




YOUR

# HEALTH



Inside this Issue  
**The CHAMPVA In-House  
Treatment Initiative**

*A look at useful updates and information  
about this important initiative*



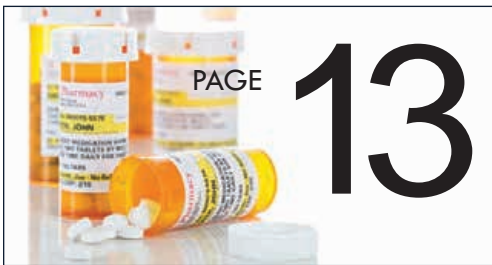
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The CHAMPVA In-House Treatment Initiative (CITI) began with an agreement between the VA medical centers (VAMCs) and the CHAMPVA director in 1992. The intent of this initiative is to allow CHAMPVA beneficiaries the ability to take advantage of excess capacity at VAMCs. Our cover story explains in greater detail updates on this initiative.

## 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 the Veterans Health Administration Office of Community Care and give us your new contact information.

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

**Phone:** 1-800-733-8387

**Email:** Follow the instructions at [http://www.va.gov/communitycare/about\\_us/contacts.asp](http://www.va.gov/communitycare/about_us/contacts.asp) for the Inquiry Routing & Information System (IRIS).

# Useful updates about

# CITI

The CHAMPVA In-House Treatment Initiative (CITI) began with an agreement between the VA medical centers (VAMCs) and the CHAMPVA Director in 1992. The intent of this initiative is to allow CHAMPVA beneficiaries the ability to take advantage of excess capacity at VAMCs. The VAMC is reimbursed by the Office of Community Care for the medical care provided to the CHAMPVA beneficiary.

From 1991–2001, it was reasonable to augment Veteran utilization of VA facilities with family members eligible for CHAMPVA benefits. CITI has now been available to certain members of the CHAMPVA population for nearly twenty-five years. During this time, the demographic and healthcare needs of the Veteran population has changed significantly.

Of course, at Veterans Affairs, our first mission must always be to provide timely, high-quality service to our Veterans. VA medical center participation in CITI

is voluntary and should only be offered to non-Veteran CHAMPVA beneficiaries on a space-available basis. Because the Veteran population at many VA medical centers has grown and placed additional demands on VA Primary Care Services offered to Veterans, many VA medical centers are re-evaluating their participation in the CITI Program.

If you are a CHAMPVA beneficiary currently using services at a VAMC, the CITI Program is just one option that CHAMPVA beneficiaries have to access healthcare. Even if your local facility discontinues participation, you can still see any appropriately licensed provider who will file a claim with CHAMPVA. The provider must be eligible to receive payment from the federal government. Any doctor who accepts Medicare or Tricare may file a claim with CHAMPVA. For this reason, [www.medicare.gov](http://www.medicare.gov) and [www.tricare.mil](http://www.tricare.mil) are both excellent resources for finding a provider.





The Office of Community Care website, <http://www.va.gov/communitycare>, has many useful resources for new beneficiaries and for beneficiaries who want to ensure that they are fully accessing their benefits. You can easily navigate the website by using the tabs on the left side of the webpage. A few of the more frequently used resources are below, found under the publications tab.

- **CHAMPVA Guide.** This is the most comprehensive guide to CHAMPVA benefits.
- **Fact Sheet 01-05: CHAMPVA Pharmacy Benefits.** This fact sheet can help beneficiaries fully use their CHAMPVA pharmacy benefits. Of particular interest to beneficiaries without other health insurance is our free Meds by Mail (MbM) program.

That's right—no cost shares or deductibles with MbM.

- **Fact Sheet 01-20: CHAMPVA—Information for Outpatient Providers and Office Managers.** While this is geared toward providers, many beneficiaries also find this resource very useful. If you are speaking to a provider who hasn't heard of CHAMPVA yet, this fact sheet should answer most of their questions.

Whether you are a new beneficiary, have recently re-located or simply looking for a new medical provider, please keep in mind that you have many options to access healthcare with CHAMPVA. If you have questions about accessing your medical or pharmacy benefits, please call 1-800-733-8387.

# Where to fill prescription

If you are CHAMPVA eligible and do not have any other insurance with prescription coverage, we urge you to take advantage of Meds by Mail (MbM).

## **What is Meds by Mail?**

MbM is a safe, convenient, and easy way to obtain non-urgent (maintenance) medications with no cost share. By having no cost share, you could potentially save hundreds of dollars per year over paying a 25% cost share at your local pharmacy. Medications are delivered directly to your home by mail. MbM is not for medications that are needed right away, like antibiotics or pain medications. These urgent medications should be obtained at your local pharmacy.

## **How Much Will My Prescription Cost?**

There is no cost share or deductible when you use MbM.

## **Do I Have To Enroll?**

No. As long as you don't have any other health insurance (OHI) with prescription coverage and are CHAMPVA or Spina Bifida eligible, you simply send an MbM Order Form with your prescriptions to MbM.

## **Can I Use MbM If I Have Medicare Part D?**

No. Since Medicare Part D is a prescription program and is considered (OHI), you would not be eligible to use MbM. CHAMPVA beneficiaries with OHI that includes prescription drug coverage are not eligible to use MbM.

## **How Long Does It Take to Get a New Prescription Filled?**

New prescriptions take 14–21 days from the day you mail your new prescription. Processing time is less if you take advantage of electronic prescribing. Be sure to ask your health care provider if your prescription can be sent electronically.

## **How Do I Place an Order?**

Have your health care provider write a new prescription for up to a 90-day supply plus refills. If your provider is able to e-prescribe, have them search for Meds by Mail CHAMPVA Cheyenne, Wyo., or NCPDPD #5204437 in their e-prescribing system. This is the fastest way to get your prescription filled. If your health care provider doesn't have e-prescribing capabilities, you must completely fill out a

# your S

MbM order form (one is included in this magazine) and mail the form along with your prescription to your MbM Servicing Center. Remember that any refills exceeding one year expire and you will have to obtain a new prescription at that time.

## **How Do I Get More MbM Order Forms?**

Simply make copies of the form included in this publication. You can also visit <http://www.va.gov/communitycare>, or call 1-800-733-8387 to obtain more MbM order forms.

## **Will I Receive Generic Medication?**

MbM utilizes generic medications as often as possible. Rest assured that if you receive a generic medication you are receiving the same active ingredients that work just as effectively as the brand name medication.

## **How Do I Get a Refill?**

As long as you have refills remaining, call 1-888-370-1699 and follow the voice



prompts. Be sure to have your Social Security number and your prescription number (Rx#) ready. If you'd rather request a refill by mail, you should return the refill slip that was included in your medication package as soon as you receive your medication order in the mail.

### **Can I Still Use My Local Pharmacy?**

Yes. You should always use your local pharmacy for urgent care medications. At the local pharmacy, you will have a 25% cost share (after the annual deductible has been met).

### **Where Can I Find More Information?**

Additional details about the program can be found in the MbM brochure, online at <http://www.va.gov/communitycare>, or you can call the VHA Office of Community Care (VHA CC) at 1-800-733-8387.

If you have urgent prescriptions that need to be filled, you should always use your local pharmacy. VHA CC has contracted with OptumRx®.

### **What is OptumRx?**

OptumRx hosts a network of over 80,000 network local pharmacies for you to use. Local pharmacies can be used to obtain urgent (pain or antibiotic) and non-urgent (maintenance) medications. However, we encourage you to use MbM for your non-urgent medications (there is no cost share with MbM).

### **How Much Will My Prescription Cost?**

There is a 25% cost share after your yearly deductible has been met.

### **Do I Have To Enroll?**

No. As long as you don't have any OHI with prescription coverage and are CHAMPVA or Spina Bifida eligible, you simply take your OptumRx Pharmacy ID card to your local pharmacy. The pharmacy staff will take care of the electronic billing.

### **Can I Use OptumRx's Pharmacies If I Have Medicare Part D?**

Yes. Be sure to tell your local pharmacy that you have both a Medicare Part D plan and CHAMPVA. They will be able to electronically bill both insurances leaving you with no cost share, as long as the prescription is a CHAMPVA covered benefit.

### **Can I Use OptumRx's Pharmacies If I Have OHI with Prescription Coverage?**

No. If you have other coverage with a prescription program it is considered OHI, and you would not be eligible to use OptumRx's pharmacies at this time. CHAMPVA beneficiaries with any OHI that includes prescription drug coverage (except Medicare Part D) are not eligible to use OptumRx's pharmacies.

### **How Do I Find A Pharmacy In My Area?**

OptumRx offers a large network of pharmacies for your convenience. To find one in your area, you can visit <https://vah.rxportal.sxc.com>

### **Can I Still Use Meds by Mail If I've Used My Local Pharmacy?**

Yes. If you don't have any OHI with prescription coverage, we encourage you to use MbM for our maintenance medications; this could save you a substantial amount of money each month. You should always use your local pharmacy for urgent care medications (antibiotics or pain medications).

### **Where Can I Find More Information?**

Additional details about the program can be found online at <http://www.va.gov/communitycare>, or you can call the VHA Office of Community Care at 1-800-733-8387.



# Claim filing brochure useful for new beneficiaries

New beneficiaries are frequently confused about how to file claims for back-dated awards for health care services. Given the complexity of medical billing, who can blame them? They often contact the customer service center with calls that are time-consuming for both the beneficiary and the customer service representative.

We advise beneficiaries that we require an "itemized statement" or "proper coding" to file a claim. However, to the average person who does not work in the medical industry, the statements provided by many health care providers contain a wealth of information and appear to be "itemized" and "coded." Unfortunately, the patient statements provided are usually insufficient for processing. Not understanding that the hospital or clinic statements are insufficient for filing, beneficiaries will send the same hospital statement multiple times, mistakenly believing that the statement contains enough information to process the claim. The result is a great deal of frustration for the beneficiary and multiple duplicate claims for CHAMPVA.

The brochure "Claim filing instructions for new CHAMPVA beneficiaries," is a useful resource to assist new beneficiaries in filing retroactive claims, and is included in the welcome

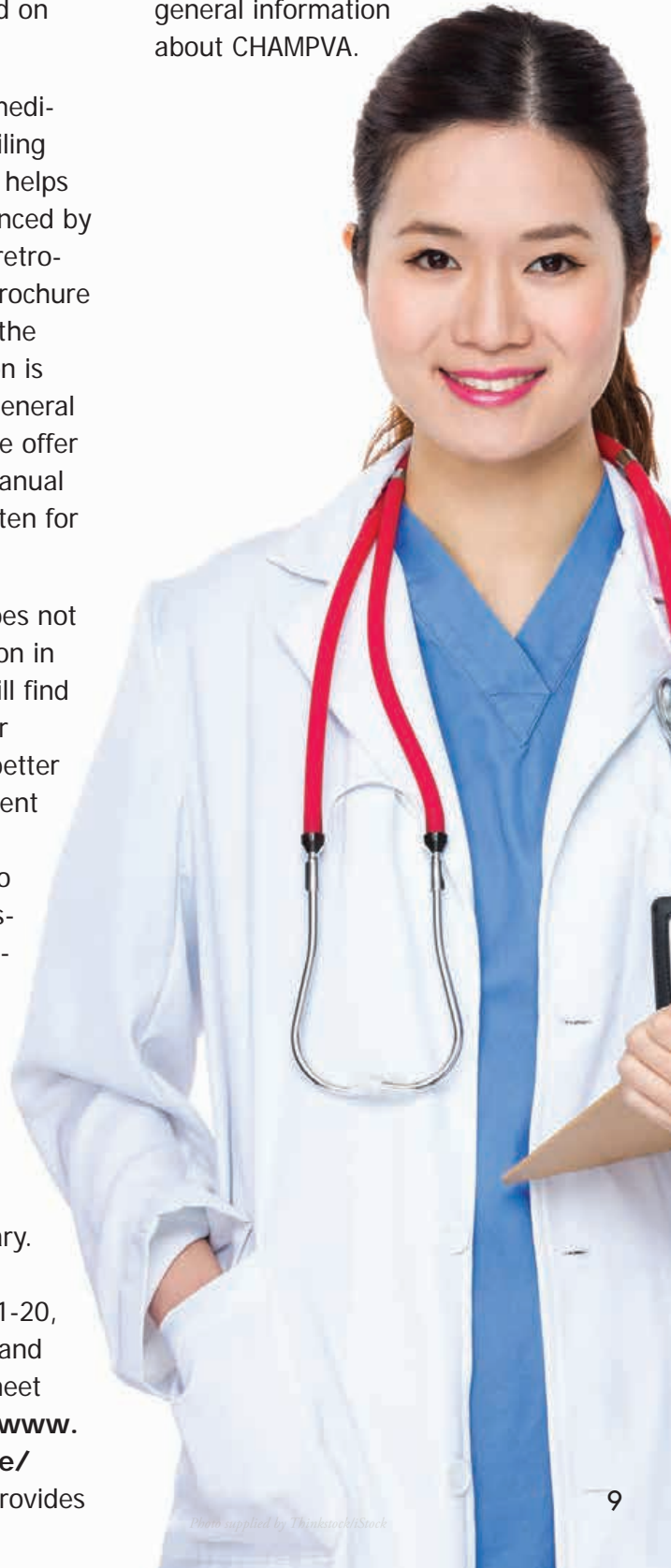
packet sent to new beneficiaries with a CHAMPVA Identification Card. It can also be found on our website.

The brochure discusses medical and pharmacy claim filing in an accessible way that helps reduce confusion experienced by beneficiaries when filing retroactive claims. Also, this brochure is directed specifically to the patient, so the information is more targeted than the general claim filing information we offer in the CHAMPVA Policy Manual or on the web pages written for a provider audience.

Even if the beneficiary does not understand the information in the brochure, they will still find it helpful to photocopy for their providers who can better understand what the patient is requesting. Often the inability of beneficiaries to get the information necessary to receive reimbursement is the result of a simple misunderstanding between the CHAMPVA beneficiary and the provider.

Providers sometimes call on behalf of the beneficiary. In these cases, the best resource is "Fact Sheet 01-20, For Outpatient Providers and Office Managers." Fact Sheet 01-20, found on <http://www.va.gov/communitycare/pubs/factsheets.asp> provides

claim filing information targeted for health care provider and general information about CHAMPVA.



**Confused** about  
**Medicare Part B &  
CHAMPVA  
Requirements?**

**Got A?**

**Gotta  
have B!**





A mail order prescription service for qualified CHAMPVA and Spina Bifida beneficiaries

This form is for Prescription Orders Only

Important Information

- This form must be filled out completely including your Social Security number and Date of Birth for identification purposes. If you cannot be identified, your prescription will not be filled.
Attach the original prescription to this form. Photocopies of prescriptions are not accepted.
This order form is required EVERY TIME a written prescription from your medical provider is mailed.
This form is to be completed by the patient, family member, or caregiver with power of attorney.
Use a separate form for each patient or family member.
Medication delivery may take up to 21 days from the date you mail your order. To ensure that you have enough medication to last until your shipment arrives, request a second written prescription for a 30-day supply from your medical provider that can be filled at your local pharmacy.
This mail order service is provided only for maintenance medication—that is, medications that are required for extended periods of time. All immediate-use or one-time-use prescriptions and all CII controlled substance prescriptions must be obtained at your local pharmacy.

Patient Prescription Information

This form must be filled out completely - TYPE or PRINT information below:

Patient Name: (Last, First, Middle Initial) Patient SSN Date of Birth (mm-dd-yyyy)

Mailing Information (Type or Print where the prescriptions are to be mailed)

Patient Mailing Address: Daytime Phone Number (Including Area Code):
Address 1 Address 2 City State Zip
Home: Cell:
Today's Date:
NON-SAFETY CAP REQUEST:
Federal law requires that your medication be dispensed in a container with a child resistant or safety cap. If you would like your prescription with an "Easy-Open" lid, please sign below:
I request that these prescriptions and all refills of these prescriptions dispensed in "Easy-Open" or NON-child-resistant containers.
Signature:

Medication Allergies

Health Conditions

No known allergies Aspirin NSAIDS Cephalosporin Penicillin Codeine Sulfa Erythromycin Tetracycline Other (specify)
Arthritis Glaucoma Liver Disease Asthma Heart Problem Seizures/Epilepsy COPD High Cholesterol Thyroid Depression Hypertension Ulcer/Acid Reflux Diabetes Kidney Disease Other (specify) Food Allergy (specify)



**Where to Mail your Prescriptions:**

**WEST**

If you live in one of the following states or territories, mail your order form to the address listed below:

Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Northern Mariana Islands, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming.

**EAST**

If you live in one of the following districts, states or territories, mail your order form to the address listed below:

Alabama, Connecticut, Delaware, Florida, Georgia, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Virgin Islands, Washington D.C., West Virginia.

**Telephone:** 1-888-385-0235

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

**Telephone:** 1-866-229-7389

**Address:** Meds by Mail  
PO Box 9000  
Dublin, GA 31040-9000

**How to Request Prescription REFILLS:**

This form is for use when you send a **paper prescription** written by your medical provider. Refill orders should be placed by calling our automated refill system. Simply call 1-888-370-1699 and follow the voice prompts. Refill orders may also be placed using the refill slip that accompanies each shipment of medication. If you choose to reorder by mail, be sure to return your refill slip as soon as you receive your prescription order, as it may take up to **21 days** to process your order. **DO NOT DELAY** in requesting your refills. Read the refill slip carefully, it contains information you will need concerning the number of refills remaining and the prescription expiration date.

**E-prescribing Information**

We now accept electronic prescriptions directly from your doctor. Ask your doctor if they can e-prescribe and tell them the name of the pharmacy is listed as: "Meds by Mail CHAMPVA"

**Provider Information**

Provider Name:

Provider Contact:





# A guide to disposing expired medications



Properly disposing of unused or expired medications is important in order to decrease the possibility of misuse or accidental exposure to them. Proper medication disposal can be confusing and may leave you unsure of what to do. The Food and Drug Administration (FDA) and the Drug Enforcement Agency (DEA) are trying to make it easier for consumers to dispose of their medications properly.

These guidelines should be followed when disposing of medications:

- Check to see if your medication has disposal instructions on the label or on the patient information sheet. Medicine should not be flushed in the toilet or sink unless the instructions specifically say to do so.
- Many communities offer a central location for medications to be disposed of, such as a take-back program. Contact your local law enforcement agency to learn if there is a medication take-back program in your area. You can also call your local city or county

government to see if they have medication disposal guidelines for your area.

- The DEA sponsors a biannual initiative to collect unused and expired medications. Often times, they partner with local law enforcement, hospitals, and sometimes clinics. More information is available on the DEA website [https://www.deadiversion.usdoj.gov/drug\\_disposal/index.html](https://www.deadiversion.usdoj.gov/drug_disposal/index.html) or by calling 1-800-882-9539.

If you are unable to find a take-back location, you can dispose of the medications in your household trash by following these instructions:

1. Take the medication out of the original container and prepare to mix it with something that is undesirable, such as dirt, kitty litter, or used coffee grounds.
2. Mix the medication with the undesirable substance in an empty can or container, with a tight fitting lid, or even in a sealed bag to prevent it from leaking into the trash.
3. Throw the container or bag into the trash.

4. Scratch out your personal information on the original prescription bottle to prevent it from being read; then dispose of the original bottle.

Disposal of inhalers differs from the disposal of oral medications. You should contact your local trash and recycling facility to ensure you dispose of the aerosol properly.

The FDA does recommend that the following list of medications be flushed down the toilet or sink. By disposing of these medications immediately, you will help prevent danger to pets and people in your home.

**Medications recommended for disposal by flushing:**

<b>Medication</b>	<b>Active Ingredient</b>
<b>Abstral tablets</b> (sublingual)	Fentanyl
<b>Actiq</b> , oral transmucosal lozenge *	Fentanyl Citrate
<b>Arymo ER</b> , tablets (extended release)	Morphine Sulfate
<b>Avinza</b> , capsules (extended release)	Morphine Sulfate
<b>Belbuca</b> , soluble film (buccal)	Buprenorphine Hydrochloride
<b>Buprenorphine Hydrochloride</b> , tablets (sublingual) *	Buprenorphine Hydrochloride
<b>Buprenorphine Hydrochloride; Naloxone Hydrochloride</b> , tablets (sublingual) *	Buprenorphine Hydrochloride; Naloxone Hydrochloride
<b>Butrans</b> , transdermal patch system	Buprenorphine
<b>Daytrana</b> , transdermal patch system	Methylphenidate
<b>Demerol</b> , tablets *	Meperidine Hydrochloride
<b>Demerol</b> , oral solution *	Meperidine Hydrochloride
<b>Diastat/Diastat AcuDial</b> , rectal gel [for disposal instructions: click on link, then go to “Label information” and view current label]	Diazepam
<b>Dilaudid</b> , tablets *	Hydromorphone Hydrochloride
<b>Dilaudid</b> , oral liquid *	Hydromorphone Hydrochloride
<b>Dolophine Hydrochloride</b> , tablets *	Methadone Hydrochloride
<b>Duragesic</b> , patch (extended release) *	Fentanyl
<b>Embeda</b> , capsules (extended release)	Morphine Sulfate; Naltrexone Hydrochloride
<b>Exalgo</b> , tablets (extended release)	Hydromorphone Hydrochloride
<b>Fentora</b> , tablets (buccal)	Fentanyl Citrate
<b>Hysingla ER</b> , tablets (extended release)	Hydrocodone Bitartrate
<b>Kadian</b> , capsules (extended release)	Morphine Sulfate
<b>Methadone Hydrochloride</b> , oral solution *	Methadone Hydrochloride
<b>Methadose</b> , tablets *	Methadone Hydrochloride
<b>Morphabond</b> (extended release)	Morphine Sulfate
<b>Morphine Sulfate</b> , tablets (immediate release) *	Morphine Sulfate
<b>Morphine Sulfate</b> , oral solution *	Morphine Sulfate
<b>MS Contin</b> , tablets (extended release) *	Morphine Sulfate
<b>Nucynta ER</b> (extended release)	Tapentadol
<b>Onsolis</b> (PDF - 297KB), soluble film (buccal)	Fentanyl Citrate
<b>Opana</b> , tablets (immediate release)	Oxymorphone Hydrochloride
<b>Opana ER</b> (extended release)	Oxymorphone Hydrochloride
<b>Oxecta</b> , tablets (immediate release)	Oxycodone Hydrochloride

Medication	Active Ingredient
<b>Oxycodone Hydrochloride</b> , capsules	Oxycodone Hydrochloride
<b>Oxycodone Hydrochloride</b> , oral solution	Oxycodone Hydrochloride
<b>Oxycontin</b> , tablets (extended release)	Oxycodone Hydrochloride
<b>Percocet</b> , tablets *	Acetaminophen; Oxycodone Hydrochloride
<b>Percodan</b> , tablets *	Aspirin; Oxycodone Hydrochloride
<b>Suboxone</b> , film (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride
<b>Targiniq ER</b> (extended release)	Oxycodone Hydrochloride; Naloxone Hydrochloride
<b>Vantrela ER</b> , tablets (extended release)	Hydrocodone Bitartrate
<b>Xartemis XR</b> , tablets	Oxycodone Hydrochloride; Acetaminophen
<b>Xtampza ER</b> , capsules (extended release)	Oxycodone
<b>Xyrem</b> , oral solution	Sodium Oxybate
<b>Zohydro ER</b> , capsules (extended release)	Hydrocodone Bitartrate
<b>Zubsolv</b> , tablets (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride

\*These medicines have generic versions available or are only available in generic formulations.

The FDA continually evaluates medicines for safety risks and will update the list as needed.

List revised: April 2016

<https://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

[https://www.deadiversion.usdoj.gov/drug\\_disposal/index.html](https://www.deadiversion.usdoj.gov/drug_disposal/index.html)

# EXPIRATION DATES MATTER

According to the Food and Drug Administration, medications and medical products should not be used after the expiration date printed on the packaging. This is true for both prescription and over-the-counter medications. Manufacturers are required to provide an expiration date for the safety of the patient. If you take a medication after the expiration date printed on the package, there is no guarantee that the medication is still safe and effective. Once a medication has expired, you need to dispose of it properly.

Precaution should also be used when storing medications or medical products. Storing items in a bathroom where there may be high temperatures and high humidity can change the chemical composition of the product and could cause the medication to lose its potency. Be sure to read the label or ask your pharmacist for storage instructions. Pay close attention to medications that need to be refrigerated as a regulated temperature is very important.

<https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm251658.htm>

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=211.137>

# Hormone replacement therapy to treat menopause symptoms



Menopause is a natural biological process, and with it comes hot flashes, night sweats, sleep disturbances, fatigue, and irritability. Those are just some of the common symptoms. Hormone replacement therapy is a treatment used to relieve these symptoms of menopause. It replaces the hormones that are at a lower level as you approach menopause. Today, there are a variety of hormone replacement medications available. Following are some of the types:

- Oral medications are the most common. Some of these can greatly reduce the symptoms of menopause while also reducing the risk of osteoporosis (weakening of the bones).

- Vaginal creams can be used to provide relief from a small set of symptoms when compared to orally ingested estrogen.
- Patches are sometimes a better option than tablets if you think you are unable to take a tablet every day. Most are re-applied every three to four days.
- Implants can also be used and are placed underneath the skin in the area of the abdomen. The implant is small and can last up to six months.

Also available are Bio-identical Hormone Replacement Therapy, which uses hormones that are claimed to be identical on the molecular level made by the human body. The two types,





*Photo supplied by Thinkstock/Stock*

premade and compounded, come in various forms such as pills, creams, patches and gels.

Many effective treatments are available in several preparations that are taken in different ways, so be sure to talk to your provider about the pros and cons of each option.

CHAMPVA benefits allow for cost-share of any medically appropriate prescription drug that is approved by the Food and Drug Administration and is ordered by an authorized provider; however there may be some compound ingredients that are not covered. Over-the-counter or naturopathic preparations or remedies are not covered by CHAMPVA.

#### References:

**<http://www.navacenter.com/community/blogs/different-types-of-hormone-replacement-therapy-for-women>**

**<http://www.nhs.uk/Conditions/Hormone-replacement-therapy/Pages/How-it-works.aspx#forms>**

**<https://www.hysterectomy-association.org.uk/information/hormone-replacement-therapy-hrt-ert/types-of-hormone-replacement-therapy/>**

# CHAMPVA to extend pumps and breastfeeding

CHAMPVA's Operational Policy Manual (COPM) now covers breast pumps and breastfeeding counseling and moves the operational policy from Chapter 2, Section 8.3 of the manual to Chapter 2, Section 14.5, *Neonatal and Pediatric Critical Care Services and Breast Pumps*.

## History

In general, breast pumps and breastfeeding counseling was not covered under CHAMPVA with few exceptions. Operational policy only covered breast pumps for mothers of premature infants who met certain criteria. Heavy duty hospital-grade electric breast pumps, including services and supplies, related to the use of the pump were covered for the mother of a premature infant under the following circumstances:

1. While the premature infant remains hospitalized during the immediate post-partum period.
2. After the infant is discharged from the hospital. The physician must document

the medical reason for continued use of the electric breast pump. This documentation is also required for those premature infants who are delivered in a non-hospital setting.

## The Way Forward

On Dec. 19, 2014, the National Defense Authorization Act (NDAA) for fiscal year 2015 was signed into effect. Section 706 of the NDAA expanded coverage of breast pumps and supplies, as well as coverage of breastfeeding counseling. In order to be the same or similar to TRICARE, COPM Chapter 2, Section 14.5, *Neonatal and Pediatric Critical Care Services and Breast Pumps* will include one manual, or standard electric breast pump, that may be covered per birth and up to six individual outpatient breastfeeding/lactation counseling sessions may be covered.

The limitation to mothers of premature infants is no longer a factor in determining if a mother qualifies to be covered for a breast pump and breastfeeding counseling by CHAMPVA.

## References:

Office of Community Care. CHAMPVA Operational Policy Manual. Denver, n.d.

PUBLIC LAW 113-291—DEC. 19, 2014. CARL LEVIN AND HOWARD P. "BUCK" MCKEON *National Defense Authorization Act for fiscal year 2015*. 19 December 2014.

Title 32 CFR 199.4(d)(1) and (f)(12). "TRICARE Policy Manual 6010.57-M, Chapter 8, Section 2.6." *Breast Pumps, Breast Pump Supplies, And Breastfeeding Counseling*. 8 August 2005.

# coverage for breast feeding counseling



# Too much SUN can lead

## The ABCs of Ultraviolet radiation

There are different types of UV radiation; some UV radiation can pass through the ozone layer of the stratosphere. The shorter the wavelength the more energy it contains but the more likely it will be absorbed by the ozone layer.

- A. UVA has the longest wave length and it is not absorbed by the ozone layer. It is weaker than UVB but it penetrates deeper into the skin and is most constant throughout the year.
- B. UVB has a shorter wave length than UVA, and is not completely absorbed by the ozone in the stratosphere.
- C. UVC has the shortest wave length and has the most energy, but fortunately, it is absorbed by the ozone in the stratosphere.

Summer comes with an abundance of outdoor activities that expose us to sunshine. Like many good things, too much sunshine may not be healthy, especially for your skin. Besides sunburnt skin, wrinkles and freckles, an excess of sun exposure directly on your skin may result in skin cancer, the most common cause of cancer. In many cases it is preventable. Frequently it is treatable.

The purpose of this article is to make sure that you remain healthy so you can continue to have fun outside while protecting your skin, the largest organ in your body.

**The majority of the most common types of skin cancer are caused by exposure to ultraviolet light<sup>1</sup>.**

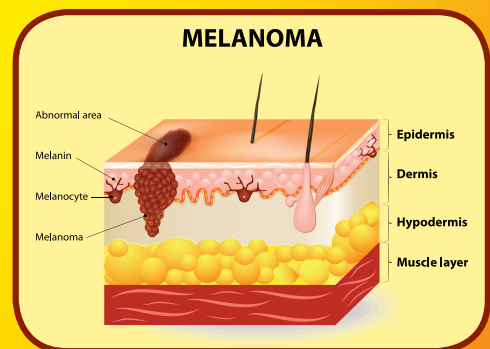
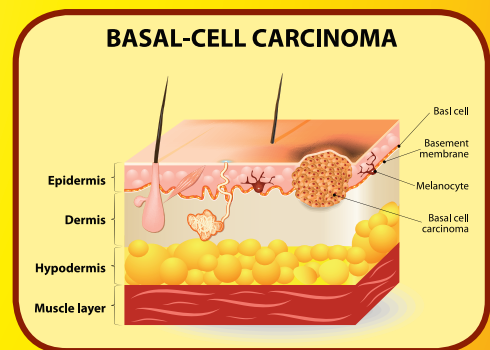
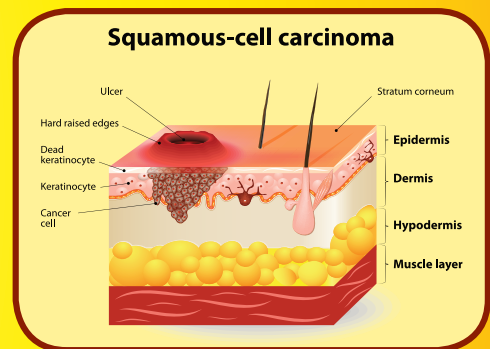
Ultraviolet light is a component of the sun's rays. Other carcinogenic sources include artificial light sources such as tanning lights or even some indoor lighting such as fluorescent, halogen, etc.



# ↓ exposure to **CANCER**

## Types of Skin Cancer<sup>2</sup>:

- 1. Squamous Cell Carcinoma** is usually found on skin that was exposed to the sun, although it may occur in areas that did not receive much sun exposure. This type of cancer may spread or metastasize to other areas of your body. Treatment includes excision of the lesion. If there is evidence that the cancer spread, then the physician will do more tests to determine the extent of the disease. Chemotherapy may be recommended if the cancer spread to lymph nodes or other organs.
- 2. Basal Cell Carcinoma** usually grows slowly. If untreated or not removed completely, it may cause a deformity of the skin. Treatment usually involves removal of the lesion. The technique used to remove the lesion depends on the size and location. Basal cell carcinoma is more common than Squamous Cell Carcinoma.
- 3. Melanoma** is a malignant tumor of melanocytes, which are cells that make the pigment, melanin. Although the rarest of these 3 types of skin cancer, it is the most deadly. Treatment includes an excision of the cancer, and depending on the stage of the disease, chemotherapy and/or radiation therapy might be recommended.



**Actinic keratosis** is not cancer, but it is a precursor of squamous cell carcinoma. These lesions grow slowly, typically appear as red scaly patches and are found on areas that receive regular sun exposure such as hands, arms and face. Since the growth is slow, they don't usually develop into squamous cell carcinomas but if untreated they may develop into skin cancer.



### **How to detect suspicious skin lesions:**

A **melanoma** usually shows up as a change in a mole. Look for any of the following warning signs and show the mole to your physician. The physician will biopsy or remove the mole for a definitive diagnosis.

- ◇ **Asymmetrical**—Is the mole irregular in shape?
- ◇ **Border**—Does the mole have an irregular, jagged or dome shape?
- ◇ **Color**—Does the mole have an uneven color distribution?
- ◇ **Diameter**—Is the mole larger than the size of a pea?
- ◇ **Evolving**—Has the mole changed in the past few weeks or months or has it started bleeding?

If you suspect skin cancer or have a questionable skin lesion<sup>3</sup>, change in skin spot or change in a mole, contact your doctor. Ask the doctor to evaluate the area of concern.

**Risk Factors** for developing skin cancer include the following:

- Frequent or abundance of sun exposure
- Fair skinned complexion
- Family history of skin cancer
- Personal history of skin cancer
- A history of indoor tanning
- Certain types and a large number of moles
- A history of sunburns early in life
- Many moles (more than 50).

## Prevention of skin cancer:

- Reduce the exposure to UV radiation or sunshine. The Environmental Protection Agency<sup>4</sup> recommends teaching children, which also can apply to anyone, the action model ***slip, slop, slap and wrap***.
  - **Slip**—slip on a clothing cover arms and legs. Less exposed skin the better
  - **Slop**—slop on sunscreen. Twenty minutes before going outside, generously apply sun block with at least a sunscreen protection factor (SPF) 15 and re-apply every 2 hours or after swimming, sweating or toweling off. It is best if you use a product that will block both UVA and UVB rays.
  - **Slap**—slap on a hat with a brim to provide shade for your face, head, ears and neck. Avoid hats with holes that let sunlight through to the areas you wish to shield.
  - **Wrap**—wrap on sunglasses that blocks 99 to 100% of UVA and UVB rays. Skin cancer can occur in your eyes and eyelids. The

best sunglass design will wrap around your eyes,

- Take advantage of shade when accessible especially when the sun is at its strongest from 10 a.m. to 4 p.m. Bring shade with you, such as an umbrella, when you will be at an event that does not have natural shade.
- Avoid indoor tanning lights.
- If possible eat egg yolks and fatty fish which are foods with vitamin D. Vitamin levels may decrease due to a reduction in sunlight exposure because Vitamin D is produced under the skin when certain dermal cells are exposed to UVB rays. Your doctor may want to check your vitamin D level. If it is low, than expect a recommendation for vitamin D supplement.

Skin is your first line of defense against germs and dehydration. It helps you stay warm or cool off. Skin helps you look good. Keep it healthy. Prevent a small treatable condition from becoming a larger problem. Prevent it from occurring, and if you feel you have a spot or mole that may be cancerous have it evaluated and treated as soon as possible.

1. CDC Centers for Disease Control and Prevention. Skin Cancer What is Skin Cancer? Page last reviewed Jan 22, 2014. Page last updated Aug 25, 2016. [https://www.cdc.gov/cancer/skin/basic\\_info/what-is-skin-cancer.htm](https://www.cdc.gov/cancer/skin/basic_info/what-is-skin-cancer.htm)
2. Skin Cancer Treatment (PDQ®)—Health Professional Version. Updated: Jan 29, 2016. [https://www.cancer.gov/types/skin/hp/skin-treatment-pdq#link/\\_179\\_toc](https://www.cancer.gov/types/skin/hp/skin-treatment-pdq#link/_179_toc)
3. A skin lesion is a part of the skin that has an abnormal growth or appearance compared to the skin around it. (reference: <http://www.healthline.com/health/skin-lesions>)
4. EPA United States Environmental Protection Agency. Summertime Safety: Keeping Kids Safe from Sun and Smog. Last updated Jan. 10, 2017 <https://www.epa.gov/sites/production/files/documents/summertime.pdf>



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