VA Training & In-Home Presentation Blueprint

Heartland FINANCIAL

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The Veterans Health Administration (VHA) is the largest integrated health system in the United States. The VHA provides care to more than 9 million eligible individuals throughout the US. VHA operates 1,293 healthcare facilities across the US. Most of these locations are out-patient sites with varying services offered by location. Within the 1,293 healthcare facilities 171 are VA medical centers providing a full range of services and care.

There are a lot of misconceptions when it comes to VA benefits. For example, who pays, when do they pay, who pays first, can I receive private care, when should the VA be notified, VA reimbursements for out-of-pocket expenses, and what's the benefit of having VA with Medicare Part C?

Before we tackle those questions and explore the answers, we first must understand what VA benefits are, how they work, and who's covered.

Participation in VA benefits is optional, and enrollment is required. The VA medical benefits package is administered through an annual patient enrollment system. The enrollment system is based on priority groups and there are eight groups with priority one group being the highest. There are several factors that are used to determine which priority group a veteran would fall in. For example, income, employment status, service record, and any service-related disabilities.

VA enrollment numbers are also determined by the amount of money that is congressionally approved each year. Since funds are limited, priority groups ensure those that are in need the most receive the proper treatment and care they deserve. Based on eligibility and assigned priority group some veterans may have a copay for services, and some may not qualify for benefits.

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Some veterans may qualify for multiple priority groups, the VA will assign the veteran to the highest priority group level they qualify for.

Copays can vary according to service received, service-connected disability rating, and priority group assigned.

Certain services can be performed outside of a VA facility like urgent care and some out-patient services that do not require an inpatient stay. However, these services must be done at community care contracted in-network VA facilities

Service-connected disability ratings are determined by the VA. When the VA is making their determination, they consider several things like where & when they served, information recorded in their military medical records, and circumstances of their military service with special consideration given to combat duty.

As previously mentioned, depending on the priority group assigned the veteran can have copays for certain services at a VA facility. Also, unless the veteran qualified for priority group one, they will have copays for their prescription medications.

For example, to qualify for priority group one the veteran must meet at least one of the following three conditions: 1. have a service-related disability rating of at least 50% as determined by the VA 2. VA determination of being unemployable due to a service-connected condition 3. be a Medal of Honor recipient

Priority Group One is the only group that is copay free in the VA system for both inpatient medical and prescription medications. Priority Groups 2-8 all have prescription drug copays.

There are exceptions to every rule and if the VA makes a determination on the veteran's ability to pay regardless of priority group copays can be waived.

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Now that we have a better understanding of basic VA benefits and any inpatient copays, let's look at what a Veteran would pay for any outpatient services. In order to avoid the copays listed below the Veteran must have a disability rating of 10% or higher as determined by the VA. Remember, these copays only apply to VA facilities or community care contracted in-network facilities.

There are three reasons a veteran would be charged inpatient copays in Priority Groups 7 - 8:

1. The care or treatment is not a service-related injury or disability
2. Their income exceeds established income thresholds
3. Their income information is not available

Priority groups 1 – 6 are not charged medical in-patient copays at VA facilities, however, as previously mentioned they would have prescription drug copays if they are in Priority Group 2 – 8.

2021 outpatient care copay rates

Type of outpatient care	Copay amount for each visit or test
Primary care services (like a visit to your primary care doctor)	$15
Specialty care services (like a visit to a hearing specialist, eye doctor, surgeon, or cardiologist)	$50
Specialty tests (like an MRI or CT scan)	$50

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2021 urgent care copay rates

Priority group	Copay amount for first 3 visits in each calendar year	Copay amount for each additional visit in the same year
1 to 5	$0 (no copay)	$30
6	**If related to a condition that's covered by a special authority*:** $0 (no copay) **If not related to a condition covered by a special authority*:** $30 each visit	$30
7 to 8	$30	$30

Just like outpatient services urgent care requires a copay as well. However, this isn't based on a disability rating like outpatient care. If the Veteran is charged it's based on two things:

1. If the Veteran is currently enrolled in the VA Healthcare system and,
2. If the Veteran has received treatment and care in the last 24 months from the VA

Both conditions must be met, and the services must be performed at a VA facility or Community Care Facility.

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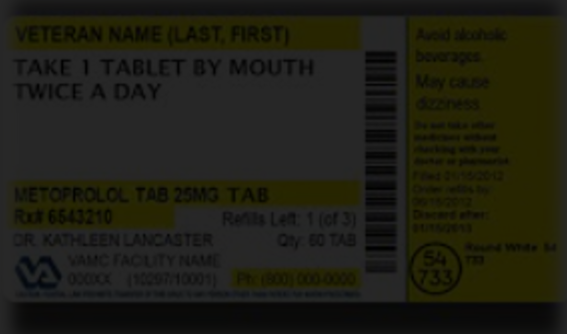
2021 outpatient medication copay amounts

Outpatient medication tier	1-30 day supply	31-60 day supply	61-90 day supply
Tier 1 (preferred generic prescription medicines)	$5	$10	$15
Tier 2 (non-preferred generic prescription medicines and some over-the-counter medicines)	$8	$16	$24
Tier 3 (brand-name prescription medicines)	$11	$22	$33



Priority Group 2 – 8 Prescription Drug Copay

- Medications used to treat non-service-connected conditions and,
- Over-The-Counter medications that they would get through a VA pharmacy

The cost of any medication provided in a VA facility or approved VA location cost are covered by the inpatient copay and/or stay.

VA prescription drug coverage does have a copay cap on prescription drugs. Each calendar year Jan. 1st through Dec. 31st has a $700.00 yearly copay cap.