



Veterans Health Benefits Handbook

VA



U.S. Department of Veterans Affairs
Veterans Health Administration

IMPORTANT PHONE NUMBERS

VA Health Resource Center

The number to call for additional information on health benefits, enrollment, copayments and billing.

1-877-222-VETS (8387) Hours of Operation:

Monday-Friday from 8 a.m. - 10 p.m. Eastern

Veterans Benefits Administration

Call to get information regarding your VA claim status, compensation, pension, education, burial and loan guaranty programs

1-800-827-1000

National Call Center for Homeless Veterans

If you are homeless or at risk of becoming homeless, make the call

1-877-424-3838

Veterans Crisis Line

The Veterans Crisis Line connects Veterans in crisis, their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text.

1-800-273-8255 and Press 1
chat online@veteranscrisisline.net
send a text message to 838255

Important Phone Numbers

Main Hospital

After Hours

Patient Advocate

Pharmacy

Enrollment Coordinator

Primary Care Provider

Primary Care Team

| IMPORTANT PHONE NUMBERS | |
|--------------------------------|--|
| Primary Care Team contact | |
| Your local Police department | |
| Your local Fire department | |
| Other Emergency Contact | |
| Other Emergency Contact | |

Sample only
- Generic version -

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Chapter 1 Welcome

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

Think of this *Veterans Health Benefits Handbook* as an extension of our relationship with you as a member of the VA community. We have organized the contents so that you can find the information you need quickly, and we have made it easy to reach us if you need more guidance.

While all enrolled Veterans enjoy access to VA's comprehensive medical benefits package, certain benefits (for example, dental care) may vary from individual to individual, depending on each Veteran's unique eligibility status. This Veterans Health Benefits Handbook has been tailored specifically for you: **VETERANS NAME HERE**

The information in this *Veterans Health Benefits Handbook* reflects the benefits and services available to you at the time it was published. Since VA policies are governed by law, changes to programs or your eligibility may occur. If that happens, we will send you updates that reflect these changes. If you have questions, contact your local Enrollment Coordinator or call us at 1-877-222-VETS (8387).

You can view additional Veteran health benefits information at <http://www.va.gov/healthbenefits/>.

Overview of VA's Nationwide Health Care System

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

You can expect VA's highly qualified and dedicated health care professionals to meet your needs, regardless of the treatment program, regardless of the location. New locations continue to be added to the VA system, with the current number of treatment sites now standing at more than 1,700 nationwide.

VA's state-of-the-art electronic medical records allow your health care benefits to be completely portable throughout the system. If you are traveling or living temporarily at an address far away from your primary treatment facility, you can seek care at any VA health care facility across the country.

VA Health Care and the Patient Protection and Affordable Care Act (ACA)

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs and improve quality and care coordination.

As an enrolled Veteran, you have health coverage that meets a minimum standard (called "minimum essential coverage").

Nothing in the health care law changes your VA health care benefits. You can continue to use VA for all of your health care needs or complement your VA care with private health insurance or coverage by other federal health care programs, including Medicare, Medicaid, and TRICARE.

For more information about ACA and VA health care, visit VA's website at www.va.gov/aca or call 1-877-222-VETS (8387) Monday through Friday from 8 a.m. - 10 p.m. Eastern and Saturday from 11 a.m. - 3 p.m. Eastern.

Health Insurance Marketplaces are a new way to find health coverage. Your family members who are not eligible for a VA health care program may use the Marketplace to get coverage. They may get lower costs on monthly premiums or out-of-pocket costs or be eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). They can submit an application for health care coverage through the Marketplace and learn the amount of assistance they are eligible for. For more information, visit www.healthcare.gov or call 1-800-318-2596.

Overview of VA's Medical Benefits Package

Enrollment in VA health care means you are eligible for VA's comprehensive medical benefits package. This package offers care and services that are designed to promote good health, preserve your current health, or restore you to better health. This includes treating illnesses and injuries, preventing future health problems, improving function-

al abilities and enhancing quality of life. We provide a full spectrum of medically necessary services, based on the judgment of your VA primary care provider and in accordance with the generally accepted standards of clinical practice.

VA Provides Health Services at Facilities across the Nation

Generally, your needed health care services will be provided at a VA facility. This may be on-site during inpatient hospitalization, at one of our primary or specialty care clinics, at a Community Based Outpatient Clinic (CBOC) or Health Care Center (HCC), in a VA Community Living Center (formerly known as a VA nursing home), or in a residential care facility. While VA operates over 1,700 healthcare facilities, not all services are available at every location. Sometimes, you may need to travel to another VA facility or VA will authorize you to receive care at a community care facility to receive the necessary treatment. If that is the case, your VA provider will work with you to find the place best suited for you to obtain the required services.

Chapter 2 Your VA Health Benefits

Your comprehensive VA Health Benefits includes all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore your health. These services include preventive care, inpatient care, ancillary services, specialty care, and mental health services.

Your preventive care services include, but are not limited to, periodic medical exams, health and nutrition education, immunization and genetic counseling.

Inpatient care includes a full spectrum of treatment services, such as medical, surgical, mental health, dialysis and acute care. You also have access to VA's specialized care units.

VA's goal is to support recovery and enable Veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential. Mental health services are available in specialty clinics, primary care clinics, VA Community Living Centers, and residential care facilities.

Specialized programs, such as mental health intensive case management, day centers, work programs and psychosocial rehabilitation are provided for those with serious mental health problems. In addition, readjustment counseling services may be available for you and members of your family at Vet Centers across the nation.

VA provides cost-free military sexual trauma counseling and referral, including appropriate care and services, to overcome psychological trauma resulting from a physical assault or battery of a sexual nature or from sexual harassment that occurred while the Veteran was on active duty, or was on Active Duty for Training (ADUTRA).

A complete list of services available through the medical benefits package can be found online at http://www.va.gov/healthbenefits/access/medical_benefits_package.asp.

How We Determined your Enrollment Priority and Health Benefits Plan

Your enrollment priority and VA health benefits plan has been based on your unique eligibility factors, as listed below. Please notify the Enrollment Coordinator at your local facility or call 1-877-222-VETS (8387) if you have any questions or believe the factors we used are incorrect.

- Nonservice-connected

How Do I Keep My Information Up to Date?

You may update or report changes to your personal information (health insurance, financial information, phone number, etc.) by completing and submitting VA Form 10-10EZ Health Benefits Renewal Form on-line at www.va.gov/healthbenefits. You may also have the form mailed to you by calling 1-877-222-VETS (8387). Once you have completed and signed the form, mail it to:

Department of Veterans Affairs
Health Eligibility Center
2957 Clairmont Road STE 200
Atlanta, GA 30329

Enrollment Priority Groups

Priority Group 1

- Veterans with VA-rated service-connected disabilities 50% or more disabling
- Veterans determined by VA to be unemployable due to service-connected conditions

Priority Group 2

- Veterans with VA-rated service-connected disabilities 30% or 40% disabling

Priority Group 3

- Veterans who are Former Prisoners of War (POWs)
- Veterans awarded the Purple Heart Medal
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans with VA-rated service-connected disabilities 10% or 20% disabling

- Veterans awarded special eligibility classification under Title 38, U.S.C. § 1151, “benefits for individuals disabled by treatment or vocational rehabilitation”
- Veterans awarded the Medal of Honor (MOH)

Priority Group 4

- Veterans who are receiving aid and attendance or housebound benefits from VA
- Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5

- Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled by VA with annual income and/or net worth below the VA national income limit and geographically-adjusted income limit for their resident location
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid programs

Priority Group 6

- Compensable 0% service-connected Veterans
- Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki
- Project 112/SHAD participants
- Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975
- Veterans of the Persian Gulf War that served in the Southwest Asia Theater of combat operations between August 2, 1990, and November 11, 1998
- *Veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning January 1, 1957 and ending December 31, 1987

- Veterans who served in a theater of combat operations after November 11, 1998 as follows:
 - Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge

Note: At the end of this enhanced enrollment priority group placement time period, Veterans will be assigned to the highest Priority Group their unique eligibility status at that time qualifies for.

*Note: While eligible for Priority Group (PG) 6; until system changes are implemented you would be assigned to PG 7 or 8 depending on your income.

Priority Group 7

- Veterans with gross household income below the geographically-adjusted income limit (GMT) for their resident location and who agree to pay copays

Priority Group 8

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

Veterans eligible for enrollment: Noncompensable 0% service-connected and:

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

Veterans eligible for enrollment: Nonservice-connected and:

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

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

- Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)
- Subpriority g: Nonservice-connected

Sample only
- Generic version -

Chapter 3 Your VA Health Benefits Plan and Services

Your Priority Group

All enrolled Veterans regardless of Priority Group are eligible to receive VA's comprehensive medical benefits package. Additional health benefits are based on enrollment in a certain Priority Group or other factors. There are eight Priority Groups, with one being the highest; our records indicate that you are enrolled in Priority Group 7.

Your Health Benefits At A Glance

VETERANS NAME HERE, Priority Group 7

| Health Benefit | Coverage | Chapter |
|---|--|---------|
| Basic Medical Benefits Package, includes <ul style="list-style-type: none"> • Preventive Care • Hospital (Inpatient) Services • Ancillary Services • Mental Health • Home Health Care • Geriatrics and Extended Care • Medical Equipment/Prosthetic Items and Aids | Yes | 2 |
| Medications/Supplies | Yes, VA will fill prescriptions written by a VA provider | 3 and 7 |
| Dental | Under certain conditions | 3 |
| VA Community Living Centers | Limited benefits based on space and availability | 3 |

| Health Benefit | Coverage | Chapter |
|---|---|---------|
| Medically Related Travel Benefits <ul style="list-style-type: none"> • Mileage Reimbursement • Specialized Transportation • Lodging and Per Diem | Benefit depends on income | 3 |
| Eyeglasses | Yes, in special circumstances or for medically compelling reasons | 3 |
| Hearing Aids | Yes, in special circumstances or for medically compelling reasons | 3 |
| Automobile Access Equipment | Under certain conditions | 3 |
| Home Improvement and Structural Alteration Grants | Under certain conditions | 3 |
| Emergency Care for a non-service-connected condition at a non-VA Facility | Under certain conditions | 10 |

Copays for care and services of nonservice-connected conditions

Copays At a Glance

| Benefit | Copays for care and services of nonservice-connected conditions | Chapter |
|--|---|---------|
| Outpatient Diagnostic and Treatment Services | \$0 for each preventive care service visit \$15 for each primary care visit \$50 for each specialty care visit Maximum of one charge per day | 9 |
| Inpatient Diagnostic and Treatment Services | \$243.20 for first 90 days of care (\$121.60 for each additional 90 days) and \$2 per day | 9 |
| Medications | \$9 for each 30 day or less supply of medication | 9 |
| Extended Care Services | Inpatient: Up to \$97 per day based on income and net worth; after 21st day Outpatient: \$15 per day Domiciliary Care: \$5 per day | 9 |

Catastrophically Disabled Veterans

VA provides special enrollment considerations for Veterans with a catastrophic disability. To be considered catastrophically disabled, you must be examined by a VA provider who deems that you have a permanent, severely disabling injury, disorder, or disease that:

- compromises your ability to carry out the activities of daily living to such a degree that you require a personal or mechanical assistance to leave home or bed; or
- requires constant supervision to avoid physical harm to yourself or others.

VA may determine that you are catastrophically disabled and enroll you in Priority Group 4. As a Priority Group 4 Veteran, you are exempt from copayments and will receive your VA medical care and medication free of charge.

If you would like to request an examination to determine if you are catastrophically disabled, contact your local facility's Enrollment Coordinator.

Veterans Crisis Line

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

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

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

Additional Warning Signs

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

Homeless Services

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

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

Transplant Services

If the need arises, you are eligible for transplant services. The request will be coordinated by your Primary Care Team.

VA Dental Insurance Program (VADIP)

Good oral health is more than just a nice smile or ability to chew favorite foods—it impacts a person's overall health. VA provides dental care to Veterans who meet certain eligibility standards, but would like all Veterans and beneficiaries to have access to quality dental care.

VA offers all Veterans who are enrolled in the VA health care program and beneficiaries of VA's Civilian Health and Medical Program (CHAMP-VA) the opportunity to purchase dental insurance at a reduced cost through Delta Dental and MetLife. Multiple options allow participants to select a plan that provides benefits and premiums that meet their dental needs and budget. Each enrollee will pay a fixed monthly premium for coverage and any copayments required by his or her plan.

Individuals interested in participating in this pilot program may review plan details and complete an application online through either the websites of Delta Dental (www.deltadentalvadip.org) or MetLife (www.metlife.com/vadip). Coverage is available throughout the United States and its territories.

If you are interested in learning more about this program, call 1-877-222-VETS (8387) or visit www.va.gov/healthbenefits/VADIP.

Dental Services

Am I eligible for dental care?

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

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

| If you: | You are eligible for: |
|--|---|
| Apply for dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more during the Persian GulfWar era. | One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge. |
| Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition. | Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service-connected medical condition. |

Sample only - Generic version -

If you:

Are actively engaged in a 38 USC Chapter 31 Vocational Rehabilitation Program.

You are eligible for:

Dental care to the extent necessary as determined by a VA dental professional to:

- Make possible your entrance into a rehabilitation program
- Achieve the goals of your vocational rehabilitation program
- Prevent interruption of your rehabilitation program
- Hasten the return to a rehabilitation program if you are in interrupted or leave status
- Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or
- Secure and adjust to employment during the period of employment assistance, or enable you to achieve maximum independence in daily living.

Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment.

Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.

Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039.

A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions.

Pharmacy

Your VA provider will order medications and medical supplies for you as needed. You will find specific information about your VA Pharmacy benefits in Chapter 7.

Health Promotion and Disease Prevention

You receive health promotion and disease prevention services from your primary care providers. These services include immunizations to prevent disease, screening tests to detect disease at an early stage, and behavioral counseling to avoid or reduce risk factors for disease. You may also participate in health education programs to help you develop healthy living skills and manage your health problems. There has been a lot of research in recent years on the best ways to take care of yourself and stay healthy. We encourage you to make healthy living behaviors part of your daily life.

Talk to your VA provider and check out the following websites:

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

Environmental Health

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

Contact your local EH Coordinator to request information about registry examinations or visit the Environmental Agents Service (EAS) website www.publichealth.va.gov/exposures, where you will also find links to newsletters covering related topics:

Agent Orange

Operations Iraqi Freedom/Enduring Freedom

GulfWar

Ionizing Radiation

Airborne Hazards and Open Burn Pit Registry

Additionally, VA and the Department of Defense established the Depleted Uranium (DU) Follow-up Program at the Baltimore VA medical center to screen and monitor Veterans for health problems associated with exposure to depleted uranium. If you think you were exposed to depleted uranium during your military service, contact the Environmental Health Coordinator at your nearest VA medical center and ask to be screened for depleted uranium exposure.

Another resource for Environmental Health issues is VA's toll-free special health issues helpline, **1-800-749-8387**.

Camp Lejeune

From the 1950s through the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals.

Veterans who served on active duty at Camp Lejeune for at least 30 days between January 1, 1957 and December 31, 1987 may be eligible for cost-free medical care through VA for the following health conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

For further information and to sign up for updates, VHA Office of Public Health has a website on Camp Lejeune historical water contamination at: www.publichealth.va.gov/exposures/camplejeune/index.asp.

The US Marine Corps encourages all those who lived or worked at Camp Lejeune before 1987 to register to receive notifications regarding Camp Lejeune Historic Drinking Water at <https://clnr.hqi.usmc.mil/clwater/index.html>.

Telehealth Services

Home Telehealth, also known as Care Coordination/Home Telehealth, is a service that allows the Veteran's physician or nurse to monitor the Veteran's medical condition remotely using home monitoring equipment.

Veterans can be referred to a care coordinator for Home Telehealth services by any member of their care team.

When approved for Home Telehealth, specialized equipment in the Veteran's home will provide the care coordinator with the Veteran's health information. The care coordinator will check in with the Veteran by phone, if needed. If any of the Veteran's health measurements do not seem normal, the care coordinator will talk with their physician or nurse and then get back to the Veteran with next steps.

Home Health Care

Home Health Care includes VA's Skilled Home Health Care Services (SHHC), Homemaker and Home Health Aide Services (H/HHA) and Family Caregivers Program.

SHHC is short-term health care services that can be provided to Veterans if they are homebound or live far away from VA. The care is delivered by a community-based home health agency that has a contract with VA. SHHC is for Veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines); are isolated or their caregiver is experiencing burden.

The services of a Homemaker or Home Health Aide can help Veterans remain living in their own home and can serve Veterans of any age. A Homemaker or Home Health Aide can be used as a part of an alternative to nursing home care, and as a way to get Respite Care at home for Veterans and their family caregiver.

VA's Family Caregivers Program provides support and assistance to caregivers of post 9/11 Veterans and Service Members being medically discharged. Eligible primary Family Caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement, and access to health insurance if they are not already under a health care plan. For more information, contact your local VA medical facility and speak with a Caregiver Support Coordinator, visit www.caregiver.va.gov or dial toll-free 1-877-222-VETS (8387).

Geriatrics and Extended Care Services

Geriatrics and Extended Care provides services for Veterans who are elderly and have complex needs, and Veterans of any age who need daily support and assistance. Veterans can receive care at home, at VA medical centers or in the community.

Hospice services

Hospice is a comfort based form of care for Veterans who have a terminal condition with six months or less to live. Hospice Care provides treatment that relieves suffering and helps to control symptoms in a way that respects your personal, cultural, and religious beliefs and practices. Hospice also provides grief counseling to your family.

Respite Care program

Respite Care is a service that pays for a person to come to a Veteran's home or for a Veteran to go to a program while their family caregiver takes a break. While a Veteran gets Respite Care, the family caregiver can run errands or go out of town for a few days without worrying about leaving the Veteran alone at home. Depending on the Respite Care services in your area, you can choose which options are best for you and your family caregiver. For example; if your caregiver has lots of errands to run or appointments, you could have a Home Health Aide come to your home while your caregiver is out of the house; if your caregiver needs time at your home alone, you could attend an Adult Day Health Care center for the day; or, if your caregiver is out of town for a few days, you could stay at a VA Community Living Center during the time they are away. Respite Care services may be available up to 30 days each calendar year.

Domiciliary Care

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

Medical Foster Home

Medical Foster Home is an Adult Foster Care Family Home combined with VA Home Based Primary Care or Spinal Cord Injury Home Care to provide a safe, home-like environment. If you are unable to live independently it can provide an economical longterm care alternative. VA does not pay for Medical Foster Homes, but helps match eligible Veterans with approved homes and experienced caregivers. Contact your assigned VA social worker or case manager for further information on Medical Foster Home care.

Adult Day Health Care

Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship, and recreation. Adult Day Health Care is for Veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines); are isolated or their caregiver is experiencing burden. Adult Day Health Care can provide respite care for a family caregiver and can also help Veterans and their caregiver gain skills to manage the Veteran's care at home.

VA Community Living Center Placement

If clinically indicated, you may be provided needed nursing home placement based on space and availability. Placement is provided either through VA's Community Living Centers (CLC) or contract nursing homes. The mission of the VA Community Living Centers (VACLC) program (formerly known as VA Nursing Home Care Units) is to provide compassionate care to Veterans with chronic stable conditions—those who suffer from dementia, who require rehabilitation or short-term specialized services (such as respite or intrave-

nous therapy), or who need comfort and care at the end of life. For more information contact your local facility's Social Work Service.

State Veterans Homes

State Veterans Homes are facilities that provide nursing home, domiciliary or adult day care. Your eligibility for State Veterans Homes is based on clinical need and setting availability. Each state establishes eligibility and admission criteria for its homes. For more information about your State Veterans Home, contact Social Work Service at your local VA facility.

Medically Related Travel, Lodging, and Per Diem

Mileage Reimbursement

Depending on your income, you may be reimbursed 41.5 cents per mile, subject to applicable deductibles, for your travel related to obtaining VA health care services. You are also eligible for travel reimbursement when you travel to a VA facility or VA-authorized health care facility for a scheduled Compensation and Pension (C&P) examination. Travel payments for a C&P examination are exempt from VA's deductible requirements.

Specialized Transportation (Ambulances, Wheelchair Vans)

Depending on your income, VA may arrange or reimburse you for specialized transportation related to obtaining VA health care services.

Lodging and Per Diem

Depending on your income, you may be paid the actual cost for meals, lodging, or both—not to exceed 50 percent of the amount allowed for government employees—if it is determined that an overnight stay is required for your travel related to obtaining VA health care services. Factors VA may consider in making that determination include, but are not limited to:

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

For more information on mileage reimbursement, specialized transportation or lodging and per diem contact your local Enrollment Coordinator.

Veterans Transportation Service (VTS)

VA especially recognizes the problems Veterans who are visually impaired, elderly, or immobilized due to disease or disability, particularly those living in remote and rural areas, face in traveling to access VA health care. To work toward providing these Veterans with the most convenient and timely access to transportation services, VA is establishing a network of community transportation service providers that could include Veteran Service Organizations (VSO's); community and commercial transportation providers; federal, state and local government transportation services as well as non-profits, such as United We Ride, operating within each VISN or even local facility.

This initiative will not replace current activities, but will rather supplement existing benefits and programs to improve access to VA health care. VTS is operating at 52 Medical Centers with more sites in early stages of implementation. Veterans needing transportation for care and treatment can call their local VA Medical Center or access the VTS website at: www.va.gov/healthbenefits/vts/.

Automobile Access Equipment

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

Hoptel Services

Hoptel is VA's term for temporary lodging. Temporary lodging may be furnished if you are receiving health care services or a Compensation and Pension examination at a VA health care facility. If you are undergoing extensive treatment or procedures (organ transplant, chemotherapy, surgical intervention, diagnostic work-up, etc.), you and a caregiver or family member may be furnished temporary lodging, at the discretion of the facility Director, for the duration of your treatment. For more information contact your local Social Work Service.

Fisher Houses

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

Medical Equipment/Prosthetic Items and Aids

VA Prosthetic & Sensory Aids Service (PSAS) furnishes prescribed prosthetic equipment, sensory aids and other devices to eligible Veterans. Prosthetics serves as the case manager for the equipment needs of disabled Veterans. For more information on how to obtain prosthetic equipment or other medical devices, contact your local Prosthetic Representative.

Am I eligible for eyeglasses?

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

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

VA eyeglasses will be provided only if you are otherwise receiving VA care or services.

Am I eligible for Hearing Aids?

VA provides hearing aids only in special circumstances. However, you may be eligible, because of medically compelling reasons, as determined by a VA audiologist. These circumstances may include hearing impairment that results from:

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

VA hearing aids will be provided only if you are otherwise receiving VA care or services.

Home Improvement and Structural Alteration (HISA) Grants

You may be eligible to receive a Home Improvement and Structural Alteration Grant for improvements needed to access your home or essential bathroom facilities.

Home improvement benefits up to \$6,800 may be provided for a:

- service-connected condition
- nonservice-connected condition of a Veteran rated 50 percent or more service-connected

Home improvement benefits up to \$2,000 may be provided to all other Veterans registered in the VA health care system.

For more information, contact your local Prosthetic Representative.

Services Not Included

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

- Abortions and abortion counseling.
- Cosmetic surgery, except where determined by VA to be medically

necessary.

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

Sample only
- Generic version -

Chapter 4 Getting Started with VA Health Care

Your First Appointment

If you requested an appointment when you applied for enrollment, your VA health care facility will contact you to schedule your first appointment. If you did not, then you may request an appointment either in person or by calling your local VA health care facility.

What Do I Need to Know About Primary Care?

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

Among other things, your Primary Care Team will:

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

You will be assigned a Primary Care Provider when you come for your first Primary Care appointment. If you have a spinal cord injury/disorder (SCI), your Primary Care Provider will be a member of the trained SCI Primary Care Team.

Veteran Health Identification Card

VA issues enrolled Veterans a Veteran Health Identification Card (VHIC) for use at VA health care facilities. The VHIC safeguards your personal information—Member ID and Card Number have eliminated the need for your SSN to be on the card.

This card is used as proof of identity at VA health care facilities for lab work, diagnostic tests, appointments, prescriptions and other services. While the card is not required to receive health care, VA recommends all enrolled Veterans obtain a card.

To obtain a VHIC, bring proof of identity, such as a driver's license or passport to your local VA health care facility and have your photo taken. The complete list of acceptable identity documents are available on www.va.gov/healthbenefits/VHIC or call 1-877-222-VETS (8387) for assistance.

The card will be mailed to the Veteran's mailing address, usually within 7 to 10 days after the card has been requested. In the event your card is lost or destroyed, a replacement card may be requested by contacting the VA where the picture was taken.

If you have the old version of the Veteran Identification Card (VIC), VA will automatically mail you the new, more secure VHIC in 2014.

You may continue to use your VIC until it is replaced but please remember to safeguard it—your Social Security number is in the barcode and magnetic stripe. Once you receive your new VHIC, you should appropriately destroy your old VIC just as you would a credit card —by cutting the VIC into multiple pieces or by shredding the card.

NOTE: VHIC cannot be used as a credit or an insurance card and it does not authorize or pay for care at non-VA facilities.

Self-Service Kiosks

VA is implementing kiosk devices at VA medical centers (VAMCs) and Community Based Outpatient Clinics (CBOCs) to provide standard, easy-to-use capabilities for patient access and update information and perform business transactions. Initial device capabilities include:

- Check-in for clinic appointments and services
- View and update your personal information such as your address, phone number, email, next of kin (NOK) and health insurance information
- View and update patient demographic information, including race and ethnicity
- Print your copayment balances and canteen coupons
- Complete surveys and questionnaires

Pay your Copay Bills using the Kiosks

You will soon have another payment option available to pay your copay bill on line when using the kiosks. This new feature will eliminate you having to stand in line to pay your copay bill at the VA medical center. Kiosks are conveniently located in most VA medical centers and community based outpatient clinics. The kiosks have additional features that allow to you view your appointments, check-in for your appointments and many other self-service options.

My HealtheVet: Registration and Authentication

With My HealtheVet (www.myhealth.va.gov), you can maintain your personal health record, communicate with your doctor via secure email, gain a better understanding of your health and explore a variety of online options to improve your health. My HealtheVet provides you tools that may help you partner with your VA and non-VA health teams. Use it to manage your personal health care 24/7, anywhere, anytime with Internet access. My HealtheVet gives you more freedom to make your health care decisions.

To get started:

1. **Type www.myhealth.va.gov** in the address bar on your web browser, and then press Enter. This takes you to VA's My HealtheVet website.
2. On the right-hand side, select the **Register Today** button.
3. Enter your information on the registration page. Read and accept the **Terms & Conditions** and the Privacy Policy for using the My HealtheVet website.
4. Log into your My HealtheVet account and create your Personal Health Record. That's it!

As an enrolled Veteran, you should take the next step to upgrade to a Premium account. With this account type, you can access all that My HealtheVet has to offer. To upgrade your account you need go through Authentication.

To learn more about Authentication, In-Person or online, visit www.myhealth.va.gov and select Upgrading to a Premium Account. You may also contact your My HealthVet Coordinator at your local VA facility or the My HealthVet Help Desk at 1-877-327-0022 (Monday-Friday, 7 a.m.—7 p.m. CT). For TTY services, call 1-800- 877-8339.

eBenefits

The eBenefits Web Portal at www.ebenefits.va.gov is a joint project between the Department of Veterans Affairs and the Department of Defense. eBenefits is a one-stop shop for benefits-related information for Veterans, Wounded Warriors, Service Members, their families, and their caretakers.

eBenefits offers:

- A link to the VA Health Benefits Explorer: (Answer a few questions about yourself (you will be asked no more than fifteen) to learn about the VA health care benefits you could receive as an enrolled Veteran.)
- Links to www.va.gov/healthbenefits website
- Link to online 1010EZ/EZR applications
- A personalized workspace called My Dashboard that provides quick access to eBenefits tools. You can apply for benefits, download your DD 214, and view your benefits status, in addition to other actions as needed. This workspace is available to you once you have created an eBenefits account
- A Proof of Service card to confirm that you served honorably in the Armed Forces
- A catalog of links to other sites that provide information about military and Veteran benefits

For additional information, please visit: www.ebenefits.va.gov

Virtual Lifetime Electronic Record (VLER)

In April 2009, President Obama directed the VA and DoD to lead the efforts in creating VLER (Virtual Lifetime Electronic Record), which would “ultimately contain administrative and medical information from the day an individual enters military service throughout their military career and after they leave the military.”

VLER utilizes the eHealth Exchange to share prescribed patient information via this protected network environment with participating private health care providers, but this does not involve 'scanned patient information.

VLER benefits Veterans who receive a portion of their care from non-VA health care providers. Below are some of the benefits:

- Eliminates need to hand-carry health records.
- Allows VA and private health care providers to share access of up-to-the-minutes health information.
- Veterans may opt-in or opt-out at any time.
- Participating providers will have a "view only" option to see the Veteran's information once the Veteran has completed an authorization (VA Form 10-0485).

Veterans Canteen Service

Established in 1946, the Veterans Canteen Service (VCS) was created to provide articles of merchandise and services at reasonable prices to Veterans enrolled in VA healthcare system, caregivers, and visitors. Since its conception, VCS' mission continues providing this earned benefit of retail, food, and vending services across the country. The "PatriotStore" offers a variety of items found at any major retailer such as: LED/LCD TV's, iPods, Men's & Ladies fragrances, Military apparel, giftware, snacks and much more. The "PatriotCafe" offers exciting menus including nutritional meal choices while our "PatriotStore" Vending program includes "Smart Choices" stickers used to identify healthy snacks and other food and beverage items.

Another added benefit is the VCS PatriotStoreDirect 1-800 Special Order program. Over 40 vendors and hundreds of name brand items at a great value such as: Dell computers, Firestone/Goodyear tires, Craftsman tools, Kenmore/GE/Whirlpool appliances, 1-800 Flowers, Corporate Jewelers and Serta mattresses are available. This program is especially helpful for Veterans who cannot visit VCS facilities in Medical Centers or Outpatient Clinics. PatriotStoreDirect is user friendly and VCS representatives are waiting to take your order at 1-800-664-8258. Hour of operations are: Monday-Friday 7:00am—5:00pm Central Standard Time.

VCS is part of the Department of Veterans Affairs. Revenues generated from VCS are used to support a variety of programs such as: VA's Rehabilitation Games, Fisher Houses, Poly-Trauma Centers for OIF/OEF/OND Veterans, disaster relief efforts, VA's Homelessness initiatives, and other activities.

Visit VCS online at www.vacanteen.va.gov for more information.

If You Move, Your VA Health Care Services Move with You

If you are moving to a new permanent address within the United States or its territories, please let us know as soon as possible so that we can coordinate your care with your new location. To change your address, please contact us at 1-877-222-VETS.

We encourage you to receive the majority of your care through your health care facility and your primary care provider. But you may receive care at any VA health care facility.

If you travel a lot or live in more than one location, you may need to arrange for care at two or more VA facilities. When you plan extended travel outside your usual VA care area, remember to give your primary care team and pharmacy your temporary address, phone number, the starting date at your new address and your expected date of return.

VA can mail prescription refills to you at your temporary address. Be sure to allow plenty of time—approximately 2 weeks—for the refills to arrive.

Chapter 5 Accessing Your VA Health Care Services

Important Facility Phone Numbers

Important facility phone numbers are located on the first page of your handbook.

Established Patients - Scheduling an Appointment and Canceling Appointments

Call your primary care/specialty clinic during regular business hours to make, change, or cancel an appointment. If you know you are going to miss an appointment, please cancel it as soon as possible so that another Veteran can get an appointment.

If you decide to “walk in” to a primary care clinic without a scheduled appointment, we will evaluate your condition. Depending on the severity of your medical situation, we may ask you to wait to be seen.

Patient Aligned Care Team (PACT)

VA wants you to have the best in patient care. You may already be assigned to a Patient Aligned Care Team (PACT) made up of dedicated health care professionals that provide you with your primary care. However, did you know you’re an important member of the team?

Patient Centered Care

When you hear the term “patient centered care”, it means your care prioritizes you and your values and is the result of a team effort. As an active team member, you will be working to achieve your own health and wellness goals with emphasis placed on whole health, not just a disease or condition. We are partnering with you in important health care decisions and encouraging your active participation in a plan to achieve your optimal health. What you can expect:

- You will achieve greater access to care using a variety of methods.
- Your care will be coordinated with all your VA and non-VA health care providers.
- Your team members will develop a personal relationship with you, your caregiver, and family members.
- The team approach is designed to meet your whole person, life-long health care and wellness needs and expectations.

If you are interested in learning more about this new health care culture, you may visit VA's website www.va.gov.

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

If you need non-emergency care, call the after-hours telephone advice care line to get advice about your health concerns. The advice line is staffed by registered nurses who will discuss your medical concerns and work with you to determine the care you need. The registered nurse will document the telephone call in your electronic medical record and notify the appropriate medical provider.

Interpreter Services

If you think foreign language (or American Sign Language) services would help you or your family understand your medical or health care benefits, contact your Patient Advocate.

Chapter 6 Coordination of Care

How Does VA Coordinate Care If I Am Traveling or Living at a Temporary Address?

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

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

VA works to provide comprehensive care. However, if you need or choose to receive treatment from private doctors, we will work with them to meet your health care needs and coordinate effective treatment. We call this Co-managed Care or Dual Care—which means that your VA and private doctors will work together to provide safe, appropriate, and ethical medical care.

Your Primary Care Team is responsible for managing all aspects of care and services available to you through the VA system. Your VA provider cannot simply re-write prescriptions, or order diagnostic tests from an outside provider, without first making a professional assessment that a particular prescription or test is medically appropriate. If your VA provider does not follow the recommendations of your private provider, s/he will communicate the reasons for such decisions and may offer alternative treatment recommendations.

If you elect to have more than one provider, we will help you coordinate your care, but you are responsible for keeping both your VA provider and your private provider informed.

- It is important that you tell both your VA provider and your private provider about all health-related problems and changes in treatment, including your prescription drugs. Make sure your VA and private providers each have the others' names, addresses, and telephone numbers. Please contact the Release of Information Office at your VA facility and sign a release form if you would like information from your VA medical record sent to your private provider.

- For your safety, let your VA provider know about all medicines you're taking, including prescriptions, over-the-counter medicines, vitamins, supplements, and herbals. You will also want to tell your private provider about all of your VA prescriptions.
- Feel free to raise questions or concerns with your VA primary care provider about co-managed/dual care benefits or potential conflicts.

We will work with you to ensure that your health care needs and preferences are met, and that you understand your options. Your VA provider has the final say about how VA will meet your health care needs, including whether or not to write prescriptions or order diagnostic tests.

Coordination of Care among VA Facilities

You may receive medical attention in a variety of VA settings—clinic, hospital, emergency room, VA Community Living Center, or your own residence. You will receive care from professionals who offer diverse specialized treatments and services. In order to manage the different aspects of care effectively, your Primary Care team will use our electronic medical record system to ensure the coordination of your care.

If you need care not offered at your health care facility, your Primary Care Team will arrange your care, as appropriate, at other VA medical centers or, in some cases, in the community. Generally, your Primary Care provider will coordinate the care you are receiving at both locations.

If you are an inpatient and need to transfer to a different facility in order to receive specialized care, VA will coordinate your care and arrange your transportation. In some cases, a transfer may require changing your Primary Care to the facility where your specialized care is taking place.

Chapter 7 Your Pharmacy Services

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

VA's Drug Formulary

VA maintains a list of preferred medications called a drug formulary. The organization that accredits America's hospitals requires all health care organizations to develop a list of preferred medications that they keep in stock at all times. Health care organizations prefer formulary medications because they are high quality, effective, safe and a good value. VA's National Drug Formulary ensures that Veterans across the country have access to the same medications at all VA facilities.

Medicare offers prescription drug coverage to everyone with Medicare. If you decide not to join a Medicare Prescription Drug Plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get extra help, you'll likely pay a late enrollment penalty.

To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered.

The VA National Formulary lists medications alphabetically by generic name, not by brand name. So instead of **Zocor** for cholesterol, you would look for **simvastatin**. Or you can look up a medication by drug class. For example, using the VA Class Index, you would look for **penicillin** under **antimicrobials**. You can find a list of the medications on the VA National Formulary online at: http://www.pbm.va.gov/PBM/national_formulary.asp or you can call your local VA pharmacist to ask whether a medication is on the formulary.

In rare instances, there may be a medication that is not recommended for substitution with another drug. You can find the **Do Not Substitute List** on the VA PBM Internet site.

There is a process that permits your VA health care provider to prescribe a “non-formulary” drug if your special needs require it (e.g., safety reasons, side effects, poor response, no alternatives). The process assures that a decision to use a non-formulary drug is based on evidence that the drug is safe and effective.

While some new drugs offer important improvements over older drugs, the new drugs are not always better or safer than older drugs. VA has established a process to review the safety and effectiveness of VA National Formulary medications. Only those drugs that prove to be the safest and most-effective and that offer the best value are listed on the National Formulary. When more is known about the safety and effectiveness of newer medications, VA may consider adding them to the National Formulary.

Understanding Your Medication

Understanding your medication is extremely important.

- When you receive your medication, make sure that you read the instructions, including stickers with additional information, on the prescription label carefully and take your medication exactly as directed.
- You need to understand why you are taking a medication—if you are not sure why you are taking a medication or for how long you should take it, ask your doctor, pharmacist, or other VA provider.
- Whether or not you feel that your medication is working, do not stop taking it or change the dosage without talking to your doctor, pharmacist, or other VA provider.
- If you think you are having a side effect to a medication or are experiencing a drug interaction, tell your doctor, pharmacist, or other VA provider immediately. You can then discuss whether it is something that is tolerable, or whether there is another medication that can be used instead. If necessary, call for emergency medical care.
- Check with your pharmacist if you have any questions about a change in the appearance of your medications or if you are not sure whether you have received the correct medication.

Filling Your Prescriptions

New prescriptions are usually prescribed by your doctor in the VA computer system and processed for filling by your VA pharmacist. While you are waiting for your new prescription to be filled, the pharmacist will:

- Check for allergies
- Make sure your new medication can be taken with your other medicines
- Review the medical information for the drug and its common uses
- Make sure the dose and strength are appropriate
- Verify that the prescription is filled with the correct drug
- Make sure the prescription label has the correct directions on how to take the drug and how to refill the medication
- Contact the provider if there are any concerns or questions

When your new prescription is ready for pick-up, the pharmacist is available to talk to you about your medication and answer any questions. If your doctor tells you that you don't need to start taking your medication immediately, you may contact the pharmacist and ask to have it mailed to you.

As soon as you receive your medications, it is a good idea to look at the label to see how many refills are left. You may request a refill as soon as you receive your medication—or at least 14 to 21 days before you will run out. This allows time for processing and mailing the prescription to you so that you receive it well before you run out of your current supply.

Most refills are mailed to keep waiting times at the pharmacy pick-up window as short as possible. This allows Veterans to pick-up new and urgent medications more quickly.

Remember: Refills are not automatically sent to you. To order refills, you must use one of the following methods:

1. Online by enrolling in My HealthVet at <http://www.myhealth.va.gov>.
2. Call the telephone ordering system using a touch-tone phone.
 - The refill telephone number is on the top of your prescription bottle, along with your prescription number.

- The automated phone system will give you step-by-step instructions.
- Before you start, have your Social Security number and your prescription number from the bottle nearby. Only the numbers on the bottle are necessary to process a refill. Do not enter any letters that may appear next to the numbers on the bottle.

3. Mail the refill slip that comes with your prescription. (Note: This takes more time, so make sure you have refills remaining.)

4. Drop off your refill slip at the VA pharmacy.

Always keep your mailing address up to date, and make any changes on the back of the refill request slip. Remember to check the appropriate box for address changes. You can also discuss address changes with your pharmacist or clerk. (Note: VA cannot mail prescriptions to an address in a foreign country.)

When you receive your medication refill, make sure the information on the bottle (e.g., your name, the name of the medicine, amount to take for each dose, and directions) is correct. You should also note the color and shape of your pills.

Contact your provider if your current prescription has no more refills. If your doctor wants you to stay on your medication, you will need a new prescription. If your VA facility has the Audio Renewal system, you can use the automated telephone system to send a message to your provider and request a renewal. Contact your medical center to find out whether this system is available or for information on how to use the system.

Certain narcotics and controlled substance medications cannot be refilled. A new prescription is required for each supply. You and your VA provider can discuss how and when you can get these prescriptions if there is a continuing need for them.

Requesting a prescription refill through My HealtheVet

Once you have a premium My HealtheVet account, you may request prescription refills through My HealtheVet:

- Log on to the Web site at <http://www.myhealth.va.gov>.

- Click “Pharmacy”, then click “Refill My Prescriptions” (Please be patient the first time. It may take some time to display your prescription information.)
- Use the prescription number on your last prescription label to select the medication you want refilled.
- On the far right, put a check in the box for the prescription you want filled.
- Then click the red “Submit Refill” at the bottom of the window.

Remember: four types of information must match VA records before you are able to view pharmacy refill information:

- Social Security number must be present in My HealtheVet.
- Your name in My HealtheVet must be exactly as it appears on your current prescription label.
- Your date of birth must be correct.
- You must check “VA Patient” in “Personal Information”.

My non-VA physician wrote me a prescription. Will VA fill it?

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

If you are receiving care from a non-VA physician, your VA providers need to know about all of the medications (prescription, over-the-counter, and herbal supplements) that you are taking. You also need to make sure that your private provider is aware of the medical treatment and medications you are receiving from VA.

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

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

- Sample only -
- Generic version -

Chapter 8 Your Patient Rights and Responsibilities

Respect and Nondiscrimination

As part of our service to you and other Veterans, we are committed to improving your health and well-being. In addition to making your visit or stay as pleasant as possible, our employees will respect and support your rights as a patient.

Some of your rights and responsibilities are outlined in this document, beginning with the following:

- You will be treated as an individual—with dignity, compassion, and respect. You will receive care in a safe environment. We will honor your personal and religious values, and your privacy will be protected. You—and any persons you choose—will be involved in all decisions about your care. You can agree to or refuse treatment, and consider options. Refusing treatment will not affect your rights to future care, but you take responsibility for the possible results.
- You may allow a family member, friend, or other individual to be present with you for emotional support during your hospital stay. (NOTE: The presence of a support individual of your choice is allowed, unless that individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. This individual may or may not be your surrogate decision maker or legally authorized representative.)
- You will be given the name and title of all providers involved in your care, including students and trainees. If you believe you cannot follow the treatment plan, you have a responsibility to notify your provider or treatment team.
- You have the right to have your pain assessed, to receive treatment to manage your pain, and to participate in developing a pain management plan.
- You have the right to choose whether you will participate in any research project related to your treatment.
- You will be involved in resolving any ethical issues about your care—including participation in decision-making and care at the end of life—and you may seek guidance from your health care facility's Medical Ethics Consultation Service.

- In order to maintain a safe environment in all VA health care facilities, we expect you to show respect for others—whether patients, residents, or staff—and to follow the facility’s rules.
- Veterans Health Administration (VHA) prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Obtaining and Transferring Your Health Records

If you need to obtain or transfer your medical records, contact your health care facility’s Release of Information (ROI) office, who can also assist you with:

- requests to amend or correct your medical records;
- an accounting or list of disclosures of your health information;
- requests for your military records.

Keeping Health Information Private and Secure

VA will keep all of the information in your medical record confidential. No information about you will ever be released without your consent unless required or authorized by law. 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.

Know your privacy rights:

- **Right to a Notice of Privacy Practice**—You have a right to know how VA uses and discloses your information. VA’s Notice of Privacy Practice outlines all the general purposes for which VA uses or discloses your information. A copy of this notice is included with this Handbook.
- **Right to Request Amendment**—You have a right to request that information about you be amended, if you feel that it is incorrect or inaccurate, not timely, or not relevant to the services you receive from VA. If you request an amendment and it is not approved, you have the right to appeal that decision to the VA Office of General Counsel.
- **Right to Access Record**—You have a right to access your records. VA will provide you with access to these records in any reasonable format, or will have a VA employee show you your record on a VA computer.

- • Right to Request Restriction—You have a right to request that your information not be shared with certain individuals or organizations. (There are some individuals or organizations that VA cannot withhold information even if you request it such as reporting required by law. If your restriction request is not granted, VA will let you know and provide you with appeals rights.)
- Right to Confidential Communication—You have a right to request that VA provide you with a confidential means of getting information. This may be in the form of a specific address that you wish VA to use or a particular phone contact number for calls.
- Right to Opt-out of Facility Directory—If you are admitted to a VA health care facility as an inpatient, you have the right to request that you not be included in the facility directory. If you opt-out of the directory, VA will not acknowledge that you are admitted to that hospital. However, if you do not want to acknowledge you have been admitted, VA will not be able to share any information as to your whereabouts—with even your family—or accept mail or other packages or flowers. Your VA facility will explain this more fully to you if you are admitted as an inpatient.
- Right to an Accounting of Disclosures—You have a right to request a list of all disclosures of your information made to anyone outside of VA. We keep a record of all disclosures so that it can provide you with an accounting upon request.
- Right to File a Privacy Complaint—If you believe that your privacy rights have been denied, or that VA has not protected your information according to the law, you have a right to file a complaint in various ways. You may complain to the Privacy Officer at your local VA Medical Center, or you can complain to the VHA Privacy Officer, whose contact information is in the Notice of Privacy Practices. You may also file a complaint with the Department of Health and Human Services Office for Civil Rights if you believe that your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule have been denied.

Protect Your Own Privacy

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

Partnering in Care

VA is committed to providing Veteran-centered care. We will focus our efforts on giving you what you need. We will coordinate your care to make sure you receive the right care, at the right time, in the right setting. In addition to explaining your health problems and treatment options in language you can understand, our care providers will teach you about self-care and help you learn to manage your health problems.

The clinicians on the team have expertise in preventing, diagnosing, and treating illness. You have expertise about your body and your life. Together, we can design a care plan that works best for you.

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

You can take an active role in your health care in many ways. For starters, you need to give your Primary Care team accurate and complete information about:

- Your current health problems and concerns
- Past illnesses and injuries
- Hospitalizations
- Your medicines, including over-the-counter and herbals
- Other matters related to your health

It is your responsibility to keep your information such as address, insurance policy, or care provided by your community provider up-to-date.

Plan ahead for your visits by writing down any thoughts you want to raise, and share them with your provider at the beginning of each visit. (You can have a family member or friend come with you, if you wish.)

Ask questions about anything that's not clear to you—or if you think something is wrong—and get the information in writing so that you can refer to it later or share it with your family.

Make sure you have the name and telephone number of a person to call if you have a problem, and let your team know if you face any obstacles to your care—or if your condition changes. Gather information about your health problems from your treatment team, the VA library, and websites such as My HealtheVet.

Patient Advocate

The Patient Advocate's job is to help resolve your issues. We want you and your family to have someone to go to for open discussion about your concerns and complaints—or to offer a compliment. We encourage you to seek help from your treatment team or a Patient Advocate if you have problems or complaints—or if you believe that you have been neglected, abused, or exploited.

Family Involvement in Your Health Care

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

Family members can help you prepare for your appointments and help you think of questions you need to ask. If you wish, a family member can accompany you to your medical appointments. Having another person there to hear explanations, receive instructions, and ask questions can be reassuring.

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

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

What If I Am an Inpatient or a Community Living Center Resident?

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

Feel free to talk with your treatment team or a Patient Advocate if you have any questions.

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

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

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

There are two types of Advance Directives—a Durable Power of Attorney for Health Care and a Living Will.

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

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

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

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

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

Your Advance Directive can be changed, but only by you. You may change or revoke it at any time. If you make changes, give the new version to the people listed above.

You can download the form (VA Form 10-0137, VA Advance Directive) from the VA website:

<http://www.va.gov/vaforms/medical/pdf/vha-10-0137-fill.pdf> or at the My HealthVet website: <http://www.myhealth.va.gov>.

If you would like more information about Advance Directives or need help filling out the form, contact your Primary Care team.

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Chapter 9 VA Copayments and Insurance

Overview of Copayments

While many Veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factors, certain Veterans will be asked to complete a financial assessment at the time of enrollment to determine their eligibility for cost-free medications and travel benefits. This financial information is also used to determine the applicant's enrollment Priority Group (see Enrollment Priority Groups section) and whether he/she is eligible for cost-free VA health care. Higher-income Veterans (Veterans whose income exceeds established national income limits) that are treated for nonservice-connected conditions may be required to share in the expense of their care by paying copayments.

Once enrolled, Veterans are no longer required to submit their income information on an annual basis. Instead, VA will automatically match income information obtained from the Internal Revenue Service (IRS) and Social Security Administration (SSA). This change will ease the burden on Veterans and make it easier for VA to ensure Veterans' health care eligibility is up-to-date. VA will send Veterans a letter only when clarification is needed regarding the financial information obtained from the Internal Revenue Service and Social Security Administration. For more information, visit www.va.gov/healthbenefits/cost/ or call VA's toll-free number at 1-877-222-VETS (8387) or you may contact the Enrollment Coordinator at your local medical facility.

Outpatient Copayments

Your copay is \$15 for a primary care outpatient visit, which includes Physical and Occupational Therapy, and Mental Health. For a Specialty Care outpatient visit, your copay is \$50. Among others, a Specialty Care visit includes care provided by a surgeon, radiologist, audiologist, optometrist, or cardiologist, as well as specialty tests such as magnetic resonance imagery (MRI), or computerized axial tomography (CAT) scan.

There is no copay requirement for Preventive Care services such as screenings and immunizations.

Your copay amount is limited to a single charge per visit, regardless of the number of health care providers you see in a single day, and is based on the highest level of service received. For example, if you are seen for a primary care visit and at a specialty clinic on the same day, your copay would be a single charge of \$50.00.

Inpatient Hospital Copayments

You are required to make an inpatient hospital copayment at the following rates:

- First 90 days of care, or portion thereof, during a 365-day period: \$243.20.
- For each additional 90 days of care, or portion thereof, during this 365-day period: \$121.60.
- In addition, there is a Per Diem Charge of \$2.00 per day.

Pharmacy Copayments

You are required to pay \$9.00 for each 30-day (or less) supply of medication for treatment of a nonservice-connected condition.

Extended-Care Services

You may be required to pay the following rates:

- Inpatient: Up to \$97 per day (Community Living Centers, nursing home care, respite care, and geriatric evaluation).
Note: Your copay will start after the 21st day of being provided extended care services in any 12-month period.
- Outpatient: \$15 per day (adult day health care, respite care, geriatric evaluation).
- Domiciliary Care: \$5 per day.

Insurance and Other Third Party Payments

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

While VA does not bill Medicare, your Medicare supplemental health insurance may be billed for treatment of a nonservice-connected condition.

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

How Do I Pay My VA Bill?

If you would like to pay online by credit card or check, go to www.pay.gov and select Department of Veterans Affairs on the agency list. This service is available to you at no cost.

You may also pay in person, by contacting your local Agent Cashier office or by calling the number on your billing statement. You may also make your check or money order payable to "VA" and send it to:

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

Don't forget to write your VA account number on the check or money order, and include your payment coupon. If you are paying by credit card, you must complete all the fields marked with an asterisk (*) on your billing statement.

What If I Cannot Pay My VA Bill?

Hardships

A Hardship Determination provides an exemption from outpatient and inpatient copays for the remaining calendar year. If your projected household income is substantially below your prior year's income, you may request a Hardship Determination by contacting your local Enrollment Coordinator.

Repayment Plan

Another option that may be available to you is a VA repayment plan, known as "collection by installment". To request a repayment plan, contact your local Revenue Office or call VA at 1-877-222-VETS (8387).

Waivers

A waiver or "write-off" refers to an agreement to forgive payment of an existing VA debt. If your projected household income for the current year is substantially reduced and will affect your ability to repay your debt, you can request a waiver of your copayment debt. You must request a waiver within 180 days of the date of your billing statement. To request a waiver, contact your local Revenue Office or call VA at 1-877-222-VETS (8387).

Compromises

A compromise is an "offer to settle" your past VA debts. VA will consider both current and future household income in making a determination. Generally, offers of compromise that are accepted must be paid in full within 30 days from the date of acceptance. To request a compromise, contact your local Revenue Office.

What If I Want to Dispute My VA Bill?

You may dispute charges on your VA account. You should dispute charges within 30 days of the date of your billing statement. VA will suspend further billing statements while your issues are being resolved.

However, interest and administrative charges will continue to accrue on your account. If the dispute is resolved in your favor, your account will be credited for these charges. For more information, contact your local VA facility or call 1-877-222-VETS (8387).

Retroactive Award of service-connection or VA Pension benefit

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

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

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Chapter 10 Care Outside the VA System: What VA Covers

VA may refer you to a non-VA provider in your community for a portion of your medical care under certain limited circumstances.

Pre-authorized Non-VA Medical Care

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

If you seek emergency treatment at a non-VA facility, it's important to contact the closest VA medical center within 72 hours of admission to the emergency room, even if you have been discharged home. You, a family member, a friend or the non-VA facility can make that contact. The VA facility will verify your eligibility for VA to pay for the medical care and advise you of claims filing procedures or deadlines. Please note, VA is not authorized to pay for all emergency care for Veterans; your individual eligibility will determine what VA is able to pay for.

If you require non-VA inpatient hospital care ...

Your non-VA medical care may be pre-authorized when treatment is needed for:

- A disability for which you were released from active duty.
- A condition requiring emergency care that develops while you are receiving inpatient hospital or outpatient care in a VA facility, federal facility with which VA contracts, Contract Nursing Home, or during VA-authorized travel.
- Any condition that will obviate the need for hospital admission for Veterans living in Alaska, Hawaii, Virgin Islands and other U.S. Territories, excluding Puerto Rico.

If you require non-VA outpatient care ...

Your non-VA medical care may be pre-authorized when treatment is needed for:

- A disability for which you were released from active duty.

- A condition requiring emergency care that develops while you are receiving medical services in a VA facility or Contract Nursing Home or during your VA-authorized travel.
- A condition for which you have been furnished VA hospital care, nursing home care, domiciliary care, or medical service, and for which you require medical services to complete a course of treatment.
- Any condition that will obviate the need for hospital admission for Veterans living in Alaska, Hawaii, Virgin Islands and other U.S. Territories, excluding Puerto Rico.

Emergency Care

A medical emergency is an injury or illness that is so severe that without immediate treatment, it threatens your life or health.

You may receive emergency medical care at a non-VA facility at VA expense when a VA facility (or other Federal facility with which VA has an agreement):

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

VA Payment for Emergency Care of your nonservice-connected conditions without prior authorization

VA may pay for emergency care provided in a non-VA facility for treatment of a nonservice-connected condition only if all of the following conditions are met:

- The episode of care cannot be paid under another VA authority
 - and -
- Based on an average knowledge of health and medicine (prudent layperson standard) you reasonably expected that delay in seeking immediate medical attention would have been hazardous to your life or health
 - and -
- A VA or other Federal facility/provider was not feasibly available
 - and -

- You were enrolled in the VA Health care system and received medical care under VA authority within a 24-month period preceding the non-VA emergency care
 - and -
- You are financially liable to the non-VA provider for the emergency care
 - and -
- The emergency services were furnished by an Emergency Department or similar facility held out to provide emergency care to the general public
 - and -
- You have no other coverage under a health plan (including Medicare, Medicaid and Worker's Compensation)
 - and -
- You have no contractual or legal recourse against a third party that would, in whole, extinguish your liability.

Chapter 11 Appeals

Administrative Appeals

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

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

Associate Director
Eligibility & Enrollment Division
Health Eligibility Center
Department of Veterans Affairs
2957 Clairmont Road STE 200
Atlanta, GA 30329

VA may pay for certain care you receive outside of the VA health care system, as outlined in Chapter 10, but may deny payment if you do not meet the conditions described. If you believe VA should make a payment that was denied, you may write a letter to the health care facility where the decision was made within one year of the date of the initial decision. Send this letter—called a Notice of Disagreement—to the Fee Office located at your VA health care facility.

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

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

Clinical Review Process

You, as a Veteran or your representative must have access to a fair and impartial review of disputes regarding clinical determinations or services that are not resolved at the facility level. VHA mandates that all medical centers operate a Patient Advocate Program to address patient inquiries and complaints. This supports the vital concept that patients are to be actively involved in all aspects of care that influence clinical outcomes, including decisions regarding referrals, transfers, discharge planning, and other factors which influence the clinical outcomes of care. For more information, please contact your facility's Patient Advocate at 877-831-0033 x47909.

Chapter 12 Vet Centers

Introduction to Vet Centers

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

What Services Do Vet Centers Provide?

If you served in any combat zone (Vietnam, Southwest Asia, Operation Enduring Freedom, Operation Iraqi Freedom, etc.), you are eligible for Vet Center services. Our community-based Vet Centers provide a broad range of counseling, outreach, and referral services to help Veterans make a satisfying post-war readjustment to civilian life:

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

How Do I Gain Access to Vet Center Services?

VA's readjustment counseling is provided at community-based Vet Centers located near Veterans and their families. Vet Center staff is also available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific). For more information or to locate the Vet Center nearest you, go to <http://www.vetcenter.va.gov/>.

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Chapter 13 VA Health Care and Medicare

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

Here are some key points about the two programs:

- Remember, your VA health care benefits are separate from Medicare. You may be enrolled in both programs, but the enrollment process (and the eligibility criteria) is different for each.
- Medicare offers three types of coverage: inpatient ("Part A"), outpatient ("Part B"), and prescription drug ("Part D"). You can decide whether to participate in one "Part" or all three.
- VA does not recommend that you cancel or decline coverage in Medicare (or other health care or insurance programs) solely because you are enrolled in VA health care. There is no guarantee that in the years to come, Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups. If you are enrolled in one of the lower priority groups, this could leave you with no access to VA health care coverage. For this reason, signing up for Medicare as a secondary source of coverage may be in your best interest.
- Enrolling in both VA and Medicare gives you greater flexibility. For example, if you are enrolled in both programs, you will have access to non-VA physicians (under Parts A and B); or you may obtain prescription drugs (under Medicare Part D)—prescribed by your non-VA physicians and filled at your local retail pharmacies—that are not on the VA formulary.
- Medicare allows enrollment (typically at age 65) during a yearly enrollment period. You may be subject to a penalty if you don't enroll when you first become eligible for some Medicare programs. **You can delay enrollment in Part D (prescription drugs) without penalty if you are enrolled in a prescription drug plan (like VA's) that is considered "creditable coverage"— that is, prescription drug coverage that provides a benefit at least as good as Medicare's.** However, "creditable coverage" for Part B (outpatient/doctor coverage) can only be received through an employer; so you cannot claim VA enrollment as "creditable coverage" for the outpatient Medicare program.

- Take time to understand your options under the Medicare program, and read all information received from Medicare or the Social Security Administration carefully. Action on your part may be required.

For example, you are required to sign and return a card if you choose not to enroll in Medicare Part B. Failure to return the card could result in automatic enrollment and deduction of the Part B premium from your Social Security check.

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

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Glossary

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

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

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

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

Beneficiary -A person determined eligible for VHA benefits.

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

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

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

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

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

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

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

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

Financial Assessment -Also commonly known as a Means Test (MT), a financial assessment is used to measure a Veteran's gross household income. The MT also determines a Veteran's copay responsibilities and enrollment priority group assignment.

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

Hardship -Refers to a decrease in a Veteran's household income justifying enrolling a Veteran in a higher priority group, resulting in a temporary reduction or exemption from future medical care copays. A hardship is effective on the date of approval.

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

Means Test (MT) -Also commonly known as a financial assessment, a Means Test (MT) is used to measure a Veteran's gross household income. The financial assessment also determines a Veteran's copay responsibilities and enrollment priority group assignment.

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

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

1. Promotes health by:

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

2. Preserves health by:

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

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

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

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

Nonservice-connected (NSC) Pension -A monetary benefit awarded to permanently and totally disabled, low-income Veterans with 90 days or more of active military service, of which, at least 1 day was during wartime.

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

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

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

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

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

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

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

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

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

Veteran Health Identification Card (VHIC) -An identification card issued to an enrolled Veteran for the specific purpose of identifying the Veteran when seeking VA health care benefits and assisting VHA staff with administrative processing.



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