

YOUR

HEALTH

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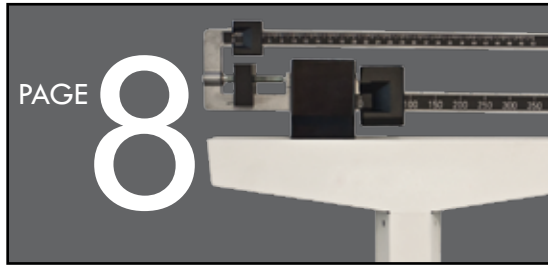
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On the Cover



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More than one in three U.S. adults are considered to be obese, and more than two in three adults are considered overweight or obese, according to the National Health and Nutrition Examination Survey, 2009–2010. Those are stunning findings. Obesity shortens otherwise healthy lifespans, public health advocates say. See our story on page 6. The quality of your life—or even that of your unborn child—could also change dramatically depending on the lifestyle choices you make today. The good news is that even a 7–10 percent loss in weight can lead to many good health effects. See our story on page 4. Lose weight slowly so you can keep it off. The goal is to change your eating habits in “baby steps” rather than dieting, and also to increase activity—walking counts.

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 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

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

TELL US YOUR STORY



The Chief Business Office Purchased Care (CBOPC), which administers CHAMPVA, would like to share your service-related stories with our employees. Realizing the importance of better understanding the people we serve—those who benefit from the CHAMPVA program—we want to honor the people who have served our country and otherwise sacrificed to ensure our continued freedom. The stories will be printed in our internal newsletter. If you are a Veteran, tell us about your experiences, including your name/branch/units/duty stations in which you served. Or, if you are a spouse, child or survivor of a Veteran, share with us the sacrifices you and your family have made to support and encourage your Veteran sponsor, either while they were serving or in your post-service life. We will gladly accept photos to go along with your stories. Photos will be copied and originals returned to you, if a return address is provided.

SEND YOUR STORIES TO:

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

Fast Facts

Data from the National Health and Nutrition Examination Survey, 2009–2010:

- More than 2 in 3 adults are considered to be overweight or obese.
- More than 1 in 3 adults are considered to be obese.
- More than 1 in 20 adults are considered to be extremely obese.
- About one-third of children and adolescents ages 6 to 19 are considered to be overweight or obese.
- More than 1 in 6 children and adolescents ages 6 to 19 are considered to be obese.

Health Risks of Overweight and Obesity

- type 2 diabetes
- heart disease
- high blood pressure
- nonalcoholic fatty liver disease (excess fat and inflammation in the liver of people who drink little or no alcohol)
- osteoarthritis (a health problem causing pain, swelling and stiffness in one or more joints)
- some types of cancer: breast, colon, endometrial (related to the uterine lining), and kidney
- stroke

Obesity: the BIG problem

It's in the news a lot. Our nation is outgrowing itself, and we are only getting heavier. As of 2010, the Centers for Disease Control and Prevention reports that more than a third of all Americans over 20 years old were obese, defined as having a Body Mass Index (BMI) of over 30.^{1,2}

Women over 60 had an astonishing rate of obesity of 42.3 percent.³ And remember, we are talking obese, not just overweight. If you add those people in, the combined group is a staggering 69.2 percent. And nearly 18 percent of our children age 6–18 are obese.

With the recently announced exception of Mexico, the U.S. is far heavier than other countries. Canada has less than a 25 percent obesity rate.

A LITTLE BIT GOES A LONG WAY: The good news is that although “ideal weight” is ideal, even a 7–10 percent loss in weight can lead to many good health effects. Lose weight slowly so you can keep it off. The goal is to change your eating habits in “baby steps” rather than through major changes like drastic dieting, and also to increase activity—walking counts.⁴

WHAT IS HAPPENING HERE? There is no one culprit as to why Americans are getting heavier. Part of it is the “screen time”—our time in front of the computer or TV. We are finding that sitting too long without walking at least once an hour can almost cancel some of the good effects of going to the gym. We are now a very sedentary country.

We are also becoming addicted to sugar. Processed foods often add sugar, especially if these foods have reduced fat. Read the labels and notice that most of the calories saved in fat are substituted by refined carbohydrates.

Portion size is super-sized. Don't eat anything larger than your head. Not even half that big.

1. <http://www.cdc.gov/nchs/fastats/overwt.htm>

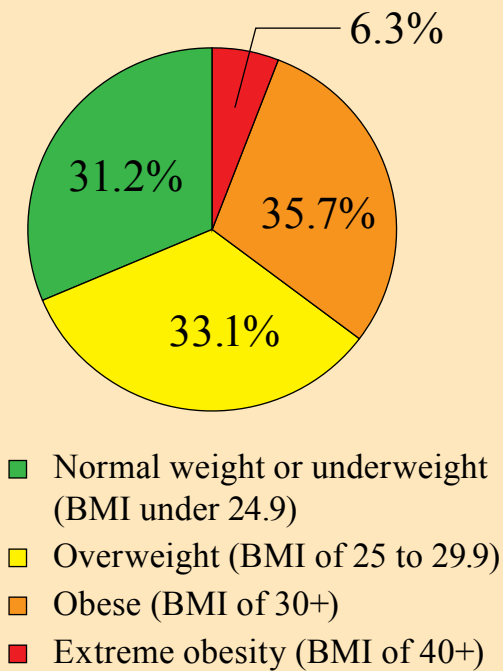
2. <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm> will report your BMI, based on height and weight.

3. <http://www.cdc.gov/nchs/data/databriefs/db82.pdf>

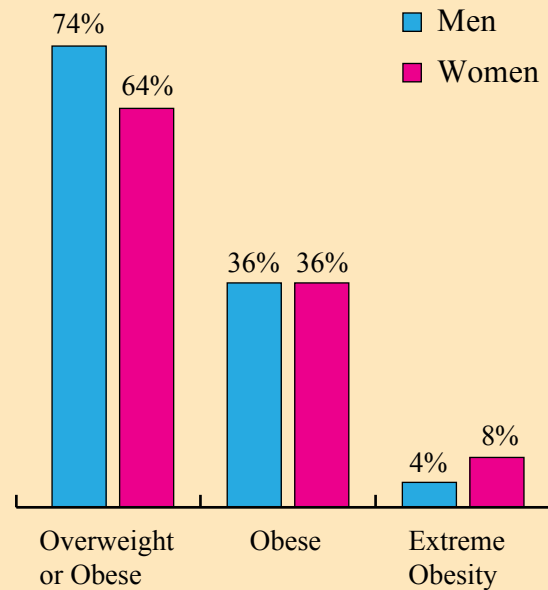
4. http://win.niddk.nih.gov/publications/for_life.htm

Overweight and obesity among adults age 20 and older, United States, 2009 – 2010

Estimated percentage by BMI



Estimated percentage by sex

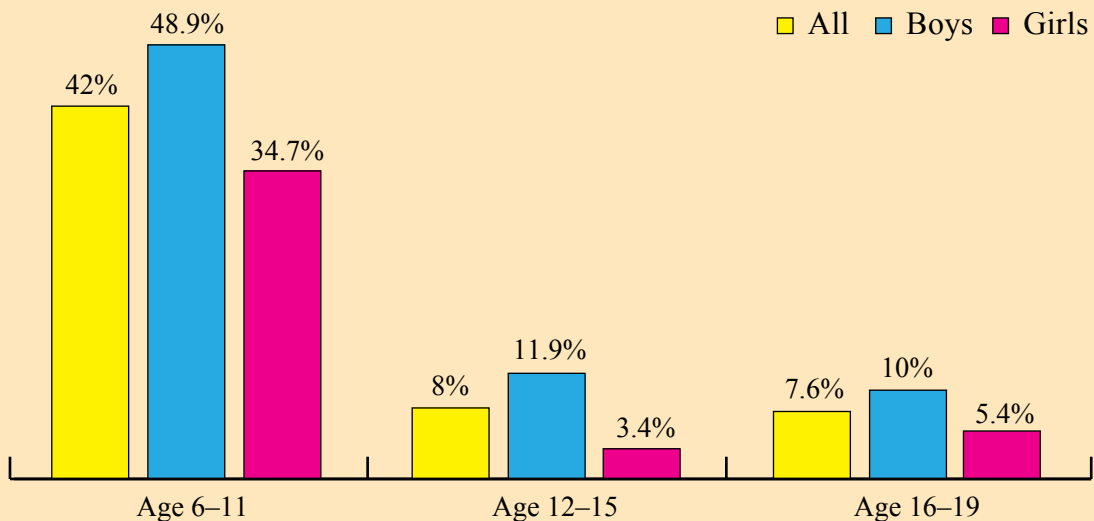


Source: National Health and Nutrition Examination Survey, 2009 – 2010

Children and adolescents

Government physical activity guidelines recommend that children and youth get at least 60 minutes of physical activity daily.

Children and adolescents ages 6 – 19 getting at least 60 minutes per day of physical activity, United States, 2003 – 2004



Source: Troiano RP, Berrigan D, Dodd KW, Mâsse LC, Tilert T, McDowell M.

Physical activity in the United States measured by accelerometer.

Medicine & Science in Sports & Exercise. 2008;40(1):181-188.

OVERWEIGHT RISKS you may not know about

It's too bad that weight loss has been tied so much to how you look — “Get Ready for Swimsuit Season!” — and not to how you feel and to your health. Many people will say to themselves, “I'm not getting into any swimsuit, so why do I care?”

Public health advocates have stressed how being obese shortens healthy life spans and that some diseases are tied to being too heavy. The argument for younger people may be, “Who cares whether I live to be 70 or 80? I won't be able to enjoy life by then anyhow! Give me the Giant Slurp and Over-size Fries with my Doublewide Burger now!”

But the quality of your life — or that of your unborn child — could change dramatically depending on the lifestyle choices you make today.

Incontinence: A study¹ showed that for every 5-unit increase in body mass index (BMI), there was a 20–70 percent increase in risk for losing urine. That is, if your BMI is 34.9, which is obese, you have as much as a 70 percent greater chance of needing pads or Depends than you do if you are at a BMI of 29.9, or overweight. If it's 40 (“super-obese”), you have as much as another 70 percent chance. And if you are too heavy but are lucky enough to not have this problem yet, there is a

30 – 60 percent increased risk of incontinence in the next 5 – 10 years for each 5-unit BMI increase. The authors stated that weight loss led to significant improvement in symptoms, and should be the first-line treatment for this problem.

Erectile dysfunction: Many men (and women) with sexual health issues are obese.² This may be related to metabolic syndrome, which includes high blood pressure and pre-diabetes, which travel with obesity. The authors noted, “We have shown that one-third of obese men with ED can regain their sexual activity after 2 years of adopting health behaviors, mainly regular exercise and reducing weight.”

Extremely premature babies: Obesity has now replaced smoking in many countries as the most important preventable risk factor for poor pregnancy outcomes. A study³ of nearly 1.6 million pregnancies in Sweden looked at women's weight at their first prenatal visit and found increasing risks of premature deliveries, which worsened in relation to the their level of obesity. Compared to normal weight, those who were overweight had an increased risk of having an “extremely preterm” delivery (less than 28 weeks gestation) of about one-quarter more. For the obese (BMI 30–<35),

Body Mass Index

Height (ft/in)

Weight (lbs.)	4'5"	4'6"	4'7"	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"
	120	30	29	28	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17
130	33	31	30	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18
140	35	34	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19
150	38	36	35	34	33	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20
160	40	39	37	36	35	34	32	31	30	29	28	28	27	26	25	24	24	23	22	22
170	43	41	40	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23
180	45	43	42	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24
190	48	46	44	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	27	26
200	50	48	47	45	43	42	40	39	38	37	36	34	33	32	31	30	30	29	28	27
210	53	51	49	47	46	44	43	41	40	38	37	36	35	34	33	32	31	30	29	29
220	55	53	51	49	48	46	45	43	42	40	39	38	37	36	35	34	33	32	31	30
230	58	56	54	52	50	48	47	45	44	42	41	40	38	37	36	35	34	33	32	31
240	60	58	56	54	52	50	49	47	45	44	43	41	40	39	38	37	36	35	34	33
250	63	60	58	56	54	52	51	49	47	46	44	43	42	40	39	38	37	36	35	34
260	65	63	61	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35
270	68	65	63	61	59	57	55	53	51	49	48	46	45	44	42	41	40	39	38	37
280	70	68	65	63	61	59	57	55	53	51	50	48	47	45	44	43	41	40	39	38
290	73	70	68	65	63	61	59	57	55	53	51	50	48	47	46	44	43	42	41	39

Underweight	Normal Weight	Overweight	Obesity	Extreme Obesity
BMI=Less than 18.5	BMI=18.5 to 24.9	BMI=25 to 29.9	BMI=30 to 39.9	BMI=40 and above

the risk was double, and for a BMI of 40 or more, the risks of having preterm babies nearly tripled. Increasing obesity also led to more babies being delivered early due to complications such as eclampsia and infection. The time to lose weight is BEFORE conception, since you need to be careful during pregnancy to nurture your baby.

WHAT TO DO? Find your BMI in the table (above) or calculate your BMI at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

If you need to lose weight (and even 5 - 10 pounds often makes a difference in health), eat smaller

portions, but ramp up colorful vegetables. Try walking after meals — just 15 minutes improves insulin resistance in seniors.⁴ Never skip breakfast; this changes your insulin and free fatty acid responses and may predispose to diabetes.⁵

Finally, stand more, sit less — being sedentary too many hours also changes chemical factors in the body, and can nearly negate benefits of exercising. At the very least, stand up for a minute once an hour. (Imagine having to remind people of this 100 years ago, before everybody had cars, washing machines and computers!)

1. Obesity and Urinary Incontinence: Epidemiology and Clinical Research Update. Subak L et al. J. Urol 2009 December; 182 (6Suppl):S2-S7
2. Obesity, the metabolic syndrome, and sexual dysfunction. Esposito K, Giugliano D. Int J Impot Res. 2005 Sep-Oct;17(5):391-8.
3. Cnattingius S, et al "Maternal obesity and risk of preterm delivery" JAMA 2013; 309: 2362-2370.
4. DiPietro L, et al "Three 15-min bouts of moderate postmeal walking significantly improves 24-h glycemic control in older people at risk for impaired glucose tolerance" Diabetes Care 2013; 36: 1-7.
5. Thomas E, et al "Metabolic effects of skipping breakfast in obese women" ENDO 2013; Abstract OR09-2.

CHAMPVA coverage of

CHAMPVA does not cover non-surgical treatments for weight loss. Medications, exercise programs, or dietary management programs are excluded from coverage. Additionally, office visits, where the only reason for the visit is for the provider to monitor your weight and give you advice on how best to lose weight, are also not covered. Although these office visits, programs and treatments may be medically necessary and appropriate, they are not covered.

Surgical intervention to reduce weight gain is referred to as bariatric surgery. When your excess weight actually causes a disease, interferes with the treatment of the disease, places you at a high risk for disease, or interferes with your body from functioning and you are unable to lose weight through normal means, then CHAMPVA may cover a surgical intervention for weight reduction. Coverage of bariatric surgery depends on a few criteria:

1. Your weight and height—This is converted into an index known as the Body Mass Index (BMI). When your weight and height indicate you are 100 pounds overweight, your BMI is about 40. A BMI of 40 meets

one of the criteria, as it does place a person at a high risk for developing other health problems. A BMI of at least 35 up to 39.9 and a diagnosis of another disease or condition that is made worse or caused by the obesity, which is referred to as a comorbid condition/disease, also meets one of the criteria. Examples of some comorbid conditions include Type II Diabetes Mellitus, Obstructive Sleep Apnea, Pickwickian Syndrome, Hypertension or Coronary Artery Disease.

2. You reached your adult height. This usually occurs by age 18. If you are under 18 years old, the claim should include evidence that your bones have stopped growing.
3. Failed attempts at losing weight through noncovered programs. Even though dietary modification programs are not covered, your medical record must show that you have tried a dietary management weight loss program that does not rely solely on medication that speeds up metabolism, burns calories or decreases appetite. Surgical intervention is a treatment of last



weight loss treatments

resort. It is appropriate only when you have failed at normal weight loss strategies.

Since these surgical procedures do not require authorization, it is important to understand what may be covered and what is not covered. If the VA denies coverage, then you may be responsible for the cost. Not all bariatric surgical interventions are covered. The following list of bariatric surgical procedures may be covered when medically appropriate and the criteria have been met:

1. Roux-en-Y gastric bypass—This surgery achieves weight loss by gastric restriction and malabsorption. The stomach size is reduced allowing it to hold only about an ounce of food. Additionally, the first portion of the small intestine, the duodenum, and part of the next portion (jejunum) is bypassed. This bypass reduces the amount of food that can be absorbed.
2. Vertical banded gastroplasty—This surgery achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, creating a narrow pouch that remains connected with the remainder of the stomach. In addition, a non-adjustable band is placed around this new inlet in an attempt to prevent future enlargement of the stoma (opening).
3. Gastroplasty (stomach stapling)—This procedure achieves weight loss by gastric restriction.
4. Adjustable gastric banding using an FDA approved device, frequently referred to as a LAP-BAND.—This laparoscopic procedure achieves weight loss by restricting the size of the stomach. The device has a port under the skin to allow adjustments by adding or removing saline, which increases

or decreases the restriction of the silicon band around the stomach.

The surgical interventions that are not covered for morbid obesity include the following:

1. Liposuction as a substitute for surgery for morbid obesity.
2. Sleeve gastrectomy—This is a restrictive procedure that removes 80% of the stomach.
3. Gastric bubble or balloon—This is a restrictive procedure and is considered unproven.
4. Biliopancreatic bypass (also known as a jejunoileal bypass, Scopinaro procedure)—This procedure relies mainly on malabsorption because so much of the small intestine is bypassed.
5. Gastric wrapping/open gastric banding.

Prior to any morbid obesity surgery, talk to your surgeon about the benefits and risks for each procedure and option. Ask them to explain what to expect following the surgery. Inquire about how much food you will be able to eat and at what frequency.

Inform your surgeon about your coverage, which can be found at <http://www.va.gov/hac/forbeneficiaries/champva/policymanual/index.asp>. Since we are not the same as Medicare, and we do not preauthorize the procedure, your surgeon may want to review the CHAMPVA Policy on Surgery for Morbid Obesity. If they have questions regarding coverage of a particular procedure, our Customer Service Center representatives would be happy to look up coverage regarding specific procedure codes. That telephone number is 1-800-733-8387.

New VA dental program open to CHAMPVA beneficiaries



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CHAMPVA beneficiaries have the opportunity to compare and purchase dental insurance at reduced rates under a new program. The Department of Veterans Affairs (VA) Dental Insurance Program (VADIP), a three-year pilot program, will be offered by MetLife and Delta Dental insurance companies. Participants will be responsible for all premiums, co-payments and other charges under their selected plan.

The VA would like all Veterans and CHAMPVA beneficiaries to have access to good oral health. Good oral health is more than just a nice smile or the ability to chew favorite foods – it impacts a person’s overall health throughout his or her life.

Coverage under VADIP begins Jan. 1, 2014 and will be available throughout the United States and its territories. The initial participation period will be at least 12 calendar months. Afterward, VADIP participants can renew their coverage for another 12-month period or on a month-to-month basis. CHAMPVA beneficiaries will have the option to continue their dental coverage, even if they are no longer eligible for CHAMPVA benefits, as long as the participant continues to pay premiums to their insurance carrier.

Multiple plan options will allow participants to select a plan that provides benefits and premiums that meets their dental needs and budget. The offered plans vary and may include diagnostic, preventive, surgical, emergency and endodontic/restorative treatment.

Eligibility for VADIP

CHAMPVA beneficiaries are eligible to participate in VADIP, as are Veterans enrolled in the VA health

care program. Participation will not affect Veterans’ eligibility for other VA dental services and treatment. Each participant will pay a fixed monthly premium for coverage, in addition to any co-payments required by his or her plan

Dependents of Veterans are not eligible for VADIP, except those eligible under CHAMPVA. However, separate coverage options may be offered dependents by the insurance carriers.

How to apply for VADIP?

CHAMPVA beneficiaries should contact Delta Dental and/or MetLife directly and comparison shop. They can also go to the VADIP website, although the insurance companies will be the primary and most complete source of information. The VADIP website is: www.va.gov/healthbenefits/VADIP

The contact information for Delta Dental and MetLife follows:

www.deltadentalvadip.org

1-855-370-3303

www.metlife.com/VADIP

1-888-310-1681

If either company says it cannot locate you in its database for eligibility purposes, contact CHAMPVA at 1-800-733-8387. If callers wish to speak to VA staff regarding VADIP, or have questions regarding VA health eligibility, they may call VA toll free at 1-877-222-VETS (8387) Monday through Friday from 8 a.m. to 10 p.m., or Saturday from 11 a.m. to 3 p.m., EST.

Please remember that CHAMPVA beneficiaries are eligible for VADIP, but MetLife and Delta Dental will provide all services and handle premiums, claims and answer questions.

Nibbles

Soup consumed before each meal will fill you up so you will eat less.

Onions have blood thinning properties.

Meat provides protein; you need about 50 grams daily. Three ounces of red meat contain 21 grams of protein, and three ounces of poultry has about 15 grams.

Espresso vs. coffee? The difference between these is the brewing time; neither has proven health benefits.

Fat is not equal. Mono and polyunsaturated fats are GOOD. Saturated and Trans fats are BAD.

Oranges will last about one week at room temperature and about one month in the refrigerator.

Oats! The healthiest type of oatmeal is made from whole-grain, steel-cut oats, coarse-cut or Irish oats, because they retain more of the nutritious bran layer in processing.

Dried bean sugars cause the bacteria in your intestines to produce the gas commonly associated with beans. Soaking beans prior to cooking removes many of the sugars.

Fiber is the part of fruits, vegetables and grains not digested by your body. Undigested materials that pass through your large intestine increase stool bulk.

Acai berry is considered a "superfood;" its antioxidants may help reduce the risk of some diseases by lessening the destructive power of free radicals.

Chocolate can benefit you if you stick to healthy dark chocolate with at least 70 percent cacao.

Tea leaves contain fluoride. Although low concentrations of fluoride are maintained in many public water supplies for dental health, very high fluoride intake (over 2 mg per day for children, 4 mg adults) increases the risk of discoloration of the permanent teeth.

Sugar provides energy but no nutrients, which is why it is called "empty calories."

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** Photo supplied by Hemera/Thinkstock



GOOD & BAD, *watch your cholesterol!*



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, any excess cholesterol builds up inside the arteries. Cholesterol deposits (atherosclerosis) are a major cause of heart disease and stroke, and high cholesterol levels in your blood are also a risk factor for 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. LDL is LOWLY BAD.

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. HDL is HIGHLY GOOD.

Risk factors

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

Prevention

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



Should you take a supplement?

What are the odds that a medical team will prescribe a vitamin or a supplement? Did you know that CHAMPVA won't pay for vitamins or supplements?

Here is an edited version of what an article on the website of the National Institutes of Health says about vitamins and supplements:

“More than half of all Americans take one or more dietary supplements daily or on occasion. Supplements are available without a prescription and usually come in a pill, powder or liquid form. Common supplements include vitamins, minerals and herbal products, also known as botanicals.

“People take these supplements to make sure they get enough essential nutrients and to maintain or improve their health.

“Evidence does suggest that some supplements can enhance health in different ways. The most popular nutrient supplements are multivitamins, calcium and vitamins B, C and D. Calcium supports bone health, and vitamin D helps the body absorb calcium. Vitamins C and E are antioxidants—molecules that prevent cell damage and help to maintain health.

“Deciding whether to take dietary supplements and which ones to take is a serious matter,” noted Dr. Paul M. Coates, director of NIH's Office of Dietary Supplements. “Learn about their potential benefits and any risks they may pose first. Speak to your health care providers about products of interest and decide together what might be best for you to take, if anything, for your overall health.”

Remember these safe uses for supplements:

1. Read the label—seems easy to do and a good idea since supplements taken with other medications can have a bad health effect.
2. The word “natural” doesn't always mean it is safe.

Go to the following link to read the entire NIH article: <http://newsinhealth.nih.gov/issue/aug2013/feature1>

Your Medicare coverage decision

If you are reading this article and you are approaching your 65th birthday, you are not alone. A large portion of the adult CHAMPVA population is currently between age 58 and 64. This article will help you understand what to expect as you approach your 65th birthday and how the choices you make for your Medicare coverage will impact your continued eligibility for the CHAMPVA program.

If you are in receipt of a Medicare disability award prior to age 65, please read on so that you also understand the importance of maintaining your Medicare coverage, especially as it applies to Medicare Part B (outpatient service).

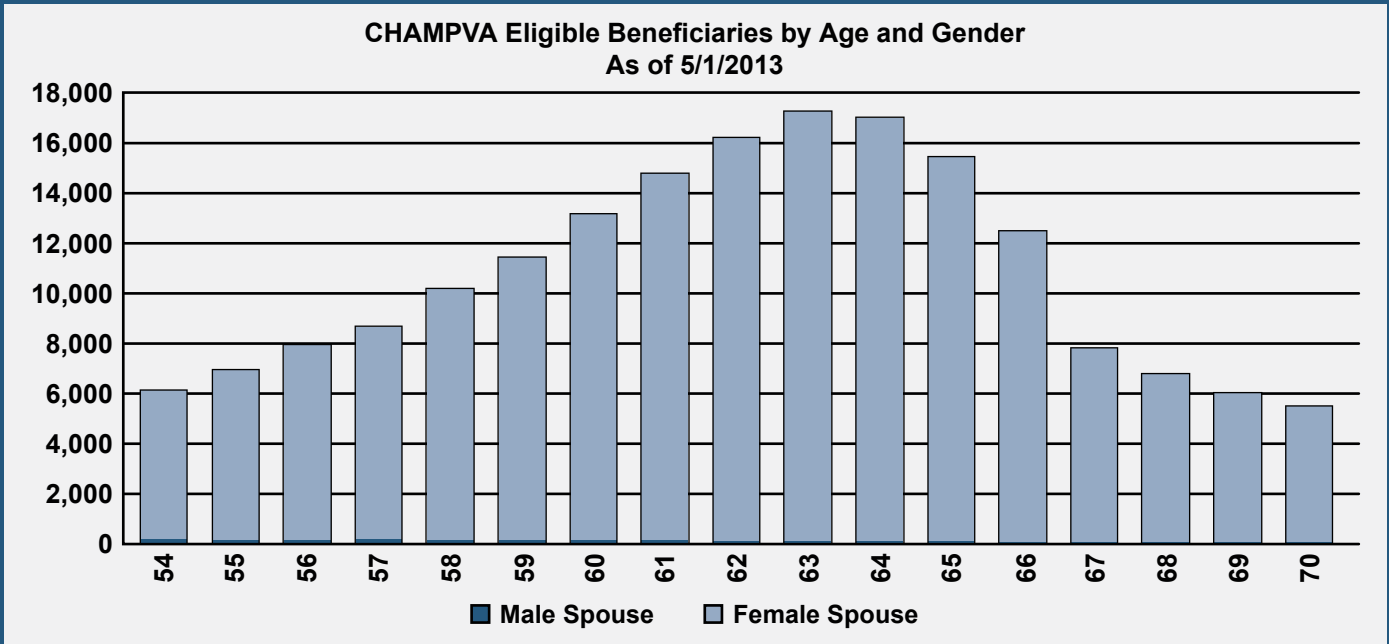
The first and most important item is to keep CHAMPVA up-to-date on your current address and your current status of other health insurance coverage. The fact that you received this magazine means that we currently have a valid mailing address on file for you.

As you approach your 65th birthday, you can expect to receive a series of letters that are designed to help you manage the changes needed to retain CHAMPVA

coverage. These letters are mailed at one year, six months and three months prior to your 65th birthday. If your address changes and we do not capture that change, you will fall off of our mailing list and you will not receive these important notices.

A major issue with CHAMPVA coverage, or eligibility, is that federal law requires you to sign up for both Medicare Part A (premium free) and Medicare Part B. Medicare Part B (outpatient coverage) requires you to pay a monthly premium. You will need to pay this monthly premium if you want to retain eligibility for CHAMPVA benefits. If you elect both Medicare Part A and Medicare Part B, you will retain your CHAMPVA eligibility, and we will pay your Medicare deductibles and cost shares for most of your inpatient and outpatient services.

Once you have contacted Medicare and made your choice for Medicare coverage, you will be issued a Medicare ID card. Please send us a copy of this card as soon as you can. This will allow us to update your insurance file with the dates that your Medicare coverage will start, and it will allow us to process your claims without any interruption in service. Knowing



your Medicare start dates in advance will also allow us to coordinate with Medicare to have your claims forwarded automatically to CHAMPVA. This will not happen unless we are aware of your future Medicare coverage dates and we coordinate with the Medicare claims processing agency at least two to four weeks in advance of your 65th birthday.

You should also make your medical providers aware of your Medicare coverage, and that CHAMPVA will be a secondary payer to Medicare starting at age 65.

If we do not receive a notice that you have signed up for Medicare Parts A and B prior to your 65th birthday, we will suspend processing claims for any prescription you pick up or medical services you receive on or after your 65th birthday. Once we receive your Medicare card, we will generate a new CHAMPVA member card that lists your expiration date as your 120th birthday. This will be your way of knowing that your CHAMPVA eligibility has been extended beyond your 65th birthday.

Another item to consider is that when you turn 65, you will be asked to stop using the CHAMPVA In-house Treatment Initiative (CITI) program.

This will only impact about one in ten CHAMPVA beneficiaries, but it is an important change for those individuals currently receiving CHAMPVA-covered care at a VA medical facility. Your local VA hospital or community clinic will provide you with assistance to send any of your past medical records to a Medicare provider of your choice, but you will need to initiate that request.

It is critical that you continue to pay your Medicare Part B premium once you sign up for Medicare A and B. If you do not sign up for Part B, you will become ineligible for CHAMPVA coverage on any service (inpatient, outpatient or pharmacy) on your 65th birthday. If you stop paying your Medicare Part B premium, we will receive information from Medicare that your Part B coverage has lapsed, and we will be required to discontinue all CHAMPVA coverage as of the date you dropped Medicare Part B coverage. It is also important to remember that if you do not start Medicare Part B coverage on your 65th birthday, or you drop that coverage once it has started, Medicare will charge you a penalty that will add to the cost of your monthly premium for the rest of your life.

Meds by Mail

What is Meds by Mail (MbM) and who can use it?

You can use MbM if you are an eligible CHAMPVA beneficiary who does not have any other health insurance with prescription coverage. MbM will send your nonurgent maintenance medications directly to your home at no charge. Examples include medications for conditions such as high blood pressure, asthma, diabetes, high cholesterol or other chronic conditions.

Are there any restrictions?

MbM cannot ship refrigerated items, including insulin, to a post office box or to areas outside of the continental United States. These items

can only be shipped to a physical address within the continental United States.

MbM dispenses primarily generic medications. If you need a brand name product, you will likely have to use your local pharmacy.

How to order prescriptions:

New prescriptions can be mailed along with VA Form 10-0426 to your MbM servicing center. Be sure to include all of your information on the prescription and on the form; if you cannot be identified your prescriptions will be returned to you unfilled. We've included a copy of the form (see facing page) for you to make copies of for future use!

Refills can be obtained by calling the automated refill line at 1-888-370-1699. Be sure to have your prescription number handy. If you'd rather mail your request, use the form included in your medication shipment. Send it back as soon as you receive your medications to prevent a delay in processing.

Beginning in October 2013, MbM will have the capability to receive ePrescribed prescriptions from your physician. Next time you visit your physician, ask if your prescription can be sent electronically to MbM! This will exclude any controlled substances or narcotics; these will still have to be mailed.

Questions about medications can be answered by your MbM servicing center: Dublin 1-866-229-7389 or Cheyenne 1-888-385-0235.

Questions about eligibility can be answered by the VA's Chief Business Office Purchased Care (CBOPC), which administers MbM, at 1-800-733-8387, or by visiting our website at <http://www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp>



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

This form is for Prescription Orders Only

Important Information

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

How to Request Prescription REFILLS:

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

Where to Mail your Prescriptions:

WEST

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

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

Telephone: 1-888-385-0235

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

EAST

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

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

Telephone: 1-866-229-7389

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

Patient Prescription Information

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

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

MAILING INFORMATION (TYPE or PRINT where the prescriptions are to be mailed)

Patient Mailing Address:	Daytime Phone Number (Including Area Code):		
	Home:		Cell:
	Today's Date		

Is this a change of address? Yes No

Is this a permanent change? Yes No

Is this a temporary change? Yes No

If temporary, what date does the address end (mm-dd-yyyy)?

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: _____ Date: _____

Medication Allergies

<input type="checkbox"/> None	<input type="checkbox"/> Morphine
<input type="checkbox"/> Ampicillin	<input type="checkbox"/> SAIDS
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> Sulfa
<input type="checkbox"/> Codeine	<input type="checkbox"/> Tetracycline
<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Other (specify)

Health Conditions

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Seasonal Allergies
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Seizures/Epilepsy
<input type="checkbox"/> COPD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Depression	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Ulcer/Acid Reflux/GERD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Other(Specify)	<input type="checkbox"/> Food Allergy (Specify)	

	Medication Name	Name of Medical Provider Who Signed the Prescription
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

HOW TO OBTAIN MORE ORDER FORMS: You may either photocopy a blank form, or call the VA Health Administration Center at 1-800-733-8387. Forms are also available on the website: www.va.gov/hac/forms



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. Please take a moment to read these hints and changes that will help us speed up the processing of your claims:

INCLUDE A SIGNED AND DATED CHAMPVA CLAIM FORM

Please include a VA Form 10-7959a (CHAMPVA Claim Form) along with any items that you submit. This identifies you as the submitter and ensures that all reimbursements/payments will be sent to you.

INCLUDE A BILL INVOICE WITH THE NECESSARY INFORMATION FOR PROPER PROCESSING

Make certain that 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, please have the middle name spelled out on the claim form.

SUBMIT PHARMACY SUMMARIES, NOT LABELS

It is best if you submit pharmacy summaries. Your pharmacy can give you a printout for the date range you specify. However, if you find it necessary to submit prescription labels, it is best to send copies of the labels, making certain they are on 8 ½" x 11" pages. 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 will stay together.

DO NOT TAPE PAPERS

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

MAKE SURE ALL PAPERS ARE 8 ½" X 11"

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, please separate them along the perforated lines. Also, please try to ensure that there are no torn or frayed edges.

DO NOT USE HIGHLIGHTERS

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

DO NOT SEND TWO-SIDED DOCUMENTS

It's best if you do not send documents that are two-sided. Our imaging systems do not scan the back of documents. Make a copy of the information on the backs 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 provided. 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 are allowed to 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.

Following these few, simple hints will help us decrease the time it takes to process your claims. 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. We would like to thank you in advance for your assistance as we make every effort to provide you with the sterling customer service you so greatly deserve!

Catastrophic cap

You never have to pay more than \$3,000 a year out-of-pocket 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, 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.



Photo supplied by iStock/Thinkstock

Service Line Level Adjudication

CHAMPVA is proud to announce that we have recently improved our claims processing system.

This improvement is called the ServiceLine Level Adjudication (SLLA) project. The initiative has allowed us to process (or adjudicate) each line of the claim received rather than the claim as a whole; line level versus claim level. Processing claims at the line level is the industry standard for health care claims. Prior to SLLA, claim totals were used to determine payment on a claim.

With SLLA, the payment amounts for each line item are separately computed, and then all lines are totaled to determine what the

system will pay, thus allowing for a more accurate method of determining payment on claims and an increase in the customer service provided.

We do anticipate, and have already realized, some temporary claims processing delays as a result of the SLLA update as employees become more familiar with the changes in the system. The CHAMPVA customer service center may experience an increase in call volume, impacting call wait times.

Beneficiaries should see no difference in how their Explanation of Benefits is presented to them, and they should see no difference in their payment.

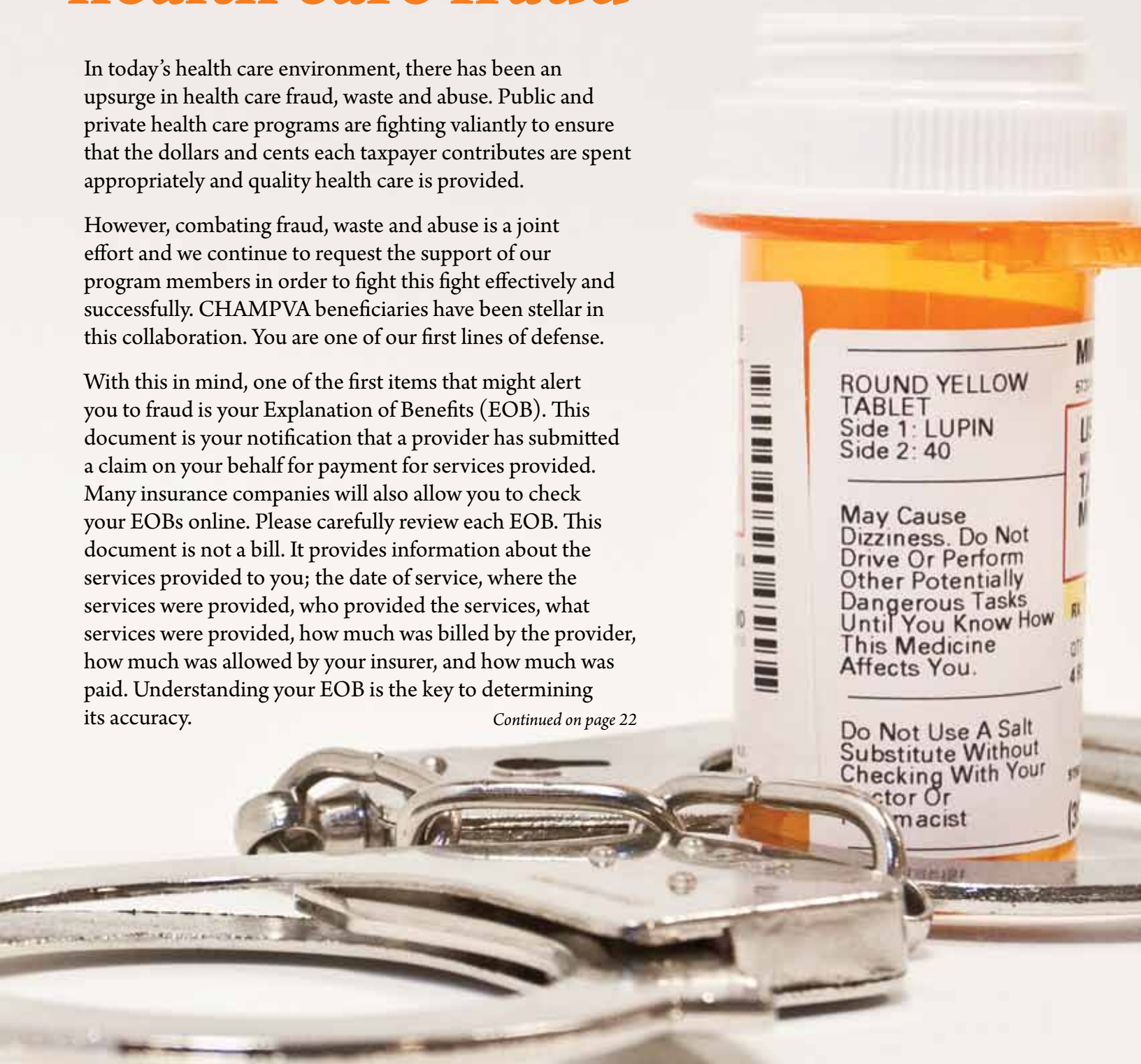
CHAMPVA beneficiaries can collaborate on preventing health care fraud

In today's health care environment, there has been an upsurge in health care fraud, waste and abuse. Public and private health care programs are fighting valiantly to ensure that the dollars and cents each taxpayer contributes are spent appropriately and quality health care is provided.

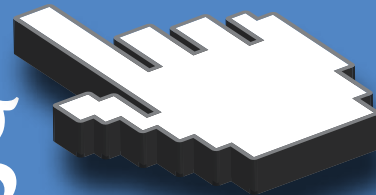
However, combating fraud, waste and abuse is a joint effort and we continue to request the support of our program members in order to fight this fight effectively and successfully. CHAMPVA beneficiaries have been stellar in this collaboration. You are one of our first lines of defense.

With this in mind, one of the first items that might alert you to fraud is your Explanation of Benefits (EOB). This document is your notification that a provider has submitted a claim on your behalf for payment for services provided. Many insurance companies will also allow you to check your EOBs online. Please carefully review each EOB. This document is not a bill. It provides information about the services provided to you; the date of service, where the services were provided, who provided the services, what services were provided, how much was billed by the provider, how much was allowed by your insurer, and how much was paid. Understanding your EOB is the key to determining its accuracy.

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CHAMPVA website will be changing



The CHAMPVA website will change in 2014 to a new website that will better serve you. The address for CHAMPVA's new website will be <http://www.va.gov/purchasedcare>. We will notify you when the change happens in Your Health, our twice yearly CHAMPVA magazine for beneficiaries.

And the old <http://www.va.gov/hac> website will automatically redirect users when we move to the new website.



KAISER PERMANENTE®

Is Kaiser Permanente your primary insurance?

The Chief Business Office Purchased Care, 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. We recognize that this is, and has been, an ongoing problem. We are pleased that we have solved that problem.

This is how it works: To process a claim 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 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-payments 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: Tax identification number and address of your Kaiser provider, date of service, medical code or description of the diagnosis and the procedure, patient's responsibility or patient co-payment for services.

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

Got A?

**Gotta
have B!**



Gluten free pumpkin muffins with buckwheat

Enjoy the rich taste of pumpkin in a muffin that is loaded with nutritional benefits. It combines the wonderful consistency of buckwheat with ground flaxseed and brown-rice flour—all of which are naturally gluten free. Or, if gluten is not an issue, you can substitute whole-wheat pastry flour for the brown rice flour. Either way the result is a unique treat that will add a healthy breakfast or anytime snack to the season.

Buckwheat, which unlike most other grains is a not a grass but a plant crop, has a rich, nutty flavor. It is believed that this ancient crop was first cultivated in China around 1000 AD and reached England in the 1400s. It blends well with brown rice flour, which is ground from un-hulled rice kernels. The results are both hearty flavor and texture with a good amount of fiber. The ground flax adds more fiber and also contains beneficial omega-3 fatty acids.

Of course the overriding flavor is derived from the pumpkin. Its name originates from the Greek word *pepon*, which not surprisingly means “large melon.” The French pronounced it *pompon*. Shakespeare referred to it as *pumpion* and the American colonists called it *pumpkin*. No matter, its taste is the very essence of late autumn and winter flavor.

Moist, with a hint of cinnamon and orange, these muffins provide a mouth watering treat that is sure to please. Best of all, they are low fat, high fiber and packed with vitamin A.

Courtesy of the American Institute for Cancer Research.

Pumpkin Muffins with Buckwheat

INGREDIENTS:

Nonstick cooking spray
1 cup buckwheat flour
3/4 cup brown rice flour (whole-wheat pastry flour may be substituted if gluten free is not desired)
3 Tbsp. ground flaxseed
1/2 cup sugar
1 1/2 tsp. baking powder
1/2 tsp. baking soda
1 1/4 tsp. cinnamon
1/4 tsp. ground ginger (optional)
1/2 tsp. salt
2 eggs, slightly beaten
1 cup canned pumpkin
1/2 cup non-fat milk
2 Tbsp. canola oil
3/4 tsp. orange peel, finely shredded
1/4 cup orange juice (with or without pulp)
1/2 cup raisins (optional)

PREPARATION:

Preheat oven to 400 degrees.

Coat 12, 2 1/2 -inch muffin cups with nonstick cooking spray and set aside. In medium bowl combine dry ingredients. Form a well in center of flour mixture and set aside.

In separate bowl combine eggs, pumpkin, milk, oil, orange peel and juice, beating gently. Add this mixture and raisins, if using, to the flour mixture. Stir gently until moistened—the batter should be a bit lumpy.

Spoon batter evenly into muffin molds.

Bake until muffins are light brown, about 15 to 20 minutes. Place muffin pan on wire rack to cool about 5 minutes.

Carefully remove muffins from molds and serve warm.

Makes 12 servings.

NUTRITIONAL INFORMATION (PER SERVING):

140 calories, 4.5 g total fat (<1 g saturated fat), 22 g carbohydrate, 4 g protein, 3 g dietary fiber, 240 mg sodium.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Chief Business Office Purchased Care
CHAMPVA

Your Health Magazine

ATTN: CBOPC Communications

PO Box 469060

Denver CO 80246-9060