VA NorCal to launch new health care options under MISSION Act

For interviews on the MISSION Act and its impact on Northern California Veterans, call Will Martin, Chief of Public Affairs, at 916-843-9247 or e-mail William.Martin6@va.gov

SACRAMENTO, Calif. — The U.S. Department of Veterans Affairs (VA) will launch its new and improved community care program June 6, 2019, implementing portions of the MISSION Act (the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018), which both ends the Veterans Choice Program and establishes a new Veterans Community Care Program.

Locally, the MISSION Act will strengthen VA Northern California Health Care System (VA NorCal) by empowering Northern California Veterans to have more options in their health care decisions. VA NorCal serves about 100,000 Northern California Veterans each year.

“We’re committed to providing not only compassionate, high-quality health care to Northern California Veterans, but also providing that care at the right time and place,” said VA NorCal Director David Stockwell. “Any transformation this size carries risk, but we’re working tirelessly to roll out the MISSION Act as smoothly as possible to maximize access for our Veterans.”

Under the new Veterans Community Care Program, Veterans can now work with their VA NorCal health care provider or other VA NorCal staff to see if they are eligible to receive community care. Eligibility for community care does not require a Veteran to receive that care in the community; Veterans can still choose to have VA NorCal provide their care.

Veterans are eligible to choose to receive care in the community if they meet any of the following six eligibility criteria:

1. A Veteran needs a service not available at any VA medical facility.
2. A Veteran lives in a U.S. state or territory without 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.
3. A Veteran qualifies under the “grandfather” provision related to distance eligibility for the Veterans Choice Program.

4. VA cannot furnish care in a manner that complies within certain designated access standards. 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 noninstitutional extended care services.
     - Sixty-minute average drive time for specialty care.
   - **Appointment wait time at a specific VA medical facility**
     - Twenty days for primary care, mental health care and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
     - Twenty-eight days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.

5. The Veteran and the referring clinician agree it is in the best medical interest of the Veteran to receive community care based on defined factors.

6. VA has determined that a VA medical service line is not providing care in a manner that complies with VA’s standards for quality.

The VA MISSION Act:
- Strengthens VA’s ability to recruit and retain clinicians.
- Statutorily authorizes “Anywhere to Anywhere” telehealth provision across state lines.
- Empowers Veterans with increased access to community care.
- Establishes a new, urgent-care benefit that eligible Veterans can access in the community.

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For more information:
- VA VAntage Point Blog – April 1, 2019: [New eligibility criteria a major improvement over existing rules](https://www.blogs.va.gov/VAntage/59215/vas-improvements-veteran-community-care-mission-act-track-june-6-implementation/VA)