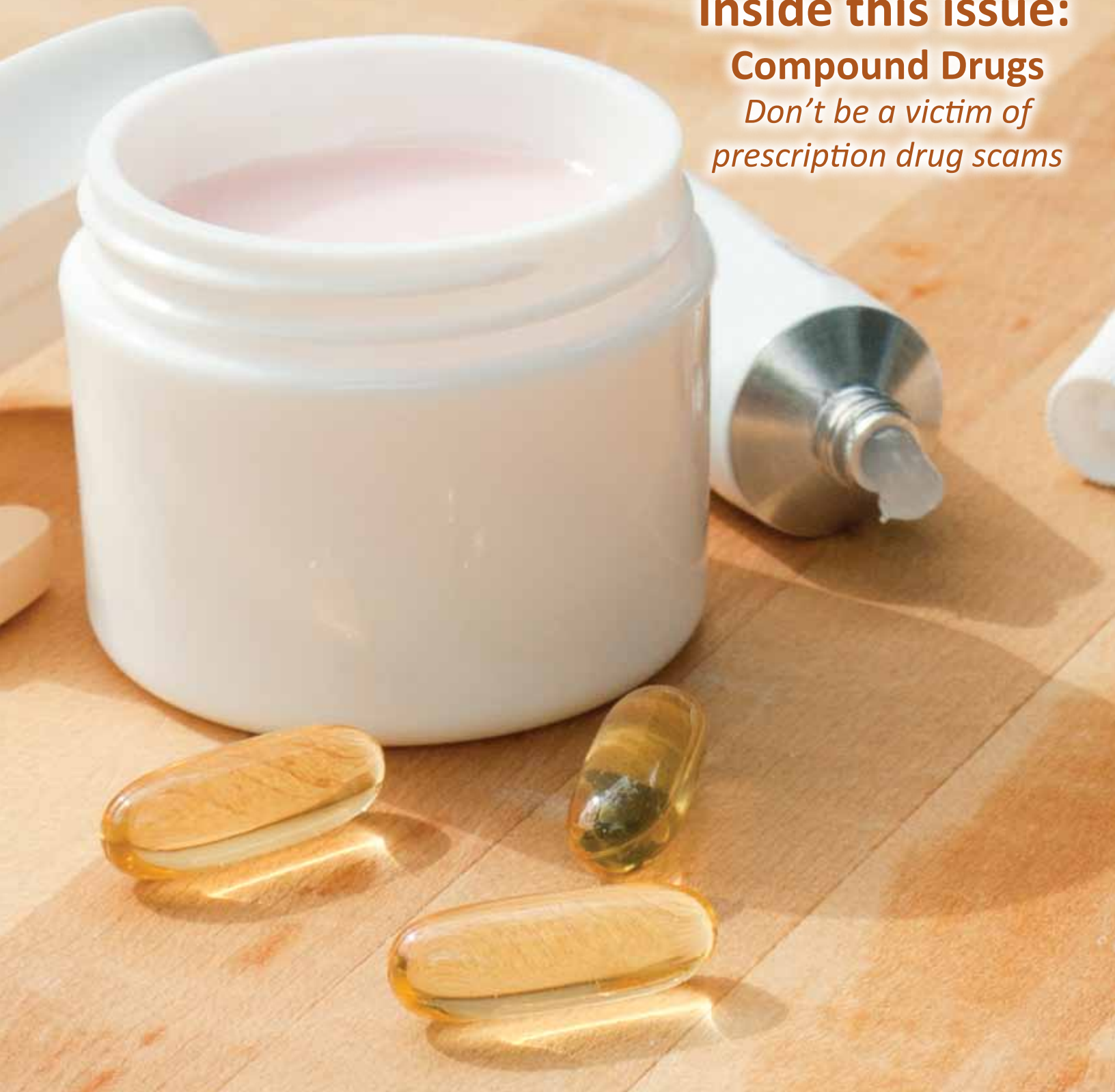




YOUR HEALTH

Inside this issue:
Compound Drugs
*Don't be a victim of
prescription drug scams*





Compound medications on the rise

Compound medications are being prescribed and dispensed at a higher rate **4**

Hepatitis C:

Hepatitis C is growing among baby boomers **6**

The Department of Veterans Affairs is the VA, not the DVA. Why?

The VA evolved from several different agencies, but it was always the VA – and it still is. **9**

CHAMPVA website resources for beneficiaries

CHAMPVA is aware that callers have had difficulty reaching CHAMPVA **10**

Medicare Part D update

If you decide to enroll in Medicare Part D it is important to remember that you will be considered to have other health insurance **11**

Change in preauthorization and appeal process for mental health

CBOPC will assume responsibility for all mental health reconsiderations and appeals. **12**

Mammography may save your life

Breast cancer may be a killer if allowed to grow or if left untreated **13**

Walking & swimming your way to good health

One of the simplest and easiest changes you can make **16**

Getting a back to school physical and what CHAMPVA covers

If your child’s school requires a physical, CHAMPVA will likely cover it **18**

Recipes **19**

Consumption of high fructose corn syrup

Does it accelerate diabetes? **21**

Same sex guidance update

Under current law, VA may recognize same-sex marriages of Veterans. **23**



On the Cover

VA warns against accepting unsolicited medical prescriptions from drug compounding pharmacies and to safeguard personal information.

Compound medications are being prescribed and dispensed at a higher rate than ever before. While in some cases compound medications are medically necessary to meet patient health needs, others simply do not meet Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) policy guidelines. As a result, the Chief Business Office Purchased Care has received multiple complaints from beneficiaries regarding prescriptions from compounding pharmacies. See our story on pages 4–5



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 the Chief Business Office Purchased Care and give us your new address.

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

Phone: 1-800-733-8387

Email: Follow the instructions at http://www.va.gov/PURCHASE_CARE/aboutus/contacts.asp for the Inquiry Routing & Information System (IRIS)

TELL US YOUR STORY



The Chief Business Office Purchased Care, which administers CHAMPVA, would like to share your military 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 employee 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 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:

Chief Business Office Purchased Care
ATTN: COM Department, Editor
PO Box 469060
Denver CO 80246-9060

Compound medications on the Rise



Compound medications are being prescribed and dispensed at a higher rate than ever before. While in some cases compound medications are medically necessary to meet patient health needs, others simply do not meet Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) policy guidelines. As a result, the Chief Business Office Purchased Care (CBOPC) has received multiple complaints from beneficiaries regarding prescriptions from compounding pharmacies.

What exactly is a compound medication? According to the Food and Drug Administration (FDA), compounding is a practice in which a licensed pharmacist, a licensed physician, or in the case of an outsourcing facility, a person under the supervision of a licensed pharmacist, combines, mixes, or alters two or more ingredients to create a medication tailored to the needs of an individual patient.

Remember that compound medications are not FDA approved and therefore the ingredients used are not regulated by the FDA. In 2013, the FDA issued the Compound Quality Act which requires compliance with current good manufacturing practices. The Compound Quality Act does not equal FDA approval of the compound medication.

CBOPC's Department of Program Integrity (DPI) has determined that some compounding pharmacies, associated representatives, and salespersons are soliciting by phone, email, and website advertisements in order to promote high-cost prescription compounding creams and supplements to CHAMPVA beneficiaries. During these solicitations, requests are being made for patients' personal identifying information and personal health information, so the compound medications can be mailed directly to the patient.

The request for personal identifying information is called phishing and usually involves calling beneficiaries in an attempt to deceive one into thinking a legitimate organization is requesting the information. The representative or salesperson will normally start the call by informing the beneficiary that the Department of Veterans Affairs (VA) covers prescription compound pain cream or other compound medications or supplements. The representative may also ask about other medical issues in order to increase the number of prescriptions and sales volume.

The representative may indicate the medications are being offered as a "free" benefit, even though CHAMPVA beneficiaries, by law, are responsible for 25 percent of the allowed amount after meeting the deductible for most

covered benefits, including medications. This results in significant cost-share amounts totaling thousands of dollars to CHAMPVA's beneficiaries. In addition to calling, similar phishing scams can be in the form of unsolicited emails, website advertisements or even direct personal contacts.

CBOPC's guidance to beneficiaries is to never give your personal identifying or personal health information to anyone, unless you know who you are giving it to and why they need it. Be sure to review all explanations of benefits (EOBs) that you receive.

In an effort to prevent noncovered or compound pharmacy claims, CBOPC has restricted the coverage of certain ingredients that are costing the government millions of dollars. Any of the following ingredients submitted for reimbursement in a pharmacy claim will be rejected and will not be reimbursed. This is the same list of ingredients that the Department of Defense's health care benefits program organization, TRICARE, excludes:

Compound Ingredient	Indication or Base	Compound Ingredient	Indication or Base
Baclofen Powder	Topical Pain	Lipopen Plus Cream	Vehicle (Base)
Bupivacaine Hcl Powder	Topical Pain	Lipopen Ultra Cream Base	Vehicle (Base)
Cyclobenzaprine Hcl Powder	Topical Pain	Meloxicam Powder	Topical Pain
Diclofenac Sodium Powder	Topical Pain	Mometasone Furoate Powder	Topical Pain
Ethoxy Diglycol Liquid	Solvent	Nabumetone Micronized Powder	Topical Pain
Flurbiprofen Powder	Topical Pain	Pracasil Tm-Plus Gel	Vehicle (Base)
Fluticasone Propionate Powder	Topical Pain	Prilocaine Hcl Powder	Topical Pain
Gabapentin Powder	Topical Pain	Resveratrol Powder	Anti-Inflammatory
Ketamine Hcl Powder	Topical Pain	Spira-Wash Gel	Vehicle (Base)
Ketoprofen Micronized Powder	Topical Pain	Tramadol Hcl Powder	Topical Pain
Levocetirizine Dihydrochloride Powder	Scar Gel	Versapro Cream Base	Vehicle (Base)
Lipoderm Base	Vehicle (Base)	Versatile Cream Base	Vehicle (Base)
Lipo-Max Cream	Vehicle (Base)		

This list should not be considered all inclusive and could change at any time

If your pharmacy submits electronic claims on your behalf, compound medications containing these ingredients will be rejected up front. You can choose to pay out of pocket or ask your pharmacist if there are other CHAMPVA covered ingredients that can be utilized instead. If you submit your claims on paper, you will need to send the following information with the CHAMPVA claim form for payment consideration:

- Name and address of pharmacy
- Drug name(s) and national drug code(s) (NDC)
- Strength of medication
- Quantity dispensed
- Date dispensed

While the procedures to submit electronic and paper claims are different, CHAMPVA's coverage and reimbursement policy is the same for both.

If you suspect fraud, waste, or abuse associated with any CBOPC medical or pharmacy claim, please report the issue to CBOPC DPI, using the instructions located on the CBOPC website at: http://www.va.gov/PURCHASEDCARE/aboutus/poi/poi_faq.asp

Hepatitis C:

what you don't know COULD hurt you



Photo supplied by iStock/Thinkstock

Did you know that if you are a “Baby Boomer,” born between 1945 and 1965, you should have your doctor screen for antibodies to “Hepatitis C Virus” (HCV or “Hep C”) to be sure you are not one of the estimated 3.2 million people in America

who have chronic HCV infection, but don't feel sick?¹

It's important to check because out of every 100 people who are infected with acute HCV, only about 15–25% recover completely. Seventy-five to 85 people will develop a chronic infection,

and 60–70 will develop chronic liver disease. Five to 20 people will develop cirrhosis (over a 20– to 30–year time span) and one to five will die from cirrhosis or liver cancer.

There are six genotypes of Hep C, with Type 1 being the

most prevalent in the U.S.; nearly 75% have this type. Treatment varies by type. The incidence (new cases) in America has been declining over the last several decades because of screening of blood donors and blood products starting in the early '90s, as well as somewhat safer needle use by injection drug users. However, the prevalence (total number of cases in a population at any point in time) is still increasing, as those with "silent infections" are being identified.

Treatment has improved²

Starting in 1991, Interferon was approved to treat chronic Hep C. The injectable drug peginterferon is now one of many forms of interferon, others of which are being used in the treatment of Multiple Sclerosis (MS). This drug was used in combination with many other oral medications over the years. Several drug regimens had to be taken for 24 to 48 weeks, with significant side effects. The newest treatment (as of late 2014) uses a combination of pills alone, but the cost can be well over \$100,000 to \$150,000 for one course of 8–12 weeks. Some

drugs are over \$1,000 per pill. The newest drugs do cure about 80–95% of patients, far better than the 20–45% cure rate with the much older drugs.

The questions and answers below are taken from the Centers for Disease Control and Prevention website, which has a wealth of easy-to-understand information.

Who is at risk for Hepatitis C?

Some people are at increased risk for Hepatitis C, including

- Current injection drug users (currently the most common way Hepatitis C virus is spread in the United States)
- Past injection drug users, including those who injected only one time or many years ago
- Recipients of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992)
- People who received a blood product for clotting problems made before 1987

Hepatitis C medications available through Meds by Mail

If your provider has diagnosed you with Hepatitis C, you are probably aware that the medications used to treat this disease can be very costly. This may leave you wondering how you will afford the treatment. If you are an eligible CHAMPVA beneficiary who does NOT have other health insurance with prescription coverage, you may be able to receive your Hepatitis C medications for free from Meds by Mail.

While not all Hepatitis C medications are available from Meds by Mail, below is a list of the medications that are currently available. This list is subject to change based on manufacturer availability. For questions on the availability of Hepatitis C medications prescribed for you, contact Meds by Mail West at 1-888-385-0235 or Meds by Mail East at 1-866-229-7389.

- Harvoni (ledipasvir 90mg/sofosbuvir 400mg tab)
- Viekira (dasabuvir/ombitasvir/paritaprevir/ritonavir)
- Rebetol (ribavirin)
- Copegus (ribavirin)
- Solvaldi (sofosbuvir 400mg tab)
- Olysio (simeprevir 150mg cap)
- Pegasys (peginterferon alfa-2a)
- Peg-Intron (peginterferon alfa-2b)

If you are not eligible for Meds by Mail or are prescribed a medication that is not available through them, rest assured that you can utilize your local pharmacy.

- Hemodialysis patients or persons who spent many years on dialysis for kidney failure
- People who received body piercing or tattoos done with non-sterile instruments
- People with known exposures to the Hepatitis C virus, such as:
 - Health care workers injured by needlesticks
 - Recipients of blood or organs from a donor who tested positive for the Hepatitis C virus
- HIV-infected persons
- Children born to mothers infected with the Hepatitis C virus

Less common risks include:

- Having sexual contact with a person who is infected with the Hepatitis C virus
- Sharing personal care items, such as razors or toothbrushes, that may have come in contact with the blood of an infected person

How soon after exposure to Hepatitis C do symptoms appear?

If symptoms occur, the average time is 6–7 weeks after exposure, but this can range from two weeks to six months. However, many people infected with the Hepatitis C virus do not develop symptoms.

How serious is chronic Hepatitis C?

Chronic Hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death. It is the leading cause of cirrhosis and liver cancer and the most common reason for liver transplantation in the United States. Approximately 15,000 people die every year from Hepatitis C related liver disease.

Who should get tested for Hepatitis C?

Talk to your doctor about being tested for Hepatitis C if any of the following are true:

- You were born from 1945 through 1965
- You are a current or former injection drug user, even if you injected only one time or many years ago
- You were treated for a blood clotting problem before 1987
- You received a blood transfusion or organ transplant before July 1992
- You are on long-term hemodialysis treatment.
- You have abnormal liver tests or liver disease
- You work in health care or public safety and were exposed to blood

through a needlestick or other sharp object injury

- You are infected with HIV

Can acute Hepatitis C be treated?

Yes, acute hepatitis C can be treated. Acute infection can clear on its own without treatment in about 25% of people. If acute hepatitis C is diagnosed, treatment does reduce the risk that acute hepatitis C will become a chronic infection. Acute hepatitis C is treated with the same medications used to treat chronic Hepatitis C. However, the optimal treatment and when it should be started remains uncertain.

Can chronic Hepatitis C be treated?

Yes. There are several medications available to treat chronic Hepatitis C, including new treatments that appear to be more effective and have fewer side effects than previous options. The Food and Drug Administration (FDA) maintains a complete list of approved treatments for Hepatitis C.

1. <http://www.cdc.gov/hepatitis/hcv/cfaq.htm>
2. <http://www.everydayhealth.com/news/pros-cons-new-hepatitis-treatments-patients/>



Why is the Department of Veterans Affairs the VA, and not the DVA?

Do you ever wonder why people refer to us as the VA, instead of DVA, especially since we were elevated to a Cabinet-level department and renamed as the Department of Veterans Affairs in October 1988?

For 58 years, from 1930-1988, the Veterans Administration, commonly referred to as “the VA,” was the place that our parents and grandparents went to for medical care, hospitalization, disability benefits, and much more. By 1960, VA was the hospital system for at least three generations of American Veterans who fought in both World Wars, the Korean and Vietnam wars. It was the only Veterans’ hospitals that they and their families were familiar with. However, the Veterans Administration was actually the third incarnation of federal Veterans health care in American history. We just don’t remember the earlier names because we weren’t around then.

The origins of VA hospitals and medical care began in 1865 as the National Home for Disabled Volunteer Soldiers, which were the first facilities founded for the masses of Veterans who served in volunteer forces. The National Homes operated for 65 years—seven years longer than the Veterans Administration was in existence. During World War I, a second system of federal Veterans hospitals was initiated under the Treasury Department and operated for roughly three years when that system became an independent agency known as the Veterans Bureau in 1921. Nine years later, in 1930, the

oldest (1865) and newest (1918) Veterans hospital systems were merged along with the Pension Bureau (1776) to form the Veterans Administration. VA was all that you, your parents and grandparents ever knew.

After World War II, Veterans, Veterans’ issues, and Veterans’ hospitals appeared with increasing frequency in the media and popular culture. Hollywood movies such as “The Men,” “Let There Be Light,” “Born on the 4th of July,” and “American Splendor,” helped cement VA as an iconic “brand” within American society.

Shortly after the Veterans Administration became the Department of Veterans Affairs in 1989 (the law was passed in 1988), there was confusion about what to call the new department or what its acronym would be. “VA” had been in use for so long that many employees and Veterans were conflicted about changing it. The services that the new department provided to Veterans were the same as before—only the name had changed. Shakespeare’s words from “Romeo and Juliet,” “a rose by any other name would smell as sweet,” came to mind.

VA Secretary, Ed Derwinski, determined that “VA” would remain our moniker despite the new official name, allowing the term’s legacy to live on into its 85th year in 2015.

The adjacent article was distributed widely in VAnguard magazine’s August 1990 issue so that all employees and stakeholders would be informed that we would remain as VA.



Edward J. Derwinski, last Veterans Affairs Administrator, first Department of Veterans Affairs Secretary, March 1989–September 1992.

We’re Still ‘VA’

Our new status as the Department of Veterans Affairs is creating confusion concerning use of “VA” as an abbreviation.

Standing alone we are “VA” not “DVA.” While our facilities’ formal titles begin with “Department of Veterans Affairs,” the appropriate abbreviation form is “VA,” according to the Secretary’s correspondence managers. This means our facilities’ names still begin with VA, i.e. VA Medical Center, VA Regional Office, VA National Cemetery.

“The VA is a 60-year-old entity. Veterans know there’s a VA—everyone knows it as the VA,” said Secretary Derwinski soon after the agency became a Cabinet department. “We’re going to be the VA, which is a more than adequate, properly historical designation.”

CHAMPVA website resources for beneficiaries www.va.gov/purchasedcare



CHAMPVA is aware that callers have had difficulty reaching CHAMPVA. We apologize for the inconvenience, and we can assure you that we are working diligently on our phone system to resolve this issue. While we are working to fix our system issues, you may find many of the resources available on our website and Interactive Voice Response (IVR) phone system useful. You may also find this information useful after normal phone service has been restored.

To find the information that you need about CHAMPVA, you can start by going to our home page at www.va.gov/purchasedcare.

On the left hand side of the page you will see a number of options that you can select. CHAMPVA beneficiaries can navigate to the CHAMPVA webpage by clicking “Programs for Dependents” and selecting “CHAMPVA.” On the CHAMPVA webpage you can locate:

- The CHAMPVA Program Guide
- The CHAMPVA Policy Manual
- Pharmacy benefits information
- Information on finding a provider
- Information on updating information on file with CHAMPVA

You can also access many of the resources listed above by selecting “Publications” on the left side of

the page. Just a few examples of forms, brochures and fact sheets that can be found on this webpage:

- Brochure, Claim filing instructions for new CHAMPVA beneficiaries
- Fact Sheet 01-19, CHAMPVA and the Affordable Care Act (ACA)
- CHAMPVA Claim Form, VA Form 10-7959a
- CHAMPVA Other Health Insurance (OHI) Certification, VA Form 10-7959c
- Meds by Mail Prescription Order Form, VA Form 10-0426

There are a number of useful functions that can be found on our IVR. When calling our customer service center at 800-733-8387, you will need your Social Security number to access all the options below.

Claim status

After providing your Social Security number, you can request claim status. If you simply need a beneficiary CHAMPVA Claim Form, VA Form 10-7959a, you can order the form on our IVR 24 hour a day, 7 days a week. Please note that the beneficiary claim form is only used if you are filing a claim for yourself. For example, if you have prescription coverage from another insurer besides CHAMPVA and are seeking reimbursement of your co-pays, you need to attach a copy of this form.

If you want to check the status of a claim for a date of service, the IVR will provide the following information for a processed claim: the date paid, the check number, and the amount paid by CHAMPVA. The same information can be accessed on the IVR by the provider of service.

Eligibility

With the eligibility function you can order a CHAMPVA Program Guide, a Release of Information VA Form 10-5345, or a CHAMPVA School Enrollment Certification Letter. A recording provides valuable information on updating information that can affect CHAMPVA eligibility such as proof of enrollment for students between the ages of 18 to 23 and individuals of any age who are eligible for Medicare.

Additionally, the IVR can tell you your dates of coverage with CHAMPVA. As with the claim status function, providers can also access this information 24 hours a day, 7 days a week.

Preauthorization

Many services do not require preauthorization or predetermination by CHAMPVA. If you select this option, you will hear a list of the few services that do require preauthorization and instructions for obtaining preauthorization.

Something Else

- **Catastrophic Cap Calculation.** With this option you can find out how much has been applied to your family Catastrophic Cap of \$3,000.
- **Deductible applied.** With this function you can find out how much has been applied to your individual deductible of \$50.
- **Pharmacy eligibility.** Pharmacy eligibility will tell you if you are currently eligible to use Cata-maran or Meds by Mail. If you are eligible, you can order a Meds by Mail Prescription Order Form, VA Form 10-0426.
- **Dental coverage.** This option provides the phone numbers of Delta Dental and MetLife. Both of these companies offer premium-based dental insurance to CHAMPVA beneficiaries.
- **Other Health Insurance (OHI).** This function will tell you what OHI information is on file with CHAMPVA. If the information is incorrect, you can order a CHAMPVA Other Health Insurance (OHI) Certification, VA Form 10-7959c, to update your file.

Medicare Part D update

If you have Medicare, you have probably considered enrolling in a Medicare Prescription Drug Plan (Part D). If you decide to enroll in Medicare Part D, it is important to remember that you will be considered to have other health insurance (OHI) and that it will be your primary prescription insurance. After the Medicare Part D plan is billed and you pay your cost share, CHAMPVA will reimburse that cost share up to 100 percent of the CHAMPVA allowable amount for prescriptions. You will then be responsible for any costs not covered by Medicare and CHAMPVA. You are still able to utilize your local pharmacy but may be responsible for your primary insurance cost share.

Medicare Part D plans will require you to pay a premium and you will have a yearly deductible. Actual drug plan costs vary depending on the plan you choose and the medications you take. More information is available at <http://www.medicare.gov>.

If you choose to enroll in Medicare Part D, you will not be eligible to utilize CHAMPVA's Meds by Mail (MbM) program. You can only use Meds by Mail if you do not have any other prescription coverage.

Change in preauthorization and appeal process for mental health



Currently, when a provider needs to call for preauthorization of certain CHAMPVA mental health services, they call our contractor, Magellan Health Services. This will soon change. The Chief Business Office Purchased Care (CBOPC) preauthorization unit for CHAMPVA, which conducts preauthorization for other health care services, will conduct the preauthorization of mental health services. Additionally, CBOPC will assume responsibility for all mental health reconsiderations and appeals. Furthermore, our Customer Service Call Center will respond to any mental health benefit questions.

The change will begin in 2016. We will notify providers and beneficiaries if there is a change in any telephone contact information, although this is not expected. Once the change occurs, send your reconsiderations and appeals to:

VA Chief Business Office Purchased Care
Policy Management Department
PO Box 460948
Denver, CO 80246-0948

This realignment of business processes supports VA's mission to administer health care benefits to our Veterans and their families with our core values of integrity, commitment, advocacy, respect and excellence.

Mental health services do not require preauthorization when Medicare or another health insurance is the primary payer. Please note that CHAMPVA is the primary payer to Medicaid (not Medicare) and would require preauthorization. The following mental health services need authorization before VA can approve payment for any claim:

1. Inpatient admissions for acute psychiatric or substance abuse reasons
2. Inpatient substance abuse rehabilitation
3. Inpatient detoxification
4. Residential treatment center
5. Inpatient psychotherapy by a provider in excess of 7 sessions/calendar week
6. Psychiatric outpatient care over 23 visits per fiscal year, or greater than twice a week—this applies even if different providers provide the service. NOTE: the first 23 visits do not require preauthorization
7. Substance abuse outpatient psychotherapy if more than 60 sessions in a benefit period
8. Psychological testing in excess of 6 hours per fiscal year
9. Partial hospitalization program (also known as day treatment)

We are steadfast in our desire to provide Veterans' family members a perfect experience in obtaining the covered care allowed under the CHAMPVA health benefits program. Please contact our Customer Service Center at 1-800-733-8387 if you have any questions about the start date of this change.

Mammography

may
save
your
life



Breast cancer may be a killer if allowed to grow or if left untreated. The good news is, if caught early, the cancer may be treated and may be cured. Mammography and other screening tests may identify the cancer at an early stage, increasing the chances of a cure. Evidence shows that screening mammography may lead to a decrease in breast cancer mortality. Additionally, treated breast cancers detected by screening tests have been shown to have better outcomes when compared to treatment for breast cancer that was identified by symptoms.¹

Breast cancer starts as a small abnormal growth of malignant cells in the breast tissue. The cancer cells grow abnormally, spread into other areas of the body, and these malignant cells then interfere with the normal function of the body. According to the National Institutes of Health,² "In the United States, breast cancer is the most common non-skin cancer and the second leading cause of cancer-related death in women. Each year, a small number of men are diagnosed with and

die from breast cancer... The overall breast cancer death rate has dropped steadily over the past 20 years." Early detection through routine screening, such as mammography, has contributed to the decline of the breast cancer death rate.

A mammogram is an x-ray of the breast tissue that holds the breast tissue down in order to prevent movement while the picture is taken. The mammogram is considered a screening test if you do not have symptoms of breast cancer. Otherwise, if

done to investigate symptoms, it would be considered a diagnostic mammogram.

Recommendations as to the frequency of having a mammography or other screening tests needs to be assessed in relationship to your family history, age, physical and demographic risk factors. There has been recent disagreement as to recommendations of a person's age and the frequency of the screening.

The American Cancer Society recommends screening mammograms for women without symptoms and without high risk factors to be done from age 40 and to continue as long as the woman is in good health. Additionally, they also recommend a clinical breast exam each year. The United States Preventive Services Task Force³ issued recommendations for various populations of women. This organization recommends regular screening mammograms for women without symptoms and without high risk factors to be done every two years from age 50–74.

The CHAMPVA X-ray Mammography Operational Policy⁴ allows for a screening mammogram when there are no symptoms. This operational policy specifies coverage for women with various clinical situations:

1. 35 years of age with a first-degree family history (immediate family) of breast cancer, one screening mammogram every 12 months;

2. 35 to 40 years of age, one baseline screening mammogram;
3. 40 years and older, one screening mammogram every 12 months;
4. 30 and older, one baseline mammogram and one screening mammogram every 12 months thereafter if the woman is considered to be at high risk of developing breast cancer.

The annual frequency and age limitation of screening mammograms do not apply for women who have breast cancer symptoms such as a lump in the breast, swelling in part of the breast, skin irritation or dimpling, nipple retraction, redness, scaliness, thickening of the nipple, breast discharge, or breast or nipple pain. The mammogram done when a woman has a breast problem is a diagnostic mammogram.



In agreement with the American Cancer Society's recommendation for a clinical breast examination, CHAMPVA's Preventive Care benefits⁵ allow for a clinical breast examination including women under age 40 during a covered preventive care visit. The CHAMPVA Operational Policy recommends that a clinical breast exam be performed annually.

Who is considered high risk?

A risk factor is anything that affects your chance of getting a disease such as cancer. Different cancers have different risk factors.⁶

According to the CHAMPVA X-ray Mammography Operational Policy,⁷ a person is considered a high risk for breast cancer if they have any of the following situations:

1. a personal history of breast cancer;
2. a personal history of biopsy-proven benign breast disease;
3. a mother, sister, or daughter who has had breast cancer;
4. extremely dense breasts when viewed by mammogram;
5. known breast cancer BRCA1 or BRCA2 gene mutation;
6. first-degree relative (parent, sister, or daughter) with a BRCA1 or BRCA2 gene mutation and have not had genetic testing themselves;
7. radiation therapy to the chest between the ages of 10 and 30 years;
8. history of Li-Fraumeni (a.k.a. sarcoma, breast, leukemia, and adrenal gland syndrome (SBLA)), Cowden (a disease that causes multiple types of cancers including breast cancer), or hereditary diffuse gastric cancer syndrome, or a first-degree relative⁸ with a history of one of these syndromes;
9. other acceptable high risk factors as may be recommended by major authorities such as the American Academy of Family Physicians (AAFP), American Cancer Society (ACS), American College of Obstetricians and Gynecologists (ACOGG), American College of Physicians (ACP), and U.S. Preventive Services Task Force (USPSTF).

Besides mammography, there are other screening tests that your physician may do or recommend. These include a clinical breast exam, which would be done during a physical exam as discussed above, and a magnetic resonance imaging (MRI). A MRI for an annual screening is covered⁹ for those who are high risk as listed above and who are at least 35 years old. The breast self-exam can also be done in addition to the screening tests.

As with all screening tests, talk with your primary medical provider and ask for their recommendations as to the screening tests that are best for your particular health history. If you have any worrisome symptoms, don't wait for your annual screening test. Notify your primary care provider right away and request an evaluation of your problem.

- 1 http://www.cancer.gov/types/breast/hp/breast-screening-pdq#section/_1 Updated 6/19/15; Accessed 7/16/15
- 2 <http://www.cancer.gov/research/progress/snapshots/breast>
- 3 Final Recommendation Statement: Breast Cancer: Screening. U.S. Preventive Services Task Force. December 2014 <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening>
- 4 http://www.va.gov/PURCHASEDCARE/pubs/champva_policy.asp Chapter 2 Benefits Section 2.1 X-ray Mammography. Last Revised 11/29/13 Accessed 7/23/15.
- 5 http://www.va.gov/PURCHASEDCARE/pubs/champva_policy.asp Last Revised 11/29/13. Accessed 7/23/15.
- 6 <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors> Last Revised 6/10/15; Last Medical Review 9/25/14. Accessed 7/16/15.
- 7 http://www.va.gov/PURCHASEDCARE/pubs/champva_policy.asp Chapter 2 Benefits Section 2.1 X-ray Mammography. Last Revised 11/29/13 Accessed 7/23/15.
- 8 A first degree relative is a parent, sibling, or child – immediate family
- 9 http://www.va.gov/PURCHASEDCARE/pubs/champva_policy.asp CHAMPVA Operational Policy Manual Chapter 2 Section 26.7 MRI...IV. B. 8.

Walking & swimming your way to good health

Let's take a walk

One of the simplest and easiest change you can make to effectively improve your heart health is to walk.

Research has shown that the benefits of walking and moderate physical activity for at least 30 minutes a day can help you:

- Reduce the risk of coronary heart disease
- Improve blood pressure and blood sugar levels
- Improve blood lipid profile
- Maintain body weight and lower the risk of obesity
- Reduce the risk of osteoporosis
- Reduce the risk of breast and colon cancer

Studies¹ are showing that walking 10,000 steps per day improves metabolic syndrome (MetS), a group of cardiac risk factors that include abdominal obesity, elevated triglycerides, and elevated blood pressure. Brazilian middle-aged men wore pedometers for a week and the group with more than 10,000 steps per day was compared to those with fewer. The risk factors were significantly lower, as was total body fat, for those who walked more.

But you don't have to start off with 10,000 steps the first day. This study² enrolled sedentary workers who participated in an annual walk challenge at work. They were asked to increase their steps every week with a starting point of fewer than 1,000 steps per day, so that toward the end of the 12-week contest/study they were walking close to 10,000 steps each day. Several health factors improved in the active group.

Furthermore, another study³ of those who have successfully lost at least 30 pounds and kept it off for one to 10 years showed that about 60 minutes a day of regular activity, along with a reasonable food intake, allowed them to maintain weight loss. Those who reported eating consistently (that is, not over-eating on weekends or holidays) were 1.5 times more likely to be able to maintain their weight loss. The researchers found that if you can maintain for two years, you reduce your risk of subsequent re-gain by 50 percent.

Walking 10,000 steps burns around 400–500 calories a day and since a pound of fat is 3,500 calories, you could lose a pound a week! So everybody who can should get moving!



The health benefits of water-based exercises

People who swim or do water aerobics enjoy numerous health benefits associated with those activities.

Swimming is the fourth most popular sports activity in the United States and a good way to get regular aerobic physical activity. Just two and a half hours per week of swimming and/or water-based exercises, such as water aerobics, can decrease the risk of chronic illnesses leading to improved health for people with diabetes and heart disease. People can also exercise longer in water than on land without increased joint or muscle pain.

For people with arthritis, water-based exercises improve use of affected joints without

worsening symptoms. People with rheumatoid arthritis have more health improvements after participating in hydrotherapy than with other activities. If you don't want to swim or can't swim, simply walking up and down a lane in a pool for 10–20 minutes offers healthy benefits.

If you want to be more active, exercising in water is a good alternative. When in the water, remember to protect yourself and others from injury by practicing healthy and safe swimming behaviors.

Edited from the CDC website http://www.cdc.gov/healthywater/swimming/health_benefits_water_exercise.html

1. **Benefits and relationship of steps walked per day to cardiometabolic risk factor in Brazilian middle-aged men.** Cocate PG1, et al. *J Sci Med Sport*. 2014 May;17(3):283-7. doi: 10.1016/j.jsams.2013.04.017. Epub 2013 Jun 3. <http://www.ncbi.nlm.nih.gov/pubmed/23742850>
2. **The Effects of an Incremental Approach to 10,000 Steps/Day on Metabolic Syndrome Components in Sedentary Overweight Women** Anthony Musto, et al. *Journal of Physical Activity and Health*, 2010, 7, 737-745 © 2010 Human Kinetics, Inc. http://www.humankinetics.com/acucustom/sitename/Documents/DocumentItem/06_musto_ipah_2008_0260_737-745.pdf
3. **Long-term weight loss maintenance.** Rena R Wing and Suzanne Phelan *Am J Clin Nutr* July 2005 vol. 82 no. 1 222S-225S <http://ajcn.nutrition.org/content/82/1/222S.long>

Getting a back to school physical and what CHAMPVA covers

There are about 45,000 CHAMPVA beneficiaries between the ages of 4 and 18 that may need a back-to-school physical when their new school year starts.

CHAMPVA coverage of physicals is very limited. The good news is that if your child is age 17 or younger and their school requires a physical in order for them to attend, CHAMPVA does cover a large percentage of the cost. Once the annual deductible of \$50 per individual and \$100 per family has been met, the beneficiary will have a cost share of 25 percent to pay for the school physical, and CHAMPVA will cover 75 percent of the allowable amount as the primary payer. If CHAMPVA is the secondary payer, there is no cost share in most cases for the CHAMPVA beneficiary.

The allowable amount of the claim is the most CHAMPVA will pay. The annual outpatient deductible is the amount the beneficiary must pay before CHAMPVA pays for covered outpatient medical services. Also, the cost share is the portion that the beneficiary pays after the deductible is met.

In most cases the health care providers will file the claim. If the claim is not filed by the provider, you may obtain a CHAMPVA Claim Form (VA Form 10-7959a) by phone at 1-800-733-8387 or on the Web at <http://www.va.gov/purchasedcare>.

The claim must be filed no later than one year after the date of service.



Recipe Ideas

Moroccan kebabs with vegetables and turkey



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The secret to great tasting kebabs lies in a spice-filled marinade. These skewers boast a variety of colorful bell peppers, cherry tomatoes and a modest amount of lean turkey. The medley of cumin, coriander, cayenne pepper and cinnamon spices gives the dish a Moroccan flair. Marinating meats may also help prevent the formation of cancer-causing substance

Makes 4 servings (2 kebabs each)

Per serving: 286 calories, 12 g total fat (2 g saturated fat), 14 g carbohydrate, 32 g protein, 3 g dietary fiber, 80 mg sodium.

Ingredients

- 8 wooden or metal kebab skewers
- 4 large cloves garlic
- 3 Tbsp. olive oil
- 2 Tbsp. fresh lemon juice
- 1 tsp. ground coriander
- 1 tsp. cumin

- 1/8 tsp. cayenne pepper, or to taste
- 1/8 tsp. cinnamon
- Salt and freshly ground black pepper, to taste
- 1 lb. boneless, skinless turkey breast (or chicken breast)
- 1 medium green bell pepper
- 1 medium orange bell pepper
- 1 medium yellow bell pepper
- 16 cherry tomatoes
- 1 small onion

Directions

Soak wooden kebab skewers in water. Line 2 large rimmed baking pans with foil (1 pan if grilling). Mince garlic. In medium mixing bowl, combine garlic, olive oil, lemon juice, coriander, cumin, cayenne pepper, cinnamon and salt and pepper to taste. Remove 2 tablespoons marinade and set aside in large bowl. Cut turkey breast into 16 equal size chunks. Add turkey to medium bowl with remaining marinade and toss well. Set turkey aside to marinate. Cut and seed each bell pepper; cut into 8 pieces and add to large bowl with reserved marinade. Add cherry tomatoes and toss to coat with marinade. Cut onion in half lengthwise and then each half into quarters, making 8 wedges.

To assemble kebabs on skewers slide on tomato, green pepper, turkey, half an onion wedge, red pepper, other half onion wedge, turkey, yellow pepper and tomato or in preferred order. Lay kebabs on baking pan(s). If broiling, position oven cooking rack 6 inches from broiler and turn on high. If grilling, prepare grill. Broil or grill kebabs 6 minutes. Turn kebabs and cook 6–8 minutes or until internal temperature of turkey is 165 degrees F. Serve with yogurt.

White bean salad



Photo supplied by iStock/Thinkstock

Beans offer great nutrition at a low price and are flexible enough to include in a wide variety of dishes. They're rich in protein, fiber and cancer-fighting phytochemicals like lignans and saponins. Paired with crisp pea pods, cherry tomatoes, hard-cooked egg and a creamy dressing, this cool salad is the perfect light meal for a hot summer day

Makes 4 servings.

Per serving: 215 calories, 8 g total fat (2 g saturated fat), 22 g carbohydrate, 13 g protein, 8 g dietary fiber, 127 mg sodium

Ingredients

- 2 oz. sugar snap peas
- 3 medium red radishes
- 1 can (15 oz.) no salt added navy beans, rinsed and drained
- 1 large green onion, green and white parts, thinly sliced
- 1 Tbsp. finely chopped shallot
- 1 Tbsp. light mayonnaise
- 1 Tbsp. reduced-fat sour cream
- 1 tsp. Dijon-style mustard
- Pinch cayenne pepper
- Salt and freshly ground black pepper
- 1/3 cup snipped fresh dill, plus 16 small sprigs for garnish
- 4 hard-cooked eggs, quartered lengthwise
- 16 cherry tomatoes, halved

Directions

In small pot of boiling water, cook sugar snap peas 1 minute. Immediately drain in colander. Run cold water over peas while tossing until cool. Cut peas into 1/2-inch pieces and place in medium mixing bowl.

Slice radishes, stack slices and cut into quarters making wedges. Add radishes to mixing bowl. Add drained beans, green onion and shallot and toss to combine.

In small bowl, combine mayonnaise, sour cream, mustard and cayenne pepper. Mix to blend and season to taste with salt and pepper.

Add dressing to bean mixture, using fork to toss gently until well combined. Add chopped dill and mix gently. Adjust seasoning with salt and pepper, as needed.

To serve, spoon one-fourth of bean salad in center of 4 salad plates. Place 4 egg wedges around bean salad on each plate. Add 8 tomato halves and 4 dill springs to each plate and serve.

Cucumber dill dressing

Salads are a great healthy choice, but a fatty dressing can load your dish with a lot of extra calories. Store-bought varieties can be high in salt, sugar and unhealthy fats. This creamy topping features refreshing cucumber, yogurt, canola oil and fragrant dill. Refrigerated, it will keep up to one week.

Makes 12 (2 Tbsp.) servings.

Per serving: 38 calories, 3 g total fat (1 g saturated fat), 1 g carbohydrate, 1 g protein, 0 g dietary fiber, 45 mg sodium.

Ingredients

- 1 cup sliced seedless cucumber (peeled if desired)
- 1 6-oz. container plain nonfat yogurt
- 2 Tbsp. canola oil
- 1/4 cup crumbled feta cheese
- Pinch of ground cumin
- 2 Tbsp. fresh dill leaves
- Salt and freshly ground black pepper, to taste

Directions

In blender, purée cucumber, yogurt, canola oil, feta cheese, cumin, dill, salt and pepper together. Toss with greens; serve.



Photo supplied by iStock/Thinkstock

Consumption of high fructose corn syrup; *does it accelerate diabetes?*

America is the fattest nation in the industrial world. And its girth continues to grow. Many things contribute to this trend towards the large sedentary lifestyles and a craving for sweets and soft drinks top the list. Pretty much everything we put in our bodies is laced with, or drenched in some form of added sugar. Today, the average American consumes nearly 77 pounds of sugar a year.

Contributing to our increasing rates of obesity is high fructose corn syrup, a sugar refined from corn.

The sweetener crept into our foods and soft drinks about 40 years ago, around the same time obesity started its upward climb. Does it uniquely cause diabetes and obesity? The jury is still out. According to 2008 findings by the American Medical Association, "AMA finds

high fructose corn syrup unlikely to be more harmful to health than other caloric sweeteners...but more research is needed."

Conversely, in a study published in the journal *Global Health*, countries that mix high fructose corn syrup into processed foods and soft drinks have higher rates of diabetes than countries that don't use the sweetener.

In a 2012 WebMD article, Marion Nestle, professor of food and public health at New York University, says the study in Global Health “is based on a questionable and highly debatable premise: that high-fructose corn syrup is significantly different in its physiological effects from sucrose, or table sugar.”

Both table sugar and high fructose corn syrup are a mixture of two simple sugars — fructose and glucose. Nestle says studies show that the body responds to table sugar and high fructose corn syrup the same way.

Michael Dansinger, MD, an authority on dietary and lifestyle counseling for weight loss and disease prevention, and a scientist with the USDA Nutrition Research Center, suggests that high fructose corn syrup has become increasingly frowned upon by those fighting obesity, diabetes and heart disease because it is such a common source of sugar.

“Anyone who can stop eating foods with high-fructose corn syrup will probably improve one’s health.” But he does caution that simply replacing the sweetener with alternative forms of sugar, such as honey, granulated sugar and brown rice syrup would not necessarily make those foods significantly healthier.

So there are conflicting findings — some in the medical community and food industry argue high fructose corn syrup is directly linked to obesity and others claim all sweeteners are equally bad, and no reason to single out one over the other.



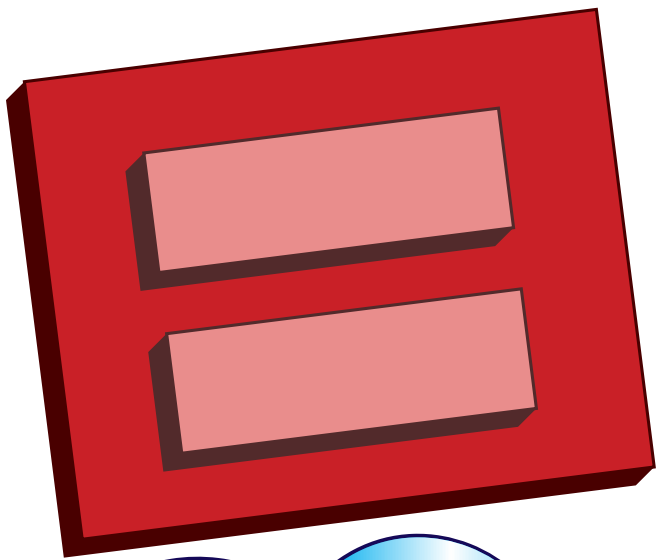
Regardless of the varying opinions, one national food chain is taking action. Panera Bread Co. is removing high fructose corn syrup from their menu.

What does all this mean for Veterans and their beneficiaries and what tips to follow? Same as the rest of America. Stay off sugar. Don’t drink sodas. Nobody needs a soft drink.

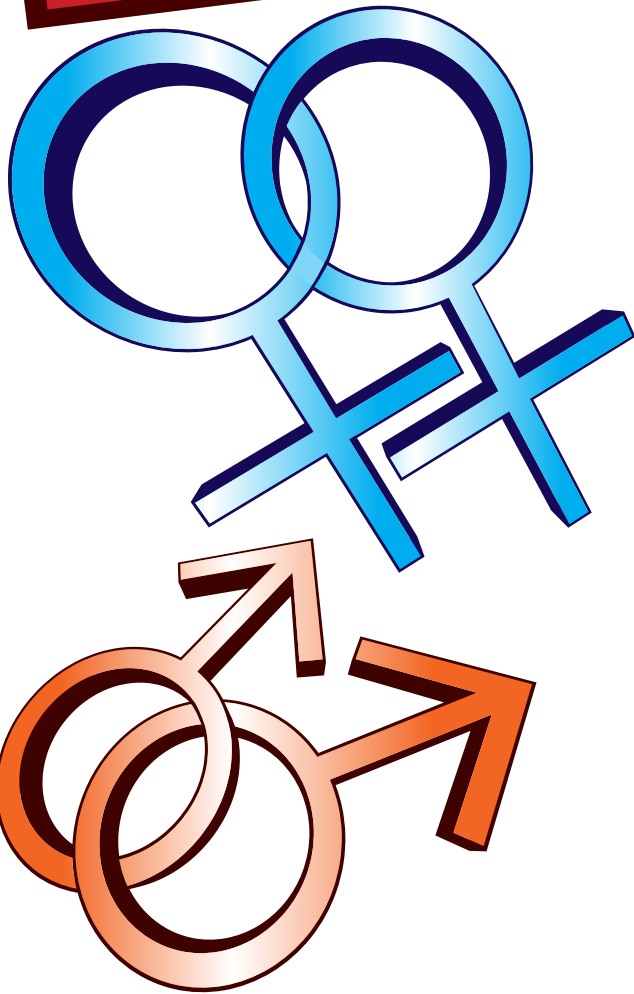
The occasional treat won’t put anyone in an early grave. It is the epidemic consumption of fast foods and sugar that has federal health officials and members of the medical community worried.

There is a lot of available information on this subject so don’t hesitate to do your own research.

The bottom line — too much of any kind of sugar isn’t healthy — no matter where it comes from.



Same sex guidance update



On June 26, 2015, the U.S. Supreme Court held in *Obergefell v. Hodges* that the Fourteenth Amendment of the U.S. Constitution requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-State. Therefore, VA may recognize the same-sex marriage of Veterans, where the Veteran or the Veteran's spouse resided anywhere in the United States or its territories at the time of the marriage or at the time of application for benefits.

VA will work quickly to ensure that all offices and employees are provided guidance on implementing this important decision with respect to all programs, statutes, and regulations administered by VA. Until this guidance has been issued, VA will temporarily wait to adjudicate all claims regarding same-sex marriage that cannot be immediately granted based on prior guidance.

A reminder of the new Purchased Care website
<http://www.va.gov/purchasedcare>

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