



VA Health Care: Navigating the Maze

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U.S. Department of Veterans Affairs (VA)

- Government-run military veteran benefit system
- Employed nearly 280,000 people at medical facilities, clinics, and benefit offices as of 2010
- Administers benefit programs for veterans, their families, and survivors
- Benefits include: health care, disability compensation, pension, education, and vocational rehabilitation

VA Health Care System



- Largest integrated health care system in US
- More than 1700 sites of care
- Serving 8.3 million veterans annually
- Includes hospitals, community clinics, community living centers, domiciliary, readjustment counseling centers and other facilities



VA Health Care System (cont'd)

- The federal government owns the facilities and employs the providers
- Most health care services under Medicare, Medicaid, and the Children's Health Insurance Program delivered by private providers in private facilities



38 U.S.C. § 1710



(a)(1) The Secretary (subject to paragraph (4)) shall furnish hospital care and medical services which the Secretary determines to be needed—

- (A) to any veteran for a service-connected disability; and
- (B) to any veteran who has a service-connected disability rated at 50 percent or more. . . .

BUT

(a)(4) . . . shall be effective in any fiscal year ***only to the extent and in the amount provided*** in advance in appropriations Acts for such purposes.

Eligibility

Based on:

- Veteran status
- Length of service
- Service-connected disabilities
- Exposures
- Income
- Combat veterans >11/11/98
- Other factors
 - Former P.O.W.
 - Purple Heart recipient



Must be a “Veteran”



- Definition of “Veteran” – “a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable”
- *38 U.S.C. § 101(2); 38 C.F.R. § 3.1(d) (2012)*

Jarrid Starks

As reported by The Seattle Times reporter Hal Bernton 4/29/13

- Tours of duty in Iraq and Afghanistan
- Bronze Star for Valor for fighting Taliban
- PTSD, twisted vertebra, possible brain injury from concussion

Denied VA Health Care

Due to Other Than Honorable
Discharge



Length of Service



- Active service before September 8, 1980 →
No length of service requirement
- Most veterans who enlisted on or after September 8, 1980 or entered active duty after October 16, 1981 →
Must serve 24 continuous months or full period called or ordered to active duty

Exceptions to Length of Service Requirement

- Retired or separated from military due to disability incurred or aggravated in the line of duty
- Veterans with a compensable service-connected disability
- Discharged due to hardship or a specified early discharge
- Received an “early out”

38 U.S.C.S. § 5303A(b)(3)(A),(B) and (C)

Service-Connected Disabilities

A service-connected disability is a disability that was incurred or aggravated in the line of duty in the active military, naval, or air service.

38 U.S.C. § 101(16)

Care for all service-connected disabilities is free.

Myth

“I can only receive care for service-connected disabilities.”

False.

VA treatment for service-connected disability is free of charge, but treatment for non-service connected disability may be subject to a co-payment, depending on his/her disability rating, income or other factors.

Example

A service-connected disability for one knee. He/she may receive free medical care and medications for that knee at a VA inpatient or outpatient clinic.

The same veteran who also hurt his back during a car accident after his/her discharge may have to pay co-pays.



Exposures



Veterans seeking registry examinations:

- Ionizing Radiation
- Agent Orange
- Gulf War/Operation Iraqi Freedom/New Dawn
- Depleted Uranium
- Toxic Embedded Fragment Surveillance Center
- Burn Pits — Iraq & Afghanistan

Eligibility Based on Income

Veterans with no service-connected conditions
and who are Medicaid eligible

or

who have an income below a certain VA
means-test threshold and below a median
income threshold for the geographic area in
which they live

Thresholds Based on 2012 Income

http://www.va.gov/healthbenefits/cost/incomethresholds_2012.asp

Veteran with:	VA National Income Threshold	VA Priority Group 8 Relaxation Threshold	VA Housebound Threshold	VA Pension with Aid and Attendance Threshold	VA Pension Threshold	Medical Expense Deductible
0 dependents	\$30,978 or less	\$34,076 or less	\$15,233 or less	\$20,795 or less	\$12,465 or less	\$613
1 dependent	\$37,175 or less	40,893 or less	\$19,093 or less	\$24,652 or less	\$16,324 or less	\$803
2 dependents	\$39,304 or less	43,235 or less	\$21,222 or less	\$26,781 or less	\$18,453 or less	\$907
3 dependents	\$41,433 or less	45,577 or less	\$23,351 or less	\$28,910 or less	\$20,582 or less	\$1,012
4 dependents	\$43,562 or less	47,919 or less	\$25,480 or less	\$31,039 or less	\$22,711 or less	\$1,117
For each additional dependent add:	\$2,129	2,129	\$2,129	\$2,129	\$2,129	
Child Earned Income Exclusion: \$10,000				Income & Asset Net Worth Threshold: \$80,000		

Texas Medicaid

INCOME

Payments from the Department of Veterans Affairs resulting from unusual medical expenses –

- Aid & Attendance Allowances
- Housebound Allowances

Texas Department of Health & Human Services

Medicaid for the Elderly and People with Disabilities Handbook, Chapter E, Section 1710

RESOURCES

Any transfer of any asset for less than fair consideration within the “lookback” period of applying for Texas Title 19 Medicaid benefits creates a penalty period of ineligibility

Texas Department of Health & Human Services

Medicaid for the Elderly and People with Disabilities Handbook, Chapter I, Section 2000

VA has no penalty for transfer of assets for less than fair consideration

Combat Veterans



Frederic Larson / The Chronicle

- Veterans, including activated Reservists and members of the National Guard -- OEF/OIF/OND
- Served on active duty in a theater of combat operations after November 11, 1998
- Eligible for 5 years after discharge
- Cost-free for conditions related to service

CHAMPVA



Eligibility for Civilian Health and Medical Program:

- The spouse or child of a veteran having a permanent and total *service-connected disability*
- The surviving spouse or child of a veteran who died as a result of a *service-connected condition(s)* or who at the time of death was permanently and totally disabled from a *service-connected condition(s)*
- The surviving spouse or child of a person who died on active military service and in the line of duty

38 C.F.R. § 17.271 (2012)

CHAMPVA primarily is a fee-for-service program that provides reimbursement for most medical care

Spina Bifida

The Secretary of the VA shall provide a child of a Vietnam veteran who is suffering from spina bifida with health care and may provide vocational training to such child under 38 U.S.C., Part II, Chapter 18



Enrollment

- VA Form 10-10EZ Application for Health Benefits
- Automatic enrollment for:
 1. Veterans with a service-connected disability of 50% or more
 2. Veterans seeking care for a disability the military determined was incurred or aggravated in the line of duty, but which the VA has not yet rated, within 12 months of discharge
 3. Veterans seeking care for a service-connected disability only
 4. Veterans seeking registry exams, i.e., Agent Orange, Burn Pits, etc.

38 C.F.R. § 17.37 (2012)



"GOOD NEWS, MR. LOCKHORN... WE'VE LOCATED SOME BLOOD IN YOUR CHOLESTEROL."

Access to VA Medical Care

38 C.F.R. § 17.36(b)

Enrollment—Provision of Hospital and Outpatient Care to Veterans

- (b) Categories of veterans eligible to be enrolled. The Secretary will determine which categories of veterans are eligible to be enrolled based on the following order of priority:
- (1) Veterans with a singular or combined rating of 50 percent or greater based on one or more service-connected disabilities or unemployability.
 - (2) Veterans with a singular or combined rating of 30 percent or 40 percent based on one or more service-connected disabilities.
 - (3) Veterans who are former prisoners of war; veterans awarded the Purple Heart; veterans with a singular or combined rating of 10 percent or 20 percent *et cetera*.

8 PRIORITY GROUPS – ORDER FOR FUNDING

- **Group 1:** service-connected disability of 50% or more and/or unemployable due to service-connected disability
- **Group 2:** service-connected disability of 30% or 40%
- **Group 3:** service-connected disability of 10% and 20%; former POWs; Purple Heart; Medal of Honor; award of special eligibility for disabilities incurred in treatment or participation in a VA Vocational Rehabilitation program; discharge was for a disability incurred or aggravated in the line of duty
- **Group 4:** receiving aid & attendance or housebound benefits and/or found to be catastrophically disabled
- **Group 5:** receiving VA pension benefits or eligible for Medicaid programs; non service-connected or non-compensable disability; 0% service-connected disability whose gross annual household income and/or net worth are below the VA national income threshold and geographically-adjusted income threshold for resident area

Continued. . .

- **Group 6:** Veterans of WWI; Vietnam veterans with service between 1962 & 1975; Persian Gulf War veterans with service between 8/2/1990 & 11/11/1998 and veterans discharged from active duty on or after Jan. 28, 2003 for 5 years post discharge. Veterans with combat service after Nov. 11, 1998, who were discharged from active duty before Jan. 28, 2003, and who apply for enrollment on or after Jan. 28, 2008, are eligible for this enhanced enrollment benefit through Jan. 27, 2011
- **Group 7:** gross household income below the geographically-adjusted income threshold (GMT) for their resident location and who agree to pay co-pays
- **Group 8:** Veterans, enrolled as of January 16, 2003, with gross household income and/or net worth above the VA national income threshold and the geographically-adjusted income threshold for their resident location and who agree to pay co-pays.

38 C.F.R. § 17.36 (b) (2012)

Medical Benefits Package

Basic & Preventive Care

See 38 C.F.R. § 17.38

- Traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy
- Audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care at many facilities

Not Covered

In general the VA does not cover hearing aids, eyeglasses and routine dental care ***unless*** they are considered necessary treatment for a service-connected medical condition.



Women Veterans



- The Veterans Health Care Act of 1992 provided authority for a variety of gender-specific services and programs for women veterans
- Since 2000 the number of women using VA health care more than doubled from nearly 160,000 in 2000 to more than 354,000 in 2012
- Many routine gynecologic services are available at local VA facilities
- Female veterans are potentially eligible for Fee Basis care

*New Hotline: **1-855-VA-WOMEN***

"Many women who served don't self-identify as Veterans and therefore don't think they qualify for VA benefits. We need to correct existing misinformation and misperceptions so we can serve more women Veterans with the benefits they've earned."

Irene Trowell-Harris, Director,

VA's Center for Women Veterans

Readjustment Counseling



- VA provides readjustment counseling and outreach services at no cost to all Veterans who served in any combat zone through community based counseling centers called Vet Centers.
- Services are also available for their family members for military related issues.

Veterans Crisis Line

- A toll-free, confidential resource that connects veterans in crisis and their families and friends with qualified VA responders
- 24 hours a day, 365 days a year
- Enrollment in VA health care not required



Military Sexual Trauma (MST)

- MST is "psychological trauma" which "resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training." 38 U.S.C. § 1720D(a)(1)
- All treatment for physical and mental health problems related to MST is free for both men and women.
- Every VA facility has an MST Coordinator.
- Many facilities have special outpatient mental health services for sexual trauma.
- Vet Centers also have specially trained sexual trauma counselors.

Family Caregivers

- Caregivers and Veterans Omnibus Health Services Act of 2010
- For caregivers of veterans and Service members who were seriously injured during service on or after September 11, 2001
- Eligible primary Family Caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement, and access to health insurance if they do not already have it.

Veteran-Directed Home and Community Based Services (VD-HCBS)

- Program to allow Veterans who require “nursing home level care” to remain in their homes
- The VA Medical Center refers eligible veterans to an Aging and Disability Network provider site, such as the Area Agency on Aging/DADS, that assists them to manage a budget, decide for themselves what mix of services will best meet their personal care needs, hire their own personal care aides, including family or neighbors, and buy needed items or services
- The administering agency provides a Financial Management Service that pays for care and issues checks to the service providers and/or reimbursement for goods purchased with pre-approval

Copayments

Outpatient Medical Care

- \$15 primary care
- \$50 specialty care

Inpatient Hospital Care

- \$10 per day **plus** lesser of
 - (a) The sum of the inpatient Medicare deductible for the first 90 days of care and one-half of the inpatient Medicare deductible for each subsequent 90 days of care (or fraction thereof) after the first 90 days of such care during such 365-day period, or
 - (b) VA's cost of providing the care.

38 C.F.R. § 17.108 (2012)

Medication

- \$0 – service-connected disability
- \$8 – priority groups 2 – 6, for each 30-day or less supply of medication for treatment of non-service-connected disability
(*\$960 annual cap*)
- \$9 – priority groups 7 – 8, for each 30-day or less supply of medication for treatment of non-service-connected disability
(*No annual cap*)

38 C.F.R. § 17.110 (2012)

Exceptions to Required Copays

Inpatient and Outpatient Care

- Veterans:
 - With a compensable service-connected disability
 - Former P.O.W.s
 - Awarded a Purple Heart
 - Discharged for disability incurred or aggravated during active service
 - Receive disability compensation
 - And others

38 C.F.R. § 17.108(d) (2012)

Services

- Care authorized under 38 U.S.C. § 1710(e) for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Gulf War veterans, or post-Gulf War combat-exposed veterans
 - Counseling and care for sexual trauma under 38 U.S.C. § 1720D
 - Readjustment counseling
 - C&P exams
 - Registry exams
- 38 C.F.R. § 17.108(e) (2012)*

Myth

“I can’t use VA health care if I have private health insurance.”

False



VA's Right to Recover from Insurer

If VA provides care or services to a veteran for a non-service-connected disability, and that veteran has third-party insurance that would have covered it, then the VA has the right to collect reasonable charges from that third party.

BUT

The VA is prohibited from receiving Medicare payments for the treatment of non service-connected medical conditions of enrolled Medicare eligible veterans.

38 U.S.C. § 1729(a) and (i) (2010)

Medicare, VA Health Care or Both?

Medicare – federal funding – *mandated*

VA's Veterans Health Administration – federal funding – *discretionary*

- Since the VA does not guarantee benefits to all veterans, a veteran could be left with no coverage at all if he/she does not enroll in Medicare.
- If the veteran drops Medicare and has no health insurance, then the veteran has to get all health care at VA facilities which may or may not be nearby.
- Veterans pay into the Medicare system even if the Veteran elects VA health care treatment.

Best Practice: Opt for both Medicare and VA Health Care

Case Example



Mr. F has Medicare Parts A and B. He was in a VA hospital. After three weeks in the hospital, he wanted to transfer to a Medicare-participating hospital closer to home. VA facilities do not participate in Medicare so Mr. F did not know if the transfer would create any coverage problems.

What To Do

Mr. F called his State Health Insurance Assistance Program (SHIP) hotline and found out that he could transfer. Although Veterans Affairs generally will not pay for a hospital stay in a non-VA hospital, Original Medicare will pay for his stay in the new hospital.

http://www.medicareinteractive.org/page2.php?topic=counselor&page=case_study&casestudy_id=42

Health Care Reform



- In March 2010 the Patient Protection and Affordable Care Act became law
- Everyone must have health care coverage beginning in 2014



***Enrollment in VA's health care program
meets the standard for health care
coverage***

Helpful Resources

- Texas Veterans Commission
www.tvc.texas.gov/documents/tvc_directory.pdf
 - Veterans Counselors across Texas
 - Includes Listing for Veterans County Service Officers
- U.S. Department of Veterans Affairs website:
<http://www.va.gov/>
- Texas SHIP Website:
www.tdi.texas.gov/consumer/hicap/hicaphme.html
Program Name: Health Information Counseling & Advocacy Program of Texas (HICAP)
- Veterans Benefits Manual, 2012 Edition, Nat'l Veterans Legal Services Program
Editors: Stichman, Abrams, Bartley, and George
Publisher: LexisNexis Matthew Bender & Co., Inc.



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