

TREATMENT OF ALLIED BENEFICIARIES

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates Department of Veterans Affairs (VA) procedures for providing medical treatment to allied beneficiaries in VHA health care facilities.
- 2. SUMMARY OF CHANGES:** This VHA Handbook updates current procedures, links, references, and dates.
- 3. RELATED ISSUES:** VHA Handbooks 1601A.01 and 1601A.02.
- 4. RESPONSIBLE OFFICE:** The Chief Business Office (10NB) is responsible for the contents of this VHA Handbook. Questions may be addressed to 202-382-2500.
- 5. RESCISSIONS:** VHA Handbook 1601D.02, Treatment of Allied and Foreign National Beneficiaries, dated August 7, 2006, and VHA Directive 2000-051, Allied Beneficiary Billing, dated December 20, 2000 are rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of November 2018.

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TREATMENT OF ALLIED BENEFICIARIES

1. PURPOSE: This Veterans Health Administration (VHA) Handbook provides information on the policies for providing Department of Veterans Affairs (VA) health care benefits to allied beneficiaries.

2. AUTHORITY: Allied beneficiaries are certain beneficiaries who are eligible for medical treatment within the VA health care system. The following table provides authority references for specific allied beneficiaries.

	Beneficiary Type(s)	Authority(ies)
a.	Allied beneficiaries	(1) Title 38 United States Code (U.S.C.), Section 109(a) . (2) Title 38 Code of Federal Regulations (CFR), Sections – 17.41(e) , – 17.42 , – 17.43(a)(3) , – 17.94 , – 17.102(d) .
b.	Czechoslovakian or Polish beneficiaries	(1) 38 U.S.C. §109(c) . (2) Title 38 Code of Federal Regulations (CFR), Sections – 17.41(e) , – 17.42 , – 17.43(a)(3) , – 17.94 , – 17.102(d) .

3. DEFINITIONS:

a. **Allied Beneficiaries.** Allied beneficiaries are former members of the armed forces of nations allied with the United States (U.S.) in World War I (WWI) (except any nation which was an enemy of the United States during World War II) or World War II (WWII). **NOTE:** *An individual Veteran need not have served in either WWI or WWII, but must be a Veteran of a nation that was allied with the U.S. in WWI or WWII as established here.*

b. **Czechoslovakian or Polish Beneficiaries.** Czechoslovakian or Polish Beneficiaries are a special group of allied beneficiaries who served in the armed forces of the Government of Czechoslovakia or Poland and who:

- (1) Served during WWI or WWII in armed conflict with an enemy of the U.S.,
- (2) Subsequently served in or with the armed forces of France or Great Britain during the period of WWI or WWII, and
- (3) Have been citizens of the U.S. for at least 10 years.

c. **War Pension from Great Britain.** A British Pension, which may be granted to certain Veterans of the British Armed Forces, including those who served in Polish Forces under British Command.

4. SCOPE: This VHA Handbook provides details on the eligibility and provision of medical treatment or other services to allied beneficiaries, Czechoslovakian or Polish beneficiaries.

5. ELIGIBILITY:

a. **Eligibility Requirements for Allied Beneficiaries.** Allied beneficiaries, including Czechoslovakian or Polish beneficiaries who are receiving a war pension from Great Britain, must meet the following eligibility requirements in order to receive VA health care benefits:

- (1) The government of the requesting nation must:
 - (a) Have a reciprocal agreement with VA,
 - (b) Submit proper authorization for medical treatment to be provided, and
 - (c) Provide a written agreement to reimburse the U.S. for medical treatment provided.
- (2) The beneficiary must be living in the U.S.

NOTE: For information on obtaining authorization from the foreign government for medical treatment provided to allied beneficiaries, see [VHA.PG.1601D.02.2.3](#) (for internal VHA use only).

b. **Eligibility Requirements for Czechoslovakian or Polish Beneficiaries.** Czechoslovakian or Polish beneficiaries must provide proof that they meet the following eligibility requirements in order to receive VA health care benefits:

- (1) U.S. citizenship for at least 10 years, and
- (2) Military service of the applicant in the armed forces of the Government of Czechoslovakia or Poland during WWI or WWII, and
- (3) Subsequent service in or with the armed forces of France or Great Britain during the period of WWI or WWII, as documented by an authenticated certification from the French Ministry of Defense or the British Ministry of Defense.

NOTE: For more information on providing proof of eligibility, see [VHA.PG.1601D.02.2.4](#) (for internal VHA use only).

6. REGISTRATION:

a. **Allied Beneficiaries.** Before VA provides medical treatment to eligible allied beneficiaries, such beneficiaries:

- (1) Must be registered in Veterans Information Systems and Technology Architecture (VistA),
- (2) Will not be enrolled in the VA health care system, and
- (3) Will not receive a Veterans Identification Card (VIC).

b. **Czechoslovakian or Polish beneficiaries who are receiving a war pension from the British Service Personnel & Veterans Agency.** Czechoslovakian or Polish beneficiaries who are receiving a pension from the British Service Personnel & Veterans Agency receive benefits under the guidelines for allied beneficiaries.

c. **Czechoslovakian or Polish beneficiaries who are NOT receiving a war pension from the British Service Personnel & Veterans Agency.** VA provides hospital, domiciliary, and medical treatment, including transportation, to eligible Czechoslovakian or Polish beneficiaries who are not in receipt of a pension from the British Service Personnel & Veterans Agency in the same manner as U.S. Veterans, subject to eligibility requirements defined above. Eligible beneficiaries are to be:

- (1) Registered in VistA,
- (2) Enrolled in the VA health care system,
- (3) Placed in the appropriate Enrollment Priority Group,
- (4) Issued a VIC, and
- (5) Subject to appropriate co-payments.

7. PROVISION OF MEDICAL TREATMENT:

a. **Emergency Medical Treatment for Allied Beneficiaries.** Emergency medical treatment is furnished to eligible allied beneficiaries at a VA health care facility or at a non-VA health care facility on a Non-VA medical care basis as determined by the Facility Director, or designee.

(1) Emergency medical treatment may be provided to allied beneficiaries even though the facility may not have authorization at the time medical treatment is provided. If the patient is receiving emergency care or is admitted as an inpatient, the patient may remain under VA care or hospitalized at a VA facility only until stable for transfer to a non-Federal hospital. If it is later determined that the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided. **NOTE:** *The provisions of Title 38 Code of Federal Regulations (CFR), Section*

17.102, set forth the conditions under which VA bills an individual for care furnished on a humanitarian emergency basis.

(2) Allied beneficiaries who receive emergency medical treatment from a non-VA facility without prior VA authorization must send any billing directly to their appropriate Veteran's agency. VA cannot pay or bill for such medical treatment on behalf of the beneficiary.

(3) Emergency Outpatient Treatment may be provided without prior authorization in a VA health care facility. If it is later determined that the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided.

(4) Emergency Inpatient Treatment is provided in the nearest appropriate VA health care facility. When a bed in a VA health care facility is not available, hospitalization at another Federal or non-Federal hospital may be authorized by the clinic of jurisdiction or VA health care facility exercising contract hospitalization authority in the area.

(5) Emergency Dental Treatment is provided on either an outpatient or inpatient basis at a VA health care facility or at a non-VA health care facility on a non-VA medical care basis as determined by the Chief, Dental Services, or designee.

b. **Non-Emergency Treatment.** An allied beneficiary found to be in need of non-emergent (inpatient, outpatient or dental) treatment may not be treated until the allied government provides authorization for such treatment.

c. **Prosthetic Appliances, Sensory Aids, Cosmetic Restorations, Artificial Eyes, and/or Medical Accessories.** Prosthetic appliances, sensory aids, cosmetic restorations, artificial eyes, or medical accessories may be furnished to, replaced, or repaired for allied beneficiaries when determined medically necessary and the allied government provides authorization for such service.

d. **Transportation of Allied Beneficiaries**

(1) **Transportation with Authorization.** Authorized transportation, including ambulance, may be provided to an allied beneficiary subject to reimbursement by the government concerned, and in accordance with VA beneficiary travel policy.

(2) **Transportation without Authorization.** Allied beneficiaries applying in-person for examination, treatment, or hospitalization without authorization may be reimbursed the cost of transportation if the allied government provides authorization and reimbursement for medical treatment and transportation.

8. DEATH BENEFITS:

a. **Allied Beneficiaries.** Allied beneficiaries are only eligible for death benefits that are authorized by the appropriate foreign government.

b. **Czechoslovakian or Polish Beneficiaries.** Czechoslovakian or Polish beneficiaries are not eligible for VA death benefits.

9. BILLING AND COLLECTIONS: For information on billing and collection processes please refer to [VHA.PG.1601D.02.4](#) (*for internal VHA use only*). Billing authority is given under 38 CFR 17.102(d) for allied beneficiaries.