May 2019

Veterans Community Care Program – Billing and Payments

VA MISSION Act of 2018

As with other VA care, under the VA MISSION Act, Veterans may need to pay a copayment for care for nonservice-connected conditions when receiving care from a community provider.

Veteran Copayments and Health Insurance

After receiving care from a community provider, Veterans may have to pay a copayment for nonservice-connected care, just as they would if they received care at a VA medical facility. For urgent care furnished under a separate benefit, copayments depend on the Veteran’s assigned priority group and the number of times he or she visits an in-network urgent care provider in a calendar year.

Copayments are not paid out-of-pocket at the time the eligible Veteran receives care. All VA copayments are billed as part of VA’s normal billing process.

VA may also bill a Veteran’s other health insurance for care for nonservice-connected conditions. More information about VA copayments and health insurance is available on VA.gov from the links below:

- Copayments: https://www.va.gov/COMMUNITYCARE/revenue_ops/copays.asp
- Health Insurance: https://www.va.gov/COMMUNITYCARE/programs/veterans/Health_Insurance.asp
- Billing/Making Payments: https://www.va.gov/COMMUNITYCARE/revenue_ops/billing.asp

Release of Information for Sensitive Diagnosis

VA is no longer required to obtain written authorization from Veterans to bill their health insurance companies for health care related to a sensitive diagnosis, which includes drug or alcohol use, alcoholism, HIV/HIV testing, and sickle cell anemia. VA has provided notice of this change, which the Department began implementing on January 28, 2019, to Veterans whose requests not to bill their other health insurance for these particular conditions were granted.

Sensitive diagnosis information may be included in a claim or in copies of a Veteran’s medical record.
Adverse Credit Reporting From Use of Veterans Choice Program

Veterans can call the VA Adverse Credit Helpline at 877-881-7618 to help resolve adverse credit reporting and debt collection issues as a result of using community care.

Community Care Claims and Payments

Community providers should refer to the terms of the applicable contract or agreement governing their provision of community care to determine requirements regarding claims and payment. The applicable contract or agreement may be directly with VA or may be with a third-party administrator (TPA) under contract with VA to administer portions of VA's community care program.

The status of a community care claim filed directly with VA is available in the Vendor Inquiry System (VIS) located at the following link: https://www.vis.fsc.va.gov/login.asp. Patient and claim identifiers are needed to locate the unique claim status information. Questions about the status of claims submitted to a TPA should be directed to the TPA.