

Humana® Veteran Healthcare Frequently Asked Questions

VA Healthcare and Medicare – Q&A:

Q. Do all Veterans receive VA Healthcare benefits?

A. No. Veterans must be eligible based on their service. Not all Veterans can use the VA Healthcare System.

NOTE: Veterans must also apply for VA Healthcare benefits. They are not automatically enrolled. Encourage veterans to apply for VA healthcare if you think they may be eligible.

WHEN IN DOUBT FILL IT OUT

<https://www.va.gov/health-care/eligibility/>

Q. Are there out of pocket costs for Veterans that use the VA?

A. Many Veterans that use the VA have copays and cost share. Those costs can vary for each veteran based on their priority group, but there are out of pocket costs associated for many Veterans that use the VA. Priority group 1 Veterans have no out of pocket costs at the VA.

<https://www.va.gov/health-care/copay-rates/>

Q. Is there a premium for VA Healthcare?

A. No, there is not a premium for VA Healthcare.

Q. Is VA Healthcare creditable coverage as it relates to Part D of Medicare?

A. Yes, VA Healthcare coverage is creditable coverage for Part D. This means that if a Veteran has had VA Healthcare since they turned 65 and decides to sign up for a MAPD or PDP plan they will not face a late enrollment penalty. The VA can provide proof of creditable coverage in the form of a letter if needed.

<https://www.va.gov/healtheligibility/costs/medicarenotice.pdf>

Q. Is VA Healthcare creditable coverage as it relates to Part B of Medicare?

A. VA Healthcare is not creditable coverage for Part B. If a veteran declines Part B when they first become eligible they may be subject to the Part B late enrollment penalty should they decide to enroll at a later date.

<https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>



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Q. What do the different priority groups mean for Veterans who use the VA Healthcare System?

A. Priority groups determine how a Veteran qualifies for VA healthcare and what the Veteran's out of pocket costs are when they use the VA.

<https://www.va.gov/health-care/eligibility/priority-groups/>

Q. Can the VA bill Medicare or Medicare Advantage plan?

A. No, the VA cannot bill Medicare or Medicare Advantage plans for services received at the VA.

<https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>

Q. What is the Mission Act and how does it work?

A. The VA Mission Act is one of several programs through which a Veteran can receive care from a community provider. A Veteran could be eligible to use the Mission Act for community care when (for a comprehensive list visit missionact.va.gov):

- VA can't provide the services the Veteran needs
- VA is unable to schedule an appointment that is within the average drive time or appointment wait-times (Important: Access standards are not yet final).
 - 30-minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care)
 - 60-minute average drive time for specialty care
- Appointment wait time at a specific VA medical facility:
 - 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider
 - 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with their VA health care provide

Note: *If someone with VA healthcare goes to a non-VA (or VA authorized) care facility, the MA/MAPD may pay for other services you may need during your stay. Or, if the VA only authorized some services in a non-VA location, then the MA/MAPD may pay for other services the beneficiary may need during their stay. The VA beneficiary would need to confirm with the medical facility what services were authorized by the VA and will be covered by the VA to ensure there is no confusion regarding billing and out of pocket costs.*

<https://missionact.va.gov/>



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TRICARE for Life (TFL) Q&A:

Q. What is the difference between TRICARE and TRICARE for Life (TFL)?

A. TRICARE is available to active duty military, National Guard, retirees and their families. TFL is available to retirees who are enrolled in Medicare Parts A & B and now utilize TRICARE as secondary coverage to Medicare.

https://tricare.mil/CoveredServices/BenefitUpdates/Archives/01_28_20_How_TRICARE_For_Life_Eligibility_Enrollment_Works

Q. Who is eligible for TRICARE for Life (TFL)?

A. TFL is available to retired members of the military (generally those that served 20+ years), their spouses and dependents who also have Medicare Parts A & B.

<https://www.tricare.mil/Plans/Eligibility/MedicareEligible>

Q. Do TRICARE beneficiaries need to enroll in Part A & B of Medicare when they become eligible?

A. When a TRICARE beneficiary becomes eligible for Medicare they are required to take both Parts A & B of Medicare to continue using TRICARE and transition to TRICARE for Life (TFL). Medicare will be primary coverage and TRICARE will be secondary. They can see any provider who accepts original Medicare and when the provider bills Medicare, Medicare will automatically send the remaining amount to Tricare for payment. They will have no out of pocket cost for services covered by Medicare and TRICARE.

https://tricare.mil/CoveredServices/BenefitUpdates/Archives/10_01_2020_Got_TRICARE_For_Life_Questions_What_You_Should_Know

Q. Can a TFL beneficiary enroll in a MAPD?

A. TFL beneficiaries already have creditable drug coverage. TFL drug coverage does not have a coverage gap and can normally provide a more comprehensive alternative compared to a MAPD. Enrolling a TFL beneficiary into a MAPD will make their TFL drug benefit secondary to the MAPD drug coverage. The MAPD plan will replace original Medicare and be their primary coverage to TFL. The TFL member will need to stay within network of the MAPD plan. With original Medicare they can see any provider who accepts original Medicare. Accordingly, we typically do not recommend TFL beneficiaries enroll in a MAPD plan.

<https://www.tricare.mil/LifeEvents/Medicare>



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Q. Can a TFL beneficiary enroll in an MA only plan?

A. The MA only plan will replace original Medicare and be their primary coverage to Tricare. The TFL member will need to stay within network of the MA only plan. With original Medicare they can see any provider who accepted original Medicare. Accordingly, we typically do not recommend TFL beneficiaries to enroll in a MA only plan.
<https://www.tricare.mil/LifeEvents/Medicare>

Q. Can a TFL beneficiary enroll in a PDP plan?

A. Yes. However, TFL beneficiaries already have creditable drug coverage. TFL drug coverage does not have a coverage gap and can normally provide a more comprehensive alternative compared to a PDP. Enrolling a TFL beneficiary into a PDP will make their TFL drug benefit secondary to the PDP drug coverage. Accordingly, we typically do not recommend TFL beneficiaries enroll in a PDP plan.
<https://www.tricare.mil/CoveredServices/Pharmacy/Eligibility/Medicare>

Q. Does TFL pay for copays on an MA/MAPD plan?

A. TFL may pay for the copays on a MA/MAPD plan. However, TFL beneficiaries with TFL and a MA/MAPD will need to use providers that are within the plan's network and it will be the member's responsibility to ensure that the proper steps are followed to ensure that TFL pays or reimburses the member for the copays associated with the plan.
<https://www.tricare.mil/LifeEvents/Medicare>

Q. Can a TFL beneficiary enroll in a Med Supp plan or any other coverage?

- Yes. However, there would be little to no benefit in doing this. A TFL member with original Medicare already has no out of pocket costs for services covered by Medicare and Tricare. Signing up for Med Supp could be considered duplicate coverage and an unnecessary monthly cost for the plan premium.
- Federal retirees who also retired from the military may have access to Federal Employees Health Benefits (FEHB). They can enroll and pay for the additional coverage, but because they already have full coverage with TFL the additional coverage may not be necessary.

<https://www.tricare.mil/LifeEvents/Medicare>



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Q. Can a Tricare for Life beneficiary enroll in a MA/MAPD plan to only use the additional benefits (dental, OTC, giveback, etc..) and continue to use their original Medicare as they do currently?

A. No. The TFL beneficiary would need to utilize the MA/MAPD plan to see providers/doctors because they will no longer have original Medicare. However, they can enroll in stand-alone dental or vision plans to fill these gaps in coverage.

Q. Do TFL beneficiaries receive dental coverage?

A.

- TFL beneficiaries can purchase a Federal Employees Dental and Vision Insurance Program (FEDVIP) dental coverage thru the BENEFEDS website.
- They have an annual enrollment period the Monday of the second full work week in November through the Monday of the second full work week in December.

<https://www.tricare.mil/CoveredServices/Dental/SurvivorBenefit>

Q. Can a veteran have TFL and VA healthcare benefits?

A. Yes, it is common for military retirees who have TFL to also be enrolled in VA healthcare. The VA can bill Tricare for non-service connected care received at the VA per the below guidelines:

- If a veteran uses TRICARE for a non-service-connected condition at a VA facility, the VA can't bill Medicare.
- TRICARE can only pay up to 20% of the TRICARE allowable charge
- The veteran will have to pay the remaining amount after TRICARE pays its 20% of the TRICARE allowable charge.

https://tricare.mil/Plans/HealthPlans/TFL/TFL_VA

Q. Do Medicare enrollment periods apply to TFL beneficiaries?

A. Yes, all enrollment periods (IEP, ICEP, AEP, SEP, etc..) apply to TFL beneficiaries.

Q. How are claims filed with Tricare when a beneficiary has an MA/MAPD plan?

A. Claims are filed one of two ways:

1. The MA/MAPD plan member tells the provider that they have Tricare as secondary coverage to their plan and request that the provider bill the TRICARE Medicare Eligible Program (TMEP) which is Wisconsin Physician Services (WPS) for the copay they would normally pay on the plan.
2. If the member's provider will not/isn't able to bill WPS the beneficiary will need to fill out reimbursement form and send it to WPS for reimbursement.

<https://www.tricare.mil/LifeEvents/Medicare>



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TFL Claims Scenarios:

These scenarios are only examples and interactions with TFL or provider representatives may not occur the same way in practice.

Scenario: TFL member enrolls into MA plan, visits a network provider, and provider agrees to bill Wisconsin Physician Services (WPS):

- Member pays nothing. (This is ideal, but it doesn't always happen this way as a provider may not fully understand how to bill the claim and custom handling may be required for claims to be paid. It's why we don't recommend MA plans for TFL members.)

Scenario: TFL member enrolls into MA plan, visits a network provider, but provider does NOT agree to bill Wisconsin Physician Services (WPS).

- Member will be subject to the copay/coinsurance associated with the plan, which they will need to pay.
- The member may be able to receive reimbursement, but they will need to fill out a reimbursement form and mail it to WPS with the bill the received from the provider/insurance carrier.

Scenario: TFL member enrolls into MA plan and visits an out of network (OON) provider:

- Member will be responsible for the copay and the member may still be reimbursed by the provider billing WPS or the member sending in a reimbursement form to WPS.
- Reimbursement when seeing an OON provider can't be guaranteed
- If TFL does reimburse the member, depending on the OON of network cost associated with the plan they may not reimburse the member for the entire out of pocket cost. Tricare will reimburse up to Medicare allowable amounts.



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CHAMPVA Q&A:

Q. Who is eligible for CHAMPVA?

A. A spouse or dependent 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 eligible for DoD TRICARE benefits

*Spouses or dependents eligible for TRICARE are not eligible for CHAMPVA

https://www.va.gov/COMMUNITYCARE/programs/dependents/champva/champva_eligibility.asp

Q. Do CHAMPVA beneficiaries need to enroll in Parts A & B of Medicare when they become eligible?

A. Yes, when a CHAMPVA beneficiary becomes eligible for Medicare they are required to enroll in Parts A & B of Medicare to continue using CHAMPVA. Medicare will be primary coverage and CHAMPVA will be secondary. Also, CHAMPVA members that become eligible for Medicare will not be able to use VA medical facilities and need to have Parts A & B of Medicare to utilize CHAMPVA outside of the VA. They can see any provider who accepts original Medicare and when the provider bills Medicare, Medicare will automatically send the remaining amount to CHAMPVA for payment.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-12.pdf

Q. Can a CHAMPVA and Medicare recipient sign up for and MA, MAPD, or PDP plan?

A. A Medicare recipient who is on CHAMPVA currently has no network requirements and very little, if any out of pocket cost. Putting them in a plan will create a network and they will not be reimbursed for any out of network costs even if they are on a PPO. Additionally, putting a CHAMPVA beneficiary in any type of Part D plan will cause them to lose access to Meds by Mail which is the mail order prescription coverage/pharmacy for CHAMPVA beneficiaries.

Additionally, a Med Supp plan is **NOT** needed by someone who has CHAMPVA and Medicare.

CHAMPVA with Medicare acts like a Med Supp with drug coverage built in.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-13.pdf



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Q. Can a CHAMPVA beneficiary have an MAPD?

A. CHAMPVA beneficiaries already have creditable drug coverage. CHAMPVA drug coverage does not have a coverage gap and can normally provide a more comprehensive alternative compared to a MAPD. Enrolling a CHAMPVA beneficiary into a MAPD will make their CHAMPVA drug benefit secondary to the MAPD drug coverage and it will take away their access to Meds by Mail. Meds by mail is the mail order benefit they have access thru CHAMPVA. The MAPD plan will replace original Medicare and be their primary coverage to CHAMPVA. The CHAMPVA member will need to stay within network of the MAPD plan to receive their care.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-13.pdf

Q. Can a CHAMPVA beneficiary enroll in an MA only plan?

A. The MA only plan will replace original Medicare and be their primary coverage to CHAMPVA. The CHAMPVA member will need to stay within network of the MA only plan. With original Medicare they can see any provider who accepts original Medicare. They can enroll in an MA only plan, but it's not recommended.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/programguides/champva_guide.pdf
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Q. Can a CHAMPVA beneficiary enroll in a PDP plan?

A. CHAMPVA beneficiaries already have creditable drug coverage. CHAMPVA drug coverage does not have a coverage gap and can normally provide a more comprehensive alternative compared to a PDP. Enrolling a CHAMPVA beneficiary into a PDP will make their CHAMPVA drug benefit secondary and take away their access to Meds by Mail.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-13.pdf

Q. Does CHAMPVA pay for copays on an MA/MAPD plan?

A. CHAMPVA may pay for the copays on a MA/MAPD plan. However, they will need to use providers that are within the plan's network and it will be the member's responsibility to ensure that the proper steps are followed to ensure that CHAMPVA pays or reimburses the member for the copays on the plan.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-10.pdf



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Q. Can a CHAMPVA beneficiary enroll in a Med Supp plan?

A. There would be little to no benefit in doing this. A CHAMPVA member with original Medicare already has no out of pocket costs for services covered by Medicare and CHAMPVA. Signing up for Med Supp could be considered duplicate coverage and create an unnecessary plan premium.

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-12.pdf

Q. Can a CHAMPVA for Life beneficiary enroll in a MA/MAPD plan to only use the additional benefits (dental, OTC, giveback, etc..) and continue to use their CHAMPVA as they do currently?

A. No. The CHAMPVA beneficiary would need to utilize the MA/MAPD plan to see providers/doctors because they will no longer have original Medicare.

Q. Do CHAMPVA beneficiaries receive dental coverage?

A. CHAMPVA beneficiaries can purchase dental coverage thru the VA Dental Insurance Program (VADIP). They can also purchase stand-alone dental or vision coverage if there is a plan that fits their needs

<https://www.va.gov/healthbenefits/vadip/>

Q. Do Medicare enrollment periods apply to CHAMPVA beneficiaries?

A. Yes, all enrollment periods (IEP, ICEP, AEP, SEP, etc..) apply to CHAMPVA beneficiaries.

Q. How are claims filed with CHAMPVA when a beneficiary has an MA/MAPD plan?

A. Claims are filed one of two ways:

1. The MA/MAPD plan member tells the provider that they have CHAMPVA as secondary coverage to their plan and request that the provider bill CHAMPVA for the copay they would normally pay on the plan.
2. If the member's provider will not/isn't able to bill CHAMPVA the member will need to fill out reimbursement form and send it to CHAMPVA for reimbursement.



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CHAMPVA Claims Scenarios:

These scenarios are only examples and interactions with CHAMPVA or provider representatives may not occur the same way in practice.

Scenario: CHAMPVA member enrolls into MA plan, visits a network provider, and provider agrees to bill CHAMPVA:

- Member pays nothing. (this is ideal, but it doesn't always happen this way and there are no guarantees. It's why we don't recommend MA plans for CHAMPVA members)

Scenario CHAMPVA member enrolls into MA plan, visits a network provider, but provider does **NOT** agree to bill CHAMPVA.

- Member will be subject to the copay/coinsurance associated with the plan, which they will need to pay.
- The member may be able to receive reimbursement, but they will need to fill out a reimbursement form and mail it to CHAMPVA with the bill they received from the provider/insurance carrier.

Scenario: CHAMPVA member enrolls into MA plan and visits an **OON** provider:

- Member will be responsible for the copay and the member may still be reimbursed by the provider billing CHAMPVA or the member sending in a reimbursement form to CHAMPVA.
- Reimbursement when seeing an OON provider can't be guaranteed
- If CHAMPVA does reimburse the member, depending on the OON of network cost associated with the plan they may not reimburse the member for the entire out of pocket cost.

