

Mission Act Reference Tool

Eligibility Criteria: Meet any of the following: (can be determined in DST or CPRS)

1. Vet needs a service not available at a VA Medical Center.
2. Vet qualifies under the grandfather provision related to distance eligibility for Choice Program. (One day before 6 Jun 2018 and Veteran continues to reside in a location that would qualify them under that criterion).
3. VA cannot provide care within the designated access standards.
 - a. PC and MH: 20 days or 30 minute drive time
 - b. SC: 28 days and 60 minute drive time
4. A VA Service Line does not meet quality standards.
5. See Best Medical Interest option below.
6. Vet lives in a location without a full-service VAMC (this doesn't apply to us)

Best Medical interest (Hardship):

Can be requested by the Veteran; based on environmental or geographic inaccessibility or the Veteran's medical condition and is only good for one year. Hardship Consult

Urgent Care Eligibility:

Any enrolled veteran who has received hospital care or medical services in a VA facility or care authorized by VA and performed by a community provider in the past 24 months.

Urgent Care Co-Payment Requirements:

- NO limit to amount of urgent care visits
- Preventative care is NOT included
- Flu Shots ARE included and do not require a copay and does not count toward urgent care visit

Priority Group	Copayment Amount
1-5	First 3 visits per calendar year are \$0 (free) All others per calendar year will be \$30 per visit
6	If related to combat experience, special authority or exposure: First 3 visit per calendar year are \$0 (free) All others per calendar year will be \$30 per visit If NOT related to combat experience, special authority or exposure, will cost \$30 per visit
7-8	\$30 per visit

PROVIDER LOCATOR

<https://www.va.gov/find-locations>

Emergency Care:

Pre-Authorized Care- Eligibility Criteria: must meet all criteria

- VA must be notified within 72 hours ADMISSION
- Phone 844-724-7842; Fax 833-724-4842
- Claims must be filed within 180 days of service
- VA and other federal facilities were not feasibly available
- Care must be provided by an in-network provider
- A prudent layperson reasonable would expect that a delay in seeking immediate medical attention would be hazardous to life or health.
- Point of stabilization. (Pt will be transferred back to VA once stabilized to avoid paying for care at another facility). VA will only pay outside provider until veteran is stable (if veteran refuses to come to VA after stabilized, they are responsible for the bill at that point). VA will pay for entire stay if we can not accept the pt due to lack of bed availability.

Limitations of NSC Emergency Care Payments by VA:

VA Cannot pay Copayment, Coinsurance or Deductibles, per the law.

VA will process claims for reimbursement that were only partially paid by veterans health insurance: facility charges, professional fees, ambulance type transportation

Beneficiary Travel: If a Veteran is eligible for BT, their eligibility will not change. BT is paid the same way whether the care is provided at a VA facility or through a community provider. Payment is based on mileage from home to nearest VA facility.

Emergency Care in Foreign Counties

VA can pay for emergency medical care outside the United States if the emergency is related to a Veteran's service-connected condition. Contact the Foreign Medical Program at 1-877-345-8179.

Urgent care vs Emergent care

Urgent	Emergent
Cold/flu	Sudden numbness/weakness down one side of body w/severe headache
sinus pain/pressure	Chest pain
Fever	MH emergency
Allergies	Difficulty breathing
Sore throat	Loss of consciousness
Painful urination	Severe allergic reaction
Persistent headache	Uncontrollable bleeding
Earache	Severe stomach pain
Sprains/strains	Suspected broken bone
Minor Rashes	Uncontrollable vomiting/diarrhea

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