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Veteran Administration holds live video event highlighting upcoming changes to the MISSION Act

The Veterans Administration held a live video event on May 30th where members of the VA and Veterans Advocacy groups discussed the upcoming implementation of the MISSION Act. The VA is slated to launch the new, consolidated Community Care Program under provisions of the MISSION Act effective June 6. Among the areas discussed were the Eligibility Criteria and New Access Standards by which Veterans will be able to qualify to receive VA-approved private healthcare and reimbursement to the private providers.

Under the MISSION Act, signed by President Trump in June 2018, there are six different eligibility criteria where a Veteran can qualify for community care:

- Veteran requires a services unavailable through a VA facility
- Residence in a State without a full-service VA medical facility
- Grandfathered from the Choice program, meeting the “40 mile rule”
- Best medical interest
- Needing care from a VA medical service line that VA determines is not providing care that complies with VA’s standards for quality
- Access Standards – based on average drive times and appointment wait times

In addition, eligible Veterans will have access to urgent care facilities within the VA’s Community Care network and may be charged a copayment.

Unfortunately, few details surrounding improving the timeliness of reimbursement for Veteran care to the private providers was discussed. VA representatives simply stated, “We realize payments to private providers is a concern and we’re working to improve the process.”

To help with questions regarding the details of the MISSION Act visit: <https://missionact.va.gov/>

To learn how Veteran Claims Paid can help private providers expedite and maximize recovery for Veteran care visit www.VCPaid.com