

Date: **JUN 07 2019**

From: Acting Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Critical Reminders for MISSION Act Implementation

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The purpose of this memorandum is to provide guidance and reminders regarding implementation of the VA MISSION Act of 2018 (MISSION Act) to ensure accuracy, timeliness, and a reduction in errors as new systems and processes are put into place.
2. Effective Friday, June 7, 2019, the VHA Office of Community Care will upload a daily report to the [Community Care SharePoint](#) that reflects those outstanding provider agreements and individual authorizations that need further action from facilities. Data from this report will come from the Fee Basis Claims (FBCS) authorizations table as pulled from the Corporate Data Warehouse. Each VISN's respective Field Support staff are available to assist with pulling the data and guidance on the process, as requested. A listing of VISN Field Support staff can be found on the [CI Solutions Page](#). For additional guidance please reference [Chapter 10](#) of the Field Guidebook.
3. VAMC Chiefs of Staff (COS) must confirm that their Delegation of Authority Memorandum (DOAM) is accurate and up to date. The new eligibility criteria for community care under the MISSION Act may require additional clinical review from the delegated staff. An outdated DOAM may lead to unnecessary and additional clinical appeals from Veterans. More information on this and the Delegation of Authority Medical Services can be found here: <https://vaww.vha.vaco.portal.va.gov/DUSHCC/DC/DO/CI/S/default.aspx>
4. Only fiscal year 2019 Decision Support Services (DSS) stop codes should be in use for consults. If older stop codes are used, the Decision Support Tool (DST) will not open or function properly. For a list of the active stop codes, please refer to: http://vaww.mcao.va.gov/programdocs/pd_oident.asp
5. VA providers may request approval from their VAMC COS or designee to provide community care to a Veteran for up to one year as allowed by the best medical interest provision of the MISSION Act. This process can be found in [Chapter 2](#) of the Field Guidebook.

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6. Every VA facility must provide a list to their schedulers of where to send Veterans Community Care Program – Eligibility (VCCPE) consults, including procedural areas. The standardized COMMUNITY CARE-ADMIN VCCPE consult language, as appears in the technical guide and in the DST, should in no way be changed or altered except for the sites in an integrated VistA (VISN 2, 15 and 23). Any changes (e.g. manual addition of letters or words to the service) will prevent the scheduler-specific DST workflow from opening. For additional information on how to track these consults by specialty or clinic, please visit [Chapter 2](#) of the Field Guidebook or the following instructions that explain how to set up the VCCPE consult:

<https://vaww.portal2.va.gov/sites/cbopc/BSM/NVCC//CT/Forms/AllItems.aspx?RootFolder=/sites/cbopc/BSM/NVCC//CT/COMMUNITY%20CARE-ADMIN%20VCCPE&FolderCTID=0x012000FDD8C45E59E206499F1C8B2273BCD223&View=%7b946351A9-5820-436D-B974-A35F4E630F8E%7d>

7. Any questions regarding this memorandum can be directed to Office of Community Care Clinical Integration Leadership at VHA10D1D1CILEadership@va.gov or 734-222-4292.



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