



**Department of
Veterans Affairs**

Office of Public Affairs
Media Relations

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Fact Sheet

July 2001

Non-VA Emergency Care Policy

The Department of Veterans Affairs (VA) now has the authority to pay for emergency care in non-VA facilities for eligible veterans who are enrolled in the VA health care system. The program is retroactive for eligible veterans who have been treated since May 29, 2000.

Eligibility

This new benefit does not apply to all veterans. To qualify, veterans must be able to answer "yes" to the following:

- Are you enrolled in VA health care?
- Have you been seen by a VA health care professional within the preceding 24 months?

And "no" to the following:

- Do you carry any form of health insurance or coverage, including Medicare, Medicaid or workers compensation?

The new benefit applies to situations in which a delay in getting immediate medical attention would be hazardous to health or life. Also, the veteran must be unable to reach either a VA health care facility or a facility that routinely cares for VA patients under contract.

Benefit

This provision was established as a safety net for veterans who have no other health insurance. Eligible veterans will not be required to pay any fees to the private facility. Once the veteran can be stabilized and safely transported, VA will arrange for treatment at an appropriate VA facility, if necessary.

The non-VA facility will file for reimbursement from the VA. If the non-VA facility bills the veteran directly, the veteran should contact his local VA health care facility and a representative will assist in resolving the issue. If anyone else (such as, Medicare, Medicaid or private insurance) pays all or a portion of the bill, VA cannot pay anything.

The new rule does not affect veterans who are already covered for non-VA emergency services, for example, veterans receiving care for a service-connected disability.

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Insurance Coverage

VA strongly encourages veterans to retain any current health care coverage for a number of reasons. Not all care provided in an emergency room may be considered emergency care. Furthermore, spouses generally do not qualify for VA health care and if insurance is cancelled, the spouse may lose coverage, too.

Veterans could be personally liable for medical bills if they decide to drop their Medicare Part B coverage or their personal health-insurance coverage. Veterans who have already dropped their Medicare Part B can get it back, but it may take time and extra expense. According to Social Security, people can only apply for Medicare Part B between January 1 through March 31 of each year, and coverage will not begin until July. Furthermore, the Part B premium will go up 10 percent for each 12-month period that a person drops out of the program.

It also is important to remember that VA health care depends primarily on congressional funding, which may affect VA's ability to care for non-service-connected veterans.

Reimbursement

VA will pay 70 percent of the rates that Medicare considers "allowable" and the non-VA facility will accept VA payment as payment in full. The veteran does not have to make copayments to the private facility.

Veterans who receive a bill for emergency services, or have any questions concerning eligibility, should contact their local VA medical center, or call VA's Health Benefits Service Center at 1-877-222-VETS (8387).

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