CHAPTER 17

STUDY PLAN

VA MEDICAL CARE

OBJECTIVE

To learn about health and medical care benefits available to veterans and eligible family members, and how to apply for and obtain such benefits.

REFERENCES

- Title 38, U.S. Code, Chapter 17
- VA Forms
  - 10-10EZ, Application for Health Benefits, March 2015
  - VA Fact Sheet IB 10-448, Other Than Honorable Discharges: Impact on Eligibility for VA Healthcare Benefits, November 2014
  - VA Fact Sheet IB 10-598, Veteran Health Identification Card, February 2014
  - VA Fact Sheet IB 10-441, Enrollment Priority Groups, July 2015
  - VA Fact Sheet IB 10-442, Dental Benefits
  - VA Fact Sheet IB 10-185, Health Care Benefits Overview, 2015 Edition

SUMMARY

The Department of Veterans Affairs (VA) operates one of the largest healthcare delivery systems in the world under the Veterans Health Administration (VHA). The system consists primarily of centralized comprehensive medical centers, most of which are affiliated with university medical schools, complemented by an extensive network of
outpatient clinics and readjustment counseling centers, as well as some nursing homes and domiciliaries.

VA will provide healthcare, including medical or other treatment as required, to eligible veterans described in the paragraph below. Staffing and space permitting, VA medical facilities may furnish healthcare to certain veterans’ dependents covered under CHAMPVA, as well as to military personnel and retirees and their families covered under TRICARE. VA will furnish needed care for problems related to spina bifida and certain other birth defects in eligible children of Vietnam veterans. Finally, VA medical facilities will furnish necessary emergency care, including hospital admission where required, on a humanitarian basis for any person regardless of status.

**ELIGIBILITY CRITERIA**

Veterans eligible for healthcare are those who meet the enrollment criteria and were discharged under conditions other than dishonorable—that is, veterans whose discharges were honorable, general (under honorable conditions), or, in some circumstances, uncharacterized. VA also provides healthcare to certain persons who received other than honorable (OTH) discharges from service, but

**ADVOCACY TIP**

At some medical facilities, the VA simply turns away veterans with OTHs, instead of following proper procedures and filling out VA Form 10-7131, Administrative and Adjudicative Action Exchange of Beneficiary Information and Request for. Accompanying the veteran to the medical facility to explain the regulations to VA employees usually ensures the employees follow proper procedures. In addition, you can send the veteran with a letter you write that explains the procedures and cites the proper regulations, and/or have the veteran bring a current copy of VA Fact Sheet IB 10-448, *Other Than Honorable Discharges: Impact on Eligibility for VA Health Care Benefits*. Finally, you may also try submitting a request to the Regional Office for health care pursuant to 38 C.F.R. 3.360. See Chapter 25 for information on requesting a favorable Character of Discharge determination.
only for a disability which was incurred in or aggravated by service, in the line of
duty. (38 C.F.R. § 3.360.) To receive this care, the persons must not be barred by the
provisions listed at 38 C.F.R. 3.12(c), unless found insane at the time of committing the
offense.

For veterans with OTHs who seek medical care for service-connected disabilities, they
should visit the Admissions and Eligibility Office of their local VA medical center.
Upon seeing the OTH discharge, the VA employee should fill out VA Form 10-7131,
*Exchange of Beneficiary Information and Request for Administrative and Adjudicative
Action*, and then forward the completed form to the corresponding Regional Office for
processing.

**VA Medical Care**

To obtain healthcare benefits, it is necessary to apply for them. This is done by
submitting a completed 10-10EZ, *Application for Health Benefits*, to the nearest VA
medical facility. Except in emergency situations, a veteran seeking care for a service-
connected condition will generally take precedence over others. The priority of care
is as follows:

| Priority Group 1 | Veterans rated 50% or more disabled
|                 | Veterans rated unemployable
| Priority Group 2 | Veterans rated 30% to 40% disabled
| Priority Group 3 | Former Prisoners of War
|                 | Veterans awarded with a Purple Heart Medal
|                 | Veterans medically discharged
|                 | Veterans rated 10% to 20% disabled
|                 | Veterans awarded with the Medal of Honor
|                 | Veterans awarded special eligibility under 38 USC 1151
| Priority Group 4 | Veterans rated to be catastrophically disabled
|                 | Veterans receiving Aid and Attendance or Housebound benefit |
To allow for planning and allocation of resources, all veterans applying to a VA medical facility for healthcare are required to enroll with VA, unless the veteran was discharged from service within the year because of service-connected disability, even though VA has not yet rated it; or has a service-connected disability rated 50% or more; or is seeking treatment only for a service-connected disability. (38 C.F.R. § 17.37.) If budgetary resources require, enrollments may be deferred or discontinued for veterans in Priority Groups 7 and/or 8 on a year-by-year basis. Upon enrollment, the veteran will be assigned to one of the above priority groups, and is eligible for all needed inpatient and outpatient medical, surgical, and psychiatric services, including, but not limited to: drugs and pharmaceutical supplies, home healthcare, and hospice care. The veteran may choose a preferred facility for receiving primary care if available. The enrollment is for one year, and is automatically renewed each year unless the veteran requests that it not be renewed.
In general, a veteran must obtain healthcare from a VA medical facility, if reasonably available. If the VA medical facility is unable to provide a needed service in a particular case, VA may (but is not required) to either contract with local facilities to provide the service or send the veteran (at VA expense) to the nearest VA medical facility that can provide the service. (38 C.F.R. § 17.52.) If no VA medical facility is reasonably available, VA may authorize the veteran to obtain specified care locally on a fee basis. If the veteran’s service-connected disability is rated 50% or more, fee basis care may be authorized for any condition. If the service-connected rating is less than 50%, fee basis care may be authorized only for service-connected condition(s). “Fee basis” care must be authorized in advance in all cases.

**Veterans’ Access, Choice, and Accountability Act**

The Veterans’ Access, Choice, and Accountability Act program offers more access to non-VA medical care for eligible veterans enrolled in VA healthcare. A Veteran is eligible for the Veterans Choice Program if he or she is enrolled in the VA healthcare system and meets at least one of the following criteria:

- Told by his or her local VA medical facility that they will not be able to schedule an appointment for care within 30 days of the date the Veteran’s physician determines he/she needs to be seen or within 30 days of the date the Veteran wishes to be seen if there is no specific date from his or her physician;
- Lives more than 40 miles driving distance from the closest VA medical facility with a full-time primary care physician;
- Needs to travel by air, boat or ferry to the VA medical facility closest to his/her home;
- Faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or simplicity or frequency of the care needed and whether an attendant is needed. Staff at the Veteran’s local VA medical facility will work with him or her to determine if the Veteran is eligible for any of these reasons; or
Advocacy Tip
Because so many fee basis claims are denied, appeals are required frequently. Appeals are supposed to be filed at the VA facility where the veteran receives regular care, but, at least in some facilities, VA has no process for receiving them, and the appeals end up delayed. Be persistent in trying to make contact with the fee basis office to find out its procedures, and file an additional copy of the appeal at the Regional Office. The appeal should state why a prudent layperson would have sought the emergency treatment.

Emergency Services

If a veteran should require emergency treatment or admission to a non-VA medical facility for a service-connected condition, VA will reimburse the charges incurred provided the VA medical facility of jurisdiction is notified within 72 hours of such treatment or admission. (38 C.F.R. § 17.120.) VA will also reimburse cost of emergency treatment at a non-VA medical facility for a non-service-connected condition, provided that:

- The veteran is currently enrolled in the VA Healthcare system;
- The condition in question has been treated (by VA) within the previous two years; and

Veterns seeking to use the Veterans Choice Program or wanting to know more about it, can call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. For more details about the Veterans Choice Program and VA’s progress, visit: www.va.gov/opa/choiceact.
The veteran is not covered under any other health services plan. (38 C.F.R. § 17.1002.).

The only other circumstances under which VA will reimburse unauthorized expenses (emergency or otherwise) for a non-service-connected condition are: if the veteran is rated permanently and totally disabled from service-connected disabilities (whether 100% or by reason of individual unemployability), or if the veteran is enrolled in a program of Vocational Rehabilitation and it is medically determined that the treatment is required for the veteran to continue training. If VA agrees to reimbursement of unauthorized charges and the veteran requires prolonged hospitalization, VA will require transfer to a VA medical facility as soon as the veteran’s condition permits.

**TRAVEL EXPENSES**

VA will pay **travel pay** at common carrier rates for certain veterans to travel to and from a VA medical facility for the purpose of examination and/or treatment (including hospitalization) with a $3 deductible per trip, up to a maximum deductible of $18 per calendar month. The reimbursement rate is 41.5 cents per mile. Persons who qualify for travel pay include:

- Veterans seeking examination and/or treatment specifically of a service-connected condition, regardless of its percentage;
- Veterans who have a service-connected rating of 30% or more overall, for any condition;

**ADVOCACY TIP**

The VA is supposed to reimburse certain eligible veterans for an emergency of such nature that a “prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.” (38 C.F.R. § 17.120.). The VA interprets this rule very strictly, however, and the end result is that VA often denies reimbursement for many veterans, who then are left with massive medical bills that they generally can’t pay.
Veterans in receipt of VA pension, or whose income is below the statutory limits for VA pension and who are unable to defray the costs of travel;

Veterans who have been scheduled for a Compensation and Pension (C & P) or other special purpose examination; and

Veterans who require a specialized mode of transportation such as an ambulance, wheelchair van, etc., provided that:

- A physician has determined that the veteran requires the specialized mode of transport;
- the veteran is unable to defray the cost of the specialized transport, and
- the travel has been authorized in advance.

(38 U.S.C. §§ 111(b)(A), (B) & (C).)

Veterans who must travel to a C & P examination and veterans who require special modes of transportation are exempted from the deductible requirement; in other cases, the deductible may be waived on a showing that it would cause the veteran undue hardship. (38 C.F.R. §§ 70.31(b), (c), 70.2.) For veterans requiring specialized modes of transport, travel pay may also include the costs of meals and lodging en route, as well as the cost of an attendant. Prior travel authorization is required except in the event of a medical emergency or other circumstance where a delay would be hazardous.

**Outpatient Dental Services**

Limited outpatient dental services are available at VA medical facilities. Veterans who are rated totally disabled from service-connected conditions (whether 100% schedular or because of individual unemployability), former prisoners of war (with no distinctions based on length of captivity, beginning December 6, 2003), and veterans who have a service-connected dental disability of compensable severity are entitled to any and all necessary dental care. Veterans who are participating in a program of Vocational Rehabilitation are entitled to any dental treatment necessary for them to continue in their program. Veterans who suffered dental trauma in service, whether in combat or otherwise, are
entitled to any necessary treatment for the specific (traumatized) teeth for which non-compensable service connection is established.

Other veterans with non-compensable service-connected dental disabilities are entitled to whatever treatment may be necessary for the one-time correction of the service-connected dental condition, provided they meet the length of service requirements and they submit an application to the Dental Clinic within 180 days after discharge from service. Veterans being treated for other conditions, whether as an inpatient or outpatient, may receive dental care which is medically necessary—that is, for a dental problem which is complicating the medical condition currently under treatment. See IB 10-442 at the end of this chapter.

**Rehabilitation Services**

VHA provides extensive specialized rehabilitation services for severely disabled veterans. The Western Blind Rehabilitation Center is located at the VA Medical Center at Palo Alto, and provides extensive rehabilitation services for blind veterans throughout much of the state of California. Rehabilitative services from these centers are provided on an inpatient and outpatient basis, as well as through community-based organizations, for qualified blind veterans regardless of whether the blindness is service-connected. Members of the Visually Impaired Services Team (VIST) are assigned to many VA outpatient clinics for outreach purposes, and there are also VIST coordinators at all VA medical facilities. For veterans with diseases or injuries of the central nervous system, the VA Medical Centers at Long Beach and Palo Alto provide special rehabilitative services by the Brain Injury Units and the Spinal Cord Injury Units.
LONG TERM CARE

For veterans who are not acutely ill and do not require hospitalization, but who do require medium-to-long term custodial and/or skilled nursing care, VA has Nursing Home Care Units associated with some medical centers. Admission is on a space-available basis, with first priority given to veterans whose service-connected disability requires this level of care. Other veterans are considered in order of their priority groups.

If a veteran requires nursing home level of care and space is not available in a VA Nursing Home Care Unit, VA may place the veteran in a civilian nursing home under VA contract, as a VA beneficiary. A VA nursing home contract normally will not be for longer than six months, unless the condition requiring nursing home care is service-connected, or the veteran was hospitalized for a service-connected disability and then transferred to the nursing home. Under certain limited circumstances a veteran may be admitted directly to a civilian nursing home as a VA beneficiary.

Finally, VA may provide domiciliary care for veterans who are able to perform basic self-care tasks and require only low-level nursing, rehabilitation, and/or custodial services. Eligibility for admission to a domiciliary is income-based: the veteran’s annual income may not be more than the maximum VA pension rate, or the veteran must be shown to have no adequate means of support. Only some VA Medical Centers offer domiciliary care; there are also VA domiciliaries which are not associated with a VA medical facility.
STUDY QUESTIONS

Using the assigned references and reading materials, answer the following questions:

1. Access to VA medical facilities is strictly limited to only veterans? (T/F)
    
    38 C.F.R. §§ 17.41, 17.900

2. With certain exceptions, veterans who apply for healthcare from VA will be assigned to one of ______ groups to determine priority of routine care.
   
   a. Four (4)
   b. Six (6)
   c. Eight (8)
   d. Ten (10)
    
    38 C.F.R. § 17.36(b)

3. Which priority groups are required to make a co-payment in order to receive healthcare from a VA medical facility?
    
    38 C.F.R. § 17.36(b)(7), (8)

4. If a VA medical facility is not reasonably available, veterans with service-connected disabilities may request to be treated by their own private physicians, at VA expense. (T/F)
    
    38 C.F.R. § 17.52(a)

5. If a veteran requires emergency hospitalization at a non-VA facility for a service-connected condition, VA will reimburse the unauthorized costs of hospitalization, provided that:
   
   a. VA is notified within 72 hours of admission.
   b. The condition is rated at least 50% disabling.
   c. The veteran certifies that he or she is unable to defray the cost of the care.
   d. All of the above.
    
    38 C.F.R. § 17.54(a)(1)

6. VA will reimburse the cost of unauthorized medical expenses for a non-service-connected condition provided:
   
   a. It was a medical emergency and the veteran is enrolled in the VA healthcare system.
   b. The veteran is rated totally disabled by service-connected disability.
   c. The veteran is training under Vocational Rehabilitation and the treatment is required for the veteran to be able to continue training.
   d. Any of the above.
    
    38 C.F.R. §§ 17.120(a)(3), (4); (b)
7. VA will authorize travel pay for certain veterans who must travel to a VA medical facility for examination or treatment:
   a. Are required to report for a Compensation & Pension examination.
   b. Are rated 30% or more for the service-connected condition being treated.
   c. Are in receipt of VA non-service-connected disability pension.
   d. Any of the above. 38 U.S.C. §§ 111(b)(A), (B) & (C)

8. A former Prisoner of War is entitled to any and all necessary dental care by VA or at VA expense, regardless of the length of captivity? (T/F)
   38 U.S.C. § 1712(a)(1)(F)

9. Eligibility for blind rehabilitation services requires that the veteran's loss of vision be due to service-connected causes? (T/F)
   38 C.F.R. §§ 17.14(b), 17.149, 17.154

10. If VA places a veteran into a civilian nursing home under contract as a VA beneficiary, the usual length of the contract is
    a. 90 days.
    b. Six (6) months.
    c. One year.
    d. There is no time limit for the contract. 38 C.F.R. § 17.60