

Frequently Asked Questions

Q: Can I still see my VA primary care team after I receive a referral for primary care in the community?

Once your primary care is established in the community, you will **no longer** be a patient of your VA primary care provider.

Primary care needs will be handled by your community provider. This includes creating new referrals if needed, prescription needs, and starting the referral renewal process.

Q: What if I want to come back to my VA primary care provider after I received a referral for primary care in the community?

You are always welcomed back! To do so you will need to stop care with your community provider and reestablish care at the VA. The Office of Community Care can help guide you through the process.

Q: What are some possible draw backs to utilizing community care?

Providers at the VA are experts in Veteran care. With the use of community care it is more difficult for each provider to fully grasp the Veteran's complete history. Care may become more fractured and possibly delayed.



STILL HAVE QUESTIONS?

***THAT'S OKAY,
WE ARE HERE TO HELP.***

Call the local Office of Community Care

T: 802-295-9363 ext. 6060

- Questions about the care you are authorized to receive
- Questions about the referral process
- Questions about scheduling or if you need scheduling assistance
- Questions about the number of appointments left on your authorization or reauthorizations

Call your community provider's office if:

- Questions about scheduling your next appointment
- Questions about your visit or what information your community provider needs
- IF receiving VA authorized primary care in the community - primary care questions and needs

Call VA Community Care Contact Center

T: 877-881-7618

If you receive a bill from your community provider

Questions about your bill from the VA?

T: 866-400-1238



VA Community Care Process

Frequently Asked Questions and Contact Information



Choose VA

VA Community Care Process

Step 1: Consult Creation and Review

- Meet with VA Provider who can create consult for VA referral team to review
- **DO NOT Schedule community appointment without hearing back from VA on consult approval**
- Without an approved consult the VA has not authorized and cannot pay for the care

Step 2: Authorization & Scheduling

- Once the VA Office of Community Care (OCC) has contacted you with the approved consult information, you may proceed to schedule your appointment or have the VA OCC staff assist with scheduling.
- If self-scheduling, the Veteran must inform the VA of the appointment information within 14 days. This allows VA staff to help coordinate care needed.
- During this phase, the formal, written authorization is created and mailed to Veteran

Step 3: Community Care Visit

- At the scheduled day and time, you will attend your community care appointment.
- You may be asked to bring copies of diagnostic imaging with you.

Step 4: Track Your Appointments

- The VA will NOT cover/pay for services beyond what is described in the authorization.
- IF the authorization covers more than one appointment, the Veteran can schedule directly with the community provider
- **It is the responsibility of the Veteran to keep track of the number of appointments they have scheduled and not to exceed the approved amount and time**

Step 5: Reauthorization

- If you need care beyond what is authorized, your community provider needs to submit a new referral request to the VA.
- The VA will review the referral request, and, if appropriate, issue a new authorization for the extended or additional care.
- In some circumstances, VA may determine that you should return to the VA to receive this care.
- **DO NOT schedule additional care in the community until your VA contacts you with approved consult information**

Frequently Asked Questions

Q: Can I get prescriptions from the community care visit covered by the VA?

You may fill a prescription for a 14-day (or fewer) supply written by a community provider at a VA pharmacy, a participating in-network pharmacy with no out of pocket payment at the time, or an out-of-network pharmacy - but you must pay at the pharmacy and submit a reimbursement claim to the VA.

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.



Q: Will I receive a bill for VA approved care?

Depending on your disability rating and private insurance you may receive a bill from the VA for the services you received.

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During a medical emergency, you should immediately seek care at the nearest emergency department. A medical emergency is an injury, illness or symptom so severe that a delay in seeking immediate medical attention would be reasonably expected to be hazardous to life or health. **If you believe your life or health is in danger, call 911 or go to the nearest emergency department right away.**

During a medical emergency, VA encourages all Veterans to seek immediate medical attention without delay. Inform the emergency care provider to report your emergency treatment to VA's Centralized Emergency Care Reporting Center as soon as possible after your treatment starts by calling 844-72HRVHA (844-724-7842)