

TREA Members -- MISSION Act begins June 6, 2019

VA health care options are expanding and TREA is sharing important information to keep you informed!

These changes may provide you with the option to see private sector care providers, if you meet the eligibility criteria described below.

Here is a brief summary about the changes and what they mean to you.

Additional information will be posted on TREA's Website at www.trea.org

VA Health Care Eligibility

Veterans who have enrolled are eligible for care from VA hospitals based on a tier system or Priority groups that looks at their service-connected injuries, income and other criteria. The Priority system was not changed by the Mission Act. Veterans do not need to take any action to remain enrolled. The MISSION Act provides additional options for care if you meet community care eligibility requirements.

VA Community Care Eligibility

VA Choice was the previous option and established rules around who could receive care outside the VA hospital. Based on a variety of factors such as health needs and where the veteran lives, the Choice program let veterans see providers within a civilian health care network. Choice expires on June 6, 2019, veterans enrolled in Choice may choose to be grandfathered and continue to receive care, but must select that option. (also noted in bullet below).

The MISSION Act is the new community care program and is updated to include new eligibility standards. You can see a community-based doctor if:

- Care is not available within the new access standards, which cap wait times at 20 days for primary care and 28 days for specialty care and drive times for 30 minutes for primary care and 60 minutes for specialists.
- Necessary care is not provided by the VA at a nearby facility.
- You live in a designated state or territory where the VA is not full service, including Hawaii, Alaska, New Hampshire, Guam, American Samoa, Northern Mariana Islands and the U.S. Virgin Islands.
- You are grandfathered into the old Choice rules, which allowed for community-based care if you lived 40 miles or more from the nearest VA hospital.
- VA doctors believe community-based care is best for you. (medical care is in the best interest of the veteran).
- VA has designated the type of care you need as not meeting standards.

VA Urgent and Walk-In Care

Starting June 6, veterans who have received care from the VA in the last 24 months can get care at some community-based urgent care facilities. **Very important fact – urgent care facilities MUST be within VA's Network or contract to be covered.**

VA Co-Pays and Other Health Insurance

Veterans may be subject to co-pays based on their tier or Priority group status. The Mission Act changed how VA communicates with other health insurance held by some veterans. Under the new rules, VA no longer needs a veteran's permission to bill or communicate with their other health insurance. If a veteran decides they do not want VA to make contact, you should contact your local facility's privacy office.

TREA wants to hear from you – especially if you have questions – or need assistance.

Please use legislativeinfo@tre.org and title the email MISSION Act to feedback.

Fact sheets on MISSION Act provisions will be posted on TREA's Website at www.trea.org

TREA members are encouraged to review the fact sheets for specific details.