

Questions for the Record for Mrs. Caira Benson
House Veterans' Affairs Committee
Subcommittee on Health
December 10, 2025

1. Do you have any recommendations about how V.A. can better communicate what services are covered under CHAMPVA?

My primary recommendation is education of beneficiaries and provider networks. I routinely talk to eligible beneficiaries and providers who have no idea what CHAMPVA is, how become enrolled, or how to file claims.

Eligible beneficiaries should be sent information on benefits, enrollment, coverage, and costs. It would also be helpful to disclose any formularies available, out-of-pocket maximums, co-pays or cost shares, supplemental policies, ancillary coverage (i.e. VADIP), and under what circumstances coverage would terminate. The processes for enrollment, claims filing, and reimbursement procedures should also be covered. Beneficiaries should receive the new CHAMPVA handbook yearly, via mail to ensure all beneficiary households receive it.

Providers should be educated on CHAMPVA and its policies, procedures, and claims processes. Providers need to understand the backbone to file on, the reimbursement process, and expected pay time schedules and pay rates. Too many providers do not understand the differences between CHAMPVA, TRICARE, and VA's Community Care Network (CCN). Outreaching to providers who already accept Medicare, Medicaid, TRICARE, and VA CCN would be a common sense first step.

I do believe that provider recruitment should be at the top of VA's To-Do list for CHAMPVA. Part of that recruitment should be education, but much of it would center around ensuring providers knew what services were covered, what claims codes were covered, when pre-authorization is needed, how to submit a claim, and what the process is to receive payment for submitted claims. Without a contract to base expectations on, any provider agreeing to file CHAMPVA would want to know this information.

2. Have you observed that larger providers may take CHAMPVA but that smaller and independent providers may decline? Why do you believe that is?

I, as well as many other beneficiaries, have noted that larger providers have a higher acceptance rate for CHAMPVA. After talking to multiple providers, I believe this can be attributed to several reasons.

- Larger providers have the flexibility to take on patients when the pay is unclear. For providers accepting CHAMPVA, there is no available published fee schedule nor

contracted rates. While VA has testified CHAMPVA pay rates are based upon TRICARE, providers have disclosed to me that pay may vacillate from those rates and be Medicare rates.

- Larger providers are more likely to have fully staffed insurance departments allowing for more man hours to manage registering with VA's pay system (EFT), file needed claims, track claims denials, refile amended claims, ensure claims processing, and track expected payments. A smaller or independent provider may not have that ability due to the hours needed.
- Larger providers are also more likely to have a larger patient load which may help to mitigate the cost of waiting for CHAMPVA claims payments. CHAMPVA has a history of claims payments taking over 90 days. I personally have had a claim take 26 months to pay the provider. Smaller, more independent providers may not have that financial flexibility.

3. What inconveniences have you observed specific to college students and their eligibility for CHAMPVA?

The CHAMPVA certification/recertification process for students is a trying one. Each college student, or high school student over 18, must provide a certification of enrollment from their school to remain covered. Certifications/recertifications for coverage have been historically filed via paper and take upwards of 3-5 months for approval.

Students having filed their paperwork and waiting on approval are often asked to pay for their medical needs out of pocket and to refile claims at a later date. These students often do not have the excess cash to do so, and they will often forgo needed medical treatments and procedures while awaiting their CHAMPVA approval. CHAMPVA beneficiaries on medications are treated as uncovered during this certification/recertification period while trying to fill needed prescriptions, some of which are very expensive. I have watched multiple beneficiaries go without medicines and treatment during these certification/recertification periods.

Over the last five years, I have watched CHAMPVA beneficiaries in college go from yearly to semester certifications/recertifications for coverage. When done yearly, beneficiaries only faced losing coverage during the summer months. Once forced to a semester system, CHAMPVA beneficiaries routinely faced lapsed medical coverage between semesters. Given the time it took to achieve certification/recertification, this meant that beneficiaries were routinely without needed health coverage for months out of each year, some achieving coverage to lose it less than a week later as the next break began.

When my own child started college five years ago, we were allowed to expedite her CHAMPVA certifications/recertifications due to her extensive medical needs. However, this was not allowed in the last two years of her education. This left our child not only asking us for money to pick up medications that could not be stopped without serious harm but also asking us to help pay for doctor's bills for a post-procedure follow-up. Indeed, the length of time for one winter recertification period led to her being sent to collections by a hospital for an Emergency Room bill which CHAMPVA denied payment on due to her "ineligibility." Again, this wasn't due to

lack of eligibility. She was already deemed eligible and received previous coverage. It was due to the certification/recertification process taking so long.

4. Would it help to have a provider directory? How would it improve the current situation?

Yes, a provider director would be extremely helpful for all CHAMPVA beneficiaries. It would allow beneficiaries to find healthcare providers within their communities. Ostensibly, it would also offer providers education on what CHAMPVA is and how to file claims for covered beneficiaries.

My only concern is that if this provider directory is built from previous claims filings, meaning providers who have filed CHAMPVA before, rather than provider recruitment; there will still be large service gaps for CHAMPVA beneficiaries.

5. Have you seen an improvement in the rate of claims decisions? Have your constituents seen an improvement in the rate of application decisions?

I have seen a rate of claims decisions according to VA. I do understand that there is some delay in decisions that required verification of other health insurance (OHI).

Among beneficiaries, I am finally seeing families say they are receiving their decisions arrive in the mail. Many are confused as they receive their pharmacy card prior to the decision with the actual insurance card (i.e. piece of paper) enclosed. One of the most common questions I am being asked since mid-December is, "I received a Optum card. Does this mean my CHAMPVA is approved?" Because CHAMPVA beneficiaries I talk to are finally seeing decisions or cards arrive, I would say there has been an improvement in the rate of application decisions.

However, many with OHI are still waiting on their decision packets. Many beneficiaries are still facing high wait times when calling to try and determine the status of their application. Those beneficiaries who have extensive medical needs or beneficiaries who need expedited cases due to recurring medical needs, still face a bureaucratic nightmare in obtaining care while waiting for their coverage to be approved. Beneficiaries desperately need the ability to seek a quick solution when facing recurring medications, treatments, or care during the certification and/or recertification process.