ChampVA Training & In-Home Presentation Blueprint

Heartland FINANCIAL

In-Home Sales Blueprint

As you market Medicare Part C many of you will find beneficiaries that may also qualify for ChampVA benefits. ChampVA benefits are different than traditional VA benefits. ***Please see the VA training module for specifics on marketing to someone with Medicare and VA benefits.***

Since ChampVA and VA benefits differ on how they work as well as where they work you must market them to beneficiaries differently.

This training will cover the basics of ChampVA benefits, who qualifies, and how it coordinates with Medicare Part C.

ChampVA are benefits that the spouse and/or the children of a Veteran who meet certain conditions can qualify for. As already mentioned, VA benefits are not the same as ChampVA and this distinction also pertains to Tricare For Life (TFL).

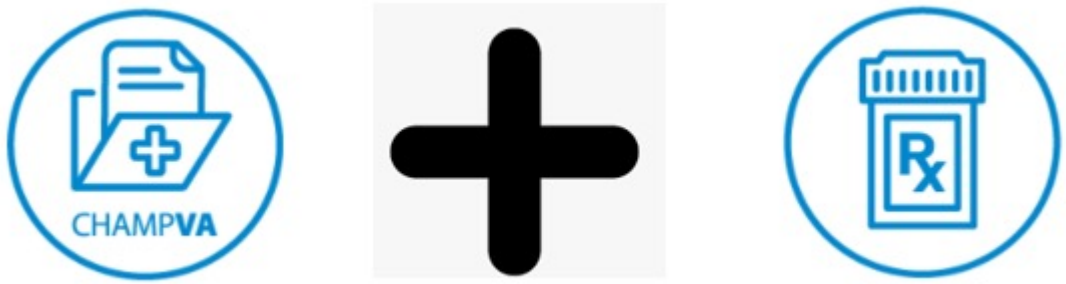
ChampVA or the **C**ivilian **H**ealth **A**nd **M**edical **P**rogram is a health insurance program managed by the **V**eterans **H**ealth **A**dministration **O**ffice of **C**ommunity **C**are (**VHA OCC**) . The benefits will share in the cost of covered medical services and supplies with eligible beneficiaries. You are not able to have both ChampVA and Tricare at the same time.

In order to be eligible for ChampVA the beneficiary must meet certain eligibility requirements.

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 Department of Defense TRICARE benefits.*

In-Home Sales Blueprint



ChampVA has a robust Prescription Drug Plan that exceeds the Medicare basic coverage limits. Unlike VA benefits where you can place a Veteran on either an MA-Only or MAPD without harm to the beneficiary ***you "cannot" do that with someone on ChampVA.***

If you enroll a beneficiary into a Part D plan for example with an MAPD the beneficiary would no longer be able to use the Meds By Mail (MbM) drug benefit with ChampVA. The Meds By Mail benefit provides all non-urgent maintenance medication used in the treatment of arthritis, asthma, diabetes, high cholesterol, high blood pressure, and certain covered generics. There are no annual deductibles or cost share for these types of maintenance medications, or covered generics, and they are delivered right to their home. In order to use Meds By Mail they only need to qualify for ChampVA and have a current VA form 10-7959c on file.

Some brand medication is covered, and the beneficiary would need to call the MbM servicing center to see if the drug is covered. If not, they would need to use a local pharmacy and would be subject to an annual deductible and 25% of the actual cost. If the beneficiary takes generic medication or is willing to take generic medication MbM is the simplest way for them to receive their covered medications. A sampling of the top 200 generic medications covered by ChampVA and MbM can be found here.

ChampVA doesn't cover "all" medications and certain categories are not covered at all.

For example:

- Weight Control Medication
- Group C drugs for terminally ill cancer patients
- Smoking cessation medications and products; for example, Chantix, nicotine vaporizers, and nicotine gum
- Drug maintenance programs where one addictive drug is substituted for another; for example, methadone for heroin
- Experimental and investigational drugs that are not approved by the FDA for commercial marketing
- Over the counter medication that do not require a prescription with the exception of diabetic –related supplies

In-Home Sales Blueprint

In addition to the Med by Mail (MbM) benefit a beneficiary may also use local pharmacies that contract with ChampVA that use the OptumRx network and are considered in-network. There are more than 82,000 pharmacy locations around the country for beneficiaries to choose from to receive in-network benefits. The coverage is also extended to prescription medications in out-of-network situations. This benefit differs from the MbM benefit and can be used with **O**ther **H**eath **I**nsurance (**OHI**) or without OHI. There would be differences in pricing, cost share, and possible billing/reimbursements.

ChampVA with no other coverage:

- ***If the pharmacy is in-network and there is no OHI*** then they would pay any annual deductible and the 25% cost share. Using an in-network pharmacy guarantees a paperless claims process and the pharmacy would bill ChampVA the remaining amount.

- ***If the pharmacy is out-of-network and there is no OHI*** then the beneficiary would be responsible for 100% of the cost of the medications and would need to file a claim with ChampVA for reimbursement using VA Form 10-7959a the beneficiary would be reimbursed for the cost minus any deductible and the 25% cost share amount.

Cost Share can differ if the ChampVA beneficiary has OHI for example Medicare Part D. If someone with ChampVA enrolls in a stand-alone Part D or MAPD they would only be able to receive their Medications from a pharmacy or the mail-order system benefit with the Part D provider. Depending on what medications are prescribed and where they get them, they could potentially eliminate out-of-pocket expenses even if they didn't use the MbM benefit.

We just need to be aware if someone takes some brand medications not covered by the MbM benefit or uses a local pharmacy for any reason they would be subject to the annual deductible and 25% cost share of the drug cost.

Beneficiary has OHI:

If a beneficiary uses OHI and ChampVA, ChampVA is always the secondary payer and the OHI is the primary. Also, if using OHI and ChampVA at an in-network pharmacy (OptumRx) an Explanation of Benefits (EOB) or verification of copayment would need to be submitted by the pharmacy to ChampVA prior to reimbursement or payment of claim.

Also, if they use an in-network pharmacy and the pharmacy electronically bills ChampVA they may not have any cost share. Typically, ChampVA uses the Medicare approved amount for reimbursement and billing and pays 75% of the approved amount after any deductibles are met. Depending on the plan benefits and tier schedule of the medication this could eliminate the beneficiary cost share amount. This could be potentially useful for brand drugs.