

What is CHAMPVA?

CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries (see Eligibility Fact Sheet 01-3 for criteria for CHAMPVA coverage). CHAMPVA is managed by the VA's Health Administration Center (HAC) in Denver, Colorado. We process CHAMPVA applications, determine eligibility, authorize benefits, and process medical claims.

Who is eligible for CHAMPVA?

To be eligible for CHAMPVA, the beneficiary cannot be eligible for TRICARE.

CHAMPVA provides coverage to the spouse or widow(er) and to the children of a veteran who:

- is rated permanently and totally disabled due to a service-connected disability, or
- was rated permanently and totally disabled due to a service-connected condition at the time of death, or
- died of a service-connected disability, or
- died on active duty and the dependents are not otherwise eligible for DoD TRICARE benefits.

Effective October 1, 2001, CHAMPVA benefits were extended to age 65 and older. To be eligible, you must also meet the following conditions:

- if the beneficiary turned 65 before June 5, 2001, and only has Medicare Part A, the beneficiary will be eligible for CHAMPVA without having to have Medicare Part B coverage.
- if the beneficiary turned 65 before June 5, 2001, and has Medicare Parts A and B, the beneficiary must keep both Parts to be eligible.
- if the beneficiary turn age 65 on or after June 5, 2001, the beneficiary must be enrolled in Medicare Parts A and B to be eligible.

What does CHAMPVA pay?

In most cases, CHAMPVA pays equivalent to Medicare/TRICARE rates. CHAMPVA has an outpatient deductible (\$50 per person up to \$100 per family per calendar year) and a cost share of 25% up to the catastrophic cap (up to \$3,000 per calendar year). You should collect the 25% allowable cost share from the patient except when the patient has other health insurance.

If the patient has other health insurance, then CHAMPVA pays the lesser of either 75% of the allowable amount after \$50 calendar year deductible is satisfied, or the remainder of the charges and the beneficiary will normally have no cost share.

See Payment Methodology Fact Sheet 01-11 for further information regarding payment on other than outpatient type of services.

Can a beneficiary have other insurance and use CHAMPVA?

Yes. If the beneficiary has other health insurance (OHI), they should be billed first. The explanation of benefits (EOB) from the OHI should then be submitted with the claim for reimbursement to CHAMPVA. By law, CHAMPVA is always secondary payer except to Medicaid, State Victims of Crime Compensation Programs and supplemental CHAMPVA policies.

What is the impact of Medicare on CHAMPVA?

As a result of a Federal law passed June 5, 2001, CHAMPVA expanded benefit coverage to eligible family members and survivors of qualifying veteran sponsors effective October 1, 2001.

If the beneficiary is eligible for CHAMPVA and also has Medicare Part A entitlement (premium-free hospitalization coverage) and Medicare Part B (outpatient coverage) we will cover many of the costs not covered by Medicare. CHAMPVA will pay after Medicare and any other insurance, such as Medicare HMOs and Medicare supplemental plans, for health care services and supplies.

CHAMPVA does not pay Medicare Part B premiums.

How do I get more information?

- Mail: VA Health Administration Center
CHAMPVA
PO Box 409028
Denver, CO 80206-9028
- Phone: 1-800-733-8387 Monday-Friday 8:15 AM – 6:00 PM
Eastern Time
- FAX: 1-303-331-7804
- E-mail: HAC.INQ@MED.VA.GOV
- Website: WWW.VA.GOV/HAC