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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.

Overview of VA’s Nationwide Health Care System

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

Today’s Veterans receive a Medical Benefits Package, which VA administers through a patient enrollment program. 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.

VA’s state-of-the art electronic medical records allow your health care benefits to be completely portable throughout the system. If you are traveling or living temporarily at an address far away from your primary treatment facility, you can seek care at any VA health care facility across the country — without the hassle of having to reapply.
We have also developed a Website — My HealtheVet — especially for Veterans. Through My HealtheVet, access to important information about your health is at your fingertips, 24 hours a day. First, you need to register on the website and be authenticated in person at a VA facility. The authentication process protects your privacy and your personal health information. Here’s what to do:

1. Go to the website: http://www.myhealth.va.gov
2. Click on the “Register Today” button and follow the instructions.
3. Go back to the My HealtheVet home page.
4. Click on the “In-Person Authentication” link.
5. Watch the brief orientation video.
6. Print out, complete, and sign the My HealtheVet release of information form (Form 10-4344a-MHV).
7. Call your health care facility and ask where you can be In-Person Authenticated. Remember to take your Form 10-4344a-MHV and a photo ID (Veterans ID card or driver’s license).

Once your identity has been verified through the In-Person Authentication process, you will have access to portions of your medical information online through your MHV account. Initially, prescription names for Rx Refills are available. Later, the ability to see appointments, lab reports, and additional functions will also be available.

**Overview of VA’s Medical Benefits Package**

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

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

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

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

VA strives to ensure that you have access to all of your needed services wherever you receive your VA health care. This may be on-site during inpatient hospitalization, at one of our primary or specialty care clinics, at a Community Based Outpatient Clinic (CBOC), in a Community Living Center (formerly known as a VA nursing home), or in a residential care facility. However, all services may not be available at every location. Sometimes, you may need to travel to another VA facility or 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.

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.
Your Primary Care Provider and Team Information

After your first Primary Care appointment, fill in the following information for future reference:

My Primary Care Provider is

My Primary Care Team is

I can reach my Primary Care Team by calling

Your Eligibility Information

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 occurs, 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).

Health Benefits Are Different for Each Veteran — Including You

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: Mr. John Sample

<table>
<thead>
<tr>
<th>Important Phone Numbers</th>
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<tbody>
<tr>
<td>Veterans Crisis Line</td>
<td>1-800-273-TALK (8255), press 1</td>
</tr>
<tr>
<td>National Call Center for Homeless Veterans</td>
<td>1-877-424-3838</td>
</tr>
<tr>
<td>Health Enrollment Information or Questions about Bills for your VA Health Care</td>
<td>1-877-222-VETS (8387)</td>
</tr>
<tr>
<td>VA Compensation, Pension, Education and Loan Guaranty Programs</td>
<td>1-800-827-1000</td>
</tr>
<tr>
<td>Foreign Medical Program</td>
<td>303-331-7590</td>
</tr>
<tr>
<td>Health Care Coverage for Eligible Dependents of Veterans (CHAMPVA)</td>
<td>1-800-733-VETS (8387)</td>
</tr>
<tr>
<td>Your Local Health Care Facility Phone Numbers</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td></td>
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<tr>
<td>Hospital</td>
<td></td>
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<tr>
<td>After Hours</td>
<td></td>
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<tr>
<td>Patient Advocate</td>
<td></td>
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<tr>
<td>Pharmacy</td>
<td></td>
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<tr>
<td>Enrollment Coordinator</td>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>228-523-5000</td>
</tr>
<tr>
<td>After Hours</td>
<td></td>
</tr>
<tr>
<td>Patient Advocate</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Enrollment Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
Your Priority Group

VA determines your eligibility for VA's comprehensive medical benefits package through our patient enrollment system, which is based on Priority Groups from 1 through 8. Our records indicate that you are enrolled in Priority Group 1. You will find a list of all Priority Groups at the end of this chapter.

Your Eligibilities

Your eligibility for VA health benefits is based on your unique eligibility factors, as listed below:

- 100% percent Service-connected
- Rated as having a total disability permanent in nature resulting from your Service-connected condition(s)

Correcting or Updating Your Eligibility Information

VA strives to keep correct and up-to-date eligibility information. However, there is the rare occasion when you may receive updated information (for example, a recent award of Pension or Service-connection) before it reaches your local VA facility. If you think that your eligibility information is incorrect or requires updating, contact VA at 1-877-222-VETS (8387) or visit your local health care facility.
## Your Benefits At A Glance

<table>
<thead>
<tr>
<th>Health Benefit</th>
<th>Coverage</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Medical Benefits Package, includes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Preventive Care</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>• Hospital (Inpatient) Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ancillary Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Home Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Geriatrics and Extended Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical Equipment/Prosthetic Items and Aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications/Supplies</td>
<td>Yes, VA will fill prescriptions written by a VA provider</td>
<td>3 and 7</td>
</tr>
<tr>
<td>Dental</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Nursing Home Placement</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Medically Related Travel Benefits</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>• Mileage Reimbursement</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Specialized Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lodging and Per Diem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>Yes, if receiving VA care or services</td>
<td>3</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Yes, if receiving VA care or services</td>
<td>3</td>
</tr>
<tr>
<td>Automobile Adaptive Equipment</td>
<td>Under certain conditions</td>
<td>3</td>
</tr>
<tr>
<td>Home Improvement and Structural Alteration Grants</td>
<td>Under certain conditions</td>
<td>3</td>
</tr>
<tr>
<td>Clothing Allowance Benefit</td>
<td>Under certain conditions</td>
<td>3</td>
</tr>
<tr>
<td>Dependent’s Health Care</td>
<td>Yes, if not eligible under TRICARE</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Care at a non-VA Facility</td>
<td>Under certain conditions</td>
<td>10</td>
</tr>
<tr>
<td>Foreign Medical Care</td>
<td>Yes, for Service-connected disabilities or any disability associated with or aggravating a Service-connected disability</td>
<td>10</td>
</tr>
</tbody>
</table>

## Enrollment Priority Groups

### Priority Group 1

- Veterans with VA Service-connected disabilities rated 50% or more.
### Priority Group 1
- Veterans assigned a total disability rating for compensation based on unemployability.

### Priority Group 2
- Veterans with VA Service-connected disabilities rated 30% or 40%.

### Priority Group 3
- Veterans who are former POWs.
- Veterans awarded the Purple Heart Medal.
- Veterans awarded the Medal of Honor.
- Veterans whose discharge was for a disability incurred or aggravated in the line of duty.
- Veterans with VA Service-connected disabilities rated 10% or 20%.
- Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, “benefits for individuals disabled by treatment or vocational rehabilitation.”

### Priority Group 4
- Veterans receiving increased compensation or pension based on their need for regular Aid and Attendance or by reason of being permanently Housebound.
- Veterans determined by VA to be catastrophically disabled.

### Priority Group 5
- Nonservice-connected Veterans and noncompensable Service-connected Veterans rated 0%, whose annual income and/or net worth are not greater than the VA financial thresholds.
- Veterans receiving VA Pension benefits.
- Veterans eligible for Medicaid benefits.

### Priority Group 6
- Compensable 0% Service-connected Veterans.
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
- Project 112/SHAD participants.
### Priority Group 6

- Veterans of the Persian Gulf War that served in the Southwest Asia theater of combat operations between August 2, 1990, and November 11, 1998.
- Veterans who served in a theater of combat operations and discharged from active duty on or after January 28, 2003, for five years post discharge.

### Priority Group 7

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

### Priority Group 8

- Veterans with gross household incomes:
  - above the VA Means Test thresholds who were enrolled as of January 16, 2003 and who agreed to pay the applicable copayment;
    - or -
  - not exceeding the VA Means Test thresholds or GMT income thresholds by more than 10% and who agree to pay the applicable copayment — effective June 15, 2009.
Chapter 3
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.

Preventive Care Services
Your health benefits include important preventive care services:

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

Inpatient Care Services
VA inpatient care includes a full spectrum of treatment services:

- Medical
- Surgical
- Mental Health
- Dialysis
- Acute Care

You also have access to VA’s specialized care units, which includes:
Intensive Care Units (medical, surgical, mental health, cardiac)
Transplant Care Units
Spinal Cord Injury Centers
Traumatic Brain Injury Units
PolyTrauma Centers

Ancillary Services

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

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

Specialty Care Services

Through VA's specialty care services, you have access to expert knowledge to optimize treatment in unique or complicated courses of care. Our specialty care providers focus on particular areas of care in which they have extensive training and education. VA medical and surgical specialty care services include:
• Anesthesiology
• Bariatric surgery (weight loss surgery)
• Cardiology – Vascular (heart and blood circulation)
• Chaplain (spiritual support)
• Critical Care Specialty
• Dermatology
• Diabetes and Endocrinology
• Geriatric Care
• Gynecology Care
• Infectious Disease
• Nephrology (kidney)
• Neurology (nerves)
• Mental Health
• Oncology (cancer)
• Optometry and Ophthalmology (eye care)
• Orthopedic Surgery
• Orthotic and Prosthetic (amputee care and custom orthotics)
• Pacemaker (heart)
• Pain Management
• Podiatry (feet)
• Pulmonary (lungs)
• Robotic-Assisted Surgery
• Spinal Cord Injury
• Transplant Surgery (heart, lung, liver, etc.)
• Urology
• Vascular Surgery
• Women’s Care
Mental Health Care

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

VA provides cost-free 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).

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

- Inpatient Care
- Residential Care
- Outpatient Mental Health Care
- Homeless Programs
- Programs for Incarcerated Veterans
- Specialized PTSD Services
- Military Sexual Trauma
- Psychosocial Rehabilitation & Recovery Services
- Substance Use Disorders
- Suicide Programs
- Geriatrics
- Violence Prevention
- Evidence Based Psychotherapy Programs
- Mental Health Disaster Response/Post Deployment Activities

Veterans Crisis Line

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.

Dental Services

You are eligible for cost-free comprehensive dental care.

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.
Healthy Living

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

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

- My Health e Vet 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

Contact the Health Education Coordinator at your local VA facility for information about the many health education programs and services available to you.

What are VA’s Health Registries?

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), Gulf War, Vietnam, World War II, and atomic test activities. These registries include a free specialized and comprehensive health examination provided by a VA Environmental Health (EH) clinician.

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

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

Another resource is VA’s toll-free special health issues helpline, 1-800-749-8387.

Toxic Embedded Fragments

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

- Detailed physical exams
- Clinical tests of organ systems function
- Recommendations for treatment, including surgical removal of embedded fragments
If you think you were exposed to depleted uranium during your military service, contact the Environmental Health Coordinator at your nearest VA medical center. Ask to be screened for depleted uranium exposure, and ask about the Depleted Uranium Follow-up Program. Another resource is VA’s toll-free special health issues helpline, 1-800-749-8387.

Home Health Care

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

Skilled Home Health Care (SHHC) Services

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

Homemaker/Home Health Aide (H/HHA) Services

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

Family Caregivers Program

VA’s Family Caregivers Program provides support and assistance to caregivers of post 9/11 Veterans and Servicemembers 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

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

Geriatric Evaluation

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

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

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

Respite Care is generally limited to 30 days per year.

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

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

Nursing Home Placement
If clinically indicated, you will be provided needed nursing home care either through VA's Community Living Centers (CLC) or contract nursing homes. The mission of the VA Community Living Centers (VACLC) program (formerly known as VA Nursing Home Care Units) is to provide compassionate care to Veterans with chronic stable conditions — those who suffer from dementia, who require rehabilitation or short-term specialized services (such as respite or intravenous therapy), or who need comfort and care at the end of life. For more information contact your local Social Work Service.
State Veterans Homes

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

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

You will 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 beneficiary travel payments 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)

VA may arrange or reimburse you for specialized transportation related to obtaining VA health care services.

Lodging and Per Diem

You may be paid the actual cost for meals, lodging, or both — not to exceed 50 percent of the amount allowed for government employees — when 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.

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

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

Chapter 3: Your VA Health Benefits | Hoptel Services
intervention, diagnostic work-up, etc.), you and a family member (and/or caregiver) 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 Services.

**Fisher Houses**

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

**Medical Equipment/ Prosthetic Items and Aids**

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

**Am I Eligible for Eyeglasses?**

If you are otherwise receiving VA care or services, VA will provide your eyeglasses based on clinical need.

**Am I Eligible for Hearing Aids?**

If you are otherwise receiving VA care or services, VA will provide your hearing aids based on clinical need.

**Automobile Adaptive Equipment Program**

VA's Automobile Adaptive Equipment program provides equipment and training to enter, exit, or operate a motor vehicle if your Primary Care Provider decides that you need it to drive safely and comply with State licensing laws. Note that only certain Service-connected conditions qualify. You may also be eligible for financial assistance, in the form of a grant, to purchase a new or used automobile (or other conveyance). For more information, contact your local Prosthetic Representative.

**Home Improvement and Structural Alteration (HISA) Grants**

You may receive a Home Improvement and Structural Alteration Grant for improvements or structural alterations needed to access your home or essential bathroom facilities. For more information, contact your local Prosthetic Representative.
Clothing Allowance Benefit

If you must wear a prescribed device that causes your clothing to wear or tear, or if your clothing is damaged due to use of a topical ointment, you may receive an annual Clothing Allowance payment. For more information, contact your local Prosthetic Representative.

Dependents’ Health Care

Your Dependents may qualify for VA’s Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) if they do not have eligibility under TRICARE. For more information, call 1-800-733-8387 or go to http://www4.va.gov/hac/forbeneficiaries/champva/champva.asp.

Spina Bifida/Children of Women Vietnam Veterans

VA provides monetary allowances, vocational training and rehabilitation and VA-financed health care benefits to certain Korea and Vietnam Veterans’ birth children who have been diagnosed with spina bifida. For the purpose of this program, spina bifida is defined as all forms or manifestations of spina bifida (except spina bifida occulta). For more information, call 1-888-820-1756 or go to http://www4.va.gov/hac/forbeneficiaries/spina/spina.asp.

Medical Benefits Package Exclusions

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.
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 not, you may request an appointment in person or by calling your local VA health care facility.

How Do I Get my Veterans Identification Card?
The Veterans Identification Card (VIC) is your gateway to quick access to benefits at VA health care facilities. You need to go to your local VA health care facility to have your picture taken. VA will mail your VIC to you within a few days.

What if my VIC is Lost or Destroyed?
Contact the VA health care facility where your picture was taken to request that a new card be re-issued. Since the photo is retained, there is no need for you to go to the facility to retake a picture.

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

Although your VIC does not contain your Social Security number, date of birth, or other sensitive information on the face of the card, that information is coded into the magnetic stripe and barcode — so be careful. Take precautions to safeguard your VIC.
How Can My HealtheVet Improve the Quality of my Care?

My HealtheVet is a website created especially for Veterans. You can use it to:

- Get accurate health information from sources you can trust.
- Link to VA benefits and services.
- Refill your VA prescriptions and get information about your medicines.
- Read VA news and feature stories.
- Create your own personal health journal.

My HealtheVet: Registration and Authentication

To take advantage of all the features of My HealtheVet, you need to register on the website and be authenticated in person at a VA facility. The authentication process protects your privacy and your personal health information. Here’s what to do:

1. Go to the website: http://www.myhealth.va.gov
2. Click on the “Register Today” button and follow the instructions.
3. Go back to the My HealtheVet home page.
4. Click on the “In-Person Authentication” link.
5. Watch the brief orientation video.
6. Print out, complete, and sign the My HealtheVet release of information form (Form 10-4344a-MHV).
7. Call your health care facility and ask where you can be In-Person Authenticated. Remember to take your Form 10-4344a-MHV and a photo ID (Veterans ID card or driver’s license).

Once your identity has been verified through the In-Person Authentication process, you will have access to portions of your medical information online through your MHV account. Initially, prescription names for Rx Refill are available. Later, the ability to see appointments, lab reports, and additional functions will also be available.

Why Should I Keep a Personal Health Journal?

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

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

How Do I Keep my Information Up To Date?

Use VA Form 10-10EZR, Health Benefits Renewal Form, if you need to update or report changes to your address, phone number, name, health insurance or financial information. To request a 10-10EZR go to www.va.gov/vaforms/medical/pdf/vha-10-10ezr-fill.pdf or call us toll-free at 1-877-222-VETS (8387). Mail the updated form to your health care facility.

Your VA Health Care Facility Mailing Address is:
Gulf Coast HCS
VA Medical Center
400 Veterans Avenue
Biloxi, MS 39531-2410

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.

What if I Move to or Live in More than One Location?

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 and 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

Your Primary VA Health Care Facility

Gulf Coast HCS
VA Medical Center
400 Veterans Avenue
Biloxi, MS 39531-2410

Important Facility Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tr>
<td>Main Hospital</td>
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</tr>
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<td>After Hours</td>
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<tr>
<td>Pharmacy</td>
<td></td>
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<tr>
<td>Enrollment Coordinator</td>
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</table>

Scheduling and Canceling Appointments

VA is committed to providing high-quality, clinically appropriate health care — when you want and need it. This commitment includes the ability to make appointments that meet your needs, with no undue waits or delays. We monitor the wait times for scheduled appointments, and give you the opportunity to complete a survey to tell us whether you received an appointment when you wanted one.
**How do I Schedule or Cancel Appointments?**

Call your primary care/specialty clinic during regular business hours to:

- make an appointment,
- change an appointment, 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.

**What if I Just Walk-in Without a Scheduled Appointment?**

Although we will evaluate your condition if you decide to “walk in” to a primary care clinic without a scheduled appointment, you may have a wait, depending on the severity of your medical situation.

**Emergency Care**

**What if I Think I am Having a Medical Emergency?**

Call 911 or go to the nearest emergency room. You do not have to contact VA in advance.

**What is a Medical Emergency?**

A medical emergency is generally defined as a condition that would cause a prudent layperson (a person who possesses an average knowledge of health and medicine) to reasonably expect that a delay in seeking immediate medical attention would be hazardous to life or health.

**Non-VA Facilities**

You should go to the nearest emergency room whether in a VA or private facility. If you are in an ambulance, the paramedics will usually take you to the closest emergency room.

**If the Doctor Wants to Admit Me to the Non-VA Hospital, Must I Obtain Approval from VA?**

- If the admission is for a medical emergency — NO.
- If the admission is not for a medical emergency — YES. You, a friend, a family member, or someone from the non-VA hospital should call the closest VA medical center and speak to the patient transfer or patient administration representative within 72 hours of your arrival at the emergency room. You will be offered a transfer to VA if a VA bed is available and you can be safely transferred.
Does my Enrollment in the VA Health Care System Change my Coverage for Emergency Care?

It might. Call your local VA facility’s Enrollment Coordinator to find out what your options are.

Does my Other Insurance (TRICARE, Medicare, Medicaid, Blue Cross, etc.) Change my VA Coverage for Emergency Services?

It might. Call your local VA facility’s Enrollment Coordinator to find out what your options are.

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.

What if I Require a Hospital Admission?

Your VA provider will make appropriate arrangements to admit you to the nearest VA hospital that is adequately equipped and staffed to furnish the care you need. Depending on your eligibility and other factors, VA may admit you to a non-VA hospital.

Extended-Care Admission

Your VA provider will make appropriate arrangements for needed extended-care admissions. An admission may be appropriate:

- if you have chronic stable conditions, including dementia, requiring rehabilitation or specialized services such as respite or intravenous therapy; or
- if needed for comfort and care at the end of life.

Social Work Services

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

VA Social Work Service has responsibility for the Fisher House Program, the Temporary Lodging Program, policies on reporting suspected abuse and neglect, and family support for polytrauma patients.
For more information, you can contact your local Social Work Service.

**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)?

We strongly encourage you to receive all your health care through VA. However, if you 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. Under no circumstances can your VA provider simply re-write prescriptions, or order diagnostic tests from an outside provider, without first making a professional assessment that a particular test or drug prescription is medically appropriate. If 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.
What are my Responsibilities if I Seek Medical Care Outside the VA System?

- 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 doctor 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 have one another’s name, address, and telephone number. If you would like information from your VA medical record sent to your private provider, you will need to contact the Release of Information Office at your VA facility and sign a release form.

- 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.

- Always feel free to raise questions or concerns with your VA primary care provider about co-managed/dual care benefits or potential conflicts.

Coordination of Care Among VA Facilities

You may receive medical attention in a variety of VA settings — clinic, hospital, emergency room, Community Living Center (formerly known as VA nursing home), 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.

What if I Need Specialized Outpatient Care Not Offered at my Health Care Facility?

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.

What if I am an Inpatient and Need a Transfer 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.

What if my VA Provider and Private Provider Disagree?

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 order tests or write prescriptions.
Chapter 7
Your Pharmacy Services

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

VA's Drug Formulary

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

- High quality
- Effective
- Safe
- A good value

VA's National Drug Formulary ensures that Veterans across the country have access to the same medications at all VA facilities.
How do I Know if a Medication is on VA's National Formulary?

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 at the Pharmacy Benefit Management (PBM) Website: http://www.pbm.va.gov/NationalFormulary.aspx, or you can call your local VA pharmacist to ask whether a medication is on the formulary.

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

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

Can I Receive a Drug that is Not on the VA National Formulary?

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

Here are some of the reasons why your VA healthcare provider might consider prescribing a non-formulary medication for you:

- You should not receive the formulary drug for safety reasons. Common reasons to avoid a particular medication include:
  - Certain medical conditions, like kidney disease
  - Allergy to the medication or class of medications
- A side effect prevents you from continuing to use the formulary drug
- No response or not the desired response to the formulary drug(s)
- The VA National Formulary offers no acceptable alternatives

For details about how VA's National Formulary works, see “How VA Ensures the Quality of Medications for Veterans” at the end of this chapter. You may also discuss further with your VA health care provider.

Why doesn't VA Provide Me with the New Medications I've Seen on Television?

While some new drugs offer important improvements over older drugs, the new drugs are not always better or safer than older drugs. VA has established a process to review the safety and effectiveness of VA National Formulary medications. This process includes comparing several drugs within the same class (such as the statin class for lowering cholesterol or ACE inhibitors for lowering blood pressure). Only those drugs that prove to be the safest and most-effective and that offer the best value are listed on the National Formulary. If a formulary medication is not
appropriate, however, each VA medical center has procedures in place to help identify an alternative, non-formulary medication. Drug makers heavily promote their new drugs through advertising and other publicity. But some new drugs are not studied in large groups of people or over long periods of time. As a result, we cannot always know the safety of these medications. You may recall recent news stories about medications that had to be taken off the market or had to add restrictive warnings after reports about serious problems. When more is known about the safety and effectiveness of newer medications, VA may consider adding them to the National Formulary.

**Understanding Your Medication**

**Always Read your Prescription Label Carefully.**

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

**Why am I Taking this Medication?**

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

**How will I Know Whether the Medication is Working?**

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

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

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

Why do These Pills Look Different from the Pills I Got with my Last Prescription?

Like many other health care organizations, VA purchases medications made by different companies. Each manufacturer may make its pill in a different shape or color.

These generic medications contain the same active ingredients and work the same way as the brand name drug. Generic medications are regulated by the U.S. Food and Drug Administration and are certified as just as effective as the brand name product. 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

What Happens when I have a New VA Prescription Filled?

New prescriptions are usually prescribed by your doctor in the VA computer system and processed for filling by your 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.

How do I Refill my VA Prescriptions?

In order to avoid running out of medication, 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.
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.)

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. Use the Internet by enrolling in My HealtheVet, then log on to the Web site 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.) If you have a new mailing address, make any changes on the back of the refill request slip — and check the appropriate box for address changes.

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

When you receive your medication refill, make sure the information on the bottle is correct:

- Your name on the bottle
- The name of the medicine
- The amount to take for each dose
- The directions you need to follow for each dose

You should also note the color and shape of your pills.

**How do I Request a Prescription Refill Through My HealtheVet?**

To take advantage of all the features of My HealtheVet, you need to register on the website and be authenticated in person at a VA facility. The authentication process protects your privacy and your personal health information. See Chapter 4 for information concerning registration and authentication.

Once you have completed registration and your identity has been verified through the In-Person Authentication process, your refills are available using My HealtheVet for those prescriptions that have been filled at least once by the VA pharmacy. To request a refill 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 Health eVet
- Your name in My Health eVet 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”

What should I do if I Run Out of my Medication?

If your current prescription has no more refills, but your doctor wants you to stay on your medication, you will need a new prescription. Contact your VA provider as soon as possible to have the medication renewed. If your VA facility has the AudioRenewal 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.

As soon as you receive your medications, it is a good idea to look at the label to see how many refills are left. Contact your provider for a renewal if you are going to run out before your next scheduled appointment.

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.

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.

How VA Ensures the Quality of Medications for Veterans

The VA National Formulary includes medications approved by the U.S. Food and Drug Administration (FDA), as well as over-the-counter (OTC) medications and supplies. The VA Pharmacy Benefits Management Services (PBM), in conjunction with VA physicians and pharmacists, reviews the information about a drug's safety and effectiveness, and discusses the drug's risks and benefits compared to other available treatments. VA then considers the cost of the drug, relative to other treatment options. All the information about the drug is then sent to expert doctors, pharmacists, and other VA providers across the United States. Observations and suggestions from these experienced health care professionals help VA decide how best to use the medications to treat Veteran patients.
Chapter 8

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 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.

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. VHA’s Notice of Privacy Practice outlines all the general purposes for which VA uses or discloses your information. A copy of this Notice is located at the back of 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 appeal rights.)

Right to Confidential Communication — You have a right to request that VA provide you with a confidential means of communicating. 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.

Know your Privacy Officer — Your Privacy Officer’s job is to help resolve privacy complaints. For more information, call your local health care facility.

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.
How Can I Take an Active Role in Partnering with my VA Providers?

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

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.

Concerns, Complaints, and Compliments

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.

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.

Keeping Your Information Up-To-Date

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

Family Involvement in Your Health Care

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

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

How can my Family Members Share their Concerns or Complaints About my Care?

Your family members can seek help from 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:

- Durable Power of Attorney for Health Care
- Living Will

What is a Durable Power of Attorney for Health Care?

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

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

What is a Living Will?

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

Should I have an Advance Directive?

It's up to you to decide if you want an Advance Directive. An Advance Directive helps protect your right to make your own choices — to make sure your values and wishes are respected if you can't speak for yourself. Some people name a health care agent and also complete a living will. You can decide how general or specific you want your instructions to be.
What should I do with my Advance Directive?
Give a copy of your Advance Directive to your health care agent and your health care providers so that it can be placed in your medical record. You should also keep a copy for yourself — along with your other important papers — in a safe place.

Can my Advance Directive be Changed?
Yes, but only by you. You may change or revoke it at any time. If you make changes, give the new version to the people listed above.

Where can I get the Advance Directive Form?

If you would like more information about Advance Directives or need help filling out the form, contact your Primary Care Team.
Chapter 9
VA Copayments and Insurance

Overview of Copayments
Based on your eligibility you are not required to pay VA copays for your care or services.

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

Overview of VA Billing
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. As applicable, any payment received by VA may be used to offset “dollar for dollar” your VA copay responsibility.

Does VA Bill for Service-connected Conditions?
No. VA will not bill your private health insurance carrier for treatment or services for any Service-connected condition. However, VA does bill for treatment of your Nonservice-connected conditions.
Does VA Bill Medicare?
No. While VA does not bill Medicare, your Medicare supplemental health insurance may be billed for treatment of a Nonservice-connected condition.

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 Enrollment Coordinator or call VA at 1-877-222-VETS (8387).
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 care under certain limited circumstances.

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

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

If you require inpatient hospital care...
Your non-VA care may be pre-authorized when treatment is needed for:
  • Any condition.

If you require outpatient care...
Your non-VA care may be pre-authorized when treatment is needed for:
  • Any condition.
Emergency Care

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

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

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

VA Payment for Emergency Care of your Service-connected Conditions without Prior Authorization

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

VA may pay for your non-VA emergency care for any condition.

What if I am Living or Traveling in a Foreign Country

VA will pay for medical services for treating your Service-connected disabilities, or any disability that is associated with and aggravates a Service-connected disability if you live or travel outside the United States. This program will also reimburse you for certain treatment of medical services while you are outside the United States, if needed as part of your VA-approved vocational rehabilitation program.

If you are living or planning to travel outside the U.S. (other than in the Philippines), you need to register with VA's Foreign Medical Program office, P.O. Box 469061, Denver, CO 80246-9061, USA: telephone 303-331-7590. For information, visit: http://www.va.gov/hac/forbeneficiaries/fmp/fmp.asp.

Veterans living in the Philippines should register with the U.S. Veterans Affairs office in Pasay City. Call 011-632-838-4566.

If you are traveling or living overseas in one of the following countries, you can telephone the Foreign Medical Program toll free:

- Germany 0800-1800-011;
- Australia 1-800-354-965;
- Italy 1-800-782-655;
- United Kingdom (England and Scotland) 0800-032-7425;
- Mexico 001-877-345-8179;
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Japan 00531-13-0871;
Costa Rica 0800-013-0759;
Spain 900-981-776.

(Note: Veterans in Mexico or Costa Rica must first dial the United States country code.)
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.

Can I Appeal an Administrative Determination that Denies Me a Health Care Benefit?
Yes. If you believe you have been denied a health care benefit for which you are eligible, you may write VA a letter telling us why you disagree with that decision. Within one year of the date of the initial decision, send the letter — called a Notice of Disagreement — to the VA health care facility where the decision was made.

Can I Appeal a Decision About Payment for Non-VA Care?
Yes. As described in Chapter 10, VA may pay for certain care you receive outside of the VA health care system. But VA may deny payment if you do not meet the conditions described in that section. 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 the VA health care facility.
Can I Request Reconsideration of a VA Decision?

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

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

Clinical Appeals

If you have problems or complaints about your medical treatment, we encourage you to seek help from your treatment team or a Patient Advocate. You will be given instructions (in plain English) about the complaint process, and the steps you must follow to complete it.

Health Care Ethics Consultation

Sometimes health care decisions are very difficult and create uncertainty or conflict about the right thing to do. If this happens to you, we encourage you to seek help from your treatment team or a Patient Advocate. If the concern is not resolved by them, VA offers a service called health care ethics consultation to help with these difficult situations. Health care ethics consultants can meet with you, your family, and your treatment team to help you decide what is right for you, or what you think should be done, and why. You always have the option to request an ethics consultation when something just doesn’t seem right to you or you and your health care team are having trouble agreeing on the best choice. You can request a health care ethics consultation through your Patient Advocate.
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

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

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 are 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/.
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 62) during a yearly enrollment period. You may be subject to a penalty if you don’t enroll when you first become eligible.
for some Medicare programs. You can delay enrollment in Part D (prescription drugs) without penalty if you are enrolled in a prescription drug plan (like VA's) that is considered “creditable coverage” — that is, prescription drug coverage that provides a benefit at least as good as Medicare’s. However, “creditable coverage” for Part B (outpatient/doctor coverage) can only be received through an employer; so you cannot claim VA enrollment as “creditable coverage” for the outpatient Medicare program.

- Take time to understand your options under the Medicare program, and read all information received from Medicare or the Social Security Administration carefully. Action on your part may be required. For example, you are required to sign and return a card if you choose not to enroll in Medicare Part B. Failure to return the card could result in automatic enrollment and deduction of the Part B premium from your Social Security check.

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

Commonly Used Terms A-Z

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. Aid and Attendance 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.

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

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

Beneficiary - A person determined eligible for VHA benefits.

Carrier - The insurance company; the insurer.

Catastrophically Disabled - A permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others. **NOTE:** The complete definition can be found at 38 Code of Federal Regulation (CFR), section 17.36(e).
Claimant - A Veteran who received services (or his/her guardian) or the hospital, clinic, or community resource that provided the services, or the person other than the Veteran who paid for the services.

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

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

Community Living Center - formerly known as VA Nursing Home.

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

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

Cost-Free - No VA copayments or premiums.

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

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

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

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

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

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

Geographic Means Test (GMT) - The financial assessment used to determine if a Veteran may be enrolled in priority group 7.
Hardship - Refers to a temporary decrease in a Veteran’s household income justifying enrolling a Veteran in a higher priority group than would otherwise be the case, and resulting in exemption from current and future copays from date of approval until a new means test is required.

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

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

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

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

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

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

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

2. Preserves health by:
   (a) Maintaining the current quality of life or daily functional level;
   (b) Preventing progression of disease;
   (c) Curing disease, and
   (d) Extending life span.

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

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

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

Nonservice-connected Pension - The Nonservice-connected Pension pension is a monetary benefit awarded to permanently and totally disabled, low-income veterans with 90 days or more of active military service, of which, at least 1 day was during wartime.
Nonservice-connected Veteran - A Veteran who does not have a VA determined service-related condition.

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

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

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

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

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

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

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

VA - Department of Veteran Affairs.

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

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

VA Form 10-10EZR (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 Identification Card (VIC) - An identification card issued to a verified eligible Veteran for the specific purpose of identifying the Veteran when seeking VA health care benefits and assisting VHA staff with administrative processing. The VIC is for VA official business only and is only issued to a Veteran after the Veteran’s eligibility has been verified.

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