

# Community Care: MISSION Act Update

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**CHARLOTTE MCGRATH**

**Regional Provider Experience Manager, CCN Region 2**

**National Office of Community Care**



**VA**



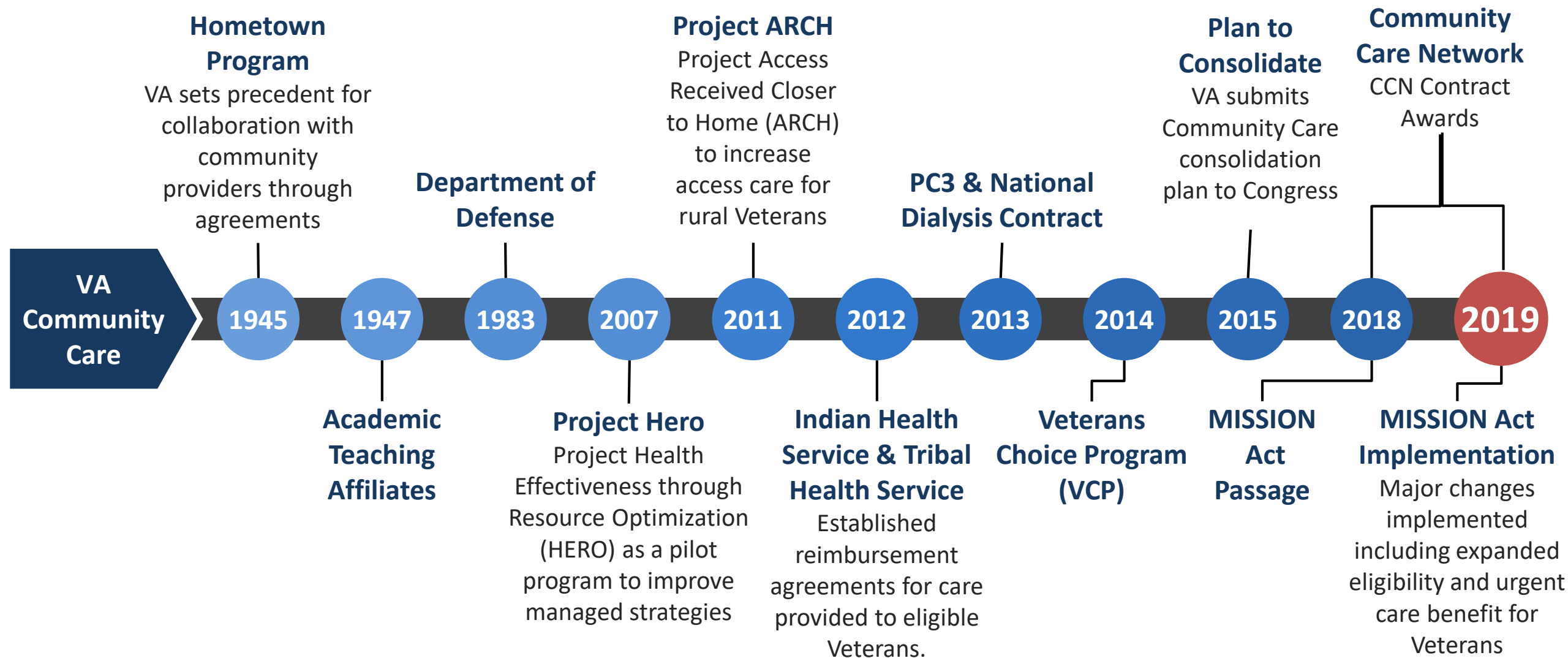
**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Office of Community Care*

# Agenda

- History of Community Care
- VA MISSION Act
  - Overview of Key Elements
  - Community Care Changes
  - Expanded Eligibility
  - Urgent Care Benefit
  - Required Provider Training
- Community Care Network (CCN)
- Community Care Resources
- Questions

# History of VA Community Care



# VA MISSION Act: An Overview Of Key Elements

## What is the MISSION Act?

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 will fundamentally transform VA's health care system. It will fulfill the president's commitment to provide Veterans with more choice in their health care providers. The Act includes four main pillars:

1. **Consolidating VA's community care programs.**
2. **Expansion of Caregivers Program**
3. **Flexibility to align its asset and infrastructure**
4. **Strengthening VA's ability to recruit and retain health care professionals.**

## What is it NOT?

The MISSION Act is not a step toward privatization. It's about significantly improving Veterans' experience and enhancing their access to care.

## Key Elements

**Community Care** - Consolidates VA's multiple community care programs into one that is easier to navigate for Veterans and their families, community providers and VA employees.

**Caregivers Program** - The Act expands eligibility for VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) by including eligible Veterans from all eras of service.

**Asset and Infrastructure** - The Asset and Infrastructure Review (AIR) process in the Act will provide VA the necessary flexibility to align its infrastructure footprint with the needs of the nation's Veterans.

**Recruit and Retain** - The Act will allow for additional, improved recruitment efforts, including a new scholarship program, greater access to VA's education debt-reduction program and improved flexibility for providing bonuses for recruitment, relocation and retention.



# Community Care: Key Changes

## New for Veterans

Veterans receive new benefits under the Veterans Community Care Program. These benefits include:

- Access to urgent care
- Expanded eligibility for community care
- Scheduling by the Veteran and VHA
- Technology that streamlines communication

## New for Community Care Providers

Establishment of the Community Care Network and Veterans Care Agreements. Community providers must now:

- Undergo an industry standard credentialing process
- Complete mandatory training
- Be subject to an exclusionary process
- Submit claims within 180 days from date of service

## New for VA Staff

Introduction of new and modernized IT systems and business processes that will result in:

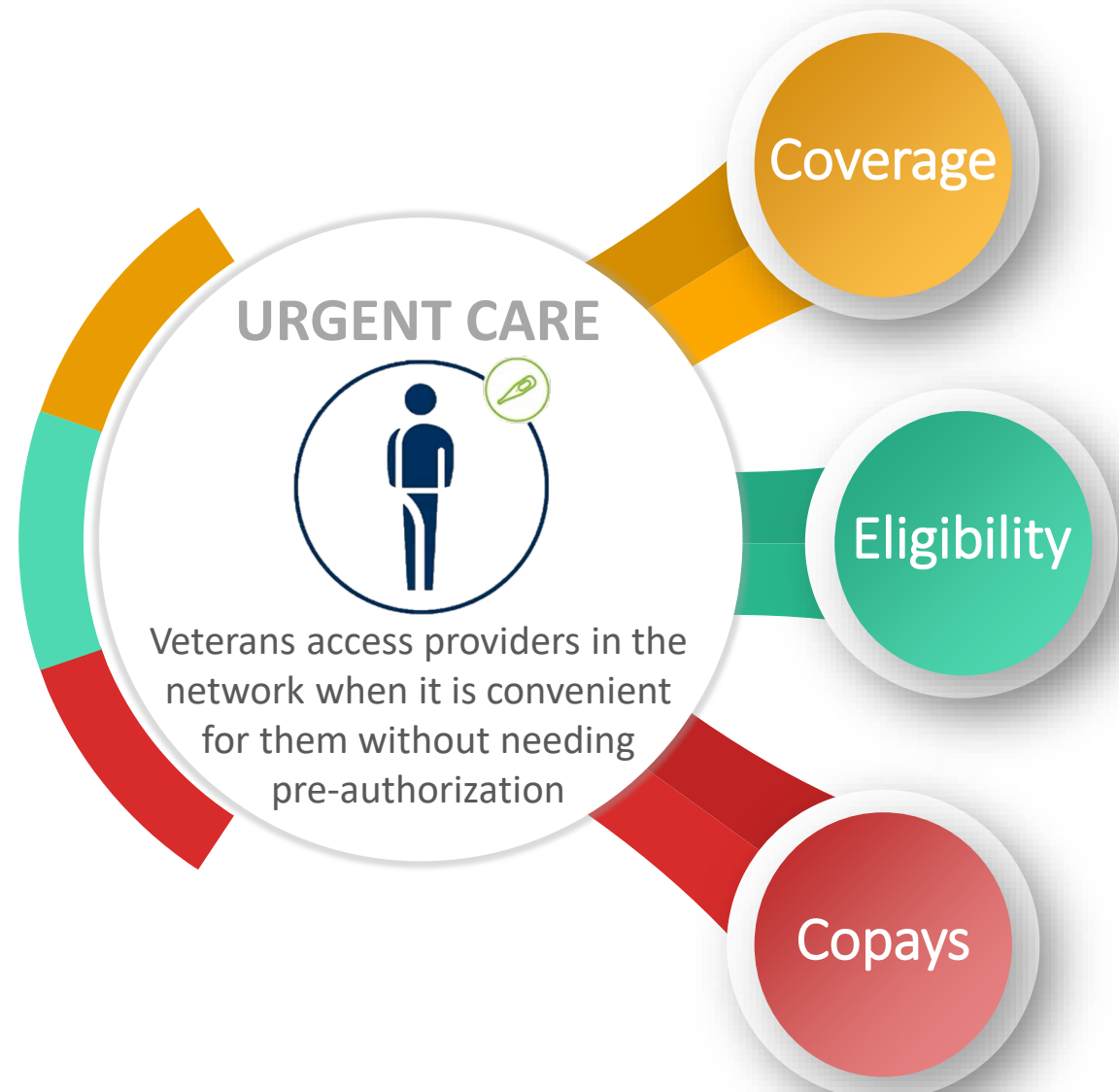
- Fewer manual process / increased automation
- Increased availability of processes metrics
- Broader options for care coordination
- Faster, easier, auditable information sharing

# MISSION Act: Expanded Eligibility Overview



ACCESS STANDARDS	Primary Care, Mental Health, Non-institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

# MISSION Act: New Urgent Care Benefit



Access to urgent, non-emergency care (e.g. non-life threatening conditions) through the VA contracted network. Services such as:

- *Colds*
- *Ear infections*
- *Minor injuries*
- *Pink eye*
- *Skin infections*
- *Strep throat*

To be eligible for urgent care, Veterans must:

- Be enrolled in the VA health care system AND
- Have received care through VA from either a VA or community provider within the past 24 months

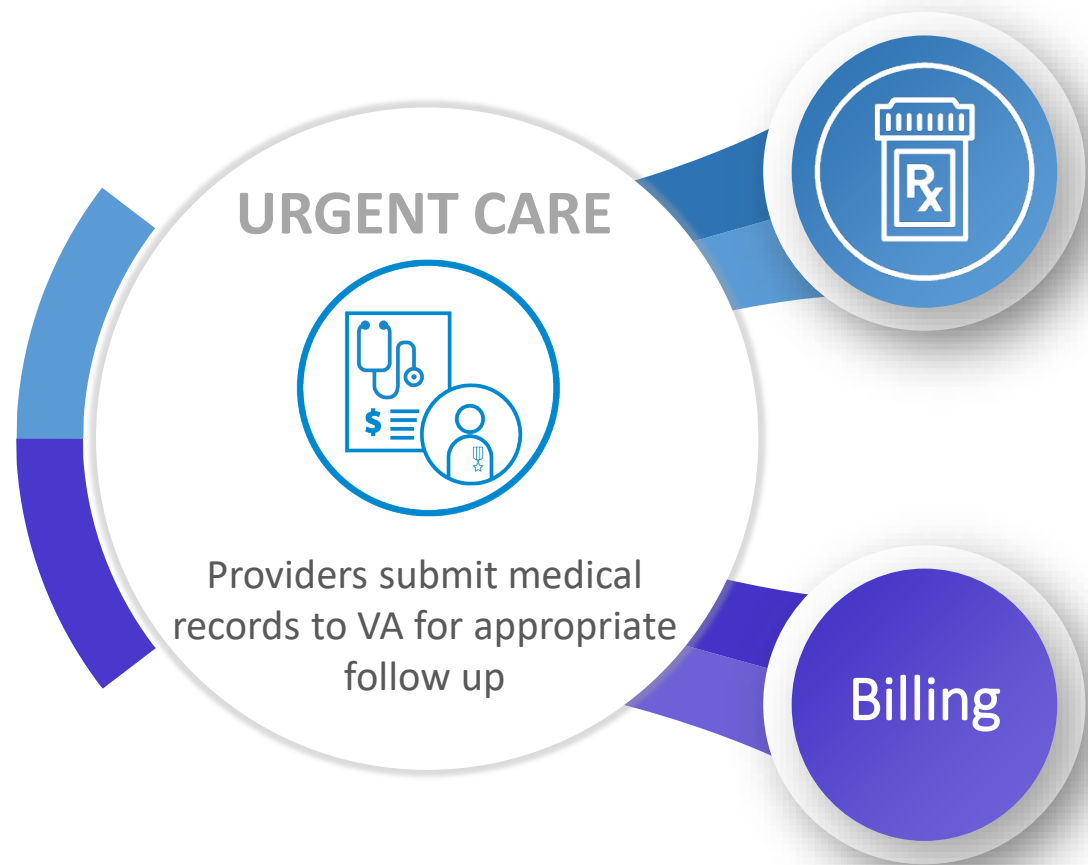
## Priority Group(s) Copayments based on number of visits in a calendar year

1-5	• First three visits: \$0	• 4 <sup>th</sup> and greater visits: \$30 per visit
	If related to a condition covered by special authority or exposure:	
6	• First three visits: \$0	• 4 <sup>th</sup> and greater visits: \$30 per visit
	If not related: \$30 per visit	
7-8	\$30 per visit	





# MISSION Act: New Urgent Care Benefit (Cont'd)



**Urgent Care Prescriptions:** VA will pay for or fill prescriptions

- Provider may write prescriptions for up to a 14-day supply
- Prescriptions can be filled at a contracted pharmacy within the VA network, in VA, or at a non-contracted pharmacy
  - If a noncontracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with the local VA medical facility
- To find an in-network pharmacy, providers and Veterans can use the VA Facility Locator.

**Billing:** Urgent care provider bills VA's Third Party Administrator (TPA) and VA may bill the Veteran the applicable copayment.



# MISSION Act: Required Provider Training

**VA MISSION Act (Section 131 and 133):** Establishes new requirements for non-department providers treating Veterans.

- Ensures safe opioid prescribing practices
- Establishes new competency standards and requirements
- VA developed training courses that all licensed independent providers must complete.

## **Independent Licensed Providers**

*All providers with an NPI who treat Veterans must complete VA required training courses*

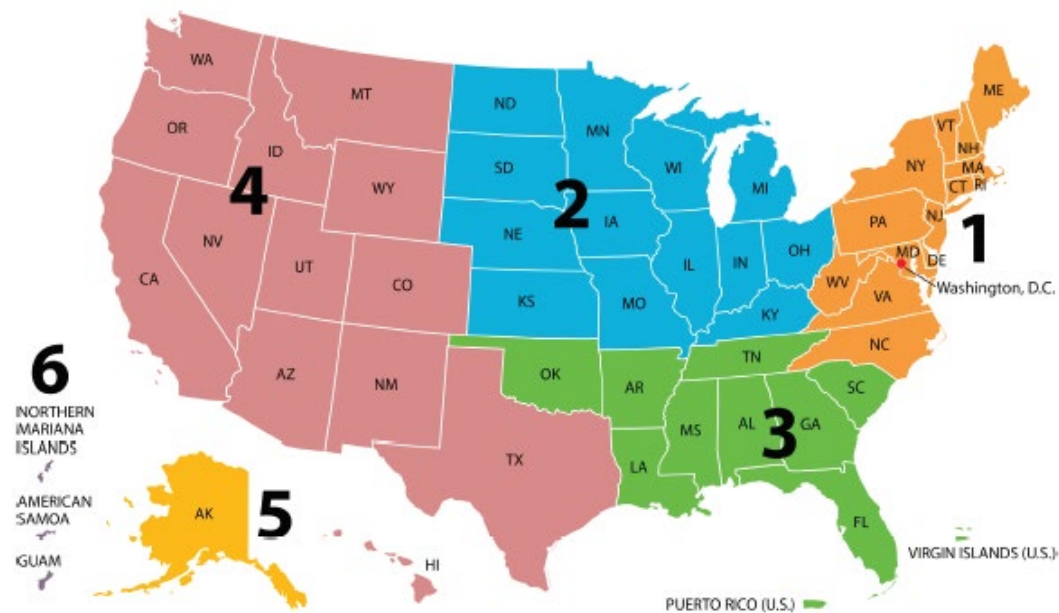
- MISSION Act VHA TRAIN training website (<https://train.missionact.org/>) an external learning management system, created to host all MISSION related training courses.
- Providers must create an account in VHA TRAIN and include an NPI number in their VHA TRAIN profile before registering and completing training.
- Applies to providers who work through:
  - PC3 (and TriWest)
  - CCN (and CCN TPAs (Optum and TriWest))
  - Veterans Care Agreements (and VA)

# Community Care Network: Overview

The **Community Care Network (CCN)** is a new set of **region-based** contracts to provide health care services in the community through a contractor who **builds** and **credentials** the associated network and **processes claims**.

## Benefits of the CCN:

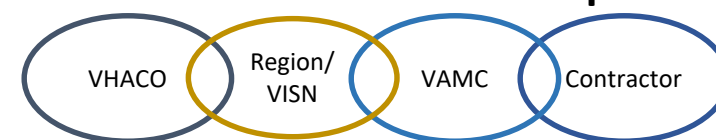
- Gives VA control of Veteran care and experience
  - VA is taking back **scheduling, care coordination, and customer service** functions
- Gives VA convenient access to a network of qualified, **credentialed providers**
- Gives VA a streamlined community care processes
  - by including **more services** under CCN
  - by **no longer** adjudicating claims



Community providers wanting to deliver care to our nation's Veterans can contact Optum at [Join Optum VACCN Network](#) or [VACCNProviderContracting@optum.com](mailto:VACCNProviderContracting@optum.com).

(Regions 1, 2, and 3)

## Achieved in Partnership



Choose **VA**

**VA**



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care

# Community Care & MISSION Act Public Resources

## Community Care Website (External):

- <https://www.va.gov/communitycare/>

## Community Care YouTube Playlist

- [https://www.youtube.com/playlist?list=PL3AQ\\_JVoBEyys0cr7PzSVvnW1\\_YVYFs1p](https://www.youtube.com/playlist?list=PL3AQ_JVoBEyys0cr7PzSVvnW1_YVYFs1p)

General Information	Eligibility	Appointments and Getting Care
<ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public)</a></li> <li>• <a href="#">Fact Sheet: General Information</a></li> <li>• <a href="#">Video: Veteran Community Care - Overview</a></li> <li>• <a href="#">Information Sheet: Current vs. Future</a></li> <li>• <a href="#">Article: Top Questions Answered</a></li> <li>• <a href="#">Article: What is the latest on community care?</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public)</a></li> <li>• <a href="#">Article: New eligibility criteria a major improvement over existing rules</a></li> <li>• <a href="#">Fact Sheet: Eligibility</a></li> <li>• <a href="#">Video: Veteran Community Care - Eligibility</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public)</a></li> <li>• <a href="#">Article: Finding a community provider, making appointments, and getting care</a></li> <li>• <a href="#">Fact Sheet: Appointments and Getting Care</a></li> <li>• <a href="#">Video: Veteran Community Care: Making Appointments</a></li> </ul>

Billing and Payments	Urgent Care
<ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public)</a></li> <li>• <a href="#">Fact Sheet: Billing and Payments</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public - Veterans)</a></li> <li>• <a href="#">Webpage (Public – Providers)</a></li> <li>• <a href="#">Article: VA's new urgent care benefit for Veterans</a></li> <li>• <a href="#">Top Questions Answered Article/Blog</a></li> <li>• <a href="#">Fact Sheet: Urgent Care</a></li> <li>• <a href="#">Video: Veteran Community Care: Urgent Care</a></li> <li>• <a href="#">Article: Answers to the top five questions</a></li> </ul>

Other
<p><b>Veterans Care Agreements</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public – Providers)</a></li> <li>• <a href="#">Fact Sheet: Veterans Care Agreements</a></li> </ul> <p><b>Opioid Safety</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Fact Sheet: Opioid Safety Initiative</a></li> </ul> <p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public – Veterans)</a></li> <li>• <a href="#">Webpage (Public – Providers)</a></li> <li>• <a href="#">Fact Sheet/FAQs</a></li> <li>• <a href="#">Video: Emergency Medical Care</a></li> </ul> <p><b>Sunset of Choice Program</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Webpage (Public – Veterans)</a></li> <li>• <a href="#">Webpage (Public – Providers)</a></li> <li>• <a href="#">Article: What to expect for community care on June 6</a></li> <li>• <a href="#">Fact Sheet: Sunset of Veterans Choice Program</a></li> </ul>



# 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.

## 1

### 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](http://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.

## 2

### 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](http://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](http://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.

## 3

### 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.

## 4

### 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

# 5

## 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.

# 6

## 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.

# 7

## 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 you must return to your local VA medical facility for a consult at the Prosthetics and Sensory Aids Service (PSAS) unit.

### **Need help locating an in-network pharmacy?**

Visit [www.va.gov/find-locations](http://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.

# 8

## 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/](http://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](http://www.myhealth.va.gov) using your DS Login or ID.me.

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## 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](http://www.va.gov/find-locations). For more information, visit: [www.va.gov/communitycare/programs/veterans/urgent\\_care.asp](http://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](http://www.va.gov/communitycare/programs/veterans/emergency_care.asp)





# Veteran Community Care Eligibility

Under the VA MISSION Act of 2018, Veterans have better access and greater choice in health care either at VA or a community provider through improved eligibility criteria. The new eligibility criteria were effective June 6, 2019.

Key aspects of community care eligibility are noted below:

1. Veterans must receive approval from VA prior to obtaining care from a community provider in most circumstances.
2. Veterans must either be enrolled in VA health care or be eligible for VA care without needing to enroll to be eligible for community care.
3. Eligibility for community care will continue to be dependent upon a Veteran's individual health care needs or circumstances.
4. VA staff members generally make all eligibility determinations.
5. Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
6. Meeting any one of six eligibility criteria listed below is sufficient to be referred to a community provider—a Veteran does not have to meet all of them to be eligible.

## Eligibility Criteria

### 1. Veteran Needs a Service Not Available at a VA Medical Facility

In this situation, a Veteran needs a specific type of care or service that VA does not provide in-house at any of its medical facilities.

**Example:** If you are a female Veteran and need maternity care, you would be eligible for community care because VA does not provide maternity care in any of its medical facilities.

### 2. Veteran Lives in a U.S. State or Territory Without a Full-Service VA Medical Facility

In this scenario, a Veteran lives in a U.S. State or territory that does not have a full-service VA medical facility. Specifically, this would apply to Veterans living in Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands.

**Example:** If you are a Veteran living in Guam, you would be eligible for community care because you reside in a State without a full-service VA medical facility.

### 3. Veteran Qualifies under the "Grandfather" Provision Related to Distance Eligibility for the Veterans Choice Program

For this element, there are a few different ways that a Veteran could be eligible for community care. Initially, there are two requirements that must be met in every case:

- Veteran was eligible under the 40-mile criterion under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 6, 2018), **and**
- Veteran continues to reside in a location that would qualify them under that criterion.

If both of these requirements have been met, a Veteran may be eligible if one of the following is also true:

- Veteran lives in one of the five States with the lowest population density from the 2010 Census: North Dakota, South Dakota, Montana, Alaska, and Wyoming, **or**
- Veteran
  - lives in another State,
  - received care between June 6, 2017, and June 6, 2018, **and**
  - requires care before June 6, 2020



**Example A:** If you are a Veteran who has lived in Kansas since 2012, your home is 41 miles driving distance to the nearest VA medical facility with a full-time primary care physician, and you received VA care between June 6, 2017, and June 6, 2018, you would be eligible for community care until June 6, 2020.

**Example B:** If you are a Veteran who lives in Wyoming and you qualified under the 40-mile criterion under the Veterans Choice Program on June 5, 2018, you would be eligible for community care.

#### 4. VA Cannot Furnish Care within Certain Designated Access Standards

To be eligible under this criterion, Veteran meets specific access standards for average drive time or appointment wait-times.

The specific access standards are described below. (Important: Access standards are proposed and not yet final).

- Average drive time to a specific VA medical facility
  - 30-minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care)
  - 60-minute average drive time for specialty care

**Note:** Average drive times are calculated by VA using geo-mapping software that uses inputs such as traffic to calculate the average driving time.

- Appointment wait time at a specific VA medical facility
  - 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider
  - 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with their VA health care provider

**Example A:** If you are a Veteran and live 10 miles from the nearest VA primary care provider, but it takes you over an hour to drive there on average due to heavy traffic, you would be eligible for community care.

**Example B:** If you live an average drive time of 25 minutes from the nearest VA medical facility and need a primary care appointment, but cannot be scheduled for one for 25 days, you would be eligible for community care.

**Example C:** If you live an average drive time of 50 minutes from a VA hospital, but that hospital doesn't offer the specialty care or service you need, and the closest VA facility that does offer that care or service is a 75-minute drive away, you would be eligible for community care.

#### 5. It Is in the Veteran's Best Medical Interest

In this situation, a Veteran may be referred to a community provider when the Veteran and the referring clinician agree that it is in their best medical interest to see a community provider.

**Example:** If you are a Veteran with a certain type of ovarian cancer that your VA oncologist is not experienced in treating, and you live close to a community medical facility where there is specialist for that type of cancer, you could be eligible for community care if the clinician and patient agree that this treatment should be furnished by the community medical facility.

#### 6. A VA Service Line Does Not Meet Certain Quality Standards

In this scenario, if VA has identified a medical service line is not meeting VA's standards for quality based on specific conditions, Veterans can elect to receive care from a community provider under certain limitations.

**Example:** If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, you may be able to elect to receive your cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.





## Frequently Asked Questions

### **Q1. I like the care I get at VA and don't want to go to a community provider, even if I'm eligible. Can I still go to the VA?**

Yes, Veterans who are eligible for community care generally continue to have the choice to receive care at VA or a community provider.

### **Q2. I'm currently receiving community care through the Veterans Choice Program. Will I still be eligible under the new eligibility criteria?**

The new criteria are designed to ensure that Veterans currently eligible for community care, especially those who are wait-time or drive-time eligible, have access to the care they need. However, a final determination on your eligibility for community care will continue to depend on the specific type of care you need, your circumstances, whether or not the care is available through a VA medical facility, and other factors. Beginning June 6, 2019, VA will no longer be able to furnish care and services through the Veterans Choice Program, so VA will need to determine your eligibility under one of the six criteria described above.

### **Q3. I am receiving community care right now, and I like the clinician who is taking care of me. With these changes, am I still able to see my clinician?**

Eligibility for community care will continue to be dependent upon your individual health care needs and circumstances, available care at a VA medical facility, and other factors. VA staff will work with you to determine your eligibility and if you can continue to see your clinician.

### **Q4. Why did VA switch from distance to average drive time criteria?**

Veterans in urban areas can experience drive times that are as long or longer than Veterans in rural or remote areas. The switch to average drive-time criteria provides Veterans located in urban areas with improved choices for community care when average drive times to the nearest VA facility are long. Drive time is also commonly used in the public and private health care sectors.

### **Q5. Are Choice Cards valid after June 5, 2019?**

No, Choice Cards are not valid under the new community care program.

### **Q6. I'm a community provider and currently see Veterans in my practice who are distance-eligible under the Veterans Choice Program. Will they still be eligible for community care?**

Veterans eligible under the 40-mile criterion under the Veterans Choice Program may still be eligible depending on their individual health care needs or circumstances. Veterans should contact their local VA facility to determine if they are still eligible for community care.



# Reporting Veteran Concerns With Community Care

Department of Veterans Affairs (VA) encourages Veterans to help VA improve the quality and safety of care Veterans receive in the community. Veterans referred by VA providers to community providers can report concerns regarding the quality or safety of services received during a community care visit or other issues related to community services.

## Overview

### 1. What is the difference between a patient safety event and a complaint/grievance?

A Community Care patient safety event is an adverse event or close call impacting a Veteran that occurs at a facility outside VA that is providing care on behalf of VA.

Complaints stem from minor issues that can typically be resolved by staff present at the time the concern is voiced, while grievances are more serious and generally require investigation into allegations regarding the quality of patient care. VHA encourages reporting of any complaint or dispute expressing dissatisfaction with any aspect of the operations, activities, or behavior of the CCN coverage, staff supporting this program, or its providers, regardless of whether remedial action is requested.

### 2. Who can submit a patient safety event or complaint/grievance?

A Veteran, or a representative of a Veteran, such as spouse and family member, can work with VA Medical Center (VAMC) Patient Advocates to report a patient safety and quality event or complaint.

A Veteran may also report a patient safety event or a complaint/grievance directly to the Third-Party Administrator (TPA), through their websites. The Veteran must log onto the patient portal for the respective TPA to submit the complaint. To submit a patient safety event and/ or a complaint/grievance for regions 1-3, please refer to the [Optum Veteran Patient Portal](#) and sign in. To submit a patient safety event and/ or a complaint/grievance for Regions 4-5, please refer to the [TriWest Veteran Patient Portal](#) and sign in.

### 3. Who are Patient Advocates and how can I get in touch with them?

Patient Advocates are highly trained professionals available at VAMCs to help Veterans with concerns that cannot be resolved with their health care provider or team. Patient Advocates listen to questions, complaints or compliments Veterans have and work with the appropriate staff to facilitate resolution.

A Patient Advocate is an employee who is specifically designated at each VHA facility to manage the feedback received from veterans, family members and friends. The Patient Advocate works directly with management and employees to facilitate resolutions. You may contact the Patient Advocate at your facility- [Find your nearest VA](#).

## Review and Next Steps

### 4. What happens after I report a quality or safety concern?

The Patient Advocate will document the Veteran's concern in the Patient Advocate Tracking System (PATS) will assign the incident to the Community Care service line in PATS, which will route the concern to the facility Community Care office for resolution.

### 5. What happens after I report a complaint/grievance?

Patient Advocates will partner with the Veteran and VAMC's Community Care Office to submit a grievance form to the community provider's contracted network, if applicable, request investigation and resolution, or follow established VA guidance and procedures for resolution and corrective action implementation when necessary. VAMC Community Care Office staff ensure complaints/grievances are addressed and resolved, as possible, and that a response is provided to the Veteran (or representative of Veteran).