

Be Careful What You Mail

ALWAYS make a copy of any documents you send to us. We will not be continuing the practice of returning documents to you when we haven't received all the information we need to process your claim. Please remember, before you put the claim in the mail to us, make sure you have a copy of the claim form and ALL documents that you are sending with the claim form. Make copies of your prescription receipts, doctor's bills, other health insurance explanation of benefits, and any correspondence you send to us. Keep these copies in your files.

Here are some other things we ask you keep in mind when submitting information to us:

- **Never send original personal documents.**

Do **not** send us the original of any personal document such as your Medicare or Medicaid card, birth certificates, marriage licenses, divorce decrees, adoption papers or DD-214s/military discharge papers. Always make a photocopy of personal documents and mail only the copy to us.

- **Never send us a check for your annual deductible.**

Each calendar year the annual deductible of \$50 (or \$100 per family) begins accruing again. The deductible is taken from claims submitted to us for payment and will be included in your cost share after we have processed the claim. Do not send us a check for the deductible amount. We can not cash those checks and will mail them back to you. If you owe us money, we will send you a notice. Do not send us a check unless you receive a notice from us that indicates you owe us money.

- **Make sure your pharmacy receipts include the drug codes.**

When you send us your pharmacy receipts for reimbursement, the National Drug Code (NDC) for each prescription must be included. The NDC is an 11-digit code that allows our computers to know what type of drug you were prescribed. If you can not find this 11-digit number on your receipt or the medication bottle, please go back to the pharmacy and have the pharmacist write it out for you or give you a print out that includes this information. Make a copy of everything for your personal records before sending the information to us.

- **Make sure your claims for reimbursement of medical services include medical codes.**

The bills/receipts for medical services must have the diagnostic (ICD-9) and procedural (CPT or HCPCS) codes on them. If you have any questions where these codes appear on your bill, please ask your physician or the office manager where the codes are on the bill and if they are not there, ask them to add the codes before you send the bill to us.

- **Send copies of the explanation of benefits (EOBs) from other health insurance providers.**

We pay after your other health insurance, to include Medicare and any Medicare supplemental (Medigap) policy you may have. When submitting a claim for processing, you must include a copy of your other health insurance EOB for that service. Without a copy of that document, we can not pay your claim. If you have more than one other health insurance plan (such as Medicare plus a supplemental Medicare [Medigap] plan), EOBs from both the other insurers need to be submitted for us to process the payment. Many providers will submit the billing to the insurance company with the other EOBs so their patient doesn't need to do that. If your medical provider is not currently assisting you with the filing of the claims to us, encourage them to do so.

- **If you receive a duplicate check, return a copy of our EOB with the duplicate check.**

If we err and send you a duplicate or erroneous payment, please be sure to include a copy of the CHAMPVA EOB when returning the money back to us. This will allow us to properly identify and/or correct the problem that resulted in the duplicate or erroneous payment.



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Address/Phone Change

Moving? New phone number?
Tell us! See the back page for details!

Having problems contacting us?

We understand how frustrating it can be when you call 800-733-8387 and you get a busy signal because our phone lines have reached capacity, or when you are on hold waiting to speak to a Customer Service Representative. It is our desire to always provide you with excellent service and we are working to improve our level of service to you. We have a solid plan in place and we expect that you will soon begin to see gradual improvements in service. We are increasing our phone staff by 15%. With each new trained staff member, we will be able to answer 50-70 more calls per day. With the addition of this staff over the summer, it is our goal to reduce call hold times to five minutes or less by the fall.

We appreciate your patience and sincerely apologize for any inconvenience the wait times have caused you. When you reach a Customer Service Representative, our objective is to provide courteous, accurate, and professional service. We will do everything possible to fully answer your questions or resolve your concerns the first time you call.

Also, we have Information available through options other than speaking

to a Customer Service Representative. If the information you would like is available through any of these sources, consider giving these options a try:

- Interactive Voice Response System. This is available to you 24 hours a day, 7 days a week by calling 800-733-7387 and then pressing 1 to use this self-service system. Through this system you can order forms, check your eligibility status, claim status, annual deductible, and catastrophic cap.
- Use our website www.va.gov/hac to view the handbook, policy manual, fact sheets, and frequently asked questions.
- Sign up for the secure website www.mychampva.com. Once you are signed up for this service, you can retrieve information about your claim status, current period of eligibility, and other health insurance information we have on file for you. The directions for using this service are on page 58 of the November 2006 CHAMPVA Handbook.
- Your questions can be answered on-line 11:00 a.m. to 6:30 p.m. Eastern Time, Monday through Friday (excluding holidays) by



using our chat line. To access it, go to www.va.gov/hac/contact/contact.asp and select "Chat Live!"

- You can contact us via email by following the directions for submitting secure email at this web link: <http://www.va.gov/hac/contact>
- You can also write us for information. Make sure you include your name, CHAMPVA Member Number (which is your Social Security number), and phone number. Correspondence should be sent to:

VA Health Administration Center
CHAMPVA
PO Box 65023
Denver, CO 80206-9023



CHAMPVA and Medigap (Supplemental Insurance)

Some of our CHAMPVA beneficiaries have elected to purchase Medigap health insurance policies. Medigap policies are sold by private insurance companies to cover the health care costs that are not covered by Medicare. To find out more about Medigap policies, contact your local Social Security Office or log on to the Medicare website at www.medicare.gov.

If you obtain Medigap insurance coverage, please be aware that we will not make payment on a claim

for medical services until **both** Medicare and the supplemental insurance policies have paid. For CHAMPVA to consider the claim for an additional payment, we must be provided **both** the Medicare and supplemental insurance explanation of benefits.

We are often asked whether a Medigap insurance policy is needed if you have CHAMPVA coverage. This decision is up to you. However, CHAMPVA has neither premium costs nor enrollment fees and the health care coverage is

essentially the same as most Medigap policies.

If your only other insurance is Medicare, we become the secondary payer and will cover most of the out of pocket expenses for covered services. We will not, however, cover the Medicare Part B premiums or (in most cases) the services and supplies that Medicare has determined not to be a benefit under their program. For example, we do not cover custodial care (care often provided in nursing homes).



Preauthorization Requirements

Certain types of care/services require advance approval, commonly known as preauthorization. This approval or preauthorization is extremely important. It lets you know if a service or item is covered by the health benefit plan. When preauthorization is not obtained, it may result in denial of the claim and you may be responsible for paying the charge. Preauthorization is required for:

- Durable medical equipment (see handbook for details).

Exception: Durable medical equipment provided through the VA CITI program does not require preauthorization.

- Hospice services.
- Mental health/substance abuse services.

Exceptions:

- Services provided through the VA CITI program do not require preauthorization. However, medical documentation must accompany any claim for services that exceeds the allowed benefit.

- When Medicare is the primary payer and has authorized the care, mental health services do not require preauthorization.

- Transplants.

Dental care is not a covered benefit in most cases. As a result, any dental care your dentist believes meets the criteria for coverage under CHAMPVA must be preauthorized. Please see the separate article in this newsletter regarding dental care.

If you have questions about the items that require preauthorization for our programs, the coverage criteria or the medical documentation needed for a particular item or service you may access the policy manuals for our programs from our website at www.va.gov/hac or contact customer service:

CHAMPVA 1-800-733-8387

When Preauthorization is Not Required, but Medical Documentation Still Must be Submitted

There are items and services that do not require preauthorization, but do require medical documentation with the claim. The following is a list that provides examples of services that, if provided, the physician should send the medical records/notes with the bill.

- allergy testing
- biofeedback
- home health services
- laser surgery
- outpatient diabetes self-management training
- oxygen and oxygen supplies
- physical therapy services
- skilled nursing services (you may want to request preauthorization to ensure the care is covered—custodial care is NOT covered)
- surgery for morbid obesity (gastric bypass, gastric stapling or gastroplasty)

Dental Care—is it a Covered Benefit Under CHAMPVA?

In most cases the answer is no.

The regulations that govern the CHAMPVA program limit dental coverage to those procedures that are necessary in the treatment of an otherwise covered medical condition, that is an integral part of the treatment of such medical condition, and is essential to the control of the primary medical condition. What does that mean in plain English? It means that if you have a medical condition that has nothing to do with your teeth, but your teeth must be treated or your non-dental medical condition will not improve, then the dental care may be covered.

Here are a couple scenarios that may help to make this clearer.

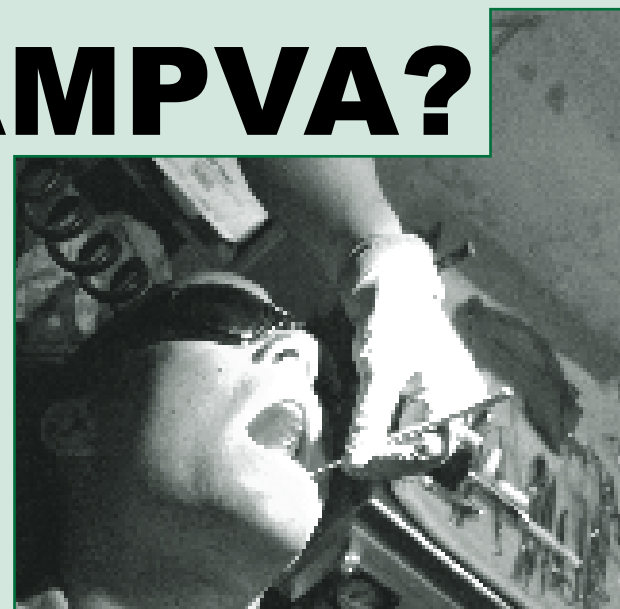
- Let's say your jaw is fractured (a non-dental condition) and tooth fragments need to be removed (a dental condition) in the repair of the fractured jaw. The removal of the tooth fragments would be a

covered benefit.

- On the other hand, if you fell, broke your leg, and knocked a couple teeth loose, the repair of the loose teeth would not be a covered benefit. The repair of the loose teeth was not necessary to treat the medical condition resulting from the fall—a broken leg. The loose teeth are solely a dental condition and the repair of the loose teeth was not necessary to treat the broken leg.

Needless to say, the list of what is not covered is much longer than what may be covered. We do not cover routine dental care, cleanings, fillings, dentures, crowns, root canals, etc. related to usual and customary dental hygiene.

There is one condition that is often treated by dentists that we do provide limited coverage and that is temporomandibular joint syndrome (TMJ). This is also referred to as myofascial pain



dysfunction syndrome. The extent of the authorization CHAMPVA can provide is for the initial x-rays, up to four office visits, and the construction of an occlusal splint.

To get preauthorization for any dental procedure, please contact the VA Health Administration Center at 1-800-733-8387, or you can send written requests or inquiries to:

VA Health Administration Center
CHAMPVA
Attn: Preauthorization
PO Box 65023
Denver CO, 80206-9023

Denied Claims tips for Beneficiaries



In our last newsletter we introduced you to the denied claims service on the CHAMPVA web site. Visit us at www.va.gov/hac, and click on "For Beneficiaries". You will find

a quick link to this important information at the beginning of the "For Beneficiaries" page.

We thought it might be a good idea if we provided some tips in this newsletter for those of you who do not have access or are not comfortable using the web. The tip for this issue is understanding a denial code of "137-BENEFICIARY NOT ELIGIBLE ON DATE OF SERVICE CLAIMED".

If you or your provider receives this notice, it means that our computerized records do not show that you were eligible for **any program benefits** on the date that is shown under the column titles "Dates of Service" on the Explanation of Benefits (EOB) form.

The first thing you should do is look closely at the date of service to see if it is the actual date that you visited the provider or had a prescription filled at the pharmacy. If the date is incorrect, it most commonly happens for one of two reasons:

- The provider's office made a mistake entering this date when they created their bill.
- We made a mistake when we entered the bill into our payment system. Contact us and we'll let you know if the mistake was ours (and we'll fix it), or the provider's and they will need to re-bill us.

These errors can be minimized through the use of electronic billing.

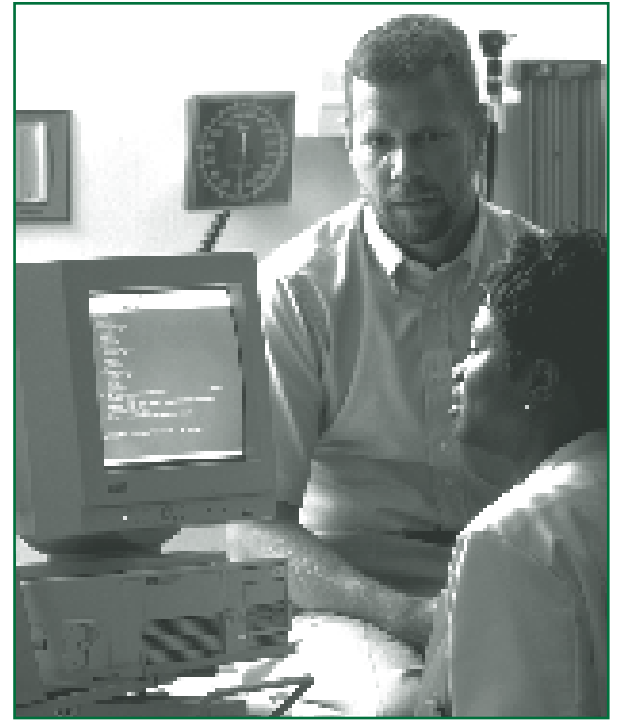
Ask or encourage your provider to submit their bills electronically. The information they need for electronic billing is on your CHAMPVA Authorization card.

A less frequent reason for denying claims under code 137 is that an event has occurred that impacts your eligibility for the program. Pages 9-14 of the handbook describe these events. Some of the most common events are:

- A child turns 18.
- A spouse divorces their CHAMPVA sponsor.
- A full time student withdraws from school or reaches age 23.
- A child or student gets married.
- A CHAMPVA sponsor becomes eligible for military retirement from the Reserve or the National Guard (these individuals are now TRICARE eligible).
- You have reached age 65 and have not notified us of your Medicare status.
- You became eligible for Medicare Part A based on disability and did not sign up for Medicare Part B at your first opportunity to do so.

We have processes in place to mail you a notice or a reminder about these important changes. Please be sure to respond to these requests in a timely fashion so that your eligibility does not lapse unnecessarily. It is also important to make sure that you keep us up to date on your current mailing address so that we can deliver these important notices in a timely fashion.

Please contact us at our toll free number (1-800-733-8387) or mail us documents about any eligibility changes to VA Health Administration Center, PO Box 469028, Denver, CO 80246-9028.



Medicare Part A Eligibility When You are Under Age 65

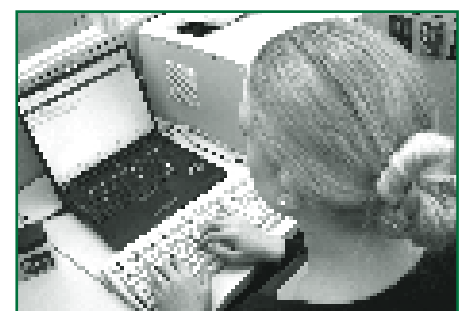
If you become eligible for Medicare Part A because you were granted disability status by the Social Security Administration, you **MUST** be aware of the following:

- To continue CHAMPVA benefits, you **MUST** enroll in Medicare Part B when you become eligible for Medicare Part A as a result of receiving Social Security Disability Insurance (SSDI) when you are under age 65.
- If SSDI is granted to you retroactively (and your Medicare Part A is also backdated to the effective date of disability) send us the letter from Social Security noting the date of date of their determination and the effective date of the disability. In that case, you **MUST** have enrolled in Medicare Part B at the first opportunity to do so when SSDI was granted.
- If you do not obtain Medicare Part B at the first opportunity when SSDI is granted, CHAMPVA benefits will terminate and all payments for services received after your SSDI award will be considered an overpayment subject to collection.
- We will soon begin a matching program with the Center for Medicare and Medicaid Services (CMS) and you will be notified if there are any discrepancies between the information you provided and the information on record at CMS.

Chat Live!

If you would like to chat live with an online Customer Service Representative, contact us between the hours of 10:00 a.m. to 6:30 p.m. Eastern time, Monday through Friday.

<http://www.va.gov/hac/contact/contact.asp>



Understanding the Difference between Skilled Care and Custodial Care



Skilled care is a covered CHAMPVA benefit, however custodial care is not a covered CHAMPVA benefit. This does not imply that the care being rendered is not required by the patient, it only means that the care is not covered by CHAMPVA.

There is often confusion with the terms skilled care and custodial care. Understanding the difference between skilled care and custodial care is crucial when determining your health care coverage under CHAMPVA

Skilled care may be provided by a variety of licensed professional care givers. This may include a licensed professional such as Registered Nurses (RNs),

Licensed Practical/Vocational Nurses (LPNs/LVNs), Physical Therapists, Occupational Therapists, Respiratory Therapists, or Social Workers. The skilled care can be provided in different settings such as the patient's residence, a nursing home or rehabilitation facility. Where the care is provided depends on the amount and frequency of care and the severity of the illness.

While a patient is receiving skilled care, they may also be getting custodial care. Custodial care can be provided by a licensed professional or a non-licensed person such as a Certified Nursing Assistant (CNA), Personal Care Attendant (PCA) or a family member. Skilled service that can be safely performed by a non-skilled person is considered custodial. When a skilled service is provided infrequently in a facility then the care can be considered custodial. Custodial care also includes behavioral monitoring, safety monitoring, and activities



of daily living, such as: toileting, bathing, eating, dressing, and walking.

Alternative care settings exist for patients in need of custodial care. Custodial care can be provided in an Assisted Living Setting, Nursing Home, residence, and/or facilities specializing in the care of patients with diseases such as Alzheimer's disease and dementia.

Can I Appeal to CHAMPVA a Medical Necessity Denial Made by My Other Health Insurance (OHI)?

No. When OHI denies a claim based on a medical necessity determination, CHAMPVA benefits can not be extended. The beneficiary should appeal the medical necessity decision to the OHI (not CHAMPVA). If, after review of the appeal,

the OHI overturns the original decision and determines the service is medically necessary; CHAMPVA will then process the claim as secondary payer and reimburse up to the CHAMPVA allowable amount.

However, if OHI denies a claim as not a covered benefit, and it is a benefit under CHAMPVA, the claim will be processed with CHAMPVA as primary payer. If the services are approved for coverage, they will be reimbursed



up to the CHAMPVA allowable amounts.



Timely Filing

Timely filing of claims affects you as a CHAMPVA beneficiary and your provider.

CHAMPVA claims must be filed within one year from the date of your outpatient visit or in the case where you were ad-

mitted as an inpatient in a hospital, one year from your discharge date. Claims filed after these deadlines will be denied as not timely filed.

If your initial enrollment application for benefits allowed for retroactive eligibility, we grant a 180-day grace period following notification, to file claims that are more than one year old.

If you save claims for a full calendar year in order to submit them all at once, you run the risk of exceeding the claims filing deadline for your older claims. For example, if the date of service of your claim was January 3, 2006 and you waited until February 21, 2007 to file, your claim would be denied as not being timely filed. We recommend that you file your claims monthly to avoid this problem.

Reporting Fraud & Abuse

Combating fraud and abuse takes a cooperative effort from all of us. That is why we would like to ask that you thoroughly review your EOBs to ensure that the services billed to CHAMPVA were reported properly. If you should encounter a service and/or supply billed to us that was not provided to you or did not occur as claimed, please report that to us immediately in writing. To assist in expediting the referral, specify in the letter that you are filing a fraud complaint and document the following facts:

- The name and address of the provider,
- The name and SSN of the beneficiary who supposedly received the service or item,
- The claim number,
- The date of service in question,
- The service or item allegedly rendered,
- The reason why you believe the claim should not have been paid, and

- Any additional information or facts showing that the claim should not have been paid.

Once you have completed documenting the facts for our review, please remit your referral to the following address:

VA Health Administration Center
Policy and Compliance Division
Program Integrity Unit
PO Box 65020
Denver, CO 80209-9023
ATTN: Fraud Complaint

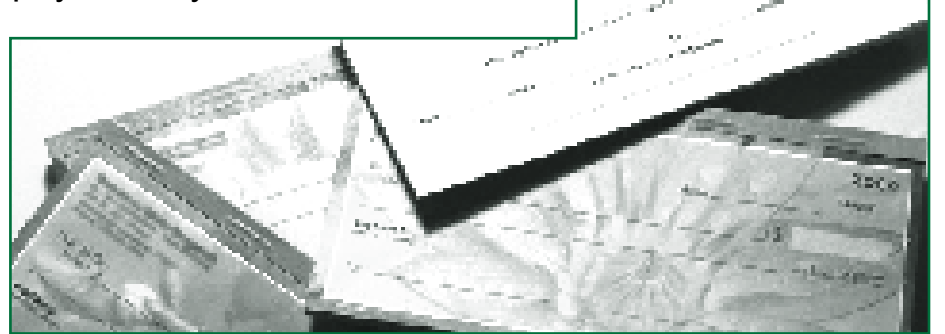
Notice to Customers Sending Us Checks

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will use the account information on the check to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours, and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check after ten days. If the EFT cannot be completed because of insufficient funds, then we will send you a bill.

Privacy Act—A Privacy Act Statement required by 5 U.S.C. § 552a(e)(3) stating our authority for soliciting and collecting the information from your check, and

explaining the purposes and routine uses which will be made of your check information, is available from our internet site at www.va.gov/hac/hacmain.asp or call toll free at 1-800-733-8387 to obtain a copy by mail. Furnishing the check information is voluntary, but a decision not to do so may require you to make payment by some other method.



We May Be Calling You...

There are times we may need to call you to obtain some additional information about your claims, payments or eligibility status. We do this to speed up the resolution of the issue or processing your claim.

However, we do recognize that in this day and age, you can not always trust a person who calls you to be who they say they are. Identity theft and fraud are growing problems in our society and you are

wise to be cautious about providing information over the phone to someone you may not know.

When a CHAMPVA representative calls you with an inquiry or request for information, they will properly identify themselves and inform you of their purpose. If you are not comfortable providing the information to the caller, you are absolutely within your rights to refuse to do so. Our

representative will understand, tell you what information is needed, and encourage you to call the CHAMPVA customer service line at 1-800-733-8387 and provide the information to any of our customer service representatives who will complete the action. Another alternative is to mail the information to us at our mailing address which you will find in your CHAMPVA Handbook.

Improvements Planned for Our Automated Phone System

We are always striving to improve the service provided to everyone that contacts us, whether by phone, letter, email or chat.

One improvement, which will be ready in the near

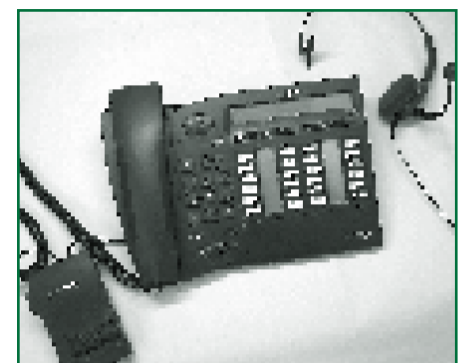
future, will allow you to obtain more detailed information using our automated phone system. When you reach us, you will be offered many more choices through our Integrated

Voice Response, or IVR, system. Our goal is to have an automated system utilized by simply pressing a few buttons on your phone pad.

This improved feature will allow a caller to receive

accurate information quickly and efficiently.

These improvements will be available by September.



Medication Mailed to Your Home!



Would you like...

*Medications mailed to you?
(available to those living in the United States, Guam and Puerto Rico)*

No copay for medications?

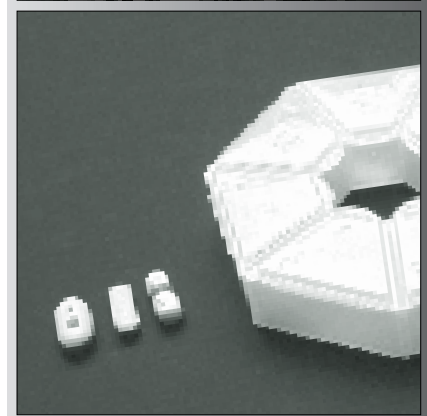
No claim forms to submit?

Regionally located servicing centers to best serve your pharmacy needs?

Your maintenance prescription handled by one pharmacy?

Refills initiated by you simply sending a refill slip back to a service center?

***The Meds by Mail program—
this can all happen for you!***



Eligibility Requirements

You cannot have other pharmacy insurance (Medicare parts A and B are OK to have with this program, but you cannot use this program if you have Medicare part D) with prescription coverage.

Other restrictions may apply to you.

If this is the kind of prescription service you want, give us a call or email us.

Phone: 1-800-733-8387

Website: www.va.gov/hac

To contact us by email, please go to this web link and follow the directions for submitting secure email: <http://www.va.gov/hac/contact>

Meds by Mail Formulary

We use the Department of Veterans Affairs (VA) National Formulary for medications filled through the Meds by Mail service. VA has done extensive research on the drugs that are included and we believe that the drugs available promote the best care at the best value. Often these are generic drugs.

If the drug you are taking is not on the formulary, you will be contacted and provided the opportunity to change the prescription to one that is on the

formulary. Often times this will mean having the prescription changed from name-brand to generic or changing from one name brand to another that is the same or comparable formula as that originally prescribed.

If you do not wish to use the drug available on the VA formulary, you continue to have the option of purchasing the drug from a retail pharmacy. Through a retail pharmacy, you will be responsible for a copay of 25% of the retail drug cost.

Has Your Address or Phone Number Changed?

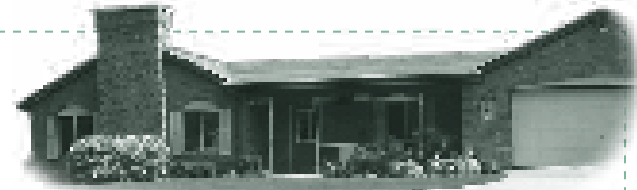
A change of address and/or change of phone number will be accepted from:

- The CHAMPVA beneficiary.
- The parent (legal custodian) of a CHAMPVA beneficiary.
- A person acting on behalf of the CHAMPVA beneficiary when there is supporting legal documentation

in our file (such as the power of attorney or court-appointed guardianship document).

Written Requests for a Change Of Address Or Phone Number:

- Include the CHAMPVA beneficiary's Social Security number and veteran sponsor's name on the request, and make sure the request is signed.



Telephonic Requests for a Change of Address or Phone Number:

- Phone requests will be accepted when we have verified data in our record from the caller. Make sure you have a copy of the CHAMPVA Member Card (authorization card) handy when you call.

Call 1-800-233-8387



Please provide the following information

Your Name	
Your Social Security Number	
Veteran's Name	
New Address	
New Phone Number	
Signature	

After filling out the table above, cut out this section and mail it to the address below (located at the lower left of the Masthead)



Department of Veterans Affairs
Health Administration Center

CHAMPVA

Volume 2, Number 1, Summer 2007

2007 newsletter

→ **CHAMPVA Newsletter**

ATTN: HAC Communications

PO Box 65020

Denver, CO 80206-9020