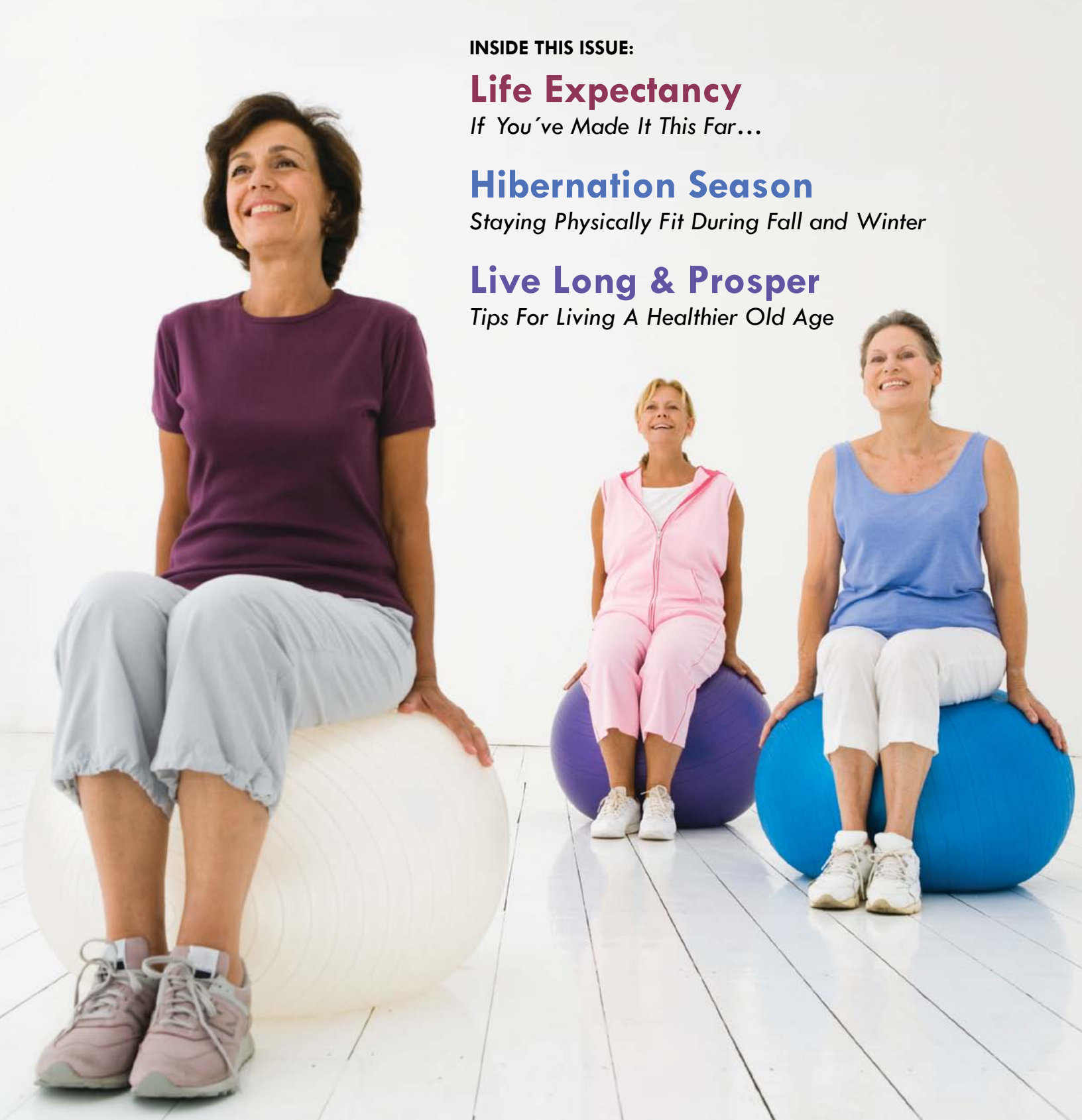
The Magazine for Department of Veterans Affairs CHAMPVA Beneficiaries • Volume 7, Number 1

YOUR HEALTH



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YOUR HEALTH

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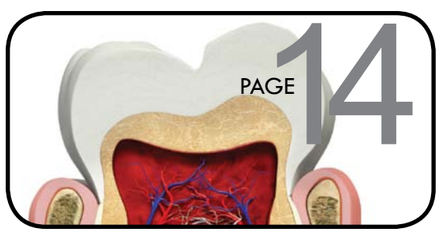

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On the Cover

Exercise and proper nutrition are the best ways to maintain our health as we age, thus helping to ensure that we live to a "ripe old age." We have all read stories about those who say they lived to a very old age by having a shot of whiskey every day, or smoking a cigar daily, but it's really all about balance. You may be able to get away with a few "vices" if you live an otherwise healthy life. See our story on page 8. And living long has a very special benefit: Life expectancy tables suggest that the longer you've lived, the better your chances that you'll live even longer. See our story on page 4 about life expectancy.

Cover photo supplied by Jupiterimages/Pixland/Thinkstock

MOVING? Send Your Change Of Address

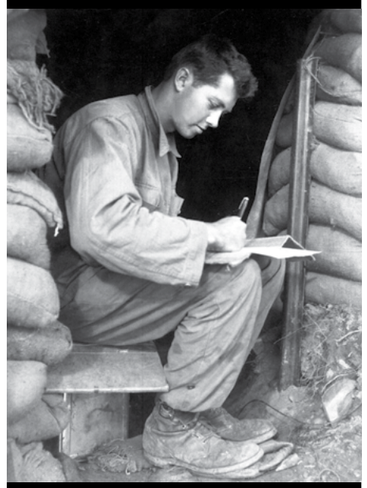
We want to keep you informed with up-to-date information that could impact your CHAMPVA benefits or your health. If you are planning to move or have recently changed your address, please contact Purchased Care at the Health Administration Center and give us your new address.

Mail: CHAMPVA, PO Box 469060, Denver CO 80246-9060

Phone: 1-800-733-8387

E-mail: Follow the instructions at **http://www.va.gov/hac/contact** for the Inquiry Routing & Information System (IRIS)

Tell Us Your Story



Purchased Care at the Health Administration Center (PC@HAC), which administers CHAMPVA, would like to share your service-related stories with our employees. 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 and 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

Life Expectancy

If You've Made It This Far…

One of the interesting things in looking at Life Expectancy tables is realizing that the longer you've lived, the better your chances that you'll live longer. There is a healthy survivor effect that says if you've made it past childhood injuries, freak accidents and deadly diseases, you are apt to continue to be so lucky. In the accompanying graph, you'll notice that in 1900, American men could expect to live to age 48, with women living sometimes a year or two longer.

However, a funny thing happened when you looked at your expected years left when you reached age 65. In 1900, if men and women lived to be this "ripe old age" (which was 17 years longer than expected already) you actually could expect another 12 years! And if you did live to be 85, you could expect another 4 years, to 89.

> Although better public health and modern medicine are still increasing life spans, these advances are not "silver bullets."

Forty years later, by 1940, the expected lifespan at birth for men and women had increased by 14 years to about 63. This jump was due mostly to widespread sanitation improvements. People were often dying of dysentery from unclean water and poor sewage systems.

Penicillin was discovered in 1928 by Alexander Fleming but was not mass produced until 1945, and not made available for civilians until after World War II. This could help explain the 4.5 year jump—the largest in any single decade—in life expectancy between 1940 and 1950 for people born in those years. Antibiotics were coming into use and saving many lives. By 2009, the most recent statistic on this chart, a newborn could expect to live about 15 years longer than in 1940, to about 78 years.

But there is still the "tough old bird" advantage. In 2009, if you lived to 65 (which is 13 years less than the 78.5-year span expected at birth), you still could expect another 19 years. And hitting the age of 85 foretold another 6.7 years, to almost age 92.

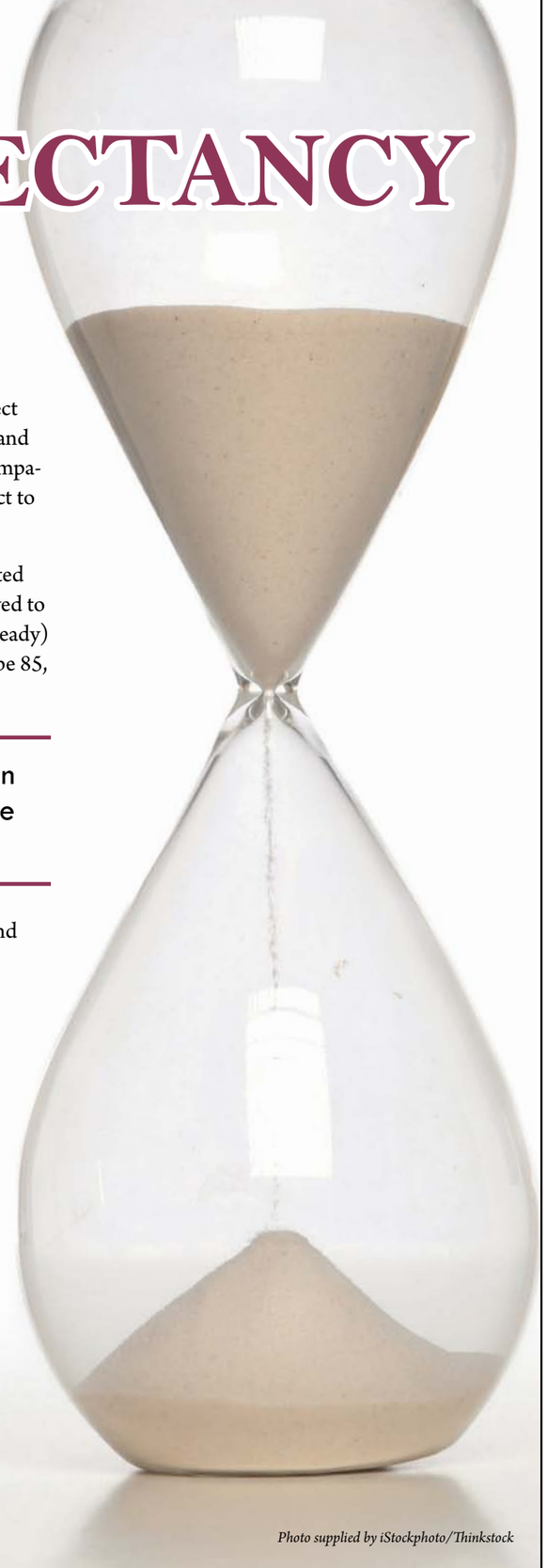


Photo supplied by iStockphoto/Thinkstock

So there is an advantage to staying alive long enough to "earn" more years. The advantage, however, has not been much—four more years after 85 in 1900 and about seven more in 2009. This suggests that the biggest gains came from cleanliness and good genes rather than from advances in medicine. Although better public health and modern medicine are still increasing life spans, these advances are not "silver bullets." Americans may have begun to rely too much on medical advances rather than on staying healthy under their own power as much as possible.

This statement could be supported by the fact that despite having top-notch care in the U.S., our life spans are shorter than in many other countries. As of 2010, Japan's life expectancy was 82.6 years (about four years more than in the U.S.), with Hong Kong, Switzerland and Israel close behind. Iceland, Australia and Singapore were in the 81-plus range, and Spain, Sweden, Macau, France, Canada, Italy, UK, New Zealand and Norway all came in over 80. Another 21 countries were ahead of us, making the U.S. 37th on the list.

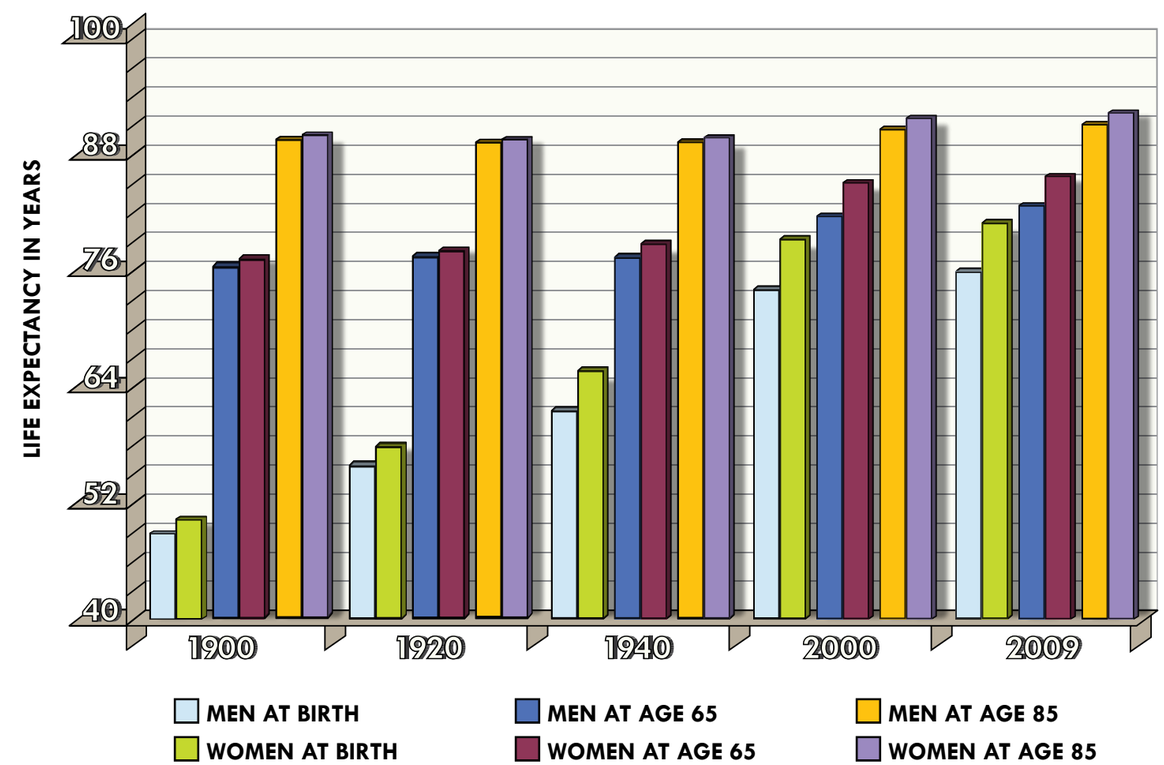
Is there a theoretical maximum for human life expectancy? Current estimates suggest this may be somewhere near 125 years, but this is still debatable. We know that the oldest documented person lived to be more than 122 years. She lived in France—and the oldest man, an American, had a shorter span of over 115 years.

One of the possible arguments for a finite lifespan is the Hayflick Limit, which was postulated in 1961 by American researchers. They found that human cells can divide only about 40–60 times in culture dishes because the "telomeres" at the ends of the DNA strands are clipped off after each division. When these are gone, no more divisions can happen and the cell slowly dies.

Continued on page 23

AMERICANS' LIFE EXPECTANCY IS INCREASING

This graphic illustrates life expectancy at birth, at age 65 and at age 85, for men and women in selected decades.



Healthy Habits

9 tips for healthier kids

Kids learn healthy (or unhealthy) habits from their parents. Try these tips to lead the way:

1. Make family exercise a regular event. Set a good example by being active together. Just 20 to 30 minutes a day on most days of the week can make all the difference. Good family-fun options include playing ball or Frisbee, cycling and rollerblading.
2. Focus special events on physical activity, too. Plan vacations and parties with opportunities to swim, ski, take walking tours or rock-climb.
3. Limit their screen time. Many pediatricians recommend a two-hour daily maximum for TV, computer and video games. More screen time has been linked to less activity.
4. Make mealtime a family event. It's not always possible given the demands of daily life, but even if it's just one day a week, have a nutritious sit-down meal together.
5. Cook with your kids. Research has linked eating out to being overweight.
6. Avoid keeping sugar-filled snacks around the house. If you buy them, you'll eat them.
7. Skip sugar-filled beverages, too. Researchers found that kids can cut 235 excess calories a day just by choosing water instead of sugar-sweetened drinks.
8. Stock healthy snacks instead, including less-messy fruits (bananas, apples, grapes) and vegetables (baby carrots), as well as whole grains (tortilla chips, whole-grain crackers) and protein (nuts, cheese, hummus).
9. Read the labels when shopping. Avoid foods with too much sodium or hydrogenated oils. And don't ignore the "Serving Size;" many product labels have unrealistically small serving sizes, making them seem lower in calories than they are.

Reprinted from the Government Employees Health Association website, **http://www.geha.com**

All photos supplied by iStockphoto/Thinkstock

Healthy Talk

Use your children's food choices as teaching moments. Speak up when you see unhealthy eating habits. Direct children to healthier options or say, "You can have a little of that, but not too much." Talk to them about why an overly salty or heavily sugared snack is not the best choice.

You can also praise your children when they choose a healthy item like fruit or yogurt. Use comments like these:

"Great choice!"

"You're giving your body what it needs with that snack!"

"I like those, too."

With physical activity, try upbeat phrases like these to keep your child excited:

"You run so fast, I can hardly keep up!"

"You are building a strong, healthy heart!"

"Let's walk 10 more minutes to make us stronger."

Reprinted from the Weight-Control Information Network booklet "Helping Your Child," a service of the National Institute of Diabetes and Digestive and Kidney Diseases. Find the entire booklet at **http://win.niddk.nih.gov/publications/child.htm**

7 *small* steps to your ideal body weight

Maintaining a healthy weight can be a real battle for many people. Weight gain can occur so gradually that you don't even realize you're 20 pounds heavier until you see a photo of yourself. The kids are busy, your job is hectic, and you're worn out. You'd like to lose those 20 pounds but don't feel like you have the energy to do it. Simply put, life gets in the way.

If this sounds familiar, it's time to make some subtle changes to your daily life to make it easier to lose the extra weight and keep it off for good. Just don't stress yourself by demanding immediate results. Instead of aiming for quick weight loss, plan on losing weight the same way you gained it – gradually and over a period of time. The pounds will come off!

Follow these seven easy steps, and you'll lose weight before you know it.

1 Visualize yourself at your ideal body weight

The first thing you need to do is evaluate the way you see yourself. Do you focus on your flaws or weaknesses instead of your strengths? Do you like the person you see in the mirror?

If you have a poor body image, it's harder to picture yourself at your ideal weight. Visualization is a key component in both sports and life. Athletes use visualization techniques to help perfect their skills. You can use these same techniques in your everyday life.

Try to clearly imagine exactly how you look and how you feel at that weight. Do this every single day.

2 Cut portion sizes

We tend to eat more food than we need. Try eating 25 percent less at each meal and see how you feel. Chances are you won't be hungry, and you'll be cutting a significant number of calories out of your daily diet.

3 Eat real food

That means give up processed foods. If you can't pronounce an ingredient on the food label, don't eat it. Stick with lots of fresh fruits and vegetables, whole grains and lean proteins.

4 Keep track of your weight

This doesn't mean getting on the scale every day. In fact, if getting on the scale is terrifying for you, don't do it very often; but you need a starting point so you can track your weight loss. You may choose a tape measure or an old pair of jeans to measure your success. Once you start losing weight, you may look forward to stepping on the scale or zipping up those jeans.

6 Discover a form of exercise that you love

Whether it's kite-boarding, ballroom dancing or Zumba, get out and love what you're doing. If it requires you to move your body, it counts as exercise…even if it doesn't feel like exercise.

5 Walk daily

Aim for a minimum of 30 minutes a day. Many companies are starting to encourage "walking meetings" where important decisions are made while on the move! You may discover that you're super-creative while you're walking and talking at the same time!

7 Never diet again

There are so many diets out there that make promises they can't deliver. Instead, they leave you unfulfilled and craving food. If you simply eat the right foods (and not too much), cut back on the amount of sugar you eat, walk every day, visualize yourself at your target weight and find ways to enjoy getting fit, your body will find its ideal weight and stay there.

So be patient and get moving. Those pounds will drop off as easily as they showed up.

Source:
Government Employees Health Association website: **http://www.geha.com**

Calculate Your BMI

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. Calculate your BMI at **http://nhlbisupport.com/bmi**.

LIVE LONG & PROSPER

Tips for living a healthier old age

Most of us have a goal of living to a "ripe old age" to enjoy retirement, perhaps travel, and have fun with grandchildren. The understood part of this wish is that we are healthy and able to participate in the things we love. Few of us hope to spend our last years in a nursing home.

This is an "age-old" (pun intended) question — how to "live long and prosper." Notwithstanding advances in medical science that may occur, much of this game plan is up to us. We are drawn to advice from the very old (centenarians, and now "super centenarians," those over 110 years old). Some say they lived so long by having a shot of whiskey every day, or smoking a cigar daily. This is actually music to some ears, as they seem to fly in the face of all the public health "do-gooders" who advise against habits that generally are not going to promote longevity. But what these wise old folks are probably not saying is that they always walked to work, or ate vegetables from their garden, and rarely had more than one glass of alcohol a day.

It's all about balance. You may be able to get away with a few "vices" if you fill most of your life with healthy habits. But even those with exemplary lifestyles can still succumb to untimely deaths and, of course, your genetics play a role; it's possible that those who are fit and healthy also have longevity in their family history. Doctors do change preventive medicine advice depending on current research. For example, coffee: it has been good for you, bad for you, and now perhaps is in the good category again. Still, it makes sense to get behind winning ideas such as eating sensibly and staying active and, of course, avoiding any kind of substance abuse.

Humans have been pretty active since caveman days, right up to around 1900 when the "horseless carriage" began ever-increasing use. Labor-saving devices were invented, such as the washing machine. Washday Monday no longer necessarily involved hauling water, scrubbing on a washboard, and hanging out laundry.

> The very good news is increased fitness at middle age could reduce chronic diseases significantly by age 65 and older.

One recent study adds support to the reasonable idea that staying fit during midlife may delay chronic diseases, leaving the later years more vibrant. Nearly 19,000 people who exercised on treadmills at a well-known clinic were followed for 26 years. They were "self-selected" and not randomized – 79 percent were healthy, affluent white males – so this study may not apply to some ethnicities or socioeconomic classes. But the findings were clear. Those who achieved higher MET levels, (an acronym for metabolic equivalents, which are used to measure fitness), during their treadmill testing, had a lower incidence of eight common chronic diseases later in life, such as heart disease, diabetes, stroke and Alzheimer's.

Those men who were studied that fell into the lowest quarter of fitness (8.5 METS) had a rate of 28.2 chronic diseases per 100 person-years – that's one year in the life of 100 people, or 100 years in the life of one – compared to the most fit (14.1 METS), who had 15.6 cases of chronic disease per 100.

Photo supplied by Fuse/Thinkstock

For women, the numbers were even better, 20.1 versus 28.2 and 11.4 versus 15.6. The researchers did "control" for factors such as weight (body mass index), cholesterol and glucose levels, blood pressure, age, and alcohol and drug use. They did not record dietary data. The very good news is increased fitness at middle age could reduce chronic diseases significantly by age 65 and older. Every improvement by one MET reduced disease by 5–6 percent.

As a reference, sitting on the sofa equals about one MET. Strolling is about 2–3 METS. If you are the proverbial couch potato you might achieve only "moderate intensity activities," or 3–6 METS, while puffing away on a treadmill. Healthy, middle aged, but non-athletic people, may peak at 7–10, "vigorous intensity." Work out some and 9 METS may leave you winded but still going. Work out a lot and 9 becomes easier. Elite athlete or marathon runner? You might get over 20 METS. (These are approximate—measuring exact numbers requires specialized equipment, but many endurance machines in the gym can tell you about what MET level you are working.)

It is never too late to start! Another study looked at fitness, good social network, and healthy lifestyle behaviors. Swedish researchers studied over 1,800 adults over 75 years of age for 18 years. The study included everyone within a certain area of Stockholm. "Conclusion: Even after age 75, lifestyle behaviors such as physical activity and not smoking, are associated with longer survival. A low risk profile can add five years to women's lives and six years to men's. These associations, although attenuated, were also present among the oldest old (≥85 years) and in people with chronic conditions."

In conclusion, being fit is good, smoking is still bad for you, but having some alcohol daily—unless you cannot—seems to be OK. So, cheers! Go lace up those sneakers, put on dancing shoes or swim flippers (but not all at once), get active and stay healthy!

Sources:

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Rizzuto D, et al. (2012). Lifestyle, social factors, and survival after age 75: population-based study. *BMJ*. **DOI: 10.1136/bmj.e5568**

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CHOLESTEROL

WHAT IS IT–AND WHAT TO DO ABOUT IT?

Cholesterol is a waxy substance that is produced in the human body and is also found in animal products. Cells need cholesterol to function. Unfortunately, excess cholesterol builds up inside the arteries forming deposits (arteriosclerosis) that are a major cause of heart disease and stroke.

The higher your cholesterol level, the higher the risk. However, not all cholesterol is bad. Fat travels through your bloodstream attached to protein in a combination called a lipoprotein. Two lipoproteins are the main carriers of cholesterol: Low-density lipoprotein (LDL) and High-density lipoprotein (HDL).

Low-density lipoprotein is bad cholesterol. The fat attached to the LDL is not needed by the cell; it goes on the artery wall. This increases your risk of heart disease and stroke. High-density lipoprotein is good cholesterol. It removes excess cholesterol from the bloodstream and takes it to the liver. This decreases your risk of heart disease and stroke.

RISK FACTORS

- Overweight
- Inactive lifestyle
- High fat diet
- Low fiber diet
- Diabetes
- Cigarette/cigar smoking
- Family history of heart disease

PREVENTION

- Quit smoking
- Eat foods with reduced cholesterol
- Eat less total fat
- Eat more soluble fiber (fruit, beans, peas, whole-grain products)
- Eat more baked/broiled fish
- Restrict use of salt
- Get regular aerobic exercise, if medically approved
- Lose weight if you are overweight

HIBERNATION SEASON

Staying Physically Fit During Fall and Winter

Many of us tend to become less active during the fall and winter. It is cold outside, it gets darker earlier, we prefer to stay warm and limit our activities to indoor things. Consciously or unconsciously, we tend to do fewer outdoor activities and we tend to become less active.

For many of us, our physical activities are substituted by other activities, such as watching television, sitting at a computer, reading, and/or playing video games. While this is great for the thumbs, it does little for our heart, muscles, blood pressure and mental well-being.

If you prefer less strenuous activities, you do not need to eliminate physical activities entirely. Every little bit helps. The more you do, the more fit you will become. When spring rolls around, you will be in better shape to enjoy the great outdoors again.

Here are some great ideas while lying on the couch, watching television:

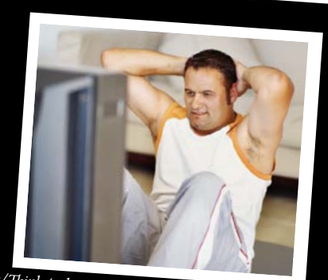
During every other commercial, do leg raises 30 times, sit-ups 10 times, weight lift 5–10 pounds by slowly bringing the weight over your head—then change the direction by bringing the weights out to the side. Create your own system of weights and alternate the exercises. You do not need to wait for a commercial; you can actually do these exercises while watching the show. Watch one of those exercise shows that demonstrates other exercises you can perform while in front of the television.

On the alternate commercials, get up and do an errand. Anything that gets you up and walking will help. If you have stairs, go up and down a few times during the commercial. At the very least, you should be walking, running, or moving for about five minutes every hour while awake. If you could watch television and pace back and forth, that would be great. For those who have a treadmill, put it in front of the television so you can watch and walk or run at the same time.

These same strategies will work if you play video games, talk endlessly on the telephone while sitting, work at a computer, read or any other leisure activity that distracts your mind from the day to day. For these activities, which do not come with commercials as a timer, you might want to invest in a timer that alerts you to the need to exercise and move about. Set the timer every 15 minutes.

Do not snack while sitting in front of the television or during some other focused activity. If you must snack, do it during the commercial in the kitchen. Besides limiting the snack time to about three minutes, allowing for less intake, it gets you off the couch. Remember to drink a few sips of water before and after the snack. Water helps to fill you up, remove any toxins from your body, remove food residue from your teeth, and water will eventually make you get up from the couch for a bathroom break. People who eat while distracted by another activity tend to eat more; you lose track of the volume of food ingested.

Set your mind to becoming as healthy as you can. As CHAMPVA beneficiaries, you have dealt with many obstacles and troubles. Do not let inactivity become problematic. Summon your resolve to stay physically fit even during the hibernating seasons of fall and winter.



All photos supplied by George Doyle/Stockbyte/Thinkstock

HYPOTHERMIA & FROSTBITE:

Preventable Cold Weather Injuries

Being prepared for cold weather will provide you with the tools you need to prevent cold weather injuries. Part of being prepared is to understand the different types of cold weather injuries, and how they can affect your body. And remember, cold weather can cause injuries to your limbs and can at times be life threatening.

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

Frostbite occurs when skin is exposed to cold environments. The blood vessels constrict which decreases blood flow and could cause the skin to freeze. Depending on the degree of frostbite, you can have pain or itching in the exposed area (first degree), blisters 1–2 days after exposure (second degree), or the area can completely freeze (third or fourth degree).

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

- How cold is it? It does not have to be below freezing to get a cold weather injury.
- Is the wind blowing? Blowing wind and cold will create a wind/chill that will make it feel colder than the actual temperature. It may be 20 degrees outside but if there is 20 mph wind. it will feel like four degrees.
- Is it raining, snowing or icy?
- Am I wearing the right clothes?

Once you have answered these questions you are ready to prevent cold weather injuries. Dressing in layers will not only keep you warm but will keep you from overheating since you can unzip or open clothing to maintain body heat. Overheating will cause perspiration and increase your risk of cold injuries. Wearing the right foot wear, such as boots and warm socks, as well as wearing a hat, gloves and a scarf, will also reduce heat loss.

One last thing to remember is we can become vulnerable to cold injuries when we are driving our cars. We often forget that if our car breaks down, we could be on foot in freezing weather wearing a light jacket and tennis shoes. Be prepared and keep a basic winter survival kit in your vehicle. Have cold weather clothing including a coat, hat, gloves and boots in your car. Also load your car with winter travel gear such as a scraper/snow brush, jumper cables, road flares, blanket, first aid kit, flashlight, batteries, matches, water and nonperishable food.

Remember, if you find yourself stranded, be safe and stay in your car. Put on your flashers, call for help and wait until it arrives.

Speed Up Your Claims!

We would like to pass along a few simple tips that *you*, the beneficiary, can use to speed up the processing of your claims:

INCLUDE A SIGNED AND DATED CLAIM FORM
Please include a VA Form 10-7959a (CHAMPVA Claim Form) along with any items that you submit (see below). This identifies you as the submitter and ensures that all reimbursements/payments will be sent to you.

INCLUDE A BILL OR INVOICE WITH THE NECESSARY INFORMATION FOR PROPER PROCESSING
Make certain the patient's name and Social Security number are on the claim. If a dependent receives medical services, their name and Social Security number should appear on the claim, not the sponsor's. In addition, if two or more people in your family have similar first and last names, spell out the middle name on the claim form.

SUBMIT PHARMACY SUMMARIES, NOT LABELS
Your pharmacy can give you a printout for the date range you specify. It is best if you submit pharmacy summaries; however, if you find it necessary to submit prescription labels, it is best to send copies of the labels. You may then retain the originals for yourself.

DO NOT STAPLE YOUR CLAIMS
Staples jam the machines we use to scan your claims. Please do not staple your claims together. It is not necessary as our employees meticulously ensure that claims and all pertinent paperwork stay together.

DO NOT TAPE PAPERS
If a paper is small, frayed, or torn, please do not tape it to another paper. Instead, make a copy and submit that. Also, please do not submit sticky notes with your claims.

MAKE SURE ALL PAPERS ARE 8½ X 11 INCHES
It is easier for us to process your claims if all of the papers you submit are a full 8½ by 11 inches. If you have continuous feed documents, separate them along the perforated lines. Also, try to ensure there are no torn or frayed edges.

DO NOT USE HIGHLIGHTERS
Images are scanned in black and white; highlighted colors will not be viewable after the document is scanned. Often it makes the information unreadable.

DO NOT SEND TWO-SIDED DOCUMENTS
It is best if you do not send two-sided documents. Our imaging systems do not scan the back of documents. Make a copy of the information on the back of two-sided documents to prevent important information from getting lost.

FILE YOUR CLAIM PROMPTLY
You should always file your claims promptly. Claims MUST be filed no more than 365 days after the date the service was rendered. Our processing system issues a date of receipt when we receive your claim, which determines if your claim met the filing deadline.

Also, new CHAMPVA beneficiaries can file claims for services received before they became a CHAMPVA beneficiary. This decision is based on when their Veteran sponsor received his or her rating decision. In these cases, beneficiaries are notified in their initial authorization packet that they have 180 days to submit backdated claims to CHAMPVA for reimbursement. For example, if a beneficiary's CHAMPVA benefits are retroactively approved to Aug. 22, 2010, and the CHAMPVA notification letter is mailed on June 1, 2012, the beneficiary would have until Nov. 27, 2012 to submit those backdated claims. Please note any claim submitted outside of the 180-day backdated period is subject to the 365-day rule.

If you have questions, please call us at 1-800-733-8387. Or, visit the VA website at **http://www.va.gov/hac/forms** to print or download claim forms.

Although we will always do our best to rapidly process any claim that you submit, following this advice will greatly help us to increase our speed.

The IMPACT of Fraud and Abuse

Fraud and abuse come in many forms and can significantly impact organizations, resources and revenue. So, what is health care fraud and abuse?

FRAUD: Intentionally, or knowingly, and willfully attempting to execute a scheme to falsely obtain money from any health care benefit program.

ABUSE: Improper behaviors or practices that create unnecessary costs to payers (e.g. mismanagement).

Across our nation, examples of fraud and abuse can be found in the banking sector and the credit card industry. Identity theft has also impacted the lives of millions of citizens. However, at the forefront of the Department of Veterans Affairs' (VA) mission is preventing improper payments. The VA is committed to preventing and identifying improper payments related to fraud or abuse. The Department of Program Integrity plays a vital role in mitigating and identifying risks within the VA. Our scope and mission is to provide oversight to all Purchased Care programs on a national level. Additionally, our department is dedicated to educating staff, providers, beneficiaries and Veterans on the aspects of health care fraud and abuse.

Medical fraud and abuse schemes are prevalent across the medical community and are a growing trend (see figure above). The National Health Care Anti-Fraud Association estimates conservatively that three percent of all health care spending is lost to health care fraud. The FBI estimates losses due to health care fraud of up to 10 percent among federal programs and private insurers. Program Integrity has investigated cases of fraud that included billing for services not rendered, falsifying diagnostic codes on claims, and excessive charges. Medical claims submitted by unscrupulous medical providers and vendors will continue to be scrutinized to mitigate potential loss of valuable medical dollars.

Any dollar lost negatively affects our Veteran and beneficiary programs.

How can Veterans and beneficiaries help in preventing fraud or abuse?

One example would be to review the Explanation of Benefits (EOB) statement you receive after seeing your provider or obtaining medical supplies or equipment. Veterans and beneficiaries should always scrutinize their EOB for suspicious charges. Thoroughly reviewing the EOB could help you identify potential fraud (see Title 31 of the U.S. Code, section 3729 – False Claims). Beneficiaries must ensure that all services have been appropriately itemized on the statement. Be on the lookout for

Continued on page 23

CHAMPVA Dental Benefits

Since CHAMPVA coverage for dental care is very limited, prevention and good oral hygiene are essential to reduce dental decay and its consequences. Dental care is excluded from CHAMPVA coverage except for some limited exceptions. Those exceptions must meet policy requirements. The exceptions pertain to dental care that is an essential component of a plan to treat a covered medical condition. Sometimes, a medical condition will contribute to the development of dental caries (cavities). Since the treatment of the dental caries or dental condition will not improve or help the underlying medical condition, the dental care still would not be covered.

The Facts About DENTAL HYGIENE

We have two sets of teeth: baby teeth and permanent teeth. Baby teeth start to pop out when we are about six months old and are completed by about three years of age. Baby teeth are important and require proper care. Like adult teeth, they are needed for chewing, proper pronunciation of words and, to some extent, self-esteem. The baby teeth hold the place for the adult teeth. If the baby teeth are missing or come out too early, the adult teeth may shift, causing crooked teeth. Also, like adult teeth, baby teeth can get painful cavities. There are 20 primary baby teeth. The adult or permanent teeth begin to come in at about six years through 20 years.

There are five types and 32 permanent teeth:

1. Incisors: The four front teeth on the upper and lower jaws (8)
2. Canines: The pointy tooth next in line to the incisors (4)
3. Premolars: Two on each side of the canines (8)
4. Molars: Two in the back of the mouth next to the canines (8)
5. Wisdom teeth (technically a molar): The last tooth in your mouth (4)

Hygiene For Primary Teeth

For infants, formula or breast milk should not be allowed to pool in the mouth of a sleeping baby. This can cause dental decay. Prevent the baby from falling asleep with milk in its mouth, especially with a bottle propped in their mouth. After each feeding, gently wipe the baby's gums with a clean cloth or gauze. Continue this type of oral hygiene until the child begins to have teeth. Then gently brush the teeth with a small soft toothbrush. Toothpaste should not be used until the child is able to spit it out. When they do start to brush with toothpaste, only a pea size amount is needed.

At about six years of age, children begin to get their first permanent molars. Once this happens, children should definitely be using dental floss to prevent plaque, gum disease and cavities. Children should go to the dentist regularly; the first appointment should be made by the third birthday or once all the primary/baby teeth are visible. Have the dentist reinforce the proper method of flossing with your child.

Adult Oral Hygiene

Adults need to continue or develop habits that should have been formed in childhood. Brush at least twice a day with a soft tooth brush for at least two minutes, brush your tongue, floss your teeth at least once a day–preferably twice a day, schedule a dental visit twice a year for a checkup and cleaning, don't eat candy or drink soda or sweet drinks frequently. Drink some water after every meal. This will help remove any lingering food particles from your teeth. Use fluorinated toothpaste and ingest the recommended amount of fluoride.

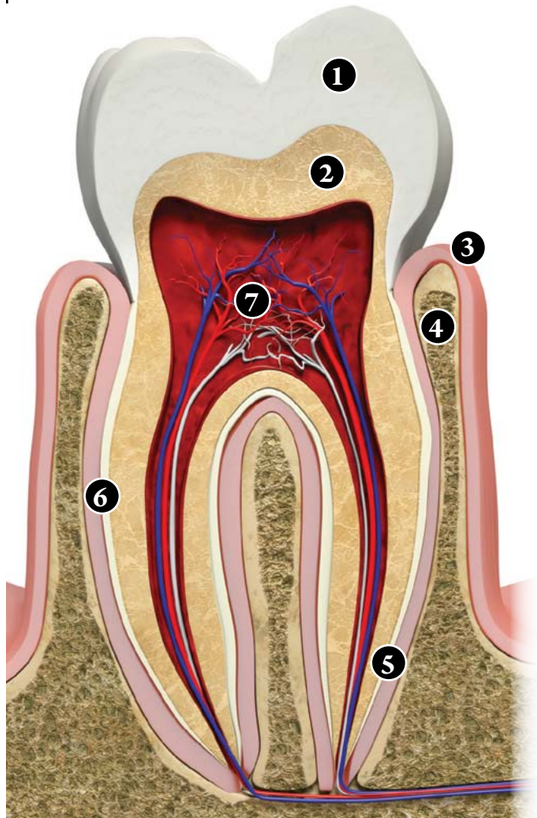
What Is Fluoride?

Fluoride is a negatively charged ion that prevents the breakdown of your enamel by the acid in your mouth that is created when oral bacteria and sugar come together. Fluoride also helps to remineralize the enamel if acid has caused any demineralization. Fluoride is added to drinking water in many communities. Fluoride is naturally found in meat, fish, eggs and tea-leaves. There is controversy over fluorinated water. In excess quantities, fluoride may cause brittle bones and joint and muscle stiffness. Discuss the benefits and risks with your dentist and primary care physician.

Cavities — the What, How and Why

A cavity is the result of a demineralization of the enamel to such an extent that the enamel erodes or decays causing a hole. The decay may continue through the dentin into the pulp, ultimately destroying the tooth (see diagram below). The demineralization process occurs when the tooth's enamel is exposed to an acid with a pH less than 5.6. Acid is anything with a pH less than 7.0. Water has a pH of about 7.0. Saliva has a pH from 6.2 to 7.4. One of the functions of saliva is to help neutralize the acid in your mouth, and raise the pH in your mouth, counteracting the effects of the acid. The table on the following page provides the acidity of some common food and beverages.

Continued on page 16



TOOTH DIAGRAM AND GLOSSARY

1. **Enamel:** The hard, white outer part of the tooth is made of calcified minerals that crystallize, making it strong. It cannot renew itself, but fluoride and saliva can remineralize it. Damage can occur by trauma, mechanical wear or chemical destruction.
2. **Dentin:** A hard but porous tissue layer underlying the enamel. It is softer than enamel and can be damaged just as enamel can, but it does reproduce itself.
3. **Gingiva (gums):** The soft tissue that surrounds the base of the tooth. Gingiva supports the tooth and covers unerrupted teeth.
4. **Alveolar Bone:** A mineralized tissue contained in the jaw in which teeth are embedded. It surrounds the tooth root and is attached to the cementum.
5. **Cementum:** A layer of tough, connective tissue that covers the root of a tooth and, along with the periodontal ligament, binds the roots of the teeth firmly to the gums and jawbone.
6. **Periodontal Ligament:** The fleshy tissue between the tooth and tooth socket that, along with the cementum, holds the tooth in the bone socket.
7. **Pulp:** The softer, living, inner structure of the tooth. It contains blood vessels and nerves. When the pulp becomes inflamed it causes pain.

Imagery supplied by iStockphoto/Thinkstock

DENTAL HYGIENE, continued from page 15

ACIDITY/pH OF COMMON FOOD AND BEVERAGES

Food/ Beverage	Average pH	Food/ Beverage	Average pH
Lemon juice	2.3	Dill pickles	3.45
Cola	2.45	Apples	3.5
Coffee	2.85	Orange juice	3.75
Vinegar	2.9	Beer	4.5
Iced tea	2.95	Tomatoes	4.6
Wine	3.05	Bananas	4.85
Diet cola	3.15	Bread	5.6
Blueberries	3.2	Cheddar cheese	5.95
Lemon-lime soda	3.25	Milk	6.6
Sports drinks	3.35	Tap water	7.35
Grapefruit	3.4	Saliva	6.8

Teeth are exposed to acid by the food we eat and by the action of some bacteria on fermentable sugars (glucose, fructose and sucrose) in the mouth that produces an acid. Fermentable sugars are simple sugars that are broken down to the basic sugar unit. Some foods that are easily broken down in the mouth or are broken down through the refining process include cookies, crackers, candy and chips. After eating or drinking an acidic item it is especially a good idea to drink some water to manually remove or wash the acid from the teeth.

Plaque and tartar

Our mouth contains thousands of species of bacteria; so many that it forms a biofilm in our mouth. This biofilm is made up of living organisms that form colonies, eventually developing into plaque. Plaque is made up of bacteria, proteins and food byproducts. Plaque is a film on the tooth that can be brushed, rinsed or flossed from the tooth. Once plaque hardens, it is called tarter. The hardening process takes only about a day. It is much harder to remove tarter. Both the plaque and tartar house the bacteria in your mouth. When the bacteria in this biofilm come in contact with fermentable sugar (simple sugars) in the mouth, an acid will be produced causing the minerals in the enamel to dislodge. Over time, this process weakens the enamel, dentin and cementum, resulting in tooth decay. The easiest area to develop a cavity is where the enamel is the thinnest–at the gum line of the tooth. This area is also where plaque and tarter develop.

Gum and Periodontal Disease

Gum disease, also called gingivitis, is an inflammation of the gum caused by an infection from the bacteria housed in the plaque and tartar by your gum line. The infection makes the gums swollen, red and prone to bleed. As the infection spreads, it attacks the supporting structures that hold the tooth in the socket, such as periodontal ligaments and even the alveolar bone. An infection of the supporting structures is called periodontal disease. The best prevention of this disease is to brush and floss your teeth at least twice a day, drink water after eating or drinking, and see a dentist twice a year for a dental exam and cleaning. Although not covered by CHAMPVA, it is vital to your dental health that you begin to develop good oral habits.

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Immunizations Are NOT Only for Children

Most people are familiar with vaccinations for children, but many are not aware of the need for vaccinations as adults. According to the VA Health Promotion and Disease Prevention Center, more than 46,000 adults become ill or die each year from vaccine-preventable diseases. Vaccines not only protect you from getting a disease, they also protect those around you so the disease doesn't spread. 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, in part, because as people grow older they can become more susceptible to diseases.

WHAT DOES CHAMPVA COVER?

Immunizations recommended by the Centers for Disease Control and Prevention (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 Manual, Chapter 2, Sections 23.1 and 23.3).

CDC VACCINATION RECOMMENDATIONS FOR ADULTS

Get a flu shot every year starting at age 19 — or before if you have a chronic disease or are in another high risk group. Between the ages of 18 to 49, you may be able to use the Influenza FluMist Nasal Spray.

All adults should get a booster dose of tetanus/diphtheria (Td) or tetanus/diphtheria/pertussis (whooping cough) (Tdap) every 10 years.

Everyone should get the pneumonia vaccine at least once at age 65. If you have a chronic disease or a weakened immune system, you should get the vaccine once or twice before age 65.

Meningococcal vaccine is approved for people ages 11 to 55, and should be given to adults with certain conditions related to their health, job or lifestyle that put them at higher risk.

The vaccine for measles, mumps, and rubella should be given at least once from ages 19 to 49, and another after age 55.

Chicken pox (Varicella) is one of the vaccines that was not available when many of us were younger and every adult should be vaccinated if there is no evidence of immunity. The shingles vaccine (Zoster) is recommended for all adults at age 60 or older; physicians can also prescribe it for people 50 to 59 if indicated.

There are no recommendations for the vaccine for polio virus if you were vaccinated as a child except for people traveling in high risk areas of the world.

Human papillomavirus vaccine is recommended for women between the ages of 19 to 26, and for men between the ages of 19 to 21. It is recommended for adults between the ages of 22 to 26 with certain risks related to their health, job or lifestyle.

RECOMMENDED ADULT IMMUNIZATION SCHEDULE

VACCINE	18–24 yrs	25–64 yrs	65+ yrs	VACCINE	18–24 yrs	25–64 yrs	65+ yrs
Influenza	X	X	X	Pneumococcal	X	X	X
Influenza FluMist Nasal Spray	X	X (to 49 yrs)		Meningococcal	X	X (to 55 yrs)	
Measles/Mumps/Rubella	X	X		Polio	X	X	
Td/Tdap	X	X	X	Hepatitis A	X	X	X
Chicken Pox (Varicella)	X	X	X	Hepatitis B4	X	X	X
Shingles (Herpes Zoster)		X (50+ yrs)	X	HPV-Types 6, 11, 16, 18 Recombinant-Gardasil	X	X (to 26 yrs)	

More information is available at **http://www.prevention.va.gov, http://www.cdc.gov,** *and* **http://www.vaccines.gov/diseases/polio**

Frequently asked questions

WHAT IS OHI?

OHI = OTHER HEALTH INSURANCE

Other Health Insurance (OHI) is any other health insurance plan, including Medicare, employer-sponsored insurance, individual insurance, health maintenance organizations, state or federal health benefits programs and supplemental insurance that provide compensation or coverage of incurred expenses for medical services and supplies. Individuals enrolled in these plans or programs are entitled to them by law, employment, or membership, in association with an organization or group.

WHY IS OHI INFORMATION NECESSARY?

If you have any other health insurance, you or your health care provider must file a claim for benefits with the other insurance plan before submitting a claim to CHAMPVA for payment. According to federal regulations, CHAMPVA is always the secondary payer, except for Medicaid, State Victims of Crime Compensation Programs, Indian Health Services, and CHAMPVA supplemental programs. In order for us to calculate claims correctly and before paying any claims, CHAMPVA needs to know whether you have other health benefit coverage.

HOW DO I REPORT CHANGES IN MY OHI?

You can update your OHI information during regular working hours by calling 1-800-733-8387, Monday through Friday. You can also report changes to CHAMPVA on an OHI Certificate, VA Form 10-7959c, which is available on the CHAMPVA website at **http://www.va.gov/hac/forms**

WHAT IS MEDS BY MAIL?

Meds by Mail (MbM) is a safe and convenient way to obtain non-urgent maintenance medications mailed directly to your home. MbM is not for medications that are needed right away; for urgent medications, use your local pharmacy.

HOW MUCH WILL MY PRESCRIPTION COST?

$0.00 (no cost share, no annual deductible)

HOW DO I ENROLL?

There is no enrollment process. You qualify if you are CHAMPVA eligible and don't have any other health insurance with prescription coverage, including Medicare Part D.

CAN I USE MbM IF I HAVE MEDICARE PART D?

No; since Medicare Part D is a prescription program, it is considered other health insurance.

HOW DO I PLACE AN ORDER FOR A NEW PRESCRIPTION?

Have your health care provider write a new prescription for up to a 90-day supply plus refills. Completely fill out and mail a MbM Order form along with your prescription to your MbM Servicing Center; allow 14–21 days for processing and delivery.

WHERE DO I GET MbM ORDER FORMS?

Visit **http://www.va.gov/hac** or call 1-800-733-8387.

WILL I RECEIVE GENERIC MEDICATION?

MbM uses FDA-approved generic medications as often as possible. If there is no FDA-approved generic, brand name medications will be dispensed.

HOW DO I GET A REFILL?

Save time and postage by calling our automated refill line at 1-888-370-1699; allow 10–14 days for processing and delivery. Alternatively, you can mail your refill slip to your servicing center; allow 14–21 days for processing and delivery.

CAN I STILL USE MY LOCAL PHARMACY?

Yes; always use your local pharmacy for urgent care medications. You will have a 25% cost share (after the annual deductible).

WHERE CAN I FIND MORE INFORMATION?

Online at **http://www.va.gov/hac** or call Purchased Care at the Health Administration Center at 1-800-733-8387.

HOW DO YOU FILE A CLAIM FOR KAISER PERMANENTE?

Purchased Care at the Health Administration Center, which administers the CHAMPVA program, has received complaints from beneficiaries who have insurance with Kaiser Permanente that we have not honored submitted claims. This is because Kaiser does not provide beneficiaries the necessary data they need to submit claims for reimbursement of their cost share from CHAMPVA. This has been an ongoing issue and we are pleased to tell you we have solved the problem.

To process claims for a Kaiser Permanente bill that has been submitted to CHAMPVA and does not include a medical diagnosis or procedure code, CHAMPVA will default to using the code V70 "General Medical Examination" for the diagnosis and code 99499 "Unlisted Evaluation and Management Service" for the procedure. So that we can process these claims using the new method, please provide a copy of your Kaiser Permanente card with your claims, showing the amount of your co-pay to help us calculate reimbursement of your cost share. Although we are providing this method of processing claims for beneficiaries insured by Kaiser, we urge you to ask Kaiser to provide a bill that includes the following information:

- Date of service
- Tax identification number and address of Kaiser provider
- Medical code or description of diagnosis and procedure
- Patient responsibility or patient co-payment for services

HOW MUCH IS THE CATASTROPHIC CAP?

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

HOW CAN I LOCATE HEALTH CARE PROVIDERS/SERVICES?

We do not have a network of health care providers, so you can visit any licensed provider you choose. Always ask if they accept CHAMPVA; you could be required to pay additional costs if they do not. If you need help finding a provider who accepts CHAMPVA, you can call us at 1-800-733-8387 and we will try to help you. Most Medicare and TRICARE providers will also accept CHAMPVA. You can also find a provider in your area by visiting the Medicare website at **http://www.medicare.gov** or the TRICARE website at **http://www.tricare.mil/GettingCare/FindDoctor.aspx** and use the "Find a Doctor" link.

ARE HEALTHCARE SERVICES AT VA FACILITIES AVAILABLE TO CHAMPVA BENEFICIARIES?

Under the CHAMPVA Inhouse Treatment Initiative (CITI), CHAMPVA beneficiaries may receive cost-free health care services at participating VA facilities. However, CHAMPVA beneficiaries who are also covered by Medicare cannot use a VA Medical Center because Medicare does not pay for services provided by a VA Medical Center. To find out if your local facility is participating, visit the CITI web page at **http://www.va.gov/hac/forbeneficiaries/champva/citi.asp**

Hearty, Healthy Pancakes

A Good Way To Start Your Day

Let's face it, most of us don't immediately think healthy when we hear the word pancake. That said, a pancake made from whole-wheat flour, oats and egg whites has a place on any well-balanced breakfast plate. Eating a hearty, filling morning meal like the one featured here, can help curb hunger later in the day and may help with weight maintenance.

Pancakes made from mixes aren't what you'd call nutritional all-stars. Most feature enriched flour and partially hydrogenated oil. They are usually low in fiber and high in sodium. Topped with additional butter and maple syrup, the fat and calories climb even higher. This pancake makeover employs quick-cooking oats to increase the nutritional value without compromising on convenience. The oats provide soluble fiber that may help lower blood cholesterol and reduce your risk of heart disease.

Cranberries are a welcome addition to this recipe, providing a hint of tartness and significant antioxidant power. They also contain phytochemicals that may help prevent urinary tract infections. While this recipe calls for dried cranberries, avoid the sweetened varieties as they contain lots of added sugar. When serving, forego the traditional toppings and add a touch of powdered sugar and some fresh-squeezed lemon juice.

OATMEAL PANCAKES WITH CRANBERRIES

INGREDIENTS:

1/2 cup all-purpose flour
1/4 cup whole-wheat flour
1/4 tsp. salt
1 Tbsp. sugar
3/4 tsp. baking soda
1/2 tsp. baking powder
3/4 cup quick-cooking oats (not instant)
2 egg whites, lightly beaten
1 cup plain low-fat yogurt
1 cup low-fat milk
1 tsp. vanilla
2 Tbsp. canola oil
1/2 cup dried cranberries
Powdered sugar (optional)
Juice of 1 lemon (optional)

NUTRITIONAL INFORMATION:

Per serving: 260 calories, 8g total fat (1g saturated fat), 39g carbohydrate, 9g protein, 3g dietary fiber, 440mg sodium

PREPARATION:

Preheat oven to 200 degrees. In a medium bowl, sift together all-purpose and whole-wheat flours. Add the remaining dry ingredients and mix well.

In a separate bowl, beat egg whites, yogurt, milk, vanilla and oil. Add the wet ingredients to the dry ingredients, making sure not to over-mix. Stir in the cranberries. For best results, allow the batter to rest, covered in the refrigerator, for 30 minutes.

Spray a griddle or large, flat pan with cooking spray. Heat to medium-high. Pour 1/4 cup batter for each pancake and cook for approximately 2–3 minutes. When bubbles appear on the upper surface, flip the pancakes. Continue cooking until the second side is golden brown, about 2 minutes.

As you make more pancakes, keep the finished pancakes in the warmed oven on a cookie sheet, separated with parchment paper. When ready to serve, lightly dust pancakes with powdered sugar and a squeeze of fresh lemon juice.

Makes 5 servings.

Courtesy of the American Institute for Cancer Research. Readers may sign-up for AICR's free weekly Health-e-Recipes at their website, **http://www.aicr.org**

PEACH-BLUEBERRY CRUMBLE

Filling Ingredients:

1 pound fresh peaches, peeled, pitted and sliced, (about 2 ½ cups)
½ cup blueberries
1 Tbsp. pure cane sugar
½ Tbsp. lemon juice

Crumble Topping:

⅓ cup whole-wheat flour
¼ cup old-fashioned rolled oats (not instant)
¼ cup packed light brown sugar
½ tsp. ground cinnamon
Pinch of salt
1 Tbsp. butter, cut into small pieces at room temperature
1 ½ Tbsp. frozen OJ concentrate
1 Tbsp. chopped walnuts

Preparation:

Preheat oven to 375. Coat an 8"x 8" baking dish with cooking spray.

In a large bowl, lightly toss peaches, blueberries, sugar and lemon juice. Place filling in prepared baking dish. Cover with foil; bake 15–20 min. Meanwhile, make topping. In medium bowl, mix first 5 ingredients. Add butter and blend with fingertips. Add OJ concentrate and blend with fingertips until dry ingredients are moistened.

Remove filling from oven and stir. Sprinkle topping evenly over the surface. Top with walnuts. Bake, uncovered, until topping is lightly golden brown, about 20–25 minutes more. Let cool for 10 minutes before serving. Serve warm with nonfat frozen yogurt, if desired.

Yield: 4 servings

Nutritional Information/Serving:
220 calories, 5g fat (2g saturated fat), 43g carbohydrates, 4g protein, 4g fiber, 80mg sodium

BLUEBERRIES:

PACKED WITH POWER

There are numerous fruits on the market that give us untold health benefits. But recent studies suggest that blueberries have reached superstar status in that arena.

Blueberries possess powerful antioxidants known as polyphenols, which go a long way in helping stem the adverse effects of many illnesses and diseases. They are also high in vitamins A, B-complex, C and E, zinc, sodium, and potassium. Among their many benefits, blueberries may help lower blood pressure, prevent coronary heart disease, help preserve vision, help promote urinary tract health and help reduce belly fat.

Because blueberries are rich in antioxidants like Anthocyanin, they can boost a person's immune system. A strong immune system combats colds, fever and viral infections. Blueberries are also an excellent source of manganese, which plays an important role in bone development.

Blueberry consumption has also been linked to anti-diabetic effects. In a 2010 study published in the Journal of Nutrition, doctors April Stull and William Cefalu of the Pennington Biomedical Research Center at Louisiana State University found that regular consumption of blueberries helped people with a risk of type 2 diabetes reduce that risk.

These little pellets of health power are not new to native cuisines. As one of the few fruits native to North America, blueberries have been enjoyed by American Indians for centuries. Blueberries are also popular around the world in cuisines from Asia to the Mediterranean.

Another interesting thing about blueberries is that they retain all of their potent antioxidant qualities when frozen. Freezing doesn't seem

Continued on page 23

SUPER MEATBALLS: A SURE WINNER

You'll be a winner serving these meatballs teamed with he-man lusty, heat-spiked Fra Diavolo (spicy) tomato sauce. I call these Super Meatballs for three reasons:

First, simmering them in the sauce keeps them super-moist and juicy. Ask any Italian cook. They will confirm this is the best way to make meatballs, plus you get the most flavorful sauce, and all in one pot. In addition, cooking meatballs in the sauce eliminates the mess of browning them on the stove or the time for doing it in the oven.

Second, meat lovers and others inclined to shun leafy greens will consume some spinach. They may even like it because the bold flavors of pecorino cheese and the terrific tomato sauce complement the spinach ideally.

Finally, if you are feeding a mob, simply get out a bigger pot and multiply the recipe. (If tripling it, I would simmer the sauce for 30 minutes before adding the meatballs and expect cooking them to take 10 or 15 minutes longer.)

By Dana Jacobi for the American Institute for Cancer Research (AICR), **http://www.aicr.org**

Readers may sign-up for AICR's free weekly Health-e-Recipes at **http://www.aicr.org/site/PageServer?pagename=her_current_issue**

Super Meatballs in Spicy Red Sauce

INGREDIENTS:

- 1 Tbsp. extra virgin olive oil
- 1 small onion, finely chopped
- 2–3 garlic cloves, finely chopped
- 1 can (28 oz.) crushed tomatoes, no salt added
- 1 can (28 oz.) whole plum tomatoes in tomato sauce, no salt added
- 2 Tbsp. dried oregano
- 1/4 tsp red pepper flakes, or to taste
- 1 lb. 93–95 percent lean ground beef
- 10 oz. frozen chopped spinach, defrosted and squeezed dry
- 1/4 cup Italian seasoned dry breadcrumbs
- 1/4 cup chopped flat-leaf parsley
- 2 Tbsp. grated pecorino or Parmesan cheese
- 1 large egg, at room temp.
- 1/8 tsp. black pepper

PREPARATION:

Heat oil in large Dutch oven over medium-high heat. Add onion and cook for 3 minutes, stirring occasionally. Add garlic and cook until onions are translucent, 3 minutes, stirring so garlic does not burn. Add crushed tomatoes. To add whole tomatoes, hold one at a time over pot and squeeze in your fist, crushing tomato through fingers, then add sauce remaining in can. Add oregano and red pepper flakes. Simmer sauce, uncovered, for 20 minutes, stirring occasionally.

While sauce simmers, in bowl, combine meat, spinach, breadcrumbs, parsley, cheese, egg and pepper, mixing until well combined. Divide mixture into 8 parts and loosely form each into a ball. (Divide mixture into 16 parts for smaller meatballs.)

Gently drop uncooked meatballs into sauce, cover, reduce heat to medium low, and simmer until meatballs are cooked through, 40 minutes. If not serving immediately, cool meatballs and sauce in big bowl until room temperature, then cover and refrigerate for up to 3 days. Reheat, covered, over medium heat, stirring occasionally.

Serve meatballs with just Spicy Red Sauce, over spaghetti or polenta, or halved to make meatball sandwiches spooned generously with sauce.

Makes 4 servings.

NUTRITIONAL INFORMATION (PER SERVING):
380 calories, 13 g total fat (4 g saturated fat), 36 g protein, 36 g carbohydrates, 9 g dietary fiber, 480 mg sodium

***BLUEBERRIES**, continued from page 21*

to diminish their health benefits. One caveat, however: individuals with existing kidney or gallbladder problems may want to avoid eating blueberries. So, if you have health issues consult with your physician before getting on a blueberry-enriched diet. As is common in looking at the health benefits of certain foods, more research needs to be done, but many in the medical and nutritional communities feel optimistic that blueberries are indeed one of nature's wonder drugs.

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Recipe reprinted with permission from the American Institute for Cancer Research (AICR) website at **http://www.aicr.org**. *Sign up for AICR's weekly newsletter, which includes more healthy recipes, by registering at the bottom of the homepage.*

***FRAUD**, continued from page 13*

suspicious charges for services that the doctor may not have provided during the appointment. Review the itemization of supplies and equipment for excessive charges.

To reduce the potential for identity theft, never give your Social Security number, address, or other sensitive information to solicitors. Ensure you safeguard personal information on the Internet by only using secured and validated websites. Always verify the person or entity's credentials before disclosing any personal information by phone, mail or electronic communications.

With your continued vigilance, the Department of Program Integrity will continue the fight in mitigating fraud and abuse by implementing tools such as predictive analytics, data mining, profiling and information sharing across special investigative units. Purchased Care at the Health Administration Center is committed to stopping the loss of these critical health care dollars by implementing industry best practices, standards and training.

Here are ways you can report potential fraud and abuse to the Department of Program Integrity:

Mail: Purchased Care / Program Integrity
P.O. Box 461307, Denver, CO 80246

Fax: (303) 398-5295
ATTN: Purchased Care Program Integrity

***LIFE EXPECTANCY**, continued from page 5*

Imagine the "take a number" list at a department of motor vehicles where the pieces of paper are ripped off one by one until the roll is empty. Same idea with your cells. (In adults, up to 70 billion cells die every day.)

Why does nature have this ticking path to an end? It actually serves a good purpose. These old cells are more apt to make errors when dividing and mutations can occur. By "taking them out of the game," this may help protect against cancers. In fact, one of the ways cancer cells are able to grow is they make a substance that inhibits destruction of the telomeres so these nasty cells can grow indefinitely!

It's a fine balance between disease and "planned obsolescence." Remember, though, a simple fact taught in Public Health: you do have to die of something. The goal is to live a happy healthy life for as long as you can. So while you are thinking about this, make a toast for clean safe water, eat an apple, and get some physical fun into your day!

Sources:
Federal Interagency Forum on Aging-Related Statistics. (2012). *Older Americans 2012: Key Indicators of Well-Being.* Retrieved from **http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf** (INDICATOR 14, page 113)

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IMPORTANT NOTICE

On January 1, the annual deductible requirement for your CHAMPVA benefits began again. The deductible is $50 per beneficiary or a maximum of $100 per family per year and is applied to the first medical or pharmacy claims processed in 2013 until met. **DO NOT** send checks to us to satisfy your deductible requirement. It will automatically be deducted from your submitted claims.

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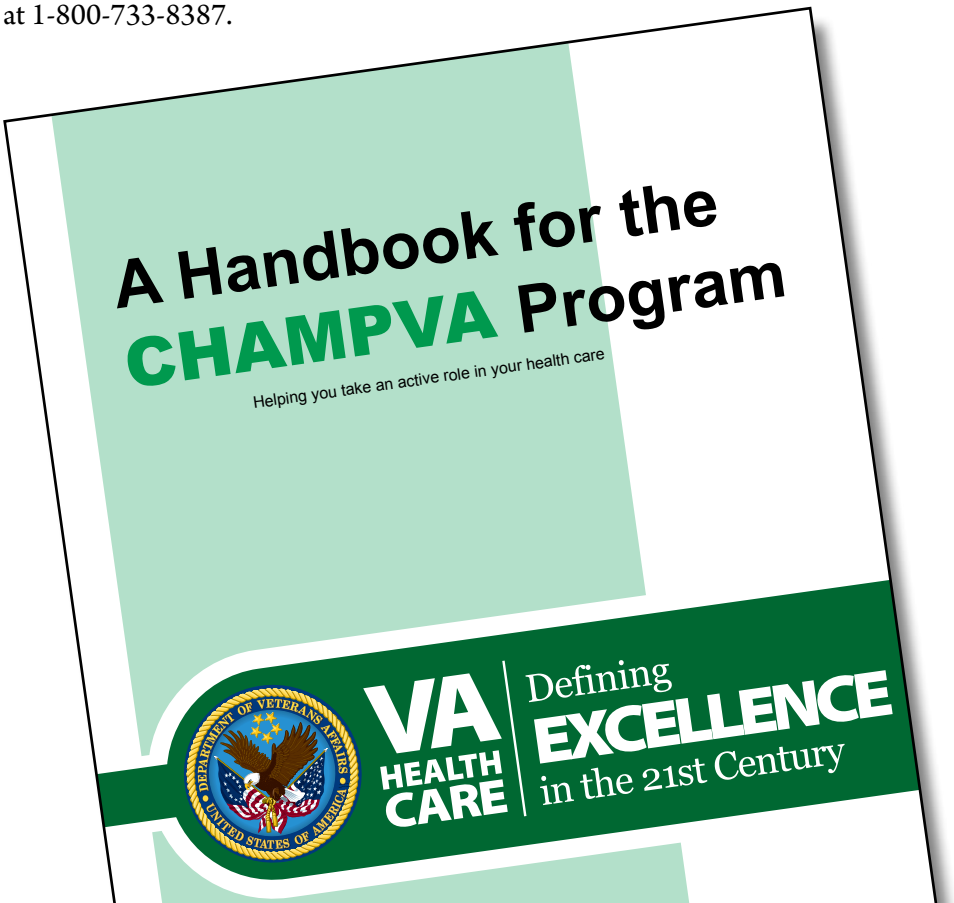
CHAMPVA beneficiaries receive a CHAMPVA handbook when they first enroll, and they receive another copy every few years when it is updated. Purchased Care at the Health Administration Center, which administers the CHAMPVA program, is updating the handbook and it will be available in 2013. Please watch for it. The handbook contains a list of covered benefits, information on how to file a claim and a wide variety of information that will help you better understand the CHAMPVA program and how it works. If you have questions about any aspect of the CHAMPVA program, please call us at 1-800-733-8387.