



# Eligibility, Medical Benefits and Purchased Care Overview

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# Overview

- Basic Eligibility for VA Health Care
- Income Thresholds
- Medical Benefits Package
- Basic Eligibility for Beneficiary Travel
- Purchased Care Programs
- Questions



# Definition of Veteran for VA Purposes

- Veteran is a person who:
  - Served in the active military
  - Discharged or released under conditions other than dishonorable
- Former or current Reservists if they served for the full period for which they were called (excludes training purposes)
- Former or current National Guard members if activated/mobilized by a Federal order



# Establishing Eligibility for VA Health Care

- Contact VA –
  - Call 1-877-222-VETS (8387) or
  - Use the web ([www.va.gov/healthbenefits](http://www.va.gov/healthbenefits)) or
  - Visit nearest VA clinic or medical center
- VA has the capability to verify a Veteran's basic eligibility information, such as:
  - Time in service
  - Any service connected disabilities as rated by Veteran Benefits Administration (VBA)
  - Combat-related eligibility and/or disability



# Establishing Caregiver Eligibility

- Included in Public Law 111-163, the “Caregiver and Veterans Omnibus Health Services Act of 2010”
- Provided for assistance to caregivers of Veterans
  - Included the Family Caregiver provision for post 9-11 OEF/OIF Veterans
  - Codified in statute as 38 USC 1720G
- Varied benefits by type of caregiver
  - Includes travel expenses, CHAMPVA, stipend, respite care, training and counseling
- Apply for benefit using the 10-10CG form
  - Via phone at 1-877-222-VETS (8387)
  - In person at VA medical centers through Caregiver Support Coordinators
  - Mail completed form to VA
- For additional information see -  
[http://www.caregiver.va.gov/support\\_landing.asp](http://www.caregiver.va.gov/support_landing.asp)

# Income Thresholds

- Certain Veterans are required to complete a financial assessment (i.e. Means Test) to determine VA copayment status
- Uses Veteran's household income, including spouse and dependents prior year income and assets, for financial assessments
- Updated each calendar year based on the income limits established by U.S. Department of Housing and Urban Development (HUD)
  - VA Means Test Threshold
  - VA GMT (Geographically adjusted) Means Test Threshold (based on geographic areas)
- [http://www.va.gov/healthbenefits/cost/financial\\_assessment.asp](http://www.va.gov/healthbenefits/cost/financial_assessment.asp)

# Copayment Charges for Certain Veterans

- Veterans may be responsible for copayments for certain types of services provided by the VA
- Copayment amounts vary depending on type of service rendered and financial assessment
- Copayments include:
  - Outpatient Copayments
  - Inpatient Copayments
  - Medication Copayments
  - Extended Care Services Copayments (e.g. community living center or nursing homes, adult day healthcare, geriatric evaluations, etc.)
- No copayments and no insurance billing for treatment of service connected conditions



# What is a Service Connected Condition?

- Service Connected (SC) refers to the Veterans Benefits Administration (VBA) determination (rating) that a Veteran's illness or injury was incurred in or aggravated by military service
- VBA establishes a degree of disability for each SC condition represented by a percentage
- Veteran may have more than one adjudicated SC condition
- If the primary rated condition worsens over time, Veteran is encouraged to have VBA complete a reassessment of rated disabilities

# What does SC % Rating Represent?

- Percentage assigned to each rated condition as far as can practically be determined:
  - Average impairment in earning capacity resulting from such diseases
  - Injuries and their residual conditions impact on civil occupations
- SC percentages determine the compensation the Veteran receives
- Whether a Veteran is 0% SC or 100% SC for a condition, the visit will be marked as SC if the rated condition is treated
- If a Veteran is 100% SC for a condition, it doesn't mean he/she is SC for all illness or injuries, just the rated condition

# Enrollment Priority Groups (PGs)

- Established a system of patient enrollment that designates Veterans by priority groups
- Priority groups are numbered 1-8 and group Veterans based on their service connection or other special eligibilities
- As a whole, priority groups have similar characteristics regarding eligibility for care and copayment requirements
- Once enrolled in a priority group, Veterans have access to all services included in the Medical Benefits package

# Enrollment Priority Groups (PGs)

- **PG 1:** Service connected (SC) 50% or more, or unemployable due to SC
- **PG 2:** SC 30% or 40%
- **PG 3:** SC 10 - 20%, Medal of Honor, Purple Heart, Former POWs, discharged due to service disability, awarded special eligibility under 38 U.S.C. 1151
- **PG 4:** Receiving aid & attendance, housebound or VA pension benefits, or determined to be catastrophically disabled
- **PG 5:** NSC & 0% SC noncompensable Veterans with income below threshold, or receiving VA pension and/or eligible for Medicaid benefits

# Enrollment Priority Group (PG) 6

- 0% SC conditions and receiving VA compensation
- Served:
  - Combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 5 years following discharge or release from the military
  - Republic of Vietnam
  - SW Asia theater of operations between:  
8/2/90 – 11/11/98
  - On active duty at Camp Lejeune for not less than 30 days beginning January 1, 1957 and ending December 31, 1987
- Seek care for:
  - Disorders relating to Ionizing Radiation
  - Conditions related to participation in Project 112/SHAD

# Combat Veteran Eligibility

- Served on active duty in theater of combat after effective date of legislation, November 11, 1998
- Service in theater of operations established by:
  - Proof of receipt of Global War on Terrorism Expeditionary Medal or similar medal demonstrating service in Afghanistan, Iraq or other combat locations
  - Copy of orders or some other documentation indicating service in a combat theater
  - Proof of receipt of hostile fire, imminent danger pay or combat pay tax credit



# Combat Veteran Eligibility

- Enhanced enrollment placement into Priority Group 6 (if not eligible for higher priority group) for five-year period following military service separation
- Copayment-free care for conditions determined possibly related to theater of operations during the post five-year discharge period
- Must apply within five years of discharge/release from active duty to receive the benefit
- Continuous enrollment after 5 years (even if assigned a lower priority group)

# Enrollment Priority Groups (PGs) 7 & 8

- **PG 7:**
  - Income **BELOW** the geographic means test (GMT) income thresholds and
  - Income **ABOVE** the VA national income thresholds
  - Agree to pay VA copayments
- **PG 8:**
  - Effective June 15, 2009, Veterans with income 10% or less **ABOVE** the VA national means test threshold or GMT threshold
  - Note: Enrollment restrictions still apply to Veterans with income **ABOVE** 10% of the VA national means test threshold or GMT threshold
  - Agree to pay VA copayments

# Veterans with Other than Honorable Discharges

- “Other than Honorable” or “Bad Conduct” discharges generally prevent eligibility for VA health care
- Determination made by Veterans Benefits Administration if discharge is a complete bar to benefits or if limited health care eligibility exists for service-incurred or service-aggravated disabilities
- Until determination is made, only emergency treatment made be provided and Veteran should be counseled that they may be responsible for payment if later determined to be ineligible



# VA Comprehensive Medical Benefits Package

- Benefits include:
  - Preventive Care Services
  - Inpatient and Outpatient Diagnostic and Treatment Services
  - Prescription Services
    - Prescribed by VA Physician
  - Prosthetic and Rehabilitative Devices
    - Includes Durable Medical Equipment
- Once enrolled, Veterans have access to the complete Medical Benefits Package



# VA Comprehensive Medical Benefits Package

- Benefits **NOT** included:
  - Abortion or abortion counseling
  - Invitro fertilization
  - Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless used under approved clinical research trials
  - Gender alterations
  - Hospital and outpatient care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services
  - Membership in spas or health clubs

# Beneficiary Travel Overview

- VA is authorized to provide eligible Veterans mileage reimbursement or when medically indicated “special mode” (ambulance, wheelchair van) for travel to and from VA, or VA authorized health care
- Beneficiary Travel eligibility is based on SC, low income, or special eligibility, including:
  - Rating of 30 percent or more SC
  - Traveling for treatment of a SC condition
  - Receipt of a VA pension
  - Income does not exceed the maximum annual VA pension rate
  - Travel for a scheduled compensation or pension examination



# Beneficiary Travel Overview - Mileage

- Mileage reimbursement rate Congressionally mandated in PL 111-163 at \$0.415 per mile
- Reimbursements subject to deductibles with a calendar month cap
- Deductible may be waived if it creates a hardship once certain income criteria are met for both non-service connected and service connected Veterans



# Purchased Care Programs

- VHA Chief Business Office for Purchased Care (CBO-PC) business line supports and augments the delivery of health care benefits through enterprise program management and oversight of Purchased Care services.
- **Family Member Programs:**
  - **Civilian Health And Medical Program of VA (CHAMPVA):** health benefits for spouse/dependents of certain Veterans
  - **Spina Bifida (SB):** health benefits to the children of Vietnam Veterans diagnosed with Spina Bifida
  - **Children of Women Vietnam Veterans (CWVV):** health benefits to children of female Vietnam Veterans when the children are diagnosed with a covered birth defect

# Purchased Care Programs

- **Veteran Programs:**
  - **Foreign Medical Program (FMP):** health benefits for service connected Veterans residing or traveling overseas
  - **National Non-VA Medical Care Program:** enterprise management of the purchase of health services when unavailable at VA facilities
  - **State Home Program:** partnership with State governments to provide long-term care to Veterans; managed by State governments with some financial assistance from VA



# Why VA Purchases Care

- Ensure complete continuum of quality care when VA does not have internal resources available
  - Unable to access VA health care facilities
  - Demand exceeds VA health care facility capacity
  - Need for diagnostic support services for VA clinicians
  - Need for scarce specialty resources (e.g., obstetrics, hyperbaric, burn care, oncology) and/or when VA resources are not available due to constraints (e.g. staffing, space)
  - Satisfying patient wait-time requirements
  - Ensure cost-effectiveness for VA (whereby outside procurement vs. maintaining and operating like services in VA facilities and/or infrequent use is more appropriate)

# Authorities Governing the Purchased Care Program

- 38 USC 1703: Pays for preauthorized inpatient and outpatient emergency, routine, and diagnostic medical care for certain Veterans
- 38 USC 1728: Pays for emergency care provided to service connected Veterans that was not preauthorized
- 38 USC 1725: Pays for emergency care provided to non-service connected Veterans enrolled in VA health care
- 38 USC 8153: Provides the authority for a VA facility to enter into a contract or other form of agreement with Non-VA health care entities to secure health care services that are either unavailable or not cost-effective at the VA facility

## REGULATION SPECIFIC TO WOMEN VETERANS

- Women Veterans are eligible for preauthorized hospital care under 38 Code of Federal Regulations (CFR) 17.52(a)(4)

# VA Care and Other Health Plans

- VA is required by law to bill any health insurance carrier that provides coverage for Veterans, including policies held by a spouse
  - Exception: care for Veterans who are entitled to specified health care benefits for service connected conditions
- When VA purchases health care for a Veteran from the community – VA cannot share costs with any other health plan
  - Exception: VA may share costs for some emergency events partially covered by automobile liability coverage under PL 111-137
- VA is not authorized to reimburse emergency health care costs of non-service connected events of Veterans who have other Health Plans (Medicare, Medicaid, etc.) or third party liability
- Copays remain in place as if care was provided within a VA facility

# Emergency Care

- When a Veteran seeks emergency care at a non-VA facility, the non-VA provider should contact the closest VA facility promptly (within 72 hours):
  - Notify VA of Veteran treatment/admission
  - Verify eligibility of Veteran for reimbursement of claim and identify the VA of jurisdiction to submit claims
  - Obtain instructions for transfer of VA patient to VA



# Questions

