

TREATMENT OF ALLIED BENEFICIARIES

1. SUMMARY OF MAJOR CHANGES: None.

2. RELATED ISSUES: None.

3. POLICY OWNER: The Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC)(16) is responsible for the contents of this VHA directive. Questions may be referred to VHA 16 IVC Action at VHA16IVCAction@va.gov.

4. RESCISSIONS: VHA Directive 1601D.02, Treatment of Allied Beneficiaries, dated February 5, 2018, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective 6 months from publication date to allow for the Veterans Integrated Service Networks (VISNs) and Department of Veterans Affairs (VA) medical facilities to make necessary changes to comply with the policy.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Hillary Peabody
Acting Assistant Under Secretary for Health
for Integrated Veteran Care

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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TREATMENT OF ALLIED BENEFICIARIES

1. POLICY

It is Veterans Health Administration (VHA) policy to provide medical, surgical, and dental treatment, hospital care, transportation and traveling expenses, prosthetic appliances, education, training, and similar benefits to eligible allied beneficiaries. The Department of Veterans Affairs (VA) may also pay the court costs and other expenses incident to the proceedings taken for the commitment of such discharged members who are mentally incompetent to institutions for the care or treatment of mental illness.

AUTHORITY: 38 U.S.C. § 109; 38 C.F.R. §§ 17.41, 17.43, and 17.94.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care is responsible for supporting the Office of Integrated Veteran Care with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Veteran Integrated Service Network Director.** The VISN Director is responsible for ensuring that allied beneficiaries have timely access to appropriate spectrum of services to include emergency care, outpatient care, long-term care, inpatient programs, residential facilities, and mental health care services.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for :

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that guidance and procedures found in this directive are established at the VA medical facility and followed as outlined in this directive.

(3) Determining the availabilities of beds, hospitalization admissions, etc. when dealing with emergency situations.

f. **VA Medical Facility Enrollment Coordinator.** The VA medical facility Enrollment Coordinator is responsible for:

(1) Maintaining oversight of all administrative aspects of the VA medical facility enrollment process, health benefits, eligibility determinations, and related health benefits administration at the VA medical facility level. **NOTE:** *A list of VA medical facility Enrollment Coordinators can be accessed using the following link: https://dvagov.sharepoint.com/sites/VHAMS/eso/Lists/EnrollmentCoordinators/Grouped_by_Station.aspx. This is an internal VA Web site that is not available to the public.*

(2) Ensuring that all VA medical facility Enrollment and Eligibility staff receive standardized enrollment training. **NOTE:** *More information on trainings associated with this directive can be found in paragraph 13 of VHA Directive 1601A.01(1), Registration and Enrollment, dated July 7, 2020.*

(3) Enrolling eligible Veterans in the VA health care system in accordance with paragraph 4.c. below.

3. ELIGIBILITY

a. **Eligibility Requirements for Allied Beneficiaries.** Allied beneficiaries who are receiving a service-related compensation from Great Britain must meet the following eligibility requirements to receive VA health care benefits:

(1) Served in the Armed Forces of a Nation that was allied with the U.S. in World War I (WWI) or in World War II (WWII). **NOTE:** *Consistent with 38 U.S.C 109(a), for purposes of WWI, this excludes any nation that was an enemy of the United States during WWII.*

(2) Provide proof that they are receiving service-related compensation; i.e., War Pension Letter.

(3) The beneficiary must be residing in the U.S. or its territories at the time medical treatment or services are requested. **NOTE:** *Currently, the only countries that have an established reciprocal agreement with the U.S. are Great Britain and Canada.*

b. **Eligibility Requirements for Czechoslovakian or Polish Beneficiaries.** **NOTE:** *Czechoslovakian and Polish Beneficiaries may also be eligible for benefits under the Allied Beneficiary program if they meet the requirements of paragraph 3.a.* Czechoslovakian or Polish beneficiaries must provide proof that they meet the following eligibility requirements to receive VA health care benefits:

(1) U.S. citizenship for at least 10 years,

(2) Military service in the Armed Forces of the Government of Czechoslovakia or Poland during WWI or WWII, and

(3) Subsequent service in or with the Armed Forces of France or Great Britain during the period of WWI or WWII, as documented by an authenticated certification from the French Ministry of Defense or the British Ministry of Defence (formally the British War Office), which clearly indicates military service of the applicant in the Armed Forces of the governments of Czechoslovakia and Poland, and subsequent service in, or with, the armed forces of Great Britain or France, during the period of WWI or WWII.

4. REGISTRATION

a. **Allied Beneficiaries.** Before VA provides medical treatment to eligible allied beneficiaries, such beneficiaries:

- (1) Must be registered in the electronic health record (EHR),
- (2) Must not be enrolled in the VA health care system, and
- (3) Must not receive a Veterans Health Identification Card (VHIC).

b. **Czechoslovakian or Polish beneficiaries Who Are Receiving a Service-Related Compensation From Great Britain.** Czechoslovakian or Polish beneficiaries who are receiving a service-related compensation from the British Service Personnel & Veterans Agency receive benefits under the guidelines for allied beneficiaries in accordance with 38 U.S.C. § 109 and as outlined in paragraph 3.a. above.

c. **Czechoslovakian or Polish beneficiaries Who Are Not Receiving a Service-Related Compensation From Great Britain.** VA provides hospital, domiciliary, and medical treatment, including transportation, to eligible Czechoslovakian or Polish beneficiaries who are not in receipt of a service-related compensation from Great Britain in the same manner as U.S. Veterans, subject to eligibility requirements defined above in paragraph 3.b. Eligible beneficiaries must be:

- (1) Registered in VistA,
- (2) Enrolled in the VA health care system,
- (3) Issued a VHIC, and
- (4) Subject to appropriate co-payments.

5. PROVISION OF MEDICAL TREATMENT

a. In addition to the provision of care in paragraphs 5.b. through 5.d., Czechoslovakian and Polish beneficiaries who meet the eligibility requirements in paragraph 3.b. are also eligible for the medical benefits package under 38 C.F.R. § 17.38.

b. **Emergency Medical Treatment for Allied Beneficiaries.** Emergency medical treatment is furnished to eligible allied beneficiaries at VA medical facilities; such care may be provided at community care facilities upon prior authorization by the VA medical facility Director or designee (e.g., VA medical facility Chief of Staff or Associate Director of Patient Care Services), as provided below.

(1) Emergency medical treatment will be provided to allied beneficiaries even though the facility may not have authorization at the time medical treatment is provided. When the patient is receiving emergency care or is admitted as an inpatient, the patient may remain under VA care or hospitalized at a VA medical facility only until stable for transfer to a non-Federal hospital. If it is later determined the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided. **NOTE:** *The provisions of 38 C.F.R. § 17.102, set forth the conditions under which VA bills an individual for care furnished on a humanitarian emergency basis.*

(2) Allied beneficiaries who receive emergency medical treatment from a community care facility without prior VA authorization must send any billing directly to their appropriate veteran's agency. VA cannot pay or bill for such medical treatment on behalf of the beneficiary.

(3) Emergency outpatient treatment will be provided without prior authorization in a VA medical facility. If it is later determined the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided.

(4) Emergency inpatient treatment is provided in the nearest appropriate VA medical facility. When a bed in a VA medical facility is not available, hospitalization at another Federal or non-Federal hospital may be authorized by the clinic of jurisdiction or VA health care facility exercising contract hospitalization authority in the area.

(5) Emergency dental treatment is provided on either an outpatient or inpatient basis at a VA medical facility or at a community care facility as determined by local VA medical facility policy. **NOTE:** *If it is later determined the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided.*

c. **Non-Emergency Treatment.** Once it is determined that an allied beneficiary is in need of any non-emergent treatment or services, the VA medical facility should seek authorization from the allied beneficiary's government before any treatment and/or services are provided to the Veteran.

d. **Prosthetic Appliances, Sensory Aids, Cosmetic Restorations, Artificial Eyes, and/or Medical Accessories.** Prosthetic appliances, sensory aids, cosmetic restorations, artificial eyes or medical accessories may be furnished to, replaced or repaired for allied beneficiaries when determined medically necessary and the allied government provides authorization for such service.

e. **Transportation of Allied Beneficiaries.**

(1) **Transportation with Authorization.** Authorized transportation, including ambulance, may be provided to an allied beneficiary subject to reimbursement by the allied government and in accordance with the requirements of the VA beneficiary travel program. (see 38 C.F.R. part 70, VHA Directive 1601B.05, Beneficiary Travel, dated January 20, 2022.)

(2) **Transportation without Authorization.** Allied beneficiaries applying in-person for examination, treatment, or hospitalization without authorization may be reimbursed the cost of transportation if the allied government provides authorization and reimbursement for medical treatment and transportation.

6. BILLING AND COLLECTIONS

a. The Consolidated Patient Account Center (CPAC) will create paper claims using the Cost Based Rate with Billing Rate Type of Ineligible and send to the appropriate Point of Contact for that country.

b. **Revenue Source Codes.** The following revenue source codes must be used for revenue generated pursuant to the allied beneficiary.

(1) 8050 SVC-ALLIED BENEFICIARIES-I/P

(2) 8051 SVC-ALLIED BENEFICIARIES-O/P

(3) 8052 SVC-ALLIED BENEFICIARIES-A/O

NOTE: *The reimbursement for this service will be placed in fund 0160R1.*

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

9. DEFINITIONS

a. **Allied Beneficiaries.** Allied beneficiaries are former members of the armed forces of nations allied with the U.S. in WWI (except any nation which was an enemy of the United States during WWII) or WWII. ***NOTE:*** *An individual need not have served in*

either WWI or WWII, but must be a former member of the armed forces of a nation that was allied with the U.S. in WWI or WWII as established here.

b. **Czechoslovakian or Polish Beneficiaries.** Czechoslovakian or Polish beneficiaries are a special group of allied beneficiaries who served in the armed forces of the Government of Czechoslovakia or Poland and who meet the eligibility requirements outlined in paragraph 3.b.

c. **Service-Related Compensation from Great Britain.** For purposes of this directive, service-related compensation from Great Britain is a British pension which may be granted to certain veterans of the British Armed Forces, including those who served in Polish Forces under British Command. Examples of service-related compensation include Armed Forces Compensation Scheme and War Pensions Scheme. Additional information is available at:
<https://www.gov.uk/government/organisations/veterans-uk#>.

10. REFERENCES

- a. 38 U.S.C. § 109.
- b. 38 C.F.R. §§ 17.41, 17.43, 17.94 and 17.102
- c. 38 C.F.R. part 70.
- d. VHA Directive 1601B.05, Beneficiary Travel, dated January 20, 2022.
- e. VHA Directive 1601A.01(2), Registration and Enrollment, dated July 7, 2020.
- f. United Kingdom Ministry and Defence Veterans UK website:
<https://www.gov.uk/government/organisations/veterans-uk#>.