

ENROLLMENT DETERMINATIONS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook provides information on the policies for administering 38 U.S.C. 1705, which requires the Department of Veterans Affairs to establish and operate an enrollment system, and title 38 Code of Federal Regulations Section 17.36 which establishes categories of Veterans who are eligible to be enrolled.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA Handbook updates guidance on the use of income verification for the enrollment of Veterans for VA health care benefits.
- 3. RELATED ISSUES:** VHA Directive 1610.01, VHA Handbooks 1601A.01, 1601A.02, and 1601A.04.
- 4. RESPONSIBLE OFFICE:** The Chief Business Office (10NB) is the responsible for the contents of this VHA Handbook. Questions may be addressed at 202-382-2500.
- 5. RESCISSIONS:** VHA Handbook 1601A.03, dated July 3, 2013 and VHA Directive 2009-029, dated June 11, 2009, are rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of September 2020.

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ENROLLMENT DETERMINATIONS

1. PURPOSE

This Veterans Health Administration (VHA) handbook sets forth the criteria for the enrollment of Veterans for Department of Veterans Affairs (VA) health care benefits.

AUTHORITY: 38 U.S.C. 1705, 1710.

2. BACKGROUND

a. Public Law (Pub. L.) 104-262, the Veterans' Health Care Eligibility Reform Act of 1996 (codified at 38 United States Code (U.S.C.) 1705), required that VA establish and operate an enrollment system to help manage its health care delivery system.

b. Title 38 Code of Federal Regulation (CFR) Section 17.36, provides that the Secretary of Veterans Affairs must establish which categories of Veterans are eligible to be enrolled for VA health care benefits.

c. Pub. L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, amended statutory provisions affecting the enrollment of Veterans in certain health care priority groups and exempted catastrophically disabled (CD) Veterans from certain copayment requirements.

d. Pub. L. 112-154, Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (later amended by Pub. L. 113-235), amended the statutory provisions affecting the enrollment of Veterans who served on active duty at Camp Lejeune for not fewer than 30 days between August 1, 1953 and December 31, 1987.

e. The Affordable Care Act (ACA) was created to expand access to affordable health care coverage to all Americans. Enrollment in the VA health care system satisfies the minimum essential coverage requirement under ACA.

3. SCOPE

This Handbook provides details on:

- a. Priority groups 1-8;
- b. Notifications of enrollment decisions and appeals;
- c. Issuance of Veteran Health Identification Cards (VHICs);
- d. Income verification; and
- e. Disenrollments.

4. DEFINITIONS

a. **Aid and Attendance.** Aid and Attendance (A&A) is a standard for determining whether a Veteran, surviving spouse, or parent who is entitled to compensation, pension, or dependency and indemnity compensation is entitled to a higher rate of payment based on the recipient's (or the Veteran's spouse) need for the regular A&A of another person. (See 38 CFR 3.350-3.352.)

b. **Appeal.** An appeal consists of a timely filed Notice of Disagreement in writing and, after a Statement of the Case has been furnished, a timely filed Substantive Appeal. (See 38 CFR 20.200).

c. **Applicant.** An applicant is a person who has submitted a written request for VA health care benefits and/or for enrollment in the VA Health Care System.

d. **Catastrophically Disabled.** Catastrophically Disabled (CD) is a status identifying a Veteran with 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 and who meets the criteria established in 38 CFR 17.36(e). **NOTE:** *For more information on catastrophically disabled, see 38 CFR 17.36(e).*

e. **Combat Veteran.** A combat Veteran is a Veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as determined in consultation with the Secretary of Defense) after November 11, 1998.

f. **Compensable Disability.** Compensable disability is a VA-rated service-connected (SC) disability for which monetary compensation is authorized.

g. **Copayment.** Copayment is a specific monetary charge to the Veteran for hospital care, medical services, extended care services, or medications provided by VA.

h. **Disenrollment.** Disenrollment is the discontinuation of a Veteran's enrollment in the VA Health Care System, which may be initiated either by the Veteran or by VA.

i. **Enrollee.** Enrollee is a Veteran who has applied for VA health care services, who has been accepted for such care, and who has received confirmation of enrollment from an authorized VHA official, generally the Director of the Health Eligibility Center (HEC) in the VA Health Care System. Unless formal steps have been taken to disenroll a Veteran, a Veteran will remain continuously enrolled in VA's health care system. Enrolled Veterans may seek care at any VA facility without being required or requested to reestablish eligibility for VA health care enrollment purposes. **NOTE:** *For more information on enrollment in the VA health care system, see 38 U.S.C. 1705, and 38 CFR 17.36.*

j. **Enrollment.** Enrollment is acceptance of an eligible Veteran into the VA Health Care System and assignment to an enrollment priority group. **NOTE:** *Procedures for processing enrollment determinations can be found in VHA Procedure Guide 1601A.03, and can be viewed at: <http://vaww.va.gov/CBO/apps/policyguides/index.asp>. This is an internal VA Web site and is not available to the public.*

k. **Enrollment Not Required.** Enrollment not required is the provision of inpatient hospital and outpatient medical care to certain Veterans who are not required to be enrolled in the VA health care system. **NOTE:** *For more information on eligible Veterans, see 38 CFR 17.37.*

l. **Financial Assessment.** Financial assessment is the process known as a Means Test (MT) used by VA to assess a Veteran's attributable income and assets. The MT determines a Veteran's copayment responsibilities, assists in determining enrollment priority group assignment, and assists in evaluating requirements for determining beneficiary travel benefits.

m. **Geographic Means Test Copayment Required.** Geographic Means Test (GMT) copayment required is a copayment status assigned to a Veteran whose financial status is above the VHA MT income threshold but below the GMT income threshold.

n. **Geographic Means Test Income Threshold.** GMT income threshold is the income threshold used to determine if a Veteran may be enrolled in Priority Group 7. It uses low-income limits for each zip code. **NOTE:** *The current GMT income thresholds can be viewed at: http://www.va.gov/healthbenefits/cost/income_thresholds.asp.*

o. **Health Eligibility Center.** Health Eligibility Center (HEC) is VHA's authoritative source for the verification of a Veteran's eligibility for VA health care benefits, including enrollment determination, priority group assignment, and income verification (IV).

p. **Housebound.** Housebound (HB) is an additional benefit paid to a Veteran, surviving spouse, or parent who is entitled to compensation, pension, or dependency and indemnity compensation. It is based on specific disabilities and conditions and is a lesser additional benefit than A&A. (See 38 CFR 3.351-3.352.)

q. **Income Verification.** Income Verification (IV) is a process that independently verifies the financial information used to determine the Veteran's eligibility for VA health care benefits, copayment status and priority group assignment.

r. **Means Test Copayment Exempt.** Means Test (MT) copayment exempt are categories of Veterans who are not required to make a copayment for inpatient hospital care or outpatient medical care due to the fact that the Veteran: (**NOTE:** for further information see 38 CFR 17.108)

(1) Has a compensable SC disability;

(2) Is a former Prisoner of War;

- (3) Was awarded a Purple Heart;
- (4) Was discharged or released from active military service for a disability incurred or aggravated in the line of duty;
- (5) Receives disability compensation under 38 U.S.C. 1151;
- (6) Whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that the Veteran's continuing eligibility for care is provided for in the judgment or settlement described in 38 U.S.C. 1151;
- (7) Whose entitlement to disability compensation is suspended because of the receipt of military retirement pay;
- (8) Is a Veteran of the Mexican border period or of World War I;
- (9) Is a TRICARE-eligible military retiree provided care under an interagency agreement as defined in 38 U.S.C. 8111 Note (Section 113 of Pub. L. 106-117). **NOTE:** *The Veteran may be responsible for cost shares associated with care provided under TRICARE eligibility;*
- (10) Is a Veteran who VA determines to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a); and
- (11) A Veteran who VA determines to be CD.
- (12) A veteran receiving care for psychosis or a mental illness other than psychosis pursuant to 38 CFR 17.109

NOTE: *Although the term "Means Test (MT) Copayment Exempt" includes certain Veterans whose exception is based on reasons other than their financial assessment, it is referenced as such to refer to the status given to these Veterans in the Veterans Health Information Systems and Technology Architecture (VistA).*

s. **Means Test Copayment Required.** MT copayment required is a copayment status assigned to a Veteran who is required to make medical care copayments for hospital and outpatient care based on established MT thresholds.

t. **Means Test Threshold.** MT threshold is the national income threshold used to determine if a Veteran may be enrolled in Priority Group 5. VA uses the MT threshold for the current calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care. **NOTE:** *The current national income thresholds can be viewed at http://www.va.gov/healthbenefits/cost/income_thresholds.asp.*

u. **Medical Benefits Package.** Medical benefits package is the health care that is available to Veterans enrolled in the VA Health Care System. **NOTE:** *For information on what is included and not included in the medical benefits package, see 38 CFR 17.38.*

v. **Medication Copayment Exemption.** Medication copayment exemption is a copayment status assigned to a Veteran who is not required to make copayments for medications due to the fact the medication: (**NOTE:** for further information see 38 CFR 17.110).

(1) Is for Veterans with a service-connected disability rated 50 percent or more based on a service connected disability or unemployability;

(2) Is for a Veteran's service connected disability;

(3) Is for a Veteran whose annual income (as determined under 38 U.S.C. 1503) does not exceed the maximum annual rate of VA pension that would be payable to such Veteran if such Veteran were eligible for pension under 38 U.S.C. 1521;

(4) Is authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed Veterans, radiation-exposed Veterans, Persian Gulf War Veterans, post-Persian Gulf War combat Veterans, or certain Camp Lejeune Veterans for the treatment of illnesses or conditions specified in 38 U.S.C. 1710(e)(1)(F);

(5) Is for treatment of sexual trauma as authorized under 38 U.S.C. 1720D;

(6) Is for treatment of cancer of the head or neck authorized under 38 U.S.C. 1720E;

(7) Is provided as part of a VA approved research project authorized by 38 U.S.C. 7303;

(8) Is for Veterans who are determined to be CD, as defined in 38 CFR 17.36(e); and

(9) Is for Veterans who are former Prisoners of War (POWs).

w. **Medication Copayment Required.** Medication copayment required is a copayment status assigned to a Veteran who is required to make copayments for medications based on eligibility and/or whose annual income exceeds the established pension thresholds which include rates for Veterans in receipt of increased pension based on the need for A&A or HB allowances. **NOTE:** *The current pension thresholds can be viewed at: http://www.va.gov/healthbenefits/cost/income_thresholds.asp.*

x. **Minimum Active Duty Period.** Minimum active duty period is the minimum period of active duty that many Veterans who served after September 7, 1980, must have served in order to receive most VA benefits under 38 U.S.C. 5303A. **NOTE:** *The complete definition is found at 38 CFR 3.12a.*

y. **Non-compensable Disability.** Non-compensable disability is a service connected disability that VA adjudicates as not severe enough to warrant monetary compensation.

z. **Non-service Connected Pension.** Non-Service Connected (NSC) 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.

aa. **Non-service Connected Veteran.** NSC Veteran is one who does not have a VA adjudicated illness or injury incurred in, or aggravated by, military service.

bb. **Priority Groups.** Priority groups are established by 38 U.S.C. 1705 to determine which categories of Veterans are eligible to be enrolled. All enrolled Veterans will be placed in the highest priority group(s) for which they are qualified. **NOTE:** For more information regarding priority groups, see 38 CFR 17.36.

cc. **Re-Enrollment.** Re-enrollment is a continuation of enrollment for previously enrolled Veterans and an enrollment of Veterans who were previously disenrolled.

dd. **Service Connected Veteran.** A Service Connected (SC) Veteran is one who has an illness or injury incurred in, or aggravated by, military service as adjudicated by the Veterans Benefits Administration.

ee. **Veteran.** A Veteran is a person who served in the active military, naval, or air service and was discharged or released from service under conditions "other than dishonorable". **NOTE:** For more information on the definition of Veteran and for other service that may qualify an individual for Veteran status, see 38 U.S.C. 101; 38 CFR 3.1, 3.6, 3.7, 3.12 and 17.31.

ff. **Veteran Health Identification Card.** Veteran Health Identification Card (VHIC) is an identification card issued to Veterans whose eligibility and enrollment status has been verified. It is for the specific purpose of identifying the Veteran when he or she is seeking VA health care benefits and assisting VHA staff with administrative processing. The VHIC is for VA official business only. **NOTE:** For more information see VHA Directive 1610.01.

gg. **Veterans Health Benefits Handbook.** Veterans Health Benefits Handbook is a personalized handbook tailored specific for each enrolled Veteran to provide detailed updated information on the VA health care services the Veteran may be eligible to receive.

hh. **VA Form 10-10EZ, Application for Health Benefits.** VA Form 10-10EZ is the VA form completed by Veterans to apply for VA health care benefits. The form includes demographic, military, insurance, and financial information.

ii. **VA Form 10-10EZ, Health Benefits Update Form.** VA Form 10-10EZ is the VA form used by Veterans to submit their updated personal, insurance, and financial information to VA.

5. PRIORITY GROUPS

Priority groups have been established to manage the provision of care to all enrolled Veterans. Upon application, each Veteran will be placed into the highest priority group

for which they are eligible based upon verification of the information provided in the VA Form 10-10EZ.

a. **Priority Group 1.** Priority Group 1 consists of Veterans with a singular or combined rating of 50 percent or greater based on one or more service connected disabilities or unemployability.

b. **Priority Group 2.** Priority Group 2 consists of Veterans with a singular or combined rating of 30 percent or 40 percent based on one or more service connected disabilities.

c. **Priority Group 3.** Priority Group 3 consists of:

(1) Veterans who are former POWs;

(2) Veterans awarded the Purple Heart or the Medal of Honor;

(3) Veterans with a singular or combined rating of 10 percent or 20 percent based on one or more service connected disabilities;

(4) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty;

(5) Veterans who receive disability compensation under 38 U.S.C. 1151;

(6) Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that such Veterans' continuing eligibility for that care is provided for in the judgment or settlement described in 38 U.S.C. 1151;

(7) Veterans whose entitlement to disability compensation is suspended because of the receipt of military retired pay; and

(8) Veterans receiving compensation at the 10 percent rating level based on multiple non-compensable service connected disabilities that clearly interfere with normal employability.

d. **Priority Group 4.** Priority Group 4 consists of:

(1) Veterans who receive increased pension based on their need for regular A&A;

(2) Veterans who receive increased pension by reason of being permanently HB;
and

(3) Veterans who are determined to be CD, unless the Veteran qualifies for placement in a higher priority group, by the Chief of Staff (or equivalent clinical official) at the VA medical facility where they were examined.

e. **Priority Group 5.** Priority Group 5 consists of Veterans who are determined to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a). To meet

the criteria for Priority Group 5, a Veteran must be eligible based on financial information. As a result of amendments to 38 U.S.C. 1722(f)(1) in section 705 of Pub. L. 112-154, HEC will annually confirm a Veteran's continued financial eligibility status by verifying his or her income with Federal Tax Information (FTI) obtained from the Internal Revenue Service (IRS) and Social Security Administration (SSA).

f. **Priority Group 6.** Priority Group 6 consists of:

(1) Veterans of the Mexican border period or of World War I;

(2) As provided and limited in 38 U.S.C. 1710(e), Veterans solely seeking care for:

(a) A disorder associated with exposure to a toxic substance or radiation;

(b) A disorder associated with service in the Southwest Asia theater of operations during the Gulf War (the period between August 2, 1990, and November 11, 1998); or

(c) Any illness associated with service in combat during a period of war after the Gulf War or during a period of hostility after November 11, 1998 if the Veteran was discharged or released from active service on or after January 28, 2003. **NOTE:** *Veterans described in this paragraph who are not eligible for placement in a higher priority group are eligible for VA health care benefits for a period of five (5) years beginning on the date of the individual Veteran's discharge or release from the active military, naval or air service. This 5 year enrollment period begins on the date of such discharge or release, or in the case of multiple call-ups, the most recent discharge or release date. See 38 U.S.C. 1705(a)(6), 1710(e)(3)(A); 38 C.F.R 17.36(b)(6). Note however that if a Veteran was discharged or released from the active military, naval, or air service after January 1, 2009, and before January 1, 2011, but did not enroll to receive hospital care, medical services, or nursing home care during the 5 year period described above, the Veteran has, by law, an additional one year period within which to apply for enrollment in VA's health care system as a combat-theater Veteran. This additional one year period starts on February 12, 2015. After a combat-theater Veteran's period of enrollment in Priority Group 6 ends, the Veteran will remain continuously enrolled in VA's health care system but must be moved to the appropriate enrollment priority group.*

(3) Veterans who served on active duty at Camp Lejeune in North Carolina for not less than 30 days during the period beginning on August 1, 1953 and ending on December 31, 1987 for any of the 15 medical conditions specified in 38 U.S.C. 1710(e)(1)(F). **NOTE:** *Veterans who would otherwise be enrolled as Priority Group 7 or 8 without the Camp Lejeune eligibility will remain in that priority group. Once changes are made to the VistA system, these Veterans will be placed in Priority Group 6, but may be charged copayments for care not related to the specified Camp Lejeune illnesses and conditions based on their status as a Priority Group 7 or 8 Veteran, as applicable.*

(4) Veterans with zero percent service connected disabilities who are nevertheless compensated, including Veterans receiving compensation for inactive tuberculosis;

g. **Priority Group 7.** Priority Group 7 consists of Veterans who agree to pay to the United States (U.S.) the applicable copayment determined under 38 U.S.C. 1710(f) and 1710(g) if their income (including the income of their spouse and dependents) for the previous year constitutes “low income” under the geographical income limits established by the U.S. Department of Housing and Urban Development for the fiscal year that ended on September 30 of the previous calendar year. To avoid a hardship to a Veteran, VA may use the projected income for the current year of the Veteran, spouse, and dependent children if the projected income is below the “low income” limit referenced in 38 CFR 17.36(b)(7). This group is further prioritized into the following sub-groups:

(1) **Sub-priority Group A.** Sub-priority group A consists of non-compensable zero percent service connected Veterans who are enrolled on a specified date announced in a Federal Register document promulgated under 38 CFR 17.36(c) who subsequently do not disenroll;

(2) **Sub-priority Group B.** Sub-priority group B consists of non-service connected Veterans who are enrolled on a specified date announced in a Federal Register document promulgated under 38 CFR 17.36(c) who subsequently do not disenroll;

(3) **Sub-priority Group C.** Sub-priority group C consists of non-compensable zero percent service connected Veterans not included in sub-priority A; and

(4) **Sub-priority Group D.** Sub-priority group D consists of non-service connected Veterans not included in sub-priority B.

h. **Priority Group 8.** Priority Group 8 consists of Veterans with gross household income above the MT threshold and the GMT income threshold who agree to pay the U.S. the applicable copayments determined under 38 U.S.C. 1710(f) and 1710(g). Effective June 15, 2009 (see 74 FR 22832), VA relaxed income restrictions for Priority Group 8 Veterans by 10 percent to increase income thresholds for health care benefits. This group is further prioritized into the following sub-groups:

(1) **Veterans Eligible for Enrollment.**

(a) Sub-priority group A consists of non-compensable zero percent service connected Veterans who were enrolled on January 17, 2003, or who are moved from a higher priority group or sub-group due to no longer being eligible for inclusion in such priority group or sub-group and who subsequently do not request disenrollment;

(b) Sub-priority group B consists of non-compensable zero percent service connected Veterans who were enrolled on or after June 15, 2009, and whose income is not greater than ten percent more than the income that would permit their enrollment in Priority Group 5 or Priority Group 7, whichever is higher;

(c) Sub-priority group C consists of non-service connected Veterans who were enrolled on January 17, 2003, or who are moved from a higher priority group or sub-

group due to no longer being eligible for inclusion in such priority group or sub-group and who subsequently do not request disenrollment; and

(d) Sub-priority group D consists of non-service connected Veterans who were enrolled on or after June 15, 2009, and whose income is not greater than 10 percent more than the income that would permit their enrollment in Priority Group 5 or Priority Group 7, whichever is higher.

(2) Veterans Not Currently Eligible for Enrollment who Applied for Enrollment on or after January 17, 2003.

(a) Sub-priority group E consists of non-compensable zero percent service connected Veterans who are eligible for care of their service connected condition only who do not meet the criteria above; and

(b) Sub-priority group G consists of non-service connected Veterans who do not meet the preceding criteria.

6. NOTIFICATIONS OF ENROLLMENT DETERMINATIONS AND APPEALS

a. **Notification of Enrollment Determination.** The HEC determines and is responsible for notifying Veterans, by the Veterans Health Benefits Handbook. The handbook will contain the Veteran's enrollment status and a cover letter and include the date of enrollment, the reason for the determination and any changes in eligibility, and a statement regarding appeal rights.

b. **Notification of Appellate Rights.** Applicants who are denied enrollment are informed of their rights to appeal and are provided with VA Form 4107VHA, Your Rights to Appeal Our Decision. **NOTE:** *The Appeals Procedure Guide 1601G, which can be viewed at:*
http://vaww.va.gov/CBO/apps/policyguides/contents.asp?address=VHA_PG_1601G.
This is an internal VA Web site and is not available to the public.

7. ISSUANCE OF VETERAN HEALTH IDENTIFICATION CARDS (VHICs)

a. The HEC supports VA's health care delivery system by providing centralized eligibility verification and enrollment processing services. Once a Veteran's eligibility is verified and enrollment processed by the HEC, the local facility is responsible for completing the request for a VHIC by taking the Veteran's picture using the web-based VHIC system and transmitting all images to the contract vendor.

b. The VHIC contains a color photograph of the Veteran and does not contain any visible personally identifiable information (PII) or sensitive personal information (SPI), with the exception of the Veteran's name on the face of the card. **NOTE:** *The VHIC does not have the Veteran's social security number or date of birth contained in the magnetic stripe or barcode.*

c. A VHIC must be issued to each eligible Veteran whose eligibility and enrollment status has been verified by the HEC and who requests a VHIC. **NOTE:** *A VHIC is not required to maintain enrollment or to obtain care.*

8. INCOME VERIFICATION (IV)

a. Certain Veterans applying for enrollment for the first time are required to submit income information for the financial assessment. Once enrolled, those Veterans are not required to submit their income information. **NOTE:** *Veterans may continue to voluntarily provide financial information annually by submitting VA Form 10-10EZ.*

b. The HEC administers the IV program for enrolled Veterans whose eligibility for VA health care benefits or copayment requirements are based on a financial assessment. The HEC will receive FTI from IRS and SSA for Veterans in Priority Group 5 and 7, and certain Veterans in Priority Group 8.

c. The HEC will automatically match the FTI received from IRS and SSA, and will contact the Veteran if the information received indicates a change in the Veteran's enrollment priority status to Priority Group 6 or 8, as applicable. **NOTE:** *The Veteran is considered continuously enrolled.*

9. REASONS FOR DISENROLLMENT

a. **VA Decision to Limit Enrollment.** Pursuant to 38 CFR 17.36(c), the VA may revise the priority groups and sub-groups of Veterans eligible for enrollment by announcing any such changes in the Federal Register. Such a change may require VA to disenroll Veterans or limit the enrollment of new Veterans.

b. **Disenrollment Due to Ineligibility.** When a Veterans Integrated Service Network (VISN) Director, medical facility Director, the Deputy Under Secretary for Health for Operations and Management, the Chief Health Administration Service or equivalent official at a VA health care facility, or the Director of HEC determines that a Veteran is no longer eligible to be enrolled, as set forth in 38 CFR 17.36(c)(2), the Veteran is notified of their potential disenrollment and receives due process before termination of their VA health care benefits. The Veteran's record must remain in a current enrollment status until a final determination is made by the HEC. **NOTE:** *When there is a compelling medical need, as determined by a VA clinician, to complete a course of VA treatment started when the Veteran was enrolled in the VA Health Care System, a Veteran will receive that treatment.*

c. **Disenrollment Upon Veteran Request.** Veterans who wish to disenroll from VA health care benefits may do so at any time by submitting a written signed and dated notification to the HEC or to a VA medical facility per 38 CFR 17.36(d)(5). **NOTE:** *If received at the VA medical facility, appropriate staff will forward the request to the HEC for processing.*

10. NOTIFICATION OF DISENROLLMENT DETERMINATIONS AND APPEALS

a. **Notification of Disenrollment Determinations.** When HEC has made a final determination regarding the termination of a Veteran's enrollment status, the HEC notifies the VA medical facility of the final decision and advises the facility to transition the patient's care to the civilian community. VA will notify the affected Veteran by letter of the enrollment decision. The letter will include the date of disenrollment, the reason for the disenrollment, and a statement regarding appeal rights.

b. **Notification of Appellate Rights.** Veterans are informed of their rights to appeal and are provided with VA Form 4107VHA, Your Rights to Appeal Our Decision.

11. REFERENCES

- a. Title 38 U.S.C. 1705.
- b. Title 38 U.S.C. 1710.
- c. Title 38 U.S.C. 1722.
- d. Title 38 CFR 17.36.
- e. Title 38 CFR 17.38.