



YOUR

HEALTH

The Magazine for Department of Veterans Affairs CHAMPVA Beneficiaries



**Stand Up and
Be Healthy**

**Portion
Distortion**

**Herd
Immunity**

Mammograms

Send us your stories: Check inside for details



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Table of Contents

Health Administration Center Employee Receives United We Serve Award	3	CHAMPVA's Behavioral Health Benefits Program	18
The Department of Veterans Affairs Is Launching New and Enhanced Services for Caregivers of Seriously Ill and Injured Veterans	4	Your Meds by Mail Pharmacy Benefits	22
Keeping Your Student Eligible for CHAMPVA	6	Hypothermia and Frostbite are Preventable Cold Weather Injuries	25
How to Communicate with Your Health Care Provider	8	Medication Disposal Safety Tips	26
Healthy Recipes	12	Be Strong	30
Is Kaiser Permanente Your Primary Insurance?	15	Veterans Discover Adaptive Sports at San Diego Clinic	32
Stress Management	16	Your Doctor Will Send Us Your Claim	34
Avoiding Scams	17	CHAMPVA Frequently Asked Questions	35

page 7 Herd
Immunity



page 10 Portion
Distortion



page 14 Stand Up and
Be Healthier



page 28 Mammograms



Tell Us Your Story

The Health Administration Center would like to share your military 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.

Send your stories to:

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

Health Administration Center Employee Receives United We Serve Award

The Denver Federal Executive Board established the United We Serve Award to “recognize government employees and military personnel in the State of Colorado who have demonstrated sustained excellence in volunteer service, leading to significant positive outcomes for their communities.” The award makes Colorado the first state to “honor government employees’ contributions to their communities through the White House United We Serve initiative.” Four awards, one each for city, county, state and Federal employees, were presented at the 19th Annual Martin Luther King Unity Training on Jan. 20. HAC employee Judy Craig of our Claims Processing Division received an honorable mention at the event.

Among other things, Judy has volunteered since 2002 to work at the Homeless Veterans Stand Down, a day for Denver’s approximately 400 to 500 homeless Veterans to get clothing, flu shots, medical and dental exams, visit a lawyer and get housing and other help they might need. She also organizes the Veterans Day Parade, choosing a different segment of the population to honor on the Health Administration Center’s float... either some group of Veterans or someone who supports them. For the past five years, Judy has volunteered at the USO center at Denver International Airport, providing food and helping with children to assist soldiers and their families, as well as participating in send-off and welcome-home ceremonies and family picnics to welcome soldiers back. Judy is truly a volunteer extraordinaire.



Volunteer Judy Craig

Where to Mail Claims

Please submit your CHAMPVA claims to the following address:

Department of Veterans Affairs Health Administration Center
CHAMPVA
PO Box 469064
Denver CO 80246-9064

You can access a CHAMPVA Claim Form, VA Form 10-7959a, on our website at www.va.gov/hac/forms or request one by calling us at 1-800-733-8387. Please destroy any claim forms you might have that display our old address.

The Department of Veterans Affairs Is Launching New and Enhanced Services for Caregivers of Seriously Ill and Injured Veterans

In May 2010, President Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010, authorizing VA to establish a wide range of new services to support certain caregivers of eligible post-9/11 Veterans.

In addition to the new benefits and services for eligible Veterans who have been disabled in the line of duty since September 11, 2001 (post-9/11 Veterans), VA will also begin providing enhanced benefits and services to caregivers of Veterans of all eras who are already enrolled in VA care, including:

- Access to VA's toll-free Caregiver Support Line: 1-855-260-3274
- Expanded education and training on caring for Veterans at home
- Other support services, such as counseling, support groups and referral services
- An enhanced website for caregivers



Some of the new benefits of the Caregivers and Veterans Omnibus Health Services Act are restricted by law to the caregivers of the most seriously ill and injured post-9/11 Veterans. Those additional benefits include:

- A monthly stipend
- Health care coverage
- Travel expenses, including lodging and per diem while accompanying Veterans undergoing care
- Respite care
- Mental health services and counseling

Although some of these enhanced benefits are available now, many of the significant newly enacted benefits will require the issuance of regulations. These additional benefits include monthly stipends, pay for travel costs, medical coverage, training, counseling and respite care designed to prevent institutionalization of Veterans whenever possible.

The law requires detailed regulations for determining eligibility, designating and approving caregivers and providing stipends and health care coverage to primary family caregivers. The complex process required to implement these regulations will provide Veterans, caregivers and the general public the opportunity to provide comments before those regulations are finalized.

Each VA medical center has designated caregiver support coordinators who will assist eligible Veterans and caregivers in understanding and applying for the new benefits. VA also has a Caregiver Support Web page, www.caregiver.va.gov, which will provide general information once final regulations have been published.

The Department of Veterans Affairs Has Launched a New, Toll-Free Telephone Line for the Caregivers of Veterans

The National Caregiver Support Line—1-855-260-3274—will serve as the primary resource and referral center to assist caregivers, Veterans and others seeking caregiver information.

The line unofficially started Feb. 1 and in its first week logged nearly 600 calls, including 134 referrals to local VA caregiver support coordinators and 233 calls from caregivers themselves.

The support line will provide information regarding new caregiver benefits, referrals to local caregiver support coordinators as well as emotional support to those concerned with their ability to provide care to loved ones who are Veterans.

The National Caregiver Support Line is open Monday through Friday, 8 a.m. to 11 p.m., Eastern Time, and Saturday, 10:30 a.m. to 6 p.m., Eastern Time. Licensed VA social workers and health technicians staff the support line.

Local caregiver support coordinators are available to assist Veterans and their caregivers to understand and apply for VA's many caregiver benefits. VA also features a Web page, www.caregiver.va.gov, that provides general information on other caregiver support programs available through VA and the community.

Keeping Your Student Eligible for CHAMPVA — School Certifications

Helping you keep your student eligible for CHAMPVA benefits is very important to us. This article is designed to help your eligible student avoid any breaks in medical coverage.

CHAMPVA policy states that individuals between the ages of 18 and 23 are eligible for CHAMPVA benefits *only* if they are enrolled in an accredited school on a full-time basis. In most institutions, a student is considered to be enrolled on a full-time basis when they are registered for at least 12 semester hours.

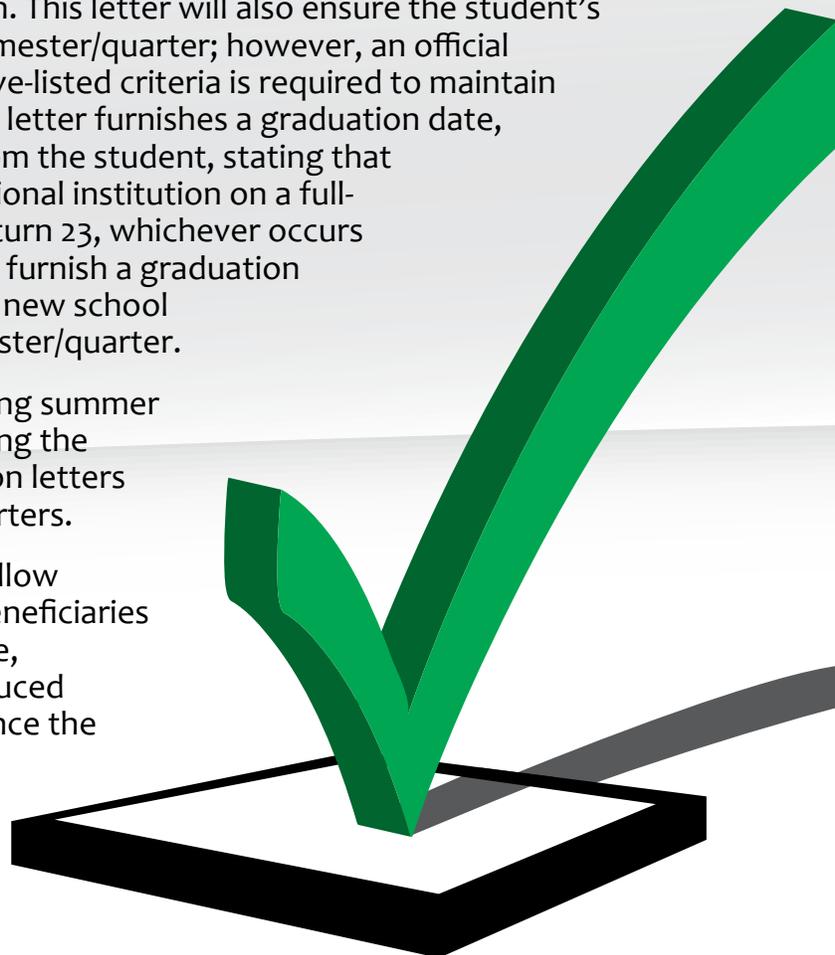
At midnight on the student's 18th birthday, CHAMPVA benefits will be automatically terminated unless a school letter has been received to certify the student's status. It is very important that we receive a school letter with the following criteria before the student's 18th birthday to ensure that no breaks in medical coverage occur.

1. Student's full name
2. Student's Social Security number
3. Exact beginning date and ending date of enrollment term
(optional to include projected graduation date)
4. Number of semester hours or equivalent (high schools are excluded)
5. Title and signature of school official on school letterhead

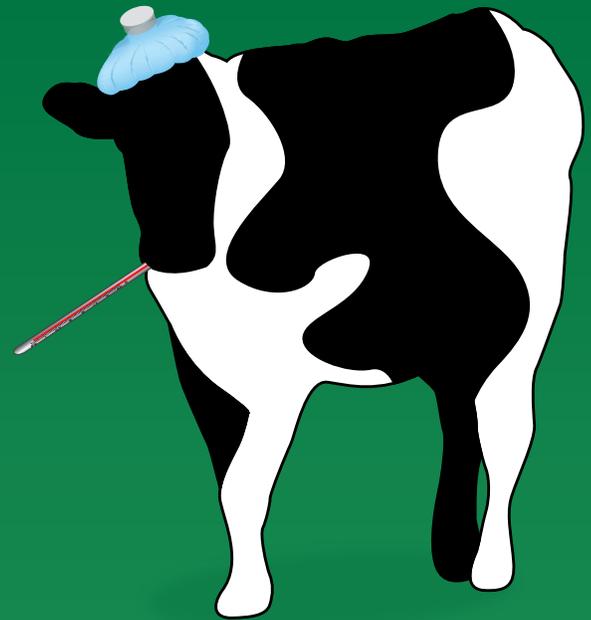
If the student is continuing education after graduating from high school, an enrollment/acceptance letter will ensure that medical benefits for the student are maintained throughout the summer following graduation. This letter will also ensure the student's coverage for the first 30 days of the initial semester/quarter; however, an official school certification letter containing the above-listed criteria is required to maintain eligibility after that. If the school certification letter furnishes a graduation date, thereafter, an annual recertification letter from the student, stating that they are still enrolled in an accredited educational institution on a full-time basis, is required until they graduate or turn 23, whichever occurs first. If the school certification letter *does not* furnish a graduation date, the student will be required to supply a new school certification letter for each subsequent semester/quarter.

Students are not required to be enrolled during summer breaks for medical coverage to continue during the summers. However, official school certification letters are required for the following semesters/quarters.

Currently, the CHAMPVA program does not allow students up to age 26 to remain as eligible beneficiaries on their parents' health care benefit coverage, although pending legislation has been introduced by congressional sponsors in the past year since the passage of Health Care Reform. Please check our website www.va.gov/HAC periodically for notification of changes regarding this issue.



Have You “Herd” of Immunity?



Two vaccines that can prevent great suffering are being underused, despite being covered for CHAMPVA beneficiaries. The first one is to prevent shingles (zoster vaccine, given to those 60 and over), and the other is to prevent genital warts and certain cancers caused by HPV, human papillomavirus. (HPV is now indicated for young boys/men as well as for girls over the age of 9, up to 26 years.) Zostavax and Gardasil will be discussed below, but first, do you know why you need to get vaccinated (for many preventable diseases) not just for your own health, but to protect others?

This public health concept is known as “herd immunity.” Picture one individual person (or cow, to keep with the herd analogy) standing in the middle of a large community of like creatures. This cow is the one who is not (fully) immunized. Perhaps it is a baby who is too young for shots, or a person whose immune system is weak or does not respond well to vaccines, maybe someone undergoing chemotherapy. The good creatures around this unfortunate being, however, have all been immunized. They provide a protective “barrier” to keep the illness away from the one in the middle. So when a “mad cow” (not really, we don’t have a vaccine for this yet) wanders up, its “germs” do not infect those nearby, so these creatures don’t get sick and infect those closer to the inner circle. In the bad scenario, some of those who could get immunized (but choose not to) cause a path of disease leading to the vulnerable ones (who are more likely to get an illness or die). So even if you feel cavalier about your own health, think about others. You might be confident about “toughing it out,” but you could pass the agent on to those who can’t. “Man up” (or woman up, as the case may be) and stop the transmission.

Shingles

If you had chicken pox as a child, the virus can remain in your body and reactivate as shingles, presenting as a painful rash that usually resolves in a few weeks. There are about one million cases in the United States annually.¹ One out of four people will get shingles during their lifetime, with risk increasing after age 50 to one out of two in the elderly. Up to 20 percent of people with shingles develop

post-herpetic neuralgia (PHN), which is “moderate-to-severe chronic pain persisting for months or years after the acute phase.”² Although no vaccine is 100 percent effective, Zostavax reduces the risk of getting the disease, the severity if you do get it and PHN afterward. The vaccination is given at many pharmacies (no appointment needed) and is either covered by insurance at the time or is later reimbursable.

HPV

Gardasil is designed to prevent disease caused by four forms of the multitude of HPV virus types out there. This is the most common sexually transmitted infection, with 6.2 million new cases per year in the United States.³ The CDC has recommended Gardasil for females since 2006. It is designed to be given in a course of three vaccinations prior to becoming sexually active. Recently, males, also from the age of 9 to 26, have been advised to get the vaccine, again to prevent the spread of this virus as well as to prevent cauliflower-like genital warts and some cancers.

So, whether it’s a flu shot or other vaccinations, get immunized! The life you save may be your own, or that of somebody you don’t even know!

1 *Clin Infect Dis*. 2010 Apr 1; 50(7): 1000–5. Increasing incidence of herpes zoster among Veterans. Rimland, D., Moanna, A.

2 *BMC Med*. 2010; 8: 37. The impact of herpes zoster and post-herpetic neuralgia on quality of life. Johnson, R., Bouhassira, D.

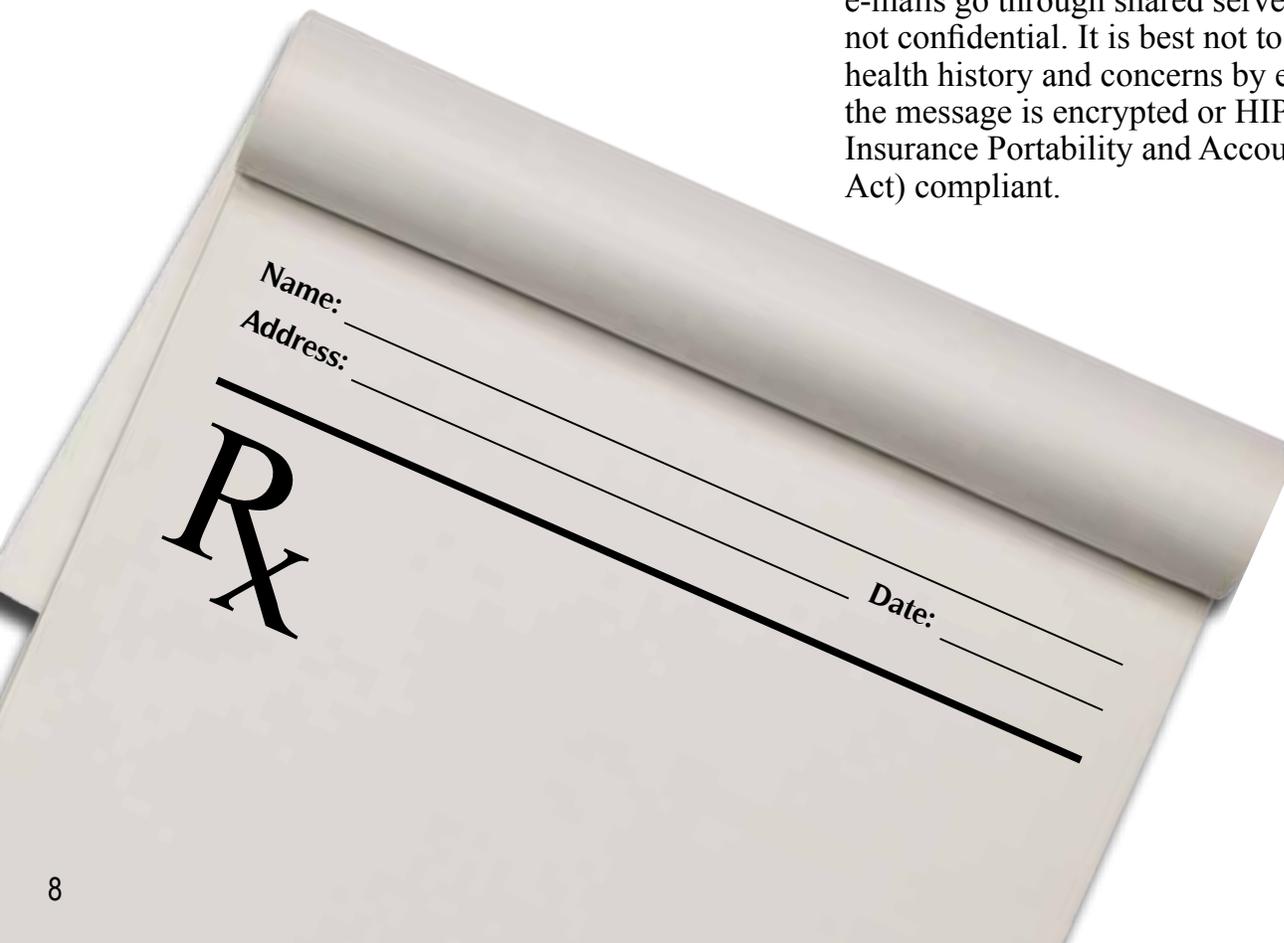
3 *MMWR Recomm Rep*. 2007 Mar 23; 56(RR-2): 1–24. Quadrivalent Human Papillomavirus Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Markowitz, L.

How to Communicate with Your Health Care Provider

Better communication with your physician or health care provider leads to better health care outcomes. Therefore, it is very important that you have good communication with your provider and make the most of your encounter or office visit. Your physician's ability to make an accurate diagnosis depends on what you tell him. Likewise, your treatment plan is directly formulated by what you communicate to your provider. It is in your best interest to accurately, truthfully and comprehensively convey your concerns about your health to your providers. Don't be embarrassed by your unique situation. Most likely, the provider is familiar with your issues and symptoms. A professional will understand and integrate your information when making a diagnosis and developing a treatment plan.

Many times, your interactions with health care providers are planned. This provides an excellent opportunity for you to write down what you want to convey and what questions you want answered. Sometimes the symptom that generated the visit is not present at the time of your visit. Explain this to your provider, who should understand. A symptom's intermittent nature is frequently expected or might help identify the problem.

If you have many medical problems or allergies or take a number of medications, it is best to keep a list of them. Write down the frequency and dosage of all medications, including prescribed, over-the-counter and herbal medications. It helps to keep these lists easily accessible—in your wallet or purse—for future reference and edits. Because regular e-mails go through shared servers, they are not confidential. It is best not to transmit your health history and concerns by e-mail unless the message is encrypted or HIPAA (Health Insurance Portability and Accountability Act) compliant.



Health care providers are educated and comfortable using a language that most people do not know. For various reasons, they sometimes forget that you have not had eight years of medical training. When you feel your provider has used a term or spoken in a manner unfamiliar to you, ask the provider to explain the term. Don't be embarrassed or intimidated by the fact that you don't understand what has been said. When medical terms and diagnoses don't have a more common translation, ask your provider to write down the term. Providers want you to understand, and most of them will accommodate your request. Many anticipate this need, and they will write down a diagnosis or term without being asked. If you desire, you can have a friend or family member go with you to your appointment to listen and write down information. When discussing surgery or other procedures, you might ask your provider to draw you a picture or show you a video.

When you have an unplanned or emergency interaction, if you are able, write down what your provider says. If you are unable to write, ask the provider to do the writing. Save the discharge instructions and review them when you are less distracted. Call your provider if you have any questions or if you have questions pertaining to the instructions. If your physician gives you any information after you have had anesthesia, review the information with that provider when you are more alert.

The following sample questions might help you get the information you need to make your health care decisions:

- Will I need to do anything special beforehand for this test/procedure?
- Whom do I call if I have a problem with the preparation?

- When will I receive the results?
- What do these results mean?
- What are my treatment options for this diagnosis?
- Are there any precautions for this new drug that I should be aware of?
- How should I take this new drug?
- Will this drug interfere with any of the drugs that I currently take?
- What benefits will I receive from this therapy, and when can I expect to see some benefits?
- What are the risks of this procedure/therapy?
- How often will I need this treatment?
- Do you have any literature or handouts that will help me understand?

Remember it is your right to obtain your medical information in a format and language that you can understand. It is your responsibility to talk to your provider and let them know whether you feel you have adequate understanding of the health care information.

Portion Distortion

As U.S. citizens, we enjoy some of the best luxuries in the world. If you were to compare the portion sizes sold in European and Asian supermarkets to those in the United States, you would be shocked by the difference. Everything sold in U.S. grocery stores is bigger. Larger cuts of meat, pastas, drinks, cereals and canned foods are three to four times the portions sold elsewhere.¹

Compared to the 1970s, portion sizes have significantly increased. Yesterday's portion of one cup of pasta, for example, has become three and a half cups today.² Why? Because of what we see in our favorite restaurants and our demand for a bargain. Most people would rather have the restaurant-sized portions we see at our favorite eateries and on television. The reality is that those portions are three to four times larger than they should be. Fillers (beans, rice or potatoes), flavor and coloring are used to enhance marketing and presentation.



Marketing has a huge influence on portion distortion. If you take a close look at food ads, you'll notice the portions are larger than USDA daily recommendations. This perception leads us to believe that the huge portions shown in ads are the norm. It's too common to consume multiple portions of food.³ Most television ads show their products up close to give the perception of being "bigger than life." For example, Burger King's flame-broiled Whopper contains close to one-quarter of a pound of beef along with a medium order of fries and a drink.

According to the USDA, two to three ounces of meat are considered a portion.⁴ Today's huge portions have been heavily distorted to appease customers. Customers want bargain prices—more bang for their buck. For instance, a one-serving can of soup that costs \$0.99 would be less valuable to a consumer with three family members than a four-serving can that costs \$1.99 but feeds the whole family. The economic value makes sense, but the consumer perceives the entire can (large or small) as being a portion.

Have you ever wondered why you felt tired and drained after eating a large meal but not so tired and drowsy after a smaller meal? It's because your body is working extremely hard converting food into glucose. This process zaps energy from other areas of your body. Interesting, right? Your stomach is working double time to break the large meal down to a manageable size, and then your stomach acid decomposes most of the nutrients. Your body works overtime to get less benefit from the food, while retaining more of the waste. Talk about your waste of effort!

Your stomach needs room to operate, especially with the breakdown of food. Eating the proper portions can aid in healthier nutrient extraction.

Here are a few tips to help you manage portion control:

1. **Use seven-inch plates instead of twelve-inch plates when eating.** Tricking your mind into being satisfied with smaller portions can be extremely beneficial to your health. Smaller plates provide a great way to manage your intake.
2. **Ask for a “to-go” box when you order your meal.** Remember, the meals served at your favorite restaurants are three to four times the recommended portion size. Here’s the bonus—you can eat the leftovers at another meal (or two!), getting two (or three) meals for the price of one.
3. **Share Your Meals.** Sharing meals can help you control your portions and save money, so you can eat out more often.

References

- ¹*Current Health* Feb. 1, 2006. Portion Distortion. vol. 29, issue 6, p. 5-5, 3/4p: Reading Level (lexile). EBSCOHost Database Search Portion Distortion
- ²Razor, Beatrice, May 1, 2009. Portion Distortion. *Nevada RNFormation*, vol. 18, issue 2, p. 11. EBSCOHost Database Search Portion Distortion
- ³Ground Up Strength, Dec. 31, 2010. Portion Size: Effect on Food Intake and Possible Interventions—Explanations: Portion Distortion and Value for Money, Intervention Studies. www.gustrength.com/fatloss:portion-size-review-and-interventions
- ⁴USDA, March 1999. Food Portions and Serving: How Do They Differ? Nutrition Insights; Insight 11 www.cnpp.usda.gov/Publications/NutritionInsights/insight11.pdf



Healthy Recipes

Indulge Sans Guilt

Just because you're dieting doesn't mean you can't indulge a few cravings here and there. The main issue with sweet desserts is energy (or calorie) density: the amount of calories per ounce of food. Most desserts with high amounts of sugar and fat have a high calorie density so you eat more calories to feel fuller. Recipes that use whole fruits and have little fat, like the one featured here, are lower in calorie density, so one portion contains fewer calories. Maintaining a healthy weight and a low body fat is one of the most important factors in cancer prevention.

Chocolate Mint Angel Food Cake with Raspberry Sauce

The sauce for this recipe may be sweetened with a sugar substitute if you desire to cut the calories even lower.

Cake:

¾ cup cake flour
½ cup cocoa powder
1½ cups sugar, divided
12 egg whites
1½ tsp. cream of tartar
¼ tsp. salt
1½ tsp. vanilla extract
1 tsp. peppermint extract

Sauce:

1 package (10 oz.) frozen raspberries,
thawed
and drained (juice reserved)
Water
¼ cup sugar
2 Tbsp. cornstarch

Preheat oven to 375 degrees. Sift flour, cocoa and ¾ cup sugar twice and set aside. Beat egg whites with cream of tartar, salt, vanilla and peppermint until stiff enough to form soft peaks but still moist and glossy. Add remaining ¾ cup sugar, two tablespoons at a time, continuing to beat until egg whites hold stiff peaks. Sift about ¼ of flour mixture over egg whites and fold in. Repeat, folding in remaining flour by fourths. Bake in ungreased 2-piece 10-inch tube pan for 35–40 minutes or until done. Invert cake in pan over a wine bottle or long stem soda bottle and cool.

For sauce, add enough water to reserved raspberry juice to measure 1¼ cups. Mix sugar and cornstarch in 1-quart saucepan. Stir in juice and raspberries. Heat to boiling over medium heat. Boil and stir for 1 minute. Cool. Serve with angel food cake.

Makes 12 servings

Per serving: 160 calories, <1 g total fat (0 g saturated fat), 38 g carbohydrates, 5 g protein, 2 g dietary fiber, 105 mg sodium.

Put those extra holiday leftovers to work and give new life to an old favorite with our healthy, hearty lasagna. Lean turkey and low-fat cheese cut the fat and calories usually found in the traditional dish, while onion, oregano and marinara keep it fun and flavorful.

Whole-wheat noodles add another layer of cancer protection with their unique antioxidants, phenols and lignans.

Turkey Lasagna

- 6 whole-wheat lasagna noodles (or use no boil noodles)
- Canola oil cooking spray
- 1 medium onion, diced or chopped into medium pieces
- 1½ lb. diced cooked turkey breast
- 1 tsp. dried oregano
- 15 ounces low-fat ricotta cheese
- 1 large egg, beaten
- 1 10-ounce package frozen spinach, cooked per package directions, well drained
- 3 cups low-sodium marinara sauce
- 1 cup part-skim milk mozzarella cheese, shredded



Preheat oven to 375 degrees. Cook lasagna noodles according to package directions. Set aside on cloth towel. Spray large skillet with cooking oil, and over medium heat, cook onion until soft. Add turkey and cook until heated through. Stir in oregano. In medium bowl, mix together ricotta, egg and spinach. Place 1 cup sauce in the bottom of 13 x 9-inch baking dish and spread to cover the bottom. Layer with 3 lasagna noodles, half the ricotta cheese mixture and half the turkey mixture. Repeat layering, starting with sauce, then cheese then turkey mixture. Top with mozzarella. Cover with aluminum foil and bake for 40 minutes. Remove foil and bake for additional 10–15 minutes or until bubbling and top is golden brown. Let stand for 10 minutes before serving.

Makes 8 servings

Per serving: 290 calories, 8 g total fat (3.5 g saturated fat), 22 g carbohydrate, 34 g protein, 3 g dietary fiber, 280 mg sodium.

Both recipes reprinted with permission from the American Institute for Cancer Research website. If you would like to sign up for weekly healthy recipes, go to their website at http://www.aicr.org/site/PageServer?pagename=her_current_issue



Stand Up and Be Healthier

There is good news for confirmed couch potatoes: You don't have to do very much to improve your health. Literally. A recent study¹ used NHANES (a large American database) data with objective measurements. Other studies have used self-reports, but this one provided accelerometers (like a pedometer) to record how much time people were sitting and how much time they were on "breaks," moving about for as little as one minute. Even for people who performed moderate-to-vigorous exercise, the bad effects of sitting around too much the rest of the day seemed to outweigh good habits. More sedentary time was associated with larger waist circumference (about 1½ inches in non-Hispanic whites, but not in some other ethnic groups) and several lab values that correlate with increased cardiometabolic risk, such as HDL cholesterol and inflammatory markers.

Another study² used "recreational sitting," reflected by "screen time," and found those who spend four or more hours a day in front the TV (or computer) had half again the risk of death and more than double the risk for cardiovascular events (2.3-fold for heart attacks and others), compared with those who spent fewer than two hours a day sitting in front of a screen. These numbers did not change much when adjusted for physical activity participation.

We've known that the people who benefit most from increasing exercise are not those who are already athletes, moving toward more elite performance. Instead it is those who do nothing and begin to do something. More than 30 years ago, Canada began a campaign to encourage its citizens to begin "baby steps" toward increased physical activity, even walking a block at a time. The World Health Organization recommends activity (in line with the CDC), but in light of these recent articles, don't sit too much, even if you do exercise a lot.³

So, start by standing up and walking around your home at least several times an hour. Then go outside, to the corner and back. If you're lucky enough to have a park or a coffee shop nearby, take a book with you and enjoy it before you return. Find a friend to walk a little farther with. Take a walking tour of historic houses some Saturday. Volunteer for neighborhood cleanup days. Sign up for some free dance lessons. Look into the "Meet Up" links through your browser to find fun local activities. And remember that doing things you love with people you like is good for your mental health, too, not to mention your physical health. (They're connected, you know!)

¹ Healy, G., et al. "Sedentary time and cardio-metabolic biomarkers in U.S. adults: NHANES 2003–06" *Eur Heart J* 2011; DOI: 10.1093/eurheartj/ehq451.

² Stamatakis, E., et al. "Screen-based entertainment time, all cause mortality and cardiovascular events" *J Am Coll Cardiol* 2011; 57: 292–299.

³ www.who.int/moveforhealth/en/

Is Kaiser Permanente Your Primary Insurance?

The Health Administration Center has received complaints that we have not honored claims from beneficiaries who have insurance with Kaiser Permanente. This is because Kaiser does not provide beneficiaries the data they need to submit claims for reimbursement of their cost share from CHAMPVA. We recognize that this is and has been an ongoing problem. We are pleased to announce that we have solved that problem.



“To ensure that we meet the needs of our beneficiaries who have Kaiser, we really had to think outside the box,” said HAC Policy Supervisor, Kevin Jobes. “We looked for codes that would not only make it easy for the HAC to process the claim, but ones that were satisfactory to Kaiser as well. And, we came up with what I feel is a great compromise. Kaiser is happy, the beneficiaries will be happy and we (CHAMPVA) can do our job of processing these claims.”

This is how it works: To process a claim for a Kaiser Permanente bill that has been submitted to CHAMPVA and does not include a medical diagnosis or procedure code, CHAMPVA will default to using the code V70 “General Medical Examination” for the diagnosis and code 99499 “Unlisted Evaluation and Management Service” for the procedure. So that we can process these claims using the new method, please provide a copy of your Kaiser Permanente card with your claims, showing the amount of your co-payments to help us calculate reimbursement of your cost share. Although we are providing this method of processing claims for beneficiaries insured by Kaiser, we urge you to ask Kaiser to provide a bill that includes the following information: Tax identification number and address of your Kaiser provider, date of service, medical code or description of the diagnosis and the procedure, patient’s responsibility or patient co-payment for services.

STRESS Management



Do you find that you are prone to negative thinking? Do you feel run down and drained of physical or emotional energy? Do you feel that you are achieving less than you should? Do you find yourself getting easily irritated by small problems or things that normally would not bother you?

If you answered yes to these questions, you could be at risk of burnout. But you can take action to address your stress management. Fortunately, stress management is largely a learnable skill. It is easy to think that the fight-or-flight, or adrenaline, response is triggered only by obviously life-threatening danger. On the contrary, recent research shows that we experience the fight-or-flight response when simply encountering something unexpected.

Stress, the body's natural response to danger, can be triggered when the demand exceeds the resource, creating a state where we are excitable, anxious, jumpy and irritable. These are the behavioral effects of an overstressed lifestyle.

What can you do to manage stress?

- **Deep breathing**—Take deep, slow breaths rather than the shallow, fast breaths you feel when you are stressed. This really works physiologically to help shut off the danger alarm.
- **Muscular relaxation**—Tensing and relaxing various muscle groups can work wonders. Try tensing your neck and shoulders, your shoulder blades, your forehead and your eyes for a few seconds, then relaxing them. You can combine this with deep breathing, inhaling while you tense your muscles and exhaling when you relax them.
- **Visualization**—Imagine yourself in a very peaceful place, like lying on a beach, out in a fishing boat on a lake, in a mountain cabin or wherever you find peace. It can be a real place, or you can make it up. Try to invoke all your senses as you imagine being in this very peaceful, relaxing place. What do you see? What sounds are there? What sensations of touch, temperature and smell do you have? For example, you might imagine the sun on your skin, the cool breeze on your forehead, the salty tang of the ocean, the grit of the sand.
- **Regular exercise** can reduce your physiological reaction to stress.
- **Take breaks** to decompress.
- **Practice relaxation techniques.**
- **Meditate**—relax with sustained concentration.
- **Listen to music or relaxation tapes.**
- **Practice yoga.**

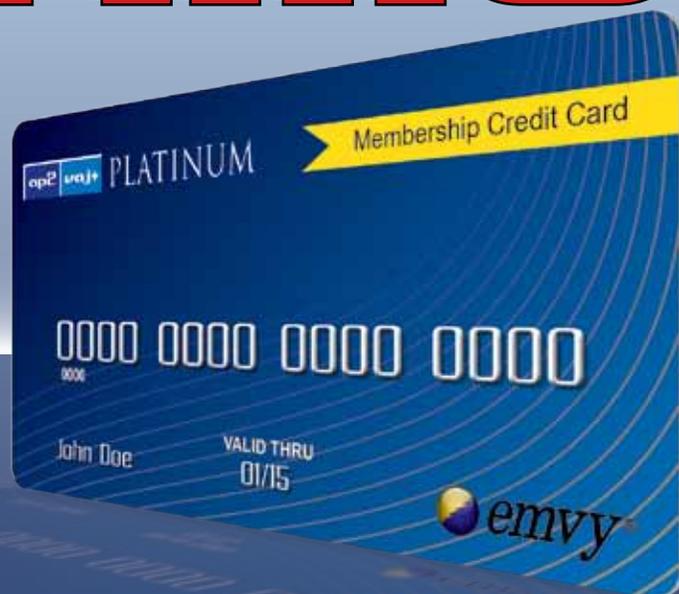
Whatever else you choose to do, take the time to manage your stress every day.

AVOIDING SCAMS

More and more we hear about individuals having their identities stolen through seemingly legitimate phone calls. Recently, some of our beneficiaries have been targeted by someone posing as a Meds by Mail staff member. In one instance the impersonator offered a \$50 gift certificate for using the CHAMPVA Meds by Mail pharmacy benefit. The caller would tell the beneficiary all they had to do is give them a credit card number in order to activate the gift card. In another instance, the fraudulent caller offered \$500 worth of grocery store coupons in exchange for the beneficiary's Social Security number. These are, of course, scams to fraudulently obtain credit card and Social Security numbers and are common tricks used to obtain personal information. Other scams have targeted our nation's Veterans, claiming they were a Patient Care Group alerting them to a change in procedures for dispensing prescriptions and asking for the Veteran's credit card number.

Neither Meds by Mail nor the VA would ever call beneficiaries or Veterans asking for credit card numbers or any kind of banking information. If you do receive such a call requesting this kind of information, hang up immediately and notify the Meds by Mail service center. The following tips should be used to avoid phone scams:

- Guard your credit card number. Unless you are certain that you are dealing with a reputable organization and you initiated the call yourself, do not give your credit card number over the phone.
- Take your time. If someone tells you to "act now" or to keep the transaction a secret, be skeptical. Don't be pressured into making a rash decision. Talk to trusted family members and friends for advice.
- Get information in writing. Demand that callers send you written information



before you send any money. If they refuse, don't trust them. Once you get written information, review it carefully and make sure the company has a physical address — not just a P.O. box. Verify that the address is real.

- Do your research. Check a company's reputation by contacting the Attorney General's Office for your state and the Better Business Bureau before doing business with them.
- Be wary of requests for money orders or wire transfers. If you receive a request to wire transfer money to another country, be careful. Many victims of foreign lottery scams and advance-fee loan scams are instructed to send money via wire transfer, because wire transferring is fast and transfer agents are available in most communities.
- Watch out for phony insurance plans. Some of the worst scams involve the sale of identity theft insurance, telemarketing fraud prevention plans and phony medical plans.
- When in doubt, hang up the phone. If something seems fishy or sounds too good to be true, it probably is.

CHAMPVA's

Behavioral Health Benefits Program

CHAMPVA covers both mental health and substance abuse conditions. Many but not all behavioral health services require preauthorization for the treatment of covered behavioral health conditions. Magellan Behavioral Health, Inc., performs the preauthorization of behavioral health services for the Department of Veterans Affairs Health Administration Center (VA HAC). The VA HAC just awarded a contract to Magellan for a five-year continuation of utilization and certification services.

If you have any questions about the authorization process, or if you are in need of a behavioral health certification, you should contact Magellan at 1-800-424-4018. Magellan does not pay claims. If you have questions regarding claims payment issues or benefits, call the VA HAC Customer Service Call Center at 1-800-733-8387.

Behavioral health services, at the correct level of care, by an appropriate licensed professional, are important components of the proper treatment for your condition. Preauthorization will help ensure that you get the most appropriate type of care for your condition. The table that follows explains when you will need a preauthorization from Magellan. Refer to the CHAMPVA Policy Manual, chapter 2, section 18, available at www.va.gov/hac/forbeneficiaries/champva/policymanual/index.asp, for a better understanding of all the mental health benefits, requirements and limitations or exclusions.

In the case of an emergency, the preauthorization process can be performed after the initiation of treatment. Tell your provider that you need a preauthorization. The provider or facility can contact Magellan for the preauthorization the next business day. If you have Medicare and Medicare will cover your service, you do not need a preauthorization. If you are receiving care at a CITI (CHAMPVA In-house Treatment Initiative) facility, otherwise known as a VA facility, receiving either inpatient or outpatient care, you do not need a preauthorization.

CHAMPVA allows coverage for services only when it is medically or psychologically necessary, as proven by evidence that the service is beneficial. Some services and conditions are excluded by Federal regulations and are not covered. The last table lists the excluded services, procedures and conditions.



OUTPATIENT MENTAL HEALTH CARE COVERED SERVICES

Services	Coverage Details	Prior Authorization	Frequency Limitations
Psychiatric Diagnostic Interview Examination	<ul style="list-style-type: none"> Does not count toward 23 outpatient psychotherapy sessions. Must be done by an authorized provider¹ 	<ul style="list-style-type: none"> Not required (<i>unless more than one session requested within same fiscal year (FY)</i>)² 	<ul style="list-style-type: none"> One per provider, per beneficiary, per fiscal year
Outpatient Psychotherapy <i>(physician referral and supervision required for licensed professional counselor, licensed mental health counselor, and pastoral counselor)</i>	Covered sessions: <ul style="list-style-type: none"> Psychotherapy Crisis intervention Collateral visits Psychoanalysis 	<ul style="list-style-type: none"> Required after a total of 23 visits/FY Required if more than two per week Required for all psychoanalysis 	<ul style="list-style-type: none"> No more than two sessions per week (<i>Sunday–Saturday</i>), without prior authorization More than one session of the same type cannot be billed on the same day
Psychological and Testing	Must have a covered mental health diagnosis. Does not count toward the 23 outpatient limit.	<ul style="list-style-type: none"> Required if more than six hours in the fiscal year (FY). 	<ul style="list-style-type: none"> Generally limited to six hours per FY
Medication Management	<ul style="list-style-type: none"> Must be done by a provider licensed to prescribe medications, e.g., MD, DO, FPMHNP. 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> None
Electroconvulsive Therapy (ECT)	<ul style="list-style-type: none"> Cannot have ECT and psychotherapy on the same day. 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> None

¹ Authorized provider must be a licensed/certified mental health provider such as a clinical psychologist (PhD, EdD, PSYD), physician (MD, DO), clinical nurse specialist (CNS, CCNS, PCNS, PMHCNS), nurse practitioner (NP, FPMHNP, PMHNP, CPNP), advanced practice nurse (APN, APRN, ARNP), licensed marriage family therapist (LMFT), licensed clinical social worker (LCSW, LSWC, LICSW) or mental health counselor (MHC, LCPC).

² Fiscal Year—October 1 to September 30

INPATIENT BEHAVIORAL HEALTH CARE COVERED SERVICES

Services	Coverage Details	Prior Authorization	Frequency Limitations
Acute Inpatient Care	<ul style="list-style-type: none"> Stabilizes a life-threatening or severely disabling behavioral health condition. Psychiatric emergency based on a psychiatric evaluation that reveals the beneficiary is at immediate risk of serious harm to self or others and requires immediate continuous skilled observation. 	<ul style="list-style-type: none"> An authorization is required for all behavioral health admissions. Emergency admission requires a preauthorization on the next business day. 	<ul style="list-style-type: none"> Up to 30 days per FY for patients age 19 and older or in any single admission. Up to 45 days per FY for patients age 18 and younger or in any single admission. Inpatient admissions for substance use disorder, detoxification and rehabilitation count toward 30- or 45-day limit. Stay limits may be waived if medically necessary and appropriate.
Residential Treatment Center (RTC)	<ul style="list-style-type: none"> Covered for children and adolescents under age 21 who require behavioral health care due to a serious behavioral health disorder (<i>must be a TRICARE-certified facility</i>)³ 	<ul style="list-style-type: none"> Always required. 	<ul style="list-style-type: none"> Up to 150 days per FY or for a single admission based on ongoing medical necessity reviews. Stay limits may be waived in certain cases where it is medically necessary and appropriate.

³ Facility Listings at <http://www.nqmc-maximus.com/mentalhealth.asp>

SUBSTANCE USE DISORDER COVERED SERVICES

Services	Coverage Details	Prior Authorization	Frequency Limitations
Inpatient Detoxification	<ul style="list-style-type: none"> Covered when medically necessary for active medical treatment of acute phases of substance use withdrawal, for stabilization and treatment of medical complications of substance use disorders. 	<ul style="list-style-type: none"> Required. Notify contractor (Magellan) of emergency admission within one business day. 	<ul style="list-style-type: none"> Up to seven days of detoxification per episode. Counts toward 30- or 45-day limit on inpatient behavioral health services. Does not count toward 21 days of substance use rehabilitation.
Inpatient Rehabilitation	<ul style="list-style-type: none"> Must be a TRICARE-authorized substance use disorder rehabilitation facility (SUDRF), whether freestanding or hospital-based. 	<ul style="list-style-type: none"> Required. 	<ul style="list-style-type: none"> Up to 21 days of rehabilitation/benefit period. Limited to three benefit periods per lifetime (see waiver requirements). Counts toward 30- or 45-day limit on inpatient behavioral health services.
Outpatient Care	<ul style="list-style-type: none"> Covered in group setting OR <i>individual outpatient care</i>. Must be a TRICARE-authorized hospital or a SUDRF.⁴ 		<ul style="list-style-type: none"> Up to 60 therapy visits per benefit period⁵ (see waiver). Up to 15 family therapy visits per benefit period.
Partial Hospitalization Program (PHP)	<ul style="list-style-type: none"> May be used alone or as a step down from inpatient rehabilitation. Must be a TRICARE-authorized SUDRF (<i>freestanding or hospital-based</i>). 	<ul style="list-style-type: none"> Always required. 	<ul style="list-style-type: none"> 21 treatment days (may be extended by waiver).

⁴ Facility Listings at <http://www.nqmc-maximus.com/mentalhealth.asp>

⁵ A benefit period begins with the first day of covered treatment and ends 365 days later.

NONCOVERED BEHAVIORAL HEALTH CARE SERVICES (NOT AN ALL-INCLUSIVE LIST)

Services	Policy Exclusion
Academic placement testing	CVA 2-18.6
Aversion therapy (<i>including electric shock and the use of chemicals for alcoholism, except for disulfiram, which is covered for the treatment of alcoholism</i>)	CVA 2-18.1, 2-18.2, CVA 2-18.14 & CVA 2-18.15
Behavioral health care services and supplies related solely to obesity and/or weight reduction	CVA 2-18.2
Bioenergetic therapy	CVA 2-18.2
Biofeedback for psychosomatic conditions	CVA 2 -18.2 & CVA 2-30.5
Carbon dioxide therapy	CVA 2-18.2
Counseling services by an LPC or pastoral counselor without referral by a physician	CVA 2-18.2
Custodial nursing care	CVA 2-18.1
Educational programs and testing for learning disorders	CVA 2-13.5, CVA 2-15.8
Enuretic conditioning program	CVA 2-18.2

Environmental ecological treatments	CVA 2-18.2
EST (Erhard Seminar Training)	CVA 2-18.2
Experimental procedures	CVA 2-16.5
Eye movement desensitization and reprocessing (EMDR)	CVA 2-18.3
Filial therapy	CVA 2-18.2
Guided Imagery	CVA 2-18.2
Halfway or quarterway housing (domiciliary setting)	CVA 2-18.15
Hemodialysis for schizophrenia	CVA 2-18.2
Holding therapy	CVA 2-16.5
Hyperbaric or normobaric oxygen therapy	CVA 2-18.1
Hypnotherapy	CVA 2-1.4
Intensive outpatient treatment program (IOP) (fewer than three hours per day or unable to offer five days per week)	CVA 2-18.18 (by default)
Learning disorder diagnostic testing, evaluation, treatment or supplies	CVA 2-18.7
Leisure time program/outing/movie charges	CVA 2-18.12
Marathon therapy	CVA 2-18.2
Megavitamin or orthomolecular therapy	CVA 2-18.2
Narcotherapy with LSD	CVA 2-18.2
Phototherapy for seasonal affective disorder (SAD)	CVA 2-16.5
Primal therapy	CVA 2-18.2
Psychosurgery (<i>Surgery for relief of movement disorders, electroshock treatments and surgery to interrupt transmission of pain along sensory pathways are not considered psychosurgery.</i>)	CVA 2-20.1 and CVA 2-20.18
Rolfing	CVA 2-18.2
RTC primarily for substance abuse rehabilitation	CVA 2-18.17.2
Sedative action electro-stimulation therapy	CVA 2-18.2
Services and supplies that are not medically or psychologically necessary for the diagnosis and treatment of a covered condition	CVA 2-18.1
Sexual dysfunction therapy or counseling	CVA 2-18.2
Special education	CVA 2-18.8
Support groups outside a doctor's or therapist's office	CVA 2-18.1
Telephone counseling (<i>except for geographically distant family therapy related to RTC treatment</i>)	CVA 2-15.7, CVA 2-18.1
Therapy for developmental disorders (<i>e.g., dyslexia, mathematics, language, articulation</i>)	CVA 2-18.2
Training analysis	CVA 2-18.2
Transcendental meditation	CVA 2-18.2
V codes - V15.81, V40.0, V61.20, V61.8, V62.2, V62.3, V62.81, V62.82, V62.89, V65.2, 71.01, V71.02,	CVA 2-18.2
Vagus nerve stimulation (VNS) therapy	CVA 2-20.1
Z therapy	CVA 2-18.2

YOUR MEDS BY MAIL PHARMACY BENEFITS

Meds by Mail allows you, as a beneficiary with no other prescription coverage, to receive up to a 90-day supply of your maintenance (nonurgent) medications, with no out-of-pocket expense, cost share or deductible! Meds by Mail is a simple, safe and convenient way to have your medications mailed directly to your home. Just mail your prescriptions, based on where you live, to the Meds by Mail Pharmacy Servicing Center at Cheyenne, Wyoming (West), or Dublin, Georgia (East). Your prescription(s) will be reviewed and typed up at the servicing center and sent electronically to the Consolidated Mail Outpatient Pharmacy in Leavenworth, Kansas, where they will be filled and mailed to your home.

To place an order:

- Have your health care provider write a new prescription for a 90-day supply plus refills, not to exceed one year, for each medication you will need.
- New orders must include the original prescription; copies will not be accepted.
- You must complete a Meds by Mail order form (VA Form 10-0426).
 - A copy of this form has been included in this magazine (next page) for your convenience. We encourage you to make copies of the form before completing it so you will have extra on hand, or go to **www.va.gov/hac** to download the form. Under “Quick List” on the left-hand side of the page, select Forms, then select the Meds by Mail order form.
 - Be sure to fill out the form completely and include the patient’s Social Security number on the order form and on the prescription(s).
 - It is also very important to fill out the patient profile completely and make sure to update it, should any changes occur in your health care.
 - Finally, include your health care provider’s complete name, phone number and mailing address and report any changes to your servicing center. The address where you mail your prescriptions and order form is located on the front of the order form.
 - If you have any questions you may contact the West servicing center at 1-888-385-0235 or the East servicing center at 1-866-229-7389.
- Please allow up to 21 days to receive your medications.

When refills of your medication will be needed, simply mail in the refill slips that come with your prescription orders immediately after you receive them, or you may use the automated refill system at 1-888-370-1699. You will be prompted to enter information using the keypad on your touch-tone telephone.

If you’ve never used this fantastic benefit, give it a try; you’ll be happy you did.

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.

Telephone: 1-888-385-0235

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

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: 1-866-229-7389

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



Hypothermia and Frostbite Are Preventable Cold Weather Injuries

Being prepared for cold weather will provide you with the tools you need to prevent cold weather injuries. Part of being prepared is to understand the different types of cold injuries, how they can affect your body, and *always remember* that cold weather can produce injuries that can be life or limb threatening.

Hypothermia occurs when the body's core temperature cools down. Depending on the decrease in core temperature, it can cause shivering, increased heart rate, mild confusion, poor coordination and, in the most severe cases, death.

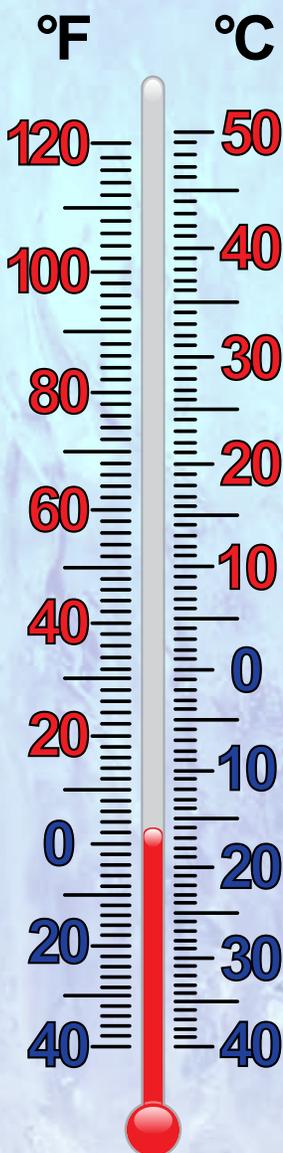
Frostbite occurs when skin is exposed to cold environments. The blood vessels constrict, decreasing blood flow, prompting the skin to freeze. Depending on the degree of frostbite, you can have pain or itching in the exposed area (first degree), blisters one to two days after exposure (second degree) or the area can completely freeze (third or fourth degree).

There are a number of things you can do to prevent cold weather injuries. Evaluating the conditions outside is one of the easiest things you can do. You need to ask yourself these questions:

- How cold is it? It doesn't have to be below freezing to get a cold weather injury.
- Is it raining, snowing or icy?
- Is the wind blowing? Blowing wind and cold will create a windchill, which will make it feel colder than the actual temperature. It might be 20 degrees outside, but if there is a 20 mph wind, it will feel like 4 degrees.
- Am I wearing the right clothes?

Once you have answered these questions, you are ready to prevent cold weather injuries. Dressing in layers will not only keep you warm but will keep you from overheating, because you can unzip or open clothing to maintain your body heat. Overheating will cause you to perspire, which increases your risk for cold weather injuries. Wearing the right footwear (boots and warm socks) as well as a hat, gloves and a scarf to reduce heat loss will also decrease cold weather injuries.

Remember that you can become vulnerable to cold weather injuries when you are driving. If your car breaks down, you can be on foot in freezing weather wearing a light jacket and tennis shoes. Remember to keep cold weather clothing and blankets in your car. It would also be a good idea to keep a little something to snack on while you're waiting for the tow truck.



Medication Disposal

Safety Tips



Keeping YOU and your family safe!

Expired or unwanted prescription and over-the-counter medications should NEVER be disposed of by the toilet or drain unless the medication label says to do so. This method of disposal can cause harm to the environment, animals, YOU and your family.

Where can I properly dispose of my unused medications?

Check to see if there are any drug take back programs near you. If there is not a program near you, follow the steps in the Staying Safe box on the right to dispose of unwanted drugs.

Why do I need to properly dispose of my unused medications?

BECAUSE prescription drugs can enter drinking water if flushed. This can harm the water supply and wildlife. It also reduces the risk of prescription drugs being taken inappropriately—either by accident or through illegal sale. It is important to protect children and pets from harm caused by accidental ingestion.

Who can I talk to if I am unsure about how to properly dispose of my unused medications?

If you have any questions or concerns about disposing of your medications safely, please talk to your VA pharmacist.

Staying Safe

How can I stay safe when disposing of unused medicines?

- Keep prescriptions in the original container. This will help identify the contents if they are accidentally ingested.
- Before disposing, mark out your name and prescription number on the label for safety.
- Add some water or soda to pills to start dissolving them. Mix pills or liquid drugs with something that you cannot eat, like cat litter or dirt.
- Close the lid and secure with duct or packing tape.
- Place the bottle(s) inside a non-see-through container like a coffee can or detergent bottle.
- Tape that container closed.
- Hide the container in the trash. Do not put in the recycle bin.



YOU can also help...

Prevent drug misuse, abuse, and accidental poisonings.

Make a difference by following these DO's & DON'Ts:

- DO keep medications in the original container and out of sight and reach of children and pets.
- DO store your medications in a secure area. Consider a cabinet or drawer that you can lock.
- DO check the date on everything in your medicine cabinet and dispose of anything that has passed the expiration date.
- DO check to see which medications need to be refrigerated. Make sure they are stored where they will not freeze and where children cannot easily reach them.
- DON'T take medications in front of children, since they tend to mimic adults.
- DON'T give your medications to anyone else or take someone else's medications.
- DON'T combine different medications into one bottle.
- DON'T store medications in places that are hot and humid.
- DON'T take a medication that looks different (i.e., color, shape, size, etc.) than you are accustomed to without first checking with your pharmacist.

and remember!

Proper disposal of medications will keep you, your family, your pets and the environment safe! It will also keep medications from being diverted and used illegally.





Mamm

Mammography, a special type of X-ray of the breasts, is used to check for breast cancer in women. The Centers for Disease Control and Prevention (CDC) has stated that except for skin cancer, breast cancer is the most common cancer among American women. Breast changes are common, but most breast changes are not cancer. Although this disease occurs almost entirely in women, men can get it, too.

Mammograms are quick and easy. You stand in front of an X-ray machine, and a technician places your breast between two plastic plates. The plates press your breast, making it flat and holding your breast still, while the X-ray is taken. These steps are repeated to get a view of the other breast.

According to the American Cancer Society, “Screening mammograms are used to check for breast cancer in women with no signs or symptoms of the disease. Diagnostic mammograms are used to check for breast cancer after a lump or other symptom of the disease has been found.”

You should get a written report of your mammogram results within 30 days of your mammogram, according to law. It’s helpful to get your mammogram at the same place each year, so it can be compared with past mammograms.

If you don’t get your results, call your health care provider.

According to the American Cancer Society, “breast cancer is a malignant tumor that starts from breast cells. A malignant tumor is a group of cancer cells that may grow into surrounding tissues or spread to distant parts of the body.”

The American Cancer Society stated that “there are many similarities between breast cancer in men and women, but some important differences affect early detection. The most obvious difference between the male and female breast is size. Because men have very little breast tissue, it is easier for men and their health care professionals to feel small masses (tumors). On the other hand, because men have so little breast tissue, cancers do not need to grow very far to reach the nipple, the skin covering the breast or the muscles underneath the breast. So even though breast cancers in men tend to be slightly smaller than those in women when they are first found, they have more often spread to nearby tissues or lymph nodes.” Mammography, along with careful breast exams, might be useful for screening men with a strong family history of breast cancer. Men with such a history should discuss this with their doctor.

ograms

— For Women *and* Men!

“Possible signs of breast cancer to watch for include:

- A lump or swelling, which is usually (but not always) painless
- Skin dimpling or puckering
- Nipple retraction (turning inward)
- Redness or scaling of the nipple or breast skin
- Discharge from the nipple

These changes aren't always caused by cancer. For example, most breast lumps in men are due to gynecomastia (a harmless enlargement of breast tissue). Still, if you notice any breast changes, you should see your health care professional as soon as possible.”

The American Cancer Society stated, “Gynecomastia is the most common male breast disorder. It is not a tumor but rather an increase in the amount of a man's breast tissue. Usually, men have too little breast tissue for it to be felt or noticed. A man with gynecomastia has a button-like or disk-like growth under his nipple and areola, which can be felt and sometimes seen. Although gynecomastia is much more common than breast cancer in men, both can be felt as a growth under the nipple, which is why it's important to have any such lumps checked by your doctor. Obesity (being extremely overweight) can also cause higher levels of estrogen in men.”

Both the American Cancer Society and the National Cancer Institute have identified that aging is an important risk factor for the development of breast cancer in men and women. Men with breast cancer are, on average, about 68 years old when they are diagnosed, whereas women over age 60 are at a higher risk.

If your history and physical exam suggest changes in your breast, mammography, one of several tests, may be performed. The results of this test might suggest that a biopsy is needed to tell whether the abnormal area is cancer. “Mammography is often more accurate in men than women, because men do not have dense breasts or other common breast changes that might interfere with the test.”

The National Cancer Institute's “recommendations for screening mammograms for women age 40 and older is every 1–2 years. Women who are at higher than average risk of breast cancer should talk with their health care provider about whether to have mammograms before age 40 and how often to have them.” The CDC recommends that most women should have their first mammogram at age 50 and then have another mammogram every 2 years until age 74. Talk with your doctor to determine when you should start getting mammograms.

CHAMPVA allows coverage of mammography, when provided in accordance with benefits policy.

Sources: American Cancer Society, National Cancer Institute, Centers for Disease Control and Prevention.

BESTRONG



Strength training (ST) is useful, even for those who are older or have some health problems. Combined with regular aerobic exercise, it helps build muscle mass, which requires more calories to maintain. Muscle has a higher energy requirement than fat does, so increased muscle mass can raise metabolic rate by up to 15 percent, making weight control easier.¹

ST can increase bone density and reduce fractures for women between the ages of 50 and 70 years old. With osteoporosis, there is a big risk that an older person can “fall and break their hip.” Orthopedists say that often they “break their hip and then they fall!” Not only does ST make bones stronger, it can reduce risk of falls in the first place.

If you have type II diabetes (which has increased 300 percent over the last 40 years), getting stronger can be compared to taking medication to manage this prevalent disease. After 16 weeks of training, study participants lost body fat, felt more confident and had less depression. ST might also help improve sleep; in fact, improvements for sleep and depression from ST might rival those gained from taking medication, but without the negative side effects or drug costs.

Aerobic exercise, such as walking or swimming, will improve endurance, but ST two or three times a week is useful in other ways (and can also contribute to aerobic capacity if done at a faster pace). The Centers for Disease Control website (below) provides information about intensity, when you should increase weight and when you should stay at the same level. (You should have to rest after ten repetitions at a certain weight if you’re working at the right level.²)

Another concept is “Power Training” (PT) where weights are lifted at a faster pace.³ This “high-velocity power training” was compared to progressive resistance ST. The study was done in adults with an average age of nearly 75 years, three times a week for 12 weeks. The PT group showed more satisfaction with physical function and with life in general than the ST group. Self-efficacy improved in both weight-lifting groups, and the control group showed virtually no change in these measures.

Maintaining muscle strength also helps with simple tasks such as getting up from a chair and walking at a reasonable pace. Frail elderly can be assessed by how slowly they walk, and decline can be predicted partly on performance. The “Timed Up and Go Test”⁴ reflects physical strength and coordination and predicts safe functional mobility. It should take no more than 14–15 seconds to arise from an armchair, walk three meters (about 10 feet), turn around, return and sit back down.

So stay strong and live long.

¹ <http://www.cdc.gov/physicalactivity/growingstronger/why/index.html>

² <http://www.cdc.gov/physicalactivity/growingstronger/intensity/index.html>

³ *Health Qual Life Outcomes*. 2008 Jun 13: 6:45. Enhancing quality of life in older adults: a comparison of muscular strength and power training. Katula, J. A.

⁴ *J Am Geriatr Soc*. 1991 Feb; 39(2):142–8. The timed “Up & Go”: a test of basic functional mobility for frail elderly persons. Podsiadlo, D.

Veterans Discover Adaptive Sports at San Diego Clinic

Registration Now Under Way for Annual Event

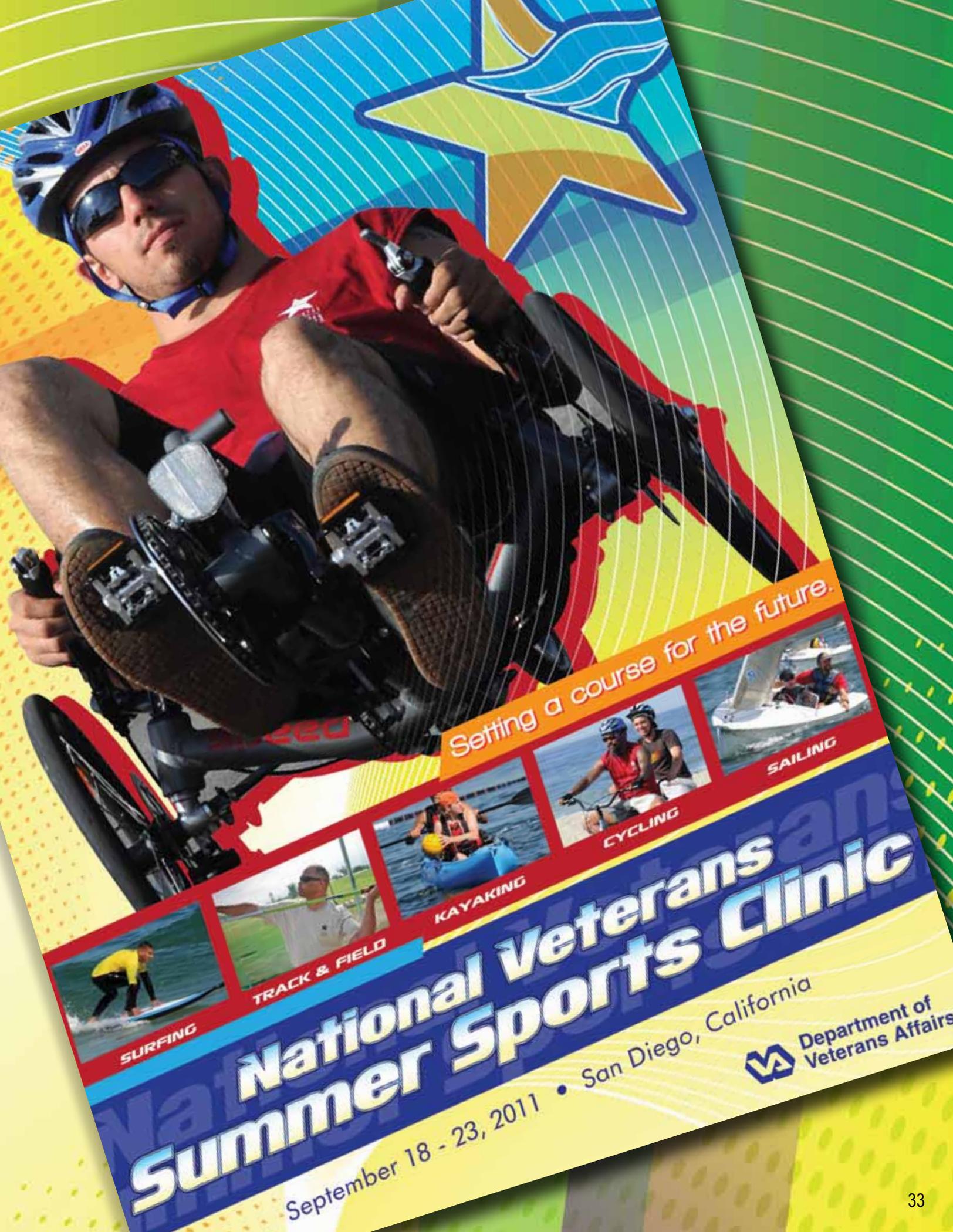
Registration is now open for the 4th National Veterans Summer Sports Clinic, a weeklong rehabilitative program to teach recently injured Veterans how to surf, kayak, sail, cycle and participate in track and field activities. The sports clinic, sponsored by the Department of Veterans Affairs (VA), will be held Sept. 18–23 in San Diego.

The goal of the sports clinic is to introduce recently injured Veterans to various adaptive sports, while training their caregivers, coach or recreational therapist in how to assist Veterans. With this approach, Veterans can continue these newly learned activities with their friends and families back home. Participants will also have the opportunity to bond with fellow Veterans with disabilities and work together to overcome challenges.

Participation is open to Veterans who are eligible for VA medical care and have orthopedic amputations, traumatic brain injuries, burn injuries, psychological trauma, certain neurological conditions, visual impairment, spinal cord injuries or other injuries incurred during the past six years.

For more information about the National Veterans Summer Sports Clinic, visit **www.summersportsclinic.va.gov**, or contact Tristan Heaton, Chair, Summer Sports Clinic at (858) 642-6426.

Jose Llamas, PAO, VA Office of National Programs & Special Events



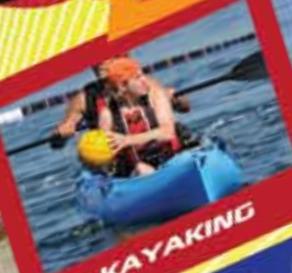
Setting a course for the future.



SURFING



TRACK & FIELD



KAYAKING



CYCLING



SAILING

National Veterans Summer Sports Clinic

September 18 - 23, 2011 • San Diego, California



Department of Veterans Affairs

Your Doctor Will Send Us Your Claim

Did you know that it is a common practice for your physician to submit your medical claims to CHAMPVA for you? Although there might be times that you will have paid for the medical service or supply and need to request reimbursement from us, we want to help you keep things as simple as possible.

Each time you visit your doctor, be sure to show them your CHAMPVA card, which contains our claims billing address. It is important that you give your doctor all of your

health insurance cards so that they will know who to bill first, second or last. If you have Medicaid, State Victims of Crime Compensation Program, Indian Health Services or a CHAMPVA Supplemental Health Insurance, CHAMPVA will pay first. In all other cases CHAMPVA pays last.

After each visit, your doctor's office will send us the claim for you. What follows is a list of reasons why it is beneficial for you to allow your physician to submit your claims:

1. Who wants to fill out a claim form, ask the doctor for an itemized billing statement, find an envelope and a stamp and mail a claim, when you don't have to?
2. When a doctor sends us your claim, he/she is accepting our 75 percent allowable amount as payment in full. This also means that they cannot bill you for the difference above your cost share of 25 percent.
3. The doctor has access to the codes that need to match the service provided. Why not leave the work to the specialists?
4. The doctor generally knows what we need to process your claim: the specific forms used for outpatient (CMS-1500) or inpatient (UB-04) services and other health insurance EOBs.
5. Most, if not all, doctors have the ability to submit claims to us electronically, which speeds up the time it takes to process your claims.
6. Having your doctor submit your claim can help you avoid spending any out-of-pocket expenses up front—or at all if you have other health insurance.

(UB-04 form)

1500
HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUN (SSN)

2. PATIENT'S NAME (Last Name, First Name, Middle initial)

3. PATIENT'S BIRTH DATE
 MM DD YY M

4. PATIENT'S ADDRESS (No., Street)

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Frequently Asked Questions

Payment In-Full

We have a number of frequently asked questions, but this one is something that will impact your pocketbook.

As you know, CHAMPVA is a cost-sharing program, with CHAMPVA reimbursing covered services at 75 percent of the allowed amount, after the annual deductible has been met. The allowed amount for a service or item is not always the same as the billed amount, in fact, more times than not, the allowed amount for a service is less than what has been billed to the program.

Q: What is my portion of the cost share?

A: Your cost share will include the annual outpatient deductible of \$100 for a family or \$50 for an individual, and when that is satisfied, the remaining 25 percent cost share of the CHAMPVA allowable amount for the covered services performed by the medical provider. Annually, your out-of-pocket expenses should not exceed \$3,000. This is called a catastrophic capitation, or CAT Cap, which provides you with a financial safeguard against having to pay more than this amount yearly for services covered by the program. The financial protection does not include services not covered by the program. There is no deductible for inpatient services. See page 42 of your *CHAMPVA Handbook* for your inpatient cost share. It's important that you check your *CHAMPVA Handbook* or policy manual on the Web. Go to www.va.gov/hac and select "CHAMPVA," navigate to the "Benefits" section and click on the handbook link. The handbook lists covered and non-covered services.

Q: Can a medical provider bill me for the charges above what CHAMPVA pays the provider?

A: Providers who accept and agree to see you as a patient under the program must also agree to accept the CHAMPVA allowable amount as "payment in full" and cannot balance bill you for the remaining amount for the covered service.

There is an exception to this. This criterion does not pertain to the provider who advises you that they do not accept CHAMPVA, and you elect to see this provider anyway. In those cases, you will more than likely have to pay for the services "up front" and file the claim with us. CHAMPVA will then reimburse you for the covered services, up to the CHAMPVA allowable amount. Any expense above the CHAMPVA allowable amount then becomes your financial responsibility and does not count toward your yearly catastrophic capitation.

Legislation was passed in Public Law 111-163, effective May 5, 2010, which provides CHAMPVA with statutory authority to prohibit balance billing of covered services beyond the allowable amount after you have satisfied the deductible and cost share requirements. Although this language existed in our regulations and policy prior to the legislation, the law helped provide further clarification to the balance billing issue.



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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.