

What is a reconsideration request?

If you receive an initial determination of denial and you disagree with the decision made, you may request reconsideration of the denial. An initial determination can be the Explanation of Benefits (EOB) or a letter denying benefits. The reconsideration request must be:

- Submitted within one year of the date of the initial determination.
- Identify why you believe the decision is in error.
- Include new and relevant information not previously submitted.

After reviewing the request for reconsideration and supporting documentation, we will send you a letter advising of the reconsideration decision.

Note: If the reason for the disagreement is not identified, the request will be returned back to you with no further action.

What if I do not agree with the reconsideration decision?

If you disagree with our decision, you may request a second level appeal.

- Second level appeals must be received within 90 days from the date of the reconsideration decision.
- Second level appeal determinations are final decisions and cannot be appealed again. Therefore, it is imperative that you ensure that all relevant facts and supporting documentation is provided for review and submitted timely.

Who can request reconsideration or appeal a denied decision?

- Any CHAMPVA beneficiary or legal guardian of a beneficiary who is under 18 years of age.
- The appointed or legal guardian of a beneficiary who is not competent to act in his or her own behalf.
- A health care provider who has an EOB or decision on a claim.
- A representative appointed in writing by the beneficiary or provider.

What type of decisions can be appealed?

- Benefit coverage decisions that were denied as non-covered, which are not specifically excluded by regulation.

- Denied application for CHAMPVA eligibility; although the appeal is received by the Health Administration Center (HAC), the decision on an eligibility appeal is determined by the Board of Veterans Appeal's (BVA).
- Denied benefit coverage through the preauthorization process.
- Denied services when bills are found to be incidental or unbundled; reject reason codes 1000-1008 listed on the EOB.
- Second level mental health reconsiderations only. Our mental health contractor reviews first level mental health reconsiderations. Magellan's address is listed below.
- Claims that were not submitted within the timely filing requirements.
- Appeals on the rating determination of a veteran's service-connected disability may be appealed; however, service-connected disability rating is determined by the local servicing Veteran's Administration regional office (VARO) handling the veteran's file, and the appeal should be submitted to them.

What type of denied decisions cannot be appealed to the HAC?

- Benefits that are specifically excluded by federal regulation.
- Your cost-share amount.
- You or your family's annual deductible.
- The CHAMPVA Maximum Allowable Cost (CMAC)
- Decisions where a medical provider is sanctioned by the Department of Health and Human Services, Office of the Inspector General (HHS-OIG).

What are some things I can do to assure that I receive adequate consideration for my appeal?

- Ensure that the appeal is sent to the appropriate address and to the attention of Appeals (see page 3).
- Meet the required appeal filing deadlines. (Vendor screen shots for *manual* billing are not accepted for the purpose of overriding the timely filing requirements on an appeal.)
- Submit a letter requesting an appeal and identify the disputed issues.
- Include the EOB for the appealed claim or the denial letter.
- Provide all relevant facts and supporting medical documentation.
- Allow 60 days to receive a determination on your appeal.

What types of appeals are sent to the Board of Veterans Appeal's (BVA)?

- The BVA's jurisdiction extends only to issues of CHAMPVA eligibility and not medical benefit determinations.
- HAC determinations regarding BVA's jurisdictional authority may be appealed to the Board. For example, if HAC denies skilled nursing services as not medically necessary and the beneficiary requests an appeal to the Board, that request would be denied as not within the Board's jurisdiction. It is the decision regarding the Board's jurisdiction that could then be appealed.

Where do I send my appeals?

VA Health Administration Center
CHAMPVA
Attn: Appeals
PO Box 460948
Denver, CO 80246-0948

Where do I send a first level mental health benefits appeal?

Magellan Behavioral Health
CHAMPVA
PO Box 3567
Englewood, CO 80155

How do I get more information about the appeals process?

- Mail: VA Health Administration Center
CHAMPVA
PO Box 469063
Denver, CO 80246-9063
- Phone: 1-800-733-8387
- FAX: 1-303-331-7804
- Email: Follow the directions for submitting secure email at this web link: <http://www.va.gov/hac/contact>
- Website: www.va.gov/hac