

Your Health

The Magazine for the CHAMPVA Program



Department of Veterans Affairs
Health Administration Center

CHAMPVA

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The A, B, C's (& D's) of Medicare & CHAMPVA

Prior to a change in the law in 2001, CHAMPVA benefits ended when a beneficiary became age 65. Since that time, Medicare and CHAMPVA work together to minimize your out of pocket health care expenses. The VA Health Administration Center in Denver manages your CHAMPVA benefit, while the Centers for Medicare & Medicaid Services manage Medicare.

How it works: When you have eligibility for both Medicare and CHAMPVA, billing for health care services must first be sent to Medicare and any Medicare supplemental plans (usually referred to as Medigap plans) before the bill is sent to CHAMPVA. The claim can be submitted to CHAMPVA after Medicare pays its portion of the bill. We can process the remaining portion of the bill when we receive the provider's bill along with the explanation of benefits (EOB) from Medicare and Medicare supplemental plans (if applicable).

We often receive questions regarding continued eligibility for CHAMPVA when there is Medicare entitlement, as well as questions about coverage and payment. It can seem complicated, so we'll try to reduce any confusion regarding the requirements to continue CHAMPVA eligibility if you are also eligible for Medicare. We will also explain the benefits of using CHAMPVA with Medicare by providing you some of those questions and the answers.

A brief overview of Medicare Parts A, B, C, & D:

Part A: Premium free hospital insurance. You become eligible for Part A coverage if you are age 65 or older or if you are under age 65 with certain disabilities. There is no premium, but there is a copayment.

Part B: Outpatient insurance. There are copayments and premiums that apply. As of January 2007, Medicare Part B premiums are based on your yearly income.

Part C: This is known as the Medicare Advantage Plan. It provides the benefits you'd receive under both Parts A and B and is administered like an HMO. There are different copayments and deductibles and you see an identified network provider. There is an additional premium for the Advantage Plan (beyond the premium you pay for Part B).

Part D: Prescription coverage. Costs for this will vary depending on the plan. There is a copayment. Most plans also charge a monthly premium and a yearly deductible may apply.

Common Eligibility Questions

If I am eligible for Medicare Part A, do I need Medicare Part B to also be eligible for CHAMPVA?

In almost all cases the answer is yes; however, the answer to this question varies based on the circumstances listed below.

- If you are **under** age 65 and eligible for Medicare Part A (to include the end stage renal disease (ESRD) program) you must **always** have Medicare Part B.

- If you are **over** age 65 and never were eligible for **premium-free** Medicare Part A, you do not need Part B.
- If you became eligible for CHAMPVA after June 5, 2001, regardless of your age when you became eligible, you **must** have Medicare Part B.
- If you were **over** age 65 and eligible for CHAMPVA when the law changed in 2001

to allow CHAMPVA benefits to continue, you may have been “grandfathered in.” That means that if you were CHAMPVA eligible as of June 5, 2001, and only had Medicare Part A, the law stated you could continue with CHAMPVA after that date and you did not have to purchase Part B.

If I am enrolled in Medicare Part B, is there any time I can cancel my Part B coverage and still be eligible for CHAMPVA?

No, if you have Medicare Part B, do **not** cancel it. If you cancel Medicare Part B coverage, your CHAMPVA benefits will end on the same date your Part B coverage ended.

My husband just became permanently and totally disabled from a service-connected injury. He is 80 years old and I'm 70. I have Medicare Part A, but not Part B. Will I be eligible for CHAMPVA?

Not at this time. If you are not covered under the Department of Defense TRICARE program, and you purchase Medicare Part B, you can become eligible for CHAMPVA as of the effective date of the Medicare Part B coverage.

I am enrolled in the Medicare Advantage Plan (Part C). Will that affect my eligibility for CHAMPVA?

The Medicare Advantage plan is viewed the same as having Medicare Parts A and B, so there is no impact on your CHAMPVA eligibility.

How do I know if I have a Medicare Advantage Plan (Part C) or a Medicare supplemental plan (a Medigap plan)?

If you are uncertain, and it is not clear from the information you have from the plan, contact them and ask if the coverage you have with them is a Medicare Advantage Plan.

I am a CHAMPVA beneficiary and will soon have my 65th birthday. What do I need to do so that my CHAMPVA benefits continue uninterrupted?

In most cases, you can have all the paperwork done for enrollment into Medicare 90 days before

your 65th birthday. **Make sure you enroll in Medicare Part B.** As soon as you receive your Medicare card that shows the dates your Medicare Parts A and B will begin, send a **copy** of the card to us along with an other health insurance (OHI) certification form (10-7959c). This form is available on our web site at: <http://www.va.gov/hac/forms/>.

We will update your records when this information is received and issue you a new CHAMPVA Authorization Card.

Can I use a VA Medical Center to obtain my care if I am Medicare eligible?

No, CHAMPVA beneficiaries with Medicare cannot use a VA Medical Center under our CITI program because Medicare will not pay the VA Medical Center for the services it provides. If you are currently being seen at a VA Medical Center, but will become entitled to Medicare soon, you will need to find a different provider.

Must I enroll in Medicare Part D, the prescription drug plan, to be eligible for CHAMPVA?

No, you do not need to enroll in Part D to maintain your CHAMPVA eligibility. In fact, there are some benefits of the CHAMPVA prescription programs you would no longer be able to use if you enrolled in Part D. You would not be able to use the Meds by Mail program through which you can obtain your maintenance medications at no cost to you (no premiums, no deductible, and no copayments). You would also not be able to use our network retail pharmacies.

Common Benefit Coverage Questions

Can I file a claim with CHAMPVA for reimbursement of the Medicare Part B premium?

No, you are responsible for the Medicare Part B premiums. If you file a claim for reimbursement of your Medicare Part B premium, we will deny it.

I'm thinking about dropping the Medigap plan I purchased. Is that a good idea?

That's a decision you will need to make. We suggest you carefully look at your health care needs, the services covered by the Medigap plan, and the costs for the plan (premiums, deductibles, copayments). Compare that to the benefit coverage available through CHAMPVA. CHAMPVA doesn't have a premium, and in most cases will pay the full amount of your remaining liability for the health care after Medicare pays. There are a few exceptions to that. For example, Medicare provides a limited coverage for chiropractic services, but chiropractic services are not a covered benefit under CHAMPVA. On the other hand, there are some services such as home infusion therapy that are CHAMPVA covered, but not covered under Medicare. In those cases, we will cost-share the allowed amount with you. There is a "Savings Estimate Worksheet" attached to CHAMPVA Fact Sheet 04-01 that may help you in this decision process. You can obtain the Fact Sheet by visiting our web site: <http://www.va.gov/hac/factsheets/>.

Will my provider file the claim with you after Medicare pays, or do I need to do that?

Talk to your provider. Encourage your provider to assist you by sending us the itemized bill and the Medicare explanation of benefits (EOB) directly.

My provider said something about CHAMPVA not accepting cross-over claims. What does that mean?

A cross-over claim is when Medicare pays the claim, and they have an agreement to send the claim electronically to the secondary payer (CHAMPVA is a secondary payer). Unfortunately we do not have the agreement with Medicare at this time to be able to do that. We are making changes to our claims system so that we will be able to establish this agreement with Medicare and receive the claims electronically from them. Our goal is to have this capability in place within the next 18 months.

I want to go to a provider who doesn't take Medicare. If I do that, will the services I receive be covered by CHAMPVA?

If you have other health insurance, which includes Medicare, you must follow the requirements of that plan for CHAMPVA to pay as secondary on a claim. In this case, then, CHAMPVA would not pay for that service. You must follow the Medicare requirements and obtain your care from a Medicare-participating provider.

Medicare denied coverage for a service because they said it wasn't medically necessary. Can my provider just send the claim to you for payment?

If Medicare indicates the service isn't medically necessary, we will not pay for it either. If you or your doctor believe it was a necessary service, the course of action would be to file an appeal with Medicare. If Medicare overturns their denial and pays the claim, it can then be sent to us for payment of your remaining liability.

If you have additional questions about Medicare and CHAMPVA that you would like to see addressed in future editions of this magazine, please contact us.

Email: www.va.gov/hac/contact
(see CHAMPVA)

Mail: VA Health Administration Center
CHAMPVA
PO Box 65020
Denver, CO 80206-9020



Everything You Ever Wanted to Know About CHAMPVA Catastrophic Cap & Deductible

The health benefit provided through CHAMPVA is, by comparison to other health care plans, excellent coverage.

- With CHAMPVA there is no lifetime or annual maximum benefit.
- With CHAMPVA the most you can pay out-of-pocket for covered expenses is \$3,000 per year per family.
- With CHAMPVA your annual deductible is only \$50 per person and up to a maximum of \$100 per family per year.

Let's explore each of these characteristics in a little more detail.

There is no annual or lifetime maximum financial benefit limit. This means that your health benefit from CHAMPVA never "runs out" or "exhausts." Most other health benefit plans have a definite limit on the amount of benefit you can receive in any calendar year and most other health care benefit plans do place a lifetime limit on the maximum total benefit that you can receive.

Just what is "catastrophic cap"? The most you will pay out-of-pocket for covered expenses in one calendar year is \$3,000 per family, regardless of the number of family members that are covered by CHAMPVA. This is called your "cat cap" or catastrophic cap. This is a health benefit term that means when you have paid out-of-pocket up to your catastrophic cap that your health benefit plan takes over and pays at 100% of the allowed amount for covered services and supplies.

Your CHAMPVA cat cap is calculated based on how much you pay out-of-pocket in each calendar year. It is accumulated by adding the

annual deductible and your cost share (25% of the allowed amount for medical expenses or pharmacy expenses) through the year. After CHAMPVA-covered family members have accumulated a total of \$3,000 in out-of-pocket expenses through cost sharing, CHAMPVA reimburses covered services at 100% of the allowed amount for the remainder of that calendar year.

When does the deductible apply? The annual deductible applies to covered outpatient medical services or supplies, including pharmacy. The annual deductible, which is \$50 per person and up to a maximum of \$100 per family per year, must be paid prior to CHAMPVA reimbursing 75% of the allowed amount. As claims are processed for covered services, the allowable out-of-pocket expenses are automatically credited to individual and cumulative family deductible requirements for each calendar year.

A few helpful tips to remember...please **Do Not** send checks to CHAMPVA to satisfy this deductible amount. The amount should be sent to the provider named on the Explanation of Benefits to which the deductible was applied.

Also, there is **no deductible** that is applied for inpatient services, ambulatory surgery facility services, partial psychiatric day programs, hospice services, or services provided by the VA medical facilities.

If you have questions or need more information about the CHAMPVA Cat Cap or deductible, please contact us.

Toll Free Number: 1-800-733-8387

Email: www.va.gov/hac/contact
(see CHAMPVA)

Helpful Hints

What is the difference between an Appeal and a General Correspondence Inquiry?

The Appeals Section at the Health Administration Center (HAC) often receives correspondence requesting reconsideration or an appeal for a denied benefit, payment, or eligibility issue. However, upon review of the reconsideration or appeal, the issue doesn't always meet the criteria. Here's some helpful information that may assist in identifying when an appeal may be requested for denied services.

Appeal Requests

- Benefit coverage issues that are not specifically excluded by regulation or program policy.
- Authorization requests.
- Claims for services that were not submitted timely to the program.
- Second level mental health appeals (first level appeals are completed by our mental health contractor).
- Denied services when the bills are found to be incidental or unbundled (Explanation of Benefits denial reason code numbers 1000–1008).

Non-Appealable Decisions

- The cost-share or deductible amounts; by law, this amount is payable by the beneficiary.
- Sanctioned or excluded medical providers by the Department of Health and Human Services or the Office of Inspector General.
- Veteran service-connected disability ratings, as they are decided by the local servicing Veterans Administration Regional Office (VARO).

All reconsideration and appeal requests must clearly state why it is believed the decision is in error and provide any new and relevant information not previously considered within applicable time frames. If the reconsideration or appeal request does not identify the reason for the dispute, it will be returned without further consideration.

Reconsideration or appeal requests should be mailed to:

Department of Veterans Affairs
Health Administration Center
ATTN: **Appeals**
PO Box 460948
Denver, CO 80246-0948

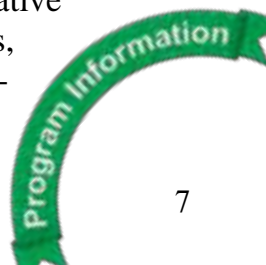
General Correspondence Decisions

- Corrected claims.
- Recovery requests (check tracer or overpayment).
- Resubmission of a claim with a requested Explanation of Benefits.
- Requests for general information.
- Resubmission of a claim with medical documentation that was previously requested.
- Resubmission of a claim with codes that were missing when initially billed.
- Administrative errors by the HAC, e.g., incorrect date of service entered.


To ensure a prompt and timely response to general claim inquiries, requests for additional information, or resubmitted corrected claims, please send the inquiry directly to the:

VA Health Administration Center
CHAMPVA
ATTN: **Correspondence Unit**
PO Box 65023
Denver, CO 80206-9023

When submitting a corrected claim for payment, the correspondence should clearly indicate that the claim has been corrected or stamped stating, "Corrected Claim". This approach is helpful in other situations such as, administrative errors by the HAC, recovery requests, resubmission of a claim with requested medical documentation, etc.



Reasons it is Necessary to Provide Other Health Insurance Information to the HAC



Other Health Insurance (OHI) is another health plan that you may have through your employer, spouse's employer or other government programs such as Medicare. Claims involving a payment from another health insurance plan may result in reduced costs to you or, depending on the combined OHI and CHAMPVA payment, no cost share at all. You or the provider must file the claim with the other insurance plan before submitting it to CHAMPVA for payment. CHAMPVA is always the secondary payer (by law) unless you are receiving care under Medicaid, State Victims of Crime Compensation Program, or you have a CHAMPVA supplemental insurance policy.

We at CHAMPVA will ask you to complete a CHAMPVA OHI Certification Form (form 10-7959c) and submit it to us. You must inform us of any change to your OHI as well as a change to any family members' OHI status. OHI cer-

tification forms are available at www.va.gov/hac. CHAMPVA must be aware of other health insurance to know when there may be double coverage. Knowing this, we can ensure that there is not a duplication of benefits paid between the other health insurance coverage and CHAMPVA. The explanation of benefits (EOB) from the OHI provides the documentation for us to coordinate benefits and pay your claim appropriately. Failure to provide us accurate information regarding OHI coverage could be considered fraud. If it is determined that you had other insurance when CHAMPVA paid as the primary (first) insurer, recoupment action will be taken against you or the provider for the services paid. Failure to provide OHI certification when requested will result in denial of CHAMPVA claims.

Source

http://www.va.gov/hac/forbeneficiaries/champva/indicators/lesson4/other_health_insurance.html

CHAMPVA Offers a Mail Order Pharmacy Service

If you don't read anything else today—READ THIS!

Are you tired of paying for your medications? I hope you said yes, because I want you to read this. One of the best programs offered by CHAMPVA is Meds by Mail. This year over 80,000 beneficiaries have used the Meds by Mail program. Here are a few comments from users.

My medications always arrive on time.

I don't know what I would do without this benefit.

Thank you—thank you—thank you!

Just in case you don't know about Meds by Mail, it's a mail order pharmacy service for CHAMPVA beneficiaries who don't have other health insurance, designed for your maintenance medications.

Your medications are delivered directly to your mailbox. Still interested? And the best part is that

you have absolutely no out-of-pocket expenses. There are no copays like what you're now paying at the pharmacy.

Try it one time. If you don't like it, and want to go back to using your local pharmacy, that's OK. At least we got you to see how it works, and it doesn't cost you a cent!

If you would like to find out more about the Meds by Mail Program, or if you would like to apply, please contact us.

Phone: 1-800-733-8387

Email: <http://www.va.gov/hac/contact>
(see CHAMPVA)

Website: <http://www.va.gov/hac/forbeneficiaries/meds/meds.asp>

Family Status Changes

The following events will cause a “family status change” at CHAMPVA

- Marriage
- Divorce
- Child’s Birth/Adoption
- Child reaching the age of 18 or 23
- Child marries
- Child is rated by VARO as “helpless child”
- A family member becomes eligible for Medicare



Whenever one of the above events occurs, please contact CHAMPVA. You may call our toll-free number to report the event or submit a statement of the event to CHAMPVA and provide the supporting documentation. Examples of supporting documentation would be a marriage certificate, divorce decree, birth certificate, adoption decree, VARO rating decision for a helpless-child, or a copy of a Medicare card.

When a child reaches the age of 18 their CHAMPVA eligibility ends. To continue CHAMPVA coverage up to the age of 23 the child must be a full-time student at an accredited institution. To continue coverage, a “school certification letter” is required. This school letter must be on the school’s letterhead, include the student’s name, SSN, certify full time status, dates of enrollment, projected graduation date, school official’s title, and signature.

If the anticipated graduation date is included in the school certification letter, the eligibility will be updated out to the graduation date. The student is required to annually submit a statement to CHAMPVA stating that they continue to be a full-time student at an accredited institution.

Step children must live with the veteran to be CHAMPVA eligible and are no longer eligible when the sponsor (veteran) and mother of the step-child are divorced. Step children also become ineligible when they no longer live with the veteran. The only exception would be a child over the age of 18 attending a post secondary accredited school (college).

It is important that CHAMPVA be notified of status changes as quickly as possible. When the notification is delayed by several months or years,

benefits may be paid in error and will have to be returned to CHAMPVA.

Again, you may contact CHAMPVA to report a change of family status by writing us or calling our toll-free number:

Toll Free Number: 1-800-733-8387

Address: CHAMPVA
ATTN: Eligibility
PO Box 469028
Denver, CO 80246-9028



There are Several Ways to Get Your Pharmacy Claims Paid

If you have CHAMPVA as your primary health plan and you have no other health insurance that provides pharmacy coverage, then you can take your prescription to most major retail pharmacies and the pharmacy will fill your prescription. The pharmacy bills CHAMPVA for 75% of the allowed cost and you pay 25% of the allowed cost to the pharmacy. The 25% that you pay is your cost share. **Do not** send CHAMPVA a claim for your 25% cost share. The program does not reimburse cost shares.

If you have CHAMPVA as your primary health plan and you have no other health insurance that provides pharmacy coverage and you prefer to have your prescriptions filled at a pharmacy that does not participate with the CHAMPVA pharmacy network, then you may submit a claim for reimbursement to CHAMPVA for that prescription. This means you must pay the full amount at the pharmacy counter instead of taking advantage of the 75/25 program described in the paragraph above. Regardless of what you paid, CHAMPVA will reimburse you at 75% of our allowed cost for that prescription. Remember, CHAMPVA does not reimburse for the 25% cost share portion of the prescription.

When you have a prescription filled at a non participating pharmacy, complete and sign the CHAMPVA Claim Form (VA Form 10-7959a) and submit it along with a receipt from the pharmacy that has all of the following information on it:

- name and address of the pharmacy
- date of purchase
- NDC (this abbreviation stands for National Drug Code—an eleven digit number that uniquely identifies the drug you purchased with your prescription)
- name of drug

- quantity of drug
- dollar amount you paid

A second (and simpler) method for reimbursement is to ask your pharmacist to provide you with a user print out of your paid prescriptions for the purpose of submitting a claim. Double check that it has all of the following information:

- name and address of the pharmacy
- date of purchase
- NDC
- name of drug
- quantity of drug
- dollar amount you paid

Have your pharmacist sign the form. Then submit the form with your signed CHAMPVA Claim form.

This second method also works great if you are a new beneficiary and you have backdated eligibility. Your pharmacy will have information on file for several years. You don't have to go on a search for receipts that may be years old. Just get the user print out from your pharmacist as described above and have your pharmacist sign it. Then mail it to CHAMPVA along with your signed CHAMPVA claim form.

For those of you who have primary insurance that provides pharmacy coverage, you can be reimbursed by CHAMPVA for your out of pocket copay amount under your primary insurer benefit.

Submit the CHAMPVA claim form and include the Explanation of Benefits (EOB) from your primary insurance provider. Your EOB should show how much you paid. It may be that you have the pharmacy receipt in lieu of an EOB and that can be submitted. You then send in your EOB along with your CHAMPVA claim

form and we will reimburse you at up to the amount you paid or our allowed amount, whichever is less.

Following the second method described above, just have your providing pharmacy give you a user printout for the purpose of submitting a claim. Double check that the user printout has the following information:

- name and address of the pharmacy
- date of purchase
- NDC
- name of drug
- quantity of drug
- cost of the drug
- amount your primary insurance paid
- dollar amount you paid

Have your pharmacist sign the form. Then you can mail it in to us along with your signed CHAMPVA Claim form.

For those of you who have CHAMPVA as your only pharmacy benefit, the Meds by Mail Program is available to you. This program is only for medicine that you take on an ongoing, recurring basis. The Meds by Mail program is not for short term or single use pharmacy prescriptions. For your ongoing, recurring medicine requirements you can have your physician provide you with long term (up to 90 days

supply per refill) prescriptions and mail them into the Meds by Mail program using Meds by Mail prescription order form (10-0426). If this is your first use of the Meds by Mail Program please also send in Meds By Mail Patient Profile Form (10-0426a), so that any allergic reactions can be tracked. Both of these forms are available at www.va.gov/hac/forms/ or by calling the CHAMPVA Customer Service Center at 1-800-733-8387. Approximately 21 days after receipt of your Meds by Mail application and your signed prescriptions, you will begin receiving your medicine by mail at no cost to you! After you start receiving your medicine by mail, you just keep a current prescription on file with Meds by Mail so that you have no break in the medicine they send to you.

Remember that everyone in the CHAMPVA program is subject to an annual deductible of \$50.00 per person per year (\$100 per family per year). You pay the first \$50.00 toward your health benefit or prescriptions. Your initial prescription cost for every year may be out of pocket if you have not already met your annual deductible.

Whichever method you choose for taking care of your prescription costs, we at CHAMPVA hope you will find this benefit helpful. We are committed to providing you with ongoing, exceptional service.

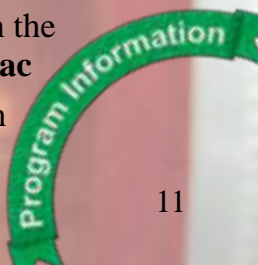
Submitting Pharmacy Claims

If you are submitting pharmacy claims, the following information is required:

- An invoice/billing statement that includes:
 - Name, address, and phone number of the pharmacy
 - Name of prescribing physician
 - Name, strength, and quantity for each drug
 - Eleven (11) digit National Drug Code (NDC) for each drug
 - Charge for each drug
 - Copayment for each drug
 - Date prescription was filled

Also provide the sales receipt (cash register receipt) with the date and dollar amount that corresponds to the date and dollar amount on the pharmacy invoice/billing statement.

Use CHAMPVA Claim Form (VA Form 10-7959a) which can be requested at any time (including evenings and weekends) by calling 1-800-733-8387 and selecting the claim form option from the voice mail menu or go to www.va.gov/hac Mail claims to VA Health Administration Center, CHAMPVA, PO Box 65024, Denver, CO 80206-9024





Medical Director, Dr. Anne Hazelton, MD, MSPH

I began with my undergraduate degree in chemical engineering, and then worked as a biomedical engineer, with a year of graduate studies in that field. I then graduated from UC Davis School of Medicine, with postgraduate Family Practice and Internal Medicine training. After starting a family, I earned my Master of Science of Public Health, which qualified me to become Board Certified in Preventive Medicine.

Occupational Medicine has been my field for over 20 years, including Compensation and Pension examinations for the Veteran's Administration. I have been consulting for Worker's Compensation and Medical Disability Case Management for large corporations, having been Medical Director for USWest (CO and WY) and Swedish Hospital Occupational Health.

In September of 2000, I began expanding my practice to the legal arena, with Medical Record Reviews and testimony for employability issues in divorce cases. After completing The Biomechanics of Musculoskeletal Injury (a one-semester senior level course at the School of Mines, completed in 5/04), I began performing Independent Medical Examinations, record reviews and testimony in the area of medical causality for car collisions and other trauma. I was accepted in federal court to provide expert testimony in the field of biomechanics, as well as occupational and preventive medicine.

In June 2006, I became the Medical Director for the Health Administration Center, an element of the Veterans Health Administration in the VA, working out of their office in Denver. This is a part time position that fits well with my other activities.



Hollie LaGrotta, RN, CCM

I initially began studying biology, however changed to a nursing curriculum.

When I graduated I began my nursing career, focusing on oncology. I worked on an oncology unit for several years. I then segued into administration of chemotherapy and did investigational protocol studies for the Southwest Oncology Research Group. I have also worked in the ER, ICU and OB units over my tenure as a nurse.

I then transitioned to the home care arena and co-owned a home care company concentrating on administration of IV medications and blood products in the home. I was on the IRB (Investigational Review Board) for the Montrose Clinic in Houston to support ethical and safe research

studies. I was also a panel member involved in the appropriation and distribution of monies under the Ryan White grants as well as for people with HIV.

From there I began disability case management for USWest (now Qwest) and then with workers compensation for other companies, which I still do.

I have completed 25 years as an Air Force Reserve Nurse having been an inflight aerovac nurse. I have been on deployments and have been called to active duty on several occasions. I now work as a Health Care Integrator, attached to Buckley AFB, CO.

I work part time assisting the Medical Director at the Health Administration Center with a focus on both employee and beneficiary health.

Supplements for Women

Dr. Anne Hazelton, MD, MSPH

What May Help & What Probably Won't

Although there is no “magic pill” to replace the need for a healthy lifestyle (including good food and physical activity), some supplements may help. Two new studies (below) take a look at this ever-changing area of recommendations, but a large review article from 2006 did not find a clear benefit. Remember too that although a particular substance may not be useful for one condition, we don't know for certain whether it might help prevent other diseases until large studies are done.

The Good News

Women receiving calcium and vitamin D were less likely to develop a non-skin cancer (the skin-damage cancers were not counted) after over four years of supplementation. The same was NOT true for calcium supplements alone. However, this was a small study of 1000 women, and no single type of cancer incidence was reduced to statistical standards. The dose of vitamin D was 1000 IU and can be found in several calcium/vitamin D products (be aware that skin exposure to sunshine provides Vitamin D too, but this is a double-edged sword, as too MUCH sun exposure leads to skin damage and skin cancers).

Reference: Lappe JM, Travers-Gustafson D, Davies KM, Recker RR, Heaney RP. Vitamin D and calcium supplementation reduces cancer risk: results of a randomized trial. *Am J Clin Nutr* 2007;85:1586-1591 (Medline® abstract).

The Not So Good News

Antioxidant supplementation for preventing cardiovascular events has been studied, and it does not seem as promising as we had hoped. In a recently published trial, researchers looked at the effects of three supplements, vitamins C and E and beta carotene, in 8171 women (mean age, 60) with a history of heart disease or at least three risk factors for this.

After about nine years, 1450 women experienced a cardiovascular event. Overall, no reduction was observed in prevention of heart attack, stroke, procedures to re-establish blood flow to the heart, or a cardiovascular cause of death. The amount of the supplementation was vitamin C 500 mg/day, vitamin E 600 IU every other day, or beta carotene 50 mg every other day, taken alone or in combinations. There was a marginal benefit of vitamin E for one subgroup.

Reference: Cook NR et al. A randomized factorial trial of vitamins C and E and beta carotene in the secondary prevention of cardiovascular events in women: Results from the Women's Antioxidant Cardiovascular Study. *Arch Intern Med* 2007 Aug 13/27; 167:1610 (Medline® abstract).

The Controversy Continues

Despite some promising studies (above), a review article did not find a clear advantage for supplements, except possibly for certain groups, such as the use of folic acid by pregnant women to prevent birth defects.

Reference: Huang et al. The efficacy and safety of multivitamin and mineral supplement use to prevent cancer and chronic disease in adults...*Ann Intern Med.* 2006 Sep 5; 145(5):372-85.

Summary

Although some supplements may help prevent some diseases, many remain unproven. Talk to your doctor about whether you should have supplements, and if so, what type. Keep in mind that five servings of fruits and vegetables a day will provide a balanced group of nutrients (some of which we might not even know the true importance of), so be sure to eat healthy for your best baseline well-being!

A Few Complications of Diabetes

Hollie LaGrotta, RN, CCM

Some researchers are saying that diabetes should almost be classified as a cardiovascular disease, as the two are so often linked. Many complications, which can be reduced with good diabetic care, are related to problems in maintaining adequate blood flow to the organs and limbs of the body.

Heart Disease in the Diabetic

The most common cause of heart disease in a person with diabetes is hardening of the arteries (atherosclerosis) which is a buildup of cholesterol in the blood vessels that supply oxygen and nutrition to the heart. When the cholesterol plaques break apart, they cause blood clots that can block the blood vessel. This can lead to a heart attack. The same process can happen in all of the arteries in the body, resulting in lack of blood to the brain, which can cause a stroke, or lack of blood to the feet, hands or arms causing poor circulation. Regular check ups with your provider along with blood work to determine your cholesterol levels, are important for early detection and treatment if your cholesterol levels are too high.



in the skin's sweat glands, making feet dry and leading to cracking. Change in the body's circulation can also lead to other foot problems. Diabetic foot care starts with controlling blood sugar levels.

Foot Health Suggestions (check with your doctor first)

Use diabetic foot cream and toenail oil—they can help counteract the effects of dry skin. When skin becomes dry and cracked, fungal infections and slow healing skin become a major problem.

Massage, both by hand and with foot rollers, can prevent diabetic foot problems caused by poor circulation and muscle weakness. Diabetics should never use over-the-counter wart or callous removal treatments. These products are too strong and can damage the skin on a diabetic's feet.



Insoles with proper foot support, shoes with good air circulation, and clean dry socks to help support proper blood circulation are all very important tools in preventing serious foot injury in the diabetic. These will help a great deal in preventing pressure ulcers, fungal infections and bone problems.

Eyes

Patients with diabetes are more likely to develop eye problems such as cataracts and glaucoma, but the disease's effect on the retina is the main threat to vision. Most patients develop diabetic changes in the retina after approximately 20 years. The effect of diabetes on the retina, the back part of the eye where images are focused, is called diabetic retinopathy. The arteries in the eye become weak and leak, causing small bleeds that can cause swelling and decreased vision. This leads to circulation problems and affects the oxygen



Kidneys

Diabetes can cause damage to this vital filtering organ, leading to the need for dialysis or kidney transplant. Yet another reason to take care of yourself and your blood sugar.

Feet

Poor circulation (peripheral vascular disease) and **Neuropathy**

The effects of neuropathy (nerve damage leading to decreased feeling) can make foot care essential. There can be a change

to the eye. New vessels try to form to bring oxygen to the eye. These are very fragile and break easily. When they break, “floaters” can occur. Vision can be reduced. If this progresses, scar tissue may form and either the retina can become detached or glaucoma can occur. Regular eye exams with an ophthalmologist can help identify this early on to support early diagnosis and treatment. So get your eye exams regularly.

Mouth

Periodontal Disease can be more pronounced in diabetics.

This is a bacterial infection of the gums, bone and ligaments that support the teeth and anchor them in the jaw. The bacteria are normal inhabitants of the mouth and form a film of dental plaque and calculus (tartar) which stick to the teeth. The bacteria produce poisonous toxins which stimulate the immune response to fight the infection. If the disease process is not stopped, the supporting structures of the teeth will continue to be destroyed, leading to tooth loss. There is also concern that this process may be linked to heart disease. Brush and floss and see your dentist regularly!



HgA1c (also known as the hemoglobin A1c)

If you have diabetes you may have heard of this lab test.

What is it? Well, in the body red blood cells (RBC's) circulate in the blood, they live about three months before they die off. Sugar rides along with the RBC's. When sugar sticks to these cells, it gives us an idea of how much sugar was around for the preceding three months. In most labs, the normal range is 4-5.9%. In poorly controlled diabetes, the

| HbA _{1c} (%) | mmol/L | mg/dL |
|-----------------------|--------|-------|
| 4 | 3.3 | 60 |
| 5 | 5.0 | 90 |
| 6 | 6.7 | 120 |
| 7 | 8.3 | 150 |
| 8 | 10.0 | 180 |
| 9 | 11.7 | 210 |
| 10 | 13.3 | 240 |
| 11 | 15.0 | 270 |
| 12 | 16.7 | 300 |
| 13 | 18.3 | 330 |
| 14 | 20.0 | 360 |

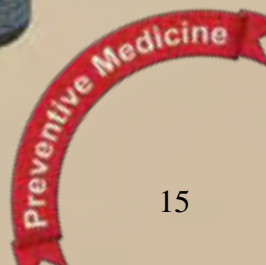
value is 8.0% or above, and in well controlled patients it's less than 7.0%. The benefits of measuring HgA1c is that it gives a more reasonable view of what's happening over the course of time (three months), and the value does not bounce as much as finger stick blood sugar measurements. So, an HgA1c is to a single blood glucose as a snapshot is to a motion picture—one captures a moment in time, the other offers a longer picture with more information.

References

National Institute of Diabetes and Digestive Kidney Diseases

American Diabetes Association

National Institute of Dental and Craniofacial Research



Automobile Safety

Dr. Anne Hazelton, MD, MSPH

Car crashes are one of the larger public health concerns, with many young (and not-so-young) lives cut short or drastically changed in an instant. Here are some tips, besides the obvious ones of buckling up EVERYONE in the car, including car seats and booster seats—see videos at <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=77971>.

Be awake, avoid distractions. Along with added precautions for winter driving hazards, remember that “drink driving” [the Australian term which stresses that the driver does not need to be “drunk” to be impaired] still is one of the biggest killers.

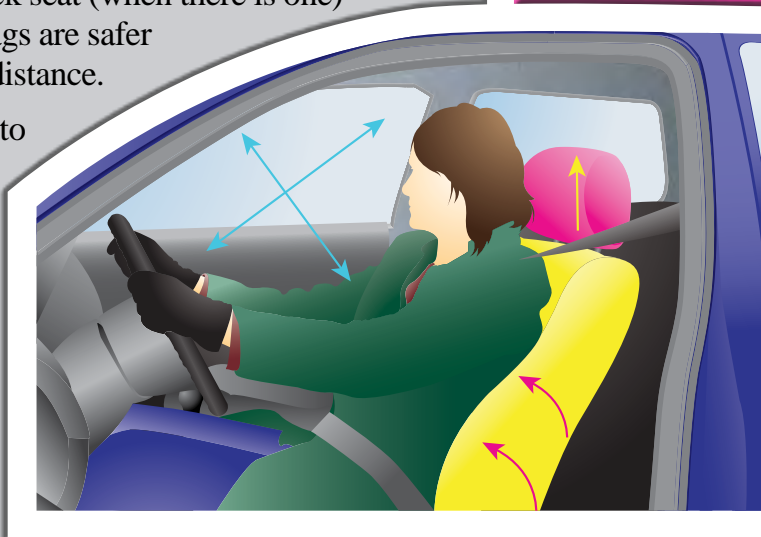
Think About Flail Space

There is a concept that the more room you have to move before contacting the interior of the car, the safer you are. Picture the crash-test dummies flailing about...it's the sudden stop against an object that is more likely to injure or kill you. Sit as far away from the steering wheel or dash as possible, while you can still drive comfortably and give the passenger in the back seat (when there is one) a little space too. Air bags are safer when you allow some distance.

When you are looking to buy a car, get a sense of the room around you. Surprisingly, some larger cars have smaller “flail space” than some compact cars. It is a sad fact that before side-curtain air bags became available

(and nothing is 100% effective), it was common for the driver's head to be hit by the grill of the vehicle that had side-impacted him. (Also, roundabouts are safer because they reduce the dreaded T-Bone impact at intersections). Flail space is good because gradual deceleration (by seat belts and/or air bags) beats a sudden stop against hard metal any day.

Road designs have also improved safety. But still, in bad weather, when the traffic has to go slow, drive carefully. Come to think of it, there are fewer fatalities during bad weather, compared to good weather and dry roads, because people speed faster in clear weather and forces are higher. And remember, the weakest link on the highway is still the driver. Be careful out there.



Adjust...

...your head rest, and have everyone in the car do so also. The middle of the back of your head should be level with the middle of the head rest. It is NOT a “neck rest.” If the rest is too low, the head can be “ramped” OVER

the top of the head rest during a crash. Picture how much worse that would be than the head being stopped while the neck is still relatively straight. (Refer to your owner's manual for details for this and other tips.)

Keep Your Seat More Upright

You are not driving a recliner. The more you have to lean forward to see the road, the farther your upper back and head are from the supporting seat and head rest.

In a rear-end accident, the seat first moves forward relative to you. The more distance there is, the more speed that is built up before the seating structures meet your body and the worse the rebound is.

Get the Safety Options

If you are in the market to purchase another car, look for one with Electronic Stability Control (ESC). ESC is a computerized system designed to improve a vehicle's handling by intervening at the limits of traction and helping the driver maintain control of the vehicle (http://en.wikipedia.org/wiki/electronic_stability_control).



The Insurance Institute for Highway Safety, IIHS* states: "About half of the fatal passenger vehicle crashes that occur each year involve a single vehicle. Equipping vehicles with ESC can reduce the risk of involvement in these crashes by more than 50 percent." It goes by other names in various models, so check the link below to make sure. This wonderful safety feature is becoming more common. For 2007 models, it is standard in 58% of all passenger cars, 87% of SUV's, but only 8% of pickups.

* This system can save many thousands of lives per year, since this safety advancement helps PREVENT the crash, rather than just trying to protect the occupants after the crash.

*See this link <http://www.iihs.org/ratings/esc/esc.aspx> and look especially at the videos there that explain the concept. You can also look at this link, <http://www.safercar.gov> for the "star" safety ratings and other features. This system rates each model to look at risk of head and chest injury in frontal, side, and rollover crashes.

Also, look for ACTIVE head restraints. These move upward and forward during a rear-end crash, meeting the head sooner to reduce the "whiplash" motion. Some are as simple as having a plate in the upper part of the seat back which moves the headrest forward as the torso contacts the seat back more firmly, a little like a "teeter totter."

GIVE yourself ROOM
ADJUST head rests
SIT UP & pay attention
GO FOR the safety options



Sleep Sweet Sleep

Hollie
LaGrotta
RN, CCM

When we sleep well, we wake up feeling refreshed and alert for our day. Sleep affects how we look, feel and perform. Both quality and quantity are important. Some experts are saying that adults need 6.5 to 8.5 hours of sleep per night. Teens, however, need at least 8.5 hours of sleep to leave their bodies rejuvenated. Sleep is essential for muscle repair, memory consolidation and release of hormones regulating growth and appetite.

There are Many Stages of Sleep

The onset of sleep occurs when we relax, our heart rate and breathing even out, and our body temperature decreases. In deep sleep, which is also restorative sleep, our muscles relax, blood supply to the muscles increases, tissue growth and repair occurs, energy is restored, hormones are released (especially important is growth hormone needed for growth and development). Sleep may also be instrumental in reinforcing our memories and, some experts believe, essential to processing complex emotions. Dream sleep occurs about 90 minutes into sleep and occurs throughout the night. This sleep provides energy to the brain and body and supports daytime performances; the body becomes immobile as the signal from the brain to the body is turned off. Certain hormone levels decrease during sleep (such as ghrelin and leptin) which are involved in feeling of hunger and fullness. When we are sleep deprived we may eat more and gain weight.

Sleep Tips

Avoid nicotine and caffeine, which are stimulants, as well as alcohol and food close to bedtime:

When smokers go to sleep, they experience withdrawal from nicotine which can cause sleep problems. Nicotine can cause difficulty in falling asleep and can cause bad dreams. Caffeine and related products such as coffee, teas, colas, and chocolate can remain in the body for 3-5 hours and can disrupt and change the quality of your sleep. Alcohol, although not a stimulant, does disrupt sleep and can cause nighttime awakenings. Eating too much close to bedtime can make you less comfortable when preparing for bed. Avoid heavy meals and spicy food for at least 2-3 hours before bedtime.

Maintain a Regular Bed & Wake Time

We have a wake sleep cycle called our circadian clock or rhythm. This is a “clock” in our brain that helps us balance sleep and wake times. The more consistent we are with a regular routine, the stronger our circadian rhythm becomes supporting quality rest.

How do you know if you are getting enough sleep? You should sleep uninterrupted. When you wake up, you should feel well-rested and ready to go. Most importantly, you should generally have no sleepiness during the day, even when involved in boring or mundane activities. If you’re feeling drowsy during the day, you may not have gotten enough quality sleep.

Exercise

Regular exercise makes you feel and look better, and daily walking may help with memory. However, exercising close to bedtime can interrupt your ability to sleep as it makes you more alert and raises your body temperature. Cooler body temperatures are associated with sleep onset.

Use Your Bedroom for Sleep, Not Work

No TV’s, computers, work materials. Do not engage in activities that will cause you anxiety or stimulation before sleep. Also establishing a sleep routine can be helpful. Some of these activities may be a warm bath, soothing music or reading a book to help relax you. Sleeping on a comfortable mattress in a cool, dark, quiet room (perhaps white noise) will enhance your sleep hygiene.

There are several impairments associated with sleep deprivation such as decreases in general health, job performance, an increased risk of mental health disorders, changes in your pain threshold, as well as accidents and an increase in health costs.

If sleep is interrupted (for example, by external noise or a sleep disorder), the quality of our sleep suffers. Trying the above tips may assist you in obtaining restorative sleep. If not, keeping a diary will help you and your provider identify any problems for diagnosis and treatment.

References: Colorado Neurologic Institute: fact sheet, National Sleep Foundation, general information & fact sheet; National Institute for Neurologic Disorder & Stroke, comprehensive resource guide

Dr. H's Emergency Veggie Chili

Dr. Anne Hazelton, MD, MSPH

Here's the story. A few years ago I had prepared the dessert that was customary to serve my book group that I started 20 years ago. The house was clean, the table set, and I had about an hour before the ladies arrived so I thought I would walk on my treadmill. A few minutes on the mill, with time to think, I remembered that last month we had decided to serve dinner because all of our kids could finally fend for themselves. I didn't have time to go to the store and ordering in would be tacky, so I ran upstairs in

my Lycra and threw together my vegetarian daughter's favorite dish. Unexpectedly and mercifully, I found fresh washed spinach (back in the day when we believed it was clean) and fresh pears. While the chili was on its short simmer, I threw the salad together and had time to jump into some jeans. As we ate, I was smiling as my friends were commenting on the lovely meal I had made. I finally burst out laughing and told them the whole story. To this day I am famous for my "emergency" chili.

The Panic Pantry Chili Recipe

1. RINSE all of the beans that you will be adding to get rid of the liquid around them. Your friends will thank you. This fluid contains the sugars, I've heard, that don't digest so well and lead to the jokes about chili. I dump them into a colander and let water run over them for a minute or two, stirring them with my fingers.
2. HEAT a couple of tablespoons of olive oil in a large heavy soup stock kettle or pan.

Most people would sauté some diced onions here, but not me.

3. Briefly sauté a couple of cloves of garlic, minced or pressed (optional).
4. Dump in at least one can of diced tomatoes. (This step makes a nice sizzle and might keep the garlic from burning, if you're lucky). You can even use the fancy flavored ones if you like. They might add some subtle complexity.
5. Add one can of tomato sauce, or preferably ½ to one can of tomato paste (Hint: you can freeze the remainder of the sauce and then throw it out years later). I rinse the can with water and add this to the pot. Waste not, want not.
6. Add the spices:
About 2-4 Tablespoons of GROUND CUMIN
2-4 Tablespoons of CHILI POWDER,
SALT and PEPPER to taste.
7. Add the rinsed canned beans: Use an assortment of canned PINTO, RED, CHILI, KIDNEY, and/or BLACK beans.

8. Add a can of CORN or HOMINY, or both, with or without the liquid.
9. Add WATER as needed.
10. Once you have the ingredients together, now is the time to add CAYENNE PEPPER or HOT SAUCE to taste. Oh, and if you want to add onion or garlic powder, you can.
11. SIMMER on very low heat for at least half an hour, stirring occasionally. 2-3 hours is better. Re-heated the next day is even better. I would NOT keep it in the pot, 9 days old, but it does freeze well, and it's worth thawing out (possibly unlike the tomato paste that got lost in there somewhere).
12. SERVING a dollop of sour cream (low-fat dairy is actually pretty tasty) which would look pretty, but I'm sure not going to the grocery store for just THAT!

Nutritional Value

I've noticed that magazine recipes give this information. I have no idea where I would get this measured, so:

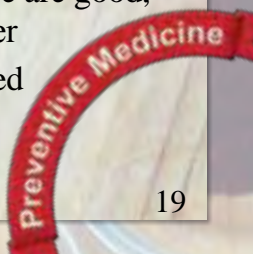
Calories: Not as much as chili could be

Saturated Fat: Wow, this has to be REALLY LOW

Sodium: Hey, YOU'RE the one who added the salt to taste! (Seriously, read the cans if it's important to you)

Carbs: Yes, there are some, but these are good, friendly ones that have LOTS of fiber

Protein: There's some, and combined with corn, it is "complete," for all you vegans out there



Is it Skilled Nursing or Custodial Care?

Skilled Nursing

Skilled Nursing care is a covered benefit under CHAMPVA; however, custodial care is not a covered CHAMPVA benefit. This does not imply that the care being rendered is not required by the patient, it only means that it is the kind of care that is not covered by CHAMPVA.

Skilled nursing care is provided by a trained skilled nursing staff that includes:

- Registered Nurses (RNs)
- Licensed Practical /Vocational Nurses (LPNs/LVNs)
- Certified Nursing Assistants (CNAs)

Some examples of the type of services these health care professionals provide are:

- care for patients in need of ventilator
- tracheostomy
- open wound care
- patients needing intravenous, physical, occupational, and respiratory therapy

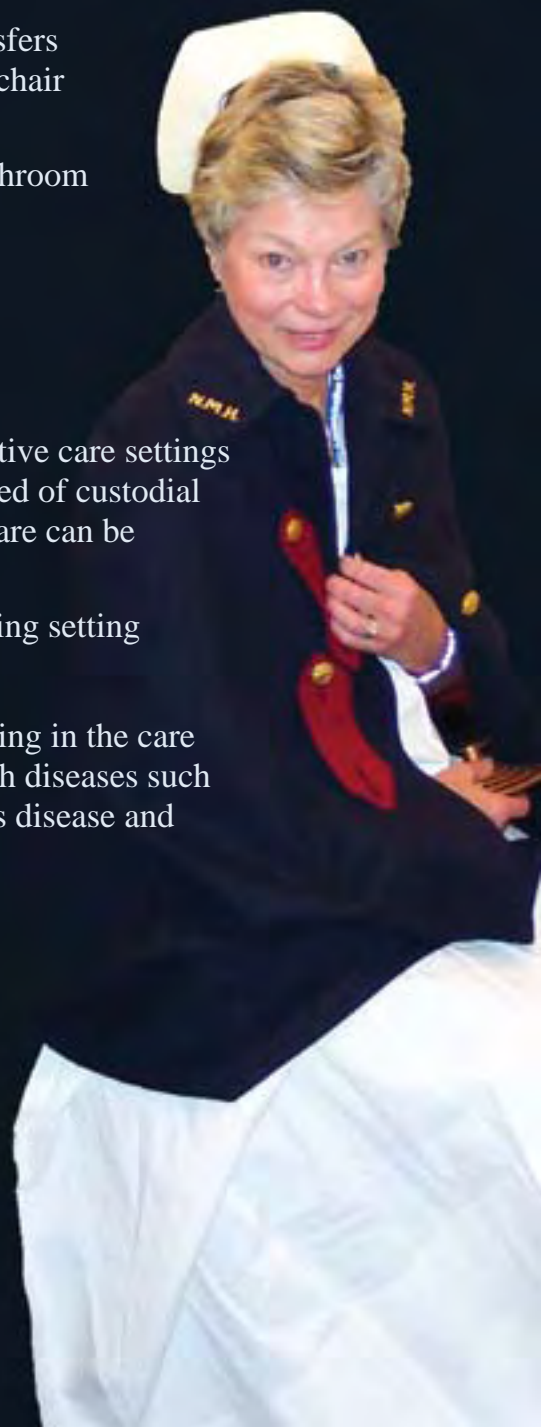
Custodial Care

Custodial care can be provided by someone that has not been trained in skilled nursing care. Custodial care helps patients with their activities of daily living (ADLs). Some examples of this include:

- help with transfers from a bed to chair or wheelchair
- help to the bathroom
- dressing
- turning
- bathing
- eating

There are alternative care settings for patients in need of custodial care. Custodial care can be provided in:

- an assisted living setting
- nursing home
- units specializing in the care of patients with diseases such as Alzheimer's disease and dementia



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