

HOT TOPICS PAGE

Combat Veterans Healthcare eligibility extended to 5 years

The National Defense Act of 2008 extends the period of enhanced enrollment opportunity for health care eligibility provided a veteran who served in theater of combat operations after November 11, 1998.

Non-VA Emergency Care Benefits

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 provides 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 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.

Q. Should I cancel my current insurance to meet these requirements?

A. If you are covered by a program or plan that would pay for the emergency care received; you do not qualify for this 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 any you decide to have in cancelled, it cannot be reinstated until January of the Following year.

Q. What types of emergency services will VA cover?

A. 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.

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

A. 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.

Q. How long will I stay in the private hospital?

A. 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.

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

A. 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 cost associated with your treatment.

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

A. VA will assist with transportation arrangements and may be able to pay for such expense. Contact you local VA facility?

Q. What if the hospital bills me for services?

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

Q. What if my claim is denied?

A. To resolve claim 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.

Agent Orange Presumptive Conditions

The following health conditions are presumptively recognized for service connection as a result of exposure to the herbicide Agent Orange. Vietnam veterans with one or more of these conditions do not have to show that their illness (es) is (are) related to their military service to get disability compensation. VA presumes that their condition is service connected.

Chloracne (must occur within 1 year of exposure to Agent Orange)

Non-Hodgkin's lymphoma

Soft tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)

Hodgkin's disease

Porphyria cutanea tarda (must occur within 1 year of exposure)

Multiple myeloma

Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus

Prostate Cancer

Acute and subacute transient peripheral neuropath (must appear within 1 year of exposure and resolve within 2 years of date of onset)

Type 2 diabetes

Chronic lymphocytic leukemia

Information on these conditions can be found at the latest Agent Orange Review.

Surviving spouses of Vietnam veterans whose death is attributed to one of the above listed conditions may be eligible for Dependency and Indemnity Compensation. Contact a veteran's benefit counselor at (989) 539-3273 for further information or to get your claim started.