

Understanding Community Care



U.S. Department
of Veterans Affairs

ChooseVA

This guide will help you understand the process for receiving care from a local provider in your community.

Am I eligible to see a community care provider?

You may be eligible to see a community provider if you meet one of these six eligibility criteria:

- 1. Service Unavailable** – You need a service that is not available at VA (e.g. maternity care, in vitro fertilization)
- 2. Facility Unavailable** – You reside in a U.S. state or territory without a full-service VA medical facility
- 3. Grandfathered Choice** – You were eligible for community care under the Veterans Choice Program distance criteria
- 4. Medical Interest** – Your VA provider determines it is in your best medical interest to be referred to a community provider
- 5. Quality Standards** – You need care from a VA medical service that VA determines is not providing care that complies with VA's quality standards
- 6. Access Standards** – You meet the access standards for average drive time or wait time for a VA appointment

What are the drive time access standards?

You may be eligible to see a community provider if your average drive time from home to a VA medical facility that provides the service you need takes more than:

- 30 minutes travel time to receive primary care, mental health, and non-institutional extended care services (including adult home day care)
- 60 minutes travel time to receive specialty care services

What are the wait time access standards?

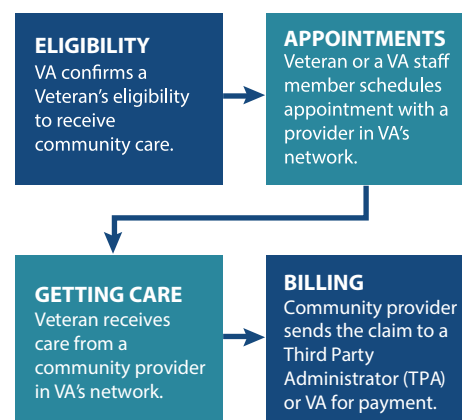
You may be eligible if the wait time for an appointment at a VA medical facility that provides the service you need exceeds:

- 20 days for primary care, mental health, and non-institutional extended care services
- 28 days for specialty care from the date of request with certain exceptions

ACCESS STANDARD	Primary Care, Mental Health, Non-Institutional Extended Care	Specialty Care
Drive Time	30 Minutes	60 Minutes
Wait Time	20 days	28 days



COMMUNITY CARE PROCESS OVERVIEW



View and/or print the entire VA Welcome Kit at <https://www.va.gov/welcome-kit>

OTHER QUESTIONS YOU MAY HAVE

Do I need to meet all six criteria to be eligible for community care?

No. Meeting any one of the six eligibility criteria can result in your referral to a community provider.

Does VA need to officially authorize the care I receive through a community provider?

Yes, usually. Regardless of which eligibility criterion you meet, community care must generally be authorized in advance by VA before you can make an appointment with and receive care from a community provider.

Can I go to any community provider I want?

If you're eligible for community care, you will be able to receive care from a community provider member in the VA's network. To locate these approved community providers, please visit <https://www.va.gov/find-locations>.

What is the process for getting prescription medication?

You can receive a 14 or fewer days supply of your prescription from a pharmacy in your community. However, prescriptions for longer than 14 days must be filled by VA.

Do I have to pay a copayment for community care?

Copayment charges work the same way with community care as they do if you receive care at a VA medical facility. Usually, this means you will be charged a copayment for nonservice-connected conditions. Copayment charges and payments are made through VA, not through your community provider.

Do I have to pay a copayment for urgent care?

Copayments for urgent care depend on your assigned Veteran priority group and the number of urgent care visits per calendar year. Copayments are not paid out-of-pocket at the time you visit an urgent care provider. After the visit, VA will bill copayments separately. For more information **visit** <https://www.va.gov/communitycare>.

Does VA pay beneficiary travel expenses if I am referred to a community provider?

If you are eligible for beneficiary travel, your eligibility does not change. Beneficiary travel is paid the same way whether the care is provided at a VA medical facility or through a community provider.

When would it be in my best medical interest to receive community care?

Your VA provider will discuss with you what is in your best medical interest. Possible reasons include the nature of care you need, the frequency of the care, or if you need an attendant.

Who schedules my community care appointments?

There are several ways you **may** be able to schedule a community care appointment:

- Directly schedule an appointment yourself and inform a VA staff member about the appointment
- Use VA online scheduling to request an appointment for certain types of routine services
- Have a VA staff member schedule the appointment
- Have a VA Third Party Administrator (TPA) schedule the appointment

Make sure VA has officially authorized you to receive community care (through a referral) before scheduling an appointment.

Can I still see a VA provider even if I am eligible for community care?

Yes, and you have the choice to have your primary or specialty care continue at VA, even when you are receiving care from a community provider.

How do I get help with adverse credit reporting and debt collection issues that might arise from using community care?

Call 877-881-7618 for assistance.