

What is CHAMPVA?

The Civilian Health and Medical Program of the Department of Veterans Affairs (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. CHAMPVA is managed by the VHA Office of Community Care (VHA CC) in Denver, Colo., which processes CHAMPVA applications and medical claims, determines eligibility and authorizes benefits.

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 permanently and totally disabled (P&T) because of an adjudicated service-connected disability, or
- died as a result of an adjudicated service-connected disability or who at the time of death was rated P&T, or
- died while in an active duty status and in the line of duty, not due to misconduct. The term “active duty” may include periods of inactive duty for training.

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

- If the beneficiary was 65 or older prior to June 5, 2001, and was **otherwise eligible** for CHAMPVA, and was entitled to Medicare Part A coverage, then the beneficiary will be eligible for CHAMPVA without the need for Medicare Part B coverage.
- If the beneficiary turned 65 before June 5, 2001, and had Medicare Parts A and B, the beneficiary must keep both parts to be eligible.
- If the beneficiary turned age 65 on or after June 5, 2001, the beneficiary must be enrolled in Medicare Parts A and B to be eligible.

See *Fact Sheet 01-02: CHAMPVA Eligibility* for additional information on CHAMPVA coverage criteria.

What does CHAMPVA pay?

In most cases, CHAMPVA pays similar 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).

A 25% allowable cost share should be collected from the patient except when the patient has other health insurance. If the patient has other health insurance (OHI), 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.

See *Fact Sheet 01-04: CHAMPVA Payment Methodology* for further information regarding payment on other than outpatient type of services.

Can a beneficiary have OHI and use CHAMPVA?

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

What is the impact of Medicare on CHAMPVA?

A federal law passed on June 5, 2001, effective October 1, 2001, expanded CHAMPVA benefit coverage to eligible family members and survivors of qualifying Veteran sponsors. 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: 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 at <http://www.va.gov/purchasedcare/>