

**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 an 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, and
- include new and relevant information not previously submitted.

After reviewing the request and supporting documentation, we will send a letter advising of the reconsideration decision. Please allow 60 days to receive a determination on your appeal.

*NOTE: If the reason for the disagreement is not identified, the request will be returned 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 all relevant facts and supporting documentation are provided for review and submitted within the 90-day deadline.

**Who can request reconsideration or appeal a denied decision?**

- Any CHAMPVA sponsor, 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
- Providers who have 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 noncovered, which are not specifically excluded by regulation

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

**What type of denied decisions cannot be appealed?**

- Benefits specifically excluded by federal regulation
- Cost-share amounts or annual deductibles
- The CHAMPVA Maximum Allowable Charge (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 I receive adequate consideration for my appeal?**

- Ensure the appeal is sent to the appropriate address and to the attention of Appeals. (See addresses listed below).
- 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 documentation.

### **What types of appeals are sent to the Board of Veterans' Appeals (BVA)?**

The BVA's jurisdiction extends only to issues of CHAMPVA eligibility and not medical benefit determinations.

VHA CC determinations regarding BVA's jurisdictional authority may be appealed to the Board. For example, if VHA CC denies skilled nursing services as not medically necessary and the beneficiary requests an appeal to the Board, the 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?**

- **Questions and reprocessing requests (i.e. corrected claims):**

VHA Office of Community Care  
CHAMPVA  
PO Box 469063  
Denver CO 80246-9063

- **First-level, mental health benefits appeals:**

Magellan Behavioral Health  
CHAMPVA  
PO Box 3567  
Englewood, CO 80155

- **Appeals on a Veteran's service-connected disability rating:**

Service-connected disability ratings are determined by the local servicing Veterans Administration Regional Office (VARO) handling the Veteran's file. The appeal should be submitted to them.

- **All other appeals:**

VHA Office of Community Care  
ATTN: Appeals  
PO Box 460948  
Denver CO 80246-0948

### **How do I get more information?**

- Mail: VHA Office of Community Care  
CHAMPVA  
PO Box 469063  
Denver, CO 80246-9063
- Phone: 1-800-733-8387, Monday-Friday  
8:05 a.m. to 7:30 p.m., Eastern Standard Time
- Email: Follow the directions for submitting email via IRIS at <https://iris.custhelp.com/app/ask>
- Website: VHA Office of Community Care  
<http://www.va.gov/purchasedcare/>