



U.S. Department
of Veterans Affairs

Fact Sheet

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Veteran Community Care – Eligibility VA MISSION Act of 2018

Under the VA MISSION Act of 2018, Veterans will have better access and greater choice in health care either at VA or a community provider through improved eligibility criteria. The new eligibility criteria are projected to go into effect in June 2019 after final regulations are published and effective. These criteria are not yet final.

Key aspects of community care eligibility are noted below:

- 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.
- Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
- Meeting any one of six eligibility criteria listed below is sufficient to be referred to a community provider—a Veteran does not have to meet all of them to be eligible.

Eligibility Criteria

1. Veteran Needs a Service Not Available at a VA 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.

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.

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 would apply to Veterans living in Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands.

Example: If you are a Veteran living in Guam, you would be eligible for community care because you reside in a State without a full-service VA medical facility.

3. Veteran Qualifies under the “Grandfather” Provision Related to Distance Eligibility for the Veterans Choice Program

For this element, there are a few different ways that a Veteran could be eligible for community care. Initially, there are two requirements that must be met in every case:

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

If both of these requirements have been met, a Veteran may be eligible if one of the following is also true:

- 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

Example A: If you are a Veteran who has lived in Kansas since 2012, your home is 41 miles driving distance to the nearest VA medical facility with a full-time primary care physician, and you received VA care between June 6, 2017, and June 6, 2018, you would be eligible for community care until June 6, 2020.

Example B: If you are a Veteran who lives in Wyoming and you qualified under the 40-mile criterion under the Veterans Choice Program on June 5, 2018, you would be eligible for community care.

4. VA Cannot Furnish Care within Certain Designated Access Standards

To be eligible under this criterion, VA would have to be unable to schedule a VA appointment for a Veteran at a facility within a specific average drive time **and** within a certain number of days (wait time). If VA could not schedule an appointment that is within both the average driving time standards and the wait-time standard, then the Veteran would be eligible for community care.

The specific access standards are described below. (**Important:** Access standards are proposed and not yet final).

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

Note: Average drive times are calculated by VA using geo-mapping software that uses inputs such as traffic to calculate the average driving time.

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

Example A: If you are a Veteran and live 10 miles from the nearest VA primary care provider, but it takes you over an hour to drive there on average due to heavy traffic, you would be eligible for community care.

Example B: If you live an average drive time of 25 minutes from the nearest VA medical facility and need a primary care appointment, but cannot be scheduled for one for 25 days, you would be eligible for community care.

Example C: If you live an average drive time of 50 minutes from a VA hospital, but that hospital doesn't offer the specialty care or service you need, and the closest VA facility that does offer that care or service is a 75-minute drive away, you would be eligible for community care.

5. It Is in the Veteran's Best Medical Interest

In this situation, a Veteran may be referred to a community provider when the Veteran and the referring clinician agree that it is in their best medical interest to see a community provider.

Example: If you are a Veteran with a certain type of ovarian cancer that your VA oncologist is not experienced in treating, and you live close to a community medical facility where there is specialist for that type of cancer, you could be eligible for community care if the clinician and patient agree that this treatment should be furnished by the community medical facility.

6. A VA Service Line Does Not Meet Certain Quality Standards

In this scenario, 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.

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, you may be able to elect to receive your cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

Frequently Asked Questions

1. **I like the care I get at VA and don't want to go to a community provider, even if I'm eligible. Can I still go to the VA?** Yes, Veterans who are eligible for community care will continue to have the choice to receive care at VA or a community provider.
2. **I'm currently receiving community care through the Veterans Choice Program. Will I still be eligible under the new eligibility criteria?** The new criteria are designed to ensure that Veterans currently eligible for community care, especially those who are wait-time or drive-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 care you need, your circumstances, whether or not the care is available through a VA medical facility, and other factors. Beginning June 6, 2019, VA will no longer be able to furnish care and services through the Veterans Choice Program, so VA will need to determine your eligibility under one of the six criteria described above.
3. **I am receiving community care right now, and I like the clinician who is taking care of me. With these changes, will I still be able to see my clinician?** Eligibility for community care will continue to be dependent upon your individual health care needs and circumstances, available care at a VA medical facility, and other factors. VA staff will work with you to determine your eligibility and if you can continue to see your clinician.
4. **Why did VA switch from distance to average drive time criteria?** Veterans in urban areas can experience drive times that are as long or longer than Veterans in rural or remote areas. The switch to average drive-time criteria provides Veterans located in urban areas with improved choices for community care when average drive times to the nearest VA facility are long. Drive time is also commonly-used in the public and private health care sectors.
5. **Are Choice Cards valid after June 5, 2019?** No, Choice Cards are not valid under the new community care program.
6. **I'm a community provider and currently see Veterans in my practice who are distance-eligible under the Veterans Choice Program. Will they still be eligible for community care?** Veterans eligible under the 40-mile criterion under the Veterans Choice Program may still be eligible depending on their individual health care needs or circumstances. Veterans should contact their local VA facility to determine if they are still eligible for community care.