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Department of Veterans Affairs

VA Health Administration Center
3773 Cherry Creek North drive, STE 450
Denver, Colorado 80209-3812
William Bechtel 303-398-5135 william.bechtel@va.gov

White Paper

Proposed Correction

CHAMPVA Claim Form - VA Form 10-7959a

Collection 2900-0219


Department of Veterans Affairs
CHAMPVA Claim Form
VA Health Administration Center CHAMPVA PO Box 469064 Denver CO 80246-9064 1-800-733-8387
Section I - Patient Information
Section II - Other Health Insurance (OHI) Information
Section III - Sponsor Information
Section IV - Claimant Certification
10-7959a

Error found in recent OMB approved

REASON FOR CHANGE:

We have discovered a text error and wish to make a correction to this recently OMB approved form. The change is necessary because the form is asking for incorrect information that may confuse the beneficiary.

DESCRIPTION:

Within **Section III – Sponsor Information**, we have a box asking the Sponsor for "CHAMPVA Member Number (this is a mandatory field)"

This was changed on the last OMB collection review from a box asking for the Social Security Number (SSN). A similar change was made, at the same time, within **Section I – Patient**

Stomp out SSN

Information. Because the VA has an initiative to reduce the use of SSN's it was decided to remove the two requests for SSN's and replace them with this statement: "CHAMPVA Member Number (this is a mandatory field)"

www.privacy.va.gov/ssn.asp

(live link to Web Page - Social Security Number (SSN) Reduction Effort)

The ERROR:

Asking for "CHAMPVA Member Number" information of the Patient is OK, but asking this information of the Sponsor is not. A sponsor is a Veteran, **not** a beneficiary or a member.

THE FIX:

We concluded that since the claim form is sent in by a CHAMPVA beneficiary and the Sponsor's information (SSN) is already in our data base, there is no reason to ask for this information (SSN) again. It is prudent to decrease the use of Veteran's SSNs for privacy protection (Stomp Out Initiative).

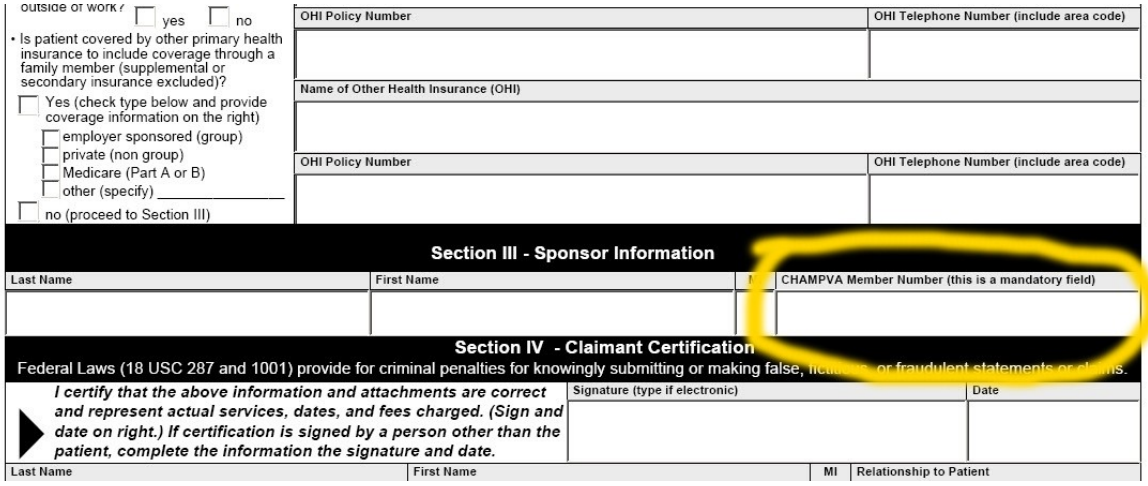
The FIX - action:

We fixed the form by eliminating the text and box asking for the Sponsor SSN (On the current form – eliminating the incorrect box asking for "CHAMPVA Member Number"). This should not affect the burden hours of this form as it is a minimal change.

We did leave the boxes requesting the Sponsor's name because it was determined this may be useful information in discerning the correct beneficiary if a claim was submitted by a similar named individual (e.g. John Johnson, Mary Ford, etc.).

Blow-up views showing the existing form and the proposed correction:

CURRENT FORM – showing error:


outside of work? ☐ yes ☐ no

• Is patient covered by other primary health insurance to include coverage through a family member (supplemental or secondary insurance excluded)?

☐ Yes (check type below and provide coverage information on the right)
- ☐ employer sponsored (group)
- ☐ private (non group)
- ☐ Medicare (Part A or B)
- ☐ other (specify) _____

☐ no (proceed to Section III)

OHI Policy Number	OHI Telephone Number (include area code)

Name of Other Health Insurance (OHI)

OHI Policy Number	OHI Telephone Number (include area code)

Section III - Sponsor Information

Last Name	First Name	MI	CHAMPVA Member Number (this is a mandatory field)

Section IV - Claimant Certification

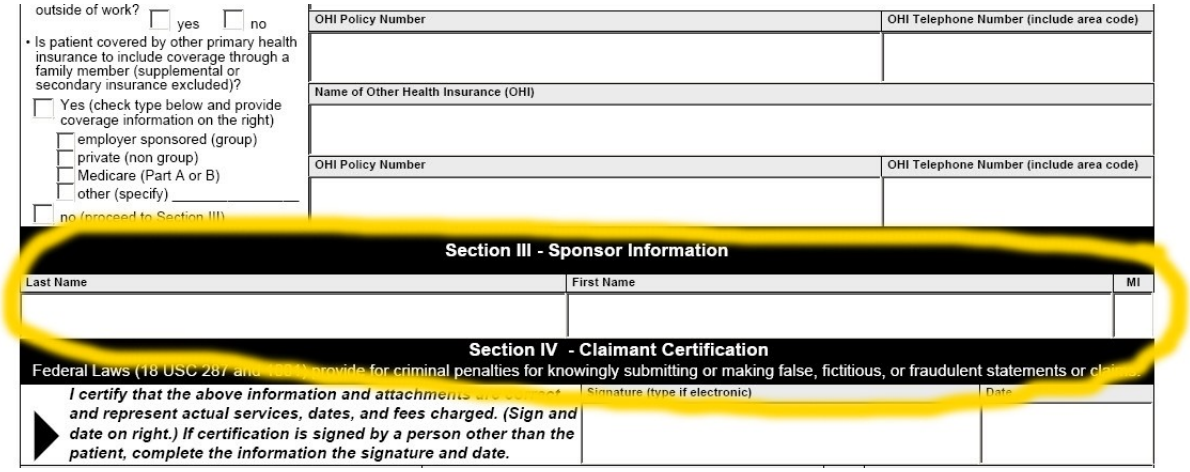
Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious, or fraudulent statements or claims.

I certify that the above information and attachments are correct and represent actual services, dates, and fees charged. (Sign and date on right.) If certification is signed by a person other than the patient, complete the information the signature and date.

Signature (type if electronic)	Date

Last Name	First Name	MI	Relationship to Patient

CORRECTED FORM - Proposed:


outside of work? ☐ yes ☐ no

• Is patient covered by other primary health insurance to include coverage through a family member (supplemental or secondary insurance excluded)?

☐ Yes (check type below and provide coverage information on the right)
- ☐ employer sponsored (group)
- ☐ private (non group)
- ☐ Medicare (Part A or B)
- ☐ other (specify) _____

☐ no (proceed to Section III)

OHI Policy Number	OHI Telephone Number (include area code)

Name of Other Health Insurance (OHI)

OHI Policy Number	OHI Telephone Number (include area code)

Section III - Sponsor Information

Last Name	First Name	MI

Section IV - Claimant Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious, or fraudulent statements or claims.

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