Cheyenne VA Basics

Common Questions and Answers from Fellow Veterans

Our Mission

We honor and serve those men and women by fulfilling President Lincoln's promise "to care for him who shall have borne the battle, and for his widow and for his orphan."

Our Vision: Choose VA

That you choose us to care for you and your family.

A Message From
Your Cheyenne VA Health Care System

Welcome to the Cheyenne Veteran Affair's Health Care System. This handbook was prepared to inform you about our services. The information provided should make it easier for you to use our health care system. If you have any questions that are not addressed in this book, please ask a member of your health care team to help you.

It is our priority to give you the highest quality care in a timely manner using the most up-to-date technologies and services. You are important to us and our reason for being here. All of us at Cheyenne VA Medical Center thank you for your service to this country.

Cheyenne Wyoming VA Health Care System

Cheyenne Wyoming Health Care System
2360 East Pershing Boulevard
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A. Cheyenne VA Service Areas:

Southeast Wyoming Counties: Carbon; Albany; Platte; Goshen and Laramie
Southeast Nebraska Counties: Banner; Kimball; Cheyenne; Garden; Deuel (clinic in Sidney)
Northern Colorado: Jackson County; Larimer County; Weld County; Logan County and Sedgwick County (Clinics in Ft. Collins, Loveland and Sterling)

B. Getting Started

It is necessary that you understand how the VA is organized so that you can direct your questions to the right people to help you. There are three branches within the VA:

1. **Veterans Benefits Administration:** Focuses on benefits that Veterans may be eligible for, such as Disability Compensation, Education & Training, Vocational Rehabilitation, VA Home Loan Guarantee
   Cheyenne VA Medical Center has a Veterans Benefits Regional Office Annex, located in the Douglas Fir Building. All Veterans are encouraged to apply for disability compensation through a Veteran Service Organization. On campus we have ***American Legion, Veterans of Foreign Wars (VFW), and Disabled American Veterans (DAV)*** who will assist any Veteran, free of charge, who wishes to file a claim. Veterans do not need to be a member of these organizations to receive care.
2. **National Cemeteries Administration:** Burial in a VA national cemetery is available for eligible Veterans, their spouses, and dependents. Cheyenne dedicated Wyoming's only VA cemetery in October 2020. The Cemetery manager's office is located in the Douglas Fir Building across from the Canteen. Individuals interested in planning or pre-planning may call 307-778-7316.
3. **Veterans Health Administration:** Comprehensive VA health care include all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore a Veteran's health.

C. Health Care Benefits

To enroll in VA Health Care over the phone, please call 1-877-222-8387. You may also fill out the VA Form 1010EZ, and bring it to any VA Enrollment Office.

You may be eligible for VA health care benefits if you served in the active military, naval, or air service and didn't receive a dishonorable discharge.

If you enlisted after September 7, 1980, or entered active duty after October 16, 1981, you must have served **24 continuous months** or the full period for which you were called to active duty, unless any of the descriptions below are true for you.

This minimum duty requirement may not apply if any of these are true. You:

- Were discharged for a disability that was caused - or made worse - by your active-duty service, **or**
- Were discharged for a hardship or "early out," **or**
- Served before September 7, 1980

If you're a current or former member of the Reserves or National Guard, you must have been called to active duty by a federal order and completed the full period for which you were called or ordered to active duty. **If you had an active-duty status for training purposes only, you don't qualify for VA health care.**

D. Means Test and FAQs

While many Veterans qualify for free health care services based on a VA compensable service-connected condition or other special eligibilities, most Veterans are required to complete a financial assessment or **Means Test** at the time of enrollment to determine if they qualify for free health care services. Veterans whose income exceeds VA income limits and those who choose not to complete the financial assessment at the time of enrollment must agree to pay required copays for health care services to become eligible for VA health care services.

The financial information consists of the Veterans' previous calendar year **total gross household income**, including a spouse and dependent's income, if appropriate. The outcome of the financial assessment will determine:

- **Enrollment status**,
- **Priority Group placement**, and
- **Copayment responsibility**
- View current copay rates

FAQs Regarding Means Test

How we assess and verify your income to determine eligibility and copays:

If you're not already receiving VA disability compensation or pension payments or don't have special eligibility factors (like receiving the Medal of Honor and Purple Heart), we'll ask for information about your income as part of our health care enrollment process. This process is called an **income assessment** or **financial assessment** (formerly known as a **means test**). The VA is required by law to collect this information to help determine:

- If you're eligible for VA health care based on your income, **and**
- Whether you'll need to pay copays for certain types of care or medications

What information do I need to provide?

You'll need to provide your gross household income for the previous year. So if you're applying for health care in 2021, you'll need to provide your gross household income for 2020.

Your gross household income means the total amount of money you—and anyone living with you in your home—earned within one calendar year, before taxes. This includes your income from work as

well as any other sources, like money you may have taken from a retirement fund or income from the sale of a house. If you have a spouse, partner, or dependent child who also contributes income to your family, you'll need to include this income in your application. For more information: https://www.va.gov/healthbenefits/resources/publications/ib10-454_quick_reference_guide_income_and_assets.pdf

Once I'm enrolled, do I need to update my income information every year?

Depends on your situation:

- Once enrolled, VA will no loner require an annual financial assessment to be completed. Only one financial assessment will need to be on file and it will not expire.
- Veteran with a current financial assessment on file as of March 24, 2014 are not required to complete another financial assessment.
- You can complete a VA Form 10-10EZR, Health Benefits Update Form to provide changes to you financial and personal information.

NOTE: Veteran who seek to be exempt from medication copayments and/or want to establish eligibility for beneficial travel **are required** to submit financial information annually.

We'll receive your income information from the IRS and the SSA each year to confirm that you're still eligible for free VA health care. We'll contact you only if this information changes your eligibility or copay requirements. If you disagree with the information, you can keep using VA health care services while we review your situation.

NOTE: Even when not required, we encourage you to report changes in your income. It's also important to let us know about changes to your personal information (like your address, phone number, dependents, or other health insurance). You can do this any time by using our Health Benefits Update Form (VA Form 10-10EZR).

What happens if the IRS and SSA information show your income is above the VA income limits?

If the information we receive from the IRS and the SSA shows that you have income above our limits, we'll send a letter notifying you (and your spouse or partner if their income is part of your household income). You'll have the chance to dispute (formally express your disagreement with) this information. You can also send documents showing you have additional deductible expenses that we should consider.

If you don't respond to our letter:

After 45 days, we'll send you a reminder letter.

After 75 days, we'll assume the information from the IRS and the SSA is correct. We'll send you a letter to explain the changes in your eligibility or copay status. We'll also explain how you can appeal our decision.

If you respond by disputing the information in our letter:

When we receive your response, we'll assign an income verification case manager to work with you (and your representative, if you choose to have one). Your case manager will guide you through the process and help you find any authorized deductions that may reduce your total gross household income below our limits. We try to resolve all cases within 75 days.

If our review shows that your income is still above our limits, we'll send you a final letter explaining that you'll need to pay copays for future care as well as for any care you received during the year for which we reviewed your income. We'll also explain how to appeal our decision.

Continuous Enrollment:

The main principle is that if a Veteran's enrollment was based on valid eligibility factors and these factors have changed over time, the Veteran will be placed in the appropriate Priority Group (PG) category and remain enrolled.

However, if the Veteran was enrolled based on one or more factors that were later found to be erroneous, the Veteran would be placed in PG 8e/8g, made ineligible, and the Veteran's enrollment would be discontinued.

An enrollment or proof of enrollment **between** Oct. 1, 1996 and Jan. 16, 2003 will cause a Veteran never to be rejected due to income limits.

If you are rejected and determined that you had a valid enrollment **between** Oct. 1, 1996 and Jan. 16, 2003, please contact the Enrollment Office to request an override.

What are VA Priority Groups, and how do they affect me?

When you apply for VA health care, we'll assign you to 1 of 8 priority groups. This system helps to make sure that Veterans who need care right away can get signed up quickly. It also helps to ensure we can provide high-quality care to all Veterans enrolled in the VA health care program.

Your priority group may affect:

- How soon we sign you up for health care benefits, **and**
- How much (if anything) you'll have to pay toward the cost of your care

What factors will VA use to assign me to a priority group?

The VA will base your priority group on:

- Your military service history, **and**
- Your disability rating, **and**
- Your income level, **and**
- Whether or not you qualify for Medicaid, **and**
- Other benefits you may be receiving (like VA pension benefits)

The VA will assign Veterans with service-connected disabilities the highest priority. We assign the lowest priority to Veterans who earn a higher income and don't have any service-connected disabilities qualifying them for disability compensation (monthly payments).

If you qualify for more than one priority group, we'll assign you to the highest one.

For more information: https://www.va.gov/health-care/eligibility/priority-groups/

Priority Group 1

We may assign you to priority group 1 if any of the below descriptions are true. You:

- Have a service-connected disability that we've rated as 50% or more disabling, **or**
- Have a service-connected disability that we've concluded makes you unable to work (also called unemployable), **or**
- Received the Medal of Honor (MOH)

Priority Group 2

We may assign you to priority group 2 if you have a service-connected disability that we've rated as 30% or 40% disabling.

Priority Group 3

We may assign you to priority group 3 if any of the below descriptions are true. You:

- Are a former prisoner of war (POW), **or**
- Received the Purple Heart medal, **or**
- Were discharged for a disability that was caused by—or got worse because of—your active-duty service, **or**

- Have a service-connected disability that we've rated as 10% or 20% disabling, **or**
- Were awarded special eligibility classification under Title 38, USC § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

Priority Group 4

We may assign you to priority group 4 if either of the below descriptions is true. You:

- Are receiving VA aid and attendance or housebound benefits, **or**
- Have received a VA determination of being catastrophically disabled

Priority Group 5

We may assign you to priority group 5 if any of the below descriptions are true. You:

- Don't have a service-connected disability, or you have a non-compensable service-connected disability that we've rated as 0% disabling, **and** you have an annual income level that's below our adjusted income limits (based on your resident zip code), **or**
- Are receiving VA pension benefits, **or**
- Are eligible for Medicaid programs

Priority Group 6

We may assign you to priority group 6 if any of the below descriptions are true. You:

- Have a compensable service-connected disability that we've rated as 0% disabling, **or**
- Were exposed to ionizing radiation during atmospheric testing or the occupation of Hiroshima and Nagasaki, **or**
- Participated in Project 112/SHAD, **or**
- Served in the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975, **or**
- Served in the Persian Gulf War between Aug. 2, 1990, and Nov. 11, 1998, **or**
- Served on active duty at Camp Lejeune for at least 30 days between Aug. 1, 1953, and Dec. 31, 1987

We may also assign you to priority group 6 if you meet all of the requirements listed below. You:

- Are currently or newly enrolled in VA health care, **and**
- Served in a theater of combat operations after Nov. 11, 1998, or were discharged from active duty on or after Jan. 28, 2003, **and**
- Were discharged less than 5 years ago

Note: As a returning combat Veteran, you're eligible for these enhanced benefits for 5 years after discharge. At the end of this enhanced enrollment period, we'll assign you to the highest priority group you qualify for at that time.

Priority Group 7

We may assign you to priority group 7 if both of the below descriptions are true for you:

- Your gross household income is below the geographically adjusted income limits (GMT) for where you live, **and**
- You agree to pay copays
- To view VA health care copay rates, please go to: www.va.gocv/heath-care/copay-rates/

Priority Group 8

We may assign you to priority group 8 if both of the below descriptions are true for you:

- Your gross household income is above VA income limits and geographically adjusted income limits for where you live, **and**
- You agree to pay copays
- To view VA health care copay rates, please go to: www.va.gocv/heath-care/copay-rates/

If you're assigned to priority group 8, your eligibility for VA health care benefits will depend on which sub priority group we place.

Once I'm enrolled in VA health care, will my priority group ever change?

Your priority group may change in some cases, such as if:

- Your income changes, **or**
- Your service-connected disability worsens, and/or we give you a higher disability rating

E. Copayments: Out-of-Pocket Costs for Medical Care:

You may need to pay a fixed amount for some types of care, tests, and medications you receive from a VA health care provider or an approved community health care provider to treat conditions not related to your service; this is called a copay (short for "copayment"). **Note:** Some Veterans don't have to pay copays (they're "exempt") due to their disability rating, income level, or special eligibility factors.

Whether or not you'll need to pay copays—and how much you'll pay—depends on your disability rating, income level, military service record, and which of our 8 priority groups we assign you to when you enroll in VA health care. For example, if you have a service-connected condition that we've rated at 50% or more disabling or the VA has determined you are unable to work (called unemployable), or if you've received a Medal of Honor, we'll assign you to priority group 1. You won't pay copays for any types of care, tests, or medications.

To learn more about Copayments, visit https://www.va.gov/health-care/about-va-health-benefits/cost-of-care/ and www.va.gocv/heath-care/copay-rates/

If you have specific questions about copayments for prescriptions, contact the National Health Resource Center at **1-866-400-1238**

F. Bills You May Receive for Care:

You may experience the following billing/payment questions associated with Medical Care you receive within the community:

1. If you receive a bill for a service provided at the Cheyenne VA facility, you should contact the Health Resource Center at **1-866-400-1238**.
2. If you receive a bill for a service authorized through the Community Care office, you should contact.
   - For emergency room bills (VA Emergency Care Authorization Team), call 1-877-795-0773
   - For pre-authorized care performed in CO or WY (TriWest), call 1-877-226-8749
   - For pre-authorized care performed in NE (Optum), call 1-877-881-7618
3. If you receive care at an emergency room, please call the VA Emergency Care Authorization Team at **1-888-795-0773** within 72 hours of the visit.
4. If you had to pay for a prescription medication during an appointment within the community for:
   - For routine appointments (non-medical emergency), prescriptions should be filled at the VA pharmacy by taking the prescription to the VA pharmacy during operating hours. If you choose to fill the prescription in the community (meaning not at the VA), you cannot be reimbursed for your prescription cost.
   - For urgent or emergency appointments (based on the provider you are seeing), the community provider can order you a 14-day supply. The VA will reimburse you for this supply if you pay for it. You can refill this prescription at the VA pharmacy.

G. Community Care and the VA Mission:

Veterans may be eligible for care through a provider in their local community depending on your health, their health care needs or circumstances, and if you meet the following eligibility requirements:

1. If you have to wait for more than:
   a. 20 days for a primary care or mental health appointment or
   b. 28 days for a specialty appointment
2. If you have to drive more than:
   a. 30 minutes for primary care or specialty appointment
   b. 60 minutes for a specialty appointment
3. If your VA provider determines it is in your best medical interest to use a community provider instead of a VA provider

If you decide to receive your care in the community, here are some IMPORTANT steps you need to follow:

1. Speak with your VA primary care provider (PCP). If you and you your agree, your PCP will submit a community care consult.
2. Community care Clinical staff will approve or disapprove your consult; this normally takes 2 business days. If your community care isn't approved, contact your PCP. It could be because the VA provides that care and can provide those services in a timely manner.
3. If your Community Care consult is approved, the Community Care office will contact you to gather your scheduling preferences. This can take up to 30 business days. It's very important that you have your voice mail on and that you don't block VA calls. If you get no call in 30 days, call CITC office by dialing the Cheyenne VA's main number (307-778-7550) and using option 5 followed by option 2. You can proactively contact the community care office by calling them or using MyHealth*e*Vet
4. The community care office will create your referral; this begins the authorization process. **<u>You need an authorization to receive care in the community!</u>**
5. The community care office will send your referral and your necessary medical documentation to community provider you selected…this is normally done within 1 business day
6. The community care office will send you a scheduling letter with instructions on how to schedule…this is normally done within 1 business day
7. You make your medical appointment with community provider. <u>You have 21 days from the day you opt in to make the appt with community provider. Your authorization is not valid until VA receives information on a scheduled appointment. If you do not inform community care of your scheduled appointment your consult and referral may be discontinued.</u>
   Then you provide the appointment time and date to Community Care office. You can leave a voicemail by calling 307-778-7550 option 5, then 2 or you can send community care a message on MyHealthyVet.
8. Please attend your scheduled appointment with the community provider. If you cancel or no-show your appointment your referral and consult may be discontinued.
9. Your community provider will send any new medical documents from the appointment the Community Care office at Fax #307-778-7360.
10. You need any follow-up care; is authorization is expired, or community provider states you need additional services that isn't covered by the authorization?
    You must see your PCP! Your PCP will enter a new consult for new or additional care.

H. Health Care at Other Medical Facilities:

- If a Veteran wishes to be seen at another facility, they do have that option. However, payment of care is not guaranteed.
- If a Veteran wishes to be seen for an emergency outside of the VA, then it is the responsibility of the Veteran or someone connected with the Veteran to contact the Authorization Line within 72 hours of care.
- The number for the **Network Authorization Office is 1-888-795-0773.**
- If they do not get a person on the phone they must leave a message indicating who they are, where they are going, and what the reason they are being seen.

I. Internal / External Lodging:

Patients are authorized sleeping accommodations if:

1. You live 100 miles or more from the VA facility.
2. Have an appointment at 1000 hours or earlier, or have an appointment that is after 1600 hours, but it is running later than expected, or if bad road conditions necessitate lodging.
3. If you have a qualifying surgical procedure early the next day or have a follow-up the next day.

Patients with drivers must have a reason to have a driver (examples: medication, surgery, or they are unable to drive due to a valid medical condition).

Lodging is on a first come, first serve basis, and check-in begins at 1500. Cheyenne VAMC provide in-house rooms as well as hotels in the local community. In-house rooms are strictly for Veterans only. If the Veteran has someone with them to drive them home afterwards they must be lodged at one of our two contracted hotels. If you stay at a contracted hotel, you will be asked for a credit card (for incidentals, room charges, room damages, etc.).

Female Veterans are NEVER lodged with male Veterans. Veterans who are undergoing chemo treatments must also lodge alone.

Service Dogs can stay in-house. If required to stay at a hotel, they maybe allowed to have their personal pets, however it is the responsibility of the Veteran to cover the cost of their pet.

If at any time, rooms in the Cheyenne VA facility or at our contracted hotels are full (examples: during Cheyenne Frontier Days, during snowstorms, or occurring randomly at other times), it is the Veteran's responsibility to make their own overnight accommodations. Service connected Veterans are reimbursed.

If you require lodging at the Denver VA or the Sheridan VA, please call:

- **Denver Lodging Number:** 303-399-8020 ext. 4596
- **Sheridan Lodging Number:** 307-675-3630

J. Requesting Medical Records:

Requests for information can be sent to our Request of Information office. They are open Monday-Friday 0800-1630. Their fax number is 307-778-7510 ext. 7507.

If there is a need for ROI after hours, contact either the Administrator of the Day (AOD) or the MSA in the emergency department. The extension to the emergency department is 7555. The fax number is 307-778-7559.

The proper form must be filled out by either the requesting facility, or the Veteran, before records can be given out or sent.

Only the specific information requested will be furnished.

K. Homeless Services:

Cheyenne uses three different recovery houses which is funded by GPD (Grant Per Diem) to house our Veterans which is funded by CALC (Community Action of Laramie County).

The Cheyenne VAMC does provide assistance with many aspects to help eliminate homelessness for Veterans. We assist with job placement, peer support specialists and can arrange consults to be put in place for Veterans to be enrolled in our health care system so their medical needs are meet.

To be placed in any of the housing assistance programs, the Veteran must first meet a Mental Health Homeless Coordinator for an eligibility screening and intake assessment.

- Homeless program manager: (307) 757-5852
- Homeless program first point of contact: (307) 509-9813

Northern Colorado (Fort Collins & Greeley) uses HUDVASH (United States Department of Housing and Urban Development Veterans Affairs Supportive Housing) which is Section-8 Housing for Veterans in respective areas. Veterans must be eligible for care to receive this assistance. There is special housing specifically for Veterans within this program depending if the requirements are meet.

L. Transportation To and From the Cheyenne VA and Surrounding Facilities:

Veterans Transportation Service (VTS) – This service operates handicap accessible vans and provides door-to-door service for Veterans with medical mobility restrictions or lack of reliable transportation. Call 307-433-3735 to check on availability. Please call at least **48 hours** in advance of your medical appointment date.

Cheyenne VA to Denver VA – VTS Shuttle Van

Monday – Friday: Departs Cheyenne at 0730, pick-up in Greeley at the DAV office to the Denver VA. Returns daily via Greeley. Call 307-433-3735 to schedule transportation. Please call at least **48 hours** in advance of your medical appointment date.

WYOMING

DAV Transportation for the Cheyenne VAMC: Call **(**307) 778-7577. Please call at least **24 hours** in advance of your medical appointment date.

- **Local Van**: 10-mile radius around Cheyenne: Monday – Friday 0730 – 1300 Hours.
- **Casper Van:** As required with **48 hours** prior, if driver is available.
- **Rawlins Van:** As required with **48 hours** prior, if driver is available.

COLORADO

Please call at least **48 hours** in advance of your medical appointment date.

- **Fort Collins Van: (Cheyenne) Monday – Friday. Call 970-484-1795.**
- **Fort Collins Van: (Denver) Monday and Wednesday. Call 970-484-1795.**
- **Greeley Van: Monday – Friday. Call 970-310-1200.**
- **Fort Morgan Van:** Monday and Tuesday. Call 970-381-9707.

NEBRASKA

Please call at least **48 hours** in advance of your medical appointment date.

- **Sidney Van: Tuesday, Wednesday, and Thursday. Call 308-254-3300.**
- **Scottsbluff Van:** Monday, Tuesday and Thursday. Call 308-436-6643.

M. Beneficiary Travel Eligibility

Who is eligible for Beneficiary Travel (BT)?

- Veterans with disabilities rated 30% or more service-connected (SC): travel for care relating to any condition.
- Veterans with disabilities rated less than 30%: travel for care relating to their SC condition(s).
- Veterans receiving Department of Veterans Affairs (VA) pension benefits: travel for care of any condition.
- Veterans with annual income below the maximum applicable annual rate of pension: travel for care of any condition. Must complete a form 10-10EZR at Beneficiary Travel Office to determine this area of eligibility.
- Veterans traveling in relation to a Compensation and Pension (C&P) examination.

What are the current BT mileage reimbursement rates?

The current mileage reimbursement rate is 41.5 cents per mile subject to appropriate deductibles.

How long do beneficiaries have to submit a claim for travel reimbursement?

Claims for travel reimbursement or payment must be filed in accordance with the following guidelines:

- Mileage reimbursement: Submission of an application either in person or in writing and sent to BT must occur within 30 calendar days after completion of travel.
- Change in BT eligibility: If a person becomes eligible for BT after the travel takes place, payment may be made if the person applies for travel benefits within 30 days of the date when the person became eligible for travel benefits.
- When going to a community care appointment the same timelines above apply and it is the Veterans responsibility to file the BT travel request.

Why is a deductible withheld from BT payments? What is the money withheld used for?

VA is required by law to withhold certain amounts from BT mileage reimbursement payments. The withheld money is available for travel payment of other Veterans or for medical care.

What are the deductible amounts? Is the monthly deductible cap for each facility or is it for travel to all VA facilities for health care? Who is exempt from the deductible?

Current deductibles are $3 per one-way trip and $6 per round trip, with a maximum deductible of $18 per calendar month or 6 one-way (3 round) trips whichever occurs first. These are the totals for travel to all VA or authorized non-VA facilities within a month. The following individuals are exempt from the deductible:

- Veterans traveling in conjunction with a C&P examination
- Non-Veterans (donors, caregivers and attendants)

N. Mobile Clinic:

The Cheyenne VA has a fleet of vehicle mounted clinics that travel to rural areas to serve the basic Veterans medical needs twice per week in Laramie, Wheatland, and Torrington, Wyo; and Sterling, Colo.

O. Vet Center

There are two Vet Centers in our area; one in Cheyenne, and one in Ft. Collins. They also provide services to our rural communities through their Mobile Vet Center. Vet Centers provide a broad range of counseling, outreach, and referral services to combat Veterans and their families. Vet Centers guide Veterans and their families through many of the major adjustments in lifestyle that often occur after a Veteran returns from combat. Services for a Veteran may include individual and group counseling in areas such as Post-Traumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are ***strictly confidential***.

P. My Health*e*Vet

My Health*e*Vet provides 24-hour online access to your appointments, medical records, and secure messaging to your Primary Care Team

To sign up for My Health*e*Vet, follow these simple instructions:

a. Log on to your personal computer and go to www.myhealth.va.gov.
b. Select the green "Register" button on the right side of the screen.
c. Complete the My Health*e*Vet profile.
d. Under "What is your Relationship to VA?" check the boxes for "VA Patient" and "Veteran."
e. Make sure your name matches what is on your VA Identification Card.
f. Follow the instructions very carefully when you create your "User ID" and "Password."
g. Complete the Security Questions.
h. Accept the Terms and Conditions and select the blue "Create Your Account" button.

The authentication process to get a premium account is the last step towards getting the most out of My Health*e*Vet…being able to view lab results, securely correspond with your health care team, view your military service information, and more.

a. Close your internet browser and reopen it.
b. Go to the home page: www.myhealth.va.gov
c. On the left side, Click on blue hyperlink "Register for a Sign-in Partner."
d. Click next, and Click next again.
e. You have your choice of registering for DS Logon or ID.me (or both if you wish). Both of them are relatively quick, but both of them will ask you questions that you may not be prepared for.
    i. For DS Logon, please watch the video for DS Logon: https://www.youtube.com/watch?v=lFNUJtZC7Ws
    ii. If you choose to register for the ID.me account, watch the video for ID.me: https://www.youtube.com/watch?v=1JaC1wD7wsw
    iii. If either of these programs fail, we are more than happy to assist you in getting registered. Please call: 307-778-7550 ext. 7119

Q. Prescription Refills

Cheyenne VAMC Prescription Refills by Mail

Prescription refills will only be processed through the Consolidated Mail Outpatient Pharmacy (CMOP) located in Leavenworth, Kansas. This policy allows the VA Pharmacy to operate more efficiently and decrease the waiting time for those patients who are acutely ill and must wait for new prescriptions.

Please request your refills at least 2 weeks prior to running out.

There are 4 ways to refill:

1. Sign the bottom of your refill slip and mail it to:
   Pharmacy Service (119)
   VAMC – Cheyenne VAM&ROC
   PO Box 20350
   Cheyenne, WY 82003-7008
2. Use the automated phone system **(see instructions below)**

Cheyenne area, call 1-307-778-7524, or outside of Cheyenne area, call 1-866-420-6337 (toll-free)

Instructions for requesting a refill by telephone: **You must have a touch-tone phone**

A. Dial 778-7524 (Cheyenne) or 1-866-420-6337 (toll-free)
B. Enter your social security number by pressing the numbers on your phone (no dashes, no letters), then press the **#** sign
C. For Pharmacy, press **2**
   a. For refills, press **1**
   Enter **Rx number** from the prescription bottle (no letters), and press the # sign
   For another refill, press **1** and repeat previous step
   b. To speak to Pharmacy staff, press **8**
   If you get voicemail, wait until the beep and say your name clearly, along with the last 4 numbers of your social security number and telephone number, and you will get a return call.

3. Sign and drop-off refill slips at the Pharmacy. A special "prescription refill request box" is available for your convenience outside the Pharmacy Counseling Booth and in front of the main hospital outside from the ER No waiting is necessary.
4. Online refill request, visit www.myhealth.va.gov

****Ensure YOUR ADDRESS IS CORRECT**:** Medications will be mailed to the address on file.

If you have any questions about your refills, you may call the VA Pharmacy:
Local – 778-7550 ext. 4205, or toll free – 1-888-483-9127 then press 1.

R. Emergency Notification

In the case of a non-VA Emergency Room visit, please call the Emergency Notification Call Center at

1-844-724-7842

Within 72 Hours

Please leave a message with your Name; Social Security Number; Date of Birth; Address; Date that you went to the ER; Date of discharge; Facility Name, Address, and Phone; Point of Contact for Veteran and their phone number.

Please remember that follow-up appointments are NOT authorized without approval from the VA.

S. Frequently Asked Questions

How can I speak with my primary care RN, Team or provider?
Please call 307-778-7550 ext. 4765

Can I drop off my hearing aids?
Please call Audiology at 307-778-7550 ext. 7048

How do I sign up for My Health Vet?
Veterans can register for MyHealtheVet at: www.myhealth.va.gov

I need help with transportation what do I do (Veteran Transportation Services)?
Please call VTS at 307-433-3735

How can I sign up to become a Caregiver?
Please call the caregiver support program at 307-778- 7550 ext. 3729 or Contact the Caregiver Support Line at 855-260-3274.

I snowbird and would like to contact the Traveling Veteran Coordinator:
Please call 307-274-5895

I need Pharmacy assistance or Medication renewals:
Please call ext. 4205.

I want Health Care with the VHA - VHA Enrollment:
Please call 877-222-8387 (Monday through Friday, 8 a.m. to 8 p.m. ET or 307-778-7550 ext. 7579 (Cheyenne VA Enrollment Office)

I need to speak with the Veteran Benefits Administration:
Please call 1 (800) 827-1000

I want VHA ID Card:
Please call 307-778-7550 ext. 7579 for the Cheyenne VA Enrollment Office

I received a bill from the VHA or I have questions about my COPAY:
The HRC First Party Call Center at 1-866-393-1846.
For emergencies in Cheyenne call the Facility Revenue Office at 307-778-7550 ext. 7480, 7867, or 7865

I need to know when my next medical appointment is:
Please call 307-778-7550, Press 2, then 1