

Online System Speeds Up Veterans' Home Loan Processing

WASHINGTON, D.C. – A new federal Internet-based system for mortgage bankers and other lenders will speed up the processing of home loans for veterans through the Department of Veterans Affairs (VA). After the veteran's information is entered by the financial institution providing the loan, the lender will receive a certificate authenticating the veteran's eligibility in seconds. Previously, when a certificate of eligibility was needed, a form was submitted to VA and the certificate was mailed, a process that could take a week or more.

"This leap forward in VA automation is great news for the veteran anxious to close a loan and move into a new home," said VA Under Secretary for Benefits Daniel L. Cooper. "When interest rates begin to change, getting loan procedures resolved quickly can be important to our veterans."

The new system, called Automated Certificate of Eligibility (ACE), should be especially beneficial for active-duty members and veterans using their home loan benefit for the first time.

Last year VA guaranteed more than 250,000 loans valued at \$31.2 billion. Approximately 80 percent of these loans require a certificate of eligibility. VA anticipates the ACE system will be able to generate a certificate for 30 to 50 percent of these loans. However, some loans will still require manual processing by VA, including veterans whose eligibility is based on National Guard or Reserve service, those with irregular discharges, and those in several other situations.

The ACE system will not reject any veterans for home loans and lenders will not be involved in deciding any eligibility issues. A veteran whose eligibility involves special issues requiring the traditional staff review may still request a certificate of eligibility by sending in VA Form 26-1880, Request for Determination of Eligibility for VA Home Loan Benefits.

Veterans or servicemembers interested in learning more about their VA home loan benefits or who wish to obtain loan forms may visit www.homeloans.va.gov on the Internet. ■

Have you updated your Means Test this year? Call (713) 794-7288 if you have questions . . .

New Guidelines for Veterans Who Require an Annual Means Test

JACKSON, MS - On January 11, 2002 the Veterans Health Administration (VHA) issued an interim departmental policy for blocking the scheduling of outpatient appointments for any veteran with an expired Means Test status.

Simply put, some non-service connected and some zero percent service connected veterans may not receive future medical appointments, if they do not provide the required annual updated Means Test.

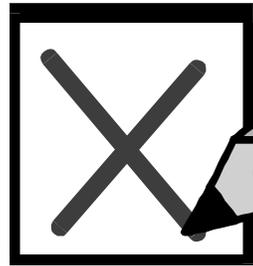
The Consolidated Omnibus Budget Reconciliation Act of 1985 authorized the VA to determine whether certain veterans are able to defray the expenses of needed medical care. As a result of this law, VHA implemented a financial test, referred to as the Means Test.

Veterans who complete a Means Test and who are unable to defray the expenses of medical care are not required to pay a medical care co-payment. However, a new Means Test must be completed each year

to determine if they are still financially unable to defray the expenses of care.

If a new Means Test is not completed, the veteran's enrollment priority status cannot be established; consequently, the veteran is placed in a non-enrolled status. The number of veterans who may fall in a non-enrolled status due to the lack of a valid Means Test is approximately 800,000 nationwide. In the past, VHA has continued to allow these veterans to receive medical care even though they do not have a valid Means Test on file.

To ensure VHA obtains a valid Means Test, a computer solution has been developed that will prevent health care facilities from scheduling future appointments for any veteran in an expired Means Test status. Before an appointment can be scheduled, any veteran who has an expired Means Test will be required to update their Means Test information.



VHA policy requires that a complete Means Test be obtained for any veteran who is required to furnish such information.

Every veteran will be mailed a Financial Assessment Renewal Letter and VA Form 10-10EZ, Application for Health Benefits with a return envelope, 60 days prior to their Means Test anniversary date. This will inform the veteran that his or her Means Test is due to expire and request that it be renewed.

If the Means Test is not renewed, a reminder financial assessment letter and VA Form 10-10EZ, and a return envelope will be mailed 30 days prior to the Means Test anniversary date.

If the Means Test is not renewed by the Means Test anniversary date, a letter will be mailed to the veteran stating that VA is unable to schedule future care of the veteran's non-service connected conditions, until a new Means Test has been completed and returned to a VA health care facility.

Questions regarding this new VHA policy may be directed to the Houston VA Medical Center Eligibility and Enrollment Office at (713) 794-7288. ■

Can't make it to your next appointment?
Don't forget to call (713) 794-8985 to cancel . . .

Don't Be a No-Show!

HOUSTON, TX - If you are already enrolled in the VA system and would like to make an appointment at the Houston VA Medical Center (HVAMC), call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137 and the staff will assist you.

It is very important for you to keep your scheduled appointments. If you cannot use the slotted time, another veteran might be able to do so.

When you don't show up for your scheduled appointment, you have taken away that time slot from another veteran who needs to see a doctor. That veteran, then, must try to walk-in, and walk-ins mean long waits; therefore, longer waits for everyone -walk-in veterans and scheduled veterans.

If, for some reason, you cannot keep your appointment, please immediately call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137 to cancel and reschedule.

If you can't remember when your next appointment is or have not received an appointment letter from the HVAMC, call the Appointment Information Hotline at (713) 794-7648 or toll-free 1 (800) 454-1062.

This automated system will ask for your social security number and then tell you all the HVAMC appointments you have scheduled in the next 90 days.

If you have medical questions or concerns, and cannot wait until your next appointment, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. All telephone calls are answered by a staff of nurses and other health care professionals who are experienced in telephone assessment of medical situations and crisis intervention. They are trained to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments. ■

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One person out of every five in the United States will develop skin cancer sometime during their life

Skin Cancer: Learn the Facts So You Don't Get Burned this Summer

HOUSTON, TX - Skin cancer is the most common type of cancer occurring in the United States. It is also the most rapidly increasing cancer.

For the past thirty years, skin cancers have been increasing in incidence by about 3 percent each year. One person out of every five people in the U.S. will develop skin cancer sometime during their life. It is estimated that about 50 percent of all people who live to age 65 years will develop at least one form of skin cancer.

The good news is that skin cancer can be prevented, or if caught early, is highly curable. In fact, if detected early, skin cancer is almost 100 percent curable.

Skin cancer can be divided into two major types: nonmelanoma and melanoma skin cancer. Malignant melanoma (MM) is the more deadly of the two.

The American Cancer Society estimates that there will be more than 1 million people diagnosed with non-melanoma skin cancers in the year 2002. Approximately 51,400 people will be diagnosed with malignant melanoma.

Even though malignant melanoma is diagnosed far less often, MM skin cancers will take more lives than any other type of skin cancer, causing 7,800 deaths per year.

That represents about one malignant melanoma death every hour. Malignant melanoma is responsible for 80 percent of all skin cancer deaths.

The primary cause of all types of skin cancer is exposure to ultraviolet radiation (UV) – the sun. It is easy to get a sunburn in Texas because of the state's geographic location, mild climate, and the many opportunities to work and play out of doors. Reflection of the sun's rays off water, sand, or snow can double your ultraviolet radiation exposure.

Clouds don't block out UV rays. When the weather is cloudy, cool, and breezy, we may not become hot or realize the amount of UV exposure until after we have developed a sunburn.

Studies suggest that heavy sunlight exposure in the first few decades of life may be of the greatest importance in determining a person's risk for skin cancer. A blistering sunburn in childhood or adolescence doubles the risk of developing a skin cancer. It is estimated that by the time someone reaches the age of 18 they have already obtained 80 percent of their lifetime UV light exposure.

Besides avoiding the sun, early diagnosis and treatment are the next best

ABCDs of Moles

A Asymmetry

B Border

C Color

Notching

D Diameter

prevention option. Make it a habit to check your skin for abnormalities and changes. Look at each of your moles and evaluate them using the following test:

A is Asymmetry. When the lesion is divided into halves, if the right half does NOT look like the left half, it is asymmetrical in shape.

B stands for Border. Moles that have irregular or poorly defined borders should be reported. The borders appear notched or seem to fade or "stream out" onto the surrounding skin.

C stands for Color. Is the color of the individual mole varied? Does the mole have tan, brown, black, blue, red, or white areas?

D refers to Diameter. Is the mole larger than 6 mm in diameter (the size of a pencil eraser)?

Although 6 mm is used as a general guideline for evaluating growth of a mole, any mole that is asymmetrical, has an irregular border, has color variations, and

is *changing* should be evaluated by your VA health care provider - even if it is less than 6 mm in diameter. A positive finding of any of the ABCDs may indicate the mole is a malignant melanoma.

Malignant melanoma can develop anywhere on your skin from head-to-toe, so remember to wear appropriate protective attire including long sleeves and hats, avoid working in the sun if possible, use sunscreens, and do regular self-examinations of your skin. Protect your eyes from the harmful ultraviolet rays by using gray or brown lenses that offer both UVA and UVB protection.

A cancer-related checkup including skin examination is recommended every three years for persons between the age of 20 to 40 years, and every year for anyone age 40 and older.

Take charge of your skin. Get regular checkups and take precautions when you are out in the sun. ■ *Pam Wilson, PhD, RN, FNP-C*

A Word from the Director . . .

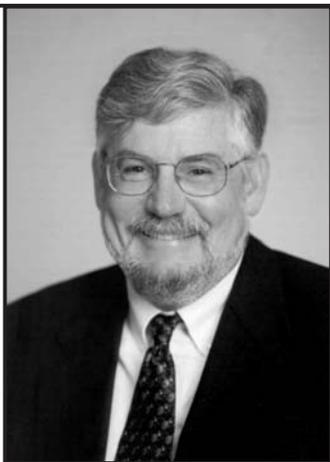
VA Surveys Veteran Satisfaction

HOUSTON, TX - For the past four years, the Department of Veterans Affairs has surveyed veterans to determine their satisfaction with the health care they receive at VA medical centers. These national surveys allow us the opportunity to compare ourselves against other VA Medical Centers and to target improvement efforts.

During these surveys, veterans are asked questions concerning eight different aspects of their visit to the Houston VA Medical Center (HVAMC) or to the outpatient clinics in Lufkin and Beaumont. The topics addressed were access, courtesy, preferences, support, education, continuity, visit coordination, and overall coordination.

Our results in Houston were not as good as we would have liked, and we are taking action to improve the satisfaction our veterans have with the health care they receive.

We currently have a Veteran Satisfaction Board working to identify changes in operations and changes in training requirements for



Edgar L. Tucker, Medical Center Director

supervisors and staff. All of the recommendations from this board relate to improving our veteran's satisfaction with their health care.

We will continue to develop strategies and increase resources to improve access to health care in our Primecare Clinics and our various Specialty Clinics.

In addition, our library staff is working closely with HVAMC medical experts to improve our education resources for veterans and their families.

We are committed to improving our performance in each of the above satisfaction dimensions. We will keep you updated on how we are doing, and believe you will notice that things are changing for the better. ■

Sunscreen: How To Select, Apply, and Use It Correctly

When To Apply Sunscreen

- ✓Apply sunscreen approximately 30 minutes before being in the sun so that it can be absorbed and less likely to wash off if you perspire.
- ✓Remember to reapply sunscreen after swimming or strenuous exercise.
- ✓Apply sunscreen often if you work outdoors.

How To Apply Sunscreen

- ✓Shake well before use to mix particles.
- ✓Be sure to apply enough. Use an ounce (a handful) to cover your entire body.
- ✓Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of the knees and legs.
- ✓Apply thickly and thoroughly.
- ✓Be careful when applying sunscreen around the eyes.

What To Look for When You Buy Sunscreen

- ✓Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓Look for a waterproof brand if you will be sweating or swimming. Buy a non-stinging product or one specifically formulated for your face.
- ✓Try a sunscreen with different chemicals if your skin reacts badly to the one that you are using. Not all sunscreens have the same ingredients.
- ✓Be aware that more expensive does not mean better.
- ✓Be aware of the expiration date because some sunscreen ingredients might degrade over time.

From the Centers for Disease Control and Jeff Triebel, HVAMC Safety Manager

HVAMC Operative Care Line wins award for having the second lowest, risk-adjusted mortality rate among 123 VA Medical Centers nationwide . . .

Houston VA Boasts Award-Winning Surgical Program

HOUSTON, TX - The Houston VA Medical Center (HVAMC) recently accepted an award from the National Surgical Quality Improvement Program (NSQIP) for having the second lowest risk adjusted mortality rate among 123 VA Medical Centers nationwide.

The HVAMC boasts a surgical staff that performs over 5,000 surgical procedures each year and represents nine surgical subspecialties. These include general surgery, cardiac surgery, neurosurgery, orthopedic surgery, plastic surgery, urology surgery, vascular surgery, otolaryngology, and gynecology.

In the late 1960s and early 1970s, the Department of Veterans Affairs received a great deal of negative press regarding surgical outcomes. Surgical outcomes are the factors that contribute to a patient's life after surgery. This includes longevity and mortality, complications of care, patient's functional status after care, patient's quality of life after care, patient satisfaction, and the cost effectiveness of the surgery.

In December 1986, Congress enacted Public Law 99-166 stating that the VA should report its surgical outcomes in comparison to the national average with risk-adjustments accounting for the severity of patient illness.

The process has not been an easy one, or one without its problems. At



While not the average patient for the HVAMC, the staff of the Operative Care Line quickly improvised and delivered a healthy baby girl during last year's flood. Beverly Rashad, RN, Nurse Executive of the Operative Care Line (far left) and David H. Berger, MD, Operative Care Line Executive (far right) celebrate Baby Asia VA's first birthday in June with the little girl's grandmother and grandfather.

first, surgeons were concerned about the accuracy of data collected and also concerned that the data was not adjusted appropriately for patient risk. Criteria were established to determine expected ratios for morbidity and mortality.

After many studies and much critiquing, the NSQIP has become the standard by which surgical quality is

measured in the VA and is now being piloted in private hospitals. According to the Annals of Surgery in 1998, NSQIP is the first national, validated, outcome-based, risk-adjusted, and peer-controlled program for the measurement and enhancement of the quality of surgical care. ■ Dorothy Izard, Operative Care Line Program Specialist

The Houston VA Medical Center has once again received national recognition . . .

Houston Cardiac Surgery Section Model for Rest of VA



The Cardiac Surgery Section of the Operative Care Line at the Houston VA Medical Center has once again received recognition as a "Clinical Program of Excellence" within the Veterans Health Administration. Pictured from left: Hope Scott, RN, HVAMC OR Nurse; Ernesto R. Soltero, MD, HVAMC Chief, Cardiothoracic Surgery; Prasad Athuri, MD, HVAMC Staff Anesthesiologist; and Jaimie Villareal, MD, Resident, Baylor College of Medicine.

HOUSTON, TX - The Cardiac Surgery Section of the Operative Care Line at the Houston VA Medical Center (HVAMC) has once again received recognition as a "Clinical Program of Excellence" within the Veterans Health Administration (VHA).

This designation is made for a period of two years. The HVAMC Cardiac Surgery Section and its staff first received this recognition in 1999.

VHA identifies special, high-performing clinical programs that excel when compared with the best in

American health care. Clinical outcomes, patient focus, financial effectiveness plus efficiency, productivity, and fulfillment of the dimensions of quality are some of the important criteria examined in attaining the designation as a "Program of Excellence."

A member of the HVAMC staff since 1999, Ernesto R. Soltero, MD is the chief of cardiothoracic surgery. While extremely honored that his department has achieved this very distinguished designation, he points out that this could not have been accomplished without the outstanding support of the physician assistants that he works very closely with, as well as the cardiology staff, anesthesiology staff, operating room nursing staff, SICU nursing staff, and step-down unit nursing staff. He also gives credit to the cardiothoracic residents from the Baylor College of Medicine who rotate through the HVAMC cardiothoracic surgery program.

VA's Programs of Excellence are expected to serve as models for the veterans' health care system, and as information and referral sources to help others in the system achieve excellence in the measurement of clinical outcomes, clinical care, and where applicable, teaching and research. ■ Dorothy Izard, Operative Care Line Program Specialist

www.houston.med.va.gov

Reduce your high blood pressure with exercise, smoking cessation, weight loss, avoidance of excessive alcohol intake, and . . .

Introducing the DASH Diet

HOUSTON, TX - The DASH (Dietary Approach to Stop Hypertension) Diet provides a healthy eating plan to help you reduce your high blood pressure.

Hypertension is increased or elevated blood pressure, either intermittent or sustained, exceeding 140/90 mmHg (millimeters of mercury).

Try to eat a diet rich in fruits, vegetables, and lowfat dairy foods. Eat less fat and salt. Limit alcohol intake.

This diet will supply your body with important vitamins and minerals, including calcium, magnesium, and potassium.

Along with exercise, the DASH Diet will help you lose weight. All of this can help reduce high blood pressure.

High sodium or salt foods include the following:

- ✓ **Table salt and salted seasonings such as:**
 - meat tenderizers
 - flavor enhancers
 - garlic
 - onion salts
 - lemon pepper
 - soy sauce
 - catsup and mustard

- ✓ **Processed foods such as:**
 - gravy
 - soup mixes
 - cheeses
 - cheese foods

- ✓ **Canned foods such as:**
 - canned vegetables
 - canned soups

- ✓ **Salty Snacks such as:**
 - salted chips
 - pretzels
 - salted nuts

- ✓ **Cured meats such as:**
 - ham and bacon
 - corned beef
 - salt pork
 - sausages
 - hot dogs
 - cold cuts

- ✓ **Pickled foods such as:**
 - pickles
 - relishes
 - olives

About one in every five adults in the U.S. has high blood pressure. Elevated blood pressure occurs more often in men than in women, and in African Americans almost twice as often as in Caucasians. ■ Valsa George, RD, LD in collaboration with HVAMC Clinical Support Service Line

We're Here to Help . . .

Cancer Support Group

Meets first and third Tuesdays, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple and Chaplain Doug Ensminger, (713) 791-1044, ext. 5273

Pain Support Group

Meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Education Group

Meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Coping Skills Training Group

Meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Better Breather's Club

Meets last Wednesday, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

Stroke Support Group

Meets second and fourth Thursdays, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 794-1414, ext. 4241/5254

Amputee Support Group

Meets first and third Thursdays, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-1414, ext. 3354/4218

Prostate Cancer Support Group

Meets third Thursdays, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-1414, ext. 7111

New Handbook Updates Veterans Benefits

WASHINGTON, D.C. — A new edition of the Department of Veterans Affairs' popular handbook *Federal Benefits for Veterans and Dependents* updates the rates for certain federal payments and outlines a variety of programs and benefits for American veterans.

The handbook can be downloaded free from VA's Web site at <http://www.va.gov/opa/feature/>.

The U.S. Government Printing Office also accepts credit card orders at (866) 512-1800 (toll-free) for a cost of \$5 for each handbook. ■

Houston VA Medical Center has one of the highest number of hepatitis C patients nation-wide. . . .

Houston VA Focuses on Hepatitis Awareness

HOUSTON, TX - Aware that there are 3.5 million Americans chronically infected with the hepatitis C virus, Department of Veterans Affairs (VA) medical facilities are focusing on preventing and treating hepatitis C infections. The goal is to make sure veterans know about risk factors for hepatitis C infection and how to get screened and tested at VA facilities.

The Houston VA Medical Center (HVAMC) has treated more than 330 veterans for hepatitis C in the last four years. Last year, there was more than a 50 percent increase in the number of treated patients. Over 500 veterans have received vaccination against hepatitis A and/or B in the HVAMC Hepatitis C Clinic.

Each patient who is seen in Hepatitis C Clinic is fully evaluated for the need for vaccination, and vaccinations are administered accordingly. The HVAMC now has one of the highest number of treated patients for hepatitis C in VA VISN #16 and one of the highest numbers nation-wide.

"In a short time, VA has established the largest screening and testing program for hepatitis C infection in the world," said Secretary of Veterans Affairs Anthony J. Principi. "Hepatitis C testing, treatment, and research are among VA's highest health priorities."

Hepatitis C is a virus that infects the liver, causing tissue damage and, in some cases, permanent liver problems, including cirrhosis (scarring) and liver failure. It is a leading reason for liver transplantation. Hepatitis C has been recognized as a cause of liver disease for about a decade, and testing has been available only since 1992.

"The Houston VA Medical Center has taken a vigorous, aggressive approach to this relatively new disease," said Dr. Thomas Horvath, HVAMC

Chief of Staff. "In September 2000, we established a Hepatitis C Clinic staffed by an infectious disease specialist and a LVN who devote 24 hours each week to the care of hepatitis C patients. This clinic is in addition to physicians in our GI department who are also treating patients with hepatitis C."

Every veteran who is referred to the Hepatitis C Clinic gets a computerized presentation, a handout prepared by the VA Centers of Excellence for hepatitis C, and a 40-minute visit with the hepatitis C physician. This visit focuses on patient education and the disease.

The HVAMC Hepatitis C Clinic is taking steps towards meeting the demands of the public health principles underlying the VA National Hepatitis C Program. In late 2001, the HVAMC Primecare Clinic, in conjunction with the Hepatitis C Clinic, established a computerized clinical reminder program that automatically does the following:

1. Automatically detects patients who have not been tested for hepatitis C and prompts their Primecare provider to ask for risk factors for hepatitis C. If a risk factor is identified, the program prompts for the healthcare provider to order a screening test.

2. If a positive screening test is detected, the software prompts the health care provider to order a confirmatory test and/or send an automatic consult to Hepatitis C Clinic.

3. If a positive confirmatory test is detected, the health care provider is prompted to send a consult to the Hepatitis C Clinic.

4. High risk patients are automatically retested every two years.



Photo by HVAMC Education Service Line

Dr. Shabriar Tavakoli-Tabasi, HVAMC Hepatitis C Coordinator, was instrumental in establishing a computerized hepatitis C clinical reminder program at the Houston VA Medical Center that automatically detects patients who have not been tested for hepatitis C and prompts their Primecare provider to ask for risk factors for hepatitis C.

VA has screened more than 1.7 million veterans for risk factors associated with hepatitis C infection and each year cares for over 70,000 veterans with the disease.

VA's coordinated services provide veterans with state-of-the-art care, ranging from counseling for risk factor identification and disease prevention, to providing medication and health care, including liver transplantation. Additionally, VA provides support services such as substance abuse and mental health care.

"We are managing hepatitis C infection through a comprehensive approach to prevent disease transmission and long-term complications," added Horvath. "This is a model for how other large systems can manage this serious disease."

If you are concerned about hepatitis C, please talk with your Primecare team during your next appointment. For more about hepatitis C, visit www.va.gov/hepatitis on the Internet. ■

Occupational therapy helps you do your life activities to the best of your ability, despite trauma or illness . . .

What is Occupational Therapy?

HOUSTON, TX - Occupational therapy developed as a profession during World War I when the need to rehabilitate disabled soldiers came to light.

Today, occupational therapists are recognized as highly qualified health care professionals. Those employed at the Houston VA Medical Center (HVAMC) must have at least a bachelor's degree in occupational therapy and maintain certification through the National Board for Certification in Occupational Therapy, Inc. They are also licensed through the State of Texas. Through the years, many veterans have benefited from occupational therapy services in a variety of ways.

At the HVAMC, you will find occupational therapists working in Rehabilitation, Spinal Cord Injury, Home Care, Mental Health, and Extended Care.

An occupational therapist evaluates your ability to do daily activities, offers suggestions for safety, and recommends adaptive equipment. He or she may show you ways to accomplish tasks such as tying shoes with one hand, taking a shower and dressing yourself after hip surgery, using a computer with a mouthstick, cooking with special adapted devices, or gardening with energy saving techniques. Occupational therapists will also work with members of your family or your caregiver who may need to assist you.

If you have a particular problem with your hand or arm, occupational therapists working with HVAMC hand surgeons may fabricate custom splints. The occupational therapists will design a specific rehab program to help you recover and restore the use of your injured arm or hand. They also will

develop an exercise program for you to complete at home.

Veterans receiving care in the HVAMC's mental health program work with occupational therapists to help them generate healthy interests and behaviors. Occupational therapists may recommend ways to improve skills such as managing your time, planning your day, or being more organized. They use a variety of techniques to tailor activities to individual needs, interests, and abilities. Treatment objectives focus on interpersonal relationships and social behaviors that are gratifying, rewarding, and most importantly, stimulating.

So what is occupational therapy? Occupational therapy promotes independence and function, and helps you do your life activities to the best of your ability, despite trauma or illness. ■ *Betty Baer, OTR, Staff Occupational Therapist*

The LOPC pharmacy and medical staff have developed a system that is able to co-manage a veterans' health care and prescription needs . . .

How Does the Lufkin Outpatient Clinic Manage Non-VA Prescriptions?

LUFKIN, TX – The staff of the Lufkin VA Outpatient Clinic (LOPC) recognizes that for a variety of reasons some veterans choose to see private physicians for portions of their health care.

This may be due to a patient's decision not to go to the Houston VA Medical Center (HVAMC) for services that the LOPC is unable to provide, such as specialist care or inpatient care, or due to the need for medical care outside of normal clinic hours.

In some cases, veterans wish to maintain long-standing patient-physician relationships that existed before the LOPC opened. Whatever the reason, it does not jeopardize any of the patients' VA benefits.

Keep in mind, that all veterans in Southeast Texas are encouraged to obtain all of their care through the HVAMC and its outpatient clinics in Lufkin and Beaumont.

However, when a veteran chooses to have some of his or her care provided in the community, the veteran should still be assigned to, followed, and managed by a VA provider in order to obtain medication and other prescription items from the VA. This policy may not apply to veterans in certain programs such as Aid and Attendance, Fee Basis and Vocational Rehabilitation/Chapter 31.

A veteran using HVAMC must be enrolled, assigned to a VA health care provider, evaluated at appropriate intervals, and managed by the VA health care provider. In order for a VA health care provider to assume responsibility for a patient's care and outcomes, that provider must be able to independently diagnose and recommend treatment for that patient's medical conditions according to his or her best judgment.

Rather than turn the non-VA prescriptions away for patients to purchase at their own expense, the LOPC pharmacy and medical staff have developed a system that is able, in most cases, to accommodate the patient requirements.

When a patient brings a prescription from a private physician to the LOPC, the patient is referred to the pharmacy. The patient's eligibility is verified and if the patient is not approved for Fee Basis or Aid & Attendance care, the pharmacy forwards a copy of the prescription along with the patient's medication profile to the patient's VA primary care

provider (physician, physician assistant, or nurse practitioner).

The original prescription is returned to the patient. The primary care provider reviews the prescription and the patient's medical records to decide if the prescription is appropriate for the veteran's health care and if the medication is available on the VA formulary.

In many cases, the VA provider may need additional medical information before he or she can legally prescribe the medication. A veteran must

prescription. It may be necessary to prescribe another medication in the same therapeutic class that is stocked by the VA - one that is just as effective as the one prescribed by the private physician.

Most veterans are willing to accept the change. Under the VA's co-management care program, LOPC pharmacists work with community physicians and hospitals, and are willing to answer questions from private providers regarding what medications VA stocks.

When requested, printed copies of

the VA formulary can be provided to local physicians since many of them will prescribe the VA medications for their veteran patients when they know what medications are available.

The VA review process is not instantaneous since the VA providers' first responsibility is to veterans with scheduled appointments. Patients without appointments who bring outside prescriptions are asked to give their provider 48 hours to review the prescriptions instead of interrupting another

veteran's care for an immediate answer. Since some medications need to be started right away, patients might be told they need to take the original prescription to a private pharmacy and purchase a few days supply at their own expense.

Regardless of whether a patient chooses to bring his or her private prescriptions to the VA for review or have them filled at a private pharmacy at their own expense, it's important that all of their health care providers are aware what medications the veteran is taking. This includes not only prescription medications but also nonprescription (over-the-counter) medications, vitamins, dietary supplements, and herbal products.

If a veteran is being seen concurrently by a non-VA provider, it is the veteran's responsibility to furnish the VA with non-VA health care records. Appropriate care requires pertinent information that supports the rationale and need for requested medications, supplies, or diagnostic tests.

Please remember that the VA cannot be used only as your pharmacy. VA health care providers need to review and follow your care before prescribing medications and supplies.

For more information, contact the LOPC Pharmacy at (936) 633-2736. ■ *Lynn Cbesser, RPh, MS, Supervisory Pharmacist, Lufkin Outpatient Clinic*



Photo provided by Lufkin Outpatient Clinic

Tina Cameron, a pharmacy technician at the Lufkin Outpatient Clinic, takes care of a veteran's prescription needs. Regardless of whether a patient chooses to bring his or her private prescriptions to the VA for review or have them filled at a private pharmacy at their own expense, it's important that all of their health care providers are aware what medications the veteran is taking.

understand that a community physician's prescription is considered to be a recommendation to the VA provider, and not an obligation to merely rewrite the prescription so that it can be filled by the VA pharmacy.

The VA primary care provider assumes responsibility for the patient when they rewrite a prescription, and he or she may need additional information

A veteran using the VA must be enrolled, assigned to a VA health care provider, evaluated at appropriate intervals, and managed by the VA health care provider.

from the patient, copies of outside test results, or other medical records before he or she can make their decision.

The VA uses a national drug formulary that may not be familiar to private practice physicians. Community physicians will often prescribe medications that are similar, but not identical to those on the VA formulary. The VA health care provider will take this into account as he or she reviews the private

Pharmacy Facts . . .

Tips to Help Prevent Medication Errors

HOUSTON, TX - An important key to prevent medication errors is to be an active member of your health care team.

This means you should take part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results.

Make sure that your doctor knows everything you are taking. This includes prescription and over-the-counter medicines, even herbal supplements. Don't forget to tell your doctor what medication or food you are allergic to.

When your doctor writes a prescription for you, make sure you can read it. If you cannot read your doctor's handwriting, your pharmacist might not be able to either.

If you are not clear about the instructions on the label, ask the pharmacist to explain them.

Make sure you know the name of your medication, when to take it, with food or without food, for how long, side effects, and what food or drink to avoid while taking the medication.

You should also ask for written information about the medication you are taking.

Always talk to your VA doctor or nurse if you have any questions of concerns. The HVAMC Pharmacy Helpline is (713) 794-7653. ■ *Jamie Trinh, R.Ph from "Twenty Tips to Help Prevent Medical Errors," Patient Fact Sheet. AHRQ Publication No. 00-PO38.*

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Breathe Easier with Help from the Better Breathers' Club

HOUSTON, TX - The American Lung Association of Texas and Houston VA Medical Center's Medical Care Line host a meeting of the Better Breathers' Club the last Wednesday of every month from 1:30 to 3:30 p.m.

If you suffer from any type of lung disease and would like to discuss your concerns with health care professionals and others who have similar problems, join us each month to discuss different topics related to your condition.

Featured guest speakers will discuss breathing conditions, medications, dietary needs, etc. Speakers include physicians, respiratory care practitioners, pharmacists, nurses, dietitians, and other special guests.

The Better Breathers' Club is supported by the American Lung Association of Texas, and is designed to help people with lung disease and their families learn how to improve their activities in their daily life.

In addition to the information offered by our guest speakers, we encourage participants to share their experiences and ideas. Together, we can share ideas to get more out of life!

The meetings take place at the HVAMC on the first floor in Room 1C-360. Refreshments are served.

Call (713) 794-7317 for more information. ■ *Paula Denman, RRT*

How do I enroll in the VA Health Benefits Package?

HOUSTON, TX - You can apply for enrollment at any VA health care facility, VA Regional Office, or Veterans Service Office. You may apply via the Internet at www.va.gov/health/elig/index.html. The form you will complete to apply for enrollment is called the 10-10 EZ.

We will need a copy of your DD214 or Military Discharge Certificate to verify your eligibility.

You will receive a letter confirming your enrollment from the Department of Veterans Affairs that identifies your assigned Priority Group. ■

There are 806 members of the HVAMC nursing staff demonstrating expertise in many diverse areas of patient care throughout the medical center. . . .

VA Nursing: A Noble and Essential Calling

HOUSTON, TX - We are very fortunate at the Houston VA Medical Center (HVAMC) to have a very dedicated, committed nursing staff. The nursing staff is devoted to the quality of care provided to veterans, and many are actively involved in providing services in the community through volunteer efforts and academia.

The HVAMC nursing staff is comprised of medical unit clerks, telemetry technicians, nursing assistants, licensed vocational nurses, and registered nurses with associate degrees, baccalaureate degrees, and masters degrees. We also have 40 masters-prepared and four doctoral-prepared nurses on the staff.

The HVAMC has approximately 125 member of the nursing staff who have been employed here for more than 20 years. We also have 13 nurse practitioners who act as physician extenders in areas such as geriatrics, primary care, mental health, and surgery.

The HVAMC, though organized in a Care and Service Line structure, uses a shared leadership model for nursing. Nurses at the point of care, closest to the patient, are involved in decision-making concerning the care delivered.

Everyone benefits from this model. Nationwide, the VA employs approximately 55,616 nurses. In 1999, the agency took a very bold step and increased the education requirements for registered nurses.

In Houston, there are 806 members of the nursing staff, demonstrating expertise in many diverse areas of care throughout the medical center.

Nurses are involved in every aspect of the Veterans Health Administration (VHA) mission including provision of care, education of future generations of care, education of future generations of nurses, research, and support of the Department of Defense. Of the 55,616

nurses in the VA system, approximately 2,800 are eligible for military mobilization.

In 1942, the VA launched a large-scale clinical training program for student

In FY 2002, President Bush signed into law the "Department of Veterans Affairs Health Care Programs Enhancement Act of 2002" (PL 107-135). A major provision of the bill created the National Commission on VA Nursing. This Commission consists of 12 members and will exist for two years.

Duties of the Commission include considering legislation and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel. The Commission is also charged with assessing the future of the nursing profession within the VA.

Additional provisions of the bill focus on strategies for the recruitment and retention of nurses.

Currently, Veteran Affairs has initiatives underway to recruit and retain nurses. These include reimbursements for education, flexible work hours, improved pay, and attention to work place issues.

The National Nursing Education Initiative has already helped more than 1,800 nurses study for college degrees. VA's Education Debt Reduction Program is a tuition-reimbursement program where VA pays up to \$44,000 for nursing school.

In the VHA, nurses hold critical positions in providing health care to our veterans. They are skilled clinicians, administrators, researchers, and educators. Many hold faculty appointments at affiliated schools of nursing.

Houston is no exception. Our VA nurses carry critical patient care responsibilities on their shoulders in order to provide quality care to our veterans. These dedicated caregivers play a key

role in activities here at the VA, the Texas Medical Center, and the community at large. ■ *Deloris W. Leftridge, RN, MSN, CNAA*



Members of the nursing staff at the Houston VA Medical Center like (left to right) Carla Click, RN, GNP; Anita Smith, nursing assistant; Helen Dixon, nursing assistant; and Valsamma Kureekottil, RN are involved in every aspect of the Veterans Health Administration (VHA) mission including veteran health care, education of future generations of nurses, research and development, and support of the Department of Defense.



The VA is the largest single provider of clinical nursing education in the United States. Currently, the agency has initiatives including reimbursements for education, flexible work hours, and improved pay, to recruit and retain nurses. Valsamma Kureekottil, RN (left) works closely with other HVAMC staff members like Betty Baer, occupational therapist and Andre Yaptangco, physical therapist to provide quality health care to our veterans.

advance degrees in nursing and adopted new performance standards requiring a four-year degree for registered nurses by 2005.

Prostate cancer kills 30,000 people each year and is the second leading cause of cancer death in the United States . . .

Growth Factors Critical to Prostate Cancer Research and Treatment

HOUSTON, TX - Researchers at the Houston VA Medical Center (HVAMC) have found that disruption of fibroblastic growth factor (FGF) signaling appears to halt prostate cancer cell growth and holds promise as a future treatment.

"FGF is present in the normal prostate, but research shows that its production increases in prostate cancer," said Dr. Michael Ittmann, the chief pathologist at the HVAMC and associate professor of pathology at Baylor College of Medicine.

Growth factors are the proteins made, and usually secreted, by cells. They bind to receptors on the cell and turn on signaling that has different effects inside the cell.

"In the normal prostate, there are epithelial cells and stromal cells that support the epithelium. As prostate cancer spreads, malignant epithelial cells start to outgrow the supporting stroma," Ittmann said.

Through a Veterans Affairs (VA) Merit Review grant, Ittmann is examining the effect of increased FGF in prostate cancer and analyzing its impact on disease progression. His HVAMC lab is looking at models of prostate cancer and human prostate cancer cell lines.

The fact that there are 20 types of FGF and four different FGF receptors makes the research all the more challenging, Ittmann says.

"We are utilizing what researchers call a knock-out mouse. This mouse is missing one kind of FGF — in this case, FGF2," he said. "When these mice are given the prostate cancer gene, the cancer doesn't spread as much and the primary tumors are less aggressive."

Ittmann's work at the HVAMC with these mice revealed that the presence of FGF2 promotes prostate cancer progression. Additional work by his HVAMC lab and others also linked FGF6 and FGF8 to prostate cancer.

Research focusing on the four FGF receptors also is yielding promising results.

In human prostate cancer cell lines, Ittmann's group used a technique involving a dominant-negative FGF receptor to shut down cell signaling.

"When FGF binds, it brings two receptors together. The dominant-negative receptor gets in there and ties up the other receptor in a non-productive state," Ittmann said. "We think this approach works with all four FGF receptors."

The studies found prostate cancer cells were dependent on FGF signaling.

In all the cancer cell lines examined, disrupted FGF signaling led to prostate cancer cell death.

Worth noting is the fact that dominant-negative FGF receptors do not kill normal prostate cells.

"This makes targeting FGF a good way of treating prostate cancer," Ittmann said. "You need a treatment that differentiates between the cancer cells and normal cells."

Researchers at the HVAMC now plan to study this dominant-negative approach and to evaluate drugs that might inhibit FGF receptors. He sees potential for FGF-blocking therapies to be used in conjunction with other treatments.

"This idea of anti-growth factor therapy is not pie in the sky," Ittmann said. "Breast cancer is already seeing clinical use of therapies that target growth factors, and leukemia treatments are using inhibitors of specific receptors. We just need to understand the mechanism in prostate cancer better."

Prostate cancer kills 30,000 people each year and is the second leading cause of cancer death in the United States. The HVAMC recommends early detection through annual digital-rectal exams and use of the prostate-specific antigen (PSA) blood test.

"In the last few years, we've seen a drop in prostate cancer mortality. The development of screening tests and improved treatments certainly plays a factor," Ittmann said. "I think FGF-targeted therapy will one day be part of treatment plans." ■ *Katherine Hoffman, HVAMC Research and Development*

Findings will also benefit critical care of patients with acute inflammatory problems . . .

Houston VA Study Seeks to Limit Secondary Injuries Due to Mustard Gas Exposure

HOUSTON, TX - Researchers at the Houston VA Medical Center (HVAMC) are developing methods to control the inflammatory response to mustard gas injury in order to limit secondary tissue damage after exposure. The study has shown these same techniques will benefit other patients with acute inflammatory problems.

"Mustard gas, or sulfur mustard, initially blisters or burns the skin and mucosal surfaces, often affecting the throat, airways, lungs, and eyes," said Dr. John Sweeney, HVAMC staff surgeon and associate professor of surgery at Baylor College of Medicine. "Little can be done to prevent the initial injury to the skin and tissues underlying it."

The injuries often produce disfiguring scars, and if severe enough, can be life threatening.

Sweeney's research, funded by the Department of Defense, seeks to understand the secondary inflammatory response to sulfur mustard injury and find ways to control the additional damage to normal healthy tissues.

First used as a means of chemical warfare in 1917 during World War I, sulfur mustard was most recently used in the Iraq/Iran war in the mid 1980s. Considered a weapon of terror, it is relatively easy to obtain.

"After initial exposure, the body triggers an inflammatory response in the affected areas," Sweeney said. "In sulfur mustard injury, the response goes haywire causing the cells that normally fight infection and attack damaged tissues to destroy normal tissues as well."

The body's neutrophil, often called the foot soldier of inflammatory response, responds to the injury but begins to indiscriminately kill healthy tissue resulting in serious secondary injury. In the worst case, this secondary injury can involve the entire body and result in death.

Sweeney is looking at neutrophil function in response to six or seven mediators released in the area of the sulfur mustard injury. These mediators signal the neutrophil to perform in various ways.

"We're looking at the effect of each of these mediators on neutrophil function to determine which ones cause the neutrophil to have harmful effects on the injury," he said.

After determining which mediators have a negative impact on neutrophil function, Sweeney's research will attempt to identify a mechanism that would allow physicians to control or modulate the response, and thereby limit additional injury.

The ability to control inflammatory response will benefit all patients, Sweeney says.

"Whether the patient has pneumonia, surgical complications, or a sulfur mustard injury, the same mechanism might be used to control inflammatory responses gone awry," he said.

In the future, Sweeney hopes to compare inflammatory response in traditional surgery patients with the response of patients undergoing minimally-invasive surgery. ■ *Katherine Hoffman, HVAMC Research and Development*

Volunteers Needed for Testosterone and Depression Study

HOUSTON, TX - Men who are at least 50 years old and have been diagnosed with depression are needed for a research study sponsored by the Houston VA Medical Center and the Baylor College of Medicine.

Participants must have been on anti-depressant medication for at least six weeks with continued symptoms. Men are not eligible for the study if they have psychotic symptoms, are abusing alcohol or drugs, or have a history of prostate cancer.

All study medication, exams, and parking are free.

Study researchers will be recruiting participants until December 2002.

For more information, contact Ginny Reasons at (713) 791-1414, extension 4215 or (713) 841-0389. ■



From our Veterans

Provided by the Consumer Affairs Staff
HVAMC Room 1B-370, (713) 794-7883

Question: I read that type II diabetes can be service-connected for Vietnam veterans for disability compensation. Who is eligible?

Answer: Honorably discharged veterans who served or visited in the Republic of Vietnam during the period Jan. 9, 1962 through May 7, 1975 and who currently have adult-onset diabetes mellitus are eligible. Coverage includes those whose ship came to port in the Republic of Vietnam during that time, provided they disembarked.

Question: What is my Primecare Provider responsible for?

Answer: Your Primecare Provider is responsible for managing any acute and chronic health problems you may have; health promotion and prevention services; immunizations; coordination of your health care; women's health services (you may elect to receive this care at a VA Women's Health Clinic); referrals for VA specialty care and services such as audiology, optometry, urology, orthopedics, etc.; management

of your medications; and office visits for acute and chronic medical illnesses and periodic physical exams. If you need to be hospitalized, your care will be managed by VA medical staff during your admission.

Question: How do I find out who my Primecare Team is?

Answer: If you have already registered with the HVAMC, you can find out your Primecare Team by calling the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. If you are at the Medical Center, stop by the Information Desk and they can help you.

If you are not registered with the HVAMC, you must first register at the HVAMC Admissions/Registration Office. You may also apply via the Internet at www.va.gov/health/elig/index.html. The form you will need to complete to apply for enrollment is called the 10-10 EZ.

Question: Can I walk in and see my Primecare Team anytime?

Answer: Just like any private doctor's

office, the HVAMC Primecare Teams are designed to see patients by appointment. When you are enrolled in Primecare, the staff is available to answer your health care questions and concerns by telephone.

Please call your assigned team rather than walking into the clinic to ask questions. It's also a good idea to make sure the Primecare Team has your most current telephone number and address. When leaving a message, give all information that is pertinent to your present problem or concern. Please give your name, full social security number, and a telephone number where you can be reached.

Question: What do I do if I have an urgent, but not threatening health care need?

Answer: For urgent, but not life-threatening, health care needs, contact your Primecare Provider.

Except for medical emergencies, all VA health care is given by scheduled appointments. If you need to be seen prior to your next scheduled visit, call your Primecare Team. An appointment will be scheduled appropriate to the urgency of your medical issues. Remember, the first person you speak to needs to have as much information "up front" in order to direct you to the right person in the timeliest manner and to prioritize correctly.

Professionally trained registered nurses at the VA Network Telecare Center are ready to help answer your non-emergency, health care questions 24 hours per day, 7 days a week. In Southeast Texas, dial (713) 794-8985 or toll-free 1 (800) 639-5137.

Question: Am I eligible for the VA Health Benefits Package?

Answer: Any person who was

honorably discharged from the military prior to September 1980 is an eligible veteran. If you were discharged after September 1980, you must meet the following criteria: You were honorably discharged and you completed at least 24 consecutive months of active duty (exceptions include discharges for medical reasons, or discharges for hardship) or completed the full period for which you were called or ordered to active duty.

For further information, contact the Houston VA Medical Center Enrollment Office at (713) 794-7288.

Question: What other VA benefits am I eligible for?

Answer: For all non-medical related VA Benefits, such as filing for service-connection or pension, educational benefits, burial benefits, home loans, or vocational rehabilitation, call the VA Regional Office at 1 (800) 827-1000.

Question: What is the Vocational Rehabilitation and Employment program for veterans?

Answer: VA's Vocational Rehabilitation and Employment (VR&E) program helps veterans with service-connected disabilities by offering them services and assistance to help them prepare for, find, and keep suitable employment.

For veterans with a service-connected disability, VA also offers services to improve their ability to live as independently as possible. For more information about the program, call the VA Regional Office toll-free at 1 (800) 827-1000.

Additional information about the Vocational Rehabilitation and Employment program is available at VA's Web site at www.vba.va.gov/bln/vre/. You may also fill out an application online or download a benefits application.

Important VA Telephone Numbers

Houston VAMC Main Line.....	(713) 791-1414
	or toll-free 1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985
	or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550
	or toll-free 1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342
	or toll-free 1-800-209-3120
Pharmacy Refills	(713) 794-7648
	or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648
	or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713) 794-7883
Beaumont.....	1-800-833-7734
	extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education.....	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

Documents Required by VA to Process Claims for Emergency Care in Non-VA Facilities (Mill Bill)

(Emergency Room Visit And/Or Hospitalization)

- ✓ HCFA Form UB-92 (pink and white Medicare Billing Form) from the Hospital Business Finance Office
- ✓ Itemized Billing Statement from the Hospital Business Office
- ✓ A complete copy of all Medical Records pertaining to the admission through the date of discharge for this ER Visit/Hospitalization
- ✓ Provider Insurance Certification Statement from the Hospital Business Office
- ✓ Ambulance Provider HCFA Form 1500 (pink and white Medicare billing form)
- ✓ Ambulance Provider Insurance Certification Statement
- ✓ Ambulance Trip Ticket/Run Report
- ✓ All Other Provider/Physician HCFA Form 1500s
- ✓ All Other Provider/Physician Insurance Certification Statements

Please return **ALL OF THE ABOVE ITEMS** as a packet to the HVAMC Fee Basis Office. Missing documents will result in your claim being delayed.

For more information about emergency care in non-VA facilities, please call the HVAMC Fee Basis Office at (713) 791-1414, ext. 3880.