

## VA-HRS Demographics and Access to Care Overview

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### SAS File name: VAHRS\_DEMOGRAPHICS

**Description:** Contains one record per matched individual (n=2,360)<sup>1</sup>. Contains dates of birth, gender, and dates of death sourced from both VA and HRS and race and ethnicity sourced from VA, including VA-Medicare data. Also contains a flag indicating whether VA has enrollment information for the individual. [Revised 12/1/2016]

**Source data:**

- (1) HRS finder files
- (2) VA Corporate Data Warehouse Patient domain
- (3) VA Administrative Data Repository (for race, ethnicity)
- (4) VA Medical SAS Datasets

Name	Description
HRS_DOB	Birth Date in HRS
HRS_DOD	Death Date in HRS - Imputed 15 as Day
HRS_SEX	Gender in HRS
In_ATC	Record in VA Enrollment Data
VA_DOB	Birth Date in VA
VA_DOD	Death Date in VA
VA_ETHNICITY	Ethnicity - VA
VA_RACE	Race - VA
VA_SEX	Gender in VA
VA_Utilization	Ever Used VA Healthcare
VIREC_HRSID	VIREC HRSID

Additional variable information including type, length, and label and missing values information is provided below.

<sup>1</sup> The original VA-HRS files included data for 2,361 individuals, however a missing HRS match for one individual's record set resulted in a final count of 2,360.

VAHRS_DEMOGRAPHICS DATASET						
<b>Number of observations: 2,360</b>						
<b>Number of Variables: 11</b>						
Variable	Label	Type	Length	Format	Non-missing value	
					N	%
VIREC_HRSID	VIREC HRSID	Num	8		2,360	100.0%
VA_SEX	Gender in VA	Num	8	BEST12.	2,351	99.6%
VA_DOD	Death Date in VA	Num	8	DATE9.	1,286	54.5%
HRS_SEX	Gender in HRS	Num	8	SEX.	2,360	100.0%
HRS_DOD	Death Date in HRS - Imputed 15 as Day	Num	8	DATE9.	1,438	60.9%
VA_DOB	Birth Date in VA	Num	8	DATE9.	2,360	100.0%
HRS_DOB	Birth Date in HRS	Num	8	DATE9.	2,346	99.4%
VA_UTILIZATION	Used VA Health Care	Num	8	DUMMY.	2,360	100.0%
VA_RACE	Race - VA + CMS	Char	45		2,360	100.0%
VA_ETHNICITY	Ethnicity - VA + CMS	Char	45		2,360	100.0%
In_ATC	Record in VA Enrollment Data	Num	8	DUMMY.	2,360	100.0%

**SAS File name: VAHRS\_VA\_ACCESS\_TO\_CARE**

**Description:** Contains VA access status, priority group designation, copay requirements, and their respective dates of changes. Contains at least one record per VIREC\_HRSID. Additional records contain changes in either access status, priority group, or copay.

**Source data:**

(1) From the VHA Administrative Data Repository, provided to us by the VA Health Eligibility Center.

Source Data Table	Description
ENROLL	Enrollment history, providing eligibility/ineligibility determinations and dates
INCOME_TEST	Income test history, providing test dates
INCOME_TEST_DETAIL	Income test details, providing test type and test result that determine copay requirement

(2) First VA healthcare utilization date was obtained from utilization files.

**VA Access-to-Care File Variables:**

Name	Description	Values
COPAY_INOUT	Inpatient and outpatient care co-payment flag	0 No copay 1 Has copay
COPAY_LTC	Long-term care copayment flag	0 No copay 1 Has copay
COPAY_RX	Pharmacy copayment flag	0 No copay 1 Has copay
NO_COPAY	No copayment flag	0 Has at least one copay 1 Has no copays
PRIORITY_GROUP	VA priority group designation	1 Priority Group 1 2 Priority Group 2 3 Priority Group 3 4 Priority Group 4 5 Priority Group 5 6 Priority Group 6 7 Priority Group 7 8 Priority Group 8 Unassigned
STATUS_CHANGE_TYPE	Indicates whether veteran had change in access status, priority group, or copayment change (or any combination of those)	Copay change Copay and coverage change Copay and priority group change Copay, coverage and priority group change Coverage change Coverage and priority group change First VHA contact

		Priority group change
STATUS_CHANGE_DT	Date on which change took effect	Date
VA_ACCESS_STAT US	Veteran's healthcare access status	Access Ineligible/Declined Pending
VIREC_HRSID	Individual identifier (Study ID)	HRSID

Additional variable information including type, length, and label and missing values information is provided below.

## NOTES

### Copayments

The following table shows, for each copayment type, how test type and test result values in the ADR INCOME\_TEST\_DETAIL table were mapped to copayment flags in the VAHRS\_VA\_ACCESS\_TO\_CARE file.

ADR Copay Test – To – Copay Flag Mapping*				
Copay Type	ADR TEST_TYPE Value	ADR TEST_RESULT Value	COPAY FLAG Value <sup>†</sup>	Copay Flag
Inpatient/Outpatient Care	Means Test		(Retain previous value)	COPAY_INOUT
	Means Test	GMT Copay Required	1	
	Means Test	MT Copay Exempt	0	
	Means Test	MT Copay Required	1	
	Means Test	No Longer Required	0	
	Means Test	Pending Adjudication	(Retain previous value)	
Pharmacy	Copay Exemption Test		(Retain previous value)	COPAY_RX
	Copay Exemption Test	No Longer Applicable	0	
	Copay Exemption Test	Non-Exempt	1	
Long-Term Care	LTC Copay Exemption Test		(Retain previous value)	COPAY_LTC
	LTC Copay Exemption Test	Exempt (LTC Copay Exemption Test)	0	
	LTC Copay Exemption Test	Non-Exempt (LTC Copay Exemption Test)	1	

\* Correspondence between ADR test type, ADR test result, and VAHRS\_ACCESS\_TO\_CARE File copay flag values for inpatient/outpatient, pharmacy, and long-term care copay flags.

† All flags have a default value of 0.  
When there is a copay test type and date but the associated test value is null or “Pending Adjudication,” the copay is considered to have not changed and the flag retains its prior value.

### VA Access Status

VA access status and associated dates provide information about when the veteran had access to VA healthcare. See the accompanying Appendix 1, *VA Access Status Derivation*, which details the logic used to derive veterans’ VA access status from event-level administrative enrollment data.

### VA Priority Group

Veterans seeking care at the VA are enrolled in Priority Groups based on disability, special statuses such as former POW and Congressional Medal of Honor recipient, and income. Copayment requirements differ across priority groups. Although all Veterans enrolled for VA receive the same benefit package, the use of priority groups is one way that the VA manages its Congressional budgetary allocation. Appendix 2, *Historical Guide to VA Priority Groups*, provides in-depth information about VA priority groups and changes in definitions and eligibility criteria over time.

### VA Copayment Requirements

Detailed historical information about VA copay requirements and associated exemptions is provided in Appendix 3, *Historical Guide to VA Copayment Requirements*.

### Additional Resources

Further information about VA enrollment, priority group, and copayment policies is available from the VA’s online Health Benefits Reference Library at <http://www.va.gov/healthbenefits/resources/publications.asp>.

VAHRS_VA_ACCESS_TO_CARE DATASET [Revised 12/1/2016]						
Number of observations: 6,268 <sup>2</sup>						
Number of Variables: 9						
Variable	Label	Type	Length	Format	Non-missing value	
					N	%
VIREC_HRSID	VIREC HRSID	Num	8		6,268	100.0%
STATUS_CHANGE_DT	Status Change Date	Num	8	DATE9.	6,268	100.0%
VA_ACCESS_STATUS	VA Access Status	Char	40		6,268	100.0%
STATUS_CHANGE_TYPE	Change Event Description	Char	40		6,268	100.0%
COPAY_INOUT	Copay Flag - Inpatient and/or Outpatient Care	Num	8	INOUT.	6,268	100.0%
COPAY_LTC	Copay Flag - Long Term Care	Num	8	LTC.	6,268	100.0%
COPAY_RX	Copay Flag - Pharmacy	Num	8	RX.	6,268	100.0%
NO_COPAY	Copay Flag - No Inpatient/Outpatient, LTC, or Pharmacy Copay	Num	8	COPAY.	6,268	100.0%
PRIORITY_GROUP	PRIORITY_GROUP	Char	10		6,268	100.0%

<sup>2</sup> The original VA-HRS access to care file had 6,789 records, however the missing HRS match for one individual's record set resulted in a final count of 6,268.

## Appendix 1: VA\_ACCESS\_STATUS Derivation

This document describes the rationale for decisions made in deriving veterans' VA access status from event-level administrative enrollment data. Data were sourced from the VA Administrative Data Repository (ADR) and our approach included the use of healthcare utilization dates as described below. A flow chart provides a visual representation of the logic used.

**Goal.** Our goal was to capture the date when the veteran first had access to VA healthcare and any periods when that access was interrupted.

**Background and rationale.** The following key facts about VA enrollment and eligibility formed the basis for decisions about how veterans' access status would be derived.

- The VA implemented its enrollment system in 1998 in response to Public Law (Pub. L.) 104-262, The Veterans Health Care Eligibility Reform Act of 1996, which required that VA establish an enrollment system to help manage its health care delivery system.
  - At the time of implementation, veterans who had received care previously were automatically enrolled.
  - Certain veterans, including those rated for service-connected disabilities at 50 percent or greater and others under specific circumstances, are not required to be enrolled to receive VA care.

Therefore, although the VA's healthcare enrollment Administrative Data Repository (ADR) holds records of all healthcare eligibility activity by the VA Health Eligibility Center since the inception of the enrollment system, it cannot be considered the exclusive source of information about veterans' eligibility to receive VA care.

- Although not all veterans are eligible for VA healthcare benefits, once enrolled, a veteran remains continuously enrolled (VHA Directive 2010-038).
  - A veteran may request disenrollment but, since veterans do not pay a coverage premium, active disenrollment is a rare event.
- However, eligibility to receive services may be suspended under the following circumstances: (a) a veteran who has a copayment requirement does not agree to pay copayments, (b) a veteran re-enters the active duty military, or (c) a veteran becomes a fugitive felon.

**Approach.** Given that background, we considered VA healthcare use to be de facto access. To identify the first access date, we used the following rules.

1. In ADR data, we used the earlier of two dates: (a) an "income test effective date" or (b) an "enrollment status change date" with an "enrollment status" value of "verified", indicating the enrollment process was complete and the veteran had been determined eligible for services.
2. If the first date of healthcare utilization from any VA inpatient or outpatient file (including "Fee Basis" or "Non-VA Medical Care" files) was earlier than (1), above, the utilization date was assigned as the first date of VA access.

Once the first date of VA access was determined, the veteran's VA\_ACCESS\_STATUS was assigned a value of "Access," indicating the veteran had access to VA healthcare.

If ADR data indicated the veteran had initiated an enrollment application but neither of the criteria (1) or (2) above were satisfied, the access status was assigned a value of either "Ineligible/Declined" or "Pending" based on the following rules.

- If the ADR enrollment status was Rejected, Declined/Cancel, Expired, Suspended, or Not Eligible, the veteran's VA\_ACCESS\_STATUS was assigned a value of "Ineligible/Declined" indicating the veteran did not have access to VA healthcare.
- If the ADR enrollment status was Null, Pending, Inactive, Unverified, or Not Applicable, the VA\_ACCESS\_STATUS was assigned a value of "Pending." Note that a value of Pending indicates, by definition, that the veteran had not used VA healthcare.

The above rules determine the access status and date on each Veteran's first (earliest) record. Changes in access status may include going from "Pending" to "Access," from "Pending" to "Ineligible/Declined," from "Access" to "Ineligible/Declined," or from "Ineligible/Declined" to "Access."

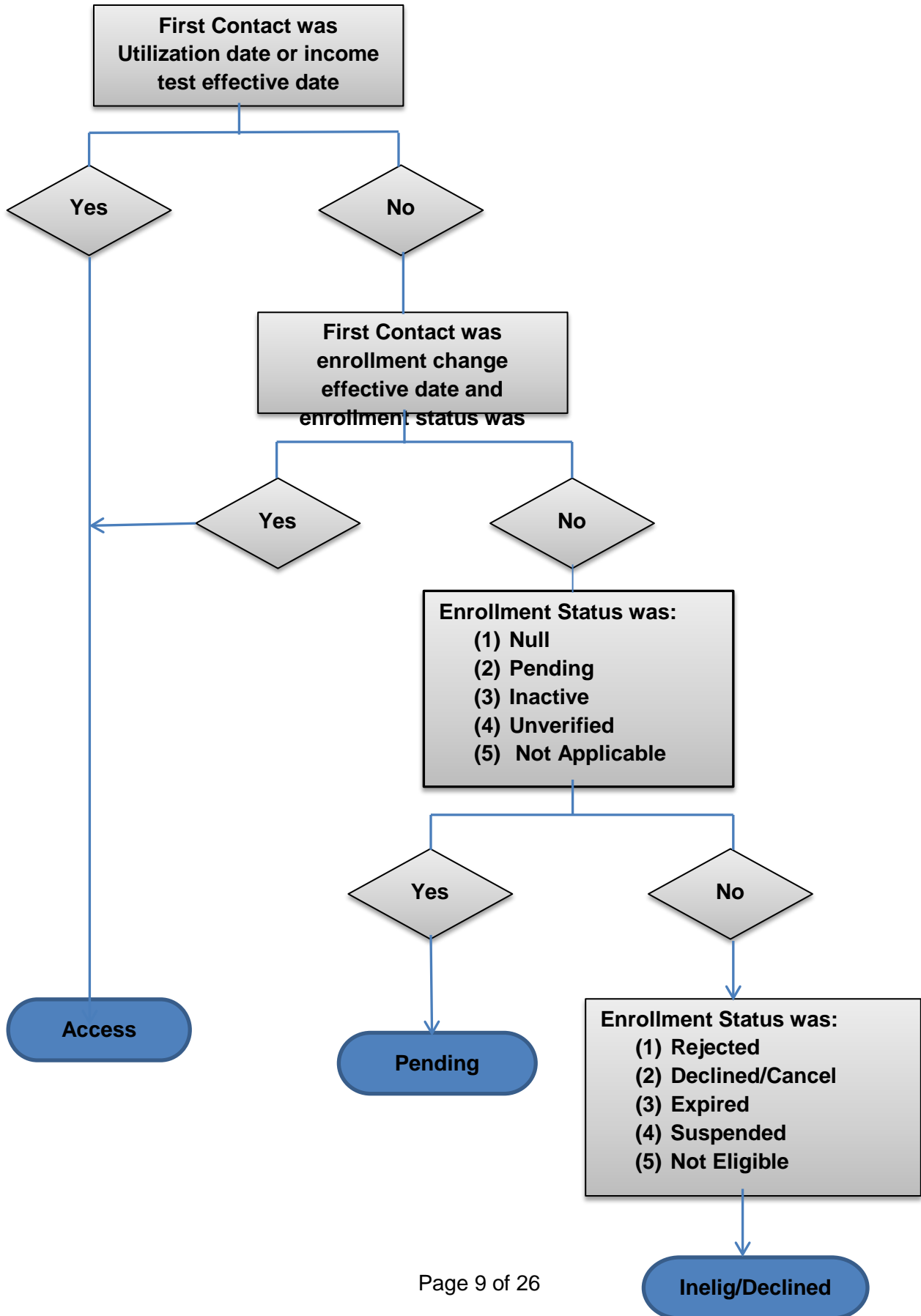
## References

Code of Federal Regulations Title 38 Chapter 1 Part 17, Sections 17.36 *Enrollment—provision of hospital and outpatient care to veterans* and 17.37, *Enrollment not required—provision of hospital and outpatient care to veterans*. eCFR Electronic Code of Federal Regulations [http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=3dcb49b4ea9c77f89b2ef903d1ca1111&mc=true&n=pt38.1.17&r=PART&ty=HTML#se38.1.17\\_137](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=3dcb49b4ea9c77f89b2ef903d1ca1111&mc=true&n=pt38.1.17&r=PART&ty=HTML#se38.1.17_137).

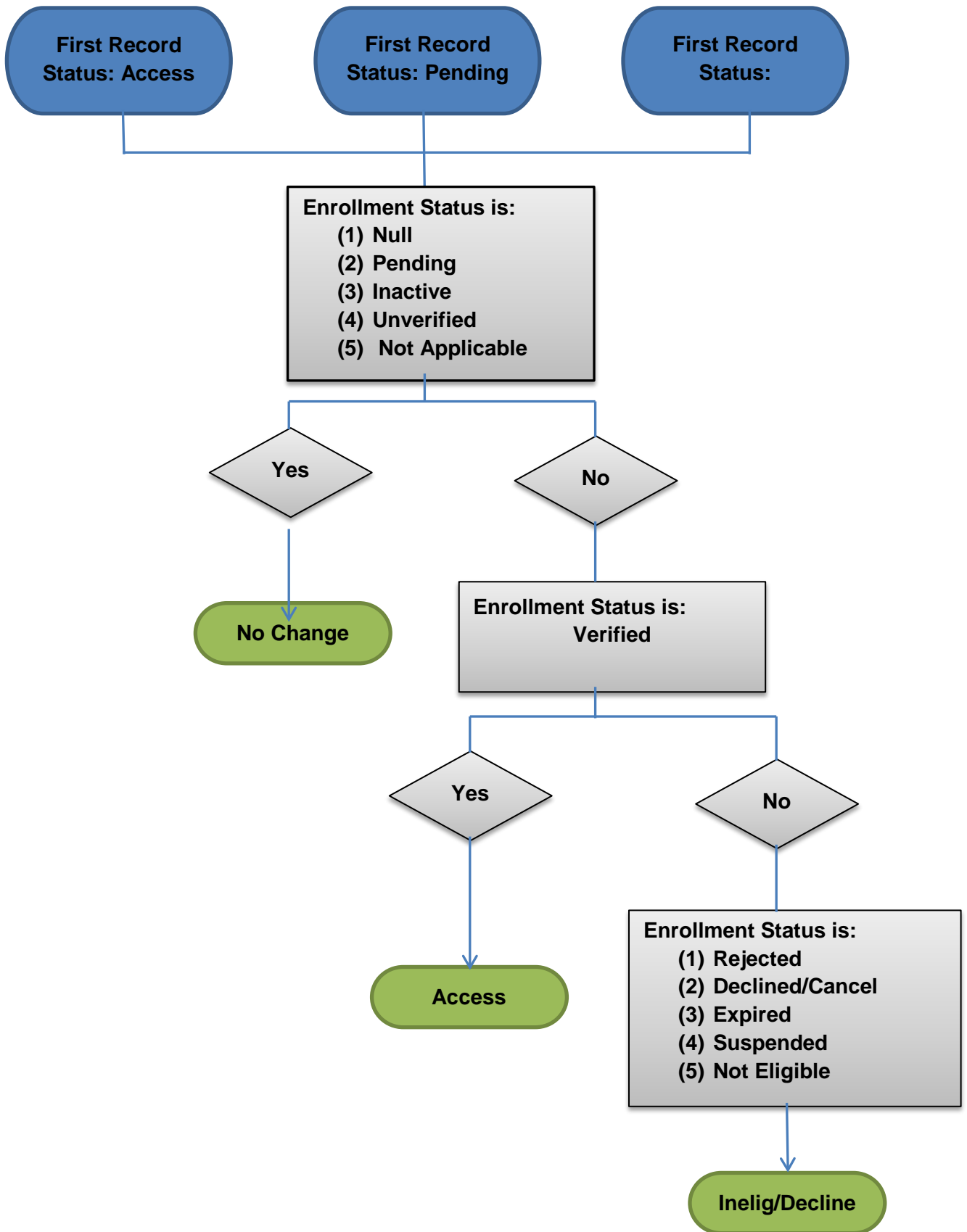
U.S. Department of Veterans Affairs Veterans Health Administration. *VHA Handbook 1601A.03, Enrollment Determinations*. USDVA, 2013 July 3. Available: [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2917](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2917).



**1<sup>st</sup> Record at Veterans Level**



**Subsequent Records at Veterans Level**



## **Appendix 2: Historical Guide to VA Priority Groups**

### **2.1. Summary**

Veterans seeking care at the VA are enrolled in Priority Groups based on disability, special statuses such as former POW and Congressional Medal of Honor recipient, and income. Copayment requirements differ across priority groups. Although all Veterans enrolled for VA receive the same benefit package, the use of priority groups is one way that the VA manages its Congressional budgetary allocation. This document contains the defining characteristics of the VA's eight priority groups, including eligibility criteria. It provides an historical view, compiling data from the initial law designating these groups and subsequent changes to the group distinctions. This document also provides clarifications regarding priority group eligibility that is based on Camp Lejeune-stationed veterans during a specific time period, the difference between 0% compensable and non-compensable conditions, and Priority Group 8 enrollment relaxation rules that took effect in June, 2009. This document also provides references and additional resources that may be helpful.

# Historical Guide to VA Priority Groups

## 2.2. VA Priority Groups

	1	2	3	4	5	6	7	8
1996	Passing of Public Law 104-262 ("Veterans' Health Care Eligibility Reform Act") creates the priority groups and defines the first priority group as veterans with service-connected disabilities rated 50% or greater	Public Law 104-262 defines the second priority group as veterans with service-coordinated disabilities rated 30% or 40%	Public Law 104-262 defines the third priority group as veterans who are former prisoners of war, veterans with service-connected disabilities rated 10% or 20%, veterans described in subparagraphs (B) and (C) of section 1710(a)(2)	Public Law 104-262 defines the fourth priority group as veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason of being permanently housebound and other veterans who are catastrophically disabled	Public Law 104-262 defines the fifth priority group as veterans not covered by paragraphs (1) through (4) who are unable to defray the expenses of necessary care as determined under section 1722(a)	Public Law 104-262 defines the sixth priority group as all other veterans eligible for hospital care, medical services, and nursing home care under section 1710(a)(2)	Public Law 104-262 defines the seventh priority group as veterans described in section 1710(a)(3)	
2002			Added veterans who have been awarded the Purple Heart	Eligibility criteria further defined and clarified				
2003							Divided into two subcategories (Group 7 and Group 8) to implement new statutory requirements by amending regulation 38 CFR 17.36; four subcategories (1. Noncompensable 0% veterans who are in an enrolled status on a specific date announced in a Federal Register document and who subsequently do not request disenrollment; 2. Nonservice-connected veterans who are in an enrolled status on a specific date announced in a Federal Register document and who do not request disenrollment; 3-4. Veterans from the previous 2 subcategories not eligible for those categories)	Split from Group 7 and has the same four subcategories implemented for eligibility (1. Noncompensable 0% veterans who are in an enrolled status on a specific date announced in a Federal Register document and who subsequently do not request disenrollment; 2. Nonservice-connected veterans who are in an enrolled status on a specific date announced in a Federal Register document and who do not request disenrollment; 3-4. Veterans from the previous 2 subcategories not eligible for those categories)

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							3-4. Veterans from the previous 2 subcategories not eligible for those categories)	
<b>2008</b>						Cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in Priority Group 6, unless eligible for enrollment in a higher priority group, to combat veterans who were discharged or released from active service on or after January 28, 2003, for 5 years from the date of discharge or release		
<b>2009</b>								Additional subcategory creation (enrolling veterans whose income exceeds current means test and geographic means test income threshold by 10% or less)
<b>2010</b>	Expanded group to include newly-enrolled veterans with "Diseases Associated with Exposure to Certain Herbicidal Agents" (Hairy Cell leukemia, other chronic B-cell leukemia, Parkinson's Disease, ischemic heart disease)							

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2011			Added veterans who have been awarded the Medal of Honor					
2013				Added clinical criteria defining "catastrophically disabled"				
2014						Expanded to include Camp Lejeune veterans		
2015						<p>Combat Veterans who were discharged or released from active service after January 1, 2009, and before January 1, 2011, who did not enroll within the 5 years as stated above, are now eligible to enroll in the VA health care system for an additional period of one year beginning February 12, 2015.</p> <p>VA expands Camp Lejeune covered period back to 8/1/1953</p>		

# Historical Guide to VA Priority Groups

<p><b>Current Criteria (as of July 2015)</b></p>	<p>Veterans with VA-rated service-connected disabilities 50% or more disabling; veterans determined by the VA to be unemployable due to service-connected conditions</p>	<p>Veterans with VA-rated service-connected disabilities 30% or 40% disabling</p>	<p>Veterans who are former 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 VA-rated service-connected disabilities 10% or 20% disabling; veterans awarded special eligibility classification under Title 38, USC §1151 ("benefits for individuals disabled by treatment or vocational rehabilitation"); veterans awarded the Medal of Honor</p>	<p>Veterans who are receiving aid and attendance or housebound benefits from VA; veterans who have been determined by VA to be catastrophically disabled</p>	<p>Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled by the VA with annual income and/or net worth below the VA national income threshold and geographically-adjusted income threshold for their resident location; veterans receiving VA pension benefits; veterans eligible for Medicaid programs</p>	<p>World War I veterans; Compensable 0% service-connected veterans; veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; Project 112/SHAD participants; veterans who served in the Republic of Vietnam between 1/9/1962 and <del>4/7/1975</del> 5/7/1975; veterans of the Persian Gulf War who served between 8/2/1990 and 11/11/1998; veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning <del>1/1/1957</del> 8/1/1953 and ending 12/31/1987; Veterans who served in a theater of combat operations after 11/11/1998 as follows*: (1) currently enrolled veterans and new enrollees who were discharged from active duty on or after <del>1/1/2003</del> 1/28/2003 are eligible for enhanced benefits for 5 years post-discharge) and (2) Combat Veterans who were discharged between</p>	<p>Veterans with gross household income below the geographically-adjusted income threshold (GMT) for their resident location and who agree to pay co-payments</p>	<p>Veterans with gross household income above the VA income threshold and the geographically-adjusted income threshold for their resident location and who agree to pay co-payments.<sup>†</sup> Veterans eligible for enrollment: Noncompensable 0% service-connected and:</p> <p>Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status</p> <p>Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA income limits or geographic income limits by 10% or less Veterans eligible for enrollment: Nonservice-connected and:</p> <p>Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status</p> <p>Subpriority d: Enrolled on or after June 15,</p>
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## Historical Guide to VA Priority Groups

						<p>January 2009 and January 2011, and did not enroll in the VA health care during their 5 year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for America Veterans Act.</p>		<p>2009, whose income exceeds the current VA income limits or VA geographic income limits by 10% or less Veterans not eligible for enrollment: Veterans not meeting the criteria above:</p> <p>Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)</p> <p>Subpriority g: Nonservice-connected</p>
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\* At the end of this enhanced enrollment priority group placement time period Veterans will be assigned to the highest Priority Group their unique eligibility status at that time qualifies for.

- † Veterans eligible for enrollment:** Noncompensable 0% service-connected and:
- Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status
  - Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA income limits or geographic income limits by 10% or less
- Veterans eligible for enrollment:** Nonservice-connected and:
- Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status
  - Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA income limits or VA geographic income limits by 10% or less
- Veterans not eligible for enrollment:** Veterans not meeting the criteria above:
- Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)
  - Subpriority g: Nonservice-connected



## 2.3. Clarifications

### Camp Lejeune Veterans

This addition to the initial law requires VA hospitals to provide hospital care and medical services for the included veteran groups for certain illnesses and conditions that may be attributed to exposure to toxins in the water system at Camp Lejeune. A fact sheet is available:

[http://www.va.gov/healthbenefits/resources/publications/IB10-449\\_camp\\_lejeune.pdf](http://www.va.gov/healthbenefits/resources/publications/IB10-449_camp_lejeune.pdf)

### 0% Non-compensable vs. 0% Compensable Status

0% non-compensable status occurs when a veteran has a minor service-connected condition (such as a scar) that is not an impairment to the veterans' quality of life. However, this designation is beneficial because it allows the veteran to be a part of a higher priority rating and allows for review for a higher priority ranking later. 0% compensable status occurs when a veteran has a service-connected condition that allows for VA compensation related to the condition. The distinction depends on the Schedule for Rating Disabilities in use at the time of evaluation. A veteran can be re-evaluated and their status may change based on changes to the condition.

### Priority Group 8 Enrollment Relaxation<sup>3</sup>

Regulations went into effect on June 15, 2009 which enabled the Department of Veterans Affairs (VA) to relax income restrictions on enrollment for health benefits. While this provision does not remove consideration of income, it does increase income thresholds. [A veteran] may be eligible for enrollment under this provision. The VA National Income Thresholds can be found online at

<http://www.va.gov/healthbenefits/assets/documents/publications/AnnualThresholds.asp> .

Although the income relaxation regulation described above allows certain higher-income Veterans to be enrolled in the VA health care system, the previous Enrollment Restriction, effective January 17, 2003, by which VA suspended NEW enrollment of Veterans assigned to Priority Groups 8e and 8g is still in effect (VA's lowest priority group consisting of higher income Veterans). However, VA encourages Veterans in these priority groups to reapply for enrollment. They may now qualify if their current household income does not exceed the adjusted income thresholds under current regulations. The VA National Income Thresholds can be found on line at

<http://www.va.gov/healthbenefits/assets/documents/publications/AnnualThresholds.asp>.

## 2.4. Pertinent Laws

### Public Law 104-262, Section 1710(a)(2)

The Secretary shall furnish hospital care and medical services, and may furnish nursing home care, which the Secretary determines to be needed to any veteran--

- A. Who has a compensable service-connected disability rated less than 50%
- B. Whose discharge or release from active military, naval, or air services was for a compensable disability that was incurred or aggravated in the line of duty
- C. Who is in receipt of, or who, but for a suspension pursuant to section 1151 of this title (or both a suspension and the receipt of retired pay), would be entitled to disability compensation, but only to

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<sup>3</sup> [http://www.va.gov/healthBenefits/resources/publications/IB10-185-health\\_care\\_benefits\\_overview\\_2012\\_eng.pdf](http://www.va.gov/healthBenefits/resources/publications/IB10-185-health_care_benefits_overview_2012_eng.pdf) (12-21-2014)

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the extent that such veteran's continuing eligibility for such care is provided for in the judgment or settlement provided for in such section

- D. Who is a former prisoner of war
- E. Who is a veteran of the Mexican border period or of World War I
- F. Who was exposed to a toxic substance, radiation, or environmental hazard as provided in subsection (e)
- G. Who is unable to defray the expenses of necessary care as determined under section 1722(a) of this title

### **Public Law 104-262, Section 1710(a)(3)**

In the case of a veteran who is not described in paragraphs (1) and (2), the Secretary may, to the extent resources and facilities are available and subject to the provisions of subsections (f) and (g), furnish hospital care, medical services, and nursing home care which the Secretary determines to be needed.

### **Public Law 104-262, Section 1722(a)**

For the purposes of section 1710 (a)(2)(G) of this title, a veteran shall be considered to be unable to defray the expenses of necessary care if--

- A. The veteran is eligible to receive medical assistance under a State plan approved under title XIX of the Social Security Act;
- B. The veteran is in receipt of pension under section 1521 of this title; or
- C. The veteran's attributable income is not greater than the amount set forth in subsection (b).
  - a. Subsection (b)--the income threshold for the calendar year beginning on January 1, 1990, is \$17,240 in the case of a veteran with no dependents and \$20,688 in the case of a veteran with one dependent, plus \$1,150 for each additional dependent. For a calendar year beginning after December 31, 1990, the amounts in effect for purposes of this subsection shall be the amounts in effect for the preceding calendar year as adjusted under subsection (c) of this section.
  - b. Subsection (c)--Effective on January 1 of each year, the amounts in effect under subsection (b) of this section shall be increased by the percentage by which the maximum rates of pension were increased under section 5312 (a) of this title during the preceding calendar year

### **Public Law 110-181**

On January 28, 2008, "Public Law 110-181" titled the "National Defense Authorization Act of 2008" was signed into law. Section 1707 amended Title 38, United States Code (U.S.C.), Section 1710(3), extending the period of eligibility for health care for Veterans who served in a theater of combat operations after November 11, 1998, (commonly referred to as combat, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans).

### **Public Law 114-203**

On February 12, 2015, "Public Law 114-203" titled the "Clay Hunt Suicide Prevention for American Veterans Act", extended the period of eligibility for one year from the enactment of the act to Veterans who were discharged or released from the active military, naval, or air service after January 1, 2009, and before January 1, 2011.

Under the "Combat Veteran" and "Clay Hunt Suicide Prevention for American Veterans Act" authority, the Department of Veterans Affairs (VA) provides cost-free health care services and nursing home care for

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conditions possibly related to military service and enrollment in Priority Group 6, unless eligible for enrollment in a higher priority group to:

- Combat Veterans who were discharged or released from active service on or after January 28, 2003, are now eligible to enroll in the VA health care system for 5 years from the date of discharge or release. NOTE: The 5-year enrollment period applicable to these Veterans begins on the discharge or separation date of the service member from active duty military service, or in the case of multiple call-ups, the most recent discharge date.
- Combat Veterans who were discharged or released from active service after January 1, 2009, and before January 1, 2011, who did not enroll within the 5 years as stated above, are now eligible to enroll in the VA health care system for an additional period of one year beginning February 12, 2015.

### **Appendix 3: HISTORICAL GUIDE TO VA COPAYMENT REQUIREMENTS**

This document contains historical information about the VA's copayment requirements for inpatient and outpatient care, outpatient medication prescriptions, extended care services, and certain medical services.

This information was compiled through a search of the Federal Register at <http://www.federalregister.gov> and the United States Code at <http://uscode.house.gov/>.

Current information on copayments for veterans is available from the VA Health Benefits Reference Library at <http://www.va.gov/healthbenefits/resources/publications.asp>.

**History of Copayments for Inpatient and Outpatient Care**

This table presents historical information about VA inpatient and outpatient care copayment requirements and related exemptions. In-depth information on exemptions is provided below. The specific Federal Register location from which the information was obtained is indicated in the first column.

<i>Source</i>	<i>Effective Date</i>	<i>Inpatient Care</i>	<i>Primary Outpatient Care</i>	<i>Specialty Outpatient Care</i>	<i>Exemptions</i>
66FR63446	12/06/2001	\$10 for every day the veteran receives inpatient hospital care, and (ii) The 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.	\$15 per visit	\$50 per visit	Certain Veterans are exempt from all copayments*
68FR60853 (Applies only to priority group 7)	10/01/2002	\$2 for every day the veteran receives inpatient hospital care, and (ii) The 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.	No change	No change	Applies only to Priority Group 7

**\* Exemptions Details**

As mandated by statutory authority,

- The following veterans are not subject to the copayment requirements for inpatient hospital care or outpatient medical care:
  - A veteran with a compensable service-connected disability;
  - A veteran who is a former prisoner of war;
  - A veteran awarded a Purple Heart;
  - A veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty;
  - A veteran who receives disability compensation under 38 U.S.C. 1151;
  - A veteran whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that the veteran's continuing eligibility for care is provided for in the judgment or settlement described in 38 U.S.C. 1151;
  - A veteran whose entitlement to disability compensation is suspended because of the receipt of military retirement pay;
  - A veteran of the Mexican border period or of World War I;
  - A military retiree provided care under an interagency agreement as defined in section 113 of Public Law 106-117, 113 Stat. 1545; and
  - A veteran who VA determines to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a).
- The following veterans are not subject to the copayment requirements for inpatient hospital care or outpatient medical care authorized under [38 U.S.C. 1710\(e\)](#):
  - Vietnam-era herbicide-exposed veterans
  - Radiation-exposed veterans,
  - Gulf War veterans, or
  - Post-Gulf War combat-exposed veterans.
- Care provided for a veteran's noncompensable zero percent service-connected disability is not subject to the copayment requirements for inpatient hospital care or outpatient medical care.

VA has authority to impose a copayment for inpatient hospital care and outpatient medical services only if the care or services are provided under [38 U.S.C. 1710](#). Accordingly, the rule also exempts the following from the copayment requirements for inpatient hospital care and outpatient medical services because they are provided under authorities other than [38 U.S.C. 1710](#):

- Special registry examinations (including any follow-up examinations or testing ordered as part of the special registry examination) offered by VA to evaluate possible health risks associated with military service;
- Counseling and care for sexual trauma as authorized under 38 U.S.C 1720D;
- Compensation and pension examinations requested by the Veterans Benefits Administration;
- Care provided as part of a VA-approved research project authorized by 38 U.S.C. 7303;
- Outpatient dental care provided under 38 U.S.C. 1712;
- Readjustment counseling and related mental health services authorized under 38 U.S.C 1712A;
- Emergency treatment paid for under 38 U.S.C. 1725 or 1728;
- Extended care services authorized under 38 U.S.C. 1710B; and
- Care or services authorized under 38 U.S.C. 1720E for certain veterans regarding cancer of the head or neck.

**History of Copayments for Medications**

This table presents historical information about VA medication copayment requirements and related exemptions. The column entitled Cap per Calendar Year reflects the most a veteran would be required to pay per year for medications. The cap amount, if any, is dependent on the veteran’s priority group. The specific Federal Register location from which the information was obtained is indicated in the first column.

<i>Source</i>	<i>Effective Date</i>	<i>Copayment for each 30 day supply of medication</i>	<i>Cap per Calendar Year</i>	<i>Exemptions</i>
38 U.S.C. 1722A	1990	\$2	No	
66FR63449 Final Rule (Includes escalator provisions)	02/04/2002	\$7	<b>Priority Group 2-6</b> \$840	The final rule exempts from the copayment requirements medication for a veteran who has a service-connected disability rated 50% or more based on a service-connected disability or unemployability. The final rule also exempts from the copayment requirements medication for a veteran's service-connected disability. However, VA has no authority to exempt from the medication copayments medication for a nonservice-connected condition of a veteran whose total service-connected disabilities are rated at less than 50%.
			<b>Priority Group 7*</b> No	
†74FR72329	01/2006	\$8	\$960	Priority Groups 2-6
			No	Priority Groups 7-8
75FR32670	06/30/2010	\$8	\$960	Priority Groups 2-6
		\$9	No	Priority Groups 7-8

† Priority Group 8 did not exist at this time.

\* The formulaic increase on copayments for medications has been frozen until 12/31/2015.

**History of Copayments for Extended Care Services**



This table presents historical information about VA extended care services copayment requirements and related exemptions. Copayments for extended care services were established in 2002 and have not changed. The specific Federal Register location from which the information was obtained is indicated in the first column.

<i>Source</i>	<i>Effective Date</i>	<i>Service</i>	<i>Copayment per day*</i>	<i>Exemptions</i>
67 FR 35037	05/17/2002	Adult day health care	\$15	(1) A veteran with a compensable service-connected disability, (2) A veteran whose annual income is less than the amount in effect under <a href="#">38 U.S.C. 1521(b)</a> , (3) Care for a veteran's noncompensable zero percent service-connected disability, (4) An episode of extended care services that began on or before November 30, 1999, (5) Care for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Persian Gulf War veterans, or post-Persian Gulf War combat-exposed veterans, (6) Care for treatment of sexual trauma (7) Care for certain veterans regarding cancer of the head or neck.
		Domiciliary	\$5	
		Institutional respite care	\$97	
		Institutional geriatric evaluation	\$97	
		Non-institutional geriatric evaluation	\$15	
		Non-institutional respite care	\$15	
		Nursing home care	\$97	

\* A veteran has no copayment obligation for the first 21 days of extended care services in any 12-month period from the date extended care services began.

**History of Elimination from Copayment for Certain Medical Services**

All veterans are exempt from copayments for certain services. This chart shows the service and the date the copayment was eliminated. The specific Federal Register location from which the information was obtained is indicated in the first column.

<i>Source</i>	<i>Service</i>	<i>Effective Date</i>
70 FR 22595	Smoking Cessation Counseling	07/01/2005
73 FR 20530	Weight Management Counseling	06/16/2008
77 FR 13195	In-Home Telehealth	05/07/2012