities
- Your VA family includes your fellow Veterans
- We maintain your entire medical history with VA's electronic medical record
- Veteran trust in our healthcare system is extremely high: VA is seeing more patients than ever before, more quickly than ever before, and Veterans are more satisfied with their care.
- The VA is transparent; we encourage you to compare wait time and quality data with the private sector, so you can make informed decisions.

**For more information visit [www.missionact.va.gov](http://www.missionact.va.gov)**



**Choose VA**

# Frequently Asked Questions (Veterans)

- Q1. I'm currently receiving community care through the Veterans Choice Program. Will I still be eligible under the new eligibility criteria and proposed access standards?** Possibly. The new eligibility criteria are designed to ensure that Veterans currently eligible for community care, especially those who are wait-time or driving-time eligible, have access to the care they need. However, a final determination on your eligibility for community care will continue to depend on the specific type of need, your circumstances, whether or not the care is available through a VA medical facility, and other factors.
- Q2. I am receiving community care right now, and I like the clinician who is taking care of me. With these proposed changes, will I still be able to see my clinician?** You may be able to continue to see your clinician so long as (1) you remain eligible for community care for that particular care, (2) VA continues to authorize community care for you, (3) your community provider continues to be part of VA's community care network of providers, and (4) your community provider provides high-quality care.
- Q3. Will VA still have to officially authorize the care I receive through a community provider?** Yes. *Regardless of which eligibility standard 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.* This means that your community provider must have an official authorization from VA before they can provide you with care. The authorization is important because it allows VA to pay for the care. *Without the authorization, by law, VA cannot pay the charges and fees for the care.* Some exceptions to this requirement include the new urgent care benefit and emergency medical care.
- Q4. Will I have to pay a copayment for community care?** Copays work the same way with community care as they do if you receive care at a VA medical facility. Usually, this means you will be charged a copayment for nonservice-connected conditions. Copayment charges and payments are made through VA, not through your community provider.
- Q5. With the new eligibility criteria and access standards, will VA still pay beneficiary travel expenses if I am referred to a community provider?** Yes; but, only if you are eligible for beneficiary travel *and* you are able to produce proof that you attended a community care appointment *and* you file for travel pay within 30 days of the community care appointment. Beneficiary travel is paid the same whether the care is provided at the VA or in the community.
- Q6. How does the 40-mile legacy grandfather provision work?** If a Veteran was receiving care through the Choice Act under the 40-mile rule at the time that MISSION was passed and remains eligible under that same distance standard he or she can be referred to community care using this criterion.
- Q7. How does the new urgent (walk-in) care benefit work?** The urgent care benefit provides Veterans with access to urgent, non-emergency care through VA's network of community providers. The urgent care benefit is considered open access, which means Veterans can go to an urgent care provider in the VA network and receive care without prior authorization from VA. There are copayments associated with the urgent care benefit depending on the Veteran's assigned priority group. Veterans must be enrolled in VA healthcare and have received care within the last 24 months. There is no limit to the amount of urgent care visits.
- Urgent Care Co-payment information:**
- Priority Groups 1-5: First three visits (per calendar year) = \$0
  - Subsequent Visits: (per calendar year) \$30
  - Priority Group 6: If related to combat experience, special authority or exposure: First three visits: \$0  
Subsequent Visits: (per calendar year) \$30
  - Priority 7 & 8: \$30 Co-pay
- Q8. What if I have to go to an emergency room?** Veterans do not need to check with VA before calling for an ambulance or going to an emergency room, as VA encourages all Veterans to seek immediate medical attention without delay. *After receiving emergency care at a community emergency department, it is essential that you notify the VA within 72 hours by calling 1-888-795-0773.*
- The VA *may* pay for you ambulance if you are beneficiary travel eligible
  - If you have other health insurance, the VA will be the secondary payer for any non-service connected emergency treatment.
  - By law, the VA cannot pay for any copayment, coinsurance, or other charges incurred as a result of your emergency care.