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2014

Veterans' Healthcare Benefits Handbook

2014 Veterans Healthcare Benefits Handbook

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Introduction

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

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

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

Veterans from Operations Iraqi Freedom and Enduring Freedom

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

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

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

– *The Military Handbook Staff*

Your VA Health Care Benefits

How to Apply

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

- Accessing the VA Web site: <https://www.1010ez.med.va.gov/>
- Visiting, calling or writing any VA health care facility or Veterans Benefits Office; you may find a health care facility by visiting: <http://www2.va.gov/directory/guide/home.asp?isflash=1>
- Calling VA's Health Benefits Service Center, toll free at 877-222-VETS (8387), Monday through Friday between 7:00 a.m. and 8:00 p.m. Eastern Time

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

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

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

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

Special Access to Care

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

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

Priority Groups and You

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

Group 1:

- Veterans with service-connected disabilities rated 50 percent or more.
- Veterans that are assigned a total disability rating for compensation based on unemployability.

Group 2:

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

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.”

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.

Group 5:

- Non-service-connected Veterans and non-compensable 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.

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 who served in the Southwest Asia theater of operations from August 2, 1990, through November 11, 1998.
- Veterans who served in a theater of combat operations after November 11, 1998, as follows:
 - Veterans discharged from active duty on or after January 28, 2003, for five years post discharge

Group 7:

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

Group 8:

- Veterans with gross household incomes above the VA national income threshold and the geographically-adjusted income threshold for their resident location and who agrees to pay co-pays

Veterans' eligibility for enrollment: Non-compensable 0% service-connected and:

- Sub-priority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/ or placed in this sub-priority due to changed eligibility status.
- Sub-priority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less

Veterans eligible for enrollment: Non-service-connected and:

-
- Sub-priority c: Enrolled as January 16, 2003, and who remained enrolled since that date and/ or placed in this sub-priority due to changed eligibility status
 - Sub-priority d: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less

Veterans not eligible for enrollment: Veterans not meeting the criteria above:

- Sub-priority e: Non-compensable 0% service-connected
- Sub-priority g: Non-service-connected

Veterans Identification Card (VIC)

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

What to do if the Card is Lost or Stolen

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

Replacement of the Old VIC

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

What to Expect

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

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

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

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

Choosing Your Preferred Facility

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

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

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

Changing Your Preferred Facility

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

Changing Your Provider/Doctor

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

Co-Managed Care

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

In order for your VA provider and your private community provider to communicate about your care, your VA provider will need copies of the following information from your private community provider's office. The name, address and phone number of your community provider

- Prescription(s)
- Office visit notes supporting the prescription(s)
- Blood work results
- Other test results supporting the prescription(s)

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

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

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

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

Making an Appointment for Health Care

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

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

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

Second Opinion

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

My HealthVet (MHV)

My HealthVet (MHV) is the gateway to veteran health benefits and services. It provides access to:

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

Now, MHV registrants are able to view appointments, co-pay balances, and key portions of their VA medical records online, and more. My HealthVet is a powerful tool to help you better understand and manage your health. To view a virtual tour of My HealthVet and to create an account, visit: <http://www.myhealth.va.gov/>.

Your VA Health Care Services and Coverage

Medical Benefits Package (Standard Benefits)

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

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

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

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

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

Preventive Care Services

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

Ambulatory (Outpatient) Diagnostic and Treatment Services

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

Hospital (Inpatient) Diagnostic and Treatment

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

Medications and Supplies *

- Prescription medications
- Over-the counter medications
- Medical and surgical supplies

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

Special and Limited Benefits

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

Agent Orange Registry Health Exam for Veterans

VA's Agent Orange Registry health exam alerts Veterans to possible long-term health problems that may be related to Agent Orange exposure during their military service. The registry data helps VA understand and respond to these health problems more effectively.

Contact your local VA Environmental Health Coordinator about getting an Agent Orange Registry health exam.

About the Agent Orange Registry health exam

This comprehensive health exam includes an exposure history, medical history, physical exam, and any tests if needed. A VA health professional will discuss the results face-to-face with the Veteran and in a follow-up letter.

Important points about registry health exams:

- Free to eligible Veterans and no co-payment
- Not a disability compensation exam or required for other VA benefits
- Enrollment in VA's health care system not necessary
- Based on Veterans' recollection of service, not on their military records
- Will not confirm exposure to Agent Orange
- Veterans can receive additional registry exams, if new problems develop
- Veterans' family members are not eligible for an Agent Orange Registry health exam.

Interested in disability compensation? File a claim for disability compensation for Agent Orange-related health problems. During the claims process, VA will check military records to verify either exposure to Agent Orange or qualifying military service. If necessary, VA will set up a separate exam for compensation.

Eligibility for Agent Orange Registry health exam

These Veterans are eligible for the Agent Orange Registry health exam:

Vietnam

- Veterans who served in Vietnam between 1962 and 1975, regardless of length of time.
- Veterans who served aboard smaller river patrol and swift boats that operated on the inland waterways of Vietnam (also known as "Brown Water Veterans")

Korea

- Veterans who served in a unit in or near the Korean Demilitarized Zone (DMZ) anytime between April 1, 1968 and August 31, 1971.

Thailand

- U.S. Air Force Veterans who served on Royal Thai Air Force (RTAF) bases near U-Tapao, Ubon, Nakhon Phanom, Udorn, Takhli, Korat, and Don Muang, near the air base perimeter anytime between February 28, 1961 and May 7, 1975.
- U.S. Army Veterans who provided perimeter security on RTAF bases in Thailand anytime between February 28, 1961 and May 7, 1975.
- U.S. Army Veterans who were stationed on some small Army installations in Thailand anytime between February 28, 1961 and May 7, 1975. However, the Army Veteran must have been a member of a military police

(MP) unit or was assigned a military occupational specialty whose duty placed him or her at or near the base perimeter.

Other potential Agent Orange exposures

- Veterans who may have been exposed to herbicides during a military operation or as a result of testing, transporting, or spraying herbicides for military purposes. Learn about [herbicide tests and storage outside Vietnam](#)

You may download and print the [Environmental Health Registry Programs for Veterans](#) full-color brochure (495 KB, PDF) for a handy guide on VA's health registry programs: Ionizing Radiation, Agent Orange, Gulf War, Depleted Uranium, and Toxic Embedded Fragments..

Automobile Assistance

Servicemembers and Veterans may be eligible for a one-time payment of not more than \$18,900 toward the purchase of an automobile or other conveyance if you have certain service-connected disabilities. The grant is paid directly to the seller of the automobile and the Servicemember or Veteran may only receive the automobile grant once in his/her lifetime.

Certain Servicemembers and Veterans may also be eligible for adaptive equipment. Adaptive equipment includes, but is not limited to, power steering, power brakes, power windows, power seats, and special equipment necessary to assist the eligible person into and out of the vehicle.

VA may provide financial assistance in purchasing adaptive equipment more than once. This benefit is payable to either the seller or the Veteran or Servicemember.

Important: You must have prior VA approval before purchasing an automobile or adaptive equipment.

Eligibility Requirements (Automobile Grant)

- You must be either a Servicemember who is still on active duty or a Veteran, AND
- You must have one of the following disabilities that are either rated as service-connected or treated as if service-connected under 38 U.S.C 1151:
 - Loss, or permanent loss of use, of one or both feet, OR
 - Loss, or permanent loss of use, of one or both hands, OR
 - Permanent impairment of vision in both eyes to a certain degree.

Eligibility Requirements (Adaptive Equipment)

- You must be either a Servicemember who is still on active duty or a Veteran, AND
- meet the disability requirements for the automobile grant (see above), OR
- have ankylosis (immobility of the joint) of one or both knees or hips that VA recognizes as being service-connected or treats as if service-connected under 38 U.S.C. 1151.

Evidence Requirements

To support a claim for automobile allowance, the evidence must show that you are service-connected or are treated as if service-connected under 38 U.S.C 1151, for a disability resulting in:

- The loss, or permanent loss of use, of at least a foot or a hand, OR
- Permanent impairment of vision in both eyes, resulting in
 - Vision of 20/200 or less in the better eye with glasses, OR
 - Vision that is better than 20/200, if there is a severe defect in your peripheral vision.

To support a claim for adaptive equipment, the evidence must show that you have a service-connected disability as shown above, OR you have ankylosis of at least one knee or one hip due to service-connected disability.

How to Apply

- Complete [VA Form 21-4502](#), "Application for Automobile or Other Conveyance and Adaptive Equipment" and mail to your regional office OR
- Work with an accredited representative or agent OR
- Go to a VA regional office and have a VA employee assist you. You can find your regional office on the [Facility Locator](#) page.
- If you are entitled to adaptive equipment only (i.e., service connected for ankylosis of knees or hips) you should complete [VA Form 10-1394](#), "Application for Adaptive Equipment - Motor Vehicle" and submit it to your local VA medical center. You can find your local VA medical center on the health Facility Locator page.

Bereavement Counseling

What is Bereavement Counseling?

Bereavement counseling is assistance and support to people with emotional and psychological stress after the death of a loved one. Bereavement counseling includes a broad range of transition services, including outreach, counseling, and referral services to family members.

Does VA Have Bereavement Counseling for Surviving Family Members?

The Department of Veteran Affairs (VA) offers bereavement counseling to parents, spouses and children of Armed Forces personnel who died in the service of their country. Also eligible are family members of reservists and National Guardsmen who die while on duty.

Where Is Counseling Offered?

VA's bereavement counseling is provided at community-based Vet Centers located near the families. There is no cost for VA bereavement counseling.

How Can You Obtain These Services?

Services are obtained by contacting Readjustment Counseling Service at 202-461-6530 or via electronic mail at vetcenber.bereavement@va.gov both of which are specific to this specialized service. RCS staff will assist families in contacting the nearest Vet Center. Often counseling can be made available in the family's home or where the family feels most comfortable.

Blind Veterans Services

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

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

CHAMPVA

CHAMPVA, the Civilian Health and Medical Program of VA, provides reimbursement for most medical expenses - inpatient, outpatient, mental health, prescription medication, skilled nursing care and durable medical equipment. For more information and to find out about eligibility for CHAMPVA, contact the VA Health Administration Center, P.O. Box 469028, Denver, CO 80246, call 1-800-733-8387 or visit: <http://www.va.gov/hac/>.

Domiciliary Care

The Domiciliary Care Program is the Department of Veterans Affairs (VA) oldest health care program. Established through legislation passed in the late 1860's, the Domiciliary's purpose was to provide a home for disabled volunteer soldiers of the Civil War. Domiciliary care was initially established to provide services to economically-disadvantaged Veterans, and it remains committed to serving that group. The Domiciliary has evolved from a "Soldiers' Home" to become an active clinical rehabilitation and treatment program for male and female Veterans and domiciliary programs are now integrated with the Mental Health Residential Rehabilitation and Treatment Programs (MH RRTPs).

The MH RRTPs are designed to provide state-of-the-art, high-quality residential rehabilitation and treatment services for Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits. The MH RRTP identifies and addresses goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration in addition to specific treatment of medical conditions, mental illnesses, addictive disorders, and homelessness. The residential component emphasizes incorporation of clinical treatment gains into a lifestyle of self-care and personal responsibility. Treatment intensity, environmental structures, milieu, and type of supervision vary based on population served, and need to be relevant to the diversity of the population, e.g., age, ethnicity, and culture.

Contact Information:

[Jamie Ploppert](#), National Director, MH RRTP, 757-722-9961 ext 1123
[Jennifer Burden](#), Deputy Director, MH RRTP, 540-982-2463 ext. 3739
[Camilla Doctor](#), Program Specialist, MH RRTP, 757-722-9961 ext 3624

Non-VA Facilities

What is Non-VA Care: Non-VA Care is medical care provided to eligible Veterans outside of VA when VA facilities are not available. All VA medical centers can use this program when needed. The use of the Non-VA Care program is governed by federal laws containing eligibility criteria and other policies specifying when and why it can be used. A pre-authorization for treatment in the community is required for Non-VA Care -- unless the medical event is an emergency. Emergency events may be reimbursed on behalf of the Veteran in certain cases. See the [Emergency Non-VA Care brochure](#) for information.

Unavailability of VA Medical Facilities or Services: Non-VA Care is used when VA medical facilities are not "feasibly available." The local VA medical facility has criteria to determine whether Non-VA Care may be used. If a Veteran is eligible for certain medical care, the VA hospital or clinic should provide it as the first option. If they can't -- due to a lack of available specialists, long wait times, or extraordinary distances from the Veteran's home -- the VA may consider Non-VA Care in the Veteran's community. Non-VA Care is not an entitlement program or a permanent treatment option.

Long Term Care

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

VA Nursing Home Care Program provides compassionate care in an interdisciplinary environment to eligible veterans with sufficient functional impairment to require the level of service and skill available in VA nursing homes. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such

as respite or intravenous therapy, or those who need comfort and care at the end of life are served in the VA Nursing Home Care Units.

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

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

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

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

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

Other services include:

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

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

For extended care services of 180 days or less:

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

For extended care services of 181 days or greater:

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

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

New Proposed Rule

*The Department of Veterans Affairs (VA) proposes to amend how VA determines the "spousal resource protection amount," which is the amount of liquid assets of a veteran and community (i.e., not institutionalized) spouse that is considered unavailable when calculating the veteran's maximum monthly copayment obligation for extended care services longer than 180 days. This proposed rule would define the "spousal resource protection amount" by reference to the Maximum Community Spouse Resource Standard, which is published each year by the Centers for Medicare and Medicaid Services (CMS) and is adjusted annually based on the Consumer Price Index. This change would have the immediate effect of increasing the spousal resource protection amount from \$89,280 to \$115,920, and would ensure that the spousal resource protection amount stays consistent with the comparable protection for the spouses of Medicaid recipients.

*As of October 20, 2013, a determination of the change has still not been made. We will post an update on militaryhandbooks.com (or federalhandbooks.com) when a decision is made and issue new versions of the handbook for downloading."

Eyeglasses & Hearing Aids

You are eligible for hearing aids and eyeglasses if you:

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

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

Foreign Medical Program

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

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

If you are traveling or reside in one of the following countries: USA, Canada, Germany, Australia, Italy, UK, Mexico, Japan, Costa Rica or Spain, use the following numbers to contact the FMP Office in Denver, Colorado:

Country	Number
USA and Canada	(877) 345-8179
Germany	0800-1800-011
Australia	1800354965
Italy	800 782-655
UK	0800-032-7425
Mexico	001-877-345-8179
Japan	00531-13-0871
Costa Rica	0800-013-0759
Spain	900-981-776

Medical Services in the Philippines

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

VA Outpatient Clinic - Manila
 Department of Veterans Affairs
 PSC 501
 DPO AP 96515

Phone: 1-800-1888-8782 Or 011-632-318-8387

Fax: 011-632-310-5957

Contact via the Internet: [IRIS](#)

Gulf War Illness

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

Veterans with conditions recognized by VA as associated with Gulf War service are eligible for enrollment in priority group 6, unless eligible for enrollment in a higher priority. Veterans who have general health questions about Gulf Service may contact VA's Gulf War Veterans Information at <http://www.publichealth.va.gov/exposures/gulfwar/>.

Home Improvement and Structural Alterations

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

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

Homeless Programs

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

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

Ionizing Radiation Registry Health Exams for Veterans

VA's Ionizing Radiation Registry health exam alerts Veterans to possible long-term health problems that may be related to ionizing radiation exposure during their military service. The registry data helps VA understand and respond to these health problems more effectively.

Contact your local VA Environmental Health Coordinator about getting an Ionizing Radiation Registry health exam.

About the Ionizing Radiation Registry health exam

This comprehensive health exam includes an exposure and medical history, laboratory tests, and a physical exam. A VA health professional will discuss the results face-to-face with the Veteran and in a follow-up letter.

Important points about registry health exams:

- Free to eligible Veterans and no co-payment
- Not a disability compensation exam or required for other VA benefits
- Enrollment in VA's health care system not necessary
- Based on Veterans' recollection of service, not on their military records
- Will not confirm ionizing radiation exposure
- Veterans can receive additional registry exams, if new problems develop
- Veterans' family members are not eligible for registry exam

Eligibility for Ionizing Radiation Registry health exam

Veterans who meet any of the following criteria are eligible:

- On-site participation in a test involving the atmospheric detonation of a nuclear device, whether or not the testing nation was the United States
- Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945 through July 1, 1946
- Internment as a prisoner of war in Japan during World War II
- Receipt of nasopharyngeal (NP)—nose and throat—radium irradiation treatments while in the active military, naval, or air service
- Involved in the following "radiation-risk activities":
 - Service at Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, for at least 250 days before February 1, 1992 under certain conditions
 - Proximity to "Longshot," "Milrow," or "Cannikin" underground nuclear tests at Amchitka Island, AK, before January 1, 1974

You may download and print the [Environmental Health Registry Programs for Veterans](#) full-color brochure (495 KB, PDF) for a handy guide on VA's health registry programs: Ionizing Radiation, Agent Orange, Gulf War, Depleted Uranium, and Toxic Embedded Fragments.

Maternity Care

VA covers pregnancy care through arrangements with community providers. VA will pay for prenatal care, delivery, and postnatal care for eligible women Veterans, as well as care to newborns for the first seven days after birth for all eligible women Veterans. Many details are involved with pregnancy care. Contact a Women Veterans Program Manager as early in pregnancy as possible to discuss local processes regarding prenatal care and to explore your options. If a pregnant Veteran has a permanent, total disability resulting from a service connected injury, and the child is not otherwise eligible for medical care under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), then the child could receive care under VA's Civilian Health and Medical Program (CHAMPVA), which is different from VA's routine, seven-day newborn coverage.

Military Sexual Trauma (MST) Counseling

Military sexual trauma (MST) is the term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. It includes any sexual activity where someone is involved against his or her will – he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person’s body or sexual activities; and/or threatening or unwelcome sexual advances.

Both women and men can experience MST during their service. All Veterans seen at Veterans Health Administration facilities are asked about experiences of sexual trauma because we know that any type of trauma can affect a person’s physical and mental health, even many years later. We also know that people can recover from trauma. VA has free services to help Veterans do this. You do not need to have a VA disability rating (be “service connected”) to receive these services and may be able to receive services even if you are not eligible for other VA care. You do not need to have reported the incident(s) when they happened or have other documentation that they occurred.

Nose or Throat Radium Treatment

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

Veterans who remember being treated or think they were treated with nasopharyngeal radium should tell their physicians about it. Veterans who have health problems they think may be related to nasopharyngeal radium also are encouraged to contact the nearest VA medical center. More information can be found at <http://www.vets4veterans.com/radiatio%20VA.pdf>.

Nursing Home Care

VA provides nursing home services to Veterans through three national programs: VA owned and operated Community Living Centers (CLC), State Veterans' Homes owned and operated by the states, and the community nursing home program. Each program has admission and eligibility criteria specific to the program. Nursing home care is available for enrolled Veterans who need nursing home care for a service-connected disability, or Veterans or who have a 70 percent or greater service-connected disability and Veterans with a rating of total disability based on individual unemployability. VA provided nursing home care for all other Veterans is based on available resources.

VA Community Living Centers: Community Living Centers (CLC) provide a dynamic array of short stay (less than 90 days) and long stay (91 days or more) services. Short stay services include but are not limited to skilled nursing, respite care, rehabilitation, hospice, and continuing care for Veterans awaiting placement in the community. Long stay services include but are not limited to dementia care and continuing care to maintain the Veteran's level of functioning. Short stay and long stay services are available for Veterans who are enrolled in VA health care and require CLC services.

State Veterans' Home Program: State Veterans homes are owned and operated by the states. The states petition VA for grant dollars for a portion of the construction costs followed by a request for recognition as a state home. Once recognized, VA pays a portion of the per diem if the state meets VA standards. States establish eligibility criteria and determine services offered for short and long-term care. Specialized services offered are dependent upon the capability of the home to render them.

Community Nursing Home Program: VA health care facilities establish contracts with community nursing homes. The purpose of this program is to meet the nursing home needs of Veterans who require long-term nursing home care in their own community, close to their families and meet the enrollment and eligibility requirements.

Admission Criteria: The general criteria for nursing home placement in each of the three programs requires that a resident must be medically stable, i.e. not acutely ill, have sufficient functional deficits to require inpatient nursing

home care, and be determined by an appropriate medical provider to need institutional nursing home care. Furthermore, the Veteran must meet the specific eligibility criteria for community living center care or the contract nursing home program and the eligibility criteria for the specific state Veterans home.

Home and Community Based Services: In addition to nursing home care, VA offers a variety of other long-term care services either directly or by contract with community-based agencies. Such services include adult day health care, respite care, geriatric evaluation and management, hospice and palliative care, skilled nursing and other skilled professional services at home, home health aide services, and home based primary care. Veterans receiving these services may be subject to a co-pay.

Project 112/SHAD Participants

Project 112 is the name of the overall program for both shipboard and land-based biological and chemical testing that was conducted by the United States (U.S.) military between 1962 and 1974. Project SHAD was the shipboard portion of these tests, which were conducted to determine:

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

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

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

Prosthetic and Sensory Aids

Veterans receiving VA care for any condition may receive VA prosthetic appliances, equipment and services, such as home respiratory therapy, artificial limbs, orthopedic braces and therapeutic shoes, wheelchairs, powered mobility, crutches, canes, walkers, special aids, appliances, optical and electronic devices for visual impairment and other durable medical equipment and supplies. Veterans who are approved for a guide or service dog may also receive service dog benefits including veterinary care and equipment.

VA medical services include diagnostic audiology and diagnostic and preventive eye care services. VA will provide hearing aids and eyeglasses to the following Veterans:

- Those with any compensable service-connected disability.
- Those who are former Prisoners of War (POWs).
- Those who were awarded a Purple Heart.
- Those in receipt of benefits under Title 38 United States Code (U.S.C.) 1151.
- Those in receipt of an increased pension based on being rated permanently housebound or in need of regular aid and attendance.
- Those with vision or hearing impairment resulting from diseases or the existence of another medical condition for which the Veteran is receiving care or services from VHA, or which resulted from treatment of that medical condition, e.g., stroke, polytrauma, traumatic brain injury, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, toxicity from drugs, ocular photosensitivity from drugs, cataract surgery, and/or other surgeries performed on the eye, ear, or brain resulting in vision or hearing impairment.
- Those with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living, but not including normally occurring visual or hearing impairments. Note: Veterans with normally occurring visual and/or hearing impairments that interfere with their medical care are eligible for eyeglasses and hearing aids.
- Those who have vision or hearing impairment or combined visual and hearing impairments severe enough that it interferes with their ability to participate actively in their own medical treatment. Note: The term "severe" is to be interpreted as a vision and/or hearing loss that interferes with or restricts access to, involvement in, or

active participation in health care services (e.g., communication or reading medication labels). The term is not to be interpreted to mean that a severe hearing or vision loss must exist to be eligible for hearing aids or eyeglasses.

- Those Veterans who have service-connected which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

Non-service-connected (NSC) Veterans are eligible for hearing aids or eyeglasses on the basis of medical need. All such Veterans (including Medal of Honor recipients who do not have entitling conditions or circumstances and catastrophically disabled Veterans) must receive a hearing evaluation by a state-licensed audiologist prior to determining eligibility for hearing aids or an appropriate evaluation by an optometrist or ophthalmologist prior to determining eligibility for eyeglasses to establish medical justification for provision of these devices. These Veterans must meet the following criteria for eligibility based on medical need:

- Be enrolled at the VA medical facility where they receive their health care; and
- Have hearing or vision loss that interferes with or restricts communication to the extent that it affects their active participation in the provision of health care services as determined by an audiologist or an eye care practitioner or provider.

For additional information, contact the prosthetic chief or representative at the nearest VA medical center or go to www.prosthetics.va.gov.

Readjustment Counseling Services

VA provides outreach and readjustment counseling services through 300 community-based Vet Centers located in all 50 states, the District of Columbia, Guam, Puerto Rico, and America Samoa.

Eligibility: Veterans are eligible if they served on active duty in a combat theater or area of hostility during World War II, the Korean War, the Vietnam War, the Gulf War, or the campaigns in Lebanon, Grenada, Panama, Somalia, Bosnia, Kosovo, Afghanistan, Iraq and the Global War on Terror. Veterans, who served in the active military during the Vietnam-era, but not in the Republic of Vietnam, must have requested services at a Vet Center before Jan. 1, 2004. Vet Centers do not require enrollment in the VHA Health Care System.

Services Offered: Vet Center counselors provide individual, group, and family readjustment counseling to combat Veterans to assist them in making a successful transition from military to civilian life; to include treatment for post-traumatic stress disorder (PTSD) and help with any other military related problems that affect functioning within the family, work, school or other areas of everyday life. Other psycho-social services include outreach, education, medical referral, homeless Veteran services, employment, VA benefit referral, and the brokering of non-VA services. The Vet Centers also provide military sexual trauma counseling to Veterans of both genders and of any era of military service.

Bereavement Counseling related to Servicemembers: Bereavement counseling is available through VA's Vet Centers to all immediate family members (including spouses, children, parents, and siblings) of Servicemembers who die while serving on active service. This includes federally-activated members of the National Guard and reserve components. Vet Center bereavement services for surviving family members of Servicemembers may be accessed by calling (202) 461-6530. Vet Center Combat Call Center (1-877-WAR-VETS) is an around the clock confidential call center where combat Veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is comprised of combat Veterans from several eras as well as family members of combat Veterans. For additional information, contact the nearest Vet Center, listed in the back of this book, or visit www.vetcenter.va.gov/.

Vet Center Combat Call Center: (1-877-WAR-VETS) is an around the clock confidential call center where combat Veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is comprised of combat Veterans from several eras as well as family members of combat Veterans.

Women Veterans Services

Women Veterans are eligible for the same VA benefits as male Veterans. Comprehensive health services are available to women Veterans including primary care, specialty care, mental health care, residential treatment and reproductive health care services.

VA provides management of acute and chronic illnesses, preventive care, contraceptive and gynecology services, menopause management, and cancer screenings, including pap smears and mammograms. Maternity care is covered in the Medical Benefits package. Women Veterans can receive maternity care from an OB/GYN, family practitioner, or certified nurse midwife who provides pregnancy care.

VA covers the costs of care for newborn children of women Veterans for seven days after birth. Infertility evaluation and limited treatments are also available. Women Veterans Program Managers are available at all VA facilities to assist women Veterans in their health care and benefits. For more information, visit www.womenshealth.va.gov/.

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

Information about the New Medicare Prescription Drug Benefits

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

How this affects you:

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

What does “Creditable Coverage” Mean?

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

- Enrollment in the VA health care system is creditable coverage. This means that VA prescription drug coverage is at least as good as the Medicare Part D coverage.
- Because they have creditable coverage, veterans enrolled in the VA health care program who choose not to enroll in a Medicare Part D plan when they are first eligible for Medicare Part D (“initial enrollment period”), will not have to pay a higher premium on a permanent basis (“late enrollment penalty”) if they enroll in a Medicare drug plan during a later enrollment period.
- However, if you disenroll in VA health care or if you lose your enrollment status through no fault of your own (such as an enrollment decision by VA that would further restrict access to certain Priority Groups), you may be subject to the late enrollment penalty unless you enroll in a Medicare Part D plan within 62 days of losing your VA coverage.
- If you are a veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state veterans home, a state mental institution, a jail, or a corrections facility), you may not have creditable coverage from VA while in that institution. If you think this applies to you, please contact the institution where you reside, the VA Health Benefits Service Center at 877-222-VETS (8387), or your local [VA medical facility](#).

Outpatient Dental Treatment

Dental benefits are provided by VA according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases treatment may be limited by law. This Fact Sheet table describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

By law, the eligibility for Outpatient Dental Care is not the same as for most other VA medical benefits. It is categorized in classes. Those eligible for VA dental care under Class I, IIC, or IV are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations.

*Note: Public Law 83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be non-compensable are no longer eligible for Class II outpatient dental treatment.

Veterans receiving hospital, nursing home, or domiciliary care will be provided dental services that are professionally determined by a VA dentist, in consultation with the referring physician, to be essential to the management of the patient's medical condition under active treatment. For more information about eligibility for VA medical and dental benefits, contact VA at 1-877-222-8387 8387, Monday through Friday between 8:00am and 8:00pm Eastern time or <http://www.va.gov/healthbenefits/>

Chiropractic Care

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

Travel

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

In most cases, travel benefits are subject to a deductible.

Exceptions to the deductible requirement are:

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

Requirements for travel benefits:

- Veterans rated 30% or more SC for travel relating to any condition
- Veterans rated less than 30% for travel relating to their SC condition
- Veterans receiving VA pension benefits for all conditions
- Veterans with annual income below the maximum applicable annual rate of pension for all conditions
- Veterans who can present clear evidence that they are unable to defray the cost of travel
- Veterans traveling in relation to a Compensation and Pension (C&P) Examination
- Certain veterans in certain emergency situations
- Certain non-veterans when related to care of a veteran (attendants & donors)
- Beneficiaries of other Federal Agencies (when authorized by that agency)

- Allied Beneficiaries (when authorized by appropriate foreign government agency)

Mileage Rate (Effective 6/1/09 (verified on 10/24/13): <http://www1.va.gov/CBO/cbo/brochures/travelbrochfinal1209.pdf>)

General Travel\$0.415 (41.5 cents) per mile

Scheduled appointments qualify for round-trip mileage. Unscheduled visits may be limited to return mileage only.

Deductible (effective January 9, 2009)..... \$3.00 one-way (\$6.00 round trip)

Deductible requirement is subject to a monthly cap of \$18.00. Upon reaching \$18.00 in deductibles or 6 one-way (3 round) trips, whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges.

Special Mode Transportation

Special mode of transportation includes ambulance, ambulette, air ambulance, wheelchair van, and other modes which are specially designed to transport certain disabled individuals. Special mode DOES NOT include public transportation such as taxi, bus, subway, train, airplane, or privately owned conveyance with special adaptive equipment and/or capable of transporting disabled persons.

In order to be eligible for special mode of transportation, two criteria must be met. The veteran first has to be administratively eligible for transport at VA expense. This includes meeting the basic criteria, as well as being “unable to defray the expenses of travel” as defined in 38 CFR 70.10 (c). Unless these criteria are met the veteran is not eligible for special mode of transportation.

Once administrative eligibility is established, a VA clinician must then determine that a special mode of transportation is medically required to transport the veteran for VA health care. Unless one of the forms of special mode of transportation is required and documented as such, this method of transportation is inappropriate. Should it be clinically determined at one VA facility that such transportation is required, this should be accepted at all VA facilities, unless there is reason to think a veteran’s condition may have changed. Local procedures should be established to determine special mode requirements, as well as communication guidelines to other VA facilities when it is necessary to send veterans with this requirement to Tertiary Care, other VA facilities, or non-VA providers for treatment.

Combat Veterans, POWs & Purple Heart Veterans

Combat Veterans

Who's Eligible?

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

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

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

Eligibility for National Guard and Reservists

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

What Combat Veterans Are Eligible For

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

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

What Happens After the Enhanced Enrollment Health Benefit Expires?

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

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

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

Medical and Prescription Co-payments

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

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

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

Dental Care

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

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

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

American Former Prisoners of War

Former prisoners of war (POW) are Veterans who, during active military service, were forcibly detained or interned in the line of duty by an enemy government or its agents or a hostile force.

Additionally, Veterans serving in the active military service during peacetime, who were forcibly detained or interned by a foreign government or its agents or a hostile force are also considered former POWs if the circumstances of the internment were comparable to wartime internment (for example: Iran, Somalia or Kosovo).

More than one-half million Americans have been captured and interned as POWs since the American Revolution. Not included in this figure are nearly 93,000 Americans who were listed as lost and never recovered.

VA Benefits

Former Prisoners of War Veterans may be eligible for a wide-variety of benefits available to all U.S. military Veterans. VA benefits include disability compensation, pension, education and training, health care, home loans, insurance, vocational rehabilitation and employment, and burial. See the [Veterans](#) page for an overview of the benefits available to all Veterans.

VA Benefits and Programs for FPOWs

POW Veterans Outreach Coordinators

Each VA Regional Office has a POW Veterans Outreach Coordinator who is a direct point of contact for you to learn more about what benefits you qualify for, assist you with applying for those benefits, and refer you to other organizations and resources that will help you meet your needs.

Find your local POW Veterans Outreach Coordinator at the nearest [VA Regional Office](#).

VA Disability Compensation

Former POWs are eligible for VA disability compensation for disabilities related to their military service and captivity. Certain conditions are presumed to be related to time in captivity. These presumptive disabilities are based on studies of the long-term effects of captivity, deprivation, trauma, and cold injury on former POWs.

VA Health Care

Former POWs who have a service-connected disability are eligible for VA health care. This includes hospital, nursing home, and outpatient treatment. Former POWs who do not have a service-connected disability are eligible for VA hospital and nursing home care without regard to their ability to pay. Additionally, former POWs without a service-connected disability are eligible for outpatient care on a priority basis.

Purple Heart Veterans

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

Additional Health Care Benefits for Purple Heart Medal Recipients:

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

Note: There are no special benefits for beneficiary travel.

Co-pay Information

Co-pays

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 exceeds the established VA Income Thresholds as well as those who choose not to complete the financial assessment must agree to pay required co-pays to become eligible for VA healthcare services.

Outpatient Co-pays

- Primary Care Services: \$15
- Specialty Care Services: \$50
- Prescriptions:
 - 30-day or less supply for certain Veterans: \$8
 - 30-day or less supply for higher income Veterans: \$9

Inpatient Co-pays

There are two inpatient copay rates, the full rate and the reduced rate.

Priority Group 7 and certain other Veterans are responsible for paying 20 percent of VA's inpatient copay rate.

- Inpatient Copay for the first 90 days of care during a 365-day period.....\$236.80
- Inpatient Copay for each additional 90 days of care during a 365-day period.....\$118.40
- Daily Charge.....\$2/day

Priority Group 8 and certain other Veterans are responsible for VA's full inpatient copay rate.

- Inpatient Copay for the first 90 days of care during a 365-day period.....\$1,184.00
- Inpatient Copay for each additional 90 days of care during a 365-day period.....\$592
- Daily Charge.....\$10/day

Veterans living in high cost areas may qualify for a reduced inpatient copay rate. For more information contact VA toll-free at 877-222-VETS (8387).

Veterans can use the [Health Benefits Explorer](#) to see what co-pays may apply to their health care plan.

Geriatrics and Extended Care

Long term care co-pays are based on three levels of care:

- Inpatient: Up to \$97 per day (Community Living (Nursing home), Respite, Geriatric Evaluation)
- Outpatient: \$15 per day (Adult Day Health Care, Respite, Geriatric Evaluation)
- Domiciliary: \$5 per 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.

Veterans Not Required to Make Co-pays

Some Veterans qualify for free healthcare and/or prescriptions based on special eligibility factors including but not limited to:

- Former Prisoner of War status
- 50% or more compensable VA service-connected disabilities (0-40% compensable service-connected may take copay test to determine prescription copay status)
- Veterans deemed catastrophically disabled by a VA provider

Services Exempt from Inpatient and Outpatient

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for military sexual trauma
- Compensation and Pension examinations
- Care that is part of a VA research project
- Care related to a VA-rated service-connected disability
- Readjustment counseling and related mental health services
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military
- Individual or Group Smoking Cessation or Weight Reduction services
- Publicly announced VA public health initiatives, for example, health fairs
- Care potentially related to combat service for Veterans that served in a theater of combat operations after November 11, 1998.
- Laboratory and electrocardiograms
- Hospice care

What is the Geographic Mean Test (GMT)?

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

GMT Eligibility

Priority Group 7 and certain other veterans are responsible for paying 20 percent of VA's inpatient co-pay or \$231.20 for the first 90 days on inpatient hospital care during any 365-day period. For each additional 90 days, this charge is \$115.60. In addition, there is a \$2 per diem charge.

Eligibility Requirements:

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

For more information about the GMT Income Threshold, visit: http://www.va.gov/healthbenefits/cost/income_thresholds.asp

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

Filing a Claim for Non-VA Care

Non-VA Care or Fee Basis

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

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

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

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

If the care is:	And the service is:	Submit claim:
Preauthorized	Facility Charges; Physician Charges & Other Professional Services, Including Ambulance	As soon as possible after the care is completed
Not Preauthorized (Service-Connected Condition)	Emergency Medical Care Facility Charges; Physician Charges & Other Professional Services, Including Ambulance	As soon as possible, but no later than 2 years from date of service
Not Preauthorized – Millennium Bill (Non-Service Connected Condition)	Emergency Medical Care Facility Charges (Inpatient or Outpatient)	Within 90 days after the most recent of the following: <ul style="list-style-type: none"> • Date of discharge • Date of Veteran's death • Date all third party liability is exhausted without success

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

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

- Full name (include middle initial)
- Full address (include zip code)
- Patient Full Social Security Number
- Full name of provider
- National Provider Identifier (NPI) Number
- Provider taxonomy code(s), if known
- Tax Identification Number (TIN/EIN)
- Professional Status of Provider (ex. MD, PhD, CRNA, etc.)
- Physical address where care was provided
- Mailing address where payment should be sent
- All appropriate medical coding
- Any other health insurance information

* VA reserves the right to return a claim with a request for additional information.

Note: If you are requesting reimbursement for bills you've paid "out-of-pocket", you must have the claims information listed above, as well as receipts (cash, check, or credit card) clearly acknowledging payment made for specific medical care and services

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

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

VA Health Administration Center
Foreign Medical Program
PO Box 65021
Denver, CO 80206-9021
(303) 331-7590

Filing Information for Claims Not Preauthorized

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

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

Filing Deadlines

VA Fee programs have different claims filing deadlines depending on how the claim is being considered for payment. The table on the opposite side shows the timelines for those programs.

Questions & Answers

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

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

Once I am enrolled, what are the costs?

VA health care does not charge a monthly premium; however, you may be responsible for co-payments. Priority Group 8 and certain other veterans are responsible for VA's inpatient co-pay of \$1156 for the first 90 days of care during any 365-day period. For each additional 90 days, this charge is \$578. In addition, there is a \$10 per diem charge.

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

I can't afford to make co-pays. What do I do?

There are three options:

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

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

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

Is this an insurance policy or an HMO?

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

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

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

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

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

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

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

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

What if I get sick while traveling?

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

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

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

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

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

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

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

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

No. In order to receive medication from VA, your VA provider must treat you and prescribe your medication. If you have a prescription written by a non-VA doctor, you should make an appointment with your VA provider to evaluate your condition and decide if your non-VA doctor's prescription should be continued. They may not always prescribe the same medication.

How do I get refills?

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

- Using a touch-tone phone to call the automated refill request system.

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- Completing and mailing the refill request slip that comes with each prescription.
 - Leaving the refill slip with the pharmacy the next time you come to the VA.
 - On a new system, veterans can order their prescriptions online with My HealthVet at: <https://www.myhealth.va.gov/index.html>

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

Patient Rights and Responsibilities

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

Respect and Nondiscrimination

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

Information Disclosure and Confidentiality

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

Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. You will be told what is likely to happen to you if you refuse treatment. Refusing treatment will not affect your rights to future care, but you take responsibility for the possible results to your health.
- Tell your provider about your current condition, medicines (including over-the-counter and herbals), and medical history. Also, share any other information that affects your health. You should ask questions when you do not understand something about your care. Being involved is very important for you to get the best possible results.

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

Complaints

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