



YOUR HEALTH



FUNCTIONAL FITNESS

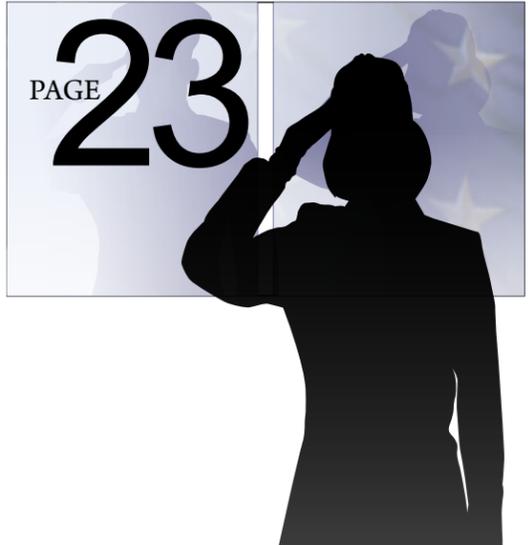
An exercise and training concept for everyday activities

Also inside:

Care and Treatment of Aging Skin

Osteoporosis risk factors

CHAMPVA's Caregiver Program



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FUNCTIONAL FITNESS

EXERCISE & TRAINING



FUNCTIONAL FITNESS

EXERCISE & TRAINING

If you do something active TODAY, it increases your chances of doing it again tomorrow.

Functional fitness is the concept that as we age we need to consciously perform exercises that will improve the strength, flexibility and balance required for everyday activities.

Why do we need this? Good range of motion is required to turn and look beside or behind us while driving, especially when backing up. We want to be able to reach for things on higher shelves. We need the strength to stand up from a chair, which involves strong quadriceps in the legs and good core strength, rather than always relying on “pushing up” using arms. Balance is essential to prevent falls. Becoming weaker or unsteady leads to a vicious cycle—as an older person’s fear of falling increases, they cut back on physical activity, which reduces one’s strength even further.

While walking is a very useful exercise, if we don’t actively work on other specific exercises, such as light weight lifting, our ability will decline as we age due to natural loss of muscle mass. It’s especially important to regain strength after a surgery or illness. In fact, the idea of “prehabilitation” before a surgery, in contrast to “rehabilitation,” which starts after it, is catching on.¹

How is this done? At least two approaches have been studied. One is called “LIFE” or “lifestyle physical activity intervention,” which incorporates exercises throughout daily routines. Another, the “structured”



approach, involves supervised training sessions in a gym. Both interventions in this study² lasted 11 months, and both showed good results, but only if there was a long-term commitment. The important thing is to find a routine that you will continue indefinitely. If going to a gym is feasible, and you meet up with friends in an exercise class, you are more apt to keep going. If you are a self-starter, you can choose to integrate favorite activities into your day.

A series of worthwhile articles, and illustrations showing how to perform helpful exercises, can be found at: <http://www.cdc.gov/physicalactivity/growingstronger/index.html>

When should I start? It’s never too early or too late. Current programs aimed at reducing the obesity epidemic are again trying to establish lifetime patterns of physical activity. Young adults and older adults can commit to activity—dancing can be fun! Of course, check with your doctor first to make sure it is safe to begin any exercise program.

A study of those living in nursing homes³ showed that doing both aerobic and strength training for one year led to significant changes in strength, flexibility and endurance. These favorable responses contribute to healthy aging and could play a role in prevention or reducing functional decline in elders.

If you do something active TODAY, it increases your chances of doing it again tomorrow.

1. Mayo, NE., Feldman, L., et al. (2011). Impact of preoperative change in physical function on postoperative recovery: argument supporting prehabilitation for colorectal surgery. *Surgery*, 150(3):505-14.
2. Van Roie, E., Delecluse, C., et al. (2010). Effectiveness of a lifestyle physical activity versus a structured exercise intervention in older adults. *J Aging Phys Act*, 18 (3): 335-52.
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PUT THE ‘BREAKS’ ON CANCER

Getting out of your office chair, taking a brisk walk or doing a little running or swimming all add up to this: a possible reduction in the risk of getting certain cancers.

The benefits of physical activity in reducing cancer risks were addressed at the American Institute for Cancer Research (AICR) annual conference in Washington, DC in November, 2011. As many as 49,000 cases of breast cancer and 43,000 cases of colon cancer occurring in the United States every year are linked to a lack of physical activity, according to findings presented at the conference.

Experts emphasized that a brisk daily walk goes a long way in reducing several key biological indicators of cancer risk, including sex hormone levels, insulin resistance, inflammation and body fatness.

But a 30 minute walk or 20 minute run, for some people, may not be enough. New findings from the emerging field of sedentary behavior research, also presented at the conference, suggest that sitting for long periods of time can increase cancer risk even among people who exercise daily.

Based on these findings, AICR is urging Americans to make time for physical activity and break every hour of sitting with one to two minutes of activity. These breaks can be

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Put the 'breaks' on, continued from page 5

as simple as walking to a colleague's office instead of sending an email or going to the kitchen to get a glass of water.

"Making time to get at least half an hour of moderate to vigorous activity every day is great, and more Americans need to do it, but those 30 minutes represent only a sliver of our day," said AICR spokeswoman Alice Bender. "This new research on break time suggests there are small things we can do in the other 15 hours and 30 minutes we spend awake that also make a big difference."

By thinking in terms of break time, Americans can infuse the remaining 97 percent of their day with short periods of activity that can protect against many cancers.

According to epidemiologist Christine Friedenreich of Alberta Health Services-Cancer Care in Canada, "In breast and colon cancers, for example, we're seeing overall risk reductions of about 25 to 30 percent associated with higher levels of physical activity. With prostate cancer, the evidence isn't as strong but it's still there – about 10 to 20 percent lower risk.

"For endometrial cancer," she added, "we are finding about 30 to 35 percent risk reduction with more physical activity. These numbers are powerful. The bottom line: For many of the most common cancers, it seems like something as simple as a brisk walk for 30 minutes a day can help reduce cancer risk."

Taken together with frequent breaks, these actions point to better health for many people.

Reprinted courtesy of the American Institute for Cancer Research. For more information, please visit <http://www.aicr.org>

PRACTICAL TIPS FOR MOVING MORE

We've all heard the advice to "Take the stairs, not the elevator." It's certainly a good habit to get into, but there are many more ways to infuse your day at work with more activity:

- Set the timer on your computer to remind you every 60 minutes that it's time to step away from your desk and take a short walk.
- "Walk with me." Got a quick thing to discuss with a co-worker? Instead of sending an email, ask him or her to join you for a walk to hash it out on the go.
- Keep light hand weights in your office to use while reading email or talking on the phone.
- During phone calls, conference calls and virtual meetings, stand up and walk around.
- Your office or cubicle wall is all you need for simple activities like stretches, vertical push-ups and leg lifts.
- For a more vigorous activity break, ask your employer to put a punching bag or chin-up bar in your break room.



Immunizations Are **NOT** Only for Children

Although we are most familiar with the vaccinations for children that start soon after birth, many people are not aware of the need for vaccinations as adults. There are several vaccinations to prevent many serious and life-threatening diseases. According to the Veterans Health Administration National Center for Health Promotion and Disease Prevention (NCP), more than 46,000 adults become ill or die each year from vaccine-preventable diseases. Vaccines not only protect you from getting a disease, they also protect those around you so that you don't spread the disease.

Booster vaccines are important because some vaccines become less effective over time. It is important to work with your health care provider to stay up-to-date with vaccines. Some vaccines were not even invented when adults

were children. Also, people can become more susceptible to diseases as they grow older.

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

WHAT DOES CHAMPVA COVER?

Immunizations recommended by the CDC may be provided during acute and chronic care visits or during preventive care visits to maintain and promote good health. Coverage is extended for the age-appropriate dose of vaccines. Your health care provider can determine when it is appropriate to receive immunizations. Catch-up immunizations are covered and administered when the physician deems it a medical necessity (CHAMPVA Policy 2, Sections 23.1 and 23.3).

RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Chickenpox (Varicella)	The vaccine for chickenpox is one of the vaccines that were not available when many of us were younger and every adult should be vaccinated, if there is no evidence of immunity.
Influenza (Flu)	Be sure to get a flu shot every year starting at age 50, or before if you have a chronic disease or are in another high risk group. Between the ages of 18 and 49 you can use the influenza FluMist Nasal Spray.
Measles, Mumps and Rubella	The vaccine for measles, mumps and rubella should be given at least once from age 19–49 and another after age 50.
Pneumonia	It's important to have a pneumonia vaccine at least once at age 65, or before if you have a chronic disease or a weakened immune system.
Polio Virus	There are no recommendations for the vaccine for polio virus if you were vaccinated as a child except for people in high risk categories.
Meningococcal	Meningococcal vaccine has been approved for people ages 11–55 years of age.
Tdap (Tetanus-Diphtheria-Pertussis)	Get a least one dose of Tdap every 10 years to protect you from whooping cough.
Tetanus	You should get a tetanus shot every 10 years.
Other vaccines you and your health care provider might consider under certain circumstances include: Hepatitis B Vaccine, Hepatitis A Vaccine, Human Papillomavirus Vaccine (under age 27), and Shingles Vaccine.	

More information is available at <http://www.prevention.va.gov> and <http://www.cdc.gov>

BLUE

Depression & Families: It's a Family Matter



Some Common Signs of Depression Include:

- Feeling sad or empty
- Loss of interest or pleasure in activities once enjoyed
- Weight gain or weight loss that is not due to dieting
- Slowed movement or feeling restless
- Too much or too little sleep
- Loss of energy or fatigue
- Feeling worthless or guilty much of the time
- Inability to concentrate, remember things or make decisions
- Thoughts of death or suicide

Are the Signs of Depression Always the Same?

No. A depressed person may have some or all of the signs of depression. The signs also vary among age groups.

Children often show depression through:

- Poor school performance
- Withdrawal
- Constant irritability
- A pattern of disruptive or destructive acts
- Aches or pains that don't seem to have a cause
- Expressions of poor self-worth

Depressed adults typically complain of changes in mood or attitude. Older adults often report vague aches and pains, or may be confused and restless.

Causes of Depression

Doctors do not know the cause of depression. There is a theory that some people inherit a tendency to have an imbalance in the brain chemicals that control mood. Major losses or disappointments can bring on this imbalance, leading to clinical depression.

Doctors do know that depression is not a sign of personal weakness or something that can be willed or wished away. People suffering from depression cannot just “snap out of it” and get better. It's important to remember that depression is no one's fault.

Treatment Is Available

The most common treatments for depression are:

- **Psychotherapy.** This involves talking with a mental health professional about ways to better cope with changes in your life. Research has shown that psychotherapy is effective for depression and that most people see progress in a timely manner.
- **Antidepressant medication.** Medicines can help correct an imbalance in the brain chemicals that affect a person's mood. Most medicines can be used safely but should be prescribed by an experienced doctor who knows how it might affect other medicines you are taking. Be sure to tell your doctors about all of your medical conditions and all of your current medications. Most people will see signs of relief after several weeks.
- **A combination of the two.** This approach combines “talk therapy” with antidepressant medication and can be more effective for some people than either medicine or psychotherapy alone.

Other treatments are available and can be described by your health care provider.

Note: Recently, parents have been concerned about “black box” warnings and the risk of some of these medications causing suicidal behavior. The American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry have urged families to understand that antidepressants are important medications that can help save lives and relieve the distressing symptoms of depression. Families should be well-informed

Feeling blue from time to time is normal. Usually, times of sadness pass and treatment is not needed. Depression is more than feeling blue; it is a serious medical condition that can affect your mood and thinking. It can also affect how you feel about yourself, your relationships and your daily routine. For some people, depression can even lead to suicide.

about side effects and watch for warning signs, particularly in the early period, after any of these medications are prescribed and at times of dosage changes. Families should discuss any concerns with the treating physician.

Can Depression Affect other Family Members?

Research has shown that depression can run in families. Children are more likely to become depressed when either parent is depressed. The risk is greatest when the parent first became depressed early in life or has had many episodes of depression.

Misconceptions about depression are common. Depressed parents sometimes feel that depression is a sign of weakness or that they are to blame for the way that they feel. Children often don't know why a parent is depressed and the child then believes that he or she did something wrong. These misconceptions add to the stress of dealing with this serious medical condition.

The good news is that depression can be handled when family members work together. Prevention studies have shown that families are helped when they have good information about depression and its care. Early screening of family members is a good way to tell if someone's depressed. Good care can often bring progress within weeks and help prevent the condition from coming back.

If a Family Member Is Depressed

1. **Share your concern.** Talk with the family member about any signs of depression, and offer to help them see a health care provider. Remember that children may not be able to show you or tell you their feelings.

2. **Make a list.** Write down your child's signs of depression. Be sure to include any questions about depression and its treatment. An adult family member with signs of depression may want to do this on their own or with your help.
3. **Talk with a health care provider.** Arrange a visit with your doctor or a mental health professional. Share your list of signs and questions about depression and its treatment. Review any medications you may be taking.
4. **Select the right treatment.** Ask your health care provider to describe the risks and benefits of all types of treatment. Also ask him or her to recommend the type of treatment that is most likely to help in your case.
5. **Learn more about depression.** Your provider or local mental health association can suggest reading materials on depression and advise you of local support groups. You can get information from the National Mental Health Association at 1-800-969-NMHA (6642) or <http://www.nmha.org>

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GETTING HELP

If you think you might be suffering from depression, call your health care provider or your program's toll-free number, 1-800-424-4018. *Get help right away if you are thinking of hurting yourself or others.*

Menopause is usually part of the woman's natural aging process. Although it is not a disease, it has symptoms that may or may not change the quality of your life. Menopause is the permanent cessation of menstruation resulting from a loss of ovarian follicular activity.¹ The average age for menopause is about 51 years old. However, there is a wide variation among women as to when this may begin. Besides being an inevitable part of the aging process, menopause occurs after the destruction or removal of both ovaries. Destruction of the ovaries may be the result of chemotherapy or radiation therapy. Sometimes the ovarian function can be compromised due to other diseases. Entry into menopause by an interventional method is more abrupt and some of the symptoms may be more severe, but essentially the woman will experience the same type symptoms.

Menopause

What women need to know about menopause and how to live with it

The inability to ovulate regularly does not happen overnight. Prior to the complete cessation of the menses, a woman may notice that the cycles become less regular and more infrequent. This period is referred to as perimenopause. During this period, a woman may experience some of the same symptoms as women in menopause.

Symptoms of Menopause:

- hot flushes (flashes)
- night sweats
- vaginal dryness
- vaginal pruritis
- difficulty urinating
- painful intercourse
- sleep disorders
- mood swings
- depression
- memory problems
- osteoporosis

Just as every girl's puberty is unique, so are the symptoms of menopause unique to each woman. A woman may experience some or all of the listed symptoms in varying degrees of intensity. Eventually most symptoms resolve over time. The symptoms last about 2–10 years, with an average of five years. Most symptoms go away with time except for vaginal dryness.²

Treatment must be tailored to the woman's symptoms, health history and family history. A very common treatment for the vasomotor symptoms and the genitourinary symptoms has been hormone replacement therapy (HRT)—oral or creams—which is either estrogen for women without a uterus or estrogen and progesterone for women with an intact uterus. Additionally, HRT helps reduce the risk of osteoporosis.³ Recent studies⁴ found that HRT might pose a threat

to some women especially with certain risk factors such as a family or personal history of stroke, heart attack, blood clots, breast or endometrial cancer. There are other types of drugs available for women who cannot take or prefer not to take hormone replacement therapy or for those whose primary symptoms include mood swings, depression or sleep disorders. Some women prefer not to receive any pharmacological treatments.

Your CHAMPVA healthcare benefits allow for cost share of any medically necessary, appropriate prescription drug ordered by an authorized provider. Over the counter or naturopathic preparations or remedies even if proven to be of benefit are not covered. Office visits and diagnostic testing by an authorized provider are cost shared. When you visit an authorized provider regarding menopause, discuss all your symptoms and your personal and family health history.

The table below compares the hormonal cycles of the reproductive period to those of the menopausal period.

Ovulating Woman	Menopausal Woman
Low levels of estrogen stimulate the hypothalamus in the brain to release gonadotropin releasing hormone (GnRH). This hormone stimulates the pituitary gland in the brain to release follicle stimulating hormone (FSH) and lutenizing hormone (LH). This is day one of the woman's period.	Low levels of estrogen & progesterone stimulate the hypothalamus in the brain to release gonadotropin releasing hormone (GnRH). This hormone stimulates the pituitary gland in the brain to release follicle stimulating hormone (FSH) and lutenizing hormone (LH). There is no menses.
The FSH acts on many follicles in the ovary to help those follicles grow. A follicle contains granular cells that surround an egg. As the follicle develops, estrogen begins to be produced.	The ovary does not have enough follicles to produce estrogen. FSH & LH are still being produced by the pituitary gland.
At about 14 days, there is a surge in LH, which stimulates the release of the egg. Many follicles grow but usually only one grows to produce the release of one egg from the ovary. When the LH hormone peaks, the egg, which is inside the follicle, erupts from the ovary. The follicle from which the egg erupted becomes the corpus luteum	There is no mature follicle, no ovulation, no estrogen, no corpus luteum and no progesterone
The corpus luteum produces estrogen and progesterone but only for 7–14 days unless the egg becomes fertilized and implants in the uterus. If pregnancy does not happen, the corpus luteum degenerates resulting in a decline in estrogen and progesterone and resulting in a monthly period or menses.	Without a released egg and corpus luteum, there is no ability to become pregnant. FSH & LH are still being produced
The lack of estrogen and progesterone stimulate the hypothalamus to produce GnRH and the cycle starts all over.	

1. Teede, H.J., Vincent, A. (2011). Hormone therapy – where are we now? *Australian Family Physician*, 40 (5), 280-285.
2. National Institute on Aging. (2009). *Hormones and Menopause*. Retrieved from <http://www.nia.nih.gov/HealthInformation/Publications/hormones.htm>
3. Ciotti, M., King, R. (2002). Menopause. In Havens, C S., Sullivan, N. D. (Eds), *Manual of Outpatient Gynecology*, (4th ed.) Lippincott Williams & Wilkins.
4. National Institute on Aging. (2009). *Hormones and Menopause*. Retrieved from <http://www.nia.nih.gov/HealthInformation/Publications/hormones.htm>

Care & Treatment of AGING SKIN

Your skin changes as you age. You might notice wrinkles, age spots and dryness. Skin becomes thinner and loses fat, making it less plump and smooth. It may take longer to heal, too.

Sunlight is a major cause of skin aging. You can protect yourself by staying out of the sun when it is strongest, using sunscreen with an SPF of 15 or higher, wearing protective clothing and avoiding sunlamps and tanning beds. Cigarette smoking also contributes to wrinkles. The wrinkling increases with the amount of cigarettes and number of years a person has smoked.

Many products claim to revitalize aging skin or reduce wrinkles, but the Food and Drug Administration has approved only a few for sun-damaged or aging skin. Various treatments soothe dry skin and reduce the appearance of age spots.

According to the U.S. National Institutes of Health, National Institute on Aging, many older people suffer from dry skin, often on their lower legs, elbows, and lower arms. Dry skin feels rough and scaly. There are many possible reasons for dry skin, such as:

- Not drinking enough liquids
- Staying out in the sun
- Being in very dry air
- Smoking
- Feeling stress
- Losing sweat and oil glands (common with age)

Dry skin also can be caused by health problems, such as diabetes or kidney disease. Using too much soap, antiperspirant, or perfume and taking hot baths will make dry skin worse.

Because older people have thinner skin, scratching can cause bleeding that may lead to infection. Some medicines make the skin itchier. If your skin is very dry and itchy, see your doctor.

Moisturizers like lotions, creams, or ointments can soothe dry, itchy skin. They should be used every day. Try taking fewer baths and using milder soap to help your dry skin. Warm water is less drying than hot water. Don't add bath oil to your water — it will make the tub too slippery. Some people find that a humidifier (an appliance that adds moisture to a room) helps.

Age spots, once called "liver spots," are flat, brown spots often caused by years in the sun. They are bigger than freckles, and many times show up on areas like the face, hands, arms, back and feet. Age spots are harmless, but if they bother you, talk to a dermatologist about removing them. Also, a sunscreen or sun block may prevent more sun damage.

Skin tags are small, usually flesh-colored growths of skin that have a raised surface. They are a common occurrence as people age, especially for women. They are most often found on the eyelids, neck and body folds such as the arm pit, chest, and groin. Skin tags are harmless, but they can become irritated. A doctor can remove them if they bother you.

Your skin may change with age. There are things you can do to help. Check your skin often, including your hair and nails. If you find any changes that worry you, see your doctor.

Sources: U.S. National Institutes of Health, National Institute on Aging, American Academy of Dermatology

SUN SAFETY TIPS

Some sun can be good for you, but to keep your skin healthy, be careful.

LIMIT TIME IN THE SUN

Try to stay out of the sun between 10 a.m. and 4 p.m. This is when the sun's rays are strongest. Don't be fooled by cloudy skies. The sun's rays can go through clouds. You can also get sunburned if you are in water, so be careful when you are in a pool, lake, or the ocean.

USE SUNSCREEN

Look for sunscreen with an SPF (sun protection factor) number of 15 or higher. It's best to choose sunscreens with "broad spectrum" on the label. Put the sunscreen on 15–30 minutes before you go outside. Sunscreen should be reapplied about every two hours. You need to put sunscreen on more often if you are swimming, sweating, or rubbing your skin with a towel.

WEAR PROTECTIVE CLOTHING

A hat with a wide brim can shade your neck, ears, eyes, and head. Look for sunglasses that block 99 to 100 percent of the sun's rays. If you have to be in the sun, wear loose, lightweight, long-sleeved shirts and long pants or long skirts.

AVOID TANNING

Don't use sunlamps or tanning beds. Tanning pills are not approved by the FDA and might not be safe.

OSTEOPOROSIS and its Risk Factors

Osteoporosis, literally translated, means porous bones and is the thinning of bone tissue and loss of bone density over time. The porous effect on bones is caused by many factors including: age, gender, certain medications, family history, race, tobacco or alcohol consumption, a thyroid condition, and diseases such as Chron's and Celiac.

People of European or Asian ancestry have a higher incidence of this disease. Women are diagnosed more frequently than men. Researchers estimate that about one out of five American women over the age of 50 have osteoporosis. About half of all women over the age of 50 will have a fracture of the hip, wrist, or vertebra.

Osteoporosis is a silent disease. You may not know you have it until you break a bone.

But a change in lifestyle can counter the risks to your bone health. Taking calcium, Vitamin D and getting more exercise help in reducing the risks of osteoporosis. Walking, running, dancing and weight lifting are some of the exercises beneficial to bone health. Eating foods high in calcium or protein, such as leafy greens, sardines (with the bones) and low-fat yogurt, can also help. If these positive factors are not enough to keep your bones from becoming weak and brittle, there are medications your doctor can give you to prevent bone loss.

If you do not have any of the risk factors, it is recommended at age 65 to be tested for bone density, which is a simple test in your doctor's office to determine if you have osteoporosis. If you have risk factors you will want to be tested earlier than age 65.

MEDICATIONS THAT CAN CAUSE OSTEOPOROSIS

Asthma & Rheumatoid

Arthritis medications:

- Prednisone
- Cortisone
- Prednisolone
- Dexamethasone

Depression medication:

- Serotonin reuptake inhibitors (SSRIs)

Digestion medications:

- Proton Pump Inhibitors
- Aluminum-containing antacids

Cancer medications:

- Aromatase Inhibitors
- Methotrexate

SURVIVORS of Disaster

1 What psychological problems result from disaster experiences?

Most child and adult survivors experience normal stress reactions for several days, such as:

- Emotional reactions that include temporary feelings of shock, fear, grief, anger, resentment, guilt, shame, hopelessness, and emotional numbness, all of which can lead to a difficulty in feeling love and intimacy, or in taking interest and pleasure in day-to-day activities
- Cognitive reactions, including disorientation, indecisiveness, worry, shortened attention span, memory loss and unwanted memories
- Physical reactions including tension, fatigue, edginess, difficulty sleeping, bodily aches or pains, being startled easily, racing heartbeat, nausea, change in appetite and a change in sex drive

Most disaster survivors experience mild, normal stress reactions. As many as one in three disaster survivors experience some or all of the following severe stress symptoms, which may lead to lasting post-traumatic stress disorder (PTSD), anxiety disorders or depression:

- **Dissociation:** a feeling completely unreal or outside yourself, like in a dream; having “blank” periods of time you cannot remember
- **Intrusive re-experiencing:** terrifying memories, nightmares, or flashbacks
- **Extreme emotional numbing:** completely unable to feel emotion, as if utterly empty
- **Hyperarousal:** includes panic attacks, rage, extreme irritability, intense agitation
- Severe anxiety
- Severe depression

Every year, millions of Americans are affected by unexpected tragedies and natural disasters, which can create behavioral and readjustment problems for survivors. This fact sheet considers three questions often asked by survivors.

2 What factors increase the risk of lasting readjustment problems?

Survivors are at greatest risk for severe stress symptoms if any of the following are either directly experienced or witnessed during or after a disaster:

- Life-threatening danger or physical harm, especially to children
- Exposure to gruesome death, bodily injury or dead bodies
- Extreme environmental or human violence or destruction
- Loss of home, valued possessions, neighborhood or community
- Intense emotional demands, such as those faced by rescue personnel or caregivers
- Extreme fatigue, weather exposure, hunger or sleep deprivation
- Extended exposure to danger, loss, emotional/physical strain
- Exposure to toxic contamination

Studies also show that some individuals have a higher than typical risk for severe stress symptoms and lasting PTSD, including those with a history of:

- Chronic medical illness or psychological disorders

REMEMBER: EACH DAY IS A NEW OPPORTUNITY TO FILL-UP

- **Focus Inwardly** on what’s most important to you and your family today.
- **Look and Listen** to learn what you and your significant others are experiencing, so you’ll remember what is important and let go of what’s not.
- **Understand Personally** what these experiences mean to you as a part of your life, so that you will feel able to go on with your life and even grow personally.

- Exposure to other traumas, such as severe accidents, abuse, assault, combat, rescue work
- Chronic poverty, homelessness, unemployment, or discrimination
- Recent or subsequent major life stressors or emotional strain, such as single parenting

Disaster stress may revive memories of prior trauma, as well as possibly intensifying pre-existing social, economic, spiritual, psychological or medical problems.

3 What can disaster survivors do to reduce the risk of negative psychological consequences and to best recover from disaster stress?

Scientific studies are just beginning to be conducted to answer this question. Taking every day one-at-a-time is essential in disaster’s wake. Observations by disaster mental health specialists who assist survivors in the wake of a disaster suggest that the following steps help to reduce stress symptoms and to promote post-disaster readjustment:

- **Protect:** Find a safe haven that provides shelter, food and liquids, sanitation, privacy, and chances to sit quietly, relax, and sleep at least briefly

- **Direct:** Begin setting immediate personal and family priorities to enable you and your significant others to preserve or regain a sense of hope, purpose and self-esteem
- **Connect:** Maintain or re-establish communication with family, peers and counselors to talk about your experiences—take any chance to “tell your story,” and to be a listener to others as they tell theirs, so you can release the stress a little bit at a time in disaster’s wake
- **Select:** Identify key resources such as the Federal Emergency Management Agency (FEMA), the Red Cross, the Salvation Army, or local and state health departments for clean-up, housing, and basic emergency assistance

Mental Health Resources Are Available

The CHAMPVA Health Care Benefits program covers mental health treatment that is medically and psychologically necessary. Coverage of these benefits can be found at <http://www.va.gov/hac/forbeneficiaries/champva/policymanual> or, if authorization of mental health services is needed, call Magellan at 1-800-424-4018.

Editor’s note: This information was edited from a Magellan Health Services fact sheet.



FOR YOUR information

DURABLE MEDICAL EQUIPMENT & CHAMPVA

In the past, CHAMPVA beneficiaries were able to obtain durable medical equipment (DME), such as wheel chairs or hospital beds, at no cost to them through the Minneapolis VA Medical Center (VAMC). Unfortunately, the Minneapolis VAMC will no longer be able to purchase DME for CHAMPVA beneficiaries.

However, the equipment can still be obtained through a private provider but the beneficiary may have a cost share to pay.

In addition, if you have other health insurance (OHI), including Medicare, you are required to follow the rules and regulations of the OHI. This includes obtaining DME within the OHI's network of providers. If an OHI denies a claim because the provider is outside of their network, CHAMPVA will also deny the claim.

Finally, if the purchase price for the DME is more than \$2,000, preauthorization will be required. To obtain preauthorization, your health care provider will need to contact our Preauthorization Unit by phone, toll-free, at 1(888) 820-1756.

One way to make this transition easier is to ask your provider for a referral of local DME suppliers in your area. As always, if you have any questions about CHAMPVA, you can contact our Customer Service Center by phone, toll-free, at 1(800) 733-8387 or visit our website at <http://www.va.gov/hac>

NEW FDA WEBSITE FOR SAFE DISPOSAL OF NEEDLES

The U.S. Food and Drug Administration launched a new website for patients and Caregivers on the safe disposal of needles and other so-called “sharps” that are used at home, at work and while traveling.

The website, <http://www.fda.gov/MedicalDevices/default.htm>, will help people understand the public health risks created by improperly disposing of used sharps and how users should safely dispose of them.

“Sharps” is a term for medical devices with sharp points or edges that can puncture or cut the skin. Such medical devices include hypodermic needles and syringes used to administer medication; lancets or fingerstick devices to collect blood for testing; needle and tubing systems for infusing intravenous and subcutaneous medicines; and connection needles used for home hemodialysis.

After being used, many sharps end up in home and public trash cans or flushed down toilets. This kind of improper disposal puts people, such as sanitation workers, sewage treatment workers, janitors, housekeepers, family members and children at risk for needle stick injuries or infection.

With more diseases and conditions such as diabetes, cancer, allergies, arthritis and HIV being managed outside of hospitals and doctors' offices, the number of sharps used in homes and work offices is increasing. In addition, pets are being treated in homes and livestock are being treated on farms, which are also contributing to the increased number of sharps outside of veterinary hospitals.

The Environmental Protection Agency estimates that more than 3 billion needles, and other sharps, are used in homes in the United States each year.

YOUR DOCTOR WILL SEND US YOUR CLAIM

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? It is a common practice for physicians 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 a doctor, be sure to show them your CHAMPVA card. It is important that you give your doctor all of your health insurance cards so 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 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:

- When a doctor sends us your claim, they accept our 75 percent allowable amount as payment in full. This also means they cannot bill you for the difference above your cost share of 25 percent.
- The doctor has access to the codes that need to match the service provided. Why not leave the work to the specialists?
- The doctor generally knows what is needed to process your claim—the specific forms used for outpatient (CMS-1500) or inpatient (UB-04) services, and other health insurance explanations of benefits (EOBs).
- 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.
- Having your doctor submit your claim can help you avoid any out-of-pocket expenses up front—or at all if you have other health insurance.

ADDRESS CHANGES

Have you ever wondered why you have not received your CHAMPVA ID card, Meds-by-Mail medications and reimbursements for out-of-pocket expenses from Purchased Care at the Health Administration Center (PC@HAC)? Has your health care provider asked you to pay your bill because they have yet to receive payment? These questions can be avoided if we have your current address and phone number on file.

In 2011, PC@HAC received more than 150,000 pieces of returned mail, creating an expensive problem that needs your attention. There is a simple solution that could reduce the amount of returned mail received at the Center and save taxpayers' money. The *Change of Address Kit* provided by the U.S. Postal Service has helpful information about who to contact when moving to a new address. You can fill out a card from the kit but you will have to add your Social Security number on the card. To protect your identity, place the card in an envelope and mail it to PC@HAC.

You can also write a letter with the following information: (1) your name and the names of other beneficiaries residing at this address, (2) the Social Security numbers of each beneficiary, (3) the old address, (4) the new address, (5) your phone number, and (6) your signature authorizing the address change. We ask for the names of all beneficiaries and sponsors residing at the same address because we can only update the address for the one who is writing the letter.

By keeping your current address on file with CHAMPVA, it will help reduce the amount of returned mail received at PC@HAC. It could also help speed up the processing time and get payments to your health care provider and you promptly.



PROTECTING YOUR IDENTITY

Meds by Mail (MbM) has become aware of recent phone solicitations by an unknown person seeking personal information. Please know that neither MbM nor the Department of Veterans Affairs would ever call and ask for credit card numbers or banking information of any kind. If you do receive such a call requesting this kind of information, hang up immediately and notify your MbM servicing center.

Meds by Mail takes your privacy very seriously and wants to help protect you from identity theft. Remember that MbM would never contact you to obtain your banking information. We will contact you to verify who you are, if we are unable to identify you. To better protect your private health and personal information, MbM will no longer accept or respond to e-mail inquiries. Identity theft can occur when computer systems are hacked and e-mails are stolen.

This is why it is very important for you to completely fill out an MbM order form when sending in new prescriptions. (See the MbM order form on pages 21-22 of this magazine.) MbM order forms can be requested by visiting our website, at <http://www.va.gov/hac/forms/forms.asp> or by calling 1-800-733-8387 and selecting the self-service option to request the form be mailed to you.

The fastest and safest way to order prescription refills is to call our automated refill line at 1-888-370-1699. Your MbM Servicing Center is happy to answer any questions you might have regarding your prescriptions via telephone or mail.

MbM East in Dublin, Ga: 1-866-229-7389
MbM West in Cheyenne, Wyo.: 1-888-385-0235

TIPS TO HELP PROTECT YOURSELF FROM IDENTITY THEFT:

Shred Documents: Shred any mail or documents containing your personal information.

Watch the Mail: Pay attention to bills or checks you receive in the mail. If you've waited a week beyond the normal arrival date, there might be reason for concern.

Consider a Post Office Box: When you receive your mail at a PO Box, thieves are less likely to gain access to your mail.

Carry Only the Essentials in Your Purse or Wallet: Leave credit cards or checks that you will not be using at home in a safe place. Don't carry your Social Security card unless you need it.

Opt Out of Credit Card Offers: Stopping credit card offers from being delivered helps to protect your identity. You can call 1-888-5-OPTOUT (1-888-567-8688) to stop preapproved credit offers from arriving in your mailbox.

Review Your Credit Report Yearly: Obtain a copy of your credit report yearly and check for any discrepancies.

Create Strong Passwords: Passwords containing numbers, upper- and lowercase letters and special symbols that are at least eight characters long are best. Remember not to use something familiar that would be easy for anyone to guess.

Healthcare fraud experts estimate that on average 10 percent of health care spending is lost to fraud, waste or abuse. Did you know Purchased Care at the Health Administration Center has a team dedicated to safeguarding your benefits, and eliminating improper payments? Veterans and beneficiaries are an integral part in reducing unnecessary payments. Please continue to scrutinize your Explanation of Benefits to identify and report all unusual payments or services to our Program Integrity office at the following address and/or fax number:

Purchased Care at the Health
Administration Center
ATTN: Program Integrity
PO Box 461307
Denver, Colorado 80246
Fax: 1-303-398-5295

CHAMPVA FAQ Payment in Full

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 Can a provider bill me for charges above what CHAMPVA pays?

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.

Public Law 111-163, effective May 5, 2010, 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.

Q What is my share of the costs?

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, you are responsible for the remaining 25 percent 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 <http://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.

Blue, continued from page 9

Care Is Available for Children with Depression

Antidepressant medicine and psychotherapy that is specially designed for children are also used to treat childhood depression. Your child's health care provider should tell you the benefits and risks of all types of care so that you can make a good choice.

Getting Help

If you think that you might be suffering from depression, call your health care provider or your program's toll-free number. **Get help right away if you are thinking of hurting yourself or others.**

Resources Are Available

CHAMPVA benefit information is available online at <http://www.va.gov/hac/forbeneficiaries/champva/policymanual/index.asp>. If needed, call Magellan Behavioral Health Services at 1-800-424-4018 for assistance with authorization for mental health care.

Editor's Note: This information was edited from a Magellan Health Services fact sheet. Purchased Care at the Health Administration Center inserted information specific for CHAMPVA beneficiaries.

CUT ALONG DOTTED LINE



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

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.		
Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____ Date: _____	
Is this a permanent change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a temporary change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If temporary, what date does the address end (mm-dd-yyyy)? _____		
Medication Allergies		Health Conditions
<input type="checkbox"/> None	<input type="checkbox"/> Morphine	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Ampicillin	<input type="checkbox"/> NSAIDS	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Seasonal Allergies
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Asthma
<input type="checkbox"/> Codeine	<input type="checkbox"/> Tetracycline	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Other (specify) _____	<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



New and Enhanced Services

FOR CAREGIVERS OF SERIOUSLY ILL AND INJURED VETERANS



The Department of Veterans Affairs (VA) is well along in administering a new program for the family Caregivers of seriously ill and injured post-9/11 Veterans. More than 2,350 people have been approved as a Primary Family Caregiver and are receiving benefits, including 573 Caregivers who have been determined eligible for health care services from the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

In addition to the new benefits and services for eligible Veterans who have been disabled in the line of duty since Sept. 11, 2001, VA also provides 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. The support line, 1-855-260-3274, is in operation Monday through Friday from 8 a.m. to 11 p.m., Eastern Time, and Saturdays from 10:30 a.m. to 6 p.m., Eastern Time
- An enhanced website for Caregivers
- Expanded education and training on caring for Veterans at home
- Other support services, such as counseling, support groups and referral services

Some of the 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
- Respite care
- Mental health services and counseling
- Travel expenses, including lodging and per diem while accompanying Veterans undergoing care

The law required detailed regulations for determining eligibility, designating and approving Caregivers and providing stipends and health care coverage to Primary Family Caregivers.

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 new Caregiver Support Web page, <http://www.caregiver.va.gov>, which provides general information about the program.





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PO Box 469060
Denver CO 80246-9060

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RETURN SERVICE REQUESTED

CHANGE OF ADDRESS?

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 contact Purchased Care at the Health Administration Center and give us your new contact information.

Mail: CHAMPVA
PO Box 469028
Denver CO 80246-9028

Phone: 1-800-733-8387

E-mail: hac.inq@va.gov

Tell Us Your Story



Purchased Care at the Health Administration Center would like to share your service-related stories with our employees. Realizing the importance of better understanding the people we serve—those who benefit from the CHAMPVA program—we want to honor the people who have served our country and otherwise sacrificed to ensure our continued freedom. The stories will be printed in our internal newsletter. If you are a Veteran, tell us about your experiences, including your name/branch/units/duty stations in which you served. 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 your stories. Photos will be copied and originals returned to you, if a return address is provided.

Send your stories to:

Purchased Care at the Health Administration Center
ATTN: COM Department, Editor
PO Box 469060
Denver CO 80246-9060