

UNDERSTANDING THE COMMUNITY CARE PROCESS

The Veterans Community Care Program provides health care to eligible Veterans through local, in-network providers outside of VA medical facilities. This guide describes some of the key milestones in your community care experience and lays out touchpoints that may help you along the way.

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CONSULT CREATION AND REVIEW

A consult is a request from your VA doctor to refer you for medical and/or behavioral care from a VA community provider. When your VA provider recommends you seek additional care, they create the consult and VA staff review it for accuracy.

Do not schedule an appointment until VA contacts you with the approved consult information.

Want to know more about community care?
Visit: www.va.gov/communitycare

Questions about the care you are referred for?
Contact your VA referring provider or your local VA's community care office.

Questions about the timeline for consult review?
Contact your local VA's community care office.

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SCHEDULING

Once VA has contacted you with the approved consult information, you may proceed to schedule your appointment. If you prefer, VA can schedule the appointment for you. Otherwise, you may self-schedule by calling a VA community provider directly, or use VA Online Scheduling*, mobile.va.gov/app/va-online-scheduling.

If you decide to self-schedule, VA will call you up to three times to verify that your appointment is scheduled. If you do not schedule your appointment within **14 business days**, you will have to request a new consult from the referring VA provider.

To find a VA community provider: visit www.va.gov/find-locations.

Questions about scheduling or need assistance? Contact your local VA community care office.

*** Note:** Eligible Veterans can request certain routine and specialty community care appointments using VA Online Scheduling.

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AUTHORIZATION

After your appointment is scheduled, your authorization is created. An authorization is approval from VA for you to receive care from a community provider.

You will receive a letter in the mail* with:

- Your authorization number.
- The in-network community provider you are approved to visit.
- A description of the care you are approved to receive.
- The time period you are authorized to receive care.

Bring the authorization letter with you to your appointment with the community provider.

Questions about the care you are authorized for? Contact your local VA community care office.

*** Note:** Please ensure VA has your current mailing address on file.

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COMMUNITY CARE VISIT

At the scheduled day and time, you will attend your community care appointment. The VA will send any relevant medical records to your community provider. However, if instructed by the community provider, you may need to bring copies of diagnostic imaging (CT or MRI) with you.

Questions about your visit or what information your community provider needs? Contact your community provider's office.

Remember, you are responsible for your VA copayment amount, as applicable, whether you receive care in VA or the community. You will be billed for this separately by VA. Do not pay a copayment to your provider.

Questions about VA copayment? Contact 866-400-1238, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Third Party Administrators (TPAs) are organizations that maintain the network of community providers available to Veterans and process claims from community providers on behalf of VA.

Your TPA is:

CONTACT INFORMATION

VA Referring Provider:

Local VA Community Care Office:

Patient Advocate:

Community Provider(s):

Local VAMC Pharmacy:

Community Care Contact Center:
877-881-7618

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SCHEDULING ADDITIONAL APPOINTMENTS

If you are authorized for ongoing care from a VA community provider, you may schedule recurring appointments directly with their office.

Keep track of how many appointments you attend and when they are authorized. **The VA will not cover services beyond what is described in your authorization.**

Questions about scheduling your next visit? Contact your community care provider's office.

Questions about how many appointments are left on your authorization? Contact your local VA community care office.

URGENT CARE

If you are registered with the VA and have seen your primary care provider within the last **24 months**, you are eligible for VA's urgent care benefit. You can visit an in-network urgent care clinic to treat minor injuries and illnesses that are not life-threatening. To verify your eligibility for VA urgent care, call **800-MyVA411 (800-698-2411)** and select option 1, then option 3. To locate in-network urgent care providers and pharmacies, visit www.va.gov/find-locations. For more information, visit: www.va.gov/communitycare/programs/veterans/urgent_care.asp

EMERGENCY CARE

During a medical emergency, you should immediately seek care at the nearest hospital, whether it is a VA medical center or not. Veterans do not need to check with VA before calling an ambulance or going to a community hospital emergency department. However, for VA to coordinate and potentially pay for emergency care, VA must be notified within **72 hours** of your hospital visit, at **844-72HRVHA (844-724-7842)**. For more information, visit: www.va.gov/communitycare/programs/veterans/emergency_care.asp

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REAUTHORIZATION

If you require care beyond the limits of your authorization, you will need to be re-authorized.

You or your community provider may submit a new referral request to VA. VA will review the referral request and, if appropriate, issue a new authorization for this care. However, in some circumstances, VA may determine that you should return to VA to receive this care.

Questions about your reauthorization? Contact your VA medical center or your community care provider's office.

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PRESCRIPTION AND DURABLE MEDICAL EQUIPMENT (DME) PICK-UP

Medications:

You may fill a **prescription for 14-day* (or fewer) supply** written by your community provider at:

- A VA medical facility pharmacy.
- A participating in-network pharmacy with no out-of-pocket payment at the pharmacy.
- An out-of-network pharmacy, but you must pay at the pharmacy and submit a reimbursement claim at your local VA facility.

For prescriptions that exceed the 14-day* supply limit, or are not urgently needed, the community provider must send the prescription to the local VAMC pharmacy to be filled.

DME:

If your provider identifies an immediate need for DME, orthotics or prosthetic items, the provider may provide the DME to you and submit a bill to the Third Party Administrator (TPA).

For routine DME, orthotics, and prosthetic items your community provider will submit a Request for Service (RFS) to your local VA medical facility to request the item from the VA Prosthetics and Sensory Aids Service (PSAS) unit.

Need help locating an in-network pharmacy?

Visit www.va.gov/find-locations, select Facility Type: Community pharmacies.

Questions about DME? Contact your local VA PSAS unit or your referring VA provider.

* Opioid medications limited to a 7-day supply or state limits, whichever is less.

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RECEIVING AND PAYING YOUR BILL

Depending on your disability rating and private insurance (including Medicare and Medicaid), you may receive a bill from VA for the services you received. **If you owe a copay, send payment to VA at the address on your bill. You should never pay a community provider directly.**

For more information about Veteran health benefit copayments, visit www.va.gov/health-care/pay-copay-bill/

If you receive a bill from your community provider, contact the national VA Community Care Contact Center at **877-881-7618**, Monday through Friday, 8 a.m. to 9 p.m. Eastern time.

Questions about your VA bill? Contact 866-400-1238, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

To find out more information about your priority group, disability rating, or copay information:

sign into My HealtheVet at www.myhealth.va.gov using your DS Login or ID.me.