

# Your HEALTH

The Magazine for CHAMPVA Beneficiaries

## REYE'S SYNDROME

What You Should Know

## FLU SHOTS Facts or Fiction

## Preventing Falls

Reduce Your Risk

## OUTDOOR SAFETY

Winter and Cold  
Weather Injuries





Department of Veterans Affairs		Application for CHAMPVA Benefits	
VIA Health Administration Center	CHAMPVA	PO Box 469064	Denver, CO 80246-9064
Eligibility	80246-9064	PO Box 469064	Denver, CO 80246-9064
<b>Section I - Sponsor Information</b> Veteran's Last Name: _____ First Name: _____ MI: _____ Social Security Number: _____ VA File Number (Claim Number): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number (include area code): _____ Date of Birth (mm-dd-yyyy): _____ Date of Marriage (mm-dd-yyyy): _____ Is veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No go to section II Date of Death (mm-dd-yyyy): _____ Did veteran die while on active military service? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Section II - Applicant Information</b> Last Name: _____ First Name: _____ MI: _____ Social Security Number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Street Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number (include area code): _____ Date of Birth (mm-dd-yyyy): _____ Children age 18 to 23 (include reverse): _____ Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy of Medicare card Relationship to the veteran (i.e., spouse, child, dependent): _____ Last Name: _____ First Name: _____ MI: _____ Social Security Number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Street Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number (include area code): _____ Date of Birth (mm-dd-yyyy): _____ Children age 18 to 23 (include reverse): _____ Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy of Medicare card Relationship to the veteran (i.e., spouse, child, dependent): _____ <b>Section III - Certification</b> I certify that the above information is true and correct to the best of my knowledge and belief, and I understand that any false or misleading information is cause for denial of benefits. Last Name: _____ First Name: _____ MI: _____ Telephone Number (include area code): _____ Relationship to Applicant(s): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ VA FORM 10-10d 10-2014			

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# Other Health Insurance

**H**ealth insurance is one of the most complex components of ensuring that your family's health is protected. There are as many different types of policy available as there are personal situations. CHAMPVA tries to work with any other health insurance you have, and over time, we have implemented processes that make getting your health insurance information to us as convenient as possible. Today, our call center is set up so that a customer service representative can take your information over the phone and send the forms to you for verification. If you prefer, we can



still send you the Other Health Insurance Certification Form (VA Form 10-7959c), or those of you who are computer savvy can access this form online, fill it out, sign it and mail it in. If there have been any changes to your other health insurance, please let us know right away, so we can avoid any problems in providing you the benefits and service that you deserve.

What do you need to tell CHAMPVA? The most crucial pieces of information are the name of the insurance provider, the effective date and the termination date. An effective date is the day that your policy started, and the termination date is the day your coverage ended. As you submit claims over time, it is very important for us to be made aware of when and from whom to expect an explanation of benefits.

It is also important for you to tell CHAMPVA whether you are eligible for Medicare. The laws governing Medicare and those governing CHAMPVA are interrelated because we are both federal programs. In most instances, if you have Medicare Part A, you will need to purchase Part B in order to retain your CHAMPVA eligibility.

Please also tell us if your other carrier purchases a Part C Medicare Advantage Plan, because, if so, they will provide the Medicare benefits. Finally, we need to know the effective and termination dates of any Medicare Part D program that you have ever had and the name of the insurance company that is currently providing your prescription benefits.

As you begin to fill out the forms or call in to report your other health insurance coverage, remember that in most cases other health insurances will pay before CHAMPVA. You will want to make sure that you have included the name of the insurance provider and, as mentioned before, the effective date. In addition, it is helpful for us to have a copy of the insurance card and an abbreviated schedule of covered benefits. It is important to keep this information updated, because the terms and conditions of the policy will change over time. If you are unable to provide an abbreviated schedule of benefits, please tell us what co-payments you have for different services. If your policy has a coinsurance clause, let us know the percentage you are required to pay toward your health insurance bill. Also, we need to know if your insurance has a capitation agreement with providers as well as how it handles claims that are in a provider network versus those that are outside an approved network. A capitation agreement means that your provider is paid a set amount per month, per patient, regardless of services performed and whether or not services are performed. Let us know about any limitations the policy has. For example: Is it only for vision, cancer, hospital or dental?

Tell us if your policy has a pharmacy benefit. CHAMPVA offers two pharmacy programs: 1) SXC, which allows participating pharmacies to quickly and easily provide benefits to you, so that all you are charged at the counter is your insurance co-payment, and 2) Meds by Mail, which is designed for maintenance medications. The Meds by Mail program offers a safe, easy and cost-free way for you to have your nonurgent medications delivered to your door. If your other health insurance has pharmacy coverage, you are not eligible for these programs. If you belong to a discount pharmacy program through your pharmacy or another outside source, let us know, so that the discounts are not confused as coverage when your claims are submitted. It is even a good idea to inform us of any CHAMPVA supplements you have, or if you are entitled to Medicaid or any other state programs.

All of this information is very useful to us at CHAMPVA, because it helps us serve you better as you submit your bills for payment consideration. Any time we work with out-of-date or incomplete information, there is a chance that we could deny benefits, delay payments or have to recoup payments that were made when they shouldn't have been. Your help with keeping our files up-to-date, accurate and complete is greatly appreciated.

**M**edicare eligibility will affect your CHAMPVA coverage. By law when you become eligible for Medicare Part A coverage, you **MUST** enroll in Medicare Part B to remain covered by CHAMPVA. If you do not enroll in Medicare Part B, your CHAMPVA coverage will end, however, once you enroll in Medicare Part B, your CHAMPVA coverage will resume.

Anytime there is a change in your Medicare coverage, notify CHAMPVA immediately. All claims paid during any periods of time that you were not eligible for CHAMPVA coverage because you had Medicare Part A but not Part B, will be recouped. Even though payments are recouped from whomever CHAMPVA has erroneously paid, it will eventually trickle down to you, the beneficiary, and you will have to repay those payments.

There are two exceptions to this law. The first is when your Medicare Part A coverage has been backdated because of a decision by Medicare to grant coverage to a previous date due to processing of a disability claim. In these cases, the Social Security Administration (SSA) will notify you when your Part A coverage started and when your Part B coverage started. Usually the SSA notifies you the same month that your Part B becomes effective. For example, you receive a letter from SSA dated February 20, 2009, that Part A coverage started on July 1, 2007, and that Part B coverage started February 1, 2009. When this happens, notify CHAMPVA immediately so we can review the letter from SSA. In cases where Part A is backdated you will not be required to pay the back premiums, so essentially, Part B is effective the same date as Part A. CHAMPVA coverage will be continuous during the period you had only Part A. These cases need to be reviewed by CHAMPVA immediately after you've been notified, to ensure your CHAMPVA file is updated correctly.

The second exception to the law that requires you to have both Medicare Part A and Part B might apply to you if you were 65 or older on or before June 1, 2001. If you fall into this category, contact CHAMPVA so we can review your individual situation and determine if you need Part B coverage.



# Reye's Syndrome: WHAT YOU SHOULD KNOW

***[Editor's note: According to Webster's New World Medical Dictionary, "Reye's syndrome is a sudden and sometimes fatal disease of the brain that is accompanied by degeneration of the liver."]***

**T**his is just a reminder of WHY you should not give aspirin-containing medications to children and young people under 20 (unless advised to by a doctor). This medication can lead to severe illness and possibly death, especially when it is given to a young person who has a viral illness, such as chicken pox or the flu. It's not a good idea to give kids aspirin, even for headaches, and it

certainly should be avoided when the child has a fever. Reye's syndrome is often recognized because of sudden or relentless vomiting and/or a change in alertness and irritability. The disease requires immediate diagnosis and care in a hospital, because symptoms can progress to coma if they are not treated early. Even with prompt care, Reye's syndrome can be fatal.



**WHAT TO DO:** **CHECK** the labels of over-the-counter medications before you give them to children, because it appears that other products containing salicylates, including the bubbling tablets and the pink liquid used for upset stomachs, can also cause Reye's syndrome.

**TALK TO YOUR TEENAGER** about this risk so they understand that what is probably safe for an adult to use is not safe for them.

**NURSING MOTHERS SHOULD AVOID** taking aspirin because it can affect the baby. (Have you noticed that no more "baby aspirin" is being sold? Now it's called "low-dose" aspirin and is intended only for adult use.)

The good news is that since the media campaign was launched to alert parents to avoid giving aspirin to kids, there have been only a few deaths a year from this preventable condition.



# OPTIONS for CHAMPVA Beneficiaries

CHAMPVA beneficiaries have several options for accessing their information.

## Interactive Voice Response System

**Interactive Voice Response System:** This automated self-service system is available 24 hours a day, 7 days a week. To access this tool, call 1-800-733-8387 and press 1. This system provides you with the opportunity to order an application package, check your eligibility status (effective and termination dates), annual deductible, annual catastrophic cap and claim status (paid amount, claim number and check number). It also provides prerecorded messages about benefits, pharmacy, other health insurance information and how to file claims and appeals.

## CHAT LIVE

**CHAT LIVE:** A customer service representative is available online at the Chat Live site from 10:00 a.m. to 6:00 p.m. Eastern Time, Monday through Friday (excluding holidays). To access the chat line, go to [www.va.gov/hac/contact/contact.asp](http://www.va.gov/hac/contact/contact.asp) and select "Chat Live." The representative can provide general information about benefits, eligibility and claims processing. Chat Live is a fast and easy way to receive information. The amount of information offered through Chat Live is limited, because it is not secure, and we want to ensure that your confidential information is protected. Because the site is not secure, the customer service representative cannot ask you for personal identifiable information, such as your name or member number. If you volunteer your name and member number, with the understanding that it is not a secure site, the representative can verify if your application has been received and whether it has been processed, but will not be able to provide an effective date. If you provide your name, member number, date of service and billed amount, again with the understanding that this is not a secure site, the representative can verify whether the claim was received, processed and completed and tell you the claim number, how much was paid and the check number.

## E-MAIL

**E-mails:** It could take up to five business days to receive a response when the inquiries are sent via the Inquiry Routing and Information System (IRIS). Please go to this Web link and follow the directions for submitting e-mail via IRIS: [www.va.gov/hac/contact](http://www.va.gov/hac/contact). E-mails can be a simple way to receive information. The amount of information we offer is limited, because this is not a secure site, and we want to ensure that your personal information is protected. As with the chat line, the customer service representative can provide general information about benefits, eligibility and claims processing, but cannot ask you for personal identifiable information, such as your name or member number. You have the option of providing that information. If you provide your name and member number, with the understanding that it is not a secure site, the representative can verify if your application has been received and whether it has been processed, but will not be able to provide an effective date. If you provide your name, member number, date of service and billed amount, the representative can verify whether the claim was received, processed and completed and tell you the claim number, how much was paid and the check number. You can update your address and request a replacement member card by providing your full name, member number (your Social Security number), date of birth and address on file with your request.

## MyCHAMPVA

**MyCHAMPVA:** Your effective date, deductible, catastrophic cap and claim information is available at your MyCHAMPVA online account. You must complete two steps before you can access the account. Step 1: Register at [www.mychampva.com](http://www.mychampva.com), click MyCHAMPVA Program, click Register for Claim Status and Secure E-mail Correspondence, enter all the required information and click Register. After the registration has been documented, we will send an e-mail verifying the activation of the account. The information about your claims might not be readily accessible; it could take up to 48 hours for the account to be fully functional. Step 2: Complete the HAC ON-Line Release of Information form 10-5345. The Health Insurance Portability and Accountability Act (HIPAA) requires that we maintain a written request from you when information from your record, or a document in your record, is made available to you. To comply with this law, you must send form 10-5345 before you can access your MyCHAMPVA account. The form is available online at [www.mychampva.com](http://www.mychampva.com). Click My CHAMPVA Program, then click Download required HAC ON-Line ROI form. Print, complete and mail the form to CHAMPVA Eligibility, PO Box 469028 Denver, CO, 80246-9028, or fax it to 1-303-331-7809. We must have both the HAC ON-Line Release of Information form on file and a valid registration before you can access your online account.



# CHAMPVA Policy Development Process

Sometimes it is difficult to understand how CHAMPVA determines its health care policies. More things need to be taken into consideration than you might think. The laws and regulations that provide the foundation of the CHAMPVA program provide the key to understanding CHAMPVA policy coverage and development. By law, CHAMPVA can only cover medically necessary and appropriate care, in the same or similar manner as care provided to TRICARE beneficiaries. CHAMPVA regulations and policies further explain what medical benefits are covered.

The Health Administration Center (HAC) is responsible for the development and revision of CHAMPVA program medical benefits and payment policies. Some specific criteria the HAC uses to determine if a policy change is needed are:

- New life-saving technologies.
- Changing medical technology that has been developed on evidence-based guidelines by national organizations and recognized authorities, such as the American Medical Association and American Cancer Society.
- Government approval status, such as those benefit determinations made by TRICARE, Medicare and the Food and Drug Administration.
- Generally accepted standards of medical practice.
- New diagnostic tests, therapeutic procedures or medical devices for which other good alternatives do not exist.
- New information that is available in peer-reviewed scientific literature that could change the status of a technology from investigational to medically necessary.

Benefit policies are reevaluated and updated regularly. New benefit issues and amendments to policies are authorized by CHAMPVA regulation and addressed through CHAMPVA policy. If the expansion of an existing or new benefit requires a change to CHAMPVA regulations prior to implementation, the change requires coordination with VA and other governmental organizations, such as Medicare, TRICARE and the Office of Management and Budget.

## Sponsor Eligibility and Beneficiary Coverage

Recently, the Health Administration Center has received applications for benefits from our Veterans who believe that they are automatically entitled to be a CHAMPVA sponsor if they have been rated permanently and totally disabled. By law, a CHAMPVA sponsor must have been rated permanently and totally disabled from a VA determined service-connected condition.

A sponsor must meet one the following conditions: the Veteran (1) is permanently and totally disabled from a service-connected condition, (2) died as a result of a service-connected condition, (3) was rated permanently and totally disabled from a service-connected condition at the time of death or (4) died on active duty. In most cases, if the Veteran died while on active duty,

his or her dependents will qualify for health care benefits under TRICARE.

CHAMPVA eligibility can be impacted by changes such as marriage, divorce from the sponsor, age (child) or eligibility for Medicare and, of course, TRICARE. Changes of this nature should be reported immediately to CHAMPVA.

# Excuses for Not Getting a Flu Shot..

## Excuse Number 1: “It Will Make Me Sick.”



Flu shots do not make you sick. If you ever got sick after having a flu shot, it's because YOU WERE GOING TO GET SICK ANYWAY. A flu shot is not a magic bullet that protects against colds and all other illnesses you might come in contact with for the next month!

In an article entitled, “Side Effects Associated with Influenza Vaccination in Healthy Working Adults: A Randomized, Placebo-Controlled Trial,” published in 1996 in the *Archives of Internal Medicine* (a premier, peer-review journal), authors, K. L. Nichol, et al. report that there was no significant difference in symptoms between subjects given a flu shot and those given a placebo injection (except for more arm soreness in people given the real vaccine). The authors studied 849 healthy working adults at the Veterans Affairs Medical Center in Minneapolis, randomly assigning half of them the flu shot and the other half a placebo injection. This was a double-blind trial, meaning neither the subjects nor the people giving the shots knew which ones were “real.” The characteristics of the two groups were similar, and 99% (which is amazing!) of them completed follow-up interviews to assess side effects.

The study found that “No differences were seen between the two groups for the systemic symptoms of fever, myalgias [muscle aches], fatigue, malaise [generally not feeling well] or headaches. Overall, 35.2% of placebo and 34.1% of vaccine recipients reported at least 1 of these systemic symptoms... [a statistically insignificant difference].” (Notice that, although the statistical differences were insignificant, there were actually slightly MORE of the placebo folks reporting symptoms than the vaccine recipients.) This means that more than ONE-THIRD OF BOTH groups had some illness in the first week after the injection. In other words, the flu shot does NOT prevent you from getting the cold that you were destined to get anyway.

# ...and Why You Should Reconsider Getting One

Also, it takes around three weeks to develop full immunity (to the strains of flu covered by each year's vaccine), so if the flu was in the cards for you those first few weeks, you still lose.

## Excuse Number 2: Fear of Discomfort

The other issue that people might not want to admit to is the fear of discomfort. The article said, "Vaccine recipients reported a higher rate of arm soreness at the injection site than did placebo recipients (63.8% vs. 24.1%...). Local reactions were mild in both groups and infrequently resulted in decreased use of the arm." Therefore, nearly 40% of vaccine recipients did NOT have a sore arm. And you can always use ice or Tylenol if you do experience minor discomfort.

If you have decided not to get a flu shot because you are REALLY afraid of having arm discomfort, you might have the option of using the nasal spray flu vaccine. It costs a little more, but if you are afraid of needles, you might consider the slightly higher price worth it. At this time it is approved only for those under 50.

## Be a Good Citizen

If you do not get a flu shot, you are "riding the coattails" of those who have been vaccinated. There is a concept known as "herd immunity," wherein one person is protected because everybody around them has been vaccinated, and therefore can't spread the virus. If everyone decided to skip the shot, a worse epidemic and an increase in the number of flu-related deaths would occur. None of us would want to live with that responsibility.

**Reference:** Nichol, KL, KL Margolis, A Lind, M Murdoch, R McFadden, M Hauge, S Magnan and M Drake. 1996. Side effects associated with influenza vaccination in healthy working adults: A randomized, placebo-controlled trial. *Archives of Internal Medicine* 156 (14) (July): 1546-50.

## SYMPTOMS OF THE FLU

- Fever (usually high)
- Headache
- Extreme Tiredness
- Dry Cough
- Sore Throat
- Runny or Stuffy Nose
- Muscle Aches
- Stomach symptoms, such as nausea, vomiting and diarrhea (more common in children than adults)

## GOOD HEALTH HABITS

1. Avoid close contact with people who are sick.
2. Stay home when you are sick.
3. Cover your mouth and nose with a tissue when coughing or sneezing.
4. Wash your hands often.
5. Avoid touching your eyes, nose or mouth.
6. Get enough sleep.
7. Exercise.
8. Manage stress.
9. Eat nutritious foods and drink plenty of fluids.

- Flu viruses can cause mild to severe illness and at times can lead to death.
- Individuals considered at high risk for serious complications are people over 50 years of age, children 6 months to 5 years of age and people with certain health conditions, such as asthma, diabetes or heart disease.
- You can pass on the flu to someone else before you even know you are sick.
- It is not too late to get a flu vaccination. Flu season can begin as early as October and last as late as May.
- Every year in the U.S., on average, 5% to 20% of the population gets the flu, more than 200,000 people are hospitalized from flu complications and about 36,000 people die from flu.



# THE TOP 10 TOE AND FOOT ISSUES



**1**

Athlete's foot is a skin infection caused by a fungus called Trichophyton. The most common symptom is cracked, flaking, peeling skin between the toes. The affected area is usually red and itchy. You can help prevent Athlete's foot by washing your feet daily with soap and warm water; drying carefully, especially between the toes, and changing shoes and socks regularly to decrease moisture. It can be treated with antifungal sprays or ointments.

**2**

Fungal nail infection is characterized by brittleness, change in the shape of the nail, crumbling of the nail, debris trapped under the nail, discoloration, loosening and thickening of the nail. Nail fungus can be difficult to treat and sometimes requires topical or oral antifungal medications.

**3**

Ingrown nails are nails whose corners or sides dig painfully into the skin, often causing infection. They are frequently caused by improper nail trimming but can also result from shoe pressure, injury, fungus infection, heredity or poor foot structure. You can help prevent this condition by wearing properly fitted shoes and trimming your toenails straight across, keeping them slightly longer than the end of the toe.

*Actual x-ray photo  
of severe hammertoe*

**4**

Bunion is an abnormal, bony bump that forms on the joint at the base of the big toe. The big toe joint becomes enlarged, forcing the toe to crowd against the other toes. Bunions can occur for a number of reasons, but commonly run in families. The tendency to develop bunions can be aggravated by wearing shoes that are too narrow in the forefoot and toe.

**5**

Plantar fasciitis is heel pain caused by inflammation of the plantar fascia, the tissue along the bottom of your foot that connects your heel bone to your toes. Plantar fasciitis causes stabbing or burning pain that's usually worse in the morning, because the tissue tightens (contracts) overnight. Once your foot limbers up, the pain normally decreases, but it could return after long periods of standing or after getting up from a seated position.

**6**

Hammertoe is a deformity of a toe, causing a claw-like appearance due to a bend in the middle joint of the toe, which causes it to curl. Hammertoe can be congenital but is commonly caused by shoes that are too short or narrow or have heels that are too high. Under these conditions, toes can be forced against the front of the shoe, increasing the pressure and the bend in the toe. Avoid pressure on the toes as much as possible.

**7**

Corns and calluses are protective layers of compacted, dead skin cells. They are caused by repeated friction and pressure from skin rubbing against bony areas or against an irregularity

in a shoe. Generally corns form on the toes and calluses form on the soles of the feet. The friction and pressure can cause pain, which can be relieved by putting moleskin or padding on the affected areas.

**8**

Gout is a complex disorder that can affect anyone and is characterized by sudden, severe attacks of pain, redness and tenderness in the big toe. If untreated, the pain typically lasts five to ten days and then stops. The discomfort subsides gradually over one to two weeks, leaving the joint apparently normal and pain-free. It can reoccur and often requires medication to treat.

**9**

Foot odor results from excessive perspiration from the more than 250,000 sweat glands in the foot. Daily hygiene is essential for prevention. Change your shoes daily to give them a chance to air out, and change your socks, perhaps even more frequently than daily. Foot powders and antiperspirants and soaking your feet in vinegar and water can help reduce odor.

**10**

Foot pain. The components of your feet work together, sharing the tremendous pressures of daily living. An average day of walking, for example, brings a force equal to several hundred tons to bear on your feet. This helps explain why your feet are more subject to injury than any other part of your body. Foot ailments are among the most common of our health problems. Although some can be traced to heredity, many stem from the cumulative impact of a lifetime of abuse and neglect.

## A Recipe for Happy Healthy Feet

Inspect your feet regularly.

Wash your feet regularly, especially between the toes, and be sure to dry them completely.

Trim your toenails straight across, but not too short.

Make sure your shoes fit properly.

Buy new shoes later in the day, when feet tend to be at their largest, and replace worn-out shoes as soon as possible.

Wear the proper shoes for specific activities.

Alternate shoes, don't wear the same pair of shoes every day.

Avoid walking barefooted.

Don't ignore foot pain.



**A** study published in September 2008 by a pharmacy benefit company looked at whether patients took their medications more reliably when they subscribed to home delivery, as opposed to having to go to a local pharmacy to pick up ongoing prescriptions. The study found about a 7 to 8 percent difference in compliance between the two groups. Patients in the compliant group took at least 80 percent of their prescriptions, and those in the noncompliant group took less than 80 percent of their prescribed medications. Compliance was measured for three classes of drugs used to treat chronic high cholesterol, diabetes and high blood pressure.

Although there was no control group in this study, which makes it hard to draw firm conclusions, the authors did try to reduce possible bias by studying health plans that do NOT allow people to choose whether they want home delivery or retail pharmacy. Each plan offered only one option or the other. (One reason a bias could occur here is because people who choose home delivery might already be more committed to taking their medications regularly than people who have to run to the pharmacy for their refills.)

#### **What does this mean for CHAMPVA beneficiaries?**

If you do not have other health insurance (OHI) that includes pharmacy coverage, you should be eligible to get your ongoing medications through Meds by Mail, at NO COST. Through Meds by Mail, most medications can be delivered to your home every three months. (Let the postman brave the sleet and snow, so you don't have to.) And because your medications are delivered automatically, there is more incentive for you to keep up with the supply.

If you DO have OHI, look into your primary insurance carrier's policy for home delivery. Many of them do offer this service, although you will probably have a co-payment. But, even with a co-payment, home delivery is still usually less expensive than getting your prescriptions through a retail pharmacy.

**More details about the study:** Study participants had to be 18 years or older. The average age of the people who received their medications by mail was close to 70 years, and those who used retail pharmacies were around 63. Group size of patients ranged from about 7,500 to nearly 38,000. Compliance was approximately 75 percent for retail purchases of cholesterol-lowering drugs, versus nearly 82 percent for home delivery.

## New Study Shows Improved Compliance Using Mail Pharmacies

For blood pressure-lowering drugs, the numbers were approximately 71 percent for retail and 79 percent for mail delivery. And for diabetes medications, compliance was under 63 percent for retail purchase and just over 71 percent for home-delivered. Patient compliance was measured by the medication possession ratio, which is the proportion of days patients took prescribed medications, compared with the total number of days that elapsed between prescription refills.

To view the article (by E Cox, Ph.D., and D Mager, MA), please see: <http://www.express-scripts.com/industryresearch/outcomes/onlinepublications/study/homeDeliveryCompliance.pdf>

**BOTTOM LINE:** Subscribe to home medication delivery whenever possible. Not only could it save you money, it also appears to improve compliance with treatment, which helps keep you healthy.



# Prescription Cost Savings with Retail Pharmacy!

On March 31, 2008, the VA Health Administration Center (HAC) entered into a contract with SXC Health Solutions, Inc. (SXC), to provide a retail pharmacy network for the CHAMPVA program.

Since that time, the HAC has seen significant cost decreases for patient (beneficiary) cost shares and prescription prices. The HAC has saved approximately 17 percent on prescription costs with SXC.

SXC network pharmacies are available to CHAMPVA eligible beneficiaries who do not have another health insurance plan that includes pharmacy coverage.

For those of you that qualify, there are several advantages to using an SXC network pharmacy:

- 1** Costs for prescriptions are often less with the network pharmacy, resulting in lower cost shares for you.
- 2** You only pay your cost share for the medication (after your outpatient deductible has been met).
- 3** There are no claims for you to file!

# ADOPTION AND CHAMPVA

We receive many questions regarding the eligibility requirements for an adopted child. This article is intended to give you a better understanding of those requirements as well as the application process.

CHAMPVA eligibility may be established for an adopted child, provided certain criteria are met:

- The child was legally adopted before the age of 18 (or age 23 if a full-time student) pursuant to an adoption decree or placed for adoption under an agreement entered into by the adopting parent with any agency authorized under law.
- In the case of a deceased Veteran, the adopted child must have been living in the Veteran's household prior to the Veteran's death and must have been adopted by the spouse under a decree issued within two years after the Veteran's death.
- A birth child of a qualifying sponsor (living or deceased) remains a child for the purposes of CHAMPVA eligibility, even if another person has legally adopted the child.
- A child adopted by an eligible sponsor meets the definition of "child" under the CHAMPVA program. Therefore, if someone outside the eligible sponsor's household later adopts the child, benefits may continue for that child.

For CHAMPVA benefits to be awarded to an adopted child, a signed VA Form 10-10d (Application for CHAMPVA Benefits) must be completed with the following information:

- Veteran's full name
- Veteran's Social Security number
- Veteran's date of birth
- VA claim number
- Adopted dependent child's full name
- Adopted dependent child's Social Security number
- Adopted dependent child's address
- Adopted dependent child's date of birth
- Adopted dependent child's relationship to the sponsor

The application should be accompanied by a copy of the adoption decree, if the relationship has not been established by a Veterans Affairs Regional Office, VA Form 10-7959c, other health insurance and, if the adopted child is between the ages of 18 and 23, a school letter should accompany the application certifying the date of enrollment and full-time status.

After eligibility has been established for an adopted child, the child is awarded the same medical benefits as a birth child.

# PREVENTING FALLS

The Centers for Disease Control (CDC) reported that in 2007, unintentional falls were one of the leading causes of injury and injury-related deaths. The CDC also reported that in 2005, more than 1.9 million people aged 65 and older were treated in emergency departments because of falls resulting in nonfatal injuries. The year 2005 saw approximately 16,000 fall-related injuries that resulted in death.

## Your Risk of Falling Is Increased if:

- You have visual problems—blurred vision, decreased night vision, problems caused by glare or dim lighting.
- You have gait difficulty—difficulty walking or balancing.
- You have muscle weakness or joint pain that could lead to decreased mobility.
- You have a history of falling, which can create a fear of falling, which in turn can encourage inactivity, resulting in physical decline.
- You take multiple medications, which can increase the chances of undesirable side effects.



## Fall Prevention for Yourself:

- Have your eyes checked regularly, especially if you experience a noticeable change in vision.
- Stay active. Ask your health care provider to suggest activities that would be appropriate for you that fit with your abilities and interests.
- Have a discussion with your health care provider about your medications and potential side effects. Ask your pharmacist about possible negative medicine interactions.
- Wear properly fitting shoes. Avoid overly high heels, flip-flops or shoes with slick soles.
- Follow medication dosage instructions carefully to avoid unwanted side effects.

Sources: CDC; homesafetycouncil.org; mayoclinic.com; stopfalls.org





## Fall prevention for your environment:

### Take a good look at your home and try to identify and eliminate potential fall hazards.

- Keep floors, stairs and pathways clear of clutter. Make sure electrical and telephone cords are tucked away.
- Keep the floors clean and free from spills.
- Move furniture, if necessary, to provide a clear path.
- Repair any loose floorboards or torn carpeting.
- If you have throw rugs, use rug liners or choose rugs with nonskid backing. Make sure the rugs lie flat.
- Make sure there is good lighting, especially in hallways, stairways and porches.
- Use night-lights for halls and bathrooms.
- Use a nonslip tub mat or put safety strips in baths and showers.
- Keep the items you use most often within easy reach, to avoid the need to use ladders or step stools.
- If you have children, make sure their toys and games are not left on stairs or in the middle of the floor.
- For very young children, use safety gates at the top and bottom of stairs.
- Have window guards installed to prevent young children from falling out of upper level windows.

Falls are preventable in people of all ages. Awareness—of your own health conditions, your activities and your surroundings—is a vital step toward keeping safe and avoiding a fall.

## CLAIMS FILING MADE EASY

**Editor's Note:** In most cases your provider will complete and send in your claims for you.

Filing claims can be a time-consuming and frustrating process. One of the main problem areas in claims processing is the so-called shoe box submission, which is the practice of saving claims over an extended period of time and submitting them in one mailing. Submissions of multiple claims from various providers can be difficult to accurately process, leading to inadvertent errors that could cause payment delays or unnecessary denials. Here are some tips to help make claims filing less painful for you and the voucher examiner who processes your claims.

It is a good idea to submit your claims as soon as possible after the services have been rendered. Doing so will ensure you receive your reimbursement quicker, will avoid problems that could occur as a result of timely filing issues (claims must be filed within one year of the service date) and will simplify your record keeping.

It is important to include a claim form (VA Form 10-7959a) with your submission. The inclusion of this form tells the voucher examiner to process the claim so you can receive the payment.

The submitted invoices should include the provider's name and address along with the Tax ID number, date of service, diagnostic and procedure codes and the charge for each service. If any of this information is omitted, the submission could be returned requesting the missing data, or the claim could be denied. Your provider should be able to give you all the information you need for successful processing.

Pharmacy claims require the name, address and phone number of the pharmacy, the name of the prescribing physician, the National Drug Code, fill date, quantity and charge for each drug. Note that prescriptions filled with your SXC card are not reimbursable. What you pay when using CHAMPVA as your insurance represents your twenty-five percent cost share, and in this case, CHAMPVA reimburses the pharmacy.

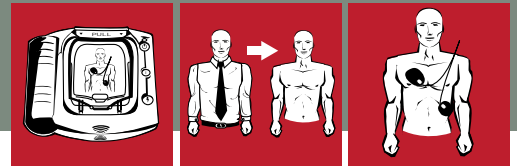
If you have other health insurance that is primary to CHAMPVA, in most cases you must submit an explanation of benefits from that insurance company so the amount to be reimbursed can be accurately calculated. Also, you must report any changes such as acquiring or terminating health insurance as soon as possible to avoid payment delays and denials.

Keep all claims for each provider together, in date-of-service order, along with any associated attachments, such as an explanation of benefits. This will help the voucher examiner process your claims as efficiently as possible, so you can be properly reimbursed.



# DEFIBRILLATORS

*Be Prepared*



**WHAT IS A DEFIBRILLATOR?** Many public areas have purchased Automatic External Defibrillators (AEDs), which have been installed in many airports, office buildings and event centers. They are used to provide an electrical shock to those who need cardiopulmonary resuscitation (CPR) and who have an abnormal heart rhythm that could lead to death if not treated very quickly. Many AEDs are portable, some weighing just over three pounds, so they can easily be removed from a holder and carried to the side of a person who has collapsed.

**WHAT TO DO** If someone near you becomes unresponsive, **FIRST CALL 911.**

If you are not alone in your rescue, direct another person to stand by an entrance to the building to meet the EMTs, so they can be quickly led to the fallen person. Ask someone who is capable of safely running (or walking as quickly as is safe) to get the AED and take it back to the victim. Remember this rule: Only use the defibrillator on someone you would need to perform CPR on—someone who is unresponsive, not breathing and has no pulse.

In the meantime, begin CPR, which will improve the chances of the shock helping. The most recent advice for untrained rescuers is that **MOUTH-TO-MOUTH BREATHING IS NO LONGER REQUIRED.** Current recommendations for adults are simply to “press hard and fast in the middle of the chest” (about 100 heart compressions per minute). However, the spoken advice on the defibrillator might coach you to administer 2 breaths after 30 compressions. Coordinate with another person who will need to open the victim’s clothing to expose their chest (this includes bras; modesty is less important than survival), because the pads will need to be placed on bare, dry skin. There are usually scissors in the kit, in case you need to cut a shirt open.

When the AED is at the victim’s side, open it and pull the lever or otherwise start the system.

Most AEDs will begin talking you through the steps, and some provide visual cues as well. After you place the two pads on the victim’s chest, the AED will “read” the heart’s rhythm to be sure that the condition requires a shock. If not, the AED will instruct you to perform CPR, verbally coaching you how to do this. When you are directed to, make sure everyone stands clear from the patient, and press the shock button to deliver the electrical current. Keep following the spoken directions until the paramedics arrive.

**WHY THIS IS IMPORTANT** Every year 340,000 Americans suffer a sudden cardiac arrest, usually without warning. Because emergency medical services often cannot reach them in time, fewer than 5 percent survive. The likelihood of successful resuscitation decreases by about 10 percent with every minute that passes. It is estimated that an additional 40,000 lives could be saved a year if defibrillators were widely available. By the way, most states have “Good Samaritan” laws that protect a rescuer from legal liability when they are trying to help in good faith. Some defibrillators are equipped with pads suitable for children under 8 years of age or weighing less than 55 pounds, but special training might be required to treat them.

**DO I NEED TO BE TRAINED?** Some people have been trained to use AEDs, but many public health advocates don’t want people to think they can’t perform this potentially life-saving act because they haven’t been trained.

In fact, defibrillators are so simple to use, they were designed for use by those without previous experience. Training just makes people less fearful of using them.

The American Heart Association, however, does recommend training:

**IF AEDS ARE SO EASY TO USE, WHY DO PEOPLE NEED FORMAL TRAINING IN HOW TO USE THEM?**

“An AED operator must know how to recognize the signs of a sudden cardiac arrest, when to activate the EMS system, and how to do CPR. It’s also important for operators to receive formal training on the AED model they will use so that they become familiar with the device and are able to successfully operate it in an emergency. Training also teaches the operator how to avoid potentially hazardous situations.”

If you would like an overview of one common type of AED, the Philips HeartStart OnSite Defibrillator model, go to their link: [http://www.med1online.com/documents/Philips\\_o66fxglj\\_HS1.pdf](http://www.med1online.com/documents/Philips_o66fxglj_HS1.pdf). Or you can access the fairly detailed and useful video demo at: [http://www.medical.philips.com/asset.aspx?p=/phpwc/main/shared/assets/video/resuscitation/onsite\\_demo102507.swf&alt](http://www.medical.philips.com/asset.aspx?p=/phpwc/main/shared/assets/video/resuscitation/onsite_demo102507.swf&alt)

In summary, you don’t HAVE to get trained, but it’s good to know what AEDs are used for. If you think some familiarity allows you to act more confidently and quickly, by all means, get some training or go to the URLs listed above. You could save a life.

# WINTER AND COLD WEATHER INJURIES



## PRACTICING OUTDOOR SAFETY

**W**hen the weather is extremely cold, and particularly if it is windy, it's best to stay indoors. You are at risk of getting frostbite in only 30 minutes with a temperature of 10 degrees and a 60 mph wind or with a temperature of minus 10 and a 10 mph wind. Frostbite can occur in just FIVE minutes when it's minus 10 with a 60 mph wind or minus 30 with a 30 mph wind.

If you HAVE to go outdoors in very bad weather, dress warmly and layer your clothing so that a light "wicking" layer is next to your skin to draw away perspiration. Layer an air-trapping garment, like fleece or wool, next and top that with a wind-resistant layer (water-resistant, too, if it's snowing), preferably with sleeves that can be tightened around your wrists. Jeans are a poor choice, because if they get wet, you will get chilled. (River raft guides use the saying, "cotton kills.") Wear a hat and scarf or a mask to cover your face, especially your nose and cheeks. Mittens are warmer than gloves, and your boots should be water resistant. Be careful to avoid sweating so much with activity that you will get cold later. Unzip or remove layers BEFORE you get too warm. If you can't stop shivering, it's definitely time to seek shelter. Hypothermia, which can occur even at 40 degrees if you are chilled from rain, sweat or submersion, can cloud your judgment so much that you may begin to ignore warning signs. Don't wait until you can no longer make good choices.

If you do go outdoors, avoid exertion, especially if you do not exercise regularly, are overweight or have high blood pressure or heart disease. There is a grim saying in emergency rooms about heavy snow being a widow-maker. To avoid a lower back injury, if you decide to shovel snow, do it slowly, using your knees to lift and step around, rather than twisting to toss the snow. Better yet, hire a neighbor's kid or a professional snow remover to clear your driveway—many lawn-care companies offer this service in the winter. Snowblowers are an option, but using them is still hard work.

By the way, so many otherwise bright people use their hands to un-jam snowblowers that the ER doctors who treat the amputations believe that these people might be getting too much carbon monoxide, causing them to become slightly impaired. So, take frequent breaks.

If you are a walker or a jogger, choose your footwear and paths carefully, or consider an indoor alternative until the walkways are dry. There is a very real risk of falling on ice, especially "black ice," which is hard to see, and the ice that lies just underneath the snow. An injury could set you back for months, or even permanently. Keep your steps and sidewalks shoveled and use sand where necessary. (Commercial ice melters can be effective, but some might not be good for the environment or your lawn and might cause pitting.)



## How to Communicate with Your Health Care Provider



### **Sample Questions to Help You Get the Health Care Information You Need**

Will I need to do anything special before this test/procedure?  
Who do I call if I have a problem with the preparation?  
When will I receive the results?  
What do these results mean?  
What are my treatment options for this diagnosis?  
Are there any precautions for this new drug I should be aware of?  
How should I take this new drug?  
Will this drug interfere with any of the drugs that I currently take?  
What benefits will I get from this therapy, and how soon?  
What are the risks of this procedure/therapy?  
How often will I need this treatment?  
Do you have any literature or handouts that will help me understand?



**B**etter communication with your physician or health care provider leads to better health care outcomes. It is very important that you have good communications with your provider and make the most of your encounters or office visits. It is in your best interest to convey your concerns to your health care provider accurately, truthfully and clearly. Don't be embarrassed by your unique situation. Most likely, the provider is familiar with your issues and symptoms. Your physician's ability to make an accurate diagnosis and formulate an appropriate treatment plan depends on what you tell him.

Many times, your interactions with health care providers are planned—you have an appointment. This gives you an excellent opportunity to write down in advance what you want to convey and what questions you want answered. Sometimes the symptom that generated the visit is not present at the time of your appointment. Explain this to your provider, because the intermittent nature of the symptom is often expected and could help identify the problem.

If you have many medical problems or allergies or take a lot of medications, it is best to keep a list of them. Write down the dosage of all medications you take, including prescribed, over-the-counter and herbal medications, and how often you take them. It helps to keep these lists easily accessible—for example, in your wallet or your purse—for future reference and edits. Because regular e-mails go through shared servers, they are not confidential. It is best not to transmit your health history and concerns by e-mail unless the message is encrypted or HIPAA (Health Insurance Portability and Accountability Act) compliant.

Health care providers are educated in and comfortable using a language that most people do not know. For various reasons, they sometimes forget that you have not had eight years of medical training. When your provider says something you don't understand, ask them to explain what they mean. Don't be embarrassed or intimidated because you don't understand what has been said to you. When medical terms and diagnoses don't have a more common translation, ask your provider to write down the term. Providers want you to understand, and most of them will accommodate your request. In fact, many anticipate this need and will write down a diagnosis or term without being asked. When discussing surgery or some other procedure you might ask them to draw you a picture or show you a video. If you would like, a friend or family member can accompany you to your appointment to listen to what the provider tells you and write it down.

When you have an unplanned or emergency interaction, if you are able to, write down what your provider says. If you are unable to write, ask the provider to do the writing. Save the discharge instructions and review them when you are less distracted. Call your provider if you have any questions about your medical situation or questions pertaining to the instructions. If you were given any information from your physician after being given anesthesia, go over the information with that provider when you are more alert.

Remember it is your right to obtain your medical information in a format and language that you can understand. It is your responsibility to talk to your provider and let them know whether you have adequate understanding of the health care information.

### **New CHAMPVA Benefits Prostheses and Bed-Wetting Alarms**

*In 2008, the CHAMPVA regulation and policy related to the coverage of prostheses (artificial body parts) was revised. The change clarifies that any non-dental prostheses determined medically necessary because of significant conditions resulting from trauma, congenital anomalies or disease is a covered benefit. Previously, policy language limited coverage of prostheses to artificial limbs, voice prostheses, artificial eyes, items surgically inserted into the body as an integral part of a surgical procedure and dental prostheses related to the surgical correction of a cleft palate. As a result of this change, other prosthesis, such as ears, fingers and noses are now covered when medically necessary and appropriate.*

*Also in 2008, bed-wetting alarms (enuretic devices) became eligible for CHAMPVA coverage. However, guidance on the use of these alarms is covered only when provided by a physician, physician assistant, nurse practitioner or any other authorized health care provider. Therefore, enuretic conditioning programs (guidance from nonprofessionals) are not covered by CHAMPVA.*

# Customer Service Center Improvements

As we begin another year, we would like to thank you for the opportunity to serve you. Many of the employees of the Health Administration Center are also Veterans or family members of Veterans. Our goal is to serve you by providing the most courteous and efficient service possible.

When you call the CHAMPVA Customer Service Center for information or assistance, the first option you have is to use our Integrated Voice Response (IVR). The IVR allows you to access basic claim and eligibility information. Simply follow the self-service menu prompts. Please enter the patient's Social Security number (SSN) when prompted to do so by the IVR. If you need more information than the IVR can provide, please select the option to speak to a customer service representative (CSR).

If you haven't spoken to a CSR lately because of CHAMPVA's long hold times, we're proud to say they are largely a thing of the past. We've added staff and changed our processes. As a result, call hold times have been drastically reduced. Our CSRs strive to provide the most courteous, accurate and efficient service possible. With this goal in mind, there are some ways you can help us to serve you. Please be ready to give the beneficiary's SSN if you have not already entered it in the IVR system. When calling about claims, please be prepared to provide the patient's SSN, date of service and the claim's billed amount.

Every telephone call is recorded, and CSRs make notes in the beneficiary's file about each call. If you are making a repeat phone call about an issue, please tell the CSR the last time you called and with whom you spoke. The issue can then be researched without as much repetition and with more accuracy.

CHAMPVA has made remarkable progress in achieving our goal of answering 95% of our calls in under three minutes. But there are times when call volume forces us to miss our standards. When this happens, you have the opportunity to use an option known as Virtual Hold, which allows you to hang up after providing your contact information. You will receive a call back as soon as a CSR becomes available. In effect, Virtual Hold allows you to keep your place in the call queue without actually being on hold. The Virtual Hold system will make up to 11 attempts to reach you.

In the past year, you might have heard some news about accidental compromises of Veterans' private information by VA employees. To prevent this type of incident from happening in the future, the VA is following strict guidelines spelled out by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires CHAMPVA to record the identity of each caller in order to keep a record of information released on our beneficiaries. Our CSRs record the first name, first initial of the caller's last name, organization name and the physical address for each inquiry. These procedures protect you, our beneficiary, by ensuring that only those with a need to know are getting your information.

We also verify your address, telephone number and other health insurance information with you on every call to keep our records updated. Updating your contact and health insurance information helps avoid delays in claims processing and keeps pharmacy benefits in effect. It also greatly assists us in keeping costs down, by avoiding unnecessary duplicate processing of claims. Please notify CHAMPVA whenever your health insurance coverage or the address of any of your beneficiaries changes.

MyCHAMPVA.com provides an online method of checking claim status and payments. Select “Register for Claim Status and Secure Email Correspondence” and follow the directions. You need to fill out an Online Release of Information form for each beneficiary registered on the Web site. This form is available at [www.mychampva.com](http://www.mychampva.com). Just fill out the form and return it to us. If you have any questions, a CSR can talk you through the process.



In addition to the IVR, telephone, Virtual Hold and MyCHAMPVA.com, we also offer an online chat service that can be reached at <http://www.va.gov/hac/contact/contact.asp>

Simply click on the “Chat Live” button. You can chat directly with a CSR between the hours of 10:00 a.m. and 6:00 p.m. Eastern Standard Time, Monday through Friday. Please be aware that because of HIPAA constraints, the chat option is for general program information only. We cannot disclose specific individual information regarding claims, but we can discuss eligibility requirements, general claim filing instructions and other issues such as annual deductibles and how other health insurance affects your CHAMPVA benefits.

For forms, publications or any other information on CHAMPVA and other programs the Health Administration Center manages, please go to [www.va.gov/hac](http://www.va.gov/hac). This is a terrific page to add to your bookmarks on your Internet browser.

No matter how you contact CHAMPVA, we hope you find the experience to be pleasant and informative. It's our privilege to serve you in a manner that honors the sacrifices our Veterans have made for this country.





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## NEW ADDRESS? MOVING?

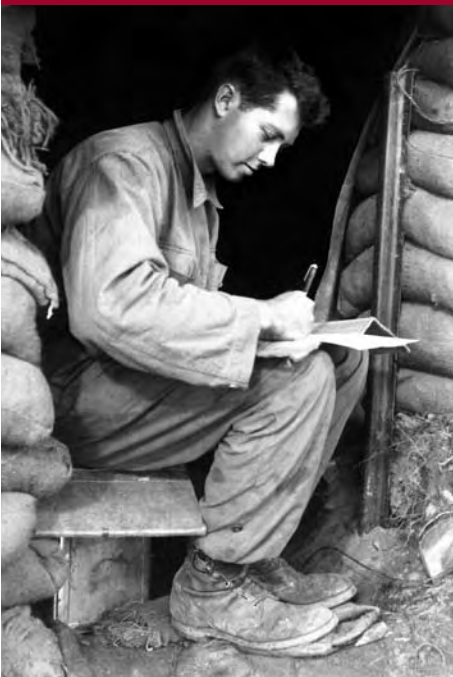
Please notify CHAMPVA if you are planning on moving soon or have already moved to a new address. It's very important for the Health Administration Center to have your most current address and phone number on file. The U.S. Postal Service address-forwarding service expires after ninety days and does not guarantee that your address will be updated by CHAMPVA. Contacting us directly will ensure we have your current address and phone number so there will be no gap in service for your benefits. You can update your address using one of the following methods:

Mail: VA Health Administration Center  
CHAMPVA  
PO Box 469063  
Denver CO 80246-9063

Phone: 1-800-733-8387

E-mail: Please go to this Web link and follow the directions for e-mail:  
[www.va.gov/hac/contact](http://www.va.gov/hac/contact)

## TELL US YOUR STORY



**T**he Health Administration Center would like to share your service-related stories with our employees. Realizing the importance of better understanding the people who benefit from the CHAMPVA program—the people we serve—we want to honor those of you who have served our country and otherwise sacrificed to ensure our continued freedom. The stories will be printed in our in-house newsletter. If you are a Veteran, tell us about the conflicts you experienced, including the branch/units/duty stations in which you served. Please also tell us your name. Or, if you are a dependent of a Veteran, share with us the sacrifices you and your family have made to support and encourage your spouse, either while they were serving or in your post-service life. We will gladly accept photos to go along with the stories. Photos will be copied and originals returned to you, if you provide a return address.

**Send your stories to:**

**VA Health Administration Center  
Attn: Communications Division, Linda Carlson  
PO Box 469060  
Denver CO 80246-9060**