

Appendix A: Group 1 letter – Category A in declaration

DEPARTMENT OF VETERANS AFFAIRS

{Date Printed}

Community Care Program: 38 U.S.C. § 1725

{Patient Name}

Episode of Care Date (s): {Date of Service}

The Department of Veterans Affairs (VA) recently processed and denied a claim for reimbursement of non-VA emergency treatment costs you incurred in connection with the episode(s) of care listed above. After further review, we have determined that this claim was processed incorrectly, and VA should have requested additional information from the provider or you instead of denying payment.

Our records indicate that you have other health insurance (OHI). Under the law, VA is a secondary payer. This means that VA pays after any payments by OHI up to the VA maximum allowable amount, if all the criteria for VA reimbursement are met. Therefore, in order for VA to process your claim, an Explanation of Benefits (EOB) or other remittance from the insurance company or provider is required.

Starting in May, VA will mail new notices that will replace the notice previously sent in error. VA will also request the necessary EOB or Remittance Advice from your community provider, or you may submit this information. Once received, your claim will be reviewed to determine if VA can reimburse for these services. If you or the community provider does not submit the required information, VA cannot take any further action.

It is important to note that VA has no legal authority to pay a Veteran's cost shares, deductibles, or copayments associated with their other health insurance.

If you or your provider have already submitted OHI information or you have any questions, please contact us at 1-877-881-7618.

{Signature}

{Contact Information}

Appendix B: Group 2 letter – Category C in declaration

DEPARTMENT OF VETERANS AFFAIRS
Non-VA Provider Name

{Date Printed}

Community Care Program: 38 U.S.C. § 1725

{Patient Name}

Episode of Care Date(s): {Date of Service}

The Department of Veteran Affairs (VA) recently received and processed a claim for emergency treatment furnished to you by a non-VA provider in connection with the episode(s) of care listed above.

Your claim was properly rejected for lack of needed information, as described below, but there was content in the rejection notice that may have been misleading or confusing. In describing the criteria for reimbursement under 38 U.S.C. 1725, the notice incorrectly stated that VA cannot reimburse claims if the Veteran has other health insurance (OHI). In fact, when a Veteran has OHI, VA is a secondary payer, meaning VA pays after any payment by OHI up to the VA maximum allowable amount, provided all the criteria for VA reimbursement are met.

Your claim was rejected because our records indicate you have OHI, but we do not have an Explanation of Benefits (EOB) or other remittance from the insurance company or your provider to show what was paid by OHI. This information is required for VA to determine if VA reimbursement is allowable.

We have requested the EOB or Remittance Advice from your community provider. You may also submit this information. If required information is not received, we cannot take any further action.

It is important to note that VA has no legal authority to pay a Veteran's cost shares, deductibles, or copayments associated with other health insurance.

If you or your provider have already submitted OHI or you have questions regarding this notice, please contact us at 1-877-881-7618.

{Signature}

{Contact Information}

Appendix C: Group 3 letter – Category B in declaration

DEPARTMENT OF VETERANS AFFAIRS

{Date Printed}

Community Care Program: 38 U.S.C. § 1725

{Patient Name}

Episode of Care Date(s): {Date of Service}

The Department of Veteran Affairs (VA) recently received and denied a claim for reimbursement of non-VA emergency treatment costs you incurred in connection with the episode(s) of care listed above.

Your claim was properly denied, but there was content in the decision notice that may have been misleading or confusing.

In describing the criteria for reimbursement under 38 U.S.C. 1725, the decision notice incorrectly stated that VA cannot reimburse claims if the Veteran has other health insurance (OHI). In fact, if a Veteran has OHI, then VA is a secondary payer, meaning VA pays after any payment by OHI up to the VA maximum allowable amount, if all the criteria for VA reimbursement are met.

Although VA denied your claim for a reason unrelated to your OHI coverage, we recognize that our misstatement of the OHI-related criterion may still have been confusing and could have affected your decision whether to appeal the denial. For this reason, you will have one year from the date of this letter to appeal the decision. Please refer to the decision notice for information about your appeal rights.

If you have questions regarding this notice please contact us at 1-877-881-7618.

{Signature}

{Contact Information}