

Veterans Health Benefits Guide



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

Our Mission

Our Servicemembers and Veterans have sacrificed to keep our country - and everything it represents - safe. We honor and serve those men and women by fulfilling President Lincoln's promise

"to care for him who shall have borne the battle, and for his widow, and his orphan."

We strive to provide Servicemembers and Veterans with the world-class benefits and services they have earned, and will adhere to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

**Thank you for your service.
Now let us serve you.**



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www.va.gov/healthbenefits

VA's Health Benefits Web site provides the latest information on VA health care services, providing tools to help you determine how, where and at what cost you can receive care and offering Veterans who are not already enrolled an opportunity to apply.



Chapter 1

Welcome

The goal of the VA health care system is to achieve excellence in patient care and customer satisfaction. Our mission is singular — to serve Veterans by providing the highest-quality health care available anywhere in the world. America's Veterans and their families deserve nothing less.

This Veterans Health Benefits Guide is designed to provide Veterans and their families with the information they need to understand VA's health care system—eligibility requirements, the enrollment process, enrollment priority groups, copayments that certain Veterans may be charged and the health benefits and services available to help Veterans.

Additionally, inside you will find helpful information about My HealtheVet, Creditable Coverage for Medicare Part D, Income Verification and medically related travel benefits.

This guide is not intended to provide information on all of the health services offered by VA. If we have not addressed your specific questions, additional assistance is available at the following resources:

- Your local VA health care facility's Enrollment Office
- www.va.gov/healthbenefits
- www.myhealth.va.gov
- VA toll-free 1-877-222-VETS (8387)

Overview of VA's Nationwide Health Care System

You can expect VA's highly qualified and dedicated health care professionals to meet your needs, regardless of the treatment program, regardless of the location. New locations continue to be added to the VA system, with the current number of treatment sites now standing at more than 1,400 nationwide.

Today's Veterans receive a Medical Benefits Package, which VA administers through a patient enrollment program. Enrollment in the VA health care system comes with the assurance that health and treatment services will be available when and where you need them.

VA's state-of-the-art electronic medical records allow your health care benefits to be completely portable throughout the system. If you are traveling or living temporarily at an address far away from your primary treatment facility, you can seek care at any VA health care facility across the country — without the hassle of having to reapply.

We have also developed a website — My HealtheVet — especially for Veterans. Through My HealtheVet (MHV), access to important information about your health is at your fingertips, 24 hours a day.

Overview of VA's Medical Benefits Package

VA's comprehensive medical benefits package offers care and services that are designed to:

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

This includes treating illnesses and injuries, preventing future health problems, improving functional abilities and enhancing quality of life.

We provide a full spectrum of medically necessary services, based on the judgment of your VA primary care provider and in accordance with generally accepted standards of clinical practice. These services include:

- Primary Care
- Health Promotion
- Disease Prevention
- Diagnosis
- Palliative Care
- Surgery
- Prescriptions For Medications
- Prosthetics
- Critical Care
- Mental Health Care
- Women's Health Care
- Orthopedics
- Radiology
- Physical Therapy
- Rehabilitation

VA Provides Health Services at Facilities Across the Nation

VA strives to provide access to all needed services. This may be on-site during inpatient hospitalization, at one of our primary or specialty care clinics, at a Community Based Outpatient Clinic (CBOC) or Health Care Center (HCC), in a Community Living Center (formerly known as a VA nursing home), or in a residential care facility. However, all services may not be available at every location. Sometimes, there may be a need to travel to another VA facility or a community care facility to receive the necessary treatment. If that is the case, a VA provider will work to find the place best suited to provide the required services.

What to Know About Primary Care

Primary Care serves as the foundation of the VA health care system. Through Primary Care, there is easy access to skilled medical professionals who are familiar with the health care needs of Veterans and who understand the importance of developing long-term relationships with patients.

Among other things, a Primary Care Team will:

- Educate you and your family about the health care services available.
- Coordinate care across a spectrum of treatment options.
- Keep you informed about disease prevention programs.

Once enrolled, a Veteran will be assigned a Primary Care Provider at the first Primary Care appointment. The Primary Care Provider will be a member of the trained Spinal Cord Injury (SCI) Primary Care Team if the Veteran has a spinal cord injury or disorder.

Your Eligibility Information

The information in this Veterans Health Benefits Guide reflects the benefits and services available to enrolled Veterans at the time it was published. Since VA policies are governed by law, changes to programs or eligibility may occur. If you have questions, contact the Enrollment Coordinator at your local VA health care facility or call us at 1-877-222-VETS (8387).

Health Benefits Are Different for Each Veteran

While all enrolled Veterans enjoy access to VA's comprehensive medical benefits package, certain benefits (for example, dental care) may vary from individual to individual, depending on each Veteran's unique eligibility status. This Veterans Health Benefits Guide contains general benefits information.

Important Phone Numbers	
Veterans Crisis Line	1-800-273-TALK (8255)
National Call Center for Homeless Veterans	1-877-424-3838.
Health Enrollment Information or Questions about Bills for your VA Health Care	1-877-222-VETS (8387)
VA Compensation, Pension, Education and Loan Guaranty Programs	1-800-827-1000
Foreign Medical Program	1-877-345-8179
Health Care Coverage for Eligible Dependents of Veterans (CHAMPVA)	1-800-733-VETS (8387)

Do you know *your* health benefits?

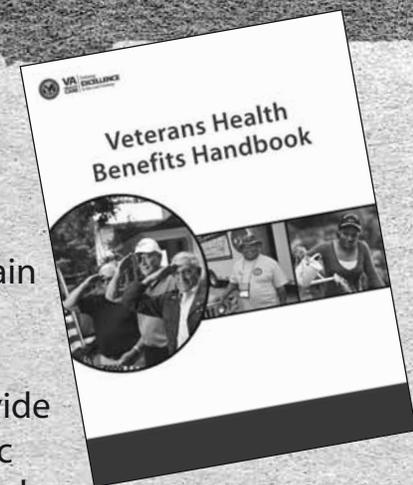
Veterans enrolled in the health care system of the Department of Veterans Affairs have begun to receive personalized booklets that explain their health care benefits and contain other useful information.

The new booklet, called a Veterans Health Benefits Handbook, will provide a personalized listing of health benefits based on each Veteran's specific eligibility. The handbook will also have contact information for their local VA medical facilities, appointment scheduling information, guidelines for communicating with their clinical team and, as applicable, information about copays.

Distribution of the handbooks began February 2012, with all 8.5 million Veterans enrolled in VA's health care system scheduled to receive their handbooks by 2013. Veterans will receive updates to their handbook to reflect changes to their benefits or eligibility.

VA operates 152 medical centers and more than 800 community-based outpatient clinics. Last year, inpatient facilities treated more than 690,000 patients, while outpatient clinics registered more than 79 million visits.

For more information about the Health Benefits Handbook, visit www.va.gov/healthbenefits/vhbh or call VA's toll-free number at 1-877-222-VETS (8387).



Chapter 2

Eligibility

To ensure health care benefits are readily available to all enrolled Veterans, VA determines eligibility for the comprehensive medical benefits package through a patient enrollment system, which is based on Priority Groups 1 through 8. Eligibility for VA health benefits is based on each Veteran's unique eligibility factors.

Most Veterans must be enrolled to receive VA health care. While some Veterans are not required to enroll due to their special eligibility status, all Veterans, including those who have special eligibility, are encouraged to apply for enrollment. Enrollment in the VA health care system provides Veterans with the assurance that their health care services will be available when and where they are needed during that enrollment period. In addition to the assurance that services will be available, enrolled Veterans welcome not having to repeat the application process, regardless of where they seek their care or how often.

Basic Eligibility

If you served in the active military, naval or air service and are separated under any condition other than dishonorable, you may qualify for health care benefits. Also, current and former members of the Reserves or National Guard who were called to active duty (other than for training only) by a federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health care.

Minimum Duty Requirements

Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty to be eligible. This minimum duty requirement may not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, were discharged for a hardship, received an "early out," or those who served prior to September 7, 1980. Since there are a number of other exceptions to the minimum duty requirements, VA encourages all Veterans to apply so that we may determine their enrollment eligibility.

Enrollment Begins with the Application Process

The very first step in obtaining access to VA health care benefits is to apply:

- You may complete an application on line at <https://www.1010ez.med.va.gov/>. At any point in the application process, you can click “Show Help” to display specific information for the block your cursor is on or click “Show FAQ” for information on what information is needed.
- You may complete an application in person at any VA medical facility where eligibility personnel are available to answer your questions.
- You may call VA toll-free at 1-877-222-VETS (8387) to complete the application over the phone.

Once your application is successfully processed, VA will notify you of your enrollment priority group assignment and whether you are enrolled. If enrolled, we will send you a personalized Veterans Health Benefits Handbook, which will detail your assigned enrollment priority group, the VA health benefits you are eligible for, and will provide important information concerning your access to VA health care. You may be eligible for more than one enrollment priority group; in that case, VA will always place you in the highest priority group for which you are eligible. If you are not enrolled, you will receive a letter telling you so and providing you instructions on how to appeal the decision if you do not agree with it.

Catastrophically Disabled Veterans

Veterans may be determined to be catastrophically disabled by VA, which for VA purposes only is defined as having a permanent, severely disabling injury, disorder, or disease that:

- Compromises the ability to carry out the activities of daily living to such a degree that one requires personal or mechanical assistance to leave home or bed; or
- Requires constant supervision to avoid physical harm to oneself or others.

Veterans found to be catastrophically disabled are enrolled in Priority Group 4, unless eligible for a higher Priority Group and exempt from inpatient, outpatient and medication copays.

Combat Veterans

Veterans, including activated Reservists and members of the National Guard, who served on active duty in a theater of combat operations after November 11, 1998, and have been discharged under other than dishonorable conditions are defined as “Combat Veterans” by VA for enrollment purposes.

“Combat Veterans” are assigned to Priority Group 6, unless eligible for enrollment in a higher priority group, for a period of five years after discharge. During this time, VA provides cost-free (no VA copayments) health care services and nursing home care for conditions potentially related to service in the theater of operations.

Veterans will continue to be enrolled even after their “Combat Veteran” status has ended. At that time, VA will reassess the Veteran’s eligibility and make a new enrollment priority group determination.

Financial Assessment (Means Testing)

While many Veterans qualify for enrollment and cost-free (no VA copayments) health care services based on a compensable, Service-connected condition or other qualifying factor, most Veterans will be asked to complete a financial assessment as part of their enrollment application process. Otherwise known as the means test, this financial assessment is based on the Veteran's previous year gross household income and is used to determine his or her eligibility for VA health care benefits and, in many cases, his or her priority group assignment.

Income Verification

VA is required by law to verify Veterans' self-reported household income information. Income Verification (IV) is a process VA uses to match Veterans' self-reported household income information with the Internal Revenue Service (IRS) and Social Security Administration (SSA) records. Veterans who receive free medical care and/or medications based on their self-reported income are subject to this process. If a Veteran's self-reported income is below VA's income thresholds but the income information received from IRS/SSA indicates income above VA's income threshold, the Veteran and spouse, if applicable, will be notified by letter and given an opportunity to verify or dispute this information. The IV benefits case managers will assist the Veteran in reviewing all documents, including those that may further reduce the Veteran's reported total gross household income using authorized deductions. If the submitted information does not reduce the Veteran's self-reported income below VA's income threshold, the copayment status may be changed and the Veteran may be required to pay applicable copayments for care received.

Enrollment Priority Groups

Priority Group 1

- Veterans with VA Service-connected disabilities rated 50% or more.
- Veterans assigned a total disability rating for compensation based on unemployability.

Priority Group 2

- Veterans with VA Service-connected disabilities rated 30% or 40%.

Priority Group 3

- Veterans who are former POWs.
- Veterans awarded the Purple Heart Medal.
- Veterans awarded the Medal of Honor.
- Veterans whose discharge was for a disability incurred or aggravated in the line of duty.
- Veterans with VA Service-connected disabilities rated 10% or 20%.
- Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

Priority Group 4

- Veterans receiving increased compensation or pension based on their need for regular Aid and Attendance or by reason of being permanently Housebound.
- Veterans determined by VA to be catastrophically disabled.

Priority Group 5

- Nonservice-connected Veterans and noncompensable Service-connected Veterans rated 0%, whose annual income and/or net worth are not greater than the VA financial thresholds.
- Veterans receiving VA Pension benefits.
- Veterans eligible for Medicaid benefits.

Priority Group 6

- Compensable 0% Service-connected Veterans.
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
- Project 112/SHAD participants
- Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975.
- Veterans of the Persian Gulf War that served in the Southwest Asia theater of combat operations between August 2, 1990, and November 11, 1998.
- Veterans who served in a theater of combat operations and discharged from active duty on or after January 28, 2003, for five years post discharge.

Priority Group 7

- Veterans with incomes below the geographic means test (GMT) income thresholds and who agree to pay the applicable copayment.

Priority Group 8

- Veterans with gross household incomes:
- above the VA Means Test thresholds who were enrolled as of January 16, 2003 and who agreed to pay the applicable copayment;
 - or —
 - not exceeding the VA Means Test thresholds or GMT income thresholds by more than 10% and who agree to pay the applicable copayment -- effective June 15, 2009.

Chapter 3

VA Health Benefits

VA Health Benefits are comprehensive and include all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore health.

Preventive Care Services

Health benefits include important preventive care services:

- Periodic medical exams (including gender-specific exams)
- Health education, including nutrition education
- Immunization against infectious disease
- Counseling on inheritance of genetically determined disease

Inpatient Care Services

VA inpatient care includes a full spectrum of treatment services:

- Medical
- Surgical
- Mental Health
- Dialysis
- Acute care

Inpatient care also includes access to VA's specialized care units:

- Intensive Care Units (medical, surgical, mental health, cardiac)
- Transplant Care Units
- Spinal Cord Injury Centers
- Traumatic Brain Injury Units
- PolyTrauma Centers

Ancillary Services

VA's health care providers may employ ancillary services to help diagnose or treat medical conditions. These services include:

- Audiology (hearing)
- Blind and Vision Rehabilitation
- Chiropractic Services
- Dental
- Diagnostic Laboratory
- Nutrition and Food Service
- Nuclear Medicine (imaging)
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Prosthetics (artificial limbs, equipment, devices)
- Radiology (x-rays and imaging)
- Radiation Oncology (cancer care)
- Recreation and Creative Arts Therapies (music, art, dance and drama)
- Respiratory Therapy
- Social Work (housing, discharge planning, family support)
- Speech/Language Pathology (speech, language, voice, fluency, cognition, and swallowing)
- Traumatic Brain Injury

Specialty Care Services

Through VA's specialty care services, there is access to expert knowledge that optimizes treatment in unique or complicated courses of care. Our specialty care providers focus on particular areas of care in which they have extensive training and education. VA medical and surgical specialty care services include:

- Anesthesiology
- Bariatric surgery (weight loss surgery)
- Cardiology – Vascular (heart and blood circulation)
- Chaplain (spiritual support)
- Critical Care Specialty
- Dermatology
- Diabetes and Endocrinology
- Geriatric Care
- Gynecology Care
- Infectious Disease
- Nephrology (kidney)

- Neurology (nerves)
- Mental Health
- Oncology (cancer)
- Optometry & Ophthalmology (eye care)
- Orthopedic Surgery
- Pacemaker (heart)
- Pain Management
- Podiatry (feet)
- Prosthetic and Orthotic (amputee care and custom orthotics)
- Pulmonary (lungs)
- Robotic-Assisted Surgery
- Spinal Cord Injury
- Transplant Surgery (heart, lung, liver, etc.)
- Urology
- Vascular Surgery
- Women's Care

Mental Health Care

VA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics (in addition, readjustment counseling services may be available at Vet Centers across the nation). Our goal is to support recovery and enable Veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential.

VA provides cost-free (no VA copayments) military sexual trauma counseling and referral. This includes appropriate care and services to overcome psychological trauma resulting from a physical assault or battery of a sexual nature or from sexual harassment that occurred while the Veteran was on active duty or was on Active Duty for Training (ADUTRA).

Mental health services are available in specialty clinics, primary care clinics, nursing homes, and residential care facilities. Specialized programs, such as mental health intensive case management, day centers, work programs and psychosocial rehabilitation are provided for those with serious mental health problems. The list of services and programs that Mental Health supports include:

- Inpatient Care
- Residential Care
- Outpatient Mental Health Care
- Homeless Programs
- Programs for Incarcerated Veterans
- Specialized PTSD Services
- Military Sexual Trauma
- Psychosocial Rehabilitation & Recovery Services

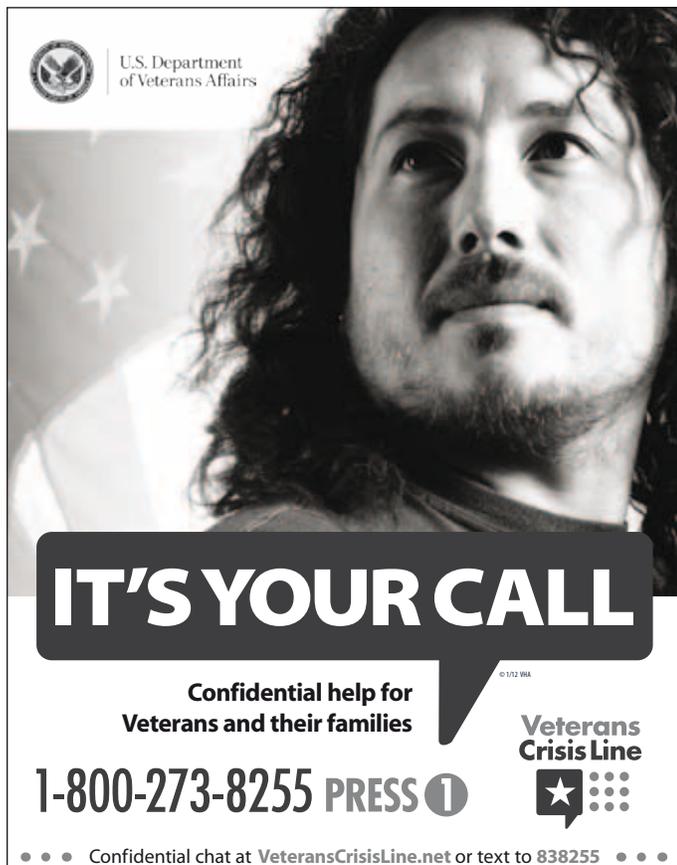
- Substance Use Disorders
- Suicide Programs
- Geriatrics
- Violence Prevention
- Evidence Based Psychotherapy Programs
- Mental Health Disaster Response/Post Deployment Activities

Veterans Crisis Line (available to all Veterans regardless of enrollment status)

Pick up the phone and call for immediate help if you notice any of these signs:

- Thinking about hurting or killing yourself or others
- Experiencing an emotional crisis
- Hopelessness, feeling like there's no way out
- Talking or writing about death, dying, or suicide
- Engaging in self-destructive behavior, such as drug abuse

The number for the **Veterans Crisis Line** is **1-800-273-TALK (8255)**. Press 1 for Veterans and someone who can help you will answer right away.



The advertisement features a black and white photograph of a man with long, curly hair and a beard, looking upwards and to the right. In the top left corner, there is the U.S. Department of Veterans Affairs logo and the text "U.S. Department of Veterans Affairs". A large, dark speech bubble with the text "IT'S YOUR CALL" in white, bold, sans-serif font is positioned in the lower half of the image. Below this, the text "Confidential help for Veterans and their families" is written in a smaller font. To the right of this text is the "Veterans Crisis Line" logo, which includes a star and a grid of dots. At the bottom, the phone number "1-800-273-8255" is displayed in a large, bold font, followed by "PRESS 1" and a small icon of a star and dots. At the very bottom, there is a line of text: "Confidential chat at VeteransCrisisLine.net or text to 838255".

Additional Warning Signs

- Anxiety, agitation, sleeplessness, mood swings
- Feeling like there is no reason to live
- Extended periods of anger or rage
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends

Homeless Services

VA provides specialized homeless services at its medical centers and through community-based partners with a goal that no Veteran will have to become or remain homeless.

If you are homeless or at risk of becoming homeless pick up the phone and call for help. The number for the **National Call Center for Homeless Veterans is 1-877-424-3838**. The call center will connect you with the closest VA medical center to best address your specific needs.

Women's Health

VA is committed to meeting women Veterans' unique needs by delivering the highest quality health care in a setting that ensures privacy, dignity, and sensitivity. VA facilities offer a variety of services, including:

- Women's gender-specific health care (menopause evaluation and symptom management, osteoporosis, incontinence, birth control, breast and gynecological care, maternity and limited infertility services)
- Screening and disease prevention programs (for example, mammograms, bone density screening, and cervical cancer screening)

Routine gynecologic services are available at VA facilities and include:

- Human Papilloma Virus (HPV) vaccinations
- Pelvic exams, ultrasounds
- Birth control counseling and management (medical and surgical)
- Pre-pregnancy care
- Treatment and prevention of sexually transmitted infections

A provider can assist with routine exams, diagnosis, and management of:

- Pelvic/abdominal pain
- Abnormal vaginal bleeding
- Vaginal symptoms (dryness/infections)
- Breast and other women's cancers
- Abnormal cervical screening results
- Infertility evaluation, including intrauterine insemination (IUI). VA is not authorized to provide or cover the cost of in-vitro fertilization (IVF)
- Sexual dysfunction

Transplant Services

If the need arises, transplant services are available. Primary Care Teams coordinate these requests.

Dental Services

Eligibility for VA dental benefits is based on specific guidelines and differs significantly from eligibility requirements for other types of medical care.

You are eligible for outpatient dental treatment if you meet one of the following criteria:

If you:	You are eligible for:
Have a Service-connected compensable dental disability or condition	Any needed dental care
Are a former Prisoner of War	Any needed dental care
Have Service-connected disabilities rated 100% disabling, or are unemployable and paid at the 100% rate due to Service-connected conditions	Any needed dental care <i>(Note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a Service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating)</i>
Apply for dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more during the Persian Gulf War era	One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge*
Have a Service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma	Needed care for the Service-connected condition(s). A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth eligible for care
Have a dental condition clinically determined by VA to be associated with and aggravating a Service-connected medical condition	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your Service-connected medical condition

<p>Are actively engaged in a 38 USC Chapter 31 vocational rehabilitation program</p>	<p>Dental care to the extent necessary as determined by a VA dental professional to:</p> <ul style="list-style-type: none"> • Make possible your entrance into a rehabilitation program • Achieve the goals of your vocational rehabilitation program • Prevent interruption of your rehabilitation program • Hasten the return to a rehabilitation program if you are in interrupted or leave status • 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 enable you to achieve maximum independence in daily living
<p>Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment</p>	<p>Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment</p>
<p>Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039</p>	<p>A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions</p>

Pharmacy

VA providers order medications and medical supplies as needed. Specific information about VA Pharmacy benefits can be found in Chapter 7.

Health Promotion and Disease Prevention

Health promotion and disease prevention services are obtained from Primary Care Providers. These services include immunizations to prevent disease, screening tests to detect disease at an early stage, and behavioral counseling to avoid or reduce risk factors for disease. There are also health education programs available to help develop healthy living skills and manage health problems.

Healthy Living

There has been a lot of research in recent years on the best ways to take care of yourself and stay healthy. We encourage you to make healthy living behaviors part of your daily life.

Check out the following websites for resources that are available to you:

- My HealtheVet Healthy Living Centers <http://www.myhealth.va.gov>.
- VA MOVE! Program website <http://www.move.va.gov/>
- Men: Stay Healthy at Any Age <http://www.ahrq.gov/ppip/healthymen.htm>.
- Women: Stay Healthy at Any Age <http://www.ahrq.gov/ppip/healthywom.htm>.

What are VA's Health Registries?

VA maintains health registries related to environmental and occupational exposures of US Veterans during military service, including Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), Gulf War, Vietnam, World War II, and atomic test activities. These registries include a free specialized and comprehensive health examination provided by a VA Environmental Health (EH) clinician.

Visit the Environmental Agents Service (EAS) website www.VA.gov/EnvironAgents, where you will also find links to newsletters covering related topics:

Agent Orange Review
Operations Iraqi Freedom/Enduring Freedom Review
Gulf War Review
Ionizing Radiation Review

Another resource is VA's toll-free special health issues helpline, **1-800-349-8383**.

Toxic Embedded Fragments

VA and the Department of Defense established the Depleted Uranium (DU) Follow-up Program at the Baltimore VA Medical Center to screen and monitor Veterans for health problems associated with exposure to depleted uranium. The DU Follow-up Program involves:

- Detailed physical exams
- Clinical tests of organ systems function
- Recommendations for treatment, including surgical removal of embedded fragments

Details on the DU Follow-up Program can be obtained from the Environmental Health Coordinator at the nearest VA health care facility. Another resource is VA's toll-free special health issues helpline, **1-800-749-8387**.

Home Health Care

Home Health Care includes VA's Skilled Home Health Care Services (SHHC) and Homemaker and Home Health Aid Services (H/HHA).

Skilled Home Health Care (SHHC) Services

SHHC services are in-home services provided by specially trained personnel, including nurses, physical therapists, occupational therapists, speech therapists, and social workers. Care includes clinical assessment, treatment planning, treatment provision, health status monitoring, patient and family education, reassessment, referral, and follow-up.

Homemaker/Home Health Aide (H/HHA) Services

H/HHA services are personal care and related support services that enable frail or disabled Veterans to live at home.

Family Caregivers Program

VA's Family Caregivers Program provides support and assistance to caregivers of post 9/11 Veterans and Service Members being medically discharged. Eligible primary Family Caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement, and access to health insurance if they are not already under a health care plan. More information can be obtained from a Caregiver Support Coordinator at the nearest VA health care facility, by visiting <http://www.caregiver.gov>, or by calling 1-877-222-VETS (8387).

Geriatrics and Extended Care Services

The mission of VA's Geriatrics and Extended Care is to advance quality care for aging and chronically-ill Veterans in the most efficient manner. Through research, education and evaluation of new clinical models, we have developed innovative and effective long-term care programs.

Geriatric Evaluation

VA provides assessments and care plan recommendations for the complex problems of aging.

Hospice Services

The primary goal of Hospice services is to provide comfort rather than cure for those with an advanced disease that is life-limiting. VA's interdisciplinary team of professionals and volunteers focuses on relief of suffering and maintenance of functional capacity as long as possible. Through integrated management of the physical, psychological, social and spiritual needs of the patient, these programs also give support to the patient's family or other caregivers, which includes bereavement counseling following the death of the patient.

Respite Care Program

Respite Care is a program that provides short-term services to give the caregiver of a chronically-ill or disabled Veteran a period of relief from the demands of daily care.

Respite Care services may include a short stay by the Veteran in a VA Community Living Center (formerly known as a VA nursing home) or hospital; a short stay in a community nursing home; in-home services provided by a personal care aide; or services provided in an adult day health facility in the community.

Respite care is generally limited to 30 days per year.

Domiciliary Care

VA offers two distinct types of Domiciliary Care: short-term rehabilitation and long-term health maintenance care. This program also provides a clinically appropriate level of care for homeless Veterans whose health care needs are not severe enough to require more intensive levels of treatment.

Adult Day Health Care

Adult Day Health Care is an outpatient day program consisting of health maintenance, rehabilitative services, socialization, and caregiver support. Veterans receiving Adult Day Health Care are often frail, elderly and functionally impaired. Adult Day Health Care includes key program elements to address health needs, physical and cognitive functions and social support. The emphasis is on helping participants and their caregivers develop the knowledge and skills necessary to manage care at home.

Nursing Home Placement

Placement in nursing homes, when clinically indicated, may be available either through VA's Community Living Centers (CLC) or contract nursing homes. The mission of the VA Community Living Centers (VACLC) program (formerly known as VA Nursing Home Care Units) is to provide compassionate care to Veterans with chronic stable conditions — those who suffer from dementia, who require rehabilitation or short-term specialized services (such as respite or intravenous therapy), or who need comfort and care at the end of life. VA nursing home care will be provided to Veterans who:

- Require nursing home care for a Service-connected disability;
- Are rated 60 percent Service-connected and unemployable and requires nursing home care for any condition;
or
- Have a combined Service-connected percentage of 70 percent or more and requires nursing home care for any condition.

Otherwise, Veterans may be placed, if clinically indicated, based on space and availability.

State Veterans Homes

The term “State Home” refers to a VA-recognized home established by a state, primarily for Veterans disabled by age or disease, whose disabilities render them incapable of earning a living. A State Home includes facilities for domiciliary and/or nursing home care. A State Home may also provide care to a Veteran’s spouse or to a parent who has suffered the loss of a son or daughter in service. Eligibility for State Home placement varies by state.

Medically Related Travel, Lodging, and Per Diem

Mileage Reimbursement

Reimbursement of 41.5 cents per mile may be received, subject to applicable deductibles, for travel related to obtaining VA health care services, if the Veteran is:

- Service-connected 30% or more
- Receiving a VA Pension
- Traveling for treatment of a Service-connected condition
- Traveling for a scheduled Compensation and Pension exam (exempt from deductible requirements)
- Reporting income below the maximum annual VA pension rate

Specialized Transportation (Ambulances, Wheelchair Vans)

VA may arrange or provide reimbursement for specialized transportation related to obtaining VA health care services if eligible for mileage reimbursement (based on the above five criteria) and:

- The medical condition requires an ambulance or a specially equipped van as determined by a VA clinician; or
- The travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

Lodging and Per Diem

VA may provide payment of the actual cost for meals, lodging, or both — not to exceed 50 percent of the amount allowed for government employees — is reimbursed when it is determined that an overnight stay is required for travel related to obtaining VA health care services. Factors VA may consider in making that determination include, but are not limited to:

- The distance you must travel;
- The time of day when VA scheduled your appointment;
- The weather, traffic, or other conditions affecting your travel; or
- The medical condition and its impact on ability to travel

Hoptel Services

Hoptel is VA's term for temporary lodging. Temporary lodging may be furnished when receiving health care services or a Compensation and Pension examination at a VA health care facility. If undergoing extensive treatment or procedures (organ transplant, chemotherapy, surgical intervention, diagnostic work-up, etc.), the Veteran and a family member (and/or caregiver) may be furnished temporary lodging, at the discretion of the facility Director, for the duration of the treatment.

Fisher Houses

The Fisher House Foundation, a non-profit organization, was created in 1990 by Zachary and Elizabeth Fisher. Fisher Houses are designed for use by family members of hospitalized Veterans. However, Veterans undergoing outpatient treatment who do not live within commuting distance of the VHA facility may also be accommodated at Fisher Houses.

Medical Equipment/Prosthetic Items and Aids

VA Prosthetic & Sensory Aids Service (PSAS) furnishes properly prescribed prosthetic equipment, sensory aids and other devices to eligible Veterans. Regardless of cost, PSAS' purpose is to provide the most appropriate medically prescribed technology to a Veteran in a timely manner. Prosthetics serves as the case manager for the equipment needs of disabled Veterans.

Does VA Provide Eyeglasses?

Service-connected Veterans receiving compensation, former Prisoners of War, Purple Heart Recipients, or Veterans in receipt of VA's Aid and Attendance or Housebound benefits and receiving VA care or services, are provided eyeglasses based on clinical need.

Otherwise, VA provides eyeglasses only in special circumstances. However, Veterans otherwise receiving VA care or services may be eligible because of medically compelling reasons, as determined by a VA eye care practitioner. These circumstances may include vision impairment that results from:

- Diseases or medical conditions for which you are receiving VA care, or which result from treatment of such conditions;
- A significant functional or cognitive impairment that causes problems with activities of daily living, not including normally occurring vision loss; or
- Vision impairment severe enough to interfere with your ability to actively participate in your health care

Does VA Provide Hearing Aids?

Service-connected Veterans receiving compensation, former Prisoners of War, Purple Heart Recipients, or Veterans in receipt of VA's Aid and Attendance or Housebound benefits and receiving VA care or services, are provided hearing aids based on clinical need.

Otherwise, VA provides hearing aids only in special circumstances. However, Veterans otherwise receiving VA care or services may be eligible because of medically compelling reasons, as determined by a VA audiologist. These circumstances may include hearing impairment that results from:

- Diseases or medical conditions for which you are receiving VA care, or which result from treatment of such conditions;
- A significant functional or cognitive impairment that causes problems with activities of daily living, not including normally occurring hearing loss; or
- Hearing impairment severe enough to interfere with your ability to actively participate in your health care
- 0% Service-connected hearing impairment disabilities that meet certain medical criteria

Automobile Adaptive Equipment Program

VA's Automobile Adaptive Equipment program provides equipment and training to enter, exit, or operate a motor vehicle for Service-connected Veterans whose Primary Care Provider decides that it is necessary to drive safely and comply with State licensing laws. Please note that only certain Service-connected conditions qualify. Veterans may also be eligible for financial assistance, in the form of a grant, to purchase a new or used automobile (or other conveyance).

Automobile Access Equipment

If you are Nonservice-connected, VA may provide automobile access equipment (for example, items such as power lifts, power door openers, turning seats) if you need assistance to enter or exit a motor vehicle. You may be eligible, as determined by your VA Primary Care Provider. For more information, contact the Prosthetic Representative at the local VA health care facility.

Home Improvement and Structural Alteration (HISA) Grants

A Home Improvement and Structural Alteration Grant may be awarded for improvements or structural alterations needed to access home or essential bathroom facilities.

Clothing Allowance Benefit

Service-connected Veterans who must wear a prescribed device that causes their clothing to wear or tear, or if clothing is damaged due to use of a topical ointment, may receive an annual clothing allowance payment. For more information, contact the Prosthetic Representative at the local VA health care facility.

Dependents' Health Care

Dependents may qualify for VA's Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). They must not have eligibility under TRICARE and must be dependents of a:

- Veteran who has been rated by VA as having a service-connected total and permanent disability.
- Veteran who died from VA rated service-connected condition(s), or who, at the time of death, was rated

permanently and totally disabled from a VA rated Service-connected condition(s).

- Veteran who died on active duty and in the line of duty (not due to misconduct).

For more information, call 1-800-733-8387 or go to <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>.

Spina Bifida/Children of Women Vietnam Veterans

VA provides monetary allowances, vocational training and rehabilitation, and VA-financed health care benefits to certain Korean and Vietnam Veterans' birth children who have been diagnosed with spina bifida. For the purpose of this program, spina bifida is defined as all forms or manifestations of spina bifida (except spina bifida occulta). For more information, call 1-888-820-1756 or go to <http://www.va.gov/hac/forbeneficiaries/spina/spina.asp>.

Medical Benefits Package Exclusions

The following health care services are not included in the VA Medical Benefits Package:

- Abortions and abortion counseling
- Cosmetic surgery, except where determined by VA to be medically necessary
- Gender alteration
- Health club or spa membership
- In-vitro fertilization
- Drugs, biological, and medical devices not approved by the Food and Drug Administration, unless part of formal clinical trial under an approved research program or when prescribed under a compassionate use exemption
- Inpatient hospital or outpatient care for a Veteran who is either a patient or inmate in an institution of another government agency, if that agency has a legal obligation to provide the care or services

she
wore
these.

It's our job to give her
the best care anywhere.



WOMEN VETERANS HEALTH CARE

 Department of
Veterans Affairs

learn more at
www.womenhealth.va.gov

Chapter 4

Getting Started with VA Health Care

The First Appointment

When applying for enrollment, Veterans may request an appointment. Otherwise, enrolled Veterans may request an appointment either in person or by calling their local VA health care facility. Female Veterans may also request an appointment through the local Women Veteran Program Manager (WVPM), who will assist with coordination of care.

How to Get a Veterans Identification Card

The Veterans Identification Card (VIC) is the gateway to quick access to benefits at VA health care facilities. After enrollment, Veterans may go to their local VA health care facility to have a picture taken. VA will then mail the VIC within a few days.

Is a VIC Like an Insurance or Credit Card?

No. VIC is not a credit card or an insurance card, and it does not authorize or pay for care at non-VA facilities.

Although the VIC does not contain a Social Security number, date of birth or other sensitive information on the face of the card, that information is coded into the magnetic stripe and barcode — ***so be careful. Take precautions to safeguard your VIC.***

How Can My HealtheVet Improve Quality of Care?

My HealtheVet is a website created especially for Veterans. It can be used to:

- Get accurate health information from trustworthy sources.
- Link to VA benefits and services.
- Refill VA prescriptions and get information about medicines.
- Read VA news and feature stories.
- Create a personal health journal.

Why Should I Keep a Personal Health Journal?

A personal health journal is the record of your health history and needs. You can use it to do any of these things:

- Keep track of all your providers.
- Keep track of your military health information.
- Record your personal health history.
- Keep track of your current vital readings, such as blood pressure or blood sugar, and monitor them over time.
- Keep a list of your medicines.
- Record your physical activity or food intake each day.
- Record your emergency contacts.

What if I Move or Live in More Than One Location?

VA encourages Veterans to receive the majority of their care through their local health care facility and Primary Care Provider. However Veterans may receive care at any VA health care facility.

If a Veteran travels a lot or lives in more than one location, he or she may need to arrange for care at two or more VA facilities. When planning extended travel outside the usual VA care area, remember to give the Primary Care Team and pharmacy:

- A temporary address and phone number.
- The starting date at the new address and the expected date of return.

VA can mail prescription refills to a temporary address. Be sure to allow plenty of time — approximately two weeks — for the refills to arrive.

Chapter 5

Accessing VA Health Care Services

To obtain important VA Health Care Facility Locations and Phone Numbers, visit VA's website at <http://www2.va.gov/directory/guide/home.asp>.

Scheduling an Appointment and Canceling Appointments

VA is committed to providing high-quality, clinically appropriate health care — when it is wanted and needed. This commitment includes the ability to make appointments that meet the needs of our Veterans, with no undue waits or delays. We monitor the wait times for scheduled appointments, and give our Veterans the opportunity to complete a survey to tell us whether an appointment was available at a preferred time.

How to Schedule or Cancel Appointments

Enrolled Veterans may call the Primary Care/specialty clinic during regular business hours to:

- Make an appointment,
- Change an appointment, or
- Cancel an appointment.

Are There Walk-in Appointments?

Although VA providers will evaluate a Veteran's condition if he or she decides to "walk in" to a Primary Care clinic without a scheduled appointment, there may be a wait, depending on the severity of the medical situation.

Emergency Care and Non-VA Facilities

In case of emergencies, Veterans should always call 911. VA does not have to be contacted in advance. Veterans should always go to the nearest emergency room whether it's a VA or private facility. If transported by ambulance, the paramedics generally will go to the closest emergency room.

Urgent and After-Hours Care (Evenings, Nights, Weekends, Federal Holidays)

Enrolled Veterans may call the after-hours telephone advice care line to get advice about health concerns. This line is staffed by registered nurses who will discuss medical concerns and work to determine the necessary care.

Social Work Services

VA social workers are assigned to all patient treatment programs, including community-based outpatient clinics. They provide social and clinical services to Veterans and their families in resolving the social, emotional, and economic problems associated with the stresses of illness. Social workers bring skills in individual, group, and family treatment to the care of Veteran patients as they move through the continuum of care.

VA Social Work Service has responsibility for the Fisher House Program, the Temporary Lodging Program, policies on reporting suspected abuse and neglect, and family support for polytrauma patients.

Interpreter Services

If foreign language (or American Sign Language) services would help you or your family understand your medical or health care benefits, there are interpreter services available. Please contact the Patient Advocate at your nearest VA health care facility.

Chapter 6

Coordination of Care

How Does VA Coordinate Care for Veterans Who are Traveling or Living at a Temporary Address?

Generally, the VA Primary Care Team is responsible for care for Veterans traveling or temporarily experiencing a change of address — such as living in one state during the winter and another during summer. Any VA provider seen while traveling will share information and coordinate treatment options with the Primary Care Team.

Coordination of Care with Providers Outside the VA Network (Co-managed/Dual Care)

We strongly encourage enrolled Veterans to receive all their health care through VA. However, if private doctors continue to provide treatment, VA will work with them to meet health care needs and coordinate effective treatment. We call this Co-managed Care or Dual Care, which means that the VA and private doctors will work together to provide safe, appropriate, and ethical medical care.

VA's Primary Care Team is responsible for managing all aspects of care and services available through the VA system. Under no circumstances can the VA provider simply re-write prescriptions, or order diagnostic tests from an outside provider, without first making a professional assessment that a particular test or drug prescription is medically appropriate. If the VA provider does not follow the recommendations of a private provider, she or he will communicate the reasons for such decisions and may offer alternative treatment recommendations.

Coordination of Care Among VA Facilities

Veterans may receive medical attention in a variety of VA settings — clinic, hospital, emergency room, Community Living Center (formerly known as VA nursing home), or their own residence. Care will be provided by professionals who offer diverse specialized treatments and services. In order to manage the different aspects of care effectively, the Primary Care Team will use VA's electronic medical record system to ensure the coordination of care.

Specialized Outpatient Care Not Offered at the Local Health Care Facility

If required care is not offered at the local health care facility, the Primary Care Team can arrange care at other VA health care facilities or in the community, as appropriate. Generally, the Primary Care Provider will coordinate the care at both locations.

Disagreements Between VA Providers and Private Providers

VA will work to ensure that health care needs and preferences are met, and that there is an understanding of all available options. VA providers have the final say about how VA will meet your health care needs, including whether or not to order tests or write prescriptions.

Wherever you go, VA is there for you.

- Are you planning to travel, either within the U.S. or abroad?
- Are you interested in receiving treatment from private doctors, as well as your VA Primary Care team?
- Do you have questions about your health care benefits?

For answers to these questions and others, contact your local VA medical facility or call 877-222-VETS (8387).



Chapter 7

Pharmacy Services

What is VA's Prescription Benefit?

VA's Prescription Benefit provides safe, effective, and medically necessary medications to ensure the highest quality care for our nation's Veterans.

VA's Drug Formulary

Does VA Maintain a List of Preferred Medications?

Yes. This list of medications is called a drug **formulary**. The organization that accredits America's hospitals requires all health care organizations to develop a list of preferred medications that they keep in stock at all times. Health care organizations prefer formulary medications because they are:

- High quality
- Effective
- Safe
- A good value

VA's National Drug Formulary ensures that Veterans across the country have access to the same medications at all VA facilities.

How Do Enrolled Veterans Know if a Medication is on VA's National Formulary?

The VA National Formulary lists medications alphabetically by generic name, not by brand name. For instance, Zocor would not be listed for cholesterol. Rather one would look for simvastatin instead. A medication can also be looked up by drug class. For example, using the VA Class Index, one would look for penicillin under antimicrobials. A list of the medications on the VA National Formulary can be found at the Pharmacy Benefit Management (PBM) Website: <http://www.pbm.va.gov/NationalFormulary.aspx>.

Are There Some Drugs on the VA National Formulary That Should Not be Substituted with Another Drug?

Yes. In rare instances, there may be a medication that is not recommended for substitution with another drug. The **Do Not Substitute List** can be found on the VA PBM Internet site: <http://www.pbm.va.gov/NationalFormulary.aspx>.

Can Enrolled Veterans Receive a Drug That is Not on the VA National Formulary?

Yes. There is a process that permits a VA health care provider to prescribe a “non-formulary” drug if special needs require it. The process assures that a decision to use a non-formulary drug is based on evidence that the preferred drug is safe and effective.

Why Doesn't VA Provide the New Medications Seen on Television?

While some new drugs offer important improvements over older drugs, the new drugs are not always better or safer than older drugs. VA has established a process to review the safety and effectiveness of VA National Formulary medications. This process includes comparing several drugs within the same class (such as the statin class for lowering cholesterol or ACE inhibitors for lowering blood pressure). Only those drugs that prove to be the safest and most-effective and that offer the best value are listed on the National Formulary. If a formulary medication is not appropriate, however, each VA medical center has procedures in place to help identify an alternative, non-formulary medication.

Drug makers heavily promote their new drug through advertising and other publicity. But some new drugs are not studied in large groups of people or over long periods of time. As a result, we cannot always know the safety of these medications. When more is known about the safety and effectiveness of newer medications, VA may consider adding them to the National Formulary.

Non-VA Physicians and Prescriptions

VA will fill non-VA prescriptions for Veterans who are in receipt of Aid and Attendance or Housebound benefits. These Veterans may contact, or have their non-VA physician contact, their local VA facility's Pharmacy Service for more information.

Otherwise, VA is not authorized to fill prescriptions unless they are written by a VA provider. This ensures that VA is able to provide and track the complete medical care for all Veteran patients. The total medication management for a prescription is the responsibility of the provider who writes that prescription.

If the Veteran is receiving care from a non-VA physician, the VA providers need to know about all of the medications (prescription, over-the-counter, and herbal supplements) being taken. The private provider must also be aware of the medical treatment and medications received from VA.

If a non-VA physician has prescribed a medication that is not on the VA National Formulary (that is, a “non-formulary” medication), the VA physician may elect to re-write that prescription for a VA National Formulary medication. If this switch is made, it is because the VA health care provider believes the VA National Formulary drug offers the best safety, effectiveness, and overall value.

If the VA health care provider believes that the VA National Formulary medication should not be prescribed, an alternative will be sought. The VA health care provider may need to contact the non-VA physician to obtain access to medical documents that support using a non-formulary medication.

Tips for Understanding Your Medication

Always Read Your Prescription Label Carefully

When you receive your medication, make sure that you read the instructions on the prescription label carefully and take your medication exactly as directed. Also, look for any stickers that have been placed on the bottle for additional instructions. These may include whether to take with food, or whether there are any activities to avoid. If you have any questions, contact your pharmacy at the number listed on the label.

Why am I Taking This Medication?

Understanding why you are taking a medication is extremely important. Some medications are given only for a specific period of time (for example, an antibiotic taken for a short time for an infection), while others need to be taken regularly on a long-term basis (for example, diabetes or high blood pressure). If you are not sure why you are taking a medication or for how long you should take it, ask!

How Will I Know Whether the Medication is Working?

Some medications are used to treat something you can feel (pain, allergy symptoms), while others are for conditions that may not have any noticeable symptoms (high blood pressure, high cholesterol). With many conditions, your provider will be able to determine whether your medication is working — by doing a physical exam or procedure, or by checking your lab tests. Whether or not you feel that it is working, do not stop taking your medication or change the dosage without talking to your pharmacist or provider. Otherwise, they will not be able to provide the care you need.

What if I Think My Medication is Causing a Side Effect or a Drug Interaction?

Sometimes, medications prescribed to help treat a certain condition can also cause negative side effects. If you think you are having a side effect to a medication or are experiencing a drug interaction, tell your pharmacist or provider immediately. You can then discuss whether it is something that is tolerable, or whether there is another medication that can be used instead.

Some side effects are mild or go away with continued use, but others can be serious. In certain cases, medications may interact with other drugs, supplements, or food in undesirable ways. Common side effects and drug interactions are generally included in the information that comes with your prescription. If you think you are experiencing a serious side effect, contact your provider immediately or call for emergency medical care.

How VA Ensures the Quality of Medications for Veterans

The VA National Formulary includes medications approved by the U.S. Food and Drug Administration (FDA), as well as over-the-counter (OTC) medications and supplies. The VA Pharmacy Benefits Management Services (PBM), in conjunction with VA physicians and pharmacists, reviews the information about a drug's safety and effectiveness, and discusses the drug's risks and benefits compared to other available treatments. VA then considers the cost of the drug, relative to other treatment options. All the information about the drug is then sent to expert doctors, pharmacists, and other VA providers across the United States. Observations and suggestions from these experienced health care professionals help VA decide how best to use the medications to treat Veteran patients.

Chapter 8

Patient Rights and Responsibilities

Respect and Nondiscrimination

As part of our service, we are committed to improving the health and well-being of our Veterans. In addition to making visits or stays as pleasant as possible, our employees will respect and support patient rights.

As a Veteran enrolled in the VA health care system, some of the patient rights and responsibilities which would apply to your care are outlined here:

- You will be treated as an individual — with dignity, compassion, and respect. You will receive care in a safe environment. We will honor your personal and religious values, and your privacy will be protected.
- You — and any persons you choose — will be involved in all decisions about your care. You can agree to or refuse treatment, and consider options. Refusing treatment will not affect your rights to future care, but you take responsibility for the possible results.
- You may allow a family member, friend, or other individual to be present with you for emotional support during your hospital stay. (NOTE: The presence of a support individual of your choice is allowed, unless that individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. This individual may or may not be your surrogate decision maker or legally authorized representative.)
- You will be given the name and title of all providers involved in your care, including students and trainees. 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, to receive treatment to manage your pain, and to participate in developing a pain management plan.
- You have the right to choose whether you will participate in any research project related to your treatment.
- You will be involved in resolving any ethical issues about your care — including participation in decision-making and care at the end of life — and you may seek guidance from your health care facility's Medical Ethics Consultation Service.
- In order to maintain a safe environment in all VA health care facilities, we expect you to show respect for others — whether patients, residents, or staff — and to follow the facility's rules.
- Veterans Health Administration (VHA) prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Keeping Health Information Private and Secure

VA keeps all of the information in medical records confidential. No information will ever be released without consent unless required or authorized by law.

As a Veteran enrolled in the VA health care system, some of the privacy rights which would apply to your care are outlined here:

- Right to a Notice of Privacy Practice – You have a right to know how VA uses and discloses your information. VHA's Notice of Privacy Practice outlines all the general purposes for which VA uses or discloses your information. A copy of this Notice can be found at http://www.va.gov/vhapublications/viewpublication.asp?pub_id=1089.
- Right to Request Amendment – You have a right to request that information about you be amended, if you feel that it is incorrect or inaccurate, not timely, or not relevant to the services you receive from VA. If you request an amendment and it is not approved, you have the right to appeal that decision to the VA Office of General Counsel.
- Right to Access Record – You have a right to access your records. VA will provide you with access to these records in any reasonable format, or will have a VA employee show you your record on a VA computer.
- Right to Request Restriction – You have a right to request that your information not be shared with certain individuals or organizations. (There are some individuals or organizations that VA cannot withhold information even if you request it, such as reporting required by law.) If your restriction request is not granted, VA will let you know and provide you with appeals rights.
- Right to Confidential Communication – You have a right to request that VA provide you with a confidential means of getting information. This may be in the form of a specific address that you wish VA to use or a particular phone contact number for calls.
- Right to Opt-out of Facility Directory – If you are admitted to a VA health care facility as an inpatient, you have the right to request that you not be included in the facility directory. If you opt-out of the directory, VA will not acknowledge that you are admitted to that hospital. However, if you do not want to acknowledge you have been admitted, VA will not be able to share any information as to your whereabouts -- with even your family -- or accept mail or other packages or flowers. Your VA facility will explain this more fully to you if you are admitted as an inpatient.
- Right to an Accounting of Disclosures – You have a right to request a list of all disclosures of your information made to anyone outside of VA. We keep a record of all disclosures so that it can provide you with an accounting upon request.
- Right to File a Privacy Complaint - If you believe that your privacy rights have been denied, or that VA has not protected your information according to the law, you have a right to file a complaint in various ways. You may complain to the Privacy Officer at your local VA Medical Center, or you can complain to the VHA Privacy Officer, whose contact information is in the Notice of Privacy Practices. You may also file a complaint with the Department of Health and Human Services Office for Civil Rights if you believe that your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule have been denied.

Protect your own privacy. Never just throw away a prescription bottle or papers. Never give out your Social Security Number over the telephone – even if someone claiming to be from VA calls you. VA will never ask you for your Social Security Number over the telephone. If you request copies of your records, keep them in a safe and secure place; people could learn things about you or your care that you do not want them to know.

Partnering in Care

VA is committed to providing Veteran-centered care. We will focus our efforts on giving Veterans what they need. We will coordinate care to make sure each Veterans receives the right care, at the right time, in the right setting. In addition to explaining health problems and treatment options in easily understandable language, our care providers will educate about self-care and explain how to manage health problems.

We know that patients who are actively involved in their health care will experience better results and feel more satisfied with their care. There are many ways for Veterans and their VA providers to work together, and the approaches to treatment may change over time. By keeping the communication channels open, we can build a partnership that meets patient needs and offers our Veterans the best possible outcomes.

Concerns, Complaints, and Compliments

While at the local VA health care facility, we encourage you to seek help from a Patient Advocate if:

- You have problems
- You have complaints
- You feel that you have been neglected
- You feel that you have been abused
- You feel that you have been exploited

Patient Advocate

The Patient Advocate's job is to help resolve your issues. We want you and your family to have someone to go to for open discussion about your concerns and complaints — or to offer a compliment.

Family Involvement in Your Health Care

Support from family members can help you recover from or manage serious health problems, and they can assist you in maintaining healthy living habits. It is up to you to make the decision on who you choose to rely on for emotional support or involvement in your care.

Can My Family Take an Active Role in My Treatment Decisions?

Yes. Once enrolled in the VA health care system, family members can help you prepare for your VA appointments and help you think of questions you need to ask. If you wish, a family member can accompany you to your medical appointments. Having another person there to hear explanations, receive instructions, and ask questions can be reassuring.

At home, they can remind you to follow the treatment plan. We encourage you to give permission to your providers to discuss aspects of your health problems or health care with your family. When you are able to make your own treatment decisions, your family can help you as much or as little as you choose. You're in charge.

How Can My Family Members Share Their Concerns or Complaints About My Care?

Your family members can seek help from a Patient Advocate if they have concerns or complaints about your care. They may complain verbally or in writing through the Patient Advocate.

What if I am an Inpatient at a VA Medical Facility or a Community Living Center (Formerly Known as a VA Nursing Home) Resident?

Once you enroll, if you are an inpatient or Community Living Center resident, you have the right to communicate freely and privately. You may receive or refuse visitors, and you will have access to public telephones. Additionally:

- You have the right to social interaction and regular exercise. If you choose, you will have the opportunity to worship in accordance with your beliefs and to request spiritual support.
- You may participate in civic activities, such as exercising your right to free speech or to vote in elections.
- You can organize and take part in resident groups in the facility, and your family can meet with the families of other residents.
- You are to avoid unsafe acts that may place you or others at risk for accidents or injuries. You may wear your own clothes and keep personal items, as appropriate, depending on your medical condition.
- You or someone you choose has the right to keep and spend your money. You will receive an accounting of any funds VA holds for you.
- While providing treatment, we will respect your personal freedoms. In rare cases, medication or physical restraints may be used, if all other efforts to keep you or others free from harm have not worked.

Advance Directives: What Are They and Why Are They Important?

If a Veteran is not able to make his or her own treatment decisions, then someone must stand in and make decisions on his or her behalf. The best way for you to make sure that your wishes are followed is to set up directives in advance, while you are able to make your wishes known.

An Advance Directive is a written statement regarding your preferences about future health care decisions if you are unable to make them yourself. This helps your providers and family understand your wishes about your health care, and it can help them decide about treatments if you are too ill to decide for yourself.

There are two types of Advance Directives:

- Durable Power of Attorney for Health Care
- Living Will

What is a Durable Power of Attorney for Health Care?

A Durable Power of Attorney for Health Care lets you name a person you trust to act as your health care agent — to make health care decisions for you if you cannot make them yourself. That person should be someone who knows you well and is willing to serve as your health care agent. If you do not choose a health care agent, your doctor will select the appropriate person to make decisions for you, based on an established order as follows:

1. Health Care Agent
2. Legal guardian or special guardian
3. Next-of-kin (a close relative, 18 years of age or older, in the following order of priority: spouse; child; parent; sibling; grandparent; grandchild) or close friend.

What is a Living Will?

A living will is a type of Advance Directive in which you indicate your personal preferences regarding future treatment options. A living will typically includes your preferences about life-sustaining treatment, but it may also include preferences about other types of health care.

Should I Have an Advance Directive?

It's up to you to decide if you want an Advance Directive. An Advance Directive helps protect your right to make your own choices — to make sure your values and wishes are respected if you can't speak for yourself. Some people name a health care agent and also complete a living will. You can decide how general or specific you want your instructions to be.

What Should I Do with My Advance Directive?

Give a copy of your Advance Directive to your health care agent and your health care providers so that it can be placed in your medical record. You should also keep a copy for yourself — along with your other important papers — in a safe place.

Can My Advance Directive be Changed?

Yes, but only by you. You may change or revoke it at any time. If you make changes, give the new version to the people listed above.

Where Can I Get the Advance Directive Form?

VA's Advance Directive form (VA Form 10-0137, VA Advance Directive) can be downloaded from the VA website: <http://www.va.gov/vaforms/medical/pdf/vha-10-0137-fill.pdf> or at the My HealtheVet website: <http://www.myhealth.va.gov>.



Chapter 9

VA Copayments and Insurance

Overview of Copayments

While many Veterans qualify for free healthcare services based on a VA compensable service-connected condition or other qualifying factor, most Veterans are asked to complete an annual financial assessment, to determine if they qualify for free services. Veterans whose income exceed the established VA Income Thresholds as well as those who choose not to complete the financial assessment must agree to pay required copays to become eligible for VA healthcare services.

Outpatient Services	
Basic Care Services Services provided by a Primary Care clinician	\$15/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/visit
*The total copayment due is limited to a single charge per visit, regardless of the number of health care providers seen in a single day. The copayment due is based on the highest level of service received during the visit. There is no copayment for preventive care services such as screenings and immunizations.	

Inpatient Services	
<i>Priority Group 8</i>	
Inpatient copayment for the first 90 days of care during a 365-day period	\$1,156.00
Inpatient copayment for each additional 90 days of care during a 365-day period	\$578.00
Per diem charge	\$10/day
<i>Priority Group 7</i>	
Inpatient copayment for the first 90 days of care during a 365-day period	\$231.20
Inpatient copayment for each additional 90 days of care during a 365-day period	\$115.60
Per diem charge	\$2/day

Pharmacy	
As applicable, Veterans in Priority Groups 2, 3, 5 and 6, for each 30-day or less supply of medication for treatment of Nonservice-connected conditions (Annual medication cap is \$960)	\$8
Veterans in Priority Groups 7 and 8, for each 30-day or less supply of medication for treatment of Nonservice-connected conditions (No annual medication cap)	\$9

Long-Term Care	
Nursing Home Care/Inpatient Respite Care/Geriatric Evaluation	Maximum of \$97/day
Adult Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care	Maximum of \$15/day
Domiciliary Care	Maximum of \$5/day
*Copayments for Long-Term Care services start on the 22nd day of care during any 12-month period - there is no copayment requirement for the first 21 days. Actual copayment charges will vary from Veteran to Veteran, depending upon financial information submitted on VA Form 10-10EC.	

Insurance and Other Third Party Payments: Why Does VA Bill Insurance Companies?

Overview of VA Billing

Federal law requires VA to bill a private health insurance provider for medical care, supplies, and prescriptions for treatment of any Nonservice-connected condition. You are required to provide information on your health insurance coverage, including coverage provided under policies of your spouse. You are not responsible for paying any remaining balance of VA's insurance claim that is not paid or covered by your health insurance. As applicable, any payment received by VA may be used to offset "dollar for dollar" your VA copayment responsibility.

Does VA Bill for Service-Connected Conditions?

No. If you are Service-connected, VA will not bill your private health insurance carrier for treatment or services for any Service-connected condition.

Does VA Bill Medicare?

No. While VA does not bill Medicare, your Medicare supplemental health insurance may be billed for treatment of a Nonservice-connected condition.

Offsetting Your VA Copayments with Insurance Premiums

VA will apply payment from your private health insurance carrier "dollar for dollar" to your VA bill, which may eliminate or reduce your VA copayment.

TRICARE

TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families and survivors. VA bills TRICARE for Nonservice-connected medical treatment. There are four options for health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for Life. Each of these options has specific benefits, exclusions, co-pay and deductible requirements.

Do VA medical centers accept TRICARE?

Most VA medical centers accept TRICARE under certain conditions. Contact the local VA Enrollment Office or enrollment coordinator for more information.

Where can I get more information about TRICARE?

For more information about TRICARE, visit the TRICARE website at <http://www.tricare.mil/> or call, toll-free, 1-877-874-2273.

How Do I Pay My VA Bill?

Any VA bills can be paid online by credit card or check. You may go to www.pay.gov and select Department of Veterans Affairs on the agency list. This service is available at no cost.

Bills can also be paid in person, by contacting the Agent Cashier office at the local VA health care facility. Bills can also be paid by calling the number on the billing statement or a check or money order payable to "VA" can be sent to:

Department of Veteran Affairs
PO Box 530269
Atlanta, GA 30353-0269

Retroactive Award of Service-Connection or VA Pension Benefit

If you have recently received an award of a Service-connected condition, an increase in percentage of your Service-connected rating, or a VA pension benefit, you may be eligible for reimbursement for VA copayments you have already paid. For information, contact your local Revenue Office or call VA at 1-877-222-VETS (8387).

Enrolled Veterans may also be eligible for beneficiary travel payments back to the effective date of your award. You must apply within 30 days of the date you became eligible for travel benefits. For more information, contact your local Enrollment Coordinator or call the VA at 1-877-222-VETS (8387).



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- | | |
|---------------|---|
| Step 1 | Log on to https://www.pay.gov/ |
| Step 2 | Under Frequently Used Forms select "Department of Veterans Affairs - VA Medical Care Copayment" on the right side of the screen. |
| Step 3 | Click "VA Medical Care Copayment" and fill out the form, entering your account number exactly as it appears on your monthly billing statement. Click "Submit Data." |
| Step 4 | To process your payment, you may enter your credit/debit card information or your checking or savings account information. |



VA offers a fast, confidential and secure way to pay your account balances online.

www.pay.gov

Pay.gov allows Veterans to pay their bills online from their home computers using a check, credit card or debit card. Just log in, enter your statement account number and your payment information, and you are done. Why spend time standing in line or mailing a check? Save time ... pay online with Pay.gov.

Fast... Free... Done!

Chapter 10

Care Outside the VA System: What VA Covers

VA may refer enrolled Veterans to a non-VA provider in the community for a portion of care, under certain limited circumstances.

Pre-Authorized Non-VA Care

Non-emergency health care provided in non-VA facilities at VA expense (such as Fee Basis care) must always be pre-authorized. That is, VA must authorize in advance the services being furnished. VA may pre-authorize health care at a non-VA facility, or other Federal facility with which VA has an agreement.

However, VA may authorize non-VA emergency care — even though it was not authorized in advance — when (a) the nearest VA medical facility is notified within 72 hours of admission; (b) the care rendered is for a medical emergency; (c) VA or other Federal facilities are not feasibly available; (d) and the Veteran meets the eligibility requirements.

Emergency Care

A medical emergency is generally defined as a condition of such a nature that a prudent layperson would reasonably expect that delay in seeking immediate medical attention would be hazardous to life or health.

An enrolled Veteran may receive emergency care at a non-VA health care facility at VA expense when a VA facility (or other Federal health care facility with which VA has an agreement):

- Cannot furnish economical care due to the patient's distance from the facility; or
- When VA is unable to furnish the needed emergency services.

VA Payment for Emergency Care of Service-Connected Conditions Without Prior Authorization

Since payment may be limited to the point when a condition is stable enough for travel to a VA facility, an enrolled Veteran needs to contact the nearest VA medical facility as soon as possible. An emergency is deemed to have ended at the point when a VA provider has determined that, based on sound medical judgment, the patient should be transferred from the non-VA facility to a VA medical center.

VA Payment for Emergency Care of Nonservice-connected Conditions Without Prior Authorization

VA may pay for emergency care provided in a non-VA facility for treatment of an enrolled Veteran's Nonservice-connected condition only if all of the following conditions are met:

- The episode of care cannot be paid under another VA authority, and
- Based on an average knowledge of health and medicine (prudent layperson standard) there was a reasonable expectation that delay in seeking immediate medical attention would have been hazardous to life or health, and
- A VA or other Federal facility/provider was not feasibly available, and
- VA medical care has been received within a 24-month period preceding the non-VA emergency care, and
- The Veteran is financially liable to the health care provider for the emergency care, and
- The services were furnished by an Emergency Department or similar facility held out to provide emergency care to the general public, and
- There is no other coverage under a health plan (including Medicare, Medicaid and Worker's Compensation), and
- There is no contractual or legal recourse against a third party that would, in whole, extinguish the Veteran's liability, and
- There is a 90 day timely filing limit.

Veterans Who are Living or Traveling in a Foreign Country

VA will pay for medical services for treating Service-connected disabilities, or any disability that is associated with and aggravates a Service-connected disability, for enrolled Veterans who live or travel outside the United States. This program will also reimburse you for certain treatment of medical services while outside the United States, if needed as part of the VA-approved vocational rehabilitation program. For more information, call the Foreign Medical Program Office at 1-877-345-8179.

Chapter 11

Appeals

Administrative Appeals

An appeal is a request for VA's Board of Veterans' Appeals to review a decision about health care benefits. An appeal may be filed if a Veteran does not agree or is not satisfied with a VA decision. Specific information about the appeals process is available on VA Form 4107 "Your Rights to Appeal our Decision" which is available at <http://www1.va.gov/opa/publications>.

Can I Appeal an Administrative Determination That Denies Me a Health Care Benefit?

Yes. If you believe you have been denied a health care benefit for which you are eligible, you may write VA a letter telling us why you disagree with that decision. Within one year of the date of the initial decision, send the letter — called a Notice of Disagreement — to the VA health care facility where the decision was made.

Can I Request Reconsideration of a VA Decision?

As part of the Appeal process, you may ask VA to reconsider a decision. Within one year of the date of the initial decision, you may submit a "reconsideration" request in writing to the health care facility where the decision was made. A reconsideration decision will be made by the immediate supervisor of the initial VA decision-maker.

You may also request a meeting with the immediate supervisor of the initial VA decision-maker. This is not a formal hearing, but it provides an opportunity for you (and your representative, if desired) to discuss the issues. You can request that the meeting be taped and transcribed, and a copy of the transcript will be provided to you. After reviewing all the information, the immediate supervisor of the initial VA decision-maker will issue a written decision that either upholds, reverses, or modifies the initial decision. If the decision to deny is upheld, you may still proceed with your appeal.



Chapter 12

Vet Centers

Introduction to Vet Centers

The Vet Center Program was established by Congress in 1979 in response to the readjustment problems that a significant number of Vietnam-era Veterans were continuing to experience after their return from combat. In subsequent years, Congress extended eligibility to WW II and Korean Combat Veterans, and to Veterans who served in conflicts after Vietnam: Lebanon, Grenada, Panama, the Persian Gulf, Somalia, Kosovo/Bosnia, Operation Enduring Freedom, Operation Iraqi Freedom, and other operations within the Global War on Terrorism.

What Services Do Vet Centers Provide?

If you served in any combat zone (Vietnam, Southwest Asia, Operation Enduring Freedom, Operation Iraqi Freedom, etc.), you are eligible for Vet Center services. These services are available regardless of whether or not you are enrolled in the VA health care system. Community-based Vet Centers provide a broad range of counseling, outreach, and referral services to help Veterans make a satisfying post-war readjustment to civilian life:

- Individual counseling
- Group counseling
- Post-traumatic stress disorder (PTSD) counseling
- Marital and family counseling
- Bereavement counseling
- Medical referrals
- Assistance in applying for VA benefits
- Employment counseling
- Guidance and referral
- Alcohol/drug assessments
- Information and referral to community resources
- Military sexual trauma counseling and referral
- Outreach and community education

Vet Center services are provided at no cost to Veterans or their families.

Chapter 13

VA Health Care and Medicare

You may also be eligible to enroll in Medicare. Because each Veteran's situation is unique, VA cannot provide a single answer to the question of whether you should enroll in Medicare, but we offer the following information to assist you in weighing your options.

Here are some key points about the two programs:

- Remember, VA health care benefits are separate from Medicare. You may be enrolled in both programs, but the enrollment process (and the eligibility criteria) is different for each.
- Medicare offers three types of coverage: inpatient ("Part A"), outpatient ("Part B"), and prescription drug ("Part D"). You can decide whether to participate in one "part" or all three.
- VA does not recommend that you cancel or decline coverage in Medicare (or other health care or insurance programs) solely because you are enrolled in VA health care. There is no guarantee that in the years to come, Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups. If you are enrolled in one of the lower priority groups, this could leave you with no access to VA health care coverage. For this reason, signing up for Medicare as a secondary source of coverage may be in your best interest.
- Enrolling in both VA and Medicare gives you greater flexibility. For example, if you are enrolled in both programs, you will have access to non-VA physicians (under Parts A and B); or you may obtain prescription drugs (under Medicare Part D) — prescribed by your non-VA physicians and filled at your local retail pharmacies — that are not on the VA formulary.
- Medicare allows enrollment (typically at age 62) during a yearly enrollment period. You may be subject to a penalty if you don't enroll when you first become eligible for some Medicare programs. You can delay enrollment in Part D (prescription drugs) without penalty if you are enrolled in a prescription drug plan (like VA's) that is considered "creditable coverage" — that is, prescription drug coverage that provides a benefit at least as good as Medicare's. However, "creditable coverage" for Part B (outpatient/doctor coverage) can only be received through an employer; so you cannot claim VA enrollment as "creditable coverage" for the outpatient Medicare program.
- Take time to understand your options under the Medicare program, and read all information received from Medicare or the Social Security Administration carefully. Action on your part may be required.
- For example, you are required to sign and return a card if you choose not to enroll in Medicare Part B. Failure to return the card could result in automatic enrollment and deduction of the Part B premium from your Social Security check.

For more information on the Medicare Program, visit <http://www.medicare.gov/> or call 1-800-Medicare (1-800-633-4227).



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Glossary

Adjudication - Refers to the process of obtaining and reviewing the facts in a particular claim to make a decision whether to grant benefits in view of the laws governing these benefits.

Aid and Attendance - The increased compensation and pension paid to Veterans, their spouses, surviving spouses, and parents. A&A may be provided if the Veteran needs the regular aid and attendance of another person.

Appeal - A person's disagreement with a determination by VA to deny a benefit, request for reconsideration of the determination, or direct appeal to a higher level, such as the Board of Veterans Appeals (BVA).

Applicant - A person who has submitted a written request for VA health care benefits and/or for enrollment in the VA Health Care System.

Automobile Adaptive Equipment - Items and/or devices necessary to permit safe operation of, or permit access to and egress from an automobile or other conveyance.

Beneficiary - A person determined eligible for VHA benefits.

Carrier - The insurance company; the insurer.

Catastrophically Disabled - A permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others. NOTE: The complete definition can be found at 38 Code of Federal Regulation (CFR), section 17.36(e).

Claimant - A Veteran who received services (or his/her guardian) or the hospital, clinic, or community resource that provided the services, or the person other than the Veteran who paid for the services.

Clinician - A Physician, Physician Assistant (PA), Nurse Practitioner (NP), Psychologist, or other independent licensed practitioner.

Combat Veteran - A Veteran whose service includes receipt of an expeditionary medal or other Department of Defense (DOD) authorized combat-related medal, service in a location designated by an Executive Order as a combat zone, service in a qualified hazardous duty area as defined by Federal Statute that deems such service by a member of the Armed Forces to be the equivalent if service in a combat zone for pay or a tax-related purpose, receipt of DOD Hostile Fire or Imminent Danger pay for serving in the area subject to hostilities, or other factor(s) as may be defined in policy and regulation by the Secretary of Veteran Affairs.

Community Living Center - formerly known as VA Nursing Home

Compensable - A VA determination that a Service-connected disability is severe enough to warrant monetary compensation.

Copayment - Copayment is a specific monetary charge for either medical services or medications provided by VA to Veterans.

Cost-Free – No VA copayments or premiums

Coverage - The extent of benefits provided under a health care policy.

Domiciliary - VA facilities that provide care on an ambulatory self-care basis for Veterans disabled by age or disease who are not in need of acute hospitalization and who do not need the skilled nursing services provided in a nursing home.

Emergency Department (ED) - A unit that is dedicated to providing resuscitative therapy and stabilization in life threatening situations. It is staffed and equipped to provide initial evaluation, treatment, and disposition for a broad spectrum of illnesses, injuries, and psychiatric disorders, regardless of the level of severity. Care is provided in a clearly defined area dedicated to the ED and operates 24 hours a day, 7 days a week (24/7).

Emergency Treatment - Treatment for a condition of such a nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health (this standard would be met if there were an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part).

Enrollment - The process established for managing categories of Veterans for whom VA will provide services.

Financial Assessment - Financial assessment is the process used by VA to assess a Veteran's attributable income and assets. The financial assessment determines Veterans' copay responsibilities and helps to determine enrollment priority and eligibility for beneficiary travel.

Geographic Means Test (GMT) - The financial assessment used to determine if a Veteran may be enrolled in priority group 7.

Hardship - Refers to a temporary decrease in a Veteran's household income justifying enrolling a Veteran in a higher priority group than would otherwise be the case, and resulting in exemption from current and future copays from date of approval until a new means test is required.

Health Care - The performance of diagnostic, therapeutic, and preventive services and procedures by health care providers to persons who are sick, injured, or concerned about their health status.

Health Insurance - A contract between the policyholder and an insurance carrier or government program to reimburse the policyholder for all or a portion of the cost of medically necessary treatment or preventive care rendered by health care professionals.

Insurance Carrier - The insurance company (insurer) that sells the policies and administers the contract.

Means Test (MT) - The financial assessment process used by VA to assess a Veteran's attributable income and assets. The MT determines Veterans' co-payment responsibilities and assists in determining enrollment priority group assignments. VA uses the appropriate MT threshold for the current calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care.

Medical Benefits Package - The health care that is available to enrolled Veterans.

Medical Need - Medical need is a treatment, procedure, supply, or service considered medically necessary when, in the judgment of an appropriate clinical care provider, and in accordance with generally-accepted standards of clinical practice, the treatment, procedure, supply, or service:

(1) Promotes health by:

- (a.) Enhancing quality of life or daily functional level,
- (b.) Identifying a predisposition for development of a condition or early onset of disease, which can be partly or totally improved by monitoring or early diagnosis and treatment, and
- (c.) Preventing development of future disease.

(2) Preserves health by:

- (a) Maintaining the current quality of life or daily functional level;
- (b) Preventing progression of disease;
- (c) Curing disease; and
- (d) Extending life span.

(3) Restores health by restoring the quality of life or the daily functional level that has been lost due to illness or injury.

Nearest VA Medical Facility - The closest VA facility properly equipped and staffed to provide the care and treatment medically indicated by the patient's condition.

Non-compensable Disability - A VA determination that a Service-connected disability is not severe enough to warrant monetary compensation.

Nonservice-Connected (NSC) Pension - The NSC pension is a monetary benefit awarded to permanently and totally disabled, low-income veterans with 90 days or more of active military service, of which, at least 1 day was during wartime.

Nonservice-Connected (NSC) Veteran - A Veteran who does not have a VA determined service-related condition.

Plan - A term that refers to the types of coverage offered by an insurance company.

Policy - The legal document issued by a company to the policyholder that outlines the conditions and terms of the insurance, also called a policy contract or contract.

Primary Care Provider - Physicians, nurse practitioners, and physician assistants who provide ongoing and comprehensive primary care as defined by their privileges or scope of practice and licensure to a panel of assigned patients.

Service-Connected (SC) - A VA determination that the illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.

Specialized Transportation - Ambulance, ambulette, air ambulance, wheelchair van, or other mode of transportation specially designed to transport disabled persons (this would not include a mode of transportation not specifically designed to transport disabled persons, such as a bus, subway, taxi, train, or airplane). A modified, privately-owned vehicle, with special adaptive equipment and/or capable of transporting disabled persons is not a special mode of transportation).

United States - The states, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

Urgent Care - Care that does not require immediate admission, but one for which there is a pressing need for medical attention.

VA – Department of Veteran Affairs

VA Facility – A VA Medical Center (VAMC), VA Outpatient Clinic (OPC), or VA Community Based Outpatient Clinic (CBOC).

VA Form 10-10EZ (Application for Health Benefits) – This form must be completed by a Veteran in order to apply for VA health care benefits or enrollment in the VA Health Care System.

VA Form 10-10EZ (Health Benefits Renewal Form) - The form that Veterans may use to update their personal, insurance, and financial information.

Veteran – A person who served in active military, naval or air service and was discharged or released from service under conditions “other than dishonorable”.

Veteran Identification Card (VIC) - An identification card issued to a verified eligible Veteran for the specific purpose of identifying the Veteran when seeking VA health care benefits and assisting VHA staff with administrative processing. The VIC is for VA official business only and is only issued to a Veteran after the Veteran’s eligibility has been verified.

VHA – Veterans Health Administration, a principal unit within VA.

For more information on VA Health Care

Telephone (toll-free): 1-877-222-VETS (8387)

Website: www.va.gov/healthbenefits

To download a copy of this book, go to:

<http://www.va.gov/healthbenefits/resources/publications.asp>

**IB 10-465
February 2012**

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scan this with your smart phone.**

