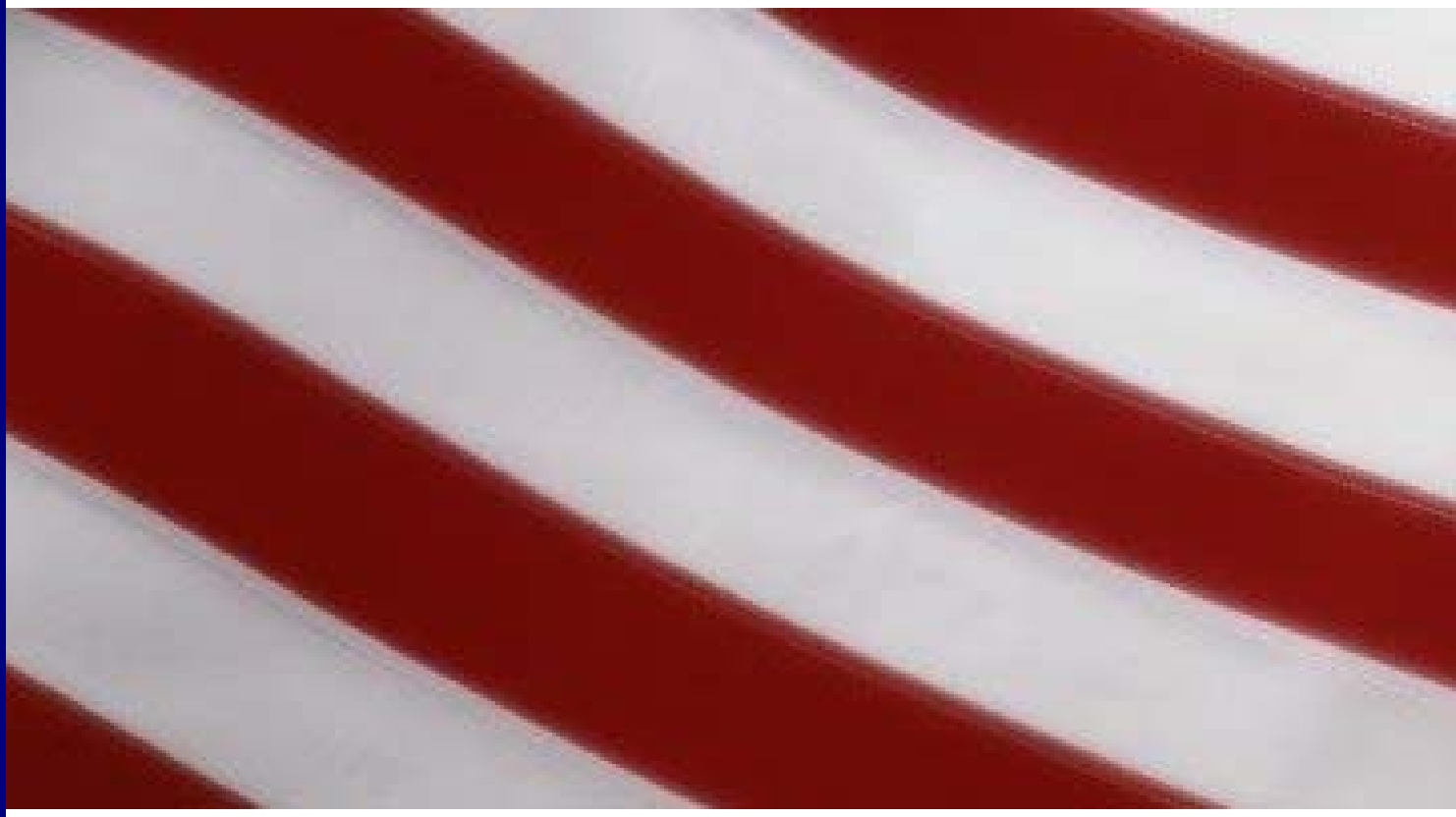
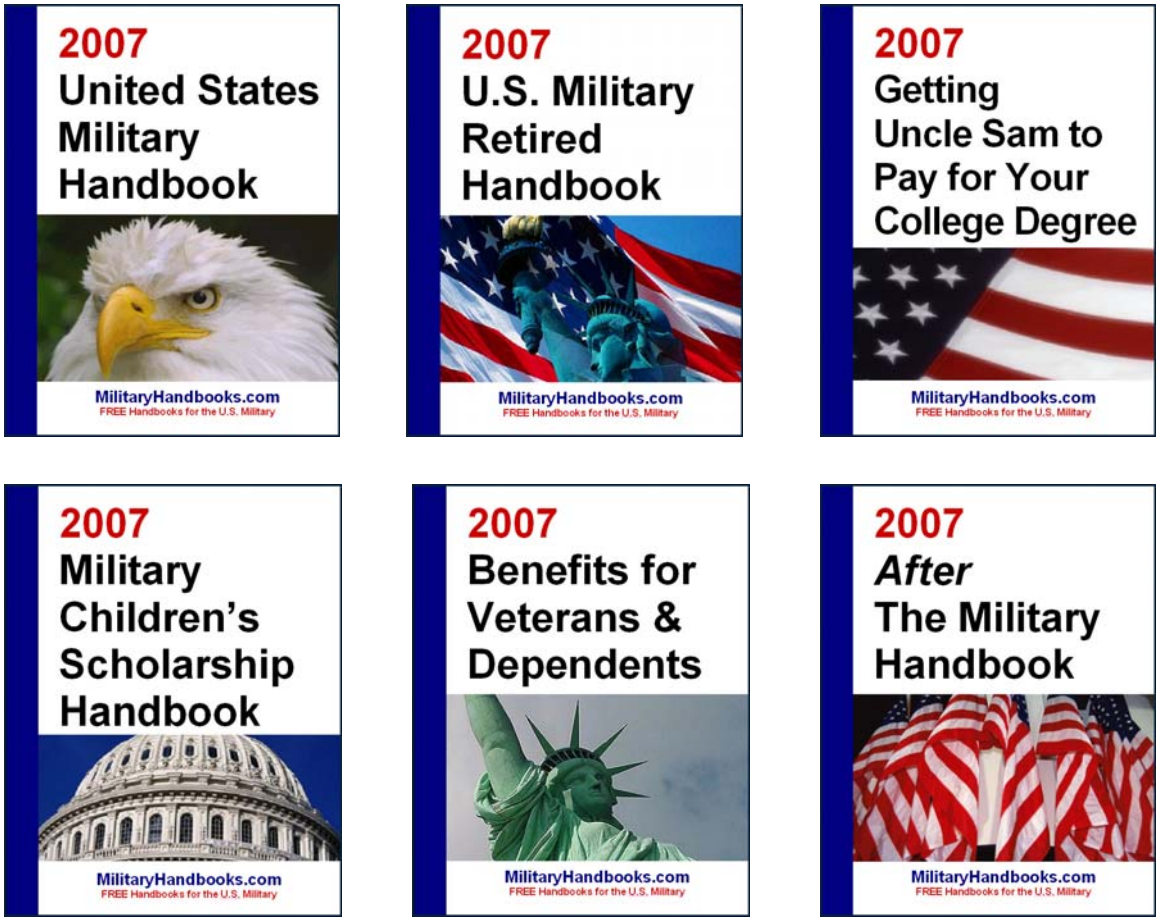
2007

Veterans Health Care Benefits



MilitaryHandbooks.com

FREE Handbooks for the U.S. Military



2007 Veterans Health Care Handbook

Published by Military Handbooks, FREE Military Handbooks and Guides Since 2001

Contents

Introduction

This handbook is designed to provide veterans and their families with the information they will need to understand VA's health care system and its enrollment process including enrollment priority groups, required co-payments, if applicable, and what services are covered.

If you have *specific* questions not addressed in this handbook, additional help is available at the following sources:

- Any Veterans Service Center located at the Albany, Bath, Canandaigua, Syracuse, Western New York (Buffalo) VA Medical Centers or by calling the Veterans Service Contact Center at 1-888-823-9656
- National Veterans Health Benefits Service Center at 1-877-222-VETS (8387)
- The eligibility page on the VA (national) Web site: www.va.gov/healtheligibility

Veterans from Operations Iraqi Freedom and Enduring Freedom

We are committed to supporting troops returning from Operations Enduring Freedom (Afghanistan) and Iraqi Freedom and to make sure you have the health care and benefits you need.

Every active-duty service member, Reservist or National Guards member who serves in a theater of combat operations is eligible for hospital care, medical services, and nursing home care for injuries or illnesses he/she believes is related to combat service for a period up to two years beginning on the date of discharge or release from service. This two-year eligibility for medical care is available even if there is insufficient medical evidence available to conclude that the veteran's illness is the result of combat service. At the end of the two-year period, these veterans have the same eligibility for VA medical care as veterans of earlier conflicts.

VA programs for veterans with a service-connected injury or illness apply equally to those who served in the regular active duty forces and to National Guard members or reservists returning from federal activation.

– *The Military Handbook Staff*

1

Your VA Health Care Benefits

How to Apply

To receive VA health care benefits, most veterans need to enroll. Enrollment is easy. You can apply at any time. You need to complete a one-page application form called VA Form 10-10EZ. You can get this form by:

- Visiting or calling the nearest VA health care facility
- Visiting or calling the nearest Veterans Benefits Office
- Visiting or calling your County Veterans Service Officer
- Calling the VA Healthcare Network Upstate New York Veterans Service Contact Center (toll free) at 1-888-823-9656
- Calling VHA (national) toll free at 1-877-222-VETS (8387)
- Visit the web to download the form at: www.va.gov/visns/visn02/vet/enrollment.html

Some veterans do not need to enroll to receive VA health care benefits. You do not need to complete an enrollment form if:

- You have received VA health care services after October 1, 1996. (VA already processed an application for you.)
- VA has rated you as service-connected 1 disabled 50% or more
- You were released from active duty within the previous 12 months for a disability incurred or aggravated while in the line of duty
- You are seeking care from VA for a service-connected disability only (even if the rating is 0%)

If you fit into one of the above categories, you are not required to apply for enrollment. You are encouraged to apply so the VA can better plan for your health care needs.

When VA receives your enrollment application, it will be checked along with your military service record to determine your benefit eligibility. The results will be sent to you in writing.

Your enrollment information is reviewed each year. Continued enrollment may depend upon VA's available funding to provide care. You will be notified in writing if VA cannot renew your enrollment for another year.

Special Access to Care

Veterans with any service-connected condition receive priority scheduling of appointments for outpatient medical services and admission for inpatient hospital care.

Priority Groups and You

Once you apply for enrollment, your eligibility status will be verified. You will be assigned to a priority group based on your specific eligibility status.

Congress requires VA to manage the health care system using eight priority groups. These priority groups determine who will be eligible to receive health care benefits each year.

Priority groups range from 1 - 8 with 1 being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans.

As of January 17, 2003, VA is not accepting new Priority Group 8 veterans for enrollment (veterans falling into Priority Groups 8e and 8g).

Veterans Service Center

The Veterans Service Center provides assistance with eligibility, enrollment, financial assessments, burial benefits, beneficiary travel, TRICARE, CHAMPVA and Army Reserve physical exams. The Veterans Service Center can also assist you with billing inquiries, benefits counseling, and updating your personal information. For more information, contact the Veterans Service Contact Center at 1-888-823-9656.

Veterans Identification Card (VIC)

You will receive a Veteran Identification Card. Keep this card with you. You will need to bring it to all inpatient and outpatient visits.

Telcare

Telcare is a toll-free medical advice line for veterans and their families. It is a program of qualified professionals (registered nurses) who provide telephone access to clinical care 24 hours per day, 7 days per week (including weekends and holidays) throughout Central and Western New York. Call Telcare at 1-888-838-7890 with your medical and health care questions or concerns. If you need emergency care, you will be instructed on where to receive immediate attention.

What to Expect

The Veterans Health Administration (VHA) is pleased you have selected us to provide your health care. We want to improve your health and well-being. We will make your visit or stay as pleasant for you as possible. As part of our service to you, to other veterans and to the nation, we are committed to improving health care quality. We also train future health care professionals, conduct research and support our country in times of national emergency. In all of these activities, our employees will respect and support your rights as a patient.

Patients who elect to have their primary care delivered at a VA facility will be assigned a primary care provider. This provider is part of a Primary Care Practice Team of other doctors, nurses and/or clerks at a VA medical center or community based outpatient clinic. The first primary care visit will be set up and scheduled at the patient’s convenience.

During the first visit:

- The patient will meet his/her assigned provider.

- A physical examination will be done. The primary care provider will determine if there is a need for additional diagnostic testing (which may include blood/lab work, x-ray, etc.).

- A complete medical history will be obtained.

The first primary care visit is an important one. This is the time for the patient to develop a relationship with his/her provider and get acquainted with other members of the primary care team. Patients may also receive health education materials and guidance that may include: smoking cessation, depression screening, weight and exercise education, flu vaccine and/or pneumovax, diabetes and colon cancer screening.

Additional screening and education is available based upon specific diagnosis and individual patient medical needs.

In primary care, a strong emphasis is placed on preventive health maintenance. Primary care providers conduct the necessary physical examinations and screenings. Primary care also evaluates emergency medical needs between scheduled visits, arranges medication refills, and orders consultation
by specialists.

Choosing Your Preferred Facility

When you enroll, you will be asked to choose a preferred VA facility.

This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity.

If you do not choose a preferred facility, VA will choose the facility that is closest to your home.

Changing Your Preferred Facility

You may change your preferred facility at any time. Simply discuss this with your primary care doctor. Your primary care doctor will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.

Changing Your Provider/Doctor

You have the right to change health care provider(s). Before making a change, discuss any problems/concerns with your current provider and work toward reaching an agreement. If you cannot reach an agreement, consult the facility Patient Advocate to proceed.

Additional Information About Providers

If you would like more information about your health care provider, please contact Credentialing and Privileging at your VA Medical Center. A written request may be required to obtain this information.

You can obtain information regarding your provider’s:

- Professional education - where the provider attended school

- Training - internship, residency, fellowship

- Current state licensure

- Board certification status - whether or not the provider is Board Certified

Co-Managed Care

If you are a veteran who is receiving care from both a VA provider and a private community provider, it is important for your health and safety that your care from both your providers be coordinated, resulting in one treatment plan (co-managed care). This means your VA and private community providers communicate about your health status, medications, treatments, and diagnostic tests.

In order for your VA provider and your private community provider to communicate about your care, we need for you to provide your VA provider copies of the following information from your private community provider's office:

- The name, address and phone number of your community provider
- Prescription(s)
- Office visit notes supporting the prescription(s)
- Blood work results
- Test results

You will also need to provide information on any insurance coverage you may have.

You may either bring these copies with you to your next scheduled VA medical appointment or have your private community provider fax this information to your VA provider

In the course of your care, you may have recommendations for medications, treatments, and diagnostic tests from your private community provider that you wish to have accomplished through VA. Please understand that it is the responsibility of your VA provider to use their own clinical judgment to decide what medical treatment and tests are appropriate, effective, and necessary. ONLY then are medications, tests and treatments ordered by your VA provider.

Patients who see a non-VA provider and want to have prescriptions filled or have treatment at the VA need to understand the following:

- The VA will coordinate care with a community-based provider so long as that care is provided in a safe and appropriate manner.
- You need to be enrolled in VA health care.
- In order to have prescriptions filled or treatment performed, you need to be seen by a VA health care provider.
- It is your responsibility to provide your VA health care provider with the appropriate medical records from your non-VA provider.
- The VA health care provider has to agree with the medication and/or treatment prescribed.
- The VA health care provider is under no obligation to follow the treatment plan or prescribe a medication recommended by a non-VA provider.

ALL of the above criteria must be met in order for the VA to provide quality co-managed care. Any questions can be directed to your Veterans Service Center. VA's comprehensive health care program requires your VA provider to

establish and continually review your treatment plan to insure you are receiving the best and most effective care. Your treatment plan includes medications, treatments, and diagnostic tests.

Making an Appointment

Unless it is an emergency, we ask that you make an appointment for your care. You will receive information about making appointments from your preferred facility.

Canceling an Appointment

Please help us provide timely service. If you cannot keep your appointment, please notify us as soon as possible so we can schedule another appointment for you, and use your cancelled appointment slot for another veteran.

Second Opinion

VA does not require a second opinion. If you want a second opinion, one will be arranged for you. If you are receiving medical care from another source (private physician, HMO, etc.) and a second opinion is required and you are enrolled with VA health care, you may use the VA for that second opinion.

Your VA Health Care Services and Coverage

Which Veterans Pay For Which Services at VA Healthcare Facilities

(NOTE: This chart does not include Long Term Care Copay Information)

	Inpatient Copay		Outpatient Copay	Medication Copay*	Insurance Billing	Insurance Balanced Billing	Insurance Deductible/ Copay	Humanitarian Emergency Billing
	GMT Copay	MT Copay						
Priority Group 1	No	No	No	No	Yes – if care was for NSC condition	No	No	No
Priority Groups* 2, 3**, 4***	No	No	No	Yes – If less than 50% SC & medication is for NSC condition Note: Former POWs are exempt from all medication copays	Yes – if care was for NSC condition	No	No	No
Priority Group* 5	No	No	No	Yes	Yes – if care was for NSC condition	No	No	No
Priority Group* 6 (Mexican Border, WWI & 0% SC Compensable)	No	No	No	Yes – if care was for NSC condition	Yes – if care was for NSC condition	No	No	No
Priority Group 6* (Veterans receiving care for exposure or experience****)	No****	No****	No****	No****	No***	No	No	No
Priority Group 7 7a	Yes	No	Yes	Yes - if provided for NSC condition	Yes – if care was for NSC condition	No	No	No
7c	Yes	No	Yes	Yes	Yes	No	No	No
7e	NA	NA	NA	NA	NA	NA	NA	Yes
7g	NA	NA	NA	NA	NA	NA	NA	Yes
Priority Group 8 8a	No	Yes	Yes	Yes- if provided for NSC condition	Yes – if care was for NSC condition	No	No	No
8c	No	Yes	Yes	Yes	Yes	No	No	No
8e	NA	NA	NA	NA	NA	NA	NA	Yes
8g	NA	NA	NA	NA	NA	NA	NA	Yes

*An annual medication copay cap of $960 has been established for veterans enrolled in priority groups 2-6. Medications will continue to be dispensed when the copay cap is met. An annual medication copay cap was not established for veterans enrolled in priority group 7 or 8.

**Veterans in receipt of a Purple Heart are in Priority Group 3.

**Veterans who are former POWs are in Priority Group 3 and are exempt from Medication Copays.

***Medical care copay required veterans who are determined to be Catastrophically Disabled and who are placed in Priority Group 4 for treatment are still subject to the copay requirements. Catastrophically Disabled veterans in this priority group can be subject to full medical care copays or to reduced inpatient copays under the Geographic Means Test criteria.

****Priority Group 6 - Health insurance and all applicable copays will be billed when the care is for conditions not related to the veteran's exposure or experience. Veterans in this priority group are subject to full medical care copays or to reduced inpatient copays under Geographic Means Test criteria and to medication copays.

Special Categories of Veterans - (i.e., veterans claiming exposure to Agent Orange, veterans claiming exposure to Environmental Contaminants, veterans exposed to Ionizing Radiation, combat veterans within 2 years of discharge from military, veterans who participated in Project 112/SHAD, veterans claiming military sexual trauma and veterans with head and neck cancer who received nasopharyngeal radium treatment while in the military) are subject to copays when their treatment or mediation is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier and are not subject to copays. However, care provided not related to exposure, if it is nonservice-connected will be billed to the insurance carrier and copays can apply.

Medication Copay Exemption - All veterans receiving prescriptions for NSC conditions who meet the low income criteria (income limits for the VA NSC pension program) are exempt from the medication copay.

Long Term Care Copays - Long Term Care copays are displayed on a separate chart.

Priority Group 7a and 7c Veterans - Veterans enrolled in this priority group have income above the VA Means Test threshold but below the Geographic Means Test threshold and are responsible for 20% of the inpatient copay and 20% of the inpatient per diem copay. The geographic means test copay reduction does not apply to outpatient and medication copays and veterans will be assessed the full applicable copay charges. Note that reduced inpatient copays can apply to veterans in Priority Groups 4 and 6 based upon the income of the veteran.

Priority Group 7e and 7g Veterans (not currently activated) - Veterans assigned to Priority Group 7e or 7g are not eligible for enrollment if a decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 7e are eligible for care of SC conditions at no charge.

Priority Group 8a and 8c Veterans - Veterans enrolled in this priority group are responsible for the full inpatient copay and the inpatient per diem copay for care of their NSC conditions. Veterans in this priority group are also responsible for outpatient and medication copays for care of their NSC conditions.

Priority Group 8e and 8g Veterans - Veterans assigned to Priority Group 8e or 8g are not eligible for enrollment. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 8e are eligible for care of SC conditions at no charge.

Enrollment Priority Groups

Priority Group 1

- Veterans with service-connected disabilities rated 50% or more disabling
- Veterans determined by VA to be unemployable due to service-connected conditions

Priority Group 2

Veterans with service-connected disabilities rated 30% or 40% disabling

Priority Group 3

- Veterans who are Former Prisoners of War (POWs)
- Veterans awarded a Purple Heart medal
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans with service-connected disabilities rated 10% or 20% disabling
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group 4

- Veterans who are receiving aid and attendance or housebound benefits from VA
- Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5

- Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the VA established thresholds
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid programs **Veterans currently in receipt of cash assistance, medical assistance, food stamp benefits, and/or Home Energy Assistance Program (HEAP) benefits will most likely fall below the established dollar threshold and be eligible for VA Health Care.*

Priority Group 6

- World War I veterans
- Mexican Border War veterans
- Compensable 0% service-connected veterans
- Veterans solely seeking care for disorders associated with:

1. Exposure to herbicides while serving in Vietnam

2. Exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki

3. Service in the Gulf War

4. Illness possibly related to participation in Project 112/SHAD

5. Service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 are eligible for VA health care for two years following discharge from military service for combat related conditions

**See combat veteran section for more information*

Priority Group 7

- Veterans with income and/or net worth above the VA established threshold and income below the HUD geographic index who agree to pay copays

    1. Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in the VA health care system on a specified date and who have remained enrolled since that date

    2. Subpriority c: Nonserviceconnected veterans who were enrolled in the VA health care system on a specified date and who have remained enrolled since that date

    3. Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above

    4. Subpriority g: Nonserviceconnected veterans not included in Subpriority c above

Priority Group 8

- Veterans with income and/or net worth above the VA established threshold and the HUD geographic index who agree to pay copays

    1. Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date

    2. Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date

    3. Subpriority e**: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003

    4. Subpriority g**: Nonservice-connected veterans applying for enrollment after January 16, 2003

***Note: Veterans assigned to Priority Groups 8e or 8g are not eligible for enrollment as a result of the enrollment restriction which suspended enrolling new high-income veterans who apply for care after January 16, 2003. Veterans enrolled in Priority Groups 8a or 8c will remain enrolled and eligible for the full-range of VA health care benefits.*

Combat Veterans

The Department of Veterans Affairs provides cost-free health care services and nursing home care for conditions possibly related to military service to veterans with combat service after November 11, 1998 for a period of two years beginning on the date of their separation from active military service.

Who's Eligible

Veterans, including activated Reservists and National Guard members, are eligible if they served on active duty 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 11, 1998 and have been discharged under other than dishonorable conditions.

"Hostilities" is defined as conflict in which Armed Forces members are subjected to the danger comparable to that faced in a period of war. For purposes of establishing this special eligibility VA accepts service documentation that reflects service in a combat theater, receipt of combat service medals and/or receipt of imminent danger or hostile fire pay or tax benefits.

What Combat Veterans Are Eligible For

Public Law 105-368 [Title 38 USC 1710(d)(D)] authorizes VA to provide combat veterans cost free care for conditions potentially related to their combat service for up to two years following their discharge or release from active duty. These veterans will be enrolled into Enrollment Priority Group 6 if not otherwise qualified for a higher enrollment priority group assignment. VA provides full access to the Medical Benefits Package by virtue of this enrollment status.

What Happens After the Post Two Year Authority Expires?

Veterans who enroll with VA under this authority will retain enrollment eligibility even after the two-year post discharge period ends under current enrollment policies. In other words, at the end of that two year period VA will reassess the veteran's information (including all applicable eligibility factors) and make a new enrollment decision. If the veteran was in Priority Group 6 and no other eligibility factors apply then he/she will continue enrollment in either Priority Group 7 or Priority Group 8 depending on income level.

What if a Combat Veteran Does Not Enroll During the Two Year Period?

For veterans who do not enroll with VA during this post two-year discharge period, eligibility for enrollment and subsequent care is based on other factors such as a compensable service connection rating, VA pension status, catastrophic disability determination or financial circumstances.

Co-payments

Veterans who qualify under this special eligibility are not subject to co-pay requirements for conditions potentially related to their combat service. Unless otherwise exempted, veterans must either disclose their prior year household income or decline to provide their financial information and agree to make applicable co-payments for care or services VA determines are clearly unrelated to military service. This disclosure may provide additional benefits such as eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to duty in the theater of combat operations.

The VA health care provider is responsible for determining if treatment is possibly related to military service. In making this determination, the health care provider must consider that the following types of conditions are not ordinarily considered to be due to military service: (1) congenital or developmental conditions, for example, scoliosis,

(2) conditions which are known to have existed before military service, and (3) conditions have a specific and well-established cause and that began after military combat service.

Dental Care

Eligibility for VA dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care. Combat veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

- They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and
- The certificate of discharge or release *does not* bear a certification that the veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by the examination to be needed and
- Application for VA dental treatment is made within 90 days of discharge or release

Additional Information Regarding Combat Veteran Benefits

Additional information is available at the nearest VA facility or Veterans Service Center and by calling toll-free at 1-800-827-1000 or 1-877-222-8387.

Prescriptions

As an enrolled patient in the VA health care system, you can obtain medications and medical supplies that are prescribed by your VA provider. Medications are prescribed from an approved list of medications called a formulary.

There is a co-payment for medications used to treat nonservice-connected conditions.

Medicare Prescription Drug Benefit & VA Health Care

As of January 1, 2006, the Medicare prescription drug coverage (Medicare Part D) became available to everyone with Medicare Part A or B coverage. Medicare prescription drug plans provide insurance coverage for prescription drugs. These plans will be offered by insurance companies and other private companies. Plans will cover both generic and brandname prescription drugs. The Medicare prescription drug coverage is wholly voluntary on the part of the participant. Veterans may choose to have both VA prescription coverage and Medicare prescription drug coverage. Please note that VA health care enrollment (which includes prescription coverage) and the Medicare prescription drug coverage are separate and distinct programs.

For veterans considering enrollment in a Medicare prescription drug plan, there are several factors to consider such as access and cost:

Unlike Medicare, which offers the same benefits for all enrollees, VA priority levels may change and veterans may not always have access to VA health care. Veterans may benefit from Medicare drug coverage if they reside in or move into a nursing home or live in a geographical area that may limit their ability to access their VA prescription benefits.

VA prescriptions, with limited exceptions, must be written by a VA practitioner and filled through a VA pharmacy either in person or by mail through VA's Consolidated Mail Outpatient Pharmacy Program (CMOP). Veterans may

consider the flexibility offered by a Medicare prescription drug plan to get prescriptions filled from their local retail pharmacies. Medicare requires that prescription drug plans contract with pharmacies in your area.

A veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state veteran's home, a state mental institution, a jail, or a corrections facility), may not have creditable coverage from VA while in that institution.

If veterans want to wait and join a Medicare prescription drug plan after May 15, 2006, and are enrolled in the VA health care system, they won't have to pay a higher monthly premium for joining a Medicare drug plan later.

All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium. VA has determined that its prescription drug coverage for veterans enrolled in the VA health care program is at least as good as the standard Medicare prescription drug coverage benefit, meaning that enrollment in VA health care provides veterans with "creditable coverage" for Medicare Part D purposes.

This means that enrollment in the VA health care system provides a prescription drug benefit that is at least as good as the Medicare drug coverage. Veterans enrolled in the VA health care program may choose not to enroll in a Medicare prescription drug plan, if they feel the VA program meets their needs. If veterans wish to enroll in a Medicare prescription drug plan at a later date,

Additional Resources

- Veterans Health Eligibility Information
  1-877-222-8387
  www.va.gov/healtheligibility/hechome.htm

- Medicare Information
  www.medicare.gov

- Social Security Administration
  1-800-772-1213
  www.socialsecurity.gov

- CHAMPVA
  1-800-733-8387
  www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp.

Dental Care

In general, dental benefits are limited to:

- Veterans who have service-connected dental conditions

- Former prisoners of war (POW)

- Veterans who are rated by the VA for service-connected conditions and are permanently and totally disabled

Contact your local Veterans Service Center to determine whether you are eligible for dental benefits.

Chiropractic Care

If you are enrolled in VA health care you are eligible for chiropractic treatment. Discuss the need for chiropractic care with your VA primary care provider. You may be required to see a VA specialist before seeing a chiropractor.

Non-VA Care or Fee Basis

In limited circumstances, VA may authorize payment for health care services outside a VA Medical Center. Payment for care outside VA is governed by strict federal regulations; service-connected disability rating is the basic criteria for most authorized care outside a VA facility.

Most non-VA care must be authorized in advance. If the care you require is not available within the VA system, your VA primary care provider may refer you to services outside VA. If non-VA care is pre-authorized, you will receive a letter stating the exact services authorized at VA expense and the specific timeframe the authorization is valid. Care rendered beyond the authorized services and timeframe is the veteran's financial responsibility. If you are required to make copayments for VA care, the same co-payments will apply for non-VA care.

In emergent situations, VA may consider payment of non-VA outpatient and inpatient care that has not been pre-authorized. Contact the Network 2 Fee Processing Center at 1-800-396-7929 for more information.

We encourage you to seek care at our VA facilities, but never place yourself at risk in an effort to avoid incurring a medical bill! The Millennium Health Care and Benefits Act was enacted to provide a safety net for veterans enrolled in VA Health Care who have no other means of paying a non-VA hospital bill for emergency services.

Payment decisions are based upon eligibility criteria, medical necessity, and availability of the service within the VA Health Care system. A veteran may always submit a claim for payment consideration. The following guidelines will assist you:

IF THE CARE IS:	AND THE SERVICE IS:	SUBMIT CLAIM WITHIN:
Preauthorized	Inpatient or Outpatient charges	30 days of outpatient care or patient discharge from inpatient care
Not Preauthorized	Emergency Medical / Outpatient or Inpatient for Service-connected disability	As soon as possible but no later than 2 years from the date of service
Not Preauthorized Millennium Bill	Emergency Medical / Outpatient or Inpatient for non-service connected condition	90 days from determination of NO other health care payer. Veteran is solely responsible for costs of health care; may submit to VA for payment consideration

How to File a Claim for Non-VA Provided Care

VA requires the following information on all claims submitted for payment for medical services provided to you:

- Full name (include middle initial)
- Full address (include zip code)
- Social Security Number

- Full name of provider
- Completed CMS 1500 and /or UB-92 billing forms
- Any other health insurance information
- Receipt (cash, check, or credit card) clearly acknowledging payment made for specific medical care and services

Claims for payments for your health care should be submitted to the Fee Department of the VA facility that authorized payment of care in advance. If you are not sure if VA authorized payment of care in advance, you may submit health care claims to the nearest VA Medical Center Fee Department.

All fee dental care must be authorized in advance.

All claims for care delivered OUTSIDE the United States (except the Philippines) are sent to:

VA Health Administration Center
Foreign Medical Program
PO Box 65032
Denver, CO 80206-9021

Or phone (303) 331-7590 for further guidance.

Filing Information for Claims Not Pre-Authorized

All health care claims considered for services not pre-authorized by VA will require additional information (claims for treatment of medical emergencies when you were not able to obtain treatment at VA facilities):

- VA Form 10-583 with information in Part 1 Blocks, 1, 2, 3, 4, and 5 completed
- You can obtain VA Form 10-583 and additional information from the Fee Department at any VA Medical Center
- Claims considered for payment under the Millennium Bill, “payer of last resort” require certification by the claimant that no other health care payer exists for the specific clams being filed

Claims Requiring Medical Documentation

Other medical documents may be required by the local VA facility to consider payment. Your local VA Medical Center Fee Department will assist you in retrieving the appropriate documentation.

Filing Deadlines

VA Fee Basis programs have different claims filing deadlines depending on how the claim is being considered for payment. Please contact the Fee Department for additional information and assistance in filing claims for your health care services:

400 Fort Hill Avenue/FPC
Canandaigua, NY 14424-1188
1-800-396-7929

Long Term Care Co-Payments

Some veterans without service-related medical problems will be charged co-payments for extended care. The co-payments are tailored to the individual and based on the veteran's ability to pay. The Millennium Health Care and Benefits Act mandated this change.

Veterans who are not required to make extended care co-payments include those:

- with any compensable service-connected disability
- whose incomes are below the VA single pension level of $9,556
- who have received extended care from VA continually since November 1999

Under the new regulations, veterans receive the first 21 days of care free in any 12-month period. After that, the maximum that veterans could pay is:

- $97 for each day of nursing home care
- $15 for each day of adult day health care
- $5 for each day of domiciliary care
- $97 for each day of institutional respite care
- $15 for each day of non-institutional respite care
- $97 for each day of institutional geriatric evaluation
- $15 for each day of non-institutional geriatric evaluation

Travel

Reimbursement for mileage or public transportation may be paid for the following:

- Veterans with service connected disabilities rated at 30% or more
- Veterans traveling for treatment of a service connected condition
- Veterans receiving a VA pension
- Veterans traveling for scheduled compensation and pension examinations
- Veterans whose income does not exceed the maximum VA pension rate

Mileage reimbursement is made at the rate of $.11 per mile. Travel payment is subject to a $3.00 deductible for each one-way trip. There is an $18 per month maximum deductible. If you are traveling for a compensation and pension examination, you are not subject to a deductible.

Special Mode Travel

If you have a medical condition that requires a special mode of transportation and are unable to pay the cost of that transportation, VA may cover the cost. Special modes of transportation costs must be pre-authorized by VA. If you have a medical emergency, and a delay in travel would be unsafe, travel does not need to be pre-authorized. When traveling by special modes of transportation (ambulance or specially equipped van), there is no deductible.

Special Registry Programs

VA has established a special registry designed to provide you with examinations/ medical care, if you have been exposed to one of the following:

- Agent Orange or other herbicides
- Ionizing radiation
- Environmental contaminants associated with service in the Gulf War

Contact the nearest VA health care facility if any of these apply to you.

Spinal Cord Injury (SCI)

VA provides a full range of care for veterans who have:

- Sustained injury to the spinal cord
- Multiple Sclerosis
- Other non-progressive neurological deficit lesions

VA has many Spinal Cord Injury Centers. Contact the nearest VA health care facility for more information.

Blind Benefits

Services for blind veterans are available at all VA medical centers. To determine your eligibility for blind rehab center/clinic services, contact the Visual Impairment Services (VIST) Coordinator.

Former Prisoner of War (POW)

Former prisoners of war are placed on a special list and may be eligible for certain health and dental benefits, as well as special medical exams. If you are a former POW, please contact the Veterans Service Center for more information.

General Exclusions

VA Health Care does not cover:

- Abortions and abortion counseling
- Contraceptives not requiring physician’s prescriptions such as condoms, spermicidal foams, and jelly

- Cosmetic surgery except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Drugs, biologicals, and medical devices not approved by the U.S. Food and Drug Administration
- Gender alteration
- Health club or spa membership, even for rehabilitation
- Infertility services, such as artificial insemination, in vitro fertilization, or embryo transfer, unless related to a service-connected condition
- Reproductive sterilization/reversal of sterilization (except when determined to be medically necessary)
- Services not ordered and provided by licensed/accredited professional staff
- Special private duty nursing

3

Quality Care

Awards and Accreditations

VA Healthcare Network Upstate New York is a quality health care organization with numerous awards, accreditations and affiliations, including:

- VHA Kenneth W. Kizer Quality Award
- Robert W. Carey Award
- United States Nuclear Regulatory Commission - License
- Commission on Cancer, (Hospital Cancer Program) American College of Surgeons - Certification
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- College of American Pathologists - Accredited Laboratory
- Commission on Accreditation of Rehabilitation Facilities (CARF) - Three Year Accreditation
- American Association of Blood Banks (Transfusion Service) - Accreditation
- American College of Radiology Mammographic Imaging Services - Accreditation
- National Planetree 2004 Spirit of Caring Program Award
- Top 100 Most Wired Hospital and Health Systems 2005

Appeals

You have the right to appeal the denial of any VA benefit. There are two methods of appealing a decision:

Informal: You may informally appeal VA health care decisions by speaking with the Patient Advocate at any VA health care facility. The Patient Advocate will work with staff on your behalf to resolve most problems.

Formal: If the Patient Advocate is unable to resolve an issue, you may file a formal appeal. To initiate a formal appeal, contact your local Veterans Service Officer. You have one year from the date of notification of the denial to file an appeal.

Complaints and Concerns

Each facility has their own procedure for complaints and concerns. Generally you can address your concerns with the manager or supervisor of that area. If you are not satisfied, we encourage you to work with the Patient Advocate at the facility. The Patient Advocate is there to help you and your family resolve any issues you may have. After working with the Patient Advocate, if you feel your issue is still unresolved, we encourage you to contact any member of our Management staff for assistance.

Joint Commission on Accreditation of Healthcare Organizations

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates health care organizations for safety and quality of care. If you or your family has a concern, you have the right to contact JCAHO at any time. You will need to summarize your complaint in one to two pages and include the complete name and address of the health care organization. You may submit your name and contact information or submit your complaint anonymously. Providing your name and contact information enables JCAHO to inform you about the actions taken in response to your complaint, and also to contact you should additional information be needed:

JCAHO Office of Quality Monitoring:
E-Mail: complaint@jcaho.org
Fax: Office of Quality Monitoring (630) 792-5636
Mail: Office of Quality Monitoring Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

For more information about filing a formal complaint with JCAHO, you may call (800) 994-6610, weekdays from 8:30 a.m. to 5:00 p.m. Central Time.

Confidentiality

VA is responsible for maintaining and ensuring the confidentiality of your medical and financial information.

Release of Information (ROI)

You may request a copy of your medical information for yourself or a third party. You must sign a consent form authorizing VA to release the information. The ROI office is able to assist you with:

- Obtaining your DD214
- Requesting a correction or amendment to your medical record
- Having a non-VA form completed by your provider
- Requesting documents through the Freedom of Information Act (FOIA)
- For more information, ask the ROI clerk for a Health Information Management Services (HIMS) booklet.

Advance Directives - Health Care Proxy, Durable Power of Attorney, Living Will

VA encourages you to think about your health care options through the use of advanced directives such as a health care proxy, living will, and/or durable power of attorney. Staff at your local facility can help you complete the necessary forms.

Organ Donation

VA participates in the organ donation program. For more information, contact a member of your health care team.

4

Financial & Payment Information

Priority Groups and You

Once your eligibility status has been determined, you will be assigned to a priority group.

Congress requires VA to manage the health care system using eight priority groups. These priority groups determine who may be eligible to receive health care benefits each year.

VA receives funding for the health care system from the federal budget and other resources (e.g. health insurance policy collections). The sum of available funds is compared to the number of veterans who use the health care system. Veterans who are in receipt of a rating decision for a service-connected injury or illness receive priority consideration for health benefits. All other veterans are eligible for care as determined by their priority grouping.

Financial Issues

If you are a non-service connected veteran or 0% non-compensable service connected veteran, you are required to complete an annual means test/financial assessment. Depending on your income level, you may be required to make co-payments for your care and/or medications. Veterans who are rated with a service-connection of 50% or less are required to make copayments for medications that are not related to that service-connected injury or illness. Medications related to the service-connection are free of co-payment charges. If your income is below the pension threshold, you may take a co-pay test to waive these charges (see your local Veterans Service Center).

Means Test/Financial Assessment

Each year, you must complete a means test/financial assessment. The means test/financial assessment is based on the previous year's family income, assets and debts. This information is used to determine your co-payment.

You can agree to make co-payments without providing any financial information. If you indicate this on your application form, you will automatically be put into a co-pay category.

- Should you decline to complete the means test/financial assessment or not agree to make the co-payments, you will not be eligible for VA health care.

- Financial information may be subject to verification with the Internal Revenue Service and Social Security Administration.

Financial Assessment for Long-Term Care Services

For veterans who are not automatically exempt from making co-payments for long-term care services, a separate financial assessment (VA Form 10-10EC, Application for Extended Care Services) based on current year's income and assets. Must be completed to determine whether they qualify for cost-free services or to what extent they are required to make co-payments. For those veterans who do not qualify for cost-free services, the financial assessment is used to determine the amount of the co-payment requirement. Unlike co-payments for other VA health care services, which are based on fixed charges for all, long-term care co-payment charges are individually adjusted based on each veteran's financial status.

Hardship Determinations

Request for hardship determination may be made based on a change in your financial situation. To request consideration for hardship, you must make a written request to your local Veterans Service Center. After review of your request, a determination will be made that may result in an adjustment to your eligibility and may impact your co-payment status.

Waivers

You may request a waiver for a portion of or the entire amount of your co-payment charges. Contact the Network Medical Care Collection Fund (MCCF) Office/Billing Manager at (518) 626-6816 for more detailed information.

Medication Co-Payments

As part of your VA health care, prescription medications are available. In most cases, co-payment is required for prescriptions if they are for treatment of a non-service connected condition. You should contact the nearest VA health care facility for the most current information.

Health Insurance

We need to know about your health insurance. VA encourages you to maintain any health insurance plans you currently hold. VA bills private insurance companies for all non-service connected care a veteran receives. (VA does not bill insurance companies for treatment of service-connected conditions.)

You do not have to pay any balances that are not covered by your insurance carrier. Many insurance companies apply the VA health care charges toward the satisfaction of your annual deductible.

Your co-payments may be offset by the payments we receive from your insurance company.

Your current insurance status (insured or uninsured) has no bearing on your VA health care benefits. You are eligible for care regardless of your current insurance status.

CAUTION! Before canceling insurance coverage, enrolled veterans should carefully consider the risks:

- There is no guarantee that in the subsequent year Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups.
- Non-veteran spouses and other family members generally do not qualify for VA heath care.
- If participation in Medicare Part B is cancelled, it cannot be reinstated until January of the next year and there may be a penalty for reinstatement.

Reporting Health Insurance Information

By law, VA is obligated to bill health insurance carriers for services provided to treat nonservice-connected conditions. To ensure that current insurance information is on file - including coverage through employment or through a spouse - you will need to verify the status of your health insurance at each patient visit. Since collections received from insurance companies help supplement the funding available for providing services to veterans, patients are asked to cooperate by disclosing all relevant health insurance information.

Co-Payments

You may be required to pay a co-payment for care and prescriptions.

If you can't afford the co-payments, you may request a waiver. Contact the Network Medical Care Collection Fund (MCCF) Office/Billing Manager at (518) 626-6816 for more detailed information.

If co-payments become a hardship, you may establish a payment plan. Failure to pay could result in garnished wages, VA compensation benefits or income tax refunds.

Generally you will be charged only one co-payment on a single day, whether it be an inpatient, outpatient, or longterm care co-payment, based on the highest level of service provided that day. Medication co-payments, which are applicable only to outpatients, vary depending upon the number of prescriptions filled. If you are an outpatient who has both a specialty care visit as well as a basic care visit on the same day, you will be charged for the specialty care visit since it is the more expensive level of care.

Questions & Answers

If I am enrolled in VA health care, what benefits will I receive?

You are eligible for inpatient and outpatient services, including preventive and primary care, rehabilitation, mental health and substance abuse treatment, home health, respite and hospice care, and prescription medications.

Once I am enrolled, what are the costs?

VA health care does not charge a monthly premium, however, you may be responsible for co-payments. If you have your own insurance, it may cover the cost of the co-payments.

Must I reapply in subsequent years and will I receive an enrollment confirmation?

Your enrollment will be reviewed annually without any action necessary on your part. Depending on your priority group and the availability of funds for VA to offer you services, your enrollment will be renewed. Should there be any change to your enrollment status, you will be notified in writing. You will be asked to complete an updated Means Test/Financial Assessment each year.

Is this an insurance policy or an HMO?

It is neither. VA health care is funded through appropriations from the federal government. This is not the same as an insurance contract. You do not pay monthly premiums to receive VA health care. You are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid or TRICARE, you may continue to use those programs. We recommend that, if you have other insurance or HMO coverage, you keep that coverage to provide you with a variety of options and flexibility.

If I am covered by another insurance company, do I have to pay the deductibles when being treated by the VA?

No. VA does not require that you pay those charges. Many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

Are there any restrictions to receiving care at a private facility (at VA expense)?

Yes. Care in private facilities is provided only under certain circumstances. You may receive care at a private facility, if VA has a contract arrangement for services. If you have a service connected disability and it is too far from your home to a VA facility, you may be eligible to receive care at a private facility.

Will VA pay for care in private facilities?

Usually not. VA provides care in private facilities at VA expense when there is a contractual arrangement. If VA approves your care in advance or receives timely notification of an emergency room visit or admission, your private facility care may be covered.

How do I qualify for emergency services at a non-VA facility?

In order to qualify for emergency services at a non-VA facility, you must meet ALL of the following criteria:

- You received care in a hospital emergency department or similar facility providing emergency care

- You are enrolled in the VA health care system
- You have been provided care by a VA health care provider within the last 24 months
- You are financially liable to the provider of the emergency treatment
- You have no other form of health insurance
- You do not have coverage under Medicare, Medicaid, or a state program
- You do not have coverage under any other VA program
- You have no other contractual or legal recourse against a third party that may pay all or part of the bill
- VA or other federal facilities were not available at time of the emergency
- The care must have been rendered a medical emergency when a delay in seeking immediate medical attention would have been hazardous to your life or health

What if I get sick while traveling?

You may receive care at any VA facility in the country. Before traveling, you should familiarize yourself with the location of the nearest VA health care facility where you will be staying. VA's authority to reimburse you for care in non-VA facilities is very limited.

Can I get dental care?

Dental benefits are limited to service connected dental conditions or to veterans who are permanently and totally disabled from service connected causes. For specifics, contact the Veterans Service Center at your local VA health care facility.

Can I get hearing aids and eyeglasses from VA?

Hearing aids and eyeglasses require a service connected disability rating of 10% or more. They are not provided to non-service connected veterans for naturally occurring hearing or vision loss. Additional information is available at your local Veterans Service Center.

What kinds of maternity services are provided?

VA provides maternity care but cannot provide care to a newborn child - even in the immediate aftermath of the birth. Other arrangements must be made for payment for the care of the child.

Are there any limits to the number of days of care or outpatient visits VA will provide?

No. Your doctor will determine how long you need hospital care or outpatient services. VA will provide care consistent with current medical care practices.

Are all veterans notified of their enrollment confirmation at the same time?

VA sends confirmation letters by priority group. Notification letters are mailed at different times.

What is a VA service-connected rating and how do I establish one?

A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country. In addition to compensation and pension ratings, VA Regional Offices are also responsible for administering educational benefits, vocational rehabilitation, and other benefit programs including home loans. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 1-800-827-1000.

Can I get prescriptions from my private physician filled at a VA pharmacy?

No. In order to receive medication from VA, your VA provider must treat you and prescribe your medication. If you have a prescription written by a non-VA doctor, you should make an appointment with your VA provider to evaluate your condition and decide if your non- VA doctor's prescription should be continued. They may not always prescribe the same medication.

How do I get refills?

In general, refills are processed through the mail and not at the window. If your VA provider has approved refills on your prescription, you can request your refill by:

- Using a touch-tone phone to call the automated refill request system.
- Completing and mailing the refill request slip that comes with each prescription.
- Leaving the refill slip with the pharmacy the next time you come to the VA.

Refills should be requested at least three weeks before you run out of medication. This will allow ample time for processing and delivery.

6

Patient Rights and Responsibilities

Veterans Health Administration (VHA) employees will respect and support your rights as a patient. We are pleased you have selected us to provide your health care. We plan to make your visit or stay as pleasant for you as possible. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient advocate if you have any questions or would like more information about your rights.

Respect and Nondiscrimination

- You will be treated with dignity, compassion and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.

- You or someone you choose have the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.

- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.

- As an inpatient or long-term care resident you may wear your own clothes and keep personal items. This depends on your medical condition.

- As an inpatient or long-term care resident, you have the right to social interaction, and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.

- As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.

- As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.

- In order to provide a safe treatment environment for all patients and staff you are asked to respect other patients and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

Information Disclosure and Confidentiality

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.

- You will receive information about the cost of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.

- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.

- You will be informed of all outcomes of care, including any injuries caused by your medical care. You will be informed about how to request compensation for injuries.

Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan you have a responsibility to notify the treatment team.

- As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.

- You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the health care process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes your participation in decision-making and care at the end of life.

- Tell your provider about your current condition, medicines (including over the counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.

- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.

- You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.

- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.

- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

Complaints

- You are encouraged and expected to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation.