

YOUR

HEALTH

The Magazine for Department of Veterans Affairs CHAMPVA Beneficiaries



**A Lifetime of
Healthy Habits**

**Important
Vaccinations**

**Preventative
Health Tips**

Ask the Doc

Send us your stories: Check inside for details

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TELL US YOUR STORY

Send your stories to:

VA Health Administration Center
Attn: Communications Division,
Linda Carlson
PO Box 469060
Denver CO 80246-9060

The Health Administration Center (HAC) would like to share your service-related stories with our employees. Realizing the importance of better understanding the people who benefit from the CHAMPVA program—the people we serve—we want to honor those who have served our country and otherwise sacrificed to ensure our continued freedom. The stories will be printed in our in-house newsletter. If you are a Veteran, tell us about your experiences, including the branch/units/duty stations in which you served. Please also tell us your name. Or, if you are a spouse, child or survivor of a Veteran, share with us the sacrifices you and your family have made to support and encourage your Veteran sponsor, either while they were serving or in your post-service life. We will gladly accept photos to go along with the stories. Photos will be copied and originals returned to you, if you provide a return address.

Medicare Crossover Is Coming!

If you are Medicare-eligible, the time needed to process medical claims is expected to shorten when Medicare begins electronically transferring claims to CHAMPVA.

The process, called Medicare Crossover, is scheduled to begin September 27 and will likely shorten the amount of time it takes for us to receive your claims after Medicare processes them. Tell your provider about this new, improved claim filing capability.

When Medicare is the primary payer, Medicare processes the claim and reimburses the provider their portion of the claim and then electronically forwards the claim containing the payment information to us, and we process the secondary portion of the claim. You will continue to receive a paper Explanation of Benefits.



This is the first column in a series that will appear in *Your Health* magazine that offers advice or suggestions to general health questions.

Q: Doctor, what do you think is the most important medical issue facing Americans today?

A: Obesity. This medical problem is increasing with alarming rates, especially among our children. Our last issue of *Your Health* focused on this problem, but I think the dangers cannot be overstressed for our country. And it's a problem for the entire family as well as society; parents need to set a good example by eating healthy themselves and becoming more active.

In 2009, around 2.4 million more adults were obese than in 2007. Fifteen percent of adults in every state are obese, and in nine states, that number is 30 percent (www.cdc.gov/VitalSigns/pdf/2010-08-vitalsigns.pdf). Obesity is a problem that is woven into our culture. Restaurants need to offer smaller portions, and the Thanksgiving dinner needs to be pared down, at least a little. Physical activity needs to be encouraged and made more enjoyable.

The consequences of doing nothing are dire: more and more diabetes, heart disease, cancer and myriad other diseases. And the best thing is, many solutions will not cost much, if anything, but could save billions in health care costs. In the United States, the cost of medical care related to obesity has recently been estimated at \$147 billion. Eliminating obesity is every person's responsibility, and it can begin with you, today.

Have These Things Handy to Speed Up Service

When you call the Health Administration Customer Service Center, you should have the following items available, to facilitate service:

- Beneficiary identification number (your Social Security number)
- Provider name
- Date of service
- Claim number (if available)

Additionally, the Interactive Voice Recognition (IVR) system is capable of answering questions about claims if you provide the beneficiary identification number and the date of service. The IVR system can also answer questions about other health insurance status, catastrophic cap, deductible amount and eligibility. You can also order forms through the IVR system.

Medication Safety

According to *Pharmacy Times*, there were 3.9 billion prescriptions written and filled last year, many of which, when combined, have the potential to cause severe drug reactions. Approximately 770,000 injuries and deaths occur every year as a result of an adverse drug event. In order to prevent a potentially serious drug interaction, it is very important that you tell your doctor about all of the medications you are taking, not just the ones that they have prescribed for you.



Drug Interactions

There are several different types of drug interactions that can occur: drug, food (nutrient) and disease.

Drug-to-Drug Interactions

Some medications taken together can change the amount of time it takes for the medication to dissolve in your body; other combinations can cause the side effects of the medications to become worse.

Drug-to-Nutrient Interactions

Drug-to-nutrient interactions can occur with foods, beverages or dietary supplements and can also alter the effects of the medication you take. Oral medications and foods are absorbed through the lining of your stomach or intestine. Sometimes when you take certain medications with food, it can cause the absorption of the medication to slow down or speed up and can prevent the medication from working the way it should. Always read the warnings or alerts on the medicine bottle to see if there are any specific foods or liquids you should avoid.

Drug-to-Disease (Condition) Interactions

Drug-to-disease interactions happen when an existing medical condition makes certain medications harmful if taken together. Some conditions, like diabetes, high or low blood pressure, ulcers, glaucoma, enlarged prostate, poor bladder control or insomnia are more likely to have drug-to-disease interactions with the medications used in the treatment regimens. For example, a potential drug-to-disease interaction could occur if you take cold medications when you have heart disease, high blood pressure or diabetes. Always check with your doctor.

Medication Tips and Recommendations

Communicate regularly with your providers and learn about the medications you take. Keeping providers updated could help you get the most out of life with as few medication side effects as possible. Don't forget to responsibly dispose of all expired or unused medications.

Follow these tips and start taking charge of your health:

- Take all drugs as instructed and never share medications with others.
- Keep each of your doctors informed about all the prescriptions, over-the-counter or herbal supplements you take.

- If you can, use only one pharmacy to obtain all of your prescriptions. Choose a pharmacy that provides comprehensive services (including checking for possible interactions) and maintains a complete drug profile for each person.
- Keep an updated list of all the medications you take in your wallet so that you will have the list available when you visit your doctor(s).
- Don't take previously prescribed medications without checking with your doctor or pharmacist, because that drug might duplicate or otherwise interact with one of your currently prescribed drugs.
- Always read the directions and warning labels on your medication bottles and packages. Learn about the purpose and actions of all drugs that have been prescribed for you. Learn about their side effects, how to take them, what time of day they should be taken and whether they can be taken with other drugs. For example, vitamins and minerals can interact with some drugs and shouldn't be taken at the same time.
- It is best to take medication with a full glass of water and never take it with alcohol, soft drinks or grapefruit juice. Don't stir your medication into food or drink unless your doctor or pharmacist tells you to. Some foods can break down the drug or limit its absorption. Don't mix your medicine into hot drinks, because the heat from the drink might destroy the medicine's effectiveness.
- Use a pill box if you have trouble remembering which pills to take when.
- Store medications in a safe place and keep them out of sight of confused individuals and out of reach of children. All expired and unused medications should be disposed of responsibly. Avoid flushing medications down the drain; they can harm the water supply. Ask your pharmacist about safe disposal methods or go to www.fda.com and search for "disposal by flushing".

Sources:

<http://seniorseries.osu.edu>

www.pharmacytimes.com

www.fda.gov/drugs/resourcesforyou

http://nyp.org/health/nontrauma_fooddrug.html

<http://edis.ifas.ufl.edu/he776>

www.merck.com/mmhe/sec02/ch013/ch013c.html

Pharmacy

Meds by Mail (MbM)

What Is Meds by Mail (MbM)?	MbM is a safe, convenient and easy way to get nonurgent (maintenance) medications with no cost share, meaning you could potentially save hundreds of dollars a year over paying a 25 percent cost share at your local pharmacy. Medications are mailed directly to your home. MbM is not for medications that are needed right away, like antibiotics or pain medications. You should get these urgent medications at your local pharmacy.
How Much Will My Prescription Cost?	There is no cost share or deductible when you use MbM.
Do I Have to Enroll?	No. As long as you don't have any other health insurance (OHI) with prescription coverage and are CHAMPVA or Spina Bifida eligible, you simply send an MbM Order Form with your prescriptions to MbM.
Can I Use MbM if I Have Medicare Part D?	No. Because Medicare Part D is a prescription program and is considered OHI, you would not be eligible to use MbM. CHAMPVA beneficiaries with OHI that includes prescription drug coverage are not eligible to use MbM.
How Long Does It Take to Get a New Prescription Filled?	It takes 14–21 days to receive your medications from the day you mail your prescription.
How Do I Place an Order?	Have your health care provider write a new prescription for up to a 90-day supply plus refills. Completely fill out an MbM Order Form (included on pages 9-10 in this magazine) and mail it along with your prescription to your MbM Servicing Center. Remember that refills expire after one year, and you will have to obtain a new prescription at that time.
How Do I Get More MbM Order Forms?	Simply cut out the form included in this publication and make copies of it for future use. You can also visit www.va.gov/hac or call 1-800-733-8387 to get additional MbM Order Forms.
Will I Receive Generic Medication?	MbM uses generic medications as often as possible. You can rest assured that generic medications have the same active ingredients as their brand-name counterparts.
How Do I Get a Refill?	As long as you have refills remaining, call 1-888-370-1699 and follow the voice prompts. Be sure to have your Social Security number and your prescription number (Rx#) ready. If you'd rather request a refill by mail, you should return the refill slip that was included in your medication package as soon as you receive your medication order in the mail.
Can I Still Use My Local Pharmacy?	Yes. You should always use your local pharmacy for urgent care medications. At the local pharmacy, you will have a 25 percent cost share (after the annual deductible has been met).
Where Can I Find More Information?	You can find additional details about the program in the MbM brochure, online at www.va.gov/hac , or you can call the Health Administration Center at 1-800-733-8387.

Benefits

at a glance

SXC Health Solutions, Inc. (SXC)

<p>What Is SXC?</p>	<p>SXC hosts a network of more than 60,000 local pharmacies for you to use! Local pharmacies can be used to obtain both urgent (pain or antibiotic) and nonurgent (maintenance) medications. However, we encourage you to use Meds by Mail for your nonurgent medications (remember there is no cost share with MbM) if you do not have other health insurance with pharmacy coverage.</p>
<p>How Much Will My Prescription Cost?</p>	<p>There is a 25 percent cost share after your yearly deductible has been met.</p>
<p>Do I Have to Enroll?</p>	<p>No. As long as you don't have any other health insurance with prescription coverage and are CHAMPVA or Spina Bifida eligible, you simply take your SXC Pharmacy ID card to your local pharmacy. The pharmacy staff will take care of the electronic billing.</p>
<p>Can I Use SXC's Pharmacies if I Have Medicare Part D?</p>	<p>No. Because Medicare Part D is a prescription program and is considered other health insurance, you would not be eligible to use SXC's pharmacies. CHAMPVA beneficiaries with any OHI that includes prescription drug coverage are not eligible to use SXC's pharmacies.</p>
<p>Can I Still Use Meds by Mail?</p>	<p>Yes. We encourage you to use MbM for your maintenance medications; this could save you a substantial amount of money each month. You should always use your local pharmacy for urgent care medications (antibiotics or pain medications).</p>
<p>Where Can I Find More Information?</p>	<p>You can find additional details about the program online at www.va.gov/hac, or you can call the Health Administration Center at 1-800-733-8387.</p>

CHAMPVA's Meds by Mail Launches Automated Prescription Refill Service

This new phone system provides a convenient way for you to order prescription refills and track the status of medication(s) previously ordered.

Before dialing 1-888-370-1699, have your Social Security number (SSN) and prescription number (Rx#) ready; you will need this information to request a refill. When you call, you will be guided through a menu to determine who you are, if your prescription is valid, if your prescription is ready to be refilled and if you have refills remaining. The automated system is available 24 hours a day, 7 days a week (including holidays)!

You can also use the automated system to track the status of any prescription once it has been phoned (or mailed) in. This also requires that you have your SSN and Rx# available.

Advantages of using the automated system include:

- **One phone number** to call: 1-888-370-1699.
- **Faster processing time.** Phoned in prescription refills are processed to be filled at VA's Consolidated Mail Outpatient Pharmacy in less than 24 hours (if you have refills remaining and are not requesting the refills too soon).
- **Secure ordering** through a dedicated phone system, ensuring privacy (no chance of a lost prescription in the mail).
- **24-hour access**, including weekends and holidays.
- **Timely feedback** on the status of a prescription.
- **Saves time and cost of postage** for those who are currently mailing refill slips.

A Lifetime of Healthy Habits



Although “it’s never too late to start” is still good advice, for many healthy behaviors, it’s almost “never too early to start.” This article focuses on small steps that girls and women should be taking, but much of the information also applies to boys and men.

First, calcium intake is most important during teen and young adult years, when bone is developing. This “solid foundation” is easier maintained from youth than built in middle age. Dairy is a great source of calcium. If you can’t tolerate milk products, supplemental calcium might be useful, although new studies raise questions. One easy way to get extra calcium is to eat chewy “chocolate” or “caramel” supplements, or to drink orange juice that has been fortified. This tastes the same as regular orange juice and might appeal to young adults more than taking a pill daily. (Check with your doctor first if you have special health issues; this applies to all of the advice in this article.)

Speaking of orange juice, a new study has found that vitamin D is as available to the body via juice that has been fortified with vitamin D, as it is from a supplement pill.¹ This is a good deal; you can get your calcium and your vitamin D at breakfast! Or replace a soda with this more nutritious drink. You can add sparkling water for some fizz. (Don’t forget to eat whole fruit in addition to drinking juices in order to get the fiber benefits.)

Brushing teeth and flossing are making big health news. We’ve known for decades that brushing helps prevent cavities and bad breath and flossing reduces “gingivitis,”

or gum and tooth disease that can lead to the need to wear dentures. When I was in medical school, a dentist who spoke with our class advised us to tell patients, “You don’t have to floss ALL of your teeth, just the ones you want to keep.” This has been my mantra every night: “I want to keep THIS one; I want to keep THIS one...” Now we are finding that poor mouth hygiene is one of the risk factors leading to cardiovascular events (including heart attacks) and/or death.² A study based in Scotland compared those who brush less than once a day with those who brush twice a day. “Participants who reported less frequent toothbrushing had a 70% increased risk of a cardiovascular disease event in fully adjusted models compared with participants who brushed their teeth twice a day.” The hazard ratio, or increased likelihood showed “Participants who reported poor oral hygiene (never/rarely brushed their teeth) had an increased risk of a cardiovascular disease event. To put this in perspective, only smoking had a greater hazard ratio (in this study); high blood pressure was about the same for risk of coronary heart disease and diabetes increased risk slightly more than poor oral hygiene. (“The other independent predictors of cardiovascular disease events included smoking, hypertension, and diabetes.”) There were also changes in certain related blood laboratory values that confirmed differences between the groups.

Other articles in this issue of *Your Health* offer tips about other healthy behaviors, all of which are better started young, to benefit a lifetime.

¹ Rachael M. Biancuzzo et al., Fortification of orange juice with vitamin D2 or vitamin D3 is as effective as an oral supplement in maintaining vitamin D status in adults, *Am J Clin Nutr*, June 2010, 91: 1621–1626.

² C. de Oliveira et al., Toothbrushing, inflammation, and risk of cardiovascular disease: results from Scottish Health Survey, *BMJ*, May 27, 2010, 340:c2451.



A mail order prescription service for qualified CHAMPVA and Spina Bifida beneficiaries

This form is for Prescription Orders Only

Important Information

- **This form must be filled out completely including your Social Security number and Date of Birth for identification purposes. If you cannot be identified, your prescription will not be filled.**
- This form is to be completed by the patient, family member, or caregiver with power of attorney.
- Use a separate form for each patient or family member.
- This order form is required **EVERY TIME** a written prescription from your medical provider is mailed.
- Attach the original prescription to this form. Photocopies of prescriptions are not accepted.
- Your medication delivery may take up to **21 days** from the date you mail your order. To ensure that you have enough medication to last until your shipment arrives, you may need to request a second written prescription from your medical provider that can be filled at your local pharmacy.
- This mail order service is provided only for maintenance medication—that is, medications that are required for extended periods of time. All short-term or one-time-use prescriptions must be obtained at your local pharmacy.

How to Request Prescription REFILLS:

This form is for use when you send a **paper prescription** written by your medical provider. Refill orders should be placed by calling our automated refill system. Simply call 1-888-370-1699 and follow the voice prompts. Refill orders may also be placed using the refill slip that accompanies each shipment of medication. If you choose to reorder by mail, be sure to return your refill slip as soon as you receive your prescription order, as it may take up to **21 days** to process your order. **DO NOT DELAY** in requesting your refills. Read the refill slip carefully, it contains information you will need concerning the number of refills remaining and the prescription expiration date.

Where to Mail your Prescriptions:

WEST

If you live in one of the following states or territories, mail your order form to the address listed below:

Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming.

EAST

If you live in one of the following districts, states or territories, mail your order form to the address listed below:

Alabama, Connecticut, Delaware, Florida, Georgia, Guam, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Virgin Islands, Washington D.C., West Virginia.

Telephone: 1-888-385-0235

Address: Meds by Mail
PO Box 20330
Cheyenne, WY 82003-7008

Telephone: 1-866-229-7389

Address: Meds by Mail
PO Box 9000
Dublin, GA 31040-9000

CUT ALONG DOTTED LINE



Patient Prescription Information

This form must be filled out completely - TYPE or PRINT information below:

Patient Name: (Last, First, Middle Initial)

Patient SSN

Date of Birth (mm-dd-yyyy)

MAILING INFORMATION (TYPE or PRINT where the prescriptions are to be mailed)

Patient Mailing Address:

Daytime Phone Number (Including Area Code):

Home:

Cell:

Today's Date

NON-SAFETY CAP REQUEST:

Federal law requires that your medication be dispensed in a container with a child resistant or safety cap. If you would like your prescription with an "Easy-Open" lid, **please sign below:**

I request that these prescriptions and all refills of these prescriptions dispensed in "Easy-Open" or NON-child-resistant containers.

Signature: _____

Date: _____

Is this a change of address? Yes No

Is this a permanent change? Yes No

Is this a temporary change? Yes No

If temporary, what date does the address end (mm-dd-yyyy)?

Medication Allergies

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> NSAIDS |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Cephalosporins | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Other (specify) |

Health Conditions

- | | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Ulcer/Acid Reflux/GERD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver Disease | |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Food Allergy (Specify) | |

Medication Name

Name of Medical Provider Who Signed the Prescription

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

HOW TO OBTAIN MORE ORDER FORMS: You may either photocopy a blank form, or call the VA Health Administration Center at 1-800-733-8387. Forms are also available on the website: www.va.gov/hac/forms

CUT ALONG DOTTED LINE



Filing for CHAMPVA Reimbursement

Some of you have told us you have had trouble filing your claims for reimbursement, and we at the Health Administration Center are listening. Let us take this opportunity to explain the process, so we can reimburse your medical expenses the first time they are submitted.

Each time you submit a claim for payment, you must include a **signed** CHAMPVA claim form. We cannot process your claim without it. The quickest and easiest way to get your claim paid is to ask your medical provider to bill us directly. We accept claims electronically, or if they prefer, they can send them through the mail. However, the fastest way to get reimbursed is if they send the claim electronically. We generally pay an electronically submitted claim within one week. If your provider has any questions about our billing options, our Customer Service Center will be happy to help at 1-800-733-8387.

If your provider chooses not to bill CHAMPVA, you should ask for a filled-out copy of a Medicare-approved billing statement CMS-1500 or UB-04, which you can submit to us yourself. The CMS-1500 and UB-04 billing statements are standard billing forms used in the medical industry. When filled out properly, these forms contain all the information we need to process and pay your claim. You also don't have to be eligible for Medicare to use the forms.

If your provider doesn't use the standard Medicare-approved billing forms, you will need to ask them for the following information:

- Provider's name, address and taxpayer identification number
- Name of patient
- Date of service

- Three-to-five-digit Diagnosis Code(s)
- Procedure Code(s) that identify the procedure(s) that have taken place and the process of care
- Units (how many visits, quantity or dosage of a drug, number of X-rays, procedures or items)
- Billed charges for each procedure

Explain to your provider that because he/she won't bill us directly, you need this information so you can send in the claims for reimbursement. Please contact our Customer Service Center if you have a problem getting this information from your provider.

In all instances, if you have other health insurance, a copy of the explanation of benefits you receive from your insurance company must be included with your claims. The date and place of service, procedure and billed charges on the explanation of benefits must match the information on your claim. So please verify that you have the matching explanation of benefits for the claim you are sending in.

Catastrophic Cap

You never have to pay more than \$3,000 a year out-of-pocket if you go to a doctor who accepts CHAMPVA. The Code of Federal Regulations that governs the CHAMPVA program stipulates that an annual cost limit, or catastrophic cap, be placed on your cost share amount for covered services and supplies. The catastrophic cap is a maximum for out-of-pocket medical expenses that you and your family can incur for covered services and supplies in a calendar year. The annual cap was established to provide financial protection for you against the impact of a long-term illness or serious injury. Credits to the catastrophic cap are applied beginning January 1 of each year and run through December 31. If you reach the \$3,000 limit, you or your family's cost share is waived for the remainder of the calendar year, and we will pay 100 percent of the CHAMPVA allowable amount.

Audio Version of CHAMPVA Handbook Now Available

The long-awaited audio version of the CHAMPVA handbook has arrived. In addition to the original English and Spanish hard copy versions, the handbook is also available in electronic format on our website. The handbook has also been translated into Braille. Translations into other languages can also be requested.

Website: www.va.gov/hac • Phone: 1-800-733-8387

CHAMPVA Coverage of Prostate Cancer Screening

What Is the Prostate Gland?

The prostate is the part of the male reproductive system that makes the seminal fluid that provides the sperm with needed food or energy. The fluid also helps the sperm to be transported during ejaculation. The gland sits in front of the rectum, under the bladder, and it surrounds the urethra.

What Is Prostate Cancer?

Prostate cancer is the growth of abnormal cells, forming a mass or tumor. These abnormal cells can grow beyond the walls of the prostate. This type of abnormal cellular growth that is capable of growing outside of the prostate gland is referred to as a malignancy, which can be a threat to life. If malignant prostate tumor cells break away from the main tumor and enter blood vessels or lymph nodes, they can be transported to other areas of the body where they will grow and interfere with functions of those tissues or organs. The spread of cancer is called metastasis. It is best if the cancer is detected before it spreads beyond the prostate gland.

Not all abnormal growth in the prostate is cancer. Sometimes abnormal growth is benign, or not cancer, and is referred to as benign prostatic hyperplasia. In this condition, the enlarged prostate squeezes the urethra, which interferes with normal urination. This can be quite uncomfortable and inconvenient, but treatable. Once the excessive prostate tissue is removed, it probably will

not grow back, and it won't start to grow in other areas of the body.

What Are the Symptoms of Prostate Cancer?

A man might not have any symptoms. This is especially true if the cancer is in an early stage or has not spread beyond the prostate gland. The common symptoms for those men who have symptoms include inability to

easily pass urine, difficulty starting or stopping or maintaining the urine flow, frequent urination, weak flow of urine, pain or burning during urination, difficulty having an erection, blood in the urine or semen, frequent pain in the lower back, hips or upper thighs.

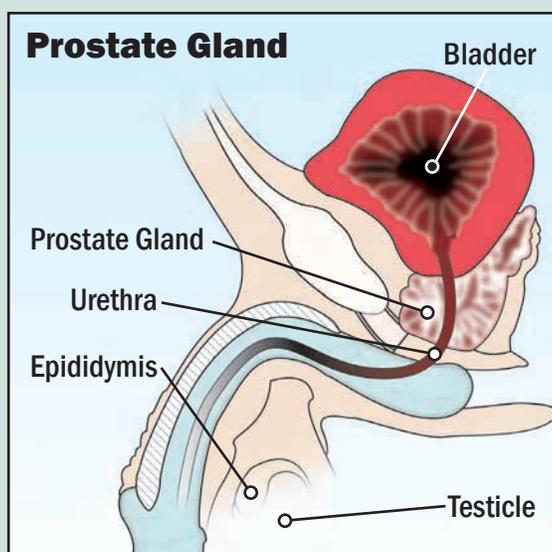
If I Have These Symptoms, Does It Mean I Have Cancer?

The symptoms listed above mean something is not right, and you should discuss them with

your physician. Many of these symptoms can be related to other conditions or diseases that can also be treated. The symptoms by themselves cannot be used to diagnose any disease, including prostate cancer. Based on your symptoms and a physical exam, your physician will order the diagnostic tests needed to make an accurate diagnosis.

How Common Is Prostate Cancer?

According to the National Cancer Institute,¹ "prostate cancer is the most common cancer, excluding skin cancer,



1 nci.nih.gov/aboutnci/servingpeople/snapshots/prostate.pdf, National Cancer Institute "A Snapshot of Prostate Cancer," September 2009.

2 McDavid, K., J. Lee, J. Fulton, J. Tonita, and T. Thompsona. "Prostate Cancer Incidence and Mortality Rates and Trends in the United States and Canada." Public Health Reports, March-April 2004, Volume 119.

and the second leading cause of cancer-related death in men in the United States. African American men have a higher incidence and at least double the mortality rates compared with men of other racial and ethnic groups.” Prostate cancer is rare in men younger than 50 years of age, but the incidence increases as men age.²

What Prostate Screening Tests Are Covered by CHAMPVA?

CHAMPVA health care benefits cover an annual physical exam that includes the digital rectal examination for men who meet the following criteria: 1) Men 40 years of age and over who have a family history of prostate cancer; 2) African American men age 45 and over, regardless of family history; 3) Men 50 years of age and over. The annual prostate specific antigen (PSA) test is covered for men in the following categories: 1) All men age 50 years and older; 2) Men age 40 years and over who have a family history of prostate cancer; 3) Men who have had a vasectomy at least 20 years previously or who had their vasectomy at age 40 years or older; 4) All African American men age 45 years and older, regardless of family history. If you fall into one of these categories, take advantage of

the screening test available to you, because the early stage of prostate cancer frequently presents without symptoms and the best response to treatment occurs before it spreads outside the prostate gland.

If My Doctor Thinks I Might Have Cancer and I Do Not Meet the Criteria Above, Will the Rectal Exam, PSA Test and/or Prostate Biopsy Be Covered?

The above-listed criteria pertain to screening for prostate cancer in the absence of any symptoms. If you have symptoms that concern your physician, then the diagnostic workup for medically necessary tests and exams, including physical exam with a digital rectal examination, PSA or if necessary a biopsy of the prostate gland would be covered. Other diagnostic tests if the results are questionable would also be covered. Additionally, medically necessary treatment of prostate cancer is covered as long as the treatment is not considered experimental. Your physician should be able to inform you if the suggested treatment is considered experimental. In addition to other standard treatments, CHAMPVA benefits cover cryosurgical ablation (destruction of tumor cells by freezing) of the prostate for prostate cancer, if the cancer is confined to the prostate.

Cancer Screening Colonoscopy

The physician uses a colonoscope, a thin, hollow, flexible tube that is lighted and has a video camera. Patients are given medicine to help them relax and sleep during the procedure, which takes about 30 minutes and is essentially “pain free.”

The colonoscope is gently eased inside the colon. Some air is put in the colon to keep it open and allow for a clear view. The camera sends images to a monitor and photographs can be taken of any areas that appear abnormal. If there are any areas that look suspicious for cancer or show signs of gastrointestinal disease, the doctor can take a sample for biopsy; or if any polyps are found, they can be removed during the procedure.

The CHAMPVA program covers colonoscopy screening. You should be screened for colorectal cancer once every 10 years, beginning at age 50, if you are at average risk. If you notice a change in normal bowel habits or rectal

bleeding or have a history of irritable bowel syndrome or other gastrointestinal complaints, you should see your doctor. Your doctor can tell you how often you should have a colonoscopy, based on your health history.

It is important to be aware of the risk factors that increase your chances of getting colon cancer. Individuals who are over age 50, have a history of colorectal polyps, have had inflammatory intestinal conditions like ulcerative colitis or Crohn’s disease, have a family or personal history of cancer, don’t regularly exercise, have a diet that is high in fat, are obese, smoke or consume excess alcohol increase their risk of getting colon cancer.

To reduce your risk of colon cancer, you can add more fruits, vegetables and whole grains to your diet, exercise at least 30 minutes a day and maintain a healthy weight.

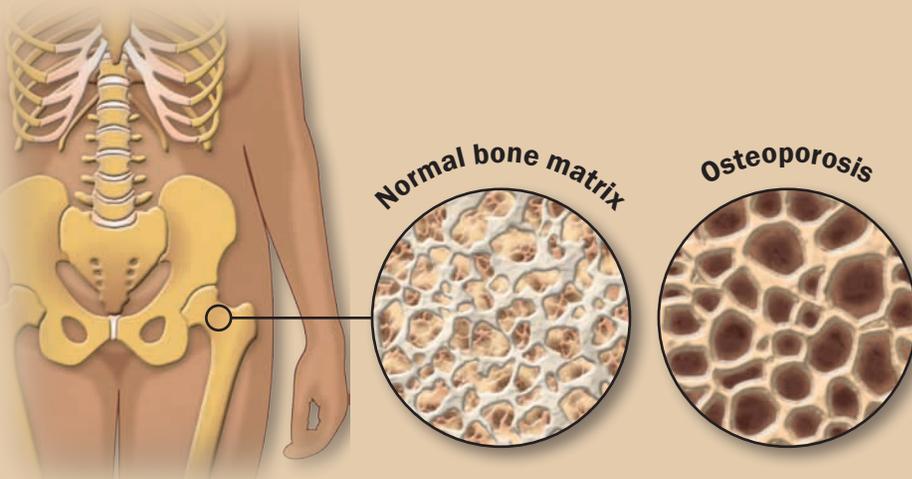
Sources: mayoclinic.com; rmgacolorado.com; digestive.niddk.nih.gov; cancer.org

The Risks of Osteoporosis

Osteoporosis, which means *porous bone*, is a skeletal disease that results in a deterioration of skeletal tissue and low bone mass. As we age, our bones become weak, brittle and more vulnerable to fractures. Common sites of fracture are the hip, spine and wrist. According to the National Institutes of Health, “Osteoporosis is responsible for more than 1.5 million fractures each year.”

Risk factors for developing osteoporosis include gender and race, body frame and weight, age, menopause, low testosterone levels in men, absence of or abnormal menstruation, inadequate calcium and vitamin D in the diet, lifestyle choices and limited physical activity. Prevention of osteoporosis can be affected by choices we make, including eating a healthy diet and exercising. Exercise is important to building strong bones, because bone forms in response to weight-bearing exercises, like walking, hiking and dancing. Situations out of our control can also affect development of osteoporosis, like having a family member with osteoporosis, taking steroids for the treatment of chronic asthma, even how much calcium and vitamin D we got while growing up.

Bone density tests, also called DEXA scans, are easy, fast and painless. The test uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone. Screening for osteoporosis is recommended for women age 65 and older and for men older than age 70. Ask your doctor if you are considered at high risk for developing osteoporosis.



Important

CHAMPVA covers the immunizations discussed in this article. Refer to page 18 for recommended immunizations.

For those over 60 years old, CHAMPVA covers Zostavax®, a vaccine that could help prevent shingles (herpes zoster). Shingles is a painful rash that develops when stressors activate the virus that causes chicken pox (varicella). This virus lays dormant in the nerves for decades after childhood chicken pox, which about 95 percent of Americans in the age group over 60 have had. Shingles is most common in those over 50 (the vaccine is officially recommended only for people 60 or older) and those having problems with their immune system or who are taking drugs that suppress the immune system.

The varicella-zoster virus first causes skin symptoms that range from numbness or itching to a burning, significant pain. It can take days for the rash to develop, with blistering of the skin that lies over the involved nerve, usually on just one side of the body. Even after the blisters dry up, post-herpetic neuralgia (PHN) pain can last for weeks or years and could be severe enough to interfere with daily living. This vaccine prevents about 50 percent of new shingles cases or helps reduce the duration of PHN. Even if you have already had shingles, the vaccine could prevent a recurrence. Another reason to get the vaccine is to reduce your chances of passing the virus on to others.



Vaccinations Recommended

There are more things to consider about getting the vaccine, and some people should not get it. Talk to your doctor and see www.webmd.com/skin-problems-and-treatments/shingles/shingles-vaccine for more information.

Gardasil® is recommended for females age 11 (possibly 9) to 26 years to help protect against a virus that has been associated with cervical cancer and genital warts. Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States. More than 50 percent of sexually active people are infected with HPV at some time in their lives. Although most HPV infections are symptom-free and resolve on their own, HPV can cause cervical cancer, which, worldwide, is the second leading cause of cancer deaths in women. Although the HPV vaccine can prevent most genital warts and most cases of cervical cancer, vaccinated women still need cervical cancer screening, because the vaccine does not protect against all causes of cervical cancer. The vaccine is given in three doses and can be administered at the same time as other vaccines.

For the younger group, more deadly diseases can be prevented. Colorado had an outbreak of meningitis in June, which tragically resulted in the deaths of several children/young adults. This disease is preventable when vaccinations are completed. Although certain people need different timing for the vaccine, in general, all teens, 11 to 18 years old, should get the vaccine. Be sure children are up-to-date on all the usual vaccinations, including pertussis (“whooping cough”), of which California had a recent outbreak. In addition, it’s important to get the annual flu vaccine. Although influenza usually does not have as high a death rate as some other diseases, it can keep a parent home from work for weeks if one sibling after another becomes ill. Follow the advice given for the H1N1 (“swine”) flu about keeping kids home until the fever has been gone for 24 hours. This vaccine is available in a nasal form as well as injection, for certain age groups.

Immunizations Are Not Just for Children

There are vaccinations to prevent many serious and life-threatening diseases. Although we are most familiar with the vaccinations for children that start soon after birth, many people are not aware of the need for vaccinations as adults.

According to the VA Health Promotion and Disease Prevention Center, more than 46,000 adults become ill or die each year from vaccine-preventable diseases. Vaccines not only protect you from getting a disease but also protect those around you so you don’t spread the disease.

Booster vaccines are important because some vaccines become less effective over time. It is important to work with your doctor to stay up-to-date with vaccines. Some vaccines were not even invented when today’s adults were children. Also, people can become more susceptible to diseases as they grow older.

It is very rare to get seriously ill from a vaccine. At most you might have a little soreness where the vaccine was injected, and you might feel a little under the weather the next day.

Consult your doctor about vaccines appropriate for children and adults, or visit the Centers for Disease Control website at www.cdc.gov for more information.

Preventive Health Tips:

What to do (after you have checked with your doctor)

1

Take vitamin D and get a little more sunshine (if you have no issues to say otherwise). Vitamin D deficiency is very common and has been linked with many maladies, including cancers, depression, heart disease, diabetes, asthma, weight gain and perhaps Alzheimer's and chronic pain. In addition to promoting strong bones, vitamin D is needed for other health outcomes for all ages; even breast-fed babies need supplementation. Go to www.webmd.com and search for the vitamin D slide show for more information.

2

Fish oil seems to be a good idea for most people, too. Increase your food sources or take omega-3 supplements. This could help lower breast cancer risk, blood pressure and cholesterol, reduce psychosis and might also boost memory and fight Alzheimer's. Go to www.webmd.com/diet/your-omega-3-family-shopping-list for a list of good sources of omega-3. (By the way, vitamin E has fallen out of favor, at least for the higher-dose supplements.)

3

Get mono-focal glasses to use outdoors if you are physically active. Bifocal glasses can change depth perception and make falls and injuries more common, especially on stairs. However, multifocal glasses are fine if you are not active.

4

Walk more. Not only will this improve strength and coordination, it burns calories. Physical activity also makes you feel like an athlete and gives you the willpower to resist some unhealthy food. Example: You may skip the cookie because you don't want to "cancel out" the benefits you got from moving. Physical activity is a life habit that will fight some of the biggest killers we have—those related to obesity.

5

Try soup as a first course. This helps fill you up before a meal, so you eat fewer total calories. It's even better if you can wait 10 to 20 minutes before the next course to allow your "satiety center" to kick in. This and the next tip help control weight through eating more slowly and feeling fuller (from fiber), which encourages you to reduce your portion sizes.

6

In the same line of reasoning, eat your five servings of vegetables and fruit every day. If you fill up on these, you will have less room for empty calories.

7

Water is a beverage. It can be quite delicious. No real or artificial sweeteners needed. If you like bubbles, some restaurants give you free carbonated water from the soda machine. There are the fancy fizzy waters if you like, too. Soft drinks have been expanding waistlines for decades. Marketing aside, they will not give you a happier life.

8

Floss, or at least brush your teeth at least once a day. A new Scottish study shows that failing to brush increases risk of heart disease by 70 percent. It's much easier than jogging. Bad teeth actually cause about the same risk for a heart attack as smoking does.

9

Laugh more. Watch funny shows if you don't know any amusing people. Although the studies are not unanimous about health effects, laughter does seem to reduce pain. It might improve immune function and blood flow, but this could also be related to a positive attitude and a better social network of those who laugh more. See <http://women.webmd.com/guide/give-your-body-boost-with-laughter>, which contains this quote: “[Steve] Wilson [a psychologist and laugh therapist] agrees there are limits to what we know about laughter’s benefits. ‘Laughing more could make you healthier, but we don’t know,’ he tells WebMD. ‘I certainly wouldn’t want people to start laughing more just to avoid dying—because sooner or later, they’ll be disappointed.’”

10

Get your preventive testing done. Don't put off getting checked out because you are afraid of what the diagnosis might be. Earlier treatment is virtually always better than later treatment. Colonoscopies usually only need to be done every 5 to 10 years (check with your doctor if you have a higher risk) and are excellent in finding something before it turns to cancer. Also, it's much better to learn you have early breast cancer from a routine mammogram than to wait to find a lump or other symptom.

See the article in this issue entitled “Health Promotion and Disease Prevention Examinations” to find out what preventive screenings CHAMPVA covers, so you won't have to worry about the cost of screening anymore.



Health Promotion and Disease

CHAMPVA covers most inpatient and outpatient care that is medically necessary and considered proven. However, by law there are special rules or limits on certain types of preventive care, and some types of preventive care are not covered at all. The following charts list immunizations and preventive services that may be provided during acute and chronic care visits or during

preventive care visits for people without symptoms to maintain and promote good health (the list of covered benefits is not all-inclusive). For more information turn to page 22 of your CHAMPVA Handbook, which can be found at www4.va.gov/hac/forbeneficiaries/champva/handbook/chandbook.pdf on the Web, or call 1-800-733-8387.

Recommended Childhood Immunization Schedule

VACCINE	AGE	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-17 yrs
Hepatitis B	B1	X	X	X									
	B2		X	X	X								
	B3					X	X	X				X	
Diphtheria, Tetanus, Pertussis			X	X	X	X	X	X	X		X	X	X
Haemophilus influenza type b			X	X	X	X	X	X	X		X		
Inactivated Polio			X	X	X	X	X	X			X		
Measles, Mumps, Rubella							X	X			X	X	X
Rotavirus			X	X						X			
Varicella							X	X	X	X	X	X	X
Meningococcal										X	X	X	X
Pneumococcal*			X	X	X	X	X	X	X	X	X	X	X
Hepatitis A*							X	X	X	X	X	X	X
Influenza*						X	X	X	X	X	X	X	X
Influenza FluMist Nasal Spray*											X	X	X
HPV-Types 6, 11, 16, & 18 Recombinant-Gardasil												X (age 9)	X

*Vaccine is for selected populations.

Recommended Adult Immunization Schedule

VACCINE	AGE	18-24 yrs	25-64 yrs	65+ yrs	VACCINE	AGE	18-24 yrs	25-64 yrs	65+ yrs
Influenza		X	X	X	Varicella		X	X	X
Influenza FluMist Nasal Spray		X	X		Tetanus/Diphtheria (Td)		X	X	X
Pneumococcal		X	X	X	Polio		X	X	
Meningococcal		X	X		Hepatitis B4		X	X	X
Measles		X	X		Hepatitis A		X	X	X
Mumps		X	X		Rubella		X	X	
Shingles (herpes zoster)			X (60 to 64 yrs)	X	HPV-Types 6, 11, 16, & 18 Recombinant-Gardasil		X	X (to 26 yrs)	

Prevention Examinations

CHAMPVA Health Promotion Services

Service	Who Is Covered	Benefit Description
Cancer Screening—Breast Cancer (Mammography)	<p>For women 35 to 40 years of age who are without symptoms, 1 baseline screening mammography.</p> <p>For women 40 years and older, who are without symptoms, 1 screening mammography every 12 months.</p>	Mammography is covered as a diagnostic or screening procedure when provided in accordance with policy.
Cancer Screening—Colorectal Cancer	People 40 years of age and older.	Digital rectal examination.
Cancer Screening—Cervical Cancer (Pap test)	Women age 18 and over, women who are at risk for sexually transmissible diseases or women who have or have had multiple sexual partners or their partner has or has had multiple sexual partners, women who smoke. Frequency of Pap tests will be at the discretion of the clinician, but should not be less frequent than every 3 years.	Pap tests are covered on either a diagnostic or screening basis.
Cardiovascular Disease/ Blood Pressure Screenings	All CHAMPVA beneficiaries without symptoms.	At least every 2 years after age 6.
Cardiovascular Disease/ Blood Cholesterol Screenings	All CHAMPVA beneficiaries without symptoms.	A lipid panel is covered at least once every 5 years, beginning at age 18.
Well-Child Dental and Vision Screening	CHAMPVA beneficiary children to age 6.	Screening by primary physician during routine exams.
Genetic Testing and Counseling	Pregnant CHAMPVA beneficiaries.	Covered only for a pregnant beneficiary and only under certain circumstances.
History and Physical (Well-Child)	CHAMPVA beneficiary children to age 6.	History and physical examination and mental health assessment are included in each office visit.
Immunizations	All CHAMPVA beneficiaries, following CDC guidelines.	Covered when administered in accordance with Centers for Disease Control immunization guidelines.
X-rays (Routine Chest)	All CHAMPVA beneficiaries admitted for surgery requiring general anesthesia.	Covered when patient is admitted for a surgical procedure that involves general anesthesia.

It Takes Strength... *To Quit*

More than 1,000 people die every day in the U.S. who could have prevented their deaths. That's because those 1,000 people died from tobacco-caused diseases, the leading reason for preventable death in the U.S., according to the American Lung Association. The key here is that these deaths are preventable.

"My dad smoked his entire life and I think that smoking is what, in fact, killed him eventually. But I wasn't

thinking about that. I just thought it was a cool thing to do and I wanted to smoke too," said Navy Surgeon General Vice Admiral Adam M. Robinson in a video interview posted on TRICARE's Tobacco-Free website.

"The reason I stopped smoking was because of my patients.... Kicking an addiction is probably among the strongest things we will ever do."

Smoking and COPD

- Smoking is the main cause of a group of potentially fatal lung conditions called chronic obstructive pulmonary disease, or COPD.
- COPD includes lung diseases such as emphysema and chronic bronchitis.
- COPD affects more than 12 million people in the United States.

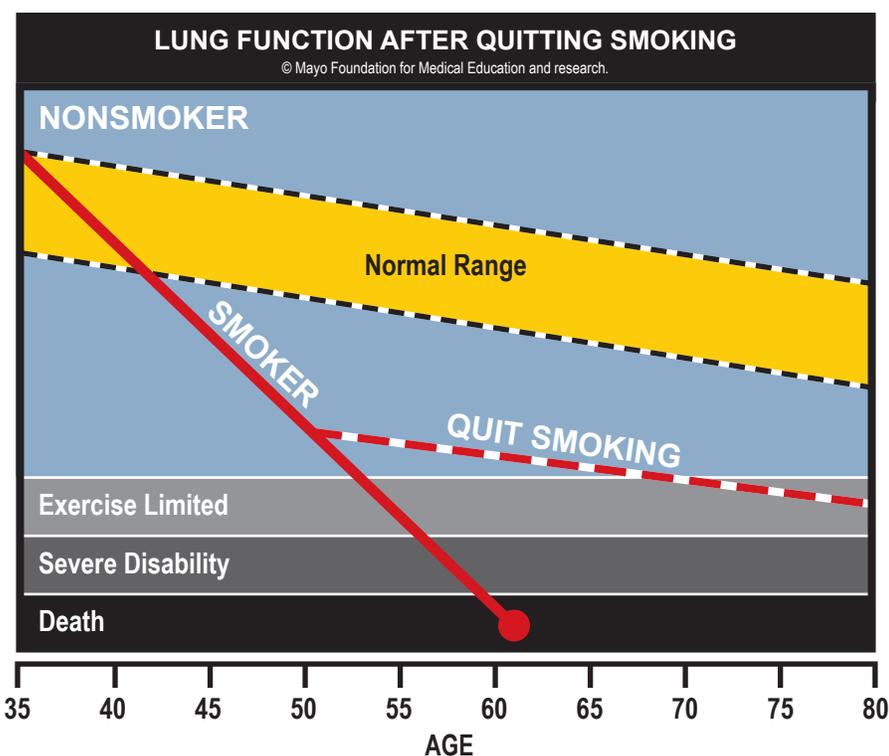
Source: American Lung Association; National Heart, Lung and Blood Institute

What can COPD do?

- Make breathing hard by partly blocking your lungs' airways.
- Cause colds that last weeks instead of days.
- Cause frequent lung infections.
- Create difficulty in keeping up with activities you enjoy.

Source: COPD-International

Reprinted from the website of TricareWest Health Care Alliance



National Toll-Free Quit Line Phone Numbers

- 800-QUITNOW
- 877-879-6422 (Nicotine Anonymous Information Line)

National Websites

Interested in learning more about ways to quit smoking and starting down the path to a fuller, healthier life? You can visit any of the websites listed below:

- www.becomeanex.org
- www.cancer.org
- www.chewfree.com
- www.hooah4health.com (Army)
- www.mylastdip.com
- www.mayoclinic.com
- www.nicotine-anonymous.org
- www.nmcphc.med.navy.mil (Navy and Marines)
- www.notobacco.org (Kids and Teens)
- www.quitnet.com
- www.sammcquitline.org
- www.smokefree.gov
- www.tobaccofreekids.org
- www.tricare.mil
- www.ucanquit2.org
- www.worklife4you.com (Coast Guard)

HEALTHY EATING

During Winter

Healthy Winter Snacks



Apple slices

Bananas



Blueberries

Carrots

Celery



Cheerios®

Cherry tomatoes

Dried cranberries

Frozen peas

Grapes



Pumpkin seeds

Raw almonds

Rice cakes

Teas



Zucchini sticks

No, it is not a rumor; winter is only a couple months away. The two most difficult things to overcome in the winter are comfort foods and inactivity. When we think of winter, we often have a wintertime picture of a warm fireplace and food. It's so easy to curl up in your favorite warm spot in the winter, turn on the TV and reach for the snack bowl. One tip for overcoming the 5- to 10-pound weight gain, which commonly occurs in the winter months, is to focus on replacing comfort food items with healthy food items. If activity is limited, the consumption of food must also be adjusted. Here are some suggestions.

Words of Wisdom

If it's in the house you will eat it, so don't buy it.

Bedtime snacks are for dreamers, they will add pounds.

You are the engineer of a healthy plan;
don't play the passenger of a bad habit.

You Can Handle the Truth

Easy refrigerator grab bags filled
with healthy food mean healthy choices.

Treat yourself by stocking up on healthy food you like to eat.

Setting an example by eating well
does influence younger generations.

If you can stand, then stand. If you can walk,
then walk. If you can dance, have fun.

SAFETY LIDS

Did you know that the lids on the medication bottles you receive from Meds by Mail are unique? They can be used both as a safety lid and as a non-safety lid! To convert the safety lid to a non-safety lid, place the lid on a flat surface and push in the top center of the lid until you hear the loud snap. The cap will now act as any easy, screw-off lid. Pushing up on the inside of the lid will convert it back to a safety lid.



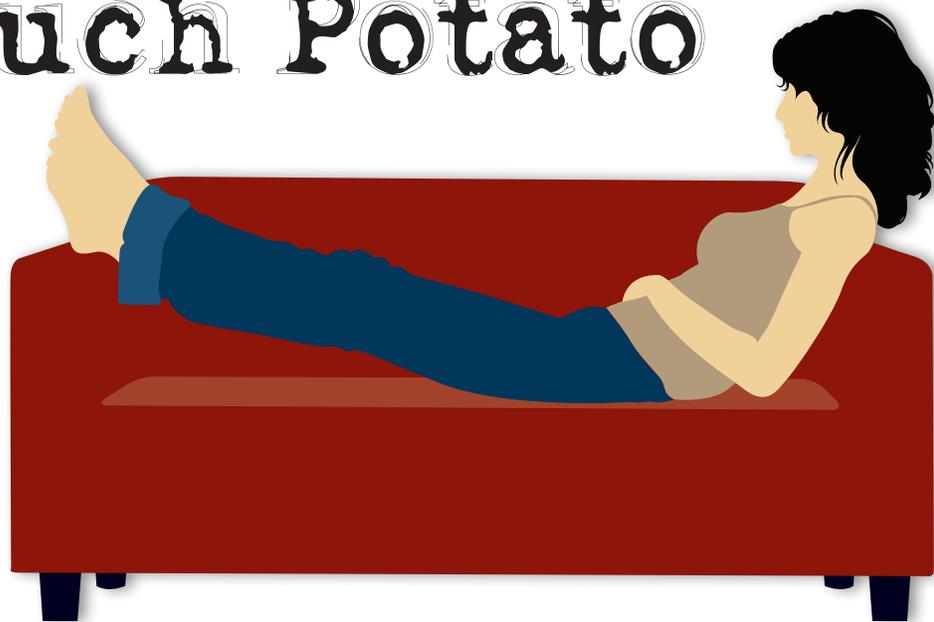
Confessions of a (Former) Couch Potato

I hated exercising. I tried running while in graduate school and found that any potential weight loss would happen only because I felt like I was going to vomit for an hour after I stopped. Unfortunately, my appetite would return later in the day. My knees started to hurt, and I quit this unpleasantness. After my first child was born, I began a walk-a-block, jog-a-block routine with a neighbor named Nell, staying out for an hour, two to three times a week, in the beautiful rural California evenings. After a few months of this “training,” I decided to see how fast I could run a mile: 11 minutes. I was not encouraged. And I still wanted to throw up. Nevertheless, Nell remains one of my best friends.

After moving to Colorado, I took up racquetball, because they had day care for my toddler for a dollar an hour. I enjoyed being in a big empty room with no toys to pick up and took to practicing my serve alone, just to hear myself think. Then I began actually playing opponents who could outrun me, and it dawned on me that some cardiovascular workouts before a game might help. My goal was not “to exercise” but to be able to score more points. It worked. After a few weeks, I also noticed I felt better and more energetic and decided to add some strength workouts; my body toned up, and I bought cuter clothes. Years later I tried yoga and thought I was just too old to ever become very flexible again. Imagine my surprise when one day my forehead touched my knees! Intentionally! And the “bliss” of the Namaste salute that concludes the hour sets my day in a great direction.

I now think of moving my body as a way to be able to keep moving my body. So my advice:

- Find some activity you love and want to keep doing. Think of “exercise” simply as a means to that end.
- Don’t expect to be motivated to exercise just because it is “good” for you (although it is, especially to help



prevent heart disease, diabetes and some cancers). If you hate the exercise, you won’t keep doing it.

- Start “sneaky.” (Here is the disclaimer: If you really have not been exercising, talk to your doctor first. Don’t sneak about that.) Don’t announce you are joining a gym or investing in a fancy tennis racquet or a treadmill. Avoid the risk of “losing face” by not living up to unrealistic expectations. Initially choose something not too ambitious. First, walk around the block, or take one flight of stairs (down, even, if you have not been doing much). That’s all, the first day. See how you feel tomorrow. The biggest mistake I see is overdoing it and then having muscles that are so sore you can’t function the next day: You *will* give up this “torture.” The next day, do something simple again. Gradually increase time or difficulty until you feel like you are in “average” shape (go up the stairs, maybe a couple of flights).
- Now begin activities that are more like “play.” Take a dancing lesson because you won’t be out of breath. Join a gym (start with an inexpensive one) and find a class that intrigues you. Find a buddy to walk with—some of my best friendships were built on sidewalks.

And remember, anything is better than nothing. On a beautiful day, get out for even ten minutes to feel the sun on your face, drink in the flowers and experience birds singing. Or, in cold weather, snow falling. Exercise is what your body wants to do. Enjoy!



VOLUNTEER BENEFICIARY HONORED

Bedford, MA, May 20, 2010— CHAMPVA beneficiary Katherine “Kay” F. Arnold (right) cuts the ribbon on the new Katherine F. Arnold Women Veterans Wing of the Edith Nourse Rogers Memorial Veterans Hospital (Bedford, VA) with the facility Director, Tammy A. Follensbee. Kay was nominated for the honor by the Veterans living at the hospital domiciliary care unit, whom she has served as a Volunteer Patient Advocate for many years. In fact, Kay recently surpassed 45,000 volunteer hours at the Bedford facility. She began volunteering when her husband was treated at the facility during the Korean War. Kay is also a very active member of the American Ex-Prisoners of War and the Gold Star Wives organizations.



Photo by Kristin Pressly, Bedford VAMC Public Affairs Officer

CHAMPVA-Foreign *FAQ*

Q: Am I covered under CHAMPVA while living or traveling overseas?

A: If you are a CHAMPVA-eligible beneficiary who receives covered medical services while living or traveling in a foreign country, these claims are considered “CHAMPVA-Foreign.”

- To receive payment for the services provided, the bill must be submitted to CHAMPVA within one year of the date of service.
- If the claim is submitted in a foreign language, we will send it to our translation service, which will extend time for payment.
- If the claim is in foreign currency, we will convert the billed amount to the U.S. currency equivalent, based on the conversion rate in effect on the date of service or date of discharge from inpatient care.
- Reimbursement cannot be made in countries where the issuance of U.S. Department of Treasury checks and travel by U.S. citizens is restricted or prohibited.

Q: What must I submit to CHAMPVA to have a foreign claim paid?

A: To process your claim, please provide the following information:

- Whenever possible please include the diagnosis (ICD-9), procedure (CPT) and durable medical equipment (HCPCS) codes on the claim.
 - If these codes are not available, we need a description of what the medical problem was (diagnosis) and what medical equipment was purchased, or a description of what was done (procedure), to process the claim.
- Proof of payment to a provider is required for reimbursement.
- If you have additional documentation that you feel would be helpful to process your claims, please send that information along with the claim.



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MOVING?

We want to keep you (our customer) informed with up-to-date information that could impact your CHAMPVA benefits or your health. If you are planning to move or have recently changed your address, please call the Health Administration Center toll free at 1-800-733-8387 and give us your new contact information.