



Veteran Community Care

General Information

Overview

Veterans may be eligible for care through a provider in their local community depending on their health care needs or circumstances, and if they meet specific eligibility criteria. Even if a Veteran is eligible for community care, they generally still have the option to receive care from a VA medical facility.

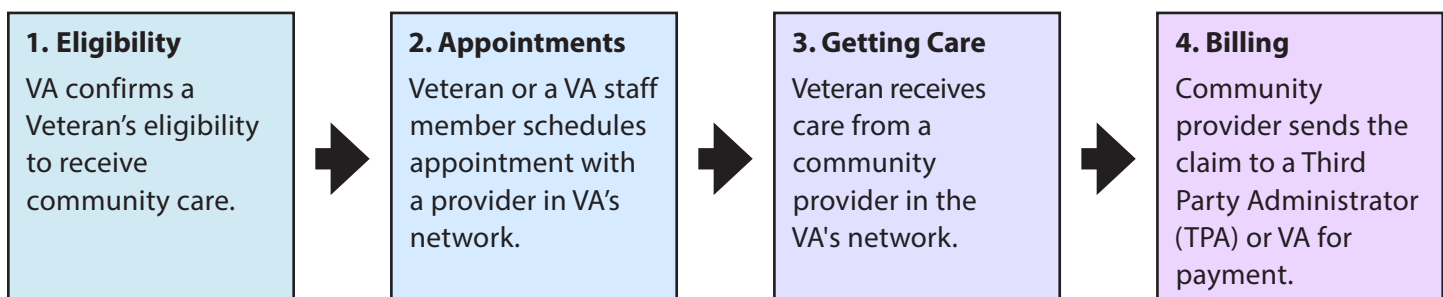
In most cases, Veterans must receive approval from VA before receiving care from a community provider to avoid being billed for the care. VA staff members generally make all eligibility determinations for community care.

Improvements

In addition to new eligibility criteria, there are a variety of improvements under the VA MISSION Act that make community care work better for Veterans:

- Consolidated community care program.** Existing programs were combined into a new community care program. The Veterans Choice Program ended on June 6, 2019 but some elements were adopted in the new program. With a consolidated program and a single set of rules and processes, there is less complexity and likelihood of errors and problems.
- Better customer service.** VA implemented and redesigned, streamlined internal processes with improved education and communications resources for Veterans, Veteran Service Organization (VSO) partners, and VA employees involved in community care operations. This makes administering community
- care easier and supports excellent customer service for Veterans.**
- New urgent care benefit.** A new benefit provides eligible Veterans with access to non-emergency care for certain conditions in the VA network of community providers. Veterans can go to any urgent care or walk-in care provider in VA's network without prior authorization from VA. There may be copayments associated with this benefit depending on a Veteran's assigned priority group and the number of times the benefit is used.
- New Community Care Network.** VA is establishing a new Community Care Network (CCN) of community providers administered by Third Party Administrators (TPAs). Once CCN is implemented, VA will directly coordinate with Veterans to schedule community care appointments (and in some instances continue to be able to schedule their own appointments) and support care coordination. VA's TPAs will also be required to make timely payments to community providers.
- Modern IT systems.** VA is modernizing its information technology (IT) systems to replace a patchwork of old technology and manual processes that slowed down the administration and delivery of community care. Once in place, the new IT systems will speed up all aspects of community care—eligibility, authorizations, appointments, care coordination, claims, payments—while improving overall communication between Veterans, community providers, and VA staff members.

Process Overview





Timing

The new community care program started June 6, 2019. At that time, VA's traditional community care program and the Veterans Choice program ended.

A complete rollout of all six regions of the Community Care Network (CCN) is expected by 2020. Upgraded IT systems are also being implemented, with some expected to be completed in 2019 and others in 2020.

Frequently Asked Questions

Eligibility

Q1. Am I be eligible for community care under the new criteria?

A Veteran is eligible for community care based on the six eligibility criteria below:

1. Veteran needs a service that is not available at VA (e.g., maternity care, IVF).
2. Veteran resides in a U.S. state or territory without a full-service VA medical facility (Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands).
3. Veteran qualifies under the "Grandfather" provision meaning:
 - Veteran was eligible under the 40-mile distance criteria under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 6, 2018) **and**
 - Veteran continues to reside in a location that would qualify them under that criterion.

If both these requirements are met a Veteran may be eligible if one of the following is true:

- Veteran lives in one of the five states with the lowest population density (ND, SD, MT, AK, WY), **or**
 - Veteran
 - lives in another state,
 - received care between June 6, 2017, and June 6, 2018, **and**
 - requires care before June 6, 2020.
4. Veterans must meet specific access standards for average drive time or appointment wait times. The

designated access criteria are not based on a Veteran's "preferred" location, but instead are based on the wait times and average drive times to any VA facility that provides the service needed.

Average drive time to a specific VA medical facility:

- 30-minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care).
- 60-minute average drive time for specialty care.

Appointment wait time at a specific VA medical facility:

- 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider.
 - 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with their VA health care provider.
5. Veteran and their referring clinician agree that it is in the Veteran's best medical interest to be referred to a community provider.
 6. Veteran needs care from a VA medical service line that VA determines is not providing care that complies with VA's quality standards.

Q2. When did the new eligibility criteria go into effect?

The new eligibility criteria for community care were effective June 6, 2019.

Q3. How does VA determine if I am eligible for community care?

The Veteran's VA provider and VA medical facility staff members work with the Veteran to determine if they are eligible for community care.

Appointments

Q4. Does VA need to officially authorize the care I receive through a community provider?

Community care generally must be authorized in advance by VA before a Veteran can receive care from a community provider. The urgent care/walk-in care benefit does not require that the care be authorized in advance by VA.



Q5. What is changing with community care appointments?

Community care appointments will be scheduled directly by VA staff as VA implements its new Community Care Network (CCN) or, in some instances, Veterans will continue to be able to schedule their own appointments.

Getting Care

Q6. May I go to any community provider I want?

If a Veteran is eligible for community care, they will be able to receive care from a community provider who is part of the VA network that is accessible to them.

Q7. Has the process for getting prescription medication changed?

There are no changes to how prescriptions are processed for Veterans receiving community care. As part of an authorized visit with a community provider, Veterans can receive a short-term supply of 14 or fewer days, urgent prescription medication in their community. Long-term prescription medications longer than a 14-day supply must be filled by VA.

Billing

Q8. Do I have to pay a copayment for community care?

Copayment charges are the same for community care as care at a VA medical facility. Usually, this means Veterans who are required to pay copayments will be charged a copayment for treatment of their non service-connected conditions. Copayment bills are sent by VA, not the community provider. For the urgent care benefit, Veterans may owe a copayment that would be different from their usual VA copayment, depending on their assigned Veteran priority group and the number of urgent care visits per calendar year.

Q9. Does VA pay beneficiary travel expenses if I am referred to a community provider?

If a Veteran is eligible for beneficiary travel, their eligibility does not change. Beneficiary travel is paid the same way whether the care is provided at a VA medical facility or through a community provider.

Q10. What rate does VA pay when a Veteran is referred to a community provider for care?

Generally, VA pays Medicare rates, but there are several proposed exceptions to this rate that may apply, to be established through a contract or agreement.

Other

Q11. What is the difference between the Veterans Choice Program (VCP) and the VA MISSION Act?

The Veterans Choice Program (VCP) is the name of a Federal program started in 2014 to quickly expand access to care for Veterans. VCP ended on June 6, 2019. The VA MISSION Act is the name of a Federal law that established a new community care program, among other provisions. Some provisions affect other types of VA benefits for Veterans beyond community care.

Q12. Do the changes to community care under the VA MISSION Act mean that VA is being privatized, or that funds meant for VA medical facilities will be rerouted to the private sector?

The Administration is making no efforts to privatize VA or shift resources away from VA medical facilities. Improvements to community care under the VA MISSION Act are part of a larger effort to modernize the VA health care system and give Veterans greater choice over their health care.

Q13. What is the Community Care Network (CCN)?

CCN will serve as a high-performing network of community providers. VA is currently working to award contracts with Third Party Administrators (TPAs) to establish CCN nationwide.

Q14. What key information do community providers need to know about community care in the future?

To partner with VA to care for Veterans, most community providers will need to join VA's Community Care Network (CCN). In addition, community providers must generally submit claims using electronic data interchange (EDI).