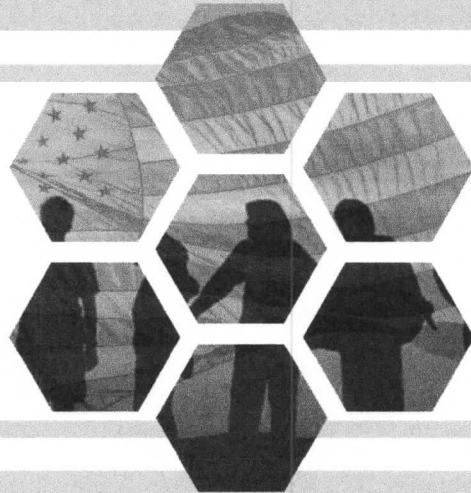
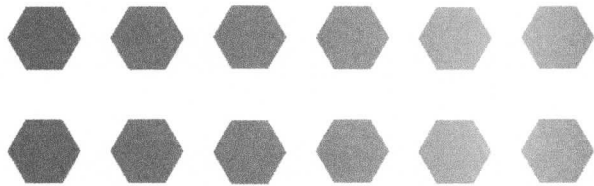


VA



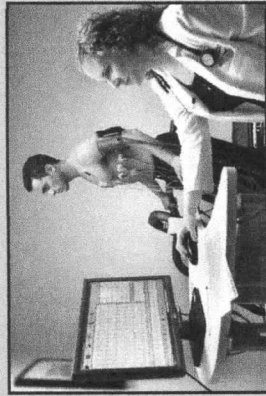
U.S. Department of Veterans Affairs
Veterans Health Administration
CHAMPVA

CHAMPVA Program



What Is the Civilian Health and Medical Program of the Department of Veterans Affairs (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 Who Is Eligible). CHAMPVA is managed by the VA's Office of Community Care in Denver, Colorado. We process CHAMPVA applications, determine eligibility, authorize benefits and process medical claims. We strongly recommend that all your inquiries about CHAMPVA be made directly to us.



What Is the Relationship between CHAMPVA and TRICARE?

Both are federal programs. An individual who is eligible for TRICARE, however, is not eligible for CHAMPVA. Although similar, TRICARE, which is administered by the Department of Defense (DoD), should not be confused with CHAMPVA.

Benefits

In general, CHAMPVA covers most health care services and supplies that are medically necessary. Special rules and/or limitations do apply to certain services. Some services (even when prescribed by a physician) are not covered under CHAMPVA. Clarification of covered/non-covered services, as well as limitations, can be obtained by calling us at 1-800-733-8387. To contact us by e-mail, please go to this Web page and follow the directions: http://www.va.gov/communitycare/about_us/contacts.asp, or visit our website at <https://www.va.gov/communitycare/index.asp>

Who Is Eligible?

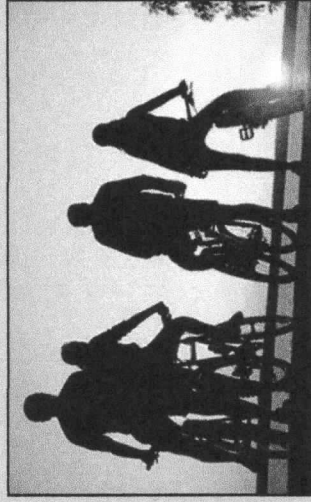
When they are **not** eligible for TRICARE, CHAMPVA provides coverage to the spouse or widow(er) and to the children of a Veteran who:

- 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.

Spouse: Eligibility ends if the marriage to the Veteran is terminated by divorce or annulment.

Widow(er): Eligibility ends if the widow(er) remarries prior to age 55.

Termination of Remarriage: A widow(er) of a Veteran who remarries and the remarriage is later terminated by death, divorce, or annulment may reestablish CHAMPVA eligibility. The beginning date for this new period of eligibility is the first day of the month after termination of the remarriage or December 1, 1999, whichever is later.



Child: Eligibility for CHAMPVA ends when:

- a child turns 18, unless enrolled in an accredited school as a full-time student, turns 23,
- a child marries (as of midnight on the date of marriage), or
- a stepchild no longer lives in the household of the Veteran.

Medicare Entitlement and CHAMPVA Eligibility

CHAMPVA is the last payer after Medicare and other health insurance plans.

If you are entitled to Medicare Part A and are under age 65, you must have Medicare Part B to be covered by CHAMPVA.

Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 and older. If you are entitled to Medicare Part A and are age 65 or older, you will most likely be required to have Medicare Part B to be covered by CHAMPVA. The one exception to this requirement is if you were otherwise eligible for CHAMPVA, and you were entitled to Medicare Part A, and you did not elect Medicare Part B, all prior to June 5, 2001.

How to Apply

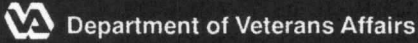
To apply for benefits, send the following information to CHAMPVA Eligibility, PO Box 469028, Denver, CO 80246-9028:

- Application for CHAMPVA Benefits (VA Form 10-10d)
- CHAMPVA Other Health Insurance (OHI) Certification (VA Form 10-7959c)
- A copy of your Medicare card, if applicable.

Forms are available from the voice mail menu at 1-800-733-8387, 24 hours a day, seven days a week. Please consider placing calls for an



application form during evening or weekend hours. You may also obtain the necessary forms from our website at <https://www.va.gov/communitycare/index.asp> by selecting "Publications/Forms" from the left panel. To reduce the time it takes to process your application, we recommend you also send with your application a copy (never the original) of any of the following documents that apply to you. These documents do not need to be notarized. If the documents are included with your application and the forms are filled out correctly, it normally takes 45 days to process your application from the date it is received.



Application for CHAMPVA Benefits

Chief Business Office CHAMPVA PO Box Denver, CO Customer Service Center FAX
 Purchased Care Eligibility 469028 80246-9028 1-800-733-8387 303-331-7809

Attention: Please review the instructions on the reverse side and then complete this form in its entirety (print or type only). Return the form and any additional requested information to the address shown above. If applicants indicate in Section II that they have Medicare or Other Health Insurance, each applicant must submit a VA Form 10-7959c. If additional space is needed complete another 10-10d Application for CHAMPVA Benefits, submit and sign.

Section I - Sponsor Information

Veteran's Last Name		First Name		MI	Social Security Number		VA File Number (Claim Number)	
Street Address				City			State	Zip Code
Telephone Number (include area code)				Date of Birth (mm-dd-yyyy)			Date of Marriage (mm-dd-yyyy)	
Is veteran deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes → If no go to sect. II	Date of Death (mm-dd-yyyy)		Did veteran die while on active military service?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section II - Applicant Information (if necessary, continue on additional 10-10d and complete in its entirety)

Last Name		First Name		MI	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address		Street Address			City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm-dd-yyyy)	Enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete VA Form 10-7959c and attach a copy of Medicare Card</small>		Other Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete VA Form 10-7959c and attach a copy of Insurance card</small>		Relationship to the veteran (i.e., spouse, child, stepchild)	
Last Name		First Name		MI	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address		Street Address			City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm-dd-yyyy)	Enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete VA Form 10-7959c and attach a copy of Medicare Card</small>		Other Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete VA Form 10-7959c and attach a copy of Insurance card</small>		Relationship to the veteran (i.e., spouse, child, stepchild)	
Last Name		First Name		MI	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address		Street Address			City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm-dd-yyyy)	Enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete VA Form 10-7959c and attach a copy of Medicare Card</small>		Other Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete VA Form 10-7959c and attach a copy of Insurance card</small>		Relationship to the veteran (i.e., spouse, child, stepchild)	

Section III - Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious, or fraudulent statements or claims

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge. I understand that any materially false, fictitious, or fraudulent statement or representation, made knowingly, is punishable by a fine and/or imprisonment pursuant to title 18, United States Code, Sections 287 and 1001 (Sign and date on right). *If certification is signed by a person other than an applicant, complete the following:*

Signature				Date			
Last Name		First Name		MI	Telephone Number (include area code)	Relationship to Applicant(s)	
Street Address				City		State	Zip Code

Notice: Termination of marriage by divorce or annulment to the qualifying sponsor ends CHAMPVA eligibility as of midnight on the effective date of the dissolution of marriage. Changes in status should be reported immediately to CHAMPVA, ATTN: Eligibility Unit, PO Box 469028, Denver, CO 80246-9028 or call 1-800-733-8387.

Privacy Act Information: The authority for collection of the requested information on this form is 38 USC 501 and 1781. The purpose of collecting this information is to determine your eligibility for CHAMPVA benefits. The information you provide may be verified by a computer matching program at any time. You are requested to provide your social security number as your VA record is filed and retrieved by this number. You do not have to provide the requested information on this form but if any or all of the requested information is not provided, it may delay or result in denial of your request for CHAMPVA benefits. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. The responses you submit are considered confidential and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records number 54VA16, titled "Health Administration Center Civilian Health and Medical Program Records -VA", as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>. For example, information including your Social Security number may be disclosed to contractors, trading partners, health care providers and other suppliers of health care services to determine your eligibility for medical benefits and payment for services.

The Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the CHAMPVA Help Line, 800-733-8387. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for CHAMPVA benefits.

Application for CHAMPVA Benefits – Important Notes and Definitions

CHAMPVA Eligibility Criteria

The following persons are eligible for CHAMPVA benefits, **providing they are NOT eligible for DoD's TRICARE benefits:**

- ***the spouse or child of a veteran who has been rated by a VA regional office as having a permanent and total service-connected condition/disability;***
- ***the surviving spouse or child of a veteran who died as a result of a VA-rated service-connected condition; or who, at the time of death, was rated permanently and totally disabled from a service-connected condition; and***
- ***the surviving spouse or child of a person who died in the line of duty and not due to misconduct.***

Medicare Impact. If you are eligible or become eligible for Medicare Part A and you are under age 65, you MUST have Part B to be covered by CHAMPVA. Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 or older. If you are eligible for Medicare Part A and you are age 65 or older, you are required to have Part B to be covered by CHAMPVA if your 65th birthday was on or after June 5, 2001, or if you were already enrolled in Part B prior to June 5, 2001.

Eligibility Definitions

Service-connected condition/disability – Refers to a VA determination that a veteran's illness or injury was incurred or aggravated while on active duty in military service and resulted in some degree of disability.

Sponsor – Refers to the veteran upon whom CHAMPVA eligibility for the applicant is based.

Spouse – Refers to a person who is married to or is a widow(er) of an eligible CHAMPVA sponsor. If you are certifying that a person is your spouse for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse reside when you file your claim (or at a later date when you become eligible for benefits) (38 U.S.C. 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>. If the spouse remarries prior to age 55, CHAMPVA benefits end on the date of the remarriage. Effective February 4, 2003, if the spouse remarries on or after age 55, CHAMPVA benefits continue. Additionally, in some instances, a remarried surviving spouse whose remarriage is either terminated by death, divorce or annulment is CHAMPVA eligible when supported by a copy of the appropriate documentation (death certificate/divorce decree/annulment certification).

Child – Includes legitimate, adopted, illegitimate, and stepchildren. To be eligible, the child must be unmarried and: 1) under the age of 18; or 2) who, before reaching age 18, became permanently incapable of self-support as rated by a VA regional office; or 3) who, after reaching age 18 and continuing up to age 23, is enrolled in a full-time course of instruction at an approved educational institution---school certification required (see below).

NOTE: Except for stepchildren, the eligibility of children is not affected by divorce or remarriage of the spouse or surviving spouse.

School Certification

In order to extend CHAMPVA benefits to students age 18 to 23, school certification of full-time enrollment must be submitted by the college, vocational or high school, etc. Student status for CHAMPVA purposes is established up to a full school term based on the initial enrollment letter from the accredited education institution, that is, four years (4) for traditional schooling programs, two years (2) for technical schooling programs. School certification for each term or a full year is required for recertification of full time attendance until graduation or age 23. For high schools, this period is the normal beginning and ending school year.

School certification letters should be on school letterhead and include:

- Student's full name
- Student's Social Security number (SSN)
- Exact beginning date and projected graduation date
- Number of semester hours or equivalent (high schools excluded)
- Certification of full-time status

School generated forms are acceptable as long as they provide the above information. While certifications submitted in a foreign language are acceptable, additional time will be required for translation. Certifications may be submitted by mail to the address on the front or by FAX to 1-303-331-7809.

NOTE: It is important to notify the Chief Business Office Purchased Care of any change in student status such as withdrawal or change from full-time to part-time status. School vacation periods, holidays, and summer breaks (providing the student attends school on a full-time basis both before and after the summer break) are not considered an interruption in full-time attendance and will not create a break in CHAMPVA eligibility.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

*Prescription medications
delivered right to your door!*



*Convenient — and best of all
no cost share or deductible!*

Are you tired of paying for your maintenance medications?

Find out if you qualify for Meds by Mail with no cost share or annual deductible! What is Meds by Mail?

A safe and convenient way to receive nonurgent maintenance medications. Medications are delivered directly to your home.

Best of all—there is no cost share or annual deductible!

Who can use Meds by Mail?

Anyone who is CHAMPVA or Spina Bifida eligible and does not have any other prescription coverage including Medicare Part D.

Can Medicare Part D be dropped to use Meds by Mail?

Yes. However, do not cancel Medicare Part D until you first contact CHAMPVA for a letter of creditable coverage. This letter shows that CHAMPVA pays, on average, as much as the standard Medicare prescription drug coverage.

You must send the creditable coverage letter to Medicare and have your eligibility updated before you can use Meds by Mail.

Who to contact about eligibility questions:

Call CHAMPVA at 1-800-733-8387.

When to use Meds by Mail:

For maintenance medications that treat chronic conditions such as arthritis, asthma, diabetes*, high cholesterol and high blood pressure.

Remember, there is no cost share or deductible.

Even if you have a temporary address, Meds by Mail can accommodate your medication shipments.

*Insulin and other refrigerated medications can only be mailed to a physical address within the continental United States; we cannot mail to post office boxes.

Does Meds by Mail dispense brand name medications?

Generic equivalents approved by the Food and Drug Administration (FDA) are dispensed to enable cost savings.

If there is no generic equivalent to the brand name medication you were prescribed, you will receive the brand medication if it is available.

To ensure that your prescription is available, contact your Meds by Mail servicing center.

When to use your local pharmacy:

For urgent prescriptions like pain medications and antibiotics that you will need for immediate use.

For medications requiring refrigeration (e.g., Insulin) since these cannot be mailed to a post office box nor outside of the continental United States (Guam, Hawaii, Alaska, American Samoa, Northern Mariana Islands, Puerto Rico and Virgin Islands).

For schedule II controlled medications such as Percocet, Percodan, Ritalin, and Oxycodone.

For blood glucose meters; most other blood glucose testing supplies are available through Meds by Mail.

Are you ready to use Meds by Mail? How to place an order for a new prescription:

By electronic processing (fastest):

Ask your provider if they use "e-Prescribing" (direct electronic transmission of the prescription). If they do, your 90-day prescription can be sent directly from your provider to Meds by Mail. Tell your provider to look for **Meds by Mail CHAMPVA** as the name of the pharmacy. There are NO forms to fill out and nothing to mail.

Allow up to 10 business days for processing once the prescriptions arrives at the servicing center.

Currently controlled substances cannot be sent electronically.

By mail:

Ask for a written prescription for a 90-day supply of medication with refills up to a year.

Include a Meds by Mail order form, VA Form 10-0426, with your original prescription.

Forms can be downloaded from our website at <https://www.va.gov/communitycare/pubs/forms.asp> or mailed to you by calling CHAMPVA at 1-800-733-8387.

You must send the original prescription; copies are not accepted.

Be sure to include the patient's full legal name, Social Security number, date of birth and current address on the order form and the prescription – if you cannot be identified, your prescription will be returned to you unfilled.

The prescription should include the prescribers complete name, phone number and address.

Most prescriptions, including refills, are good for a maximum of one year from the date written; after that a new prescription must be submitted. Prescriptions for controlled substances are only good for six months from

the date written; after that a new prescription must be submitted.

Ensure your provider includes their DEA number on each controlled substance prescription; hospital DEA numbers cannot be accepted.

Allow up to 15 days from the time you mail your prescription for processing and delivery.

How to place an order for a refill prescription:

By phone (fastest):

The best and fastest way to have your refill processed is to call the automated refill line at 1-888-370-1699. Listen to the voice instructions and enter the requested information by using the keypad on your telephone.

You will need your Social Security number and prescription number(s).

Most called in refills are processed within 48 hours but extra time should be allowed in case of any unforeseen issues. Check the status of refill requests 24 hours a day. Just follow the voice instructions and enter the requested information by using the key pad on your telephone.

By mail:

You can mail in the refill slip provided with each prescription order. This method takes longer to process your prescription.

Allow up to 14 business days from the day you mail your refill for processing; mail delivery times may vary depending on where you live.

Save time and postage by using the automated refill line at 1-888-370-1699.

IMMEDIATELY call your health care provider if you have questions about medical conditions or a drug reaction.

Meds by Mail

How to receive a copy of your prescription record:

Send a completed Release of Information form, VA Form 10-5345, to:

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

Forms can be downloaded from our website at
<https://www.va.gov/communitycare/pubs/forms.asp>

Have questions?

Veterans Health Administration Office of Community Care:

- General information about CHAMPVA
- Eligibility questions

- Meds by Mail order forms
- Medication records

by phone: 1-800-733-8387

by website:

<https://www.va.gov/communitycare/pubs/forms.asp>

Automated Prescription Refill Line:

- Prescription refill
- Status of a refill order

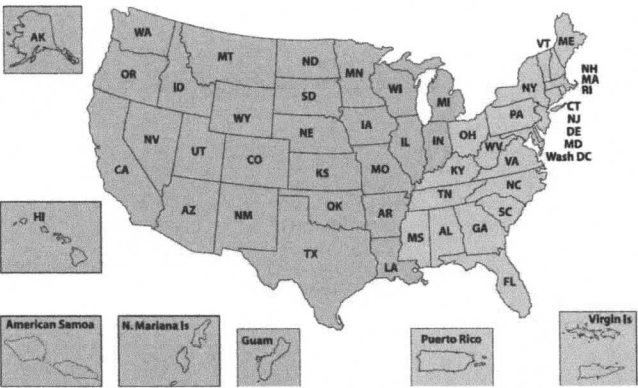
by phone: 1-888-370-1699

Meds by Mail:

- Status of an order
- Questions about drug availability
- Questions for the pharmacist
- Updates to patient information

Phone numbers are listed below

Meds by Mail Service Centers

West		East	
Cheyenne, Wyoming serves the following states and territories:		Dublin, Georgia serves the following states, districts and territories:	
Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Montana, Wyoming, Colorado, New Mexico, Idaho, Utah, Arizona, Washington, Oregon, Nevada, California, Alaska, Hawaii, American Samoa, North Mariana Island, and Guam.		Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, New York, New Jersey, Connecticut, Delaware, Maryland, Pennsylvania, Ohio, West Virginia, Kentucky, Virginia, Washington DC, North Carolina, South Carolina, Tennessee, Mississippi, Alabama, Georgia, Florida, Puerto Rico, and Virgin Islands.	
			
Address	Meds by Mail PO Box 20330 Cheyenne WY 82003-7033	Address	Meds by Mail PO Box 9000 Dublin GA 31040-9000
<i>(mail all order forms to this address)</i>		<i>(mail all order forms to this address)</i>	
Phone	1-888-385-0235	Phone	1-866-229-7389

Try Meds by Mail today!

Your NO COST SHARE source for maintenance medication needs!

You've earned this benefit!

Now take advantage of the tremendous cost savings available through Meds by Mail!

Consider the benefits and savings!

- Convenience: no extra trips to the drug store, no waiting in line!
- Cost Savings: no out of pocket expense, no annual deductible!
- Safe: ability to have a pharmacist answer questions about your medications!

IMMEDIATELY call your health care provider if you have questions about medical conditions or a drug reaction.

