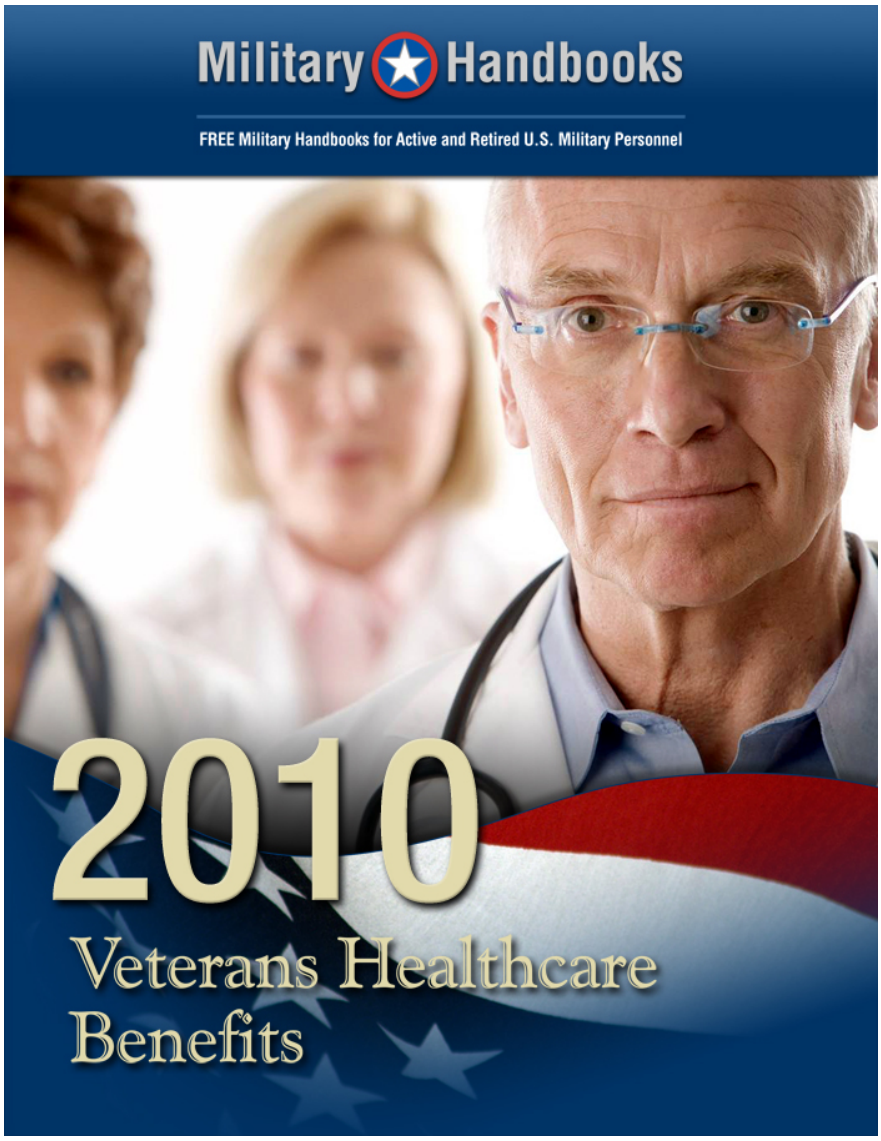

2010 Veterans Healthcare Benefits Handbook

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Introduction

This handbook is designed to provide veterans and their families with the information they will need to understand VA's health care system and its enrollment process including enrollment priority groups, required co-payments, if applicable, and what services are covered.

If you have *specific* questions not addressed in this handbook, additional help is available at the following sources:

- Any Veterans Service Center located at the Albany, Bath, Canandaigua, Syracuse, Western New York (Buffalo) VA Medical Centers or by calling the Veterans Service Contact Center at 1-888-823-9656
- National Veterans Health Benefits Service Center at 1-877-222-VETS (8387)
- The eligibility page on the VA (national) Web site: http://www.va.gov/healtheligibility

Veterans from Operations Iraqi Freedom and Enduring Freedom

The VA is committed to supporting troops returning from Operations Enduring Freedom (Afghanistan) and Iraqi Freedom and to make sure these heroes have the health care and benefits you need.

Every active-duty service member, Reservist or National Guard member who serves in a theater of combat operations is eligible for hospital care, medical services, and nursing home care for injuries or illnesses he/she believes is related to combat service for a period up to two years beginning on the date of discharge or release from service. This two-year eligibility for medical care is available even if there is insufficient medical evidence available to conclude that the veteran's illness is the result of combat service. At the end of the two-year period, these veterans have the same eligibility for VA medical care as veterans of earlier conflicts.

VA programs for veterans with a service-connected injury or illness apply equally to those who served in the regular active duty forces and to National Guard members or reservists returning from federal activation. It is our goal in this handbook to help veterans obtain the full range of benefits their noble service has earned them.

– *The Military Handbook Staff*

1

Your VA Health Care Benefits

How to Apply

To receive VA health care benefits, most veterans need to enroll. Enrollment is easy. You can apply at any time. You need to complete a one-page application form called VA Form 10-10EZ. You can get this form by:

- Accessing the VA Web site, www.va.gov/1010EZ.htm
- Visiting, calling or writing any VA health care facility or Veterans Benefits Office
- Calling VA's Health Benefits Service Center, toll free at 877-222-VETS (8387), Monday through Friday between 7:00 a.m. and 8:00 p.m. Eastern Time

Important: Some veterans do not need to enroll to receive VA health care benefits. You do not need to complete an enrollment form if:

- You have been determined by VA to be 50% or more disabled from service-connected (SC) conditions
- Are seeking care for a VA rated service-connected disability only
- It is less than one year since you were discharged for a disability that the military determined was incurred or aggravated by your service, but that VA has not yet rated

When VA receives your enrollment application, it will be checked along with your military service record to determine your benefit eligibility. The results will be sent to you in writing.

Your enrollment information is reviewed each year. Continued enrollment may depend upon VA's available funding to provide care. You will be notified in writing if VA cannot renew your enrollment for another year.

Special Access to Care

Service Disabled Veterans: Veterans who are 50 percent or more disabled from service-connected conditions, unemployable due to service-connected conditions, or receiving care for a service-connected disability receive priority in scheduling of hospital or outpatient medical appointments.

Combat Veterans: Veterans who served in combat locations during active military service after Nov. 11, 1998, are eligible for free health care services for conditions potentially related to combat service for two years following separation from active duty. For additional information call 1-877-222-VETS (8387).

Priority Groups and You

During enrollment, veterans are assigned to priority groups that the VA uses to balance demand with resources. Changes in available resources may reduce the number of priority groups VA can enroll. If this occurs, VA will publicize the changes and notify affected enrollees. Veterans will be enrolled to the extent Congressional appropriations allow. If appropriations are limited, enrollment will occur based on the following priorities:

Group 1: Veterans with service-connected disabilities rated 50 percent or more and/or veterans determined by VA to be unemployable due to service-connected conditions.

Group 2: Veterans with service-connected disabilities rated 30 or 40 percent.

Group 3: Veterans with service-connected disabilities rated 10 and 20 percent, veterans who are former Prisoners of War (POW) or were awarded a Purple Heart, veterans awarded special eligibility for disabilities incurred in treatment or participation in a VA Vocational Rehabilitation program, and veterans whose discharge was for a disability incurred or aggravated in the line of duty.

Group 4: Veterans receiving aid and attendance or housebound benefits and/or veterans determined by VA to be catastrophically disabled. Some veterans in this group may be responsible for co-pays.

Group 5: Veterans receiving VA pension benefits or eligible for Medicaid programs, and non service-connected veterans and non compensable, zero percent service-connected veterans whose annual income and net worth are below the established VA means test thresholds.

Group 6: Veterans of the Mexican border period or World War I; veterans seeking care solely for certain conditions associated with exposure to radiation or exposure to herbicides while serving in Vietnam; for any illness associated with combat service in a war after the Gulf War or during a period of hostility after Nov. 11, 1998; for any illness associated with participation in tests conducted by the Defense Department as part of Project 112/Project SHAD; and veterans with zero percent service-connected disabilities who are receiving disability compensation benefits.

Group 7: Non service-connected veterans and non-compensable, zero percent service-connected veterans with income above VA's national means test threshold and below VA's geographic means test threshold, or with income below both the VA national threshold and the VA geographically based threshold, but whose net worth exceeds VA's ceiling (currently $80,000) who agree to pay co-pays.

Group 8: All other non service-connected veterans and zero percent, non-compensable service-connected veterans who agree to pay co-pays. *(Note: Effective Jan. 17, 2003, VA no longer enrolls new veterans in priority group 8e & 8g).*

Veterans Service Center

The Veterans Service Center provides assistance with eligibility, enrollment, financial assessments, burial benefits, beneficiary travel, TRICARE, CHAMPVA and Army Reserve physical exams. The Veterans Service Center can also assist you with billing inquiries, benefits counseling, and updating your personal information. For more information, contact the Veterans Service Contact Center at 1-888-823-9656.

Veterans Identification Card (VIC)

VA provides eligible veterans a Veterans Identification Card (VIC) for use at VA health care facilities. Once your eligibility for VA medical benefits is verified and you have your picture taken at your local VA medical facility, your card will be mailed to you, usually within 5 to 7 days. Keep this card with you. You will need to bring it to all inpatient and outpatient visits.

What to do if the Card is Lost or Stolen

Veterans should contact the VA medical facility where they took their picture to request a new card be re-issued. Since the photo is retained, there is no need for the veteran to go to the VA to retake a picture for the card. Identifying information such as name and other information will be asked to assure proper identification of the caller.

Replacement of the Old VIC

Veterans with the old and outdated version of the VIC (which displays the Social Security Number and date of birth), must replace the card with the new card. Veterans with the old card should report to their local VA medical facility to have a new card issued. Replacing the card will help protect veterans from potential identity theft. Help us protect your identity.

What to Expect

You can request an appointment for medical care at the same time you apply for enrollment if you are applying in person at any VA medical center– there is no need to wait to request an appointment before your enrollment is confirmed. Additionally, you can indicate on the VA Form 10-10EZ if you desire an appointment and when your application is processed at the medical center, an appointment will be scheduled for you. You will be notified in writing of your appointment and your eligibility for medical care. VA will provide you priority access to care if you are a veteran who:

- Needs care of a service-connected disability
- Are 50 percent service-connected or higher and need care for any condition.

In this case, VA will schedule you for a primary care evaluation within 30 days of desired date. If your outpatient appointment cannot be scheduled within this timeframe, VA will arrange to have you seen within 30 days at another VA health care facility or obtain the services on fee basis, under a sharing agreement or contract at VA expense.

For all other veterans, your local VA health care facility will schedule a Primary Care appointment as soon as one becomes available. You may contact the Enrollment Coordinator if you need to check on the status of your appointment.

Choosing Your Preferred Facility

When you enroll, you will be asked to choose a preferred VA facility.

This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity.

If you do not choose a preferred facility, VA will choose the facility that is closest to your home.

Changing Your Preferred Facility

You may change your preferred facility at any time. Simply discuss this with your primary care doctor. Your primary care doctor will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.

Changing Your Provider/Doctor

You have the right to change health care provider(s). Before making a change, discuss any problems/concerns with your current provider and work toward reaching an agreement. If you cannot reach an agreement, consult the facility Patient Advocate to proceed.

Co-Managed Care

If you are a veteran who is receiving care from both a VA provider and a private community provider it is important for your health and safety that your care from both your providers be coordinated, resulting in one treatment plan. This means your VA and private community providers communicate about your health status, medications, treatments, and diagnostic tests.

In order for your VA provider and your private community provider to communicate about your care, your VA provider will need copies of the following information from your private community provider’s office.

- The name, address and phone number of your community provider
- Prescription(s)
- Office visit notes supporting the prescription(s)
- Blood work results
- Other test results supporting the prescription(s)

You will also need to provide information on any insurance coverage you may have.

You may either bring these copies with you to your next scheduled VA medical appointment or have your private community provider fax this information to your VA provider.

In the course of your care, you may have recommendations for medications, treatments, and diagnostic tests from your private community provider that you wish to have accomplished through VA. It is the responsibility of your VA provider to use their own clinical judgment to decide what medical treatment and tests are appropriate, effective, and necessary. Only then are medications, tests and treatments ordered by your VA provider.

VA medications are listed on the VA Drug List (Formulary), which covers a broad range of generic and brand name medications. The list can be found at www.va.gov/visns/visn02/formulary/formulary.asp. VA providers will choose the appropriate medication for you; however, it may not necessarily be a brand name drug. If VA medications require periodic blood work (monitoring), this will need to be done at a VA.

Making an Appointment for Health Care

Unless it is an emergency, the VA asks that you make an appointment for your care. You will receive information about making appointments from your preferred facility.

Generally, if you are a new enrollee and/or new patient rated less than 50 percent service connected requiring care for a service connected disability, and you request VA care, you will be scheduled for a primary care evaluation within 30 days of desired date. If your outpatient appointment cannot be scheduled within this timeframe, VA will arrange to have you seen within 30 days at another VA health care facility or obtain the services on fee basis, under a sharing agreement or contract at VA expense.

If you are a veteran who is 50 percent service connected or higher and is an already established patient (not new), your request for an appointment will be reviewed by a VA medical provider who will determine a medically appropriate timeline for an appointment. A clinic visit will be scheduled or rescheduled, based on the medical provider's review. You will be contacted by telephone or through correspondence of your appointment.

Second Opinion

VA does not require a second opinion. If you want a second opinion, one will be arranged for you. If you are receiving medical care from another source (private physician, HMO, etc.) and a second opinion is required and you are enrolled with VA health care, you may use the VA for that second opinion.

My Health*e*Vet (MHV)

My Health*e*Vet (MHV) is the gateway to veteran health benefits and services. It provides access to:

- Trusted health information
- Links to Federal and VA benefits and resources
- The Personal Health Journal
- Online VA prescription refill

In the future, MHV registrants will be able to view appointments, co-pay balances, and key portions of their VA medical records online, and more. My Health***e***Vet is a powerful tool to help you better understand and manage your health. To view a virtual tour of My HealtheVet and to create an account, visit: http://www.myhealth.va.gov/.

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Your VA Health Care Services and Coverage

Medical Benefits Package (Standard Benefits)

The Medical Benefits Package is available to all enrolled veterans when treatment is needed to:

- Promote good health
- Preserve your current health
- Restore you to better health

This includes medically necessary services based on the judgment of your VA primary health care provider and in accordance with generally accepted standards of clinical practice.

The benefits package provides routine medical and surgical services for most veterans; however, there are some limitations to services rendered relative to dental care, hearing aids and eyeglasses. VA has also established an exclusionary listing that outlines services that are not offered and/or not reimbursed by VA.

VA's medical benefits package provides the following health care services to all enrolled veterans.

Preventive Care Services

- Immunizations
- Physical Examinations
- Health Care Assessments
- Screening Tests
- Health Education Programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- Emergency outpatient care in VA facilities
- Medical
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Chiropractic Care
- Mental Health
- Bereavement Counseling
- Substance Abuse

Hospital (Inpatient) Diagnostic and Treatment

- Emergency inpatient care in VA facilities
- Medical
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse

Medications and Supplies *

- Prescription medications

- Over-the counter medications
- Medical and surgical supplies

*Generally, they must be prescribed by a VA provider and be available under VA's national formulary system.

Special and Limited Benefits

Some health care benefits are offered only to certain veterans or to veterans under special situations.

Agent Orange Exposure Treatment and Registry Examination

Vietnam veterans exposed to Agent Orange while in Vietnam are eligible for cost-free hospital care, medical services, and nursing home care for any disability that may be associated with the exposure. In addition, these veterans are eligible for enrollment in Priority Group 6, unless they are eligible for placement in a higher priority. This special treatment authority is limited to those veterans who:

- Served on active duty in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975; and
- Have conditions for which the National Academy of Sciences found evidence of a possible association with herbicide exposure. Those conditions are:
    - Adult-onset (Type 2) diabetes,
    - Chronic lymphocytic leukemia (CLL)
    - Hodgkin's disease
    - multiple myeloma
    - non-Hodgkin's lymphoma
    - acute and subacute peripheral neuropathy
    - porphyria cutanea tarda, chloracne, prostate cancer
    - respiratory cancers (cancer of the lung, bronchus, larynx, or trachea)
    - soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)

A general informational brochure on Agent Orange is available at http://www.va.gov/agentorange/docs/AOIB10-49JUL03.pdf

Extensive medical examinations are offered at all VA medical centers for eligible concerned veterans who may have been exposed to Agent Orange or other herbicides during their military service, Veterans who are interested in participating in this program should contact the nearest VA medical center for an examination

Automobile Assistance

You may qualify for automobile assistance for this VA benefit if you have:

- A service connected loss or permanent loss of use of one or both hands or feet; or
- A permanent impairment of vision of both eyes to a certain degree; or
- Entitlement to compensation for ankylosis (immobility) of one or both knees or one of both hips.

VA provides a one time payment of not more than $11,000 toward the purchase of an automobile or other vehicle. VA pays for adaptive equipment and for repair, replacement or reinstallation required because of disability. To apply for this benefit or request further information, contact your nearest VA Regional Office or call 800-827-1000.

Bereavement Counseling

VA health care facilities offer bereavement counseling to veterans and their family members who are receiving VA health care benefits. Bereavement counseling is also provided parents, spouses and children of Armed Forces personnel who died in the service of their country. Also eligible are family members of reservists and National Guardsmen who die while on duty. Counseling is provided at Vet Centers. The nearest Vet Center locations can be found by calling 800-827-1000 or by going to http://www.va.gov/rcs/.

Blind Veterans Services

Blind veterans may be eligible for services at a VA medical center or for admission to a VA blind rehabilitation center or clinic. Services are available at all VA medical facilities through the Visual Impairment Services (VIST) Coordinator. Aids and services for blind veterans include:

- A total health and benefits review by a VA Visual Impairment services team
- Adjustment to blindness training
- Home improvements and structural alterations to homes
- Specially adapted housing and adaptations
- Low vision aids and training in their use
- Electronic and mechanical aids for the blind, including adaptive computers and computer-assisted devices such as reading machines and electronic travel aids
- Guide dogs, including the expense of training the veteran to use the dog and the cost of the dog's medical care
- Talking books, tapes and Braille literature

CHAMPVA

CHAMPVA, the Civilian Health and Medical Program of VA, provides reimbursement for most medical expenses - inpatient, outpatient, mental health, prescription medication, skilled nursing care and durable medical equipment. For more information and to find out about eligibility for ChampVA, contact the VA Health Administration Center, P.O. Box 65023, Denver, CO 80206, call 1-800-733-8387 or visit: http://www.va.gov/hac/.

Domiciliary Care

Domiciliary care is a residential rehabilitation program that provides short-term rehabilitation and long-term health maintenance to veterans who require minimal medical care as they recover from medical, psychiatric or psychosocial problems. Most domiciliary patients return to the community after a period of rehabilitation.

VA may provide domiciliary care to veterans whose annual income does not exceed the maximum annual Improved Disability VA Pension Rate or to veterans who have been determined to have no adequate means of support.

Domiciliary care is provided by VA and state homes. VA also provides a number of psychiatric residential rehabilitation programs, including ones for veterans coping with post-traumatic stress disorder and substance abuse, and compensated work therapy or transitional residences for homeless chronically mentally ill veterans and veterans recovering from substance abuse.

Emergency Care in Non-VA Facilities

Emergency Care in Non-VA facilities is provided as a safety net for veterans under specific conditions. You are eligible if the non-VA emergency care is for a service-connected condition or, if enrolled, you have been provided care by a VA clinician or provider within the past 24 months and have no other health care coverage. Also, it must be determined that VA health care facilities were not feasibly available; that a delay in medical attention would have endangered your life or health, and that you are personally liable for the cost of the services.

Extended Care

VA provides institutional long term care to eligible veterans through VA Nursing Homes, Community Nursing Homes, State Veterans Homes, and Domiciliaries.

VA Nursing Home Care Program provides compassionate care in an interdisciplinary environment to eligible veterans with sufficient functional impairment to require the level of service and skill available in VA nursing homes. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those who need comfort and care at the end of life are served in the VA Nursing Home Care Units.

Their goal is to restore residents to maximum function, prevent further decline, maximize independence, and/or provide comfort when dying. Most VA nursing home care units are well suited to providing short-term, restorative and rehabilitative care up to 100 days, and longer term care for veterans who meet eligibility criteria and/or require end of life care, prolonged active rehabilitation, are unable to sustain a placement in a community nursing home, or lack clinically appropriate community alternative.

The Community Nursing Home (CNH) Program has maintained two cornerstones: some level of patient choice in choosing a nursing home close as close as possible to the veteran's home and family; and a unique approach to local oversight of CNHs. The latter hallmark consists of annual reviews and monthly patient visits. VA Health Care Facility (VAHCF) staff are the only Federal officials charged with regularly visiting nursing homes.

A State home is owned and operated by a State. They may provide nursing home care, domiciliary care, and/or adult day health care. VA provides federal assistance to States by participating in a percentage of the cost of construction/renovation and/or per diem costs. In addition, VA assures that State homes provide quality care through an annual inspection, audit, and reconciliation of records conducted by the VA medical center of jurisdiction to assure that VA standards are met.

Domiciliary care is a residential rehabilitation program that provides short-term rehabilitation and long-term health maintenance to veterans who require minimal medical care as they recover from medical, psychiatric or psychosocial problems. Most domiciliary patients return to the community after a period of rehabilitation.

VA may provide domiciliary care to veterans whose annual income does not exceed the maximum annual Improved Disability VA Pension Rate or to veterans who have been determined to have no adequate means of support.

Other services include:

- Hospice/Palliative care provides comfort-oriented and supportive services in the advanced stages of incurable diseases.
- Respite Care temporarily relieves the spouse or other caregiver from the burden of caring for a chronically ill or disabled veteran at home.
- Geriatric Evaluation and Management (GEM) evaluates and manages older veterans with multiple medical, functional or psychological problems and those with particular geriatric problems receive assessment and treatment from an interdisciplinary team of VA health professionals.
- Community Residential Care provides room, board, limited personal care and supervision to veterans who do not require hospital or nursing home care but are not able to live independently because of medical or psychiatric conditions, and who have no family to provide care.
- Home Health Care provides long-term primary medical care to chronically ill veterans in their own homes under the coordinated care of an interdisciplinary treatment team.
- Adult Day Health Care provides health maintenance and rehabilitative services to veterans in a group setting during daytime hours.

- Homemaker / Home Health Aide Services provides health-related services for service-connected veterans needing nursing home care, provided by public and private agencies under a system of case management provided directly by VA staff.

For extended care services, veterans may be subject to a copay determined by information supplied by completing a VA Form 10-10EC, Application For Extended Care Services. VA social workers are available to assist veterans in interpreting their eligibility and copay requirements if indicated. The co-pay amount is based on each veteran's financial situation and is determined upon application for extended care services and will range from $0 to $97 a day. Unlike copays for other VA health care services, which are based on fixed changes for all, long-term care co-pay charges are individually adjusted based on each veteran's financial status. Veterans are obligated to pay co-pays for extended care services to the extent the veteran and veteran's spouse have available resources.

For extended care services of 180 days or less:

Resources = **sum of veteran and spouses income** - (**sum of veteran's allowance** + **spousal allowance** + **expenses**)

For extended care services of 181 days or greater:

Resources = (**value of liquid assets** + **value of fixed assets** + **sum of veteran and spouses income**) - (**sum of veteran's allowance** + **spousal allowance** + **spousal resource protection amount** + **expenses (only if the veteran has a spouse or dependents residing in the community who is not institutionalized)**).

Currently $89,280 in liquid assets is set-aside for spousal resource protection. This permits the spouse to maintain some liquid assets while they live in the community.

Eyeglasses & Hearing Aids

You are eligible for hearing aids and eyeglasses if you:

- receive increased pension for regular aid and attendance or being permanently housebound, or
- receive compensation for a service-connected disability, or
- are a former prisoner of war, or
- received a Purple Heart medal

Otherwise, hearing aids and eyeglasses will be provided only in special circumstances, and not for normally occurring hearing or vision loss.

Foreign Medical Program

The Foreign Medical Program (FMP) is a program for veterans who live or travel overseas. Under the FMP, the Department of Veteran Affairs will pay the VA allowable amount for treatment of a service connected disability or medical services needed as part of a VA vocational rehabilitation program.

The VA's Health Administration Center (HAC), located in Denver, Colorado, handles the FMP program for medical services provided to eligible veterans in all foreign countries except the Philippines. For more information, contact the HAC toll free at 877-345-8179 or visit their web site at http://www.va.gov/hac/forbeneficiaries/fmp/fmp.asp.

Medical Services in the Philippines

Information on how to obtain medical services in the Philippines, including procedures for filing claims contact the VA's outpatient clinic located in the Philippines:

VA Outpatient Clinic (358/00)
2201 Roxas Blvd.
Pasay City 1300
Republic of the Philippines
FAX: 011-632-838-4566
manlvaro.inqry@vba.va.gov

Gulf War Illness

Gulf War veterans from Operations Desert Shield, Desert Storm, and Iraqi Freedom, are eligible for a complete physical exam under the Persian Gulf Registry program.

Veterans with conditions recognized by VA as associated with Gulf War service are eligible for enrollment in priority group 6, unless eligible for enrollment in a higher priority. Veterans who have general health questions about Gulf Service may contact VA's Gulf War Veterans Information Help line toll free at **800-PGW-VETS**.

Home Improvement and Structural Alterations

VA provides grants to assist in making certain home improvements or structural alterations that are medically necessary.

For more information visit: http://www.homeloans.va.gov/sah.htm

Homeless Programs

VA offers special programs and initiatives specifically designed to help homeless veterans live as independently as possible. VA's treatment programs offer:

- outreach to veterans living on streets and in shelters
- clinical assessment and referral to medical treatment
- domiciliary care, case management, and rehabilitation
- employment and income assistance
- supported permanent housing

Ionizing Radiation Exposure Treatment and Registry Examination

VA offers Ionizing Radiation Registry Examinations at no charge to any veteran who participated in a “radiation risk activity”.

In addition, veterans with certain conditions recognized by VA as associated with radiation exposure are eligible for enrollment in priority group 6, unless eligible for enrollment in a higher priority, and will receive care at no charge for conditions related to exposure.

Maternity Care

VA will provide maternity care including labor and delivery to female veterans, but is unable to provide care to the child after birth.

Military Sexual Trauma Counseling

VA provides counseling and treatment to help male and female veterans overcome psychological trauma resulting from sexual trauma while serving on active duty. In addition to counseling, related services are available at VA medical facilities.

Veterans will receive care at no charge for conditions related to Military Sexual Trauma.
For information regarding sexual trauma services, contact the Military Sexual Trauma Coordinator or Women Veterans Program Manager at your local VA facility. Additional information is located at:
http://www.va.gov/wvhp/page.cfm?pg=20.

Nose or Throat Radium Treatment

Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These veterans are provided care for this condition at no cost.

Veterans who remember being treated or think they were treated with nasopharyngeal radium should tell their physicians about it. Veterans who have health problems they think may be related to nasopharyngeal radium also are encouraged to contact the nearest VA medical center. More information can be found at http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=265.

Nursing Home Care

VA's nursing home programs include VA-operated nursing home care units, contract community nursing homes and state homes. More than 90 percent of VA's medical centers provide home- and community-based outpatient long-term care programs. A patient-focused approach supports the wishes of most patients to live at home in their own communities for as long as possible. Many veterans will receive inpatient long-term care through programs of VA or state homes.

Eligibility for VA nursing home care:

- Any veteran who has a service-connected disability rating of 70 percent or more;
- A veteran who is rated 60 percent service-connected and is unemployable or has an official rating of "permanent and total disabled;"
- A veteran with combined disability ratings of 70 percent or more;
- A veteran whose service-connected disability is clinically determined to require nursing home care;
- Nonservice-connected veterans and those officially referred to as "zero percent, noncompensable, service-connected" veterans who require nursing home care for any nonservice-connected disability and who meet income and asset criteria; or
- If space and resources are available, other veterans on a case-by-case basis with priority given to service-connected veterans and those who need care for post-acute rehabilitation, respite, hospice, geriatric evaluation and management, or spinal cord injury.

For extended care services, veterans may be subject to a co-pay determined by information supplied by completing a VA Form 10-10EC, Application For Extended Care Services. VA social workers are available to assist veterans in interpreting their eligibility and copay requirements if indicated. The co-pay amount is based on each veteran’s financial situation and is determined upon application for extended care services and will range from $0 to $97 a day.

Project 112/SHAD Participants

Project 112 is the name of the overall program for both shipboard and land-based biological and chemical testing that was conducted by the United States (U.S.) military between 1962 and 1973. Project SHAD was the shipboard portion of these tests, which were conducted to determine:

1. The effectiveness of shipboard detection of chemical and biological warfare agents;
2. The effectiveness of protective measures against these agents; and
3. The potential risk to American forces posed by these weapons.

VA provides a physical examination to veterans who participated in SHAD. Veterans with conditions recognized by VA as associated with Project SHAD are eligible for enrollment in priority group 6, unless eligible for enrollment in a higher priority. In addition, veterans will receive care at no charge for conditions related to exposure.

More information about Project 112/SHAD can be located at the following web address: http://www.va.gov/shad/.

Prosthetic (Medical Equipment and Sensory Aids)

Enrolled veterans receiving VA care for any condition may receive medically necessary VA prosthetic appliances, equipment and devices, such as artificial limbs, orthopedic braces and shoes, wheelchairs, crutches and canes, and other durable medical equipment and supplies. Certain veterans who are not enrolled are also eligible for prosthetic items: veterans needing prosthetic items for a service-connected disability and veterans rated service-connected 50% or more.

VA will provide hearing aids and eyeglasses to veterans who receive increased pension based on the need for regular aid and attendance or being permanently housebound, receive compensation for a service-connected disability or are former prisoners of war. Otherwise, hearing aids and eyeglasses are provided only in special circumstances, and not for normally occurring hearing or vision loss.

Readjustment Counseling

Veterans who served on active duty in a war or conflict may apply for counseling to assist in readjusting to civilian life. Veterans who served in the active military during the Vietnam Era, but not in the Republic of Vietnam, may also be eligible if they requested assistance before January 1, 2004.

Counseling is provided at Vet Centers. Nearest Vet Center locations can be found by calling 800-827-1000 or by going to http://www.va.gov/rcs/.

Women Veterans Services

Women veterans are eligible for the same Medical Benefit Package as all veterans. In addition to the Medical Benefits Package, the Women's Program provides women's gender-specific health care; such as:

- hormone replacement therapy
- breast care
- gynecological care
- maternity care
- limited infertility treatment (excludes in-vitro fertilization)

The Sexual Trauma Treatment Center is also affiliated with the Women's Clinic, providing treatment for the psychological effects of sexual trauma. For addition information regarding these services, contact the Women Veterans Coordinator at your local VA health care facility.

General Exclusions

VA cannot provide the following services or benefits:

- Abortions and abortion counseling
- Cosmetic surgery except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Drugs, biologicals, and medical devices not approved by the FDA unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption (IDE) or an Investigational New Drug (IND) application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption.
- Gender alteration
- Health club or spa membership
- In vitro fertilization
- Services not ordered and provided by licensed/accredited professional staff
- Special private duty nursing
- Hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services.

Additionally, VA cannot provide certain benefits to veterans and dependents identified as fugitive felons.

Information about the New Medicare Prescription Drug Benefits

On January 1, 2006, Medicare prescription drug coverage (Medicare Part D) became available to everyone with Medicare Part A or B coverage. Veterans enrolled in the VA health care system may choose to enroll in Medicare Part D in addition to their VA benefits. The Medicare prescription drug coverage is wholly voluntary on the part of the participant. Each individual must decide whether to participate based on his or her own circumstances.

How this affects you:

- You must decide whether to enroll in a Medicare Part D plan based on your own situation.
- Your VA prescription drug coverage will not change based on your decision to participate in Medicare Part D.
- VA prescription drug coverage is considered by Medicare to be at least as good as Medicare Part D coverage ("creditable coverage").
- If your spouse is covered by Medicare, he or she must decide whether to enroll in a Medicare Part D plan regardless of your decision to participate.

What does "Creditable Coverage" Mean?

Most entities that currently provide prescription drug coverage to Medicare beneficiaries, including VA, must disclose whether the entity's coverage is "creditable prescription drug coverage."

- Enrollment in the VA health care system is creditable coverage. This means that VA prescription drug coverage is at least as good as the Medicare Part D coverage.
- Because they have creditable coverage, veterans enrolled in the VA health care program who choose not to enroll in a Medicare Part D plan when they are first eligible for Medicare Part D ("initial enrollment period") will not have to pay a higher premium on a permanent basis ("late enrollment penalty") if they enroll in a Medicare drug plan during a later enrollment period.
- However, if you disenroll in VA health care or if you lose your enrollment status through no fault of your own (such as an enrollment decision by VA that would further restrict access to certain Priority Groups), you may

be subject to the late enrollment penalty unless you enroll in a Medicare Part D plan within 62 days of losing your VA coverage.

- If you are a veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state veterans home, a state mental institution, a jail, or a corrections facility), you may not have creditable coverage from VA while in that institution. If you think this applies to you, please contact the institution where you reside, the VA Health Benefits Service Center at 877-222-VETS (8387), or your local VA medical facility.

Outpatient Dental Treatment

Outpatient dental benefits are provided by the Department of Veterans Affairs according to law. In some instances, VA may provide extensive dental care, while in other cases treatment may be limited. This Fact Sheet describes the outpatient dental eligibility criteria and contains information veterans should know in order to understand eligibility for VA dental care. **Click here to download PDF with details.**

Eligibility

Those having a VA service-connected compensable dental disability or condition are eligible for any needed dental care.

- Those who were prisoners of war (POWs) and those whose service-connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care.

- Those who are participating in a VA vocational rehabilitation program under 38 U.S.C. chapter 31 are eligible for dental care necessary to: enter into a rehabilitation program, achieve the goals of the veteran's vocational rehabilitation program; or prevent interruption of a rehabilitation program; or hasten the return to a rehabilitation program of a veteran in interrupted or leave status; or hasten the return to a rehabilitation program of a veteran placed in discontinued status because of illness, injury or a dental condition; or secure and adjust to employment during the period of employment assistance; or to achieve maximum independence in daily living.

- **Effective January 28, 2008**, recently discharged veterans with a service-connected noncompensable dental condition or disability who served on active duty 90 days or more and who apply for VA dental care **within 180 days** of separation from active duty, may receive one time treatment for dental conditions if the dental condition is shown to have existed at the time of discharge or release and the veteran's certificate of discharge does not indicate that the veteran received necessary dental care within a 90-day period prior to discharge or release. This includes veterans who reentered active military, naval, or air service within 90 days after the date of a prior discharge and; veterans whose disqualifying discharge or release has been corrected by competent authority.

- Those having a service-connected non-compensable dental condition or disability resulting from combat wounds or service trauma are eligible for repeat care for the service-connected condition(s).
- Those having a dental condition clinically determined by VA to be currently aggravating a service-connected medical condition are eligible for dental care to resolve the problem.
- Those with nonservice-connected dental conditions or disabilities for which treatment was begun while the veteran was in an inpatient status in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.
- Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.
- Certain veterans enrolled in a VA Homeless Program for 60 consecutive days or more may receive certain medically necessary outpatient dental services.

For more information about eligibility for VA medical and dental benefits, contact the Health Benefits Service Center at 1-877-222-8387 or www.va.gov/healtheligibility.

Note: Veterans awarded a **temporary total disability** rating by the Veterans Benefits Administration are not eligible for comprehensive outpatient dental services.

Disabilities rated at 100% by scheduler evaluation with no future exams scheduled are considered permanent and veterans would be eligible for comprehensive outpatient dental services.

Chiropractic Care

VA medical centers and clinics may offer chiropractic spinal manipulative therapy for problems of the spine. Eligible veterans may receive chiropractic care after receiving referral from their primary care provider; however, this service is not offered at all VA facilities. In areas distant from the locations that offer this service, eligible veterans may be able to receive chiropractic care through VA's outpatient fee-basis program after a referral by their primary care provider, and prior authorization by the department. See your primary care provider at your nearest VA medical facility for assistance.

Travel

If you meet the eligibility criteria, you may be eligible for VA travel benefits associated with obtaining VA Health care services. Travel paid to you will be to the nearest VA medical facility that is properly equipped and staffed to provide needed care and treatment. VA has the authority to pay for transportation of eligible veterans traveling to VA authorized non-VA health care.
In most cases, travel benefits are subject to a deductible.

Exceptions to the deductible requirement are:
- travel for a compensation and pension examination;
- non veteran donors;
- veterans requiring special mode transportation; and
- when it is determined that the deductible would cause severe financial hardship

You qualify for travel benefits if:
- you have a service-connected rating of 30% or more;

- you are traveling for treatment of a service-connected condition;
- you receive a VA pension;
- your income does not exceed the maximum annual VA pension rate;
- you can present clear evidence that you are unable to defray the cost of travel;
- you are traveling for a scheduled compensation or pension examination;
- you are in an authorized Vocational Rehabilitation Program;
- certain veterans in certain emergency situations;
- certain non-veterans when related to care of a veteran (attendants, donors); allied beneficiaries

Mileage Rate (Effective 2/1/08 / verified on 1/1/10):
http://www4.va.gov/healtheligibility/Library/pubs/BeneficiaryTravel/BeneficiaryTravel.pdf

General Patient Travel.....$.28.5 per mile
Scheduled appointments qualify for round-trip mileage—unscheduled visits are limited to return mileage only.

VA Directed Travel ..... $.28.5 per mile
Authorized travel associated with VA's request for a re-examination of a veteran following an initial Compensation and Pension examination.

Deductible: $7.77 for each one-way trip ($15.54 for each round trip) There is a monthly deductible cap of $46.62 for travel to all VA facilities. Upon reaching $46.62 in deductibles, travel payments made for the balance of that particular month will be free of deductible charges.

Note: Mileage reimbursement claims for travel prior to February 1, 2008 will be processed at the previous rate of 11 cents per mile for General Patient Travel and 17 cents per mile for VA Directed Travel with deductibles of $3 per one-way trip; $6 for round trip; with a maximum deductible cap of $18 per calendar month.

Special Mode Travel

In the case of travel by a person to or from a VA facility by special mode of transportation, VA may provide payment for beneficiary travel to the provider of the transportation before determining eligibility of such person for such payment if VA determines that the travel is for emergency treatment and the beneficiary or other person made a claim that the beneficiary is eligible for payment for the travel.

VA will approve payment if:

1. The travel is medically required,
2. The beneficiary is unable to defray the cost of such transportation, and
3. VHA approved the travel prior to travel in the special mode of transportation or the travel was undertaken in connection with a medical emergency.

Effective November 17, 2008 VA reimburses 41.5 cents per mile for ALL veteran travel, including C&P exams and when VA has determined that a deficiency lab, EKG, x-ray etc. exists in relation to a C&P exam ("Convenience of the Government"). Mileage rates for veterans and VA employees are determined under separate authorities and take different criteria under account. Title 38 United States Code (U.S.C.) 111 and 38 Code of Federal Regulations (C.F.R.) 70.1 – 70.50 are the authorities for Beneficiary Travel. 41 C.F.R. Chapter 301 provides guidance for employee travel.

To learn more about VA travel benefits, visit:
https://iris.va.gov/scripts/iris.cfg/php.exe/enduser/std_adp.php?p_faqid=22

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Combat Veterans, POWs & Purple Heart Veterans

Combat Veterans

Who's Eligible

The National Defense Authorization Act (NDAA) of Fiscal Year 2008 (Public Law 110-181) was signed by President Bush on January 28, 2008. This Act extends the period of enhanced enrollment opportunity for health care eligibility provided a veteran who served in a theater of combat operations after November 11, 1998 (commonly referred to as combat veterans or OEF/OIF veterans) as follows:

- Currently enrolled combat veterans will have their enhanced enrollment period automatically extended to 5 years from their most recent date of discharge.
- New enrollees discharged from active duty on or after January 28, 2003 are eligible for this enhanced enrollment health benefit for 5 years after their date of their most recent discharge from active duty.
- Combat Veterans who never enrolled and were discharged from active duty between November 11, 1998 and January 27, 2003 may apply for this enhanced enrollment opportunity through January 27, 2011.

NOTE: Combat veterans who applied for enrollment after January 16, 2003, but were not accepted for enrollment based on the application being outside the previous post-discharge two year window will be automatically reviewed and notified of the enrollment decision under this new authority.

Eligibility for National Guard and Reservists

National Guard and Reserve personnel who were activated and served in a theater of combat operations after November 11, 1998, may also be eligible for enhanced health care benefits under the "Combat Veteran" authority. To qualify, they must have been discharged or released under conditions other than dishonorable; and served the period they were called to duty.

What Combat Veterans Are Eligible For

As before, veterans enrolling under this "Combat Veteran" enhanced enrollment authority are assigned to Priority Group 6, unless eligible for a higher Priority Group, and will not be charged co-pays for medication and/or treatment of conditions that are potentially related to their combat service. Combat veterans are not required to disclose their income information, but may do so to determine their eligibility for a higher priority, beneficiary travel benefits and exemption of copays for care unrelated to their military service.

Veterans who enroll with VA under this enhanced enrollment authority will continue to be enrolled even after their enhanced eligibility period ends. At the end of their enhanced eligibility period, veterans enrolled in Priority Group 6 may be shifted to Priority Group 7 or 8, depending on their income level, and required to make applicable co-pays.

What Happens After the Enhanced Enrollment Health Benefit Expires?

Veterans who enroll with VA under this enhanced enrollment authority will continue to be enrolled even after their enhanced eligibility period ends. At the end of their enhanced eligibility period, veterans enrolled in Priority Group 6 may be shifted to Priority Group 7 or 8, depending on their income level, and required to make applicable copays.

What about combat veterans who do not enroll during the enhanced eligibility period?

For those veterans who do not enroll during the enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors such as: a compensable service-connected disability, VA pension status, catastrophic disability determination, or the veteran's financial circumstances. For this reason, combat veterans are strongly encouraged to apply for enrollment within their enhanced eligibility period even if no medical care is currently needed.

Medical and Prescription Co-payments

Veterans who qualify under this special authority are not subject to copays for conditions potentially related to their combat service. The VA health care provider is responsible for determining if treatment is possibly related to the veteran's combat service. In making this determination, the health care provider must consider that the following types of conditions are not ordinarily considered to be due to military service:

1. Congenital or developmental conditions, for example, scoliosis,
2. Conditions which are known to have existed before military service, and
3. Conditions have a specific and well-established cause and that began after military combat service.

Combat veterans, while not required to disclose their income information, may do so to determine their eligibility for a higher priority, beneficiary travel benefits and exemption of copays for care unrelated to their military service.

Dental Care

Combat veterans' eligibility for dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care.

Combat veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

- They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and
- The certificate of discharge or release does not bear a certification that the veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by the examination to be needed and
- Application for VA dental treatment is made within 180 days of discharge or release

Prisoners of War

Eligibility

Only the Department of Veterans Affairs (VA) has the authority to determine former prisoner of war (POW) status if detention or internment occurred during:

- peacetime, or
- wartime and the detention or internment was by
    - allied governments, such as the Soviet Union in World War II (WWII) or their agents
    - neutral governments, such as Switzerland or Sweden in WW II or their agents, or
    - hostile governments or forces.

A veteran is considered a Prisoner of War if he/she were imprisoned for any length of time. Former Prisoners of War (POWs) are eligible for special veterans benefits, including enhanced enrollment in VA health care system. Eligible veterans will be enrolled in Priority Group 3 and are eligible for medical care in VA hospitals and clinics.

Medical Care

Former POWs receive special priority for VA health-care enrollment, even if their illness has not been formally associated with their service. Former POWs are exempt from making means test co-pays for inpatient and outpatient medical care and medications, but they have the same co-pay rules as other veterans for extended care. Former POWs are also eligible for dental care without any length-of-internment requirement.

Purple Heart Veterans

On November 30, 1999, Congress passed the Veterans Millennium Health Care and Benefits Act. This new law made important health care benefits changes for veterans awarded the Purple Heart medal.

Additional Health Care Benefits for Purple Heart Medal Recipients:

- Enhanced enrollment in Priority Group 3 (unless enrolled in Priority Group 1 or 2);
- Exemption from copays for hospital care and medical outpatient care. This exemption does not include co-pays for medication and long term care.
- Eligibility for Sensory Neural Aids.

Note: There are no special benefits for beneficiary travel.

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Copay Information: To download the 2010 version, follow this link: http://www4.va.gov/healtheligibility/Library/pubs/CopayGlance/CopayGlance.pdf

2010 Copay Requirements at a Glance: Verified on 1/26/2010

	Inpatient ($10/day + $1,100 for first 90 days and $550 after 90 days – based on 365-day period).	**Outpatient Care** ($15 Primary Care; $50 Specialty Care; $0 for x-rays, lab, immunizations, etc.)	**Outpatient Medication** ($8 per 30-day supply) PG 2-6 Calendar Year cap - $960	**Extended Care Services** Institutional NHCU, Respite, Geriatric Eval - $0-97 per day. Non-Institutional Respite, Geriatric Eval, ADHC - $15 Domiciliary - $5
Priority Group 1 (SC 50% or more)	No	No	No	No
Priority Groups 2, 3 (SC 10% -40%) No medication copay for SC condition, ex-POW, in receipt of VA A&A, HB pension or income below applicable pension threshold	No	No	Yes	No
Priority Group 4 Copay rules apply if placed from lower PG based on VHA catastrophic disability determination	No	No	No	No
Priority Group 5 No medication or extended care services copay if in receipt of VA pension or income below applicable pension threshold	No	No	Yes	Yes
Priority Group 6 (Combat Veteran, SHAD, SC 0% compensable, ionization radiation) Copay rules apply if unrelated to PG6 placement	No	No	No	No
Priority Group 7 Inpatient copay **is** reduced 80% of full rate	Yes	Yes	Yes	Yes
Priority Group 8 Unless income is below applicable pension threshold for medication and extended care services copays	Yes	Yes	Yes	Yes

Fact Sheet 164-8 (click here to download PDF)

OEF/OIF Combat Veterans Enhanced Eligibility for Health Care Benefits

* Combat veterans discharged from active duty on or **after** January 28, 2003, are eligible for enrollment in Priority Group (PG) 6 for 5 years following discharge unless eligible for a higher enrollment priority (PG 1-5). Combat veterans discharged from active duty **before** January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for enrollment in Priority Group 6 until January 27, 2011. After the special eligibility period ends, these veterans will be reassigned to appropriate PG and subject to copays, if applicable.
* Copays only applicable for PG 6 combat veteran enrollees for care related to a condition that is congenital or developmental e.g., scoliosis, existed before military service (unless aggravated by combat service) or has a specific etiology that began after military service, such as a common cold, etc.

Inpatient Copay

There are two inpatient copay rates – the full rate and the reduced rate. The reduced inpatient copay rate, which is 80% of the full inpatient rate, applies to veterans meeting specific income requirements. Both the full inpatient copay rate and the reduced inpatient copay rate are computed over a 365 - day period.

Full Inpatient Copay Rate
Priority Group 8 and certain other veterans are responsible for VA's inpatient copay of $1024 for the first 90 days of care during any 365-day period. For each additional 90 days, this charge is $512. In addition, there is a $10 per diem charge.

Reduced Inpatient Copay Rate
The Geographic Mean Test (GMT) inpatient copay rate is calculated by reducing the full inpatient rate (copay and per diem) by 80%

- $2 per day of hospitalization, **AND**
- $204.80 for the first 90 days of hospitalization and $102.40 for each additional 90 days (**Note:** these rates change annually)

What is the Geographic Mean Test (GMT)?

Recognizing that the cost of living can vary significantly from one geographic area to another, GMT income thresholds (established using Department of Housing and Urban Development low income thresholds for housing assistance) were added to the VA National means test income thresholds to identify veterans living in high cost areas who may qualify for the reduced inpatient copay rate.

GMT Eligibility

Priority Group 7 and certain other veterans are responsible for paying 20 percent of VA's inpatient copay or $204.80 for the first 90 days on inpatient hospital care during any 365-day period. For each additional 90 days, this charge is $102.40. In addition, there is a $2 per diem charge.

Eligibility Requirements:

- gross household income **above** the VA National Means Test Threshold, and
- gross household income **below** the GMT Income Threshold, and live in high-cost areas

For more information about the GMT Income Threshold, visit: http://www.va.gov/healtheligibility/Library/FAQs/GMTFAQ.asp. For more information about the VA National Means Test Threshold, visit: http://www.va.gov/healtheligibility/Library/pubs/VAIncomeThresholds/VAIncomeThresholds.pdf.

Outpatient Copay

VA charges some veterans a copay for outpatient care provided for their nonservice-connected conditions. These veterans have gross household income over the current VA Income Threshold. A three-tired copay system is used for all outpatient services:

Term	Definition	VA Charges
Basic Care Services	Services by a primary care clinician.	$15 per visit
Specialty Care Services	Services provided by a clinical specialist such as a surgeon, radiologist, audiologist, optometrist, cardiologist, and specialty tests such as magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, and nuclear medicine studies.	$50 per visit
Other Services	Copays do not apply to publicly announced VA health fairs or outpatient visits solely for preventive screening and/or immunizations for influenza and pneumococcal, or screening for hypertension, hepatitis C, tobacco, alcohol, hyperlipidemia, breast cancer, cervical cancer, colorectal cancer by fecal occult blood testing, education about the risks and benefits of prostate cancer screening, and smoking cessation counseling (individual and group). Laboratory, flat film radiology, and electrocardiograms are also exempt from copays.	$0

Long Term Care Copay

Long term care copays are based on three levels of care —

- Inpatient ..... $97 per day
  - Nursing Home
  - Respite
  - Geriatric Evaluation
- Outpatient ..... $15 per day
  - Adult Day Health Care
  - Respite
  - Geriatric Evaluation
- Domiciliary .....$5 per day

Copay for Long Term Care services start on the 22nd day of care. The first 21 days are free. Actual copay charges will vary from veteran to veteran depending on the individual's financial situation.

Special Categories of Veterans - (i.e., veterans claiming exposure to Agent Orange, veterans claiming exposure to Environmental Contaminants, veterans exposed to Ionizing Radiation, combat veterans within 2 years of discharge from military, veterans who participated in Project 112/SHAD, veterans claiming military sexual trauma and veterans with head and neck cancer who received nasopharyngeal radium treatment while in the military) are subject to copays when their treatment or mediation is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier and are not subject to copays. However, care provided not related to exposure, if it is nonservice-connected will be billed to the insurance carrier and copays can apply.

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Filing a Claim for Non-VA Care

Non-VA Care or Fee Basis

VA may authorize veterans to receive care at a non-VA health care facility when the needed services are not available at the VA health care facility, or when the veteran is unable to travel the distance to the VA health care facility, or in the case of an emergency. Non-VA care must be authorized by VA in advance. Veterans may also obtain services not covered in the benefits package through private health care providers at their own expense.

In limited circumstances, VA may authorize payment for health care services outside a VA Medical Center. Payment for care outside VA is governed by strict federal regulations; service-connected disability rating is the basic criteria for most authorized care outside a VA facility.

Contact your local VA health care facility's Fee Basis office or the Health Benefits Services Call Center at 1-877-222-VETS (8387) for additional information.

Payment decisions are based upon eligibility criteria, medical necessity, and availability of the service within the VA Health Care system. A veteran may always submit a claim for payment consideration. The following guidelines will assist you:

If the care is:	And the service is:	Submit claim:
Preauthorized	Facility Charges; Physician Charges & Other Professional Services, Including Ambulance	As soon as possible after the care is completed
Not Preauthorized (Service Connected Condition)	Emergency Medical Care Facility Charges; Physician Charges & Other Professional Services, Including Ambulance	As soon as possible, but no later than 2 years from date of service
Not Preauthorized – Millennium Bill (Non-Service Connected Condition	Emergency Medical Care Facility Charges; Physician Charges & Other Professional Services, Including Ambulance	Within 90 days after the most recent of the following: • Date of discharge • Date of Veteran's death • Date all third party liability is exhausted without success

How to File a Claim for Preauthorized Non-VA Provided Care

Claims submitted for payment consideration of costs of preauthorized medical services provided to veterans must include a completed CMS 1500 and/or UB-04 billing forms to include, at a minimum the following information:

- Full name (include middle initial)
- Full address (include zip code)
- Social Security Number
- Full name of provider
- National Provider Identifier (NPI) Number
- Provider taxonomy code(s), if known
- Professional Status of Provider (ex. MD, PhD, CRNA, etc.)

- Physical address where care was provided
- Mailing address where payment should be sent
- All appropriate medical coding
- Any other health insurance information
- If you are requesting reimbursement for bills you've paid "out-of-pocket", you must have the claims information listed above, as well as receipts (cash, check, or credit card) clearly acknowledging payment made for specific medical care and services

Claims for payments for your health care should be submitted to the Fee Department of the VA facility that authorized payment of care in advance. If you are not sure if VA authorized payment of care in advance, you may submit health care claims to the nearest VA Medical Center Fee Department. Please keep copies of all documents submitted to the Fee Office.

All claims for care delivered OUTSIDE the United States are sent to:

VA Health Administration Center
Foreign Medical Program
PO Box 65032
Denver, CO 80206-9021
(303) 331-7590

Filing Information for Claims Not Preauthorized

All health care claims considered for services not pre-authorized by VA will require additional information (claims for treatment of medical emergencies when you were not able to obtain treatment at VA facilities):

- Submit all required information listed above just as you would do to file a claim for preauthorized Non-VA provided care
- Submit all medical records, reports, treatment documents, etc.
- And the required documents (see below) for your claim:
    - If Not Preauthorized (Service Connected Condition) for Emergency Medical Care Facility Charges, submit form UB-04, itemized statement of charges, and hospital discharge summary or outpatient treatment records/progress notes
    - If Not Preauthorized (Service Connected Condition) for Physician Charges and Other Professional Services, Including Ambulance, submit form CMS 1500, itemized statement of charges, and hospital discharge summary or outpatient treatment records/progress notes
    - If Not Preauthorized – Millennium Bill (Non-service Connected Condition) for Emergency Medical Care Facility Charges, submit form UB-04, itemized statement of charges, hospital discharge summary or outpatient treatment records/progress notes, and certification of no other payer for the services billed
    - If Not Preauthorized – Millennium Bill (Non-service Connected Condition) for Physician Charges and Other Professional Services, Including Ambulance, submit form CMS 1500, itemized statement of charges, hospital discharge summary or outpatient treatment records/progress notes, and certification of no other payer for the services billed

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Questions & Answers

If I am enrolled in VA health care, what benefits will I receive?

You are eligible for inpatient and outpatient services, including preventive and primary care, rehabilitation, mental health and substance abuse treatment, home health, respite and hospice care, and prescription medications.

Once I am enrolled, what are the costs?

VA health care does not charge a monthly premium; however, you may be responsible for co-payments. Priority Group 8 and certain other veterans are responsible for VA's inpatient copay of $1024 for the first 90 days of care during any 365-day period. For each additional 90 days, this charge is $512. In addition, there is a $10 per diem charge.

A three-tiered copay system is used for all outpatient services. The copay is $15 for a primary care visit and $50 for some specialized care. Certain services are not charged copays. If you have your own insurance, it may cover the cost of the co-payments.

I can't afford to make copays. What do I do?

There are three options:

- Request a waiver of the copays you currently owe. To request a waiver, you must submit proof that you can't financially afford to make payments to VA. Contact the Revenue Coordinator at the VA health care facility where you receive care for more information.
- Request a hardship determination so we won't charge you in the future. If you request a hardship, you are asking VA to change your Priority Group assignment. You will need to submit current financial information and a decision will be made based on the information you provide. You may contact the Enrollment Coordinator at your local VA for more information.
- Request a compromise. A compromise is an offer and acceptance of a partial payment in settlement and full satisfaction of the debt as it exists at the time the offer is made. Most compromise offers that are accepted must be for a lump sum payment payable in full 30 days from the date of acceptance of the offer. You may contact the Enrollment Coordinator at your local VA for more information.

Must I reapply in subsequent years and will I receive an enrollment confirmation?

Your enrollment will be reviewed annually without any action necessary on your part. Depending on your priority group and the availability of funds for VA to offer you services, your enrollment will be renewed. Should there be any change to your enrollment status, you will be notified in writing. You will be asked to complete an updated Means Test/Financial Assessment each year.

Is this an insurance policy or an HMO?

It is neither. VA health care is funded through appropriations from the federal government. This is not the same as an insurance contract. You do not pay monthly premiums to receive VA health care. You are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid or TRICARE, you may continue to use those programs. The VA recommends that, if you have other insurance or HMO coverage, you keep that coverage to provide you with a variety of options and flexibility.

If I am covered by another insurance company, do I have to pay the deductibles when being treated by the VA?

No. VA does not require that you pay those charges. Many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

Are there any restrictions to receiving care at a private facility (at VA expense)?

Yes. Care in private facilities is provided only under certain circumstances. You may receive care at a private facility, if VA has a contract arrangement for services. If you have a service connected disability and it is too far from your home to a VA facility, you may be eligible to receive care at a private facility.

How do I qualify for emergency services at a non-VA facility?

VA provides urgent and limited emergency care in VA facilities. However, VA's ability to pay for emergency care in non-VA facilities is limited to veterans receiving care for a SC condition, or as payor of last resort for a NSC condition but only under the following conditions:

- You do not have coverage under a health insurance plan, and the services are not eligible for payment under Medicare or Medicaid.
- Emergency care was provided in a hospital emergency department or similar facility.
- You are financially liable to the provider of care for payment of the emergency treatment.
- You are enrolled in the VA health care system and receive care from VA within the 24 months preceding the non-VA emergency care.

What if I get sick while traveling?

You may receive care at any VA facility in the country. Before traveling, you should familiarize yourself with the location of the nearest VA health care facility where you will be staying. VA’s authority to reimburse you for care in non-VA facilities is very limited.

Are there any limits to the number of days of care or outpatient visits VA will provide?

No. Your doctor will determine how long you need hospital care or outpatient services. VA will provide care consistent with current medical care practices.

Are all veterans notified of their enrollment confirmation at the same time?

VA sends confirmation letters by priority group. Notification letters are mailed at different times.

What is a VA service-connected rating and how do I establish one?

A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country. In addition to compensation and pension ratings, VA Regional Offices are also responsible for administering educational benefits, vocational rehabilitation, and other benefit programs including home loans. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 1-800-827-1000.

Can I get prescriptions from my private physician filled at a VA pharmacy?

No. In order to receive medication from VA, your VA provider must treat you and prescribe your medication. If you have a prescription written by a non-VA doctor, you should make an appointment with your VA provider to evaluate

your condition and decide if your non- VA doctor's prescription should be continued. They may not always prescribe the same medication.

How do I get refills?

In general, refills are processed through the mail and not at the window. If your VA provider has approved refills on your prescription, you can request your refill by:

- Using a touch-tone phone to call the automated refill request system.
- Completing and mailing the refill request slip that comes with each prescription.
- Leaving the refill slip with the pharmacy the next time you come to the VA.

Refills should be requested at least three weeks before you run out of medication. This will allow ample time for processing and delivery.

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Patient Rights and Responsibilities

The VA is committed to improving your health and well-being, and is dedicated to improving healthcare quality. The VA has outlined your basic rights and responsibilities as a patient, please view them below. Talk with your VA treatment team members or a patient advocate if you have any questions.

Respect and Nondiscrimination

- You will be treated with dignity, compassion, and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. The VA will seek to honor your personal and religious values.
- You or someone you choose has the right to keep and spend your money. You have the right to receive an accounting of any VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- As an inpatient or nursing home resident, you may wear your own clothes. You may keep personal items. This will depend on your medical condition.
- As an inpatient or nursing home resident, you have the right to social interaction and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.
- As an inpatient or nursing home resident, you have the right to communicate freely and privately. You may have or refuse visitors.
- You will have access to public telephones. You may participate in civic rights, such as voting and free speech.
- As a nursing home resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients or residents and staff, you are expected to respect other patients, residents and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

Information Disclosure and Confidentiality

- You will be given information about the health benefits you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying your portion of any costs associated with your care.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (an example of this is State public health reporting). You have the right to information in your medical record and may request a copy of your medical records. This will be provided except in rare situations when your VA physician feels the information will be harmful to you. In that case, you have the right to have this discussed with you by your VA provider.
- You will be informed of all outcomes of care, including any potential injuries. You will be informed about how to request compensation for any injuries.

Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. You will be told what is likely to happen to you if you refuse treatment. Refusing treatment will not affect your rights to future care but you take responsibility for the possible results to your health.

- Tell your provider about your current condition, medicines (including over-the-counter and herbals), and medical history. Also, share any other information that affects your health. You should ask questions when you do not understand something about your care. Being involved is very important for you to get the best possible results.
- You will be given, in writing, the name and title of the provider in charge of your care. As our partner in healthcare, you have the right to be involved in choosing your provider. You also have the right to know the names and titles of those who provide you care. This includes students, residents and trainees. Providers will properly introduce themselves when they take part in your care.
- You will be educated about your role and responsibilities as a patient or resident. This includes your participation in decision making and care at the end of life.
- If you believe you cannot follow the treatment plan, you have a responsibility to notify your provider or treatment team.
- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- As an inpatient or nursing home resident, you will be provided any transportation necessary for your treatment plan.
- You have the right to choose whether you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Consultation Service and/or other staff knowledgeable about healthcare ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

Complaints

- You are encouraged and expected to seek help from your treatment team or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process. You may complain verbally or in writing, without fear of retaliation.