Chapter 11: VA Health Care

The VA has the largest health care system in the country. It runs over 1,700 care facilities, including VA medical centers (hospitals), outpatient and ambulatory care facilities, and vet centers.

The VA provides a wide range of health care services to veterans. Generally speaking, however, only the following limited groups of veterans receive care cost-free: veterans with compensable service-connected conditions, former prisoners of war, veterans who have been awarded the Purple Heart, and low-income veterans. Some veterans may have special eligibility which may allow them to receive limited types of care. All other veterans may be provided services if resources and facilities are available and the veteran agrees to pay a copayment.

VA health care is administered by the Veterans Health Administration (VHA), a division of the VA headed by the Under Secretary for Health. VA health care is managed by 23 Veterans Integrated Service Networks (VISNs). Each network operates within a given geographic boundary, generally covering two or more states (or parts of states) or territories. Within that geographic boundary, the Director of that VISN is responsible for managing and coordinating all VA health care facilities and services.

Enrollment for VA Health Care

Generally, a veteran must enroll in the VA health care system in order to receive VA care. Requiring enrollment allows the VA to track the number of veterans receiving treatment at individual facilities and allocate its budget accordingly. A veteran can enroll in person at any VA facility that provides medical services. Veterans can also enroll by mail or over the internet. Veterans who have not previously received VA health care can enroll when they need health care services. Due to probable delays in receiving care, even after enrolled, veterans should enroll as soon as possible after discharge, even if they do not need care at that time.
The following are the eight enrollment priority groups:

(1) veterans with a disability rating of 50% or more based on one or more service-connected disabilities or individual unemployability, and veterans who were awarded the medal of honor;

(2) veterans with a disability rating of 30% or 40% based on one or more service-connected disabilities;

(3) veterans who are former POWs, who have been awarded the Purple Heart, who have a disability rating of 10% or 20% based on one or more service-connected disabilities, who were discharged from active military service for a disability incurred or aggravated in the line of duty, who receive disability compensation under 38 U.S.C.S. § 1151, who are receiving military retired pay instead of compensation, or who have a disability rating of 10% based on multiple noncompensable service-connected disabilities;

(4) veterans receiving increased pension based on aid and attendance or permanent housebound status, or catastrophically disabled veterans;

(5) low income veterans not in groups (1) through (4);

(6) other eligible veterans not required to make copayments for their care, including veterans with special eligibilities (such as those with eligibility based on exposures to certain toxic hazards and some Persian Gulf veterans);

(7) veterans with income or net worth above VA’s limits, but who qualify as low income under certain Housing and Urban Development (HUD) rules and who must pay a copayment;

(8) veterans who have only non-compensable service-connected disabilities or who have no service-connected disabilities. (Although most veterans in this group are eligible for care if they pay a copayment, those with high income or who don’t meet other criteria are currently not eligible to enroll and are not eligible for VA health care.)
A veteran enrolled in the VA health care system is issued a Veterans ID Card (VIC), a photo identification card used to register at VA health care facilities and to receive radiology, pharmacy, laboratory, and other health care services.

**Hospital and Outpatient Care**

Provided that a veteran is enrolled in the VA health care system, the VA will provide free hospital or outpatient care to any veteran:

- for treatment of a service-connected disability;
- with a service-connected disability rated at least 10 percent disabling, for the treatment of any disability;
- whose discharge or release from active service was for a compensable disability incurred or aggravated in the line of duty, for the treatment of any disability;
- receiving VA compensation under 38 U.S.C.S. § 1151, for the treatment of any disability (this group may include veterans whose section 1151 benefits have been suspended because of a court settlement);
- who is a former POW, who has been awarded the Purple Heart, or who has been awarded the Medal of Honor, for the treatment of any disability;
- of the Vietnam era who was exposed to herbicides, for treatment of any disability, unless the VA was determined that the disability is not due to herbicide exposure;
- who was exposed to radiation during service, for treatment of any disability the VA presumes is caused by radiation exposure or any disease for which the VA determines there is credible evidence of a positive association between radiation exposure and the disease;
- who may have been exposed to a toxic substance or an environmental hazard in the Persian Gulf War, unless the VA has determined that the disability has another cause;
who served in a theater of combat operations during a period of war after the Gulf War, or in combat against a hostile force during a period of hostilities after November 1998 (these veterans are eligible for hospital, outpatient, and nursing home care for five years following separation, even if there is no evidence that the condition for which the veteran needs care is due to service); and

who are low income and meet the VA’s definition of being “unable to defray the expenses of necessary care,” for the treatment of any disability.

who served on active duty at Camp Lejeune, North Carolina, for not fewer than 30 days during the period January 1, 1957, through December 31, 1987, for certain illnesses;

who are catastrophically disabled; and

for treatment of a psychosis that developed within a presumptive period in wartime-era veterans, or treatment of other mental disorders that developed within a presumptive period in certain Persian Gulf War veterans.

Other veterans may be entitled to free VA inpatient or outpatient care in certain circumstances. For example, veterans receiving counseling or care for sexual trauma and veterans receiving counseling or mental health services are entitled to care without paying a copayment.

All of the above veterans are eligible for free care, but some of these veterans may owe a copayment for medications for nonservice-connected conditions or for certain other VA care. Also, this list does not indicate the priority order in which veterans will be enrolled or treated. Veterans not on this list can receive VA health care if they are enrolled and agree to pay a copayment for the care.

VA Nursing Home Care

The following veterans are entitled to cost-free VA nursing home care: (1) veterans in need of nursing home care for a service-connected disability, and (2) any veteran with a combined service-connected disability rating of 70 percent or more.
who is in need of nursing home care. The requirement that a veteran have at least a combined 70 percent evaluation includes veterans who have a service-connected disability rating of 60 percent and who are unemployable or are rated “permanent and total.”

The VA may provide nursing home care to other veterans, but it is under no obligation to do so. Any such veteran receiving VA nursing home care who would be required to pay a copayment for VA hospital and outpatient care is also required to pay a copayment for VA nursing home care.

**VA Domiciliary Care and Residential Rehabilitation Treatment**

VA domiciliaries and residential rehabilitation treatment programs (RRTPs) help veterans live as independently as possible. These programs provide a home environment, including food, shelter, clothing, and other comforts, for a limited period of time to veterans who are unable to earn a living. Veterans are provided rehabilitation, vocational, psychiatric, substance abuse, and other support services. Some medical services may be provided.

The VA “may,” but is not required to, provide this care to veterans whose annual income does not exceed the maximum annual pension rate of a veteran in need of regular aid and attendance or any veteran with no adequate means of support. The veteran must also have a chronic condition that prevents him or her from earning a living for a period of time.

Hospitalized veterans are usually referred for care by their physician. Veterans can also apply for domiciliary or RRTP care by completing the VA Form 10-10EZ and undergoing screening.

**Copayments for Care**

Veterans who are not entitled to cost-free care for a particular kind of health care may receive VA health care if they pay a copayment. Care for these veterans is provided only if resources and space are available. Historically, it has been rare for the VA to deny care to veterans due to a shortage of resources.
The copayment for VA care is usually much less than the cost of private care. A veteran who has a choice between obtaining VA care for a cost or private care not covered by insurance will save money by choosing VA care. The copayment a veteran will owe depends on the type of health care received, such as hospital care, outpatient care, extended care, or pharmacy services.

**Copayment for VA Inpatient Hospital Care**

The basic copayment rate for VA hospital care is based on the inpatient Medicare deductible (Part A), which is adjusted annually. The inpatient Medicare deductible is the amount of money that an individual entitled to Part A of Medicare has to pay for hospital care during illness before Medicare takes over and pays for any additional medical expenses incurred during that year. Some veterans who live in high-cost areas of the country may be entitled to have their copayment for inpatient hospital care reduced by 80 percent if they meet certain income requirements. In addition to the copayment, veterans are charged a fee of $10 per day for inpatient hospital care.

**Copayment for VA Outpatient Treatment**

Veterans not eligible for free outpatient care can receive VA outpatient treatment for a copayment charge of $15 for a primary care visit, and $50 for a specialty care visit. A primary care visit includes things like diagnosis and management of acute and chronic conditions and disease prevention efforts. Specialty appointments may include surgical consultation services, audiology, optometry, and cardiology appointments, and MRI and CAT scans. The outpatient care copayment should not be confused with the pharmacy copayment, which is discussed below. There is no copayment charge for some outpatient services, such as preventive screening, immunizations, laboratory services, and mental health peer support.

**Copayment for Nursing Home Care**

The following veterans are exempt from nursing home care copayments: (1) a veteran with a compensable service-connected disability; (2) a veteran whose annual income is under the maximum annual pension rate; (3) a veteran who requires nursing home care for a noncompensable service-connected disability; (4) a veteran whose extended care services began on or before November 30, 1999; (5)
certain Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Persian Gulf War veterans, post-Persian Gulf War combat-exposed veterans, or veterans who served at Camp Lejeune; (6) a veteran requiring care for treatment of sexual trauma; (7) a catastrophically disabled veteran; (8) certain veterans requiring care for cancers of the head or neck; (9) a wartime-era veteran who developed a psychosis and certain Persian Gulf War veterans who developed other mental illnesses, within certain presumptive periods; and (10) Medal of Honor recipients.

A veteran who is not in one of the above categories must pay a copayment for VA nursing home care and other extended care services. Veterans who must pay for VA nursing home care are generally those with income higher than the VA’s health care income limit who are not otherwise eligible for free care. The maximum daily copayment amount for VA nursing home care is $97. However, veterans must pay a copayment only to the extent that they have the resources. The VA maintains that the average daily copayment for nursing home care for veterans with annual income between $9,556 and $24,000 would be about $14.

**Copayment for Pharmacy Services**

Unless exempt from paying a copayment for medications, veterans receiving medication for a non-service-connected condition must pay a copayment in order to have the prescription filled at a VA pharmacy. There are 3 tiers (or classes) of medication, and the copayment amount is fixed based on the tier of the medication. In the following circumstances, veterans are not charged a medication copayment: (1) the medication is for the treatment of a service-connected condition; (2) the medication is for the treatment of any condition if the veteran has a service-connected disability rated 50 percent or more (including based on unemployability); (3) the veteran is a former POW; or (4) the veteran is considered by the VA to be catastrophically disabled; (5) the veteran’s annual income as determined under VA pension rules does not exceed the maximum annual rate of pension that would be applicable to the veteran; (6) the medication is authorized under 38 U.S.C.S. § 1710(e) for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Gulf War veterans, post-Gulf War combat-exposed veterans, or Camp Lejeune veterans; (7) the medication is for treatment of sexual trauma; (8) the veteran is a Medal of Honor recipient; or (9) the veteran is a wartime-era veteran receiving care for a psychosis that developed within a presumptive period, or a Persian Gulf War veteran receiving care for other mental
disorders that developed within a presumptive period. Other veterans may also be exempt from the copayment charge under limited circumstances.

If a veteran is receiving a higher level of compensation or pension benefits because he or she is in need of aid and attendance or is permanently housebound, the veteran may have non-VA prescriptions filled by the VA without charge.

**Failure to Pay the Copayment**

If a veteran fails to pay the required copayment, the VA can refuse to treat the veteran until the copayment has been paid in full. The VA is allowed to collect the debt from any VA compensation or pension benefits due the veteran. VA debt collection rules that usually apply when there has been an overpayment of VA benefits also apply to VA health care debt. A veteran who has incurred a VA health care debt may ask the VA to waive all or part of that debt. As an alternative, a veteran may offer to settle the debt for less than the full amount owed or challenge the existence of the debt.

**The Veterans Choice Program**

The Veterans Choice Program is designed to furnish timely medical care to veterans through non-VA facilities. The veteran may select a specific non-VA health care provider, or VA will refer the veteran to a specific provider. Veterans are liable for any VA copayments required. In order for a veteran to be eligible to participate in this program, he or she must be enrolled in the VA health care system and satisfy at least one of the following requirements:

1. the Veteran has attempted to schedule an appointment with a VA health care provider, but the VA is unable to schedule a timely appointment for the veteran (generally 30 days from either the date the appointment is determined to be “clinically appropriate,” or 30 days from the date the veteran prefers to be seen for services);
2. the veteran’s residence is more than 40 miles from the VA medical facility that is closest to the veteran’s residence;
3. the veteran’s residence is both in a state without a VA medical facility that
provides hospital care, emergency medical services, and surgical care, and more than 20 miles from a VA medical facility in another state; or
(4) the veteran’s residence is in a location other than Guam, American Samoa, or the Philippines; is 40 miles or less from a VA medical facility; and the veteran must travel by air, boat, or ferry; or faces an unusual or excessive burden in traveling to such a VA facility based on geography.

The VA will not reimburse veterans for visits to a non-VA health care provider with Veterans Choice Program funds if the veteran does not seek prior authorization.

**Reimbursement of Non-VA Unauthorized Medical Expenses**

When a veteran entitled to cost-free VA medical services incurs medical expenses in a non-VA facility (a public, private, or Federal facility) without first obtaining the authorization of the VA, those expenses are considered “unauthorized medical expenses.” Generally, veterans should always try to obtain prior VA approval or authorization for outside treatment. There are two different methods of receiving reimbursement of unauthorized medical expenses if the veteran did not seek timely approval or authorization.

First, the VA will reimburse veterans if they meet these 3 requirements: (1) the hospital care or medical services were provided in a medical emergency (where a careful person would reasonably expect that delay would be hazardous to life or health); (2) the care was provided to a veteran for a service-connected disability, or for a non-service-connected disability that is aggravating a service-connected disability, or for any disability if the veteran is rated permanently and totally disabled due to service-connected disability, or the veteran is receiving VA vocational rehabilitation; and (3) VA or other federal facilities were not feasibly available and attempting to use them would not have been reasonable.

If the veteran is not eligible under the first set of requirements, he or she still may be able to be reimbursed. The following requirements must be met to receive reimbursement under this second method: (1) the veteran must have been enrolled in the VA health care system and received care from the VA within 24 months prior to the time the emergency medical expenses were incurred; and (2) the veteran must be personally liable for the non-VA emergency treatment provided
(the veteran must not be fully covered under a private or other government health plan, and must have no recourse against a third party for all of the expenses); and (3) the hospital care or medical services must have been provided in a medical emergency where a careful layperson would reasonably expect that delay in seeking immediate medical attention would be hazardous to life or health.

Even though the VA may pay for non-VA emergency hospital care and other medical services, it will not pay for emergency care for any period beyond the date on which it determines the emergency ended. A VA physician will make the determination of when the emergency ended. A denial of reimbursement for non-VA care can be appealed through the regular VA appeal process.