



Department of

Veterans Services

June 2019

Quarterly Training



Department of

Veterans Services

**VA Maintaining Internal Systems and
Strengthening Integrated Outside Networks Act.**

“MISSION Act of 2018”

Introduction

The MISSION Act strengthens VA's ability to deliver trusted, easy to access, high quality care at VA facilities, virtually through telehealth, and in your community. That means you get the care and services you need, where and when you need them.

Background

President Trump signed the MISSION Act into law on June 6, 2018. There are important changes in the program, effective June 6, 2019 that all veterans who use or potentially could be affected by the VA MISSION Act should know. Over 30 veteran service organizations (VSOs) have endorsed this reform effort as it worked its way through legislative channels.

Reference Materials

Materials provided with this presentation

- MISSION Act Community Care Booklet
- MISSION Act VA Health Care Options Brochure
- MISSION Act Current Future State Comparison
- MISSION Act Information Sheet Community Care
- MISSION Act Urgent Care Information
- CFR 38 Part 17 Amendments

Key Points

Upon successful completion of this training you will be able to:

- Understand the MISSION Act of 2018.
 - Community Care
 - Urgent Care Benefit
 - Expanded Caregiver Program

Community Care Providers and Choice

Congress enacted the Veterans Access, Choice and Accountability Act in 2014 following the wait-time scandal at the Phoenix VA Medical Center. The Choice program within the bill intended to give eligible veterans access to private healthcare in place of VA care when the wait time for an appointment at a VA facility was longer than 30 days, or the veteran lived more than 40 miles driving distance from the VA.

Community Care Providers and Choice

- The VA MISSION Act expands access to private care in coordination with a veteran's VA provider, and seeks to remedy some of the more high-profile shortcomings of the program, such as VA's slow pace of paying the private providers for veterans' care and limited access to care.
- Effective June 7, 2019, the Department of Veterans Affairs will no longer offer care to eligible veterans under Veterans Choice Program.

Community Care Providers and Choice

Current and Future State (VA MISSION Act)

Topic	Current	Future	Bottom Line
General	Community care programs with complex requirements and processes.	Streamlined Veteran community care program reduces the risk of errors and problems.	Veterans have more choices for care and better customer service when they choose to receive community care.
Eligibility	Eligibility criteria across community care programs do not always meet the individual needs of Veterans.	Eligibility criteria for community care expands access to community providers, including new access standards for average drive times to and wait times at VA medical facilities.	Veterans have expanded access to community care.
Appointments & Getting Care	VA and third party administrators can schedule appointments and coordinate care, adding bureaucracy and disorganization.	Veterans have expanded ability to self-schedule appointments or VA-only scheduling with better IT systems that improve coordination between VA and community providers.	Scheduling appointments is easier with improved care coordination between VA and community providers.
Billing	Complex billing requirements and processes for community care programs lead to claims not being paid timely and Veterans receiving bills for care.	New IT systems improve claim processing timeliness and accuracy with more stringent requirements for third party administrators to pay claims in a timely manner.	Payments to community providers are made in a timely manner.
Urgent Care	Benefit is not generally available through community care.	New benefit provides eligible Veterans with access to care for certain, limited, non-emergent health care needs through VA's community care network.	Veterans have access to a new, convenient option to receive care for minor injuries and illnesses.

Community Care Eligibility

Eligibility

- Veterans must receive approval from VA prior to obtaining care from a community provider, in most circumstances.
- Veterans must either be enrolled in VA health care or be eligible for VA care without needing to enroll to be eligible for community care.
- Eligibility for community care will continue to be dependent upon a Veteran's individual health care needs or circumstances.
- VA staff members generally make all eligibility determinations.

Community Care Criteria

1. Veteran needs a service not available at a medical facility
2. Veteran lives in a U.S. state or territory without a full-service VA medical facility
3. Veteran qualifies under the “Grandfather” provisions related to distance eligibility for VCP
4. VA cannot provide care within certain designated access standards
5. It is in the veterans best medical interest
6. A VA Service Line does not meet certain quality standards

Community Care Criteria

1. Veteran needs a service not available at a medical facility

In this situation, a Veteran needs a specific type of care or service that VA does not provide in-house at any of its medical facilities.

For example, if you are a female Veteran and need maternity care, you would be eligible for community care because VA does not provide maternity care in any of its medical facilities.

Community Care Criteria

2. Veteran lives in a U.S. state or territory without a full-service VA medical facility

In this scenario, a Veteran lives in a U.S. state or territory that does not have a full-service VA medical facility.

Specifically, this applies to Veterans living in:

U.S. States

- Alaska
- Hawaii
- New Hampshire

U.S. Territories

- Guam
- American Samoa
- Northern Mariana Islands
- U.S. Virgin Islands

For instance, if you are a Veteran living in Guam, you would be eligible for community care because you reside in a state or territory without a full-service VA medical facility.

Community Care Criteria

3. Veteran qualifies under the “Grandfather” provisions related to distance eligibility for VCP

1. Veteran was eligible under the 40-mile criterion under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 6, 2018), and

2. Veteran continues to reside in a location that would qualify them under that criterion.

Community Care Criteria

3. Veteran qualifies under the “Grandfather” provisions related to distance eligibility for VCP (cont)

Veteran lives in one of the five states with the lowest population density from the 2010 Census: North Dakota, South Dakota, Montana, Alaska, and Wyoming, or

- Veteran:
 - lives in another state,
 - received care between June 6, 2017, and June 6, 2018, and
 - requires care before June 6, 2020.

Community Care Criteria

4. VA cannot provide care within certain designated access standards

- 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

Community Care Criteria

4. VA cannot provide care within certain designated access standards (cont)

- 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

Community Care Criteria

5. It is in the veterans best medical interest

A Veteran may be referred to a community provider when the Veteran and the referring clinician agree that it is in the best medical interest to see a community provider.

Community Care Criteria

6. A VA Service Line does not meet certain quality standards

If VA has identified a medical service line is not meeting VA's standards for quality based on specific conditions, Veterans can elect to receive care from a community provider under certain limitations.

Appointments and Getting Care

Finding a Community Provider

Veterans eligible for community care generally have the option of choosing to receive care from a VA medical facility or community provider. For Veterans who chooses to receive community care, a VA staff member will discuss with them their preferences for getting care from a community provider

Appointments and Getting Care

If there is a specific community provider a Veteran would like to see that is not in VA's network, VA may be able to add them to its network. In some cases, a VA staff member will work with the Veteran to find other options when:

- A community provider cannot be found that meets the Veteran's health care needs
- A community provider was, but is no longer part of VA's network
- An existing community provider is no longer available

Appointments and Getting Care

Scheduling Appointments

Before scheduling an appointment, it is important for the Veteran to confirm with a VA staff member that they are eligible and authorized for community care.

Directly schedule an appointment and inform a VA staff member about the appointment

- Use VA Online Scheduling to request an appointment for certain types of routine services
- Have a VA staff member schedule the appointment
- Have VA's Third Party Administrator (TPA) schedule the appointment

Appointments and Getting Care

Getting Care

When a Veteran arrives for the appointment, the community provider should have the appointment, VA referral, and medical documentation on file. If a Veteran needs a follow-up appointment, the community provider should check to make sure VA has authorized additional care before scheduling the appointment.

Appointments and Getting Care

Prescription Medication

If prescription medication is needed, the prescription should usually be sent to and filled by the nearest VA pharmacy. Veterans can receive short-term prescription medication for a 14-day or fewer supply that can be filled at a non-VA pharmacy. A prescription for more than a 14-day supply must be filled by VA.

Appointments and Getting Care

Billing and Payments

After receiving care from a community provider, Veterans may have to pay a copayment for nonservice-connected care, just as the Veteran would if care was received at a VA medical facility.

Questions From the Community

- 1. Can I get dental care through the MISSION Act?
- 2. If the veteran does go to an Urgent Care not on the list is the VA covering any costs?
- 3. A veteran is eligible for travel pay and is eligible to use Community Care, does he or she still qualify for travel pay since not using a VA facility?

Questions

- 4. Who does a Veteran call when the MISSION Act isn't doing what it is supposed to. Example: A Veteran goes to his/her primary care doctor with the VA and is told that he can't have a referral in the local community and has to travel over 90 minutes to a VAMC. That is not consistent with the new law but how does that get resolved when the primary care doctor refuses to give the Veteran a local referral?
- 5. Historically using the Choice Program would take several weeks. How long is it taking for a veteran to receive a referral for Community Care?

Urgent Care

VA offers an urgent care benefit that provides eligible Veterans with greater choice and access to timely, high-quality care. Urgent care providers treat injuries and illnesses that require immediate attention, but are not life-threatening. The benefit supplements care Veterans may also have access to at a VA medical facility.

Urgent Care

Find an Urgent Care Provider

To find an urgent care provider in VA's contracted network, Veterans can use the VA Urgent Care Locator, or contact their local VA medical facility.

<https://vaurgentcarelocator.triwest.com/>

<https://www.va.gov/find-locations/>

Urgent Care

When using the urgent care benefit, Veterans must go to an urgent care provider in VA's network. Upon arriving, Veterans must state they are using their VA urgent care benefit. The urgent care provider will verify the Veteran's eligibility before providing care.

If a Veteran arrives at an urgent care network location and has any difficulty receiving care, they can call (866) 620-2071 to receive assistance.

Urgent Care

Eligibility

To be eligible for urgent care, Veterans must:

- Be enrolled in the VA health care system AND
- Have received care through VA from either a VA or community provider within the past 24 months

When a Veteran walks into an urgent care location, either the Veteran or the urgent care location can dial into an Interactive Voice Response (IVR) system to check the Veteran's eligibility for urgent care. (833) 483-8669

Urgent Care

Types of Urgent Care Locations

Retail locations include a walk-in health clinic, other than an office, urgent care facility, pharmacy, or independent clinic located within a retail operation.

Urgent locations include an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention (aside from emergency rooms).

Urgent Care

Get Urgent Care

If the provider is not part of VA's contracted network, Veterans have several options:

- Agree to pay the full cost of care and receive care immediately
- Go to a different urgent care provider that is part of VA's contracted network
- Go to the nearest VA medical facility
- Go to the nearest emergency department

Urgent Care

Covered Services

The urgent care benefit covers services provided by urgent care centers and walk-in retail health clinics such as:

- Colds
- Ear infections
- Minor injuries
- Pink eye
- Skin infections
- Strep throat

Urgent Care

Differences Between Urgent and Emergent Care

The urgent care benefit also covers diagnostic services like X-rays, some lab testing and some medications (with notable limitations). Therapeutic vaccines are covered when these are required for the treatment of certain conditions covered under the urgent care benefit. With the exception of a flu shot, vaccines and other preventive care services are not covered through the urgent care benefit.

Urgent Care

Copayments

Priority Group(s)	Copayment Amount
1-5	<ul style="list-style-type: none">• No copayment for the first three visits during a calendar year.• For four or more visits in a calendar year, the copayment is \$30.
6	<ul style="list-style-type: none">• If the visit is related to a condition covered by special authority* or exposure:<ul style="list-style-type: none">• First three visits (per calendar year), the copayment is \$0.• Fourth and greater visits (per calendar year), the copayment is \$30.• If not related to a condition covered by a special authority* or exposure, the copayment is \$30 per visit.
7-8	<ul style="list-style-type: none">• Copayment is \$30 per visit.
1-8	<ul style="list-style-type: none">• \$0 copay for visit consisting of only a flu shot

Urgent Care

Prescription Medication

VA will pay for or fill prescriptions for urgent care. For urgent care prescription medication longer than a 14-day supply, the prescription must be submitted to VA to be filled.

For urgent prescriptions written by an urgent care provider, Veterans can fill a 14-day supply of medication at a contracted pharmacy within the VA network, in VA, or at a noncontracted pharmacy. If a noncontracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with the local VA medical facility.

Questions

1. How is the VA going about contracting with Urgent Care clinics?
2. Are they marketing to the clinics, Triwest contacting or are they going to wait for the clinics to come to them?
3. Many Tennessee Rural Counties do not have any Urgent Care Providers. Is the VA doing anything to help fix this?

Questions

4. Has any Urgent Care facility / Walk-in Clinic in Claiborne or Union County applied for recognition as an Approved VA walk-in care clinic? (The closest facility on the VA website earlier this week was in Northern KY.)

VA Veteran Caregiver Program

Important changes to the VA Comprehensive Assistance For Family Caregivers includes expanded eligibility for veterans with service-connected medical issues. In the past access to this program was more limited and emphasized post-9/11 military service.

Expansion of the Program of Comprehensive Assistance for Family Caregivers will begin when VA has fully implemented a required information technology (IT) system and certifies this to Congress. VA is actively pursuing an IT solution. The timeline for completion and the subsequent certification is in development.

VA Veteran Caregiver Program

Under the current regulations for the Program of Comprehensive Assistance for Family Caregivers, only Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001 are eligible to apply.

Once the IT system is successfully implemented, the expansion will occur in two phases, beginning with eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975.

VA Veteran Caregiver Program

The final phase of the expansion is anticipated to begin two years later. It will include eligible Veterans who incurred or aggravated a serious injury in the line of duty after May 7, 1975 to September 10, 2001.

Many services are already available to support caregivers of enrolled Veterans of all eras.

For more information call the Caregiver Support Line toll free at 1-855-260-3274.

Conclusion

The MISSION Act strengthens VA's ability to deliver trusted, easy to access, high quality care at VA facilities and in your community. That means our veterans get the care and services they need, where and when they need them. These improvements will help restore trust in the VA health care system.

Review Course Objectives

This training has allowed participants a better understanding of the MISSION Act of 2018 with the assistance of our VA Regional Office Partners

- Understand the MISSION Act of 2018.
 - Community Care
 - Urgent Care Benefit
 - Expanded Caregiver Program

Community Care Contact Numbers

Interactive Response System (IVR)
Check Veterans Eligibility for Urgent Care
(833) 483-8669

Veteran arrives at an urgent care network location and has any difficulty receiving care, they can call: (866) 620-2071 to receive assistance.

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