

Covered conditions

The Department of Veterans Affairs (VA) Camp Lejeune Family Member Program provides reimbursement for costs related to hospital care and medical services for one or more of the following 15 covered conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung Cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

Also covered are associated medical conditions that are caused or exacerbated by the conditions listed in the law. (Example: hip fracture secondary to spread of breast cancer into the bones.)

VA is the last payer of claims for covered conditions and will provide reimbursement after all other forms of insurance have been used. If you have no other health insurance, VA will be the primary payer of bills for these covered conditions. Under CLFMP, VA does not have the authority to reimburse treatment costs for illnesses or injuries not associated with these 15 medical conditions.

Prescription coverage/pharmacy benefits

The CLFMP designed a formulary that shows potential drugs related to the treatment of the 15 Camp Lejeune conditions. If your prescription is not listed on the formulary, it may take additional time to verify the prescription is a treatment for one of the covered conditions. You can review the formulary on the CLFMP website at <https://www.clfamily-members.fsc.va.gov>

The VA selected PrismRx, a wholly owned subsidiary of Heritage Health Solutions, Inc., as the Pharmacy Benefit Manager (PBM) for CLFMP prescription coverage. PrismRx provides a nationwide network of more than 65,000 pharmacies throughout the U.S. and its' territories. For your convenience, many of the pharmacies in the network provide:

- Drive-through pick-up window service
- Daily or emergency 24-hour pharmacy service

- A full array of vaccinations including shingles and flu shots
- Expert compounding services tailored to your needs
- Pharmacy consultation services

You can get information on prescription coverage and pharmacy benefits by visiting the CLFMP PBM website at <http://clfmp.prismpbm.com> as well as:

- Print a temporary pharmacy identification card
- Select a pharmacy near you
- Contact a PrismRx Pharmacy Customer Service Representative at 1-855-218-4613.

Please present your temporary pharmacy identification card to the pharmacist. The information included on the temporary pharmacy identification card provides the necessary information to properly file your claim.

General claim filing instructions

- Your name must be listed on the *CLFMP Claim Form*, VA Form 10-10068a, exactly as it appears on the CLFMP Authorization Card
(NOTE: VA Form 10-10068a is for use by eligible family members only)
- If you have other health insurance, include a copy of your health insurer's explanation of benefits (EOB) with your health provider's itemized billing statement(s)
- Dates of service and health provider charges listed on the EOB must match billing statements

Timely filing requirement

Please note the "Effective Date" on your ID-Card. You may file medical claims for treatment of a CLFMP covered condition received on or after the effective date of your coverage. If you are a family member with Camp Lejeune residency from 1957–1987 and are requesting reimbursement for treatment received up to two years prior to your application received date (effective date on ID card), you must file these medical claims within 60 days from the date on that letter to satisfy the timely claims filing criteria.

If you are a family member with Camp Lejeune residency from August 1, 1953–December 31, 1956, VA may only provide claims reimbursement for covered treatment received on or after December 16, 2014, if the claim(s) is

filed within 60 days from the effective date. **Regardless of your residency dates above, VA may only provide reimbursement for previous medical treatment if the claim(s) is filed within 60 days from the date on your award letter.**

Required documentation for claims

CLFMP claims must include the following documentation:

- *CLFMP Claim Form*, VA Form 10-10068a
- If you have other health insurance, a copy of your insurer's EOB detailing what was paid
- Itemized billing statement(s) submitted on a standardized paper form provided by your health care provider. The following information must be included on the form:
 - Family member name, date of birth, and Member Number (same as patient's Social Security number)
 - Full name, address, and Tax Identification Number (TIN) of the health care provider
 - Provider professional status (doctor, nurse, PA, etc.)
 - Address where payment is to be sent
 - Address where services were provided
 - Specific date of each service provided. Date ranges are acceptable only when they match the number of services/units of services
 - Itemized charges for each service
 - Medical code (ICD, CPT, HCPCS, etc.) for each service

Prescription/pharmacy claim filing instructions

To submit pharmacy or prescription claims, send invoice/billing statements that include the following information:

- Name, address and phone number of the pharmacy
- Name of prescribing physician
- Name, strength and quantity for each drug
- Eleven-digit National Drug Code (NDC) for each drug (*NOTE: NDC number is not the same as the RX number*)
- Charge and co-payment for each drug
- Date prescription was filled

For more information

Camp Lejeune Family Member Program

- Mail: U.S. Department of Veterans Affairs
Financial Services Center
PO Box 149200, Austin TX 78714-9200
- Phone: CLFMP customer service at 1-866-372-1144
- Website: CLFMP at <https://www.clfamilymembers.fsc.va.gov/>

PrismRx Customer Care Center

- Phone: 1-855-218-4613
7:00 a.m. to 9:00 p.m., Monday–Friday
10:00 a.m. to 3:00 p.m., Saturday
Central Standard Time (CST)
- Website: PrismRX at <http://clfmp.prismpbm.com>