

VA Expands Emergency Care Benefits

Emergency Care *Eligibility Checklist*

If you meet all of the following criteria, you are eligible for reimbursement for emergency services rendered by non-VA medical facilities:

- You are enrolled in the VA Health Care System.*
- You have been provided care by a VA clinician or provider within the last 24 months.*
- You were provided care in a hospital emergency department or similar facility providing emergency care.*
- You have no other form of health insurance.*
- You do not have coverage under Medicare, Medicaid, or a state program.*
- You do not have coverage under any other VA programs.*
- Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.*
- A reasonable lay person would judge that any delay in medical attention would endanger your health or life.*
- You are financially liable to the provider of the emergency treatment for that treatment.*
- You have no other contractual or legal recourse against a third party that will pay all or part of the bill.*



Department of Veterans Affairs

For more information on your eligibility
for this benefit, call toll-free
1-877-222-VETS (1-877-222-8387)
or access information on the Internet at
www.va.gov/health/elig



Department of Veterans Affairs

Non-VA Emergency Care Benefits

now offered to more veterans

Congress recently provided VA with new authority to pay for emergency care in non-VA facilities for veterans enrolled in the VA Health Care System. *The new benefit will pay for emergency care rendered for nonservice-connected conditions for enrolled veterans who have no other source of payment for the care.* * If facilities accept VA reimbursement it is considered payment in full. Qualifying veterans will not be held responsible for hospital charges.

Frequently Asked Questions

When did this benefit go into effect?

The benefit went into effect on May 29, 2000.

How do I qualify?

This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify you must meet all of the following criteria:

- You are enrolled in the VA Health Care System.
- You have been provided care by a VA clinician or provider within the last 24 months.
- You were provided care in a hospital emergency department or similar facility providing emergency care.
- You have no other form of health insurance.
- You do not have coverage under Medicare, Medicaid, or a state program.
- You do not have coverage under any other VA programs.
- Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.
- A reasonable lay person would judge that any delay in medical attention would endanger your health or life.
- You are financially liable to the provider of the emergency treatment for that treatment.
- You have no other contractual or legal recourse against a third party that will pay all or part of the bill.

Should I cancel my current insurance to meet these requirements?

If you are covered by a program or plan that would pay for the emergency care received, you do not qualify for this new benefit. However, VA encourages you to keep all current health insurance. Remember that spouses of veterans generally do not qualify for VA health care. If you cancel your current insurance, your spouse may not retain health insurance coverage. If you are covered by Medicare Part B and you decide to have it cancelled, it cannot be reinstated until January of the following year.

What types of emergency services will VA cover?

VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point you can be transferred to an approved VA Health Care Facility.

Do I need to get approval before going to the emergency room?

No. If you are an eligible veteran, a VA facility is not feasibly available, and you believe your health or life is in immediate danger, report directly to the closest emergency room. You, your representative, or the treating facility should then contact the nearest VA as soon as possible (within 48 hours) to arrange a transfer to VA care, if hospitalization is required.

How long will I stay in the private hospital?

If you are hospitalized, VA will be in regular contact with your physician at the private hospital. As soon as your condition stabilizes, VA will arrange to transport you to a VA, or VA-designated facility.

What if I do not want to leave the private facility?

VA will pay for your emergency care services in a private facility only until your condition is stabilized. If you choose to stay beyond that point, you will assume responsibility for the payment of costs associated with your treatment.

Will I have to pay for transportation to a VA-designated facility?

VA will assist with transportation arrangements and may be able to pay for such expenses. Contact your local facility for current guidelines.

What if the hospital bills me for services?

If you are billed for emergency care services, contact your local VA and a representative will assist you in resolving the issue.

What if my claim is denied?

To resolve claims issues, VA has established official appeals processes to make sure your case is thoroughly reviewed. Please contact your local VA health care facility for current procedures.

* Emergency Care Services for the treatment of service-connected conditions are covered under separate authority.