

Veterans Health Administration White Paper
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Background

Title 38 U.S.C. Chapter 17 authorizes VA to provide hospital care, medical services, domiciliary care and nursing home care to eligible veterans. Title 38 U.S.C. § 1705 requires VA to design, establish, and operate a system of annual patient enrollment in accordance with a series of stipulated priorities. A consequence of this is that many groups of veterans who are in a lower priority group (veterans with disabilities rated as 0% non-compensable service-connected seeking treatment for other than their service-connected conditions, veterans exposed to a toxic substance, radiation, or environmental hazard and non-service connected veterans) may request that they be allowed to be income tested in order to gain a higher priority. Title 38 U.S.C. § 1705 also places veterans awarded the Medal of Honor or recipient of the Purple Heart in Priority Group 3 if not already enrolled in a higher priority group. Title 38 U.S.C. § 1722 establishes eligibility assessment procedures for cost-free VA medical care, based on income levels, which determines whether non-service connected and 0% service-connected non-compensable veterans are able to defray the necessary expenses of care for non-service connected conditions. Veterans may also decline or cancel their VA enrollment from VA's health care system. Title 38 CFR Section 17.36(d)(5)(i) requires a Veteran to submit information to a VA Medical Center or to the VA Health Eligibility Center, a signed and dated document stating that the Veteran no longer wishes to be enrolled. When a veteran's income exceeds VA's income threshold but has changed due to a loss of job or loss of income, to avoid a hardship, an enrolled veteran may apply to VA for consideration of a change in financial circumstances by submitting VA Form 10-10HS, Request for Hardship Determination, to their local VA health care facility. When the veteran projects that his or her attributable income for the current calendar year would be substantially below the applicable income thresholds, the veteran would be considered unable to defray the expenses of care and VA may exempt the veteran from the requirement to pay copayments for hospital or outpatient care. Title 38 U.S.C. § 1722A establishes the eligibility assessment procedures, based on income levels, for determining veterans' eligibility for cost-free medications and Title 38 U.S.C. § 1710B defines the procedures for establishing eligibility for cost-free long-term care benefits. Title 38 U.S.C § 1729 authorizes VA to recover from veterans' health insurance carriers the cost of care furnished for their non-service connected conditions. VA is also required to identify veterans who agree to make VA medical care co-payments and whose family incomes are below the "low-income" limits for their geographical area set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits.

Issue

- (1) VHA used to collect income and asset information from Veterans who are not otherwise eligible for health care. This calculation was performed under what was termed as the net worth determination. The net worth calculation led to inequality in regards to enrollment and Veteran access to medical care. VHA

briefed the VA Secretary and received approval to discontinue the collection of net worth information for purposes of establishing eligibility for VA health care enrollment on January 1, 2015.

- (2) The Veterans Health Administration seeks to add an intelligent navigation at the end of the Vonapp Direct Connect (VDC) to populate VA Form 10-10EZ. VDC is an online self-service interface that allows a Veteran to complete one integrated interview process which may complete a handful of VA forms depending on the responses. The intelligent navigation would take applicable information collection and pre-fill the 10-10EZ.

Modification

- (1) Title 38 U.S.C. 1722(d)(1) provides discretionary authority to the Secretary to consider a Veterans net worth while determining the Veterans eligibility for health care enrollment. The Secretary has approved the measure and requested that VHA modify paper and online VA Forms 10-10EZ and 10-10EZR to remove net worth collection requirements.
- (2) VHA Directive 2013-003 Providing Health Care for Transgender and Intersex Veterans establishes policy regarding the respectful delivery of health care to transgender and intersex Veterans. Changes capture information required to provide that service.
- (3) This intelligent navigation process determines whether the user is not currently enrolled in VA Healthcare. Once that determination is made, the applicant will be prompted with one of the following:

By submitting this claim, you authorize VA to seek healthcare enrollment on your behalf (in the event you are not currently enrolled in VHA). If you do not wish for VA to use the information for healthcare enrollment, please un-check this box.”

If you check the above box and are enrolled you are agreeing to pay the applicable VA copays for treatment or services of your NSC conditions as required by law. You also agree to receive communications from VA to your supplied email or mobile number.

Click to expand/ Hover to see the Paperwork Reduction Act and Privacy statement for the VA form 10-10EZ.”

The Paperwork Reduction Act and Privacy Act statements will be located on the same page. Once the applicant completes the interview, the 10-10EZ will be automatically submitted.

Both non-substantive changes will reflect no increase respondent burden hours but will create ease for Veterans submitting information for timely care.