

2. COMMUNITY CARE ELIGIBILITY

You may be able to receive care from a provider in your local community if you meet specific criteria. Qualification depends upon your individual health care needs or circumstances. It is important to remember, though, that you must call to receive approval from VA before going to a community provider for most services.

Under the MISSION Act, there are six different eligibility criteria for community care. Meeting any one of these criteria for the specific care you need means you are eligible to receive the specific care you need either through direct VA care or approved by VA in the community.

- Specific service you need is not provided by VA
- Residence in a U.S. state or territory that does not have a full-service VA medical facility
- "Grandfathered" 40-mile eligibility continuing from the Choice program
- Specific care you need is not available within established access standards
- You and your care team decide it is in your best medical interest to receive the specific care you need in the community
- VA medical service line delivering the specific care you need is not meeting VA's quality standards

3. URGENT CARE

VA will offer an urgent care benefit for minor injuries and illnesses, such as sprains, minor burns and skin infections. You must be enrolled in the VA health care system and have received care from VA within the last two years to be eligible for this benefit. **Eligible Veterans can seek this care from an urgent care provider that is part of VA's community provider network.** Not all urgent care locations are in VA's network, and it is important to make sure a location is in VA's network before you seek care in order to avoid unnecessary bills. You may be charged a copayment for urgent care, which is billed separately by VA after you receive care. To find an urgent care provider in VA's network, you can use VA's provider locator on [VA.gov](https://www.va.gov) or call your local VA medical facility.

4. COPAYMENTS AND INSURANCE

Like other health care providers, VA may charge a copayment for health care that is not tied to your service connection. The copayment fee is based on the type of health care service you receive and your financial situation. This care can be provided directly by VA or through a community provider. For treatment related to a non-service-connected condition, VA may bill your health insurance for medical care, supplies and prescriptions. As a result of the VA MISSION Act, VA no longer requires permission to bill your health insurance carrier for health care related to a sensitive diagnosis. If you would like to submit a request to restrict this process, please contact your local VA facility's privacy officer.

Your private health coverage (such as Medicare, Medicaid, TRICARE, Indian Health Service, and tribal health) can work with VA. To learn more, visit [VA.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/](https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/).

5. COMPLAINT AND APPEALS PROCESS

VA is committed to delivering an excellent experience of care every time. We know that concerns arise, and we're here for you. The first point of contact to help resolve your concern is your health care team. If the issue cannot be resolved with your health care team, please contact the Patient Advocate at your facility. A Patient Advocate can help you file an appeals if you disagree with a decision made about your VA health care.

MORE INFORMATION

Visit [VA.gov](https://www.va.gov) for more information and to apply for VA care. You can access your VA Welcome Kit at [VA.gov/welcome-kit](https://www.va.gov/welcome-kit).

If you do not have access to the internet, contact your local VA medical facility.



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VA HEALTH CARE OPTIONS FOR VETERANS



YOUR VA HEALTH CARE OPTIONS

At VA, Veterans are the center of everything we do. We are constantly working to make sure you know about the health care and benefits you have earned through your service to our country. A new law, called the MISSION Act, strengthens VA's ability to provide you with state-of-the-art care and services. We're updating you about some important changes that will begin on June 6, 2019.

THIS BROCHURE COVERS FIVE TOPICS:

- 1 Health care eligibility and enrollment
- 2 Community care eligibility
- 3 Urgent care
- 4 Copayments and insurance
- 5 Complaint and appeals process



IMPROVING VETERAN HEALTH CARE

VA is devoted to providing an excellent experience for you and the important people in your life. We are strengthening our ability to deliver timely, high-quality health care through a network of providers and cutting edge technology.

Under the VA MISSION Act, VA will:

- Better focus our efforts to provide you with an excellent health care experience
- Provide you with more options for health care, including community care and urgent care
- Provide you with the right care, at the right time, closer to where you live
- Offer care through telehealth in your home, in a VA facility, or in the community
- Provide more Veteran-to-Veteran peer specialists

For more information on the VA MISSION Act, please visit [VA.gov](https://www.va.gov).



Choose VA



1. HEALTH CARE ELIGIBILITY AND ENROLLMENT

VA provides medical benefits through an annual patient enrollment system based on Veteran priority groups. Your priority group can determine the benefits you receive from VA.

STEP 1: Find out if you are eligible for VA health care at [VA.gov/health-care/eligibility](https://www.va.gov/health-care/eligibility) or by visiting your local medical center.

STEP 2: Applying for VA health benefits is easy, and you can apply online, by telephone, by mail or in person at the nearest VA medical facility. Visit [VA.gov/health-care/apply/application/introduction](https://www.va.gov/health-care/apply/application/introduction) to apply today!

Eligible Veterans can use VA health care services nationwide, including through mobile health clinics that serve rural areas and via telehealth (care through a phone or computer) in your home or on the go.

