

**NAVAL MEDICAL CENTER PORTSMOUTH
DEPARTMENT OF PEDIATRICS**

**OTHER HEALTH CARE OPTIONS FOR INDIVIDUALS
WHO ARE NO LONGER ELIGIBLE FOR TRICARE**



CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)

CHCBP

The Continued Health Care Benefit Program (CHCBP) is a temporary program for former uniformed service members and their families. CHCBP acts as a "bridge" to provide continued health care coverage from the time TRICARE eligibility is lost until civilian health insurance is obtained. CHCBP *is not* a part of TRICARE, but offers benefits similar to those of TRICARE Standard. Beneficiaries have 60 days from the loss of TRICARE eligibility to enroll in CHCBP.

Eligibility

- Former service members released from active duty (under other than adverse conditions) and eligible family members. Coverage limit is 18 months.
- Un-remarried former spouses who were eligible for TRICARE on the day before the final decree of divorce, dissolution or annulment. Limit is 36 months.
- Emancipated children who no longer meet the requirement of an eligible family member and were eligible for TRICARE on the day before ceasing to meet those requirements. Limit is 36 months.
- Certain unmarried children by adoption or legal custody. Limit is 36 months.

Information

- Humana Military Healthcare Services, Inc. administers CHCBP nationwide.
 - Contact Humana to request an enrollment package, which includes a program booklet and application. Humana will notify you after the application has been processed, and will provide you with a CHCBP identification card.
- Humana Military Healthcare Services, Inc.
Attn: CHCBP
P.O. Box 740072
Louisville, KY 40201
www.humana-military.com
1-800-444-5445

Costs

- Quarterly premiums are \$933 for one person; or \$1996 for a family of two, or more.
- Deductibles and copayments are the same as for TRICARE Standard

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INCAPACITATED CHILD OVER AGE 21

Eligibility for a child with disabilities may continue after the 21st birthday if the disability existed before the child turned 21; or, after the 23rd birthday if the disability occurred between the ages of 21 and 23 while the child was a full-time student.

The following items must be submitted to the appropriate service point-of-contact office:

- ⇒ **DD Form 1172**, Application for Uniformed Services ID Card & DEERS Registration (*note: this form is not required for the U.S. Coast Guard*)
- ⇒ **DD Form 137-5**, Dependency Statement—Incapacitated Child Over Age 21
- ⇒ A current narrative medical statement/summary from the child's physician
- ⇒ A copy of the child's birth certificate

Army:

Defense Financing & Accounting Office (DFAS) - Indianapolis Center
Attn: DFAS-IN-JEGCG 107
8899 East 56th Street
Indianapolis, IN 46249-0885
Ph: 317-510-3486/3482/3484

Coast Guard:

Ms. Sheila A. Langston
Special Needs Program Manager
United States Coast Guard
Office of Work-Life (J 9-0827)
2100 Second Street, SW
Washington, DC 20593
Sheila.A.Langston@uscg.mil
Ph: 202-475-5156
Fax: 202-475-5908

Marine Corps:

Headquarters Marine Corps
Manpower Reserve Affairs
3280 Russell Road
Quantico, VA 22134
Ph: 703-784-9828

Navy:

Navy Personnel Command
5720 Integrity Drive (PERS 673E)
Millington, TN 38055-6730
Ph: 866-827-5672

Air Force:

DFAS—DE/PMJOB
6760 East Irvington Place
Denver, CO 80279-3000
Ph: 303-676-7907

SECRETARY OF THE NAVY DESIGNEE

The Secretary of the Navy may authorize individuals, not otherwise eligible by law, to receive health care on a space-available basis in Navy military treatment facilities (MTF) in the United States. Requests for coverage are considered on a case by case basis. To apply:

- The patient's sponsor writes a letter addressed to the Commander of the MTF (locally, NMCP) requesting SECNAV Designee Status for continued care, and sends it to the patient's physician.
- The patient's physician must submit a letter of support justifying the need for continued care, emphasizing how the patient's participation in the Graduate Medical Education (GME) protocol (resident education, clinical research, etc) will benefit the Navy.
- The physician's letter must contain information regarding the specific treatment protocol the patient is under, length of time for completion, what services are likely to be required over the next five years (i.e. MRI once per year, quarterly labs, etc), the value of continued participation to the GME program, and any other applicable details.
- The sponsor and physician letters must be submitted to the NMCP Director for Patient Administration for MTF Commander review and endorsement.
- If approved at the MTF level, the completed packet is submitted for final approval to Navy Medicine East, the Bureau of Medicine and Surgery, and the Secretary of the Navy.
- If approved, the patient would be covered at NMCP for services related to the condition for which the SECNAV Designee Status was submitted. All services rendered outside of NMCP and/or unrelated health care costs at NMCP are not covered. Additionally, approval is only for a limited, specified amount of time.

Points of Contact

Naval Medical Center Portsmouth
LCDR Danielle Wenzel
(757) 953-9217

Bureau of Medicine and Surgery
Floyd Katon
202-762-3144
Floyd.Katon@med.navy.mil

HEALTH DEPARTMENTS & COMMUNITY HEALTH CARE CENTERS

The nature and level of health care assistance for uninsured and under-insured patients varies between localities. Visit a local Community Health Care Center, contact the Virginia Department of Health at www.vahealth.org; or call 1-804-864-7991..

A nationwide listing of Community health Care Centers can be found at: www.findahealthcenter.hrsa.gov



INDIVIDUAL WITH A SEVERE DISABILITY

An individual with a disability who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome; whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders, paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined to cause comparable substantial functional limitation.

34 CFR part 77 (Authority: Sec. 7(15)(C); 29 U.S.C. 706(15)(C))

Where to Get Help & Information at NMCP

Health Benefit Advisors

Building 3, 3rd Floor
(757) 953-2610

Department of Pediatrics

Neurodevelopmental Pediatrics

Building 3, 2nd Floor
(757) 953-7379

TRICARE Service Center

Building 249
(877) 874-2273



STATE, FEDERAL & OTHER PROGRAMS

The State/Local Hospitalization Program. The State/Local Hospitalization (SLH) Program is a cooperative effort between the state and local governments designed to provide coverage for inpatient and outpatient hospital care, care in approved ambulatory surgical centers and care provided in local health departments. Coverage for health care services is available to indigent people who are not Medicaid recipients. A person may be eligible for SLH whether employed, unemployed, insured or uninsured, if certain income and resource criteria established for the program are met. Determination of eligibility for SLH must be made by the Department of Social Services in the city or county where the applicant lives.

Medicaid. Medicaid is a health care program for people with low incomes and limited resources. Those who qualify include children, the elderly, and people with disabilities. To apply for Medicaid in Virginia, the application form can be downloaded from:

www.dss.virginia.gov/files/division/bp/fs/forms/

Submit the application to the local Department of Social Services, where additional information and assistance can also be obtained.

State Children's Health Insurance Program. The State Children's Health Insurance Program enables states to provide health insurance to children from working families with incomes too high to qualify for Medicaid, but too low to afford private health insurance. The program provides coverage for prescription drugs, vision, hearing and mental health services, and is available in all 50 states and the District of Columbia. Your state Medicaid agency can provide more information about this program, or you can get more information at:

www.cms.hhs.gov/home/schip.asp

or,
1-877-543-7669.

Medicare. Medicare is the federal health insurance program for people age 65 and older, and for people who have been receiving Social Security disability benefits for at least two years (the two year requirement is waived for people with end-stage renal disease or amyotrophic lateral sclerosis—Lou Gehrig's disease).

Supplemental Security Income (SSI). If not already receiving SSI benefits, people with severe disabilities are encouraged to contact the Social Security Administration and apply for SSI benefits.

In most states, children who get SSI payments will qualify for Medicaid. In many states, Medicaid comes automatically with SSI eligibility. In other states—including Virginia—you must sign up for it. And some children can get Medicaid coverage even if they do not qualify for SSI. Check with your local Social Security office, your state Medicaid agency, or your state or county social services office for more information.

A child becomes an adult at age 18, and for disability purposes in the SSI program, the Social Security Administration (SSA) uses different medical and nonmedical rules when deciding if an adult can get SSI disability payments. For example, SSA does not count the income and resources of family members when deciding whether an adult meets the financial limits for SSI. Only the adult's income and resources are counted. If your child is already receiving SSI payments, SSA must review the child's medical condition when he or she turns age 18. If your child was not eligible for SSI before his or her 18th birthday because you and your spouse had too much income or resources, he or she may become eligible for SSI at age 18. For more information, ask for *Supplemental Security Income (SSI)* (Publication No. 05-11000).

Patient Advocate Foundation. The Patient Advocate Foundation is a national non-profit organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability relative to their diagnosis of life threatening or debilitating diseases. Their patient services division, staffed by a team of professional case managers with both nursing and social work backgrounds, provide individualized service to patients with chronic and debilitating illnesses, their caregivers and providers, **at no cost**. Visit their website at:

www.patientadvocate.org

or contact them at:

Patient Advocate Foundation
700 Thimble Shoals Blvd. Suite 200
Newport News, VA 23606
Telephone: 1-800-532-5274.



Programs (continued)

Patient Services Incorporated (PSI). PSI is a 501(c)(3) non-profit, charitable organization that helps people who live with certain chronic illnesses or conditions locate suitable health insurance coverage and access ways to satisfy expensive co-payments.

PSI provides assistance with the cost of health insurance premiums associated with COBRAs, State High Risk Pools, open enrollment, guaranteed issue policies, HIPAA conversion policies, and prescription co-payments associated with private insurance as well as with Medicare Parts B and D.

The PSI's A.C.C.E.S.S.® program provides Social Security and disability representation to patients diagnosed with certain conditions. For additional information, visit their website at:

www.uneedpsi.org

HealthWell Foundation. The HealthWell Foundation® is a 501(c)(3) non-profit, charitable organization that helps individuals afford prescription medications they are taking for specific illnesses. The Foundation provides financial assistance to eligible patients to cover certain out-of-pocket health care costs, including prescription drug coinsurance, co-payments and deductibles; health insurance premiums; and other selected out-of-pocket health care costs.

Information is available online at:

<http://www.healthwellfoundation.org/index.aspx>

Patient Access Network (PAN) Foundation. The PAN Foundation is an independent, not-for-profit established in 2004, dedicated to assisting patients who cannot afford the out-of-pocket costs associated with their treatment needs. With 20 disease-specific funds, PAN assists the underinsured in accessing health care treatments. Throughout all 50 states and three U.S. territories, PAN provides trained case managers that patients or advocates may speak with about their care.

Information is available online at:

www.patientaccessnetwork.org/

Partnership for Prescription Assistance (PPA). PPA is a free service that helps qualifying patients without prescription drug coverage get medicines they need for free or nearly free. More than 2,500 generic and brand-name medicines are available through 475 different PPA Programs. The PPA staff will help find the program that's right for you.

Information is available at 1-888-477-2669, or online at:

www.pparx.org

PPA Patient Assistance Programs. A number of pharmaceutical companies offer programs that provide free or discounted medications to people who cannot afford to pay for them. Qualifying criteria may vary depending on the drug and specific program.

- For information about specific programs, visit the Partnership for Prescription Assistance website and search for the prescribed medication.
- Click on the medication and follow the prompts to bring up information about any patient assistance program(s) for that medication. Following additional prompts to answer a series of questions will determine if you qualify for the program.
- If you do qualify, download the program information and application, and fill out as much of the form as possible before taking it to your doctor to finish. Highlight what your doctor needs to do, including where to sign, and provide an addressed and stamped envelope (or fax number) for the doctor's office to submit the application. The easier you make it for the doctor to complete, the faster the application can be submitted and processed.
- If you do not qualify, call a program representative directly to discuss your situation. This will give you an opportunity to see if any of the program criteria have changed, and drug companies will sometimes make hardship exceptions.
- If a program does not exist for your medication, check the web site regularly to see if it is added. Changes occur frequently, including new programs being started or older ones being phased-out.

Categories of PPA Patient Assistance Programs

- Medicare Part D – Medicare offers prescription drug programs for qualifying individuals.
- Co-Payment Programs – Co-pay programs provide financial assistance for certain health care costs to patients who qualify financially and medically.
- State Programs – Many states offer programs to provide free or discounted prescription medications.
- Corporate Programs – Many pharmaceutical companies offer programs to provide their prescriptions products free or at a discount.
- Savings Cards – There are a number of discount drug cards that help to obtain free or discounted prescription medications.
- Additional resources.
 - NeedyMeds (www.needy meds.com)
 - PatientAssistance.com, Inc. (www.patientassistance.com)
 - RxAssist (www.rxassist.org)