



YOUR

HEALTH

The Magazine for Department of Veterans Affairs **CHAMPVA** Beneficiaries

**Childhood Obesity
Is a Growing
Problem—Literally**

**Help Us Help You Keep
Your Other Health
Insurance Information
Up to Date**

**The Worldwide CHAMPVA
Beneficiary Community**



Send us your stories: Check inside for details

Volume 4, Number 1

Table of Contents

New Look for the HAC Web Site	3
Help Us Help You Keep Your Other Health Insurance Information Up to Date	6
Medicare Made Simple	8
Health Administration Center Customer Service Center Receives Team Spirit Award	11
Walking for Health	13
Chocolat.....	16

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 Web site at www.va.gov/hac or request one by calling us at 1-800-733-8387. Please destroy any claim forms you might have that display our old address.



Page 1 Childhood Obesity Is a Growing Problem—Literally



Page 5 What Is the Impact of Health Care Reform on CHAMPVA?



Page 14 The Worldwide CHAMPVA Beneficiary Community



Page 15 Five Most Frequently Asked Call Center Questions

Tell Us Your Story

The Health Administration Center (HAC) 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

Childhood Obesity Is a **GROWING** Problem—Literally

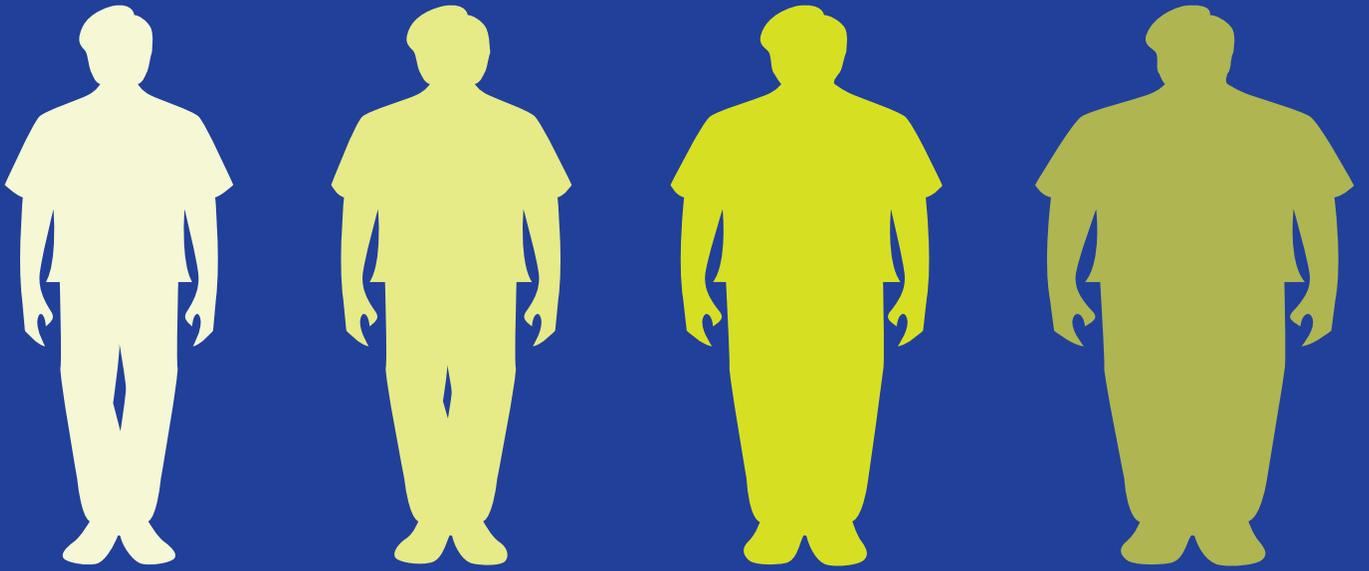


America's children are the heaviest they have ever been, and there is speculation that this generation will be the first to have a lower life expectancy than their parents, largely owing to the health effects of being overweight.

This frightening suggestion was first made in 2005 by researchers writing in the *New England Journal of Medicine*.

“Unless effective population-level interventions to reduce obesity are developed, the steady rise in life expectancy observed in the modern era may soon come to an end and the youth of today may, on average, live less healthy and possibly even shorter lives than their parents,” the study said.

Two-thirds of U.S. residents are now overweight or obese, according to the U.S. Centers for Disease Control and Prevention



(CDC). And obesity rates have doubled for adults and tripled for children since 1980.

Although an article published in the *Journal of the American Medical Association* in January suggests that obesity rates have leveled off for adults as of 2008, teenage boys between 12 and 19 years old are still increasing in size. Not only are there more obese boys, the heaviest ones are becoming even more morbidly obese, another recent study said.

In 1971, 5% of 2- to 5-year-olds were at or above the 95th percentile for weight. That increased to 12.4% by 2006, according to the CDC.

The percentage of obese middle school children increased from 6% to 17%, and obese 12- to 19-year-olds increased from 5% to 17.6%. Specific groups were as high as 27.7%!

Many obese children continue to be obese as adults, increasing their risk for heart disease and many types of cancer, along with other ill effects. In fact,

for the first time, obesity has actually become a bigger risk factor than smoking for chronic illness (although the death statistic for smokers is still slightly higher), according to a separate study.

What can parents do?

- Delaying the spoon-feeding of babies until later could reduce their obesity risk. One study suggested it is best to wait until 6 months of age, and at least try to delay until 4 months of age.
- Serve lots of vegetables and fruits so that kids fill up on them, making kids less hungry for non-nutritional calories. Make a “treat” truly a special event.
- Get kids very physically active regularly, since moderate exercise does not seem to be enough. One recent study said for 9- and 10-year-olds, “every 6.5 minutes a child spent doing vigorous activity like playing ball, bicycling, or running

continued on page 9

New Look for the

The Health Administration Center (HAC) Web site, www.va.gov/hac, has always been a great source of information for the CHAMPVA program. On the site, you can access forms, handbooks, contact information and informational materials that make using the CHAMPVA program a breeze, well, easier anyway. However, in the past, there have been a few issues with the navigation and the look of the site, which were neither easy nor congruent with the rest of the federal government. As a result, Department of Veterans Affairs Web Operations have rolled out a new version of the VA Web site, and, by extension, the HAC's, that should make it even easier to find what you need.

According to Tammy Duckworth, assistant secretary for Public and Intergovernmental Affairs, "To better serve our Veterans, and to establish the one-VA concept, we recently developed a new web site design. ...Our new look and feel is designed to be Veteran-centric, to reinforce that they are our number one priority. This new design will change the emphasis of our web site from a hierarchal structure to one that focuses on the services that VA provides."

What this means to you is that the site is now set up so that it is easier to navigate. Rather than having to plow through several layers of pages and information to find the links to the information you are looking for, the first thing you notice on the new page is that links are all provided right up front. (See graphic to the right.)

Also, as you run your cursor across the navigation bar under the Department of Veterans Affairs banner at the top, you'll notice that the menus are now in the "drop down" style. Simply click on the topic you

would like to review, and the menu of options/pages/topics will drop down. In the graphic above, clicking on the HAC icon brings up the full range of HAC topics and pages.



HAC Web Site

You will also notice that no matter which page you visit, either on the HAC's site or the greater VA site, the basic VA navigation icons will remain, no matter where you go. (See the CHAMPVA page and the VA's GI Bill Web page to the right.)

As you can see, only the icon for the page being viewed (in the far right of the icon listing) changes; this way you can move back and forth more easily between pages and options throughout the entire VA Web site as well as the HAC pages.

Despite the changes to the look and navigation of the pages, the VA and HAC Web sites still use software to help those that are visually impaired. If you have any comments on the new Web design and navigation, please contact VA Web Operations by clicking on the "Contact Us" icon, or if you have a comment specifically about the HAC or CHAMPVA pages, please call our toll-free number: 1-800-733-8387.



What Is the Impact of Health Care Reform on CHAMPVA?



On March 23, 2010, President Obama signed into law the Affordable Health Care for America Act (Health Care Reform). There has been some concern that the passage of this bill would impact medical benefits provided under the CHAMPVA Program. Under the act, the CHAMPVA Program is considered creditable coverage. What this means to you, is that there is no change to benefits provided under CHAMPVA.

On March 21, 2010, Honorable Eric K. Shinseki, the Secretary of Veterans Affairs said, “To give our Veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.”

Help Us Help You

Keep Your Other Health Insurance Information Up to Date

Many claims are rejected every day for incorrect or incomplete other health insurance (OHI) information. Don't let this happen to you! **Any time you add, drop or change your other health insurance, notify us immediately.**

It's easy. There are two ways to update your file:

1. You can print the CHAMPVA OHI Certification form (VA FORM 10-7959c) from our Web site at www.va.gov/hac/forms/ and send the completed form to VA Health Administration Center, CHAMPVA, PO Box 469063, Denver CO 80246-9063.
2. You can call our Customer Service Center at 1-800-733-8387, and one of our representatives will take your OHI information over the phone and your record will be updated.

You will need to have the following information available:

- New to CHAMPVA? We need all your OHI information from your CHAMPVA effective date to present.
- Adding, dropping or changing your OHI? We need the termination date of your previous plan and the effective date of your current plan.
- Is your OHI a health maintenance organization or preferred provider organization? Please provide your plan's copayment information and schedule of benefits.
- Are pharmacy benefits included in your plan? Is it a pharmacy only plan? Does it provide an explanation of benefits for prescriptions?
- We will need a copy of your OHI card (front and back).
- Is your OHI primary or supplemental to CHAMPVA?

Are you considering other health insurance or wondering how CHAMPVA works with your OHI? Refer to the chart to the right for an overview of how CHAMPVA coordinates benefits with other insurers. Whatever you do, don't forget to keep us informed, so we can continue to provide your benefits. If you have any questions about what is needed or how to update your CHAMPVA file, please call our Customer Service Center at 1-800-733-8387.

COST SUMMARY—WHEN YOU HAVE OHI (OTHER THAN MEDICARE)

SERVICE	OTHER HEALTH INSURANCE PAYS	CHAMPVA PAYS	YOU PAY
All medical services and supplies that are covered by both the OHI and CHAMPVA.	Their plan allowable	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
Medical services covered by your OHI , and NOT covered by CHAMPVA.	Their plan allowable	\$0	Your OHI plan copayment
Medical services NOT covered by your OHI , but covered by CHAMPVA (NOTE: We do NOT pay for services that were determined noncovered by your OHI because you failed to follow the OHI plan requirements.)	\$0	The CHAMPVA allowable amount	Your cost share for the type of service

Confused about Medicare Part B and CHAMPVA Requirements?

Doesn't CHAMPVA cover this for my wife anyway?

Sure, drop Medicare B, how the heck are they going to find out?

Someone at Medicare told me Part B is optional, why should I pay for it?

Yes, but old enough to need Medicare.

I don't have Medicare and I've never had a problem.

Under 65? Don't sweat it!

My sister's best friend's uncle's cousin said I don't need it!

Still Confused?
Call us at
1-800-733-8387

Got A? Gotta Have B!

Medicare Made Simple

COST SUMMARY WHEN YOU HAVE MEDICARE

SERVICE	MEDICARE PAYS	CHAMPVA PAYS	YOU PAY
PART A — Hospital			
Hospital stay 1–60 Days	All but the Medicare copayment	Your Medicare copayment	\$0
Hospital stay 61–90 Days	All but the Medicare copayment	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
Hospital stay 91–150 Days	All but the Medicare copayment	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
Hospital stay >150 Days	\$0	75% of the CHAMPVA allowable amount	25% of the CHAMPVA allowable amount*
PART A — Skilled Nursing Facility (SNF)			
There must be at least a 3-day inpatient stay prior to admission to the SNF			
1–20 Days	100% of Medicare Allowable	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
21–100 Days	All but the Medicare copayment	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
>100 Days	\$0	75% of the CHAMPVA allowable amount	25% of the CHAMPVA allowable amount*
(based on Medicare Resource Utilization Guidelines[RUG])			

SERVICE	MEDICARE PAYS	CHAMPVA PAYS	YOU PAY
PART B — Outpatient			
	(after Medicare deductible met)	(after CHAMPVA deductible met)	
Outpatient medical care to include:			
<ul style="list-style-type: none"> • Office visits (doctor) • Durable Medical Equipment • Cancer screenings • Mammograms • PAP smears • Immunizations (including flu shots) • Diabetes supplies (test strips, monitors, etc.) • Diabetes self-mgmt. training • Bone mass measurements 	80% of Medicare allowable amount	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
Clinical Laboratory	100% of Medicare allowable	What you owe up to the CHAMPVA allowable amount	\$0
Mental Health Visit	50% of Medicare allowable	What you owe up to the CHAMPVA allowable amount	In most cases, \$0
Hospice	100% of Medicare allowable	What you owe up to the CHAMPVA allowable amount	\$0
Outpatient Medications	All but \$5 per prescription	What you owe up to the CHAMPVA allowable amount	\$0
Respite Care	95% of Medicare allowable		
Pharmacy (without Medicare Part D)	\$0 (with a few exceptions)	Retail: 75% of allowable amount MbM: 100%	25% of the CHAMPVA allowable amount* \$0
Pharmacy (with Medicare Part D)	Varies	What you owe up to the CHAMPVA allowable amount	Varies

*up to your annual \$3,000 catastrophic cap

Almost everyone currently eligible for CHAMPVA must also enroll in Medicare Part B when they become eligible for Medicare at age 65.

After you turn 65, CHAMPVA will continue paying benefits, secondary to Medicare, provided you are also covered under Medicare Parts A and B. Medicare Part A is hospitalization insurance; Part B is outpatient insurance.

ABCs of Medicare

- Medicare Part A
 - Normally premium free
 - Covers inpatient services
- Medicare Part B
 - Monthly premium is charged
 - Covers outpatient services
- Medicare Part C
 - Medicare sponsored HMOs and PPOs
 - Considered the same as A & B in one plan
- Medicare Part D
 - Prescription coverage

General Rule

If a CHAMPVA beneficiary is eligible for premium-free Medicare Part A, they must enroll in Medicare Part B to retain CHAMPVA eligibility.

This is also true if you are under age 65 and have eligibility to premium-free Medicare Part A, because you were awarded Social Security disability compensation.

In short... ***Got A? Gotta Have B!***

Clearly, CHAMPVA benefits can be impacted by your Medicare status. If you have any questions regarding your CHAMPVA benefits as they relate to Medicare coverage, please call us at 1-800-733-8387.

around outside was associated with a 1.32-centimeter reduction in waist size. But 13.6 minutes of moderate physical activity only reduced waist size by half a centimeter.”

- For older children who are already obese and who may have insulin resistance (which often progresses to type 2 diabetes), exercise can help, even if they do not lose pounds. Activity will improve insulin sensitivity, even if there is no measurable weight or fat loss. The results “suggest that focusing on exercise and physical fitness (and letting the adolescent height spurt reduce BMI) might be a more achievable strategy than weight loss in obese adolescents.”
- And be a good role model yourself. Health is a family affair!

The CDC report on the increase in the percentage of obesity among children can be found at:

<http://jama.ama-assn.org/cgi/content/short/303/3/242>

The report on obesity becoming as serious a health threat as smoking can be found at:

<http://content.nejm.org/cgi/content/short/361/23/2252>

The report on exercise and its effect on obesity can be found at:

http://www.newsmaxhealth.com/health_stories/exercise_kids_lean/2009/11/30/291982.html



On March 3, 2010, the Department of Health and Human Services (HHS) released the first in a series of Web videos and public service announcements to promote First

With two-thirds of U.S. adults and one in three children being overweight or obese, diabetes, heart disease and other chronic illnesses are occurring in epidemic numbers in this country. Obesity more than doubled among adults and tripled among children and adolescents between 1980 and 2004.

First Lady Michelle Obama, U.S. Department of Health and Human Services Secretary Kathleen Sebelius and U.S. Surgeon General Regina Benjamin announced plans to help Americans lead healthier lives through better nutrition, regular physical activity and by encouraging communities to support healthy choices. HHS released “The Surgeon General’s Vision for a Healthy and Fit Nation” in January, and the first lady, in conjunction with HHS, plans to launch a major initiative on childhood obesity.

Curious what your child’s body mass index is? See the Child and Teen BMI Calculator, which uses height and weight, at: <http://apps.nccd.cdc.gov/dnpabmi/>

Lady Michelle Obama's national initiative, Let's Move, designed to solve childhood obesity within a generation.

As a member of the U.S. Presidential Delegation for the XXI Olympic Winter Games, HHS Secretary Kathleen Sebelius attended the closing ceremony of the 2010 Winter Olympic Games. While in Vancouver, Sebelius enlisted the help of more than a dozen Olympic athletes to combat the challenge of childhood obesity by providing the American public with tips to maintain a healthy lifestyle. In the videos, current and former Olympians urge parents and kids to incorporate physical activity and nutritious foods into everyday life.

The new Web videos, featured on www.LetsMove.gov remind Americans that you don't have to be an Olympic athlete to be active, eat right and maintain a healthy weight. The Web videos include messages from two-time Olympic medalist figure skater Michelle Kwan, 2010 skeleton racer Noelle Pikus-Pace, and 2010 Olympic snowboarder Louie Vito.

Currently, one in three American children is overweight or obese. Each year, the United States spends an estimated \$147 billion to treat obesity-related conditions such as diabetes and high blood pressure. Research indicates that if this public health imperative is not addressed, this could be the first generation of children to have a shorter life span than their parents.

Later this month [March], HHS will release the new Let's Move public service announcements featuring former and current Olympians. Visit www.LetsMove.gov to view the videos and learn more.

The 2005 JAMA Report

Life expectancy at birth and at older ages could level off or even decline in the first half of this century, according to a study published in 2005 in the *New England Journal of Medicine*.

The study of projected trends in life expectancy, and the potential effect on them because of the rise in obesity among adults and children, said the current life expectancy of adults—about 77 years—is already four to nine months shorter than if there were no obesity. Although that might seem like a small difference, the report said obesity has shortened the average life span by a greater rate than homicides, suicides and accidents combined.

The report also said that the children of today could live two to five years less than they otherwise would, a negative effect on life span that could be greater than that caused by cancer or coronary heart disease.

The New York Times said some critics found the study to be excessively gloomy, and it quoted others that said improved medical treatment of obesity-related diseases, such as diabetes and coronary heart disease, might impact the study's conclusions.

Read more from the 2005 obesity report at:

<http://content.nejm.org/cgi/content/full/352/11/1138>

Health Administration Center Customer Service Center Receives **Team Spirit Award**

The VA Health Administration Center (HAC), which administers your health benefits, continually strives to find ways to make the service we provide to you as effective, efficient and friendly as possible. And it's working!

As a result of our efforts, our Customer Service Center (CSC) was selected as the winner of the Leadership Veterans Affairs Alumni Association 2009 Team Spirit Award. The CSC has nearly 200 employees who serve as our primary representatives to you, our customers, handling your concerns on the phone, through written correspondence or online. We have enhanced employee productivity and improved our overall average speed of answer as well as quality of service we provide to you and to your health care providers.

CSC achieved all organizational performance standards with minimal increase in manpower, in spite of increasing organizational demands and health care program growth. Although CSC leadership outlined necessary measures to achieve the improvements, it was the cooperation, focus on mission and can-do attitude of CSC's team of employees that made

it happen. CSC employees maintain or exceed established standards of answering 90% of phone calls within 45 seconds (with an average wait time of 10 seconds), responding to 100% of correspondence within 15 days and maintaining a call abandonment rate of 1.5%. As indicated by your comments on our customer surveys, your rate of satisfaction with our services is at an all-time high.

"Through decisive and inclusive leadership, an uncommon dedication to serve our Veterans and their families, and a tremendous demonstration of teamwork and cooperation, the CSC staff literally rose from the ashes of their performance metrics to rise to recognition as a 'Best Practice' organization in the customer service arena. The VA Health Administration Center's Customer Service Center team truly embodies all that this award seeks to recognize—uncommon dedication to the VA's mission, demonstrated achievement and outstanding team effort led by caring and dedicated leaders," said HAC's director, Mary Beth Saldin.

Virtual Hold

Virtual Hold is a tool that allows callers the choice of receiving a callback rather than waiting on hold—an option for callers if anticipated wait times will exceed three minutes. After waiting approximately 45 seconds, the caller is offered the option of using Virtual Hold.

If the caller chooses this option, they are allowed to hang up while maintaining their place in the queue. At this point the system gives them an estimated callback time. As they become the next customer to be serviced, their telephone number is automatically dialed. The system makes up to ten attempts to make contact. When answered, an automated greeting informs the customer that they will be connected to the next available customer service representative. If the ten attempts do not result in a successful connection, the callback is abandoned.

Variations can occur based on the overall expected wait time for each customer. If wait times are low, the system automatically removes this function, because callers will be assisted within the designated standard.

Approximately 45% of those offered Virtual Hold use this tool. As of June 18, 2009, Virtual Hold successfully reconnected with 86.9% of customers using the service. Current industry standard for callbacks is between 70% and 75% successful reconnects. The primary purpose for providing the Virtual Hold option is to improve the overall customer experience.



Walking Health



Do you HATE TO EXERCISE?

No, this isn't an ad for pills or magic weight loss machines. It's just a reminder that there are many ways to become more physically active and set a healthy example for those around you. You don't have to join a gym, suffer sore muscles (at first), get sweaty and gross or buy sports equipment. Just put on a pair of reasonably comfortable shoes and put one foot in front of the other. Repeat.

One memorable summer morning a few years ago, as I was starting my commute, I thought, "Boy, if I didn't have to go to work today, I'd..." And then I thought what I would most want to do is take a walk. So I decided to not pass up the chance to walk every beautiful day I didn't have to work.

If you think you're too busy to fit 30 to 60 minutes of walking into your busy days, you can break the walks into 10-minute episodes and get good benefits. For example, instead of going straight to your mailbox and back, make a point of walking around the block (or two) before you pick up your mail. Start a walking group, maybe with a non-

fat latte reward stop at the halfway point. Walk a dog. (Ask the owner first.) Walk to a park to eat your lunch or read, or take a kid there for a picnic. (Ask the parent first.)

Unlike swimming or sitting on the sofa, walking is a weight-bearing activity, which can help reduce risk of osteoporosis and fractured bones. Blood pressure may lower with regular aerobic exercise, and anxiety and depression might be prevented. Also, a little sun exposure can boost vitamin D. (Deficiencies in the "sunshine vitamin" have been linked to some chronic pain disorders and other health problems, although more studies need to be done.)

If you take regular, brisk 30- to 60-minute walks, you'll burn enough calories to help maintain a healthy weight, but you also need to make wise choices about the types and amounts of foods you eat.

A pedometer is a fun toy for documenting your steps each day (aim for 10,000 a day), and some GPS systems do amazing things, like record your route, your pace, your heart rate, calories burned for

each pathway and even your elevation gain. (A GPS will also help you get home in case you venture into unfamiliar territory.)

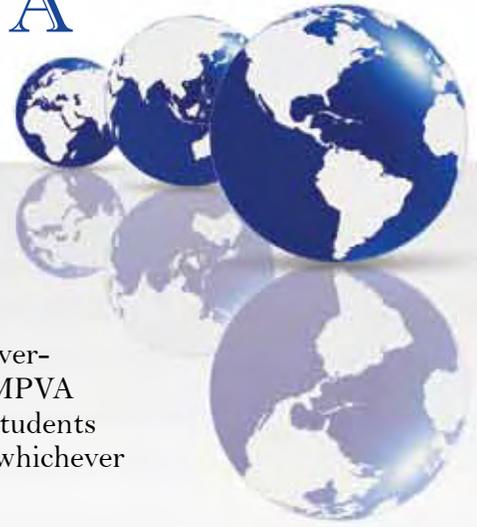
Speaking of which, BE SAFE. Walk in places with low crime rates, go with a buddy or walk in an indoor mall during bad weather. Carry a cell phone; even one without a current service plan will dial 911... but of course the battery has to be charged. Drink water, even before you feel thirsty.

One of the benefits of regular walking is that you will begin to think of yourself as an athlete—a fit person who could branch out into other fun activities—if you want to. You don't have to. Just do something!

Calories Burned per Minute by Walking

	Walking, 2 mph	Walking, 4 mph
105–115 lbs.	2.4	4.5
127–137 lbs.	2.8	5.2
160–170 lbs.	3.3	6.1
180–200 lbs.	3.6	6.8

The Worldwide CHAMPVA Beneficiary Community



Did you ever wonder how many other people have CHAMPVA benefits, who they are and where they live? Here is a little information to help you better understand the CHAMPVA-eligible community.

Children and Students: To understand the community of eligible beneficiaries, you must remember some of the basic eligibility rules that have an impact on coverage by age. All children are eligible until their 18th birthday. At that time CHAMPVA coverage is discontinued, unless the child remains in a full-time student status. Students remain covered until they complete their education or until their 23rd birthday, whichever comes first.

Children make up 15% of the CHAMPVA community. They range in age from newborn (about 250 each year) to 17. This group is about equally divided between males (24,976) and females (24,326).

Students make up 3% of the CHAMPVA community, with the greatest number of students being age 18. The size of the student group shrinks a little each year, with the smallest group being age 22. The total student population was 9,681 as of September 30, 2009.

The remaining CHAMPVA community consists of adults that are either the spouse, surviving spouse or helpless child of a qualifying Veteran sponsor. Helpless children make up the smallest group of the CHAMPVA community. A helpless child is a child who, before the age of 18, became permanently incapable of self-support and was rated as a helpless child by a VA regional office. These individuals are eligible for CHAMPVA with no age limitation as long as they do not marry. As of September 30, 2009, there were 3,376 helpless children in the program, and they ranged in age from 18 to 89. This group is roughly 60% male and 40% female.

Spouses and surviving spouses make up the majority of the community, with more than 266,000 eligible individuals. They make up about 82% of the CHAMPVA-eligible community and range in age from 19 to 108.

Spouses make up the biggest portion of this group (about 186,000, or 70%). They are predominantly female, but male spouses are much more common in the youngest ages for this group. The remaining members are surviving spouses of Veterans that have either died with a permanent and total disability award or died from a service-connected disability. There are about 83,000, with only 3% of this group being male.

Over the past five years, we have seen a lot of growth in the CHAMPVA community, as well as some minor shifts in enrollment by age group. As you can see on accompanying chart, the greatest growth has been in the 41–64 age group, with most of the growth coming from applications by Vietnam-era spouses and Korean War/WW II surviving spouses.

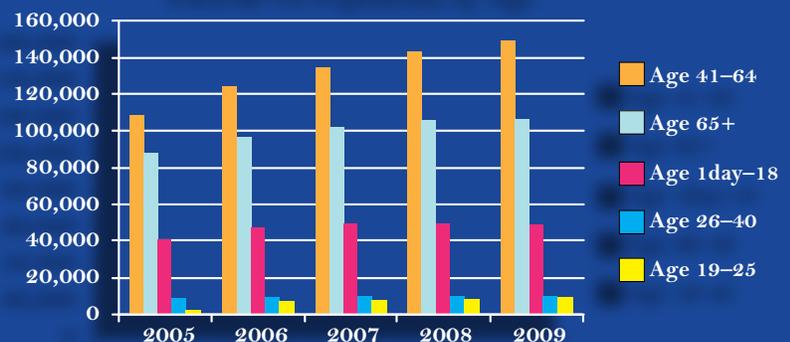
The CHAMPVA community lives in all 50 states, the District of Columbia, in four of the seven U.S. territories and in 45 foreign countries. Texas (29,670), Florida (23,315) and California (21,202) have the largest numbers of CHAMPVA beneficiaries. Delaware (679), Wyoming (602) and Alaska (602) have the fewest beneficiaries. The map below provides a view of the continental United States and shows the CHAMPVA population by county.



Eligible by County

1,000 to 3,200	500 to 999	201 to 499	50 to 200	0 to 49
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CHAMPVA Population by Age



Five Most Frequently Asked Call Center Questions

In the Customer Service Center (CSC), we track the type of calls taken on a monthly basis, which allows us to train more effectively and to make the appropriate information available to you, our customers.

The type of questions you ask most often can change, depending on the time of year. For instance, near the beginning of the calendar year we get a lot of questions regarding deductibles related to pharmacy cost. When you haven't had to think about your \$50 annual deductible for a year, it can come as a surprise when the cost of your first couple of prescriptions for the year is higher than you have recently been paying. Our customer service representatives are prepared for any questions you might have and can resolve your concerns quickly and easily.

Your top five questions for us in the call center in January 2010 were:

1) How can I find out about my benefits and eligibility requirements?

You can easily answer some of your own questions by using the automated phone service at 1-800-733-8387. You can also go to our beneficiary Web site, www.MYCHAMPVA.com for eligibility and claims information.

2) I am a student. What do I need to do to ensure continued CHAMPVA coverage?

This is one of the questions we often receive at the beginning of a school semester. You must be enrolled as a full-time student to remain eligible for CHAMPVA, and you must recertify your status each year until you turn 23. Go to our Web site www.va.gov/hac to find the information that is specifically requested for students between the ages of 18 and 23. Under Special Programs, click on CHAMPVA and scroll down to Eligibility Definitions. Click on School Certifications (01-02) under the chart.

3) Why hasn't my claim shown up in the CHAMPVA claims processing system?

There are many reasons why your claim might not appear in our system. It could be as simple as the fact that not enough time has passed for your claim to be entered into the CHAMPVA system. When we receive claims from the U.S. Postal Service, our mail room must open, sort and scan the documents into a digital viewing system. Once the information reaches our claims processing center, all claims received from beneficiaries need to be checked and entered into our processing system. On average, this process can take up to seven days. Claims sent by providers can often be input electronically, which results in quicker processing of the claim.

4) Did my claim get paid correctly? How does my deductible work? How does my catastrophic cap work? What is a CHAMPVA allowable?

As you can see, your claims payment questions focus on a variety of issues. The *CHAMPVA Handbook*, which is also available on our Web site, is the best source for answers to many of these questions. Go to www.va.gov/hac and click on Handbooks under the Quick List. Next, click on CHAMPVA and then on CHAMPVA Handbook.

Page 53 of the handbook contains a sample explanation of benefits (EOB), outlines all the information that might be provided on the EOB and explains how to read it. Keeping good records and understanding your EOB is the best way for you to know if your claims are being paid correctly. The EOB also calculates and keeps track of your deductible and your catastrophic cap. Page 40 of the handbook has information about deductibles, cost shares and catastrophic caps; page 41 gives you information about the CHAMPVA allowable amount—what we will pay for a covered medical service or supply.

5) Where can I get information about Meds by Mail (MbM)?

Contact information for your MbM servicing center is on page 17 of your handbook or on our Web site. Go to www.va.gov/hac and click on Meds by Mail under Special Programs. Next enter your state, using the drop-down menu and click "go," or simply click on your state on the U.S. map. The phone number you should use is under "Who Can Help Me with My Questions?"

CHOCOLAT

Ah, Mother's Day is upon us. Eat your vegetables, and by that I mean dark chocolate (or *chocolat* as the French would say)! Because cocoa is a plant, it has many of the health benefits of dark vegetables, including flavonoids, which produce nitric oxide. This compound helps dilate blood vessels, and this expansion of the body's "pipes" lowers blood pressure modestly (about 4 points systolic, according to an article written by Steffen Desch in the November 2009 issue of the *American Journal of Hypertension*). Flavonoids also slightly open the arteries to the heart—allowing more blood flow—and reduce platelet activation, part of the formula for producing a clot that could cause a heart attack.

Flavonoids are antioxidants, which are thought to reduce free radicals (unstable molecules that damage cells), and are found in leafy vegetables, fruits and chocolate. So for your Mom's dinner, don't forget the chocolate. (Of course, all things in moderation, and only if it's otherwise OK.)

Imre Janszky (*Journal of Internal Medicine*, September 2009) studied people with nonfatal heart attacks, following them for eight years, and found a 66% reduction in deaths from cardiac-related causes in those who ate chocolate at

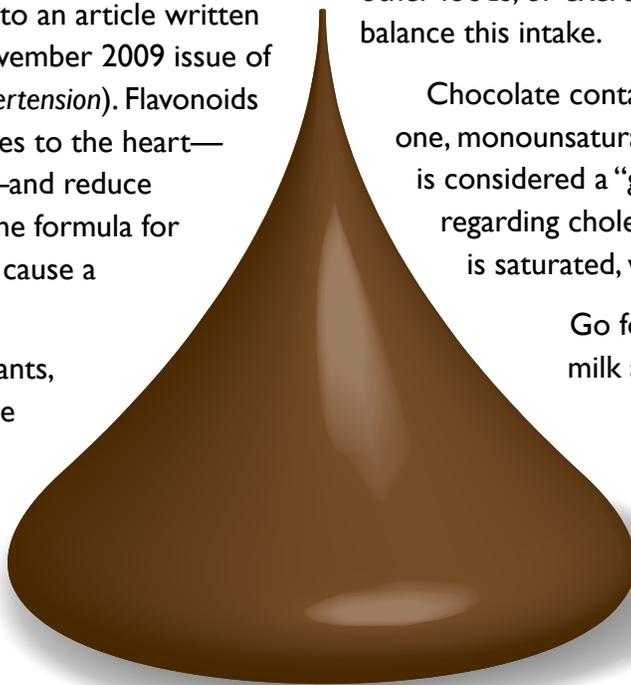
least twice a week, compared with those who never indulged. It might be that chocolate suppresses irregular heartbeats (arrhythmias).

The medical studies were done on dark chocolate only, using about 3.5 ounces a day (a couple of pieces or a small bar). This provides 200 calories, so you'd need to either eat less of other foods, or exercise a fair amount more to balance this intake.

Chocolate contains three types of fat: one, monounsaturated (found in olive oil) is considered a "good" fat, one is neutral regarding cholesterol effects and the third is saturated, which is bad for you.

Go for the cocoa; avoid the milk and sugar. "Milk Chocolate" is not nearly as good as the dark, because it has less plant nutrient and more sweetener ("empty calories"). (For optimum health benefits, the

dark chocolate should be made with at least 65% cocoa. Some manufacturers have begun to identify this percentage on their labels.) Avoid caramel and nougat. Keep your chocolate in a cool, dark, dry place to avoid the "bloom," or haze of old, poorly cared-for chocolate.





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